



Republic of Malawi

**AIDE MEMOIRE FOR THE 2023 JOINT
ANNUAL REVIEW MEETING OF THE
NATIONAL RESPONSE TO HIV AND AIDS COVERING THE
PERIOD**

APRIL 2022 TO MARCH 2023

Sunbird Capital Hotel - Lilongwe

9th August 2023



National AIDS Commission

Table of Contents

Abbreviations	ii
1.0. Introduction	1
2.0. Update on Implementation of FY 2021-22 Aide Memoire Action Points ...	1
3.0. Key messages from the Opening Session of the 2023 JAR	1
4.0. Progress on Implementation of the 2020-2025 National HIV and AIDS Strategic Plan (NSP).....	1
4.1. Combination HIV Prevention	2
4.1.1. Biomedical.....	2
4.1.2. Non-Biomedical.....	3
4.2. Key Population	4
4.3. Adolescent Girls and Young Women.....	4
4.4. Treatment, Care and Support.....	5
4.5. Resilient and Sustainable Systems for Health (RSSH)	6
5.0. Conclusion.....	7
6.0. Strategic Action Points.....	8

Abbreviations

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
AMR	Anti-Microbial Resistance
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
BBSS	Biological and Behavioural Surveillance Survey
CAB-LA	Long-acting injectable cabotegravir
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CHAM	Christian Health Association of Malawi
CLM	Community Led Monitoring
COP	Country Operational Plan
COVID-19	Corona Virus Disease
CPIMS	Child Protection Information Management System
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DHA	Department of HIV and AIDS and Viral Hepatitis
DHMT	District Health Management Team
DHIS 2	District Health Information System 2
DIC	Drop-in Center
EID	Early Infant Diagnosis
FSW	Female Sex Worker
FY	Fiscal/Financial Year
GBVIMS	Gender Based Violence Information Management System
GBV	Gender-Based Violence
GF	Global Fund
HADeP	HIV and AIDS Development Partners
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HTS	HIV Testing Services
JAR	Joint Annual Review of the National HIV and AIDS Response
KP	Key Populations
KVP	Key and Vulnerable Populations
LAHARS	Local Authority HIV and AIDS Reporting System
MDAs	Ministries, Departments and Agencies

M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MPF	Malawi HIV and AIDS Partnership Forum
MSM	Men who have Sex with Men
NAC	National AIDS Commission
NGO	Non-Governmental Organization
NSP	National HIV and AIDS Strategic Plan
PEP	Post Exposure Prophylaxis
PEPFAR	Presidential Emergency Plan for AIDS and Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PrEP	Pre-Exposure Prophylaxis
PWUD	People Who Use Drugs
RSSH	Resilient and Sustainable Systems for Health
SBCC	Social and Behavior Change Communication
SGBV	Sexual and Gender-Based Violence
SMT	Senior Management Team
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
SSR	Sub Sub Recipient
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV
UNC	University of North Carolina
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organization

1.0. Introduction

The Joint Annual Review (JAR) is conducted yearly with an objective of assessing the performance of the National HIV and AIDS Strategic Plan (NSP) in the previous Financial Year (FY). The annual review also presents an opportunity for all major stakeholders in the response to devise mechanisms for improved performance while addressing existing challenges and bottlenecks. The 2023 JAR was held to assess performance for FY2022/2023.

The theme of this JAR was ***Optimizing Public Health Equity and Community Systems through Integration of HIV Services for Impact***. The relevance of this theme cannot be over emphasized, particularly with the HIV and AIDS response being in its last mile towards attaining the 2030 goal of ending AIDS as a public health threat. Integration of HIV services into existing health systems at all levels would translate into equitable access of all services. This would also contribute towards sustaining the response beyond 2030.

The annual review which was held at Sunbird Capital Hotel on 9th August 2023 brought together development partners, members of Civil Society Organizations (CSOs), local and international Non-Governmental Organizations (NGOs), the academia, traditional leaders, Faith sector, and representatives of various Government Ministries, Departments and Agencies (MDAs).

