

# **MALAWI NATIONAL HIV/AIDS POLICY**

**FINAL DRAFT**

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## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community Based Organisation
CHBC	Community Home Based Care
EDL	Essential Drug List
HAART	Highly Active Antiretroviral therapy
HBC	Home Based Care
HIPC	Highly Indebted Poor Countries
HIV	Human Immune-deficiency Virus
IEC	Information, Education and Communication
IOM	International Organisation on Migration
MCH	Maternal and Child Health
MOHP	Ministry of Health and Population
NAC	National AIDS Commission
NGO	Non Government Organisation
OI	Opportunistic Infection
PEP	Post Exposure Prophylaxis
PLWA	People Living With HIV/AIDS
PMAPB	Pharmacy, Medicines and Poisons Board
PMTCT	Prevention of Mother To Child Transmission
PRSP	Poverty Reduction Strategy Paper
SADC	Southern Africa Development Community
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
UNDP	United National Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background

HIV/AIDS has become a major worldwide epidemic.

According to UNAIDS, the epidemic has particularly affected Sub-Saharan Africa, where, by the year 2001, more than 28.5 million people were infected, representing close to 70% of the total number of HIV positive people. More than 80% of HIV infected women and 90% of orphaned children live in Sub-Saharan Africa. Here, more than half of new infections are occurring in young people 15 - 24 years of age and teenage girls are five to six times more likely to be HIV infected than boys of similar age.

Malawi, like its neighbours in the Sub-Saharan Africa region, has been severely affected by the HIV/AIDS epidemic. AIDS was first identified in Malawi in May 1985. Since then, epidemiological data continues to show an escalating epidemic. For example, in pregnant women attending antenatal clinics in urban Blantyre, HIV seroprevalence rose from 2.6% in 1986 to over 30% in 1998; it fell a little to 28.5% in 2001. HIV infection rates are lower in rural Malawi but are on the increase. The adult (15-49) HIV prevalence is estimated at 25% for urban areas and 13% for rural areas.<sup>1</sup> The national adult (15-49) HIV prevalence is 15%, translating into about 739 000 adults living with HIV/AIDS, 56% of them being women<sup>2</sup>. Annual deaths due to HIV/AIDS are estimated at 81 000 with a cumulative number of 555 000 deaths since the first HIV case in 1985.<sup>3</sup>

The impact of this HIV/AIDS epidemic has been felt by all sectors of Malawian society, especially the social services sectors. For example, in the health sector the maternal mortality rate has at least doubled; HIV/AIDS patients occupy more than 50% of medical ward beds and more than 70% of pulmonary tuberculosis patients also have HIV infection. In the education and agricultural sectors, teachers and extension workers, respectively, are dying at a faster rate than they can be trained. The large numbers of orphaned children being cared for by elderly people and young siblings has worsened the poverty status of many homes.

Malawi's attempts to deal with the country's HIV/AIDS epidemic began in 1986, focusing largely on preventing the further spread of HIV infection, but later including elements of care, support and impact mitigation. A review of the HIV/AIDS control programme and extensive stakeholder consultations led to the formulation of the National HIV/AIDS Strategic Framework for the period 2000 to 2004. This Framework emphasizes the need for an expanded, multisectoral response to HIV/AIDS/STIs. At a regional and international level, Malawi has committed itself in the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and other Related Infectious Diseases in Africa, of 27 April 2001 and the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS, of 27 June 2001 to the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that are resourced to the

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<sup>1</sup> 2001 sentinel surveillance report.

<sup>2</sup> 2001 sentinel surveillance report.

<sup>3</sup> 2001 sentinel surveillance report.

extent possible from national budgets without excluding other sources, inter alia, international cooperation; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalisation; strengthen partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity.

## 1.2 The Context

The key development challenges of Malawi have been identified in the Country Development Report (UNDP 2001) as governance, poverty and HIV/AIDS. These challenges can be directly linked to the political, economic, social and cultural conditions that pertain in Malawi, and which, in turn, drive the HIV/AIDS epidemic.

Malawi is one of the poorest countries in the world. Its population is characterised by a high proportion of young people under 15 years of age, who account for 45 % of the 9.8 million people<sup>4</sup>. This proportion creates a high dependency ratio. Poverty is rampant: 65% of the rural and 55% of the urban population live under conditions of poverty<sup>4</sup>. This situation has been aggravated by recurrent episodes of drought, which has affected food security and the agriculture - dependent economy. Consequently, the inflation rate is very high and economic productivity very low.

Government has made poverty reduction its major goal. It has established a Poverty Alleviation Programme and developed a Poverty Reduction Strategy Paper (PRSP). Government is being supported in this respect by its donor partners and through the use of funds from programmes such as the Highly Indebted Poor Countries (HIPC).

The population of Malawi is diverse in terms of ethnic groupings, languages and religion. There are about nine indigenous ethnic groupings and smaller numbers of Asians and Caucasians. This means that there is a wide range of cultural and traditional practices, some of which have a bearing on HIV/AIDS. Traditional norms and practices also account for the low socio-economic status of women. Poverty and illiteracy affect more women than men. The majority of the black population are Christians, whilst the Asian population is predominantly Muslim. Religion plays an important role in the social fabric of Malawi. Several Christian organisations provide health care services.

HIV/AIDS presents a major challenge to the individual and collective well-being and human security of people in Malawi. It impacts on the economy, the social fabric of society and on the ability of the political system to effectively and efficiently perform its mandates. HIV/AIDS threatens the well being of society and the protection of human rights. The challenge of HIV/AIDS demands a high level of commitment, strong intersectoral collaboration and sustained action, which this policy seeks to enable.

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<sup>4</sup> 1998 National Census

### 1.3 Goal and Objectives

The goal of this policy is to prevent HIV infections, to reduce vulnerability to HIV, to improve the provision of treatment, care and support for people living with HIV/AIDS and to mitigate the socio-economic impact of HIV/AIDS on individuals, families, communities and the nation.

The objectives are to:

- ❑ Prevent HIV infections
- ❑ Improve delivery of prevention, treatment, care and support services
- ❑ Mitigate the impact of HIV/AIDS on individuals, the family and communities
- ❑ Reduce individual and societal vulnerability to HIV/AIDS through the creation of an enabling environment.
- ❑ Strengthen the multi-sectoral and multi-disciplinary institutional framework for co-ordination and implementation of HIV/AIDS programmes in the country.

