



MINISTRY OF HEALTH

IMPLEMENTING PARTNER ENGAGEMENT FRAMEWORK

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1. Introduction

The United States has been the biggest funder of Malawi's healthcare system, contributing around 40% of the country's total health budget through USAID, PEPFAR, and the CDC. This funding has played a vital role in addressing health challenges, particularly in the fight against HIV/AIDS, malaria and tuberculosis. Malawi has over 992,000 people living with HIV, and approximately 90% of these individuals rely on antiretroviral therapy (ART) provided by health facilities supported by US-funded partners. This support has been essential in improving access to HIV treatment and care, preventing new infections, and managing the health of those living with the virus.

However, the US Government 90-day aid freeze has impacted the country's healthcare system. The impact has been felt nationwide, particularly in high HIV/AIDS prevalence districts such as Blantyre City, Lilongwe City, and Mulanje. These areas, which were heavily supported by implementing partners, have seen a collapse in vital HIV/AIDS health services. In addition to the disruption of ART services, the HIV sample transportation system managed by R4H collapsed, leaving health facilities without a reliable means of transporting samples to laboratories. Similarly, the Laboratory Information Management System (LIMS) that captures and manages all laboratory data including HIV was also abruptly disrupted.

The funding disruption has also affected the healthcare workforce. The withdrawal of funding has directly impacted 4,451 health workers, including clinicians, nurses, laboratory personnel, HIV diagnostic assistants and patient support volunteers. Thus, services previously provided by implementing partners, such as the Lighthouse program at Kamuzu Central Hospital and other facilities, have been closed or significantly reduced.

The Malawi government has undertaken several mitigation measures to bridge the gap created by the funding disruption. One key strategy is to use community health workers, such as Health Surveillance Assistants (HSAs) and community midwifery assistants, to help with ART refills. Furthermore, the government has utilized community structures like Community ART Groups (CAGs) in the Southern region to maintain HIV treatment adherence. These groups, which are made up of people living with HIV, are a crucial part of the response to ensure that patients in these high-prevalence areas do not default care. The Ministry of Health has also worked closely with

districts to redeploy health workers to the most needed areas, ensuring that the available workforce is used efficiently to maintain critical HIV services. The Ministry will revert to paper-based LIMS as an alternative to the electronic LIMS.

In order to prevent this type of service disruption from happening again in future, the Ministry of Health has developed this partner engagement framework outlining the principles that USG funded implementing partners must adhere to if and when they resume operations. This framework will also apply to non-USG partners in due course. This framework is organized by selected HSSP III pillars, as follows:

2. Principles of the framework

2.1. Service Delivery

Where support is provided directly by implementing partners (IPs), the following principles will apply:

- The Ministry of Health shall lead the management of service delivery platforms at all levels, including centres of excellence.
 - Service delivery planning will be led by Government entities at the relevant and appropriate level.
 - Partners shall only support the delivery of a prioritised HIV package of services specified in guidance given to central hospitals and district health offices by the Ministry and, more broadly, prioritised health service packages within designated service delivery platforms.
 - Target setting for services will be led by Government institutions at the relevant levels in line with the priority package of HIV interventions and the sustainability path defined by the HIV contingency plan
 - Partners will support service delivery gaps identified by Government entities
- The partner-supported workforce shall work alongside and in support of government health workers at all partner-supported sites with a focus on capacity building and task sharing.

- Government institutions will lead the target setting for services at the relevant levels that align with the sustainability path defined by the HIV contingency plan.
- The Ministry of Health shall monitor the implementation of partner-supported service delivery platforms.
- The government shall provide sample transportation services through a sustainable structured system, while partners provide support.

2.2. Human Resources for Health

Where partners support the training and recruitment of health workers, the following principles shall apply:

- Partner-supported workforce shall work alongside and in support of government health workers in all partner-supported sites.
- Government health workers will occupy part of decision making by occupying key positions such as site Manager/Coordinator in all health facilities where service delivery was fully or mostly partner led.
- Partner-recruited health workers shall broaden their focus to delivering integrated health services rather than vertical, disease-specific interventions.
- Training, recruitment, and deployment shall align with the Ministry of Health's defined cadres and identified gaps.

2.3. Supply Chain

Where partners support the procurement, warehousing, and distribution of medical supplies, the following principles shall apply:

- Partners shall integrate their supply chain systems with the Central Medical Stores Trust (CMST) to ensure streamlined management of medicines and medical supplies.
 - This process will start immediately (10/02/2025) and progress in a gradual manner
- The Government supply chain team at the national level will have oversight of all commodity storage and distribution. As such, they must be given necessary access.

- Commodities to be procured shall only be those meant for services that are in the prioritised HIV package of services.
- Government will be responsible for commodity management at all levels.

2.4. Digital health and health management information systems (HMIS)

Where partners support the development and use of health management information systems, the following principles shall apply:

- Health management information systems including the lab management information system shall be managed only by Government staff
 - Implementing partner financial resources earmarked for data systems shall be refocused to support the capacity building of identified government staff in all aspects of operating and maintaining the systems
 - Implementing partners will provide technical backstopping to the identified Government staff
- The government maintains the Malawi Health Information System (MaHIS) as its long-term vision but shall rapidly scale up cost-effective digital tools in the short term, such as the scanform, for HIV and other health services in order to maintain quality data for programme management.
- Implementation of electronic medical records systems and other digital health technologies will be led by identified Government employees and implementing partners shall provide capacity building and technical backstopping
- The Digital Health Division will assume active oversight of partner led and managed digital health solutions in liaison with Government staff managing the systems at the operational level

2.5. Medical Equipment

Where partners support the acquisition and operation of medical equipment, the following shall apply:

- Equipment acquired by implementing partners shall align with the Ministry of Health's essential equipment list and not be limited to use only for specific vertical diseases.
- Government health workers shall lead in the operation and management of equipment acquired by Implementing Partners
- Implementing partners shall train Ministry of Health personnel on the operation, maintenance and disposal of the equipment.
- Equipment acquired by implementing partners shall align with the Ministry of Health's Essential Equipment List.

2.6. Leadership and Governance

- Health systems issues that pertain to HIV but are the mandate of other Directorates in the Ministry of Health shall be managed by the responsible Directorates
- An inter-departmental committee of the Ministry of Health will review the proposed operations and workplans of all implementing partners before they resume work in districts to ascertain alignment with this framework
- The Ministry will issue a letter to the implementing partner indicating satisfaction and authorizing the partner to commence necessary discussions with the districts.
- District Health Management teams will review the proposed operations and workplans of their implementing partners before they can resume work
- The interdepartmental committee of the Ministry of Health shall monitor the implementation of this framework to ensure compliance