

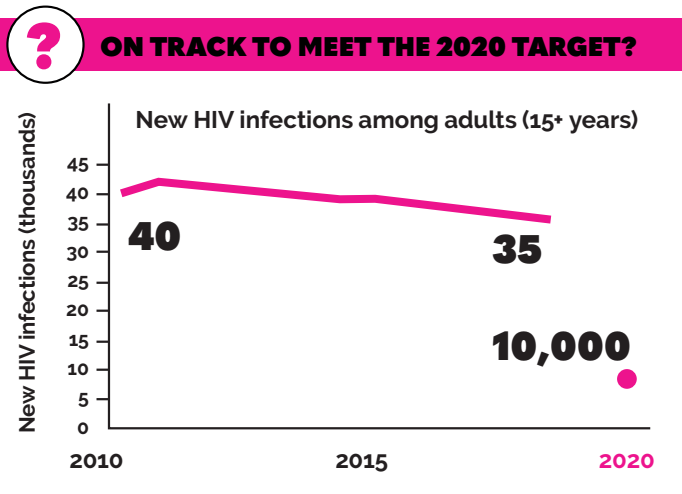


MALAWI

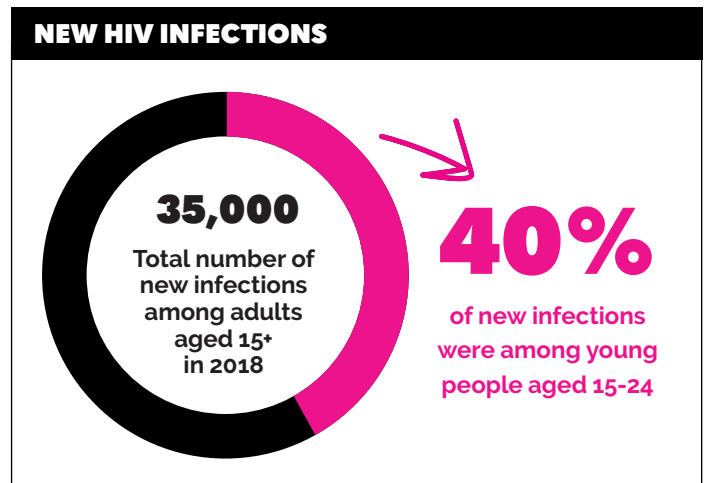
HIV PREVENTION SHADOW REPORT 2019

Summary of civil society analysis

Over the last year Malawi, continued to implement the HIV prevention road map. Its focus was on concluding needs assessments, size estimate studies and reviewing policies and strategic documents. Prevention packages have now been defined for adolescent girls and young women, men who have sex with men and sex workers. While this is a welcome development, civil society activists are concerned that access to these packages is insufficient, with too few delivery platforms. Existing policies and laws continue to limit the ability of marginalised people to access prevention services. In addition, there are still no tailored services for transgender people and people who use drugs, with the result that these populations are left out of the prevention response entirely.



Source: hivpreventioncoalition.unaids.org



Source: UNAIDS Estimates, 2019

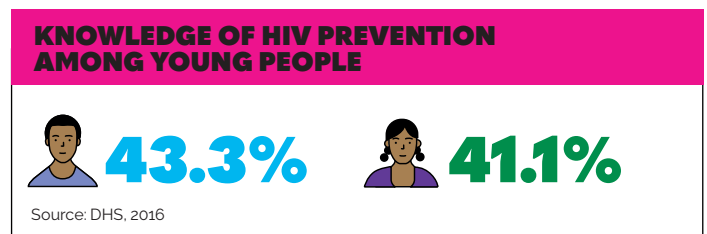
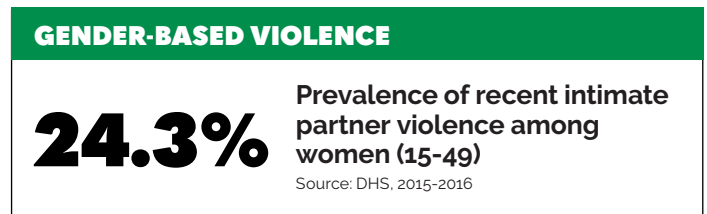
| KEY POPULATIONS SIZE ESTIMATES & SERVICE COVERAGE | | | | |
|---|---------------------------|-------------|----------------------|--------------------|
| | Men who have sex with men | Sex workers | People who use drugs | Transgender people |
| Latest size estimates | 2018 | 2017 | NO DATA | NO DATA |
| HIV prevention services coverage | NO DATA | 65% | NO DATA | NO DATA |

