

Malawi Country Operational Plan

COP 2023

Strategic Direction Summary

March 19, 2024



Executive Summary

The Government of Malawi (GoM) has worked in partnership with the President's Emergency Plan for HIV/AIDS (PEPFAR) to serve the country's population since 2003. Malawi has made remarkable achievements as a low-income country, attaining 88-98-97 of the UNAIDS 95-95-95 targets towards epidemic control. Progress is fragile, however, due to rapid population growth, border dynamics, and continuous complex health emergencies, amidst felt impacts of climate change affecting food security. This jointly developed Addendum, details refinements and key decisions guiding interventions aimed at HIV prevention, treatment, viral load management, and health systems strengthening priorities and follows a locally led, country-owned HIV response while considering Malawi's vulnerabilities.

1. Strategic Shifts and Key Agreements

1.1 Year 2 shifts:

Prevention

Key strategic shifts and/or refinements for Country Operational Plan 2023 (COP23), Year 2, FY 2025 (FY25) include: orphans and vulnerable children (OVC); determined, resilient, empowered, AIDS-free, mentored and safe (DREAMS), and pre-exposure prophylaxis (PrEP) interventions.

Orphans and Vulnerable Children

In FY25, the OVC program will implement three shifts. First, the program will elevate the role of the government to deliver case management for children and adolescents living with HIV, and their caregivers. The program is gradually shifting from utilization of implementing partners (IP) to supporting national GOM social welfare workforce with the District Social Welfare Office (DSWO) leading. Second, the program will transition to use of GOM standardized curricula and trainers for parenting and economic strengthening interventions. Third, the program will support the digitalizing of some trainings for community cadres. Digital training platforms will enable the community cadre to reduce time away from services and trainings costs.

Determined, Resilient, Empowered, AIDS-free, Mentored and Safe

In FY25 through DREAMS NextGen, Malawi will implement enabling activities with a focus on sustainability through structural interventions, building systems and institutionalization of the DREAMS Next Gen program. These interventions include capacitating district-based Youth Led organizations (YLOs) and, Faith Based and Community Based Organizations (CBOs) to deliver key components of the DREAMS program including violence prevention and protection interventions at the community level targeting Adolescent Girls and Young Women (AGYW), Adolescent Boys and Young Men (ABYM) and sexualpartners of AGYW as well as the community.

Violence prevention interventions including IMpower will be delivered in the communities by YLOs, CBOs, and in schools. Coaching Boys into Men and SASA Faith will be delivered in the community. Male partners of AGYW will also be provided with sexual reproductive health services and HIV testing including pre-exposure prophylaxis (PrEP) and referral for treatment and voluntary medical male circumcision (VMMC) services. PEPFAR Malawi will expand delivery of comprehensive HIV combination prevention messages beyond enrolled AGYW using digital spaces. DREAMS Next Gen program will also be delivered in institutions of higher learning.

The DREAMS Next Gen will scale down the Family Matters Program (FMP) in Machinga, Zomba and Blantyre to adopt Malawi’s national parenting curriculum, under development by the Ministry of Gender and Social Welfare. Implementation continues in the DREAMS FMP program, with a Year 2 focus on the new PEPFAR-supported districts of Chiradzulu and Phalombe and transition to the national parenting program in FY25.

Pre-exposure Prophylaxis

PEPFAR Malawi continues to advance evidence-based PrEP access and technologies in Malawi. In collaboration with government, the GOM-led Blantyre Prevention Strategy (BPS) supported by the Gates Foundation has laid the groundwork for the scale up of long-acting injectable Cabotegravir for HIV for PrEP (CAB-LA) and the future introduction of new products, for example. PEPFAR Malawi has supported oversight and coordination of implementation science leading to the arrival of the first consignment of 5,400 CAB-LA vials in February 2024. GOM through PEPFAR implementing partners will implement CAB-LA supported by Georgetown University Center for Innovation in Global Health and University of North Carolina Project.

PEPFAR Malawi will support operationalization of the approved national PrEP guidelines which includes significant advancements in integration, and access, including use of HIV self-test kits, community delivery, and event-driven oral PrEP, in addition to CAB-LA.

