

Lessons from Malawi on reprioritizing HIV Services amidst funding cuts and ensuring a sustainable response



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Mozambique

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Outline

1. Malawi's HIV epidemiological situation
2. Gains in HIV response
3. Funding sources
4. Impact of Aid freeze
5. The reprioritization process
6. Prioritized services
7. Impact of stop-work order on HIV services
8. Malawi's way forward
9. Recommendations to Mozambique

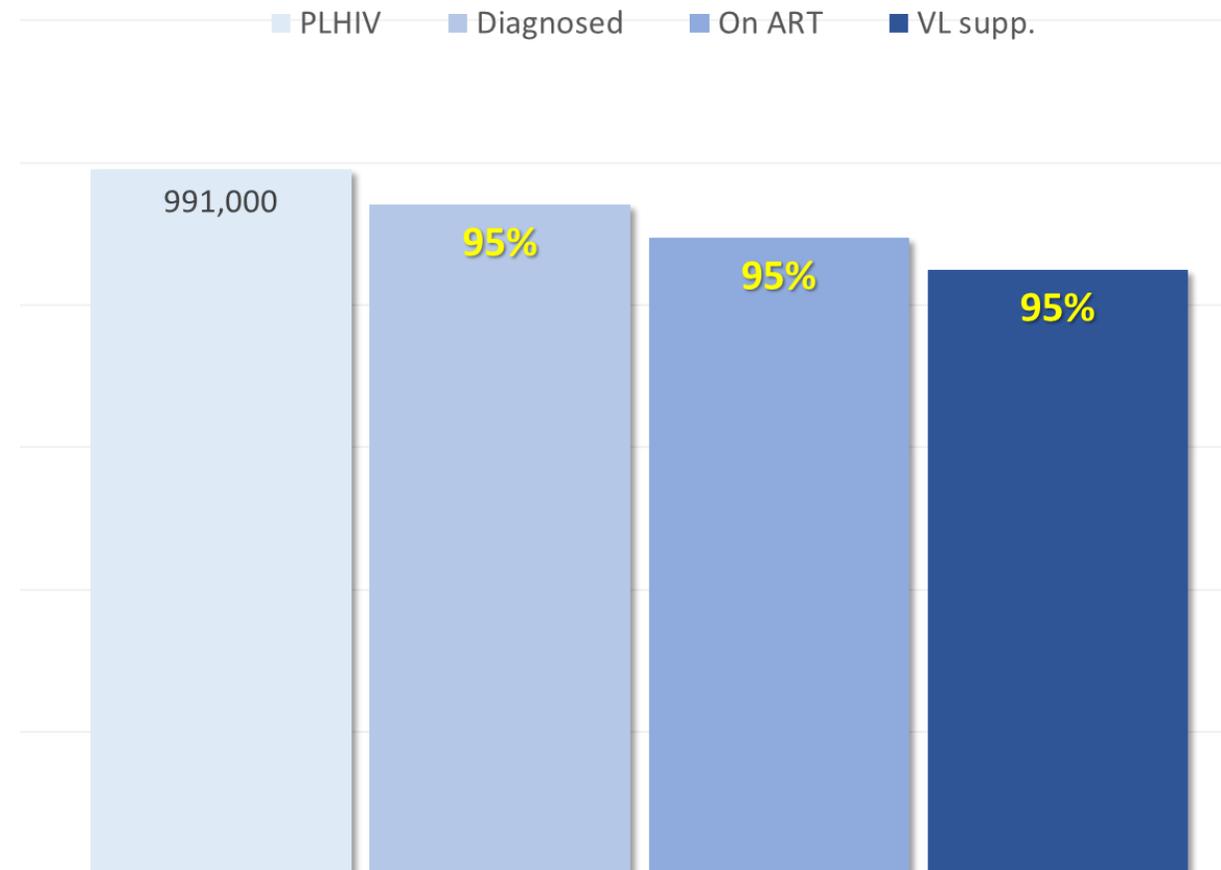


OVERVIEW OF HIV IN MALAWI

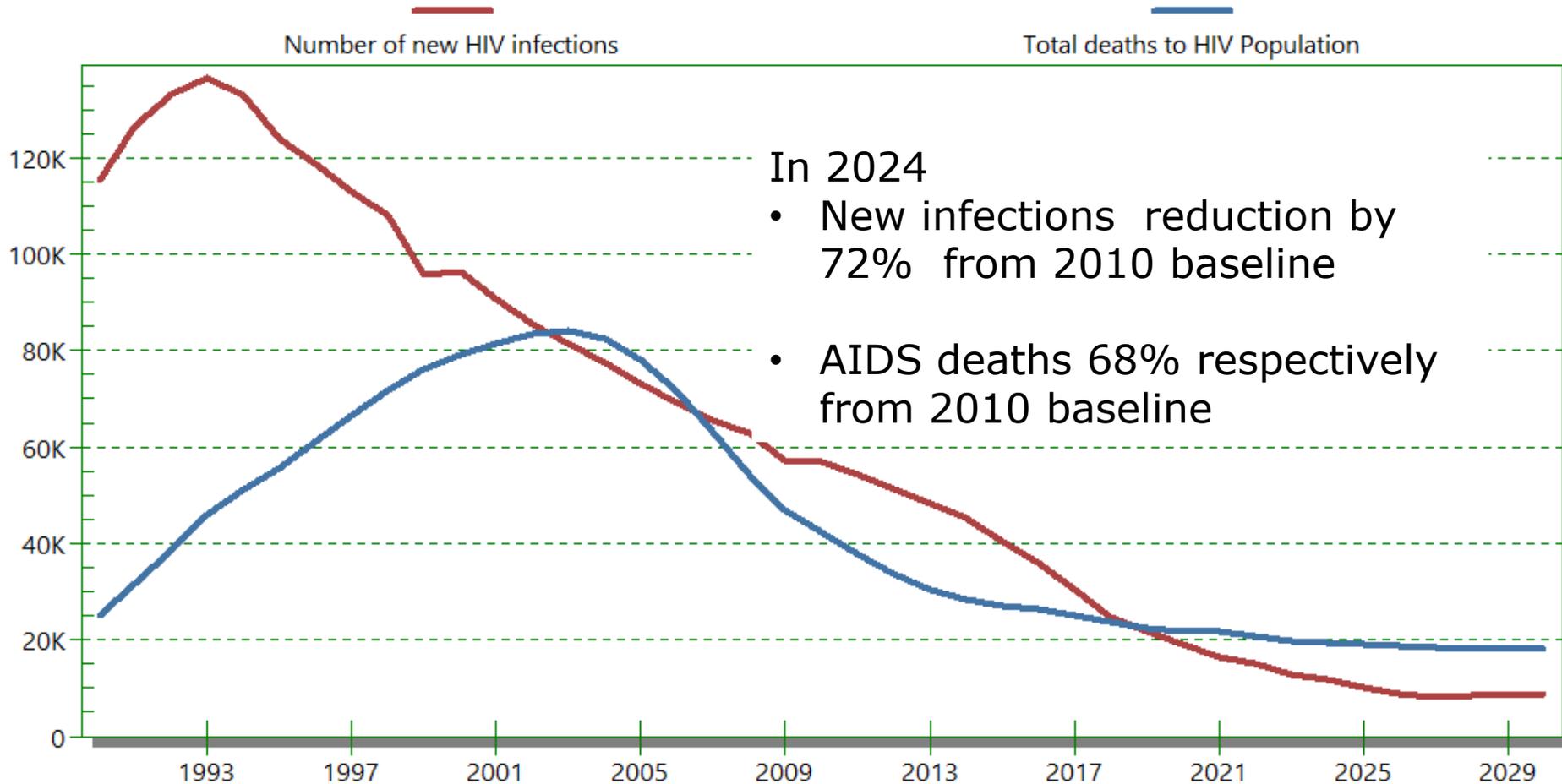
- Population of approx. 21 million people
- Has a generalised epidemic

- Prevalence rate of 7.3% (15+) in 2024
 - New infections 11,800 annually
- Achieved epidemic control in 2020
- Achieved 95-95-95- UNAIDS treatment cascade

Spectrum Treatment Cascade (Dec 2024)



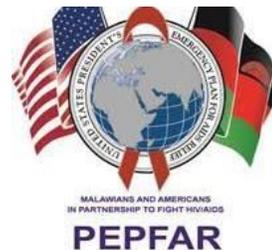
90% ART Coverage: 86% of all PLHIV achieved VLS



- Program Interventions**
- HIV testing and early diagnosis
 - Care and treatment
 - PMTCT
 - Combination prevention



- ❑ **Government of Malawi:** Human Resource, infrastructure, Policy
- ❑ **Global Fund:** >99% of critical supplies (ARVs, test kits, HIV and STI meds), health system strengthening, workforce, equipment, and digital health solutions.
- ❑ **PEPFAR (USAID, CDC, DOD):** Health systems, workforce, infrastructure, capacity building, quality assurance, and data management.
- ❑ **UN Agencies (WHO, UNAIDS, UNICEF, UNDP, etc.):** Policy guidance, emergency response, advocacy, and more.



Stop-work-order forced reprioritization

SITUATION ANALYSIS

Out of **900,000** ART clients across **864** health facilities in Malawi:

- 90% at facilities with direct service delivery support from PEPFAR implementing partners (IPs).
- **4,451** staff (Clinicians, Medical assistants, HDAs etc) hired by PEPFAR managed by **10** IP

IMMEDIATE IMPACT: Service disruptions

- HIV testing
- ART provision
- VL and EID sample collection, transportation and processing
- Inadequate human resources
- Electronic medical records system down at many facilities
 - Some facilities dispensed ARVs without any documentation
- Laboratory information systems was affected

How reprioritize services?

