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JUNE 2026
2ND QUARTER

JONEHA
NEWSLETTER

COMMUNITIES IN ZOMBA STEP IN TO SAFEGUARD

HIV CARE AS FUNDING CUTS BITE

As global funding declines, communities in Zomba are rising to protect HIV services and ensure no one is left behind. Local action. Real impact. Stronger together.

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COMMUNITY VOICES
Stories of resilience and local solutions.

HEALTH MATTERS
Strengthening HIV care amid funding challenges.

UPDATES & EVENTS
What's happening in our communities.

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Editorial

Welcome to the second Quarter of JONEHA Newsletter

There is a message coming from recipients of health care and health workers captured through a project called Community Monitoring and Engagement for Transformation (COMET) being implemented in Phalombe, Zomba and Mulanje. For those not in the know; the health delivery service in Malawi experienced one of the disruptive financial support known by many names including the stop work order or funding freeze effected on 20th January 2025 by the United States Administration. Reactions were at various levels; from recipients of care to human resources for health and the ministry of health itself. This included loss of hope and cry for lost jobs. More than one year down, the temptation is to bury the issue. But the pain of wounds left by the experience are still reeling. For recipients of care and staff on line of duty; the impact of reduced funding for health delivery services cannot be ignored. Above all there is the bigger picture of losses on quality and quantity of services. These range from closure of some drop-in centres, outreach services, teen clubs, prevention services and interventions that support treatment adherence like loss to follow up.

The COMET project provides real time data to provide evidence of the impact of the stop work order or funding freeze on an already fragile health delivery system. The purpose of COMET is to remind those in decision making that the impact is there with us and should not be ignored. If anything, COMET is calling upon government to consider domestic resource mobilisation for health as a sustainability measure. This would prevent the fragile health delivery system from future funding shocks. Afterall; the noise about shrinking global funding landscape is too loud for everybody to ignore. Key messages coming from the global community is "everyone to themselves". Countries can no longer continue basking in the glory of continued external funding. Thus; under COMET and related initiatives authorities will continue being reminded that even in a "limited fiscal space"; the country is called upon to prioritise domestic resource mobilisation for sustainability of health financing.

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COMMUNITIES IN ZOMBA STEP IN TO SAFEGUARD HIV CARE AS FUNDING CUTS BITE

By Josephine Jiyani

Health workers, recipients of care, and community leaders meet at a COMET site in Zomba to identify local solutions after USAID funding cuts disrupted HIV services.

Following the validation of the impact of the USAID funding freeze on HIV services, communities in Zomba have taken action by bringing recipients of care, health workers, and community leaders together to identify solutions to emerging challenges.

Community engagement meetings were conducted at four COMET project sites: Domasi Rural Hospital, Chingale Health Centre, Naisi Health Centre, and Matawale Health Centre. The meetings aimed to openly discuss service gaps caused by funding cuts and agree on practical actions to address them.

The discussions brought together a wide range of stakeholders, including facility in-charges, ART focal persons, pharmacy assistants, statistical data clerks, partner representatives, and community structures. Health Centre Management Committee leaders, Area Development Committee representatives, and Village Development Committee chairpersons also participated.

Recipients of care played a central role in the discussions. Key populations, people living with HIV, expectant mothers living with HIV, guardians of children living with HIV, and other community members shared their experiences of the funding freeze, highlighting concerns such as medicine stockouts, reduced outreach services, and longer waiting times at health facilities.

As a way forward, facility staff agreed on timelines for redistributing available drug stocks and strengthening follow-up systems for recepients of care who had missed appointments. Community structures committed to using existing community meetings to trace recepients of care lost to follow-up, while guardians proposed peer-support groups to help children remain on treatment.

According to Madalitso Sukali a participant, "These meetings provided an important platform for dialogue between service providers, recipients of care, and community structures. They encouraged participation and shared responsibility in addressing the challenges brought about by the funding freeze and cuts."

