

Knowledge Brief



Health, Nutrition and Population Global Practice

ACHIEVING MDGS 4 & 5: MALAWI'S PROGRESS ON MATERNAL AND CHILD HEALTH

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August 2014



KEY MESSAGES:

- Malawi has made impressive gains in maternal and child health, more than halving maternal and child mortality between 1990 and 2013.
- Key interventions include community based service delivery; free primary care services at public facilities; and addressing malaria and HIV/AIDS. Improvements in the overall health system have also been greatly beneficial to Malawi.
- Partnership with the Christian Health Association of Malawi (CHAM) has helped to reduce coverage gaps in rural areas and to increase utilization of maternal and child health services.
- Moving forward, Malawi needs to focus on reducing drug and staff shortages, improving quality of services, addressing adolescent reproductive health, and unsafe abortions.

Introduction

Malawi has made great progress in improving maternal and child health (MCH). Under-five mortality declined from 244 to 71 deaths per 1,000 live births between 1990 and 2012, and maternal mortality declined from 1,100 to 510 maternal deaths per 100,000 live births between 1990 and 2013. This note explores the actions Malawi has taken to reduce child and maternal mortality, focusing on policies and programs implemented since the 1990s.

Context

Malawi is a low-income country with a per capita GNI (PPP) of US\$ 650 in 2011, and an average GNI growth rate of 3.8 percent (2002-11). Nearly half of its population of 15.3 million is under age 14 and the majority live in rural areas. Poverty is high with 62 percent living on less than US\$ 1.25 a day. As of 2010, female labor force participation was 52 percent, with the majority employed in the informal sector. The primary school completion rate is approximately 70 percent with near gender parity, but

enrollment drops sharply at the secondary school level to 33 percent for girls and 36 percent for boys.

MATERNAL AND CHILD HEALTH POLICIES

Malawi held its first democratic elections in 1994. The new government brought a renewed focus on MCH though a number of key policies including the following:

National Population Policy (1994): A key turning point, the policy intensified and prioritized focus on comprehensive MCH care including family planning.

Integrated Management of Childhood Illness (1999): The approach brought all childhood illnesses under one umbrella, and is credited with improving the quality of care at primary facilities across the country. It was also influential in developing a five-year strategic plan on *Accelerated Child Survival and Development* (2006) for scaling-up key child health interventions.

Malawi has also adopted key regional strategies such as the African Union Commission's *Maputo Plan of Action on Sexual and Reproductive Health and Rights* (2006) and

the *Campaign to Accelerate the Reduction of Maternal Mortality in Africa (CARMMA)* (2009).

MATERNAL AND CHILD HEALTH PROGRAMS

Expanded Program of Immunizations: Launched in 1979, the program has helped to improve child health. As of 2010, the immunization rate for both DPT and measles was 93 percent; and the percentage of fully immunized children was nearly 81 percent. This high coverage is partly attributable to Health Surveillance Assistants who provide the majority of all vaccinations to under-five children in rural areas.

Child Lung Health Program: Initiated in 2000 to address severe pneumonia in children, the program includes capacity building for health workers and improving supply of antibiotics and equipment for oxygen therapy. By 2005, the program had reduced fatalities by more than 55 percent.

Emergency Triage Assessment and Treatment (ETAT): The program aims to identify and treat severely ill children. Malawi implements a simplified version of WHO guidelines that is amenable to health workers with basic skills. By January 2011, 89 facilities were implementing ETAT, and mortality decreased 17 percent between 2009 and 2011.

Nutrition: As part of its UNICEF sponsored biannual Child Health Days Malawi has been addressing nutrition, focusing on breastfeeding, feeding sick children, Vitamin-A rich foods, and deworming. In 2010, the campaign helped to provide vitamin-A supplements and to deworm nearly 100 percent of children aged 6 to 59 months in Malawi.

Family Planning: Due to the government's strong pro-natalist stance, until 1994 family planning focused on birth spacing for reducing maternal and child mortality. In 1999, with support from the World Bank, Malawi introduced *Community-Based Distribution Agents (CBDAs)* for providing family planning services in three districts. By 2003, contraceptive prevalence rates had increased 12 percent in these districts compared to 6 percent in control districts.

