

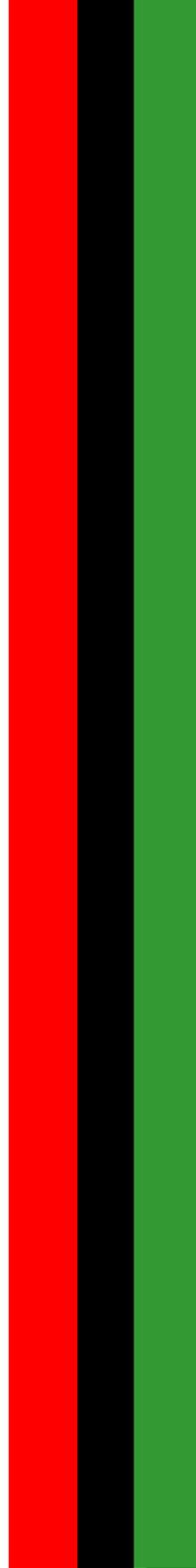


Republic of Malawi

# **NATIONAL HIV AND AIDS POLICY**

## **JULY 2011-JUNE 2016**

*Sustaining the National Response*



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## **FOREWORD**

Malawi has come a long way in responding to the HIV and AIDS pandemic and recognises that the National HIV and AIDS Response is mature and must continue to receive increased support and commitment from all stakeholders. It is against this background that institutional frameworks and modalities have been put in place for an effective multi-sectoral response based on the “three zeros” principle which are: zero new infections, zero AIDS related deaths and zero discrimination.

As the Minister responsible, I have matched my commitment by maintaining a coordinating secretariat headed by a Principal Secretary within my office. Further, I ensured that HIV and AIDS is a priority area in the Malawi Growth and Development Strategy II (MGDS II). I also ensured that at least two percent of ORT funds allocated be used for the implementation of HIV and AIDS Workplace Programmes in all the public institutions.

My Government realises that there is need to further increase the stewardship, ownership and respect for; protection and fulfilment of the relevant human rights and fundamental freedoms in accordance with the Constitution of Malawi and existing international human rights standards and this Policy and Strategic Plan demonstrate efforts to fulfil these considerations.

I, therefore, call upon all Malawians, stakeholders and development partners for continued support to my Government in the implementation of the Policy and its Strategic Plan with sustained commitment in order to win the fight against the HIV pandemic.

Her Excellency Dr. Joyce Banda  
**PRESIDENT OF THE REPUBLIC OF MALAWI**

## **PREFACE**

The review of the National HIV and AIDS Policy and its Strategic Plan was done through an elaborate consultative process which included a nation-wide consultation with 500,000 Malawians from all walks of life and literature reviews to identify key emerging issues. The process provided a good opportunity to identify issues that the previous Policy did not address in order to guide the Government in programming HIV and AIDS interventions in Malawi. The Policy consolidates emerging concerns, ensures scale up of the interventions that have shown impact and potential for positive results and strategically re-directs the response to new areas that call for everyone's involvement.

The Policy particularly calls for sustained action and vigour at the district and community level in all sectors of development. It provides an opportunity for Malawi to embark on a new path in addressing HIV and AIDS, building on the lessons learned and sustaining the gains made during the period of the implementation of the first Policy (2003).

The Policy is home grown, with contributions from all levels and it has been designed to respond to the particular experiences and wishes of all Malawians. It is my hope that the Policy shall provide the sustained motivation and commitment for a more unified and concerted effort in addressing HIV and AIDS and its impact.

Mrs. Edith Mkawa

**SECRETARY FOR NUTRITION HIV AND AIDS**

## **ACKNOWLEDGEMENTS**

The Policy has been developed with support and valuable contributions from various individuals and organisations,, without their support we would not have accomplished this work.

The Office of the President and Cabinet, Department of Nutrition, HIV and AIDS (DNHA) wishes to express special thanks and appreciation to the HIV and AIDS Policy Drafting Team and the Policy and Advocacy Steering Committee for their dedication and hard work in developing the Policy.

The contributions made by about 500,000 Malawians from all the districts consulted during the field visits are highly appreciated since they formed the basis for the issues, gaps and challenges addressed in the revised Policy.

The Government of Malawi is particularly grateful for the technical and financial support received from the numerous partners to ensure the actualization of the Policy. These include: the World Bank; UKaid (Department for International Development); Clinton Health Access Initiative (CHAI); the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM); the United States Government; the Joint United Nations Programme on HIV and AIDS (UNAIDS and its Cosponsors UN agencies); United Nations Development Programme; GIZ; and other discrete donors are appreciated for their continued support in the development and implementation of the National Response.

