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JONEHA

NEWSLETTER



PARLIAMENT CALLED ON TO PROTECT HIV PREVENTION RESOURCES

SEE PAGE 5



Editorial

Welcome to the 3rd Quarter JONEHA Newsletter

The lead story is highlighting efforts to promote domestic resource mobilisation for health. While this has been a long-time song not only in Malawi but in Africa and the developing world dependent on external funding; we can now not only appreciate the importance of the call but also beginning to see smoke of a fire that needs to be kept burning and glowing. The 2001 Abuja declaration which encourages African Union member countries to ensure that a national budget allocates not less than 15% to health; was based on an assessment of potential challenges affecting health service delivery. 25 years down the line; many countries in Africa including Malawi are now living with the reality of challenges in delivering quality health services. Around this period; the temptation has been to find solace from external funding sources like the Global Fund or the United States President's Emergency Plan for AIDS Relief (PEPFAR). But as it has become common knowledge now; the global funding landscape which used to cushion countries like Malawi has drastically changed with changing global priorities. This has left many countries including Malawi dependent on external funding to start taking belated steps. But as the old adage says; better late than never. It is for this reason that we are excited to learn about positive steps Malawi is taking against its memorised economic cliché of "limited fiscal space". Because even with a limited resource base; the country has initiated the establishment of the National Health Fund. We say initiated because it is not enough to have this fund gazetted or its account opened. What we need most are predictable sources of funding, defined use and procedures that protect the fund from abuse. Most importantly; Malawi needs a health fund that is resourced 100% by domestically generated revenue. Having this National Health Fund dependent on external revenue will be as good as not having initiated it because it brings the country back to where Malawi needs to graduate from. For now, therefore; we can only wait with bated breath the operationalisation of the National Health Fund and hold our celebrations for its sustainability.

Contents

5 PARLIAMENT CALLED ON TO PROTECT HIV PREVENTION RESOURCES

7 GOVT, CSOs PUSH FOR STRONGER FOCUS ON ADVANCED HIV DISEASE IN GC8

9 COMMUNITY EVIDENCE FOR POLICY INFLUENCE ON MALAWI'S HIV RESPONSE

13 MULANJE DEC APPROVES JONEHA'S CLM PIVOT PROJECT

EDITORIAL TEAM

EDITOR

David Black Kamkwamba

PAGE DESIGNER

Zaithwa Gama
Starphel Sithole

WRITERS

Tiyamike phiri
Starphel Sithole
Meclina Chirwa



PARLIAMENT CALLED ON TO PROTECT HIV PREVENTION RESOURCES



Participants pose for a picture after the meeting

By Meclina Chirwa

Malawi's HIV response is facing a critical financing moment, with declining external support putting greater pressure on the country to find sustainable ways of funding HIV prevention.

Against this backdrop the Network of Journalists Living with HIV (JONEHA) has challenged the Parliamentary Committees on Health, Budget and Finance to strengthen oversight and champion increased domestic investment for HIV prevention. Speaking to Members of Parliament on 26th August, 2026 JONEHA's COMPASS Accelerate Project Lead Starphel Sithole said, Malawi could no longer afford to rely heavily on external funding to sustain essential HIV services.

At the centre of the discussion was the need to create mechanisms that can protect resources for HIV prevention. JONEHA urged the Ministry of Health and Ministry of Finance to establish a National Health Fund, with provisions to ring-fence resources for HIV prevention. The proposed financing could draw from sources such as Optional Paying Services and earmarked taxes, helping to safeguard health investments when government budgets come under pressure.

TO PAGE 6 >>>

FROM PAGE 5 >>>

The conversation also extended to the future of HIV prevention. As Malawi introduces new long-acting prevention technologies, JONEHA called for domestic financing to be considered as part of the mid-term review of the Health Financing Strategy. Technologies such as Lenacapavir and CAB-LA could expand prevention options, but their sustainability will depend increasingly on how Malawi plans and finances their integration into the national response.