While the engagement meetings could not replace the lost funding, they demonstrated the power of collective action. By bringing communities and health facilities together, the meetings helped ensure that responsibility for maintaining HIV services is shared and monitored from the health facility to the community level.

Gift Trapence, Chairperson
of the Civil Society Advocacy Platform

CSOs PUSH FOR SOCIAL CONTRACTING AS MALAWI SEEKS NEW FUNDING LIFELINE

By Meclina Chirwa

As donor funding shrinks and Malawi's health system strains, civil society leaders are calling for a new model to keep essential services alive; called social contracting where government and the private sector directly fund CSOs to deliver health services in communities.

Gift Trapence, Chairperson of the Civil Society Advocacy Platform, says social contracting won't fix the entire health financing crisis overnight, but it's a workable path forward.

"In this case, we can't say that social contracting is the solution to the current health financing challenges, but then it is a workable model that helps CSOs to have access to funding from various sources including Government and even the private sector," Trapence said.

"Social contracting has many definitions but we are looking at an ideal situation where CSOs tap financial resources from government and private sector and other sources rather than traditional donors from the West."

The Funding Cliff

Trapence's call comes as severe cuts to foreign aid disrupt HIV, maternal health, and family planning services. The fallout is already visible: stockouts of essential medicines, including new HIV prevention tools like PrEP, and health worker shortages that leave recepients of care waiting.

"The severe cuts to foreign aid are derailing access to essential medicines, including new HIV prevention options like PrEP. Also, human resources for health have been derailed, making recepients of care suffer and threatening gains Malawi has made in the past decade or so," he said.

Low per capita health spending, compounded by aid cuts, risks reversing progress. Trapence warns of rising new HIV infections and maternal deaths as family planning access narrows and birth rates climb.

The Gap CSOs Already Fill

Malawi's health system is supported by non-state actors, yet Government provides no direct funding to CSOs, Trapence notes.

"In Malawi's case, Government does not provide funding to CSOs, yet CSOs play a huge role in providing equitable access to health services that are deep-rooted in community engagement where Government cannot manage."

He points to the Christian Health Association of Malawi (CHAM) as proof the model can work. Through its mission hospitals and clinics, CHAM delivers care in areas with no public facility.

"Look at CHAM, it is a clear example of how it is able to fill gaps through its mission hospitals where government has no facilities and CHAM is a great example of how social contracting should work," Trapence said.

But he cautions that scaling this requires structure: "There is a need for a clear social contracting framework with legal safeguards, enhanced public procurement and public finance management for efficiency and value for money."

Going forward Trapence says the country must start with wider consultations .

"We need a national all-inclusive stakeholder consultative meeting to define social contracting. By looking at the current financing landscape, the legal and policy barriers, public finance management and impacts of funding cuts, including the debt stress Malawi is facing."

For Trapence, the bottom line is survival, with traditional donors pulling back, Malawi must find home-grown ways to fund the community work that keeps people alive. Social contracting, he argues, is where that search starts.

CSOs

JONEHA FOR INCREASING DOMESTIC HEALTH FINANCING AS PARLIAMENT EYES TOLL GATES

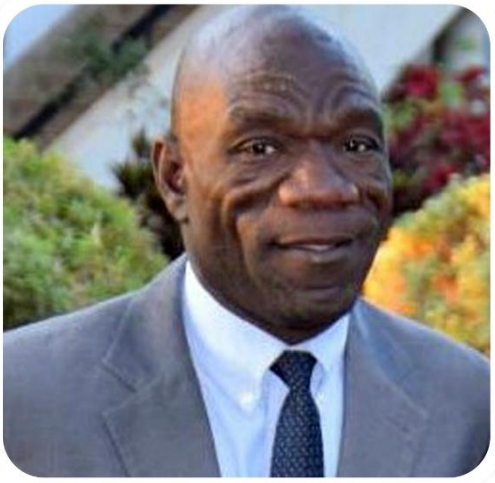
By Starphel Sithole

The Network of Journalists Living with HIV (JONEHA) has called on the Malawi government to urgently increase domestic financing for health, warning that continued reliance on external donors is unsustainable as global funding shrinks.

