



International AIL



Integrating HIV services with primary healthcare: Lessons from Partners in Health

Luckson Wandani Dullie



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

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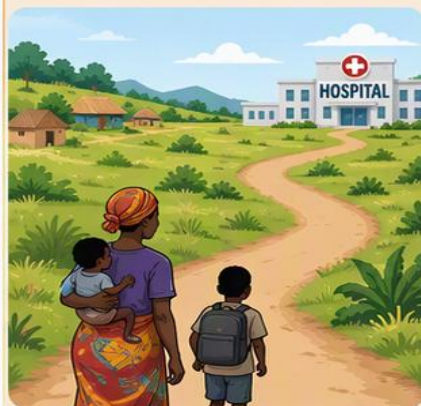
Key Challenges Before Decentralized and Integrated HIV Care

Barriers to access, continuity and quality care for the people and communities we serve



DISTANCE

Care too far from communities



People had to travel long distances, incurring transport costs and time away from work and family, to access HIV services.



FRAGMENTATION

HIV care separated from PHC



HIV programmes often operated as a parallel system, rather than as part of comprehensive primary health care.



CAPACITY

Health centres not sufficiently equipped to provide comprehensive HIV care



Many health centres lacked sufficient staff, training, medicines, equipment, space and systems to deliver comprehensive HIV services.



CONTINUITY

Clients lost between community, health centre and hospital



Clients could be lost to follow-up when moving between community, health centres and hospitals, leading to interrupted treatment and poorer outcomes.



QUALITY

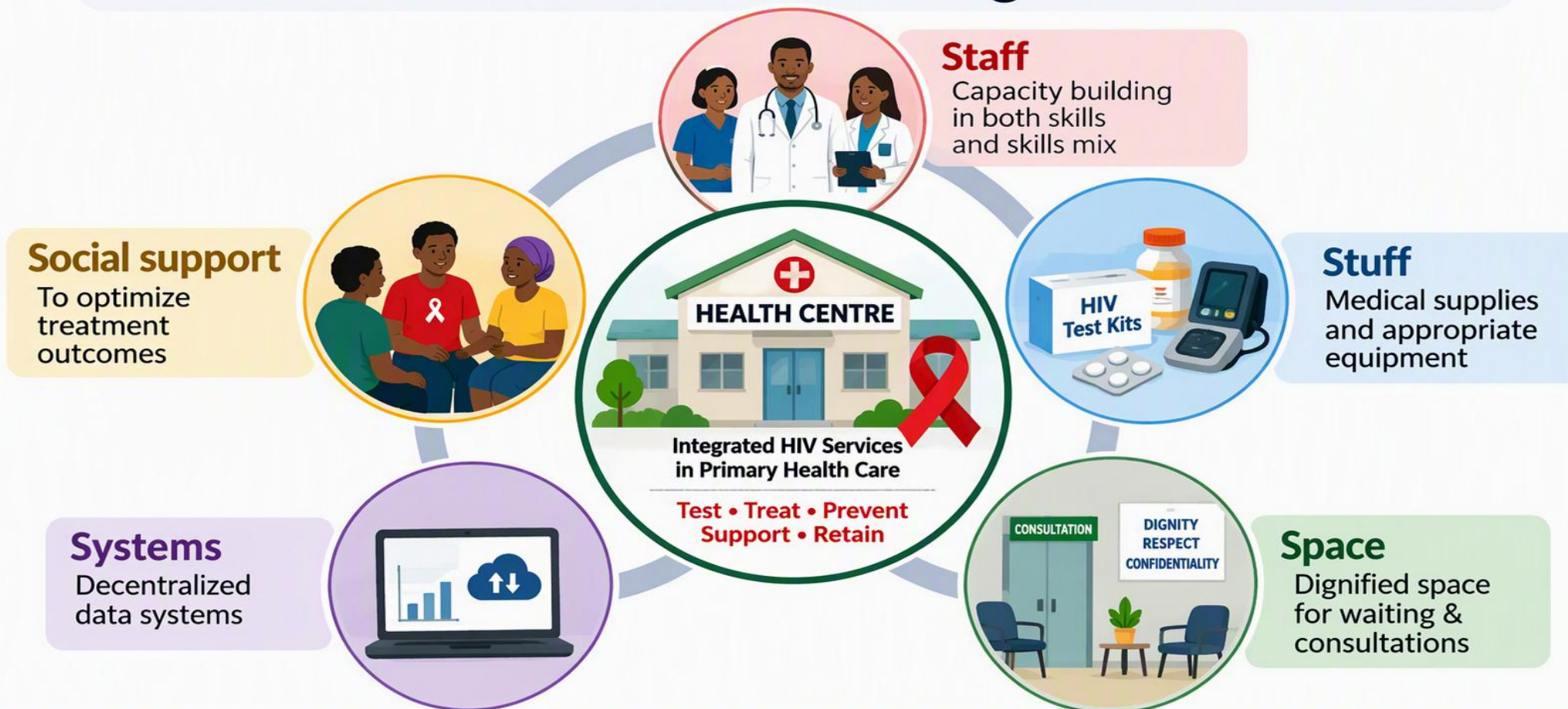
Need to maintain standards as care decentralises



As services were expanded closer to communities, it was essential to maintain high standards of HIV care across all levels of the health system.

