

# MALAWI

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*In Malawi, strong advances were made in scaling up HIV, tuberculosis, and COVID-19 testing and early infant diagnosis services. The Joint Team actively contributed to these breakthroughs through capacity building of healthcare providers and peer educators, collaboration with community networks and civil society organisations, procurement of diagnostic commodities, and the implementation of innovative public outreach initiatives. Linking key populations as well as refugees and young people to combination HIV prevention services has been an area of substantial progress. Open-day advocacy campaigns were conducted in bars and fisher camps, while men clubs were established and extensive capacity building initiatives were implemented to mobilize communities, especially boys and men to end child marriages and address gender-based violence.*

## HIV TESTING AND TREATMENT, CARE, SUPPORT AND PMTCT

Leveraging multi-disease testing technologies, such as GeneXpert, the Joint Team in Malawi procured 2400 Xpert Xpress SARS-CoV-2 test kits enhancing diagnosis, surveillance, and case management of HIV, tuberculosis, and COVID-19 cases in the country. The support contributed to an increase in the number of polymerase chain reaction (PCR) COVID-19 testing sites—from the initial single PCR site established at the Public Health Institute of Malawi (PHIM) in 2020 to 51 PCR sites across the country by the end of 2021.

Technical and financial support was provided to improve access to HIV self-testing services among migrant agricultural workers, their families, and the community through the VCT@WORK initiative. In 2020-2021, a total of 7507 assisted HIV self-tests (4732 males and 2775 females) were conducted and the 55 people (35 males and 20 females) who tested HIV positive were all linked to treatment and care services.

The Joint Team supported community-led programmes for refugees and host communities in Dzaleka reaching 180 people to increase their awareness on sexual and reproductive health and rights (SRHR). It also enabled 1486 males and 2973 females to receive HIV testing and counselling (HTC), of whom 32 people who tested positive were linked to treatment. A patient support person was recruited in Dzaleka refugee camp, Dowa district to provide HTC health

education, psychosocial support, referral/linkage of people living with HIV to antiretroviral treatment (ART) and cervical cancer screening. Linkages to ART enabled 64 people living with HIV out of the 87 who defaulted treatment to be readmitted into care in 2021.

The Ministry of Health received technical assistance to conduct Nutrition Care, Support and Treatment (NCST) quality improvement sessions, and joint mentorship and supervision support for all 21 priority districts. These initiatives strengthened quality of community- and facility-based nutritional support and health outcomes of people with various health concerns including people living with HIV and tuberculosis. Efforts were also made to improve linkage and referral pathways; and data collection, management, and reporting at NCST service delivery points. A total of 456 government employees participated in the quality improvement sessions and are currently supporting the health facilities to deliver quality NCST services. A video documentary comprising positive human stories was also produced to encourage active participation of people living with HIV in various health, nutrition, and livelihood programmes.

Peer navigators, community mentor mothers, and community distribution agents were recruited to reach adolescent and young mothers with community-based prevention of mother-to-child transmission of HIV (PMTCT) and family planning services resulting in 18% increase in the number of infants tested for HIV within the recommended two months of life. The Joint Team also supported integrated early infant diagnosis (EID) mentorship in 15 high burden districts to strengthen PMTCT programmes focussed on pregnant and breastfeeding women. These efforts ensured the continuity of PMTCT services and EID to remain consistent in these target facilities—over 80% at two months, 74% at 12 months, and 60% at 24 months.

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Comprehensive sexuality education (CSE) in primary schools was strengthened through training of 253 Primary Education Advisors and 1500 primary school teachers on CSE delivery in the classroom. The trainees reached and capacitated 70 400 learners improving their skills for critical thinking and making informed health-related decisions. Financial support was provided for the development of radio sessions on Life Skill Education which was aired on Malawi Broadcasting Corporation to support learners both in schools and when schools were closed during the COVID-19 pandemic lockdown period. The learning sessions helped educate adolescents and young people on how to prevent HIV, STIs and unwanted pregnancies, and improve their overall wellbeing and decision-making.

