



Republic of Malawi

National Policy on
VOLUNTARY MEDICAL
MALE CIRCUMCISION

Ministry of Health

National AIDS Commission

Republic of Malawi

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Foreword

The National Policy on Voluntary Medical Male Circumcision is aimed at providing quality voluntary medical male circumcision for prevention of HIV transmission for a healthy and HIV-free Malawi.

The Government of Malawi has adopted several prevention methods aimed at reducing sexual transmission of HIV as part of a comprehensive national response to the HIV and AIDS epidemic. The response has seen a decline in HIV prevalence in the adult population from 16.2% in 1999 to 10.6% in 2010. Despite this and other achievements in the response, the country is still registering more than 70 000 new HIV infections annually. This calls for strengthening the current HIV prevention strategies.

The Malawi National HIV Prevention Strategy provides for male circumcision as part of the repertoire of HIV prevention interventions. Male circumcision reduces the risk of HIV acquisition by as much as 60% as demonstrated by randomized controlled trials that were conducted in some parts of Africa. Malawi's own surveys on male circumcision also observe this protective effect. With such strong evidence the Ministry of Health is geared to provide safe voluntary medical male circumcision to sexually active adults.

Adopting safe voluntary medical male circumcision as an additional HIV prevention tool is a significant effort towards achieving our own growth and development, as stipulated in the Malawi Growth and Development Strategy, besides achieving other international resolutions like the Maseru Declaration on HIV/AIDS and the Millennium Development Goals.

The approach of providing a minimum package of services for this intervention will ensure that people receive adequate education and counselling concerning the partial protective effect of circumcision as well as quality surgical services and follow up. In this way surgical and behavioural adverse effects of this intervention will be minimised.

Prof David Mphande, MP

Minister of Health

Preface

Development of the Voluntary Medical Male Circumcision Policy was done through an elaborate consultative process and formative research to generate relevant data that could be used to inform and guide initiative to promote male circumcision as part of the comprehensive HIV prevention strategy in Malawi. The Policy aims at providing guidance for safe, accessible and sustainable Voluntary Medical Male circumcision services in Malawi.

The Policy embraces contributions from the public, implementing organizations, service providers at national, local authority and community level, research institutions, development partners, PLHIV, high risk groups, civil society, faith based communities and private institutions. The broad consultation and participation during the development of this policy makes it a shared vision of how Malawi should move forward in reducing HIV transmission.

This Policy will provide sustained motivation for a more unified and concerted effort and as a basis for diversifying interventions addressing HIV and AIDS and its impact.

Willie W Samute

Secretary for Health

Acknowledgements

This policy was developed through a consultative process and all stakeholders in these processes are hereby acknowledged. The process included dissemination and consultative meetings with traditional and religious leaders; policy drafting; and policy consensus building.

Following the completion of the Situational Analysis, six regional dissemination and consensus building meetings were held with religious and traditional leaders in the three regions, respectively. Participants to these meetings are listed in Annex 1. The team conducting the regional consultations comprised of:

Dr Frank Chimbwandira, Ministry of Health;
Dr Mwai Makoka, National AIDS Commission;
Amon Nkhata, Ministry of Health;
Sibia Mjumira, Office of the President and Cabinet,
Department of Nutrition, HIV and AIDS;
Andrew Misomali, Ministry of Local Government and Rural
Development;
Robert Ngaiyaye, Malawi Interfaith AIDS Association; and
Henry Chimbali, Ministry of Health.

The drafting team of this policy comprised of:

Dr Mwai Makoka, National AIDS Commission;
Amon Nkhata, Ministry of Health;
Blackson Matatiyo, National AIDS Commission;
Sibia Mjumira, Office of the President and Cabinet,
Department of Nutrition, HIV and AIDS;
Kondwani Mkandawire, Medical Council of Malawi;
Dr Kondwani Chalulu, Queen Elizabeth Central Hospital;
Immaculate Chamangwana, Ministry of Health;
Martin Malunga, Mulanje District Hospital;
Paul Puleni, Banja La Mtsogolo;

Martin Mtika, USAID;
Eunod Gumbo, Jhpiego; and
Hector Kamkwamba, Ministry of Health.

Participants to the policy consensus building meeting are also listed in Annex 2.

