



SESSION 3: INTEGRATION



HIV and health service delivery in Malawi

Integration within the HIV program and across health services

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

19-20 October 2026
Lilongwe, Malawi

The policy foundation for integration

01

HSSP III

2023 to 2030

Integrated platforms of care across primary, secondary and tertiary services

02

HIV and AIDS Policy

2022 to 2027

Explicit links with TB, SRHR, NCDs, hepatitis, mental health and nutrition

03

HIV National Strategic Plan

2023 to 2027

Integrated HIV care, comorbidity management and stronger service quality

04

HIV Sustainability Roadmap

Integration within broader health systems, with community participation

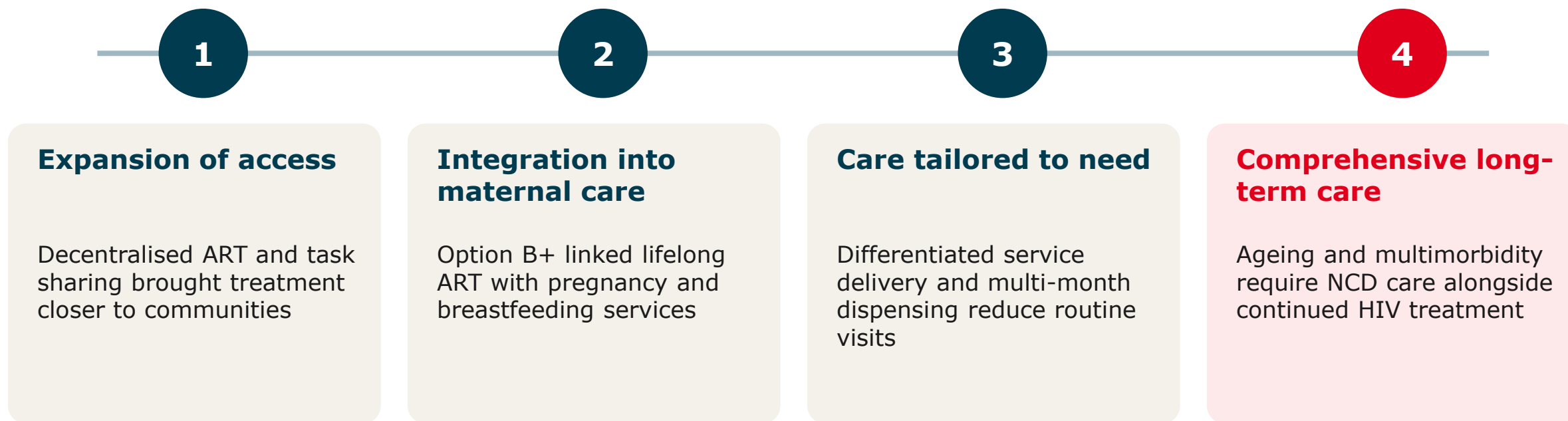
Source: MoH: HSSP III; HIV Policy; extended HIV NSP; Sustainability Roadmap

Malawi's care tiers and their HIV services



Source: MoH: health-system structure and HSSP III; HIV NSP for HIV service links; illustrative HIV service map

How HIV service delivery is evolving



NCD care is the next step for people ageing on ART

Integration within and across the HIV program

Within the HIV program

- 1 Testing linked to prevention or ART
- 2 Treatment linked to viral load action
- 3 Retention support and return to care
- 4 Paediatric, adolescent and AHD care

Across programs

- 1 HIV with TB and maternal / childcare
- 2 Family planning, STI care and prevention
- 3 NCDs, mental health and cancer services
- 4 Shared referral, diagnostics and information

Malawi already has a foundation to build on

Established programme foundations



Option B+ and integrated PMTCT / ART



TB screening and HIV-TB collaboration



Differentiated ART delivery



Integrated HIV reporting and supervision



Areas requiring deeper implementation



SRH and HIV prevention in routine care



NCD treatment and follow-up within HIV care



Mental health, hepatitis and cancer links



Broader integrated service delivery pilots

SRH integration across the life course



Maternal and infant care

Option B+ embeds lifelong ART within maternal care, with continued mother-infant follow-up



Family planning within HIV care

Contraceptive choice, fertility intentions and linkage to cervical cancer screening



HIV prevention within SRH

HIV testing, condoms, STI care and PrEP assessment alongside SRH services



Adolescents and young people

Confidential services, suitable appointment times and coordinated follow-up

TB and advanced HIV care across clinical services



HIV-TB care

TB screening during HIV care

HIV testing linked to TB services

Coordinated treatment and follow-up

TB prevention according to guidance



Advanced HIV disease care

Recognition in ART, OPD and wards

Appropriate CD4 and diagnostic access

TB / cryptococcal testing and treatment

Discharge linkage back to ongoing care

Rumphi and Nkhotakota pilot: three pathways for integration

ENTRY PATHWAY

One-stop entry screening

A common initial assessment identifies unmet needs and directs internal referral



PATHWAY 1



Integrated chronic care

Coordinated care for HIV, NCDs, TB and mental health

PATHWAY 2



Integrated maternal and childcare

Continuity across pregnancy, postpartum care and infancy

What integration could change for one person

Care need	Fragmented arrangements	Coordinated care
ART and hypertension	Separate dates and refill visits	Aligned reviews and medicine collection
Diabetes monitoring	Another queue or uncompleted referral	Planned tests with a named follow-up team
Cervical screening	Screening deferred or referral lost	Booked service and confirmation of completion
Clinical deterioration	Unclear handover between services	Prompt review with specialist escalation

The systems needed to deliver integrated care

Integrated, person-centred care

Workforce and mentorship

Clear roles, practical competencies and accessible specialist support

Medicines and diagnostics

Reliable NCD and HIV supplies, equipment and referral diagnostics

Patient flow and information

Coordinated appointments, confidential records and referral feedback

Planning and accountability

District ownership, aligned partner support and visible programme outcomes

District health system

Source: HSSP III; Sande et al. 2026; HIV Sustainability Roadmap

A proposed scorecard for the integration pilots



Patient experience

Visit time, repeat trips and patient costs

Does care reduce the burden on people?

Target: to be set



Clinical outcomes

Retention, viral suppression, BP control

Do HIV and other outcomes improve?

Target: to be set



Pathway completion

Treatment after diagnosis, referral completion

Does screening lead to effective care?

Target: to be set



System performance

Stockouts, staff workload and cost of care

Can districts sustain the model?

Target: to be set

Comprehensive care with sustained HIV outcomes

- 1 Malawi's policies provide a clear mandate for integration
- 2 Existing HIV services offer a foundation for broader care
- 3 Pilot learning should guide a costed, phased expansion

Success means better care for the person, with HIV outcomes sustained

Thank you

Zikomo kwambiri



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