

Overview of HIV Prevention Landscape in Malawi

Achievements, challenges and key
priorities

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Our goal: end AIDS as a public health threat by 2030

14,200 → 6,000

New HIV infections, 2025 to 2030

-58%

12,900 → 4,000

AIDS-related deaths, 2025 to 2030

-68%

Four pillars of the HIV response

Behavioural

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

Biomedical prevention

- HIV testing and counselling
- Condoms
- Voluntary medical male circumcision
- Prevention of mother-to-child transmission
- STI treatment
- PEP
- ART for prevention (U=U)
- Oral and injectable PrEP

Care and treatment

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

Structural

- Policy, laws, regulations
- Cultural norms
- Economic systems
- Support services
- Monitoring and evaluation
- Procurement and supply chain

HIV Prevention priorities, in order

1

Keep people on ART and suppressed

2

Stop treatment interruptions

3

Protect PMTCT

4

Condoms and STI services

5

Target PrEP and VMMC

6

Community-led services for key populations

Triple testing HIV, syphilis and hepatitis B testing at 95% of service points

Source: NSP 2026 to 2030 (draft)

Who carries the risk: young women and key populations

7.47%

HIV incidence among female sex workers: about 100× the 0.07% of the general population

FSW: 39,000 people, 50% HIV prevalence

8,100

of 12,500 new infections in adults 15+ are in women (men: 4,400)

3,700

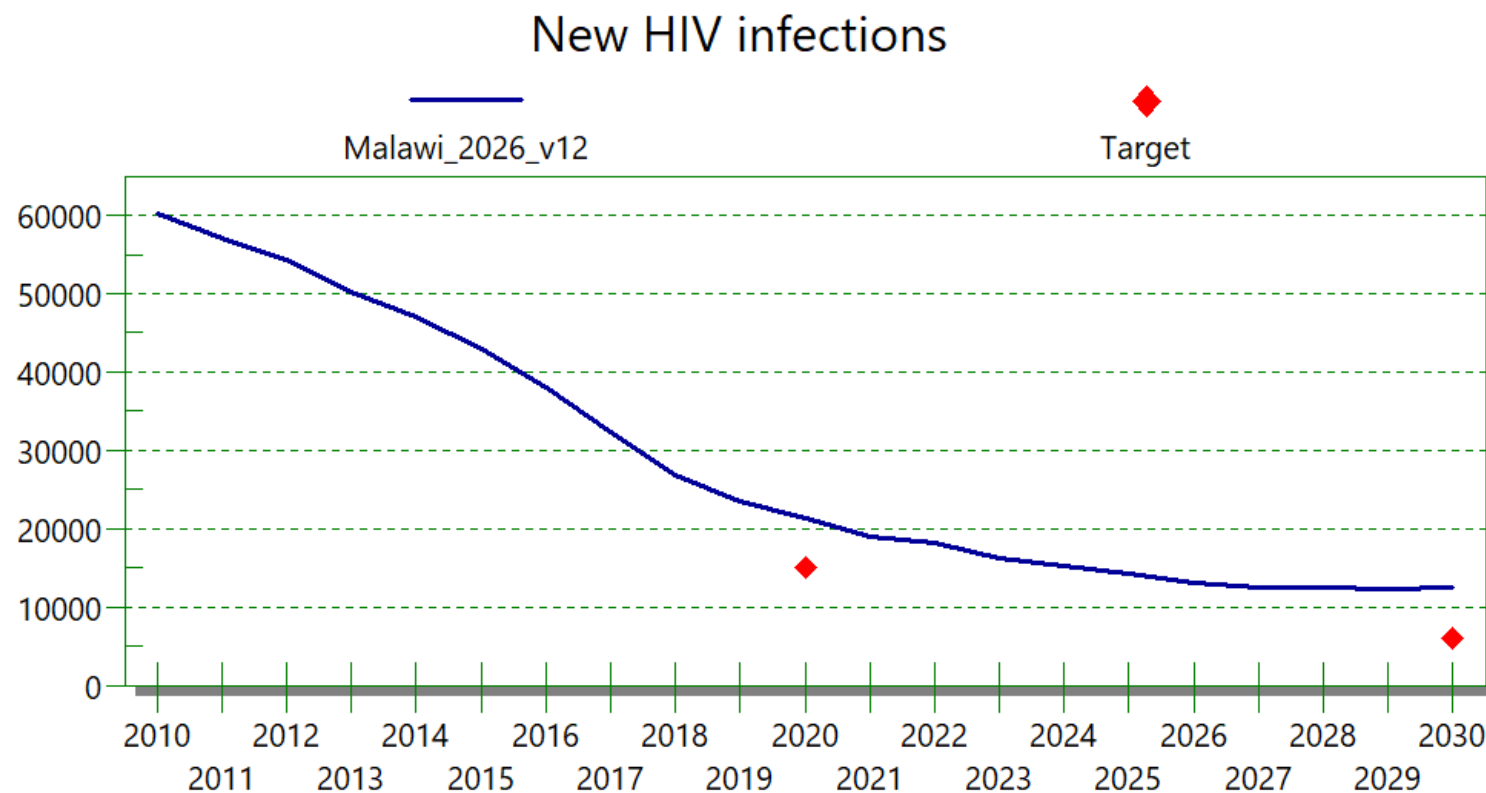
new infections among young women aged 15 to 24

1,700

new infections in infants under 1 year

Source: 2026 Spectrum, Naomi and KP workbook estimates (for 2025)

