

# JONEHA

## NEWSLETTER

---

See Page 5

here is still a need to engage outreach and education strategies to raise awareness on HIV



## ••• Editorial

This edition is dedicated to the Unitaid Community Delegation to the Board visit to Malawi and their interest in the impact of current global funding landscape. We honor their visit to Malawi for many reasons. First; Unitaid Community Delegation to the Board is an important structure composed of people affected by diseases including Tuberculosis and HIV from different countries and with various expertise who inform decision making at the Board and by extension Unitaid as an organisation. Unitaid is a global health agency, hosted by the World Health Organization, which is engaged in funding innovative solutions to prevent, diagnose, and treat diseases more quickly, affordably, and effectively in low-and middle-income countries. For such an organisation to choose to have their retreat in Malawi which is burdened by conditions like Tuberculosis, HIV and their related conditions including cervical cancer is noteworthy. The second reason is that they brought to Malawi experiences and expertise from various countries on issues of health funding, community engagement and innovations in health. Thirdly; Unitaid is not only a link to funding; they also have made health investments in Malawi. Given the global funding landscape that has critically affected the health sector, their visit provided a practical view of how Malawi is using their investments just as they are now better advocates to the funding world for the country.

But most importantly it was interesting to appreciate the delegation's interest on what services are available and how recipients of care access them. In an era where person centred care is the rule of thumb; Unitaid came to Malawi to emphasise the message that the quality of service delivery is best determined by those who need and access it. The other message that the delegation brought to Malawi was about sustainability of health funding. While the context of Malawi may be understood by those who support its health service delivery; the current global funding landscape demands that the country wakes up from its comfort zone of over relying on external support. It is for this reason that the message from Civil Society Advocacy Forum upon analyzing political party manifestos is critical. Anyone desiring to occupy Malawi's national leadership in 2025 must understand the global funding context and relate it to the local situation. Leadership in Malawi must challenge the nation towards increasing domestic resource mobilization than talking about foreign aid. Leadership in Malawi must believe in the possibility of turning things around for sustainability of health funding. It is in the interest of the very same people whose votes determine ascendancy to leadership. Now is the time to act!



## Contents

5

UNITAID COMMUNITIES DELEGATION TO THE BOARD  
COMMENDS MALAWI'S HIV SERVICES, URGES  
CONTINUED OUTREACH

8

MINISTRY OF HEALTH FACES BUDGET SHORTFALL AS  
ALLOCATION IS CONSUMED RAPIDLY

10

MANIFESTOS 'WANTING' ON HEALTH FINANCING

13

STRENGTHENING COMMUNITY FOUNDATIONS

15

YOUNG PEOPLE STILL FACE STIGMA AND TREATMENT  
BARRIERS IN MALAWI



# EDITORIAL TEAM

## Editor

David Kamkwamba

## Page Designer

Starphel Sithole

## Writers

Meclina Chirwa  
Starphel Sithole  
Joseph Mwale  
Wezzie Limba  
Christer Kalukusha  
Alinafe Kaphaizi  
Joseph Ganthu  
John Folena



# UNITAID COMMUNITIES DELEGATION TO THE BOARD COMMENDS MALAWI'S HIV SERVICES, URGES CONTINUED OUTREACH

By Meclina Chirwa



Mitundu community during the Unitaids visit.

The Unitaids Communities Delegation to the Board commended Malawi's HIV services but stressed the need for continued outreach and education. "We were convinced with how HIV services are being provided in Malawi, but there is still a need to engage outreach and education strategies to raise awareness on HIV prevention and fight for the rights of people living and affected by HIV," said Carol Nyirenda, a board member.

During their visit, the delegation met support groups in Mitundu established by the Coalition of Women Living with HIV and AIDS (COWLHA) in 2007. Mafunes Rajab, chairperson of the support groups, urged the delegation to address challenges faced by people living with HIV, including stigma, discrimination, and limited access to healthcare.

The delegation was hosted by the Malawi Network of People Living with HIV and AIDS (MANET+), which facilitated community dialogues. Lawrence Khonyongwa, Executive Director of MANET+ said, "During the visit, we organized and facilitated community dialogues, ensuring that all important

populations were invited to participate. This allowed MANET+ to gather valuable insights and feedback from communities, informing their future work and advocacy efforts."

