

Malawi: Country Updates

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Presentation Outline

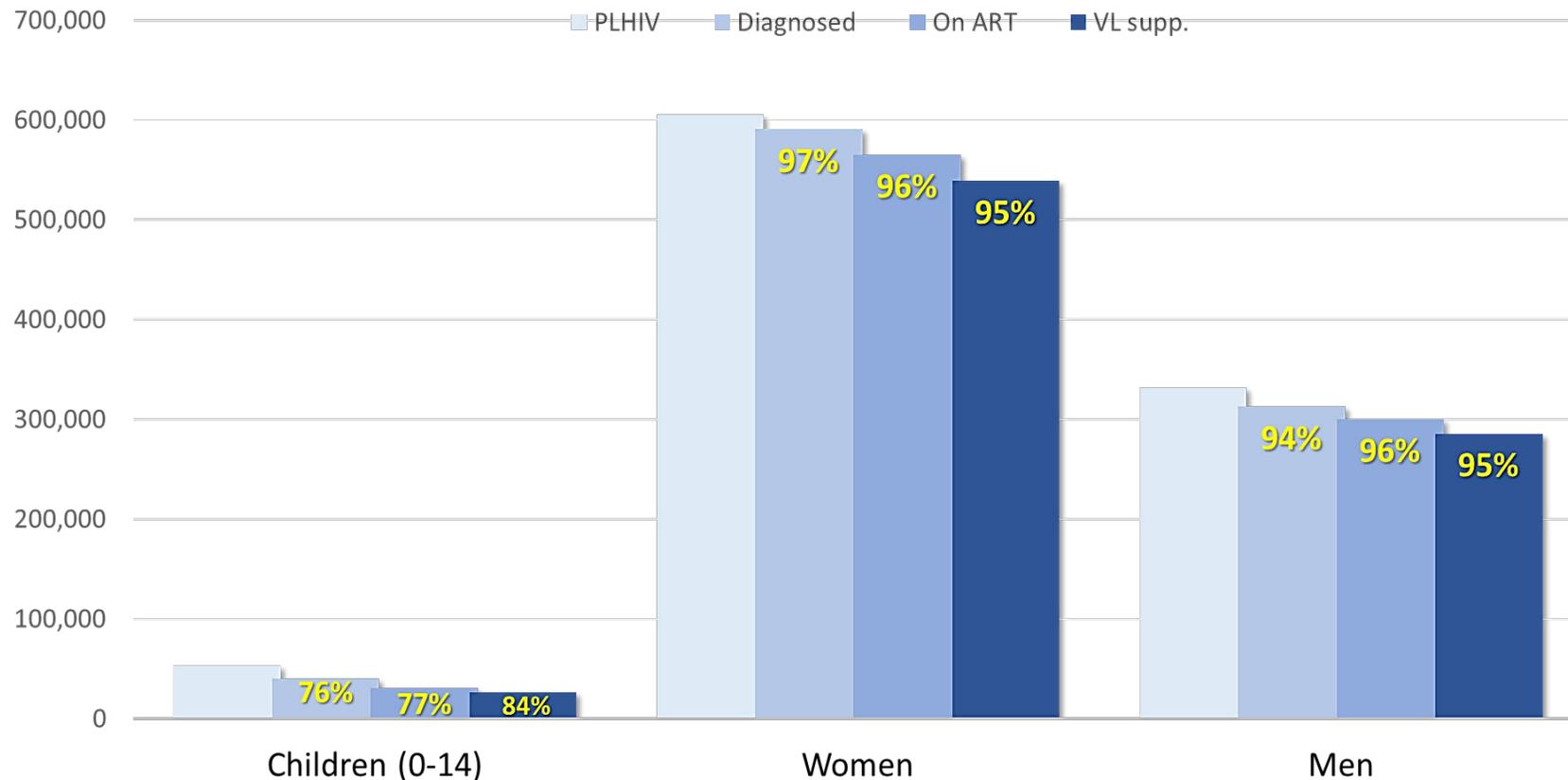
- Country Epidemic Overview
- Funding Shifts and Programmatic Realignment
- Summary of Prioritized HIV Services and System Adaptations
- M&E System Adaptations, Key Indicator Trends and Implications
- Community Engagement
- Lessons Learnt



Country's Epidemic Overview

Country's Epidemic Overview

Spectrum Treatment Cascade (Dec 2024)



- **VLS target: 86% of all PLHIV should be virally suppressed** ($95\% \times 95\% \times 95\% = 86\%$)
 - Exceeded for women: 89%
 - Reached for men: 86%
 - Off track for children: 49%
- **Note uncertainty of estimated CLHIV:**
 - No population surveys since 2015
 - Several critical model parameters changed from default assumptions
 - CLHIV may be overestimated and ART coverage underestimated