To sustain the gains

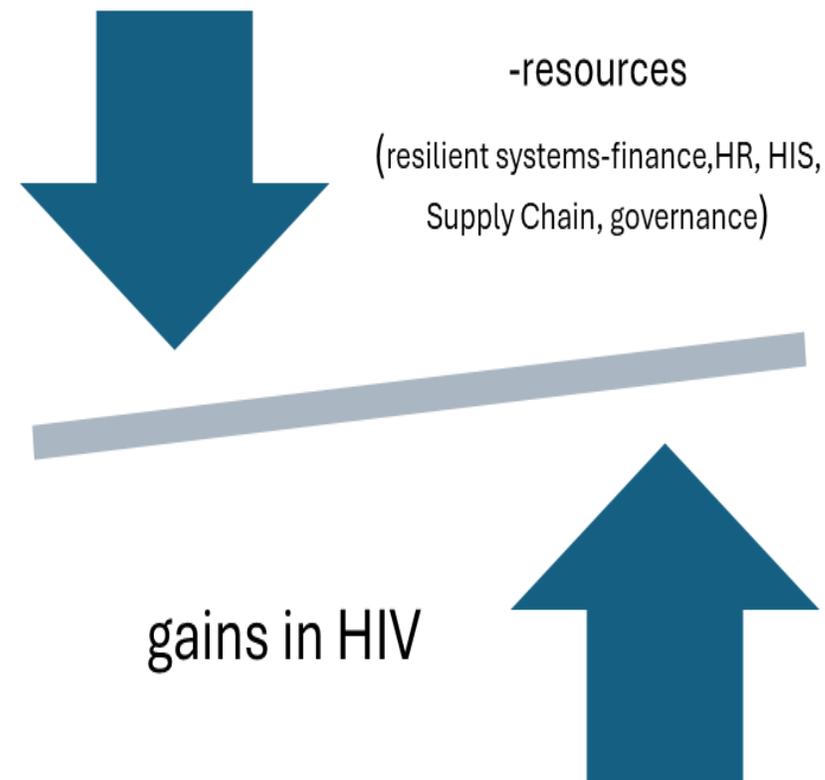
- Sustain progress in HIV response, avoid new infections and AIDS-related deaths

Optimizing resources

- Resources directed to impactful and cost-effective interventions

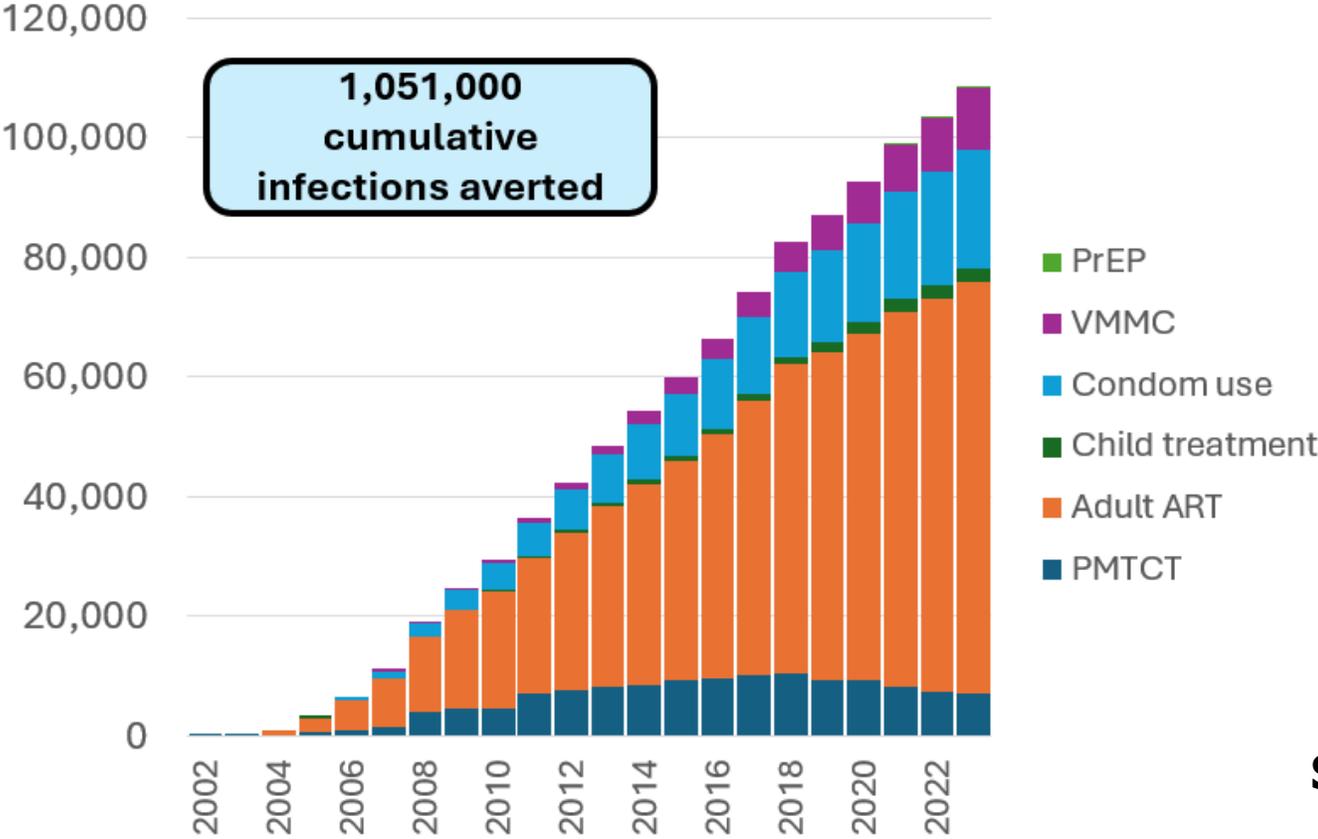
Building sustainable and resilient response