Key activities that have ended or been delayed affecting the anticipated progress leading into FY25

Description of the activity (include activity type, geographic location and any other key details)	Status (delayed or ending) include end date if relevant	Causes: for delayed activities, include barriers resulting in the delay	Proposed resolution
Revised PrEP guidelines	Delayed	Combining oral and injectable PrEP guidelines	Follow up with GOM’s Directorate of HIV and AIDS, for accelerated implementation

Clinical Cascade

In COP23 Year 2, the programmatic shifts for clinical cascade which started in COP23 Year 1 will continue. To address health equity gaps, interventions will continue to focus on children and the aging population. We will continue to work with the GOM to capacitate the local district health management teams to lead the PEPFAR-supported HIV Program service delivery; optimize human resources for health (HRH) for a multi-disease response; and realize HIV service integration into the primary healthcare system. As PEPFAR Malawi continues to implement these shifts, the following are key service delivery priorities for COP23 Year 2:

- **Elevating GOM ownership:** PEPFAR Malawi will add district Mulanje using decentralized partnerships with local government to deliver HIV and integrated health services and ensure increased district level partner coordination.
- **Efficiency and integration:** In line with the Health Sector Strategic Plan three (HSSP III) and national HIV policies, PEPFAR Malawi will advance HSSP III’s HRH cadre review and the Integrated Service Delivery Model Implementation, including integration of HIV services into

routine outpatient and outreach clinics; and ensure involvement of community structures in the delivery of HIV services. PEPFAR Malawi will leverage youth-led Community Based Organizations (CBOs) for HIV case finding and treatment. To this end, PEPFAR Malawi Clinical IPs will support and explore opportunities to effectively coordinate HIV and sexual reproductive health activities with youth CBOs.

In COP23 Year 2, PEPFAR Malawi will continue to implement evidence-based HIV case finding strategies. Surge activities for addressing case finding and suboptimal viral load suppression among children will continue to be implemented at 109 high volume facilities. PEPFAR will implement the social network strategy approach to improve case finding among men. PEPFAR in collaboration with DHA will scale up HIV self-testing among youth in the communities.

Forming transformative partnerships is one of the key pillars for PEPFAR. In COP23 Year 2, PEPFAR will continue to work with the Ministry of Gender and Social Welfare to implement HIV sensitive case management and provide wrap around services at 45 facilities using GOM Social Welfare cadres in nine priority districts (Thyolo, Chikwawa, Blantyre, Mulanje, Phalombe, Machinga, Mangochi, Zomba and Lilongwe). PEPFAR OVC Partners will provide the necessary technical assistance (TA).

PEPFAR will also continue to advocate for policy changes including adoption of caregiver assisted HIVST for children (to close pediatric case finding gap); Public Private Partnership for distribution of HIVST in private pharmacies; and more inclusive TPT policy. PEPFAR will collaborate with the Department of HIV and Viral Hepatitis (DHA) and Clinton Health and HIV/AIDS Initiative (CHAI) on generating evidence for caregiver assisted HIVST and cost savings using blood based HIVST at \$1 per test.

PEPFAR Malawi, in collaboration with the MOH and several TB/HIV stakeholders will implement a recently developed Tuberculosis (TB) Acceleration Plan aiming to end TB, in the attainment of national goals. This plan will address the current gaps in quality TB screening among PLHIV and pediatrics through the introduction of chest X-ray in the screening algorithm, the optimization of diagnostic Xpert/molecular platforms through improved sample transportation networks, and enhanced monitoring and evaluation by leveraging electronic medical records investments in the country.

Health Systems Strengthening

Strengthening Human Resources for Health

PEPFAR plans to stop the recruitment of new professional staff and reduce the HRH footprint. In 2023, Zomba District absorbed 155 health worker salaries, including 74 previously supported by PEPFAR. Transitioning of both lay cadres and professional positions to government-established positions will commence in COP23 Year 2. This transition will be facilitated through the Government-to-Government approach and directly from implementing partner to GOM. PEPFAR will enhance TA approaches to bolster implementation of the Health Benefits package. PEPFAR will assist MOH in developing a staff retention policy. As strong leadership is crucial for the sustainability of the national HIV response, PEPFAR will build the capacity of nurse leaders through the centrally funded Nursing Leadership Initiative

(NLI). Peace Corps Volunteers will also support pre-service trainings and strengthen the capacity of faculty to offer quality student-centered training as part of the NLI.

Strengthening Supply Chain Systems

PEPFAR will support implementation of lessons learned from Year 1 of CAB-LA implementation in Year 2 and advocate for donor funding commitment for consistent supply of CAB-LA and consumables. PEPFAR will also support the introduction of Pediatric Abacavir/Lamivudine/ Dolutegravir (pALD) Fixed-Dose Combination. PEPFAR will also collaborate with the Global Fund to implement supply chain digital transformation activities to optimize processes, interoperate systems to better support health workers and improve client service delivery.