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1.0 Introduction

1.1 Background

Male circumcision is removal of the foreskin and has been practiced in Malawi since time immemorial for religious and cultural purposes. Tribes that are traditionally circumcising include the Yao, Mang'anja and Lhomwe, while religions that circumcise are mainly Islam, and some Christian denominations.

Traditionally male circumcision is practiced as a rite of passage and is performed during the initiation ceremonies at a camp. These camps are known as *Ndagala* among the Yao, *Tsimba* among the Mang'anja, and *Thezo* or *Zoma* among the Lhomwe. There appears to be significant variation between the types of procedures performed amongst the different ethnic groups in Malawi. However, these traditional circumcisions are generally partial, performed under unhygienic conditions and without use of anaesthesia (1).

Even though male circumcision in Malawi is mainly in the context of religion and culture, increasingly, modern healthcare facilities are being sought out for the procedure. During initiation ceremonies some leaders are bringing their initiates to be circumcised at health facilities for safety and hygiene. In addition, men are becoming increasingly aware of health benefits of circumcision and are therefore seeking the service at health facilities.

Malawi has a generally low prevalence of MC. In 2004 the national circumcision rate was between 20.7% and 26.7% of men. Male circumcision is most common in the Southern Region (33%), followed by the Central

Region (12%) and is lowest in the Northern Region (5%) (2).

1.2 Rationale

The Government of Malawi has adopted several prevention methods aimed at reducing sexual transmission of HIV. These interventions have seen a decline in HIV prevalence in the adult population from 16.2% in 1999 to 10.6% in 2010 (MDHS 2010). On the whole this decline is too modest and the country is still registering more than 70 000 new HIV infections annually. This calls for strengthening the current HIV prevention strategies, by for instance, adopting additional prevention methods like medical male circumcision.

Medical male circumcision has been demonstrated to reduce the risk of HIV acquisition by up to 60%, through randomized controlled trials that were conducted in some parts of Africa (3, 4, 5). Malawi's situational analysis on male circumcision also observes this protective effect (1). The foreskin contains Langerhan's cells which have high concentration of HIV receptors/entry points. Male circumcision, i.e., removal of the foreskin, reduces the risk of HIV acquisition by removing these Langerhan's cells (6).

The aim of this policy is to provide guidance for safe, accessible and sustainable Voluntary Medical Male Circumcision services in Malawi.

1.3 Linkages with other relevant policies

The medical male circumcision policy shall be implemented in context of the Public Health Act, the

National HIV and AIDS Policy, and the Health Service Strategic Plan.

1.4 Key Challenges and Barriers

For successful implementation of a national voluntary medical male circumcision programme several challenges and barriers need to be overcome. These challenges include religious and cultural practices, constraints in human, financial and infrastructural resources as well as equipment and supplies. The strategies articulated in this policy have been framed with due consideration of these challenges.

2.0 Broad Policy Directions

2.1 Vision

A healthy and productive population free from HIV infection.

2.2 Overall Goal

To contribute to the reduction of HIV transmission and other sexually transmitted infections towards a free HIV generation

2.3 Mission

To provide a framework for increasing access and use of safe, and sustainable voluntary medical male circumcision services as an integral part of HIV and STI prevention strategy.

2.3 Guiding Principles

- (a) Ensure that Voluntary Medical Male Circumcision is performed with **respect to human rights** by well trained and certified health care providers in accredited facilities under conditions of informed consent, privacy, confidentiality, risk reduction counselling and safety;
- (b) Ensure that the voluntary medical male circumcision is provided with respect to **equitable and sustainable** financing options targeting all eligible males;
- (c) Ensure that **promotion** of voluntary medical male circumcision is made in a culturally and

- religiously appropriate manner; minimising possible stigma and discrimination;
- (d) Ensure that voluntary medical male circumcision is **part of comprehensive HIV prevention package** and does not substitute other proven effective HIV prevention interventions;
 - (e) Ensure that **community mobilisation** efforts are aligned to appropriate national communication guidelines to provide sufficient, consistent and accurate information on the partial protective effect of male circumcision;
 - (f) Ensure that appropriate **legislation and guidelines, including supervision mechanisms** are developed so that male circumcision services are accessible and provided safely without stigma and discrimination;
 - (g) Ensure that voluntary medical male circumcision services are adequately **integrated** with other existing sexual and reproductive health services;
 - (h) Support and **strengthen health service delivery systems** to ensure that voluntary medical male circumcision services do not interrupt or disturb other already existing services; and
 - (i) Strengthen **operational research** for effective decision making, policy direction and programme improvement.

