

Country Visit Report

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MALAWI



His Excellency Festus Mogae addressing government official at the office of the president. Right is Deputy Minister of Gender, Children and Community Development, Hon. Catherine Gotani Hara.

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Executive Summary

The Champions for an HIV-Free Generation visited Malawi from May 25-27, 2011 at the invitation of His Excellency President Bingu wa Mutharika. The visit was part of a regional mission to share experiences, endorse Malawi's successes and encourage stronger leadership in the response to the HIV epidemic.

The Champions delegation to Malawi included His Excellency **Mr. Festus Mogae**, former president of Botswana and chairperman of the Champions, His Excellency Dr. Kenneth Kaunda, former president of Zambia, and Ms. Joyce Mhavi, Chairperson of the Steering Committee of the African Broadcast Media Partnership Against HIV/AIDS (ABMP). The delegation was accompanied by **Mr. Christopher Molomo**, Champions Executive Secretary, and the Secretariat staff.

The delegation met with many of the government's top leaders, including President Mutharika. The Champions also met with the Principal Secretary of Nutrition, HIV and AIDS, the Cabinet Committee on Social Development and HIV and AIDS, the National AIDS Commission Board, the Parliamentary Committee on HIV and AIDS, the Malawi Law Commission, the Civil Society, Ambassadors and Development Partners, and traditional leaders.

The goal of the Malawi visit was to congratulate the country's authorities for their progress in the response to HIV and to recommend appropriate strategies in order to maintain and sustain the response. During the visit, the Champions emphasized three key issues based on consultations with in-country partners. Those issues included:

I. Turn off the tap of new infections;

- i. **Up scaling HIV testing and counseling;**
- ii. **Up scaling prevention of mother to child transmission;**
- iii. **Up scaling medical male circumcision;**
- iv. **Reduction of multiple concurrent partnerships;**

II. Creating an enabling legal environment for HIV response;

III. Sustainability of national response.

Through private meetings, open forum discussions, media interviews and personal contacts, the Champions emphasized recommendations around the priority issues.

The Champions Chairman further related the recommendations in a final communiqué, which was delivered to media houses, the president's office and to key government ministries.

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With the help of in-country partners, the Champions' Secretariat will track Malawi's progress over the next 12 months to record progress made on the priority issues, including any changes in policy, programs, behavior, or activities by the Malawi leadership.

Trip Purpose:

- To meet Champions Objective 1 and 4:
 - Objective 1: "*Champion for stronger, more visionary and outspoken leadership from the continent most affected by the epidemic through peer support.*"
 - Objective 4: "*To Champion the social changes needed to achieve the vision of an HIV and AIDS free generation.*"
- To share ideas for a revitalized regional response to HIV and AIDS.
- To gain exposure for Champions and their key issues through formal and informal contacts with Malawi stakeholders, and through the media.

Participants:

Champions	H.E. Festus Mogae, Botswana H.E. Dr. Kenneth Kaunda, Zambia Ms. Joyce Mhaville, Tanzania
Secretariat	Christopher Molomo, Executive Secretary Oliver Murima, Program Manager David Wahome, Advocacy & Communications Specialist Rebecca Aaku, Office Manager

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Champions Visit Programme

I. Courtesy Call and Briefing of the Champions Visit

Champions held discussions with Dr. Mary Shawa, the Principal Secretary for Nutrition, HIV and AIDS; Hon. Catherine Gotani Hara, Deputy Minister of Gender, Children and Community Development, about the objectives of Champions Visit to Malawi. Also present were officials from National AIDS Commission and government.

The Chairman of the Champions informed members that the purpose of the visit was to share regional experiences in the response to HIV, gain insight on Malawi's progress and challenges towards the scaling up of HIV prevention initiatives in the country and explore possible solutions to reduce new infections.

Some of the issues the Champions discussed were to scale up HIV prevention through HIV counseling and testing, medical male circumcision, multiple concurrent partnerships, Prevention of Mother-to-Child Transmission (PMTCT), and creating an enabling legal environment for the national response.