Down 90% since 2010; a further 58% cut needed by 2030



14,200

new HIV infections in 2025

~6,000

target by 2030

-90%

vs 2010

-58%

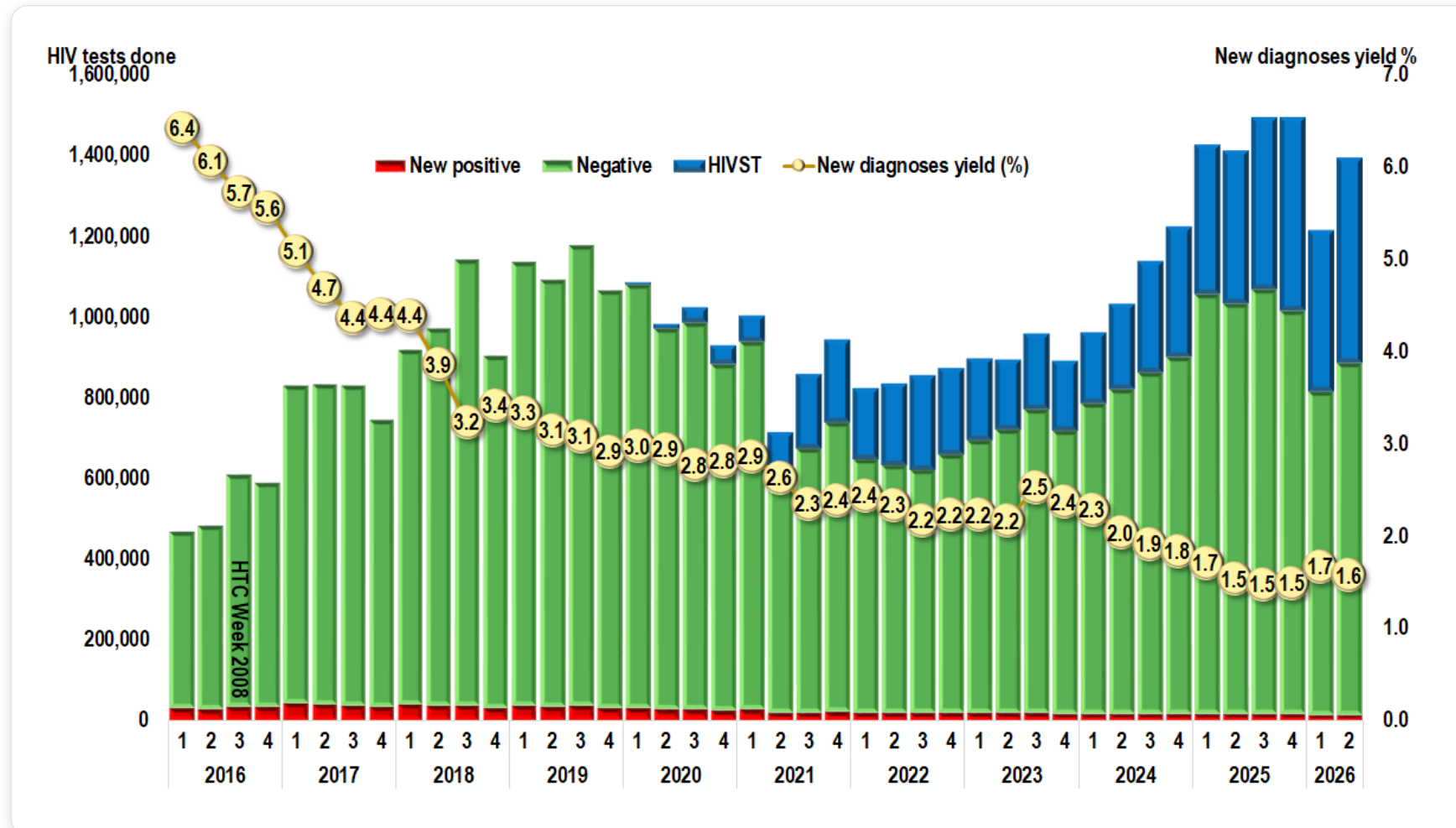
still needed vs 2025

Source: 2026 HIV estimates (Spectrum, Malawi_2026_v12)

IAS Educational Fund Meeting | Lilongwe | 19 October 2026

HIV TESTING

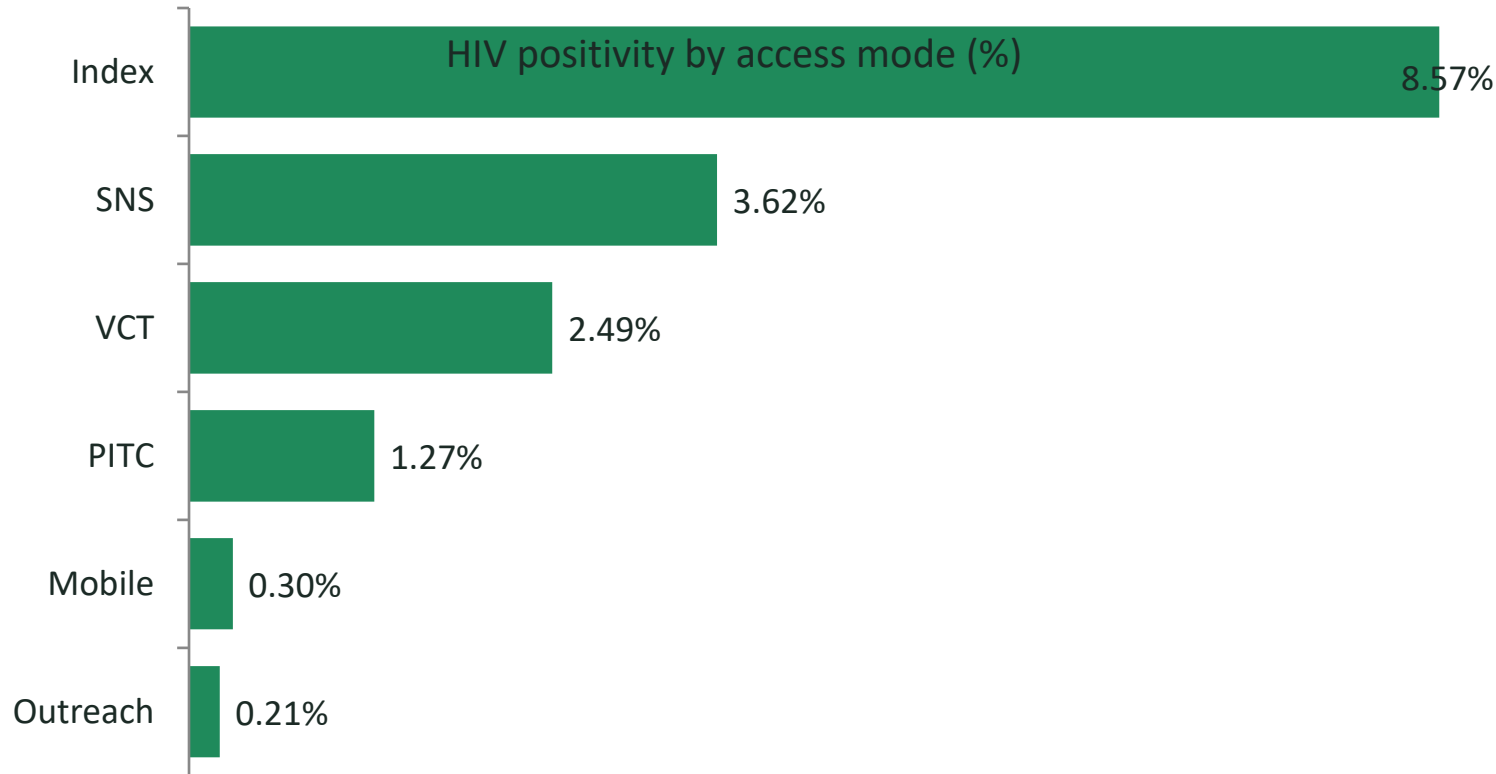
Testing yield: more tests, fewer positives per test



