Clients' perspectives on HIV service delivery in Malawi following 2025 funding disruptions

Key findings

- Clients at 10 study health facilities generally continued receiving ART despite 2025 funding disruptions.
- Staffing reductions led to longer waiting times, shorter consultations, and perceived declines in service quality.
- Clients emphasized the need for more government investment, additional Ministry of Health staff, and clear communication during funding transitions.

WHY DOES THIS MATTER?

- In Malawi, adult HIV prevalence declined from >14% in the late 1990s to 7% in 2024 and AIDS-related deaths from 80,000 in 2003 to 14,000 in 2024.
- In 2023, donors contributed 62% of HIV programme financing.
- In 2025, U.S. funding cuts and stop work order (SWO) led to the loss of more than 4,500 HIV programme staff. Some have since returned, but other losses have been permanent.
- We elicited perspectives from ART clients on their experiences with service delivery one year after the 2025 funding disruptions.

WHAT DID WE DO?

- From January to March 2026, we conducted qualitative interviews with HIV care clients aged ≥16 years across 10 health facilities in Lilongwe (3 previously USAID-funded, 1 never funded), Blantyre (3 CDC-funded), and Chiradzulu (3 CDC-funded). Data collection comprised 67 in-depth interviews (IDIs) across all facilities and 11 focus group discussions (FGDs, 7–10 participants each) at 5 facilities..
- FGDs were stratified by gender and service delivery point:
  - 5 FGDs with women and 5 FGDs with men at the ART section
  - 1 FGD with women at the maternal and child health section.
- Data were analysed thematically to identify key themes related to clients' experiences of HIV service access, continuity, and disruptions in care.

WHO DID WE TALK TO?

159 participants (67 IDIs; 92 in FGDS)

58% female, median age 48 years

20% formally employed, 40% self-employed, 37% unemployed, 3% retired

65% enrolled in 6-month medication dispensing
35% in other models of care

Median time on ART 12 years

WHAT DID WE FIND?

- Clients often learned about funding changes through informal social networks; Much of this information was confusing and worrisome, and many would have rather received news from the health facility.
- News of the SWO had psychological consequences among many clients:
  - Clients feared drug shortages, reduced treatment access, and potential out-of-pocket costs.
  - Fear for health and well-being and stigma within communities compromised many clients' mental health.

*"I heard that the aim of USAID was not to continue helping us forever.. **We heard these things on the internet especially on social media**. But through the same social media, in official news like Times and Zodiak, we also heard that support was not stopped and it will continue."* – *FGD participant, Blantyre, male, age 22*

*"...News sent on the radio, is received by different people and **the understanding of that thing is different**. But **the actual truth** which someone can take as evidence and easily understand, **should be in [the health facility]. They should explain it to us**... The advice they give us here [at the hospital] is what I follow."* – *IDI participant, Lilongwe, male, age 59*

*"When we heard [about the funding cuts], **we were worried that we would no longer get our medication**. How are we going to survive? How will we be getting our medication if they stop? If they stop helping Malawi, we will no longer have our lives"* – *FGD participant, Blantyre, female, age 31*

*"For us who receive medicine, **people talk to us in an insulting way** in the communities where we stay that, you will go and die."*– *FGD participant, Blantyre, male, age 42*

Client experiences of service delivery changes

No perceived service or medication disruptions

- Clients generally reported that clinic operations are similar to pre-SWO operations – they are receiving ART as usual and are satisfied.

"... Let's say you were receiving six months' supply, there is no changes...you receive again after six months, so, there are no changes. We are receiving accordingly." – *FGD participant, Lilongwe, female, age 46.*

"No indeed, things are the same as they were. I have not seen any change. Whenever I come, I receive my medicines without problems.". – *IDI participant, Blantyre, female, age 52*

"Everything is fine; there is no change... the way they receive us is still good" – *IDI participant, Blantyre, male, age 42*

Perceived workforce reductions

- Clients were aware of changes to staffing throughout 2025.
- Clients believed staffing changes/reductions led to longer wait times, more congested clinics, shorter consultations, poorer quality of care, and negative provider disposition.

*"Back in 2024, we were meeting with four clinicians or doctors, but now because we have one...**When they were many [providers] we had enough time with them**, we were given out details, we were being told about the situation we are passing through so that you should know what you need to do. [Now, **the provider] is found tired**, he is meeting a lot of people, even his **explanations are made in summaries**. He will only ask what is the problem? You will explain, and he will say, "alright". He is gone... **You are not receiving any other information, because the provider is under greater pressure to meet all the people."** – FGD participant, Lilongwe, female, age 33.*

"There are changes... Before there were more staff and more activities, but now things have reduced... Maybe sometimes I used to see volunteers, but now when I come, I don't see them anymore." – *IDI participant, Lilongwe, male, age 45*

Reduced dispensing intervals

- Some clients mentioned that they received shorter dispensing intervals – potentially as measure to ration medication stock.

"I saw a change because sometimes they give me for 6 months but now they give for 2 months. When they give for 6 months, you are happy and you relax... some of us we came from far so using transport frequently to come to the hospital is expensive... The problem it is the availability of the drugs." – *FGD participant, Blantyre, female, age 44*

What clients want to see

- Prioritize health spending and reduce dependence on donor funding

"It seems like the challenges are coming due to the shortage of the staff...what happened here its that the resources have been removed, those resources needs be replaced, it means the Government need to find means of replacing those resources. If it is raising taxes to construct roads, raising taxes to buy maize, raising taxes to construct schools, it is okay to raise taxes so that the money should go health sector, should be able to employ people... This service is very important they can not avoid. We need to find means." – *FGD participant, Lilongwe, male, age 66.*

- Hire more MOH-funded health staff to replace losses from SWO

"And if the government could increase staff so that one individual doesn't do several things at once, it would be good. This is what makes us to be late because that one person to handle several things." – *FGD participant, Lilongwe, male, age 42*

CONCLUSIONS

- ART clients at 10 healthcare facilities in 3 districts in Malawi reported that they generally continued to receive ART services as in the past, despite the funding cuts.
- At the same time, many clients experienced reduced service quality, longer wait times, uncertainty driven by poor communication, and weakening of community, counselling, and prevention services, all potential longer-term risks for HIV program outcomes.

Msukuma M, Tchereni T, Kachingwe E, Morgan A. J, Reeves D, Scott N, Macheso S, Gunda A, Birhanu F, Rosen S, Pascoe S, Huber A, Mokhele I. **Client perspectives on HIV service delivery in Malawi following 2025 funding disruptions.** SHIFT Policy Brief, June 27, 2026