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Building forward: Differentiated service delivery as a catalyst for sustained and integrated HIV services amid funding uncertainty

Lessons from Malawi: DSD plans and agreeing on a minimum package

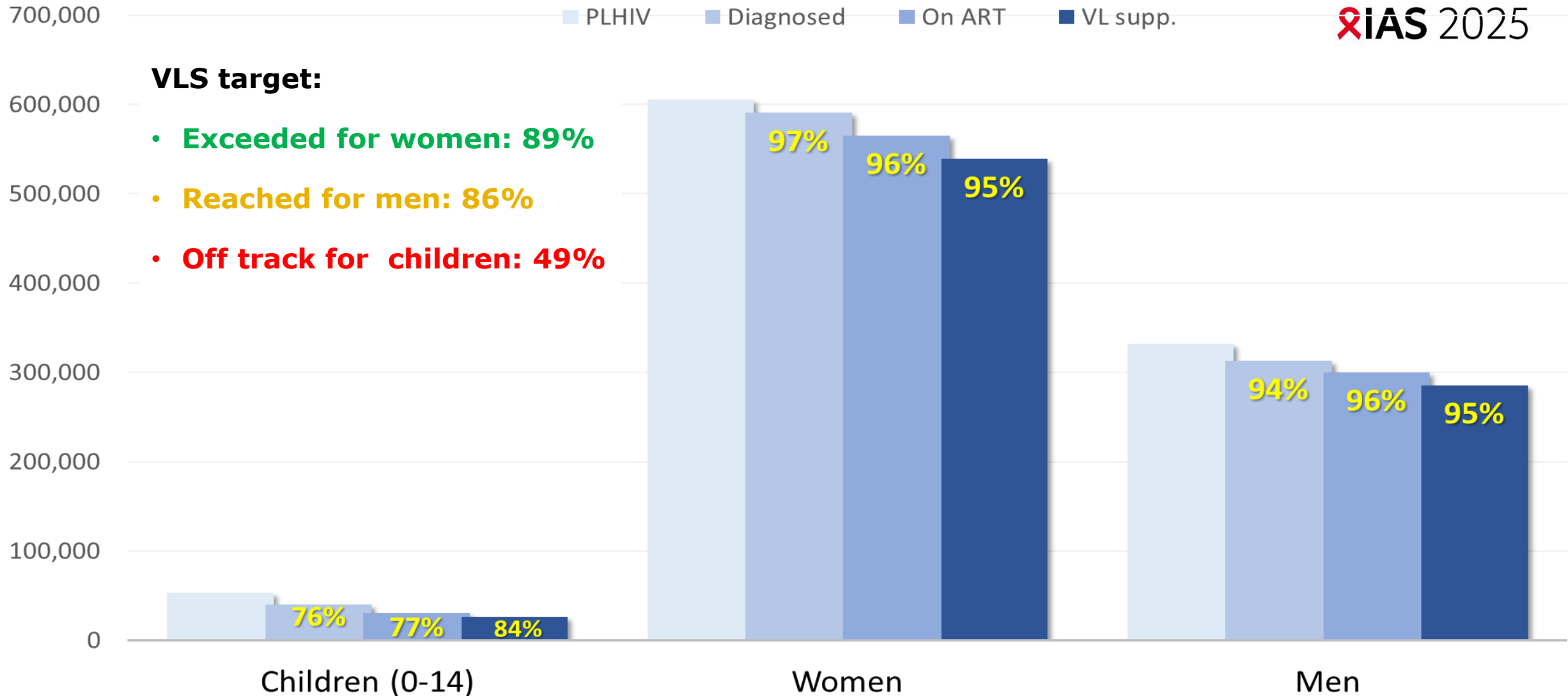


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Spectrum Treatment Cascade (Dec 2024)