- local response and health system strengthening based on domestic resources

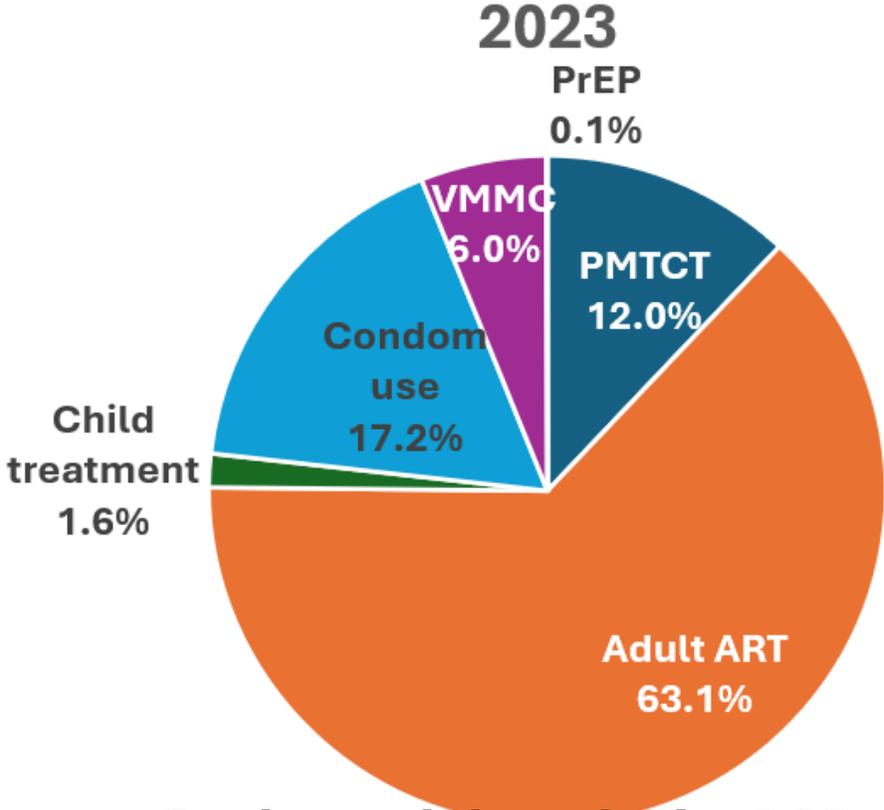


Review of evidence for reprioritization: ART scale-up delivered **77%** of the prevention impact

