

MALAWI

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
Antiretroviral treatment (ART) coverage reaches 65% to 75% among children and adolescents, 76% to 80% among men living with HIV; of whom 58% to 65% children and adolescents, and 61% to 75% men are virally suppressed; 80% of children and adolescents who are on treatment are switched to an optimized ART.	ACHIEVED	In 2020, an estimated 100% of children aged 0-14 years and 92% of men living with HIV in Malawi were on treatment, and 73% children aged 0-14 years and 95% of men who are on treatment were virally suppressed (Spectrum, 2021); 85% of children aged 0-14 years living with HIV on treatment were switched to an optimized ART regimen (Routine programmatic data).
The rate of mother-to-child transmission of HIV is reduced to less than 5% in Lilongwe, specifically in Kabudula and Kawale sites.	ACHIEVED	During the first quarter of 2020, an estimated 100% infants born from positive mothers tested negative to HIV at two months using DNA PCR in the targeted Kabudula and Kawale sites (Routine programmatic data).
80% reduction in new HIV infections among adolescent and young people, men, and key populations.	SLOW PROGRESS	Between 2010 and 2020, new HIV infections in Malawi declined by 53% among adolescent girls and young women, 68% among adolescent boys and young men, and 66% among men (Malawi Spectrum, 2021).
80% of population affected by humanitarian emergencies and 100% of refugees and asylum seekers have access to HIV, sexual and reproductive health (SRH), and gender-based violence (GBV) services.	ON TRACK	Integrated HIV, SRH and GBV services were made available for all refugees and asylum seekers residing in Dzaleka refugee camp. However, more needs to be done to create awareness, develop health seeking behaviour and increase uptake of available services.
60% of the districts in Malawi are generating, analysing, and utilizing quality data for decision-making; domestic resources for the HIV response have increased by 10% to 20%; primary recipients of the Global Fund grants have improved rate of resource absorption capacity and performance.	ON TRACK	Malawi implemented the Health Situation Room in all districts and conducted trainings resulting in improved quality of data collection and use, especially during the COVID-19 pandemic. In 2020, domestic resources were funding 40% of the Malawi health budget and 5% of the national HIV response.

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

Malawi reached 100% of the estimated children living with HIV aged 0-14 years with treatment exceeding its target for 2020. The Joint Team supported transition to optimized treatment regimens, implementation of multi-month drug dispensing programmes and expansion of HIV self-testing services contributing to the progress towards achieving the 90-90-90 targets. Support provided to scale up of early infant diagnosis of HIV services in point-of-care testing facilities and deployment of trained young peer educators in antenatal and paediatric clinics resulted in increased identification and treatment referrals of HIV cases among HIV-exposed infants and pregnant adolescent girls and young women. Comprehensive sexuality education and integrated HIV, sexual and reproductive health, and gender-based violence programmes reached hundreds of thousands of adolescent and young people improving their knowledge around these issues and allowing them to access services, including HIV and sexually transmitted infection screenings and family planning and HIV prevention commodities. The Joint Team also supported various initiatives to expand HIV combination prevention, care and treatment services for several key population groups such as female sex workers, men who have sex with men, prisoners, and people in humanitarian and emergency settings in Malawi. These efforts included, HIV testing and treatment, distribution of condoms, and safe child delivery services.

90-90-90**ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS**

Malawi, with substantial financial and technical support from the Joint Team, has achieved its treatment and viral suppression targets among children aged 0-14 years and men living with HIV. The majority of children living with HIV who are on treatment were switched to optimized treatment regimens to reduce adverse side-effects. However, disruption of the global supply chain system due to the COVID-19 pandemic created severe delays of 9-12 months for some of the medicines which necessitated switching several clients to alternative regimens.

Scale-up of HIV self-testing (HIVST) services improved testing among male migrant farm estate workers in rural Malawi. Out of 7200 targeted male estate workers, 4119 received HIVST kits and the remaining 1288 kits were distributed among index partners of the estate workers. As a result, 22 individuals tested positive for HIV and one person living with HIV was linked to ART services.

