Government of Malawi

Ministry of Health

Malawi
Health Sector Strategic Plan
2011 - 2016

Moving towards equity and quality

Ministry of Health
PO Box 3077
LILONGWE 3
Malawi

CONTENTS

Figures

Tables

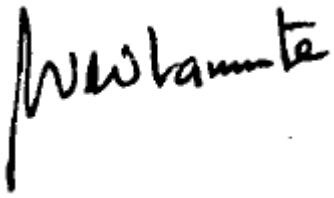
ACKNOWLEDGEMENTS

The Health Sector Strategic Plan (2011-2016) is the product of a long and complex process of intensive consultations, teamwork on specific assignments, detailed studies and information gathering. Service providers, civil society groups, community members, the private sector, co-operating partners and other stakeholders were all involved in the process.

The Ministry of Health is very grateful to everyone who contributed to the successful development of this strategic plan. The concerted effort of all directorates, programs and other stakeholders within and without the Ministry is acknowledged. Special thanks go to the SWAp Secretariat that provided leadership to members of the core group tasked to facilitate the development of this document. The efforts of going to and fro, putting together vital pieces of information, comments, criticisms and suggestions have not gone unnoticed.

The Government of Malawi would like to appreciate the financial and technical support given by our co-operating partners during the development of the plan.

Finally, the Ministry of Health expresses its profound gratitude to all other stakeholders and institutions who continue to contribute towards improving the health of the people of Malawi.



Willie Samute
Secretary for Health
September 2011

ABBREVIATIONS

A&E	Accident and Emergency
AAT	Association of Accounting Technicians
ACCA	Association of Chartered Certified Accountants
ACSD	Accelerated Child Survival and Development
ACT	Artemisinin-based Combination Therapy
ADC	Area Development Committee
AGD	Accountant General's Department
AIP	Annual Implementation Plan
AJR	Annual Joint Review
ANC	Antenatal Clinic
ARI	Acute Respiratory Infections
ART	Antiretroviral Therapy
AU	African Union
BCC	Behaviour Change Communication
BEmONC	Basic Emergency Obstetric and Neonatal Care
BLM	Banja La Mtsogolo
BoD	Burden of Disease
BP	Blood pressure
CBHBC	Community Based Home Based Care
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CCF	Congestive Cardiac Failure
CDC	Center for Disease Control and Prevention
CDR	Case Detection Rate
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CG	Core Group
CH	Central Hospital
CHAM	Christian Health Association in of Malawi
CHSU	Community Health Sciences Unit
CMED	Central Monitoring and Evaluation Department
CMR	Child Mortality Rate
CMS	Central Medical Stores
COHRED	Commission on Health Research for Development
CoM	College of Medicine
CPR	Contraceptive Prevalence Rate
CPT	Cotrimoxazole Preventive Therapy
CSF	Cerebrospinal Fluid
CSO	Civil Society Organisation
DALY	Disability Adjusted Life Year
DC	District Commissioners
DEC	District Executive Committee
DFID	Department for International Development
DHMT	District Health Management Team
DHO	District Health Officer
DHS	Demographic and Health Survey
DIP	District Implementation Plan
DoDMA	Department of Disaster Preparedness Management Affairs
DOTS	Directly Observed Treatment, Short Course (for Tuberculosis)
DPSM	Department of Public Sector Management
DPT	Diphtheria, Pertussis and Tetanus
DRF	Drug Revolving Fund
EH	Environmental Health

EHP	Essential Health Package
EHRP	Emergency Human Resource Plan
EML	Essential Medicines List
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
EMS	Essential Medicines and Supplies
FANC	Focussed Ante Natal Care
FBO	Faith Based Organization
FGD	Focus Group Discussion
FICA	Flemish International Cooperation Agency
FM	Financial Management
FMIP	Financial Management Improvement Plan
FMR	Financial Management Report
FP	Family Planning
FSH	Food, Safety and Hygiene
GBV	Gender-based violence
GCLP	Good Clinical Laboratory Practice
GDP	Gross Domestic Product
GFATM	Global Fund for the Fight against AIDS, Tuberculosis and Malaria
GoM	Government of Malawi
GVH	Group Village Headman
HCAC	Health Centre Advisory Committee
HCMC	Health Centre Management Committee
HCW	Health Care Worker
HDP	Health Development Partners
HEU	Health Education Unit
HIS	Health Information System
HMIS	Health Management Information System
HPV	Human Papillomavirus
HR	Human Resources
HRCSI	Health Research Capacity Strengthening Initiative
HRH	Human Resources for Health
HRMIS	Human Resources Management Information System
HSA	Health Surveillance Assistant
HSC	Health Services Commission
HSS	Health Systems Strengthening
HSSP	Health Sector Strategic Plan
HSWG	Health Sector Working Group
HTC	HIV Testing and Counselling
IA	Internal Audit
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communication Technology
IDRC	International Development Research Centre
IEC	Information Education and Communication
IFMIS	Integrated Financial Management Information System
IHD	Ischaemic Heart Disease
IHP+	International Health Partnerships and other Initiatives
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPSAS	International Public Sector Accounting Standards
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
IT	Information Technology
ITN	Insecticide Treated Nets

