

UNAIDS in Malawi: Shaping a Fast-track Agenda to End AIDS



2014-2015 BIENNIUM REPORT



UNAIDS in Malawi: Shaping a Fast-track Agenda to End AIDS





Protect the Goal Lead Music Celebrity – Skeffa Chimoto and the Real Sounds Band

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**INCREASE FUNDING
BEYOND 2015
FOR THE
THREE ZEROS!**

**SUSTAIN
TREATMENT
FOR MALAWI
BEYOND 2015**

**MALAWI NEEDS
INCREASED SUPPORT
FOR HIV**

**TREAT HIV NOW
TO
PREVENT MORE
INFECTIONS!**

“Engage, Educate And Empower”
**INTERNATIONAL AIDS
CANDLELIGHT MEMORIAL**
Chingochi polimbama nali

ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune-Deficiency Syndrome
ART:	Antiretroviral Therapy
CSO:	Civil Society Organization
CSS:	Community Systems Strengthening
EID:	Early Infant Diagnosis
FBO:	Faith Based Organization
FSW:	Female Sex Worker
HIV:	Human Immune Deficiency Virus
HTS:	HIV Testing Services
KP:	Key Population
MoH:	Ministry of Health
MSM:	Men having sex with men
MTCT:	Mother to Child Transmission
NAC:	National AIDS Commission
NGO:	Non-Governmental Organization
NSP:	National Strategic Plan
PCB:	(UNAIDS) Programme Coordinating Board
PLHIV:	People Living with HIV
PMTCT:	Prevention of Mother to Child Transmission
TWG:	Technical Working Group
VMMC:	Voluntary Medical Male Circumcision

FOREWORD



UNAIDS Malawi is proud to present its report for the 2014-2015 biennium. We are both elated and humbled by the numerous achievements over this period. We however recognise that every step and accolade recorded in this publication has been about working together in partnerships, to deliver results for people living with and affected by HIV and AIDS. UNAIDS does not work alone!

Malawi is without a doubt, a global trend-setter in the global response to HIV and AIDS and UNAIDS Malawi was able to be associated with a number of “firsts” over this period. Malawi’s successes the biennium were unequivocally the result of a convergence of strong political will and leadership, active and strategic civil society engagement and development partner solidarity and support.

This bi-annual report documents the part that UNAIDS played mainly as the secretariat of the Joint United Nations Programme on HIV and AIDS which comprises 11 co-sponsoring agencies (WHO, UNDP, UNICEF, UNFPA, WFP, UN Women, UNODC, ILO, UNESCO and the World Bank), and as a partner of the Government and people of Malawi, in particular, People Living with HIV.

The bulk of UNAIDS’ financial resources are directed to its co-sponsoring agencies with only a small proportion going to the UNAIDS secretariat. The core of UNAIDS’ resources as a secretariat is therefore its staff and the technical support they provide or broker. Despite, this report illustrates that the secretariat is able to “punch above its weight” and is a true example of what it means to work smartly, efficiently and to do more with less.

In line with the mandate of the secretariat, this report outlines UNAIDS Malawi’s achievements on strengthening coordination; developing strategic information to guide and target the response; engaging in policy and advocacy work at all levels of leadership; working to mobilise resources, while ensuring that investments are efficient and effective; engaging with civil society and community models of service delivery; and supporting Malawi to ensure, in line with the Sustainable Development Goals (SDGs), that the HIV response is human rights based, gender responsive and that it does not leave anyone behind.

From working to support upstream policy work to engaging at community level, the 2014 – 2015 biennium journey has been a rich and fulfilling one. However, lessons have also been learnt about staying the course, accelerating coverage of services and ensuring that marginalised populations do not fall through the cracks, thereby compromising Malawi's vision of fully achieving 90.90.90 and ending AIDS . The SDG agenda heralds an era of doing business different and as the UNAIDS Executive Director, Michel Sidibe said:

*Now is the time to come together again and finish what we started.
Let us seize this opportunity and join the fast track towards ending
AIDS as a public health threat by 2030*

Moving forward, His Excellency the President, Prof Arthur Peter Mutharika's commitment, exemplified among others, by the exponential growth in domestic spending on HIV and AIDS (from a paltry 1.7% in 2012 to 14% in 2015) and by his announcement of Malawi adopting "Test and Treat" in September, 2015, sets a firm foundation for the future. While the celebrations of Malawi's bold and pioneering successes have been merited, it is time to intensify efforts to achieve the targets established in the National Strategic Plan (2015-2020); stay vigilant of the real threat of complacency setting in; and address the accountability, efficiency and effectiveness deficits in the national response. Not doing so will present the real possibility of the epidemic rebounding. In this respect, the Government of Malawi and all partners can count on UNAIDS Malawi continuing to be the true, trusted, reliable and quality tested partner in the common goal to achieve 90.90.90 and usher in a society where AIDS is no longer a public health threat.

My sincere thanks goes to the Government of Malawi, all partners, the UN Resident Coordinator Ms Mia Seppo, the Joint UN Team and the incredible team of dedicated staff at UNAIDS Malawi, for making the successes of the last biennium possible.

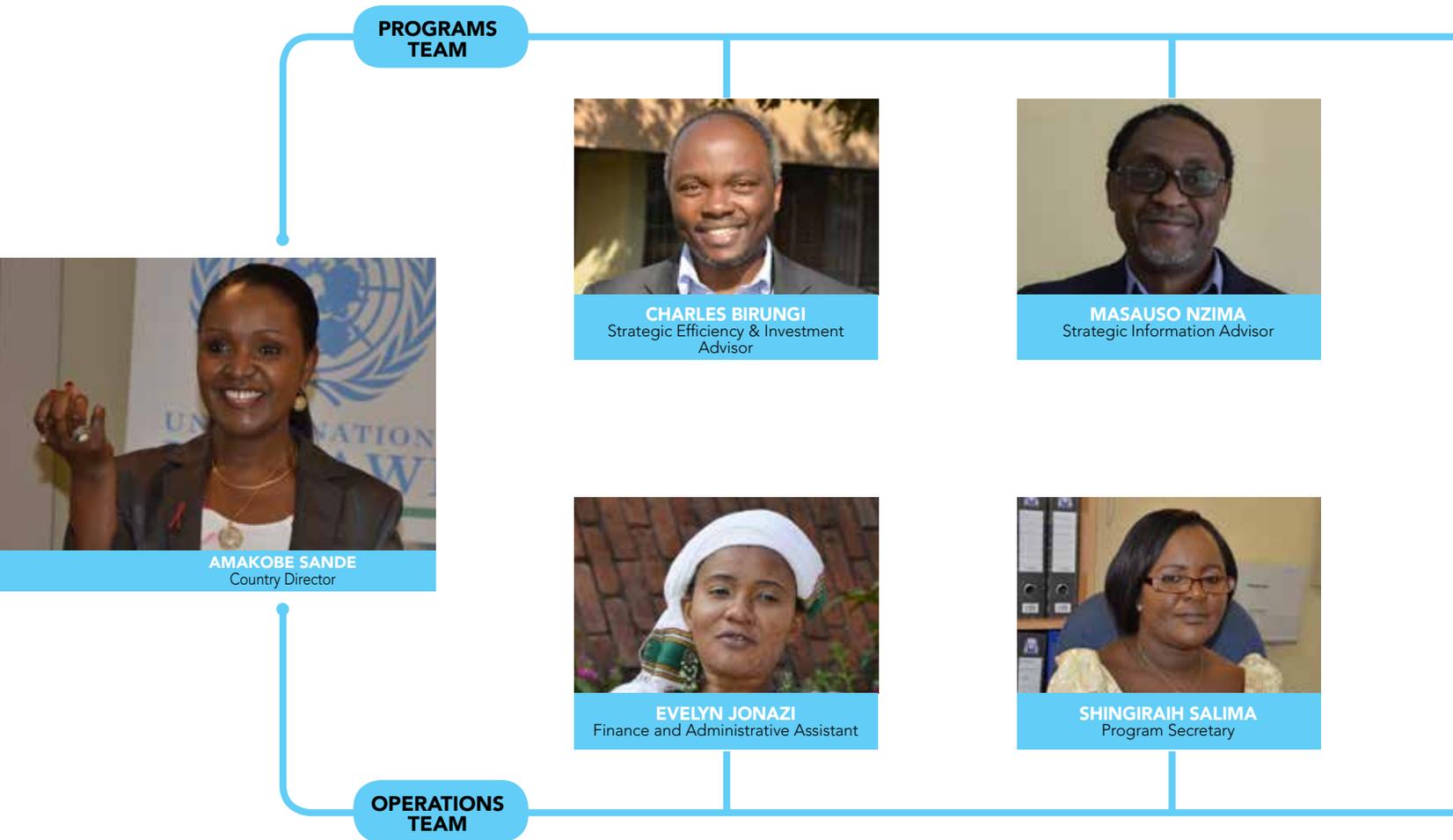
The end of AIDS is within sight!

A handwritten signature in black ink, appearing to read 'Amakobe Sande'. The signature is stylized with a large, circular flourish at the beginning.

Amakobe Sande
UNAIDS Country Director



ORGANOGRAM/STRUCTURE FOR THE UNAIDS SECRETARIAT IN MALAWI





EDGAR ARNOLD LUNGU, PHD
Strategic Interventions Advisor



ISAAC AHEMESAH
Human Rights & Gender Advisor



LUSUNGU JONAZI
Communications officer- Intern



WITNESS LEKA
Senior Driver/Clerk



KEBA CAMARA
Operations- Intern



The President of the Republic of Malawi

His Excellency Prof Arthur Peter Mutharika

I wish to single out a few things for special thanks to UNAIDS:

Firstly, for the close collaboration with my Government, the Resident Coordinator and UNDP, especially on the Technical Assistance for the development of the Global Fund proposal (which we submitted in January 2015), and in brokering support from other donors in its capacity as the Chair of the HIV and AIDS Donor Group;

I am also grateful to you, UNAIDS, for providing support for the travel of a High Level delegation of members of my Government to facilitate discussions on strengthening Malawi's relationship with the Global Fund. I am pleased to say, that because of your support, Malawi is, in terms of per capita allocations, one of the highest beneficiaries of the Global Fund;

Secondly, I thank UNAIDS for providing technical support for the development of Malawi's new National Strategic Plan for HIV and AIDS and Malawi's Prevention Strategy. You may be aware that Malawi's National Strategic Plan was the first in the world, to embrace the UNAIDS targets of 90.90.90;

Lastly but not the least, for providing invaluable technical and financial assistance (together with UNFPA and UNICEF), to support the First Lady on her program, to ensure that we do not leave children and young women and girls behind in the HIV response, and that we address cervical cancer. I am confident that through her mobilisation efforts, Malawi will join the list of countries that will announce to you and the UN General Assembly this year, that we have achieved the Global target of virtually eliminating mother-to-child HIV infections.

As I have demonstrated with these few examples, UNAIDS is working at all levels of government and society to support my Government to inspire Malawians about the fact that it is possible to end AIDS. This is in tandem with my government's ideal for a people-centred government.

“UNAIDS is working at all levels of government and society to support my Government to inspire Malawians about the fact that it is possible to end AIDS. This is in tandem with my government's ideal for a people-centred government.”

- Extract from His Excellency's speech at the United Nations General Assembly in September 2015

A portrait of Michel Sidibé, a man with glasses and a goatee, wearing a dark suit, white shirt, and red tie. A red AIDS awareness ribbon is pinned to his lapel. The background is a blurred green outdoor setting.

UNAIDS Executive Director and
Under-Secretary-General of the United Nations

Michel Sidibé

“ Now is the time to come together again and finish what we started. Let us seize this opportunity and join the Fast-Track towards ending AIDS as a public health threat by 2030”

About UNAIDS

The United Nations Joint Programme on HIV and AIDS (UNAIDS) is the secretariat of 11 co-sponsoring United Nations entities and their programmes on HIV and AIDS, as agreed in a global division of labour approved in 2010.