Funding Shifts and Programmatic Realignment

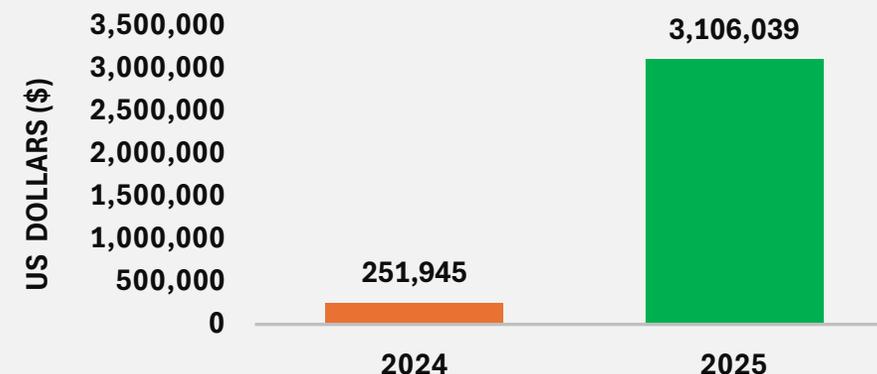
HIV Program Funding Shifts

PEPFAR Funding Shifts



7% decrease in PEPFAR funding in year 2025 compared with 2024 funding levels

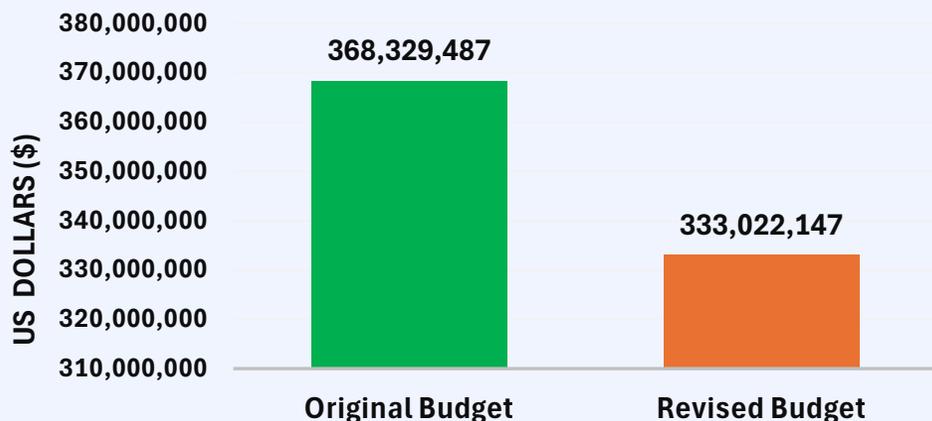
Government of Malawi Funding shifts



Increase in domestic funding (ORT) from US \$251,945 in 2024 to \$3,106,039 (HR and infrastructure resources not included)

- Sample transportation
- Capacity building
- ART co-financing

Global Fund Shifts



GC7 – Funding reduced by 9.5% from \$368M to \$333M

- In-country activities → 27.8% decrease
 - 18% → care and treatment
 - 35% → prevention
- Commodity budget → 5.4% decrease

Programmatic Realignment

Decision Area	Key Action	Implications
Policy - Government-led	<ul style="list-style-type: none">• HIV response directed by MoH through national frameworks and sustainability priorities• Shift toward efficiency and essential package prioritization	<ul style="list-style-type: none">• Reinforced national ownership and policy coherence• Requires flexibility and strong coordination to maintain service quality amid funding cuts
Domestic funding mobilization	<ul style="list-style-type: none">• Increased domestic financing• Integrating other medicines into essential medicines list	<ul style="list-style-type: none">• Domestic funding growing but modest• Needs stronger accountability and tracking systems• Risk of temporary service gaps as domestic financing mechanisms mature

Programmatic Realignment

Decision Area	Key Action	Implications
Service delivery	<ul style="list-style-type: none"> • Simplified and integrated guidelines prioritizing high-impact, cost-effective interventions - work in progress • Expanded focus on simplified and effective DSD models and rationalized protocols 	<ul style="list-style-type: none"> • Simplified protocols improve efficiency and adherence • Rationalization of some services due to funding cuts → Temporary service gaps in selected facilities
Health Information Systems (HIS)	<ul style="list-style-type: none"> • ART modules transitioning to MaHIS • Scannable paper-based tools used as an interim solution. 	<ul style="list-style-type: none"> • Hybrid systems increase workload and risk of delays • Stronger DQA and staff capacity needed • Opportunity to improve interoperability in national HIS

Summary of Prioritized HIV Services and System Adaptations

National Prioritized HIV Services

Evidence source	Insights generated	How it informed prioritization /Indicators
Routine program data	<ul style="list-style-type: none"> • Showed service delivery disruptions, retention status, and commodity availability • Identified facility-level gaps and performance variations 	Guided rationalization process
Modelling data (GOALS 2024, TLO)	<ul style="list-style-type: none"> • Quantified the impact of reduced funding on new infections and AIDS deaths • Comparing cost-effectiveness of alternative investment scenarios 	<ul style="list-style-type: none"> • Defined a Package of Care → ART continuity, AHD care, etc. • Prioritization of high-impact interventions
Costing and expenditure data (NASA 2025, MPC costing (GENESIS), GOALS)	<ul style="list-style-type: none"> • Identified cost drivers (ARVs, lab monitoring, HR) • Assessed fiscal space under constrained funding • Identified priority interventions with highest DALY gains per USD 	<ul style="list-style-type: none"> • Reprioritization to life-saving interventions. • Supported reprioritization during Global Fund (GC-7) & PEPFAR funding (on-going) • Supporting the adjustment of GHSD bilateral priorities
Expert consultations (TWG, district managers, partners, RoC)	<ul style="list-style-type: none"> • Provided contextual validation of model outputs • Highlighted district-specific needs and operational feasibility • Facilitated alignment of resource envelopes and sustainability milestones 	<ul style="list-style-type: none"> • Technical consensus on indicators and sustainability agenda • Anchored prioritization in evidence and local ownership • Consistency of MoH-led priorities with donor reprioritization processes

