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MALAWI HIV PROGRAMME

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# Ending AIDS as a public health threat by 2030

Progress, gaps and the road ahead for Malawi's HIV response

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Director of HIV, Ministry of Health and Sanitation
IAS Educational Fund Meeting | Lilongwe | 19 October 2026

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## Science, policy and community: The next priorities for a sustainable HIV response in Malawi

19-20 October 2026
Lilongwe, Malawi

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# HIV interventions

## Behavioural

- Education
- Counselling
- Stigma reduction
- Harm reduction
- Adherence support

## Structural

- Policy
- Laws
- Regulations
- Cultural norms
- Economic systems

## Biomedical prevention

- HIV testing and counselling
- Condoms
- Voluntary medical male circumcision
- Prevention of mother-to-child transmission
- Sexually transmitted infection (STI) treatment
- PEP
- ART for prevention (U=U)
- Opioid substitution therapy
- Clean injection equipment
- **Oral and injectable PrEP**
- Diagnostics

## Biomedical care and treatment

- ART and treatment literacy
- Treatment monitoring: viral load and drug resistance monitoring
- Advanced HIV disease
- Treatment of opportunistic infections
- Defaulter tracing

## Support services

- Monitoring and evaluation
- Procurement and supply chain

Source: HIV Situation in Malawi deck (HIV interventions)

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# The eight pillars of the NSP

**01**

**Combination prevention**

**02**

**Differentiated HIV, syphilis and viral hepatitis testing**

**03**

**Treatment, care and support**

**04**

**TB/HIV comorbidity and nutrition**

**05**

**Key and other vulnerable populations**

**06**

**Reducing human rights and gender-related barriers**

**07**

**Social and behaviour change communication**

**08**

**Resilient and sustainable systems for health**

Source: Integrated HIV, TB and Malaria NSP 2027 to 2030 (draft)

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# Where services are delivered: the standard clinic setting

| | |
|---|---|
| **Community** | 3,542 village clinics and 5,090 outreach clinics (2016) |
| **Primary facility** | 489 health centres, 95 health posts, 62 dispensaries, 352 clinics |
| **Secondary** | 100 hospitals, including district and CHAM hospitals |
| **Tertiary** | Central hospitals: QECH, KCH, Zomba, Mzuzu and Zomba Mental |

1,098 facilities in total; Government owns 571 and CHAM 164 (HHFA 2019)

## Typical health centre visit (illustrative)

1. **Entry and triage**
   HIV services entered through primary care
2. **Clinical review**
   HIV, TB and other health needs
3. **Tests and medicines**
   Lab linkage and commodities
4. **Follow-up**
   Refills, results, referral, community support

**917** facilities offering HIV services

**866** facilities offering ART services

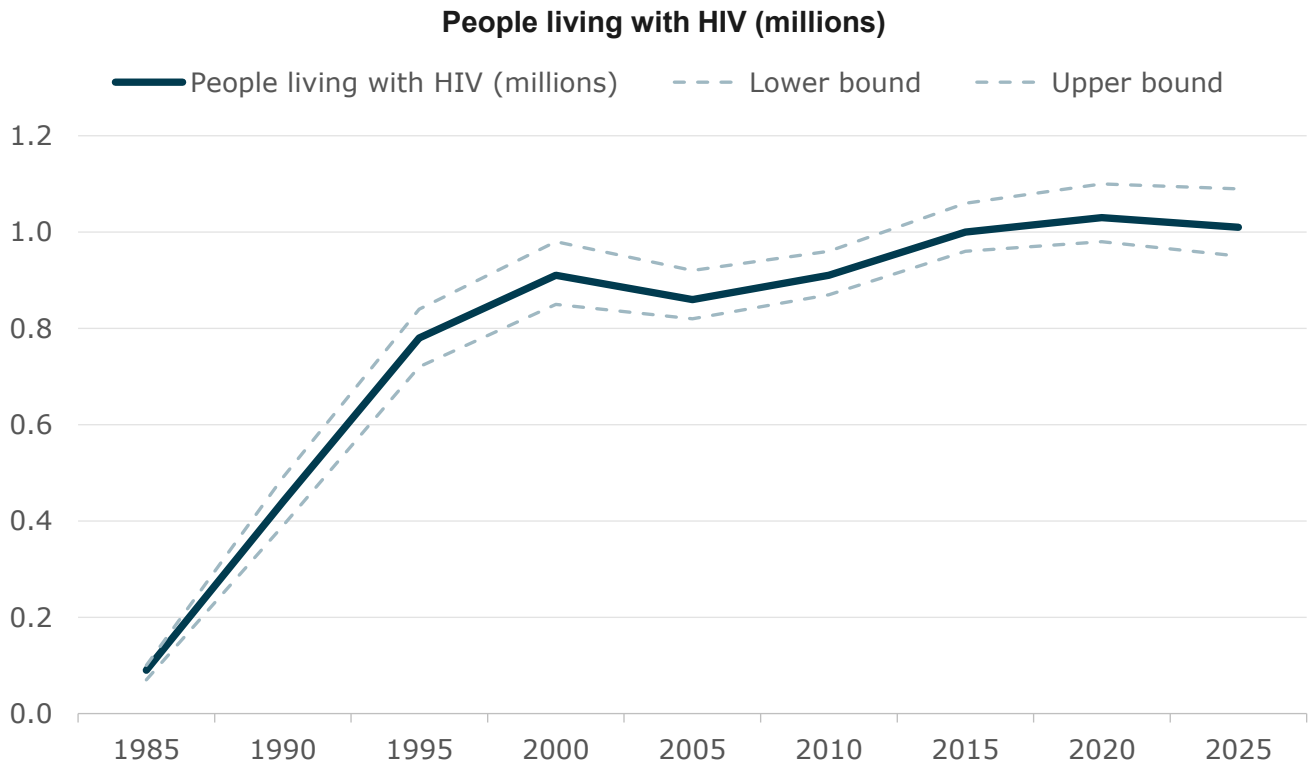
**Direction of travel:** from vertical programmes to integrated platforms of care, with unified standards from community to tertiary level (HSSP III, Reform 1).