Safe Motherhood Programs: The *National Safe Motherhood Program* (2006) aimed to reduce MMR by 50 percent between 1996 and 2000. While falling short on its target, the program helped to establish a routine monitoring system. The newer *Community-Based Maternal and Newborn Care* (2007) integrates maternal and newborn child health, HIV/AIDS, and malaria services, and covers three prenatal home visits and three postnatal visits. By 2011, the CBMNC package was being implemented in 17 of the country's 28 districts.

Malaria: Malaria is a leading cause of morbidity and mortality in Malawi, responsible for 40 percent of all hospitalization among children under-five. To stem the spread of the disease, in 1993, Malawi adopted the use of Sulfadoxine/Pyrimethamine (SP) for intermittent preventive

treatment of pregnant women, making it the first African country to do so. It also moved to Artemisinin-based Combination Therapy for children. Free provision of insecticide-treated nets (ITNs) is linked to a decline in anemia from 47 percent to 29 percent in women (aged 15 to 49 years) during 2001 and 2010.

HIV/AIDS: Malawi has one of the highest HIV prevalence rates in the world, with 11 percent of the population (ages 15 to 49) living with HIV/AIDS in 2011. Young people bear a high burden with 120,000 children and 6.8 percent of young women (aged 15-24) living with HIV/AIDS. It is responsible for 29.3 percent of maternal deaths. The national program for the *Prevention of Mother-to-Child Transmission (PMTCT)* began in 2003 and provides services through antenatal clinics, maternity wards, and outreach programs. Adapting WHO guidelines to the local context, Malawi pioneered "Option B+", which provides lifelong antiretroviral treatment to pregnant women with HIV regardless of CD4 count. This has helped to increase the number of pregnant women starting antiretroviral therapy six-fold since 2011.

HEALTH SYSTEM

The gains made toward achieving MDGs 4 and 5 are strongly linked to Malawi's efforts to strengthen its health system. These include provision of free essential services, engaging in public-private partnerships to reduce coverage gaps, and addressing human resource shortages. Since the mid-1990s, per capita health expenditure has increased considerably, while out-of-pocket expenditure has declined by more than half (figures 1 and 2).

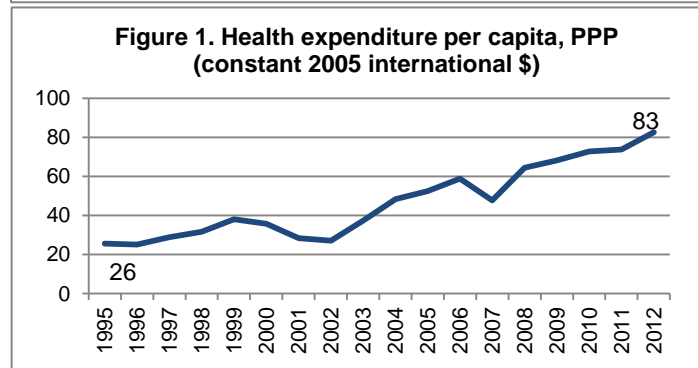
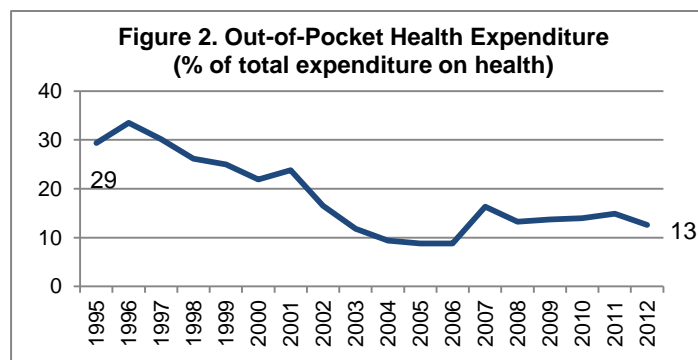