## **ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community-based Organisation
CHBC	Community Home-based Care
DNHA	Department of Nutrition, HIV and AIDS
EMTCT	Elimination of Mother-to-child Transmission
FBO	Faith-based Organisation
HAART	Highly Active Antiretroviral Therapy
HBC	Home-based Care
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IEC	Information, Education, and Communication
MGDS	Malawi Growth and Development Strategy
MCH	Maternal and Child Health
MOFDP	Ministry of Finance and Development Planning
MOHP	Ministry of Health and Population
NAC	National AIDS Commission
NAF	National Action Framework
NASA	National AIDS Spending Assessment
NSO	National Statistics Office
NSP	National HIV and AIDS Strategic Plan
NGO	Non-governmental Organisation
OI	Opportunistic Infection
OPC	Office of the President and Cabinet
ORT	Other Recurrent Transactions
OVC	Orphans and Other Vulnerable Children
PEP	Post-exposure Prophylaxis
PLHIV	People Living with HIV
PMAPB	Pharmacy, Medicines and Poisons Board

PRSP	Poverty Reduction Strategy Paper
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
UNDP	United Nations Development Programme
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
VMMC	Voluntary Medical Male Circumcision

# CHAPTER 1 INTRODUCTION

## 1.1 General

The National HIV and AIDS Policy is formulated to guide the implementation of the HIV and AIDS National Response. The Policy is intended to sustain the National Response; target the key drivers<sup>1</sup> of the epidemic; address the existing and emerging national and global issues; and achieve Zero new infection, Zero related deaths and Zero discrimination. The Policy shall be operationalized through the National HIV and AIDS Strategic Plan (NSP). Other supporting strategies shall be developed to further translate the aspiration into tangible actions. These shall include: the policy briefs; the Sustainable HIV and AIDS Financing Strategy and the Capacity Development Plan and strategies for ART/PMTCT guidelines; among others, under the theme “Sustaining the National Response”.

The Policy identifies 8 priority areas and outlines policy statements aimed at addressing the challenges in each priority area. The Policy contains an implementation plan as well as a monitoring and evaluation strategy, both of which are presented in a separate but complementary document to the Policy.

## 1.2 Background

Malawi adopted the first HIV and AIDS Policy in 2003 under the theme “*A Call to Renewed Action*”. The Policy recognized

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<sup>1</sup> Key drivers will be updated based on current data. Examples of key drivers are contained in the NSP, under “situation analysis” section.

HIV and AIDS as a pandemic with social, cultural, economic, development, political and biomedical dimensions. It guided the National Response to prevent the spread of HIV infection; and mitigate the impact of HIV and AIDS on the socioeconomic status of the individuals, families, communities and the nation.

The Policy was expected to facilitate the:

- (a) improvement in the provision and delivery of the prevention, treatment, care and support services for persons living with HIV (PLHIV);
- (b) creation of an enabling environment that would reduce the individual and societal vulnerability to HIV and AIDS; and
- (c) Strengthening of the multi-sectoral and multi-disciplinary institutional framework for the coordination and implementation of the HIV and AIDS programmes in the country.

The Policy was implemented for a period of five years from 2003 to 2008. The operationalisation of the Policy was guided by the National Action Framework (NAF) that covered the period 2005 to 2009. The NAF focused on a multi-sectoral approach to the control and management of HIV and AIDS based on 8 pillars which reflected the NAF's key priority areas. The NAF was reviewed and extended to 2012 in line with the Malawi Growth and Development Strategy (MGDS) and to take on board emerging issues.

Malawi has made tremendous progress in HIV prevention, treatment, care and support and in mitigating the HIV and AIDS impact through the implementation of the first National HIV and AIDS Policy as evidenced by the following achievements:

- (a) Strengthening of the Government's stewardship, championship and coordination through the establishment of the Nutrition, HIV and AIDS Secretariat in the Office of the President and Cabinet and HIV and AIDS coordinating units in some key Ministries;
- (b) Strengthening of governance and coordination structures such as the Malawi Partnership Forum;
- (c) Development of the draft HIV and AIDS bill, strategic documents and guidelines;
- (d) Scaling up of HIV and AIDS services;
- (e) Decline of HIV prevalence from 14.49% in 2004 to 10.6 % in 2010; (DHS 2010)
- (f) Decline in mother to child transmission (MTCT) from 23% to 12.8%.
- (g) Mainstreaming HIV and AIDS in national policies and programmes including Sector Wide Approaches (SWAPs).
- (h) Increase in the number of people ever started on Antiretroviral Treatment (ART) from around 4,000 in 2004 to 365,191 by end March 2011 (source: MoH HIV & AIDS Quarterly Programme Report, Jan to March 2011).

Despite registering the above achievements, the prevalence and epidemiological characteristics of the HIV and AIDS pandemic have not changed significantly and calls for the redefinition of the strategies based on both emerging and existing evidence and best practices. It is against this background that the Government of Malawi in collaboration with the stakeholders embarked on an exercise to review the Policy through a participatory and consultative process. The Policy has further been informed by the recommendations from the issues paper which was a synthesis of the concerns raised by close to 500,000 people who were consulted.

### **1.3 Linkages with National Legislative and Policy Framework**

The Policy shall operate in line with the existing legal and Policy framework at the different levels which include:

#### **(a) The Constitution**

The Policy is aligned to the Constitution under Chapters (III and IV) which provides for the Principles of National Policy and Human Rights, respectively. In section 13 (c), the Constitution provides that “The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving adequate health care, commensurate with health needs of Malawian society and international standards of health care”.

Under Chapter IV, the Constitution, among other things,

provides for relevant and specific rights, such as, the rights to life, dignity, prohibition of cruel inhuman and degrading treatment and torture, prohibition of discrimination, privacy and confidentiality, protection from violence, harassment and abuse, freedom to participate in a culture of choice, right to develop, freedom of expression, the right to participation, access to information, access to effective legal remedies and equality before the law.

### **(b) Malawi Growth and Development Strategy**

The MGDS II, as the overarching Policy document, identifies HIV and AIDS as one of the priorities within priorities under “*Public Health, Sanitation and HIV and AIDS Management*”.