Speaking in the wake of the 2nd Regional Virtual Dialogue on Partner Alignment and Strategic Alliance Building held in Dakar, Senegal recently, JONEHA Executive Director David Kamkwamba said Malawi must demonstrate political will to implement its Health Financing Strategy.
The meeting, hosted by UNAIDS and the Ministry of Health in Senegal, drew participants including the UNAIDS Deputy Executive Director, the Global Fund, Africa CDC, UNICEF, and civil society organisations.

"Global Fund grades countries using various parameters, including proactive steps being taken towards increasing domestic funding. Malawi needs to boldly demonstrate that it is acting on the message that external funding will continue decreasing because of geopolitical interests," Kamkwamba said. He urged government to expedite the establishment of the National Health Fund, adopt innovative financing mechanisms like earmarked taxes and levies, and improve efficiency in the use of available resources.
Kamkwamba highlighted co-financing as Malawi's easiest opportunity to raise domestic resources.

He cited Global Fund's Grant Cycle 8, where Malawi has a $9 million matching fund provision requiring an equivalent contribution from government. "This kind of contribution as co-financing increases Malawi's domestic resource mobilisation and moves the country towards sustainability," he said.



JONEHA Executive Director **David Kamkwamba** urges government to implement the Health Financing Strategy and establish a National Health Fund, following the 2nd Regional Virtual Dialogue in Dakar.

He also called for social contracting where government allocates part of the national budget to NGOs for health services and urged Malawi to learn from Rwanda and Botswana. On integration of services, Kamkwamba said sexual and reproductive health, maternal health, neonatal health, HIV and TB could easily be integrated to save costs, but warned that quality of differentiated services must be preserved.
Meanwhile, Chairperson of the Parliamentary Committee on Health, Anthony Masamba, said Parliament is lobbying for toll gates as one way of mobilising domestic resources for health. "We need to be innovative. Toll gates can be one of the streams to support the health sector because donor funding is no longer guaranteed," Masamba said. He added that the Committee will push for clear accountability measures to ensure funds from such sources reach health services.

Community members and health workers in Phalombe discuss HIV service challenges during JONEHA's COMET assessment, May 2026.

COMMUNITIES SHARE EXPERIENCES OF HIV SERVICE CHALLENGES

By Enock Mvula

Community members and healthcare workers in Phalombe District have shared firsthand experiences regarding challenges affecting HIV services during a Community-Led Monitoring assessment conducted in May 2026.

The activity was implemented by JONEHA through the COMET Project and focused on understanding how funding disruptions are affecting access to HIV services from the perspective of service users and providers.

They highlighted that " Through focus group discussions and interviews, we are able to discuss issues relating to treatment continuity, confidentiality, stigma and discrmination, outreach services and access to prevention services."

A health worker conducts a follow-up visit in Phalombe. COMET findings highlight outreach as critical for treatment adherence.

Many participants emphasized the importance of community outreach activities and follow-up systems in supporting treatment adherence and ensuring that vulnerable populations continue accessing services.

The assessment also highlighted concerns about reduced support services and operational challenges experienced by health facilities.

By capturing community experiences and perspectives, the activity provided valuable qualitative evidence that complements routine monitoring data and strengthens accountability within the health system.

PARENTAL NEGLECT AND CULTURAL BELIEFS ARE SLOWING MALAWI'S FIGHT AGAINST PEDIATRIC HIV.

By Wezzie Limba

Health Secretary ***Dr. Dan Namarika:*** *"Success will only count when every child living with HIV is found and put on treatment."*

MP Anthony Masamba *calls for stronger nationwide awareness to tackle social barriers to pediatric HIV care.*

The Ministry of Health says Malawi has made big strides in cutting overall HIV infections through testing and treatment despite children being left behind.

Health Secretary Dr. Dan Namarika says some parents delay testing, miss clinic appointments, and fail to stick to treatment plans for their children claiming that myths about HIV and stigma at home are stopping early diagnosis and care.