UNAIDS had its firm start in Malawi in January 1996 with establishment of the UNAIDS Secretariat office. Since then, UNAIDS has enjoyed a strong relationship with the multisectoral partnership on HIV and AIDS response, led by the Government of Malawi which includes the National AIDS Commission, Malawi Partnership Forum, Ministry of Health and all other sector ministries; bilateral organisations and Civil Society Organisations particularly the Networks of People Living with HIV and AIDS led by MANET+.

While the work of individual UN agencies is to ensure they respond to HIV from their various vantage points and respective agency mandates, the work of UNAIDS (the secretariat) globally and in Malawi, is six-fold and primarily involves providing technical support to the governments and other partners for the following:

1 Coordinating the work of **the UN system on HIV and AIDS** through the establishment of a Joint Plan and Support (which supports development and implementation of the National HIV and AIDS Strategy)

2 Providing **strategic information** to help guide prioritisation and investments for an effective, evidence based and targeted response to HIV and AIDS

3 **Advocating** within the UN, Government and Civil Society partners for the removal of bottlenecks and/or addressing gaps in implementation of the HIV and AIDS response, informed by prevailing quality evidence

4 **Mobilising resources** globally for the HIV work of UN agencies and the Secretariat to mobilise resources for their HIV and AIDS responses (in line with agreed, prioritised and costed national strategic plans on HIV) and to ensure resources are used **efficiently** and **accountably**

5 **Mobilising community action** on HIV which UNAIDS (the only UN entity with civil society representatives on its board) considers the bedrock of the HIV and AIDS response at country level and particularly ensuring the **meaningful involvement of people living with HIV and AIDS (PLHIV)**

6 **Addressing Human rights and Gender** concerns as key cross-cutting elements of the epidemic in any country, in an attempt to ensure that no one is left behind and that as a result, a country is able to achieve epidemic control

In the above areas, UNAIDS has over the years developed an increasingly strong, credible and trusted partnership with the Government of Malawi and other partners in the multi-sectoral response. It has achieved this through the provision of technical and financial support as well as brokering and facilitating closer linkages between various partners in the multi-sectoral response to HIV and AIDS in Malawi.

This report provides an overview of achievements over the 2014-2015 biennium as well as work that has been initiated in 2016 to further consolidate support for the achievement of 90.90.90 and ending AIDS as a public health threat in Malawi by 2030.

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Resilient nations.



1.0

Coordinating the work of the UN on HIV and AIDS

Since its establishment in Malawi in 1996, UNAIDS has served as the secretariat of the Joint Programme on HIV and AIDS. Over the last biennium period, the work of the Joint UN team on HIV and AIDS was guided by the United Nations Development Assistance Framework (UNDAF) 2012-2016 signed between the Government of Malawi and the United Nations in 2012.

The UNDAF in Malawi placed a high premium on the impacts of HIV and AIDS in Malawi and had a dedicated pillar (one of four) to specifically support the Government's response to HIV and AIDS, providing the UN's distinctive contribution and using its comparative advantage in the area of treatment and care; prevention of HIV infections; mitigating the impacts of HIV and supporting the GoM to have a favourable legislative, policy and societal environment for the fight against HIV and AIDS. This support was organised around these four outcomes with clear links to not just the Malawi Growth and Development Strategy (to which the UNDAF was aligned) but also to the National Strategic Plan on HIV and AIDS. The work of UN agencies on HIV and AIDS centred on both upstream policy work as well as support for the provision of direct services within communities and is covered in the various UNDAF reports.

Over the biennium period, covering the years 2014 and 2015, strong efforts were made to ensure transparency and accountability with partners to ensure that annual work-plans of the UN Joint Team on HIV and AIDS were discussed and approved by a broad-cross section of partners in meetings convened by the Executive Director of the National AIDS Commission and co-chaired by the Ministry of Health.

A new Joint Plan on HIV and AIDS is currently awaiting finalisation and will need to be linked to the fact that the current UNDAF which should have come to an end in 2016, has been extended to allow for establishment of the National Planning Commission which will oversee development and coordinate implementation of the new National Development Plan – an overarching development strategy succeeding the Malawi Growth and Development Strategy. A draft working document is however in place to guide the on-going work of the Joint Programme on HIV and AIDS.



Members of the UN Joint Team on AIDS

UN Malawi Resident Coordinator

Mia Seppo

“No matter how much money we have and scientific progress we attain, the problem of new HIV infections and deaths from AIDS in Malawi will not be solved as long as there is stigma and discrimination. UNAIDS is playing an invaluable role in addressing stigma and discrimination in access to health services and in creating space for dialogue with key groups like religious leaders.”

Remembering those who have left us at the Candlelight Memorial



Mr Davie Kalomba

National AIDS Commission Executive Director

Q What have you particularly valued in the partnership with UNAIDS in Malawi?

A The National AIDS Commission (NAC) greatly values the technical and financial support it gets from UNAIDS in all the spheres of the National Response to HIV and AIDS in Malawi. UNAIDS has been very instrumental in high level advocacy and coordination of the response. Malawi continues to improve in HIV and AIDS programming as the technical support provided has enabled the country to undertake a number of important activities such as development of key strategic frameworks and information products namely the National HIV and AIDS Strategic Plan (NSP), National HIV Prevention Strategy (NPS), National HIV and AIDS Estimates, HIV and AIDS reports, and the Global Fund Concept Note. UNAIDS has mobilized financial support not only towards important national events such as World AIDS Day and International AIDS Candlelight Memorial, but also programmatic areas through the UN Joint HIV and AIDS Annual work plans, which include development of annual HIV estimates; biennial HIV and AIDS Spending Assessments; Modes of Transmission and Know Your Epidemic Study; and, Global AIDS Response Progress Reports. UNAIDS has supported capacity building initiatives to players within the response. UNAIDS, among other partners, has been instrumental in resource mobilization for Non-Government Organizations implementing non-biomedical HIV interventions.



Q What do you look forward for the next period (2016-2017) in terms of the critical needs in the national HIV and AIDS response and the distinctive role that UNAIDS can play going forward?

A NAC looks forward to continued close collaboration with UNAIDS, more crucially at this point when NAC endeavours to strengthen its coordination role in the response. UNAIDS will remain instrumental in assisting NAC to enhance technical coordination and improving monitoring and evaluation of the response in order to ensure that all partners play their role and share information and reports. NAC will continue to work with UNAIDS in the context of the 'Fast Track' agenda, in order to attain the 90:90:90 targets as espoused in the NSP. In addition, NAC envisages a strengthened capacity in epidemiological analysis through UNAIDS support, in order to facilitate effective geographic and population based targeting of HIV interventions. A vibrant partnership with the UNAIDS will ensure that Malawi ends AIDS as a public health threat by the year 2030

2.0

Providing Strategic Information to Guide the National HIV and AIDS Response

The work pertaining to providing strategic information and data that informs the HIV and AIDS response forms the bedrock of the functions of UNAIDS secretariat in any country and this has not been an exception in Malawi. All data on the HIV and AIDS response generated and reported by UNAIDS, including the data used for the UNAIDS Global AIDS Response Progress Reports (GARPR) has been validated and approved by the Government of Malawi.

Over the biennium, UNAIDS effectively collaborated with the NAC, Ministry of Health and other NGO and CSO partners (with the support of agencies of the UN system) to produce the following:

Two annual reports on the **state of the epidemic in Malawi** (also referred to as Spectrum estimates), for 2014 and 2015. These reports have provided essential information, including: estimated national HIV prevalence, number of new HIV infections across different groups (by age and sex), Mother to Child Transmission rates, and the number of AIDS related deaths, which has been critical in informing planning and prioritisation in the HIV and AIDS response. In 2016, subnational level HIV estimates (at regional level – northern, central and southern) and cities of Blantyre and Lilongwe have been produced. This granular information will provide opportunity for further prioritisation and targeting at a geographic level and in line with epidemic trends in the country.

With UNAIDS support and in fulfilment of the 2011 Political Declaration on HIV and AIDS, the Government of Malawi was able to submit its country data for the **Global AIDS Response**

Progress Report for both 2014 and 2015, which included both the state of the epidemic and its response including an analysis of funding and expenditure patterns in the response.

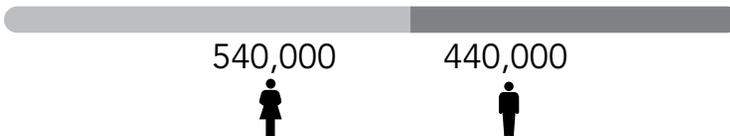
As a result of the collaboration between UNAIDS, UNDP and the Department of HIV and Nutrition in the Ministry of Health (previously located in the Office of the President and Cabinet), Malawi now has data for programming for Men who have Sex with Men. This was as a result of finalisation and dissemination of the Biological Behavioural Sentinel Surveillance (BBSS) report which provided an estimated size of the MSM population in Malawi (38,000) and HIV prevalence in this group (14%). The information emerging from this study has been instrumental in planning for the scale up of key populations' programmes as part of both the Global Fund and PEPFAR supported programmes, and has catalysed the formation of a Key Populations Subgroup of the national HIV Prevention Technical Working Group. With the support of the Global Fund, this study will be extended beyond the 5 original districts in 2016.

Despite a world renowned treatment (including Option B+ in an integrated programme), stigma and discrimination are still prevalent at unacceptable levels in Malawi. Within the biennium, work was initiated in partnership with DFID (that significantly contributed funding) and MANET+ (implementer) to conduct a Stigma Index (the second for the country) which is currently at an advanced stage of finalisation. This report will help determine trends in stigma and discrimination and will be instrumental in informing finalisation of the Malawi National Anti-Stigma and Discrimination guidelines. Both will be launched later in 2016.

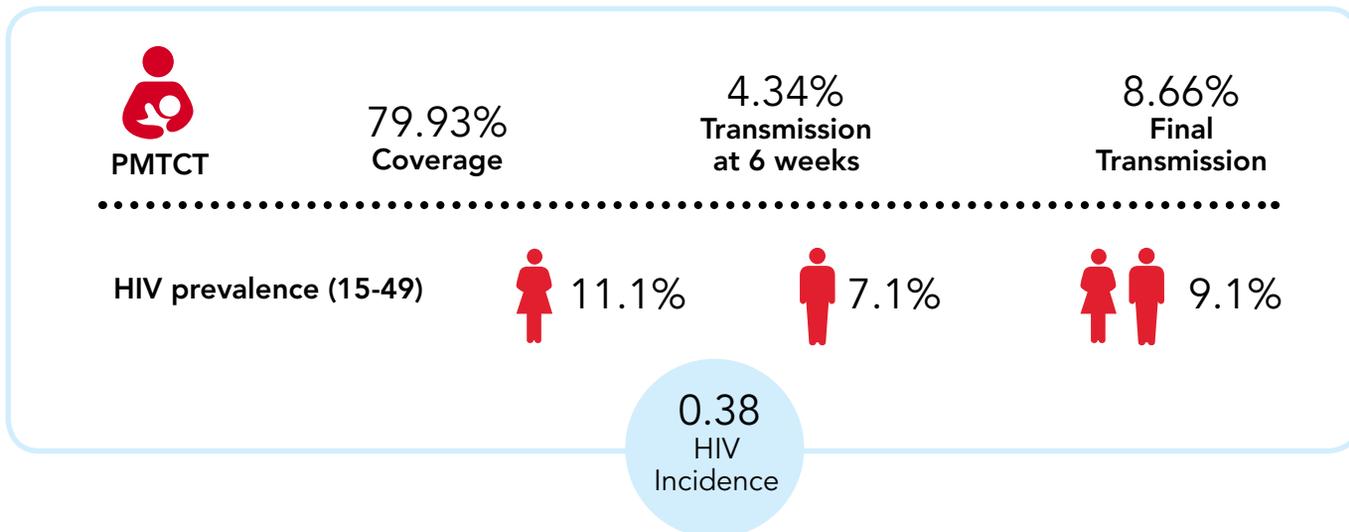
**MALAWI HIV ESTIMATES
- SPECTRUM 2016 RUN**