Source: DHAMIS

HIV TESTING

Index testing yields nearly 7× more than facility PITC



8.57%

positivity for index testing vs 1.27% for PITC

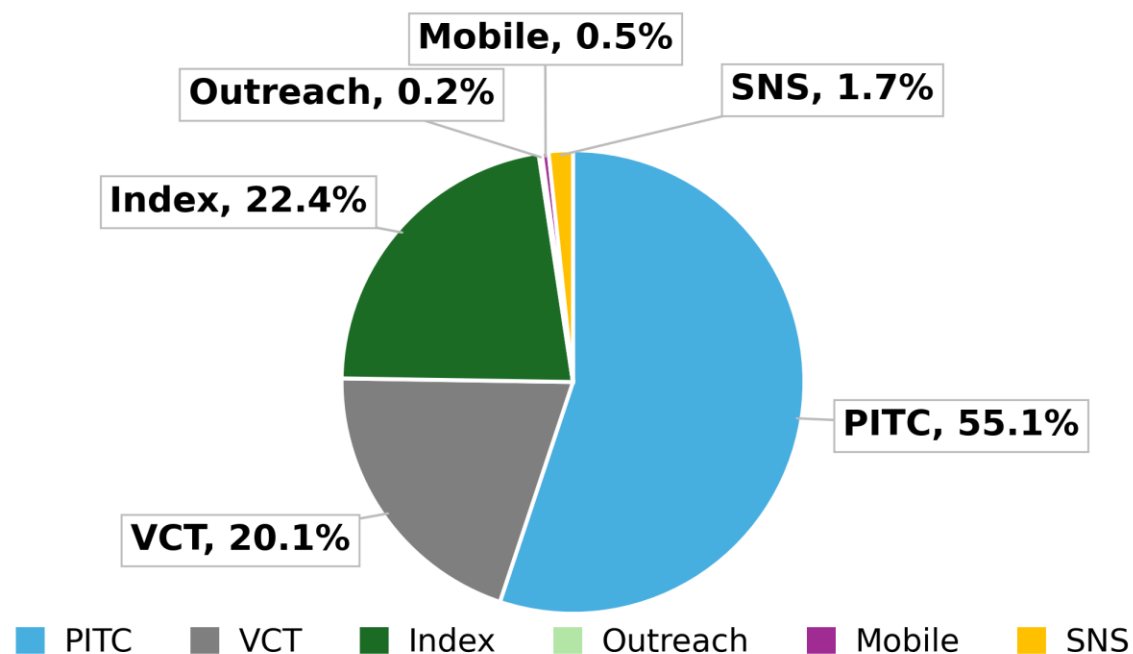
9,580,000

PITC tests: the volume engine, with lower yield per test

Source: Scanform

PITC and VCT find 75% of new HIV diagnoses

**Distribution of New HIV Positive Results
by Access Mode, Nov 2022 - Sep 2026**



Share of 209,110 new positive test results

75%

of all HIV diagnoses come
from PITC and VCT

22.4%

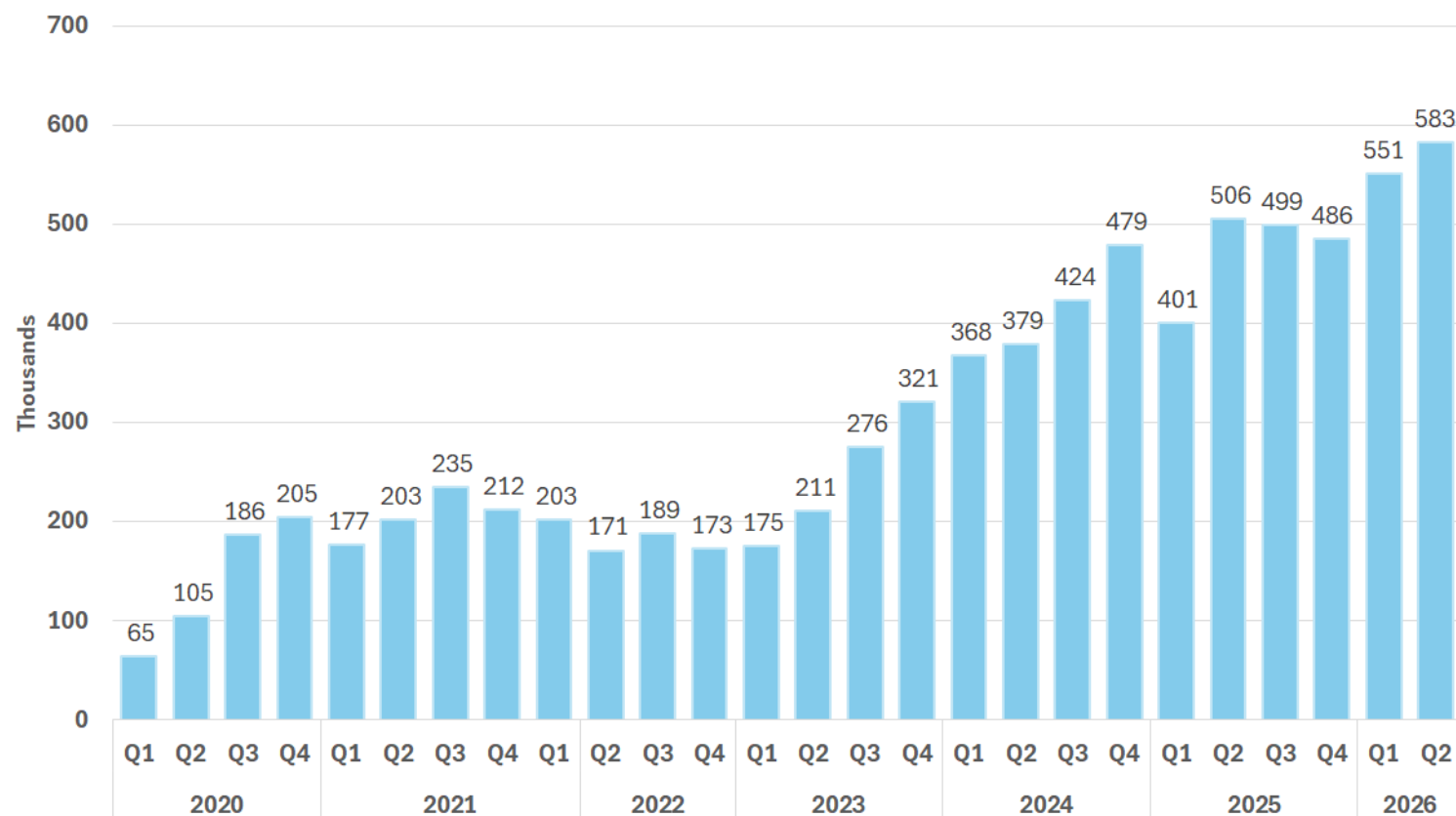
from index testing

Priority

cost-effective access
modalities that contribute
most to case finding

Source: Scanform

Self-test kits are scaling, but few clients return

