World Health Organization

Country Cooperation Strategy at a glance

Malawi

http:// www.who.int/countries/en/

WHO region	Africa
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2014)	70.2
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	84
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	58.3 (Both sexes) 59.9 (Female) 56.7 (Male)
Population (in thousands) total (2015)	17215.2
% Population under 15 (2015)	45.2
% Population over 60 (2015)	4.9
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	61.6
Literacy rate among adults aged >= 15 years (%) (2007-2012)	61
Gender Inequality Index rank (2014)	140
Human Development Index rank (2014)	173
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	11.38
Private expenditure on health as a percentage of total expenditure on health (2014)	47.28
General government expenditure on health as a percentage of total government expenditure (2014)	16.77
Physicians density (per 1000 population) (2009)	0.018
Nursing and midwifery personnel density (per 1000 population) (2009)	0.336
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	23.1 [17.6-30.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	55.1 [42.6-70.8]
Maternal mortality ratio (per 100 000 live births) (2015)	634 [422 - 1 080]
Births attended by skilled health personnel (%) (2015)	89.8
Public health and environment	
Population using safely managed sanitation services (%) ()	71 (2017)*
Population using safely managed drinking water services (%) ()	87.1 (2017)

*National Statistical Office, Malawi (2017)

Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Malawi is 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. Furthermore, evidence suggests that there is a growing burden of noncommunicable diseases. With a total fertility rate of 4.4 the country has one of the highest population densities in sub-Saharan Africa. Malawi faces a number of challenges including inadequate finances to support poverty reduction programmes; high levels of illiteracy; and critical shortage of capacity in institutions implementing development programmes.

In Malawi 8.8% of the population aged 15-49 years is living with HIV/AIDS: 10.8% among women and 6.4% among men. It is estimated that 34 000 new HIV infections occur every year. Tuberculosis incidence and case notifications in Malawi have both declined over the past decade. However, the prevalence rate remains high at 363/100,000 in the general population (all ages). The geographical distribution of TB case notifications is very similar to the distribution of HIV in Malawi. Malaria accounts for over 30% of outpatient visits). Malaria incidence in 2017 was 323 per 1000 population representing a 33% reduction from 484 per 1000 in 2010 and malaria prevalence is at 24%.

Noncommunicable diseases (NCDS) are on the increase. It is estimated that 33% of adults aged 25-64 have hypertension and 5.6% are diabetic. About 5 000 new cases of cancer are registered annually. The endemic neglected tropical diseases are schistosomiasis, lymphatic filariasis, onchocerciasis, human African trypanosomiasis, trachoma, leprosy and soil transmitted helminths. However lymphatic filariasis and onchocerciasis have been eliminated after years of mass drug administration

Maternal mortality is still among the highest in Africa. Obstetric complications contribute significantly to maternal deaths. Other indirect causes include delays in seeking care, poor referral system, and lack of appropriate drugs, equipment and staff capacity.

HEALTH POLICIES AND SYSTEMS

The Malawi Growth and Development Strategy (MGDS) is the overarching medium term strategy designed to attain Malawi's long term aspirations as spelt out in the Vision 20:20. The National Health Bill is under review.to replace the Public Health Act of 1948, while the National Health Policy is still in draft form.

The country's Health Sector Strategic Plan (HSSP II) is formulated to align with the MGDS III and the global Sustainable Development Goals (SDGs). It guides the implementation of the health interventions and emphasises increasing coverage of high quality Essential Health Package (EHP) services and strengthening performance of the health systems to improve equity, efficiency and quality of EHP services in Malawi. The health care delivery system mainly consists of government facilities (63%), Christian Health Association of Malawi (26%) and some private for-profit providers.

Malawi is undergoing health financing reforms as part of other national reforms to help in improving the funding available for health and move towards the universal health coverage. As part of resource tracking, the government has been conducting National Health Accounts (NHA) assessment since 1998. WHO has provided support to institutionalise the NHA. In order to strengthen timely reporting and use of data at all levels, the country has introduced a web-based District Health Information System (DHIS2) since 2011. There are efforts to strengthen health information systems for better monitoring of the disease burden in the country.

Some of the notable challenges in the health care delivery system are to do with inadequate human resources coupled with skewed distribution favouring the urban areas; Despite the 50% increase in the health workforce that was achieved through the implementation of the 6-year Emergency Human Resources Plan (2005-2010), the challenge still remains to sustain the gains. The government has in recent years not been able to absorb all the health workers coming out of the training institutions. On the other hand there is inadequate financing, infrastructure and equipment.

COOPERATION FOR HEALTH

In the health sector, the HSSP has been developed to coordinate health development activities. All development partners are expected to support the HSSP which ultimately contributes to the Malawi Growth and Development Strategy and the Sustainable Development Goals.

The health system has been largely dependent on donor aid. Although the contribution of donors to the total health expenditure (THE) declined from 68.3% in 2012/13 to 53.5% in 2014/15 due to a number of donors pulling out from direct budgetary support, this situation raises the issue of sustainability and predictability of health financing.

The UN system in Malawi is implementing the United Nations Development Assistance Framework (UNDAF) as a programmatic response to the development needs and priorities of the country as highlighted in the MGDS.

World Health Organization

Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2022)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Maintain WHO's leadership role of normative and policy guidance as well as strengthening partnerships and harmonization	• Facilitation of country adaptation of polices and guidelines. • Support Ministry of Health coordination role for effective partnerships. • Deliver as one through UNDAF.
STRATEGIC PRIORITY 2: Supporting the strengthening of health systems and advancing UHC through revitalized primary health care approach and sustainable service delivery while ensuring financial risk protection.	• Support the strengthening of equitable service delivery systems towards universal coverage and Support strengthening of district health systems. • Advocate for Human resources for Health capacity development. • Enhance leadership and governance for health. • Promote evidence based policies and interventions.
STRATEGIC PRIORITY 3: Supporting prioritization of the special health needs of mothers, neonates, adolescents and children in line with the universality of SDGs and strong emphasis on equality or leaving no one behind.	• Enhance scale up for the delivery of the minimum package of maternal, newborn, adolescents and children. • Support approaches to improve the quality of care provided at service delivery points. • Support assessment of coverage of interventions and measuring progress against global/regional targets.
STRATEGIC PRIORITY 4: Enhancing the capacity for the prevention and control of communicable and non-communicable diseases (NCDs), mental health, violence and injuries and disabilities.	• Support elimination of measles and neonatal tetanus and eradication of polio. • Support the introduction of new vaccines. • Support scale up of implementation of Integrated Disease Surveillance and Response (IDSR) guideline.s
STRATEGIC PRIORITY 5: Addressing the social, economic and environmental determinants of health as a means of reducing health inequities.	• Enhancing food safety and food quality policies. • Support the strengthening of the climate services for health.

© World Health Organization 2018. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. This publication does not necessarily represent the decisions or policies of WHO.