Malawians
living with HIV
980,000



	New HIV infections	4,800	16,000	12,000	33,000
	AIDS deaths	3,500	11,000	12,000	27,000
	ART coverage	62%	66%	34%	61%



First Lady of the Republic of Malawi and Vice President of the Organisation of African First Ladies Against HIV and AIDS (OAFLA)

Her Excellency Dr Getrude Mutharika

“ Malawi, like your countries is making tremendous progress in the HIV response. Our efforts are beginning to bear fruit and we need to learn from each other and scale up our interventions. This is not the time to relent and I commend African First Ladies at their meeting in Malabo, for joining UNAIDS in boldly calling for the ‘end AIDS by 2030’ in ensuring that HIV and AIDS is a firm part of the post 2015 agenda (In her maiden speech at the OAFLA General Assembly of January, 2015 - Addis Ababa, Ethiopia)”



3.0

Advocacy and Policy for the National Response to HIV

A key part of the work of the UNAIDS Secretariat is conducting advocacy and lobbying work both within the UN system and with national partners on areas of the national response that require attention. This work is evidence-based and is supported through the strategic information that is generated (as highlighted above). It helps to identify gaps or bottlenecks that require addressing to advance the national response to HIV and AIDS. The work entails operating at every level, across the spectrum of the multi-sectoral partnership on HIV and AIDS, including high level political leadership, and is an integral, part of the work of the UNAIDS Malawi secretariat.

A few examples in the advocacy work that UNAIDS Malawi undertook in the biennium are shown below:

Following a request from the Executive Director of UNAIDS, His Excellency the President, Prof Arthur Peter Mutharika agreed to champion the issue of **Trade Related Intellectual Property Rights and access to medicines issues**. At the time, Bangladesh had been lobbying (on behalf of Least Developed

On the 1st of January 2016, the same day that Malawi moves to universal ART access for all Malawians living with HIV, the pharmaceutical transition period under the TRIPS Agreement will expire. And if it expires, on that New Year's Day, least developed countries will be in immediate jeopardy of losing their access to affordable, quality-assured medications, including the very antiretroviral drugs that have provided us a path to ending the AIDS epidemic

Excerpt of Speech on TRIPS Advocacy Made by His Excellency the President at the United Nations General Assembly side event in September 2015)

Countries – LDCs) for extension of the use of TRIPS flexibility deadline which was due to elapse in January 2016, to be extended for LDCs for as long as they remained LDCs. There was however not a strong voice from Africa, which the President of Malawi then addressed.



Malawi's Ambassador to Switzerland

His Excellency Mr. Robert Salama

“ The 2030 Agenda for Sustainable Development, which Malawi is party to, includes a commitment to end the AIDS epidemic by 2030. In this regard, UNAIDS Malawi has played a significant role in the fight against HIV infections and prevalence in Malawi. UNAIDS has, in collaboration with the Ministry of Health, set up systems aimed at detecting, treating and counselling people living with AIDS. Malawi adopted the UNAIDS 90:90:90 targets and as a result new HIV infections and HIV related deaths, as well as mother-to-child infections have all declined.”

Through the work of the President, with support from UNAIDS and UNDP, the declaration from the Financing for Development Conference in Addis Ababa, Ethiopia incorporated strong language in this respect. His Excellency also championed the issue at the UN General Assembly in September of 2015 and also provided input to the Secretary General's High Level Taskforce on TRIPS and access to medicines. As a result of this work, and in partnership with others globally, a 17 year extension was granted to LDCs.

At the highest level of Government, UNAIDS also worked hand-in-glove with the senior officials of the Government of Malawi, including His Excellency the President Prof Arthur Peter Mutharika and the then Minister of Health, Hon Dr Jean

Kalilani M.P. to **restore the confidence of the Global Fund in Malawi**, following an adverse audit report. This work was skilfully and delicately managed and included a joint UNDP/UNAIDS sponsored High Level Meeting of senior government officials with senior management in the Global Fund in Geneva, Switzerland. The commitment of the Head of State in these processes also led to 5 meetings between the President and the Executive Director of the Global Fund, Dr Mark Dybul. Under the leadership of the minister of health, Hon Dr Peter Kumpalume, M.P. the relationship with the Global Fund is now stronger than it has ever been both at senior management and the technical levels;

Once the UNAIDS 90.90.90 targets were launched at the International AIDS Conference in Melbourne, Australia, UNAIDS was instrumental in motivating Malawi to adopt them.



Director UNAIDS Regional Support Team
for Eastern and Southern Africa

Prof. Sheila Tlou

“ Malawi is, without a doubt, a regional, continental and global pioneer in the AIDS response. Progress made in the Option B+ and treatment programmes are now global models for scaling up and accelerating treatment access and the elimination of mother-to-child transmission of HIV. This regional and global reputation can, however, be easily be compromised if we do not pay urgent attention to the continuing high rates of new infection in the country. While the latest data show that HIV incidence is decreasing, levels of infection are still unacceptably high, especially among young women and girls. We need to take action and close this running tap of new HIV infections !

Working together with Ministry of Health and other partners in the national HIV response, data analysis on the HIV cascade clearly demonstrated that Malawi was well on track to achieving these targets. Partners led by the Department of HIV and AIDS then proceeded to ensure that as the new national strategic plan (2015 – 2020) was being developed, that it fully embraced 90.90.90, making Malawi **one of the first countries globally to integrate 90.90.90 into a national planning document.**



In its work to support CSOs, UNAIDS played a key role in supporting Malawi Network of AIDS Service Organisations (MANASO) to develop a community charter on 90.90.90 which was launched alongside the National Strategic Plan in May, 2015. Similar charters have now also been developed for women, girls, gender equality and HIV and for young people.

The UNAIDS secretariat was also instrumental in working closely with NAC and other partners to ensure that the National Strategic Plan on HIV and AIDS (2015 – 2020) embraced an “investment approach”, ensuring strong prioritisation and national consensus on “value for money” investments, as opposed to previous national planning processes which tended to serve as a document that incorporated “all things and served all people”. This document was then used as the basis for a strong Global Fund concept note application, which secured Malawi one of the highest per capita grants of the Global Fund globally.

Alongside the development of the Malawi National Strategic Plan, UNAIDS also played a key role in advocating for the holding of the first ever National HIV and AIDS Prevention Symposium. This followed a period of intense engagement with the NAC and partners to draw attention to the need to revitalise HIV prevention efforts outside of Treatment as Prevention. The

Regional Director of UNAIDS, Prof Sheila Tlou paid a high level visit to Malawi on this theme and with the support of the UNAIDS Regional Support Team, experts from PEPFAR and other regional and international experts, a national meeting involving a broad cross-section of actors reached consensus on Malawi’s prevention revolution roadmap. This roadmap was subsequently contained in the National Prevention Strategy (2015-2020) for Malawi. This work was delivered through close collaboration with co-sponsors and in particular, UNFPA, which from the global division of labour plays a lead role on HIV Prevention.



In collaboration with Médecins Sans Frontières (MSF) and the NAC, UNAIDS has also been at the forefront in advocating for differentiated models of care and alternative community delivery models in Malawi’s HIV response considering its context (such as with 2 doctors per 100,000 population) of being among Africa’s most constrained health systems. As will be shown below, this work influenced the

development for modules for Malawi’s first ever CSO Principal Recipient – Actionaid International as well as the development of PEPFAR COP 2016.

UNAIDS in Malawi was also instrumental in lobbying Her Excellency the First Lady – Dr Getrude Mutharika to engage within and outside Malawi on the work of the Organisation of African First Ladies Against HIV/AIDS in Africa (OAFLA). Once the First Lady provided her acceptance, UNAIDS worked hand in hand with UNFPA and UNICEF to provide both technical and financial support for the work of the First Lady on the issues of pediatric HIV, young people and cervical cancer screening and management. The contribution of Her Excellency the First Lady was acknowledged when she was elected the Vice President of OAFLA at the General Assembly Meeting of June 2015.



Q As a Minister of health, what have been the key pillars of UNAIDS support to strengthen the response in Malawi?

A Keeping the AIDS response at the top of the political agenda: UNAIDS has helped to maintain this focus at the highest political level including the President, First Lady (with OAFSA), and key ministers such as Gender and Justice

Development of National framework documents: UNAIDS provided the support needed to develop Malawi's new National Strategic Plan for HIV and AIDS (2015-2020) which received international peer review commendation for having adopted fast track and the UNAIDS 90.90.90 targets

Facilitating resource flows for the HIV response. UNAIDS was instrumental in providing support for development of Malawi's Global Fund Concept Note Development, through which Malawi was able to secure \$616 million. UNAIDS also brokered other Technical Assistance (TA) from other donors. This money is not only important for HIV but it also strengthens the health system overall. UNAIDS has also been instrumental in supporting implementation with support to my Ministry with the setting up of a Programme Implementation Unit.

Influencing policy dialogue on Alternative Service Delivery

Model: UNAIDS initiated policy dialogue on Community Oriented Service Delivery Models which my Ministry, together with development partners like PEPFAR and Global Fund have taken on board, as a way of addressing the challenges we have with Human Resources for Health

Addressing Populations Left Behind: UNAIDS has facilitated a national dialogue process, that is helping address the issues around key populations in evidence-informed, rights-based and ways that are appropriate to Malawian context

Q The PCB recently adopted a bold Strategy for fast-tracking the AIDS response over the next five years. What are the absolutely critical areas of support that you will need from UNAIDS in Malawi to achieve these bold targets?

A Helping my Ministry to better define and structure the interface between health systems and community systems to support fast track implementation;

Continuing to provide strategic information/data on focusing the response towards populations and geographical locations where we can have the greatest impact;

Making the Money work: UNAIDS should support my ministry in mobilising resources for the response, while at the same time advising my Government on where we can gain greater efficiencies;

Keeping HIV on the political agenda - with 42,000 infections every year and 33,000 AIDS deaths annually - there is still a lot of work to do

- Excerpt from UNAIDS interview with Hon Minister



Minister of Foreign Affairs and international Cooperation

Hon Francis Kasaila MP

“ We have come from so far but in a short period of time we have achieved so much. We have great hope for the future. Less than two decades ago, an HIV diagnosis was viewed as a death sentence and our societies had little hope of meaningful growth and development. Today, we have effective technologies and tools such as Antiretroviral therapy, the strong will of a people unified for purpose and the commitment of Government, that have changed the landscape. We can stand proud and count our progress against the pandemic as people living with HIV live longer and with quality of life. We have an exciting opportunity in the HIV and AIDS response to dare to dream of a future where the end of AIDS as a public health threat is possible in our generation”



4.0

UNAIDS support to the Community Response to HIV and AIDS

UNAIDS is the only UN entity that has CSOs on its board. From the early days of the discovery of AIDS, UNAIDS has recognised that communities have formed the bedrock of the HIV response and has embraced the Greater Involvement of People living with HIV/AIDS (GIPA) principles in all of its work at country level.

In Malawi, UNAIDS has provided both technical and financial support to MANASO, MANET+ MIAA, DREAM, CEDEP, Face-to-Face, COWLHA, Y-Plus and NAPHAM.