Annual HIV infections averted by the HIV programme

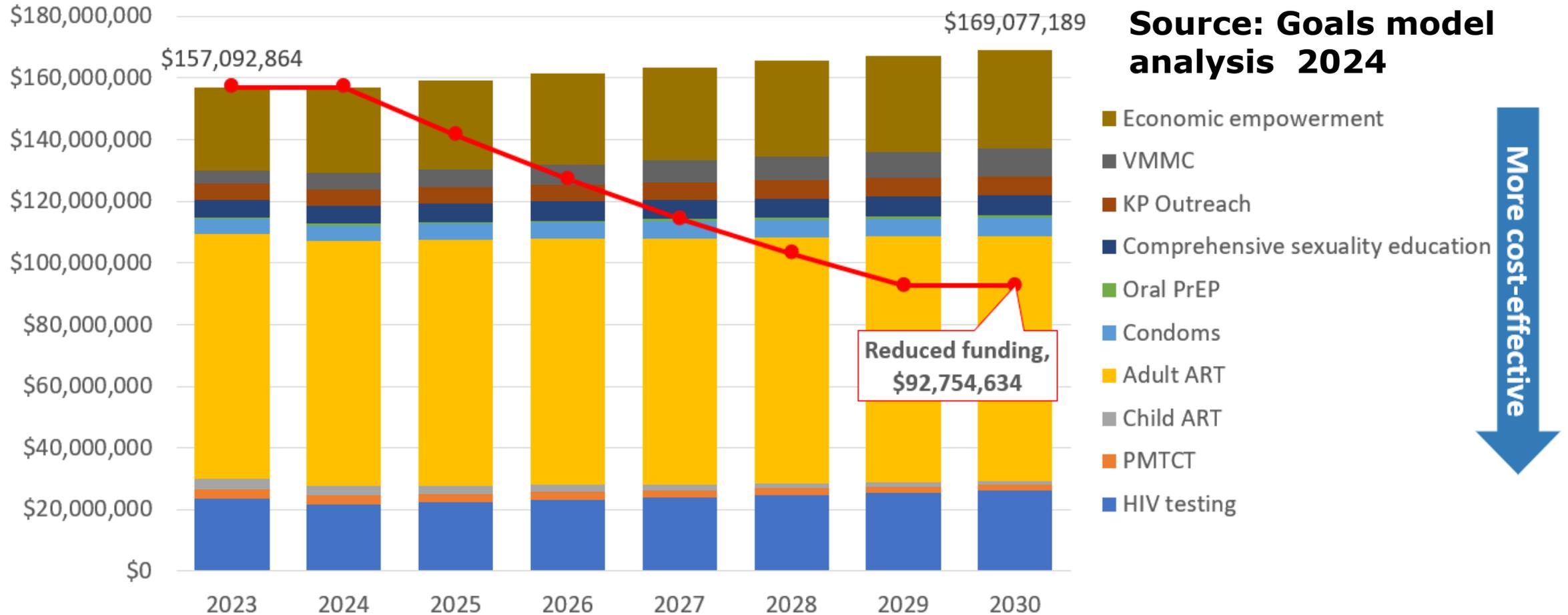


% of infections averted, 2002-



Source: Goals model analysis 2024

Intervention ranking by impact and cost-effectiveness



If only the most cost-effective interventions are prioritized, the total for running HIV program will reduce from **\$ 169m** to **\$ 93m**

Reprioritizing according to:

- Lifesaving
- High priority
- Low priority
- Cost effectiveness

FROM: THE SECRETARY FOR HEALTH, P.O.BOX 30377,
LILONGWE 3

TO : DISTRICT COMMISSIONERS
Attn: Directors of Health Services

: DIRECTOR GENERALS, ALL CENTRAL HOSPITALS

copy : THE PEPFAR COORDINATOR

: ALL HIV IMPLEMENTING PARTNERS

Dear All,

UPDATED GUIDANCE ON PROVISION OF UNINTERRUPTED HIV SERVICES ACROSS ALL HEALTH FACILITIES IN MALAWI

Reference is made to a circular dated 3rd February 2025 titled PROVISION OF UNINTERRUPTED HIV SERVICES ACROSS ALL HEALTH FACILITIES.

The Ministry of Health issues this revised guide following review of current health system capacity and recent developments. This update aims to further strengthen the health system, ensuring resilience, sustainability, and uninterrupted delivery of HIV services.

During this period the primary role implementing partners will be:

- Coaching and mentorship of MOH staff
- Logistical and technical support where needed
- Direct service delivery to prevent service disruptions

The Ministry of Health directs the Implementing partners to implement and adhere to the following measures without delay. Changes may be made based on emerging issues.

<h2>Lifesaving</h2> <p>Immediate priority Services must be maintained at all costs.</p>	<h2>High priority</h2> <p>Essential services that require adjustments but should not be stopped.</p>	<h2>Moderate/low priority</h2> <p>Services that can be temporarily reduced or modified</p>
<ul style="list-style-type: none"> • ART initiation and continuation at facility • 6-month ARV supply • AHD screening • HIV Rapid testing for priority population • Targeted HIV viral load testing • Infant ARV prophylaxis • EMRs support for data capture 	<ul style="list-style-type: none"> • DNA-PCR testing for HEI • Hepatitis B testing for ANC women only • Training of HMIS officers in EMRs • Condom distribution • Health Education on HIV prevention. 	<ul style="list-style-type: none"> • Suspend emergency refills • Sample transportation of HIV viral load- To use ambulances and any other means where necessary • Modified Routine viral load testing • Modified provision of oral and injectable PrEP • Modified VMMC