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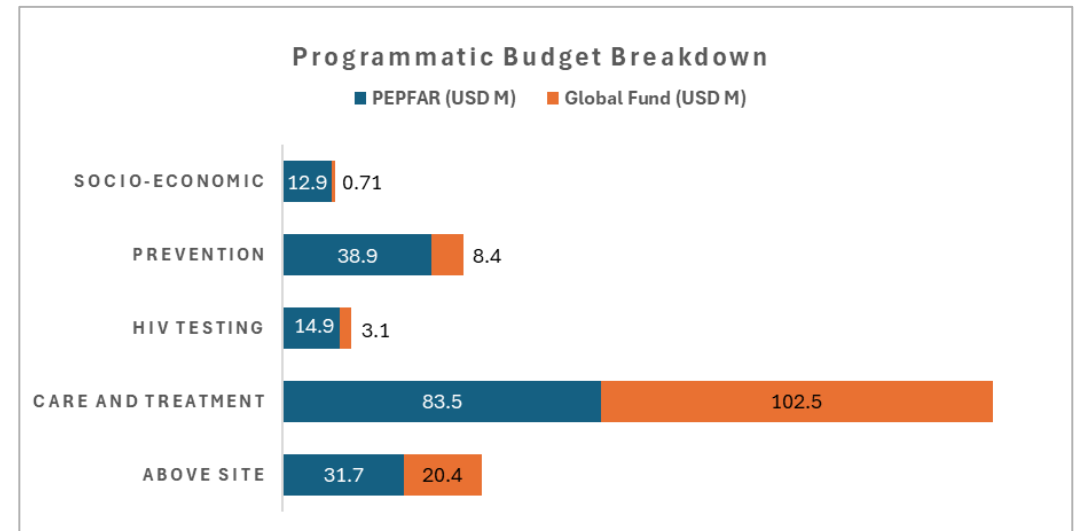
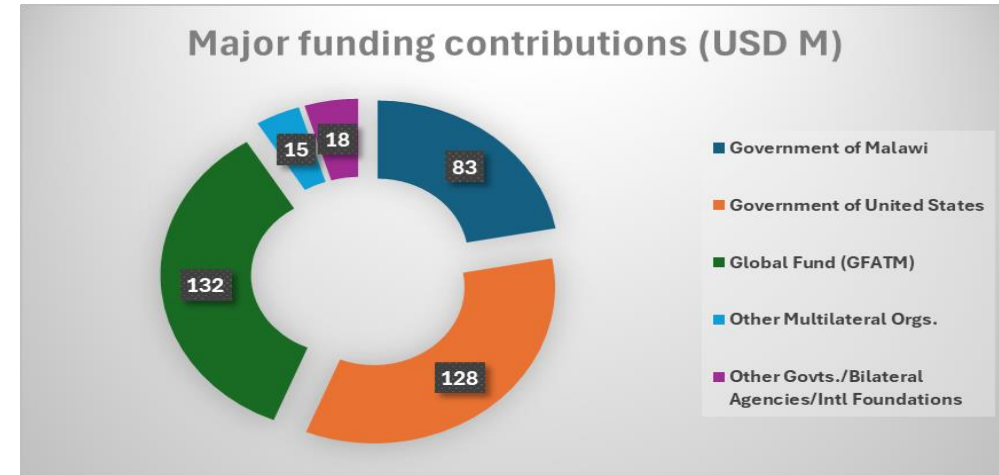




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National HIV programme funding for Malawi

- Govt Malawi: Human resource, facility operations
- Global Fund: >99% of critical supplies (ARVs, test kits, HIV and STI meds), health system strengthening, workforce, equipment, and digital health solutions
- PEPFAR: Health systems, workforce, infrastructure, capacity building, quality assurance, and data management
 - 90% of people living with HIV on treatment are served by PEPFAR-supported sites
- UN agencies (WHO, UNAIDS, UNICEF, UNDP, etc.): Policy guidance, emergency response, advocacy, and more





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The stop work order (SWO) forced reprioritization

