



Republic of Malawi

NATIONAL HIV AND AIDS POLICY

Sustaining the National Response

July 2013

2nd Edition

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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 HIV 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. 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 second edition National HIV and AIDS Policy demonstrate efforts to fulfil these considerations.

My Government is grateful for the technical and financial support received from the numerous partners to ensure the actualization of the Policy and continued support in the development and implementation of the National Response.

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

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

PREFACE

The development of this second edition 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 first edition Policy (2003) 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.

This second edition 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 edition Policy.

The second edition 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.

Edith Mkawa (Mrs)

SECRETARY FOR NUTRITION HIV AND AIDS

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
DHS	Demographic Health Survey
DNHA	Department of Nutrition, HIV and AIDS
eMTCT	elimination of Mother-to-child Transmission
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
MGDS	Malawi Growth and Development Strategy
MOH	Ministry of Health
NAC	National AIDS Commission
NAF	National Action Framework
NSP	National HIV and AIDS Strategic Plan
ORT	Other Recurrent Transactions
OVC	Orphans and Other Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
SADC	Southern Africa Development Community
TB	Tuberculosis
TRIPS	Trade Related Aspects of Intellectual Property Rights

CHAPTER 1

1.0. INTRODUCTION

1.1 General

The second edition 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 of the epidemic; address the existing and emerging national and global issues; and achieve Zero new HIV infections, Zero AIDS related deaths and Zero discrimination. The Policy shall be operationalised 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 Anti-Retroviral Therapy/Prevention of Mother to Child Transmission (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 HIV and AIDS as a pandemic with social, cultural, economic, development, political and biomedical dimensions. The Policy was expected to facilitate the:

- (i) improvement in the provision and delivery of the prevention, treatment, care and support services for persons living with HIV (PLHIV);
- (ii) creation of an enabling environment that would reduce the individual and societal vulnerability to HIV and AIDS; and
- (iii) 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 operationalization of the Policy was guided by the National Action Framework (NAF) that covered the period 2005 to 2009. 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:

- (i) 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;
- (ii) Development of the draft HIV and AIDS bill, strategic documents and guidelines;
- (iii) Decline of HIV prevalence from 14.49 percent (2004) to 10.6 percent in 2010, (DHS, 2010);
- (iv) Decline in mother to child transmission from 23 percent to 12.8 percent;
- (v) Increase in the number of people ever started on ART from around 4,000 in 2004 to 365,191 by end March 2011 (source: MoH HIV & AIDS Quarterly Programme Report, January 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 in collaboration with the stakeholders embarked on an exercise to review the first edition Policy through a participatory and consultative process. This second edition Policy has been informed by among others 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:

1.3.1. 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.

1.3.2. 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*”.

1.3.3. 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.

1.3.4. 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:

- (i) The International Covenant on Economic, Social and Cultural Rights;
- (ii) The Convention on the Elimination of all Forms of Discrimination Against Women;
- (iii) The Convention on the Rights of the Child;
- (iv) The African Charter on Human and Peoples Rights and its relevant protocols;
- (v) The SADC Protocol on Gender and Development;
- (vi) The Declaration of Commitment on HIV and AIDS "Global Crisis - Global Action";
- (vii) Universal Access;
- (viii) The Maputo Declaration on TB, HIV and AIDS, Malaria and other related infections; and
- (ix) 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.

1.3.5. Sectoral Policies

HIV and AIDS interventions have strong linkages with other social and sectoral policies as a crossing-cutting issue. These policies among others include: 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; Draft National Gender Policy; National Population; National Sports and Youth Development Policy; Decentralisation Policy; National Sexual and Reproductive Health and Rights Policy; and National Social Protection Policy.

Synergies with these policies will contribute towards the effective implementation of National, Sectoral and Local Council HIV and AIDS Response. This will in-turn help prevent the further spread of HIV infection, promote access to treatment, reduce stigma and discrimination, protection and empowerment of the key and vulnerable population, gender inequalities and mitigate the health, social-economic and psychosocial impact of HIV and AIDS and fulfilment of human rights and freedoms.

1.4. 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 PLHIV, key populations such as sex workers, injecting drug users and people in close settings 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 Eliminations of Mother To Child Transmission Plan.

1.5. 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

2.0. 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. Vision

A healthy and prosperous nation with a future generation free from HIV and AIDS.

2.2. 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 psycho-social impact of HIV and AIDS on individuals, families, communities and the nation.

2.3. 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.