### 1.4 Preamble

The Government and People of the Republic of Malawi, noting that:

- ❑ HIV/AIDS has reached epidemic proportions;
- ❑ HIV/AIDS is a public health issue as it directly affects the health of large numbers of people in society and reduces the overall health status and well being of the nation;
- ❑ HIV/AIDS has an adverse impact on families and communities;
- ❑ An effective response to HIV/AIDS requires respect for, protection and fulfilment of all human rights, civil, political, economic, social and cultural and upholding the fundamental freedoms of all people, in accordance with the Constitution of Malawi and existing international human rights principles, norms and standards;
- ❑ All people are guaranteed freedom from discrimination on grounds of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth or other status including HIV/AIDS status, in accordance with the provisions of the Constitution of Malawi and existing international human rights principles, norms and standards;
- ❑ Prevention, treatment, care, support and impact mitigation are mutually reinforcing elements and a continuum of an effective response to HIV/AIDS;

Recognizing that social, political and economic conditions create and sustain vulnerability to the risk of HIV infection including:

- ❑ The unequal position of girls and women in society and the fact that, due to biological, social, cultural and economic factors women are more likely to become infected and can be more adversely affected by HIV/AIDS than men;
- ❑ The reality that people living with HIV/AIDS are discriminated against and marginalized, leading to a lack of individual and collective well being, development and human security;

And further recognizing that culture and religion have a strong influence on lifestyle and choices

Hereby commit to:

- ❑ Advancing a public health based response that integrates principles of prevention, treatment, care, support and impact mitigation as mutually reinforcing elements of a comprehensive response to HIV/AIDS;
- ❑ Promoting and protecting human rights in accordance with the Constitution and international human rights instruments to which Malawi has committed to effectively address the social, political and economic factors that both increase vulnerability to HIV infection and negatively affect the lives of people living with HIV/AIDS
- ❑ Applying resources maximally and responsibly, including financial, technical and human resources, infrastructure and community contributions in kind, cash and time;
- ❑ Ensuring that decision making and delivery of this policy is transparent and accountable;
- ❑ Timely and sustained action;
- ❑ Implementing a multi-sectoral response where resources are harmonised for maximum impact.
- ❑ Ensuring that the resources and programmes of Government and partners are equitably distributed to all parts of Malawi.

## **1.5 Guiding Principles**

This policy shall be guided, governed by, and based on the following principles:

### **❑ Political Leadership and Commitment:**

Strong political leadership and commitment at all levels is essential for a sustained and effective response to HIV/AIDS.

### **❑ Multisectoral Approach and Partnerships**

An effective response to HIV/AIDS requires the active involvement of all sectors of society. Thus, a multi-sectoral approach is required that includes partnerships, consultations and coordination with all stakeholders, particularly people living with HIV/AIDS, in the design, implementation, review, monitoring and evaluation of the national response to HIV/AIDS.

### **❑ Public Health Approach**

A public health approach reduces the risk of transmission through intense mass education regarding modes of transmission and risk reduction methods, wide spread and vigorous use of antibody testing, beneficial disclosure or partner notification, and medical treatment and management of infected individuals.

### **❑ Promotion and Protection of Human Rights**

International human rights law and the Constitution of Malawi guarantees the right to equal protection before the law and freedom from discrimination on grounds, singly or in combination, of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth or other status. Discrimination on any of these grounds is not only wrong itself but also creates and sustains conditions leading to

vulnerability to HIV infection and to receiving adequate treatment, care and support once infected.

Groups suffering from discrimination which makes them vulnerable in the context of HIV/AIDS include women and young girls, orphans, widows and widowers, children and young people, the poor, sex workers, prisoners, mobile populations, persons engaged in same sex sexual relations and people with disabilities.

An effective response to the epidemic requires that the rights to equality before the law and freedom from discrimination are respected, protected and fulfilled; in particular in gender relations between women and men and girls and boys.

### **The Greater Involvement of People living with HIV/AIDS**

The greater involvement of people living with HIV/AIDS at all levels is crucial for an effective response to HIV/AIDS.

#### **□ Good Governance, Transparency and Accountability**

An effective national response to the epidemic requires Government to provide leadership in effectively mobilising resources, including but not limited to financial resources as well as prudent management of resources at all levels, and in all sectors and good governance, transparency and accountability.

#### **□ Scientific and Evidence Based Research**

It is essential that the national response to HIV/AIDS is based on sound, current and evidence based research. As aspects of the epidemic change from time to time and scientific, medical and programmatic knowledge of the epidemic progresses, our understanding of the HIV/AIDS epidemic and how best to respond to it continually evolves. This may necessitate changes in Malawi's response to the epidemic.

## **CHAPTER TWO**

### **STRENGTHENING AND SUSTAINING A COMPREHENSIVE MULTI SECTORAL RESPONSE TO HIV/AIDS**

#### **2.1 Rationale**

Due to the multi-faceted nature of the HIV/AIDS epidemic, an effective institutional framework for the national HIV/AIDS response requires a multisectoral approach, which includes partnerships between Government and all relevant stakeholders, including the private sector, community based and non-governmental organisations, trade unions, the churches and people living with HIV/AIDS. To be effective, there is need for proper coordination, management, monitoring and evaluation of all HIV/AIDS interventions.

The National AIDS Commission (NAC) shall play key roles of coordination, monitoring and evaluation. Government through the Office of the President and Cabinet shall take leadership



in the mobilization of adequate local and international resources for an effective response to the epidemic.

## **2.2 Policy statements**

- ❑ Government shall ensure effective participation of all sectors of society in the design, implementation, monitoring and evaluation of the national response to HIV/AIDS.
- ❑ Government shall, in particular, ensure the effective participation of people living with HIV/AIDS, women and vulnerable groups in the national response.
- ❑ Government and partners shall mobilise, allocate and manage both local and international resources to ensure an effective and efficient national response.
- ❑ Government shall allocate resources amounting to at least 2% of the national budget for HIV/AIDS activities.
- ❑ Government shall finance the operations of the Board and Secretariat of NAC.
- ❑ Government shall ensure that each sector formulates and implements sector specific HIV/AIDS policies and that there is effective co-ordination between the sectors in a multi-sectoral national response to HIV/AIDS.
- ❑ Government and partners shall ensure the mainstreaming of HIV/AIDS into all relevant policies, plans and programmes.
- ❑ Government ministries, departments and district and city assemblies shall provide resources amounting to at least 2% of their budgets for HIV/AIDS activities.
- ❑ Government and partners shall establish and maintain accountability and transparency to each other in the fulfilment of mandates.
- ❑ NAC shall be responsible for advising Government on HIV/AIDS issues based on best practices, taking into account local circumstances.
- ❑ NAC shall coordinate, monitor and evaluate ongoing and planned interventions in a timely manner to ensure the attainment of the goals and objectives of the National Strategic Framework.
- ❑ NAC shall facilitate the provision of technical expertise to all partners involved in the multi-sectoral response.
- ❑ Government shall ensure that private sector and non-governmental organisations are encouraged and where necessary provided with financial, material and technical support to effectively participate in HIV/AIDS activities.
- ❑ Government shall promote the roles of HIV/AIDS support organisations in providing voluntary services.