Situational analysis

ART coverage and support in Malawi

- 900,000 clients across 864 facilities
- 90% of clients receive care in facilities supported by PEPFAR IPs
- 4,451 health workers funded by PEPFAR (10 IPs)

Immediate impact: Service disruptions

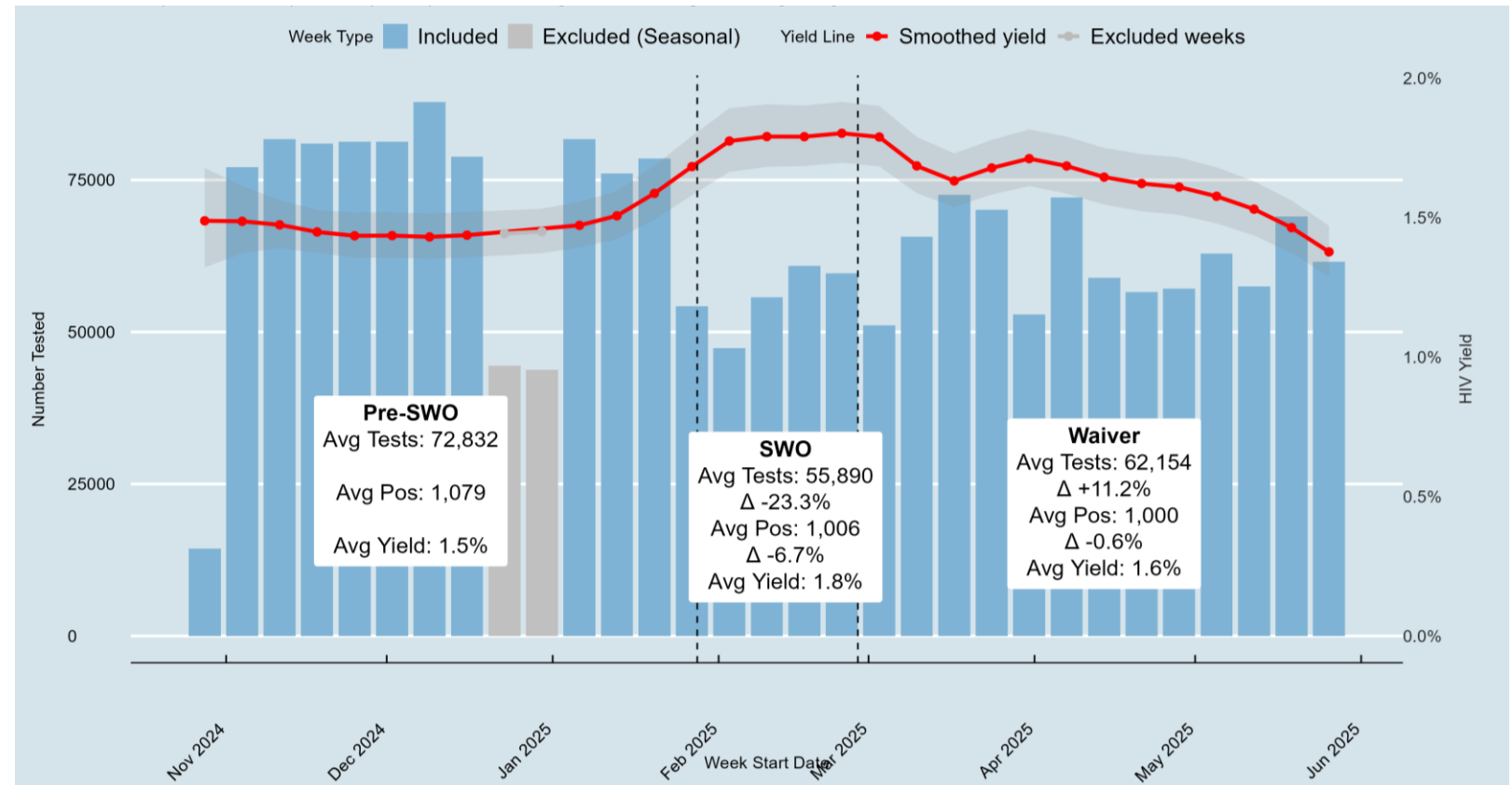
- HIV testing
- ART provision
- VL and EID sample collection, transportation and processing
- EMR system down at many facilities
- Laboratory information systems was affected



