

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 HEALTHFACILITIES

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 outs.
- 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.

- Strengthen telemedicine and digital health platforms for ART patient follow-up and remote clinical consultations.
- Expand the role of Community Health Workers for patient follow-up, defaulter tracing, and condom distribution.
- Nationwide site-level quarterly data validation and supervision of HIV services shall now be conducted bi-annually by district teams with technical and logistical support from the central government.

Further to that, ALL health facilities offering HIV care must adopt the following measures:

Category A: The following services are considered as **lifesaving** (immediate priority) and therefore must be continued at all costs.

- ART Initiation and Continuation (Facility-based).
- HIV Rapid Testing for:
 - Pregnant women, sick children, and HIV-exposed infants (at 12 and 24 months).
 - In-patients, STI patients, TB clients, suspected HIV cases, and blood donors.
- Targeted HIV Viral Load Testing (for patients suspected of treatment failure).
- TB Screening for ART patients.
- Facility-Based Condom Distribution.
- ART Dispensation (Optimizing 6-month ARV supply for stable patients).
- Infant HIV Prophylaxis (Nevirapine [NVP], 2P [Zidovudine/Lamivudine/Nevirapine], Cotrimoxazole [CPT]).
- Electronic Medical Records System (EMRS) Support (Data security, ART patient registration, and facility-based data capturing).

Category B: The following services are considered as **essential** (high priority) and therefore must be continued but requiring adjustments.

- DNA-PCR Testing for HEI will continue only in sites with point-of-care (POC) testing capacity. All other infants will get their first test at 12 months and 24 months of age using RDT.
- Hepatitis B testing will continue for ANC women only.
- HMIS officers trained in electronic medical records (EMR) system management must manage infrastructure and maintenance.

Category C: The following services are considered as of **moderate/low priority** and therefore may need to be reduced or discontinued if staffing/logistics dictate.

- Suspend dispensing of ARV emergency refills.
- Suspend sample transportation for HIV viral load, Early infant diagnosis (EID) and other related samples. When it is highly necessary to do so, ambulances and any other available means must be used (prioritizing critical cases).
- Suspend routine HIV viral load testing. Only targeted HIV Viral Load Testing (for patients suspected of treatment failure) must continue in sites with capacity for point-of-care testing.
- Suspend provision of Oral & injectable PrEP.

The Ministry will continue to communicate any new developments as they unfold.

For more information contact the HIV, STIs and Hepatitis directorate through the following tollfree lines: TNM – 6882 and AIRTEL – 59191 or email care-and-treatment@hivmw.org .

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FOR: SECRETARY FOR HEALTH