"Success will only count when every child living with HIV is found and put on treatment," Namarika said.

Parliament's Health Committee Chair Anthony Masamba called for a stronger nationwide awareness campaign in both rural and urban areas. He said parliament is ready to back laws and budgets that strengthen community outreach, school education, and support for caregivers.

"Without tackling these social and behavioral barriers, officials warn Malawi risks missing its 2030 goal of eliminating paediatric HIV," said Masamba.

According to the National AIDS Commission (NAC), only 71% of children aged 0-14 years with HIV received ART and 99% of women aged 15 years and older living with HIV were on ART.

And according to UNICEF, in 2020, at least 2300 children were newly infected with HIV while 25% of children living with HIV do not know their status.

JONEHA URGES FOR MORE INVESTMENT IN HIV PREVENTION , *SAYS COMMUNITY MONITORING SHOWS FUNDING GAPS*

By Enock Mvula

Prevention and treatment must both receive adequate resources.

The Network of Journalists Living with HIV, JONEHA, has called on government and development partners to increase investment in HIV prevention programs. The network warns that prevention has been neglected for years despite its critical role in reducing new infections.

Speaking at the Community-Led Monitoring and Community Engagement Technology Regional Workshop in Lilongwe, JONEHA Executive Director David Kamkwamba said Malawi's HIV response has focused largely on treatment while prevention services remain underfunded.

"Prevention services continue to receive inadequate funding and attention," Kamkwamba said. He noted that Community-Led Monitoring initiatives are generating evidence on how declining donor support is affecting health services.

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Kamkwamba explained that data collected will help stakeholders compare the situation before and after recent funding cuts and stop-work orders. This evidence will guide engagement with government and development partners.

"HIV is still here, and other pandemics are emerging. We must ensure monitoring continues. Government systems have strong monitoring mechanisms, but they are more quantitative . We go further and ask how people feel about service delivery. This dialogue is very important," he said.

National AIDS Commission Head of Capacity Building Tione Chilambe acknowledged that HIV prevention services remain underfunded. She stressed the need to balance investments in both prevention and treatment.

Community-Led Monitoring shows how funding cuts are hitting HIV prevention services in Malawi.

"Funding for prevention remains low, yet prevention is equally important in reducing new HIV infections. Government and development partners must ensure both areas receive adequate attention and resources," Chilambe said.

She added that Community-Led Monitoring captures the experiences of people accessing health care. This helps policymakers and partners identify gaps and respond to pressing needs.

International Treatment Preparedness Coalition, ITPC, Executive Director Solange Baptiste said Malawi has shown that community-led monitoring works. It helps decision makers identify problems before they escalate into crises.

"Communities are often the first to see problems and the first to feel their impact. Community-led monitoring ensures those voices are heard early enough for action," Baptiste said.

She said the workshop brought together government, communities, civil society organizations, and development partners to explore how Malawi can use community feedback and community-generated data to improve health services.

"When communities identify challenges early, health systems can respond faster, make better decisions, and improve services for everyone," Baptiste noted.

Baptiste cited Malawi's achievements as proof of the model's value.

Community members and Data Collectors during a Data collection exercise

RECIPIENTS OF CARE AND SERVICE PROVIDERS CONFIRM REAL TOLL OF AID CUTS IN COMET HEALTHCARE FACILITIES

Recipients of care in Zomba have urged authorities to explore other ways of mobilising resources towards the HIV sector.

This was said during a validation meeting conducted from 21st to 26th May 2026 with an aim of verifying analyzed qualitative data with recipients of care and service providers in COMET project health facilities including Domasi Rural Hospital, Chingale Health Centre, Naisi Health Centre and Matawale Health Centre.

The activity engaged recipients of care represented by people living with HIV, key populations, expectant women living with HIV, guardians of children living with HIV, and non-people living with HIV participants.
From the health facilities, the facility in-charges, ART focal persons, and partner representatives also participated in the meetings.

