

AIDSFree CASE STUDY SERIES

Involving Persons Living with HIV Networks in National HIV Policy Dialogue

A Case Study of MANET+ in Malawi

It's November in Malawi's Salima District, and the rains have not yet arrived. Outside it's hot and dry; everything is covered with reddish dust. But the heat doesn't matter inside the Maganga Health Center, where the Maganga support group for HIV-positive mothers is meeting; the atmosphere is vibrant and full of energy and camaraderie. About 25 people—women, men, and children—have come to the meeting, and the women are keen to share their experiences as people living with HIV (PLHIV), including their access to services to prevent mother-to-child transmission of HIV (PMTCT).

These women have walked a hard road. Just a few years ago, they were stigmatized as people living with HIV (PLHIV)—called “dead corpses,” and were sneered at when they came to the health center for HIV services. But since 2012, HIV-positive women in Maganga have taken part in the support group organized by a national advocacy organization, the Malawi Network of People Living with HIV (MANET+). MANET+ helped the Maganga group organize themselves, advocate for services, and support one another's adherence to antiretroviral therapy (ART) to ensure that their babies are born free of HIV.

Today, the women report feeling “more energetic” thanks to Option B+, the new antiretroviral therapy (ART) regimen for pregnant women living with HIV. They say that they have “returned to their gardens.” The Maganga support group activities have galvanized each of these women to encourage other community members to seek health services and make informed decisions about their health. These mobilization activities have helped to reduce HIV-related stigma and discrimination and AIDS-related deaths. The women in the Maganga group have learned how to communicate their needs, convey their message more effectively, and demand accountability from community leaders and officials at and beyond the district level. They are living full lives as PLHIV.

At the end of the meeting, the women sing praise: that mothers are feeling healthier, that men are more engaged, and that their children are now living longer, healthier lives.



Meghan Mattingly 2016

Two Mananga support group members.

By Meghan L. Mattingly, Aida G. Yemaneberhan, Stephanie Feller, and Dr. Ugochukwu Amanyeiwe

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Introduction

MANET+, the national coordinating body for community-based support groups in Malawi, was founded in 1997 by a group of PLHIV who recognized the need to organize their activities to achieve greater impact on national HIV policies. MANET+ has worked to build solidarity and promote effective networking among HIV associations and support groups (see Box 1). MANET+ currently has seven member associations through which it maintains broad, national representation.

“MANET+ has the mandate to coordinate across representative structures. Their strength is derived from being in touch with the needs and concerns of their constituency. What they stand for at the national level comes from a wide base and the strength of their partners.”

—Ellious Beneth Chasukwa, HIV/AIDS Policy Officer, National AIDS Commission

MANET+ is formally incorporated under the Trustees Incorporation Act (Cap. 5:30) under Malawi law. The organization is structured to align with the national HIV response, and to harness the “voices” of PLHIV across all levels—national to grassroots, and back again. The strength of MANET+ lies with its membership base. Information generated by member organizations working directly with PLHIV on the grassroots level (see Box 2 on the following page) is used to identify critical issues with the implementation of the national HIV response and advocate at the national level.

“People living with HIV are central to the response to ensure HIV does not continue to be transmitted. MANET+ is a channel to convey messages, concerns, and demands of PLHIV in Malawi to the policy makers at national level.”

—Safari Mbewe, Executive Director, MANET+

MANET+ is guided by a five-year strategic plan, but maintains flexibility to respond to new and emerging issues that affect its constituency. An advocacy committee includes representation from across its membership base. MANET+ hosts quarterly networking meetings to bring member organizations together and share updates on key activities.

Box One

MANET+ and PLHIV in Malawi

The goal of MANET+ is to improve the quality of life of people living with or affected by HIV in Malawi by:

- Promoting and protecting their rights and freedoms
- Reducing stigma and discrimination
- Promoting innovative HIV prevention and treatment approaches
- Empowering meaningful participation by PLHIV on issues and decisions that affect their lives at the individual, family, community, workplace, and national levels.

Background and Methodology

This case study on MANET+ was commissioned under the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project to analyze the engagement of civil society organizations (CSOs) in PMTCT policy and planning, and to clarify how to increase CSOs' involvement and impact. In early 2015, AIDSFree conducted an extensive desk review and rapid survey of members of the international community working on eliminating mother-to-child transmission (eMTCT), and selected 10 candidate CSOs. Based on interview findings and guidance from the U.S. Agency for International Development (USAID), MANET+ was selected as the focus for this case study.