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# Malawi's HIV epidemic at a glance




**22.4M** people in Malawi in 2025, up 550,000 (2.5%) in a year

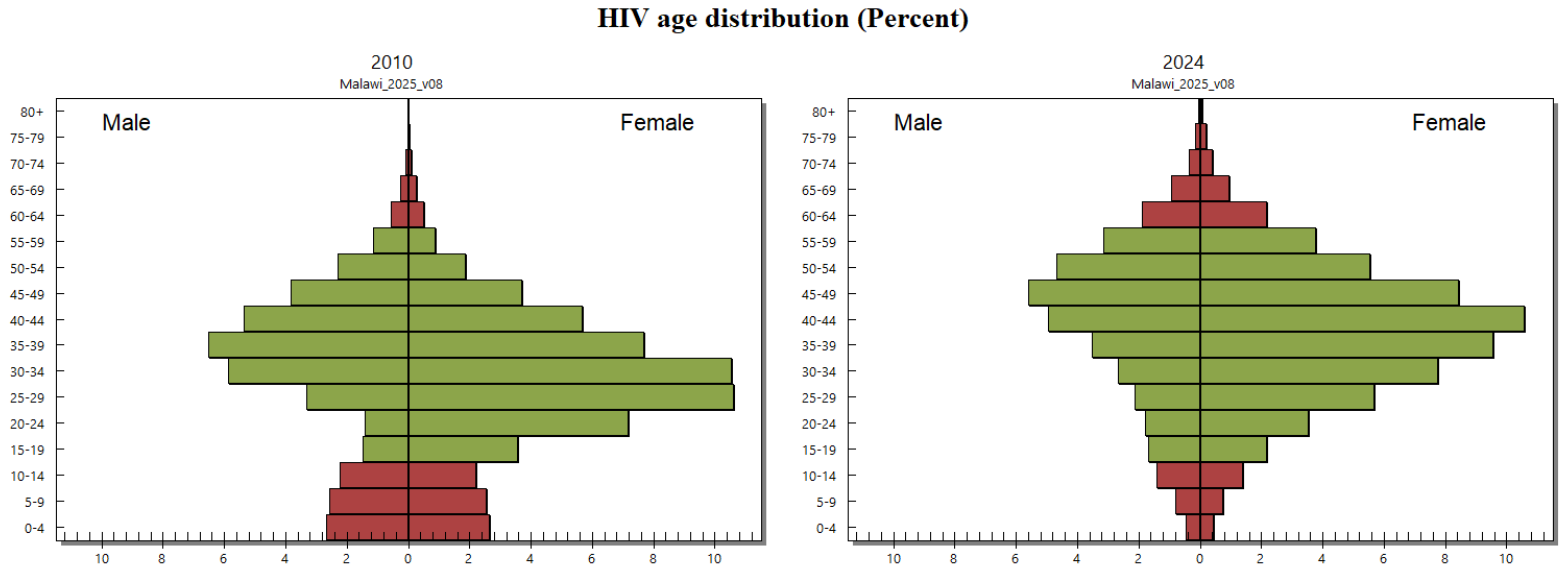
**1,007,000** people living with HIV in 2025; slowly falling, about 0.6% a year

**7.2%** adult HIV prevalence

**64%** of people living with HIV are aged 40 and over (2024), rising to 66% by 2030

Source: 2026 HIV estimates (Spectrum, Malawi_2026_v12), national outlook and HIV age distribution; adult prevalence from Integrated HIV, TB and Malaria NSP 2027 to 2030 (final draft, August 2026)

# People living with HIV are getting older




- Older people living with HIV (40 and over) are projected to grow from 64% in 2024 to 66% by 2030
- Fewer new infections among young people and long survival on ART explain this

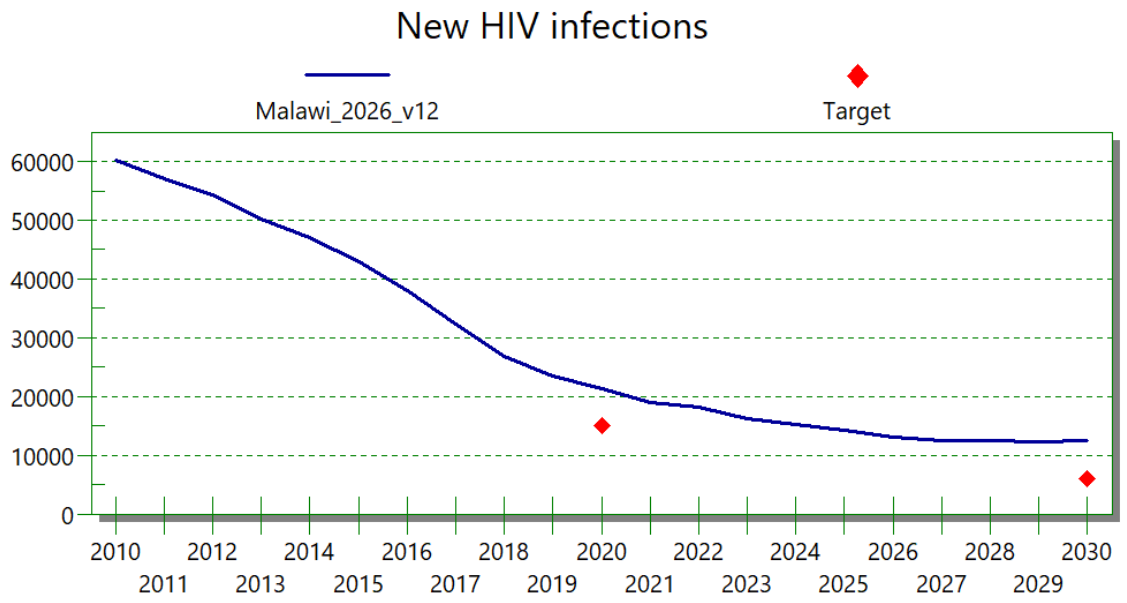
Source: 2026 HIV estimates (Spectrum), HIV age distribution, 2010 and 2024