## **CHAPTER THREE**

### **PROMOTION OF HIV/AIDS PREVENTION, TREATMENT, CARE AND SUPPORT AND IMPACT MITIGATION**

#### **3.1 Rationale**

Prevention, treatment, care, support and impact mitigation are all mutually reinforcing elements of a continuum of an effective response to HIV/AIDS. HIV prevention strategies include the provision of information and education, condoms, lubricants, sterile injection equipment, voluntary counselling and testing, antiretroviral medicines (eg, to prevent mother to child transmission or as post exposure prophylaxis) and, once developed, safe and effective

microbicides and vaccines. Comprehensive treatment, care and support includes the provision of antiretroviral and other medicines, diagnostics and related technologies for the care of HIV/AIDS, related opportunistic infections and other conditions, good nutrition, and social, spiritual and psychological support, as well as family, community and home-based care. Impact mitigation strategies include the evaluation of the economic and social impact of the HIV/AIDS epidemic and the development of multisectoral strategies to address the impact at the individual, family, community and national levels.

## **3.2 Prevention**

### **3.2.1 Information, Education and Communication for Behaviour Change**

#### **3.2.1.1 Rationale**

To tackle the HIV/AIDS epidemic, people must have the ability to adopt risk-reducing behaviour and also be able to utilize existing opportunities to cope with HIV infection and AIDS. Targeted information delivered within a culturally sensitive context can help to increase awareness and knowledge and to overcome the stigma, discrimination, myths, beliefs and prejudices associated with HIV/AIDS and sexuality. Mass media supported by interpersonal communication are vital channels to reach out to the largest number of people with accurate, targeted and relevant messages.

However, adopting and sustaining new behaviour requires not only access to information and knowledge but also motivation and support to change attitudes, build skills to practice new behaviour and an enabling environment in which this new behaviour can take place.

#### **3.2.1.2 Policy statements**

- ❑ Government shall ensure that everyone has equal access to culturally and age appropriate formal and non-formal HIV/AIDS information and education programmes that are adequate and sound; this shall include free and accurate information regarding mother to child transmission, breastfeeding, treatment, nutrition, change of lifestyle and safer sex and the importance of respect and non-discrimination of persons living with HIV/AIDS.
- ❑ Government and partners shall support the development of adequate, accessible, sound and effective HIV/AIDS information and education programmes by and for vulnerable populations and shall actively involve such populations in the design and implementation of these programmes.
- ❑ Government and partners shall ensure that behavioural change interventions are guided by evidence-based needs of the target populations and existing evidence on potential opportunities and barriers to behavioural change.
- ❑ Government and partners shall ensure that behaviour change interventions emphasise and aim at a progressive transition from general awareness to knowledge of one's serostatus and, ultimately, to knowing how to protect oneself and others.
- ❑ Government shall integrate and promote HIV/AIDS information and education and lifeskills education at all levels of formal and non-formal education.
- ❑ Government shall ensure that age-appropriate, sound adolescent sexual and reproductive health education, including HIV/AIDS are integrated into school curricula as subjects that undergo regular student assessment.

- ❑ Government and Partners shall support programmes that strengthen the role of parents and guardians in shaping positive attitudes and behaviour of children and young people with regards to sexuality and gender roles in the context of HIV/AIDS/STIs.
- ❑ Government and Partners shall ensure the greater involvement of PLWAs in the design and implementation of HIV/AIDS information and education programmes and activities aimed at influencing behaviour change.

### **3.2.2 HIV Testing**

#### **3.2.2.1 Voluntary HIV Counselling and Testing (VCT)**

##### **3.2.2.1.1 Rationale**

VCT is an essential component in the continuum of prevention, treatment, care and support for persons living with HIV/AIDS. Through pre and post test counselling carried out in a supportive environment, a person undergoing voluntary HIV counseling and testing (VCT) is motivated for positive behaviour change. It provides an opportunity for a person to ascertain their HIV status and if infected with HIV to prevent transmission to others as well as reinfection. It also offers an opportunity to access care and support programmes including prophylaxis and treatment of opportunistic infections, access to antiretroviral therapy and to prevention of mother to child HIV transmission programmes.

To be effective, VCT services must be of good quality, accessible, affordable, and confidential. Utilization can be improved when VCT services are organized to take into consideration the special needs of men, women, girls and boys as well as the social status of clients. Since young people between the ages of 13 and 24 are particularly vulnerable to HIV infection, it is crucial that VCT services are designed to accommodate the special needs of young people (girls and boys) and other vulnerable groups and are widely available. Observations in Malawi and elsewhere have shown that same day results VCT services attract high utilization.

##### **3.2.2.1.2 Policy statements**

- ❑ Government shall promote and provide high quality, cost effective, confidential and accessible VCT services to reach the largest number of people.
- ❑ Government shall promote the provision of youth friendly VCT services that are accessible, attractive and appropriate to young men and women as well as the provision of VCT services that are adequate and accessible to other vulnerable groups.
- ❑ Government shall ensure that:
  - ❑ VCT shall only be carried out with the informed consent of the person seeking testing, who is provided with adequate information about the nature of an HIV test, including the potential consequences of a positive and negative result, in order to take an informed decision as to whether or not to undertake the test.
  - ❑ Children of the age of 13 or over shall be entitled to access VCT without the consent of the guardian or other adult.

- ❑ VCT shall be anonymous except where referral to other HIV/AIDS related services is mutually agreed on between the VCT provider and the person seeking testing.
- ❑ The results of any HIV test shall not be disclosed to a third party without the consent of the person seeking testing except as may be provided in this Policy.
- ❑ VCT service providers shall not provide written test results to persons seeking testing except with the consent of such person for referral to other HIV/AIDS related services.
- ❑ Government and its partners shall promote and encourage couple counselling and partner disclosure of HIV test results.
- ❑ Government shall ensure that VCT services are available countrywide, including in rural areas and that they are staffed by an adequate number of trained counsellors.
- ❑ Government through NAC shall coordinate and ensure that linkages exist between VCT services and other HIV/AIDS related services to provide a continuum of prevention, treatment, care and support and impact mitigation.

#### **3.2.2.2 Diagnostic Testing**

##### **Rationale**

Experience has shown that a person fearing to be infected with HIV has difficulties making an informed decision to have an HIV test. The fact that a patient presents voluntarily with a health problem allows the assumption that he or she would be grateful to be guided by a qualified health care worker in diagnosis and management. In such instances and where HIV infection is suspected, HIV testing should be part of the diagnostic process. As with all tests, the patient has the right to “opt out” and refuse the test.