The AIDSFree PMTCT team traveled to Malawi in November 2015 to meet with and interview MANET+ leadership and program staff, government officials, and two MANET+ member organizations¹ to gather detailed information about CSO engagement in PMTCT policy and planning processes. Their input, along with findings from the desk review, informed this case study.

This document describes Malawi's enabling environment for CSO engagement in PMTCT policy; advocacy approaches that MANET+ uses to engage with decisionmakers; MANET+'s strategies for strengthening its policy and advocacy activities; and challenges to creating change. It concludes with recommendations on how MANET+ could build on current successes. These recommendations may also be useful for other CSOs looking to increase the effectiveness of their policy and planning activities.



Photo credit: Meghan Mattingly 2016

Mananga support group members and their families gather to share experiences of living with HIV and offer encouragement.

Box Two

MANET+ Member Organizations

- National Association for People Living with HIV and AIDS (NAPHAM)
- Coalition of Women Living with HIV and AIDS in Malawi (COWLHA)
- Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+)
- Health Care Workers Living Positively with HIV (HECALWP)
- Network of Journalists Living with HIV (JONEHA)
- Teachers Living Positively with HIV (T'LIPO)
- Association for Young People Living with HIV (YPLHIV)

The Malawi Context and Policy Environment

Malawi is among the countries worst affected by the HIV epidemic, with a 10 percent prevalence among those aged 15–49 years (UNAIDS 2014). To address its generalized HIV epidemic and one of the world's highest fertility rates, Malawi has prioritized controlling MTCT of HIV (NAC 2014). The most recent national HIV survey found a higher HIV prevalence in females (12.9%) than in males (8.1%) (NSO and ICF Macro 2010). An estimated 1,100,000 Malawians were living with HIV in 2014; and 34,000 new infections occurred that year, including 7,400 among children under age 14 years (NAC 2015).

¹ National Association for People Living with HIV and AIDS and Coalition of Women Living with HIV and AIDS in Malawi.

In recent years, however, Malawi has seen a notable reduction in AIDS-related deaths: from an estimated 99,000 in 2004 to an estimated 48,000 in 2014 (NAC 2015). This drop is mostly due to increasing ART coverage in Malawi, and the massive scale-up of an integrated ART/PMTCT program. Malawi has developed a very robust national response to HIV. HIV management is decentralized, in line with the Government of Malawi's comprehensive national decentralization plan. A guiding principle of the *National Strategic Plan for HIV and AIDS, 2015–2020* is a “bottom-up” approach. Governance and reporting arrangements begin at the lowest level (through the District AIDS Councils) and are channeled up to the National AIDS Council (NAC). This approach has created opportunities to involve a wide array of stakeholders in planning and implementing the national multisectoral HIV response. With an increased number of stakeholders contributing to the national response, coordination has become complex, dynamic, and challenging. The government has established mechanisms for management and coordination at each level of the health governance system to monitor program implementation and facilitate information flow across all levels.

Strong Government Commitment to Meet Ambitious Global Targets

The *2015–2020 National Strategic Plan for HIV and AIDS* sets in place an approach for meeting the ambitious 90-90-90 treatment targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS), aiming to control the HIV epidemic by 2030. Malawi has set a national strategic target to diagnose 90 percent of all people living with HIV; start and retain 90 percent of those diagnosed on ART; and achieve viral suppression for 90 percent of patients on ART by the end of 2020. In line with the global call to eliminate new HIV infections among children by 2015 and keep their mothers alive (UNAIDS 2011), Malawi developed a *National MTCT Scale-Up Plan for 2012–2015 that aims at the virtual elimination of MTCT* (MOH 2012).

Innovative Policies and Strategies

Malawi has a history of embracing innovative strategies and policies in its HIV response. In 2011, the country pioneered the introduction of Option B+ for PMTCT, making lifelong ART available for all HIV-positive pregnant and breastfeeding women, regardless of clinical stage or CD4 count. As a result, the incidence of vertical transmission dropped by two-thirds within three years after Option B+ was introduced (NAC 2014). In 2013, the World Health Organization (WHO) officially recommended this strategy in the 2013 Consolidated Guidelines (WHO 2013).