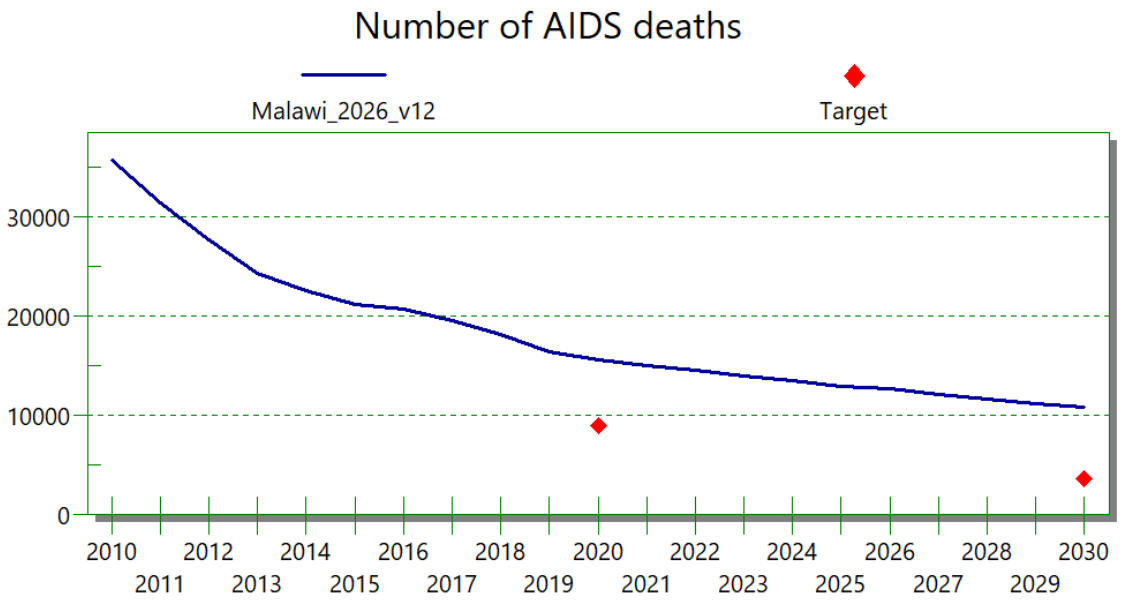
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# New infections and AIDS deaths since 2010




**14,200** new infections in 2025, 76% lower than 2010. Target: under 6,000 by 2030

**12,900** AIDS deaths in 2025, 64% lower than 2010. Target: about 4,000 by 2030

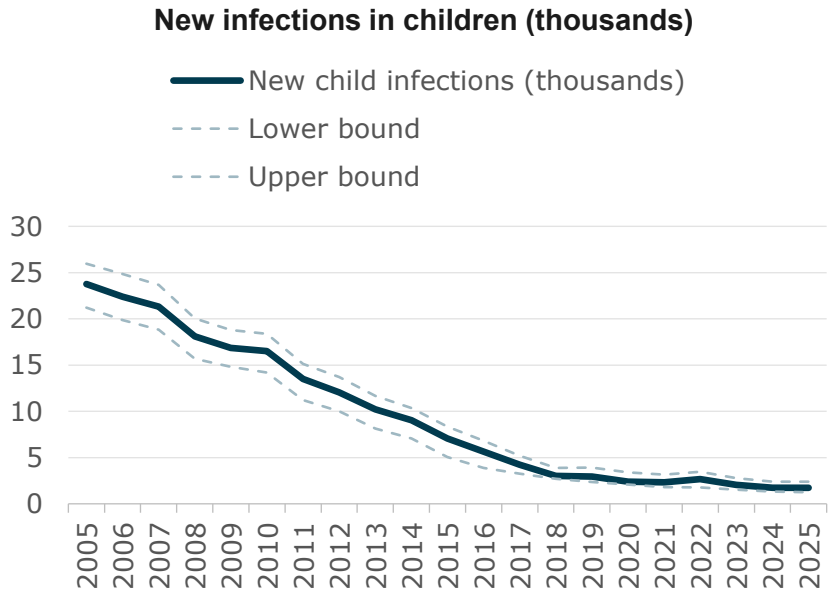
Source: 2026 HIV estimates (Spectrum, Malawi_2026_v12). Red diamonds mark targets.

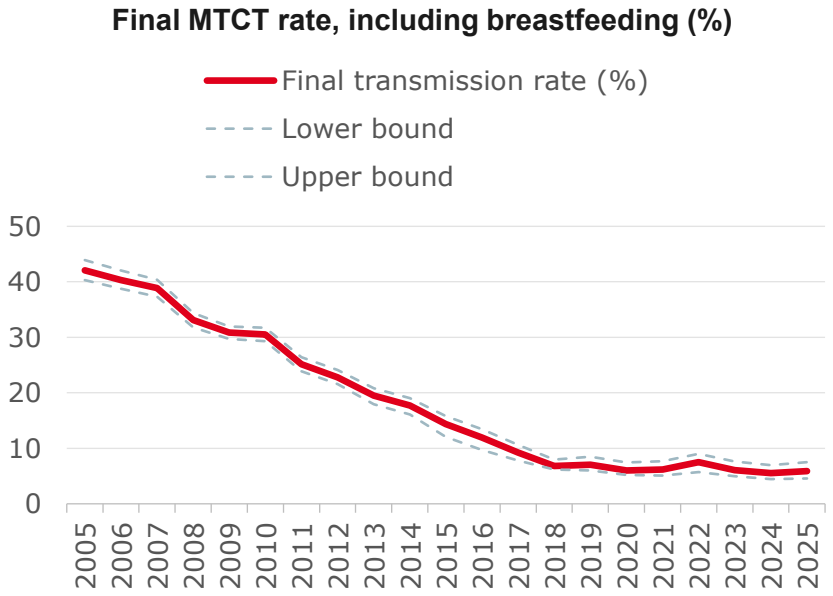
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# Children and vertical transmission




1,700 new infections in children in 2025, 89% lower than 2010. About 30,000 pregnant women are living with HIV. Universal ART for pregnant women since 2011.