##### **Policy Statement**

- ❑ Government shall ensure that HIV testing for diagnostic purposes is available in all health facilities, with the option for the client to opt out.
- ❑ Government shall ensure that adequate facilities and staff for HIV diagnostic testing are available in all hospitals and clinics.
- ❑ Government shall permit testing without consent for diagnosis of an unconscious patient in the absence of a parent or guardian, where the same is necessary for purposes of optimal treatment.

#### **3.2.2.3 Routine Testing**

##### **Rationale**

Routine testing is necessary for tracking HIV/AIDS and informing the nation on the progression of the the epidemic and to ensure safety of blood and blood products.

## **Policy Statement**

- Government shall permit HIV testing without consent in the following circumstances:
  - Screening of pregnant women through anonymous unlinked testing for surveillance
  - Testing of blood, body fluids and other body tissues for transfusion and transplants.

### **3.2.2.4 Nonconsensual Testing**

#### **Rationale**

For security reasons, the Army, Immigration, Prisons and Police shall be permitted to carry out HIV testing as part of their prerecruitment and periodic general medical assessment for fitness. However, medical criteria shall be established to ensure that recruitment and conditions of service are not based on HIV test results alone, but on the overall level of fitness to serve.

#### **Policy Statement**

- Nonconsensual testing shall only be permitted in the Army, Immigration, Prisons and Police as part of a broader assessment of fitness for work and that HIV status alone shall not be the basis for exclusion from employment, promotion and benefits.

### **3.2.2.5 Beneficial Disclosure**

#### **Rationale**

Given that refusal to notify sexual partners of one's positive serostatus can result in the onward transmission of HIV, HIV post test counselling programmes should involve strong and professional efforts to encourage, persuade and support HIV positive persons to notify their partners. In exceptional cases whereby a properly counselled HIV positive person refuses to disclose his or her status to sexual partners, the healthcare provider will be able to notify those partners without the consent of the source client. This beneficial disclosure shall be subject to appropriate and explicit guidelines to be developed by government in accordance with International Guidelines on HIV and Human rights.

#### **Policy statements**

- Government and partners shall:
  - promote voluntary disclosure by a person living with HIV/AIDS of his or her HIV status to his or her sexual partner;
  - ensure that voluntary disclosure of HIV status by the infected person him or herself to his or her sexual partner is explained and encouraged during counselling; and
  - Ensure that professional and lay counsellors are trained on how to recommend and assist people living with HIV in how best to disclose their HIV status to their partner.

Government shall develop guidelines outlining how, when and to whom beneficial disclosure by a health care worker may be made.

### **3.2.2.6 Condom Promotion for HIV Prevention**

#### **3.2.2.3.1 Rationale**

Proper and consistent use of male and female condoms can prevent both unwanted conception and sexually transmitted infections including HIV . To be effective, condoms must be of good quality. Providing women with support to participate fully in the decision to use a condom during every sexual encounter and involving men to promote condom use will enhance more consistent condom use.

#### **3.2.2.3.2 Policy statements**

- ❑ Government and its partners shall promote the proper use and disposal of both the male and the female condom and other barrier methods to prevent HIV and STI transmission
- ❑ Government shall ensure that male and female condoms and other barrier methods are of good quality, affordable and widely accessible. In particular, Government shall ensure that male and female condoms and other barrier methods are available to prisoners.
- ❑ Government and partners shall promote the implementation of programmes aimed at providing women with support to participate fully in decision making regarding the utilisation of condoms.
- ❑ Government shall periodically review and revise fiscal and other measures to ensure equitable access to and affordability of socially marketed condoms.

### **3.2.2.4 Prevention of Mother to Child (Vertical) Transmission (PMTCT)**

#### **3.2.2.4.1 Rationale**

HIV can be transmitted from mother to her child during pregnancy, delivery and through breast milk. The desire of couples with HIV infection to have a child must thus be balanced with the possibility of having an HIV infected baby who has a high risk of dying in early childhood.

In addition, the death of the parent, especially the mother, drastically reduces the baby's chances of survival. Interventions should therefore also address treatment for parents so as to minimize orphanhood to improve the chances of child survival.

#### **3.2.2.4.2 Policy statements**

- ❑ Government shall promote VCT for couples planning to have a child and early couple attendance of antenatal care.
- ❑ Government and its partners shall promote and strengthen prevention programmes that prevent HIV infections and unwanted pregnancies especially in young women of child bearing age.

- ❑ Government and its partners shall provide access to accurate and accessible information on prevention of mother to child transmission (PMTCT) and infant feeding options to all pregnant women and their partners.
- ❑ Government shall provide access to affordable antiretroviral treatment to prevent HIV transmission from mother to child. PMTCT programmes shall also provide for treatment, care and support for both parents..
- ❑ Government and partners shall provide a enabling environment for women to participate in PMTCT or other preventative, care or support programmes without the consent of her husband, sexual partner or family.
- ❑ Government shall ensure availability of quality infrastructure, skilled staff and supplies for maternal and child health (MCH) care and ensure proper management of MCH services to increase their utilization by women to access PMTCT interventions.
- ❑ Government shall ensure baby friendly hospital initiatives to support HIV positive lactating mothers who choose to exclusively breastfeed until six months.
- ❑ Women who act as wet nurses shall be encouraged to undergo VCT prior to breastfeeding and shall be discouraged from breastfeeding if they are HIV positive.
- ❑ Governemet shall ensure that every pregnant woman attending antenatal clinic, in sites where there is PMTCT services, shall be given the option for an HIV test for PMTCT purposes

### **3.2.2.5 Treatment of Sexually Transmitted Infections (STIs)**

#### **3.2.2.5.1 Rationale**

Sexually Transmitted Infections (STIs) significantly increase the risk of HIV infection and their effective control has been shown to decrease the risk of HIV transmission. Women are particularly vulnerable to STIs because of biological and socio cultural factors.

#### **3.2.2.5.2 Policy statements**

- ❑ Government shall ensure that every person has access to appropriate, non-discriminatory, comprehensive, confidential and client-friendly sexual and reproductive health services including syndromic STI management and care in accordance with existing reproductive health policies.
- ❑ Government shall ensure that partner referrals are encouraged in the management of STIs.
- ❑ Government shall ensure that these services are appropriate for and accessible to women, young people and vulnerable populations.
- ❑ Government shall also ensure that health care workers at all levels are adequately trained in syndromic STI management.
- ❑ Government shall encourage HIV testing among STI clients.

### **3.2.2.6 Blood and Tissue Safety**

#### **3.2.2.6.1 Rationale**

Transfusion of infected blood carries a 100% risk of transmitting blood borne diseases including HIV, hepatitis and syphilis. These diseases can also be transmitted through infected

tissue transplants and other blood products. It is essential that a blood transfusion service should assure blood safety at the time of donation, through storage to actual blood transfusion.