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Impact on HIV testing volume and yield

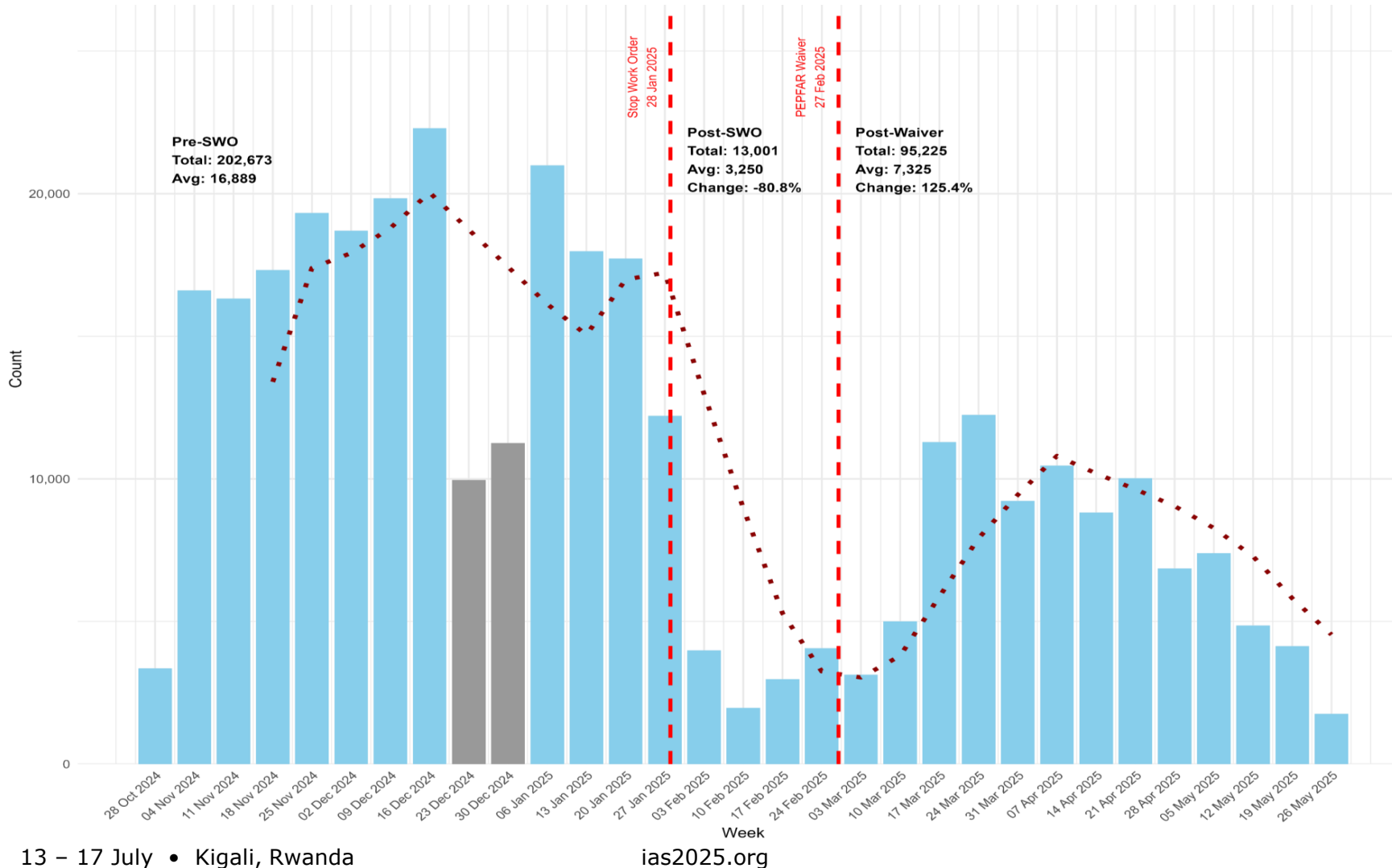
- HIV testing yield changed from 1.5% to 1.8% (SWO) to 1.5% (waiver)
- **Number of new positives decreased from 1,079 to 1,006 (SWO) to 1,000 (waiver)**
- Impact on # of tests, yield and # of positives differed by testing point and support type