The Chairman said that preventing new HIV infections in Malawi was vital to reversing the HIV epidemic, which was the leading cause of death among adults in Malawi.

“Although we are achieving significant success in all our countries, everybody who needs ARV treatment is not getting it because of resource constraints,” said the Chairman. “It is like trying to fill a tank which is leaking.”

He said that leaders should revitalize their efforts for HIV prevention, which has to be “an inclusive exercise because we are all either affected or infected.”

He said prevention is the only viable option since we have limited resources competing for unlimited needs. He said prevention efforts will only be successful if leaders speak in one voice calling for behavior change, encouraging people to know their status and speaking openly against stigma and discrimination of sexual minorities and those living with HIV and AIDS.

He called on the Malawi leadership to desist from criminalizing HIV infection, which also increases violence against women. Normally, women test first and men perform acts of violence towards them when they find out they are HIV positive. Part of the problem, he said, was that although everyone is encouraged to get tested, mostly only women respond. Couples should be encouraged to test together to limit unintended consequences such as gender violence, he said.

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He said that champions' attitude as far as transmission is concerned is that only a small percentage of HIV transmission is by sex workers and men having sex with men. The rest of the transmission is caused by heterosexuals, married or not, as a result of multiple concurrent partnerships.

He urged leaders to continue advocating abstinence, condoms use, and avoiding risky behavior.

He called on Malawi to encourage its people to undergo medical male circumcision. He said circumcision helps reduce the probability of getting infected.

He urged Malawi to discontinue harmful cultures such as wife inheritance and sexual cleansing. He said in the age of HIV and AIDS, those practices are killing us and should be discontinued.

His Excellency Dr. Kaunda, former President of Zambia, encouraged leaders to speak openly against stigma and discrimination, which marginalized people living with HIV and AIDS. He said it also discouraged people from getting tested due to the fear of being discriminated against. People who do not know they are HIV-positive continue to infect others, he said.

He encouraged all leaders to lead by example by getting tested for HIV. This effort would not only encourage more people to get tested, but it might reduce the fear surrounding the disease. Dr. Kaunda said when he was president he got tested for HIV and announced to the public that he was HIV negative. Even if he would have been found positive, he said, he would still have disclosed it to the people of Zambia.

He told the story of how he lost a son to AIDS, mentioning that before the son died he brought him and his family to live in the state house to conquer the fear that people have of the HIV victims. Later when the son died he announced that the son had died of AIDS.

Ms. Mhaville said the media has a responsibility to ensure that its audience stayed alive by educating them about HIV prevention and fighting stigma and discrimination. She said the media's business should not just be about making money, but about providing public service as well. The media should partner with government or any other organization that was doing something to help people. Government in turn has to learn to use the media as a partner, and not as a tool.

The Deputy Minister Hon. Hara reported that Malawi has reduced HIV prevalence from 16% to 11%, and that the country was now providing about 350,000 of its citizens with antiretroviral medication. In 2004, she said, only 2,000 Malawians were on ARV treatment.

She thanked the Champions for "coming to reenergize us so that we do not rest on our laurels since we still have people dying."

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She called on the Champions to remind donors not to get tired of funding Malawi's HIV response, suggesting that donors should focus on the positive things Malawi had done, such as placing 350,000 people on ARVs and helping about 3 million people know their HIV status. She said Malawi will still need assistance from donor countries because it has about 70,000 new infections annually.

She said the country needed support in providing the necessary resources. "If we ask everyone to get tested, in some areas there are no test kits," she said.

The Principal Secretary for Nutrition, HIV and AIDS, Dr. Shawa, said Malawi was promoting several things as a package for controlling HIV infection. These included abstaining from sexual intercourse for the youth, using condoms, and being faithful to one partner. On male circumcision, she said Malawi was pushing voluntary circumcision because Malawi was not a circumcising country. She also said some people think because they are circumcised they cannot contract HIV.