**5.9%**

final mother-to-child transmission rate in 2025

**Target: 5%**

Postpartum ART discontinuation drives 41% of child infections [C12]

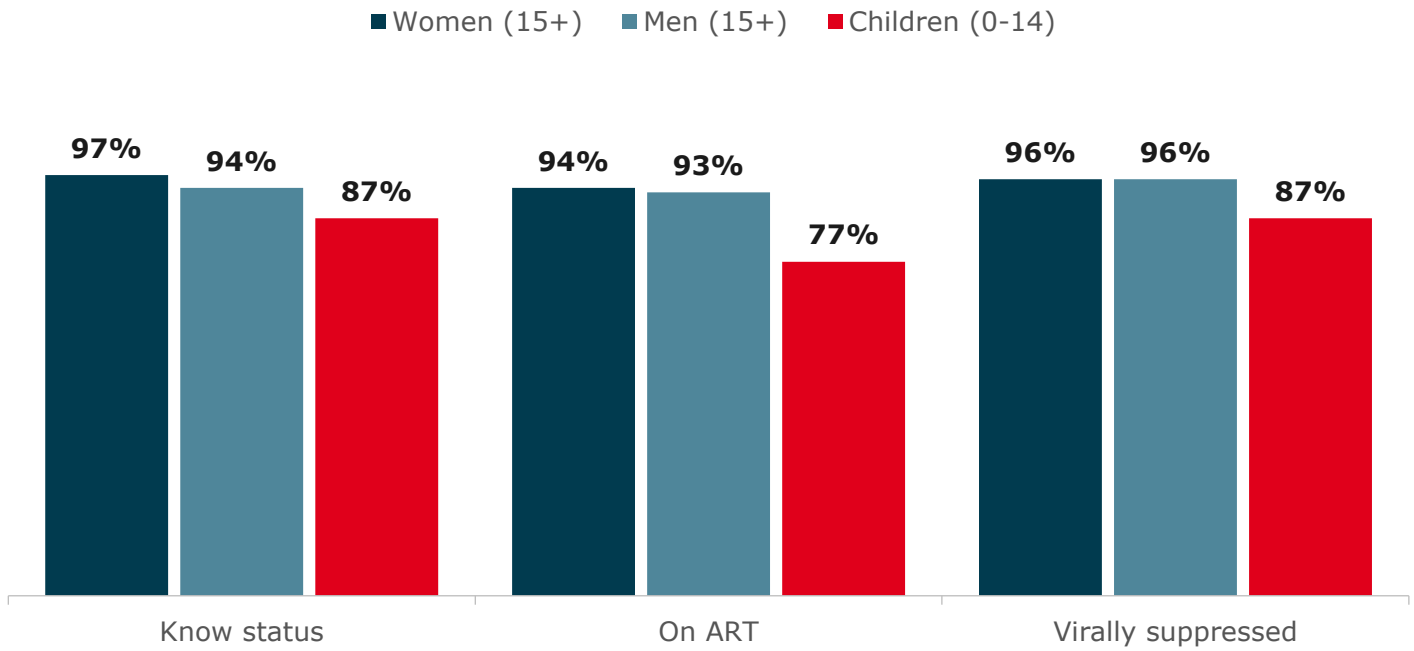
Sources: 2026 HIV estimates (Spectrum, Malawi_2026_v12); 2026 Joint Programme Review. Dashed lines show uncertainty bounds.

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# Adults deliver 95-95-95; children lag




All ages: 96% know their status, 93% of those are on ART and 96% of those are suppressed. People living with HIV: women 625,000; men 339,000; children 42,000.

**86%** of all people living with HIV virally suppressed, meeting the national target (women 88%, men 84%)

**58%** population viral suppression among children

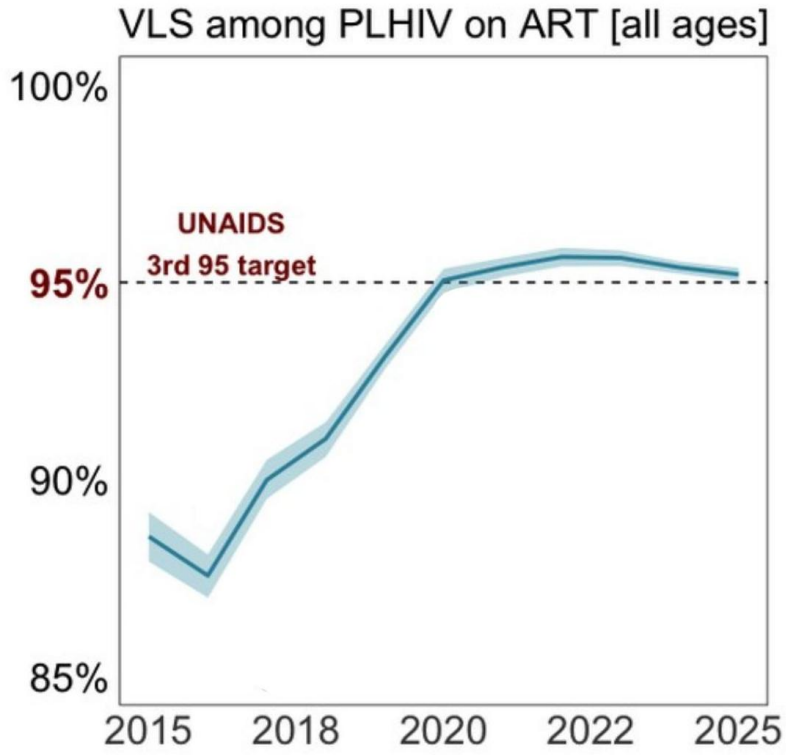
**43,900** people living with HIV still undiagnosed, including 5,400 children

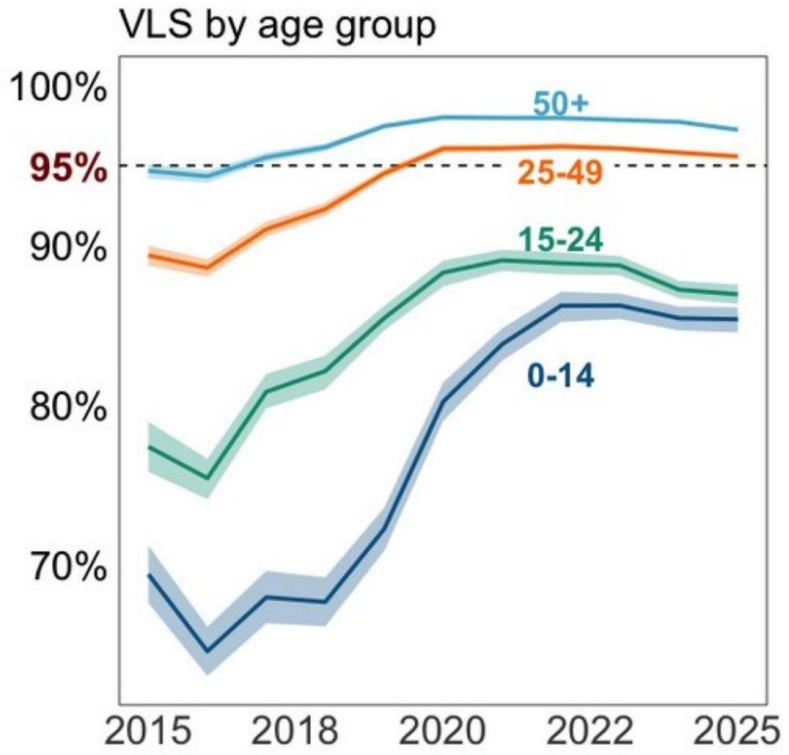
Sources: Spectrum treatment cascade, December 2025; Integrated HIV, TB and Malaria NSP 2027 to 2030 (final draft, August 2026). Conditional cascade: each stage is a share of the stage before.

