

REF. NO: ADMIN/HIV

27th February. 2025

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.

Staffing

- Redeployment of trained Ministry of Health (MOH) staff for HIV testing, ART dispensing, and viral load monitoring to fill existing gaps.
- 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.
- Preparation and mentorship of Health Surveillance Assistants (HSAs) and hospital attendants to assume responsibilities of expert clients/treatment supporters and HDAs.

Program management

- Stock redistribution to avert stock-outs and expiry of slow-moving items.
- Nationwide site-level quarterly data validation and supervision of HIV services will be led by district teams, preferably bi-annually, with technical and logistical support from the central government.

Testing services

- Provide testing services (HIV, Syphilis and Hepatitis B) for all populations at risk
- Provide VCT services for all eligible clients.
- Directly assisted self-testing and distribution of self-tests for partners of VCT clients and pregnant/breastfeeding women

Prevention services

- EID Services
 - Provide DNA-PCR Testing for HIV Exposed Infants (HEI). At facilities with capacity for sample collection, transportation/processing and result utilisation
 - Provide rapid HIV test for HEI at 12 months and 24 months all sites
 - Provide Infant HIV Prophylaxis (Nevirapine [NVP], 2P [Zidovudine/Lamivudine/Nevirapine], Cotrimoxazole [CPT]) at all sites

- Condom services
 - Distribute condoms in the facility and community using existing available community health workers
- PrEP services
 - Provide Oral PrEP for new and continuing clients at existing PrEP sites with adequate staffing for testing and PrEP provision
 - Provide injectable PrEP to continuing clients at existing Path-to-Scale facilities, with new initiations limited to pregnant and breastfeeding women.
- VMMC Services
 - Provide the service where there is capacity for trained staff, space, and commodities and does not interfere with routine service provision

HIV Care and Treatment

- ART Initiation and Continuation.
- Maximise 6-month ART dispensation for all stable and eligible patients
- Coordinate patient transfers between sites to balance workload. This must be done in close collaboration with the clients, the sending and receiving facilities.
- Routine scheduled VL testing Services; Sites with capacity for sample collection, transportation, and result utilisation
- Targeted VL sample collection, should be provided at all sites
- Routine Advanced HIV Diseases (AHD) screening for all eligible patients (including TB).
- Continue provision of Cotrimoxazole Preventive Therapy (CPT) and TB Preventive Therapy (TPT).
- Register all clients requiring emergency refill as transfer-in upon production of the health passport. Emergency ARV dispensing for unregistered clients remains suspended
- Continue with HIV drug resistance monitoring through genotyping for eligible clients at all sites
- Facilitate easy ART access for children and Teens where feasible

Data systems

- Mentor MOH HMIS officers in all aspects of EMRS management, infrastructure and troubleshooting.

- Facilitate the active participation of MoH data clerks and facility staff in the use of current data systems including data entry, cleaning and data use.

All health facilities and Partners are expected to align with government measures, reinforcing service continuity and the long-term sustainability of Malawi's HIV program. Please refer to the attached table for reference of the above guidance. 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 .


Dr Samson Mndolo
SECRETARY FOR HEALTH



Area	Recommendations	Conditions
Staffing	Redeployment of trained MOH staff for HIV testing, ART dispensing, and viral load monitoring to fill staffing gaps	All sites
Staffing	Assign HSAs and hospital attendants to assume responsibilities of treatment supporters, tracers	All sites
Staffing	Train and utilise HSAs and CMAs for ART refills targeting stable and eligible clients.	All sites
Staffing	Establish and sustain Community ART Groups (CAGS) for ART refills targeting stable and eligible clients.	High burden sites in Southern Region
Workflow optimization	Coordinate patient transfers between sites to balance workload. This must be done in close collaboration with the clients, the sending and receiving facilities.	Sites with spare capacity
Program management	Stock redistribution to avert stock-outs and expiry of slow-moving items.	All sites (with authorization by DHA logistics)
Program management	Nationwide site-level quarterly data validation and supervision of HIV services will be led by district teams, preferably bi-annually, with technical and logistical support from the central government.	All sites
Testing services	Provide testing services (HIV, Syphilis and Hepatitis B) for all populations at risk	All sites
Testing services	Provide VCT services for all eligible clients.	All sites
Testing services	Directly assisted self-testing and distribution of self tests for partners of VCT clients and pregnant/breastfeeding women	All sites
HIV care treatment	ART initiation and continuation	All sites

HIV care treatment	Routine scheduled viral load testing	Sites with capacity for sample collection, transportation, processing and result utilisation
HIV care treatment	Targeted viral load testing for investigation of treatment failure	All sites
HIV care treatment	Routine advanced HIV disease screening for eligible patients (including TB).	All sites
HIV care treatment	Maximize 6-month ART dispensation for stable patients to reduce clinic visits	All sites
HIV care treatment	Provide Cotrimoxazole Preventive Therapy (CPT) and TB Preventive Therapy (TPT) for all eligible patients	All sites
HIV care treatment	Register all clients requiring emergency refill as transfer-in upon production of the health passport. Emergency ARV dispensing for unregistered clients remains suspended	All sites
HIV care treatment	Continue with drug resistance monitoring through genotyping for eligible clients	All sites
Prevention services	Provide routine DNA-PCR testing at age 6 weeks	Sites with capacity for sample collection, transportation, processing and result utilisation
Prevention services	Provide HIV rapid testing at age 12 months and 24 months	All sites
Prevention services	Provide infant HIV prophylaxis (NVP, 2P) and Cotrimoxazole (CPT)	All sites
Prevention services	Distribute condoms in facilities and in the community using existing HSAs and CMAs	All sites

Prevention services	Provide oral PrEP for new and continuing clients (follow 2024 PrEP guidelines)	Existing PrEP sites with adequate staffing for HIV testing and PrEP
Prevention services	Provide injectable PrEP to continuing clients at existing Path-to-Scale study facilities, with new initiations limited to pregnant and breastfeeding women.	Path 2 Scale implementation sites with adequate staffing for HIV testing and PrEP
Prevention services	Provide VMMC	Sites with trained staff, space, and commodities where it does not interfere with routine service provision
Data systems	Mentor MOH HMIS officers in all aspects of EMRS management, infrastructure and troubleshooting	Coordinated by Digital Health Division (DHD) and EGPAF
Data systems	Facilitate the active participation of MoH data clerks and facility staff in the use of current data systems including data entry, cleaning and data use	Led by EGPAF and IP IT and M&E staff