Deliberations around the theme emanated from presentations that were made by various HIV-related Technical Working Groups (TWGs). A summary of the key issues that arose from the JAR is provided through this aide memoire. This document also provides a list of key action points to be closely monitored on a quarterly basis in preparation for the subsequent annual review.

2.0. Update on Implementation of FY 2021-22 Aide Memoire Action Points

The Aide Memoire had a total of fourteen (14) action points emanating from thirteen (13) issues. Out of the fourteen action points, eleven were addressed, three were carried forward, with their implementation status

to be monitored alongside action points in the current aide memoire. Table 1 below provides detailed updates from the previous Aide Memoire (FY2021-22).

No	Issue	Action point	Timeline	Status	Responsible Agency
PREVENTION					
1.	Limited diversity of HIV prevention options for Key Populations	Expedite rollout of HIV prevention options for KPs, such as injectable PrEP	Jun-23	<p>Preparations are underway for a CAB-LA implementation study;</p> <p>Study protocol was developed and approved by Bill and Mellinda Gates Foundation.</p> <p>Expert committee has also been established to spearhead implementation of the study.</p> <p>Draft guidance for CAB-LA delivery has been developed and awaits the review by expert committee and further approval processes.</p>	MOH

2.	Lack of community programming for PrEP	Expedite rollout of community PrEP	Mar-23	SOPs for the provision of community PrEP have been developed and validated. The SOPs are awaiting approval by MoH service delivery TWG and SMT before dissemination and rollout.	DHA
3.	Stigmatization resulting from current PrEP packaging which is similar to ARVs	Lobby UNAIDS and/or WHO to support countries to advocate for the rebranding of PrEP packaging.	Jun-23	Discussions ongoing	MOH
		Roll out injectable PrEP where the packaging is not an issue for the client	Jun-23	Same as status on issue number 1	
4.	A limited number of VMMC service providers in rural health facilities	Engage the Nurses and Midwives council of Malawi on task shifting for the provision of VMMC service by Nurses and Midwives Technicians	Jun-23	A letter of request was submitted to Nurses and Midwives council of Malawi and DHA is waiting for the feedback.	DHA
TREATMENT, CARE AND SUPPORT					
5.	High seroconversion among women during pregnancy and breastfeeding	Integrate HIV services into child and family health service delivery points	Jun-23	Finalized the development of HIV/SRHR/MNCH/SGBV guidelines and SOPs. These will provide guidance on screening for HIV and provision of HIV prevention services for pregnant and breastfeeding women in MNCH platforms.	MOH and partners

			Jul-23	HIV negative women but at high risk will be supported to remain negative through the provision of PrEP.	MOH and partners
COORDINATION					
6.	Inadequate representation of community voices in JAR meetings	Resume pre-JAR field visits	May-23	The pre-JAR field visits were not done during the period under review due to other challenges. However, MPF members were supported to conduct field visits to Blantyre Prevention Strategy.	NAC
		Include representatives of Traditional Leaders and Community Based Organizations (CBOs) in JAR meetings	May-23	Some chiefs have been invited to the 2023 JAR. Going forward, NAC will be inviting community structures and chiefs from high and low HIV burden districts and cities.	NAC
7.	Weak partner coordination at the subnational level	Engage HADeP to urge their IPs to include activities that strengthen district coordination structures for HIV and AIDS in their programming	Apr-23	Implementing Partners (IPs) have been supporting district coordination structures such as District AIDS Coordination Committees. The Community Led Monitoring also engaged DHMT and other structures in the implementation of the project.	NAC
MONITORING AND EVALUATION					

