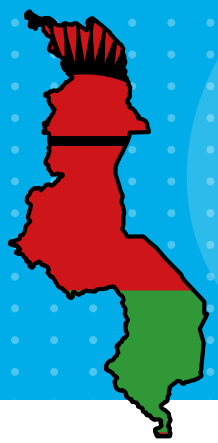


FRONTLINE AIDS

AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN MALAWI

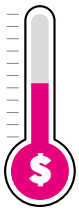
IMPACT AT A GLANCE

Malawi's HIV response is at a critical turning point: around one in 15 adults is living with HIV. Community-led HIV prevention services have been dramatically disrupted by the US funding withdrawal. Key populations, adolescents and young people face stigma and gaps in HIV care. The push towards universal health coverage risks sidelining HIV prevention. Bold political leadership is needed to mobilise domestic resources, protect community-led programmes and ensure HIV remains a priority, while also strengthening Malawi's health system.

This year, the funding landscape for Malawi's HIV response has changed dramatically

60% of Malawi's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.

The **Global Fund** remains a key donor, but the current grant has also been **cut by 8%**.



The **domestic health budget allocation** has decreased to **9.2%**, well below the 15% Abuja target.

Sources: UNAIDS, Global Fund, UNICEF

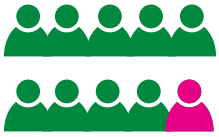
As a result, vital programmes for key populations and adolescents have been scaled back or shut down

Approximately **107,000** people from key populations could **lose access to tailored HIV prevention services**.

PEPFAR-funded DREAMS programme, providing services to **young people** in all their diversity, has **completely halted**.

Sources: Global Black Gay Men Connect, UNAIDS

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies



Around **90%** of people **living with HIV are on treatment** with direct or indirect support from PEPFAR.

Oral PrEP services have been **reduced**, especially for key and vulnerable populations.

Studies to support the roll-out of new technologies **are continuing**, but only with support from the Global Fund.

Sources: amfAR, PrEPWatch, Malawi Ministry of Health

STATUS OF THE HIV RESPONSE: A COMMUNITY ANALYSIS

Malawi's HIV response is in crisis following the sudden withdrawal of US government funding, which previously accounted for 60% of the national HIV budget. The abrupt loss of funding for life-saving HIV prevention, testing and treatment services has caused widespread service disruption. Without urgent action, the number of new infections and people dying of AIDS-related illnesses will likely rise, and decades of progress could be reversed.

Key and vulnerable populations are being hit hardest.[1] The suspension of the DREAMS programme[2] has left adolescent girls and young women, who already account for a quarter of new HIV infections in Malawi, without access to essential services. With limited access to comprehensive HIV and sexuality education in schools, young people will lack the information they need to make informed choices and access care. Condom distribution among young people has also fallen sharply. The funding crisis has affected vital services, including early infant diagnosis, paediatric treatment and support for orphans and vulnerable children.

Programmes for key populations in Malawi now face a funding gap of over $10 million. While some drop-in centres remain open, the future of these services is uncertain due to the funding freeze. The minimum service package for key populations previously supported by PEPFAR[3] can no longer be delivered in full. Guidelines for people who use and inject drugs are being revised to reflect the current financial reality. Although a capacity-building plan for key population-led organisations was finalised in 2025, all trainings have been suspended. Community-led monitoring (CLM) continues but faces long-term funding challenges. PEPFAR-funded CLM ended after the stop-work order, leaving only Global Fund-supported programmes, which have been restructured to focus mainly on strengthening health systems and are less comprehensive than before.