II. Meeting With Cabinet Committee on Social Development on HIV and AIDS

The Champions had an engaging discussion with the Cabinet Committee on Social Development and HIV and AIDS. Present at the meeting were Minister of Gender, Child and Community Development and Chairperson of the committee, Hon. Mrs. Tereza Mwale; Minister of People with Disability and the Elderly, Hon. Mrs. Reen Kachere; Minister of Health, Hon. Prof. David Mphande; Minister of Information and Civic Education, Hon. Mr. Simon Vuwa Kaunda; Minister of Tourism, Wildlife and Culture, Hon. Dr. Ken Lipenga; Minister of Internal Affairs and Public Security, Hon. Mr. Aaron Sangala; and Minister of Youth Development and Sports, Hon. Dr. Luscious Kanyumba.

The Champions urged leaders to persist and persevere in the fight for HIV prevention by promoting use of condoms, campaigning against multiple concurrent partnerships, and speaking publicly against stigma and discrimination of people living with HIV and AIDS. They added that behavior change must be propagated and supported by all leaders.

The Champions reminded the leaders that there was evidence of donor fatigue at a time when new infections were still occurring and thousands of people in Malawi and elsewhere in Sub-Saharan Africa were living with the HIV virus. As a result, the prospects of new resources being available to these countries were dim. They recommended that leaders must devise new ways for the countries to raise their own funds in this climate of diminished donor funding. The dilemma was that for every one person under treatment, two more were getting infected. This is not viable, he said.

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The Champions told the leaders that certain cultural practices have to be discontinued, citing wife inheritance and sexual cleansing as some of the cultural practices that leaders should encourage their people to abandon. But they cautioned leaders to be careful because they would be dealing with traditions and their sensitivities.

Leaders should also speak against stigma and discrimination of people with living with the virus.

They recommended that leaders should lead the “Know Your Status” campaign to encourage more people to test for HIV.

Minister for Tourism, Wildlife and Culture indicated that artists such as musicians played an important role in delivering messages about HIV prevention, fighting stigma and discrimination and encouraging people to go for testing. He emphasized the role of the media saying, “We cannot do without the media. We have to thank them for taking messages to the households.”

Minister for Health, Hon. Prof. Mphande, said behavior change could change the lives of Malawi people. Some HIV drivers that could be defeated by behavior change include multiple concurrent partnerships, alcohol abuse and gender violence, he said.

III. Meeting With National AIDS Commission (NAC) Board

Champions meeting with the NAC Board covered several issues relevant to the HIV response. Present at the meeting were Board members of National AIDS Commission including Senior Chief Malemia representing chiefs; Mr. Edward Kankhomba, representing the youth; Mr. Sydney Chikoti, representing the private sector; and Mrs. Mallah Kumbweza Banda, representing Civil Society and People Living with HIV. Also present were Principal Secretary, Ministry of Local Government and Rural Development, Mr. Kester Kaphaizi; Principal Secretary, Ministry of Health, Mr. Willie Samute; Executive Director for NAC, Mr. Thomas Bisika; NAC Public Relations Officer, Mr. Francis Thawani, and NAC Director of Planning, Mr. Davie Kalomba.

The Chairman of the Champions observed that Eastern and Southern Africa regions were most affected by the HIV epidemic with Southern Africa being the epicenter of the epidemic. However, he noted that African countries have responded positively and formed some structures such as NAC, and cabinet and parliamentary committees on HIV and AIDS. He said that African leaders have made commitments under African Union and SADC to eliminate new HIV infections by 2015. He emphasized that NAC has a responsibility to tell the public about HIV prevention and the public had a responsibility to listen.

He urged NAC to do everything possible to encourage people not to engage in risky behavior. “We have to win, we can’t afford to lose as Africans and as citizens of this region,” he declared.

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Dr. Kaunda highlighted love for one another as the key thing in fighting stigma. “We must learn to love as the Lord has taught us,” Kaunda stated. “If we don’t love each other across color, faith, etc, we cannot win the battle against stigma and discrimination, which creates fear and hatred of those living with the disease.”

Dr. Kaunda said that stigma is a deadly disease. “If all the love commandment is followed, this battle will be won in no time at all,” he advised. “We must stand up at all times and fight stigma and tell the truth because truth is cardinal.”