8	Inadequate partner engagement in the formulation of UN priorities for the response	Engagement of stakeholders in the development and monitoring of the UN Annual Work Plan	Jul-23	Stakeholders will be involved in the development of the next biennium Joint UN Work Plan on AIDS work plan. However, at the UN Cooperation Framework, the Joint Work plan covers the inputs from all the UN Agencies as well as key stakeholders.	UNAIDS
9	Fragmented M&E systems in the response	Harmonize and consolidate all existing M&E systems to feed into the National M&E System that is under NAC	Jul-23	NAC is in the process of developing the AGYW database and rolling out Key Population database as well as Local Authority HIV and AIDS reporting System (LAHARS).	NAC
FINANCIAL MANAGEMENT					
10.	Inadequate domestic funding for HIV and AIDS	Strengthen the lobby for increased domestic funding for HIV with Parliament and Private sector	Jun-23	The responsible Parliamentary Committee of Health was engaged as part of budget development process. Resources towards the response for the FY2023-24 were increased by 10% from previous FY, this is despite the tight fiscal space that saw a reduction in the budget of most MDAs.	Parliament Committee on Nutrition HIV and AIDS, MOH and NAC
11.	Lack of expertise in resource mobilization by local NGOs	Strengthen the capacity of local NGOs in resource mobilization	Jun-23	UNAIDS and NAC plans to collaborate in building capacity for CSOs in resource mobilization and good governance once the necessary formal agreements and arrangements are done.	UNAIDS

			Jul-23	NAC with resources from CDC facilitated training of 90 organizations in resource mobilization, 60 organizations in monitoring and evaluation and 88 organizations in Community Led Monitoring (CLM).	NAC
12.	Lack of adequate funding for SBCC interventions	Lobby for funding towards SBCC interventions.	Jun-23	Some SBCC activities were included under the GF C7 Grant and GF SI support. Partners will continue to lobby for more SBCC resources.	NAC & HADeP
13	Frequent stockouts of STI drugs	Increase funding for STI drugs procurement	Jul-23	On going engagement with CMST.	MOH, GF-PIU
			Jun-23	The coverage of estimated number of STI clients in the population has been increased from 50% to 83% by 2027. This has effectively increased the budgetary allocation for STI commodities in GF C7 Grant implementation period.	MOH, GF-PIU
14.	Poor absorption of resources for the VMMC program under the GF grant	Fast-track implementation of VMMC activities	Jun-23	All proposals were developed and submitted for approval. The process of engaging CHAM to provide VMMC services has been finalized and implementation will start before the end of July 2023.	GF-PIU, DHA

3.0. Key messages from the Opening Session of the 2023 JAR

In the opening session, it was emphasized that the theme for the 2023 JAR is a call for all key stakeholders to re-think of optimizing HIV and AIDS services while promoting health equity and integration of HIV into health services. It was envisaged that through the JAR, members would agree on how the theme could be put to action.

All speakers stressed the importance of strengthening coordination and collaboration in the multisectoral HIV and AIDS response to maintain the significant progress that the country has made in most of the indicators. It was further emphasized that evidence-based programming should be promoted for enhanced achievement of the desired outcomes.

Additionally, it was stressed that there is need to integrate HIV service provision in emergencies and related humanitarian responses to sustain the gains made in the multisectoral HIV and AIDS response. Drawing on the lessons from the previous disasters and pandemics, it was recommended that there is need to come up with strategies for re-purposing the response to integrate HIV and AIDS services in disaster contingency and response plans.

Despite the gains, it was highlighted that there is need to identify challenges in the multisectoral HIV and AIDS response especially with the focus on sources of new HIV infections. This is inline with the 2023 UNAIDS Global AIDS Update report which highlights the importance of addressing HIV and AIDS in holistic manner while eliminating societal and structural inequalities.

The 2001 Abuja declaration on health financing requires countries to allocate at least 15 percent of the national budget towards the health sector. However, it was observed that the health sector budget as a proportion of the national budget continues to be below the required threshold. This in turn has translated into inadequate implementation of disease programs including HIV and AIDS. Therefore, it was recommended that domestic resource mobilization and championing of the sustainability roadmap under MoH are crucial for consistent financial availability.

4.0. Progress on Implementation of the 2020-2025 National HIV and AIDS Strategic Plan (NSP)

The country has made significant progress in achieving the 95:95:95 UNAIDS treatment targets in the period under review. By March 2023, a cumulative total of 949,158 HIV-positive people had been diagnosed with HIV, with 937,241 taking the life-prolonging anti-retroviral drugs (ARVs) and 881,007 had their viral load suppressed. The progress represents a 94:99:94 performance. In addition to the progress under the UNAIDS treatment targets, other significant progress

has been made in the national response as presented in the subsequent sub-sections.