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# Viral suppression among people on ART

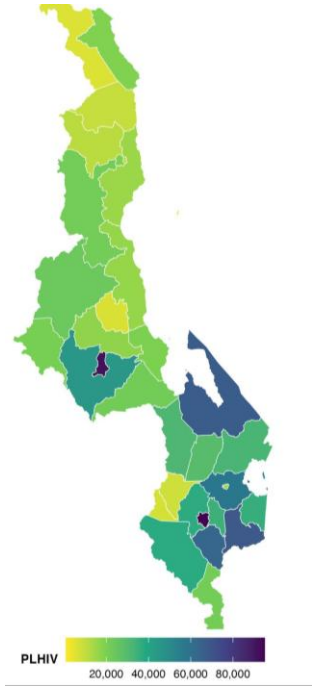


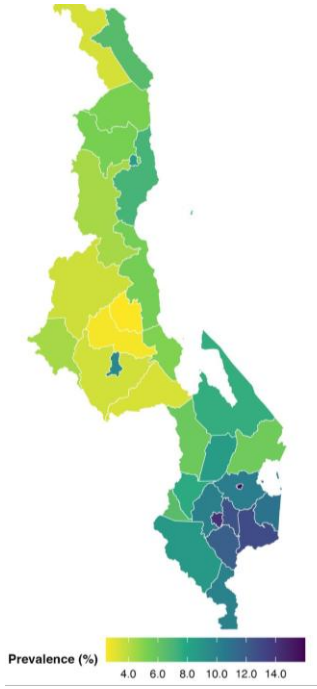

- Malawi has exceeded 95% viral suppression among all patients on ART since 2020, above the UNAIDS third 95 target
- Above 95% among ages 25 and older
- Large gaps among children (0 to 14) and young people aged 15 to 24

Source: Stevens O, Chimpandule T. Malawi routine viral load monitoring: potential implications of proposed 2026 guideline changes. Kuzama pa Kalondo project, 8 September 2026

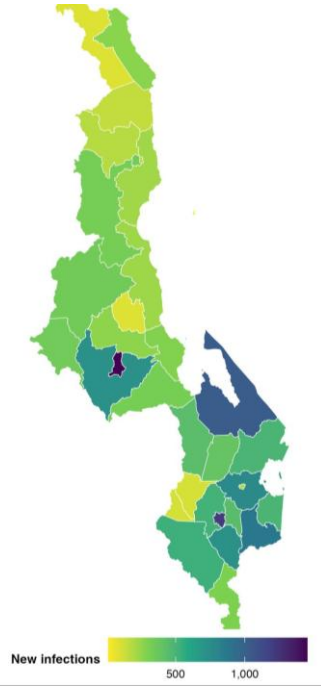
# Where the epidemic is concentrated



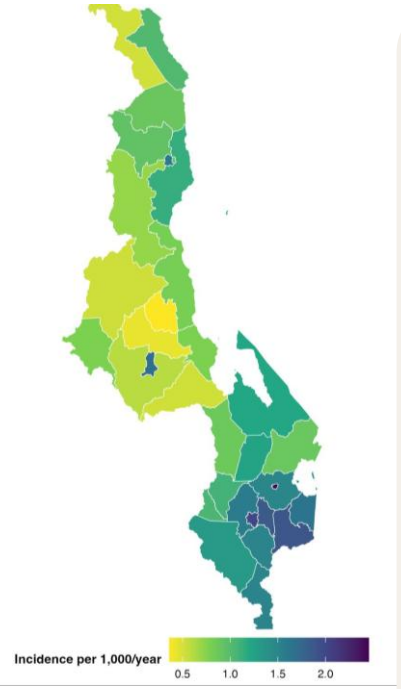

People living with HIV




Adult HIV prevalence




Annual new infections




HIV incidence

- Most people living with HIV are in cities and big districts; PLHIV, incidence and prevalence track population density
- Prevalence is highest in cities and some southern districts, so urban HIV programming matters
- Most of the 14,000 new infections are in Lilongwe City (1,500), Blantyre City (1,200) and Mangochi (1,000)
- Incidence is low in all districts (high is 3 to 4% or more; medium is 2% or more)

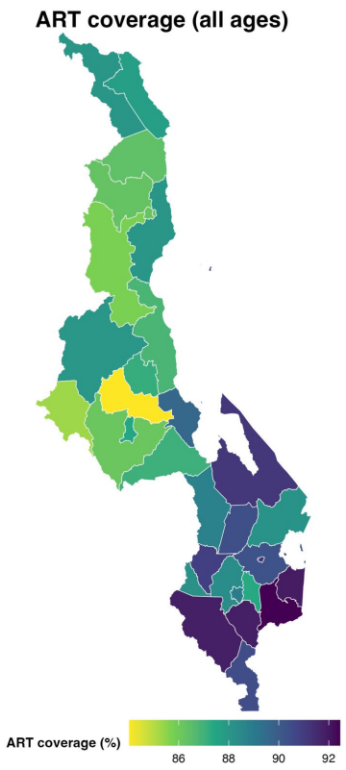
Source: 2026 HIV estimates, subnational (Naomi 2026)