### **(a) Legislation**

The Policy shall operate in an environment which has other legislations that touch on, HIV and AIDS related issues, such as:

- The Penal Code,
- The Public Health Act,
- The Employment Act,
- The Occupational Safety, Health and Welfare Act,
- The Workers Compensation Act,
- The Prevention of Domestic Violence Act,
- The Child Care Justice and Protection Act,
- The Deceased Estates (Wills, Inheritance and Protection) Act, and

The Persons with disabilities Act.

## **(b) International Instruments**

The Policy is guided by the international human rights instruments which Malawi is party to at the regional and global levels, such as:

- The International Covenant on Economic, Social and Cultural Rights,
- The Convention on the Elimination of all Forms of Discrimination Against Women,
- The Convention on the Rights of the Child,
- The African Charter on Human and Peoples Rights and its relevant protocols,
- The SADC Protocol on Gender and Development,
- The Declaration of Commitment on HIV and AIDS "Global Crisis - Global Action",
- Universal Access,
- The Maputo Declaration on Tuberculosis, HIV and AIDS, Malaria and other related infections,
- The recommendation Concerning HIV and AIDS in the world of work No 200.

The instruments collectively enshrine the respect, protection and fulfilment of the rights of all individuals including PLHIV and other vulnerable populations.

### **(c) Sectoral Policies**

The Policy shall operate alongside the other sectoral policies, including:

- National Health Policy and Health Sector Strategic Plan;
- National Nutrition Policy and Strategic Plan;
- National Social Support Policy;
- National Action Plan for Orphans and Other Vulnerable Children (OVC);
- National Education Sector Policy;
- National Policy for Older Persons;
- Draft National Gender Policy
- National Population Policy
- Prevention of Domestic Violence Act
- National Sports and Youth Development Policy;
- Decentralisation Policy; and
- National Sexual and Reproductive Health and Rights Policy.
- National Social Protection Policy

### **1.3 Key challenges and responses**

The National HIV and AIDS Response in Malawi is constrained by a number of challenges which include: sustainable financing; stock-outs of commodities; inadequate use of strategic information; stigma and discrimination; the marginalisation of people living with HIV (PLHIV), key populations<sup>2</sup> and other vulnerable groups; limited access to quality HIV and AIDS and health services; existence of harmful cultural practices and other risk factors that fuel the HIV and AIDS pandemic; inadequate institutional and human capacity at all the levels; low resource mobilisation; high prevalence of multiple and concurrent sexual partners ; low condom use; gender inequality and other human rights violations.

In order to address the challenges, Government has developed, among other things, the Voluntary Medical Male Circumcision Policy; ART/PMTCT Policy; the Draft National HIV and AIDS Workplace Policy, the National HIV and AIDS Strategic Plan, the Sustainable HIV and AIDS Financing Options Paper, the Capacity Development Plan, Monitoring and Evaluation Plan, the establishment of the Central Medical Stores Trust, the draft HIV and AIDS (Prevention and Management) Bill and the National eMTCT Plan.

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<sup>2</sup> These include Sex Workers, Men having Sex with Men, Injecting Drug Users and People in Close Settings

## **1.4 Purpose of the Policy**

The purpose of the Policy is to facilitate:

- (i) Evidence-based programming and strengthening of the National HIV and AIDS Response while recognizing the emerging issues, gaps, challenges and lessons learnt during the implementation of the first Policy;
- (ii) Scaling up of evidence based innovative interventions; and
- (iii) Re-alignment of the National HIV and AIDS Response to the Government development agenda.

## **CHAPTER 2 BROAD POLICY DIRECTIONS**

The Chapter presents the broad Policy direction and aspirations which are in line with the MGDS II priorities. The aspirations presented are goal, expected outcomes and specific objectives.

### **2.1 Goal**

The goal of the Policy is to, prevent the further spread of HIV infection, promote access to treatment for PLHIV and mitigate the health, social-economic and psychosocial impact of HIV and AIDS on individuals, families, communities and the nation.

### **2.2 Policy Outcomes**

The expected outcomes of the policy include:

- (i) Reduced new HIV infections among the general population and targeted sub-groups of the people in Malawi;
- (ii) Increased and expanded access to quality care and treatment of PLHIV;
- (iii) Improved quality of lives of PLHIV, Children affected by HIV and AIDS, and affected individuals and households; and
- (iv) Improved legal, regulatory enabling environment, evidence based planning, management and coordination of HIV and AIDS interventions.

## **2.3 Policy Objectives**

Specific objectives of the Policy are to:

- (i) Prevent primary and secondary transmission of HIV;
- (ii) Improve the quality of treatment, care and support services for PLHIV;
- (iii) Reduce vulnerability to HIV infection among the various population groups;
- (iv) Strengthen the multi-sectoral and multi-disciplinary coordination and implementation of HIV and AIDS programmes;
- (v) Enhance the support to vulnerable groups with a particular focus on children affected by HIV and AIDS and Persons with Disabilities and;
- (vi) Reduce stigma and discrimination towards the PLHIV, key populations and vulnerable groups; and,
- (vii) Strengthen research, and monitoring and evaluation of the National HIV and AIDS Response.

