

Effects of global HIV funding disruptions on clinic staffing, prevention, testing, and treatment services in Malawi

KEY FINDINGS

- 30–85% decline in implementing partner (IP)-supported clinical staff; small increases in MOH-supported clinical staff.
- Early 2025 saw declines in HIV testing, ART initiation, prevention services, and viral load testing.
- Most service delivery recovered during the second quarter of 2025, as IP staff returned.
- Recovery by the end of 2025 was uneven: Lilongwe District rebounded strongly, Chiradzulu returned to 2024 levels, and Blantyre continued to struggle.

WHAT IS THE ISSUE?

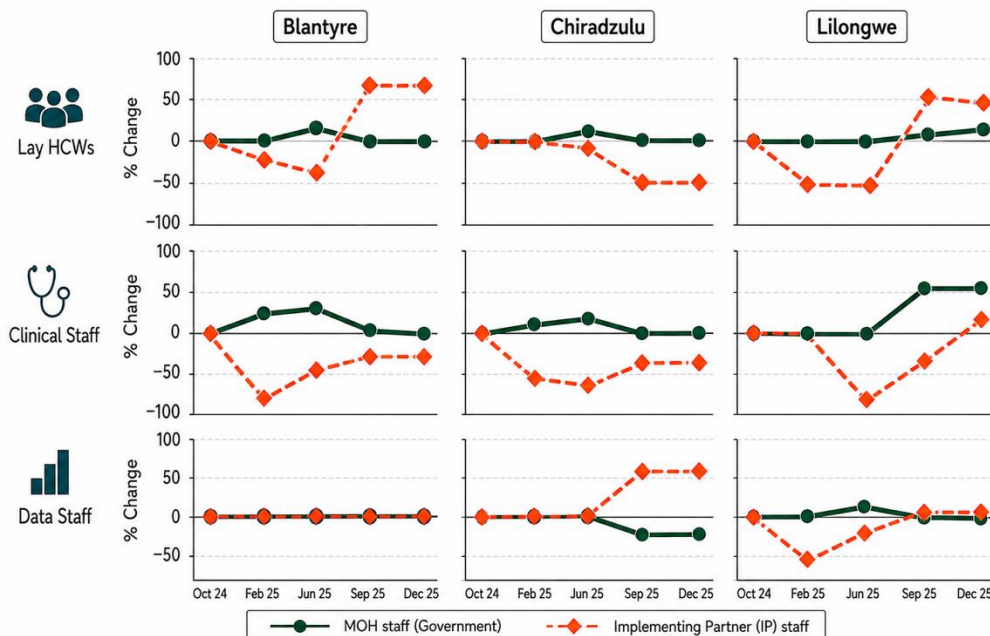
- Malawi has achieved the UNAIDS 95-95-95 targets for HIV. Adult HIV prevalence declined from >14% in the late 1990s to 7% in 2024 and AIDS-related deaths from 80,000 in 2003 to 14,000 in 2024.
- The HIV programme is heavily dependent on external funding: in 2023, PEPFAR and the Global Fund contributed 62% of HIV programme financing.
- In early 2025, U.S. funding cuts and the withdrawal of USG-supported personnel led to the loss of more than 4,500 HIV programme staff.
- **We assessed the effects of funding transitions on staffing levels and HIV service delivery volumes in 2025 compared to 2024.**

WHAT DID WE DO?

- Data were collected from 16 public sector clinics across Lilongwe (8), Blantyre (4), and Chiradzulu (4) districts: 10 supported by CDC IPs, 4 by USAID IPs, and 2 had no IP support.
- Health service data were sourced from the Malawi Directorate of HIV, AIDS, STIs, and Viral Hepatitis Management Information System (DHAMIS), DHIS2, the Laboratory Information Management System (LIMS), and facility assessments conducted October 2024–December 2025.
- **Staffing levels**, sourced from site assessments, were assessed as percentage changes from an October 2024 baseline among Ministry of Health (MOH) and IP-supported staff. **HIV service delivery volumes** were compared with the corresponding calendar-year quarters in 2024 using year-on-year ratios (2025/2024) to account for seasonal variation.