Source: Global AID Monitoring Data 2019

LEGAL AND POLICY ENVIRONMENT

| | |
|--------------------------------------|---------------------|
| Same sex activities | Criminalised |
| Sex work | Partly criminalised |
| Injecting drug use | Criminalised |
| HIV transmission or exposure | Not Criminalised |
| HIV testing without parental consent | Permitted +13yrs |

Source: lawsandpolicies.unaids.org , Malawi HIV Testing Services Guidelines



HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the **HIV Prevention 2020 Road Map** which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society's perspective on how Malawi performed in 2019.



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1 Conduct strategic assessment of prevention needs and identify barriers to progress

New population size estimates for sex workers and men who have sex with men were published in October 2018. Lack of data on transgender people, people who use drugs and prisoners is a real barrier to progress. Fortunately, a new study is planned to inform programming for transgender people. Civil society groups are now requesting a more transparent and comprehensive process that actively involves all transgender people in the design and implementation of the study.

Key populations are involved in periodic assessments of the national prevention strategy, through platforms such as the key population technical working group coordinated by the National AIDS Commission (NAC).

Importantly, the national HIV Prevention Strategy (2018-2020) has been revised to strengthen the definition of packages for key populations. These now include new outcomes on stigma and discrimination, human rights and social protection, as well as strategies and interventions designed to address these areas.

2 Develop or revise national targets and road maps

National and subnational targets were set in 2018. Overall, the national targets are quite comprehensive, and well aligned to the five prevention pillars articulated in the prevention road map, and they include some structural targets.

The target setting process was led by NAC, who worked with district councils at subnational level. Implementing partners at subnational level were included in these meetings, but in some cases only at meetings to disseminate targets, after the main decision-making processes had already taken place. In addition, there was insufficient involvement of key populations in the process, and as a result targets related to key populations are absent at subnational level.

3 Enhance prevention leadership, oversight and management

The Malawi Partnership Forum, through NAC, continues to support the implementation of the national HIV Prevention Road Map. However, after the HIV Prevention and Management Act was passed in February 2018, a functional review at NAC resulted in an exodus of all senior management, and the abolition of regional offices. The review process was lengthy and has affected NAC's performance, including their institutional memory and ability to deliver on commitments in the road map. Moreover, technical working group meetings for HIV prevention and key populations have not been consistent. However, there are now plans to revise the Terms of Reference for these groups in order to strengthen coordination with them and increase their technical oversight.

Other challenges related to the Malawi Partnership Forum include: inadequate financing and resources for NAC to coordinate the processes; meeting agendas not always being shared in a timely manner leaving CSO representatives inadequate time to prepare; inadequate capacity for CSOs to understand and in particular to advocate for social contracting; and limited information sharing and consultation between CSO representatives and with the wider CSO community.

4 Introduce legal and policy changes to create an enabling environment

At policy level there has been some progress. The revised HIV prevention strategy has been finalised and is now fully aligned with the Global Prevention Coalition agenda. NAC and the Ministry of Health (MOH) have collaborated in the development of standard packages of care for men who have sex with men, sex workers and transgender people.

There has been no change in the legal environment. Existing laws on same sex relationships, sex work and drug use exposes men who have sex with men, sex workers and people who use drugs to violence and stigma.

Also, policies governing the education sector restrict the provision of sexual and reproductive health services such as the provision of



4 condoms and contraceptives in secondary schools. This contradicts the National Sexual and Reproductive Health Rights document which acknowledges the right of all those in need to access services. Similarly, policies regulating services provided in prisons prohibit the distribution of condoms, even though prisoners are identified as a priority population in the HIV prevention strategy.

5 Develop national guidance and intervention packages, service delivery platforms and operational plans

In the last strategy review, Malawi realigned its five prevention pillars with the global prevention goals. The strategy now presents data analysis for each pillar, identifying gaps and making recommendations.