ORGANIZATION	AREAS OF SUPPORT
MANET+	<ul style="list-style-type: none"> • Implementation of national advocacy covering ARVs, discrimination and faith healing; • Capacity building for National Association of Young People Living with HIV; • Conducting the 2015 Stigma Index
Millennium Promise Alliance	<ul style="list-style-type: none"> • Elimination of Mother to Child Transmission at Millennium Village Project Mwandama Village; • Male involvement in eMTCT and VMMC;
MANERELA +	<ul style="list-style-type: none"> • Religious leaders championing prevention of domestic violence; • Addressing faith healing in Malawi
MIAA	Invigorating HIV prevention in Malawi through HTC & VMMC among the faith community
CEDEP	<ul style="list-style-type: none"> • Reaching the unreached: Fast-tracking HIV testing services among MSM in Malawi; • Supporting MSM study in Lilongwe, Zomba and Nkhatabay
Football Association of Malawi (FAM)	<ul style="list-style-type: none"> • Implementation of Protect the Goal (PtG) campaign
Face to Face AIDS Project	<ul style="list-style-type: none"> • Developing HIV+ Youth Ambassadors who are committed to working towards the 90-90-90 targets through OAFLA campaign in Malawi
Life Concern Organization (LICO)	<ul style="list-style-type: none"> • Organizational development and capacity building of LICO to scale up PMTCT services in Rumphi district
MACRO	<ul style="list-style-type: none"> • HIV testing and counseling services during the Protect the Goal campaign activities in Malawi
Timveni Television	<ul style="list-style-type: none"> • Mass media promotion of the protect the goal campaign
SAFAIDS	<ul style="list-style-type: none"> • Rock leadership "90": Strengthening capacity of traditional leaders to champion the community response to ending AIDS in Africa; and • Implementation of Action Linking Intervention on GBV and HIV Together (ALIGHT)
Community of St. Egidio (DREAM)	<ul style="list-style-type: none"> • Improving access to PMTCT interventions to contribute to efforts to reduce new HIV infections among children and keeping mothers alive as per the Global Plan
NAPHAM	<ul style="list-style-type: none"> • Real time monitoring of availability of ARVs and cotrimoxazole and reducing cases of stigma and discrimination faced by PLHIV in healthcare settings, using a mobile application platform

Executive Director of Malawi AIDS
Service Organizations

Ms Abigail Dzimadzi

“UNAIDS has helped to widen the space for CSOs in Malawi. Invariably UNAIDS would always be sometimes to only partner who would always include CSOs and even put CSOs first. They would make sure that all key processes happening involve CSOs.

UNAIDS has been a valuable partner which has enabled MANASO to exponentially revamp its role in the HIV response in Malawi. UNAIDS collaborated with MANASO to coordinate the CSO participation in key national processes. In 2015, on the roll out of the new National Strategic Plan, UNAIDS supported MANASO to develop the Malawi CSO Community Charter on getting to 90-90-90. This has become the blue print for community engagement in the HIV cascade of care, treatment and support.

The support UNAIDS provides can be as basic as providing meeting space, if that was all that was required to unleash action, and as substantial as helping CSOs access critical funding to avert service disruption.

The National AIDS Commission (NAC) was the main PR for CSOs until June 2015 after which most CSOs are experienced a critical funding gap which put them at stake until the new Global Fund grant was due to start in 2016. This was compounded by the global reduction of HIV resources. It is with this background that CSOs found themselves in a financial crisis up with an uncertainty regarding the sustainability of the CSO response given that only 45% of the NSP is funded and mainly allocated to bio-medical interventions. UNAIDS



stepped up to this challenge by spearheading a task force to identify opportunities of funding CSOs in the short and longer term in order to sustain their contribution in the AIDS response for the next five years and beyond. UNAIDS was successful in helping key critical CSOs in the national response to enable them avert service disruption in the short term and scale up to the new targets in the long term.

In 2016, UNAIDS brokered technical assistance for MANASO to undertake a strategic repositioning of the organisations mandate In light of and in order to contribute effectively and efficiently to the national response, as well as the new SDG dispensation. The support that UNAIDS provided to this process helped us to rethink and update the way we implement interventions in order to remain critical partners in the response.

Much work remains to be done and going forward UNAIDS needs to find a way to help community organisations train and learn to use data as a basis for their advocacy. UNAIDS should remain a voice for the voiceless and not remove the foot off the pedal until the very last person can access treatment and together we end AIDS.’

Among innovative areas of partnership initiated in the biennium and currently on-going are:

- Partnered with the mobile phone company Airtel Malawi (with the endorsement of the Ministry of Health – HIV Department) to support NAPHAM implement a project to monitor independently and in real time, availability of essential HIV medicines (ARVs and Bactrim) and report

cases of stigma and discrimination faced by PLHIV at the point of healthcare use. The project has afforded NAPHAM to undertake evidence based advocacy pertaining to access to medicines and pursue efforts aimed at reduction of stigma and discrimination in healthcare settings;

- The launching of the “Protect the Goal” (PtG) campaign with key messaging on: HIV testing, condom use and circumcision. This campaign was endorsed by His Excellency the President and a number of leading figures in Malawi, under the leadership of Ministry of Youth, Sports and Culture – which chairs a national PtG Steering Committee. Following the launch of the campaign, the key activities involved initial popularisation and branding with the highlights being a visit to Malawi by the then Ghana Black Stars National Captain Asamoah Gyan and the renowned African Jazz saxophonist Steve Bedi. Following this popularisation phase and with the support of the Football Association of Malawi as the key implementing partner (IP) a district roll-out phase of the campaign focussed on information dissemination and community based service provision (mainly testing and condom distribution) in the five high burden districts in the southern part of Malawi. The PtG campaign illustrated how non-traditional partners can come together to work on HIV and AIDS and it has mobilised up to US\$ 452,677 from private sector companies as well as UN agencies (with UNICEF being the largest funder) and NAC. In 2016, the campaign focus is on tertiary institutions such as universities, cognisant of the fact that new HIV infections are relatively high among the youth, especially adolescent girls and young women hence the need to target them with HIV prevention messages which the PtG campaign propagates. The campaign has benefitted immensely from the support of the lead music celebrity for PtG in Malawi – Skeffa Chimoto and the five local footballing champions selected to help brand and popularise the campaign’s messages. Skeffa has composed a PtG theme song and has been instrumental in boosting testing and conveying key messages at key national events.



Chairperson Association
of Young People Living
with HIV in Malawi

Ms Violet Banda

“UNAIDS has been instrumental in mobilizing young people to commit to HIV prevention and reaching adolescent girls and young women with comprehensive and correct Sexual and Reproductive Health Rights (SRHR) education. With strong leadership from government and community support, UNAIDS has been a panier in accelerating large-scale efforts

for HIV prevention and treatment in Malawi. In order for us to achieve the ambitious 90/90/90 targets, the issue of stigma and discrimination in the community, workplace and school grounds must be addressed.”



President of the Republic of Malawi, Prof. Arthur Peter Mutharika, signing the Protect the Goal ball as a sign of his commitment to the HIV response in the country and endorsement of the campaign.



An overview of achievements in 2015

210,000

young people reached with HIV prevention messaging in 2015

5,206

young people tested in the southern region

150

football coaches trained in HIV & SRHR prevention to support district leagues roll out

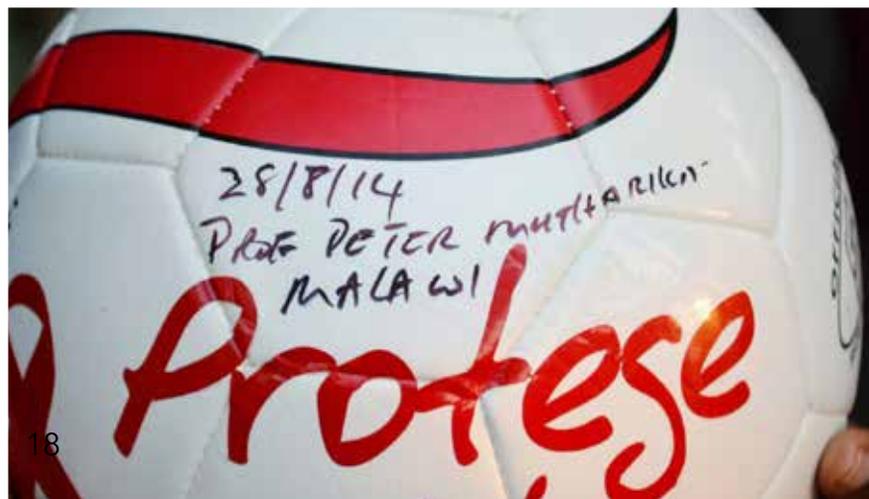
The Football governing body distributed more than **50**

footballs to youth networks in the region

28,764

pieces of condoms were handed out to young people during respective events

Successful linkage to and uptake of HIV and AIDS services through MACRO, JHPIEGO and government health facilities





THE GOAL
Against new HIV infections



Minister of Sports and Culture

Hon Grace Obama Chiumia

“ The Malawi government fully supports this ‘UNAIDS Protect the Goal’ campaign which aims to raise awareness of HIV, especially among young people and encourage them to commit to its prevention. Government acknowledges that this global campaign is one way to assist countries in their push to meet the Millennium Development Goals by 2015 and the 10 targets endorsed in the United Nations General Assembly 2011 Political Declaration on HIV and AIDS; and to get to the goal of zero new infections, zero discrimination and zero AIDS-related deaths”



PARTNERS AND SUPPORTERS OF *PROTECT THE GOAL* CAMPAIGN



HIV IN CITIES

With an estimated HIV prevalence of 13.2%, HIV and AIDS is among the major challenges that the City is grappling with. The City of Blantyre is however an incubator of innovation, as the Mayor has made this his personal mission and commitment to end the HIV pandemic in the City by the year 2030. He has in particular pledged to achieve 90.90.90 targets by 2020.

Among the city's priorities are those targeting key populations (sex workers and men having sex with men), specifically focussed on the causes of risk, vulnerability and transmissions of HIV. Another equally vital intervention targets young people using a model known as Teen Clubs. Teen Clubs aim to provide youth-friendly ART services at one of the major Hospitals and at outreach clinics using a public-private arrangement. Various partners, including the Global Fund, PEPFAR, the United Nations systems and others have been instrumental in getting the Test and Treat program off the ground in the city. It has been estimated that Blantyre will reach saturation (i.e. 80-80-80) by end of 2017.

The achievements are not without challenges, as the bleak economic situation Malawi poses a real threat to the City's capacity to locally finance its HIV and AIDS response. Unless the situation improves, the City's drive to achieve to attain its goals will be a tough ride. Nonetheless, as hope is being drawn from solid partnerships which the City has cultivated.

- Provided technical and financial support to the Community of Saint Egidio's Disease Relief through Excellent Advanced Means (DREAM) programme to contribute to efforts pursuing the elimination of Mother to Child Transmission of HIV strategy for Malawi which is in line with the Global Plan to eliminate HIV infections among children and keep their mothers alive. Catalytic funding to enable implementation of this project in Mangochi, Machinga, Balaka and Blantyre districts is designed to provide proof of concept for fast track approach in the HIV and AIDS response. To date, DREAM has significantly contributed to defaulter tracing and bringing clients back to care with up to 76% return to care rate in its catchment area; reduced turnaround time of Early Infant Diagnosis results to 14 days from an average of 29 days; promoted active community-facility linkages; and fostered male involvement in PMTCT. The current project will end in December 2016 and it is envisaged that best practices from this project will be adopted by respective District Health Offices.