#### **3.2.2.6 Policy statements**

- ❑ Government and its partners shall establish an efficient and effective blood transfusion services that includes safe and reliable blood banking and transfusion.
- ❑ Government shall ensure that all blood and tissue products are screened for HIV.
- ❑ Government shall ensure the constant availability of trained personnel and blood and tissue safety supplies at all secondary and tertiary health care institutions.

#### **3.2.2.7 Universal Precautions**

##### **3.2.2.7.1 Rationale**

Failure to observe universal precautions for infection control, including the use of gloves and appropriate cleaning techniques when dealing with open wounds and blood spills and the safe disposal of needles and medical waste can enhance the risk of accidental exposure to blood borne infections including HIV. A high prevalence of HIV/AIDS in the general population exacerbates the risk of accidental exposure to HIV infection through needlestick injuries and other contact with blood and blood products in health care, workplace and other settings.

##### **3.2.2.7.2 Policy statements**

- ❑ Government and partners shall ensure that health care providers, home based care providers, traditional healers and traditional birth attendants are adequately trained in the application of universal precautions and are provided with the equipment necessary to implement these precautions in the course of their work.
- ❑ Government shall promote adherence to universal precautions to reduce the risk of HIV infection through accidental exposure to HIV and shall ensure that appropriate and accessible information on the application of universal precautions is widely disseminated.

#### **3.2.2.8 Clean Injecting Materials and Skin Piercing Instruments**

##### **3.2.2.8.1 Rationale**

Un-sterilized dental, surgical and cosmetic instruments and equipment pose a risk of HIV transmission. A similar risk is posed by the use of unsterilised skin piercing/cutting instruments for example, for cultural practices such as scarification and circumcision. Use of disposable materials and proper sterilization of reusable materials can reduce the risk of HIV infection.

##### **3.2.2.8.2 Policy statements**

- ❑ Government and partners shall ensure the availability of adequate disposable materials as well as sterilising equipment for non-disposable materials at all health care facilities.
- ❑ Government and partners shall also ensure that adequate facilities are provided for the appropriate disposal and removal of used disposable materials at all health care facilities.



- ❑ Government shall ensure the dissemination of appropriate information on the dangers associated with the use of unsterilised skin piercing materials
- ❑ Government shall ensure that guidelines for the use and disposal of disposable materials and the sterilisation of non-disposable materials are regularly updated and communicated to all health care facilities.
- ❑ Government shall encourage traditional healers and traditional birth attendants to use steril injecting materials.

### **3.2.2.9 Post Exposure Prophylaxis**

#### **3.2.2.9.1 Rationale**

If initiated within 72 hours of suspected exposure to HIV, post exposure prophylaxis (short term antiretroviral treatment) can reduce the risk of HIV infection. Accidental exposure to or increased risk of HIV infection can occur in institutional, workplace and home care settings and in situations involving trauma, such as rape.

#### **3.2.2.9.2 Policy statements**

- ❑ Government and partners shall ensure access to affordable short term antiretroviral prophylaxis for persons who have experienced occupational exposure to HIV as well as to rape survivors.

## **3.3 Treatment, Care and support**

### **3.3.1 Rationale**

HIV infection results in serious medical, emotional, psychological, social and economic consequences for the affected individual and family. There is no known cure to-date for HIV infection. Although not a cure, Antiretroviral Therapy (ART) prolongs and improves the quality of life of people living with HIV/AIDS. Use of ART significantly reduces viral load, arrests immune destruction and could render the infected person less infectious. By preserving immunity, the occurrence of opportunistic infections is reduced.

Further, most opportunistic infections associated with HIV infection can be treated with affordable drugs and others prevented or delayed through drug prophylaxis. Proper nutrition and psycho-social support including support counselling, as well as community home-based care can help to improve the quality of life for a person living with HIV/AIDS.

### **3.3.2 Policy statements**

- ❑ Government shall progressively provide access to affordable, and quality antiretroviral therapy (ART) and prophylaxis to prevent opportunistic infections to only individuals that have tested positive for HIV and that are medically deemed to be in need of this drug therapy.
- ❑ Government shall, in consultation with non-governmental organisations ensure active participation of people living with HIV/AIDS and vulnerable groups in its design and

implementation, develop a national plan for the progressive realisation of universal access to treatment.

- ❑ Government shall ensure that every person has access to accurate information regarding HIV treatment options and shall promote widespread treatment literacy campaigns and access to information on where and how to access treatment, care and support.
- ❑ Government shall promote the delivery of quality community home-based care (CHBC) as an essential component of the continuum of care for persons living with HIV/AIDS.
- ❑ Government shall ensure that the prescription and sale of ART drugs is adequately regulated and administered to ensure quality control and to reduce the risk of the development drug resistance through inappropriate use of the drugs.
- ❑ Government shall ensure that health care workers are adequately trained in the use and management of ART as well as in the treatment of opportunistic infections.
- ❑ Government shall promote the establishment of effective referral and discharge plans by the providers of HIV/AIDS related services for their clients as an integral part of the continuum of care.
- ❑ Government shall ensure that the national Essential Drug List is regularly updated to incorporate essential drugs for HIV/AIDS treatment in accordance with the WHO Essential Drugs List.
- ❑ Government shall ensure that the management of drugs and medical supplies including the procurement, storage and distribution of essential and antiretroviral drugs is constantly monitored and improved as necessary .
- ❑ Treatment of HIV/AIDS related infections shall be provided according to the Essential Health Package.

## **CHAPTER FOUR**

### **PROTECTION, PARTICIPATION AND EMPOWERMENT OF PEOPLE LIVING WITH HIV/AIDS**

#### **4.1 Rationale**

In its Declaration of Commitment on HIV/AIDS, the United Nations General Assembly noted that the realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS is an essential and central component of an effective response. Discrimination against people living with HIV/AIDS violates their rights and is counterproductive to an effective response to HIV/AIDS in that it threatens voluntary disclosure of HIV status and increases vulnerability to HIV infection, thereby undermining efforts in response to the epidemic. People living with HIV/AIDS also have a responsibility to respect the rights and health of others. The effective participation of people living with HIV/AIDS in the design and implementation of HIV/AIDS programmes is essential to an effective national response to the epidemic.

#### **4.2 Policy statements**

- ❑ Government shall respect, protect and fulfil the rights and dignity of people living with HIV/AIDS.