He urged leaders to take the positive approach that prevention is better than cure when talking to people about HIV prevention.

The NAC Chairman, Archbishop Dr. Bernard Malango, lamented that Malawi had a shortfall of \$60 million for HIV/AIDS prevention after the country failed to receive additional funding from the Global Fund. However, Malawi was in the process of developing a resource mobilization strategy to sustain the HIV response.

He also reported that the government was in the process of ironing out issues in the supply chain. In earlier discussions with the Champions Secretariat, Civil Society groups complained that the HIV response was slowed down by long delays in processing and delivering their orders for supplies.

IV. Meeting With Parliamentary Committee on HIV and AIDS

Champions met with the Parliamentary Committee on HIV and AIDS and the Chairman introduced the Champions as an advocacy group mandated to speak to heads of states about HIV and AIDS with an aim of achieving an HIV-free generation.

They highlighted the success African countries had achieved in the fight of HIV and encouraged parliamentarians to continue the fight diligently and passionately since new infections were still occurring. They reminded parliamentarians that SADC countries had made a commitment of zero new infections by 2015 and urged the leaders to do everything possible to make this goal possible. They said members of parliament should continue talking to their constituents about HIV to keep the awareness alive.

The Champions commended Malawi leadership for reducing HIV prevalence from 16% to 12% and urged the leaders not to relax as “we are not out of the bush yet” until new infections had been reduced to zero, zero babies were born HIV-positive and zero discrimination was taking place.

“We cannot afford to get tired, we have to redouble our efforts,” they said. “We also cannot to get discouraged or get offended if we are insulted because we lose focus.”

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They commended Malawi for placing about 350,000 of its people on ARVs, but said that everyone in Malawi who has the virus should be receiving treatment. They noted that the number of people on treatment, including babies, was still small.

They asked the law makers to help get rid of harmful cultures like wife inheritance and sexual cleansing. They said these practices are not appropriate in the era of HIV. He said people had to rethink if the traditions were helping them or killing them.

They also urged the leaders to fight stigma and discrimination of sexual minorities such as homosexuals and sex workers. They stated that studies have shown that HIV infections by homosexuals was less than 1% and infection by sex workers less than 5% in the in Sub-Saharan Africa. They noted that there was incontrovertible evidence that the vast majority of infections were by heterosexuals due to multiple concurrent partnerships.

They called on leaders to fight multiple concurrent partnerships by promoting individual responsibility and behavior change. He urged them to preach this message to their constituents so that they can be treated if sick and helped to stay negative if infected through education and awareness.

They said the bulk of funding for HIV response in Malawi as well as in many African countries was still biased heavily to external sources and thus called on the leaders to develop internal sources in order to sustain the HIV response. They said HIV was getting out of fashion with donor countries, which were themselves experiencing financial crisis. They warned that African countries should expect reduced support from those countries because their ability to offer support is diminished.

The Champions also urged parliamentarians to support the idea of giving condoms to prisoners because there were reports of prisoners who went into prison HIV negative, but left HIV positive. We have to plug this source of infection, they said.

They also addressed the issue of the Draft HIV Bill, which they noted provided some safeguards for people living with HIV and AIDS, but raised some serious human rights concerns for the sexual minorities such as homosexuals and sex workers.

They advised, “Don’t criminalize them; don’t send them to prison, but give them the means to protect themselves from infecting others.” They added that Champions were anti-AIDS activists, not gay activists.

The Deputy Chairperson of the Committee, Hon. Grennar Gambatula Nkhata, said the Champions visit had revitalized Malawi leadership’s effort in HIV and AIDS fight. She urged law makers to take the message to the people that HIV is still prevalent and that prevention is better than cure.

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Ms. Mhaville encouraged leaders to engage the media in HIV response and awareness. She suggested that the media should be treated as a partner and not the last one to be invited to coverage. The media should also be included in planning so that they can know the strategies. “If they are invited as development partners, they will tell the story from your angle,” Mhaville remarked.