## **CHAPTER 3: POLICY PRIORITY AREAS**

The Policy is built around eight priority areas that have consolidated the aspirations contained in the goal and expected outcomes. The Policy priority areas in order of priority ranking are:

- (i) Prevention,
- (ii) Treatment, care and support;
- (iii) Comprehensive multi-sectoral and multi-disciplinary response to HIV and AIDS;
- (iv) Impact mitigation;
- (v) Protection, participation and empowerment of PLHIV, key populations and other vulnerable populations;
- (vi) Mainstreaming and linkages;
- (vii) Sustaining National HIV and AIDS Research Agenda ; and
- (viii) Capacity development.

### **3.1 Priority Area 1: Prevention**

Prevention aims at reducing the HIV incidence. Initial prevention efforts according to the sentinel surveillance report 2010 have contributed to the reduction of the new HIV infections from 69,351 in 2007 to 52,221 individuals i.e. adults and children in 2010. However, despite this reduction, the country's HIV incidence still remains high. This is attributed to the following: persisting multiple and concurrent sexual

partners, low access and low uptake of condoms, limited utilization of PMTCT services among pregnant women to prevent HIV transmission from mothers to their babies, low HIV Testing and Counselling (HTC) uptake, persistence of blood and tissue contamination, continued gender inequality and sexual violence, existing stigma and discrimination, continued violation of human rights, inadequately managed sexually transmitted infections, and existence of harmful cultural practices.

### *Policy Statement*

The Policy shall:

- (i) Guide the programmes towards the provision of quality HIV and AIDS prevention services and commodities to the general population, key populations and vulnerable groups.
- (ii) Promote access and uptake of quality HIV and AIDS prevention services and commodities for prevention.

## **3.2 Priority Area 2: Treatment, Care and Support**

The priority area is divided into two sub-priority areas and these are (i) Treatment, and (ii) Care and Support which are all mutually reinforcing the elements in a continuum of an effective response to HIV and AIDS. The Policy shall guide the programmes on the provision of quality treatment, care and support services to general, key and vulnerable populations.

### **3.2 Priority Area 2A: Treatment**

Treatment for HIV and AIDS reduces morbidity and mortality

of PLHIV and further decreases HIV transmission. The issue for the sub-priority areas is limited access to quality HIV and AIDS treatment services as well as laboratory and diagnosis services. This is being compounded by the rapid changes in the ART regimens and complexity of the treatment programme for HIV infection, STIs and HIV related conditions– particularly tuberculosis.

### *Policy Statement*

The Policy shall:

- (i) Ensure universal access, uptake and retention of quality ART services, including provision of services for STI, TB and HIV co-infection and other HIV related illnesses.
- (ii) Ensure that only certified and proven forms of HIV and AIDS, STI and TB medication, treatment and cure are administered within the boundaries of Malawi.

### **3.1.3 Priority Area 2B: Care and Support**

Continuum of care and support to PLHIV, their dependants and communities contributes to the reduction of morbidity, transmission and mortality. One of the key fundamental issues for the sub-priority area is inadequate capacity and resources in institutions, districts and communities to develop and implement quality care and support programmes. This is also being compounded by inadequate referral services and monitoring between communities and the health service centres.

### *Policy Statement*

The Policy shall guide the programmes towards the provision of quality prevention and continuum of care and support services to PLHIV, dependants and communities. It shall increase access to, and uptake of quality continuum of care and support services including adequate nutrition.

## **3.2 Priority Area 3: Comprehensive Multi-Sectoral and Multi-Disciplinary Response to HIV and AIDS**

An effective multi-sectoral and multi-disciplinary approach is essential to a sustained National HIV and AIDS Response. Due to the multi-faceted nature of the HIV and AIDS pandemic, a multi-sectoral and multi-disciplinary approach enhances the Government's stewardship and ownership while reinforcing partnerships.

### *Policy Statement*

The Policy shall ensure an effective multi-sectoral and multi-disciplinary approach to the coordination, management, and monitoring and evaluation of all the HIV and AIDS interventions at all the levels.

## **3.3 Priority Area 4: Impact Mitigation**

Impact mitigation constitutes a set of non-biomedical interventions designed to complement HIV and AIDS programmes on prevention, treatment, care and support. HIV

and AIDS have devastating socio-economic effects on the individual, family and social systems and the business sector. It erodes profitability and increases vulnerability of individuals and households socially and economically. The impact mitigation interventions focus on the socio-economic impact of HIV and AIDS on the vulnerable groups at individual, household, community, institutional and the national levels. The major issues affecting impact mitigation programmes are inadequate capacity and financial resources at the district and community levels including for coordination of inputs, organizing and managing collaborative programmes.

#### *Policy Statement*

The Policy shall:

- (i) Guide the implementation of the programmes that will strengthen the individuals, households, communities and institutions to cope with the impact of HIV and AIDS,
- (ii) Improve the provision of impact mitigation services to individuals and households infected and affected by HIV and AIDS especially women and girls

### **3.4 Priority Area 5: Protection, Participation and Empowerment of PLHIV and Other Vulnerable Populations**

In Malawi rights and liberties are guaranteed by the Constitution legislations and international instruments.

Under the Constitution, every person has among others a right to life, dignity, privacy and confidentiality, equality before the law, personal security and liberty, expression, access to information and to earn a living; protection from cruel, inhuman and degrading treatment, torture, discrimination, violence, harassment and abuse; access to public institutions for the protection when the rights have been violated.