Unitaid is a global health agency, hosted by the World Health Organisation, which is engaged in funding innovative solutions to prevent, diagnose and treat diseases more quickly, affordably and effectively in low and middle-income countries.

Unitaid's investments address major diseases such as HIV, its co-infections and co-morbidities, malaria, and tuberculosis, cervical cancer, fever management, reproductive, maternal and child health.

The Unitaids Communities Delegation to the Board aims at ensuring that people living with and affected by HIV, TB, Malaria and co-infections, have access to tests, medicines and products that prevent new infections, which are affordable and meet their needs.

Furthermore; Health System Strengthening through primary health care investments as a priority can help the country bring services closer to people including prevention interventions. People should not fail to access services like ART because of challenges like distance and related transport costs. We need to sustain the health gains hence we need to ensure that access barriers are being addressed.

Human Resource for Health is another important area of focus to support delivery of services. This includes strong laboratory system to continue monitoring people living with HIV for viral load, availability of ART and strengthen data system. Its data that tell us how the program is performing and where problems exist for targeting. We need adequate health workers in all these areas.

Lastly; people living with HIV now live longer because of improved care and support. So issues of non-communicable diseases like hypertension, obesity and diabetes have emerged.



**“This allowed MANET+ to gather valuable insights and feedback from communities, informing their future work and advocacy efforts”...**

## VOICES FROM THE GROUND: JONEHA AND THE FIGHT FOR HEALTHCARE EQUITY IN MALAWI

By Joseph Ganthu

In the heart of Malawi, where healthcare disparities persist, a unique organization is working to amplify the voices of those most affected by these inequalities. The Network of Journalists Living with HIV (JONEHA), is not just reporting on the issues; it's empowering communities to drive change through community-led monitoring (CLM) and advocacy.

At its core, JONEHA prioritizes advocacy, ensuring that service delivery at various health facilities meet the needs of community members. But advocacy without evidence is merely a shout in the dark. That's where community-led monitoring comes in. CLM is a powerful mechanism where service users and local communities gather, analyze, and utilize information to improve the quality and impact of health services. It holds service providers and decision-makers accountable, ensuring that healthcare facilities provide the best possible care.

“It's basically the people from the communities ensuring that the facility is providing them the best services,” explains Tracy Mwalilino who is the Monitoring and Evaluation Officer (M & E) for JONEHA. “And if they are not, to be able to fill that gap.” This “gap-filling” involves connecting communities with the right stakeholders who can address the challenges they face.

She adds that what sets CLM apart is its emphasis on community leadership. People within the communities themselves conduct the data collection and analysis, ensuring that the findings accurately reflect their experiences. So JONEHA systematically collects both quantitative and qualitative data related to various health aspects, including HIV, TB, Malaria, and even COVID-19. This data is then used to ensure that services are available, accessible, and of high quality.

The M & E Officer points out that JONEHA's current campaign focuses on two districts: Phalombe and Mulanje. With funding from the Bill and Melinda Gates Foundation through COMPASS Africa Initiative, JONEHA is working towards a critical goal for 2025: securing long-term, reliable funding for equitable access to high-quality antiretroviral therapy (ART) and essential medicines for all people living with HIV. She says this is particularly crucial in the face of dwindling donor funds characterizing a shifting landscape.

The organization's specific objectives are threefold. First, JONEHA aims to advocate for an increase in the allocation of funds for the procurement of ART and essential medicines from 0.2% to 5.2% from the health fund by November 2025.

Currently, Malawi relies heavily on external funding, such as the Global Fund, for medicine procurement. JONEHA seeks to challenge Malawi to take greater ownership of its healthcare financing. Second, they aim to reduce the debt owed by District Health Offices (DHOs) to Central Medical Stores on drugs and other necessary commodities. Finally, JONEHA is advocating for improved mechanisms for the timely disbursing of funds to Central Medical Stores and district councils for medicine procurement, ensuring that medicines reach those in need without delay.

JONEHA employs a comprehensive data collection process, utilizing both quantitative and qualitative methods through CLM. They collect data from health facilities using quantitative indicators and gather community perspectives through focus group discussions. This ensures that both the numbers and the lived experiences of community members are taken into account.

Mwalilino stresses that data validation is a critical step in JONEHA's process. After each data collection exercise, JONEHA ensures that the data is accurate and aligns with both the facility records and the community members' perspectives. In February 2025, data was collected from six facilities across Phalombe and Mulanje, covering indicators such as drug stock-outs, drug theft, expiries, and health financing. Community members also provided data on their knowledge of health financing and HIV prevention.