Impact on weekly average number of VL tests across SWO and waiver periods



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- **Overall, 81% drop-in VL testing (Pre-SWO to SWO)**
- 125% increase post-waiver, but still 57% below pre-SWO
- PEPFAR IPs showed strongest recovery (+161%).
- MOH-G2G sites recovered well (+106%).
- MoH- and unsupported sites had limited recovery

Impact on number of new clients initiated on ART



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		SWO Comparison				
		Pre SWO	n	Post SWO	n	% Pre vs Post
Overall	All	18,384	870	13,503	889	-26.55%
Support						
	PEPFAR-G2G	214	19	207	19	-3.23%
	MOH-Other NGOs	138	16	122	20	-11.27%
	PEPFAR IPs	14,703	444	10,029	447	-31.79%
	Unsupported	3,329	391	3,145	403	-5.53%
Facility type						
	Central hospital	560	4	439	4	-21.55%
	Drop-in centre	459	18	163	19	-64.51%
	Hospital	5,069	95	3,803	97	-24.98%
	Other facility	12,296	753	9,098	769	-26.01%

- **SWO caused a 27% decrease in the # of new ART client initiations**
 - Linkage was above 98%
- PEPFAR IPs saw the largest decline in # of new ART initiations
- G2G and unsupported sites remained more stable

Why the minimum package of care (MPC)?

