



MALAWI

HIV PREVENTION SHADOW REPORT 2020



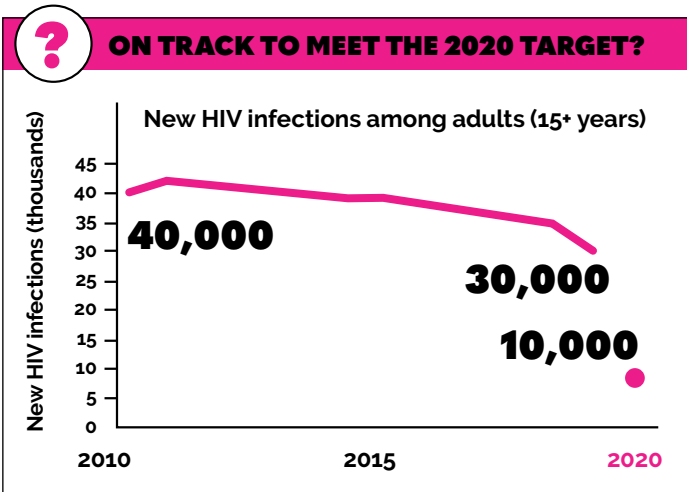
Summary of civil society analysis

Malawi's new National Strategic Plan acknowledges the gaps in key populations programming and makes a commitment to collecting data on people who use drugs and transgender people.

However, beyond the Ministry of Health, there's little promotion or recognition of the rights of key populations or of adolescents. Worryingly, there's also been a significant shift in resources away from prevention programmes, and this is likely to get worse as the long-term economic impact of COVID-19 kicks in.

10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE

1	Needs assessment	●
2	Prevention targets	●
3	Prevention strategy & leadership	●
4	Legal and policy reform	●
5	Key population size estimates	●
5b	Defined key population package	●
5c	Adolescent girls & young women size estimates	●
5d	Adolescent girls & young women package	●
6	Capacity development & technical assistance plan	●
7	Social contracting	●
8	Financial gap analysis & strategy	●
9	Strengthen monitoring	●
10	Performance review & accountability	●



Global HIV Prevention Coalition 4th Annual Progress Report

● Good progress ● Partial progress ● No or little progress

	KEY POPULATIONS: DATA, SERVICES, STIGMA			
	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	2017	2018	NO DATA	2019
HIV prevention services utilisation	10%	50%	NO DATA	NO DATA
Avoidance of health care due to stigma & discrimination	NO DATA	NO DATA	NO DATA	NO DATA

Global HIV Prevention Coalition 4th Annual Progress Report

LAWS THAT CRIMINALISE	
Same-sex activities	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Criminalisation of transgender people	CRIMINALISED
HIV transmission, non-disclosure, or exposure	NOT CRIMINALISED

UNAIDS Laws and Policies Analytics

ADOLESCENT GIRLS AND YOUNG WOMEN		
SRHR services not available without parental consent	Intimate partner violence (15-19 years)	HIV prevention service coverage
Under 14 yrs	28.1%	28%

Global HIV Prevention Coalition 4th Annual Progress Report

HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition. The Coalition developed a global HIV Prevention 2020 Road Map, to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress including lack of political leadership; restrictive laws and policies; insufficient funding; and lack of implementation at scale of combination prevention programmes. Each year the Coalition publishes a report, which tracks each country's progress against these barriers. This shadow report sets out civil society's perspective on how Malawi performed in 2020.



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STRENGTHENING POLITICAL LEADERSHIP

Since the introduction of Malawi's new HIV and AIDS Management Bill, the National AIDS Commission (NAC) has been entirely restructured, leading to a redefinition of the secretariat's mandate and governance structures. This enabled the Commission to focus on its critical leadership and coordination role, including a renewed emphasis on HIV prevention.

The restructuring has led to greater organisational capacity; in less than a year, various critical positions have been filled and a consultant hired to review terms of reference for all key technical working groups. Following this review, the Prevention Technical Working Group now has a broader representation of stakeholders. Another welcome initiative is the new Diversity Forum, established by key population-led organisations to regularly update the Key Population Technical Working Group and work with key populations in Malawi.