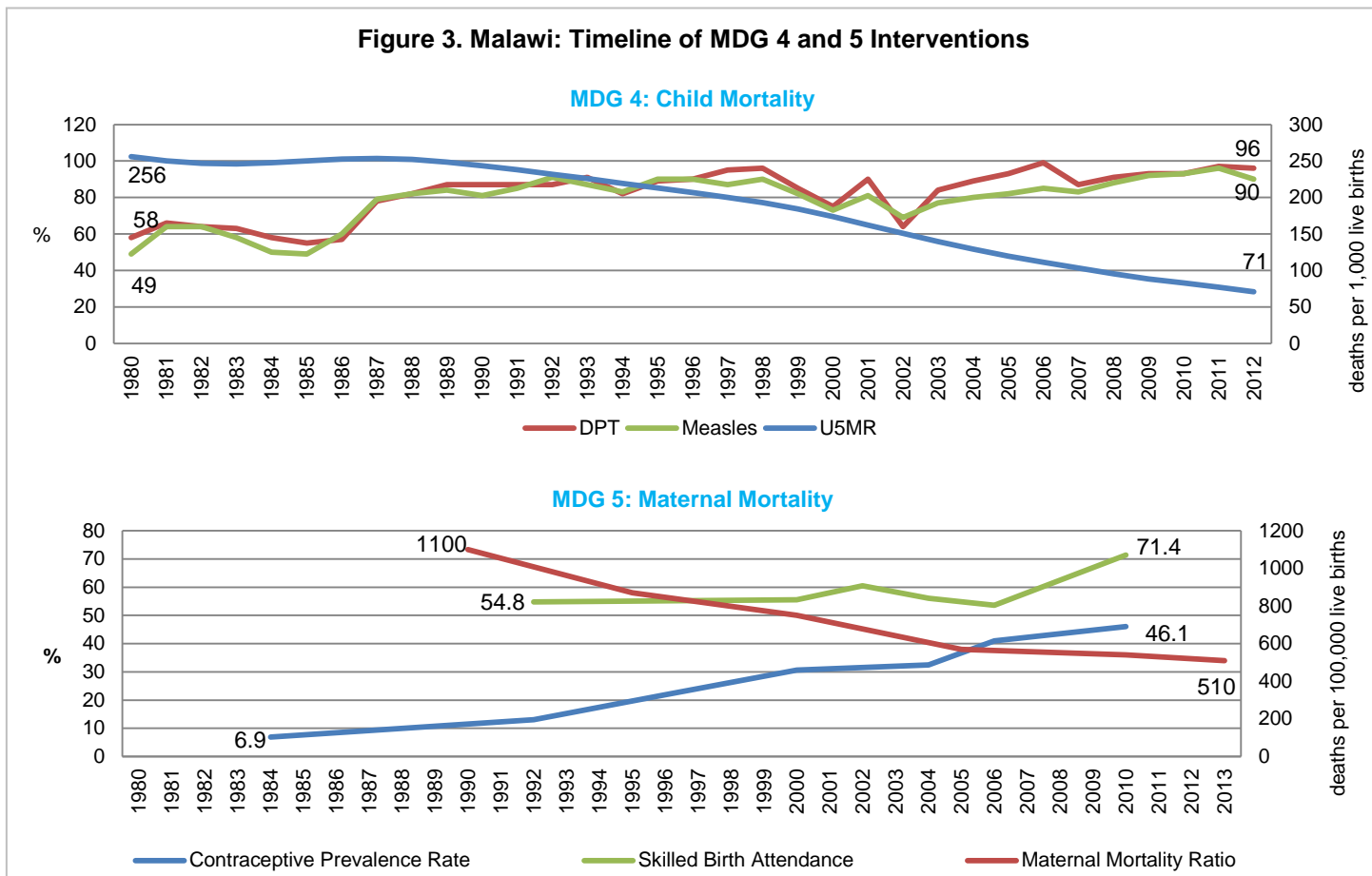
Figure 3 presents the timeline of interventions for MDGs 4 and 5.

Essential Health Package (EHP): In 2001, Malawi's Poverty Reduction Strategy adopted the free provision of 11 key interventions under EHP as a key component, with financing streamlined under the Sector Wide Approach (SWAp) for health. As of 2009, 65 percent of facilities were delivering EHP and 55 percent offered emergency obstetrics care. Data also show increase in skilled birth

attendance from 38 percent to 45 percent between 2004/05 and 2007/08.