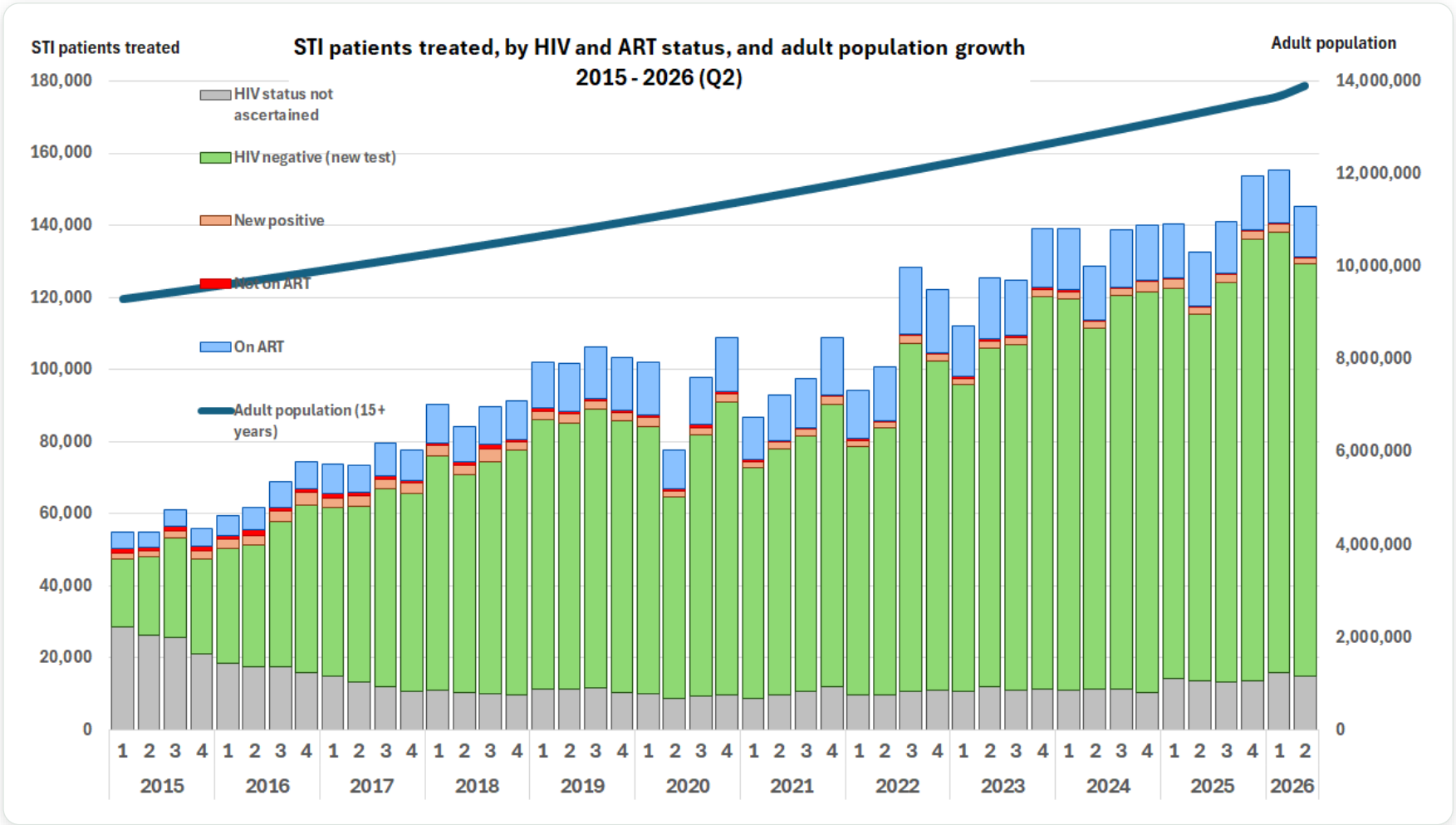


3%

of clients return to the facility after HIV self-testing, which remains

Source: HIV Program Data, DHAMIS

STI patients treated have grown with the epidemic



STI clinics: a high-yield gateway for HIV prevention

2x

STI cases in 10 years:
outpacing population
growth, not explained
by health-seeking alone

93%

HIV status
ascertained at STI
clinics, close to the
95% target

9,700

STI patients with a
new HIV diagnosis

1,400

previously HIV+ but
not on ART

58,081

STI patients already
on ART: adherence
and viraemia concern

64%

of male STI clients
uncircumcised

Low

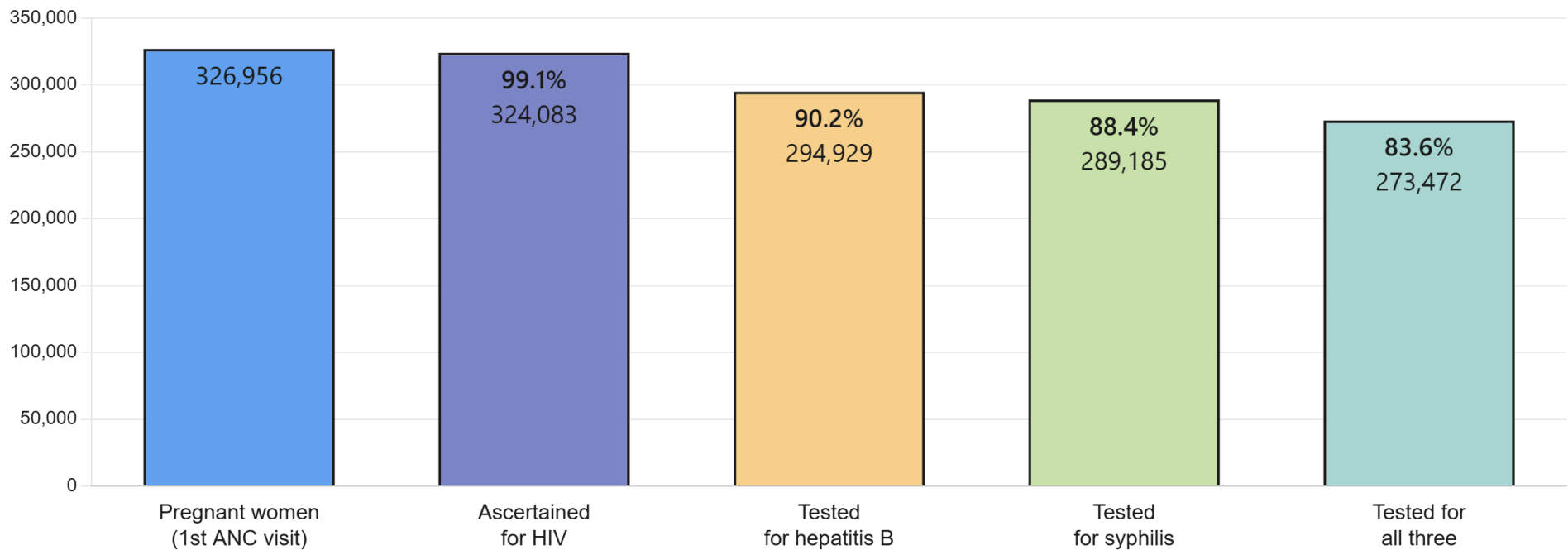
PrEP uptake in STI
patients: a missed
opportunity