V. Meeting With Malawi Law Commission

The Champions had engaging interactions with the Malawi Law Commission at a meeting also attended by Members of Parliament particularly those on the Parliamentary Committee on HIV and AIDS.

The Chairman of the Champions urged the Malawi Law Commission to continue to work tirelessly and expeditiously to create an enabling legal environment that is critical to the HIV response, noting however that a lot of work has already been done with regard to the development of an HIV and AIDS legislation. But he expressed concern for Malawi’s persistent effort to criminalize HIV transmission through restrictive laws, which he indicated would impede HIV prevention and future support for prevention. He singled out the Penal Code Amendment Bill, which expands criminal penalties to adult women who engage in consensual same-sex relations.

The Chairman encouraged the Malawi Law Commission to continue to fight stigma and discrimination. He acknowledged that the Draft HIV Bill protects the human rights of people living with HIV by prohibiting discrimination on the basis of HIV and AIDS, and offers such rights as dignity, respectful and humane attitude and free medications. However, he noted the Draft Bill mandates disclosure of HIV positive status by health service providers to sexual partners; and excludes people living with HIV and AIDS from possible employment by certain professions such as the army, the police and the immigration. He pointed out that the Draft Bill also criminalises HIV transmission; demands mandatory HIV testing for sex workers, pregnant women, people entering polygamous relationships, persons charged with sexual offences and domestic workers.

The Chairman reiterated that Champions do not believe that criminalising HIV transmission or exposure serves a public health or HIV prevention function. He proposed that the government limits criminalisation of HIV transmission to the intentional transmission of HIV.

He also urged the Law Commission to work closely with political leaders to enact laws that discourage cultural practices that are hurting people by spreading the HIV virus. He suggested that certain practices, such as wife inheritance and sexual cleansing should be discontinued. While these practices may have worked in the past, they now only serve to ignite the HIV virus, he said.

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VI. Meeting Civil Society and Religious Leaders

The Champions urged members of the civil society to continue preaching HIV prevention and to encourage people to discard harmful cultural practices. They also urged them to promote HIV testing so that more people can know their status. However, they stressed that couples should be encouraged to test together to reduce gender violence.

They commended members of the civil society who they thought worked as volunteers to achieve zero new infections by 2015, which they perceived as a noble goal and one that should be achieved.

They mentioned donor fatigue and the need for African countries to implement resource mobilization strategies since the bulk of HIV response funding came from donor countries. They hinted that Malawi may have to consider fuel, alcohol and cigarette taxes as internal sources of funding for HIV response.

They stated, “We at the seat of the epidemic shouldn’t be put in a place where we choose what to address and not to address due to donor fatigue.”

They reminded civil society members that as leaders they had a role to tell people the truth such as “if you get infected you become a new source of infection.” Therefore, they suggested that the use of condoms should be promoted and emphasized as a protection measure. They said they were pleased to note that some religions have changed their attitude about use of condoms.

They noted that hostile attitude towards homosexuality was really an issue in Malawi. Some theologians see the issue of decriminalizing homosexuality as something that is being forced on the people of Malawi from outside. They urged civil society leaders to continue talking openly about stigma and discrimination of gay people and give people a chance to understand why stigmatizing them is counterproductive to the HIV response. They urged them to be persistent about the issue and know that persuading people takes patience just like people did not convert to Christianity easily.

VII. Meeting with Traditional Leaders

The Champions had engaging discussions with traditional leaders about issues impacting HIV response. They expressed their gratitude for meeting the traditional Leaders. They told the leaders that they had a big role to play to help people in their jurisdictions discard certain behaviors and cultures that were hurting them by spreading the HIV virus.

They discussed the tendency of men in the African culture to have too many girlfriends at the same time, what experts call multiple concurrent partnerships. They noted the practice was

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detrimental and helped spread the HIV virus. They encouraged the traditional leadership to speak against this practice in order to win the war against HIV.

They also called their attention to such cultural practices as wife inheritance and sexual cleansing, which in the era of HIV only helped to ignite the spread of the disease. They urged the chiefs to encourage their people to discard such practices in order to reduce the spread of HIV.