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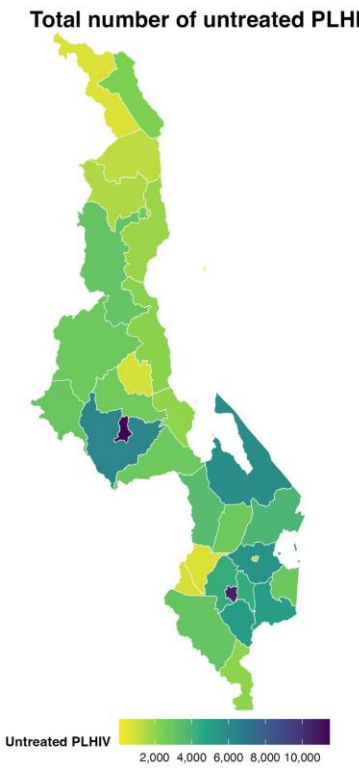
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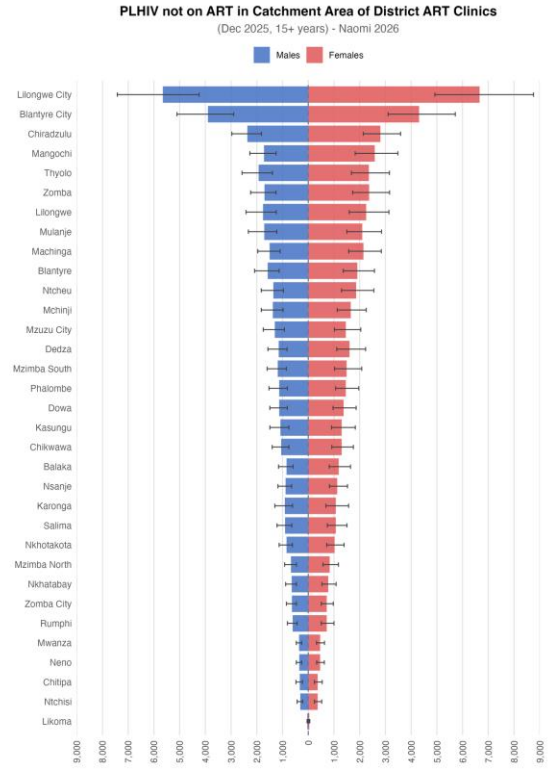
# Treatment coverage by district




| District/City | ART coverage (%), Naomi 2026 |
|---|---|
| Mulanje | 92% |
| Phalombe | 92% |
| Chikwawa | 92% |
| Thyolo | 92% |
| Zomba City | 91% |
| Mangochi | 91% |
| Likoma | 91% |
| Neno | 91% |
| Nsanje | 90% |
| Balaka | 90% |
| Zomba | 90% |
| Salima | 90% |
| Blantyre City | 89% |
| Ntcheu | 89% |
| Blantyre | 88% |
| Mwanza | 88% |
| Machinga | 88% |
| Chitipa | 88% |
| Nkhatabay | 88% |
| Kasungu | 88% |
| Karonga | 88% |
| Lilongwe City | 87% |
| Chiradzulu | 87% |
| Ntchisi | 87% |
| Dedza | 87% |
| Nkhotakota | 87% |
| Rumphi | 86% |
| Mzimba North | 86% |
| Mzuzu City | 86% |
| Lilongwe | 86% |
| Mzimba South | 86% |
| Mchinji | 85% |
| Dowa | 84% |
| **Malawi** | **89%** |

**National ART coverage 89%; lowest Dowa (84%) and Mchinji (85%)**



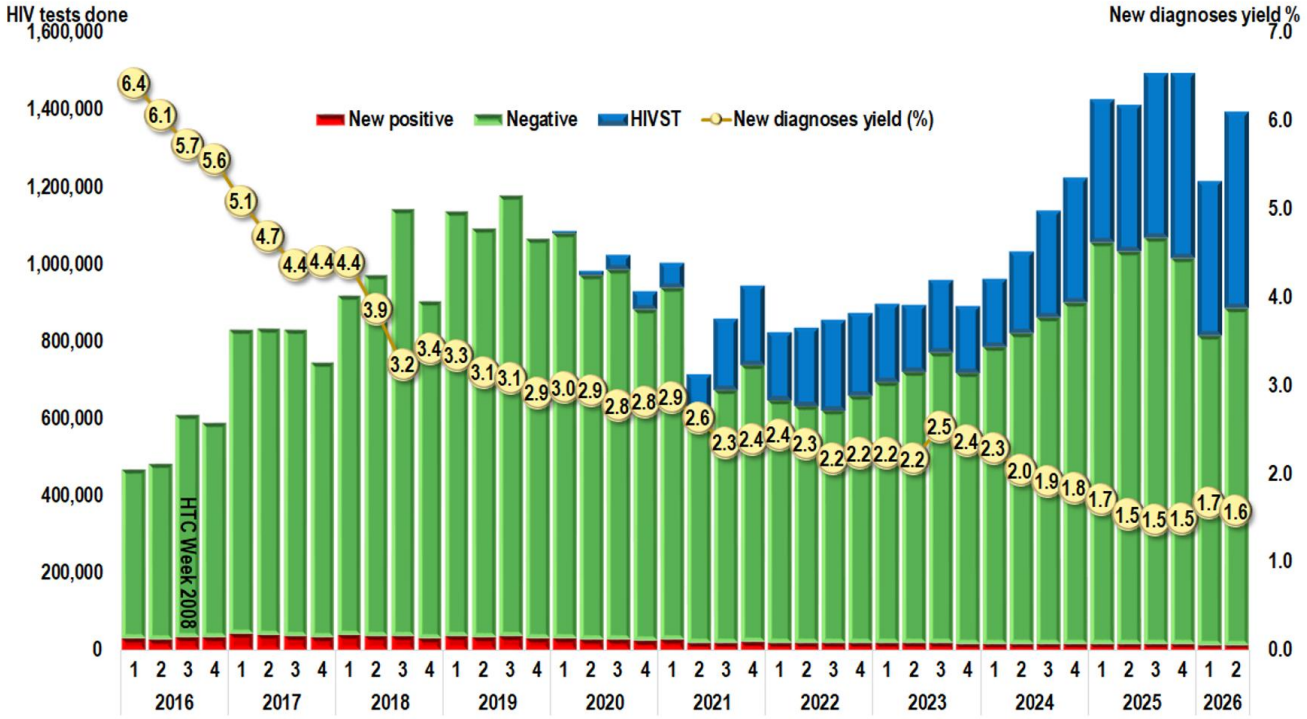

**About 96,000 PLHIV not on ART; mostly Lilongwe City (9,500 to 15,800) and Blantyre City (6,200 to 10,500); about the same number of men and women**