Public-Private Partnerships: Free public health services only cover 60 percent of the total population. To increase coverage, the government has partnered with the Christian Health Association of Malawi (CHAM) to provide subsidized care to pregnant women and children in

Figure 3. Malawi: Timeline of MDG 4 and 5 Interventions



1970 – 1994

1973: Maternal and Child Health (MCH) program initiated to improve and expand MCH services

1979: Expanded Program of Immunization (EPI) initiated

1980s: National Malaria Control Program introduced; Community-Based Distribution Agents (CBDAs) begin providing contraception

1982: Family planning is adopted nationally for purpose of child spacing and better MCH outcomes

1993: First country to adopt SP Malaria treatment

1994: Launch of National population policy and free primary education

1995–2003

1995: Health Surveillance Assistants (HSAs) become formal part of health system; National Strategic Plan for Safe Motherhood launched

1996: Safe Motherhood Program

1999: Integrated Management of Childhood Illness (IMCI) launched

1999: National Reproductive Health Strategy enacted

2000: Child Lung Health Program

2002: GoM/CHAM partnership to address service gaps

2003: Launch of National HIV Policy; PMTCT and Emergency Triage and Assessment Programs

2004–2013

2004: Emergency Human Resources Program (EHRP); Post-abortion care strategy

2005: National Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity; ACT malaria introduced

2006: Child Health Days; Malawi growth and development strategy; Maputo Plan

2006–2010: National RH strategy

2009: SRHR Policy; CARMMA campaign

2010: "Option B"+ for PMTCT; Gender equality program

catchment areas not covered by public health services. This corresponded with a 75 percent increase in live births at CHAM facilities during 2004-08; and a 13 percent reduction in maternal and newborn deaths.

Human Resources: Human resource shortages pose a huge challenge, especially in rural Malawi. Community based Health Surveillance Assistants (HSAs), and CBDAs are an important part of reaching rural women and children. In 2004, the Government of Malawi implemented a 6-year *Emergency Human Resources Program*, which is estimated to have contributed to saving 13,000 lives. There was also a 15 percent increase in safe deliveries; a 10 percent increase in immunization; and an 18 percent increase in PMTCT of HIV.

CREATING AN ENABLING ENVIRONMENT

Improvements in women's status and education are linked to improved MCH outcomes. Key developments are the following:

- Malawi committed to free primary education for all in 1994. Enrollment rose from about 2 million in 1993 to 3.2 million in 1994. At the secondary level, Malawian law was amended to allow adolescent mothers to return to school after delivery, although few do. Conditional cash transfers have also been introduced to keep girls in school.
- To improve women's status, Malawi promulgated key legislation including the National Gender Policy (2000) with a multi-sectoral focus, the Prevention of Domestic Violence Act (2006), and piloted a new Gender Equality and Women's Empowerment Agenda in 13 districts in 2012.
- To encourage political participation, Malawi also launched the 50–50 Campaign in 2008, which helped to increase the share of women in parliament from 14 percent to 27 percent between 2004 and 2009.

Future Challenges

To ensure continued progress on MCH, Malawi needs to address ongoing sector wide challenges as well as issues specific to reproductive health and fertility.

- With a large youth population, a high adolescent fertility rate (111 births per 1,000 women aged 15-19 years), and early age at marriage, adolescent sexual and reproductive health requires special attention.
- Unsafe abortions account for 18 percent of maternal deaths and are the second leading cause of maternal mortality in Malawi. Legally, abortion is only allowed to save a woman's life. It also requires spousal consent

and endorsement by two independent obstetricians. Without this, abortions carry a prison sentence. Most women thus end up seeking abortions in unsafe settings, or try to self-induce abortions, increasing the risk of death and disability.

- At 26 percent nationally and 30 percent among low income women, the unmet need for contraception in Malawi is high.
- Shortages of drug supplies and health personnel, overcrowded facilities and inadequate emergency obstetrics care infrastructure are a significant obstacle in providing essential services in rural Malawi. Malawi needs to address funding gaps to scale-up system strengthening activities.

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- This HNP Knowledge Brief highlights the key findings from a study by the World Bank on "Maternal and Child Survival: Findings from five countries' experience in addressing maternal and child health challenges" by Rafael Cortez, Seemeen Saadat, Sadia Chowdhury, and Intissar Sarker (forthcoming)*

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