To increase peer-led education on SRHR and access to relevant services among young people, 50 peer educators were trained on SRHR, promotion of health-seeking behaviours, and GBV and referral pathways. The peer educators were supported to conduct awareness sessions for 556 young people in Nkhata Bay. Leveraging on these awareness campaigns, the peer educators also distributed condoms to increase access to prevention commodities among young people.

The support also resulted in the establishment of 350 women groups across the country strengthening peer-to-peer HIV prevention outreach programmes.

The Joint Team supported All for Youth—a youth-led civil society organization— and other local community organisations to gather over 1000 youth in Dzaleka refugee camp for orientation on SRHR and youth-friendly health services during a monthly entertainment event in the camp. Nine youth leaders from the refugee camp were trained on comprehensive SRHR and supported to form a youth network. These youth leaders eventually became mentors to 35 young people from religious, cultural, and youth-led groups and linked them to HIV, SRHR, and gender-based violence (GBV) services.

In Dzaleka, 25 female sex workers and 25 gay men and other men who have sex with men were also trained as peer educators to scale up access to quality HIV and SRHR information and services among key populations. An additional ten female sex workers living with HIV were trained as peer navigators and supported to form support groups reaching 100 female sex

workers in their communities. In partnership with Family Planning Association of Malawi (FPAM), 5554 female sex workers at HIV hotspots in Dedza, Dowa, and Salima districts were provided with cash transfer linked with integrated HIV, SRHR, and GBV services in their respective hotspots through mobile moonlight outreach clinics.

Technical assistance was provided for the training of 24 policy makers and drafters to scale up drug prevention, treatment, and rehabilitation programmes among people who use drugs. Trainees were also oriented on current and international drug prevention and treatment standards. The drafting of a national policy with three pillars—Supply reduction, Demand reduction through prevention, and Treatment and Harm reduction—is well underway.

### STIGMA, DISCRIMINATION AND GENDER INEQUALITIES

With technical support from the Joint Team, the National HIV Workplace Policy was revised to incorporate wellness, gender, and disability issues, including promotion of gender equality, women's empowerment, reasonable accommodation, and accessibility measures for persons with disabilities and people living with HIV in the workplace.

The Ministry of Labour was supported to roll out capacity building and mentorship programmes for 51 labour inspectors improving their understanding about global and national HIV, gender, and disability laws and regulations. They were also trained on promotion of equality in career opportunities and treatment for women and girls, persons with disabilities, and people living with HIV in the world of work. These programmes further equipped the labour inspectors with skills and knowledge on how to identify human rights violations perpetuated against these groups, and how to report such violations. Similarly, training was conducted for 100 union workers and community leaders empowering them to utilize social dialogue and negotiation skills and design actions for prevention of COVID-19, HIV, and GBV during the COVID-19 pandemic, and protection of women and girls from violence and harassment.

Meanwhile, 850 women were provided with a platform to discuss women empowerment and involvement in development, gender, and human rights agenda. During this event, 34 women were screened for cervical cancer and nine women were examined and treated for sexually transmitted infections (STIs). Support was also provided to establish support groups for people living with or affected by HIV, comprising 150 people (148 female and 2 male) and empower them with a combination of basic business management training and village savings and loan initiatives in Blantyre, Mangochi, Mulanje, and Zomba. The support groups mobilized 172 mother group members and community leaders to discuss and review social norms and traditional practices that encourage sexual violence, GBV and economic abuse in the community. The discussions resulted in the development and rollout of community-led action plans aimed at addressing these issues.

### GENDER-BASED VIOLENCE

Four satellite offices were established enabling community change agents to ignite and coordinate community-led grass roots activism for the elimination of violence against women and children. A capacity building initiative was conducted for 348 community change agents in Blantyre, Mangochi, Mulanje, and Zomba enhancing their legal literacy and understanding of gender, child protection and HIV-related laws and policies, GBV prevention measures, case management and harmonization of existent formal in informal referral pathways. The community change agents will help create and sustain an enabling environment that drives social transformation to enhance access to community-based HIV, SRHR and GBV services.