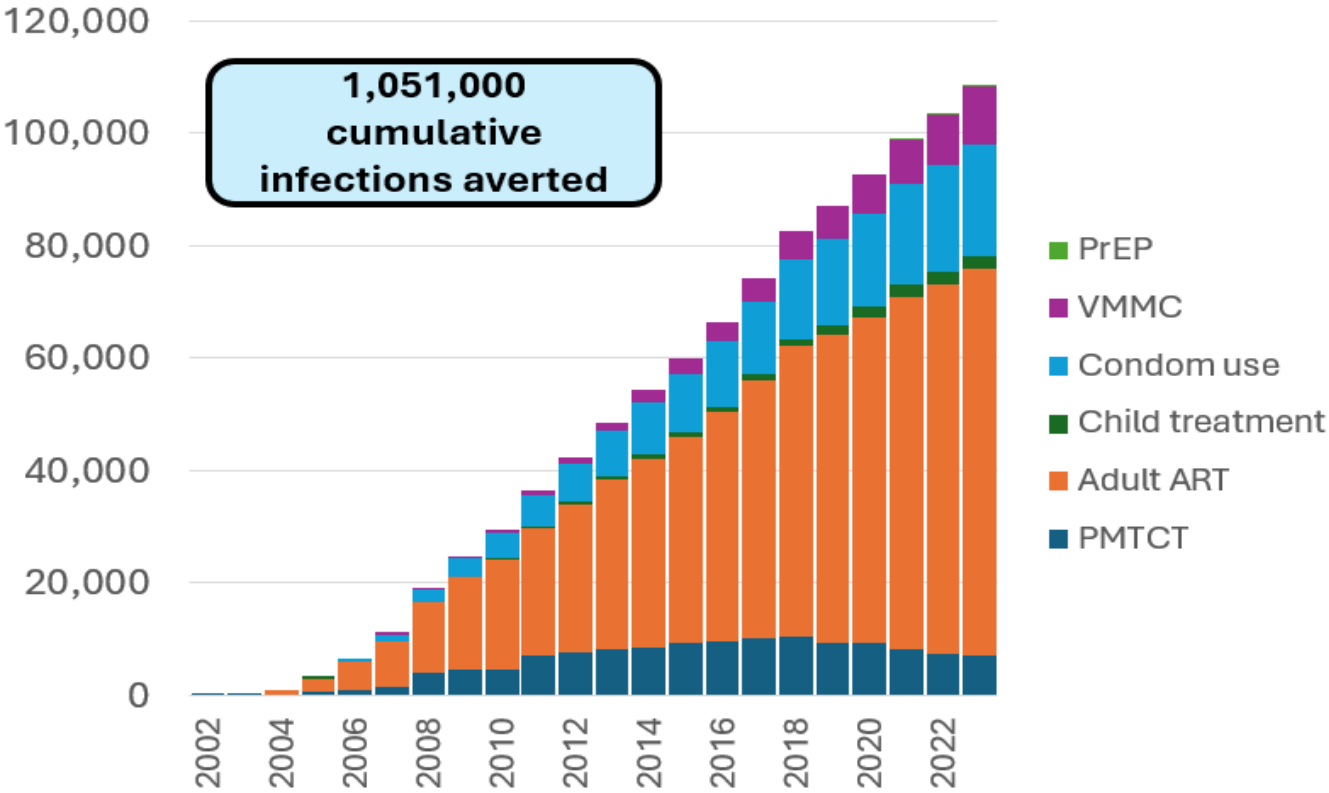
- **To sustain the gains**
 - Safeguard gains in HIV prevention, treatment, and reduce AIDS-related deaths
- **Optimizing resources**
 - Focus limited resources on high-impact, cost-effective interventions
- **Building a sustainable and resilient response**
 - Strengthen local systems and build resilience amid shrinking donor support.

Review of evidence for minimum package of care (MPC): ART scale-up delivered 77% of the prevention impact

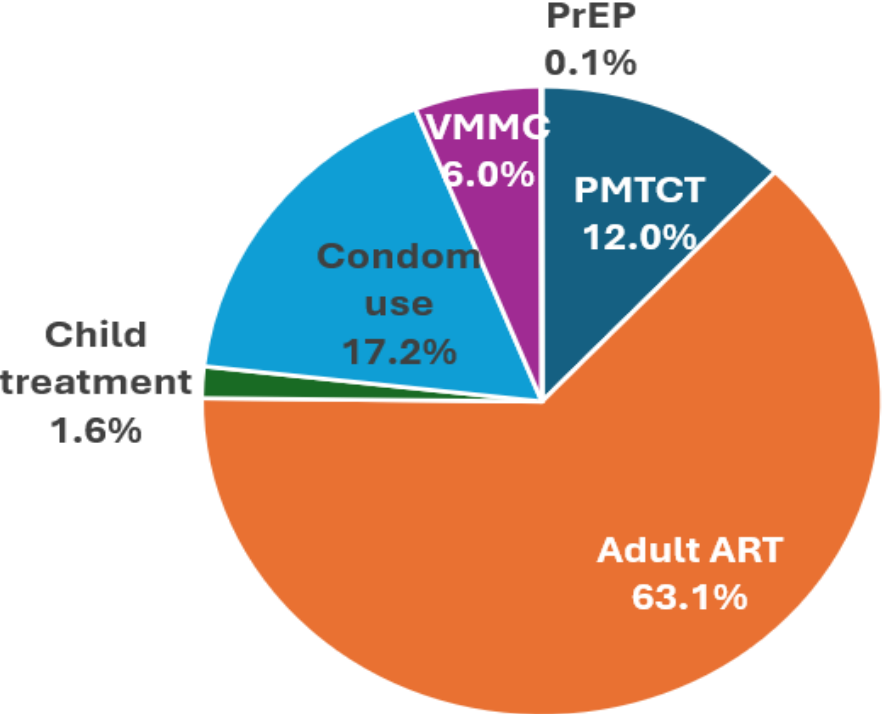


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Annual HIV infections averted by the HIV programme