Key findings from 2024 and 2025 have highlighted significant challenges in health financing. These include insufficient funding from the 10% devolved drug budget, high stock-out rates, and delays in the disbursement of funds. These findings underscore the urgent need for increased investment in Malawi's healthcare system and improved financial management.

JONEHA's work exemplifies the power of community engagement in addressing healthcare challenges. By empowering communities to monitor services, advocate for change, and hold decision-makers accountable, JONEHA is helping to build a more equitable and sustainable healthcare system for all Malawians. In a landscape often marked by funding gaps and systemic challenges, JONEHA's community-led approach offers a beacon of hope, demonstrating that lasting change is possible when the voices of the people are heard and acted upon.

# MINISTRY OF HEALTH FACES BUDGET SHORTFALL AS ALLOCATION IS CONSUMED RAPIDLY

By Starphel Sithole

In a stark warning about the state of healthcare funding, reports from the Ministry of Health have revealed that a budget for the current financial year has already been consumed. This alarming trend suggests a looming shortfall that could severely impact healthcare services across the nation.

Recently the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation stakeholders held a meeting at Mponela in Dowa to discuss the Medium-Term Strategy (MTS) and budgetary challenges facing the health sector. The session highlighted the need for a comprehensive understanding of resource allocation and its implications for health service delivery.

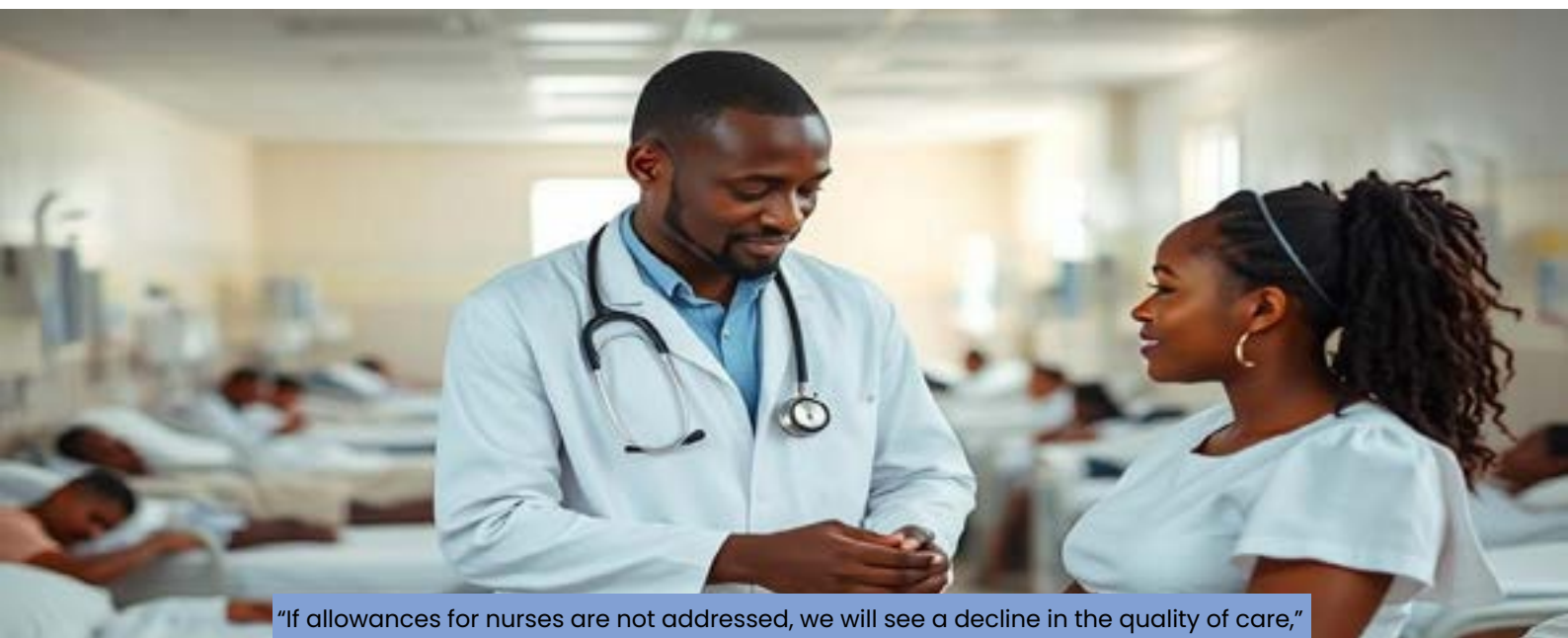
Maha Kumwenda from the Ministry of Finance elaborated on the intricacies of budget preparation, stating, “If stakeholders want the budget to be innovative, they need to clearly identify key areas for resource allocation.” The discussion emphasized the importance of aligning budgetary allocations with performance indicators to enhance efficiency and effectiveness in healthcare delivery.