4.1. Combination HIV Prevention

4.1.1. Biomedical

4.1.1.1 Progress

Significant progress has been made in the implementation of biomedical HIV prevention programs during the year under review as highlighted below.

- i. Increase in uptake of HIV testing by 12 percent (from 2.8 million to 3.1 million) and improvement in condom uptake by 10.4% (from 96 million in 2022 to 106million in 2023) .
- ii. Improved HIV status ascertainment among STI patients from 89 percent in 2022 to 91 percent in 2023.
- iii. Surpassed the target for Early DNA-PCR testing (85%) among HIV exposed infants by 3 percent (88%) in 2023.
- iv. Facilitated HIV testing and linkage to care in 12 non-partner supported prisons out of 31 prison establishments of which 19 are partners supported.
- v. Expansion of VMMC service provision to six supported districts of Lilongwe, Blantyre, Nsanje, Machinga, Zomba and Mangochi.
- vi. Finalised development of guidelines and updating Standard Operating Procedures (SOPs) for the provision of VMMC.
- vii. Developed and validated SOPs for the provision of community PrEP.
- viii. Commenced last mile condom distribution in Mzuzu, Blantyre, Mangochi, Thyolo, Chikwawa and Lilongwe under Global Fund, PEPFAR KP and AGYW DREAMS Districts.
- ix. Private sector engagement priorities incorporated in broader MoH Strategy for last mile condom distribution.
- x. Monitoring of Anti-Microbial Resistance (AMR) for Neisseria gonorrhoea in collaboration with UNC and WHO.
- xi. Approval of Hepatitis guidelines Hepatitis B vaccine birth dose.
- xii. Revised rapid testing guidelines that integrates HIV, Syphilis, and hepatitis with the goal of triple elimination of Mother To Child Transmission (eMTCT) of all three diseases were approved in 2022; with a focus on three (3) test algorithm and use of scan form technology to generate and analyse data.

4.1.1.2 Challenges

- i. Low uptake of VMMC
- ii. Under reporting of number of condoms and lubricants distributed.

- iii. Suboptimal HIV ascertainment among STI clients (91% vs 98% target). Persistent stock-out of STI drugs.
- i. Low retention in care for HIV exposed infants (approximately 14% of the HIV exposed infants lost to follow up).

4.1.1.3 Issues

- i. Around 1,891 new child infections occurring during Pregnancy and breastfeeding period.
- ii. Dropouts and seroconversion among clients on oral PrEP.

4.1.2. Non-Biomedical

4.1.2.1 Progress

Significant progress has been made in the implementation of non-biomedical HIV prevention programs during the year under review as highlighted below.

- i. Finalized the National male engagement strategy on Gender Equality, GBV, HIV & SRHR: 2023 – 2030.
- ii. Upgrading of Child Protection Information Management System (CPIMS).
- iii. Development of communication materials in the thematic areas of Gender & Human rights, Tizirombo tochepa=Thanzi (T=T), KP and combination prevention.
- iv. Implementation of the Treatment Literacy Campaign (I Can/Nditha).
- v. Establishment of a quality assurance committee to review HIV SBCC communication materials before accreditation.

4.1.2.2 Challenges

- I. Under-reporting due to limited coverage of GBVMIS (only 13 districts) and CPIMS (18 districts).
- II. Over-reliance on paper-based data collection tools.
- III. Segmented implementation of HIV SBCC interventions.
- IV. Lack of adequate non-biomedical data due to limited non biomedical indicators. to guide effective SBCC planning and implementation.

4.1.2.3 Issues

- I. Almost 70 percent of the reported Sexual Gender Based Violence (SGBV) cases were on defilement (under 18 years old children).
- II. Limited funding for SBCC interventions.

4.2. Key Population

National HIV and AIDS response continues to be inclusive through involvement of Key Populations (KPs) and provision of dedicated HIV services in order to reduce new infections in this subpopulation whose HIV prevalence is much higher than the national average. Notable progress for the year under review is as documented below.

4.2.1 Progress

- i. All Drop In Centers (DICs) became Viral Load Sample Collection Points
- ii. Successfully piloted the national KP database.
- iii. KP-Led organizations became direct recipients of condoms and lubricants from MoH.
- iv. Formation and strengthening of Key Population Living with HIV (KPLHIV) support groups.