A nutrition assessment was conducted among 1288 people living with HIV to analyse their food intake and nutritional status in eight districts implementing integrated nutrition care, support, and treatment (NCST) programmes. The assessment found that 17% of the people were overweight, 18.5% were moderate to acute malnourished, and 5.5% were severely malnourished. Underscoring the need for prioritizing high-quality NCST for people living with HIV, results from this study will be used to guide subsequent government programmes and inform advocacy efforts to improve the quality and reach of NCST services in the country.

PMTCT COVERAGE**POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS**

In 2019, Malawi was supported in activating the integrated multi-disease testing platform, GeneXpert to perform early infant diagnosis (EID) in point of care facilities which increased access to testing for new-borns exposed to HIV in the country. EID within 2 months of life increased from 63% in 2019 to 74% in 2020, despite the service disruptions due to COVID-19 pandemic (HIV Estimates, 2020).

In 2020, the Joint Team continued to support the Government's efforts to eliminate mother-to-child transmission of HIV in the country. National HIV prevention services aimed at adolescent and young people were expanded to include tailored HIV prevention services, such as training of service providers, mentor mothers, peer navigators, and community distributors of reversible hormonal and non-hormonal SRHR services, for pregnant and breastfeeding adolescent girls and young women to minimize mother-to-child transmission of HIV. Young peer educators were also deployed in antenatal and paediatric clinics to identify pregnant adolescent girls and young women and ensure that they are tested for HIV. As a result, 2396 pregnant adolescent girls and young women were tested, of whom 13 tested positive for HIV and were linked to treatment and care services.

PREVENTION OF HIV AMONG YOUNG PEOPLE AND KEY POPULATIONS**POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

The Malawi Government was supported to convene a Technical Coordinating Group (TCG) virtual meeting in September 2020 and assess implementation of the Eastern and Southern Africa (ESA) Commitment on Comprehensive Sexuality Education (CSE) and SRH services for youth and adolescents and review progress towards the set targets. Since the ESA Commitment is coming to end in 2020, the Joint Team also worked with Government counterparts to extend the deadline of the ESA Commitment to 2030. The meeting, which was chaired by Ministry of Education, brought together participants from Ministries of Education, Health, Youth and Gender as well as UN agencies, and CSOs, including youth organizations.

Through financial and technical support from the Joint Team, HIV, SRH and GBV prevention services, and CSE targeting adolescent and young people have been stretched throughout the country. As a result, 350 000 in and out-of-school youth accessed CSE and youth friendly health services, including HIV and sexually transmitted infection (STI) screenings, family planning and condom distribution. A total of 4000 young people in tertiary institutions and colleges in Malawi were also trained and oriented on CSE programmes. 250 Primary Education Advisors were trained as trainers-of-teachers on CSE, covering all six education divisions, thanks to the direct financial and technical support by the Joint Team. These trained Primary Education Advisors will roll out their trainings and each reach at least 50 Life Skills Education teachers in primary schools in their education zones.

The One Stop Centres in 13 priority districts received financial and technical support from the Joint Team, enabling 5000 female sex workers to access HIV, SRH and GBV services in 2020.

As part of humanitarian and emergency response, the Joint Team supported initiatives that reached 9000 women of reproductive age affected by Cyclone Idai and distributed reproductive health kits with essential SRH supplies, including safe child delivery, condoms, STI treatment, and contraceptive devices. Integrated HIV, SRH and GBV services were also made available for all 48 270 refugees and asylum seekers residing in Dzaleka refugee camp.

GENDER INEQUALITY, GBV AND MEN ENGAGEMENT TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

As a result of technical and financial support provided to the Ministry of Gender, Children, Disability and Social Welfare, and National AIDS Commission, the National Male Engagement Strategy 2021-2026 was completed to increase active involvement of men in HIV and GBV prevention, promotion of gender equality and SRH rights.