For JONEHA, strengthening domestic financing is also about ensuring that Malawi meets its existing national and international commitments. The organisation reminded Parliament of the country's commitment under the Abuja Declaration to allocate 15% of the national budget to health, as well as its Global Fund co-financing obligations.

The concerns come at a time when Malawi's HIV response remains heavily dependent on external resources. JONEHA cautioned that continued reductions in donor support could place pressure on prevention interventions, including long-acting HIV prevention, condom programming and community outreach.

The Parliamentary Committees acknowledged the issues raised and committed to taking the proposals forward through their oversight role and engagement on the national budget.

Through the COMPASS Accelerate Project, supported by the Bill & Melinda Gates Foundation through PANGEA Zimbabwe, JONEHA will continue generating evidence through community-led monitoring, tracking health financing and engaging decision-makers to promote sustainable domestic investment in HIV prevention.



Parliamentarians during the meeting

GOVERNMENT, CSOS PUSH FOR GREATER INVESTMENT IN ADVANCED HIV DISEASE AHEAD OF GLOBAL FUND GC8

By Staff writter

By strengthening community engagement, diagnostic capacity and cryptococcal meningitis management, stakeholders want Malawi's Global Fund application to address critical gaps in Advanced HIV Disease care.

Government and Civil Society Organisations (CSOs) have called for increased investment in Advanced HIV Disease (AHD) and cryptococcal meningitis management as Malawi reviews its National Strategic Plan (NSP) ahead of its Global Fund Grant Cycle 8 (GC8) application.

The call was made during a stakeholder engagement meeting held at Thope Lodge in Mponela on 17 July 2026. The meeting was organised by the Malawi Liverpool Wellcome Programme through the International Mycoses Prevention, Research, Implementation, Networks and Training (IMPRINT) initiative and its Community Advisory Board (CAB) members.

Speaking during the opening of the meeting, Network of Journalists Living with HIV (JONEHA) Executive Director and IMPRINT Malawi CAB member David Kamkwamba commended the government for its continued collaboration with civil society.

"Malawi's strong partnership between government and civil society is widely recognised both nationally and internationally. We appreciate government officials for taking time to engage despite busy schedules," said Kamkwamba.

He said JONEHA and the Malawi Liverpool Wellcome Programme were committed to ensuring that cryptococcal meningitis receives greater attention within AHD programming and is adequately reflected in Malawi's GC8 application.

TO PAGE 8 >>>

FROM PAGE 7 >>>

Presenting an update on the national AHD programme, Gift Gomani from the Directorate of HIV, STI and Viral Hepatitis (DHA) said AHD had been identified as one of the top five priority areas in both the National Strategic Plan and the Global Fund GC8 process.

Gomani reported that new CD4 diagnostic machines had been installed in 17 districts, including Centres of Excellence and high HIV-burden sites, with plans to extend the equipment to additional priority districts.

Despite these developments, AHD remains a significant public health concern, accounting for approximately 34 per cent, according to figures presented at the meeting. Projections suggest that the proportion could decline by 2030 if planned interventions are successfully implemented.

However, gaps in reporting and capacity building continue to undermine programme implementation. Gomani said only about 300 of the 585 health facilities were submitting AHD reports, while 266 sites had yet to receive capacity-building support on AHD management.

The DHA also reported an increase in cryptococcal antigen (CrAg) testing compared with the final quarter of 2025, alongside improvements in cryptococcal meningitis treatment since 2023. Nevertheless, underreporting remains a concern.

HIV and tuberculosis (TB) co-infection was also reported to remain high at 43 per cent, highlighting the need for continued efforts to strengthen the management of co-existing infections.

On the availability of medical supplies, the DHA assured stakeholders that stocks of antiretroviral medicines and AHD-related commodities were adequate, exceeding the minimum eight-month stock threshold. However, participants noted that low screening rates in some facilities could be contributing to the accumulation of supplies.