Triple elimination cascade at the first ANC visit

Triple elimination cascade (first ANC visit)

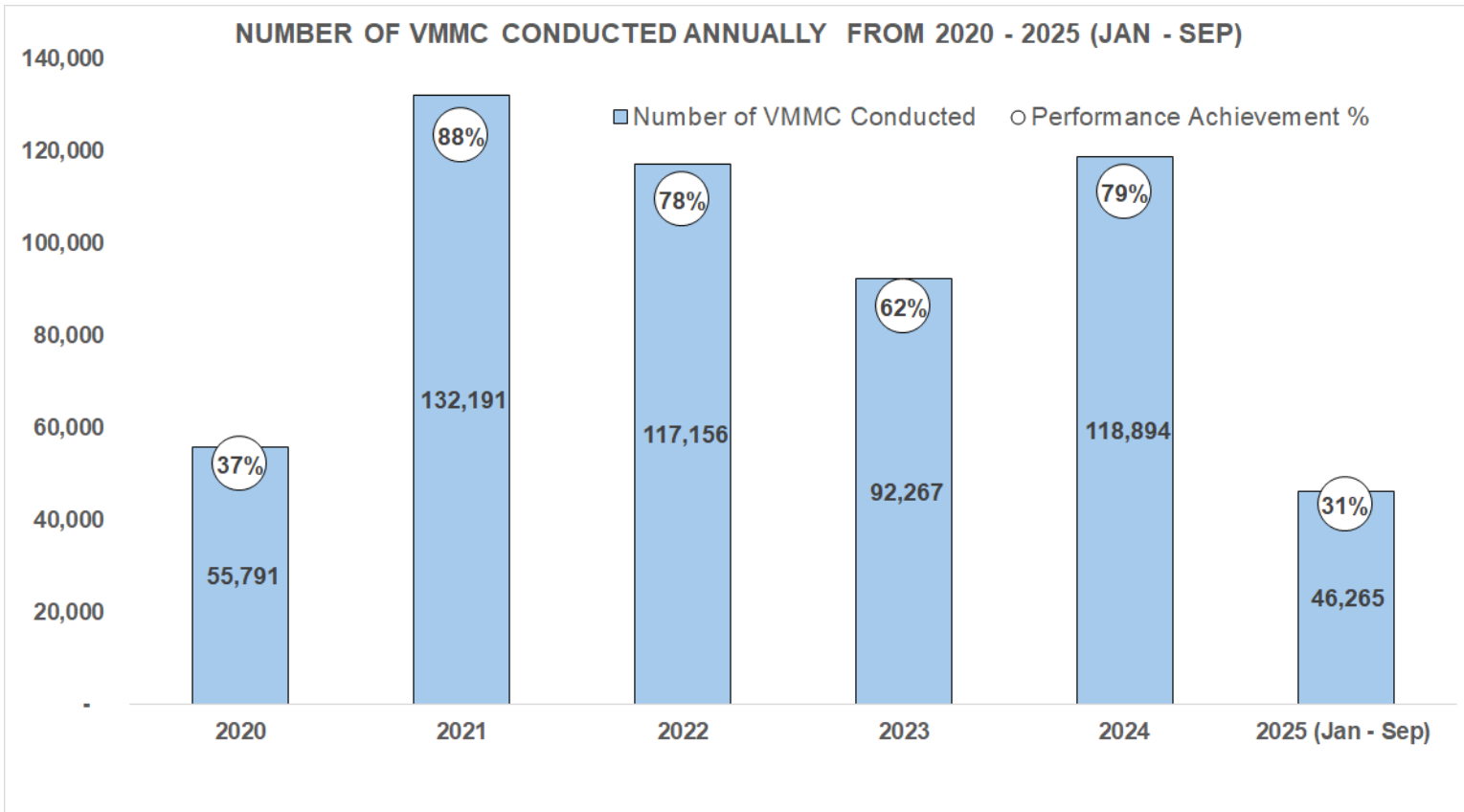
Women at the first ANC visit, and how many of them were ascertained for HIV, tested for hepatitis B, tested for syphilis and tested for all three (scan form testing records).

All facilities · 2026 Q1 to 2026 Q2 (2 quarters), pooled · 781 facilities



Percentages are shares of women at the first ANC visit in the selection.
Source: DHAMIS export and scan form testing records. Exported 2026-10-17.