3.0 Policy Objectives and Strategies

3.1 Target Population for Male Circumcision

3.1.1 Policy Objective

To ensure that male circumcision, as part of national comprehensive HIV preventive strategy, shall be available to all males including neonates whose parents or guardians voluntarily request for it.

3.1.2 Strategies

- (a) Ensure that males aged between 15 and 49 years are prioritised for maximum public health benefit; and
- (b) Ensure that neonatal MC is provided in order to minimize the number of years needed to reach more uncircumcised males.

3.2 Quality Assurance for Safe Male Circumcision Services

3.2.1 Policy Objective

To ensure quality male circumcision services are provided at all levels in both public and private health facilities by appropriately skilled personnel

3.2.2 Strategies

- (a) Ensure availability of guidelines, standard operating procedures and standardised training package;
- (b) Ensure safe circumcision services are provided by certified health workers within the health professional regulatory framework;

- (c) Ensure availability of a minimum package of equipments and supplies for safe performance of male circumcision; and
- (d) Collaborate with implementing partners to support service delivery especially in the under-served and hard- to-reach areas.

3.3 Resource Mobilization

3.3.1 Policy Objective

To mobilize resources to adequately support voluntary medical male circumcision services

3.3.2 Strategies

- (a) Partner with private and non-state sectors to scale up male circumcision services; and
- (b) Strengthen mobilization for internal and external funding for health service delivery.

3.4 Human Resources

3.4.1 Policy Objective

To ensure adequate and skilled human resource for safe male circumcision service delivery

3.4.2 Strategies

- (a) Increase the number of skilled providers for medical circumcision through innovative strategies, for instance, task shifting and task sharing; and
- (b) Define new roles for the traditional initiators to support referrals between the community and health services.

3.5 Monitoring and evaluation

3.5.1 Policy Objective

To strengthen supervision, monitoring and evaluation of male circumcision services

3.5.2 Strategies

- (a) Establish mechanisms for supervising personnel providing medical circumcision services for competency and adherence to standards operating procedures; and
- (b) Strengthen capacity of the health system at all levels to regularly monitor and evaluate the services at their respective levels.

3.6 Behaviour change communication, Social mobilisation and Advocacy

3.6.1 Policy Objective

To increase demand for safe male circumcision services

3.6.2 Strategies

- (a) Ensure availability of a comprehensive communication strategy on male circumcision;
- (b) Ensure that all stakeholders conducting communication activities operate within the communication strategy; and
- (c) Ensure that male circumcision advocacy efforts engage leadership at all levels.

3.7 Human Rights and Legal Issues

3.7.1 Policy Objective

To ensure confidentiality and voluntary access to male circumcision services in health facilities

3.7.2 Strategies

- (a) Ensure confidentiality and informed consent in provision of male circumcision services
- (b) Ensure protection of the rights of children accessing male circumcision services;
- (c) Advocate for legislation towards male circumcision intervention; and
- (d) Ensure circumcision is accessible to all eligible males.

3.8 Research

3.8.1 Policy Objective

To ensure that the male circumcision programme is continually informed by research

3.8.2 Strategies

- (a) Ensure that voluntary medical male circumcision is included in the National HIV research agenda.
- (b) Ensure adequate support for research on voluntary medical male circumcision
- (c) Promote dialogue and information sharing relating to safe voluntary medical male circumcision research among the policy makers, researchers, health care providers and communities.

4.0 Implementation Arrangements

4.1 Institutional Arrangements

To scale-up voluntary medical male circumcision services, Malawi requires a well coordinated programme involving both Government and its partners to increase access to a safe, quality, voluntary service through facility improvements, in-service and pre-service training, and scalable service delivery strategies.

This requires infrastructural and human resource capacity strengthening as well as a comprehensive communication strategy. Specific linkages need to be developed and harnessed with cultural and religious institutions.

4.1.1 The Ministry of Health

The Ministry of Health shall:

- (a) Provide policy direction, guidance and overall leadership, including, but not limited to the Policy, Communication Strategy, human resource development and clinical guidelines;
- (b) Provide supportive supervision on voluntary medical male circumcision;
- (c) Ensure stakeholder involvement in male circumcision interventions; and
- (d) Ensure that resources are mobilized to support the male circumcision service.