The prevention packages for men who have sex with men, sex workers, and adolescent girls and young women are comprehensive and include a good mix of biomedical, behavioural and structural interventions. However, there are not enough platforms to deliver the services at scale and achieve saturation in the districts that need it most. Also, there are no prevention packages for transgender people and people who use drugs. This represents a significant gap in the national prevention response and leaves out two of the most marginalised groups.

Lastly, as in many other sub-Saharan African countries, the role played by community-based organisations in the implementation of the prevention packages has diminished. This is because most resources normally allocated to community-based organisations have been redirected to big international NGOs, resulting in a drastic decrease in funding for community-led interventions. It is hoped that PEPFAR's commitment to support local organisations will reverse this trend.

6 Develop capacity building and technical assistance plan

In 2018 a needs assessment was carried out by NAC to identify technical assistance gaps. CSOs agreed with most of the needs identified. As a result, the 2018 action plan included some technical assistance including supporting the revision of the HIV prevention strategy, strengthening the capacity of CSOs to engage in NAC processes, and conducting a financial gap analysis. However, to date the technical assistance efforts have only focused on revising the HIV prevention strategy.

7 Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

Although social contracting has been on the national agenda for months, there has been no progress. The National Community Health Strategy (2017 - 2022) developed by MOH recognises the important role played by communities in improving health outcomes, but MOH is still not prepared to resource it.

In 2018 and 2019 the government continued to work with CSOs jointly implementing prevention projects at district level. CSOs formally agree roles and responsibilities with public administration offices to support the delivery of programmes, but funding comes from donors like the Global Fund, not the government.

8 Assess available funding and develop strategy to close financing gaps

Civil society activists could not access reliable information on the financing of the prevention response in Malawi. CSOs continue to be left out of financing dialogues between domestic and international partners. As a result, CSOs do not know how much of the total HIV budget has been allocated to prevention.

However, prevention is still too heavily reliant on donor resources. This continues to threaten the sustainability of the response.

9 Establish or strengthen programme monitoring systems

Little has changed in systems used to monitor the prevention response. Transgender people and people who use drugs are still not included in monitoring and evaluation systems. Moreover, while biomedical indicators are regularly monitored and reported on, the tracking of non-biomedical data remains a challenge. Initially NAC coordinated reporting of non-biomedical data through the Local Authority HIV and AIDS Reporting Form, but this is not efficient.

Also, in April 2019, Malawi launched the HIV Situation Room, a national information platform which enables real-time visualisation of information from multiple data sets. However, CSOs and key actors still need to be informed of its existence and trained in how to use the platform.

10 Strengthen national and international accountability

Apart from monitoring and evaluation of the HIV prevention strategy, there is no separate accountability framework. As a result, there hasn't been a review of the road map in the past year, although some components of it are discussed in the different technical working groups.

The Southern Africa Development Community Prevention Road Map suggested ways to improve accountability. These include tracking actions and recommendations from technical working groups, biannual reports, fact sheets on HIV prevention, etc. Unless NAC leads this process, it is difficult for CSOs to contribute. There are concerns that the reduced capacity at NAC has affected its ability to hold key actors to account.



RECOMMENDATIONS

In order to meet the global and national targets, Malawi should prioritise the following actions:

- 1 Include transgender people and people who use drugs in the country prevention response. Conduct size estimate studies, develop prevention packages tailored to their needs, deliver them at scale and monitor progress. Ensure that HIV prevention targets for key populations are effectively tracked at subnational level.
- 2 Review policies and laws that do not support access to HIV prevention services, especially for the most marginalised. Improve and deepen engagement of marginalised populations in the NAC, including in assessments of the national prevention strategy, and strengthen tracking of non-biomedical results including addressing legal and structural barriers.
- 3 Increase prevention service delivery platforms. Provide resources for the National Community Health Strategy and for social contracting of community-based organisations, recognising that community-led interventions are pivotal in supporting the government to improve coverage.
- 4 Involve civil society in financing dialogues and work with them to increase the proportion of the total HIV budget that is allocated to prevention, as well as to increase prevention funding from domestic sources.

METHODOLOGY

As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation's progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

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For national progress reports see: www.frontlineaids.org/prevention

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