4.2.2 Challenges

- i. Limited knowledge of PEP and PrEP among KP Peer Educators.
- ii. Large inmate to peer educator ratio in prisons.
- iii. Delayed commencement of the Biological and Behavioral Surveillance Survey (BBSS) for prisoners.
- iv. High turnover of health workers trained in provision of KP services in public health facilities.

4.2.3 Issues

- i. HIV Data gaps around PWUID and Prisoners affecting effective HIV programming.
- ii. Use of varying SOPs for KP programming by implementing partners.

4.3. Adolescent Girls and Young Women

Young people especially AGYW, are highly vulnerable to HIV infection due to biological, behavioral, and structural factors. AGYW programming was introduced to address the vulnerabilities around AGYWs.

4.3.1 Progress

- i. Around 17 percent reduction in new HIV infection from 6,231 in 2021 to 5,191 in 2022.
- ii. Reduction in school drop-out among girls by 19.8 percent from 9.1 percent in 2021 to 7.3 percent in 2022.
- iii. Finalized the review of the AGYW Strategy (2018-2022).
- iv. Finalized development of AGYW SOPs.
- v. Approval of Youth Friendly Health Services (YFHS) strategy.

4.3.2 Challenges

- i. Low coverage of comprehensive AGYW interventions across the country.
- ii. Weak coordination of AGYW interventions at sub-national level.

4.3.3 Issues

- i. Limited inclusion of AGYW with disabilities in AGYW programming.

4.4. Treatment, Care and Support

The country continues to make significant progress **with respect to** the HIV treatment cascade. This is evidenced by achievements under the UNAIDS treatment targets. Additional gains under this NSP pillar are presented in the following section.

4.4.1 Progress

- i. Increase in number of facilities providing ART services, from 763 to 813 sites, representing a 6.6% increment from April 2022 to March 2023.
- ii. Increase in number of recipients in care from ,909, 284 to 937,241 from April 2022 to March 2023
- iii. Improved Viral Load turnaround time from 60 in 2022 (Q1) to 8 days in 2023 (Q3) .
- iv. National retention rates for PLHIV on ART increased from 79 percent in 2022 to 82 percent in 2023.
- v. About 35,500 infant infections were averted by the PMTCT program between 2020 to 2023.
- vi. About 150,000 deaths averted by ART between 2020 and 2023.

4.4.2 Challenges

- i. Low ART pediatric treatment coverage which is at 74 percent against the target of 95percent.
- ii. Low viral load suppression rate for children at 78 percent.
- iii. Low viral load coverage (68 percent) against a target of 100 percent for adults.

4.4.3 Issues

- i. Non-AIDS related deaths in PLHIV are anticipated to be more than AIDS related deaths by 2024 due to an increase in co-morbidities among PLHIV especially non communicable diseases.

- ii. Funding gap for HIV medicines and related commodities of \$42.1M under NFM3.

4.5. Resilient and Sustainable Systems for Health (RSSH)

A resilient system is a catalyst for effective delivery of health services, including HIV and AIDS. The country's health system has been affected by the recent natural disasters and emerging pandemics. These have worsened existing challenges and bottlenecks in the health delivery system. Nonetheless, service provision continued to be delivered amidst these challenges. In the period under review, progress, challenges, and key issues under RSSH were identified as presented below.

4.5.1 Progress

- i. Twenty (20) health posts completed and commissioned out of 57 that are under construction.
- ii. Developed the Integrated Community Health scorecard.
- iii. Procured seven hundred (700) durable bicycles for HSAs, and seventy (70) motorcycles for senior HSAs to improve mobility for service delivery in all districts.
- iv. Introduced mobile DHIS2 in 15 districts.
- v. Inclusion of HIV and AIDS care in Quality-of-Care Standards.
- vi. Increased numbers of high throughput equipment for viral load and EID testing.