WHAT DID WE FIND?

Figure 1. Percentage change in MOH and IP-supported staff by district and cadre, October 2024–December 2025.



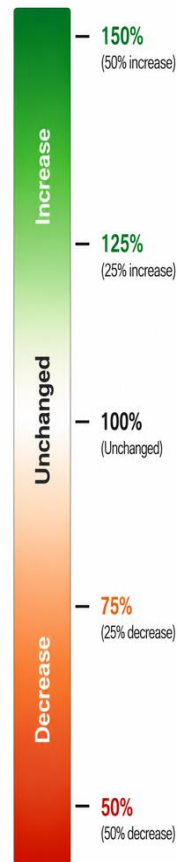
Values show % change relative to the October 2024 baseline.

- **IP-supported staff**
 - **Lay HCWs** declined by 45–55% in Lilongwe and Chiradzulu before recovering, reaching 40–65% above baseline levels in Lilongwe and Blantyre by December 2025.
 - **Clinical staff** fell by 30–85% across districts. Recovery was strongest in Lilongwe (+25% above baseline), while Blantyre and Chiradzulu remained 25–30% below baseline.
 - **Data staff** were less affected, remaining stable in Blantyre, increasing by 50% in Chiradzulu, and returning to baseline levels in Lilongwe.

MOH staff remained largely stable; clinical MOH staff increased by 45–50% in Lilongwe.

Table 1. Ratio of service delivery volumes in 2025 relative to 2024 for selected indicators

Ratio of volumes of HIV services delivered, 2025/2024					
District	Service	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Blantyre	Condoms distributed	58%	164%	109%	64%
	PrEP initiations	94%	112%	80%	126%
	HIV testing	76%	69%	70%	83%
	ART initiations	81%	83%	86%	103%
	Retained in care	83%	79%	79%	83%
	Viral load tests	52%	71%	108%	75%
	Suppressed viral loads	103%	85%	91%	96%
Chiradzulu	Condoms distributed	88%	192%	82%	93%
	PrEP initiations	85%	247%	137%	78%
	HIV testing	66%	117%	100%	91%
	ART initiations	61%	108%	109%	90%
	Retained in care	96%	95%	94%	96%
	Viral load tests	43%	97%	94%	100%
	Suppressed viral loads	97%	80%	89%	93%
Lilongwe	Condoms distributed	42%	91%	46%	132%
	PrEP initiations	78%	121%	127%	136%
	HIV testing	91%	118%	105%	110%
	ART initiations	93%	94%	93%	108%
	Retained in care	102%	100%	101%	100%
	Viral load tests	48%	93%	117%	139%
	Suppressed viral loads	83%	84%	98%	92%



- Volumes of HIV services delivered varied widely between 2024 and 2025, both by district and over time.
- Most volumes fell in the first quarter of 2025 compared to the same quarter in 2024, presumably in direct response to the funding cuts.
- Some services recovered fully in the second and third quarters, while others remained well below their 2024 levels.
 - By the last quarter of 2025, service volumes exceeded 2024 levels for most services in Lilongwe District.
 - Most volumes were close to 2024 levels in Chiradzulu District, except for PrEP initiations.
 - Blantyre District continued to struggle, with service delivery volumes below 2024 levels for all indicators except PrEP and ART initiation volumes.

CONCLUSIONS

- U.S. funding disruptions in early 2025 resulted in reductions in implementing partner-supported staffing and declines in HIV testing, ART initiation, prevention services, and viral load testing across the three districts.
- Recovery was uneven, with Lilongwe showing the strongest rebound, while Blantyre and Chiradzulu recovered more slowly.
- In response to the funding cuts, the Ministry of Health implemented targeted (rather than routine) viral load testing as a mitigation measure, contributing to the decline in VL testing volumes observed in the first quarter of 2025.
- These findings highlight the importance of maintaining HIV workforce capacity, strengthening health system resilience, and sustaining routine service monitoring to prepare for future funding transitions.