Apart from supporting the work of individual organisations, UNAIDS in Malawi has also played a key role in a number of areas as follows:

1 Supporting the engagement of CSOs in key resource mobilisation initiatives as outlined above on the Global Fund, PEPFAR and in mobilising resources through GiZ and the UN family, to facilitate funding through a difficult time of transition and a short fall in resources;

2 Working with CSOs as outlined above, to conceptualise their involvement in delivering on 90.90.90 and the distinctive value they can add in this regard to the HIV and AIDS response (though the development of the CSO charter, the Women, Girls, Gender Equality and HIV charter – soon to be launched) and the Young People's charter on getting to 90.90.90.

Executive Director – Malawi Network of People Living with HIV (MANET+)

Mr. Safari Mbewe

“ In its work in Malawi, UNAIDS has fully demonstrated what the GIPA (Greater Involvement of People Living with HIV and AIDS) principle is. In close collaboration with NAC, UNAIDS has provided support where necessary, to not only ensure that the voices of people living with HIV influence national policy processes but that programmes that support positive health outcomes, particularly around treatment and nutrition, receive the attention that they deserve.

The Malawi Network of People Living with HIV (MANET+) has received invaluable financial and technical support which has been instrumental in supporting our advocacy for the implementation of the new ARV treatment regime (5A), addressing “faith healing” and its impacts on treatment adherence among our members and in the establishment of the Network of Young People Living with HIV. Working closely with the Ministry of Health and Airtel, UNAIDS and Network of People living with HIV and AIDS in Malawi (NAPHAM), helped establish the first ever SMS



platform which is ensuring real time monitoring of access to ARVs and health facility stigma and discrimination.

With funding from DfID and with close technical support by UNAIDS, MANET+ has also completed Malawi's second national Stigma and Discrimination Index which we expect to launch later in the year.

Finally, MANET+ appreciates the support that UNAIDS has provided in the commemoration of international days such as the Candle-light Memorial and World AIDS Day. These commemorations are important in ensuring that people living with HIV remain at the centre (and in the conscience) of all efforts to address the HIV epidemic in Malawi.”



Civil Society dialogue with Government on Zero Discrimination Day themed “Focus on Stigma in health facilities”

5.0

Human Rights and Gender Equality Work in Malawi

It is important to highlight that the work on human rights falls under the leadership of UNDP in the UNAIDS Global Division of Labour. However, UNAIDS as a secretariat has strengthened its support to UNDP in this area and in Malawi, has worked collaboratively with UNDP (and other agencies where relevant) to provide the support that ensures that what are called critical enablers and an enabling environment for the HIV response is created in Malawi.

The UNAIDS Malawi Office spent the better part of 2014 working with UNDP undertaking multi-sectoral discussions on the draft 2008 HIV and AIDS Management Bill. This was undertaken with the support of the Malawi Human Rights and Law Commissions under the leadership of the Department for Nutrition, HIV and AIDS which was then in the Office of the President. A National Reference Group (NRG) was formed, which enabled discussions and consensus building on the key issues the draft bill should contain. UNAIDS and UNDP also subsequently provided support to DNHA in preparing the Ministry of Health's submission to a cabinet sub-committee, which is the first in the series of steps that will be required to submit the bill to a full cabinet meeting and to parliament at the end of 2016;



Chairperson of the Parliamentary Committee on Nutrition, HIV and AIDS in Malawi

Hon Deus Gumba

“UNAIDS has always remained the most highly regarded international partner in the response to HIV and AIDS. Human rights are inextricably linked with the spread and impact of HIV on Malawians. UNAIDS engagement with Members of Parliament (MPs) to remove structural and legal barriers, which undermine national efforts at ensuring universal access to HIV prevention, treatment, care and support services, has been phenomenal.”

In a similar joint UN collaboration, UNAIDS and UNDP also worked with the DNHA to convene a series of dialogue sessions with law enforcement officials, in a bid to address concerns in the HIV response around key population groups such as the LGBTI community and Sex Workers.

Using information obtained from a size estimation and HIV prevalence study of men who have sex with men (MSM) funded by UNDP and UNAIDS, information is now available to support the scale up of programmes for key populations and has been used for the global fund concept note, the PEPFAR COPs and in developing the UN Government funded linkages programme. UNAIDS has also actively supported NAC, together with other partners to establish a sub Key Populations group which will be charged with ensuring programmes in this area are evidence based and that they are monitored and accountable.

UNAIDS has also provided technical support to NAC for a capacity assessment of CSOs involved in key populations service delivery. The findings of the assessment have informed the developed of a costed capacity development plan for these CSOs. Additionally, UNAIDS was also among a number of partners that provided support for a key populations peer educators manual has been developed to guide prevention interventions for key populations, including HIV testing and treatment.

Furthermore, when Supreme Court Judge Dunstan Mwaungulu (at the time a High Court Judge) issued a call for organisations and individuals to advise the High Court on the constitutionality of sodomy related laws in the penal code of Malawi, UNAIDS was admitted as “friend of the court” (amicus curiae) and is expected to advise the court specifically on the links between MSMs and HIV, while a number of other organisations focus on the broader human rights arguments. The process has been on-going since the end of 2014.



Honorary Secretary-Malawi Law Society

Khumbo Bonzoe Soko

“ I would say the Malawi Law Society greatly appreciates and values UNAIDS’ commitment to human rights in their indivisibility. In a country as conservative as ours, where the violations of rights of minorities and other vulnerable groups are often clothed in the dignifying language of culture and religion, it really takes sound principle and leadership to affirm that respect for all rights is non-negotiable. It’s not a call from which UNAIDS should waiver. As it has been said, ‘the arc of the moral universe is long but it bends towards justice’. In the coming years, we look forward to working with UNAIDS to ensure that the dreams of a prosperous Malawi, where the rights of all people regardless of their status in life are respected and protected is realised

Executive Director, Centre for the
Development of People

Gift Trapence

“ We cannot talk about achieving the 90:90:90 targets when MSM, transgender, male and female sex workers, prisoners and other key populations continue to face stigma and discrimination. Under punitive social and legal environment, these key populations are pushed underground and do not have access to HIV prevention, treatment and care services. Leaving no one behind means making HIV and health services universally accessible to everyone irrespective of sexual orientation, religion, age and sex and in an environment free of discrimination, violence and repressive laws. We need to listen to the community voices to enhance the planning and implementation of programmes for key population.

UNAIDS has been instrumental in providing technical and financial support to MSM HIV research, advocacy for inclusion of key populations in HIV policies and programmes and public interest litigations to address structural barriers impeding the effectiveness of the national HIV and AIDS response.

Following consultation with the Ministry of Justice, a series of transformation dialogues on leaving no one behind and ending AIDS were also initiated across a number of stakeholders. These dialogue sessions focus on young women and girls, the need to engage men and boys in the response and LGBTI issues. These dialogue sessions are expected to also contribute to better understanding on LGBTI issues, particularly following a spate of homophobic attacks in the media and in a number of national meetings. In collaboration with NAC and the Malawi Interfaith AIDS Association (MIAA) and the Regional Think Tank on HIV, Health and Social Justice, three out of ten dialogue sessions have been conducted with paramount and senior chiefs, the NAC board and the top echelon of religious leaders.



It is hoped that these dialogue sessions will lead to better understanding of the close relationship between and inclusive, rights based perspective to the HIV epidemic in Malawi and ending AIDS as a public health threat.

It is also expected that these discussions will translate into the creation of a more human rights responsive legal environment which ensures that no group of people are too fearful or driven underground in their attempts to seek HIV prevention, treatment and care services.





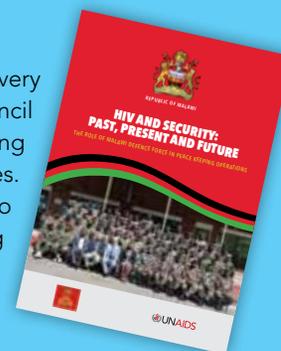
Commander, Malawi Defence Force

General Ignasio E.J. Maulana, psc, ndc (K)

“As peace keepers, our primary mandate is to protect populations in crisis from all forms of threats including physical and sexual violence, particularly against women and children. To end AIDS by 2030 in emergency contexts, we must eliminate sexual exploitation and abuse in peace keeping operations and hold perpetrators and their units collectively accountable. Together we can protect people in crisis from HIV, sexual violence, sexual exploitation and abuse.”

The Malawi Defense Force (MDF)'s collaboration with UNAIDS over the last two years has been very rewarding: As part of the Malawi Government's commitment towards implementing UN Security Council Resolution 1983, the MDF together with UNAIDS has institutionalized a standardized model training that integrates HIV, GBV and human rights standards into the pre-deployment training of MDF forces. Following the first training in 2013, a total of 150 MDF forces have been trained as peer educators to promote human rights and prevent HIV and all forms of sexual and gender based violence during peace-keeping operations. This has contributed to the high level of discipline exhibited by the Malawi Defense Force Contingent during peace keeping operations.

The MDF counts on UNAIDS continued support and collaboration to strengthen the HIV and AIDS programme of the MDF and ensure that Malawi achieves the 90-90-90 targets by 2020.





Paramount and Senior Chiefs at signing of Declaration of Commitment

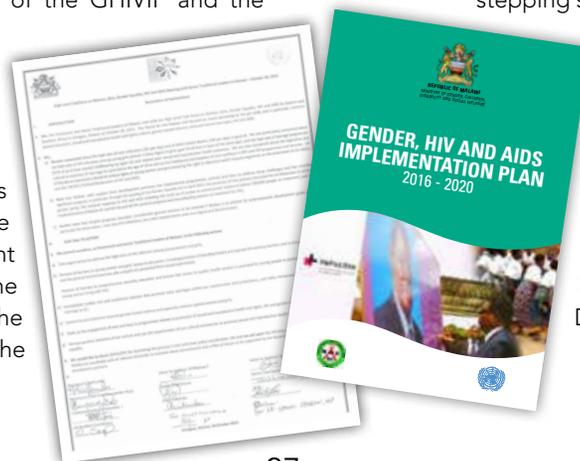
Recognizing the feminization of HIV epidemic and the disproportionately high HIV prevalence among women and girls, the UCO provided technical and financial support for the conduct of the transformational gender assessment of the national HIV and AIDS response. The findings of the assessment have informed the development of a costed Gender and HIV Implementation Plan (GHVIP) under the auspices of the Ministry of Gender, Children, Disability and Social Welfare. The UCO also provided technical and financial support to the Coalition of Women Living with AIDS (COWLHA) for the development of 90-90-90 charter on women, girls, gender equality and HIV. Through the UCO advocacy and technical support a gender and HIV technical working group has been established to guide and coordinate the implementation of the GHVIP and the gender charter.

Having facilitated the signing of the Chief's Declaration in 2013, the UCO continue to engage with UN Agencies, government ministries and NGO partners to support the traditional leaders to implement interventions towards achieving the Chief's Declaration. Furthermore, the UCO supported SAFAIDS to pilot the

Rock Leadership project in Nsanje and Phalombe districts. The project trained traditional leaders to mobilize their communities to address harmful cultural practices as stipulated in the Chiefs Declaration. Lessons learnt from the project have informed a new initiative – the Rock Leadership 90 Project - which will be implemented in Malawi, Zimbabwe, Zambia and Lesotho towards achieving the 90.90.90 targets at community level.

Additionally, with support from USAID, the UCO has provided technical and financial support to SAFAIDS and COWLHA to implement the Action Linked Intervention on GBV and HIV (ALIGHT) initiative through integrated male involvement, traditional leadership engagement and implementation of the stepping stones model in Zomba District. The

project has trained 100 chiefs, 2500 community members and 1000 men as change agents on GBV and HIV. Lessons from this project will inform the joint UN and Government of Malawi effort to develop a framework for standardized by-laws to operationalize the Chief's Declaration signed in 2013.



Minister for Gender, Children,
Disability and Social Welfare

Honourable Dr. Jean Kalilani, M.P.