In very broad terms, penal legislation criminalizes the conduct that puts the general population at risk of infection such as rape, defilement and other sexual assaults, unlawful wounding and other grievous bodily harm conduct; labour related legislation provides for safety, health and welfare of employees and guarantees them access to specialized courts in case of violation of labour-related rights; public health legislation provides for public and community health interventions although without specific mention of HIV and AIDS as it was developed before the onset of the epidemic. Other laws however, may and do increase the risk of HIV infection by impeding the access of key and vulnerable populations to HIV prevention, treatment and care.

Notwithstanding the development of HIV and AIDS legislation which is yet to be enacted into law, the freedoms and liberties conferred by the Constitution do not have operative legislation aimed at ensuring protection, participation and empowerment of individuals in the context of HIV and AIDS. There is also a gap in the domestication of the international instruments which are aimed at re-enforcing domestic responses to rights violations. Most violations go unpunished as there is absence

of tools to effectively assist public institutions entrusted with enforcement of legislation and rights in general. Victims of violations, largely PLHIV and other vulnerable groups – particularly women and young girls – are often left without remedies.

### *Policy Statement*

The Policy shall ensure that:

- (i) Deliberate effort is put in place to reintegrate the infected and the affected individuals in the economic development
- (ii) Punitive laws are repealed and specific legislations are enacted to address inadequacies, in the context of HIV and AIDS, in respecting, protection and fulfilment of human rights and freedoms to enable effective HIV prevention, treatment, care and support services for all who need them; and
- (iii) The legal and Policy framework, consistent with human rights obligations, is strengthened in order to sustain the National Response to HIV and AIDS.
- (iv) PLHIV, vulnerable and marginalized populations including women, girls and persons with disabilities are empowered and capacitated to ensure their effective participation in programs and policy developments.
- (v) Religious and cultural values and norms that promote gender inequality and stigma and discrimination towards key population and other vulnerable groups are effectively and sufficiently addressed in the national response.

- (vi) There is legal provision for management of HIV and AIDS within all workplaces including uniformed services, domestic workers and informal sector.

### **3.5 Priority Area 6: Mainstreaming and Linkages**

Mainstreaming HIV and AIDS is the process of analysing how HIV and AIDS impacts on all sectors, both internally and externally, to determine how each sector should respond based on its comparative advantage. Linkages amongst sectors will facilitate the effective collaboration and networking for a coordinated response to HIV and AIDS in the country. Inadequate and uncoordinated HIV and AIDS programming and disjointed implementation of HIV and AIDS interventions, results in minimal impact.

#### *Policy Statement*

The Policy shall ensure that;

- (i) All sectors effectively integrate, align and mainstream HIV and AIDS in their policies, programmes, strategic plans and budgets.
- (ii) There is adequate collaboration among stakeholders in the National Response

### **3.6 Priority Area 7: Sustaining the National HIV and AIDS Research Agenda**

HIV and AIDS research informs policies, practices and interventions through the generation and dissemination of local

practical evidence, which is fundamental to an effective National Response. HIV and AIDS research is required to address both social-economic and bio-medical gaps in the existing knowledge. While research continues worldwide, it is particularly important for local research to generate national and localized evidence that will inform local policies and practices as well as facilitating the identification of interventions that respond adequately to the identified issues and gaps.

### *Policy Statement*

The Policy shall ensure that:

- (i) There is continuous local research and generation of information to inform policy and programme development that will support evidence based and innovative interventions.
- (ii) The findings are analysed, interpreted and disseminated for programming and policy review.

### **3.7 Priority Area 8: Capacity Development**

A comprehensive multi-sectoral HIV and AIDS Response requires adequate capacity at all the levels. Capacity development efforts should involve the strengthening of systems and services through training, retention and motivation of personnel at all levels; infrastructure development and availability of adequate resources at all levels. The key issue is to achieve sustainable capacities for the implementation of the National Response at all levels.

*Policy Statement*

The Policy shall ensure the implementation of the Capacity Development Plan so as to enhance the efficient and effective implementation of the National Response .

## **CHAPTER 4.0      IMPLEMENTATION ARRANGEMENTS**

The Chapter is dealing with the implementation arrangement for the Policy for the maximum impact of the National Response. These include: institutional arrangement, resource mobilization for sustainable National Response financing and monitoring and evaluation.

### **4.1      Institutional Arrangements**

The Policy shall be implemented based on the three ones and the three zeros principle. It will be coordinated within the Office of the President with clearly defined roles and responsibilities of the Nutrition, HIV and AIDS Secretariat and the National AIDS Commission. The Policy shall be operationalised through one multi-sectoral Strategic Plan. As earlier stated, other supporting strategies shall be developed to further translate the aspiration into tangible actions. These shall include; Sustainable HIV and AIDS Financing Strategy, Capacity Development Plan and Monitoring and Evaluation Framework. The roles and responsibilities, which are in line with the mandate and comparative advantage of the sectors and stakeholders, will be as follows:

#### **4.1.1      Public Sector**

*(a) Cabinet Committee on HIV and AIDS and Social Development*

The Cabinet Committee deliberates on HIV and AIDS issues

before they are presented to the entire Cabinet for decisions.

(b) *The Parliamentary Committee on HIV and AIDS, and Nutrition*

The Parliamentary Committee on HIV and AIDS, and Nutrition is mandated to provide policy and legislation guidance on HIV and AIDS and Nutritional interventions. The Committee scrutinize the implementation of HIV and AIDS and Nutritional policies and programmes to ensure transparency and accountability.