Over recent years, Malawi has made important gains in expanding access to pre-exposure prophylaxis (PrEP), with around 180,000 people on oral PrEP by the end of 2024. In 2025, new restrictions from the US government limited oral PrEP delivery in US-funded programmes to pregnant and breastfeeding women. However, new national guidance later restored access to all clients. The introduction of long-acting cabotegravir (CAB-LA) is progressing at selected sites, with around 1,100 people enrolled, while the Ministry of Health plans to expand access to 55 additional facilities. At the same time, guidelines are being updated to include lenacapavir, and preparations are underway for the dapivirine vaginal ring roll-out with support from the Global Fund. Despite these advances, demand generation has previously relied heavily on PEPFAR-funded community outreach workers. The loss of US funding has created a significant gap, which could impact the full roll-out of these new prevention technologies.[4]

[1] UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services. In Malawi, men also avoid public health facilities and often rely on community-based interventions to access services. With the suspension of these types of programmes, many men are no longer accessing the services they need.

[2] The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme was funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) as a multi-sectoral HIV prevention initiative for adolescent girls and young women.

[3] The US President's Emergency Plan for AIDS Relief (PEPFAR) is a US government initiative launched in 2003 to address the global HIV and AIDS epidemic through prevention, treatment and care programmes.

[4] Lenacapavir, cabotegravir and the dapivirine vaginal ring are long-acting HIV prevention options, giving people safer, easier protection without the need for daily pills.

The funding cuts have forced people to access services from public clinics, where they face increasing stigma and discrimination – further eroding trust in the public health system. The planned Stigma Index study, initially at risk of suspension, has been retained in the re-prioritised Global Fund grant, thanks to advocacy by the Civil Society Advocacy Forum (CSAF). The U=U campaign, another key initiative for tackling stigma and discrimination, is also at risk because of disruptions to services.[5] Work on the Integrated Biological and Behavioural Survey has also been affected, leaving verified data on trans people and people who use drugs inaccessible, with no funding available to complete the study.[6]

Some national coordination structures remain active. The National AIDS Commission continues to convene technical working groups with civil society involvement, and the Malawi Partnership Forum is meeting as scheduled. The Ministry of Health has expressed willingness to expand civil society participation in the Domestic Health Financing Technical Working Group. However, the UNAIDS-led Sustainability Roadmap and Transformation Plan has stalled, and only some documents have been shared with civil society. Approximately $1.7 million has been allocated for the transport of HIV samples, and plans are underway to shift commodity warehousing to the Central Medical Stores Trust to reduce stockouts. Whilst the integration of HIV into broader health services is referenced in several strategies, guidelines need refining before implementation can take place.

The proposed 8% cut to the Global Fund country grant will directly impact HIV components. Despite this, community-led interventions such as HIV prevention programmes for key populations are still being funded. Trained Community Midwife Assistants have been deployed to trace pregnant women, breastfeeding mothers and children who have missed appointments, while Mentor Mothers have been trained to identify and follow up with peers who have defaulted on treatment. Prevention activities, including efforts to tackle stigma and discrimination, have also been prioritised.

Malawi is taking steps to increase domestic financing, but challenges remain. The domestic health budget has fluctuated in recent years: 8.7% in 2023/24, rising to 12% in 2024/25, then decreasing to 9.2% in 2025/26. Debt repayments, which consume 43% of domestic revenues, also continue to strain public finances. A new Health Financing Strategy (2023-2030) has been developed, and a Health Financing Reform Committee is exploring ways to increase domestic resources, including earmarked health taxes. However, more information is needed on legal and policy requirements, and civil society involvement in these discussions remains limited.

Progress on social contracting, which enables the government to fund civil society and community-based organisations to deliver essential health services to hard-to-reach populations, has stalled, despite being a critical mechanism for sustainable health systems and community-led approaches. Malawi remains committed to achieving universal health coverage, as outlined in the Health Sector Strategic Plan III (2023–2030).[7] HIV testing, treatment and oral PrEP remain officially free, but funding shortages have prompted discussions about introducing optional paid services for those who can afford it.

[5] Undetectable = Untransmittable (U=U). People living with HIV who maintain an undetectable viral load through consistent access to antiretrovirals (ARVs) and regular monitoring cannot sexually transmit the virus.