Discussions at the meeting also highlighted the need to strengthen community-level interventions, healthcare worker capacity building and social and behaviour change communication (SBCC) in the GC8 application.

Participants observed that while investments often prioritise medicines and health personnel, community education, treatment literacy and demand creation for AHD services receive comparatively less attention.

They emphasised that improving awareness of AHD, encouraging timely screening and helping people understand the importance of seeking care could increase uptake of available services and improve treatment outcomes.

In his closing remarks, Kamkwamba called for sustained collaboration between government and civil society, stressing the importance of ensuring that community voices inform national planning and decision-making.

The government commended the Malawi Liverpool Wellcome Programme, JONEHA, IMPRINT CAB members and other civil society partners for their advocacy efforts, acknowledging the importance of community perspectives in shaping programme implementation and policy decisions.

The meeting brought together representatives from the DHA, the National AIDS Commission (NAC) and the Health Promotion Department (HPD), alongside civil society stakeholders.

Established in 2022, the IMPRINT patient and community advisory group supports research and policy initiatives aimed at reducing deaths associated with Advanced HIV Disease and fungal infections. Through its engagement with communities, researchers and policymakers, the initiative seeks to strengthen the visibility of these conditions and promote evidence-informed interventions.

COMMUNITY EVIDENCE FOR POLICY INFLUENCE ON MALAWI'S HIV RESPONSE.



By Starphel Sithole

As Malawi works to sustain the gains made in the HIV response amid changing donor financing, the question of who will finance the response in the years ahead has become increasingly important.

For the Network of Journalists Living with HIV (JONEHA), the answer cannot rest solely on external support. Communities must have a voice in decisions affecting HIV services, while government and other national actors must take on responsibility for financing and sustaining the response.

Through its Community Monitoring and Engagement for Transformation (COMET), Community Led Monitoring Pivot (CPIVOT) and COMPASS Accelerate Project (CAP) initiatives, JONEHA is using community evidence, advocacy and engagement with decision-makers to contribute to this conversation for policy change.

FROM MONITORING SERVICES TO INFLUENCING DECISIONS

JONEHA has been implementing community-led monitoring for several years, using the experiences of people accessing health services to identify gaps that require attention.

Under COMET, community monitors have documented challenges affecting HIV services in Zomba, Mulanje and Phalombe. Recent monitoring, for example, identified significant challenges in accessing viral load testing, with 489 of 997 respondents reporting difficulties accessing the service. The findings were validated with health authorities and are being transformed into evidence for advocacy and accountability.

This work is important because community monitoring does not stop at collecting data. The evidence provides a basis for engaging health managers, policymakers and other stakeholders on the challenges experienced by communities.

TO PAGE 10>>>

FROM PAGE 9>>>

It is this connection between evidence and advocacy that has increasingly preoccupied JONEHA's work.

HOW CPIVOT STRENGTHENS MALAWI'S HIV RESPONSE

As Malawi navigates a shifting donor landscape and the growing need for domestic ownership of the HIV response, understanding not only what is happening in facilities but also why services fall short has become critical. Through the CPIVOT initiative, JONEHA is extending its community monitoring work upstream to track the budgets, financing flows and policy decisions that shape service delivery, with particular attention to long-acting HIV prevention technologies. Building on the real-time evidence generated by COMET, CPIVOT examines how funding choices and policy gaps translate into the disruptions communities experience on the ground, ensuring that the voices of people living with and affected by HIV inform conversations about resources and accountability.

This work is part of a broader effort by JONEHA to connect community evidence with national decision-making. CPIVOT will advocate for domestic investment in the long-acting HIV prevention technologies, strengthen accountability and enhance availability of the long-acting technologies. CPIVOT is there to help keep the experiences of communities visible in discussions about sustainability, budget execution and the future of HIV prevention in Malawi as the funding architecture continues to change.

CAP: PUTTING DOMESTIC HIV FINANCING ON THE AGENDA

Through CAP, JONEHA is taking the financing conversation further by advocating for increased domestic investment in HIV prevention. JONEHA's current CAP project focuses on increasing Malawi's domestic investment in HIV prevention services. The intervention is justified by illustrating prevention funding gap overtime with credible source.