(c) *National Steering Committee*

The steering committee comprises of Principal Secretaries from the line ministries, relevant Development Partners and the Civil Society. The committee will be responsible for matters of Policy and resource mobilisation. The Chief Secretary shall chair the steering committee.

(d) *Department of Nutrition, HIV and AIDS*

The Department of Nutrition, HIV and AIDS (DNHA) in the Office of the President and Cabinet is responsible for the provision of Policy oversight, strategic direction, guidance and leadership. The DNHA is also responsible for the high level advocacy, ensuring the implementation of the policy, resource mobilization and tracking; and recruitment and deployment of Nutrition, HIV and AIDS officers to the key ministries. DNHA is also responsible for facilitating the inclusion and integration of HIV and AIDS in the National Development agenda, sectoral policies, programmes and outreach services, and mainstreaming of HIV and AIDS work in the public sector outreach programmes.

*(e) National AIDS Commission*

The National AIDS Commission will continue to act as a Government agent within the Office of the President to provide the coordination of the implementation of the National HIV and AIDS Response. The Commission shall coordinate the implementation of programmes by the various stakeholders through the operationalisation of the HIV and AIDS annual work plans. The Commission is also responsible for resource mobilization, allocation and tracking its utilization and accountability by stakeholders benefiting from the resources that are disbursed through the Commission. The Commission is further mandated to engage in capacity development, continued advocacy among the stakeholders at the different levels and monitoring and evaluation of the various components of the National Response.

*(f) Ministry of Health*

The Ministry of Health shall continue to provide leadership and technical direction in programming and delivery of the biomedical HIV and AIDS interventions in partnerships with the other stakeholders. The Ministry is further responsible for the delivery of quality and cost effective services for the prevention of HIV, treatment, care and support in line with the National Health Policy, the Essential Health Care Package and other relevant policies which are all aligned to the Policy. The Ministry of Health shall ensure that the other institutions such as the civil society, private and faith based sectors complement the government efforts in the implementation of the behaviour change and biomedical interventions.

*(g) Ministry of Local Government and Rural Development*

The District and City Councils shall be responsible for coordinating and implementing HIV and AIDS activities at the council and community levels. The Council shall ensure the replication of the three ones and the three zeros at that level. Also establish the Chiefs Council and promote their active and effective involvement in HIV and AIDS work.

*(h) Ministry of Gender, Children and Social welfare*

Due to the feminised nature of the epidemic in Malawi, the Ministry of Gender, Children and Social Welfare shall continue complement NAC through provision of leadership and technical direction in programming for gender and HIV and AIDS interventions. In line with the National Gender Policy, the OVC policy, the Ministry is key for advocacy and service delivery especially for vulnerable populations (e.g. Women and Girls, OVCs). The Ministry is also responsible for the coordination and provision of direction to the implementation of the Gender Based Violence Program and the framework for Women, Girls, Gender equality and HIV to ensure protection and realization of rights for children, women and Girls.

*(i) Ministry of Environment and Climate change*

The MGDSII has placed emphasis on infrastructure development and as Malawi embarks on capital projects, the Ministry of Environment and Climate Change, through the Environment Affairs Department (EAD) shall be responsible for coordinating integration and mainstreaming of HIV and AIDS in Environmental Impact Assessments (EIA) of Capital projects. Large Capital projects have been associated with rising HIV incidence in areas where they are implemented. The EIA process is seen to be the best entry point in addressing HIV prevention and mitigation of the impacts of AIDS brought about by the large capital projects.

*(j) Ministry of Trade, Industry and Private Sector Development*

With more than 50,000 new infections every year, treatment, care and support costs are likely to become unsustainable. The Ministry of Trade, Industry and Private Sector Development (MoIT) will coordinate negotiations related to TRIPS to ensure continued maximum flexibility beyond January 2016 with respect to their Trade Related Aspects of Intellectual Property Rights (TRIPS Agreement) obligations in order to address its public health needs. The Ministry shall ensure enactment and/or amendment of trade related pieces of legislation in the context of HIV including the counterfeit law,

*(k) Ministry of Labour and Department of Human Resource Management and Development*

Ministry of Labour as the custodian of the National HIV&AIDS Workplace Policy shall offer policy direction and through its inspection programmes; shall ensure workplace programming both in the public and private sectors. While Department of Human Resource Management and Development (DHRMD) manages and coordinates the public sector response through its workplace programme. DHRMD also offers technical assistance to institutions in the public service.

*(l) Other Public Sector Institutions*

Ministries and departments shall ensure the documentation and dissemination of accurate HIV and AIDS information at all levels; integrate and mainstream the HIV and AIDS work and interventions into their core mandate; ensure the protection of key populations and vulnerable groups at risk of HIV infection; and implement sex and sexuality education in their various

undertakings.

#### **4.1.2 Development Partners**

Development partners will form part of the steering and technical committees. They will provide technical and financial support to the implementation of the National HIV and AIDS Policy and Strategy.

#### **4.1.3 All other sectors**

All other sectors will be responsible for the coordination, implementation and monitoring of the HIV and AIDS interventions within their sector outreach and work place programmes. They will ensure that HIV and AIDS is integrated and mainstreamed in their sectoral Policies, strategic plans, outreach services and allocate enough resources to implement the work plans.

