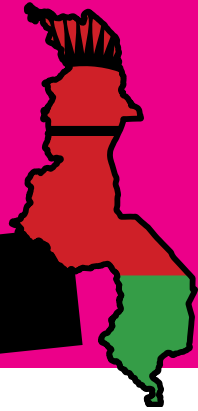


UNITED FOR PREVENTION

MALAWI



United for Prevention (U4P) was a Frontline AIDS project which ran from April 2023 to September 2024. It supported civil society and community coalitions in seven African countries to hold their national governments to account for domesticating and implementing the commitments outlined in the [Global HIV Prevention 2025 Road Map](#). The participating coalitions were located in Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda and Zimbabwe.

In this profile we share highlights from the U4P coalition in Malawi, led by Packachere.

“THE ROAD MAP AND ITS DEVELOPMENT HAS BEEN A WIDELY CONSULTATIVE PROCESS. DIFFERENT STAKEHOLDERS CAME TOGETHER TO LOOK AT RELEVANT AND REALISTIC ISSUES FOR MALAWI. IT’S BEEN VERY UNIFYING”

(SSI, U4P coalition, Malawi)

U4P Coalition in numbers



15 coalition members*



6 significant moments of change recorded in the project advocacy log



6 advocacy asks



9 HIV prevention spaces in which U4P members participated**

*Pakachere (Coalition Lead) together with NAPHAM, Youth Project Excellence Development Concept, JournAids, CRIDOC, Joy Abilities, CHC, LITE, Y+, COWLHA, Action Hope, SAT Malawi, Angaza, Action Hope, JONEHA)

**HIV Prevention TWG, Malawi Partnership Forum, HIV Treatment, Care and Support TWG, Advanced HIV Disease (AHD, TB TWG), Paediatrics TWG, Elimination of mother-to-child transmission steering group and TWG, HIV and Gender, Health Financing TWG, Diagnostic TWG, Differentiated Service Delivery ART TWG.

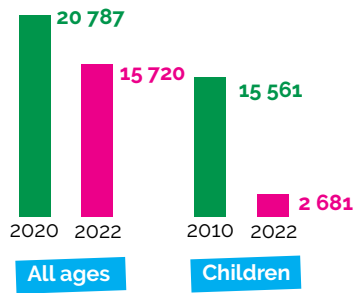


COUNTRY OVERVIEW

The U4P coalition in Malawi conducted a PESTLE¹ analysis, which was also later validated and updated following the development of an **HIV Prevention and Accountability** report. Key findings from their analysis and Accountability report that informed their advocacy strategy are highlighted below.



New HIV infections:



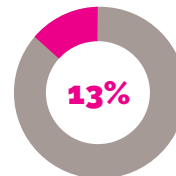
Malawi has a **supportive policy environment for HIV prevention;**

several national policies and strategies are focused on HIV prevention, such as the revised National Strategic Plan (2020 – 2025), an HIV Prevention framework, a condom strategy/ last mile distribution strategy (under review), the National Health Financing Strategy (2023 – 2030) and several other guidelines on PrEP and STIs. Despite this supportive policy environment, these policies and strategies are not universally recognised across the country, while their implementation by the national government is consistently slow.

Estimated HIV prevalence among **key populations**²:



sex workers (2022)



men who have sex with men (2022)



people who use drugs



transgender people



Although **8.7% of Malawi's national government budget** is dedicated to health expenditure (Source: UNICEF), HIV funding specifically is almost 100% funded by international donors, who are primarily focused on treatment (e.g., procurement of ARVs is 100% donor supported). This has left a big funding gap for HIV prevention work in the country. Subsequently, Malawi's community-led HIV prevention services remain weak and poorly supported, both financially and technically.



Meanwhile, Malawi's National Health Financing Strategy (2023 - 2030) sets out the government's commitment to financing universal health coverage across the country. However so far, it has only been partly implemented.

LEGAL ENVIRONMENT	Criminalised?
Same-sex sexual acts	CRIMINALISED
Sex work	NOT CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	NOT CRIMINALISED
Gender expression	CRIMINALISED
HIV transmission, non-disclosure, or exposure	NOT CRIMINALISED

Source: UNAIDS Laws and Policies Analytics, Human Dignity Trust

¹ A PESTLE analysis investigates the political, economic, social, technological, legal and environmental context.

² UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services. [Sourced here.](#)

ADVOCACY STRATEGIES, ADVOCACY ASKS AND PROGRESS MADE



Alignment to action in the Global HIV Prevention Road Map	Advocacy asks	Progress achieved	Progress status
<p>Action 3: Determine country investment needs for adequately scaled HIV prevention responses and ensure sustainable financing.</p> <p>Action 5: Strengthen and expand community-led HIV prevention services and set up social contracting mechanisms</p>	<p>Ministry of Health must conduct high-level domestic health financing meetings by July 2024 that must include CSOs, development partners and private sector</p>	<p>On 31 July 2024, the U4P coalition launched their Domestic Health Financing Advocacy Strategy as well as a Domestic Health Financing Position Paper with donors and high-level government stakeholders including the Ministry of Finance's Director of Planning and Policy. The Ministry has been receptive to the strategy and paper and welcomed civil society input into the design and implementation of a future Domestic Health Financing Strategy. Further, the Ministry gave approval for three U4P coalition members to join the Health Financing TWG as new working group members.</p>	<p>Achieved</p>
	<p>Ministry of Health (MoH) must work with CSOs to engage the MoF, Members of Parliament and the President to increase domestic financing for health from 8.8% to 15% by 2025</p>	<p>By July 2024, the Ministry of Health in Malawi increased its health budget allocation from 8.8% to 12.2%, edging closer to the ambitious target of 15% set for 2025 (see outcome story below)</p>	<p>High</p>
<p>Action 4: Reinforce HIV prevention leadership entities for multisectoral collaboration, oversight, and management of prevention responses.</p> <p>Action 6: Remove social and legal barriers to HIV prevention services</p>	<p>National AIDS Council (NAC) to develop a decentralised process of disseminating strategic documents such as the HIV Prevention and Management Act, NSP, Prevention Strategy/ Framework and others.</p>	<p>On 30 September 2024, following engagement with the U4P coalition, NAC accepted the dissemination plan (subject to some small changes being made) and has committed to conduct a final review before approving the document by mid November 2024.</p>	<p>High</p>
	<p>Sub-national level HIV leadership is supported and involved in dissemination of strategic documents at sub-national level</p>		<p>Achieved</p>
<p>Action 4: Reinforce HIV prevention leadership entities for multisectoral collaboration, oversight, and management of prevention responses.</p>	<p>NAC must develop a national capacity-building and technical assistance plan for key population-led organisations, youth-led organisations, women-led organisations, community-based organisation (CBOs), and district-based non-governmental organisations</p>	<p>NAC acknowledges the need to capacitate KP-led organisations and is in the process of developing a national capacity-building plan. At a meeting on 30 September 2024, NAC officials accepted the need for a structured capacity strengthening plan and requested that the U4P coalition work together with other allies, such as PEPFAR, and FHI360 to develop the plan.</p>	<p>Medium</p>
	<p>NAC must provide capacity-building support for key population-led organisations to enhance their leadership in the design, implementation, and evaluation of key population programmes in alignment with the global target of 30-60-80</p>	<p>The U4P coalition has successfully advocated for government to provide capacity-building support to key population-led organisations. Since then, funding has been secured and training has commenced</p>	<p>Achieved</p>

OUTCOME STORY:

ADVANCING DOMESTIC HEALTH FINANCING IN MALAWI



Outcome: By July 2024, the Government of Malawi increased domestic health financing from 8.8% to 12% of the national budget, fast approaching the 15% target for 2025. The increase demonstrates growing commitment to healthcare funding and aligns with international standards. CSO representation in the government's Health Financing TWG was increased from one to four CSO members. This resulted from sustained U4P coalition advocacy, which called for key stakeholders including the Minister of Finance and the Parliamentary Health Committee to create more opportunities for CSO consultation in this key TWG.



Contribution: The U4P coalition, led by JONEHA with essential support from the [COMPASS coalition](#), played a key role in achieving this outcome. In early 2024, the coalition initiated a series of planning meetings and consultations with relevant government stakeholders. These engagements, which included meetings with the Minister of Finance, the Parliamentary Chairperson on Health, and various sub-national level CSOs, were strategically scheduled ahead of the budgeting process.

Both the advocacy strategy and position paper, completed by April 2024, were developed through a collaborative effort that leveraged the coalition's diverse expertise. These documents played a pivotal role in demonstrating the value of increased civil society participation in the TWG. JONEHA and the coalition's continuous engagement through TWGs and other forums was instrumental in achieving the outcome. Support from the COMPASS coalition, both financial and technical, was vital in sustaining the coalition's efforts and ensuring the production of high-quality advocacy materials.