4.1.2 The National AIDS Commission

The National AIDS Commission shall:

- (a) Support national resource mobilization for male circumcision service;

- (b) Ensure that the male circumcision service are adequately linked with other HIV prevention interventions; and
- (c) Monitor overall performance of the programme.

4.1.3 The Regulatory Bodies

The professional regulatory bodies shall:

- (a) Ensure requisite cadres are performing appropriate tasks in the male circumcision services;
- (b) Ensure that national operating standards and training curricula are established and maintained; and
- (c) Ensure that standards are maintained at all service delivery sites.

4.1.4 Development and Implementing Partners

The Development and Implementing partners shall:

- (a) Assist the Ministry of Health in mobilising necessary resources for efficient service delivery within the framework of Health Service Strategic Plan.

4.1.5 The Traditional and Faith Leaders

Traditional and Faith leaders shall:

- (a) Sensitize and mobilise the community for safe Voluntary Medical Male Circumcision.

4.1.6 The National Male Circumcision technical working sub-group

The Male Circumcision technical working sub-group shall:

- (a) Report to the HIV and AIDS technical working group;
- (b) Advise the MOH on plans, policy, guidelines and strategies pertaining to male circumcision;
- (c) Encourage collaboration among all stakeholders; and
- (d) Ensure that the programme is constantly informed by emerging evidence.

4.2 Implementation Plan

Malawi will implement voluntary medical male circumcision in a phased manner.

- (a) Phase 1 is the formative phase and will include forming a national task force, carrying out a national situational analysis and also providing MC services on a pilot basis.
- (b) Phase 2 extend from 2010 – 2012 and involve policy making, capacity building and systems strengthening. The period will see formation of a permanent technical sub-group, development of Clinical Standard Operating Procedures, communication strategy as well as Monitoring and Evaluation plan. A Pool of trainers shall also be trained.
- (c) Phase 3 will extend from 2012 – 2015 and will entail targeted service delivery in high prevalence areas, coupled with operational research.
- (d) Phase 4, running from 2015 – 2019, will consolidate MC Service provision into normal clinical service delivery.

Malawi will also implement neonatal MC in order to minimize the number of years needed to reach all uncircumcised male children as they reach adulthood.

5.0 Review of Policy

This policy shall be subject to mid-term review after 3 years, and later to a final review after 5 years of implementation.

6.0 References

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Annex 1: Participants to Regional Consultative Meetings with Religious and Traditional Leaders

Name	Organisation/District
Mercy Tauzi	Anglican Diocese, Mzuzu
Chief Katuli	Balaka
Chief Kaulula	Balaka
Chief Kuntaja	Blantyre
Chief Kunthembwe	Blantyre
Chief Lundu	Blantyre
Fr Christone Muhero	Catholic Church, Blantyre
Fr Francis Mukhwiyo	Catholic Church, Blantyre
Fr Preciano Muyakha	Catholic Church, Blantyre
Clement Udedi	Catholic Church, Chikhwawa
Rev Fr Francis Mpatso	Catholic Church, Chikhwawa
Fr Medrick Chimbwanya	Catholic Church, Mangochi
Richard Makhwazi	Catholic Church, Mangochi
Esther Nyangulu	Catholic Health Commission, Dedza
Humphreys Madise	Catholic Health Commission, Dedza
Masiye Nyang'wa	Catholic Health Commission, Lilongwe
Ella Nyirenda	Catholic Health Commission, Mzuzu
James Simwanza	Catholic Health Commission,

	Mzuzu
Patrick Mwale	Catholic Health Commission, Mzuzu
Peter Mlekeni Moyo	Catholic Health Commission, Mzuzu
Rev M. E. Thuya	CCAP Nkhoma Synod, Lilongwe
Senior Chief Chapananga	Chikhwawa
Chief Mulilima	Chikhwawa
Chief Wasambo	Chilumba
Chief Malanda	Chintheche
Senior Chief Kadewere	Chiradzulu
Senior Chief Mpama	Chiradzulu
Senior Chief Kameme	Chitipa
Chief Mwabulambya	Chitipa
Pastor Monica Nyondo	Christ Embassy Church, Mzuzu
Rev. Fr Cyprian Chipala	City Interfaith AIDS Association, Lilongwe
Senior Chief Kachindamoto	Dedza
Chief Chauma	Dedza
Chief Kaphuka	Dedza
Chief Kasumbu	Dedza
Chief Chiwere	Dowa
Chief Dzoole	Dowa
Chief Msakambewa	Dowa
Matilda Maluza	Episcopal Conference of Malawi, Lilongwe