The implementation of the HIV and AIDS Policy as a guide to the National Response shall involve the participation of the civil society organizations. Participation shall extend to representation, co-ordination, implementation, resource mobilization, monitoring and evaluation.

The private sector shall also participate in the HIV and AIDS policy implementation in the National Response through their legitimate representative organizations. The Government shall ensure that the private sector is well mobilized and plays an active role in the National Response within the Public-Private Partnership framework, integrating and mainstreaming of HIV and AIDS in their organizational framework and scope of

operations.

## **4.2 Resource Mobilisation and Allocation**

The Government shall lead the mobilisation of resources for the National Response and ensure their rational evidence based allocation across the programme areas, overseeing, monitoring and reporting on resource utilisation. This will involve engaging non-traditional bilateral and multi-lateral partners and private sector in resource mobilisation. Deliberate efforts will be put in place to intensify mobilisation of resources domestically with a view to reduce over dependence on external resources.

Preference in the management of the funds is pool funding. There is however, recognition that there are multidimensional approaches in funding modalities in accordance with funding partner's policies.

## **4.3 Monitoring and Evaluation**

Monitoring and Evaluation provides the strategic information and evidence which is necessary for tracking programme performance, informing programme design and ensuring accountability of resources. The Policy shall ensure the generation of strategic information for planning and decision making for the National HIV and AIDS Response. The Monitoring and Evaluation plan will include the effective tracking of the Policy performance through:

- (i) Adequate capacity of the DNHA, NAC, sectors and other stakeholders to collect data and report on the National Response to HIV and AIDS;
- (ii) Alignment of the other Monitoring and Evaluation plans to the National Monitoring and Evaluation Framework;
- (iii) The dissemination and utilisation of the strategic information at all levels;
- (iv) The implementation of the national HIV and AIDS Policy; and
- (v) The implementation of the National AIDS Spending Assessment (NASA).

The Policy shall be reviewed every five years and there shall be a mid-term evaluation to incorporate emerging issues after the first-half of the implementation.

#### **4.4 Implementation Plan**

An Implementation Plan (July 2012–June 2017), as a management tool has been developed to support the Policy and has been further articulated to support the National Strategic Plan. Four key areas were considered when developing the Plan namely:

- (i) Establishing timelines;
- (ii) Setting priorities in terms of what standards to achieve and on what timeline;
- (iii) Delegating responsibilities; and
- (iv) Monitoring progresses.

Details are outlined in Appendix I

## ANNEXES

### Appendix 1: Implementation Plan

#### POLICY PRIORITY AREA 1: PREVENTION

Goal	Specific objective	Strategies	Responsibility	Timeframe
<p>2.1.0 Reduce new HIV infections in order to further mitigate the burden and impact of HIV and AIDS in Malawi</p>	<p>2.1. To reduce HIV incidence</p>	<ul style="list-style-type: none"> <li>(i) Target heterosexual couples with interventions specifically developed to reduce the number of people who engage in multiple and concurrent heterosexual partnerships.</li> <li>(ii) Provide universal HIV testing and counselling.</li> <li>(iii) Develop targeted interventions for young females and males to reduce HIV incidence.</li> <li>(iv) Scale up voluntary medical male circumcision and neonatal circumcision.</li> <li>(v) Scale up EMTCT interventions to reduce paediatric infections</li> <li>(vi) Scale up comprehensive condom programming (procurement, distribution, IEC, monitoring).</li> </ul>	<p>DNHA, NAC, public sector, Civil society, private sector and Non-governmental Organizations (NGO)</p>	<p>2011-2016</p>

		<ul style="list-style-type: none"> <li>(vii) Develop and disseminate targeted and behavioural and social change communication initiatives.</li> <li>(viii) Reduce transmission of and morbidity from sexually transmitted infections.</li> <li>(ix) Prevent unwanted pregnancies among women living with HIV</li> <li>(x) Provide timely access to ART (as a prevention tool).</li> <li>(xi) Prepare and implement prevention programs which specifically target key and vulnerable populations.</li> <li>(xii) Promote prevention with positives interventions.</li> <li>(xiii) Deliver effective early infant diagnosis programs.</li> <li>(xiv) Prevent HIV infections from unintended exposure to blood and other body fluids.</li> <li>(xv) Prevent HIV transmission through blood, blood products, and invasive procedures.</li> </ul>		
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## POLICY PRIORITY AREA 2: Treatment, Care and Support

<b>Treatment</b>				
2A: Reduce morbidity and mortality of HIV related illness in adults and children	2.1. To increase access to a continuum of HIV and AIDS treatment to ensure that all eligible individuals are receiving ART treatment	<ul style="list-style-type: none"> <li>(i) Scale up availability of high quality ART services.</li> <li>(ii) Scale up availability of high quality EMTCT services (prongs 1 and 2).</li> <li>(iii) Implement a National pre-ART Action Plan.</li> <li>(iv) Provision of services for STI, TB and HIV co-infection and other HIV related illnesses.</li> <li>(v) Strengthening referral system among different services.</li> </ul>	DNHA, NAC, MoH, public sector, Civil society, private sector and NGOs	2011 – 2016
<b>Care and Support</b>				
2B. Reduce morbidity and mortality of HIV related illness in adults and children	2.2. To increase access to a continuum of HIV and AIDS services to PLHIV and their dependants	<ul style="list-style-type: none"> <li>(i) Improve nutritional status of PLHIV.</li> <li>(ii) Improve access to quality Community Home Based Care (CHBC) including palliative care and support services.</li> </ul>	DNHA, NAC, MoH, public sector, civil society, private sector and NGOs	2011 – 2016

