

# Malawi

## **Title**

The National Strategic Framework for HIV/AIDS

## **Date of Plan**

2000-2004

## **Contributors**

The Government of Malawi.

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# **The National Strategic Framework for HIV/AIDS, Malawi 2000-2004**

## **I. Introduction**

### **A. Summary**

According to the United Nations Population Division, Malawi's population in 1999 was 10,640,000. Adults, aged 15 to 49, the group most likely to engage in high-risk behavior for HIV infection, represented approximately 44 percent of the total population. The HIV prevalence rate among this group was estimated by UNAIDS to be 15.96 percent. By the end of 1999, 800,000 adults and children were living with HIV and AIDS in Malawi and more than 390,000 children had been orphaned due to AIDS.

In response to the epidemic, Malawi developed and implemented the National Strategic Framework for HIV/AIDS, 2000-2004. According to our overview of this plan, Malawi has developed strategies and programs in 17 different areas to address the epidemic. Some examples of those activities are programs that focus on illiteracy, human rights, substance abuse, children, orphans, and mother-to-child transmission of HIV. Special programs have been developed to target youth, media, and widow and widowers.

### **B. Background**

Since 1985, when the first confirmed case of AIDS was diagnosed the Government of Malawi has implemented a number of policies, institutional and operational strategies to mitigate the spread of HIV/AIDS. The most important ones include;

- Implementation of a blood screening policy;
- Implementation of a strategy for public education on HIV/AIDS;
- Instituting multi-sectoral approaches incorporating social, psychological and economic dimensions in tackling the consequences of the epidemic;
- The establishment of the National AIDS Control Programme to co-ordinate HIV/AIDS activities and provide the institutional framework for policy oversight and stakeholder co-ordination in the planning and implementation of HIV/AIDS activities;
- The establishment of a Cabinet Commitment on HIV/AIDS;
- The establishment of a multisectoral National AIDS Committee;
- The establishment of programmes for orphans and patient home-based care; and
- The establishment of National HIV sero-prevalence Surveillance System.

Donors have also been instrumental in providing financial, technical and material support for the control of HIV/AIDS. However, an in-depth analysis shows that the donor supported activities have not always followed national priorities and have had limited geographical coverage.

Despite these efforts there has not been much improvement in the HIV/AIDS situation. The incidence of HIV infection has continued to be high especially in adolescent females, the levels of stigmatization have continued to be high and there are inadequate care and social support services for people living with HIV/AIDS. In 1997, the Malawi Government decided to develop a comprehensive five year National Strategic Framework, for the period 2000 to 2004, to more strategically guide HIV/AIDS prevention and mitigation programmes and activities.

The HIV/AIDS Strategic Framework development process had the following four phases:

PHASE I: In this phase, community and institutional consultations and mobilization were undertaken on HIV/AIDS aimed at breaking the silence on HIV/AIDS and uncover issues surrounding the epidemic.

PHASE II: In this phase, information collected in Phase I was analyzed to come up with major issues on HIV/AIDS. These issues were further subjected to a number of planning workshops to come up with a

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consensus on the strategies for addressing the HIV/AIDS problem. The product of this phase was a Draft Strategic Framework for a National Response to HIV/AIDS.

PHASE III: In this Phase, the draft Strategic Framework was subjected to a number of workshops to critique the Framework in order to reach a consensus on the strategies and guiding principles for a national response to the HIV/AIDS epidemic. The product of this phase was the final version of the Strategic Framework.

PHASE IV: The Strategic Framework for the National Response to HIV/AIDS was launched in October 1999. The National AIDS Control Programme Secretariat is now engaged in the process of coming up with implementation modalities and assisting the implementing institutions in operationalizing the Framework.

This phase will use the Framework to develop District specific HIV/AIDS plans. As such, the National AIDS Control Programme will work in close collaboration with the Decentralization Programme. It is also envisaged that in this phase, a series of capacity building workshops will be conducted for stakeholders in various sectors to prepare for the formulation of HIV/AIDS workplace programmes and mainstream HIV/AIDS into routine activities of these sectors. Furthermore, stakeholders will also be trained in issues of gender in relation to HIV/AIDS so as to ensure balance and equity in the design of sector interventions.