“ On behalf of the Government of Malawi, I would like to express the gratitude of the Ministry of Gender, Children, Disability and Social Welfare to UNAIDS for the invaluable contribution and support in addressing structural and gender inequalities that make women and adolescent girls particularly vulnerable to HIV infection. Thanks to UNAIDS office in Malawi for successfully facilitating pilot pathfinder initiatives, which has won global admiration and adaptation. The option B+ strategy, which started in Malawi, has been adapted globally as the key strategy for reducing mother to child transmission. Additionally, the use of SMS platform for real time monitoring access to ARVs and stigma and discrimination against people living with HIV in health facilities has won global admiration. The initiatives have significantly contributed to the reduction of new HIV infections from 76,490 in 2005 to 33,002 in 2015. Today, more than 600,000 people are on



Photo credit: Nyasa Times, 2014

antiretroviral treatment, 66% are women. Working closely with UNAIDS I am convinced that the government of His Excellency President Peter Arthur Mutharika, President of the Republic of Malawi's vision of ending HIV in Malawi by 2030 will definitely be achieved.

Secretary for Gender, Children, Disability and Social Welfare and Member of the High-Level Task Force for Women, Girls, Gender Equality and HIV in Eastern and Southern African Region

Dr Mary Shawa

“ The Ministry of Gender, Children, Disability and Social Welfare’s (MoGCDSW) strategic partnership with UNAIDS has contributed significantly to the Country’s efforts to reduce gender inequality and the vulnerability of women and girls to HIV infection. Recognizing the feminization of the epidemic in Malawi, UNAIDS provided financial and technical support for the Ministry to conduct the first transformational gender assessment of the national AIDS response. The findings have informed the development of the national Gender and HIV Implementation plan (2016-2020). The plan, being the first of its kind in the SADC region and globally, seeks to operationalize the gender aspects of the National HIV and AIDS Strategic Plan (2016-2020). The Gender and HIV Technical Working Group has also been established to guide the implementation of the plan and ensure regular reporting to the Multi-sectoral Partnership Forum through the National AIDS Commission. Additionally, working jointly with COWLHA and UNAIDS, MoGCDSW has facilitated the development of the 90-90-90-90 Charter on Gender Equality, Women, Girls and HIV. The Gender and HIV Implementation Plan and the Gender Charter have provided the framework for the MoGCDSW to effectively respond and engage critical stakeholders on HIV and AIDS in the country.

We do appreciate UNAIDS support to lift the flag of Malawi high at major International Conferences. Preparation and logistic support provided by UNAIDS Country Office to Malawi



delegations ensured that Malawi had a greater voice at the international conference. Indeed the Ministry’s leadership, both at the regional and global level, in championing the adaption of the UN Resolution on Women, girls, gender equality and HIV, which was passed at the 2016 Commission on the Status of Women meeting in New York would not have been possible without UNAIDS support.

As a Ministry, we are hopeful that the collaboration with UNAIDS Country Office will be strengthened as we work together to reduce gender inequalities and women and girls vulnerabilities in the coming years. As we strive to achieve the SDGs in Malawi, we count on UNAIDS support to mobilize the resources required for the full implementation of the Gender and HIV Implementation Plan. We look forward to the UNAIDS office to facilitate maximum capacity to eliminate or modify harmful cultural practices which increases the risk of HIV infection for adolescent boys and girls and young women through greater engagement of traditional leaders and enforcement of appropriate by-laws. Together we can eliminate all forms of gender based violence and gender inequalities. Together, we can achieve the UNAIDS 90-90-90 targets and surely End AIDS in Malawi by 2030.”

6.0

Mobilising Resources and “Making the Money Work”

During the biennium, UNAIDS served as Chair of the HIV and AIDS Donor Group (HADG). This position was held during a busy and challenging time. It required the careful steering and coordination of development partner support for among other things; the development of a new NSP, development of a new Prevention Strategy, submission of a Global Fund concept note and the provision of technical support and financial resources for all these processes. In this capacity, UNAIDS also spoke on behalf of all Development Partners on important policy issues such as accountability in use of resources for HIV and increasing domestic financing for HIV and AIDS.

In the biennium, UNAIDS also worked with the DNHA, MoH, the Oxford Policy Management, the International AIDS Economics Network and other stakeholders in undertaking a fiscal space analysis to determine optimal ways of mobilising sustainable domestic resources. This study made clear the fact that fiscal space was limited at the time (and continues to be). However, the findings from the study informed the development of a cabinet options paper which was subsequently folded within policy discussions, currently at an advanced stage on creation of a health fund, acknowledging that HIV and AIDS accounts for 38% of total health expenditure.

For this area of work, the UNAIDS secretariat was heavily engaged in various Global Fund processes as follows:

- Brokered support with development partners to ensure funding was available for all technical areas required for development of the concept note;
- Provided for a team leader for the development of the concept note;

Drone taking off from Kamuzu Central Hospital. UNAIDS, UNICEF and Government of Malawi test the use of Unmanned Aerial Vehicles to reduce waiting times of infant HIV tests.



- Worked in close collaboration with UNDP and other partners to provide support for the convening of meetings of the writing team as well as the coming together of the Country Coordinating Mechanism. This support also included provision of administrative support to the CCM secretariat with finalisation and uploading of the concept note;
- Provided technical support for the initial work to reform the membership and governance arrangements of the Malawi Global Fund Country Coordinating Mechanism;
- In close collaboration with UNDP and the Government of Malawi provided technical and financial support for a high level delegation to meet with Senior Management of the Global Fund, to address pending issues from the previous OIG audit of 2012 and to curve a new chapter of relations with the fund;
- Provided briefings for a number of bilateral partners locally and internationally to ensure shared understanding of the concept note and to solicit their support at the level of the Grants Approval Committee and at the Board.

UNAIDS has subsequently provided ongoing support to the MoH and Action Aid Malawi to implement the Global Fund grants. For the former, UNAIDS Malawi, with support of UNAIDS Regional Office for Southern Africa and the UNAIDS Technical Support Facility (TSF) will end up providing up to nine months of TA in the form of an Interim Programme Implementation Unit manager, responsible for setting up of the Projects Implementation Unit (PIU) at MOH and putting systems and procedures in place to ensure implementation and reporting in context of the PIU structure. For the latter, UNAIDS has played a pivotal role in supporting the development of modules for implementation, developing the M&E system and providing TA for the selection of Sub-Recipients (SRs).

Together with other partners and for both COP 15 and 16, UNAIDS also provided input to finalisation of the Malawi COPs at regional meetings.

With one of its co-sponsors, the World Bank, UNAIDS was instrumental in advocating for the allocation of resources to

UNAIDS strategic support to make the Global Fund work for the people of Malawi

UNAIDS continues to play a vital role as substantive member representing the multilateral constituency on the CCM and is also a member of the strategic oversight committee. UNAIDS was also key to the support provided for the Office of the Inspector General audit for the period 2013-2016. Besides its engagement on Global Fund affairs, UNAIDS also collaborated with PEPFAR and provided technical support for the development of the US Government PEPFAR COPs for 2015 and 2016. Specifically, UNAIDS was able to:

- Provide additional input in relation to data and prioritisation;
- Provide input in describing the investment framework for HIV and AIDS response in Malawi
- Support the development of the Sustainability Index;
- Ensure effective prior understanding and engagement of civil society organisations in close collaboration with MSF;
- Provide input to community system strengthening issues and differentiated models of care, based on a mapping and analysis on community models of care to achieve 90.90.90 and the Community Charter referred to above.

Voluntary Medical Male Circumcision (VMMC) Programmes in the country in what is hoped to be a “proof of concept” model of delivery of VMMC through the public health system and at lower unit costs. UNAIDS has played a critical role in providing technical support to the team of partners designing the programme as well as in reviewing its implementation. This programme complements the model that is offered through PEPFAR partners utilising VMMC campaigns and facility based service delivery.



The President of the Republic of Malawi, His Excellency Prof. Arthur Peter Mutharika and the Global Fund Executive Director, Dr. Mark Dybul after signing a US\$ 616 million grant agreement to Malawi for the period 2014-2017.

In follow up to the recommendations made in the OPM study cited above, UNAIDS provided support to another one of its co-sponsors, the World Bank, to conduct an allocative and technical efficiency study of the HIV and AIDS response. Phase one of this study was completed in early 2016 while phase two will commence before the end of the year. This study will be instrumental in identifying inefficiencies in resource allocation and spending in the HIV and AIDS with a view to availing savings for reinvestment.

While this study looks at allocative and programmatic efficiency of the HIV response in Malawi, UNAIDS, together with the World Bank and UNDP also played a pivotal role in looking at institutional efficiencies and recommending a fit for purpose coordination architecture for the HIV and AIDS response, to deliver a fit-for purpose coordination arrangement that would help deliver the national strategic plan on HIV and AIDS as well as establish strong foundation for the drive to 90.90.90 and the end of AIDS. This process was steered by a multi-sectoral committee chaired by the Chief Secretary in the Office of the President and Cabinet to take advantage of the transitional issues with the NAC which was no

UNAIDS continues to successfully mobilise significant levels of resources. Importantly, UNAIDS is seen as respected and trusted conduit as well as essential catalyst for implementation.

longer a PR of the Global Fund and to fit squarely into the broader Public Reform process which was being steered by the Vice President. The report although now formally handed over to the Government is yet to be reviewed by the Public Reform Commission, whose responsibility will be, to outline implementation modalities.

With shifts in the funding landscape for HIV and AIDS, resulting in the withdrawal of NAC as a principal recipient for Global Fund finances and withdrawal of pooled funding to NAC by key development partners in HIV financing, a number of CSOs suffered funding shortfalls. The HADG appointed UNAIDS as chairperson for a CSO funding crisis taskforce which mobilised a total of \$1.5 million for a select group of organisations over a transitional period of 8 months. UNAIDS was then asked to stay on as chair for this multi-sectoral committee to support MANASO to oversee a re-alignment and repositioning exercise for CSOs in the response. This work followed on a Sector-wide Institutional Assessment of the broader national AIDS Coordination architecture, funded by UNAIDS and UNDP and chaired by the Chief Secretary to the Presidency and Cabinet.

The role of UNAIDS and partners will also be critical to support the country in its preparation for the next funding cycle of the Global Fund beyond 2017, including to analyse needs and gaps, identify priorities, and develop the next concept notes. We hope that these processes will continue to benefit from inclusive and transparent engagement with all stakeholders, including key populations, to promote accountability and ensure an effective national response.

The successes that have been made in Malawi so far have been possible through stronger partnerships and maximizing opportunities for collaboration. As the country moves ahead in its fight against HIV, it is important to continue to leverage these partnerships to make the best use of available resources, and ensure that no one is left behind! The Global Fund looks forward to continuing to work with UNAIDS to achieve these goals in Malawi and in Southern and Eastern Africa region as a whole.

United States Ambassador to Malawi

Her Excellency Virginia Palmer



Q What have you particularly valued in the partnership with UNAIDS in Malawi?

A UNAIDS is a catalyst in the national HIV landscape in Malawi, working collaboratively with the Government of Malawi, bilateral and multilateral donor organizations, and civil society to strengthen the national HIV/AIDS response. UNAIDS was a pivotal voice through development of Malawi's Global Fund New Funding Model grant proposal and now in the implementation process, effectively using its seat on the Country Coordinating Mechanism (CCM) to advocate for action from Global Fund, GoM, and bilateral partners as needed to improve the quality of the national HIV program. UNAIDS has also been a critical member of the HIV/AIDS Development Partner Group in Malawi (HADG), taking quick and effective action to ensure continuing support to a number of civil society organizations as Global Fund support came to an end. UNAIDS led the development of a task force and thoughtful process to identify organizations in need of urgent funding for HIV programming and to mobilize funding to bridge the gap. In the process, the task force facilitated timely dialogue on the role of civil society in the HIV response among stakeholders, encouraging civil society, donors, and government to better define roles and responsibilities of each to achieve the National HIV/AIDS Strategic Plan goals in alignment with the 90-90-90 HIV strategy for epidemic control. PEPFAR greatly appreciates UNAIDS support in development of the 2016 Country Operational Plan, particularly for their leadership with the Sustainability Index Dashboard workshop. This (SID) process helped a broad spectrum of stakeholders to identify priority areas for investment in health systems strengthening.