The advocacy comes at a time when Malawi continues to rely heavily on external financing for its HIV response. JONEHA's earlier COMPASS work also highlighted the country's dependence on external resources for medicines and the need for greater government ownership of health financing.

Under CAP, JONEHA has therefore been engaging decision-makers around domestic resource mobilisation, sustainable HIV prevention financing, establishment of the National Health Fund, scaling up of Optional Paying Services, efficient budget implementation and stronger public-private financing mechanisms.

TAKING THE CASE TO GOVERNMENT AND PARLIAMENT

One of the important advocacy steps was a January 2026 submission to the Ministry of Finance, made through the Malawi Health Equity Network, calling for increased allocation towards the health sector.

The advocacy called for increased domestic financing for HIV prevention, earmarked taxes for health, protection of resources for HIV prevention and stronger partnerships between government and the private sector.

TO PAGE 11>>>

FROM PAGE 10>>>

JONEHA did not stop at making the submission. The organisation followed the issues through engagements with the Directorate of Planning and Policy Development, Parliamentarians, the Health Financing Technical Working Group and other stakeholders, helping to keep sustainable HIV financing within wider health financing discussions.

This approach reflects JONEHA's broader advocacy model: generate evidence, put forward specific policy and financing asks, engage decision-makers, follow up on commitments and monitor whether those commitments translate into change.

THE NATIONAL HEALTH FUND: FROM POLICY DISCUSSION TO INSTITUTIONALISATION

One of the areas where this advocacy has gained momentum is the National Health Fund.

The National Health Fund has now been gazetted, an account has been opened, a 2 percent Motor Vehicle Insurance contribution has been channelled towards the Fund, and four central hospitals have been earmarked for the financing arrangement.

For JONEHA, these developments provide an important institutional platform for increasing domestic health financing.

However, the organisation recognises that establishing a financing mechanism is only part of the process. Continued advocacy is needed to ensure transparency and accountability in the management of resources, including how revenues are generated, allocated, tracked and how HIV prevention is protected within domestic financing arrangements.

STRENGTHENING PARLIAMENTARY OVERSIGHT

JONEHA's engagement has also contributed to discussions around how Parliament and civil society can strengthen oversight of health financing.

Parliamentarians have committed, within their oversight role, to calling for quarterly reviews of budget disbursement and expenditure, rather than relying only on mid-year reviews. They also committed to engaging CSOs to support the reviews.

Regular reviews can help identify gaps in disbursement and budget execution earlier and create opportunities for Parliament and civil society to follow up with responsible institutions.

For JONEHA, this is an important part of sustainable financing advocacy. A budget allocation only has an impact when resources have actually been disbursed and effectively used.

CONNECTING GLOBAL FUND PRIORITIES WITH COUNTRY OWNERSHIP

JONEHA's advocacy also contributes to the wider Global Fund conversation in Malawi.

The organisation has participated in national and civil society processes around the HIV response, including discussions linked to Grant Cycle 8, where community priorities, sustainability and health-system considerations are discussed.

JONEHA's contribution is particularly focused on ensuring that community experiences and evidence inform these discussions while also pushing for stronger domestic ownership of the HIV response.

TO PAGE 12

FROM PAGE 11

This builds on JONEHA's longer experience with the COMPASS programme, where community-led monitoring was used to identify challenges affecting people living with HIV and advocate for improvements in HIV treatment and essential medicines. JONEHA's earlier COMPASS work, for example, documented issues around medicine financing, stock-outs and delays in the flow of resources to health facilities.

ADVOCACY THAT CONNECTS COMMUNITY TO NATIONAL LEVEL

JONEHA's work demonstrates that community monitoring and policy advocacy do not have to operate separately.