Comparisons of financial data from previous years revealed a concerning trend. Kumwenda noted, “Every year brings new challenges, and as we prepare for the 2025-2026 budget, we must consider

both local and foreign factors influencing our financial landscape.” The need for flexibility in budget consultations was underscored, as different regions provided varied insights into healthcare needs. Participants voiced their concerns about the current situation. A stakeholder remarked, “The financial constraints we face this year are unprecedented. If we do not address these issues now, the consequences for service delivery will be dire.” Another participant added, “Without timely disbursement of funds, the performance of healthcare workers will suffer, affecting patient care and outcomes.”

The Ministry’s financial framework is structured around a Medium-Term Expenditure Framework (MTEF), which estimates future funding needs based on current allocations. However, Kumwenda acknowledged that “the wallet is shrinking,” suggesting that the available resources may not meet the rising demands of the healthcare sector.

As of now, the Ministry of Finance has disbursed significant funds to various councils, yet challenges persist. “We are funding all ministries according to their cash flow requirements, but adjustments will likely be necessary as we move forward,” he explained. With personal emoluments and operational costs projected at billions, the financial landscape appears increasingly precarious.



“If allowances for nurses are not addressed, we will see a decline in the quality of care,”

## MINISTRY OF HEALTH FACES BUDGET SHORTFALL AS ALLOCATION IS CONSUMED RAPIDLY

He also noted the impact of delayed funding on service delivery. “If allowances for nurses and infrastructure maintenance are not addressed, we will see a decline in the quality of care,” warned Kumwenda. The looming shortfall could hinder the ability of healthcare providers to deliver essential services, particularly in underserved areas

The Ministry of Finance continues to grapple with systemic issues, including misallocation of resources and dependency on external financing. “Our funding model is heavily reliant on donor financing, which is not sustainable in the long run,” he cautioned.

As the Treasury prepares for the upcoming budget cycle, stakeholders are urged to prioritize transparency and efficiency in resource allocation.

The current budget crisis serves as a reminder of the urgent need for comprehensive reform in healthcare funding to ensure that the sector can meet the needs of the populace effectively.

In conclusion, the Ministry of Health’s rapid consumption of its budget raises serious concerns about the future of healthcare services in the country. Without immediate intervention and strategic planning, the impact on public health could be significant, underscoring the need for collective action among stakeholders to safeguard the future of health services.



Participants Poses for a picture after the meeting

# MANIFESTOS 'WANTING' ON HEALTH FINANCING

By Joseph Mwale

The Civil Society Advocacy Forum (CSAF) says its analysis of health sector proposals outlined in the manifestos of various political parties has revealed substantial gaps in understanding and commitment to addressing specific needs of the health sector.

CSAF, a grouping of more than 80 organisations actively working on HIV and related conditions advocacy, conducted a review of health sector commitments ahead of the September 16 presidential election.

A statement on the analysis shows that most manifestos lack concrete strategies for financing the health sector sustainably.

## WHAT'S IN THE MANIFESTOS?

From the published manifestos so far, the People's Party (PP) led by former president Joyce Banda proposes to implement new cost-sharing financing strategies such as levies added on national budgetary allocations and tobacco.

It also mentions to establish a National Health Fund to finance the alternative health financing mechanisms while ensuring that allocations to the health sector remain a compulsory recurrent health programme.

On its part, UTM Party does not provide specific measures for sustainable financing of the health sector but outlines other measures to address issues, including medical aid,

Public Private Partnerships, free ARVs, dialysis machines, and fix drug supply systems and expand rural clinics.

The newly elected Democratic Progressive Party (DPP) says it will maintain the current financing strategies but will also support National Health Insurance Scheme (NHIS).