National Prioritized Prevention and Testing Services

PREVENTION		MAL	
Component	Intervention		
Infant prophylaxis	Infant PEP HR 0-6w		
	Infant PEP HR 6-12w		
	Infant PEP LR		
PEP	Facility PEP (guidelines)		
	Community PEP (GBV/KP)		
Condoms	Facility condoms/lube		
	KP condom points		
	Community condom points		
PrEP continuation	Facility PrEP KP 3MMD/6m		
	Facility PrEP PBFW 3MMD/6m		
	Facility PrEP others 3MMD/6m		
	Annual PrEP review		
	PrEP review 6-monthly		
	Facility PrEP DSD-indiv		
	Out-facility PrEP DSD		
	Virtual PrEP refills		
	Adherence/risk counselling		
	Continue DVR PrEP		
	Continue LAI PrEP		
	PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	
		Start PrEP PBFW at-risk	
		Start PrEP KP	
		Start PrEP AGYW self-ID	
Start PrEP others self-ID			
Test post-start 1-3m			
PrEP demand creation			
Continue DVR PrEP			
Continue LAI PrEP			
PrEP start education			
Harm reduction for people who inject drugs	Facility-first NSP+naloxone		
	Community NSP+naloxone		
	Continue OAMT refills (PWID)		
	Initiate/continue OAMT (PWID)		
VMMC	Targeted VMMC scale-up		

TESTING		MAL	
Component	Intervention		
Facility-based	Blood product screening		
	Symptomatic testing (entry)		
	ANC first test		
	ANC late retest		
	Postnatal PBFW 6-monthly		
	HEI 6w/6-9-18m EPI		
	HEI birth test		
	TB clients (newly diagnosed)		
	TB clients (presumptive TB)		
	STI clients (new STI)		
	Hep B/C (new)		
	Inpatient (new admission)		
	Children in malnutrition clinics		
	EPI child post-screen		
	FP initiation clients		
	FP <25 init+annual		
	FP init+biennial+change		
	FP init+annual		
	Self-initiated HIVST (annual)		
	VCT/HIVST any frequency		
	PrEP users 1m+6m		
	PrEP users 1m+3m		
	VMMC clients		
	Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT	
		PN APN +FBT (virtual)	
		PN APN +community test	
		Female index: child FBT/HIVST	
Female index: child CBT			
PN EPN +HIVST (VL>1000)			
PN EPN +HIVST FP/ANC<25			
PN EPN +HIVST (FP/ANC)			
KP SNT +HIVST			
AGYW SNT +HIVST			
PN EPN +HIVST (95s STI-neg)			
PN EPN +HIVST (STI-neg)			
PN APN +FBT (STI-neg)			

TESTING		MAL
Component	Intervention	
Community-based (virtual and in-person)	CB HIVST points >15	
	CB HIVST points 95-gap	
	CB HIVST points KP	
	HIVST digital outreach	
	KP high-volume outreach	
	KP all outreach sites	
	AGYW targeted outreach	
	Men targeted outreach	
	Men workplace testing	
	Children targeted outreach	
	Prisoners: On entry/discharge	
	Prisoners entry/annual	
ABYM targeted outreach		
Recency testing	Recency testing	

	Keep (No Change)
	Keep (Modify)
	Drop
	Not applicable
	Not Prioritized

Community-based services for key populations are deprioritized and will be integrated into facility-based services.