They also cited certain cultural practices where women must be obedient to their husbands at all times as fuelling the spread of HIV. They noted that such rigid stances left women vulnerable to HIV infection since they cannot negotiate with their husbands if they refused to wear condoms.

The Champions also urged the traditional leaders to encourage young men in their communities to undergo medical male circumcision, which has been shown to reduce the chances of men contracting HIV.

They argued that from an HIV prevention point of view, accepting gay people is better than ostracizing them. They observed that stigma creates fear and discourages people from getting tested for HIV, hence these people continue to operate in the shadows infecting others with the virus if they are positive.

The traditional leaders however reacted harshly to the issue of homosexuality, which they felt was a western phenomenon being imposed on their culture and had no place in their country.

They explained that Champions spoke from an HIV prevention point of view and were not gay activists, but anti-AIDS activists.

VIII. Ambassadors and Development Partners' Dinner

Champions Chairman thanked all the donors, heads of missions, and members of diplomatic corps for all the work they were doing in Africa, not only in the area of HIV prevention, but in other areas generally including poverty alleviation.

He observed that through financial support from donor countries, Africa had made remarkable progress in the fight against HIV and AIDS. He noted that millions of lives have been saved through awareness campaigns, PMTCT, and ARVs.

He observed that African leaders were committed to reducing new HIV infections by 2015 and asked development partners not to tire, but to continue supporting Africa combat AIDS, which has inflicted heavy burdens on countries that already have severe resource constraints.

He explained that Champions were visiting African countries severely impacted by HIV and AIDS encouraging best practices and lobbying top leadership in those countries to abandon laws, policies and practices that were detrimental to the HIV response. For example, he noted that

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MCP was rampant in Africa and had been identified as one of the key drivers of HIV spread in the continent; medical male circumcision had been identified as a reliable prevention strategy although many African communities do not practice it; stigma and discrimination of sexual minorities is still a problem in some countries; gender empowerment has not been achieved and Mother To Child Transmission is still high. He urged development partners to continue supporting advocacy efforts around these issues in order to help Africa eradicate the spread of HIV.

His Excellency Dr. Kenneth Kaunda stressed the importance of fighting stigma and discrimination against AIDS victims. Fear of discrimination is still extensive in Africa and drove people away from HTC sites. Consequently, he argued, those who are HIV-positive and probably do not know it continue to infect others. He also indicated that denial was a problem in many African societies as a result of fear of discrimination. People whose family members died from the virus often denied the cause of death and blamed other diseases such as malaria, tuberculosis or pneumonia. He felt that if people did not fear stigma they could speak openly about HIV and AIDS and hence increase awareness. He related how he was criticized for publicly announcing that his son had died of AIDS. He encouraged leaders to lead by example by testing for HIV to promote “know your status” campaigns.

Her Excellency Ms.Thandiwe Stella Dumbutshena the Dean of Diplomatic Corps and Ambassador of the Republic of Zimbabwe, thanked the Champions for coming to Malawi to champion for HIV prevention. She commended the Champions for taking up HIV prevention as a major priority.

Lessons Learned

Successes

- The country visit was a success and that all the key issues were raised with top leadership.
- The Champions’ recommendations were appreciated, especially regarding scaling up of medical male circumcision, discarding harmful cultural practices and creating an enabling legal environment.
- Interaction with development partners and civil society groups prior to the Champions’ visit helped the Champions Secretariat articulate the issues.

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Challenges

- Feedback from NAC and the task team on the issues came at the last minute, limiting time to consult on the issues with the Champions, particularly the Chairman.

- Presence of government officials in all meetings could have discouraged some meeting participants from expressing themselves freely.

- Meeting with traditional leaders was contentious and reflected Malawi's controversial attitude towards sexual minorities.

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MALAWI FINAL COMMUNIQUE

“Stronger, more visionary and outspoken leadership must come from the continent most affected by this epidemic.”

We, the Champions, congratulate Malawi leadership for making progress in reducing HIV prevalence. We, particularly, applaud the leadership of His Excellency President Bingu wa Mutharika that is demonstrated by his unwavering commitment to the fight against this epidemic.