2.4. 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;
- (vi) Reduce stigma and discrimination towards the PLHIV, key populations and vulnerable groups; and
- (vii) Strengthen research, monitoring and evaluation of the National HIV and AIDS Response.

CHAPTER 3

3.0. 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; and
- (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.

3.2.1. 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, Sexually Transmitted Infections (STI) and HIV related conditions particularly tuberculosis (TB).

Policy Statement

The Policy shall:

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

3.2.2. 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.

3.3 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, monitoring and evaluation of all the HIV and AIDS interventions at all the levels.

3.4 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 and;
- (ii) Improve the provision of impact mitigation services to individuals and households infected and affected by HIV and AIDS especially women and girls.

3.5 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.

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 affected individuals in the economic development;
- (ii) Some legal inadequacies are addressed 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;

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

3.6 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; and
- (ii) There is adequate collaboration among stakeholders in the National Response

3.7 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; and
- (ii) The findings are analysed, interpreted and disseminated for programming and policy review.

3.8 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

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 (NAC). 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

4.1.1.1. *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 mainstreaming 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.

4.1.1.2. *National AIDS Commission*

The 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.

4.1.1.3. 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.

4.1.1.4. 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.

4.1.1.5. 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).

4.1.1.6. Ministry of Environment and Climate change

The MGDS II 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 shall be responsible for coordinating integration and mainstreaming of HIV and AIDS in Environmental Impact Assessments of capital projects.

4.1.1.7. 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, it also offers technical assistance to institutions in the public service.

4.1.1.8. Ministry of Finance

The Government shall lead the mobilisation of resources through the Ministry of Finance and other relevant institutions 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.

Ministry of Economic Planning and Development

The Ministry will provide leadership in the national programming, monitoring and evaluation and delivery of Social Support services for mitigating the impact of HIV and AIDS in line with the Malawi Growth and Development Strategy.

4.1.1.10 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 will coordinate negotiations related to Trade Related Aspects of Intellectual Property Rights (TRIPS agreement) to ensure continued maximum flexibility beyond January 2016 with respect to their TRIPS 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,

4.1.1.11 Ministry of Information and Civic Education

The Ministry shall be responsible for collection and dissemination of HIV and AIDS data and information to the general public through various media channels.

4.1.1.12 Ministry of Agriculture and Food Security

HIV and AIDS and agriculture are inter related and interact on various levels. The Ministry shall be responsible for provision of policies and strategies that reduce HIV and AIDS impact and how the pandemic affect the agriculture sector through impacts on agricultural production, food security and rural livelihoods. General areas of focus and possible entry points include: agricultural production, food and nutrition security, rural livelihoods, and rural institutions.

4.1.13 Ministry of Tourism, Wildlife and Culture

Tourism, wildlife and culture have the potential to exacerbate the HIV and AIDS pandemic and further complicate matters for key and vulnerable population in tourist destinations. The Ministry therefore, shall be responsible for provision of leadership in reducing the impact of HIV and AIDS in the tourism industry through integrating HIV and AIDS interventions in tourism sector.

4.1.1.14 Ministry of Education, Science and Technology

Ministry of Education, Science and Technology will provide oversight and leadership in addressing the impacts of HIV and AIDS in the education sector through reduction of HIV transmission and improve the quality of life of all learners including other vulnerable children and education staff through sustainable and rights-based workplace and programme interventions, based on the comparative advantages of the education sector.

4.1.1.15 Ministry Youth and Sports

In view that Malawi's population comprises 52 percent youth below 18 years, the Ministry of Youth and Sports shall provide leadership and coordination in the delivery of high quality, culturally appropriate and contextually relevant HIV and AIDS and Sexually Reproductive Health information and services amongst the youth.

4.1.1.16 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.

4.1.1 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 NSP.

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 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.

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.

4.3 National HIV and AIDS Strategic Plan

The National HIV and AIDS Policy will be operationalised by the National HIV and AIDS Strategic Plan (NSP) which provides:

- i. an overview of the HIV and AIDS epidemic in Malawi and its impact;
- ii. an analysis of the national response to the epidemic;
- iii. the NSP strategies and strategic actions by themes (policy priority areas);
- iv. a cost estimate of the NSP strategic actions and an analysis of the expected funding gap; and
- v. the governance and institutional framework for the national response. It provides the strategic direction for the five year period July 2011 to June 2016.

The NSP also provides among others an analysis of issues which impacted on the implementation of the national response. This analysis included an assessment of prevention programs, treatment and care, support programs, cross cutting issues, and program management.

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