Overview

In Malawi, poor health indicators significantly hinder development. One in four women have an unmet need for family planning (FP), and population growth is placing pressure on the country’s natural resources and health, education, and social services. In addition, one in every 10 adults is living with HIV, and nearly one-third of married women experience intimate partner violence.

In recognition of these challenges, the USAID- and PEPFAR-funded Health Policy Project (HPP) provided technical assistance and programmatic support to the government of Malawi and local organizations to address key health issues—family planning/reproductive health (FP/RH); HIV; maternal, newborn, and child health (MNCH); and gender—while also promoting health systems strengthening and program integration through a multisectoral approach. HPP focused on building in-country capacity and promoting country ownership of programs and initiatives, including achievement of the Millennium Development Goals (MDGs) and other national development goals.

Strengthening Governance and Leadership

HPP’s work in Malawi strengthened the leadership, strategic planning, and financing capacity of government ministries through technical assistance, training, and facilitation.

- Helped the Population Unit of the Ministry of Finance, Economic Planning and Development (MOFEPD) to establish a national multisectoral Technical Working Group on Population and Development and to develop a web-based communication portal and repository for population and development resources.
- Assisted the Ministry of Gender, Children, Disability, and Social Welfare to develop its institutional policy and strategic plan and strengthened the capacity of the Department of Gender Affairs to coordinate a multisectoral response to gender-based violence (GBV).
- Supported the Ministry of Health to advance Youth-Friendly Health Services (YFHS), including drafting the first YFHS strategy and revising the YFHS in-service training manuals.

Generating Evidence to Inform Action

Working with partners, HPP generated and helped communicate compelling evidence to inform policy options.

- Conducted costing and modeling analyses to guide scale-up of the national voluntary male medical circumcision program.
- Trained local partners to apply the RAPID model and disseminate results.
- Undertook primary research on the integration of family planning and HIV at both the policy and service delivery levels.

Members of Parliament Advocate for FP Funding

Although 42 percent of Malawian women use modern contraceptives, until recently, there was no dedicated line item in the national budget for family planning. HPP, in partnership with the Ministry of Finance, Economic Planning and Development; Family Planning Association of Malawi; and Jesus Cares Ministry, cultivated the leadership of members of Parliament (MPs) to advocate increased attention to population and development issues and earmarked funding for family planning. Key to this approach was linking MPs with other African parliamentary health committees for training, networking, and South-South learning. As a result of these efforts, funding increased from 26 million Kwacha in 2013/14 to 60 million in 2014/15 and 70 million in 2015/16.
The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project’s HIV activities are supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). HPP is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau to disseminate its ENGAGE© multimedia advocacy materials and train radio journalists to produce programs on youth sexual and reproductive health and rights. The government also committed to a dedicated midwifery line item in the 2016/17 national budget.

Advancing Sexual and Reproductive Health

Through local partners, HPP supported national- and district-level advocacy work, enabling diverse stakeholders to mobilize social, financial, and political support to improve access to high-quality reproductive health services.

- Worked with the Parliamentary Health Committee and Women’s Caucus, Ministry of Health, and MOFEPD to establish an FP line item in the national budget and achieved three consecutive annual increases in allocations, which were disbursed and used to procure FP commodities.
- Supported community-level advocacy and behavior change communication efforts to advance sexual and reproductive health. This included working with religious organizations to hold district-wide “Population Weekends” and working with the Population Reference Bureau to disseminate its ENGAGE© multimedia advocacy materials and train radio journalists to produce programs on youth sexual and reproductive health and rights.
- Through the White Ribbon Alliance in Malawi, launched an advocacy campaign to improve the status, recognition, and working conditions of midwives. As a result, the Ministry of Health changed the name of the Directorate of Nursing to the Directorate of Nursing and Midwifery, and five Colleges of Nursing became Colleges of Nursing and Midwifery. The government also committed to a dedicated midwifery line item in the 2016/17 national budget.

The Way Forward

Achieving Malawi’s health and development goals requires continued efforts to increase financial and political support, improved capacity among government and civil society, and more investment in young people as key partners and actors in the country’s development. Future efforts should include

- Supporting government to effectively implement and operationalize the various policies and strategies at both the national and decentralized levels.
- Sustaining multisectoral coordination structures to encourage systems-wide cooperation and investment in health, population, and gender issues.
- Strengthening approaches, programs, and policies that integrate gender into health service delivery to ensure that programs and policies are responsive to the gender norms, roles, and dynamics that impact health outcomes.
- Investing in strengthening the capacity of civil society, including religious leaders, to engage in policy advocacy to both influence and help implement health initiatives.
- Capitalizing on the interest and energy of young people and engaging them in advocacy, policy development, and program implementation.

Notes

1. Unmet need is the percentage of women who do not want to become pregnant but are not using contraception.
2. The Resources for the Awareness of Population Impacts on Development (RAPID) model projects the social and economic consequences of high fertility and rapid population growth for such sectors as labor, education, health, urbanization, and agriculture. Learn more about the model on HPP’s website at http://www.healthpolicyproject.com/index.cfm?id=software&get=Spectrum.