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### II. Goals of the Plan

#### A. Instructions

This grid is intended to outline the priorities set forward by national HIV and AIDS plans of several sub-Saharan African countries. The goals of each plan were assessed by Harvard AIDS Institute researchers according to "Critical Areas of Concern" and categorized with respect to the type(s) of "Intervention(s)" planned for each area. The Critical Areas of Concern and the Intervention categories were developed by researchers and faculty at the Harvard AIDS Institute. Please see Appendix A for definitions of these terms.

The areas which are marked as a "Priority" in this grid have a corresponding paragraph, quoted directly from the national plan, so that one can read the goal as it is stated in the plan. In order to view these quotes, simply click on the word "Priority."

On printed versions of this document, please locate the coordinates of the Priority on the grid using the line number in the far left column and the letter of the Intervention in the top row. Combining these coordinates will give you a Priority reference number. Please proceed to the following pages, Section II C, List of Priorities, to find the appropriate Priority reference number and the corresponding quote.

#### B. Grid of Priorities

Critical Areas of Concern		Interventions			
		A.	B.	C.	D.
Reduce HIV Transmission		Develop Policy	Strengthen Institutions	Service Delivery	Research
<b>Socioeconomic Factors</b>					
1	Poverty				
2	Illiteracy			Priority	
3	Mobility				
4	Gender	Priority	Priority	Priority	Priority
5	Substance Abuse				
<b>Behavioral Factors</b>					
6	Sexual Behavior/Condom Use		Priority	Priority	Priority
7	Counseling Services		Priority	Priority	
<b>Biological Factors</b>					
8	Perinatal Transmission/Breastfeeding	Priority	Priority	Priority	
9	STDs		Priority	Priority	
10	Blood and Instruments	Priority	Priority	Priority	
11	Vaccine Development				
<b>Reduce HIV Impact</b>					
<b>Individual</b>					
12	Treatment - ARV				
13	Treatment - Opportunistic/Other				
14	Support - Psychological		Priority	Priority	Priority
15	Human Rights/Legal Framework	Priority	Priority	Priority	
<b>Household and Community</b>					
16	Children			Priority	
17	Orphans		Priority	Priority	
18	Health Services		Priority	Priority	Priority
19	Income Decline/ Welfare	Priority	Priority		
<b>National</b>					
20	Workforce (Including Health Workers)	Priority		Priority	
21	Resource Constraints		Priority		Priority
22	Political Constraints		Priority	Priority	
23	Health Services		Priority		
24	Surveillance				
<b>Special Focus Areas</b>					
<b>Program</b>					
25	Youth		Priority	Priority	Priority
26	Values/Culture		Priority	Priority	Priority
27	Media/Communication		Priority	Priority	
28	Widows/Widowers		Priority	Priority	

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### C. List of Priorities

#### 2C

- Translate and disseminate the reviewed laws, policies, and practices in local languages to facilitate access and appreciation.

Return to Grid

#### 4A

- Develop legislative instruments to deal with sexual harassment in the workplace and educational institutions.
- Review customary laws, policies, and practices that perpetuate gender discrimination and facilitate the spread of HIV.
- Review existing policies, identify gaps and areas that need change, and formulate gender sensitive policy guidelines and standards.

Return to Grid

#### 4B

- Integrate gender training in school curricula and youth development
- Sensitize health personnel to issues of gender and gender roles to promote equal participation among men, women, boys, and girls in the care of children and the sick.
- Support the formation of lobbying and support groups in workplaces to respond to sexual harassment.
- Develop IEC messages/materials focussing on gender based behavior change and adaptation to the reality of HIV/AIDS.
- Educate support groups on equal participation of women, men, girls, and boys in the care of Patients Living with AIDS (PLWAs) and chronically ill persons.
- Prepare comprehensive target group profiles to ensure gender and cultural relevance of messages and materials.
- Sensitize employers to adopt gender responsive policies and practices in the workplace.
- Support and promote the establishment of community gender caucuses where women, men, girls, and boys can discuss HIV prevention and their roles in the care of infected and affected persons.