VMMC: 62.5% of the 900,000 target reached



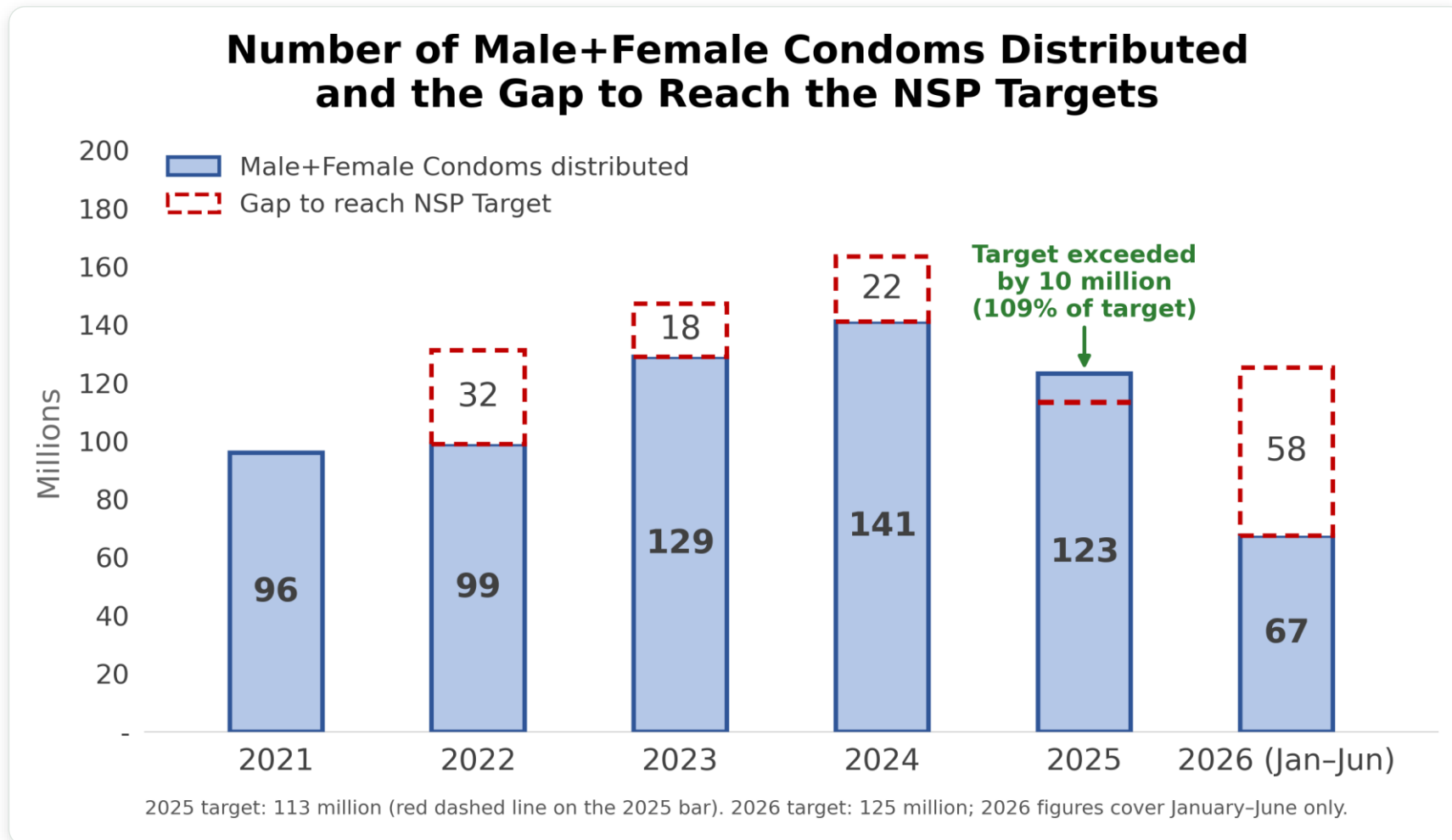
900,000

NSP VMMC target, 2020 to 2025

562,564

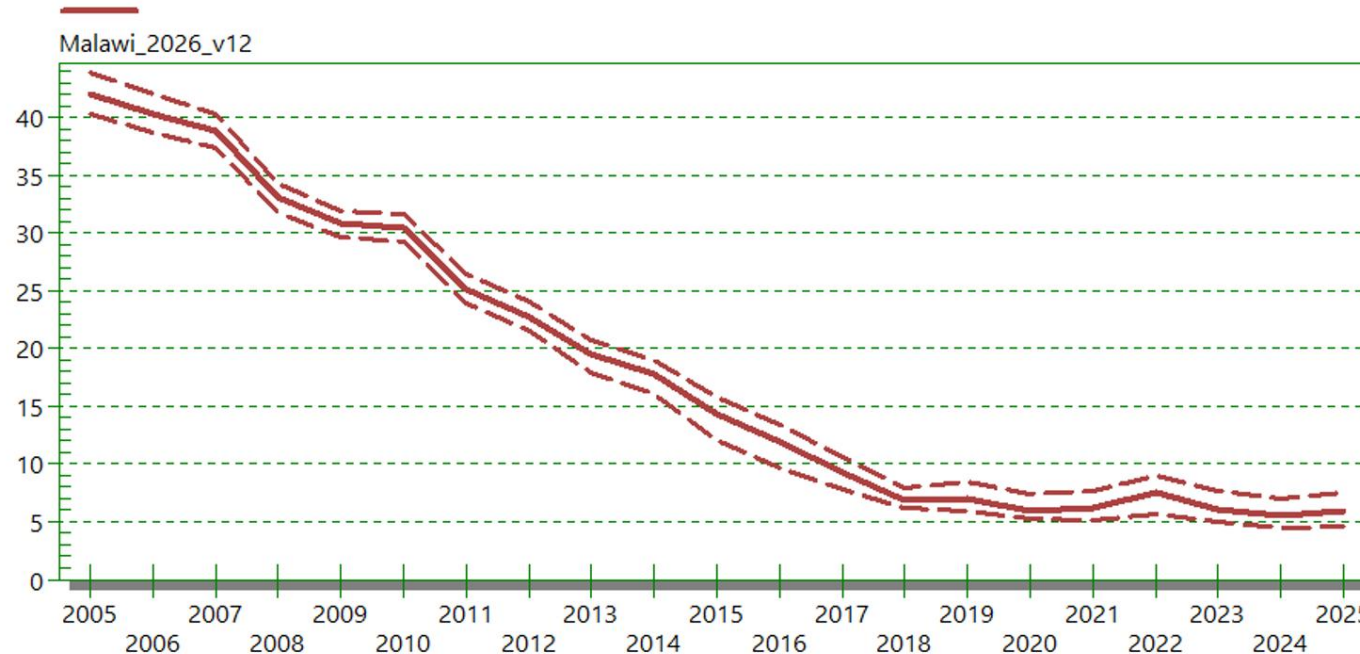
VMMC conducted (62.5%), Jan 2020 to Sep 2025

Condoms distributed and the gap to NSP targets



Mother-to-child transmission: 5.9% against < 5% target

Final transmission rate including breastfeeding period (%)



Malawi_2026_v12	42.07	40.34	38.85	33.12	30.84	30.51	25.16	22.79	19.49	17.74	14.39	11.96	9.21	6.80	7.02	5.98	6.16	7.49	6.05	5.53	5.89
Lower bound	40.31	38.78	37.34	31.81	29.73	29.29	23.91	21.55	17.95	16.12	12.05	9.70	7.82	6.17	5.99	5.20	5.07	5.72	4.98	4.45	4.59
Upper bound	43.92	42.03	40.38	34.40	31.97	31.72	26.43	24.10	20.80	19.05	15.83	13.45	10.60	7.96	8.49	7.44	7.68	9.01	7.61	6.96	7.52

5.9%

final transmission rate at end of breastfeeding, 2025 [4.6 to 7.5%]

<5%

eMTCT target

2011

Malawi first country to start universal ART for all pregnant women

Source: 2026 HIV estimates (Spectrum, Malawi_2026_v12)

Keeping mothers on ART is paramount

	N	%
Total Child infections	1,735	100%
Tot. Children Infected during Pregnancy	692	40%
Mother started ART before the pregnancy	71	10%
Mother started ART during the pregnancy	55	8%
Mother dropped off ART during pregnancy	287	41%
Mother started ART late in the pregnancy	31	4%
Mother did not receive ART during pregnancy	110	16%
Mother infected during pregnancy	138	20%
Tot. Children Infected during Breast feeding	1,043	60%
Mother started ART before pregnancy	71	7%
Mother started ART during pregnancy	117	11%
Mother dropped off ART	331	32%
Mother started ART late in pregnancy	12	1%
Mother did not receive ART during breastfeeding	61	6%
Mother infected during breastfeeding	451	43%

