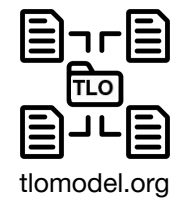


# System-Wide Investments Enhance Disease Control and Health Impact in Malawi

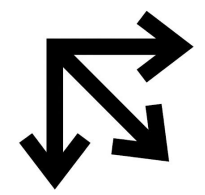
Background: Disease-specific programs for HIV, TB, and malaria save lives, but their ongoing effectiveness is increasingly bottlenecked by workforce shortages and fragile supply chains.

## Methods

**Simulation:** Used the Thanzi La Onse (TLO) microsimulation model to project Malawi’s health outcomes and costs from 2025–2035 based on discrete facility interaction footprints.

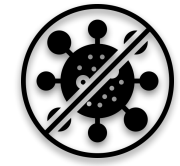


**3 Strategies Compared:** Vertical (disease scale-up only), Horizontal (workforce expansion & supply chain strengthening), and Diagonal (combined vertical + horizontal strategy) against a status-quo baseline.



## Findings

- **3x Health Impact:** The combined approach averted 15.03% of DALYs—three times more than disease-focused expansion alone (4.98%).
- **Disease Control:** Integrating system strengthening with disease scale-up averted an additional 30,500 HIV/AIDS deaths, 8,400 TB deaths, and 3,600 malaria deaths compared to vertical expansion alone.
- **Value for Money:** The combined strategy cut the cost per DALY averted nearly in half (\$66.53 vs. \$130.03) and delivered more than double the return on investment (\$11.7 vs. \$5.4 per \$1 spent).



**Key Takeaway:** Pivoting global health funding toward integrated, system-wide investments is essential to overcome bottleneck-driven diminishing returns, maximize disease-specific impact, and build resilient health systems.



**System-wide investments generate health and enhance HIV, TB and malaria control in Malawi**

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Nature Communications <https://doi.org/10.1038/s41467-026-77306-5>

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