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.
HIV PREVENTION 10-POINT PLAN
A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention 2020 Road Map. This committed to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress including limited political leadership, restrictive laws and policies, insufficient funding and lack of implementation. It sets out a comprehensive combination prevention strategy that is realistic and achievable.

Despite the 10-Point Plan, Malawi has not met the targets. In 2019, the plan estimated that 41% of key populations were reached with prevention services. In fact, only 18% of key populations received prevention services, which is far below the target. The government has prioritised HIV treatment and response, but has not made adequate investments in HIV prevention.

In 2020, Malawi launched the Global HIV Prevention Coalition. The Coalition aims to catalyse action and work towards reducing new HIV infections. In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention 2020 Road Map. This committed to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress including limited political leadership, restrictive laws and policies, insufficient funding and lack of implementation. It sets out a comprehensive combination prevention strategy that is realistic and achievable.

Since the introduction of Malawi’s new HIV and AIDS Management Bill, the National AIDS Commission (NAC) has been working to ensure the implementation 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.

STRENGTHENING POLITICAL LEADERSHIP

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The restructuring has led to greater organisational capacity: in less than a year, several 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 establishment of the new National HIV and AIDS Council, 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 (MSM) and transgender people. Although the COVID-19 pandemic 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 rights abuses – from community members but also from healthcare workers and police. With no law or regulation to protect them, 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 two 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.

IMPLEMENTING QUALITY PROGRAMMING AT SCALE

The government plans to scale up the HIV response by decentralising HIV prevention and treatment services to existing health facilities, 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.

While plans are at an advanced stage for Pre-Exposure Prophylaxis (PrEP) roll out, it is only 12 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.

A CIVIL SOCIETY ANALYSIS

There are serious gaps in Malawi’s HIV prevention 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.

Adequate and Sustainable Financing

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 NAPAM 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 35% across the country. Other sources report increases 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 businesses, jobs and livelihoods for 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.

THE IMPACT OF COVID-19 ON HIV PREVENTION

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 Malawi and Malawi’s 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 on 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 main funders of the HIV response, the Global Fund invested 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 took 18% of the total HIV/AIDS spending by the 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.
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.

We deeply appreciate all the civil society partners for their joint efforts and leadership to develop the 2020 shadow report. National research and analysis: sincere thanks to our country partners listed below.

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