### POLICY PRIORITY AREA 3: COMPREHENSIVE MULTI-SECTORAL AND MULTI-DISCIPLINARY RESPONSE TO HIV AND AIDS

Goal	Specific objective	Strategy	Responsibility	Timeframe
<p><b>3.</b> An effective and sustainable multi-sectoral national response to HIV and AIDS</p>	<p><b>3.1</b> To deliver effective management, coordination, and service delivery of HIV and AIDS interventions at national, local council, and community level.</p>	<ul style="list-style-type: none"> <li>(i) Improve program management and coordination efficiency at national, local council, and community level.</li> <li>(ii) Secure adequate funding to ensure that national response can be implemented.</li> <li>(iii) Develop human and infrastructure capacity and Central Medical Stores (CMS) and providers of other supply chain services to deliver drugs, services, and other inputs efficiently.</li> <li>(iv) Expand the infrastructure and human capacity for health facilities to meet the needs of the national response.</li> <li>(v) Develop the capacity of local authorities to plan, implement and monitor local responses to HIV and AIDS at district.</li> <li>(vi) Develop capacity of laboratory services to provide timely and accurate support of the HIV and</li> </ul>	<p>DNHA, NAC, MoIT, public sector, civil society, private sector and NGOs</p>	<p>2011-2016</p>

		AIDS program.		
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#### **POLICY PRIORITY AREA 4: IMPACT MITIGATION**

<b>Goal</b>	<b>Specific objective</b>	<b>Strategies</b>	<b>Responsibility</b>	<b>Timeframe</b>
4. Mitigate the socio-economic impact of HIV and AIDS on individuals, households, and communities	4.1. To improve provision of impact mitigation services to individuals vulnerable groups especially women and girls	(i) Provide families, key and vulnerable groups with evidence based proven services which will mitigate the impact of HIV and AIDS including economic empowerment programs	DNHA, NAC, MoH, MoGCSW, MoLGRD, public sector, civil society, private sector and NGOs	2011-2016

**POLICY PRIORITY AREA 5: PROTECTION, PARTICIPATION AND EMPOWERMENT OF PLHIV AND OTHER VULNERABLE POPULATIONS**

<b>Goal</b>	<b>Specific objective</b>	<b>Strategies</b>	<b>Responsibility for implementation</b>	<b>Timeframe</b>
<p><b>5.</b> Protect human rights, fundamental freedoms, and human dignity for all HIV affected people</p>	<p>5.1. To provide a conducive environment so that the rights of PLHIV, key and vulnerable populations are protected and can access available services.</p>	<p>(i) Reduce stigma and discrimination in all settings.</p> <p>(ii) Promote gender sensitivity in all program interventions.</p> <p>(iii) Promote a legal, economic and policy environment that protects, upholds and respects human rights and dignity of PLHIV, key and vulnerable populations.</p> <p>(iv) Facilitate effective participation of PLHIV, key and vulnerable populations in all aspects</p>	<p>DNHA, NAC, public sector, civil society, private sector and NGOs</p>	<p>2011-2016</p>

		<p>of the national response.</p> <p>(v) Promote access to and delivery of HIV and AIDS services and other services provided by the public and private sectors to PLHIV and key populations including those in closed settings.</p> <p>(vi) Advocate for the enforcement of legal and social rights of PLHIV, key and vulnerable populations.</p>		
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## POLICY PRIORITY AREA 6: MAINSTREAMING AND LINKAGES

<b>Goal</b>	<b>Specific objective</b>	<b>Strategies</b>	<b>Responsibility</b>	<b>Timeframe</b>
6. HIV and AIDS programs of all affected public and private sectors and stakeholders are linked and provide synergised outcomes	6.1 To deliver networking and effective partnerships in the national response	(i) Integrate HIV and AIDS programs into the policies, workplaces, and core businesses of all private and public enterprises.	DNHA, NAC, EAD, MoL and DHRMD	2011-2016

## POLICY PRIORITY AREA 7: SUSTAINING THE NATIONAL HIV AND AIDS RESEARCH AGENDA

<b>Goal</b>	<b>Specific objective</b>	<b>Strategies</b>	<b>Responsibility</b>	<b>Timeframe</b>
7. Research contributes to the implementation of evidenced based programs and interventions in the national response	7.1. To generate evidence to support the development and implementation of high impact interventions and programs in the national response	(i) Provide sufficient evidence to warrant programmes and high impact interventions in the National Response	DNHA, NAC, MoH, Public Sector, NGOs and Civil Society	2011-2016

## POLICY PRIORITY AREA 8: CAPACITY DEVELOPMENT

<b>Goal</b>	<b>Specific objective</b>	<b>Strategies</b>	<b>Responsibility</b>	<b>Timeframe</b>
8. A well-equipped private and public sector with adequate capacity	8.1. To provide adequate capacity in all sectors to enable the efficient and effective implementation of the national response	(i) Equip the private and public sectors so that they can effectively participate in the implementation of the national response	DNHA, NAC, MoH, MoGCSW, MoLGRD, public sector, civil society, private sector and NGOs	2011-2016

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