[6] Malawi's Biological and Behavioural Surveillance Survey is implemented regularly and designed to track trends in the HIV and AIDs indicators for different population groups.

[7] Universal health coverage (UHC) is a system where all people have access to the full range of necessary health services, from prevention to treatment, without facing financial hardship or discrimination.

COMMUNITY IMPACT

At the heart of delivering HIV services to marginalised communities is the relationship between the service provider and the communities they serve. The sudden withdrawal of programmes from these communities has shattered trust and destroyed relationships within the health system that were built up over many years.

Marginalised communities across Malawi, including key populations and young people, have had safe spaces ripped away and the community members that supported and understood them suddenly removed from their positions. Hundreds of community members employed by US-funded programmes now have no income or access to services. Communities have been left in panic due to a lack of clear information about which services were ending, why they were being cut or where people could go for help.

Drop-in centres that serve key populations have closed or scaled down, and mobile outreach and peer-led programmes have stopped, reducing safe and confidential spaces for care, limiting opportunities for behaviour change and lowering demand for health services. Criminalised populations are reporting more frequent stigma in public facilities, reduced access to essential services and a growing sense of abandonment. People living with HIV are also facing deep uncertainty over the continued supply of antiretrovirals (ARVs), and information about the supply of commodities is not reaching those who need it most. This has led to fear, confusion and harmful coping strategies. Condom availability for key populations is limited, and sex workers have raised concerns that they are not able to access condoms from public facilities, increasing the risk of HIV and other sexually transmitted infections (STIs). Some female sex workers have expressed that they would rather die than face humiliation in public clinics.

Adolescents and young people face similar stigma and discrimination when trying to access public health facilities, limiting their ability to obtain life-saving services and commodities including condoms.

> ***The loss of funding has brought confusion and misunderstanding to the community and there are fears that ARVs are going to stop or be sold.*** *Some started skipping days to ensure the drugs last a longer time. Others started selling ARVs."*
>
> **Person living with HIV**

> ***Some sex workers have expressed a preference to die rather than face the humiliation at the public facilities.*** *Some sex workers have still begged peers to collect ARVs on their behalf because they simply cannot go to the public facility."*
>
> **Sex worker community member**

> *The lack of funding has led to a loss of momentum and an increase in mental health challenges.* ***I have lost friends to overdoses and needle sharing."***
>
> **Person who uses drugs**

Communities are concerned about the lack of mental health support available, which is affecting people's adherence to and uptake of services. The impact of the funding cuts has naturally caused significant anxiety and stress, as people are aware that life-saving services have decreased and they know that, without essential prevention and treatment, their risk of HIV and other STIs increases.

Key and vulnerable populations are now left with restricted access to a patchwork of fragmented services in which they feel neither safe nor accepted. Public health facilities face a shortage of skilled staff trained to provide key population-friendly services. Heavy daily workloads further limit their capacity, leaving little time to offer person-centred services.

While these experiences paint a very worrying picture, the full impact on communities in Malawi is hard to measure because no one is tracking how many people are being left behind. The data gathered by UNAIDS, community networks and other agencies is fragmented, and a national picture is unavailable. What is certain, however, is that recent funding cuts have reduced the number of tailored, community-led services available across the country.

The impact of these cuts for key and vulnerable populations is absolutely devastating. Malawi is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.

EVEN IF FUNDING RETURNS, THE BREACH OF TRUST IS IRREVERSIBLE.

THE IMPACT OF THESE CUTS WILL BE FELT FOR YEARS TO COME.

> *As a young person living with HIV, I hold strong hope for a cure. But the recent stop [work] orders have shaken that hope. The strides we were making under the undetectable=untransmittable message felt like a step closer to a cure.* ***The fears expressed by my fellow young people are loud and clear, calling on all of us to prioritise and sustain our efforts. We cannot afford to lose momentum now."***
>
> Young person living with HIV

MALAWI RECOMMENDATIONS

These recommendations were developed by a coalition of 17 civil society organisations, community networks and diverse affected populations across Malawi, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Malawi, including the Ministry of Health, Ministry of Finance and the National AIDS Commission.