Since the closing of NAC regional offices, responsibility for coordinating the decentralised HIV response lies with District

Councils through the Principal Nutrition, HIV and AIDS Officers. The role of the regional offices had been to build the capacity of District Councils to effectively coordinate the HIV response. Now this responsibility has been given to a new capacity building division within the NAC. Civil society is closely following how effective this new support system will be.

Apart from allies within the Ministry of Health and NAC officials, there are few political leaders who actively advocate for HIV prevention at national level. Prevention activists agree that politicians rarely take the initiative on the HIV response, and only tend to engage when civil society organisations and community-based organisations reach out to them. As a result, there's a political leadership gap in the promotion of the rights of adolescent girls and women, which is responsible for the ongoing failure to provide condoms to adolescents in schools. This gap is even more acute when it comes to key population groups such as LGBT people, sex workers and people who use drugs.



ADDRESSING POLICY GAPS AND LEGAL BARRIERS

Over the last year, there has also been little progress to address the policy gaps and legal barriers facing marginalised groups including sex workers, men who have sex with men, people who use and inject drugs, transgender people and prisoners. Although the COVID-19 epidemic has affected the government's planned activities, there are urgent policy priorities that need tackling.

Sex workers and men who have sex with men continue to face human right abuses – from community members but also from healthcare workers and police. With no law or regulation to protect the rights of sex workers, they remain vulnerable to violence, and are at times unable to rely on the authorities to protect them. Violent crimes against female sex workers and men who have sex with men still take place. In recent years at least two sex workers have been murdered by their clients.

There are serious gaps in Malawi's HIV prevention

programme. For example, there are still no programmes, policies, designed to address the specific needs of people who use drugs or transgender people. There is no national level approach to these groups, although the new National Strategic Plan (2020-2025) commits to studies for these two groups, giving civil society groups some hope that this could lead to the development of prevention packages for all key population groups.

Alongside policy gaps, weaknesses in implementation are a problem. Malawi's Sexual and Reproductive Health and Rights (SRHR) Policy encourages universal provision of SRHR services, yet adolescents in primary and secondary schools still face challenges to access condoms. Despite the expansion of a Comprehensive Sexuality Education (CSE) curriculum across the education system, there are still many teachers who are uncomfortable delivering its content, in spite of strong public support for CSE.



ADEQUATE AND SUSTAINABLE FINANCING

Malawi's HIV response in fiscal year 2018/2019 was almost entirely (90%) funded by international donors, the two major contributors being the Global Fund for AIDS, TB and Malaria and the US President's Emergency Programme for AIDS Relief (PEPFAR). Global AIDS Monitoring data shows that, out of a total of US\$259 million spent on HIV between January and December 2019, expenditure towards HIV prevention accounted for only around 9%, or (US\$23.3 million). This falls far short of the indicative 25% recommended by UNAIDS.

Looking more closely at the two main funders of the HIV response: the Global Fund invests over 78% of its resources in service delivery and primary treatment of HIV and TB;

less than 10% is allocated to HIV prevention. Similarly, funds from the US government (PEPFAR, USAID, CDC) are more focused on service delivery, human resources, and supply chains than prevention services. In the fiscal year 2019/20, HIV prevention was allocated only 13% of the total HIV/AIDS spending by the US government.

Civil society activists report that the prevention response is insufficiently funded also due to the government's strong belief that putting more people on HIV treatment will result in fewer HIV infections. Evidence shows, however, that HIV treatment alone will not result in epidemic control, but that a combination of both HIV prevention and treatment services is required.



IMPLEMENTING QUALITY PROGRAMMING AT SCALE

The government plans to scale up the HIV response by decentralising HIV prevention and treatment services to existing health clinics, bringing services closer to communities, especially in rural areas.

HIV prevention services for adolescent girls and young women are primarily delivered in public health facilities. However, adolescent-friendly prevention services, with packages designed according to age, gender and HIV prevalence are typically only found in those health facilities and outreach clinics that receive international donor support.