United Democratic Front (UDF), outlines that the party will establish a National Health Services Fund (NHSF). "The NHSF shall be capitalised through levies on alcohol, cigarettes, soft drinks and airtime scratch cards and fuel," it reads.

## CSAF CONCERNS

Donor contributions have dominated the country's health financing, accounting for over 60 percent of total resources.

CSAF argues that this has created significant risks as external aid changes depending on donor priorities, leaving Malawi vulnerable to sudden funding cuts, especially for

marginalised populations, and a decline in the quality of healthcare services.



Gift Trapence

Reads CSAF statement: “While a few parties have mentioned strategies to finance the health sector in their manifestos, most have not clearly explained plans on how they will domestically mobilise for the health sector.

“Political Parties and independent candidates are failing to recognise health as part of human capital development as such they are not prioritizing or mentioning the allocations to be made to the health sector.”

Further, it argues that some parties are operating within the traditional comfort zone that has influenced donor dependence over the years, challenging their ability to propose innovative strategies for a turnaround in health financing.

In a separate interview, CSAF chairperson Gift Trapence called on political parties and independent candidates to provide clear strategies on how their potential administration would locally generate resources to finance the health sector.

He said: “The country must prioritise generating domestic resources to fund the health sector rather than heavily relying on external support.”

Last month, the United Kingdom announced a decision to cut foreign aid to sectors such as health to 11 countries, including Malawi, putting the country at risk of another financial gap.

The decision came at a time Malawi is yet to receive the K400 billion aid cut by the United States Agency for International Development.

The newly elected Democratic Progressive Party (DPP) says Government requires \$31.2 billion (K54.1 trillion) to implement the Health Sector Strategic Plan III (HSSP III), which aims to build strong and robust health systems from 2023 to 2030.



Domestic Health Financing must be priotised

# STRENGTHENING COMMUNITY FOUNDATIONS

By Joseph Ganthu

On August 13, a 21 member delegation from the Unitaidd Community Delegation to the Board visited the Mitundu Community Hospital, a vital healthcare hub serving over 193,000 people in Lilongwe Malawi and on the same day in the afternoon they visited a community around the facility. Their mission was clear: to bridge the gap between the healthcare services provided and the actual experiences of the community.

As Carol Nyirenda who is the Unitaidd's Communities Delegation to the Board member aptly stated, "We are here to represent the community, and this is where we belong." This declaration underscored their commitment to being part of the community they serve, a sentiment echoed throughout the discussions.

The purpose of the visit was not only to gather information but to actively engage with community members about their health concerns, particularly regarding HIV, tuberculosis, malaria, and cervical cancer. The delegation emphasized the importance of hearing directly from the community about their experiences, challenges, and insights.

"We want to compare what we got from the clinic (Mitundu Community Hospital) with what you have to share with us," Nyirenda explained, highlighting the need for an honest dialogue that respects the voices of those affected.

Community members responded with gratitude and enthusiasm. Many expressed how the knowledge they had gained about cancer and infectious diseases had empowered them. One participant shared her journey through counseling, emphasizing the transformative power of education and acceptance.

"You are just the same person," she reflected, emphasizing that recognizing one's HIV status and beginning treatment can lead to a renewed sense of hope. Her story inspired others to seek testing and treatment, demonstrating the ripple effect of individual empowerment within the community.

The discussions also revealed significant concerns surrounding cervical cancer, particularly among women living with HIV. A woman from the community articulated the fears surrounding myths and misinformation about cervical cancer screening. She voiced her initial apprehensions but later recounted her positive experience: "When I went there myself and got tested, I was able to see that it's very easy." Her willingness to share her story helped dispel the myths and encouraged others to prioritize their health.

In addition to personal testimonies, the delegation gathered insights on systemic challenges the community faces. Questions arose regarding the accessibility of antiretroviral medicines and viral load testing, especially in light of international



Welcoming the international visitors with Malawian traditional dance and music

## STRENGTHENING COMMUNITY FOUNDATIONS

policies that may affect supply chains. “Have we had problems with getting our medications?” a delegate asked, seeking to understand the community’s pressing needs. This inquiry was not just about gathering information; it was about advocating for the community at higher levels of decision-making.

Throughout the visit, it became evident that the delegation’s presence was more than just a routine check-in; it was a reaffirmation of their commitment to support and uplift the community. The conversations highlighted the importance of collaboration, not only between healthcare providers and recipients of care but also among community members themselves. As one delegate noted, “HIV does not choose,” reinforcing the idea that this is a shared struggle that requires collective action and support.