Laboratory System Strengthening

In COP23 Year 2, PEPFAR will engage stakeholders, including CHAI and MOH to ensure that results from the Diagnostics Network Optimization (DNO) exercise guide the scale up of VL, EID, TB, and other laboratory tests' access to equitable and timely diagnostic services across the country. PEPFAR will support the MOH to finalize the transition of laboratory reagents management in coordination with the GFATM investments to all-inclusive service level agreements (SLA) which improves procurement efficiencies, reduces the cost of testing and enhances equipment diversification. To establish a strong and resilient laboratory quality management system, PEPFAR will support Malawi to have a functional local external quality assessment program, national accreditation body, and ancillary equipment calibration center.

Strengthening Health Information Systems

In COP23 Year 2, PEPFAR will continue to maintain the Electronic Medical Records systems (EMRs) but not expand point of care technology that currently cover 98% of people living with HIV. PEPFAR will introduce Advanced HIV Disease, Non-Communicable Disease and TB modules to increase the EMRs' ability to support clinical decisions, reporting needs and close the data gap. PEPFAR Malawi will also support the Digital Health Division to develop an Adult Trauma and Childcare (AETC) Module as part of the Malawi Health Information System. PEPFAR will continue to strengthen laboratory information systems in COP 23 Year 2, through increasing coverage of laboratory systems and systems integration, and scale up of the EMR-Commcare-EID/VL Logistics Information Management Systems Integration to reach all POC sites. PEPFAR will improve site level connectivity and power backup to improve near-real time data availability in the Central Data Repository (CDR). We will continue to integrate additional data sources in the CDR to support cross-sectional data analysis. In COP23 Year 2, PEPFAR will partner with Digital Health Division, Ministry of Gender Community Development and Social Welfare and National AIDS Commission to build capacity to manage and utilize the PEPFAR supported systems.

Strategic Information

Surveillance and surveys: In addition to the PrEP and early infant diagnosis HIV drug resistance (HIVDR) surveys, a Cyclical Acquired HIV Drug Resistance (CADRE)¹ methodology will be used to routinely monitor HIVDR. Due to delayed protocol approval, the key population size estimation and biobehavioral survey data collection will be completed in COP23 Y2 plus data analysis and dissemination of the results.

¹ <https://academic.oup.com/jid/article/225/3/364/6324299>

1.2 Civil Society Organization Agreements

Key agreements with community and civil society organization

PEPFAR Malawi responded to community/CSOs agreement in Appendix C for the full list of requests and responses.

1.3 Activities at risk of affecting FY25 performance

The one key activity worth note, in relation to revision of PrEP guidelines can be found in the Prevention section, on page two.

Updated Target Tables

Target Tables

Target Table 1 ART Targets by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY24)	New Infections (FY24)	Expected Current on ART (FY24)	Current on ART Target (FY25) TX_CURR	Newly Initiated Target (FY25) TX_NEW	ART Coverage (FY25)	ART Coverage (FY26)
Scale-Up Saturation	718,814	9,271	673,018	684,027	39,275	95.2	
Sustained	270,596	3,352	249,417	253,578	11,562	93.7	
Total	989,410	12,623	922,435	937,605	50,837	94.8	

Target Table 2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts							
SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (Sept 2024)	VMMC_CIRC (in FY25)	Expected Coverage (in FY25)	VMMC_CIRC (in FY26)	Expected Coverage (in FY26)
Blantyre	Males 15-49	427,822	69%	13,171	72%		
Chikwawa	Males 15-49	165,064	69%	9,772	75%		
Lilongwe	Males 15-49	882,741	50%	70,530	58%		
Mulanje	Males 15-49	195,659	56%	6,173	59%		
Nsanje	Males 15-49	79,148	67%	10,915	81%		
Phalombe	Males 15-49	123,884	46%	7,053	52%		
	Total/ Average	1,874,318	57%	117,614	63%		