In 2021, the Joint Team provided financial and technical support to conduct several open day advocacy initiatives and community dialogue sessions on various issues including GBV and child protection in public spaces including bars, fisher camps and churches in Mangochi, Mulanje, Zomba and Blantyre districts. Engagement of men and boys in gender-focused dialogue sessions resulted in positive attitudes on men's health seeking behaviours and

reduced stigma and discrimination towards key populations, in particular sex workers. The sessions also raised awareness on GBV and informed on referral pathways to improve the reporting of cases and the access to essential GBV and HIV related services at community level. A total of 400 men and boys in the four districts accessed HTC services and the people who needed further care were linked to services. Community workers offered support for 27 GBV cases in Mangochi district. These results were achieved through capacity building trainings, mentorship, and provision of information materials to community structures, establishing, and institutionalizing the referral system for GBV cases and providing technical support towards nullification of child marriages.

Four men-only support groups comprising 120 men living with HIV were established in Blantyre, Mangochi, Mulanje, and Zomba, enabling men to openly discuss GBV, propose local solutions to address the challenges they face as partners, and nurture positive health seeking behaviours among men. Support was provided for the mobilization and sensitization of 54 772 (24 017 male and 30 755 female) community members on GBV-related laws and referral pathways, resulting in the reporting of 396 (280 physical, 43 sexual, 46 emotional and 27 economical) GBV cases to essential service providers. Meanwhile, 373 child marriages were cancelled, and 385 girls have been supported to safely return to school.

In partnership with the Spotlight Initiative, support was provided to the Ministry of Gender to develop four policy briefs on school related GBV, namely: 1) making schools safe for girls by enhancing the responsiveness of laws and policies to violence in the school setting; 2) challenging harmful practices and negative social norms; 3) engaging men and boys to challenge stereotypes, toxic masculinities, and norms that justify violence; and 4) enhancing access to comprehensive and reproductive health and rights services for adolescents.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team made technical and financial contributions to the Sustainable Development Goals (SDGs) through various interventions—ranging from increased access to HIV prevention treatment, care, and support services to notably improve access to SRHR services and prevention of GBV. For example, technical assistance was provided for the assessment and review of the current legal and policy framework in relation to access to health services, including HIV and SRHR among key populations. The review revealed that current policy and legal framework are not conducive for key populations to access HIV, SRHR and other essential health services and should consequently be amended.

As part of its support to communities affected by reoccurring natural disasters, the Joint Team assisted the HerForShe trained change agents and traditional leaders in the resolution of a land dispute with the local land authorities that has led to the awarding of nine hectares of land in the Makawa area to the community, in response to the perennial flooding in the area in Mangochi District.

### CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic slowed down implementation of scheduled activities due to travel and social restrictions in most areas in Malawi. Similarly, the delayed adoption of legal and policy instruments by national authorities (such as the Workplace HIV Regulation, and the National HIV Workplace Policy) hampered implementation. Active engagement and coordination with implementing partners and building capacity is a sustainable way of maintaining service delivery and programme continuity as evidenced during the COVID-19 pandemic and related social restrictions and lockdown periods. The development of the HIV Mainstreaming Strategy was also stalled due to delays in organizing a national review workshop, which would pave the way for the full revision and finalization of the strategy.

Absence of coordination between community policing structures and duty bearers at district level continues to impede reporting and follow up of sexual- and gender-based violence (SGBV) cases reported through the informal structures. Experiences showed that provision of economic empowerment can help address factors making women and young girls more vulnerable to GBV and HIV infection.

Strengthening of community engagement and participation is also critical in improving uptake for PMTCT services and community clinics were found to be great platforms for outreach HIV testing.

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