Significance: This change represents a shift in Malawi's health financing approach, marking both a policy breakthrough and a transformation in relations between government- and civil society. The increased budget allocation shows a concrete commitment to improving healthcare funding, bringing Malawi closer to meeting international health financing standards. It directly responds to the coalition's advocacy ask to engage the Ministry of Finance and increase domestic financing for health from 8.8% to 15% by 2025. The expanded CSO representation in the Health Financing TWG is particularly significant, as this group plays a crucial role in influencing national health policies. This increased involvement gives civil society a platform to shape health financing decisions, ensuring that marginalised communities have a voice in high-level budget policy discussions around budget. This increase in civil society representation has the potential to influence future budget allocations and policy decisions.

Next steps: Looking ahead, the coalition plans to leverage its increased representation in the Health Financing TWG to push for further increases in domestic health financing. They will use their newly developed advocacy strategy to engage with the MoH and MoF, aiming to reach the 15% budget allocation target by 2025.

The coalition also intends to organise high-level domestic health financing meetings, using their position paper to guide discussions and influence policy decisions. They will continue to monitor the implementation of the Malawi Health Financing Strategy, ensuring that it remains on track and aligned with the needs of communities.

TIMELINE OF OUTCOME STORY

2023



April

Launch of the U4P coalition in Malawi



September

PESTLE analysis completed



December

Malawi HIV Prevention and Accountability Report showcased at the ICASA conference

2024



January

Launch of [HIV Prevention and Accountability](#) report



Early 2024

The U4P coalition initiates a series of planning meetings and consultations with relevant government stakeholders, including the Minister of Finance, Parliamentary Chairperson on Health, and sub-national level CSOs



February to March

JONEHA meets the Director of Planning and Policy, Deputy Director of Planning and Policy (Finance Division) in MoH and the Head of Monitoring and Evaluation at the NAC



April

The U4P coalition, led by JONEHA, completes the development of a comprehensive Domestic Health Financing Advocacy Strategy and position paper



May

The coalition engages with the MoH to share the draft advocacy strategy and position paper, demonstrating their value and gaining initial support



June

The costing process for the advocacy plan is completed, and preparations begin for an official launch with the MoH



July

Approval is given for the inclusion of three new civil society organisation representatives in the Health Financing TWG, expanding CSO influence in health financing decisions.

The government increases the health budget allocation from 8.8% to 12.2%, marking significant progress towards the 15% target.

The coalition successfully organises and conducts the official launch event of the Health Financing Advocacy Strategy, on 31 July 2024.

The event sees high-level attendance, including representatives from various Ministries, PEPFAR, GIZ, UNAIDS, and the NAC.



PROMISING PRACTICES

- **The active participation of U4P coalition members in existing networks**, technical groups and multi-stakeholder forums strengthens their ability to contribute to HIV prevention areas, such as budgeting, that should be prioritised in national agendas.
- **Applying a decentralised model of implementation** at the coalition level tends to reduce the dependence on individual leads or dominant organisations and fostered the distribution of knowledge and capacity across the coalition.


KEY LESSONS LEARNT

- **The effectiveness of tailored advocacy messaging**: the Malawian coalition partners used the country's PESTLE and stakeholder analysis to create unified advocacy messages that resonated with their target audiences and desired action.

Sources:

The U4P coalition in Malawi has done incredible work in providing data for this profile, as identified from the following sources:

- Malawi U4P Monthly MEL Meeting Tracker
- U4P Quarterly Narrative Report - Malawi
- Malawi Coalition Accountability Strategy
- Malawi HIV Prevention and Accountability report
- Malawi PESTLE analysis
- U4P advocacy log
- Dissemination of NAC Strategic Document CSAF
- Mid-term review of U4P, conducted by Southern Hemisphere, 2024



This profile was written by Elena Mancebo Masa, Zimingtonaphakade Sigenu and Dena Lomofsky on behalf of Southern Hemisphere Consultants, with editorial input from Casey Davison O'Brien, Leora Pillay and Libby van Zee of Frontline AIDS, and Simon Sikwese, from Pakachere Institute of Health and Development Communications. Design by Jaywalk Design for Change.