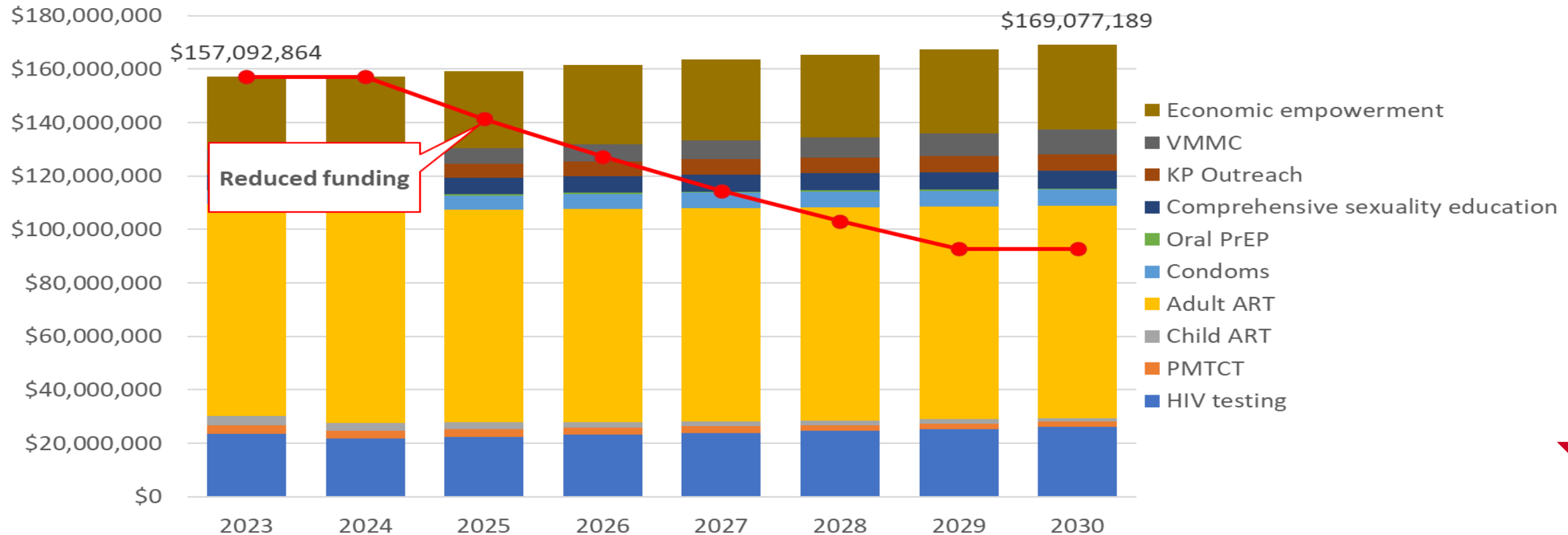
% of infections averted, 2002-2023



Intervention ranking by impact and cost-effectiveness and availability of resources



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If only the most cost-effective interventions are prioritized, the total for running HIV program will reduce

Defining HIV service priorities for a minimum care package (MCP)



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Lifesaving	High priority	Moderate/low priority
<p>Immediate priority services must be maintained at all costs</p>	<p>Essential services that require adjustments but should not be stopped</p>	<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 • 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