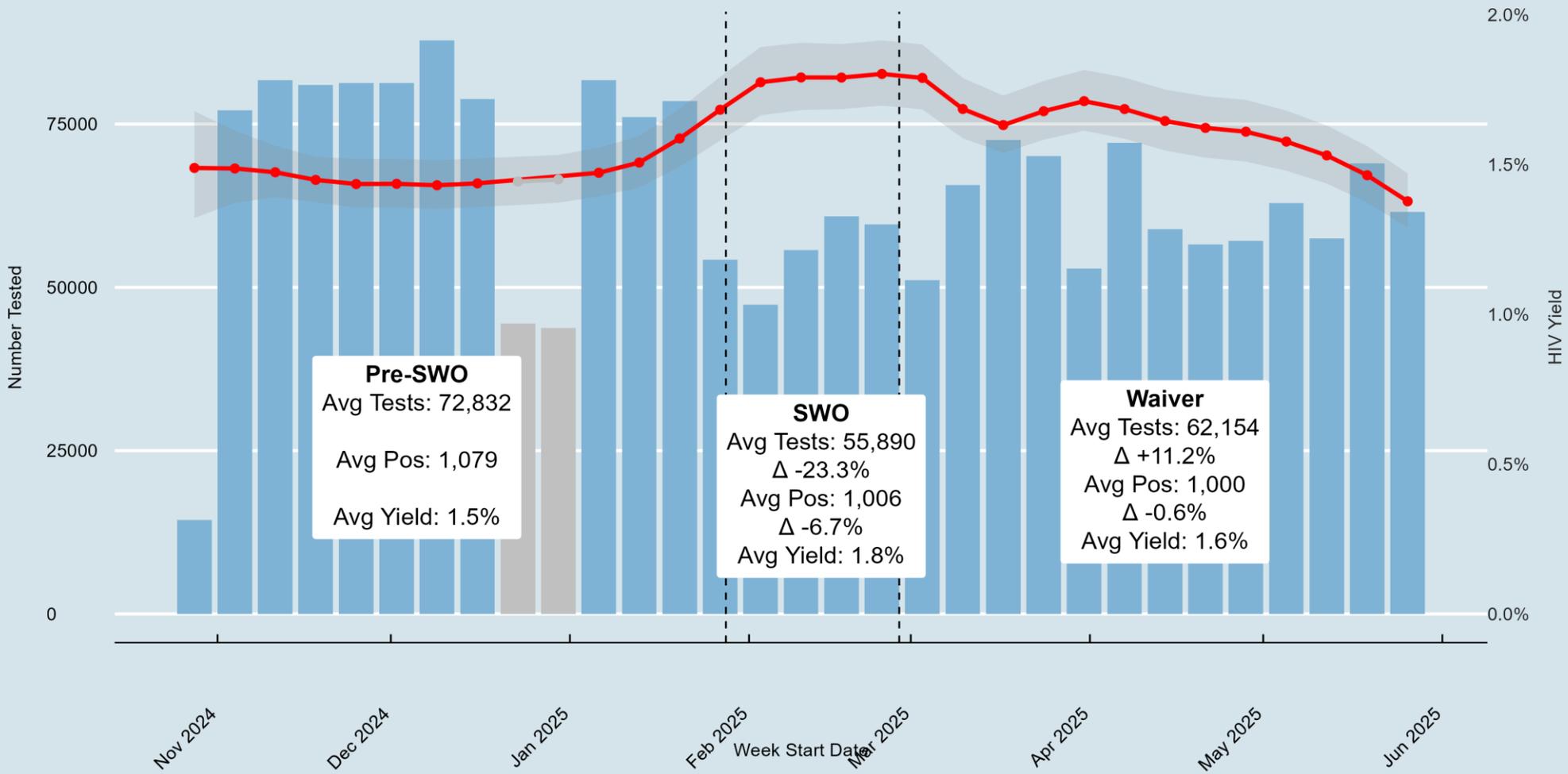
IAS MoH Contingency Measures – ART Service Continuity

- **Deploy trained MoH** staff for HIV testing, ART dispensing, and viral load monitoring to replace PEPFAR-supported personnel.
- **Optimize 6-month ART dispensing** to reduce clinic visits and ease facility workload.
- **Use community health workers** (HSAs and Community midwives' assistants) for ART refills to stable, eligible clients.
- **Engage community ART groups** (CAGs) in high-burden Southern districts for decentralized ART refills.
- **Redistribute stock** to manage over/understock and prevent expiries or stockouts.
- **Shift tasks at facility** level, allowing lay cadres to cover roles left by PEPFAR staff.

HIV Testing Volume and Yield Over Time

Despite service disruption, HIV yield improved—reflecting resilient and targeted testing during the SWO.