We note that Malawi has reduced HIV prevalence rates from 16% to 12% and encourage the leadership to persist and persevere until we have zero new infections, at the latest by 2015.

In addition, Malawi is successfully offering free antiretroviral treatment to about 350,000 or 66% of its citizens in need of treatment, at a time when availability of resources is most uncertain. The challenge now is that for every person receiving treatment, two more persons are infected.

HIV continues to be a common threat to all of us in Southern Africa. And, although we are making remarkable progress, we still have a lot to do, to rid ourselves of the unfortunate distinction of being the countries with the highest HIV prevalence in the world.

Yet, there are signs that some of our leaders and people are seemingly getting weary and discouraged. Complacency is beginning to set in; when we are not out of the woods yet. We have not conquered AIDS; but only just stabilised the situation, at the most. We run the risk of regressing on some of the already hard-earned successes.

Notwithstanding the remarkable successes already achieved in Malawi, HIV infections are still unsustainably high. Almost a million people are already living with HIV, while about 70,000 people continue to be infected annually. It is now more imperative than ever before that we stop new infections.

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We note with appreciation that Malawi has reduced mother-to-child transmission to 14%. Yet, only 39% of HIV-positive pregnant women received ARVs to reduce the risk of mother-to-child transmission in 2009. In the same year, only 34% of children infected received ARV treatment.

The Champions therefore urge Malawi leadership to continue to work diligently to save the lives of children and their mothers. We certainly have the power to provide a safer world for them.

Leadership is also critically needed to end the region-wide HIV-perpetuating behaviour of multiple concurrent partnerships, which is also occurring in the context of low and inconsistent use of condoms.

In Malawi, it is estimated that at least 27% of men and 8% of women currently engage in this risky practice. The leadership is encouraged to unite and enlighten our people of the dangers of multiple concurrent sexual partnerships. It should be reduced or done under less risky situations if it cannot be eliminated.

In Malawi, as elsewhere in the region, we can also reduce the spread of HIV through male medical circumcision. While not a bullet-proof protection against HIV, circumcision has been proven to reduce HIV infection by up to 60%. And yet, only 27% of adult males in Malawi are circumcised.

We therefore encourage the leadership in Malawi to promote medical male circumcision, in collaboration with traditional leaders, amongst others.

Sustainability of the national response in Malawi, as it is in all countries, is critical to winning the war against HIV and AIDS. Financing of the HIV national response remains extremely externally dependent, with more than 90% externally funded. With global shrinkages of resources, the Malawi response has become very vulnerable, a situation which could potentially slow down implementation, as well as compromise the quality of critical interventions.

We urge leadership to diversify the resource mobilisation base through, among others, ensuring greater efficiencies. As part of the sustainability drive, we appreciate the elaborate response structures Malawi currently has in place.

Creating an enabling legal environment is also critical to the HIV response. A lot of work has been done with regard to the development of HIV and AIDS legislation. However, some aspects of the proposed legislation such as criminalising HIV transmission or criminalisation of most-at-risk populations, including homosexuals, may be counterproductive.

As Champions, we believe that decriminalising HIV transmission or exposure serves a public health or HIV prevention function. We therefore suggest that criminalisation of HIV transmission is limited to the intentional transmission of HIV.

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We urge the leadership to continue fighting stigma and discrimination. Discrimination may discourage people from HIV testing, thus contributing towards further spread. It is therefore important to expand and accelerate voluntary counselling and testing by regularly implementing the “know your status” campaign, nationally. The national leadership is encouraged to test with the people. Nobody is obliged to disclose.

Last, but certainly not least, we urge the leadership to work together to sensitize the people on some cultural practices that are promoting the spread of the virus. For instance, certain cultural practices such as wife inheritance and sexual cleansing may need to be discontinued. While these practices may have worked in the past, they now only serve to hurt or kill our people.

We take this opportunity to express our gratitude for the warm welcome we received in Malawi. Your generosity and your courtesy explain why Malawi is fondly referred to as the Warm Heart of Africa.