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DSD models and the MPC

- Most DSD models have been maintained, whilst other are being reconsidered
- Provider-led community ART models affected; mainly in IP-supported sites
- Peer-led community models recommended-less workload for providers, reach hard-to-reach clients (e.g. CAGs)
- Teen Club Models continue, but revised based on context
 - Some models reintegrated into general clinics
 - Adolescents seen on specific days (other weekends/weekdays).
 - MoH guidance: Continue adolescent-friendly clinics quarterly on dedicated days, preferably weekends



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What worked well

- Government-led response with strong community engagement
- Early planning and stakeholder coordination
- Built on momentum from HIV sustainability planning (pre-aid freeze)
- Prioritization of MoH-sustainable services
- Weekly virtual engagements with districts
- Ongoing communication with sites via circulars



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Key recommendations

- Critical to have a strategic and government-led HIV response
- Sustainability-interventions should be those that can be done with local resources- consider cost-effectiveness vs. the impact and coverage
- Assess the equity of the MPC- ensure interventions and services are accessible to all, including vulnerable and those who are hard to reach
- Ensure there is community engagement and stakeholder collaboration



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Can we achieve more at a lower cost by doing things differently?

A review of current protocols and practices is essential, guided by the following:

- Expert opinion
- Modelling and scenario analysis
- Literature reviews and evidence synthesis
- Operational research in priority areas
- Consultations with recipients of care

Proposed areas for programmatic review

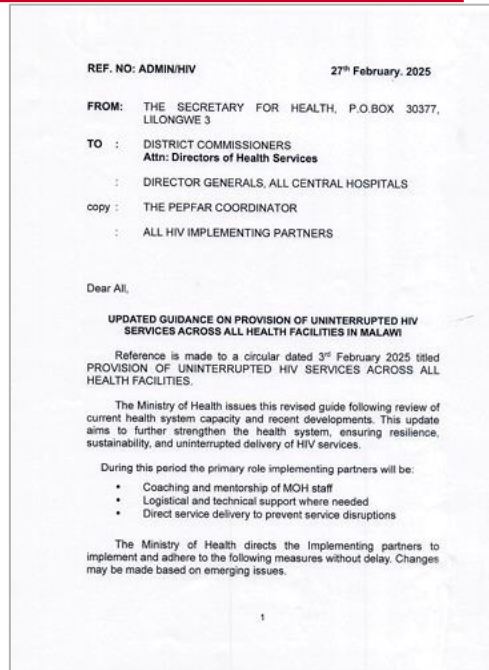
- HIV testing modalities
- Index case testing strategies
- Viral load monitoring
- Tuberculosis Preventive Therapy (TPT)
- Cotrimoxazole Preventive Therapy (CPT)
- Services for key populations
- Pre-Exposure Prophylaxis (PrEP) and other HIV prevention services



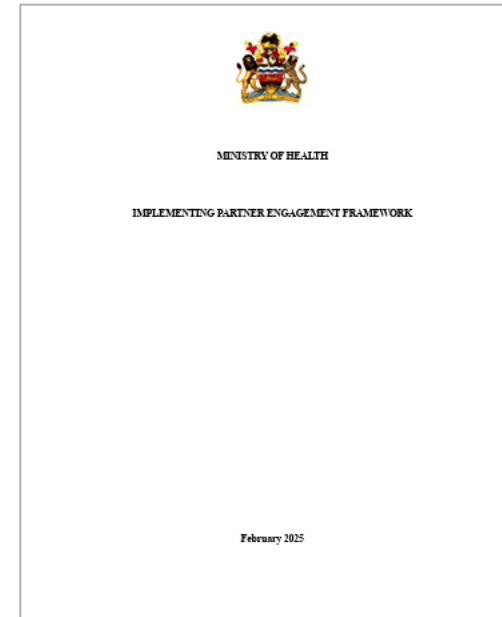
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Resources

Updated guidance on provision of uninterrupted HIV services across all health facilities in Malawi



Implementing Partner Engagement Framework





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Thank you

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