Moreover, the delegation’s diverse representation, including members from various countries, gender, race and backgrounds, fostered a sense of solidarity and shared purpose. They expressed a desire to learn from the community’s successes and challenges, enabling them to take valuable lessons back to their respective countries. This exchange of knowledge is vital in creating a more robust global response to health issues that affect vulnerable populations.

So the Unitaids delegation’s visit to Mitundu community was a powerful reminder of the strength found within communities. By listening to and empowering local voices, they are not only addressing immediate health concerns but also sowing the seeds for sustainable change. The community’s resilience, coupled with the support of dedicated organizations, holds the promise of a healthier future for all.



“We are here to represent the community, and this is where we belong.”

# STAKEHOLDERS PONDER EAR-MARKED TAXES AMID WANING HEALTH FUNDING

By Christer Kalukusha

**G**overnment and civil society organisations (CSOs) are weighing the feasibility of introducing ear-marked taxes to shore up Malawi's fragile health sector as major donor funding streams dry up.

Ear-marked taxes are levies that are imposed on specific items whose proceeds are used to fund a specific item or purpose.

But although consultations and studies on possible levies have been undertaken, Treasury officials admit that no conclusive position has been reached.

At a recent meeting in Salima, Ministry of Finance official Mussa Bonomali said preliminary studies had been disrupted by recent currency devaluations and shifting fiscal priorities, leaving the issue unresolved.

“The studies have not been concluded and therefore cannot be shared at this stage. We (government) had only initiated early discussions around the possibility of a dedicated health fund,” Bonomali said.

The dialogue on 14th August 2025 convened by the Civil Society Advocacy Forum and led by Pakachere Institute for Health and Development Communication, came amid fears that the expiration of USAID funding could worsen Malawi's already dire financing crisis.

The country spends just \$16 (around K27 730) per person on health annually, far below the \$86 (just over K149 000) per capita benchmark set by the World Health Organisation.

Pakachere executive director Simon Sikwese said CSOs want clarity on how ear-marked taxes could work in practice.

“Civil society wants to understand what taxes are viable, how much can be generated, and whether such revenues will truly be channelled to health,” he explained.

Among the options discussed were levies on fuel, carbon emissions, tourism, motor vehicle insurance, and even motorcycle taxis (kabaza) while some participants suggested more controversial measures such as a surcharge on condoms.

Treasury officials, however, cautioned that poorly designed levies risk hurting the poor.

“For example, a levy on sugar or other consumables can end up discriminating against low-income households,” one official noted.

Some participants recommended a broader tax reform drive to expand revenue collection or penalties linked to safety and regulatory compliance as alternatives. Still, both sides agreed that efficiency, value for money and proper governance must accompany any new revenue measures to avoid funds being lost through duplication and weak accountability.

Regional models such as Namibia's emerging social contracting framework are also being examined to inform Malawi's approach.

For now, both government and CSOs acknowledge the urgency of mobilising new resources; but consensus on which levies to adopt, and how to structure them, remains elusive.

## YOUNG PEOPLE STILL FACE STIGMA AND TREATMENT BARRIERS IN MALAWI

By Alinafe Kaphaizi

The Association of Young People Living with HIV-Y+ says that stigma and discrimination continue to be significant barriers to effective HIV treatment and prevention among young people in Malawi.

According to Ellina Mwasinga, Y+ National Coordinator, “Stigma and discrimination are still rampant, affecting young people’s adherence to treatment, especially in schools and institutions of higher learning.”

Mwasinga further emphasized that mental health plays a crucial role in treatment adherence, stating, “Many young people struggle with acceptance, and this can be on and off, demotivating them from taking ARVs consistently.”

She also highlighted the issue of treatment fatigue, particularly among people who have been on ARVs since childhood, saying, “Treatment fatigue is another key issue, especially for young people who have taken ARVs since childhood.” Mwasinga advocates for bringing services closer to young people suggesting, “One of the issues is the long distance to health facilities, therefore, bringing services closer to the young people would help by up scaling the transfer of samples from health centers.” She further emphasized the need for youth friendly services, stating, “Services should be youth-friendly to support young people’s quality access to HIV services, contributing to effective viral load testing and monitoring.”