Malawi's National Strategic Plan for HIV for 2015–2020 also includes a new strategic direction for adopting and scaling up a “universal ART” approach, whereby all HIV-positive Malawians will be eligible for ART regardless of clinical stage or CD4 count (NAC 2014). Previous national guidelines had required clinicians to determine eligibility through complicated decision trees; this new plan is intended to simplify clinical decisionmaking and give all PLHIV access to ART. Beginning in April 2016, anyone who is diagnosed with HIV is directed to begin taking antiretrovirals (ARVs), rather than waiting until their immune system is weakened by the virus (Vega 2015).

Respect for the Rights of PLHIV

Malawi's *2015–2020 National Strategic Plan for HIV and AIDS* builds on the principle of respecting human rights and recognizing that respecting and protecting the rights of PLHIV (or those vulnerable to HIV) serves the public interest. The Government has established coordination and management mechanisms across all levels of the national HIV response as a way of meaningfully involving PLHIV (and CSOs such as MANET+ that represent them) in decisions on programs for preventing HIV and mitigating its social and economic impact. Government and CSOs participate in national-level forums and actively consult PLHIV via technical working groups, joint annual reviews, quarterly networking meetings, annual conferences, and annual general meetings.

High-Level Recognition of the Valuable Role CSOs Play in Policy and Planning

The Government of Malawi recognizes that successful provision of HIV prevention and treatment services requires strong support from civil society.

“Active participation of community, cultural and religious leaders, the formal and informal segments of the private sector, community-based organizations, PLHIV, and community groups is needed to complement the efforts of the public sector. Community activities will support the efforts to realize the 90-90-90 targets and keep those who are negative HIV-free.”

—Malawi National Strategic Plan for HIV and AIDS, 2015–2020

The Government of Malawi views CSOs such as MANET+ as key partners in the national HIV response, because they are positioned to contribute to an enabling environment and advocate for the removal of barriers to service uptake. PLHIV support groups have received particular recognition for their effectiveness in generating demand for services and improving facility-based care and support services (including support for ART adherence and management of side effects), and in addressing stigma and discrimination by promoting positive health, dignity, and prevention (NAC 2014).

Advancing an Advocacy Agenda on Behalf of PLHIV

Amplifying the Voice of PLHIV

MANET+ plays a central role in organizing PLHIV to unify their voices to address the issues that concern them at the national level. Before MANET+ develops any advocacy campaigns or media outreach, the organization facilitates a participatory, coordinated process among its member organizations to develop a unified advocacy approach, and then provides national-level leadership on behalf of its constituencies.

“MANET+ cannot act alone; rather we act under the mandate of the network organizations. Legitimacy is derived from advancing a position broader than yourself.”

—Safari Mbewe, Executive Director, MANET+

MANET+ works to ensure that PLHIV are represented in forums where decisions are made that will affect their lives. This enables MANET+ to leverage the expertise of each member organization to speak on behalf of clients of HIV and PMTCT services; and to strategically use each organization’s comparative strengths to advance a broad advocacy agenda.

Holding Decisionmakers Accountable

MANET+ empowers PLHIV to demand their rights and hold policymakers and decisionmakers accountable to commitments articulated in the national HIV response. The organization reviews laws and policies—such as the 2011–2016 *National HIV/AIDS Policy* and the 2014 *HIV and AIDS Prevention and Management Bill*—to ensure that they protect the rights of PLHIV, and work with and through their grass roots support groups to identify critical programmatic gaps. In response to the *HIV/AIDS Prevention and Management Bill*, which has been in circulation since 2011, MANET+ raised human rights concerns about language used, including forced disclosure of HIV status, mandatory HIV testing, and criminalization of HIV transmission. The group

has worked to bring forward the voices of PLHIV and share their concerns with Parliamentary Committees on HIV/AIDS and Nutrition, Health, Budget, and Legal Affairs. It has also developed a series of policy briefs on the bill and met with the Malawi Human Rights Commission and the Ministry of Health (MOH).

MANET+ also raises concerns to the MOH on behalf of PLHIV, alerting the Ministry of implementation challenges. For example, in 2014, MANET+ gathered evidence in response to critical challenges with availability of ARVs on the ground (examining the true impact of policies in practice) by collecting information from member organizations and visiting sites to confirm shortages of ARVs. The organization then packaged this information for the media and the MOH, and arranged press conferences to raise awareness about the situation and demand action and accountability. Within days, the MOH supplied ARVs and instituted investigations to determine the cause of the drug shortages.

“CSOs are vital in giving an eye on implementation to the ministry. MANET+ plays a strong coordination role that provides a good link to the ministry.”