Amos Chibisa	Evangelical Association of Malawi, Lilongwe
Clare Stevens	Evangelical Association of Malawi, Lilongwe
Ellen Molosi	Evangelical Association of Malawi, Lilongwe
Zuze Ndawazake	Evangelical Association of Malawi, Lilongwe
Rev Benson Chinyama	Independent Baptist Convention Church
Chief Mwakaboko	Karonga
Chief Mwirang'ombe	Karonga
Senior Chief Chulu	Kasungu
Senior Chief Kaluluma	Kasungu
Senior Chief Kaomba	Kasungu
Senior Chief Lukwa	Kasungu
Chief Chilowamatambe	Kasungu
Chief Njombwa	Kasungu
Chief Santhe	Kasungu
Chief Mkumpha	Likoma
Senior Chief Chadza	Lilongwe
Chief Chiseka	Lilongwe
Chief Kabudula	Lilongwe
Chief Mkukula	Lilongwe
Chief Mtema	Lilongwe
Chief Njewa	Lilongwe
Paramount Chief Chikulamayembe	Local Government

Paramount Chief Gomani V	Local Government
Paramount Chief Lundu	Local Government
Senior Chief Nyambi	Machinga
Chief Chamba	Machinga
Chief Chiwalo	Machinga
Senior Chief Makanjira	Makanjira
Rev AM Kuthyola Mwale	Malawi Council of Churches
Chief Nankumba	Mangochi
Rev. George Kaliati Phiri	Maravian Church in Malawi, Karonga
Chief Mawwere	Mchinji
Chief Mduwa	Mchinji
Chief Mkanda	Mchinji
Chief Mlonyeni	Mchinji
Senior Chief Mabuka	Mulanje
Senior Chief Mkanda	Mulanje
Senior Chief Mthiramanja	Mulanje
Lifa Binali	Muslim Association of Malawi Mzuzu
Sheikh Afick Raadi Kangomba	Muslim Association of Malawi, Blantyre
Sheikh Dr Salmin Idruss	Muslim Association of Malawi, Blantyre
Shuaib Ndeketa	Muslim Association of Malawi, Blantyre
Alhaji Kassim Alli	Muslim Association of Malawi, Lilongwe

Hameed Kongwe	Muslim Association of Malawi, Lilongwe
Muhammad Ishmael Mponda	Muslim Association of Malawi, Mzimba
Ali Rajab	Muslim Association of Malawi, NkhataBay
Khalid Kanjira	Muslim Association of Malawi, Nkhotakota
Sheikh Cassim Chongolo	Muslim Association of Malawi, Zomba
Chief Nthache	Mwanza
Sub Chief Chiputula Nhlane	Mzimba
Sub Chief Levi Jere	Mzimba
Chief Chindi	Mzimba
Chief Kampingo Sibande	Mzimba
Chief Mpherembe	Mzimba
Chief Mthwalo	Mzimba
Chief Mulauli	Neno
Chief Symon Likongwe	Neno
GVH Kaseka Munthali	Nkhatabay
Senior Chief Mbwana	NkhataBay
Chief Fukamapiri	NkhataBay
Chief Mkumbira	NkhataBay
Chief Kafuzila	Nkhotakota
Chief Malenga Chanzi	Nkhotakota
Chief Mwadzama	Nkhotakota
Senior Chief Malemia	Nsanje

Chief Mbenje	Nsanje
Chief Ngabu	Nsanje
Chief Makwangwala V	Ntcheu
Chief Masasa	Ntcheu
Chief Phambala	Ntcheu
Chief Kasakula	Ntchisi
Chief Nthondo	Ntchisi
Mussa Juma	Quadria Muslim Association of Malawi, Blantyre
Ibrahim Taimu	Quadria Muslim Association of Malawi, Chiradzulu
Sheikh Wilson Mussa	Quadria Muslim Association of Malawi, Chitipa
Sheikh Adam Saidi	Quadria Muslim Association of Malawi, Karonga
Ousmane Chunga	Quadria Muslim Association of Malawi, Lilongwe
Sheikh Hadji Balakasi	Quadria Muslim Association of Malawi, Mangochi
Sheikh Twaha Said	Quadria Muslim Association of Malawi, Mchinji
Sheik F. Issa Vice Chairman	Quadria Muslim Association of Malawi, NkhataBay
Sheikh Hashim Mwale	Quadria Muslim Association of Malawi, Nkhotakota
Ahmad Bakar Khova	Quadria Muslim Association of Malawi, Ntcheu
Alex Toronto	Quadria Muslim Association of Malawi, Rumphu
Sheik Omar Said	Quadria Muslim Association of

