Malawi Last Mile Primary Care Initiative

Applying New 95-95 Targets to Universal Primary Care in Malawi

In past decades, the greatest health challenge confronting Malawi was the HIV/AIDS epidemic. Through strong leadership from the Ministry of Health, collaboration with international partners, and alignment around the global **95–95–95** targets, Malawi has made extraordinary progress in controlling the epidemic. Today, most Malawians living with HIV know their status, receive treatment, and achieve viral suppression.

Malawi now faces a different but equally vital challenge: more than 40% of Malawians have limited or no access to basic primary health services. Because much of the population lives in rural areas with limited transportation infrastructure, millions of families remain beyond the practical reach of fixed health facilities. This “last mile” gap prevents timely diagnosis and treatment of common conditions, contributes to avoidable maternal and child mortality, and limits progress against infectious and chronic diseases alike.

As with HIV/AIDS, there is a clear and achievable path to addressing the last mile challenge.

Program

Malawi should establish a ten-year **Last Mile Primary Care Initiative** based on two **95 - 95 targets**:

- 95% of Malawians live within 5 km of primary care services; and
- 95% of those individuals receive at least one annual interaction with a trained health professional (clinical officer, nurse, or community health worker), supported by a medical record.

Achieving these targets would result in more than 90% of Malawians participating in the national health system each year, many for the first time. Regular contact with the health system would strengthen disease prevention, enable earlier diagnosis, improve continuity of care, and support stronger national health data systems.

Approach

Achieving 95 / 95 coverage will require a coordinated network of mobile primary care teams integrated with existing district facilities and community health worker networks. Existing district facilities alone are limited in reach. Community health workers alone are not able to provide the

full array of primary care services. Mobile medical teams, each serving five remote primary locations per week, would fill the gap.

Reaching underserved populations across Malawi would require approximately **50 mobile medical teams serving 250 high-priority sites,** roughly ten sites per district, in areas with the lowest levels of primary care access.

In an initial phase:

- The Ministry of Health could provide essential medicines and clinical staff for each team, such as one Clinical Officer, two nurses, and one data clerk.
- Development partners and philanthropic donors could support capital investments and operational capacity, including vehicles, maintenance, fuel, selected diagnostic equipment (such as portable ultrasound), drivers, clinic operations staff, and program management support.

Estimated resource needs include:

- Ministry of Health contribution: medicines and up to 200 clinical staff across 50 teams.
- Donor contribution: vehicle procurement (Land Cruiser ambulances - approximately $3 million total) and annual operating costs of approximately $5 million, including transportation, approximately 150 medical and operations staff, training, and program administration.

Over time, the Initiative would transition toward full Ministry administration and financing. Data collected through mobile service delivery would help identify high-utilization locations where permanent facilities may be justified, enabling strategic expansion of fixed clinics as resources allow. With a sufficiently expanded network of permanent clinics in the future, mobile clinics would no longer be required.

Conclusion

Malawi has demonstrated that ambitious national health goals can be achieved through strong leadership, partnership, and integrated data networks. The country's success in addressing HIV/AIDS shows what is possible when government and partners align around measurable outcomes.

A **Last Mile Primary Care Initiative** would extend primary care access across the country, ensuring that nearly every Malawian has regular contact with the health system. Expanding access to basic services will improve maternal and child health, strengthen disease prevention, and support the long-term social and economic development of Malawi.

The opportunity now is to apply the same clarity of vision that helped control HIV/AIDS to ensure that primary care truly reaches every community.