Q What do you look forward for the next period (2016-2017) in terms of the critical needs in the national HIV and AIDS response and the distinctive role that UNAIDS can play going forward?

A This coming year will demand full engagement from stakeholders to support implementation of the Global Fund grant, which faced some initial setbacks including delays in establishment of the Program Implementation Unit (PIU) and human resource constraints. UNAIDS will continue to play a key role in oversight of Global Fund implementation in country, advocating for strengthened coordination, greater accountability and inclusion, and results. UNAIDS is uniquely placed to convene the diverse group of stakeholders that comprise the Malawi HIV/AIDS response. As Malawi implements Test and Treat, UNAIDS will be at the table to identify challenges and to support development of creative solutions to extend the impact of investments in HIV treatment and prevention. And as 6.5 million Malawians face this prospect of hunger this year, UNAIDS will remain a persuasive advocate for the needs of People Living with HIV. UNAIDS will also maintain visibility on the critical gender issues which create both threats and opportunities for reducing HIV transmission, particularly among adolescent girls and young women. UNAIDS will continue to advocate powerfully for expanded access to treatment for all, including key populations. We look forward to UNAIDS capitalizing on its unique position to drive consensus among donors, civil society and the Government of Malawi to achieve significant progress toward the 90-90-90 goals.

Regional Manager - East and Southern Africa for the Global Fund against HIV/AIDS, TB and Malaria

Ms. Charlotte Kristiansson



Q What have you particularly valued in the partnership with UNAIDS?

A Malawi and the Global Fund partnership have made significant advance in the country's fight against the three diseases in the past two years, bringing the Global Fund's total commitment to Malawi to USD 616 million from 2014-2017. This has been possible through the strong collaboration with UNAIDS throughout the process of country dialogue and grant making as part of the Global Fund's New Funding Model. The new grants in Malawi not only include strategies to scale up the Ministry of Health's HIV and TB programs, but have also introduced large investments for civil society organisations to expand community-based prevention programs. The role of UNAIDS has been key in creating a platform for exchange and engagement with multiple stakeholders, supporting the country to develop their national strategic plan and investment case, and helping to shape strategic priorities to ensure maximum impact of Global Fund resources.

As the grants get off the ground, UNAIDS continues play a convening role by supporting regular interaction with the Global Fund Secretariat teams and national stakeholders. Malawi is one of the 20 priority countries for the global Implementation Through Partnerships initiative, through which the country is benefitting from extensive and results-based technical cooperation from all key partners to increase the effectiveness of grant implementation. As part of this initiative, UNAIDS provided strong support to the Ministry of Health to establish a new Program Implementation Unit, a management structure which is critical to ensure timely and efficient utilization of Global Fund resources in the country, including recruitment and funding of an embedded PIU consultant providing technical support. With support from UNAIDS and partners, Malawi is also better positioned to effectively scale up HIV services towards the 90-90-90 targets, and to deliver high-quality prevention programs for women and girls and for key populations.

Q What do you look forward for the next period (2016 - 2017) in terms of the critical needs in the national HIV and AIDS response and the distinctive role that UNAIDS can play going forward?

A Malawi's national strategic plan for 2015-2020 sets ambitious goals with great potential for impact. The role of UNAIDS will be critical throughout 2016-17, to ensure that Malawi has the support it needs to achieve these goals. This is particularly important for accelerating HIV prevention to achieve zero new infections among all populations at risk, which is a critical element in achieving national health outcomes and the SDGs. In this regard, the role of the UNAIDS Regional Support Team will also be pivotal in providing technical guidance to the country and bringing lessons learned from other countries in the region. Further, as Malawi moves towards the 90-90-90 goals, the country will also need to address some of its key health system challenges, including ensuring adequate human resource capacity, strengthening systems for supply chain and laboratory services, and improving health information. The Global Fund teams will continue to work with UNAIDS and other partners to support health system efforts and contribute towards building longer-term resilient systems in the country.

7.0

Looking Forward to the next Biennium

7.1 The beginning of an era

At its 37th meeting, the UNAIDS Programme Coordinating Board, where Malawi is now a new member for the period 2016-2017, the board adopted a new strategy to end the AIDS epidemic as a public health threat by 2030. The UNAIDS 2016–2021 Strategy is one of the first in the United Nations system to be aligned to the Sustainable Development Goals, which set the framework for global development policy over the next 15 years, including ending the AIDS epidemic by 2030.

The Strategy lays out ten areas of focus for attaining the end of AIDS and ensuring that no one is left behind. A joint assessment by the NAC and UNAIDS in Malawi showed that Malawi is on track to achieve a number of the ten targets but there will be areas to watch as outlined in the next section.

7.2 Six Months into 2016

UNAIDS work in the new biennium has started on a strong footing as evidenced by some of the highlights of the first six months of the current biennium as outlined subsequently

With regard to coordinating and contributing to global HIV policy dialogue and representation, the following have been undertaken:

- Malawi sent a strong delegation to the United Nations General Assembly on Ending AIDS whose participation was fully mobilised by UNAIDS Malawi from UN agencies, DFID and MSF. The delegation was led by the Minister of Foreign Affairs and International Cooperation, Hon Francis Kasaila, M.P. and included: Principal Secretaries from the Ministries of Gender, Children Disability and Social welfare

and Foreign Affairs and International Cooperation; NAC Executive Director; NAC Acting Director of Programmes; Army Commander of the Malawi Defence Force; the Mayor of Blantyre; the Chairperson of the Parliamentary Committee on HIV and Nutrition; UNAIDS Country Director and three CSOs representatives namely MANASO, MANET + and NAYPLV. Unlike other countries in the region, CSOs (including representation from young people living with HIV) formed part of the Malawi delegation. In New York, Malawi's active participation contributed to the Africa group reaching consensus on the political declaration.

- Malawi started its tenure as a member of the UNAIDS Programme Coordinating Board and gave a strong maiden statement at its first meeting in June, on the need to support the resource needs of the UNAIDS Secretariat. UNAIDS Malawi supported technical preparation for Malawi's representatives, viz Dr McPhail Magwira (Secretary for Health) and Dr Robert Samala (Malawi's Ambassador to Geneva)

In performing its strategic information – a key function of UNAIDS in its coordination role, the following represent highlights this year:

- UNAIDS Malawi continued its strategic support to Global Fund processes and was instrumental in the hiring of an International Project Implementation Unit (PIU) manager who has supported the establishment of the PIU working in close conjunction with the Ministry of Health staff. UNAIDS has also provided support for the development of M&E systems at Actionaid – the CSO Principal Recipient. The Multi-lateral constituency has given UNAIDS a fresh mandate on the CCM where it will continue to play an active role to support grant implementation as well as

implementation of recommendations of the OIG audit, carried out earlier in the year.

- In collaboration with NAC and MOH, UNAIDS updated data on the national HIV epidemiology and response through the 2015 spectrum estimates. Also, subnational HIV estimates have been developed at regional level (three regions of Malawi) and with Lilongwe and Blantyre districts data broken down separately.
- UNAIDS is actively participating in the on-going Malawi Population-based HIV Impact Assessment (MPHIA) and ANC Sentinel Surveillance

With regard to Gender and Human Rights as cross-cutting issues in the HIV and AIDS response, UNAIDS has actively contributed to the following status:

- the Gender Implementation Plan has been costed and finalized and it awaits a formal launch event together with the Charter on 90.90.90 from the perspective of Women rights, gender equality and HIV and AIDS
- UCO supported the Malawi Defence Force (MDF) to institutionalize a standardized model pre-deployment training that integrates HIV, Gender Based Violence and human rights standards as part of national commitment towards implementing United Nations Security Council Resolution 1983. UNAIDS assisted in the training of 90 soldiers including 28 women prior to deployment to DRC in May 2016

On upstream support to policy development and promoting access to essential HIV prevention, treatment, care and support services, the following represent some of the highlights:

- UNAIDS continues to provide technical support in development of HIV Testing Services (HTS) implementation plan which will operationalize the recently launched national HTS guidelines (for which UNAIDS and WHO supported peer review) and advocated adoption of most provisions enshrined in the WHO 2015 HTS global guidance

- UNAIDS supported the National Association of People living with and affected by HIV and AIDS in Malawi (NAPHAM) to build CSO (up to 20 CSOs) capacity for effective advocacy and communication for demand generation for and increasing coverage of viral load testing services
- UNAIDS has continued to support DREAM programme in implementing PMTCT interventions in 25 health facilities in 4 districts in the Southern region and the project is yielding significant results in early stages of implementation including bringing back to care 76% of clients who had defaulted treatment in Option B plus, reducing turnaround times for EID and increasing male involvement in PMTCT
- UNAIDS has also conducted two University outreach campaigns (at Bunda and Natural Resources College), where several thousands (~3,000 at NRC & ~1,500 at Bunda) of students were reached using messaging by Skeffa Chimoto, the lead star for PtG. HIV testing and counselling was also carried out during the campaigns.

In efforts to foster coordination of partners in the HIV and AIDS response and support some key partners, UNAIDS has contributed to the following salient outputs:

- Supported development of the PEPFAR COP processes especially in contributing to strategic information under the investment framework for HIV and AIDS response in Malawi, performing the convening role to strengthen CSO involvement in the COP development process; co-organising with PEPFAR the Sustainability Index Dashboard (SID); and supporting defense and finalization of the Malawi COP at the regional PEPFAR meeting

June 2016 UNAIDS
Board meeting in
session.

ONUSIDA



8.0

Malawi progress towards reaching the 10 targets of the UNAIDS strategy by 2020



 <p>Is Malawi on Track to Reach the 90:90:90 TREATMENT CASCADE target?</p> <p>YES</p>	<p>Status:</p> <ul style="list-style-type: none"> Over 70% of the estimated 1.1 million PLHIV know their status, 59% (585,660) of these are on ART, and 86% (503,660) are estimated to be virally suppressed <p>Key Issues for fast track:</p> <ul style="list-style-type: none"> A major push will be required on the first 90. <p>Innovation:</p> <ul style="list-style-type: none"> A new cadre of 3,000 health diagnostic assistants has been recruited to push testing. An additional 1,200 health workers will be added to the health system 	<p>●</p>
 <p>Is Malawi on Track to Reach the Zero new HIV infections among children, and mothers kept alive target?</p> <p>YES</p>	<p>Status:</p> <ul style="list-style-type: none"> Transmission has fallen from 32% in 2001, to 13% in 2013 and down to 4.1% in 2015/6. Malawi recorded a 67% decline in new HIV infections among children from 2009 to 2013 (the highest of global plan priority countries). <p>Key Issues for fast track:</p> <ul style="list-style-type: none"> Closing the gap on treatment coverage for children (30%) will be critical <p>Innovation:</p> <ul style="list-style-type: none"> SMS technology, drones and expansion of the riders for health programme are helping to address sample transportation and turn-around time for results 	<p>●</p>
 <p>Is Malawi on Track to Reach the target to empower 90% of young people with skills, knowledge and capability to protect themselves from HIV?</p> <p>LIKELY</p>	<p>Status:</p> <ul style="list-style-type: none"> 44.2% of young females and 51.1% of young male have correct knowledge on protecting themselves. <p>Key Issues for fast track:</p> <ul style="list-style-type: none"> Highest number of infections are occurring among young women and girls whose prevalence is up to 3 times higher than their male peers <p>Innovation:</p> <ul style="list-style-type: none"> Campaigns targeting young people are on the increase (Protect the Goal, CONDOMIZE etc), DREAMS will be rapidly scaled up with PEPFAR and the Global Fund support in priority districts targeting adolescent girls and young women. To address gender disparities, there are plans to massively scale up the engagement of men and boys. 	<p>●</p>