Target Table 3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Population	District	Population Size Estimate	Disease Burden (people living with HIV)	FY24 Target			
				AGYW_PREV (Denominator)	AGYW_PREV (Numerator)	PP_PREV	KP_PREV
Adolescent Girls and Young Women*	Balaka	96,081	1,589	N/A	N/A	N/A	N/A
	Blantyre	266,215	6,998	48,064	40,855	35,434	N/A
	Chiradzulu	72,298	2,655	10,746	9,134	8,410	N/A
	Dedza	176,502	1,313	N/A	N/A	30	N/A
	Dowa	168,178	753	N/A	N/A	40	N/A
	Lilongwe	575,829	6,500	N/A	N/A	300	N/A
	Machinga	163,318	2,300	54,504	46,329	32,117	N/A
	Mchinji	128,574	1,171	N/A	N/A	20	N/A
	Ntcheu	142,915	1,968	N/A	N/A	N/A	N/A
	Phalombe	92,285	2,083	14,575	12,389	11,908	N/A
	Salima	105,293	1,136	N/A	N/A	40	N/A
	Zomba	181,445	4,104	16,594	14,105	16,418	N/A
Female Sex Workers	Balaka	1,164	581	N/A	N/A	N/A	1,300
	Blantyre	7,069	3,527	N/A	N/A	N/A	8,240
	Chikwawa	2,079	1,037	N/A	N/A	N/A	2,300
	Chiradzulu	826	412	N/A	N/A	N/A	1100
	Lilongwe	6,770	3,378	N/A	N/A	N/A	7,890
	Machinga	2,500	1,248	N/A	N/A	N/A	2,500
	Mangochi	5,300	2,645	N/A	N/A	N/A	5,440
	Mwanza	1,360	679	N/A	N/A	N/A	1,360
	Mzimba	5,200	2,595	N/A	N/A	N/A	5,410
	Phalombe	1,016	507	N/A	N/A	N/A	1016
Zomba	2,744	1,369	N/A	N/A	N/A	2,990	
MSM	Balaka	349	45	N/A	N/A	N/A	349
	Blantyre	2,000	256	N/A	N/A	N/A	2,300
	Chikwawa	1,300	166	N/A	N/A	N/A	1,300
	Chiradzulu	290	37	N/A	N/A	N/A	380
	Lilongwe	1,600	205	N/A	N/A	N/A	2,100
	Machinga	700	90	N/A	N/A	N/A	
	Mangochi	1,010	129	N/A	N/A	N/A	1,124
Mwanza	505	65	N/A	N/A	N/A	690	

	Mzimba	1,800	230	N/A	N/A	N/A	1,990	
	Phalombe	260	33	N/A	N/A	N/A	260	
	Zomba	1,800	230	N/A	N/A	N/A		
Transgender	Balaka	111	44	N/A	N/A	N/A	110	
	Blantyre	624	250	N/A	N/A	N/A	624	
	Chikwawa	114	46	N/A	N/A	N/A	166	
	Chiradzulu	35	14	N/A	N/A	N/A	88	
	Lilongwe	290	116	N/A	N/A	N/A	390	
	Machinga	80	32	N/A	N/A	N/A		
	Mangochi	400	160	N/A	N/A	N/A	480	
	Mwanza	70	28	N/A	N/A	N/A	69	
	Mzimba	230	92	N/A	N/A	N/A	260	
	Phalombe	75	30	N/A	N/A	N/A	74	
	Zomba	80	32	N/A	N/A	N/A		
		Blantyre	2,700	432	N/A	N/A	N/A	2,700
	People in prisons and other enclosed settings	Dedza	450	72	N/A	N/A	N/A	450
Lilongwe		6,000	960	N/A	N/A	N/A	6,000	
Mwanza		350	56	N/A	N/A	N/A	350	
Mzimba		2,500	400	N/A	N/A	N/A	2,500	
Neno		100	16	N/A	N/A	N/A	100	
Nkhata Bay		350	56	N/A	N/A	N/A	350	
Ntcheu		600	96	N/A	N/A	N/A	600	
Ntchisi		600	96	N/A	N/A	N/A	600	
Rumphi		550	88	N/A	N/A	N/A	550	
Thyolo		800	128	N/A	N/A	N/A	800	
Zomba		4,500	720	N/A	N/A	N/A	4,500	
Adolescent Boys and Young Men		Balaka	94,777	1,220	N/A	N/A	N/A	N/A
		Blantyre	263,041	5,259	N/A	N/A	17,308	N/A
	Chiradzulu	74,586	2,086	N/A	N/A	3,568	N/A	
	Lilongwe	562,218	4,863	N/A	N/A	150	N/A	
	Machinga	156,227	1,716	N/A	N/A	15,662	N/A	
	Mchinji	129,438	944	N/A	N/A	10	N/A	
	Ntcheu	146,839	1,554	N/A	N/A	N/A	N/A	
	Phalombe	94,693	1,639	N/A	N/A	5,388	N/A	
	Salima	103,085	882	N/A	N/A	20	N/A	
	Zomba	178,275	3,124	N/A	N/A	7,827	N/A	
Total				144,483	122,812	154,650	71,800	