National Prioritized Treatment Services

TREATMENT			TREATMENT		
Component	Intervention	MAL	Component	Intervention	MAL
ART continuity	Uninterrupted ART for all	Keep (No Change)	OI management	TB Xpert for symptomatic	Not Prioritized
	MMD 3-6 months	Keep (No Change)		TB treatment	Keep (No Change)
	Annual clinical review	Keep (No Change)		TPT per regimen	Keep (No Change)
	Enroll less-intensive DSD	Keep (No Change)		CRAG for symptomatic	Keep (No Change)
	Maintain facility DSD-indiv	Keep (No Change)		Cryptococcal treatment	Keep (No Change)
	Maintain community DSD-indiv KP	Keep (Modify)	AHD package	LAM S3/4 seriously ill	Keep (No Change)
	Maintain client-managed groups	Keep (No Change)		CRAG S3/4 IPD	Keep (No Change)
	Maintain adolescent groups (HCW)	Keep (No Change)		CD4 S3/4 new or >90d	Not Prioritized
	Maintain community DSD-indiv	Keep (No Change)		CD4 S1/2 new or >90d	Keep (No Change)
	Maintain DSD groups (HCW)	Keep (No Change)		LAM S1/2 CD4<200	Keep (No Change)
	Active transfer same-day 3MMD	Keep (No Change)		CRAG S1/2 CD4<200	Keep (No Change)
	CTX adults S3/4/CD4<350	Keep (No Change)		Fluconazole pre-emptive	Keep (No Change)
Continuity OI prophylaxis	CTX adults high-risk	Drop	Integration	PAP smear never-screened	Keep (No Change)
	CTX for HIV/TB	Keep (No Change)		HPV screen never-screened	Keep (No Change)
	CTX for CLHIV	Keep (No Change)		Hypertension integration	Keep (No Change)
	CTX for HEI	Keep (No Change)		Diabetes integration	Keep (No Change)
	Fluconazole secondary proph	Keep (No Change)		Family planning integration	Keep (No Change)
ART initiation (and re-initiation)	Initiate <5 years	Keep (No Change)		VIAC annually WLHIV	Keep (No Change)
	Initiate PBFW	Keep (No Change)		Tracking and tracing	Confirm contacts each visit
	Initiate symptomatic/AHD	Keep (No Change)	Phone trace abnormal labs		Keep (No Change)
	Initiate all positives	Keep (No Change)	Phone trace high-risk		Keep (No Change)
	Initiate stage3/4 or CD4 low	Drop	Phone trace >28d missed		Keep (No Change)
	Initiate stage1/2 (CD4 high)	Drop	Home trace abnormal labs		Keep (No Change)
Viral load monitoring	VL for suspected failure	Keep (No Change)	Home trace high-risk		Keep (No Change)
	Repeat VL at 3m	Keep (No Change)	Home trace >28d missed		Keep (No Change)
	First VL by 6m	Keep (No Change)	Psychosocial support/ Counselling	ART start literacy	Keep (No Change)
	First VL (no prior)	Keep (No Change)		Adherence assessment visits	Keep (No Change)
	Pregnant: VL at ANC/3m	Keep (No Change)		VL and DSD prep	Keep (No Change)
	Pregnant: VL 34-36w	Keep (No Change)		EAC for high VL	Keep (No Change)
	Breastfeeding: VL 3m+6mly	Keep (Modify)		Child disclosure support	Keep (No Change)
	LLV: repeat VL 3m	Not Prioritized		MH screening at start	Keep (No Change)
	VL annually if suppressed	Keep (No Change)		MH screening high VL	Keep (No Change)
	VL q2-3y post-2x	Keep (No Change)		MH screening all visits	Keep (No Change)
Resistance test per guidelines	Not Prioritized				

Care and treatment intervention are critical and very key. Hence integration as a modification across these interventions.

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Not Prioritized

From Planning to Practice: Country Implementation of Prioritized HIV Services

Focus Area	Actions and Mechanisms
Policy and governance	<ul style="list-style-type: none"> • MoH issued circulars and directives to DHMTs, CHMTs and all implementing on new priorities and indicators • Scheduled meetings with district teams
Implementation framework	<ul style="list-style-type: none"> • Dissemination of the MoH-led Implementation Framework • Alignment of activities with the Package of Care and national M&E framework • Engagement meetings with agencies and IPs
Supervision and mentorship	<ul style="list-style-type: none"> • Joint supportive supervision by MoH, districts, and IPs • Monitors implementation of fidelity and quality of service delivery
Performance review and learning	<ul style="list-style-type: none"> • Quarterly and semi-annual reviews • Dissemination of lessons learnt through TWGs and coordination platforms

Service Delivery Models

Redesign Area	Actions	Coverage and Targets
Workforce transition	<ul style="list-style-type: none"> • Re-deployment of trained MoH staff to replace IP supported personnel for HTS, ART dispensing and VL monitoring • Task shifting to lay cadres (HSAs, community midwives, expert clients) for ART refills and adherence support 	<ul style="list-style-type: none"> • Target: ≥70% of HIV direct service delivery led by MoH staff by 2026 • Transition to 90% MoH-led delivery within 5 years
Differentiated Service Delivery (DSD) optimization	<ul style="list-style-type: none"> • Scale-up of 6MMD to reduce clinic visits and workload • Use of community ART groups (CAGs) for decentralized refills • Expanded use of HSAs for community ART delivery 	<ul style="list-style-type: none"> • Target: ≥95% of eligible clients by 2026
Integration and Transition of Drop-in Centres (DICs)	<ul style="list-style-type: none"> • Systematic phase-out of DICs, with RoC absorbed into public facilities or friendly private clinics • Supported transition aligned with differentiated population programming 	<ul style="list-style-type: none"> • Phase 1 (FY2025): 60% of services integrated into public facilities • Hybrid transition (90% public) by FY2027
Government-to-Government (G2G) Transition	<ul style="list-style-type: none"> • Gradual shift from partner-led direct service delivery to MoH-led service delivery in priority districts • Implementation by leveraging existing G2G agreements and district-based planning 	<ul style="list-style-type: none"> • Initial implementation in 4 districts (FY2025/2026) • Scale-up to >80% national coverage in 2 years

