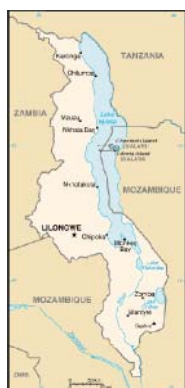


## Malawi



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Malawi is a low income country in Southern Africa characterized by a heavy burden of disease evidenced by high levels of child- and adulthood mortality rates and high prevalence of diseases such as tuberculosis, malaria, HIV/AIDS and other tropical diseases. Healthy life expectancy at birth (HALE) was only 35 years in 2002. Furthermore, evidence suggests that there is a growing burden of non-communicable diseases. The economy relies on agriculture and is highly vulnerable to climatic conditions. The population density is one of the highest in Sub-Saharan Africa. The country reached the completion point under the Enhanced Heavily Indebted Poor Countries (HIPC) initiative and got approval of debt relief under the Multilateral Debt Relief Initiative in 2006.

### HEALTH & DEVELOPMENT

**Low investment in health** – the per capita expenditure on health is only US\$ 20. Development partners contribute about 60% of the total expenditure on health. Prepayment schemes contribute to less than 3% of the health spending. Most of the contribution from private sources is obtained from households in the form of out-of-pocket expenditure. The health care delivery system consists of government facilities, Christian Health Association of Malawi (CHAM) and some private-for-profit providers.

**Malawi faces human resources for health crisis** - there are only 2 physicians and 59 nurses per 100,000 population. In 2006, vacancy rate for nurses at national level stood at 65%. The problem is compounded by the migration of health workers. Around the year 2000, about 59% of Malawi-born physicians practiced outside of Malawi. The corresponding figure for professional nurses was 17%. To address this problem, the government in conjunction with its development partners has embarked on a 5-pronged 6-year Emergency Human Resources Plan (2005-2010). Among other things, this includes a 52% salary top up to 11 cadres of health professionals.

**HIV/AIDS prevalence is very high** - The 2004 Demographic and Health Survey indicates that 12% of the population aged 15-49 years in Malawi is living with HIV/AIDS. The observed and adjusted HIV prevalence among women and men aged 15-49 years were 11.8% and 12.7% respectively. Estimated prevalence was 17.1% in urban and 10.8% in rural areas. Approximately 80 000 people die of AIDS annually and an almost equal number of new infections occur yearly. There are approximately 600 000 orphans in Malawi due to HIV/AIDS. Substantial progress has been made in the provision of anti-retroviral therapy (ART). By the end of 2007, out of an estimated 250,000 adults and 23,000 children requiring ART, 150,000 adults and 10,000 children were on ART.

**Tuberculosis prevalence has increased** – the incidence rate of tuberculosis has increased dramatically from 258 per 100,000 in 1990 to 377 per 100,000 in 2006, partly due to the HIV/AIDS epidemic. The HIV/AIDS prevalence in incident TB case is 70%.

**Malaria is the most common reported cause of morbidity and mortality** – malaria is responsible for about 40% of hospitalization of under-five children and 40% of all hospital deaths. Treatment policy change to Artemisinin-based Combination Therapy (ACT) was effected in 2007.

**Neglected tropical diseases and non-communicable diseases** – are emerging/re-emerging or on the increase.

**Infant and under-five mortality rates have improved** – Infant mortality rate declined from 134 per 1,000 live births in 1992 to 69 per 1,000 in 2006. Similarly the under-five mortality rate decreased from 234 in 1992 to 118 per 1,000 live births in 2006. However, there has not been a proportionate reduction in neonatal mortality rate. Moreover, the reduction in childhood mortality of the poorest 20% has been far below what is required to achieve the MDG 4 target of reducing childhood mortality by two-thirds between 1990 and 2015.

**There is a high prevalence of malnutrition among children under-five** – The rates of stunting and underweight currently stand at 45.9% and 19.4% respectively. The rates have almost been stagnant since 1992.

**Maternal mortality is among the highest in Africa** - Approximately 54% of Malawian women deliver in health facilities. Maternal deaths are attributed to obstetric complications, delays in seeking care, poor referral systems, and lack of appropriate drugs, equipment and staff capacity. To address the maternal and neonatal health situation, Malawi has developed a Road Map in 2005 focusing on (i) improving availability, access to and utilization of quality maternal and neonatal health care; (ii) strengthening human resources to provide quality skilled care; (iii) strengthening the referral system; and (iv) strengthening national and district health planning and management of Maternal and neonatal health care.

**Health sector reforms are under way** – the Sector Wide Approach (SWAp) has been adopted in 2004 to rally all health development partners behind a single sector programme and expenditure framework. The essential component of the SWAp is the provision of an Essential Health Package (EHP) comprising interventions against 11 health conditions through a decentralized district health system. In 2002, only 9% of the health facilities were fit to deliver the EHP services. To improve access, the government has entered into a public-private partnership by signing service level agreements with CHAM facilities.

**Economic activity** – Agriculture is the mainstay of the economy, accounting for about 36% of the GDP and more than 70% of exports. GDP per capita registered an average annual growth rate of 1.2% during the period 2000-2005. Economic growth has been spurred by the recent significant rebound in the agricultural sector. An impressive real GDP per capita growth rates will be required to reduce the levels of poverty.