Target Table 4 Targets for OVC and Linkages to HIV Services					
District/SNU	Estimated # of Orphans and Vulnerable Children**	Target # of OVC	Target # of OVC	Target # of OVC	Target # of beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
		OVC_SERV Comprehensive	OVC_SERV Preventative	OVC_SERV DREAMS	
Blantyre	70,021	16,031	4,638	16,037	11,334
Chikwawa	34,399	5,608	1846		3,975
Chiradzulu	24,187	0	2,274	3,904	
Chitipa*	12,309	0	70		
Dedza*	50,580	0	105		
Dowa*	36,321	0	140		
Kasungu*	38,921	0	70		
Lilongwe	118,143	13,213	4,991		9,345
Machinga	41,536	6,631	5,825	20,961	4,697
Mangochi	70,859	9,863	2,114		6,979
Mchinji*	26,387	0	70		
Mulanje	44,615	10,342	1893		7,318
Mzimba*	64,314	0	70		
Nkhatabay*	17,088	0	70		
Ntchisi*	13,830	0	70		
Phalombe	27,580	7,252	2,660	5,204	5,136
Rumphi*	11,397	0	350		
Salima*	27,583	0	140		
Thyolo	46,979	10,500	2,003		7,429
Zomba	49,468	11,066	1,886	2,949	7,829
FY25 TOTAL	826,517	90,506	31,285	49,055	64,042

2. Updated Budget Tables

See Appendix B for Budget Tables **B.1.1 – B.1 4.**

3. Above Site Updates

PEPFAR Malawi will have no shifts or refinements for above site activities in Year 2.

4. USG staffing Update

The Operating Unit (OU) will maintain the existing COP 23 Year 1 (FY24) staffing footprint to maximize execution, effectiveness and efficiency of PEPFAR Malawi-supported critical technical priorities, providing robust oversight of the USG investments. The staffing plan aligns with PEPFAR’s 5x3 strategy to support health equity for priority populations, strengthen public health systems, better engage, and utilize partnerships with the government and civil society, and let the science guide to sustain and expand the national HIV response. The total staff footprint will comprise of 108 positions [CDC (47), USAID (45), PC (8), PCO (6) and DOD (2)]. The Senior DREAMS Coordinator and AGYW Technical Advisor at PCO will transition from a USAID-funded offshore hire mechanism to locally employed staff position. Eleven vacancies at CDC (5), USAID (5) and PC (1) will be filled by the end of the fourth quarter of FY24. One vacancy at DOD is planned to be filled by the end of the second quarter in FY25.

5. Priority Areas for Sustainability Roadmap Development Process

PEPFAR will partner with UNAIDS, the MoH, and other stakeholders to support the country-led development of Malawi’s HIV Response Sustainability Roadmap by December 2024. The country-led process will lead to a sustained transformation in HIV programs, policies, systems, and financing to ensure the long-term sustainability of impact. PEPFAR Malawi’s priority areas for sustainability roadmap discussions will be guided HSSP III reform areas, Malawi’s and review of COP23 investments in strengthening and sustaining public health systems. Priority areas for discussion will include the integration of existing HIV services into primary health care services, transitioning service delivery to MoH and district councils, harmonizing and transitioning Human Resources for Health (HRH), expanding the use of local partners in programs such as DREAMS, enlarging and further decentralizing G2G activities, supporting increased digitization of Health Information Systems (HIS) including national IDs for surveillance, and increasing domestic financing for HIV. PEPFAR will support the Malawi Hospital Wide Information system (MAHIS), that will use PEPFAR funded, Electronic Medical Records system ART module, as its backbone, with funding from other donors. PEPFAR will also explore the feasibility of localized cloud hosting solution to reduce costs of HIS investments.

PEPFAR Malawi Sustainability TWG will be instrumental in bringing together the strategic thinking on sustainability through various TWGs and national governance structures in the development and implementation of the sustainability roadmap. MoH projects a significant increase in domestic financing toward the total HIV/AIDS expenditure to exceed the current levels by 2030 in recognition of the current status where donors support 81.1% of total HIV/AIDS expenditure.

6. PEPFAR Resource Commitments to the Sustainability Roadmap Process

As sustainability is a shared responsibility, achieving long-term success requires a whole of Government and stakeholder approach. PEPFAR Malawi in collaboration with GoM and UNAIDS, will leverage years of partnership, data and directions gleaned from the 2016, 2019, and 2021 Sustainability Index, Responsibility Matrix resources, and national and district-informed Sustainability listening sessions (August 2023 and February 2024) to inform the development and implementation of the roadmap.