Quality Assessments Adaptation

- Compliance to service delivery standards/guidelines
 - Regular spot-checks on adherence to HIV quality of care standards
- Data quality assurance
 - Quarterly facility supervision, data verification, and audits
- Data analysis and utilization
 - Facility-based quality improvement learning sessions
- Continuous quality improvement projects

System Adaptations to Support Priorities

1. The HIV biomedical response is centrally coordinated by MoH with NAC coordinating the prevention aspect
 - Through TWGs, and District Management Teams, ensures alignment and accountability at all levels
2. The Health Systems Adaptations focuses on:
 - Domestic financing
 - Workforce transition
 - Supply chain optimization
 - Digital HIS integration to sustain service delivery and improve efficiency
3. System Adaptation on HIS involves:
 - Transition to a unified MaHIS platform with scannable paper tools in the interim and as back-up
 - Trained MoH data staff
 - Interoperability with LMIS and DHIS2
 - Ensuring “near-real-time” reporting and data quality

M&E System Adaptations, Key Indicator Trends and Implications

M&E Indicator Prioritization

#	Program Area	Indicator	Malawi	Key	
			>=50%		
1	VTP	1st ANC attendance		Keep [No Change]	
2		1st ANC testing		Keep [But Modify]	
3		1st ANC HIV+		Drop	
4		1st ANC Known HIV+		N/A	
5		HEI 1st EID			
6		HEI final outcome			
7		HEI ARV prophylaxis			
8	HTS	HTS_TST			
9		HTS_POS			
10		HTS_TST by modality			
11		HTS_POS by modality			
12	ART	TX_NEW			
13		TX_NEW by CD4 count			
14		TX_CURR by MMD			
15		Interuption in Treatment [IIT]			
16		AIDS-related mortality			
17	VL	VL results received			
18		VL results <1,000 C/ml			
19	TB	TB diagnosis			
20		Initiated on TPT			
21		Completed TPT			
22	HIV Prevention	PrEP_NEW			
23		Received PrEP			
24		Received PEP			
25		Received condoms			

❑ M&E Adaptations

- Indicators aligned with revised service package
- Scannable ART register simplifies data collection

❑ Coverage & Completeness

- ~100% reporting from supervised ART sites

❑ Gaps & Strengths

- Limited HIS/data management skills
- Inconsistent supervision
- Data inaccuracies and incomplete back-entry

M&E Systems Assessment Over Time

Stop Work (Feb 2025) - Post Stop Work (May and Sept 2025)				
Domain	Functionality	Malawi		
		Feb-25	May-25	Sept. 2025
Data collection	M&E Tools Availability	Yellow	Green	Green
	Data Quality and Completeness	Yellow	Green	Green
	Community Based Monitoring	Red	Yellow	Yellow
	Retention Monitoring and Follow Up	Red	Green	Green
	Commodity Tracking Systems	Yellow	Green	Green
Databases, reporting and use	HMIS reporting	Yellow	Green	Green
	EMR Functionality	Yellow	Green	Green
	Data Dissemination and Data Use	Yellow	Green	Green
HRH capacity	M&E HRH Capacity	Red	Green	Green
	Supervision and Mentorship for HRH	Yellow	Green	Green
	Capacity Building for M&E Staff	Yellow	Green	Green

Key: Impact of the SWO			
None	Partial	High	No data
Green	Yellow	Red	Grey

Pre-SWO

- Functional but costly and heavily reliant on partner support

During SWO

- System downtime
- Limited troubleshooting
- Backlog in data entry
- Low MoH staff proficiency

Post-SWO

- Systems restored with MoH leadership
- Improved data entry and ownership, though partner support still key