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

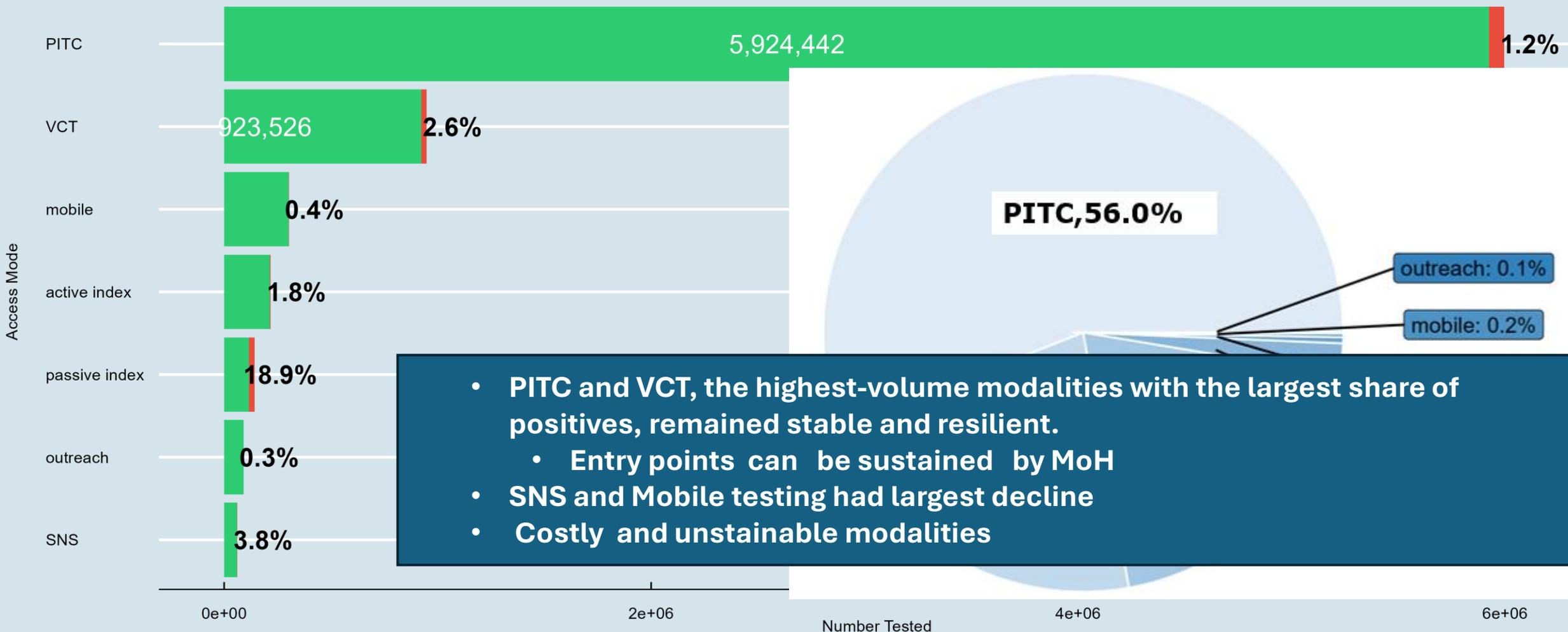


- The proportion of new HIV positives had increased to 1.8% from 1.5%
- This confirms MOH testing providers were effective in targeted testing
- The program goal of case finding was maintained
- Providers adhered to guidance

HIV Testing Outcomes by Access Mode in the Malawi Testing Program

Nov 2022 to May 2025

HIV Test Result ■ Positive ■ Negative



What worked well?

- Government led response with community engagement
- Ealy planning and coordination with stakeholders
 - Momentum from the HIV program sustainability planning work which started before the aid freeze
- Prioritization of service provision which could be sustained by MoH
- Weekly virtual district engagement meetings.
- Communication with sites through circulars

Key recommendations

- Re prioritization has to be **Government led and should be strategic.**
- **Cost effectiveness vs impact and coverage**- Focus on interventions with highest return in preventing infections and saving lives to the largest number of people.
 - Evidence such as GOALS model
- **Sustainability**- interventions should be those that can be done with local resources
- **Equity**- interventions and services accessible to all including vulnerable and those in hard to reach.
- **Community engagement** and Stakeholder collaboration
- **Note: reprioritisation is an ongoing process**

Long-term measures

- Increase HR capacity within Ministry of Health to fully integrate HIV services into the healthcare mainstream.
- Engage non-traditional partners (private sector, foundations) to support HIV interventions - *aligning with the health financing strategy*
- Implement digitalization HIV program data to maintain data quality, improve efficiency and reduce dependency on external support.
- Invest in alternative models of service delivery; expansion of multi-month drug dispensing policy, community-oriented approaches (ART groups etc.)



International AIDS Society iasociety.org



Thank you

Appendix

Planning ,coordination and communication of re-priotization during SWO

Ministry of Health's Rapid Response to the SWO-

#	Date	Action	Purpose
1	28 th Jan 2025	Circular 1 to District councils	<ul style="list-style-type: none"> To provide immediate reassurance and guidance on service continuity
2	29 th Jan 2025	Press Release to general public	<ul style="list-style-type: none"> To reassure on availability of medicines and continuity of essential HIV services.
3	30 Jan 2025	Stakeholder Mitigation Planning Meeting	<ul style="list-style-type: none"> To develop a structured response plan. To review of evidence for prioritization of services <ul style="list-style-type: none"> Used service level program data HRH information GOALS model

Policy Guidance and Prioritization of Services communication

#	Date	Action	Purpose
4	03 Feb 2025	Circular 2 to District Health offices	<ul style="list-style-type: none"> To communicate the prioritization framework
5	07 Feb 2025	Circular 3 to local government authority	<ul style="list-style-type: none"> Additional guidance on managing service delivery under constrained conditions.
6	27 Feb 2025	Circular 4 to District Health offices following PEPFAR the waiver	<ul style="list-style-type: none"> To outline roles of the IPs and the reprioritised services.