Establishment of the internal U.S. government Sustainability Technical Working Group, anchors PEPFAR Malawi to better engage in the joint deliberations and planned COP24 HIV Sustainability Roadmap activities. PCO will take the lead in allocation of resources with financial and in-kind support from GoM existing funding channels. The PEPFAR Malawi team will continuously explore additional cost-sharing opportunities with the Global Fund to Fight AIDS, TB and Malaria (Global Fund) and UNAIDS.

Operating Unit	Country	Fiscal Year	2024	2025
		Intervention	Budget	Budget
Malawi	Malawi	HTS>Community-based testing>Service Delivery>AGYW	\$1,549,479	\$487,662
Malawi	Malawi	HTS>Community-based testing>Service Delivery>Children	\$973,801	\$891,482
Malawi	Malawi	HTS>Community-based testing>Service Delivery>Key Populations	\$752,602	\$665,817
Malawi	Malawi	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$538,707	\$745,674
Malawi	Malawi	HTS>Facility-based testing>Non Service Delivery>Children	\$793,935	\$793,935
Malawi	Malawi	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$1,197,869	\$1,331,633
Malawi	Malawi	HTS>Facility-based testing>Non Service Delivery>Pregnant & Breastfeeding Women	\$39,200	\$39,200
Malawi	Malawi	HTS>Facility-based testing>Service Delivery>Children	\$1,388,198	\$2,223,735
Malawi	Malawi	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$3,326,256	\$3,734,826
Malawi	Malawi	HTS>Facility-based testing>Service Delivery>Pregnant & Breastfeeding Women	\$1,325,801	\$820,000
Malawi	Malawi	PM>IM Closeout costs>Non Service Delivery>AGYW		\$500,000
Malawi	Malawi	PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	\$56,223	\$829,190
Malawi	Malawi	PM>IM Program Management>Non Service Delivery>AGYW	\$3,856,565	\$4,053,471
Malawi	Malawi	PM>IM Program Management>Non Service Delivery>Key Populations	\$1,585,172	\$354,444
Malawi	Malawi	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$26,701,924	\$26,109,294
Malawi	Malawi	PM>IM Program Management>Non Service Delivery>OVC	\$380,734	\$593,564
Malawi	Malawi	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$9,382,835	\$7,625,951
Malawi	Malawi	PREV>Condom & Lubricant Programming>Non Service Delivery>Non-Targeted Populations	\$400,000	\$449,534
Malawi	Malawi	PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	\$39,424	\$65,936
Malawi	Malawi	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$816,610	\$640,564
Malawi	Malawi	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>AGYW	\$3,591,301	\$576,227
Malawi	Malawi	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations	\$112,168	\$112,168
Malawi	Malawi	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations	\$1,200,882	\$3,994,440
Malawi	Malawi	PREV>Non-Biomedical HIV Prevention>Service Delivery>AGYW	\$2,860,992	\$1,275,523
Malawi	Malawi	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations	\$1,204,598	\$485,889
Malawi	Malawi	PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations		\$1,078,646
Malawi	Malawi	PREV>Not Disaggregated>Non Service Delivery>AGYW	\$282,870	
Malawi	Malawi	PREV>Not Disaggregated>Non Service Delivery>Key Populations	\$134,294	
Malawi	Malawi	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$35,000	\$533,176
Malawi	Malawi	PREV>Not Disaggregated>Service Delivery>AGYW	\$1,445,131	
Malawi	Malawi	PREV>Not Disaggregated>Service Delivery>Key Populations	\$820,000	\$200,000