One of the participants Martha Charles (not her real name) said "During the validation meetings, we were given an opportunity to agree, deny, clarify or correct the issues presented to ensure that the information being captured reflects the situation on the ground."

Meanwhile Recipients of care in Zomba district have expressed worry with the stockouts of bactrim in some healthcare facilities.
This was disclosed by the COMET project data collection sites to measure how the USAID funding freeze is affecting HIV services.

The goal was to get hard numbers from both clients and providers on what has changed in the last 30 days.

" The exercise is very important because it reached a wide range of recipients of care including men and women living with HIV, guardians of children on treatment, expectant women with HIV, people not living with HIV, and key populations including men who have sex with men, female sex workers, transgender persons, and people who use and inject drugs" She said.

On the facility side, data came from facility in-charges, ART focal persons, statistical clerks, pharmacy personnel, and partner representative.

Malawi a model for community-led monitoring, says ITPC

By Esnart Tembo

The International Treatment Preparedness Coalition (ITPC) has described Malawi as a model country in the use of community-led monitoring (CLM), saying the country's experience demonstrates how community-generated data can strengthen health systems and improve service delivery.

Speaking at the Community Monitoring and Engagement for Transformation (COMET) workshop in Lilongwe on Tuesday 9th June 2026, ITPC Executive Director Solange Baptiste said Malawi has shown that community-led monitoring works and can help decision-makers identify problems before they escalate into crises.

"Communities are often the first to see problems and the first to feel their impact. Community-led monitoring helps ensure that those voices are heard early enough for action to be taken," said Baptiste.

She said the workshop had brought together government, communities, civil society organizations and development partners to explore how Malawi can use community feedback and community-generated data to improve health services. According to Baptiste, when communities identify challenges early, health systems are able to respond faster, make better decisions and improve services for everyone.

Baptiste noted that Malawi's achievements already demonstrate the value of community-led monitoring. She cited Mkanda Health Centre, where community monitoring identified rising numbers of people dropping out of HIV treatment, prompting a "welcome back to care" initiative that reduced defaulters to zero. She also said community evidence helped secure additional health workers in districts such as Phalombe and Mzimba, reducing waiting times for patients.

She further said community monitoring identified transport challenges that led to ambulances being allocated to Chilipa, Mikundi and Ntaja health centres. In addition, community advocacy contributed to securing 50 additional GeneXpert machines for tuberculosis diagnosis and helped increase TB treatment initiations from 320 to 907.

Baptiste said community-led monitoring is becoming increasingly important at a time when health systems are facing pressure from funding cuts, inflation, climate shocks and growing demand for services. She noted that Malawi's monitored sites have been better protected from the effects of recent funding reductions through real-time community data reviews and collective problem-solving.

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Workshop in progress

"One of the most important lessons from the recent funding cuts is that communities often see problems first. Community-led monitoring acts as an early warning system," she said.

She added that the ultimate goal is not merely to collect more data but to ensure that community knowledge becomes part of how health systems learn, improve and make decisions. Baptiste said Malawi has an opportunity to become a leader in demonstrating how governments and communities can work together to build stronger, more responsive and accountable health services.

"At the end of the day, this is about ensuring that people's voices help shape the services they depend on," she said.

Network of Journalists living with HIV JONEHA Executive Director David Kamkwamba said community led monitoring is very crucial because it helps to understand how people are accessing health services.

"Government has a very strong monitoring mechanism but they normally do quantitative monitoring, where as JONEHA go into the community to monitor recepients of care experiences, and deal with real time data ".

Kamkwamba added that the data helps to make informed decisions on what to share with key stakeholders like government, community leaders, donors and development partners so they can help accordingly.

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ABOUT US

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

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

VISION

Effective media advocate for quality health service delivery.

MISSION

Ensure Access of Quality Health Care Service for All.

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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

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.
iv. Innovation: We embrace continuous improvement, bold creativity and change.
v. Learning: We challenge each other to strive for excellence and to continually learn.
v. Innovation: We embrace continuous improvement, bold creativity and change.