Maziko Matemba, a health rights activist, echoes Mwasinga’s sentiments, stressing the need for immediate interventions. “There is a need for immediate interventions to address the gap in HIV prevention and treatment for young people,” he said. He highlighted the importance of increasing access to viral load testing machines and enhancing comprehensive knowledge on treatment literacy and viral load monitoring.

The Y+ Association is working to addressing the challenges and ensure that young people living with HIV have access to the services, comprehensive sexuality education, and community-based interventions. Malawi can make progress towards reducing new infections and improving the lives of those living HIV.



Stigma and discrimination are still rampant

# MALAWI'S FRAGILE HEALTH SECTOR: A CALL FOR ADDRESSING SYSTEMIC FUNDING AND MANAGEMENT CRISIS

By Wezzie Limba

Malawi's health sector is grappling with a severe crisis, marked by funding shortfalls, systemic inefficiencies, and a reliance on outdated technology, threatening the nation's progress towards Universal Health Coverage. A recent high-level meeting organized by the Network of Journalists Living with HIV (JONEHA) revealed a complex web of challenges, highlighting the urgent need for comprehensive reforms and a sustainable financing model.



Maha Kumwenda from the Ministry of Finance acknowledged that while the health sector received 100% of its requested funding for the first four months of the year, this allocation may not be sustainable, necessitating the diversion of resources from other sectors. This Band-Aid approach underscores the fragility of the current system and the potential for future disruptions in essential healthcare services.

One of the most pressing issues is the dysfunctional Integrated Financial Management Information System (IFMIS), the backbone of the ministry's financial operations. Participants at the meeting lamented the system's frequent shutdowns, causing delays in payments and overall operational inefficiencies. The reliance on a consultant to maintain this critical system raises questions about the ministry's internal capacity and long-term sustainability. Critics have pointed out that the outdated IFMIS makes the government vulnerable to cyber-attacks which could compromise the integrity of financial data.

Adding to the woes is the long-standing issue of delayed disbursements, leaving hospitals struggling to maintain adequate cash flow.

The Executive Director for JONEHA David Kamkwamba highlighted that the establishment of a National Health Fund (NHF) has been proposed as a potential solution to these chronic funding challenges. The NHF aims to create a dedicated pool of domestic resources for healthcare, reducing reliance on unpredictable donor funding and ensuring a more stable financial foundation. However, progress on the NHF has been slow, with stakeholders expressing frustration over the lack of clear direction and implementation timelines. Another participant also voiced her concern, questioning where the country stands with the NHF, emphasizing the need for domestic resource mobilization and sustainability.

**The challenges extend beyond funding, with concerns raised about the disbursement of funds and the impact on service delivery.**

TO PAGE 18

# UNITAID RETREAT: STRENGTHENING COMMUNITY-LED HEALTH SOLUTIONS IN MALAWI

By John Folena

From 11 to 15 August Malawi was host to the Unitaid Community Delegation to the Board retreat. On 13th August; the delegation visited Mitundu Community Hospital in Lilongwe. JOSEPH GANTHU from the Network of Journalists Living with HIV (JONEHA) joined the visit and now gives a glimpse of the discussions during the visit:

The retreat aimed to strengthen the connection between Unitaid and local communities affected by HIV, TB, malaria, hepatitis, and cervical cancer. Through meaningful discussions, the delegation sought to understand the needs of these communities while addressing the challenges posed by recent funding cuts.

## BRIDGING EXPERIENCES AND UNDERSTANDING

The Programme Management Officer for Unitaid Chikosa Ngwira emphasized the collective experience of the delegation members, many of whom are themselves living with HIV.

“We come from various countries and share a common goal: understanding communities engaged with healthcare services and ensuring they receive the necessary support,” Ngwira noted. This sentiment was echoed in discussions surrounding the importance of community participation in healthcare delivery.

The delegation’s visit was not just about observing; it was also about learning from local experiences. By comparing notes from different countries, the delegation aimed to gather insights that could influence policy decisions back at the board level. This exchange of knowledge is vital for adapting strategies that work effectively in Malawi’s unique context.

## THE IMPACT OF FUNDING CUTS

A pressing issue raised during the dialogue was the impact of funding cuts on healthcare services.

The Unitaid board member from Zambia Carol Nyirenda illustrated this by sharing experiences from her country, where access to essential treatments became severely limited after funding was withdrawn.

“We’ve seen clinics forced to close and patients left without the necessary medications in Zambia,” Carol Nyirenda recalled experiences in her country, highlighting the urgent need for sustainable funding models.