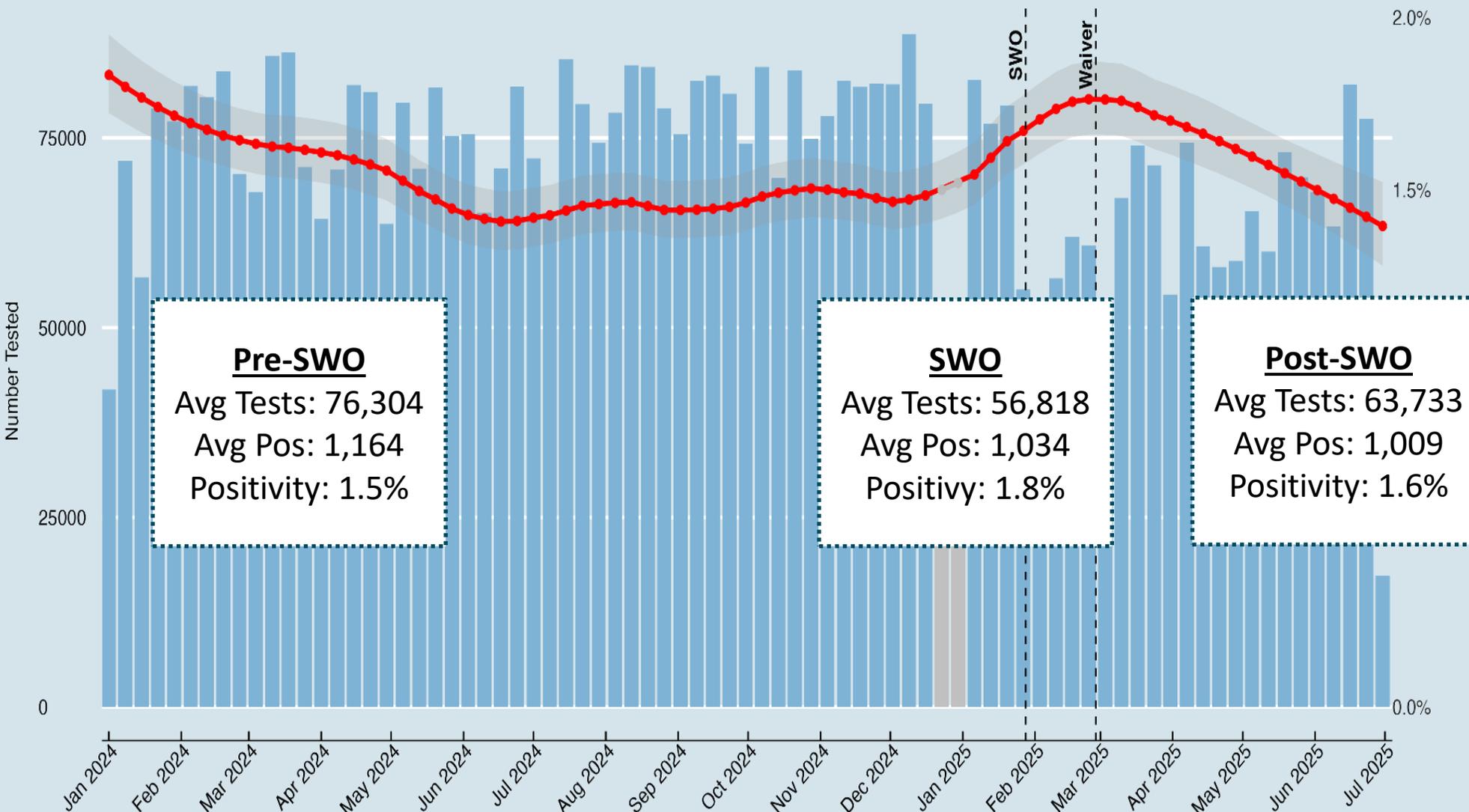
Risk: Continued dependency on IPs

Mitigation:

- Transition to MaHIS as a government-owned system
- Training local staff for sustainability
- Use of scannable tools as a low-cost backup
- Simplified indicators and tools to ease reporting burden

HIV Testing Volume and Positivity Over Time

Week Type ■ Included ■ Excluded (Seasonal) Yield Line —●— Smoothed yield —●— Excluded weeks



Testing had decreased in 2025 from January 2025
 → SWO

- 20% decrease in daily testing during SWO
- Targeted testing guidance
- Closure of testing points