COMET provides a mechanism for communities to generate evidence about what is happening on the ground especially in a period of reduced external funding. CAP provides a platform for taking some of these broader sustainability and financing concerns into national advocacy spaces.

Together, these approaches allow JONEHA to connect the experiences of people using health services with the decisions being made around financing, policy and accountability.

The organisation's influence is therefore not measured only by individual meetings or submissions. It is also reflected in the extent to which community evidence contributes to policy discussions, commitments made by decision-makers, and mechanisms created for continued oversight and follow-up.

accountability.

LOOKING AHEAD

As Malawi navigates a changing global health financing environment, JONEHA will continue advocating for a stronger domestic foundation for the HIV response.

The organisation will continue to follow developments around the National Health Fund, Optional Paying Services, health-sector budget disbursement and execution, HIV prevention financing, long-acting HIV prevention technologies and public-private financing partnerships.

At the same time, community monitoring will remain important in ensuring that national financing and policy decisions remain connected to the realities experienced by people accessing HIV services.

For JONEHA, sustainable progress in the HIV response requires more than maintaining programmes. It requires community voices in decision-making, evidence to guide advocacy, stronger domestic investment and accountable use of public resources.

The journey from community evidence to national policy is ongoing but JONEHA is continuing to make sure that the voices and experiences of communities are part of that journey.

MULANJE DEC APPROVES JONEHA'S CLM PIVOT PROJECT

By Tiyamike Phiri

Mulanje District Executive Committee approved a new push to put communities at the center of Malawi's HIV response. The DEC gave the green light to a Community-Led Monitoring: Pivoting Evidence for HIV Financing and Policy Change project. This is a 1-year initiative that will be led by the Network of Journalists Living with HIV - JONEHA, with the Coalition of Women Living with HIV and AIDS - COWLHA as a partner. The project funded by the International Treatment Preparedness Coalition (ITPC) will be implemented in Mulanje, Zomba and Phalombe districts.

JONEHA says districts can no longer wait for donors to fill the gaps but the project sets an ambitious target of increasing domestic investment in long-acting HIV prevention from 0% to 5% in the targeted three district budgets. At the same time, it will strengthen how communities track HIV funds to expose service gaps and improve access to new prevention options, including injectable PrEP.

JONEHA'S Programs Manager Hastings Mwanza said "this project puts communities at the center of monitoring. When people can track budgets and see where the gaps are, they can demand better services and more accountability."

The approach is built around four priorities, first, trained community monitors will collect evidence on how HIV funds are allocated and utilized at both facility and district level. That evidence will then be used to engage duty bearers and push for quicker action on commodity stock-outs and stalled services.

Secondly, the project will advocate for districts to ring-fence resources for long-acting HIV prevention technologies like Lenacapavir and CAB-LA. Currently there is no domestic allocation for prevention technologies in Mulanje, Zomba or Phalombe.

Thirdly, it will work with health facilities and community structures to make injectable PrEP more accessible to the people who need it most i.e. key populations, adolescent girls, and other groups vulnerable to HIV.

TO PAGE 14 >>

FROM PAGE 13 >>

Fourthly, the data and stories collected will feed directly into district planning meetings and the national Health Financing Strategy mid-term review. The goal is to ensure that HIV programs are funded sustainably from local resources, not just donor grants.

Samuel Zibha, Director of Community and Social Services for Mulanje District Council, said the council sees value in having real-time information from communities.

"The council is confident this project will help identify and address gaps in the district. Community-led monitoring gives us real-time information that we can use to improve planning and ensure no one is left behind," he said

District officials acknowledged that donor dependence is no longer sustainable. They committed to work with JONEHA and COWLHA to ensure that recommendations from the monitoring reach the District Health Management Team and are reflected in the next budget cycle.

JONEHA notes that what happens in these three districts will also inform national advocacy. Evidence from Mulanje, Zomba and Phalombe will be used to push Parliament to honor domestic financing commitments, including the Abuja Declaration target of allocating 15% of the national budget to health.

Get In Touch

director@jonehamw.org
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 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.
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