- ❑ Government and partners shall ensure a conducive legal, political, economic, social and cultural environment in which the rights of people living with and affected by HIV/AIDS are respected, protected and fulfilled.
- ❑ Government and partners shall ensure the effective participation of people living with HIV/AIDS in all decision making in relation to the design, implementation, monitoring and evaluation of HIV/AIDS related policies and programmes.
- ❑ Government shall ensure that people living with HIV/AIDS are not discriminated against in access to health care and related services and that respect for privacy and confidentiality are upheld.
- ❑ Government and partners shall ensure that HIV/AIDS, whether suspected or real, is not used as a reason for denying an individual access to social services, including health care, education, religious services and employment.
- ❑ Sector policy makers, including labour, corporate and social service sectors shall ensure that sectoral policies are put in place that effectively address discrimination on the basis of HIV/AIDS and take steps to effectively eliminate stigma and discrimination in their institutions and in the implementation of their sectoral mandates.
- ❑ Government shall ensure that people living with HIV/AIDS, whose rights have been infringed, have access to independent, speedy and effective legal and/or administrative procedures for seeking redress.
- ❑ Government and other institutions shall establish mechanisms and services to protect those who choose to disclose their HIV status at family, community or national levels, as well as their families and communities.
- ❑ Government shall ensure that orphans living with HIV are not discriminated against in access to health care, education or in access to be fostering, adoption or placement in institutions.

## **CHAPTER FIVE**

### **PROTECTION, PARTICIPATION AND EMPOWERMENT OF VULNERABLE POPULATIONS**

#### **5.1 Rationale**

Vulnerable populations include women, children, orphans, widows, widowers, young people, the poor, sex workers, prisoners, mobile populations, persons engaged in same sex relations and people with disabilities. These are underprivileged socially, culturally and economically or legally may be less able to fully access education, health care and social services and means of HIV prevention and less able to enforce HIV prevention options and to access needed treatment, care and support. They are thus more vulnerable to the risks of HIV infection and suffer disproportionately from the economic and social consequences of HIV/AIDS.

#### **5.2 Women and girls**

##### **5.2.1 Policy statements**

- ❑ Government shall ensure that women and girls, regardless of marital status, have equal access to appropriate, sound HIV-related information and education programmes, means of prevention and health services including women specific and youth friendly sexual and

reproductive health services for all women of reproductive age, including women living with HIV/AIDS.

- ❑ Government shall protect the rights of women to have control over and to decide freely and responsibly, free of coercion, discrimination and violence, on matters related to their sexuality, including sexual and reproductive health.
- ❑ Government shall ensure that women and girls are protected against violence, including sexual violence, rape and other forms of coerced sex, as well as against traditional practices that affect the health of women.
- ❑ Government shall ensure women's rights to legal capacity and equality within the family, in matters such as divorce, inheritance, child custody, property and employment rights, in particular, equal remuneration of men and women for work of equal value, equal access to responsible positions, measures to reduce conflicts between professional and family responsibilities and protection against sexual harassment in the workplace.
- ❑ Government and partners should ensure that women enjoy equal access to benefits of scientific and technological progress so as to minimise risk of HIV infection.
- ❑ Government shall ensure that young girls and boys, both in and out of school, have access to life skills education, which addresses unequal gender relations, to enable them to protect themselves from HIV infection or live positively with HIV/AIDS if they are already infected.
- ❑ Government and partners shall develop and implement gender sensitive HIV/AIDS care programmes that ensure the continuation of care between hospital, clinic, community care and family or household and hospice.

### **5.3 Orphans**

#### **5.3.1 Policy statements**

- ❑ Government and partners shall ensure that communities and extended families caring for orphans are assisted and empowered with resources, services and skills to help them cope with the pressure of caring for orphans.
- ❑ Government shall ensure that orphans are not denied access to primary education, including by virtue of their inability to pay.
- ❑ Government shall put in place mechanisms for the registration of births and deaths at a local level, including by chiefs to facilitate and inform the monitoring of and planning for the orphan situation.
- ❑ Government and partners shall ensure that child headed households are supported in order to safeguard the best interests of children.
- ❑ Government shall put in place mechanisms to ensure the protection of the inherited property of orphans until they attain the age of majority.

### **5.4 Widows and Widowers**

#### **5.4.1 Policy statements**

- ❑ Government and partners shall ensure that communities, especially women and the elderly, have access to accurate and comprehensive, information about laws which protects the legal rights of a surviving spouse to inherit property and on how to enforce these rights.

- ❑ Government and partners shall ensure that victims of property grabbing and custody disputes have access to affordable legal support services to enforce their rights.

## **5.5 Children and Young People**

### **5.5.1 Policy statements**

- ❑ Government shall strengthen and enforce existing legislation to protect children and young people against any type of abuse and exploitation.
- ❑ Government and partners shall ensure that children and young people have access to youth friendly sexual and reproductive health information and education, including HIV/AIDS/STI information, appropriate to their age and needs, to equip them with knowledge and skills to protect themselves from HIV and other STIs.
- ❑ Government shall incorporate reproductive and sexual health education, including life skills and peer education, into the school curriculum as subjects of continuous assessment and ensure that similar reproductive and sexual education is made accessible to youth out of school to protect them from HIV and other STIs
- ❑ Government and partners shall ensure that all counsellors, including career, traditional and faith based counsellors, are trained to offer counselling to youth on ways of protecting themselves from early sex, unwanted pregnancies and infection and reinfection with HIV/STIs.
- ❑ Government and partners shall ensure that traditional initiation counsellors incorporate sound and appropriate sexual and reproductive health education into traditional and cultural rites of passage/initiation processes.
- ❑ Government and institutions providing education and youth services shall provide multi purpose youth centres to ensure the well being and development of young men and women, while at the same time protecting them from HIV and other STIs.
- ❑ Government shall ensure that all educational institutions have appropriate systems and safeguards in place that are enforced to prevent such sexual abuse or harassment or exploitation of students or learners by peers or education sector employees and further to prevent education sector employees from engaging in sexual relations with students or learners.

## **5.6 The Poor**

### **5.6.1 Policy statements**

- ❑ Government shall ensure that HIV/AIDS prevention services are accessible in rural areas, particularly to the poor, in terms of physical location, cost, and the appropriateness of information and interventions.
- ❑ Government shall ensure that essential health care, treatment and support for HIV/AIDS and opportunistic infections is accessible to the poor, in accordance with the Essential Health Package and the PRSP.
- ❑ Government shall promote effective partnership with non-governmental and private health providers who provide essential HIV/AIDS care and support to the poor and hard-to-reach populations.
- ❑ Government shall ensure that mechanisms and national guidelines are developed for the delivery of ART, which do not hinder potential access by the poor.

- ❑ Government shall engage civil society, particularly organisations that serve or represent the poor, in designing, implementing and monitoring the implementation of national response to HIV/AIDS.
- ❑ Government shall ensure that HIV/AIDS is mainstreamed into strategies and programmes to address poverty reduction.
- ❑ Government shall allocate an increasing proportion of its resources to specifically target HIV/AIDS in implementing the PRSP.