Return to Grid

#### 4C

- Address gender inequalities in access to HIV/AIDS information and participation in HIV/AIDS activities.
- Modify socialization processes that promote gender imbalances in care and support activities at family and community levels.

Return to Grid

#### 4D

- Carry out a situation analysis of the gender relations and power structures in communities that affect the spread and mitigation of HIV/AIDS as a basis for planning.
- Evaluate existing IEC materials to determine their effectiveness and identify gender related behavior change gaps to target IEC messages effectively.

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## The National Strategic Framework for HIV/AIDS, Malawi 2000-2004

### 6B

- Increase and strengthen systems for condom distribution and seek more innovative mechanisms for wider distribution.
- Strengthen coordination and monitoring of condom distribution at all levels.
- Train and coordinate the work of sex and sexuality counselors and family life educators at institutional and community levels.
- Train HIV/AIDS workers and activists in institutions and communities in condom promotion, storage, distribution logistics, effective use, and disposal.
- Develop more efficient strategies and procedures for condom procurement, distribution, and quality control.

[Return to Grid](#)

### 6C

- Mobilize and advocate for youth participation in condom distribution and in peer education on the value, availability, and correct and consistent use of condoms.
- Develop and implement family life and sex education programmes for youth and adults at all levels.
- Identify and promote cultural values, norms, and beliefs which promote abstinence and fidelity among the youth and adults.
- Integrate information on condoms and condom use into formal education curricula, youth organizations, and non-formal adult education programmes.
- Modify the curricula and learning experiences of traditional educational institutions to focus on virtues of abstinence, fidelity, and mutual respect among women and men, boys and girls.
- Prepare and disseminate materials/messages on sex and sexuality for educational institutions, religious institutions, family, youth organizations, and other social groups and organizations.
- Promote the participation of youth in condom distribution and peer education on the value, availability, and correct and consistent use of condoms.

[Return to Grid](#)

### 6D

- Identify and analyze factors that promote pre-marital and extra-marital sex and sexual affairs among women and men, boys and girls.

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### 7B

- Conduct relevant refresher courses for counselors.
- Establish additional Voluntary Counseling and Testing services (VCT) in strategic areas for increased access.
- Facilitate establishment of gender sensitive community support groups, and strengthen the role of existing community support groups.
- Identify and support institutions that have the interest and capacity to provide VCT services.
- Integrate VCT with other services such as family planning, STD and TB management and control.
- Introduce and implement rapid HIV testing kits in a phased process.
- Equitably mobilize and distribute adequate resources to support VCT services nation-wide.
- Monitor and evaluate the implementation of guidelines and standards, training and delivery of VCT services.
- Review existing curriculum on counseling to incorporate current techniques and practices.
- Train health care providers and social workers on positive attitudes towards clients and basic gender sensitive counseling skills.
- Train personnel in areas of counseling, gender sensitivity, laboratory techniques, data management, monitoring, and evaluation.

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## The National Strategic Framework for HIV/AIDS, Malawi 2000-2004

7C

- Promote friendly and caring attitudes among counselors towards Patients Living with AIDS (PLWAs).
- Promote use of Voluntary Counseling and Testing services (VCT) among women, men, girls, boys, or couples for informed decision making regarding marriage, pregnancy, early access to care, and mother to child HIV transmission.
- Review the working conditions and environment for VCT providers to ensure they are conducive to the proper delivery of VCT services.
- Sensitize communities and institutions to the benefits of VCT.
- Support VCT clients to give public testimonies on the benefits of VCT.

Return to Grid

8A

- Develop a national policy on prevention of mother-to-child HIV transmission.