—Michael Eliya, PMTCT Team Leader, MOH

Informing Evidence-Informed Decisionmaking and Resource Allocation

Obtaining and communicating the on-the-ground experiences of PLHIV is fundamental to MANET+'s effectiveness. The organization uses its grassroots presence to identify emerging issues and generate evidence on policy implementation; and then facilitates collaborative approaches through network members to articulate solutions at the national level.

An important example of the effectiveness of this approach was the contribution of MANET+ (and its membership) to the shift in Malawi's HIV treatment policy. MANET+ provided national leadership in the development of an issue paper advocating that the Government of Malawi shift to a universal ART approach (MANET+ 2012) (see Box 3 on the following page). In 2014 MANET+ organized an evidence briefing with key stakeholders, including government officials, like-minded organizations, development partners, and the media, to discuss a set of potential policy shifts in a participatory and representative forum. These actions contributed to the revision of national ART policy and guidelines on universal treatment in Malawi.

MANET+ also analyzes the national budget for HIV to ensure the sustainability of the national HIV response. The organization conducts assessments to determine whether government financial commitments retain alignment with stated policy goals, and uses these findings to advocate to parliamentary committees and development partners to increase resources for HIV and target resource allocation in line with the realities of implementation and needs on the ground. For example, advocacy asking the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to consider allocating funds for procurement of ARVs resulted in a response within a few months; PEPFAR set aside close to USD\$8 million for the purchase of ARVs.

Translating Policies into Practice and Ensuring Service Uptake

MANET+ member organizations bring together key stakeholders at the implementation level, including health care workers and clients, to ensure that they understand the policies and identify solutions to challenges that impede smooth implementation. When Malawi was shifting to Option B+, MANET+ played a leadership role in ensuring continued access to HIV services and non-interruption of PMTCT services during the transition to the new regimen. MANET+ monitored availability of ARVs in all health facilities; informed community members about the benefits of the new PMTCT regimen; and developed strategies for involving male partners in PMTCT to facilitate retention in care and promote uptake of HIV testing services by male partners.

MANET+ builds the capacity of its member organizations to communicate the benefits of new health policies to clients; and leverages these organizations to “lobby” the wider community, targeting target key influencers including religious, faith-based, and traditional. For example, during the transition to Option B+, MANET+

worked through participating support groups to help women understand the advantages of being enrolled in treatment under Option B+, and also—to ensure follow-up and retention for women receiving PMTCT services—facilitated strong linkages between communities and facilities. (For more details, see the “Way Forward” section.)

Box Three

MANET+ Advocacy Leadership in Changing the National ARV Regimen

When Malawi adopted Option B+ in 2013, and then revised the national HIV treatment guidelines in line with this shift, pregnant and lactating women, patients co-infected with HIV and tuberculosis (TB), and those with drug side effects became eligible for the tenofovir-based regimen that replaced the earlier stavudine (d4T) regimen.

The shift began when a group of PLHIV within the MANET+ network expressed concern about the side effects of d4T, including stigma implications stemming from lipodystrophy (abnormal redistribution of body fat), which can have major emotional and psychological health effects for PLHIV.

MANET+ subsequently provided national-level leadership, advocating to the government to make the new regimen available to all HIV-positive clients on treatment. The group's evidence-informed advocacy for the new regimen built on global findings from the 2010 WHO guidelines, which recommended that countries reduce the use of stavudine in first-line regimens because of its well-recognized toxicities. Findings from a 2012 community-based research initiative measuring HIV-related stigma and discrimination in Malawi, which MANET+ conducted with support from the Global Network of People Living with HIV, the International Planned Parenthood Federation, and UNAIDS, supported this advocacy agenda as well.

However, the government did not have enough funds to make the new regimen available to all HIV-positive clients on treatment. Working in close consultation with the government, MANET+ was able to advocate for the shift through evidence-informed communication with donors and development partners, including PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria. As a result of this targeted, collaborative advocacy, the government was able to secure enough funding to purchase the new drugs. Malawi then revised the national guidelines in 2013 to ensure that all HIV-positive patients could access the tenofovir-based regimen.

What Worked Well

Ensuring Trust and Credibility among Partners



Mananga support group members and their families.

