



Scaling up effective HIV prevention:

"What is working in Malawi with most affected populations?"

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

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Malawi's Prevention Landscape

Malawi has made important progress in the HIV response, but prevention remains central to achieving epidemic control.

The prevention landscape is changing

- Increasing availability of multiple HIV prevention options
- Expansion of PrEP
- Introduction and scale-up of long-acting prevention technologies
- Continued importance of condoms and lubricants
- Stronger community-based HIV testing and linkage
- Continued investment in treatment as prevention
- Greater emphasis on differentiated and person-centred services
- Increasing recognition of community-led approaches

Who Are the Most-Affected Populations?

The HIV response must recognize that risk and access are not evenly distributed.

Of particular interest are:

- Female Sex Workers (FSWs)
- Men who have Sex with Men (MSM)
- Transgender people
- Other at high risk Populations
- Adolescents and young people requiring sustained treatment and prevention support

What these populations often have in common:

- Higher HIV exposure risk
- Stigma and discrimination
- Concerns about confidentiality
- Mobility and changing locations
- Competing social and economic priorities
- Difficulty accessing conventional health services
- Interrupted prevention use
- Missed appointments and challenges with continuity

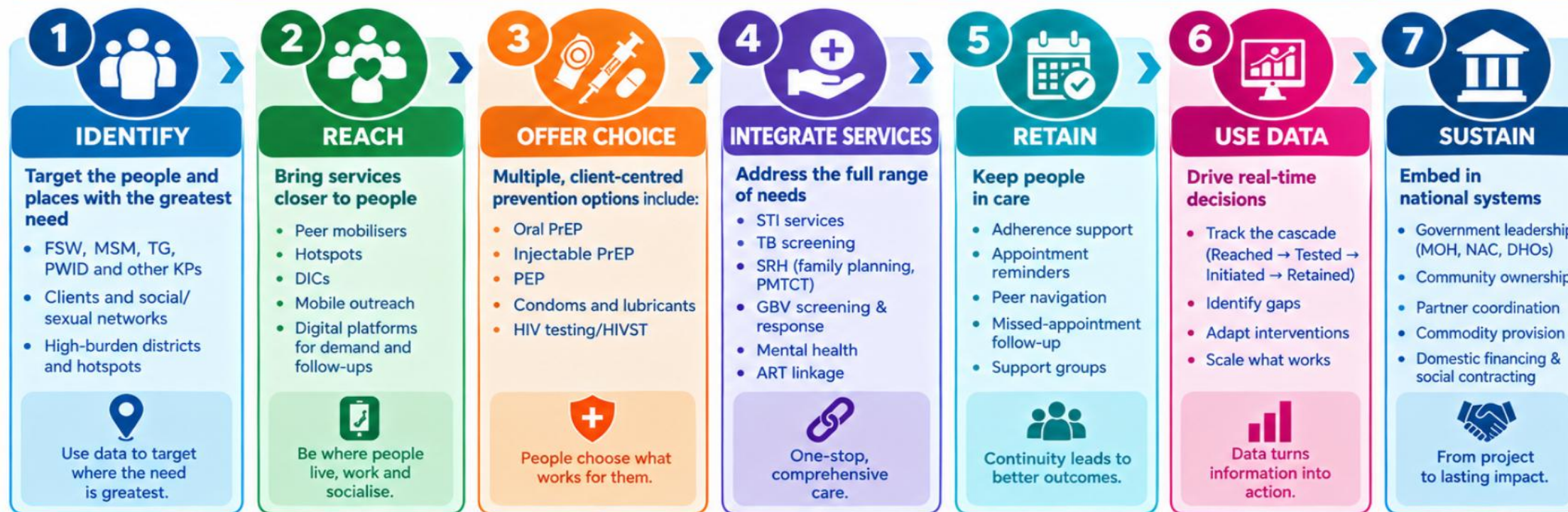
Closing the Prevention Gap: Reaching Those Most at Risk

SCALING UP HIV PREVENTION SERVICES

Comprehensive. Inclusive. Community-led. Sustainable.



Healthier
Communities.
A HIV-free
Malawi.



DIGITAL PLATFORMS FOR DEMAND AND FOLLOW-UPS

SMS and WhatsApp for demand creation | Appointment reminders | Client tracking | Data capture and reporting



Government of Malawi
(MOH, NAC, DHOs)



Implementing Partners
(CSOs, NGOs, private sector)



Community Structures
(DCSAs, peer networks)



Technical & Development Partners
(donors, UN agencies, etc.)

THE FOUNDATION: STRONG PARTNERSHIPS & ENABLING ENVIRONMENT

Successful Strategies Implemented for Most Affected Populations in Malawi

Proven approaches to scale up effective HIV prevention for most affected populations



What are we Learning From Malawi?