The Barbershop Toolkit was used to conduct various male engagement sessions at taxi and bicycle stations, bars, liquor stores, and barbershops to discuss issues of HIV, SRH, GBV, gender equality and rights. The discussion sessions reached 235 men and boys to promote positive masculinity and health seeking behaviour as well as protection of girls and women from sexual and gender-based violence. The discussions also presented solutions and guidance on key issues deterring boys and men from accessing HIV and SRH services. These included a sense of invincibility and shame around feeling pain among boys and men forcing them to procrastinate and delay in seeking health services as well as other social norms that were perceived as promoting toxic masculinity and further perpetuating GBV and hampering gender equality initiatives.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team provided substantial technical and financial support to overcome the impacts of the COVID-19 pandemic in Malawi. HIV service implementation guidelines which reflected guidance for the prevention of COVID-19 transmission in the communities were regularly reviewed, while a multi-month dispensary of antiretroviral drugs, and community-led treatment distribution programmes using mentor mothers and peer navigators were implemented to ensure continuity of services and limit the transmission of COVID-19 at health facilities during the pandemic. Personal protective equipment was also procured and distributed to minimize new infections in targeted health facilities throughout Malawi.

Around 20 social and behaviour change materials around prevention of COVID-19, HIV and GBV, and protection of people living with HIV and persons with disability were developed in English and Chichewa languages, in partnership with the Ministry of Labour. 700 posters were printed with these messages and distributed throughout the country resulting in increased community awareness around human rights, stigma, discrimination, gender-based violence, chronic disease, and disability in relation to HIV and the COVID-19 epidemics.

To overcome the health and economic consequences of poverty and create a viable source of income for women living with HIV impacted by the COVID-19 pandemic, 294 members of women living with HIV support groups were trained in financial literacy and business and group management, with an emphasis on village savings loans and associations. The Joint Team also partnered with Employers' Consultative Association of Malawi and developed four television shows and four radio programmes to raise awareness among employers about the importance of protecting the rights of persons with chronic illness and disabilities, people living with HIV, girls, women, workers in informal economy during the pandemic. The productions were aired on three television and two radio stations resulting in employers being more aware of the rights of vulnerable groups and ensuring their protection from stigma, discrimination, and unfair dismissals during the pandemic.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Ministry of Education, through the Department of School Health and Nutrition (DSHN) and with financial and technical support from the Joint Team, is working on updating the HIV Mainstreaming Strategy. This is a pivotal strategy for the education sector in Malawi and is reviewed after an implementation period of four years.

The Ministry of Local Government and Ministry of Gender assembled 34 senior traditional leaders to discuss ways of strengthening the Chiefs Forum which mobilizes traditional leadership to bring about transformative actions towards negative traditions, customs, and other harmful practices. Consultations were also held with 32 traditional leaders and HeForShe champions on violence against women, HIV, and COVID-19. The consultations resulted in the establishment of national, district and community forums for promotion of gender equality and positive social norms.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic and lockdown has impacted HIV prevention, care, and treatment services in Malawi.</p> <p>Provision of HIV self-testing services for migrant workers was affected by late disbursement of funding, stockout of self-testing kits, and unavailability of HIV testing service sites some areas.</p>	<p>Continue to support the Ministry of Health to increase and sustain access to prevention services through the COVID-19 pandemic.</p> <p>Provide technical support to strengthen and scale-up mobile clinics to enhance availability of HIV testing and treatment services in remote communities.</p>
<p>The rapid assessment performed by the Ministry of Gender revealed that COVID-19 pandemic related school closures in the country resulted in 40 000 early and unintended pregnancies and 13 000 early child marriages between March and August 2020.</p>	<p>Continue technical and financial support to the Government, civil society, and communities to expand HIV, SRH and GBV services, and CSE targeting adolescent and young people in Malawi.</p> <p>Provide technical and financial support to rollout campaign on re-admission of pregnant girls to school at district level to increase knowledge on re-admission policy among community members and education personnel.</p> <p>Support trainings for religious leaders on parent-child-communication to spark open dialogue on prevention of ectopic uterine pregnancy and early, child, and forced marriages.</p>
<p>The COVID-19 pandemic increased food insecurity and undernutrition among vulnerable populations, especially among children and pregnant women in Malawi.</p>	<p>Escalate technical assistance and political advocacy to mobilize resources for integrated high-quality NCST services.</p>
<p>The national travel restrictions have also negatively impacted monitoring and evaluation of progress on HIV programmes throughout the country.</p>	<p>Continue to explore innovative ways to overcome poor internet connectivity and lack of virtual communication tools to provide remote support for the implementation, monitoring and evaluation of HIV programmes.</p>

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