To effectively support and strengthen Malawi's HIV response and prevent a potential new AIDS emergency, these recommendations require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

POLITICAL LEADERSHIP AND ACCOUNTABILITY

1. Complete the UNAIDS-led HIV Sustainability Roadmap and Transformation Plan in partnership with civil society, with clear costed priorities, implementation plans and a monitoring framework.
2. Ensure civil society engagement through formal consultation and feedback mechanisms on the draft Sustainability Roadmap and Transformation Plan, with regular progress updates from the Ministry of Health Planning Department and Directors of Health and Social Services to strengthen transparency and accountability.

FINANCIAL SUSTAINABILITY

3. Finalise and disseminate the findings from the Ministry of Finance survey on earmarked taxes to guide the introduction of sustainable, targeted health financing mechanisms.
4. Increase domestic health funding by expanding innovative health financing strategies, such as the introduction of earmarked taxes and private sector partnerships, as well as optional paying services where applicable.
5. Fast-track the design and implementation of a social contracting framework and mechanism to ensure that the government is able to directly fund community-led services, for example, drop in centres and tailored services for key populations.
6. Initiate a structured dialogue on debt relief and cancellation to free up resources for health and other priority sectors, while implementing robust anti-corruption measures to strengthen credibility during debt relief negotiations.

ENABLING ENVIRONMENT

7. Work with key population-focused organisations to implement sensitisation and training programmes for healthcare workers on stigma reduction and the specific needs of key populations, including sex workers, LGBTQ+ communities[8] and people who use drugs.

SERVICE DELIVERY

8. Update and cost HIV prevention, treatment and care packages for key populations and adolescents and young people into national plans and Global Fund grants, whilst simultaneously sustaining community-led interventions.

9. Plan and manage the transition of services from drop-in centres to public facilities, including capacity strengthening for staff and coordination through standard operating procedures or Memoranda of Understanding with government and district health leadership.

10. Address disruptions to condom and oral PrEP distribution, and scale up new prevention technologies such as long-acting lenacapavir, long-acting cabotegravir and the dapivirine vaginal ring, ensuring stakeholder-inclusive decision-making and innovative delivery models for free and paid services.

RESEARCH AND DATA

11. Urgently secure funding for the analysis of data from the Integrated Biological and Behavioural Survey and ensure timely dissemination of this data to support planning.

INTEGRATION

12. Develop clear guidelines for integrating HIV prevention, treatment and support services within universal health coverage frameworks.

13. Assess facility readiness to deliver integrated, key population-friendly services, identifying infrastructure, staffing, training and resource needs for full implementation, while also considering approaches that integrate and finance community-led services as part of the wider health system.

[8] LGBTQ+ people are individuals who identify as lesbian, gay, bisexual, transgender, queer or other diverse sexual orientations and gender identities. This includes men who have sex with men and trans people.

BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 and progress towards these goals in Malawi is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS, together with advocates and civil society partners across Malawi, reviewed national policy documents and strategies, and consulted government officials, civil society leaders and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

The report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and support the development of a more resilient and sustainable health system.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners and communities for their joint efforts and leadership in developing this report.

National research and analysis: Sincere thanks to the country coalition partners and the coordinating partner Pakachere Institute of Health and Development Communication.

Coordination and editing: Simon Sikwese, Vicky Anning, Leora Pillay, Clare Morrison, Hannah Tendler, Lola Abayomi, Eolann MacFadden, Fionnuala Murphy and Suzanne Fisher-Murray.

Design: Dave Bridges.

We gratefully acknowledge funding for the Transition Initiative from the Swedish International Development Cooperation Agency (SIDA).

OUR PARTNERS

Not all organisations and networks that contributed to this report are represented in the logos displayed above.

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