## **5.7 People engaged in transactional sex**

### **5.7.1 Policy statements**

- ❑ Government shall ensure that people engaged in transactional sex have access to confidential and respectful health care, particularly sexual and reproductive health, life skills, female and male condoms and treatment and care in the case of sex workers who are living with HIV/AIDS.
- ❑ Government shall ensure that young women and men who are approaching adulthood and are engaged in transactional sex, are supported through multi disciplinary interventions with life skills and sexuality education, so that they make informed decisions about their lives and on how to prevent HIV infection.
- ❑ Government shall ensure that people engaged in transactional sex (including commercial sex workers and their clients) are aware of and take responsibility for protecting themselves and their sexual partners.

## **5.8 Prisoners**

### **5.8.1 Policy statements**

- ❑ Government shall ensure that prisoners are not subjected to mandatory testing, nor quarantined, segregated or isolated on the basis of HIV/AIDS status.
- ❑ Government shall ensure that all prisoners (and prison staff as appropriate) have access to HIV-related prevention information, education, voluntary counselling and testing, means of prevention including condoms, treatment (including anti-retroviral therapy), care and support.
- ❑ Government shall ensure that prison authorities take all necessary measures, including adequate staffing, effective surveillance and appropriate disciplinary measures, to protect prisoners from rape, sexual violence and coercion by fellow prisoners and warders and juveniles shall be segregated from adult prisoners to protect them from abuse.
- ❑ Government shall ensure that prisoners who have been victims of rape, sexual violence or coercion have timely access to effective complaints mechanisms and procedures and the option to request separation from other prisoners for the purposes of their own protection.

## **5.9 Mobile Populations**

### **5.9.1 Policy statements**

- ❑ Government and private sector shall identify, address and reduce the vulnerability of all mobile groups to HIV/AIDS, including their living and working conditions.

- ❑ Government shall collaborate with regional institutions, such as the Southern African Development Community (SADC) and International Organisation on Migration (IOM), in developing regional responses to HIV/AIDS that are rights based and meet with public health imperatives.
- ❑ Government shall ensure that the rights of refugees in Malawi are respected, protected and fulfilled, including their rights in respect of HIV prevention, treatment, care and support.

## **5.10 Persons Engaged in Same Sex Sexual Relations**

### **5.10.1 Policy statements**

- ❑ Government and partners shall put in place mechanisms to ensure that HIV/AIDS/STI prevention, treatment, care and support and impact mitigation services can be accessed by all without discrimination, including members of this vulnerable population.

## **5.11 People with Disabilities**

### **5.11.1 Policy statements**

- ❑ Government and partners shall ensure that HIV-related prevention information and education, treatment care and support strategies are tailored to the special needs of people with disabilities and are accessible to people with disabilities.
- ❑ Government and partners shall ensure that all decision-making forums and structures make provision for the full and active participation of people with disabilities.
- ❑ Government and partners shall ensure that all responses to HIV/AIDS consider the implications for people with disabilities and plan for more effective responses based on models of international best practice.

## CHAPTER SIX

### TRADITIONAL AND RELIGIOUS PRACTICES/SERVICES

#### 6.1 Customary Practices

##### 6.1.1 Rationale

Many practices, including polygamy, extra marital sexual relations, marital rape, first aid to snake bite victims, ear piercing and tattooing and customary practices such as widow and widower inheritance, death cleansing (kupita kufa), forced sex for young girls coming of age (fisi), new born baby cleansing (kutenga mwana), circumcision (jando/mdulidwe), ablution of dead bodies, consensual adultery for childless couple (fisi), wife and husband exchange (chimwanamaye), temporary husband replacement (mbulo), and tattoos (mphini) increase the risk of HIV infection.

##### 6.1.2 Policy statements

- ❑ Government shall in partnership with civil society, including traditional leaders and religious leaders promote and encourage monogamous marriages and fidelity within any type of marriage to prevent HIV and other STIs.
- ❑ Government and Partners shall promote correct consistent use of condoms in marital sex where there is real or apprehension of HIV infection.
- ❑ Government shall ensure that support services are available for spouses who assert their rights to safer sex with their partners and are abused or thrown out of the home.
- ❑ Traditional leaders and religious leaders shall sensitise their communities on the dangers of and discourage widow/widower inheritance practice.
- ❑ Government shall ensure that men and women are empowered to make independent decisions and choices regarding widow/widower inheritance to reduce the risk of HIV transmission.
- ❑ Government in partnership with civil society, religious leaders and traditional leaders shall promote VCT for men and women who willingly choose to practice widow and widower inheritance.
- ❑ Government shall ensure the provision of support services and access to speedy remedies for persons who reject the practice of widow/widower inheritance and are victimized as a result.
- ❑ Government shall in partnership with civil society, including religious leaders sensitise traditional leaders and their subjects on the dangers of customary practices like death cleansing (kupita kufa), forced sex for young girls coming of age (fisi/kuchotsa fumbi), new born baby cleansing (kutenga mwana), circumcision (jando / mdulidwe), fisi, mbulo and chimwanamaye and mouth sucking of blood which may lead to HIV infection.
- ❑ Traditional leaders shall stop or modify these customary practices to make them safer in order to prevent HIV transmission or shall promote alternative customary practices which do not place people at risk of HIV infection.
- ❑ Government shall, in partnership with civil society, traditional leaders and religious leaders, sensitise childless couples and HIV positive partners on available options like fostering, adoption and medical options.



- ❑ Government shall ensure that risky practices like tattooing and ear piercing are done safely to prevent HIV infection.

## **6.2 Traditional Healers and Traditional Birth Attendants**

### **6.2.1 Rationale**

The majority of Malawians rely on traditional healers and traditional birth attendants for many of their health care needs. It is thus imperative to include them in the fight against HIV/AIDS.

### **6.2.2 Policy statements**

- ❑ Government shall ensure that traditional healers and traditional birth attendants have access to and training in HIV- related prevention information and education as well as care and support for people living with HIV/AIDS.
- ❑ Government shall, in partnership with civil society, traditional and religious leaders and traditional healers, sensitise communities on the role of traditional healers and traditional birth attendants in the context of HIV/AIDS.
- ❑ Government shall in partnership with civil society, traditional leaders and religious leaders sensitise and discourage traditional healers from making false claims of HIV/AIDS cures and prescribing practices that increase the risk of HIV infection.

## **6.3 Religious Practices/Services**

### **6.3.1 Rationale**

Religious groups have an important role to play in promoting individual behaviour that reduces the risk of HIV infection, such as the use of VCT prior to marriage and during marriage reconciliations (after divorces or separations) as well as in providing care and support for people living with HIV/AIDS. Certain religious practices such as refusal to seek medical care and treatment and belief in miracle cures do however increase vulnerability to HIV infection.