Meghan Mattingly 2016

MANET+ has successfully built the trust of the government, decisionmakers, and development partners by using evidence as the starting point for all advocacy activities, and by aligning evidence generated at the grass roots level with advocacy demands made at the national level. Through its many years of experience coordinating advocacy activities on behalf of PLHIV, MANET+ has found that factual, evidence-informed approaches work best for advancing an advocacy agenda—as in the example of advocacy for providing universal access to the new ARV regime through Option B+. Continuous relationship-building with decisionmakers at all levels has given MANET+ empathy with policymakers, and an understanding of the constraints they face in developing, implementing, and “troubleshooting” the national HIV response.

Focused Mandate

MANET+ has remained squarely within its organizational mandate to represent PLHIV. Among the myriad of advocacy issues in Malawi, MANET+ has maintained a sharp focus on those directly affecting PLHIV, and does not take on other advocacy activities unless they are clearly linked to this core mandate. The organization stays out of partisan politics to ensure continued legitimacy among decisionmakers, and to avoid the perception of favoring a specific political party.

“Advocacy is not just about making noise. Knowing who you are speaking for, and who has mandated you to speak on their behalf is critical for success.”

—Safari Mbewe, Executive Director, MANET+

For MANET+, rights are the underlying basis of all advocacy demands. Yet the organization is careful to temper rights-based advocacy demands against the realities of resource constraints. This helps MANET+ to fulfill its role of dual accountability, responding to both its constituency and to national leadership by being responsible in its advocacy agenda and demands.

Challenges to National-Level Engagement in Policy and Planning Processes

Limited Resources for Advocacy Activities

Because Malawi is a resource-constrained environment, its CSOs often compete for increasingly scarce resources to advance their goals and objectives. MANET+ and its member organizations reported that it can be difficult to secure donor resources for advocacy activities, because donors prefer to dedicate resources toward direct service delivery, which is perceived as having a greater and more immediate impact. Coordination and

advocacy are notoriously “soft” areas, for which efforts are hard to track and outcomes even harder to measure. Even so, advocacy matters: effective service delivery is driven by awareness-raising, evidence-informed advocacy, and a coordinated response at both the policy and implementation levels.

“We would be working as islands without the coordination and leadership of MANET.”

—Annie Banda, Executive Director, COWLHA

Lengthy Policy Processes and Unanticipated Delays

Policy processes are lengthy, and it can be hard to pinpoint the exact moment of “influence” in advancing a specific policy aim or position. There can also be unexpected delays in moving forward an advocacy agenda. For example, the HIV and AIDS Prevention and Management Bill was drafted in 2008; but despite MANET+’s concerted efforts to ensure the bill’s passage into law, the government has yet to take the bill to Parliament. Successful advocacy approaches require continuous engagement.

“Most CSOs manage organizational resources on a project basis, and such an approach can eclipse staff time available for advocacy efforts. You can be doing good work in the realm of service delivery, but it takes away from dedicated engagement with policymakers.”

—Master Mphande, Executive Director, NAPHAM

Documentation and Reporting

MANET+ identified documentation as a key gap in organizational capacity. Reporting to the government and donors requires concrete evidence from the ground. Member organizations within the MANET+ network generally lack rigorous training in data collection and data interpretation, and MANET+ does not have adequate human and financial resources to provide capacity building support in this area. Policymakers, as well, are not always fully knowledgeable about key implementation issues, and evidence is required to effectively communicate the reality of on-the-ground conditions.

Staff Recruitment and Retention

MANET+ has difficulty recruiting high-caliber staff who can analyze and articulate key policy issues—a necessary skill for translating evidence from the ground into effective advocacy strategies at the national level, and to ensure continuous engagement with key decisionmakers to advance advocacy objectives.

Recommendations for MANET+

Continue to Build on What Worked Well

MANET+'s strategies have proven effective. The organization's advocacy approaches should continue building on a foundation of rights concerns and strong data, to ensure that the government continues to view MANET+ as a trusted, essential partner in the national HIV response. MANET+ should continue responsible national-level representation of PLHIV, advancing compelling, evidence-informed advocacy that is nevertheless sensitive to the constraints the government faces in delivering HIV services. The outcomes of ongoing activities should be routinely tracked and analyzed to determine what organizational approaches have worked well and build upon those approaches.

Maintain and Enhance Coordination Role

Since MANET+ member organizations work directly with support groups in the community, MANET+ should maintain its focus as a coordinating body at the national level, and not risk duplicating the work of member organizations at the implementation level. MANET+ should continue to advance its institutional mandate by coordinating member organizations working directly with PLHIV on the ground, and serving as their representative voice in the national policy dialogue.