● On target

● Some progress

● Not on target

	<p>Is Malawi on Track to Reach the target to have 90% of women and men, especially young people access to HIV combination prevention and SRH services?</p> <p>LIKELY</p>	<p>Status:</p> <ul style="list-style-type: none"> There has been significant increase in uptake of HIV prevention and SRH services over the past few years and an HIV/SRH Strategy was developed. <p>Key Issues for Fast Track</p> <ul style="list-style-type: none"> There is no comprehensive data to support these assertions, but from the decline in new HIV infections among young people, currently estimated at 11,000 (8,000 among females and 3,000 among males) annually, Malawi is set to meet the target. 	<p>●</p>
	<p>Is Malawi on Track to Reach the target to have an additional 3.3 million men Voluntarily Medically circumcised?</p> <p>NOT ON TARGET</p>	<p>Status</p> <p>Currently over 160,000 men have been medically circumcised translating to a coverage of 11%</p> <p>Key Issues for Fast Track:</p> <ul style="list-style-type: none"> The country needs to meet a target of 2.5 million men by 2020, which also means that in the 14 priority districts, over 1.3 million men will have to be circumcised. <p>Innovation:</p> <ul style="list-style-type: none"> The delivery model has been adjusted from a campaign model only to include routine service delivery in public health centres. Significant funds have been raised through the US government, the World Bank (\$23 million), Global Fund (\$17 million) and PEPFAR (\$6.8 million). The prepex pilot has been completed to pave way for scale up 	<p>●</p>
	<p>Is Malawi on Track to Reach the target to have key affected populations (sex workers, MSM, PWID and prisoners) increased access to combination prevention?</p> <p>LIKELY</p>	<p>Status</p> <p>A size estimate and prevalence study has been completed, paving the way for a) evidence based advocacy and b) scaling up programming. A high court ruling against mandatory testing of Sex workers is in place and an alliance has facilitated scale up of SW programmes</p> <p>Key Issues for Fast Track:</p> <ul style="list-style-type: none"> Creating an enabling legal environment and reduction of stigma and discrimination in society is going to be key. <p>Innovation:</p> <ul style="list-style-type: none"> Despite punitive legal provision in the penal code, Malawi government has put in place (and is enforcing) a moratorium against the imprisonment and prosecution of MSM. Key population programming is expected to be scaled up with global fund and the linkages (US Government programme). Alongside interest litigation, transformative dialogue sessions have been kick-started 	<p>●</p>
	<p>Is Malawi on Track to Reach the target to have women and girls living free from gender inequality and gender-based violence to mitigate risk and impact of HIV?</p> <p>LIKELY</p>	<p>Status:</p> <ul style="list-style-type: none"> 30% of adult Malawian women report experiencing gender-based violence and Malawi is one of 20 global hotspot countries for child marriage. However, in the past 2 years alone, important policy and legislative achievements have been made through the Marriage Act, Anti-trafficking and Gender Equality Acts. Malawi has also recently developed a costed Gender and HIV Implementation Plan (GHIVP). At community level, Malawi's paramount and Senior chiefs have also signed (and are implementing) a declaration of commitment which includes ending GBV. <p>Key Issues for fast track</p> <ul style="list-style-type: none"> Translate positive legal and policy frameworks into community action <p>Innovation:</p> <ul style="list-style-type: none"> A one million man campaign and the He4She campaign to galvanise men for their own health and in support of women's equality 	<p>●</p>

 **On target**

 **Some progress**

 **Not on target**

	<p>Is Malawi on Track to Reach the target to have people living with, at risk of and affected by HIV report no discrimination?</p> <p>LIKELY</p>	<p>Status:</p> <ul style="list-style-type: none"> ■ The Stigma and discrimination Index Report of 2011 shows that stigma still exists in Malawi and is more experienced outside the household than within. An updated stigma index study is underway and the government is due to complete stigma and discrimination guidelines. <p>Key Issues for fast track:</p> <ul style="list-style-type: none"> ■ This is about long term societal transformation and needs to be sustained <p>Innovation:</p> <ul style="list-style-type: none"> ■ The Network of People Living with HIV in Malawi (NAPHAM) in partnership with Airtel, the Ministry of Health and UNAIDS have established a national free SMS platform where PLHIV can report (among other issues to do with availability of drugs), whether they have faced stigma and discrimination in health facilities. This information is validated and forwarded to appropriate authorities 	
	<p>Is Malawi on Track to Reach the target to fund up to 50% of the total HIV expenditure?</p> <p>NOT ON TARGET</p>	<p>Status</p> <p>Domestic contribution for HIV has increased dramatically from 1.7% in 2010/11 to 8.1% in 2011/12 and currently stands at 14.3% in 2013/14.</p> <p>Key Issues for Fast Track</p> <ul style="list-style-type: none"> ■ Given its LDC status and current economic challenges, Malawi will continue to rely on global solidarity to fund its HIV response. However, getting best value for money and ensuring accountability will be key concerns. An efficiencies analysis is currently underway to ensure Malawi has the evidence for ensuring better prioritised investments <p>Innovation:</p> <ul style="list-style-type: none"> ■ Cabinet is reviewing a funding options paper and health sector reforms envisage, among others, the creation of a health fund and introducing health insurance 	
	<p>Is Malawi on Track to Reach the target to have people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection?</p> <p>LIKELY</p>	<p>Status:</p> <ul style="list-style-type: none"> ■ Malawi has an extensive social cash transfer programme benefitting millions in need of social protection. <p>Key Issues for Fast Track</p> <ul style="list-style-type: none"> ■ Scaling up conditional cash transfers in line with the finding of the famous Zomba study which demonstrated a decline of up to 60% in HIV for young women and girls <p>Innovations:</p> <ul style="list-style-type: none"> ■ Introduction of the DREAM Programme as outlined above 	

9.0

Conclusion

Malawi has led the way and pioneered on a number of commitments and strategies for preventing and mitigating against the HIV epidemic. The past few years have been particularly momentous, as the country experienced notable and positive changes in the trajectory of the epidemic (ie. declines in new HIV infections, AIDS deaths etc). Thanks to all stakeholders the leaders (political, traditional, religious), the UN system, development partners, civil society (both international and national) and that individual Malawian that was touched by one of the numerous programs and took the decision to make the change. It is important to constantly remind ourselves that without the commitment from any or more the stakeholders listed above, Malawi would not have come this far.

This is the time to set aside the stock-taking process of the achievements thus far and focus on the road ahead. The window of opportunity is a mere five (5) years, and as such a deeper and focussed journey towards the end of AIDS in Malawi is required. The areas of priority are already adequately articulated in the national strategic plan on HIV and AIDS and other related documents. What remains is an upward shift in the momentum, at all levels and by all concerned towards attainment of the goals and targets to ending AIDS in Malawi.

10 — Annexes

Summary of the UNAIDS Division of Labour

UNAIDS DIVISION OF LABOUR | 2014

DIVISION OF LABOUR AREA	CONVENER(S)	AGENCY PARTNERS		
Reduce the sexual transmission of HIV ^a	World Bank UNFPA	World Bank UNFPA WHO	UNDP UNICEF WFP	UNHCR ILO UNESCO
Prevent mothers from dying and babies from becoming infected with HIV ^a	WHO UNICEF	WHO UNICEF	UNFPA WFP	
Ensure that people living with HIV receive treatment ^a	WHO	WHO UNICEF WFP	UNHCR WHO ILO	UNDP
Prevent people living with HIV from dying of tuberculosis ^a	WHO	WHO WFP UNODC	UNICEF ILO	
Protect drug users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings ^a	UNODC	UNODC UNICEF World Bank UNESCO	WHO UNFP UNFPA	
Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy ^a	UNDP UNFPA	UNDP UNFPA UNESCO	World Bank WHO	
Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS ^a	UNDP	UNDP UNESCO UNHCR	UNFPA WHO ILO	UNODC UNICEF UN Women
Meet the HIV needs of women and girls and stop sexual and gender-based violence ^a	UNDP UNFPA UN Women			
Empower young people to protect themselves from HIV ^a	UNICEF UNFPA	UNICEF UNFPA	WFP UNESCO	UNHCR ILO WHO
Enhance social protection for people affected by HIV ^a				
Address HIV in humanitarian emergencies ^b				
Integrate food and nutrition within the HIV response				
Scale up HIV workplace policies and programmes and mobilize the private sector				
Ensure high-quality education for a more effective HIV response				
Support strategic, prioritized and costed multisectoral national AIDS plans	World Bank	World Bank UNESCO WHO WFP	UNDP UNODC UNFPA	UNHCR ILO UNICEF UN Women

^aPriority area of Joint action for results – UNAIDS outcome framework, 2009–2011.

^bNatural disasters and crisis situations.

Community charter on getting to 90.90.90

Malawi is the first country in Africa to have adopted the 90:90:90 global targets through its new National HIV and AIDS Strategic Plan (2015-2020) - NSP.

We, Civil Society Organizations (CSOs) in the HIV and AIDS response in Malawi would like to take this unprecedented opportunity in the HIV and AIDS response to better position ourselves and contribute strategically to these new targets, in order to end the AIDS epidemic by 2030 in our country.

With the support of UNAIDS and after consultations with Government and Development Partners and in accordance with our new NSP, we will align ourselves to support linkages between health facilities and the communities around them to implement a '90-90-90 community package'.

What we will do by 2020:



90% of all people living with HIV will know their HIV status	90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy	90% of all people receiving antiretroviral therapy will have viral suppression	Cross-cutting issues
<p>Emphasis: Demand creation and awareness raising, reaching key populations; accessibility to HTC services and referral to treatment and care services; integrating TB and nutrition</p>	<p>Emphasis: Decongesting health facilities; targeting those left behind; not leaving out TB and nutrition; advocacy & monitoring of stock outs</p>	<p>Emphasis: Defaulter tracing; increasing adherence</p>	<p>Emphasis: Evidence based advocacy, Human Rights, monitoring</p>
<ul style="list-style-type: none"> ■ We will lead sensitization campaigns in communities on HTC literacy and ensure that the Provider Initiated Testing and Counseling (PITC) is implemented by all ■ We will mobilize key populations in communities and defined hotspots and ensure they access HTC services without stigma and discrimination ■ We will mobilize adolescents to get tested and parents to bring their children for early infant diagnosis ■ We will advocate for increased access to HTC services in communities ■ We will promote health-seeking behavior especially among men in the communities ■ We will lead community screening for TB 	<ul style="list-style-type: none"> ■ We will organize treatment literacy and demand creation activities in communities ■ We will advocate for the scale up of the Community Oriented Service Delivery Models ■ We will advocate for patients' rights 	<ul style="list-style-type: none"> ■ We will assign expert clients to track defaulters and bring them back on ART, as well as ensure adherence among PLHIV ■ We will support and re-invigorate the community adherence groups ■ We will advocate for more viral load monitoring machines in health facilities and training of health personnel ■ We will address the issues of faith healing in our country 	<ul style="list-style-type: none"> ■ We will advocate against stigma and discrimination ■ We will 'twin' with each health facility to ensure community mobilization and accountability ■ We will monitor progress in the implementation of the NSP, Global Fund NFM, COP and others ■ We will lead community research and document best practice models ■ We will advocate for a parallel community supervision reporting ■ We will demand accountability and advocate for mobilization of domestic and international resources ■ We will commit ourselves to our own high standards of integrity and accountability





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