Lesson 1: Prevention works better when services come closer to communities

DICs, peer educators and community outreach have demonstrated the value of providing services in environments where KPs feel safe, free and respected.

What this enables

- Earlier engagement
- Increased demand for prevention
- Peer-to-peer information
- Improved referral
- Follow-up of clients
- Builds trust and reduces stigma to accessing prevention services

! Community platforms are not an alternative to the health system—they are an important bridge into the Health System.

Lesson 2: Successful PrEP programming requires

Demand → Choice → Initiation → Continuation → Re-engagement

This means addressing:

- Awareness
- Risk perception
- Product preferences
- Access
- Side effects and concerns
- Appointment barriers
- Adherence
- Mobility
- Missed appointments

What are we Learning From Malawi?



Our experience shows that effective HIV prevention is not simply about making services available. It is about **bringing the right combination of interventions to the right populations, in the right places, and in ways that communities trust and can access.**

For the most affected Populations in particular, community-led approaches, peer engagement, differentiated service delivery, PrEP, condoms and lubricants, HIV testing, and strong linkage to treatment can work together to close persistent prevention gaps.



Key lesson
People need choice—not a single prevention product.

Long-Acting Prevention: An Opportunity and a Challenge

Long-acting prevention technologies

offer an important opportunity to address some of the limitations associated with daily oral prevention.

Potential advantages include:

- Reduced daily pill burden
- Greater discretion
- Potentially improved convenience
- More flexible prevention options

But scale-up requires attention to:

- Appointment adherence
- Follow-up systems
- Provider capacity
- Supply continuity
- Client education
- Missed appointment management
- Transition between prevention options

Implementation lesson

The product may be long-acting—but the support system around the product must also be strong.

Beyond Distribution: Lessons for Effective Condom and Lubricant Programming

New technologies should not displace interventions that continue to be effective and valued by communities.

Condoms and lubricants remain important as they:

- Provide HIV prevention
- Prevent other STIs
- Prevent unintended pregnancy when used correctly
- Are immediately available
- Can be controlled by individuals
- Can be distributed by lay cadres/peers
- Complement PrEP

Peer cadres are more than condom distributors; they are trusted community links who can increase access, stimulate demand and connect people to comprehensive HIV prevention. Their impact depends on reliable supplies, community trust, supportive supervision and sustainable financing.

Integrating condom and lubricant distribution with HIV and SRH services increases access

Social enterprise and Total Market Approach (TMA) models complement free public-sector distribution and improve long-term sustainability.

- Helps to reduce reliance on donor-funded free condom distribution

Peer Educators: The Human Infrastructure of Prevention

Technology and commodities alone do not create prevention impact.

Peer educators provide:

- Trusted information
- Demand creation
- Risk assessment
- Navigation
- Appointment reminders
- Adherence support
- Missed-appointment follow-up
- Referral
- Community feedback

Why peers matter?

They understand:

The community → the context → the barriers → the language → the lived experience

Key lesson

Investing in community health workers and peer educators is investing in the infrastructure required for prevention scale-up.

IAS Removing Barriers: Making HIV Prevention Work for Most Affected Population

International AIDS Society

iasociety.org



Reaching the Hard-to-Reach

A major lesson from KP programming is that **coverage is not the same as access**.

A service may technically exist but remain inaccessible because of:

- Distance
- Opening hours
- Stigma
- Cost of transport
- Confidentiality concerns
- Mobility
- Fear of discrimination

What is helping?

- Mobile outreach
- Flexible service delivery
- Peer-led referral
- Appointment reminders
- Hotspot-based programming
- Community-based follow-up
- Differentiated service delivery

Make services work for people

"We must remove the barriers that prevent Most affected populations from accessing, trusting and continuing to use services.

Amplifying KP Voices: Engaging KPs through the KP TWG, Diversity Forums and other advocacy platforms ensures their lived experiences, priorities and needs inform policies, programmes and HIV service delivery



Put communities at the centre of prevention

Peer educators, community organisations and key population-led networks can build trust, reduce stigma, generate demand and connect people to services.

Take services closer to the people who need them

Drop-in centres (DICs), peer-led outreach, hotspot engagement, mobile services and network-based HIV testing can reach people who may not access conventional facilities.

Expand prevention choice around people's needs

Oral PrEP, long-acting options, PEP, condoms and lubricants should form part of a person-centred prevention package. Choice must be matched with accurate information, informed decision-making, access and follow-up.

Measure continuity, not just initiation

Starting prevention is only the first step. Appointment reminders, peer support, missed-appointment tracing, flexible services and re-engagement are critical—especially for clients facing stigma, mobility, financial constraints or disruptions in service availability