	Malawi, Salima
Sheikh Nkumba	Quadria Muslim Association of Malawi, Zomba
GVH Kawazamawe	Rumphi
Chief Mwalweni	Rumphi
Chief Mwamlowe	Rumphi
Chief Mwankhunikira	Rumphi
Senior Chief Ndindi	Salima
Chief Kalonga	Salima
Chief Khombedza	Salima
Pastor Brian Chafunya	Seventh Day Adventist Church, Lilongwe
Pastor Costas Kadango	Seventh Day Adventist Church, Lilongwe
Pastor Edward Chigeda	Seventh Day Adventist Church, Lilongwe
Pastor Nosten Nkolimbo	Seventh Day Adventist Church, Lilongwe
Elder Francis Khonyongwa	Seventh Day Adventist Church, Mzuzu
Pastor Austin Banda	Seventh Day Adventist Church, Mzuzu
Pastor Chawanangwa Munthali	Seventh Day Adventist Church, Mzuzu
Pastor F. C. Ng'ambi	Seventh Day Adventist Church, Mzuzu
Pastor L.K. Phiri	Seventh Day Adventist Church, Mzuzu
Pastor Joseph Mhango	Seventh Day Adventist, Lilongwe

Sub Chief Nanseta	Thyolo
Chief Bvumbwe	Thyolo
Chief Khwethemule	Thyolo
Pastor Gerald Mark Malinda	Zambezi Evangelical Church, Mzuzu
Senior Chief Kuntumanji	Zomba
Senior Chief Robeni	Zomba
Chief Mlumbe	Zomba
Chief Mwambo	Zomba

Annex 2: Participants to the policy consensus building meeting

Name	Organisation/District
Chief Kapemba Nyanjagha	
Brendan Hayes	Banja La Mtsogolo
Johnnie Seyani	Christian Health Association of Malawi
Ellen Molosi	Evangelical Association of Malawi
Rev James Chirwa	Evangelical Association of Malawi
Caleb Thole	Global Hope Mobilization
Mufti Shamuuna Sosoma	Interfaith AIDS Committee, Salima
Tambudzai Rashidi	JHPIEGO
Senior Chief Lukwa	Kasungu

Senior Chief Tsabango	Lilongwe
Paramount Chief Gomani	Local Government
Paramount Chief Chikulamayembe	Local Government
Paramount Chief M'mbelwa IV	Local Government
Fr. Symon F. Matumbo	Malawi Council of Churches
Rev Kuthyola Mwale	Malawi Council of Churches
Lt Col. Victor F. Nkhoma	Malawi Defence Force
Capt Dr Kelvin Dembo	Malawi Defence Force
M.S.D. Kakatera	Malawi Human Rights Commission
Senior Chief Makanjira	Mangochi
Boniface Banda	MCHS
K.M. Mkandawire	Medical Council of Malawi
Mrs. Regina E. Kananji	Ministry of Gender, Children & Comm. Dev.
Olivia Mhango	Ministry of Gender, Children & Comm. Dev.
C.J. Mvula	Ministry of Health
Simeon W. Lijenje	Ministry of Health
Grace Chinamale	Ministry of Local Govt. and Rural Development
Lawrence Dick Makonokaya	Ministry of Local Govt. and Rural Development
Chikusa Benjamin	MP, Parliamentary Committee on Health
Grenner G.M. Nkhata Gambatula	MP, Parliamentary Committee on Health

Senior Chief Mkanda	Mulanje
Dr. Salmin O.I. Omar	Muslim Association of Malawi
Senior Chief Mbwana	Nkhatabay
Veronika Maluwa	Nurses & Midwives Council of Malawi
S. H. Qassam Saizi	Quadria Muslim Association of Malawi
Costas Kadango	Seventh Day Adventist Church
Benita Mkhori	St. Lukes College of Nursing
Maxwell Pangani	St. Lukes College of Nursing
Ishmael Nyasulu	World Health Organisation