1

Prioritize ART retention, especially postpartum

2

Prevent new maternal infections: partner testing and PrEP

3

Strengthen early ANC and rapid ART initiation

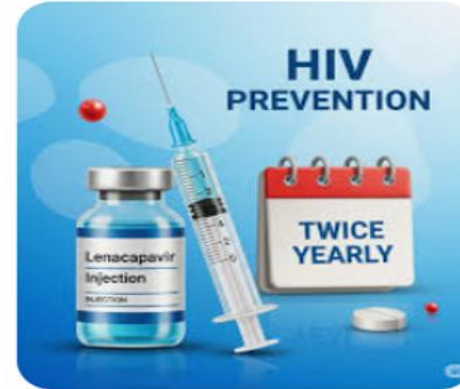
PrEP now comes in four forms



Oral tablets



Dapivirine vaginal ring



Lenacapavir: twice yearly

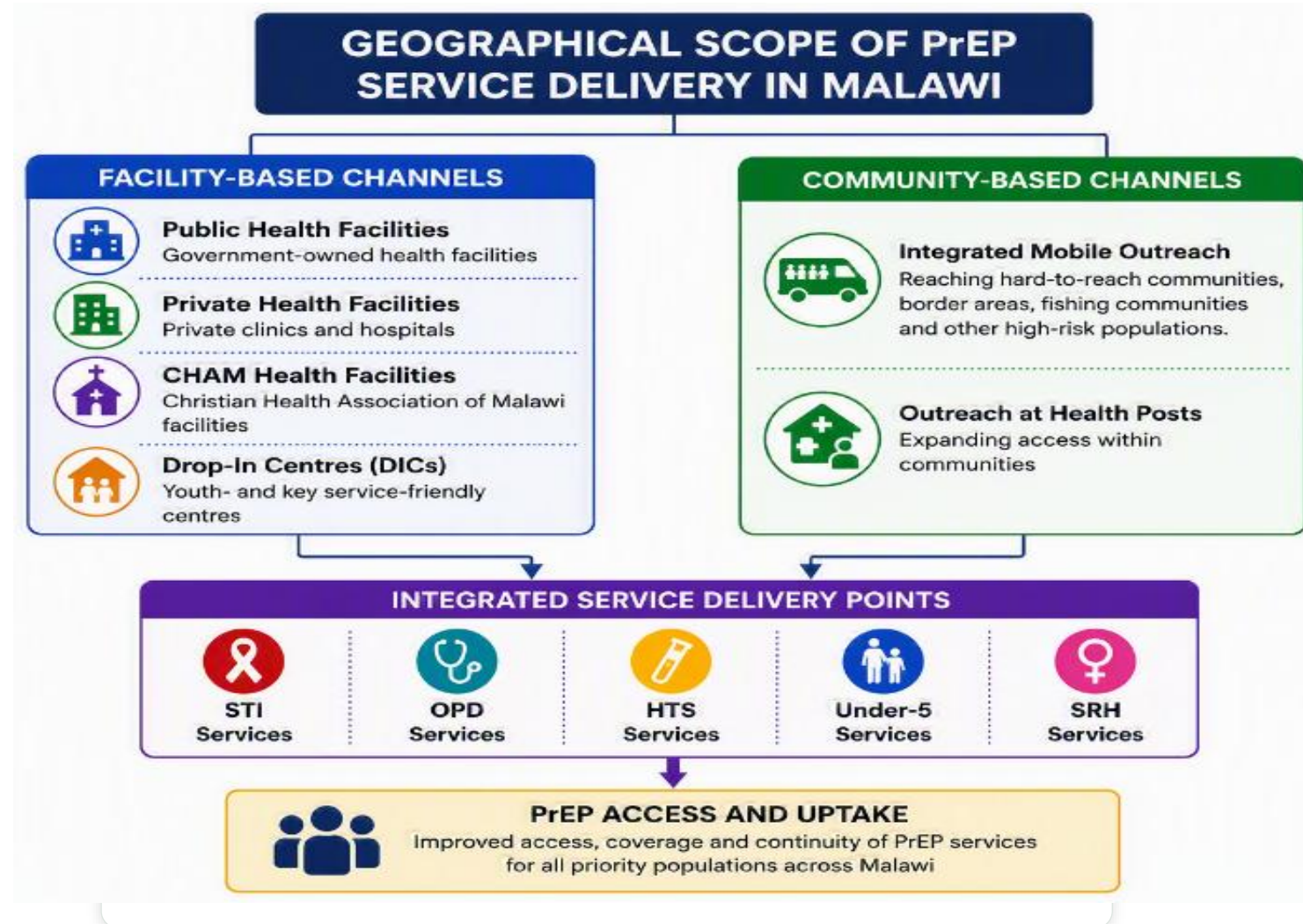


Cabotegravir: injectable

Event-driven oral PrEP (ED-PrEP) is only suitable for men who:

- are at substantial risk for HIV
- can reliably plan sex at least two hours in advance
- are expected to have at least 4 days between risky sex episodes

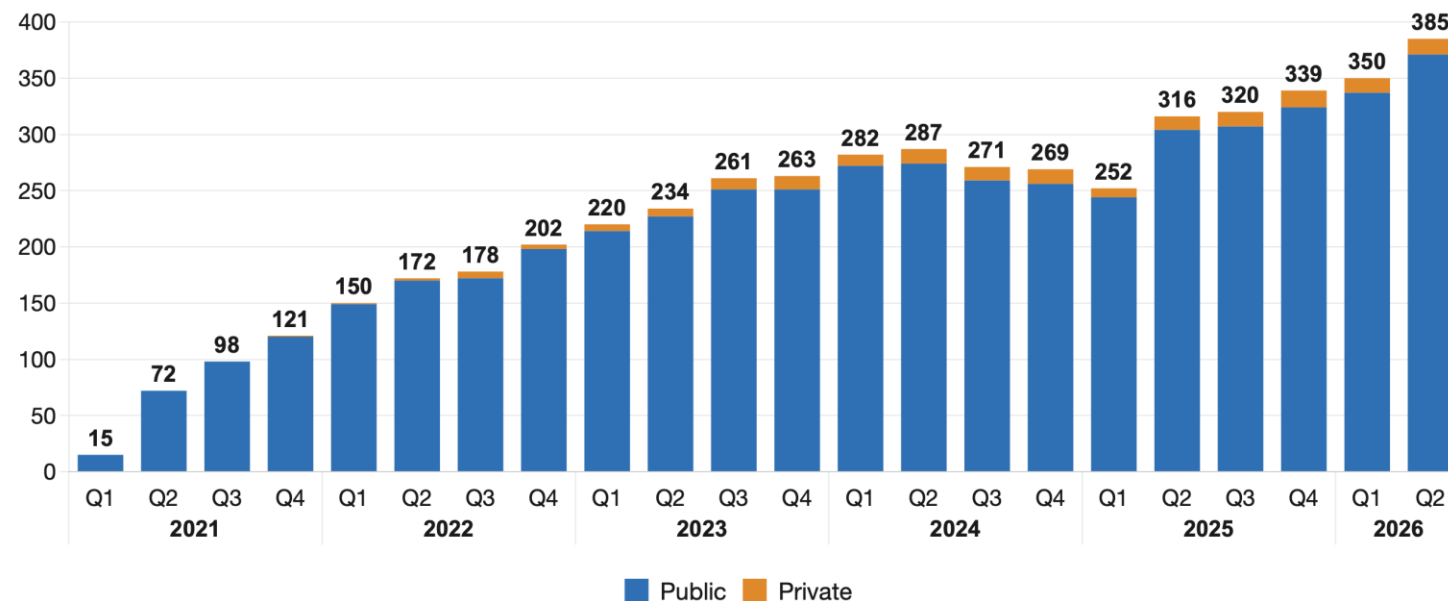
PrEP is delivered through facilities and communities



PrEP sites grew from 16 to 385 in five years

Number of PrEP sites, public and private

Malawi (National) · 2021 Q1 to 2026 Q2 (22 quarters)



A PrEP site has at least one client retained on PrEP at the end of the quarter.
Source: DHAMIS PrEP site report. Exported 2026-10-19.