Addressing these challenges required a people-centred, integrated and strengthened primary health care approach.

Decentralized **HIV** services integrated into **PHC**



People • Communities • Closer to Care • No One Left Behind

PIH's PHC Cascade

People • Communities • Integrated Services
A Healthier, Brighter Future



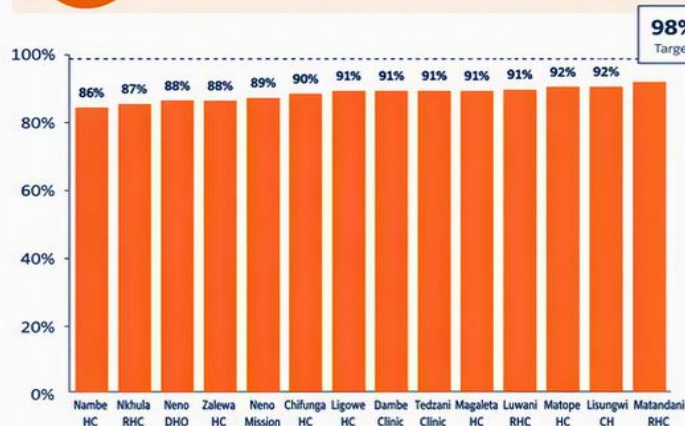
Communities at the Centre | End HIV | Leave No One Behind

HIV Outcomes Remain Strong Across Facilities and Over Time



Viral suppression (FY26 Q4)

Proportion of patients who are virally suppressed



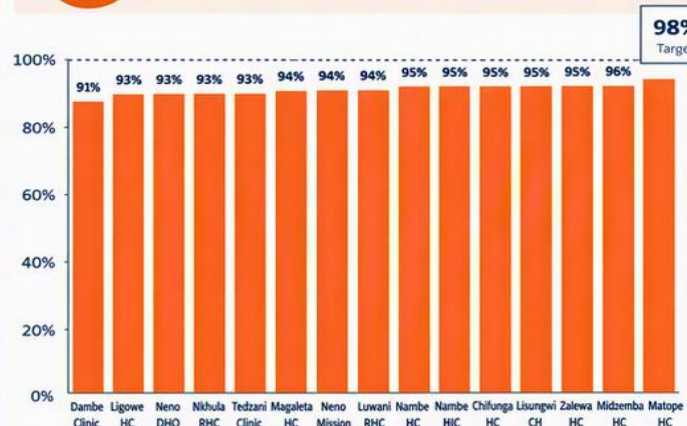
86–93%

of patients are virally suppressed across facilities



Retention at 12 months (FY26 Q4)

Proportion of patients retained at 12 months



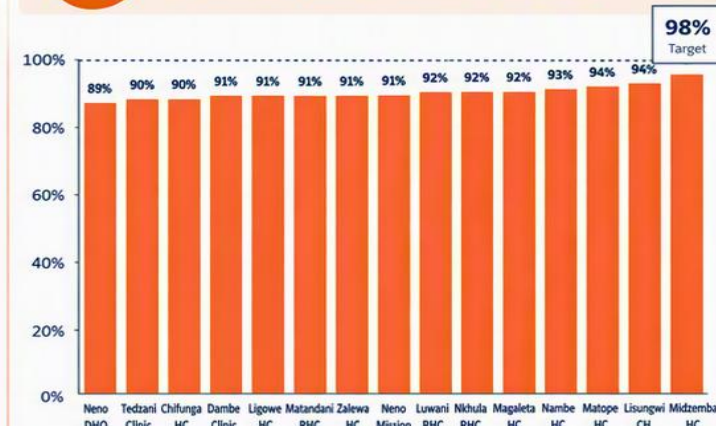
91–96%

of patients are retained at 12 months across facilities



Retention at 24 months (FY26 Q4)

Proportion of patients retained at 24 months



89–96%

of patients are retained at 24 months across facilities



Decentralising HIV care into primary care can maintain strong treatment outcomes across facilities and over time.

Integration should protect the systems that make HIV care successful: continuity, active follow-up, reliable treatment and facility-level use of data.

Strong HIV outcomes today. A stronger primary health care system for tomorrow.

Abwenzi Pa Za Umoyo
Partners In Health

From HIV success to Stronger PHC: **Key Recommendations**

01



INTEGRATE

**Care around people,
not diseases**

Make HIV prevention, testing and treatment part of comprehensive PHC, while protecting the quality standards that made HIV programmes successful.

**One patient.
Comprehensive care.**

02



INVEST

**Build PHC capacity
for integration**

Integration requires capable teams, medicines, diagnostics, infrastructure and systems. Do not simply move services downwards; strengthen PHC to deliver them well.

**Stronger facilities.
Better care for all.**

03



CONNECT

**Build a continuum from
community to facility**

Link community health workers, health centres and hospitals through referral, active follow-up and targeted social support. Design for continuity, especially for people most likely to be left behind.

**No one lost.
A stronger continuum.**

04



EMPOWER

**Put data in the hands
of frontline teams**

Enable health-centre teams to identify gaps, test solutions and track outcomes. Move from collecting data for reporting to using data for improvement.

**From data to action.
Better decisions. Better results.**