Return to Grid

8B

- Support and promote regional collaboration in research and dissemination of research results aimed at reducing mother to child transmission of HIV.
- Train adequate personnel in the prevention of mother-to-child HIV transmission and provide necessary equipment and related supplies.
- Develop IEC targeted at the reduction of mother to child transmission of HIV.

Return to Grid

8C

- Encourage disclosure and acceptance of positive sero-status among antenatal women as a basis for therapy to reduce the risk of mother to child HIV transmission.
- Provide adequate antiretroviral drugs and promote access to therapy among HIV pregnant women.

Return to Grid

9B

- Procure and equitably distribute adequate STI drugs and condoms to all health institutions.
- Train health workers in counseling and syndromic management of STI's at all levels of health institutions.
- Adopt and strengthen syndromic management of STI in all health institutions.

Return to Grid

9C

- Institute routine STI screening and treatment in antenatal women in central and district hospitals.

Return to Grid

10A

- Develop clear policy and procedural guidelines on blood safety.

Return to Grid

10B

- Develop and implement systems for monitoring applications of policy and procedures for blood safety and infection control at all levels.
- Procure and equitably distribute adequate HIV testing equipment and reagents.
- Train health, emergency, home care, funeral service, and other relevant personnel in precautions for effective infection control.

Return to Grid

10C

- Establish national blood banks at district and central hospitals nation-wide.
- Institutionalize infection control procedures in health facilities, workplaces, mortuary/funeral services, community support groups, and other relevant settings.

Return to Grid

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14B

- Incorporate issues of HIV/AIDS and the role of religious, government, non-governmental institutions, and entertainment entities in training programmes.
- Train a cadre of professional psychosocial care providers for strong leadership in the provision of psychosocial services nation-wide.
- Train religious leaders, government, non-governmental institutions and entertainment entities in issues surrounding the HIV/AIDS epidemic at central and local levels.
- Develop a theology of hope, faith, and compassion to help make the impact of HIV and AIDS bearable.

Return to Grid

14C

- Advocate for support of Patients Living with AIDS (PLWAs) and affected persons among NGO's, public and private sector institutions at central and local levels.
- Develop and disseminate IEC materials/messages that promote a spirit of acceptance and openness among Malawians.
- Intensify behavior counseling, care counseling and spiritual counseling of PLWAs and affected families and individuals.
- Provide psychological care and support to traumatized orphans, children in HIV/AIDS affected families, widows and widowers.

Return to Grid

14D

- Identify and analyze factors and conditions causing despair and non-acceptance of the HIV/AIDS epidemic in families and communities.

Return to Grid

15A

- Develop clear policy guidelines that address discrimination against Patients Living with AIDS (PLWAs) and affected families.

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15B

- Enact, enforce and monitor observance of laws and policy guidelines against discrimination and violation of human rights against (PLWAs) and affected families.
- Strengthen organizations of people living with HIV/AIDS to champion their own rights.
- Support political parties and human rights organizations to expand programmes on human rights education and civic education nation-wide.

Return to Grid

15C

- Develop and disseminate human rights education materials for teachers, religious institutions, and parents/guardians.
- Promote society's acceptance of Patients Living with AIDS (PLWAs), and encourage HIV positive people to come out and break the culture of silence.
- Provide public education on human rights issues relating to people living with HIV/AIDS and affected families

Return to Grid

16C

- Provide psychological care and support to traumatized orphans, children, in HIV/AIDS affected families, widows and widowers.

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17B

- Design and establish a mechanism to improve communication and collaboration among all stakeholders in orphan care and support of widows and widowers.
- Establish child support groups for the benefit of orphans.
- Mobilize adequate resources to strengthen community capacities to cope with the needs of orphans, widows, and widowers.
- Strengthen direct foster parenting and foster parenting within communities.
- Train community based volunteer counselors about the psychosocial and life skills needs of orphans, widows, and widowers.
- Train community leaders and selected members on proper management of orphan care services and support systems.