4.5.2 Challenges

- i. .
 - ii. Limited resources to finance community health interventions.
 - iii. Underdevelopment of the Health Management Information System (HMIS).
 - iv. Use of outdated equipment.
 - v. Delays in repairing equipment stemming from long lead-time for importing equipment spare parts and capacity issues.
 - vi. Decrease in donor HIV funding from around \$320 million to around \$278 million representing a by 15 percent.
-
- i. Integrate community-led monitoring with community health scorecard.
 - ii. Harmonize Community Health data with the DHIS 2.
 - iii. Over-dependence on donor funding to sustain human resources for health.

- iv. Inadequate funding to fully implement the Ministry of Health's recruitment plan.
- v. Inadequate involvement of the Quality Management Department in implementation of the NSP.

4.5.3 Issues

- vi. Integrate community-led monitoring with community health scorecard.
- vii. Harmonize Community Health data with the DHIS 2.
- viii. Inadequate involvement of the Quality Management Department in implementation of the NSP.

5.0. Conclusion

Stakeholders in the HIV and AIDS response remain committed to sustaining epidemic control and further reducing new HIV infections, and AIDS deaths. Additionally, stakeholders are resilient in advocating for the elimination of structural and societal barriers with potential to refuel the epidemic. To ensure the realisation of this, the various issues unearthed during the JAR require immediate action, coupled with periodic monitoring for effective implementation. The revised extended NSP (2023-2027) which has been aligned to emerging global frameworks around HIV and AIDS and incorporates lessons from the natural disasters and pandemics provides a clear pathway for the county to follow to achieve the 2030 agenda.

6.0. Strategic Action Points

The Joint Annual Review agreed on the following strategic action points, whose progress will be reported during the next review.

No	Issue	Action point	Timeline	Responsible Agency
A	2022 Aide Memoire			
1.	Limited number of VMMC service providers in rural health facilities	Engage the Nurses and Midwives council of Malawi on task shifting for the provision of VMMC service by Nurses and Midwives Technicians	March 2024	MoH - DHA
2.	Inadequate representation of community voices in JAR meetings	Resume pre-JAR field visits when circumstances permit.	May 2024	NAC
3.	Lack of expertise in resource mobilization by local NGOs	Strengthen the capacity of local NGOs in resource mobilization	March 2024	NAC
B	HIV Prevention (Biomedical)			
4.	Low retention in care for HIV exposed infants	Strengthen defaulter tracing for pregnant and breastfeeding women Strengthening Community Systems for PMCTC	March 2024	MoH - DHA
5.	Drop out and seroconversion among clients on Oral PrEP	Audit to understand underlying factors in seroconversion	March 2024	MoH - DHA

No	Issue	Action point	Timeline	Responsible Agency
C	HIV Prevention (Non-Biomedical)			
6.	Increased Sexual Gender Based Violence (SGBV) cases among children	Improve awareness on SGBV	March 2024	Ministry of Gender
		Reinforce establishment and implementation of community by-laws	March 2024	Ministry of Gender
		Enhance Capacity building of Law enforcers	March 2024	Ministry of Gender
7.	Limited funding for SBCC	Lobby with major HIV and AIDS Development Partners to increase funding on SBCC	March 2024	NAC
D	Key Populations			
8.	HIV Data gaps around KP affecting effective HIV programming.	Expedite implementation of the PSE/BBSS	March 2024	NAC
9.	Use of varying SOPs for KP programming by implementing partners.	Harmonise KP SOPs	March 2024	NAC
D	Adolescent Girls and Young Women (AGYW)			

No	Issue	Action point	Timeline	Responsible Agency
10.	Limited inclusion of AGYW with disabilities in AGYW programing.	Deliberate efforts for inclusion of AGYW with disability in programming.	March 2024	AGWY Secretariate
E	Treatment, Care and Support			
11.	Funding gap for HIV medicines and related commodities of \$42.1M.	Lobby Parliament for increased domestic funding for HIV commodities.	March 2024	MoH
F	Resilient and Sustainable Systems for Health (RSSH)			
12.	Lack of Integration in community-led monitoring with the Community Health Scorecard	Integrate community-led monitoring with community health scorecard.	March 2024	MANASO, MoH (Community Health Dept.)
13.	Lack of integration of Community Health data in DHIS 2.	Integrate Community Health data into DHIS 2.	March 2024	MoH-Digital Health