The new National Strategic Plan (2020-2025) commits the government to taking greater responsibility for key population prevention programming, continuing to support community drop-in centres as well as promoting integration of key population-friendly services into existing public health facilities. It envisages that training health care workers in the provision of key population-friendly services will enable these groups to access services without being stigmatised.

Malawi's national condom strategy has been implemented over the last five years and seems to be paying off – with an increasing number of condoms and lubricant sachets being distributed every year. One of the enabling factors is the adoption of a district-wide, total market approach, using a mix of public, not-for-profit and commercial channels to distribute and promote condom use. The main stumbling block, however, is the government's refusal to distribute condoms in schools and prisons.

While plans are at an advanced stage for Pre-Exposure Prophylaxis (PrEP) roll out, it is only 11 out of 28 districts that have been targeted with the intervention. More resources are needed for PrEP rollout in the remaining districts.

Voluntary medical male circumcision (VMMC) services have been incorporated into the health system, with all districts now having specialised sections. But due to the COVID-19 pandemic and WHO's recommendation, these services were suspended between April and July 2020, seriously jeopardising Malawi's ability to reach its 2020 VMMC target.



THE IMPACT OF COVID-19 ON HIV PREVENTION

While it's still too early to know the full impact of COVID-19 on HIV prevention, for a period of roughly four months (April-July 2020), the provision of HIV services was severely disrupted – VMMC, community HIV testing services, PrEP and routine medical checks were suspended; there were some condom and STI drug stock outs; social asset building and demand creation activities for adolescent girls and young women also stopped.

In an effort to decongest public health facilities during the pandemic, the Ministry of Health decided to introduce multi-month dispensations of HIV medicines. However, despite this positive move, a study conducted by NAPHAM during COVID-19 revealed that, although the country didn't experience stock outs of antiretrovirals, some people living with HIV struggled to access HIV medication due to the reduced operating hours in health facilities.

A Ministry of Health Policy Brief (July 2020 draft) states that the provision of youth-friendly services in the first half of the year declined by around 30% across the country. Other sources report an increase in the number of teenage pregnancies, and it is likely that this will be mirrored by an increase in HIV infections among adolescent girls.

Government restrictions on hours of operations on bars and bottle stores impacted the livelihood of sex workers. It is also important to note that during the pandemic, there has been a widespread surge in gender-based violence, especially affecting adolescent girls, young women, and female sex workers. The impact of this on rates of HIV infection remains to be seen, but it is clear that an urgent scale up in gender-based violence services is needed, including services specifically targeting these groups.



RECOMMENDATIONS

IMPACT OF COVID-19

COVID-19 has disrupted HIV prevention services and exacerbated economic and social drivers, with the risk that new HIV infections may begin to increase. Malawi must commit to sustaining progress on and funding for HIV prevention, and must protect the human rights of the most marginalised communities.

LEADERSHIP

The government of Malawi must work much more proactively and urgently to address the financial and political bottlenecks that are preventing distribution of condoms in schools. The Ministry of Education must work closely with school leaders and teachers' unions to help them understand the benefits of CSE for adolescents and young people.

LAW AND LEGAL

The government has committed to collecting data on transgender people and people who use drugs. This evidence must be acted upon and fully costed service packages and clear implementation plans should be developed where necessary. To ensure access, the government must also commit to addressing the policy and laws that prevent these groups from accessing services.

FINANCING

Current HIV prevention spending falls extremely short of what is needed. The Ministry of Health and Ministry of Finance must commit to increasing investment in HIV prevention as a proportion of total HIV spending, ensuring that adequate funds are allocated towards key populations and adolescent girls and young women.

QUALITY PROGRAMMING

Civil society welcomes ongoing efforts to decentralise HIV prevention services and expand coverage. However, for this approach to succeed, the government must enable and scale the delivery of prevention services also at the community level. This should be done through new social contracting mechanisms, open and accessible to civil society, youth-led and key population-led organisations.



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. As part of this process, activists from different community-based organisations decided to work together to analyse their nation's progress on HIV prevention. The reports are based on responses to a data collection tool developed by Frontline AIDS. In 2020, activists from seven countries agreed to update their reports. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments put forward by governments.

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OUR PARTNERS



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