Return to Grid

17C

- Advocate for increased access to loans by host families for orphans.
- Provide educational support and assistance to needy orphans.
- Provide psychological care and support to traumatized orphans, children, in HIV/AIDS affected families, widows and widowers.
- Train older orphans, host families, widows and widowers, and care providers on basic business management skills and IGAs.
- Train out-of-school older orphans, widows, and widowers on vocational and related life-skills, and facilitate the application of those skills.

Return to Grid

18B

- Strengthen Home Based Care and community based care systems.
- Train health care providers, activists and institutions for better care and management of HIV related illness.

Return to Grid

18C

- Promote equal participation in training activities for home based care for men and women, boys and girls.

Return to Grid

18D

- Identify and document roles assumed by different family members in the care of PLWAS and other chronically ill people.

Return to Grid

19A

- Review the laws and policies which affect the welfare and status of children, women, orphans, and other vulnerable groups.

Return to Grid

19B

- Identify and strengthen indigenous support structures and systems at community levels for Patients Living with AIDS (PLWAs) and affected families.
- Support the establishment of community-run IGAs for sustainable care of infected and affected individuals and families.

Return to Grid

20A

- Formulate and disseminate policies which protect people living with HIV/AIDS against discrimination, stigmatization, and denial of work-related privileges and benefits.

Return to Grid

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20C

- Advocate for establishment and institutionalization of: Workplace counseling and support groups; flexible welfare and client schemes; flexible work schedules for infected persons; workplace medical and bereavement schemes; flexible compassionate leave policies.

Return to Grid

21B

- Develop and implement mechanisms for mobilizing and pooling locally available resources.
- Develop and implement strategies for resource mobilization, utilization and control to maximize the impact of IEC on HIV/AIDS.
- Develop guidelines for the allocation and utilization of resources for various HIV/AIDS management activities.
- Monitor allocation and utilization of resources.

Return to Grid

21D

- Conduct regular resource needs assessment for HIV/AIDS management activities.

Return to Grid

22B

- Appoint and train officers within stakeholder institutions for coordination and monitoring of IEC activities at national, regional, district, and community levels.
- Develop and implement an HIV/AIDS IEC strategy and implementation plan to guide all stakeholders
- Develop mechanisms for collaboration and networking in the implementation of HIV/AIDS IEC.
- Strengthen collaboration among VCT providers, health workers, community workers, and all other stakeholders.

Return to Grid

22C

- Collect and disseminate case studies on issues and experiences of discrimination of people living with HIV/AIDS and affected families for use by appropriate stakeholders.
- Conduct joint planning and review sessions for HIV/AIDS management activity at all levels.
- Develop and implement mechanisms for coordination and collaboration among community based support groups.
- Prepare a directory of stakeholders in HIV/AIDS work to identify existing capacity and exploit the principle of comparative advantage.

Return to Grid

23B

- Develop and disseminate policies and practice guidelines for hospital and home based care/management of AIDS patients.
- Develop and implement modalities for an efficient referral system between HBC and hospital based care.
- Review and strengthen as necessary linkages/referral systems between VCT and HIV care and support services.

Return to Grid

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### 25B

- Provide support for the national Youth Council to coordinate HIV/AIDS activities effectively among the youth.
- Review, strengthen and develop where necessary legislation that protects children and the youth against infection.
- Strengthen and encourage communication in sex and sexuality in the family.
- Strengthen HIV/AIDS counseling in youth organizations, schools, religious organizations and families.
- Strengthen human rights education for youth in schools, youth organizations, and youth in communities.
- Strengthen the role of parent-teacher associations in providing guidance to youth on HIV/AIDS issues, counseling, and training.
- Support expansion of youth centres and recreational facilities, and diversify activities to occupy the energies of young people and children