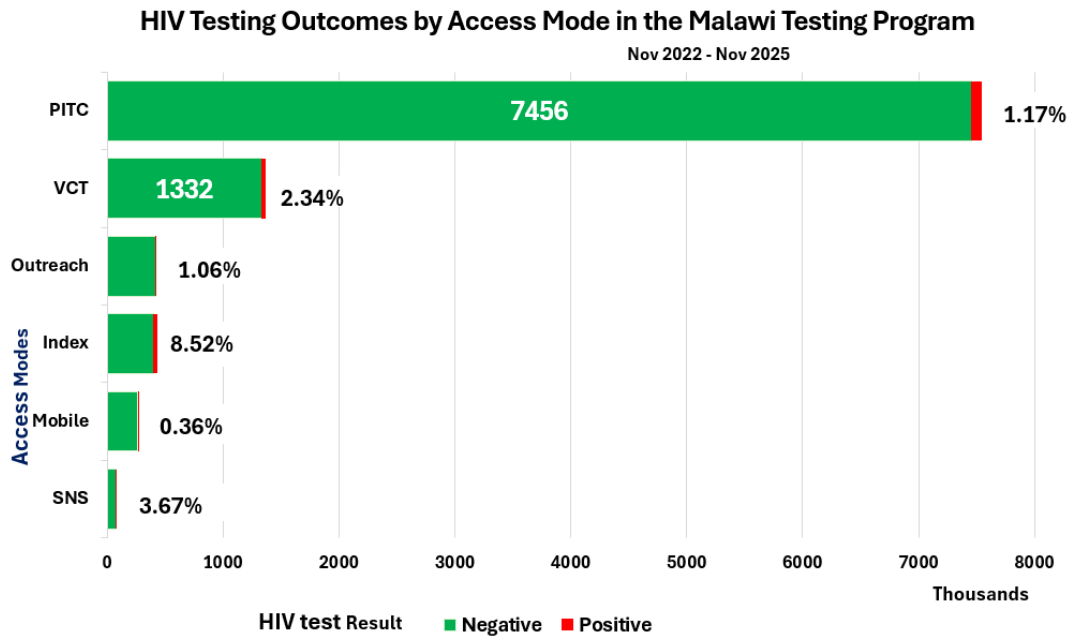
Source: 2026 HIV estimates, subnational (Naomi 2026). Not-on-ART figures are best estimates for district targets and include people from neighbouring districts.

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# HIV testing: volume, yield and access modality



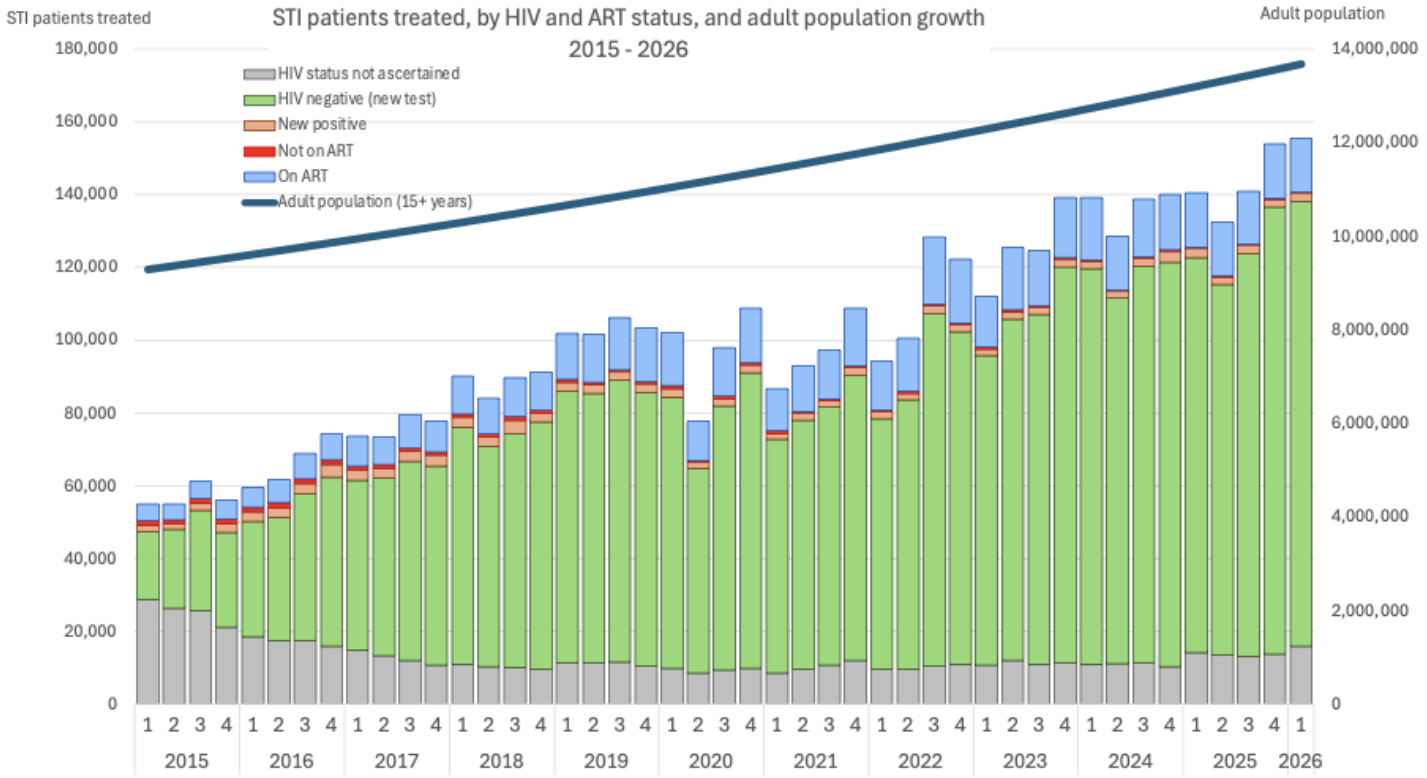

**PITC and VCT account for 75% of all HIV diagnoses**[C7]. Prioritise cost-effective access modalities that contribute most to case finding.