Sustaining Coordination and Oversight

#	Date	Action	Purpose
7	Weekly	Virtual meetings with District and Central Hospital Directors	<ul style="list-style-type: none"> To ensure real-time coordination, feedback, and responsive decision-making during the SWO period. To monitor implementation of MoH guidance and sustain critical services.
8	Ongoing	Site supervision	<ul style="list-style-type: none"> To monitor implementation of MoH guidance and sustain critical services.
9	Ongoing	Program data monitoring	<ul style="list-style-type: none"> To monitor implementation of MoH guidance and sustain critical services.

REF.NO:/ 28th January 2025

FROM : THE SECRETARY FOR HEALTH, MINISTRY OF HEALTH,
P.O. BOX 30377, LILONGWE

TO : DISTRICT COMMISSIONERS
Attn: Directors of Health Services
DIRECTOR GENERAL, ALL CENTRAL HOSPITALS

Dear All,

SUBJECT: **PROVISION OF UNINTERRUPTED HIV SERVICES ACROSS ALL HEALTH FACILITIES**

The Ministry of Health acknowledges that recent changes in external support may have raised concerns regarding the continuity of HIV services in some health facilities. The Ministry wishes to inform leadership of central and district hospitals and all healthcare workers that it is actively working to mitigate any potential disruptions and ensure seamless service delivery.

To this end, the ministry is directing the leadership to undertake the following interim measures:

- Utilise existing capacity:
 - All HIV services, including testing, viral load sample collection, care and treatment, supply chain management and record keeping should be provided by Ministry of Health/CHAM/IHAM/Private facilities' employees.



Republic of Malawi

MINISTRY OF HEALTH
PRESS RELEASE

ASSURANCE OF SUSTAINED DELIVERY OF HIV/AIDS SERVICES IN ALL PUBLIC AND PRIVATE HEALTH FACILITIES IN MALAWI

The Ministry of Health wishes to inform the public that all HIV/AIDS services will continue to be provided normally in all the public and private health facilities across the country.

The Ministry wishes to inform the public that the country has adequate quantities of ARVs, test kits and other supplies. Further, the Ministry has put measures in place to secure more supplies and will be making updates accordingly.

The ministry is advising the public not to panic as it will continue working around the clock, to prevent any stockouts of the necessary commodities. All the health facility management teams have been prepared, advised and are ready to ensure there is no disruption of services in the country.



Dr. Samson Mindolo
SECRETARY FOR HEALTH
29th January, 2025

Ref. No. DPPD/27 7th February 2025

FROM: SECRETARY FOR HEALTH, P.O. BOX 30377, LILONGWE
TO: ALL DISTRICT COMMISSIONERS

Attention: DIRECTORS OF HEALTH SERVICES

US GOVERNMENT AID FREEZE AND FUTURE ENGAGEMENT WITH US GOVERNMENT FUNDED IMPLEMENTING PARTNERS

As you may be aware, the US Government has temporarily suspended foreign aid for a period of 90 days and this has caused significant disruption of health service delivery.

The Ministry of Health is actively engaging with US Government agencies to revise our working arrangements to prevent such disruptions in future. As part of this process, we have developed a framework that spells out how we will work with implementing partners moving forward.

Therefore, all US Government funded implementing partners will need to align their operations and work plans with the new partner engagement framework before resuming their activities. The Ministry will provide further guidance on this process very soon in order to ensure smooth resumption of partner support.

Thanks for your commitment and resilience.

Dr Samson Mindolo
SECRETARY FOR HEALTH

REF.NO.ADMN/HIV 03rd February 2025

FROM : THE SECRETARY FOR HEALTH, MINISTRY OF HEALTH,
P.O. BOX 30377, LILONGWE 3

TO : DISTRICT COMMISSIONERS
Attention: Directors of Health Services
DIRECTOR GENERAL, ALL CENTRAL HOSPITALS

RE: PROVISION OF UNINTERRUPTED HIV SERVICES ACROSS ALL HEALTH FACILITIES

In reference to the circular dated 28th January 2025 and issued with the same subject as above, the Ministry of Health wishes to communicate the following measures as part of the contingency plan to respond to the temporary suspension of support by PEPFAR and its implementing partners.

The ministry instructs that these measures be implemented without delay. The measures are as follows:

- Redeployment of trained Ministry of Health (MOH) staff for HIV testing, ART dispensing, and targeted viral load monitoring to fill gaps left by PEPFAR-funded personnel.
- Optimize 6-month ART dispensation to reduce clinic visits and ease the burden on health facilities.
- Train and utilise community health workers (Health Surveillance Assistants and community midwives' assistants) for ART refills targeting stable and eligible clients.
- Train and utilise community structures like Community ART Groups (CAGS) in the high burden districts in the Southern region for ART refills targeting stable and eligible clients.
- Stock redistribution in case of over-stock/understock to avert expiries and stock out.
- Facility-level task shifting, leveraging Health Surveillance Assistants (HSAs) and hospital attendants to assume responsibilities previously managed by PEPFAR-supported staff.
- Leverage private sector and CHAM/IHAM facilities to absorb ART patients (from high-volume ART clinics) if necessary.

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