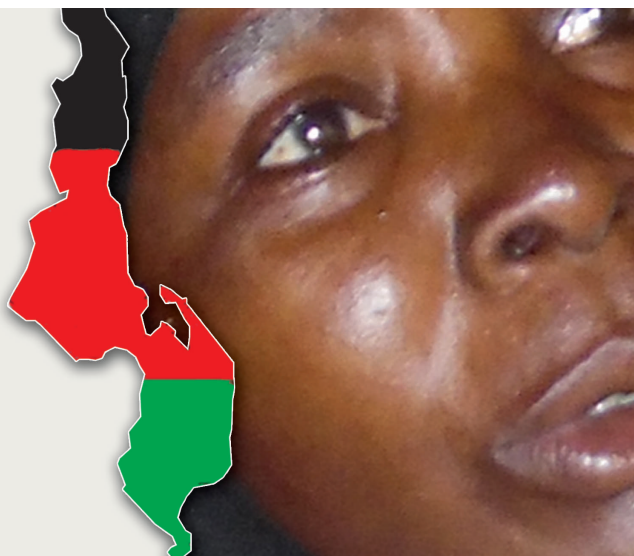


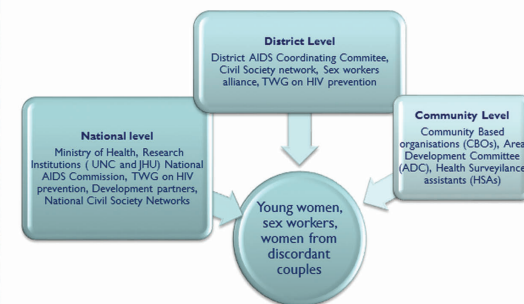
Advocacy for More HIV Prevention Options for Women in Malawi

1. Introduction

1. Malawi is located in South Eastern Africa, South of the Equator
2. Population is estimated at 15,883,000 people
3. Life expectancy is at 54 years for both men and women
4. HIV remains the highest cause of deaths accounting for 25% of deaths in Malawi
5. HIV incidence and prevalence rate remain high among women as compared to men



4. Partners



2. Background/Context

1. Malawi is among the countries worst affected by the HIV pandemic, with 10.6% prevalence in the 15-49 year old population
2. The 2006 BBSS reported considerable variation in HIV prevalence across occupations, with truck drivers, male vendors, fishermen, male and female school teachers, male and female police officers, female border traders, and FSWs all having higher than average prevalence
3. Women remain vulnerable to HIV infection due to socio-cultural practices like widow inheritance, initiation ceremonies, and agreeing to dry sex to please the male partner. The overall male dominance around issues of sexuality has also been noted to propel the spread of HIV in Malawi
4. Recognising that different populations within Malawi have specific HIV prevention needs, the current HIV prevention strategy set aside the following groups of people as priority populations and they will be provided with specific and targeted interventions:-
 - 4.1 Key Populations (KP) - MSM and FSW
 - 4.2 Young women, ages 10 - 14 and 15 - 24 years
 - 4.3 Couples (married, cohabiting and/or discordant)
 - 4.4 PLHIV, including Young People Living with HIV (YPLHIV)



3. Project Objectives

1. Influence policy makers to integrate new HIV prevention options like microbicides, PrEP and TasP into the existing policies and guidelines on HIV prevention by December 2015
2. Facilitate the development of a response plan for the ASPIRE trial results by the policy makers and other relevant stakeholders by January 2016
3. Enhance the capacity of the civil society and the media to advocate for new HIV prevention options by December 2015



Women like these need to be empowered to be in control of their own health.

5. Key Interventions

1. Facilitate the development of the ASPIRE Trial response plan
2. Conduct dialogue meeting with stakeholders to advocate for integration of new HIV prevention options like microbicides, PrEP, and TasP into the existing policies and guidelines on HIV prevention
3. Advocate for more HIV prevention resources with Parliamentary Health Committee
4. Participate in quarterly TWG meeting on HIV prevention options for young women and sex workers
5. Conduct dialogue meetings with Researchers and initiate development of response plan for the ASPIRE trial results
6. Dialogue meetings with Policymakers to integrate new HIV prevention options into the existing policies and guidelines
7. Conduct media and civil society orientations on new HIV prevention options for young women and sex workers and build their capacity to advocate with policymakers
8. Form/identify a sub-technical working group on HIV prevention for women



6. Expected Outcomes

1. Development of ASPIRE trial response plan
2. Increased efforts/resources towards HIV prevention interventions for women
3. Increased awareness on new HIV prevention options among the civil society and the media
4. Increased government (MoH) attention towards new HIV prevention options as reflected in amendment of policies and guidelines

7. Anticipated Challenges

Limited understanding of the biomedical prevention options among civil society network members which might result in low participation