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### 25C

- Strengthen linkages, collaboration, and dialogue between youth organizations and institutions of socialization.
- Advocate for and mobilize youth participation in condom distribution and peer education on the value, availability, and correct and consistent use of condoms.
- Advocate for increased support for youth development work among individuals, the public and private sectors, religious organizations, and the NGO community.
- Conduct on-going education on sex, sexuality, STDs, and HIV/AIDS for parents, teachers, and religious leaders.
- Develop and disseminate IEC messages on sex, sexuality, STDs, and HIV/AIDS for in and out of school youths, parents/guardians, teachers, and religious leaders.
- Develop and implement family life and sex education programmes for youth and adults at all levels.
- Encourage and support competitive sporting activities for schools, youth organizations and among communities
- Integrate information on condoms and condom use into formal education curricula, youth organizations and non-formal adult education programmes.
- Integrate life skills training in school curricula and youth development programmes nation-wide
- Introduce a National Youth Day for youth leadership and development activities.
- Mobilize in- and out-of-school youth to disseminate HIV/AIDS messages using the arts, e.g. music, drama, creative writing, games.
- Promote a spirit of constructive leisure and recreation among youth and adults, and effective use of existing facilities and programmes.
- Promote involvement of youth at all levels in planning, decision-making, and delivery of HIV/AIDS activities.
- Promote participation of youth in the development and dissemination of HIV/AIDS messages, particularly on radio and television.
- Promote the participation of the youth in condom distribution and peer education on the value, availability and correct and consistent use of condoms.

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### 25D

- Conduct a comparative study on legislation Africa-wide on issues that affect children and the youth.

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## The National Strategic Framework for HIV/AIDS, Malawi 2000-2004

26B

- Equip chiefs and other community leaders with knowledge and information to take a leading role in discussing cultural practices, values, and beliefs that facilitate the spread of HIV.
- Support communities to promote values, beliefs, and practices that prevent the spread and mitigate the impact of HIV.

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26C

- Develop mechanisms for networking among communities and individuals on issues of culture and HIV/AIDS.
- Orient the media to compliment the campaign on prevention of HIV epidemic through cultural adaptation.
- Re-focus IEC and dissemination activities to promote acceptance and support of People living with HIV/AIDS in the context of existing norms and values.
- Support and encourage communities to modify values, beliefs and practices that facilitate the spread of HIV.
- Train change agents in religious, traditional and political institutions to monitor changes in values, beliefs and practices targeted for adaptation.

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26D

- Identify and document cultural values, beliefs, and practices that facilitate the spread of HIV in liaison with the stakeholders in communities.
- Identify and document cultural values, beliefs, and practices that prevent the spread of HIV and mitigate the impact of HIV/AIDS in liaison with stakeholders in communities.
- Identify forms and levels of cultural rejection of Patients Living with AIDS (PLWAs) and affected families, and develop strategies for addressing them.
- Identify and develop strategies to deal with culture-specific practices that put widows, widowers and orphans at a disadvantage.

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27B

- Develop and implement appropriate training packages for IEC officers, service providers, and users in public and private institutions and communities.
- Develop common guidelines for standardizing HIV/AIDS IEC messages and materials.
- Develop monitoring tools for IEC activities, such as supervision checklists, IEC return forms, and opinion survey forms.
- Support capacity building for media personnel to disseminate HIV/AIDS messages effectively and widely to all sections of the nation.

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27C

- Identify and use appropriate and most effective channels for disseminating IEC messages and materials for specific target groups, including more traditional channels.
- Monitor the delivery of IEC messages/materials and evaluate their effectiveness on an on-going basis.

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28B

- Design and establish a mechanism to improve communication and collaboration among all stakeholders in orphan care and support of widows and widowers.
- Mobilize adequate resources to strengthen community capacities to cope with the needs of orphans, widows and widowers.
- Strengthen direct foster parenting and foster parenting within communities.
- Train community based volunteer counselors on psychosocial and life skills needs of orphans, widows and widowers.

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28C

- Provide psychological care and support to traumatized orphans, children, in HIV/AIDS affected families, widows and widowers.

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## **The National Strategic Framework for HIV/AIDS, Malawi 2000-2004**

### **III. Implementation**

#### **A. Organizational Structure**

The Ministry of Health and Population under which the National AIDS Control Programme operates is headed by the Principal Secretary. At headquarters level there are six technical divisions: Preventive Health, Clinical and Population, Nursing, Technical Support, Finance and Administration and Planning. The divisional heads report directly to the Secretary for Health and Population.