### **6.3.2 Policy statements**

- ❑ Government and partners shall work closely with religious leaders to facilitate the provision of accurate HIV- related prevention information and education as well as care and support for people living with HIV/AIDS.
- ❑ Government and Partners shall sensitise and discourage religious practitioners from making false claims of miracle HIV/AIDS cures.

## CHAPTER SEVEN

### RESPONDING TO HIV/AIDS IN THE WORKPLACE

#### 7.1 Rationale

In the workplace unfair discrimination against people living with HIV and AIDS has been perpetuated through practices such as pre-employment HIV testing, dismissal for being HIV positive and the denial of employee benefits if known to be infected.

HIV/AIDS affects every workplace. Absenteeism and death impact on productivity, employee benefits, production costs and workplace morale.

One of the most effective ways of reducing and managing the impact of HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and a prevention, treatment, care, support and impact mitigation programme.

#### 7.2 Policy Statements

- ❑ Government and partners shall ensure that all public and private sector workplaces shall develop and implement an HIV/AIDS workplace policy and an HIV prevention, treatment, care, support and impact mitigation programme.
- ❑ All public and private sector workplace policies shall provide that:
  - ❑ No employer shall require, whether directly or indirectly, any person to undergo testing for HIV as a precondition for employment. The criteria for employment shall be fitness to do the job for which employment is sought and no person shall be excluded from employment solely on the basis of HIV status.
  - ❑ No employee shall be compelled to disclose his or her HIV status to their employer or other employees. Where an employee chooses to voluntarily disclose his or her HIV status to the employer or to another employee, such information shall not be disclosed to others without that employee's express written consent.
  - ❑ No employer shall terminate the employment of an employee solely on the grounds of HIV status or family responsibilities relating to HIV/AIDS.
  - ❑ An employee living with HIV shall continue working in their current employment for as long as they are medically fit to do so. When on medical grounds they can not continue with normal employment verifiable efforts should be made to offer them alternative employment or other reasonable accommodation without prejudice to their benefits.
  - ❑ Where an employee becomes too ill to perform any work an employer may terminate his or her employment for incapacity in accordance with the procedure set out in the law.
  - ❑ An employee living with HIV shall not be unfairly discriminated against or in any way prejudiced within the employment relationship or within any employment policies or practices with regard to appointments, and the appointment process, including job placement, job classification or grading, remuneration, employment benefits and terms and conditions of employment, employee assistance programmes, the workplace and facilities, occupational

- health and safety, training and development, performance evaluation systems, promotion, transfer or demotion, disciplinary measures short of dismissal and dismissal, termination of services including retrenchment and early retirement.
- The HIV status of an employee shall not affect his eligibility for any occupational insurance or other benefit schemes provided for employees by an employer. Where in terms of any law the eligibility of a person for any occupational or other benefit scheme is conditional upon an HIV test, the conditions attaching to HIV and AIDS shall be the same as those applicable in respect of comparable life-threatening illness.
  - An employee living with or affected by HIV/AIDS shall be subject to the same conditions relating to sick or compassionate leave as those applicable to any other employee in terms of the law, or conditions of service applicable.
  - Employees shall be proactive in safeguarding their health and that of their families by actively participating in HIV/AIDS programs and taking the lessons learnt to their homes and communities.

## **CHAPTER EIGHT**

### **ESTABLISHING AND SUSTAINING A NATIONAL HIV/AIDS RESEARCH AGENDA**

#### **8.1 Rationale**

HIV/AIDS research is required to address gaps in existing knowledge about HIV/AIDS and to inform policy, practice and HIV/AIDS related interventions.

#### **8.2 Policy statements**

- Government and partners shall promote both biomedical and social sciences research in order to provide sound, scientific and reliable information to guide national HIV/AIDS policy, practice and interventions.
- All HIV/AIDS related research involving human subjects shall satisfy ethical and human rights considerations of partner and Malawi-based institutions according to international best practices whilst respecting national cultural sensitivities and norms.
- Government shall strengthen the capacity of the National Research Council, on which shall be included representation from government and the academic and community sectors to advise and monitor HIV/AIDS related research.
- The National Research Council shall establish an HIV/AIDS prioritized research agenda which shall be periodically reviewed.
- The National Research Council shall keep an inventory of past and on going HIV/AIDS research undertaken in Malawi.
- Government shall ensure wide and timely dissemination of national and international HIV/AIDS research results.
- Researchers must ensure genuine community participation in the planning and execution of research involving human subjects.

- ❑ Government shall ensure that international HIV/AIDS researchers in Malawi collaborate with and develop the research capacity of existing institutions.
- ❑ Government shall foster collaboration with traditional healers for research on traditional medicine for the management of HIV/AIDS.
- ❑ Government shall mobilise and ensure the availability of adequate resources for HIV/AIDS research.

## **CHAPTER 9**

### **MONITORING AND EVALUATION**

#### **9.1 Rationale**

Monitoring and evaluation is essential to assessing the success of the national response to HIV/AIDS and guiding future strategy and interventions. Public health surveillance is important to monitor the progression of the epidemic so as to inform new policies, strategies and plans. Unlinked anonymous testing is an effective way of HIV screening for public health surveillance. Using a variety of social science methods, behavioural data can also be collected to monitor behavioural changes in communities regarding HIV/AIDS. Easily accessible low risk populations such as women attending antenatal care and voluntary non-remunerated blood donors provide a good source of surveillance data on HIV prevalence.

#### **9.2 Policy Statements**

- ❑ Government and partners shall implement a national HIV/AIDS Monitoring and Evaluation (M&E) plan to assess the success of the national response to HIV/AIDS and to inform and guide future strategy and interventions. In particular, M&E shall assess:
  - ❑ Prevention of HIV infections;
  - ❑ Improvement of delivery of prevention, treatment, care and support services;
  - ❑ Mitigation of the impact of HIV/AIDS on individuals, the family and communities;
  - ❑ Reduction of individual and societal vulnerability to HIV/AIDS;
  - ❑ Strengthening of the multi-sectoral and multi-disciplinary institutional framework for co-ordination and implementation of HIV/AIDS programmes in the country.
- ❑ Government shall ensure that the necessary capacity building is carried out so that all partners are able to provide the necessary information for the national M&E system.
- ❑ Government and partners shall promote efficient use of data and resources by making sure that indicators and sampling methodologies are comparable over time.
- ❑ Government shall conduct anonymous unlinked HIV/AIDS/STI sentinel surveillance.
- ❑ Government and partners shall carry out periodic behavioural surveillance among target groups.
- ❑ Government shall improve surveillance data management and use including regular dissemination of relevant surveillance data to its partners and to the general public.