Daily new positives decreased by 8% during SWO

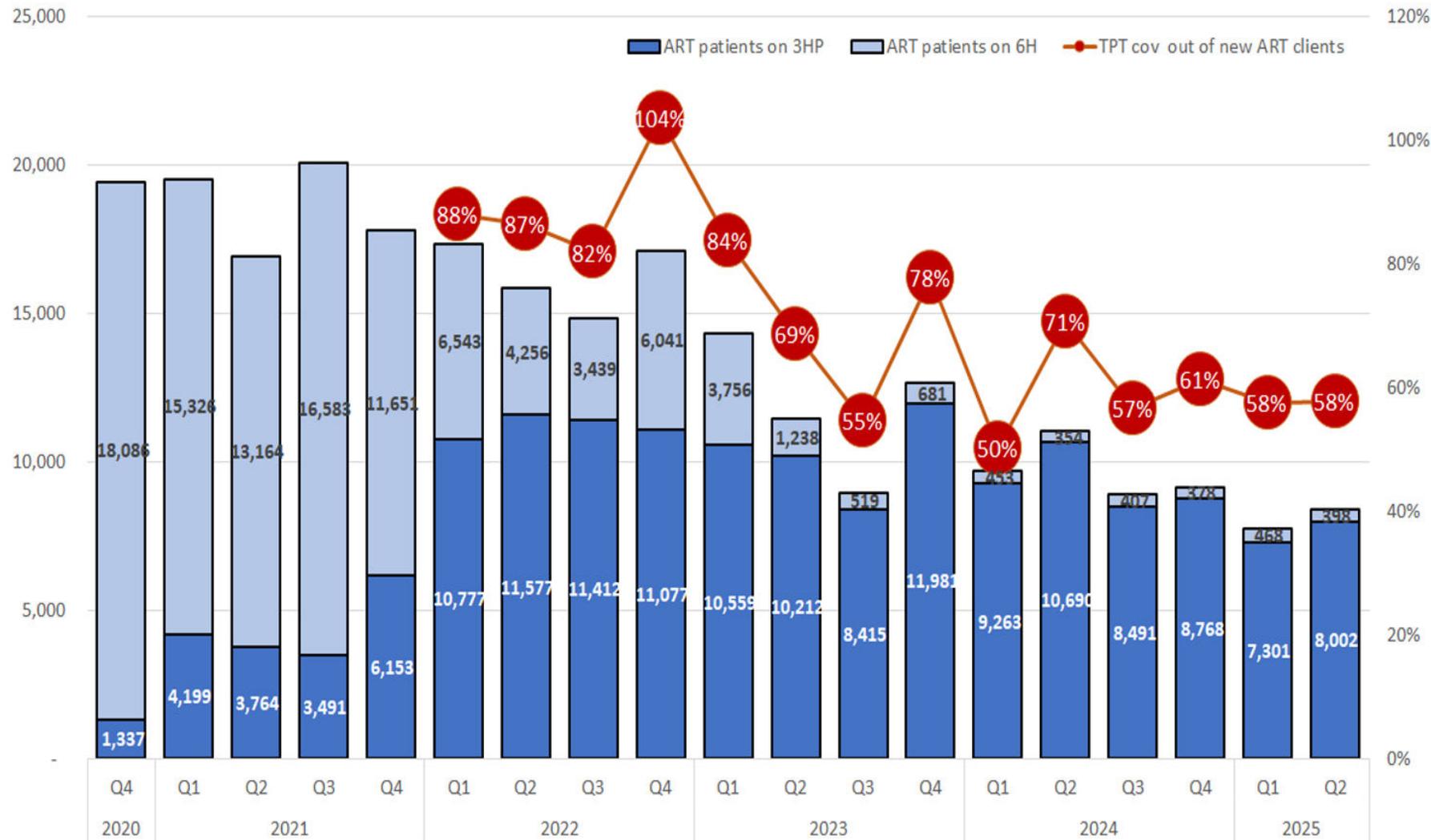
- Net decline in case finding

Diagnostic yield “positivity” increased by 17%

Source: Program Data

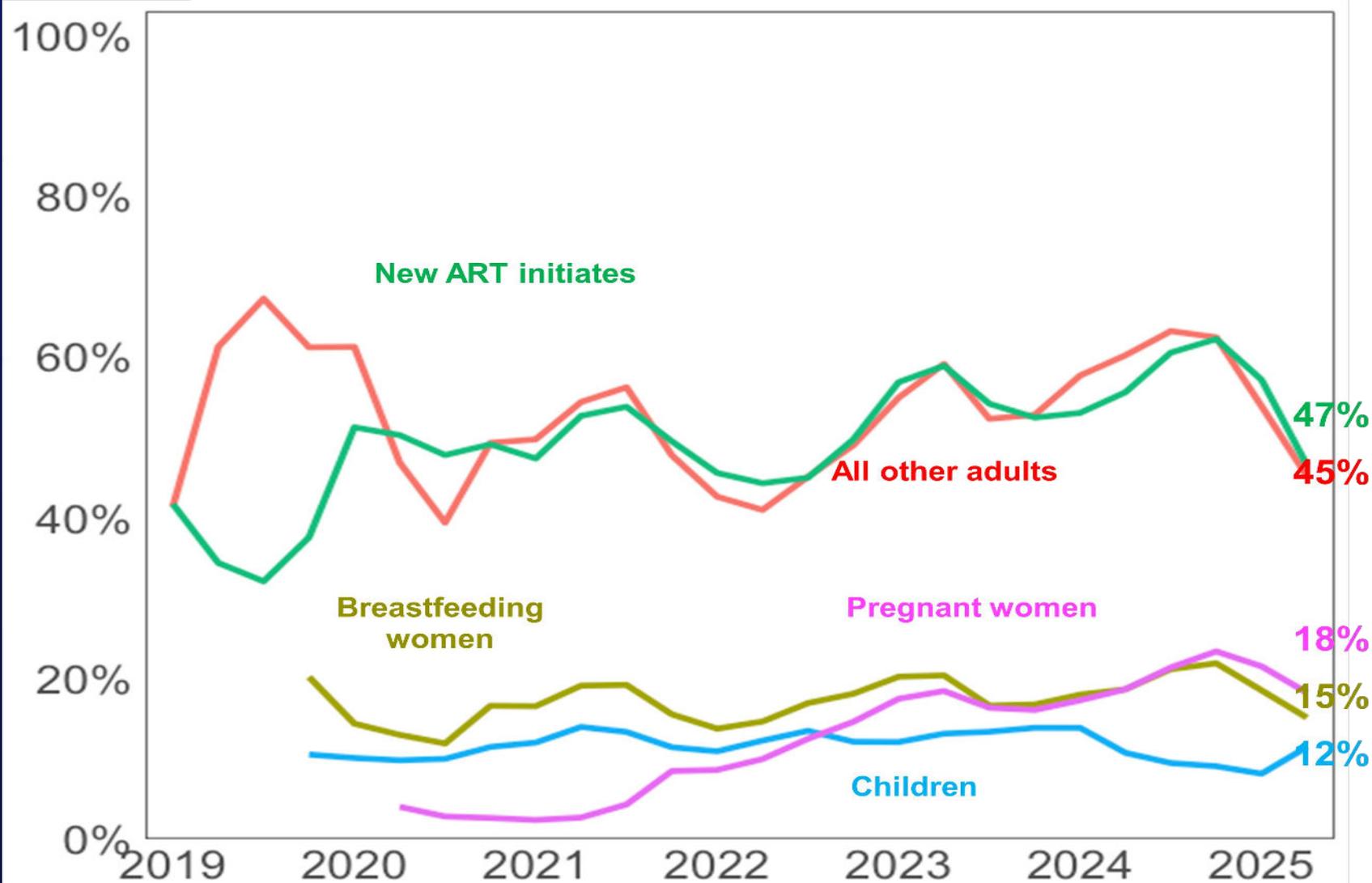
Monthly TPT Trends and Implications

Source: Program Data



- TPT coverage among new ART initiations remains low
- Approx 95% of clients on TPT are on the 3HP regimen
- A decline in Q1 in TPT
 - Reduced HIV testing and fewer ART initiations

Viral load Testing Coverage



VL cascade gaps mainly due to **sample collection bottlenecks**

Coverage is low in all groups

- lowest among pregnant, breastfeeding women, and children

Review of guidelines underway

- Need for targeted support to improve **sample collection and turnaround efficiency**

Community Engagement



Impact of Funding Reduction on Community Engagement

1. Reduced Community-led Monitoring (CLM)

- Suspension of community monitoring activities has weakened feedback mechanisms for improving service quality and accountability

2. Closure of Drop-in Centres (DICs)

- Several DICs providing ART and prevention services to key populations have scaled down or closed

3. Limited Community Platforms

- Reduced support to community volunteers and peer networks engaged in PrEP, HIV testing, and treatment adherence
- Risk of reversing gains achieved in prevention, linkage, and retention in care

CSO Engagement in the re-prioritization of HIV services and M&E indicators

- 1. Active participation of ROCs in the MoH-led situation assessment following the funding freeze**
 - Both assessment team members and respondents
- 2. ROCs engaged in the national reprioritization workshop**
 - Contributing to defining the “red lines” and non-negotiables
 - Ensuring community priorities remained central to decision-making
- 3. Continuous involvement through TWGs**
 - Providing input into key M&E indicators
 - Shaping the monitoring framework from a community perspective

How have ROC been contributing to sustaining the HIV response in the country including sustaining community engagement activities?

1. Increased partnership and networking
2. Mapping and capacity building plan of community structures
3. Increased collaboration with government to promote ensure effective and efficient task shifting
4. Increased advocacy on domestic resource mobilization

Lessons Learnt and Next Steps

Challenges and Lessons Learnt