Operating Unit	Country	Fiscal Year	2024	2025
		Intervention	Budget	Budget
Malawi	Malawi	PREV>Not Disaggregated>Service Delivery>Non-Targeted Populations	\$106,642	\$106,642
Malawi	Malawi	PREV>PrEP>Non Service Delivery>AGYW		\$205,000
Malawi	Malawi	PREV>PrEP>Non Service Delivery>Key Populations	\$157,389	\$204,265
Malawi	Malawi	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	\$158,882	\$289,855
Malawi	Malawi	PREV>PrEP>Service Delivery>AGYW	\$1,683,317	\$1,669,228
Malawi	Malawi	PREV>PrEP>Service Delivery>Key Populations	\$913,188	\$994,785
Malawi	Malawi	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$1,749,826	\$1,665,847
Malawi	Malawi	PREV>VMMC>Non Service Delivery>Non-Targeted Populations	\$580,027	\$420,000
Malawi	Malawi	PREV>VMMC>Service Delivery>Non-Targeted Populations	\$11,246,287	\$10,000,603
Malawi	Malawi	PREV>Violence Prevention and Response>Non Service Delivery>AGYW		\$384,759
Malawi	Malawi	PREV>Violence Prevention and Response>Non Service Delivery>Non-Targeted Populations		\$315,071
Malawi	Malawi	PREV>Violence Prevention and Response>Service Delivery>AGYW	\$1,270,429	\$1,241,118
Malawi	Malawi	PREV>Violence Prevention and Response>Service Delivery>Children	\$45,000	
Malawi	Malawi	PREV>Violence Prevention and Response>Service Delivery>Non-Targeted Populations	\$182,775	\$745,385
Malawi	Malawi	SE>Case Management>Non Service Delivery>Non-Targeted Populations	\$175,000	
Malawi	Malawi	SE>Case Management>Non Service Delivery>OVC	\$954,878	\$1,428,640
Malawi	Malawi	SE>Case Management>Service Delivery>Non-Targeted Populations	\$79,500	
Malawi	Malawi	SE>Case Management>Service Delivery>OVC	\$2,454,986	\$1,943,612
Malawi	Malawi	SE>Economic strengthening>Non Service Delivery>AGYW	\$298,123	\$501,709
Malawi	Malawi	SE>Economic strengthening>Non Service Delivery>OVC	\$80,000	
Malawi	Malawi	SE>Economic strengthening>Service Delivery>AGYW	\$3,932,618	\$3,872,172
Malawi	Malawi	SE>Economic strengthening>Service Delivery>OVC	\$311,666	\$284,018
Malawi	Malawi	SE>Education assistance>Non Service Delivery>AGYW	\$147,886	\$132,136
Malawi	Malawi	SE>Education assistance>Service Delivery>AGYW	\$1,447,255	\$1,230,379
Malawi	Malawi	SE>Psychosocial support>Non Service Delivery>OVC	\$61,000	
Malawi	Malawi	SE>Psychosocial support>Service Delivery>Non-Targeted Populations	\$74,371	\$89,371
Malawi	Malawi	SE>Psychosocial support>Service Delivery>OVC	\$471,531	\$354,853

COP23/FY25 & ROP24/FY25-26 FAST ...

SDS Appendix B - B.1.3 Beneficiary - Table B.1.3: FY 24, FY 25...

Operating Unit	Country	Fiscal Year	2024	2025
		Targeted Beneficiary	Budget	Budget
Total			\$182,134,850	\$169,532,108
Malawi	Malawi	AGYW	\$23,373,802	\$16,906,287
Malawi	Malawi	Children	\$15,460,637	\$15,954,487
Malawi	Malawi	Key Populations	\$9,935,000	\$5,658,654
Malawi	Malawi	Non-Targeted Populations	\$125,739,005	\$124,092,360
Malawi	Malawi	OVC	\$4,782,795	\$4,832,510
Malawi	Malawi	Pregnant & Breastfeeding Women	\$2,843,611	\$2,087,810

COP23/FY25 & ROP24/FY25-26 FAST ...

SDS Appendix B - B.1.4 Initiative - Table B.1.4: FY 24, FY 25...

Operating Unit	Country	Fiscal Year	2024	2025
		Initiative Name	Budget	Budget
Total			\$182,134,850	\$169,532,108
Malawi	Malawi	Cervical Cancer	\$3,500,000	\$3,600,000
Malawi	Malawi	Community-Led Monitoring	\$1,000,000	\$1,000,000
Malawi	Malawi	Condoms (GHP-USAID Central Funding)	\$706,500	\$706,500
Malawi	Malawi	Core Program	\$131,226,602	\$126,539,591
Malawi	Malawi	DREAMS	\$20,050,000	\$18,974,967
Malawi	Malawi	HBCU Tx	\$2,000,000	\$2,000,000
Malawi	Malawi	KP Survey	\$2,201,089	
Malawi	Malawi	LIFT UP Equity Initiative	\$3,000,000	
Malawi	Malawi	Other Surveys		\$520,000
Malawi	Malawi	OVC (Non-DREAMS)	\$4,518,964	\$4,033,552
Malawi	Malawi	Surveillance and Public Health Response	\$2,105,381	\$1,736,895
Malawi	Malawi	VMMC	\$11,826,314	\$10,420,603

APPENDIX C: Stakeholder and CSO Recommendations for PEPFAR COP23 YR2 Strategy Focus