At the district level, the Ministry of Health and Population is headed by the District Health Officer (DHO). There are two sections under the office of the DHO; the hospital section, and the community health section. It is under the community health section that all disease control programmes, including HIV/AIDS and sexually transmitted infections (STIs), belong. The HIV/AIDS/STI services in the districts will be overseen by coordinators even-though currently these positions are not filled.

The AIDS Control Programme Secretariat operates under the Ministry of Health and Population. The Programme Manager of the AIDS Control Programme reports directly to the Secretary of Health and Population. In the current set up, the Programme Manager is assisted by the Senior Programme Officer, a Monitoring and Evaluation Officer and an Administration and Finance Officer. Currently there are forty-one (41) positions in the Secretariat five (5) of which are still vacant. The Secretariat works in close collaboration with the three Regional AIDS Coordinators in each region.

#### **B. Research, Monitoring, Evaluation**

In addition a well developed and systematic support to the monitoring and evaluation component of the NACP will be required to ensure up to date understanding and tracking of the epidemic and the effectiveness of interventions in place.

#### **C. Impact and Effectiveness Indicators**

No information available.

#### **D. Resource Mobilization and Funding**

Even with the conservative costing of the activities in the Strategic Framework and the institutional support presented above, the cost implications are enormous. However, an analysis of the existing financing sources and financing agents shows that actual expenditure on HIV/AIDS activities have been low (World Bank, 1998).

According to the World Bank study of 1998, total expenditure on HIV/AIDS activities in 1996 was approximately US\$10.5 million. It was also found that the major sources (over 95%) of resources expended on AIDS activities in Malawi were from donors. It was also extremely difficult to isolate expenditures on HIV/AIDS by activity.

Furthermore, it was found that no data exists on the cost of providing health care services to AIDS-related illnesses in health care facilities in Malawi, thus underestimating the contributions made by the Government in the care and prevention of HIV/AIDS.

The estimated conservative costs and funding levels presented in this document have the same weaknesses as those reported above.

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An assessment of existing funding status on HIV/AIDS shows that the average budgeted expenditures per annum have almost doubled from the 1996 actual expenditure levels. However, current data on actual expenditures on HIV/AIDS is not available as most of the donors' financial year ended in December 1999. Thus, actual expenditures will be available sometime this year. The average budgeted expenditures per annum during the project life presented in below are an indication of the available resources committed for HIV/AIDS activities.

As such, their use does not in any way deviate from the purpose of this document. It should also be emphasized that it is extremely difficult to isolate donors expenditure on HIV/AIDS by activity so as to be compatible with the components of Strategic Framework for National Response to HIV/AIDS epidemic presented above. This being the case, the average budgeted expenditures per annum presented in this document, will take into account of only three major current activities by a particular donor. For more details see Annex 6 attached.

### **Funding Sources for Public Health Services**

Public health care services in Malawi are funded mainly from two sources; namely Government of Malawi (from its general tax revenue) and donors. Donors finance health care services in Malawi in two ways: (1) through the Ministry of Finance for both development and recurrent budget in the Ministry of Health and Population, and (2) directly to Ministries various vertical programmes, e.g. Diarrhea, Reproductive Health and HIV/AIDS, which does not appear in the Government budget books. On average public sources contribute 36%, while donors contribute 39% of the total health care expenditure in Malawi respectively.

According to the Local Government Act 42 of 1998, funding for public health care services will be through the District Assemblies. The District Assemblies will take over all the Ministry's health care facilities, and they will be responsible for hiring of health personnel. They will also be responsible for decision making in matters of financial allocation and utilization. Sectoral ministries will, however, retain overall policy oversight.

The long term funding mechanism for sectoral programs will be through the up coming Sector-Wide Approaches (SWAs). However, these approaches are still under discussion. In the interim, the appropriate funding mechanisms as proposed in the Strategic Framework for National Response to the HIV/AIDS (2000 to 2004) is pursued with both government and donors.