In Malawi, although the situation has not yet reached critical levels, the delegation was informed of staff reductions and resource constraints that threaten the continuity of care. This reality emphasizes the need for ongoing advocacy to secure funding and support, ensuring that communities do not face the brunt of financial decisions made far from their realities.

## COMMUNITY ENGAGEMENT AND INNOVATIONS

The dialogue also focused on the role of community health workers and volunteers in bridging the gap between healthcare facilities and the communities they serve. Adamson Govati who is a nurse and a focal person for cervical and breast cancer noted, “Community-based volunteers are driven by passion and a desire to make a difference,” even in the absence of formal incentives. This intrinsic motivation is crucial for sustaining health initiatives, especially in resource-limited settings.

However, the discussion raised important questions about the sustainability of this model. “What happens when these volunteers face their own financial hardships?”

TO PAGE 18



## UNITAID RETREAT: Strengthening community-led health solutions in Malawi

FROM PAGE 17

asked Tumie Komanyane, the Technical Advisor at Unitaid on Community and Civil Society Engagement pointing to the need for structural support from both the government and international organizations. The integration of community structures into national healthcare policies, as seen in Uganda, provides a potential roadmap for enhancing support for volunteers in Malawi.

### CULTURAL CONSIDERATIONS IN HEALTH INNOVATIONS

A critical insight shared during the discussions was the need for health innovations to align with cultural beliefs and practices. “Health interventions must resonate with the communities they aim to serve,” Komanyane asserted. The delegation recognized that innovations in healthcare should not only address clinical needs but also consider the socio-cultural fabric that influences health-seeking behaviors.



Unitaid Communities delegation to the Board pause for a photo with Mitundu Community Hospital staff

FROM PAGE 16

## MALAWI'S FRAGILE HEALTH SECTOR: A CALL FOR ADDRESSING SYSTEMIC FUNDING AND MANAGEMENT CRISIS

The challenges extend beyond funding, with concerns raised about the disbursement of funds and the impact on service delivery.

Kumwenda shed light on the difficulties in honoring financial commitments, even for essential services like prisons, where payments remain outstanding. This systemic issue underscores the need for greater accountability and transparency in financial management.

Malawi's health sector stands at a crossroads.

While increased budget allocations and policy pronouncements offer a glimmer of hope, the underlying issues of systemic inefficiencies, technological inadequacies, and funding uncertainties must be addressed. The establishment of a functional NHE, coupled with reforms to the IFMIS system and a commitment to financial transparency, are crucial steps towards building a resilient and equitable healthcare system for all Malawians.

# Get In Touch



---

[director@jonehamw.org](mailto:director@jonehamw.org)  
[www.jonehamw.org](http://www.jonehamw.org)

## Mobile

+265 993 193 471  
+265 882 029 906

## Address

**Executive Director, JONEHA**  
Wayekha House, Plot 14/40, P/Bag B 377, Capital City,  
Lilongwe 3, Malawi.





# About Us

The registered trustees of Network of Journalists Living with HIV (JONEHA) is a media Non- governmental organization created by Malawian journalists to participate effectively in the national HIV and AIDS response by addressing individual and professional needs.

This is a result of an earlier PANOS Southern Africa observation that while the media was communicating HIV and AIDS interventions, it needed more targeting in HIV and AIDS rather than just being used as agents of information.

## VISION

Effective media advocate for quality health service.

## MISSION

Ensure access of quality health care services for all.

## OBJECTIVES

- (a) To build media practitioners' capacity on health care advocacy
- (b) To create an information resource hub for media practitioners
- (c) To engage media houses and practitioners for increased health advocacy
- (d) Advocating for health policy change
- (e) To promote positive health behaviours among media practitioners and their audiences at personal and occupational levels

## BOARD MEMBERS

### Chairperson

Mr. David Mhango

Vice Chairperson

Dr. Benson Tembo

### Members

Mr. George Jobe

Mrs. Rhoda Zulu

Mr. Nickson Ngwira

## VALUES STATEMENT

- i. Respect: We treat all people with dignity and respect.
- ii. Stewardship: We honour our heritage by being socially, financially and environmentally responsible.
- iii. Ethics: We strive to meet the highest ethical standards
- iv. Learning: We challenge each other to strive for excellence and to continually learn.
- v. Innovation: We embrace continuous improvement, bold creativity and change.