Program Area	Stakeholder/CSO and/or Community Recommendation older Recommendation	PEPFAR Malawi Response/PEPFAR Action
Children Living with HIV	PEPFAR should continue to support CLHIV	PEPFAR will continue to implement pediatric surge activities at 109 high volume sites. The surge efforts are the result of doubling of resources allocated to CLHIV in COP23. This involves monthly reviews of results in order to ensure performance is on track and address any gaps quicker. Activities aim to close gaps in new child infections (PMTCT), case finding, viral load suppression and mortality. ...
PMTCT/EID	PEPFAR should continue to support community-level awareness initiatives to strengthen knowledge capacity on PMTCT/EID	PEPFAR continues to provide support for the national eMTCT Roadmap led by the MOH that aims to bring stakeholders together and implement key activities to close current gaps. The Roadmap includes a core area addressing community engagement interventions. PEPFAR-supported IPs, from COP23 Year 1 and in Year 2 plans will conduct further health talks to sensitive communities on various HIV topics, including PMTCT/EID.
Advanced HIV Disease Tuberculosis	PEPFAR should fund the scaling up of short-term tuberculosis prevention and treatment and strengthen usage of AHD/CD4 WHO guidelines to reinforce molecular testing and diagnostics for tuberculosis.	PEPFAR continues to support uptake and completion of shorter TB prevention regimen with 3HP. In FY23 PEPFAR supported continuous quality improvement initiatives at selected sites which have informed improvements in TPT uptake and completion. In FY 24 these lessons continue to be taken to scale at PEPFAR supported sites. PEPFAR continues to support implementation of current WHO and Malawi national guidance to prioritize molecular TB diagnostics for PLHIV through clinical, laboratory and sample transportation partners. PEPFAR partners supported the Ministry in completing diagnostic network optimization which is expected to improve movement of TB samples from

		sites that do not have molecular platforms.
	SMS and phone calls should proceed being utilized to inform recipients of care and treatment interrupters.	PEPFAR clinical partners continue to rigorously update phone and locator information for clients at each visit. New clients continue to receive enhanced support including phone appointment reminders. For treatment interrupters, all PEPFAR partners have resources to start following up with a phone call before physical tracing.
T=T/U=U	PEPFAR to continue supporting T=T/U=U initiatives	In FY23 PEPFAR clinical implementing partners participated in the flip the script project through which treatment literacy and adherence support tools were enhanced and updated including adequately highlighting U=U. The current FY24 workplans include activities scaling up use of the updated literacy materials for health care workers and clients including adolescents and young people. So PEPFAR will continue to support T=T/U=U initiative in COP23 Year 2 (FY25).
Youth	Engaging the Youth	<p>In FY24, as part of their workplans, PEPFAR clinical implementing partners have started engaging community-based youth led organizations to leverage their activities for information sharing and access to services including HIVST and appropriate linkage to prevention or treatment services.</p> <p>Continue DREAMS Implementation in AGYW living with disabilities under DARE-DREAMS</p> <p>Engage ABYM.</p> <p>Build the capacity of Youth Led and Community Based Organizations to implement violence prevention interventions.</p> <p>Disseminate HIV prevention information through digital platforms.</p>

		Engage male sexual partners of AGYW.
PrEP	Government to revise the PrEP policy to allow HCP to make follow-ups on ROC	Already incorporated in the revised PrEP guidelines.
	PEPFAR to fund CSOs to conduct awareness campaigns to sensitize the communities.	PEPFAR will leverage on the already existing platforms to collaborate with the CSO to raise awareness to their constituencies.
	PEPFAR to scale up Injectable PrEP to all districts.	Injectable PrEP is currently limited to 2 districts (Blantyre and Lilongwe). MoH Scale-up using GF GC7 resources will be based on lessons learnt from implementation science targeting high-burden HIV districts
KP-Specific Services	In COP23 year 2 PEPFAR should continue to support Key Populations.	Capacity building of KP led organizations and KP consortium in the implementation of person centered KP friendly services and addressing structural barriers to ensure access to comprehensive packages of prevention and treatment services. Implement the KP PSE and BBS to inform the necessary KP program shifts and set realistic KP targets. Collaboration with other stakeholders to maximize cost effectiveness and avoid duplication.
Community Led Monitoring (CLM)	Maintain and expand CLM	PEPFAR will maintain and continue expanding CLM in COP23 Year 2.
DREAMS/AGYW	In COP23 year 2 PEPFAR should continue to support AGYW, which included females 25 to 29	DREAMS-Lite through LIFT UP funds will reach out to females aged 25 to 29 at high risk of HIV acquisition in Lilongwe urban with HIV prevention biomedical and structural interventions.