385

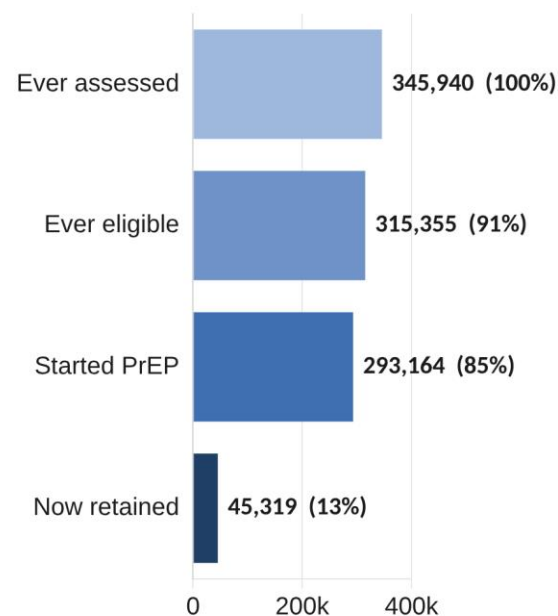
PrEP facilities by 2026,
from 16 in 2021

PrEP cascade, and clients on CAB-LA and LEN

PrEP cascade, and the clients enrolled on CAB-LA and LEN

Malawi (National) · cascade as at 30 June 2026 · CAB-LA and LEN to 17 Oct 2026

PrEP cascade (DHAMIS, to end of 2026 Q2)



CAB-LA, LEN and oral PrEP (ScanForm, latest)

Ever enrolled on
CAB-LA
24,818

clients
**9,125 active
now (37%)**

ScanForm data to 17
Oct 2026

Ever enrolled on
LEN
6,540

clients
**6,417 active
now (98%)**

ScanForm data to 17
Oct 2026

Estimated on
oral PrEP
29,777

retained minus
active CAB-LA
and LEN
**45,319 – 9,125
– 6,417**

Retained to 30 June
2026; CAB-LA and LEN
active on 19 Oct 2026

Ever assessed counts assessments, not different people. CAB-LA and LEN numbers are ScanForm clients to 17 Oct 2026 (active as at 19 Oct 2026), whichever quarter is chosen for the cascade. Oral is estimated: retained minus active CAB-LA and LEN.

Source: DHAMIS PrEP site report and ScanForm PrEP. Exported 2026-10-19.

Lenacapavir and CAB-LA: phased scale-up under way

PHASE 1 · 49 sites

Done

14 started in June 2026,
35 at end of July 2026. All
49 sites now offering LEN.

PHASE 2 · 100 HF

October 2026: delayed

Capacity building, site
activations and delayed
HIV test kit distribution.

PHASE 3 · all

remaining HF November 2026

Depends on capacity
building and site
activations.

808

health care workers
trained in LEN (STI,
OPD, ANC, FP,
maternity)

19,200

LEN doses from the
first batch issued to
49 HF

2nd batch

19,200 initiation
and 19,200
continuation doses
received, 8 Oct
2026

212

facilities providing
CAB-LA

LEN: early wins, real constraints

Successes

- All Phase 1 sites now providing LEN PrEP
- Increasing demand for LEN across all age groups
- Supervision and spot checks in the first 15 sites
- 75% of clients initiated on LEN are new

Challenges

- Late reporting of LEN stock-outs by some facilities
- Few stock-outs of HIV test kits due to distribution delays
- Inadequate funds for capacity building and site activations
- Fewer community outreach clinics: funding and IP exits
- Some adverse events not being reported

Challenges and solutions: testing, mothers and VMMC

HTS: Delayed refresher trainings for testing counsellors



Started refresher training sessions in March 2026

PMTCT: Suboptimal ANC testing in selected districts; more health posts providing ANC with no HTS due to limited HTS providers; high default rate of HEI and breastfeeding women



Support training of CMAs under the GF8 grant. Strengthen defaulter tracing through training of EC and distribution of push bikes

VMMC: Low uptake of VMMC services due to the closure of IP



Continue routine VMMC in health facilities through decentralization and task shifting

Challenges and solutions: STIs, condoms and PrEP

STI: Increase in the number of new STIs



Improve effective index and partner STI treatment; promote condom use

Condoms: Low distribution of condoms



Increase distribution points through the informal sector; strengthen last-mile distribution

PrEP: Low coverage of PrEP services



Scale up oral and injectable PrEP to more sites

Five priorities to bend the curve

- 1 Keep people on ART and suppressed: retention, especially postpartum, protects mothers and babies
- 2 Find the missed: index testing, STI clinics and triple testing at 95% of service points
- 3 Close the PMTCT gap: repeat testing, defaulter tracing and PrEP for women at risk
- 4 Scale PrEP and VMMC where risk is highest, with phased lenacapavir introduction
- 5 Sustain community-led key population services and move them to domestic funding

Acknowledgement to our partners

Funding partners

The Global Fund (GF8 grant)
PEPFAR and the US
Government
AHF

UN agencies

WHO
UNAIDS
UNICEF
UNFPA
UN WOMEN

Products and markets

Gilead Sciences (lenacapavir)
ViiV Healthcare (cabotegravir)
Unitaid
Clinton Health Access Initiative

Delivery partners

Implementing partners
Christian Health Association of
Malawi (CHAM)
Partners in Hope
Community and key population
organisations

Evidence and platforms

DHAMIS and Scanform teams
Spectrum, Naomi and KP
estimates teams
International AIDS Society (IAS)

References and data sources

- 1** National Strategic Plan (NSP) 2026 to 2030 (draft), Ministry of Health and Sanitation, Malawi.
- 2** 2026 HIV estimates: Spectrum, Naomi and KP workbook (Malawi_2026_v12), estimates for 2025.
- 3** DHAMIS: HIV programme data on testing, self-test kits, STI, ART and PrEP, to Q2 2026.
- 4** Scanform: HIV testing services and PrEP data, Nov 2022 to Sep 2026.

Zikomo kwambiri

Thank you