Sources: DHAMIS (tests and yield by quarter, 2015 to 2025); Scanform (testing outcomes by access mode, Nov 2022 to Nov 2025)

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# STI clinics as an entry point

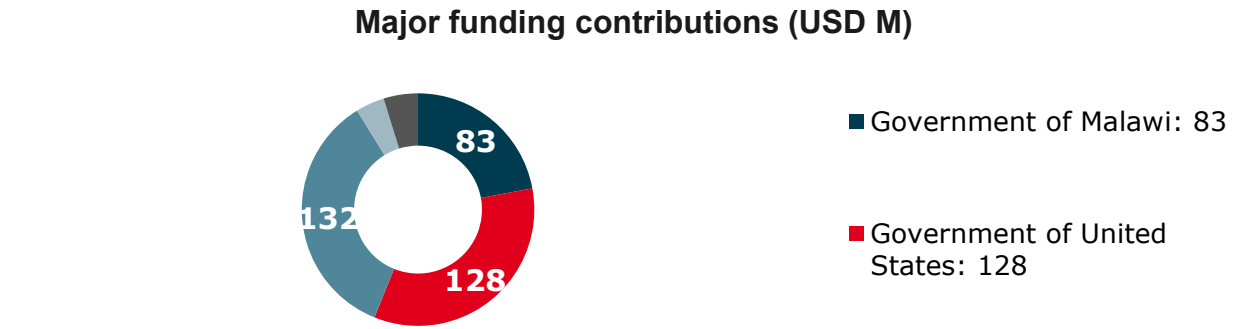


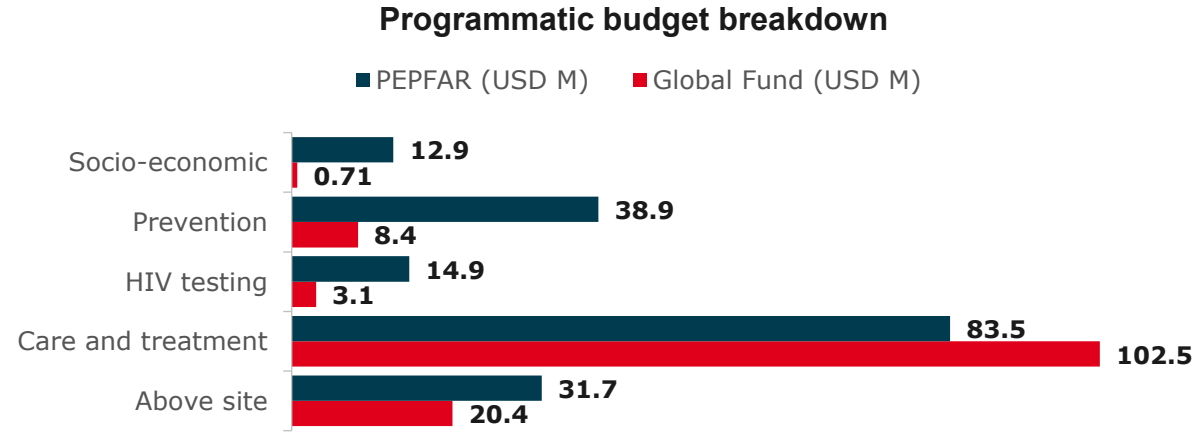

Source: STI monthly facility reports (DHA-MIS)

- STI cases have doubled in a decade
- HIV status is known for about 90% of STI clients (target 95%)
- About 8,300 STI clients had a new HIV diagnosis in 12 months
- About 1,400 known HIV-positive clients were not on ART; 59,000 were on ART
- STI clinics can also offer condoms, PrEP, VMMC referral and viral load review

# National HIV programme funding for Malawi

- **Government of Malawi:** human resources, facility operations
- **Global Fund:** >99% of critical supplies (ARVs, test kits, HIV and STI medicines), health system strengthening, workforce, equipment and digital health solutions
- **PEPFAR (USAID, CDC, DOD):** health systems, workforce, infrastructure, capacity building, quality assurance and data management
  - **90% of PLHIV 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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# Financing is our greatest vulnerability

**>90%**

**of the HIV commodity budget is financed externally**

High national coverage did not guarantee continuity when partner funding was interrupted.

**600 of 3,200** testing points went inactive after the January 2025 Stop Work Order

**2,000** active testers are partner supported

**HR + Infrastructure** Government contribution

Sources: Integrated HIV, TB and Malaria NSP 2027 to 2030 (final draft, August 2026); mid-term review of the NSP 2023 to 2027

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# Integrated NSP 2027 to 2030: four strategic shifts

## 1 Protect the treatment platform

Sustain ART and suppression; target 12-month retention from 81% to 85%; rapid tracing and re-engagement; Back to Care for men

## 2 Target prevention precisely

Risk-based PrEP: oral, CAB-LA and twice-yearly lenacapavir (introduced 2026); STI clinics as an entry point; PrEP through family planning, youth-friendly, ANC and STI services, with adolescent girls and young women first

## 3 Close the gaps that remain

Paediatric ART coverage 68% to 85%; advanced HIV disease services 40% to 95%; case finding for men and adolescents; eMTCT validation

## 4 Integrate and localise

One plan, one budget, one report with TB and malaria; TB and HIV screening at every contact; NCDs, mental health, cervical cancer and nutrition in the ART visit; community-led monitoring; domestic financing

Sources: Integrated HIV, TB and Malaria NSP 2027 to 2030 (final draft, August 2026); Malawi GC8 HIV funding request (draft)

# Three principles, five strategic levers

**1**

## Simplification

One set of integrated, simplified, life-saving guidelines and leaner delivery arrangements

**Principle: Simplification**

**2**

## Integration

One HIV, TB and malaria NSP, one GC8 grant, delivered through HSSP III platforms of care

**Principle: Integration**

**3**

## Innovation

New tools and systems adopted where they save lives or cost less

**All three principles**

**4**

## Urgent Actions

What cannot wait: HIV deaths, co-financing and service continuity

**All three principles**

**5**

## Government Ownership

G2G financed under AFGHS, plus domestic co-financing. Government systems first

**Principle: Ownership**

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# Key messages

| | | |
|---|---|---|
| 1 | **Goal** | End AIDS as a public health threat by 2030 |
| 2 | **Results** | 89% on ART and 86% virally suppressed |
| 3 | **Impact** | New infections down 76% and AIDS deaths down 64% since 2010 |
| 4 | **Gaps** | Children, advanced HIV disease and men |
| 5 | **Priority** | Protect treatment while building government-owned systems, staff and funding |

OUR ASK OF THIS ROOM

# Science. Policy. Community.

Turn evidence into action for children, for precise prevention and for a sustainable, nationally owned response.

**Zikomo kwambiri | Thank you**



## Science, policy and community: The next priorities for a sustainable HIV response in Malawi

19-20 October 2026

Lilongwe, Malawi