Many HIV services and systems are highly donor dependent

- Staffing, logistics, technical support
- Fragile data systems for ART
- VL monitoring chain has many weak links, accounts for 20-30% of annual treatment cost

MOH may currently not be able to sustain the gains

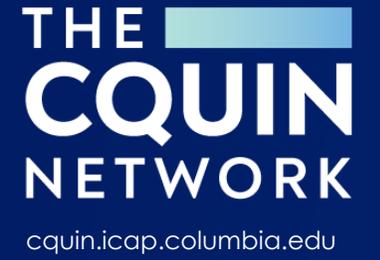
- The “invisible void”: re-allocating MoH staff and resources to replace the DSD and TA contribution by IPs will weaken all other health services

Guidelines, protocols and tools must be optimized and simplified

- Define core HIV service package based on impact and cost-effectiveness
- Requires time and significant upfront investment: revision of guidelines, training curricula, M&E tools, data systems, re-training of health workers, supply chain management
- Need to utilize available resources NOW to prepare for the “off-ramp”

Next Steps

What has to be done	By whom	Support needed / Next step	When
<ul style="list-style-type: none"> Develop a national HIV sustainability and transition plan integrating domestic financing, partner rationalization, and efficiency measures 	MoH (DHA, Planning, Treasury, NAC)	<ul style="list-style-type: none"> Continued engagements on domestic financing 	June 2026
<ul style="list-style-type: none"> Scale up mentorship and on-site coaching focused on paediatric and PMTCT Strengthen VL logistics and turnaround systems Rollout and monitor uptake of the new paediatric FDC regimen (<25 kg) 	DHA & IPs	<ul style="list-style-type: none"> Technical and operational support for mentorship rollout 	On-going
<ul style="list-style-type: none"> Finalize MaHIS rollout roadmap, and costing 	DHA SI Unit, MoH Digital Health Dept.	<ul style="list-style-type: none"> TA from CHAI on costing On going support from CDC, Govt and other partners on hardware, connectivity, and staff training Benchmark on those doing well in this area 	September 2026
<ul style="list-style-type: none"> Testing Optimization: Conduct analysis of all HIV testing points and modalities Prioritize and scale up high-positivity approaches 	DHA, DHOs, IPs	<ul style="list-style-type: none"> Technical support for in-depth analysis on testing optimization 	June 2026
<ul style="list-style-type: none"> Re-establish CLM platforms under NAC and build capacity of community structures to sustain feedback and accountability 	NAC, DHA, UNAIDS, CSOs, RoC (MANET+)	<ul style="list-style-type: none"> Partner support to revive CLM 	June 2026



Thank You!