**Poverty in Malawi** – the incidence of poverty is higher in rural areas; the Southern region of the country; among female-headed households; and households whose head has no formal education. The country faces a number of challenges in its endeavours to eradicate extreme poverty including, inadequate finances to support poverty reduction programmes; high levels of illiteracy; and critical shortage of capacity in institutions implementing development programmes.

Total population (2007) <sup>1</sup>	13,187,632
% under 15 (2007) <sup>2</sup>	46
Population distribution % rural (2005) <sup>3</sup>	83
Population density <sup>2</sup>	110
Life expectancy at birth, male/female (2005) <sup>4</sup>	47/46
Under-5 mortality rate per 1000 (2006) <sup>5</sup>	118
Maternal mortality ratio per 100,000 live births (2004) <sup>6</sup>	984
Total expenditure on health as % of GDP (2004) <sup>7</sup>	12.8
General government expenditure on health as % of general government expenditure (2004) <sup>7</sup>	9.3
Human Development Index rank, out of 177 countries (2005) <sup>8</sup>	164
Gross National Income (GNI) per capita US\$ (2005) <sup>9</sup>	154
Population living below national poverty line % (2004-2005) <sup>10</sup>	52.4
Adult male (15+) literacy rate (2006) <sup>11</sup>	77
Adult female (15+) literacy rate (2006) <sup>11</sup>	56
% population with sustainable access to an improved water source (2004) <sup>8</sup>	73
% population with sustainable access to an improved sanitation (2004) <sup>8</sup>	61

<sup>1</sup> National Statistical Office, Malawi

<sup>2</sup> 2007 World Population Data sheet

<sup>3</sup> United Nations Population Division

<sup>4</sup> World Health Statistics 2007

<sup>5</sup> Multiple Indicator Cluster Survey 2006

<sup>6</sup> Demographic and Health Survey 2004

<sup>7</sup> Malawi National Health Accounts 2002-2004

<sup>8</sup> Human Development Report 2007/2008

<sup>9</sup> Africa Development Indicators 2007

<sup>10</sup> Integrated Household Survey 2004-2005

<sup>11</sup> Welfare Monitoring Survey 2006

## PARTNERS

Bilateral partners include the Canadian International Development Agency (CIDA), the European Union, the German Agency for Technical Cooperation (GTZ), the Japan International Cooperation Agency (JICA), the Foreign Ministry of Norway, the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), and the United States Centers for Disease Control and Prevention, (CDC). Multilateral organizations include the African Development Bank, the Global Fund to fight AIDS, Malaria and Tuberculosis (GFATM), United Nations (UN) agencies (FAO, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, WFP and WHO) and the World Bank. Other financial and technical partners are national and international nongovernmental organizations.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Malawi Growth and Development Strategy (MGDS) 2006-2011 guiding all development activities in the country;</li> <li>• The Development Assistance Strategy (DAS) 2006-2011 based on the principles of the Paris Declaration on Aid Effectiveness</li> <li>• The SWAp and its Programme of Work (2004-2010), with a focus on the EHP</li> <li>• Six year Emergency Human Resources Plan (2005-2010)</li> <li>• Development of a strategic plan for the health sector in line with the MGDS</li> <li>• Existence of Health Donor Group and various Technical Working Groups</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty as an important health determinant</li> <li>• HIV/AIDS epidemic and its consequences</li> <li>• Inadequate services at delivery points</li> <li>• Shortage, unequal distribution, brain-drain and attrition of skilled health staff</li> <li>• Inadequate funding to deliver the EHP to all citizens.</li> <li>• Inequities in resource allocation, service provision and health outcomes</li> <li>• Limited representation of the SWAp non-pool donors/partners in high level policy dialogue</li> <li>• Need to align multiple initiatives that require coordinated implementation amidst under-financing and critical human resource shortages.</li> </ul>

## WHO STRATEGIC AGENDA

WHO strategic agenda for Malawi is an organization-wide collaboration framework for the MOH, partners and other UN agencies to support health sector development, advocate health promotion policies and provide technical leadership. It is consistent with the priority national health objectives of the Malawi SWAp Programme of Work, the Malawi Growth and Development Strategy, the United Nations Development Assistance Framework, regional priorities and the commitment to achieve the MDGs.

- **Building individual and national health security** - the strategic objectives include: to (i) strengthen institutional capacity for the prevention and control of communicable and non-communicable diseases; (ii) enhance early warning systems for preparedness, detection and response to emergencies and disease epidemics; and (iii) improve capacity for the delivery of maternal and child health services in order to reduce mortality and morbidity during key stages of life.
- **Strengthening health systems** - the strategic objectives are: to (i) strengthen health system capacity for equitable and efficient service delivery through improved governance (stewardship), resource development and investment and fair financing; (ii) promote evidence-based decision making at all levels of the health system through enhanced capacity to generate and utilize information.
- **Investing in health and tackling social determinants of health to reduce poverty** – includes the following strategic objectives: to (i) address social and environmental determinants of health through risk factor reduction; and (ii) promote intersectoral action and community involvement for health based on the principles of Primary Health Care.



## ADDITIONAL INFORMATION

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