Require a Data-Driven Approach

MANET+ should demand data-driven responses to address HIV, and should emphasize evidence as part of all advocacy activities. Capacity building in data collection and analysis could help MANET+ to make better use of evidence derived from the activities of member organizations, and to use this evidence to drive advocacy at the national level. A strong monitoring and evaluation (M&E) platform across all MANET+ member organizations—to track all community-based activities with PLHIV and support groups—could also improve advocacy by ensuring that the network's impact is documented and disseminated.

“Access to relevant information: Information and its use in effective M&E is key to NAC being able to fulfill its coordination and monitoring mandate. Accurately recorded information must be made available ‘bottom-up’ from all stakeholders involved with the implementation and must adhere to standard formats. Furthermore, it must be made available and shared regularly through NAC structures to be fully reviewed and used in implementing M&E.”

—Guiding Principle for Malawi's National Strategic Plan 2015–2020

Strengthen National-Level Leadership and Representation

To amplify the voice of PLHIV in the national dialogue, MANET+ should continue to play an active and participatory role in the Joint Annual Review convened by the National AIDS Commission. This participation would be an opportunity to both articulate the concerns of PLHIV and showcase documented best practices. MANET+ should use its strong position as a coordinating body for PLHIV to ensure a unified advocacy approach (grounded in documented best practices) across all levels of the HIV response.

“Civil society organizations provide services that are crucial to realizing donor strategies. Meaningful engagement with PEPFAR builds the capacity of local CSOs...better preparing them to play a leadership role now and in the future.”

– PEPFAR 2016 COP Guidance

Ensure Inclusive Representation

MANET+, as the umbrella body for associations of PLHIV, should ensure that its representation reflects the country's HIV disease burden and adequately includes the voice of populations affected by HIV. ART coverage among HIV-positive infants remains low at 18 percent (NAC 2014), and this coverage gap will become even more acute as Malawi scales up the universal ART approach. HIV-positive infants and children face a specific set of challenges to accessing and being retained in ART services. This is an area where MANET+ can improve its representation of PLHIV and speak for those who, like HIV-positive infants, need to be heard.

Provide Capacity Building to Member Organizations to Strengthen Sub-National Advocacy

Community groups should be empowered to liaise effectively with District AIDS Coordinators to express their concerns and advocate for change. MANET+ should seek opportunities to build the capacity of its member organizations, especially skills in monitoring and tracking the community-based activities of member groups. This will strengthen understanding of what works well and facilitate enhanced documentation across the organization's national networks.

Way Forward

The Government of Malawi has committed to a set of ambitious goals in line with the global agenda to control the national epidemic by 2030, including meeting the 90-90-90 treatment cascade targets. This will require innovative strategies and enhanced actions to identify HIV-positive people, retain them in care, and achieve viral suppression.

The Government of Malawi already recognizes the important role that CSOs, including MANET+, can play in developing evidence-informed policies and ensuring effective implementation of national policies. Moving forward, it will be more critical than ever to ensure timely and meaningful involvement of CSOs and PLHIV in policy and planning processes.

At the national level, CSOs have already conducted advocacy with notable success in the national shift to extend ART eligibility to all HIV-positive Malawians, a new policy direction set to begin in April 2016. MANET+ and other CSOs should continue to play a significant, participatory role in operationalizing the new treatment guidelines to facilitate a successful rollout and scale-up of universal ART. Specifically, MANET+ will have an important role to play in translating this new policy into effective practice and generating demand for service uptake, including ongoing viral monitoring to ensure that PLHIV on ART are achieving viral suppression.

“Revising the national policies and guidelines in order to accelerate ART scale-up through universal ART eligibility and enhanced identification of HIV positives will require significant preparations including an all-inclusive process involving CSOs, PLWA [PLHIV], and development partners.”

—2015–2020 National Strategic Plan for HIV and AIDS, Malawi

At the implementation level, CSOs can support community preparedness for the new treatment guidelines through outreach and dissemination on the benefits of the new service delivery approach. As the approach is scaled up, CSOs can continue to play a key role in supporting adherence and retention in treatment through support groups and community mobilization activities.

MANET+ is well placed to ensure national coordination of these activities, and to channel evidence generated at the implementation level to audiences at the national level, including the Government of Malawi, the NAC, the MOH, development partners, donors, and other implementing partners. MANET+ can use this evidence to ensure sound programming and service delivery approaches that will, in turn, support the successful translation of the revised health policies into practice.

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