IUCD	Intra Uterine Contraceptive Device
JANS	Joint Assessment of National Strategic Plans
JAR	Joint Annual Review
KCN	Kamuzu College of Nursing
LF	Lymphatic filariasis
LLITN	Longer Lasting Insecticide Treated Net
LMIS	Logistics Management Information System
LRI	Lower Respiratory Infections
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
MASEDA	Malawi Socio-Economic Database
MBTS	Malawi Blood Transfusion Service
MCH	Maternal and Child Health
MDG(s)	Millennium Development Goal(s)
MDR	Multi Drug Resistant
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicators Cluster Survey
MMR	Maternal Mortality Ratio/Rate
MoE	Ministry of Education, Science and Technology
MoF	Ministry of Finance
MoH	Ministry of Health
MoLGRD	Ministry of Local Government and Rural Development
MoU	Memorandum of Understanding
MP	Member of Parliament
MTC	Mother To Child
MTEF	Medium Term Expenditure Framework
MTHUO	Malawi Traditional Healers Umbrella Organization
MTR	Medium Mid-Term Review
MVA	Manual Vacuum Aspiration
MYR	Mid-Year Review
MZUNI	Mzuzu University
NAO	National Audit Office
NCD	Non-Communicable Disease
NCST	National Commission for Science and Technology
NDP	National Drug Policy
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHSRC	National Health Sciences Research Committee
NLGFC	National Local Government Finance Committee
NMR	Neonatal Mortality Rate
NPHI	National Public Health Institute
NSO	National Statistical Office
NTDs	Neglected Tropical Diseases
ODPP	Office of the Director of Public Procurement
OI	Opportunistic Infection
OPC	Office of the President & Cabinet
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PAC	Post Abortion Care
PAM	Physical Assets Management
PBM	Performance-Based Management
PC	Primary Care
PEFA	Public Expenditure and Financial Accountability
PFM	Public Financial Management

PHAST	Participatory Sanitation And Hygiene Transformation
PHC	Primary Health Care
PHL	Public Health Laboratory
PIM	Performance Indicator for Mission
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Post Natal Care
PoW	Program of Work
PPP	Public Private Partnership
PWD	Persons with Disabilities
QA	Quality Assurance
QM	Quality Management
RH	Reproductive Health
RSOG	Radiology Standard Operational Guidelines
RTA	Road Traffic Accidents
RUM	Rational Use of Medicines
SBCC	Social Behaviour Change Communication
SBM-R	Standard Based Management and Recognition
SDI	Staff Development Institute
SDP	Service Delivery Point
SHI	Social Health Insurance
SLA	Service Level Agreement
SMC	Senior Management Committee
SOPs	Standard Operating Procedures
SP	Sulfadoxine-pyrimethamine
SRH	Sexual and Reproductive Health
STH	Soil Transmitted Helminths
STI	Sexually Transmitted Infection
SWAp	Sector Wide Approach
TA	Technical Assistance
TA	Traditional Authority
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TORS	Terms of Reference
ToT	Trainer of Trainers
TT	Tetanus Toxoid
TWG	Technical Working Group
U5MR	Under Five Mortality Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
VFM	Value For Money
VH	Village Headman
VHC	Village Health Committee
VIA	Visual Inspection with Acetic Acid
VSO	Voluntary Services Overseas
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHS	World Health Survey
ZHSO	Zonal Health Support Office

FOREWORD

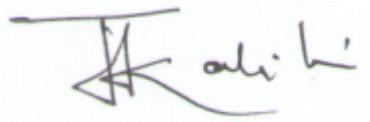
It is the desire of the Government of Malawi to have the highest possible level of health and quality of life for its citizens. Improving the health of the nation through the combined efforts of individuals, communities, organizations, our co-operating partners and the Government is therefore one of the key priorities.

The formulation and launch of the national Health Sector Strategic Plan (2011-2016) build on the sustained gains made under the Program of Work (2004-2010). Considerable improvements in the delivery of an Essential Health Package (EHP) have been registered in reducing infant and child mortality rates, pneumonia case fatality and maternal mortality, and in maintaining high immunization coverage, among other areas. Unlike the Program of Work, this Plan has taken further measures to address the burden of disease by delivering an expanded EHP through public health interventions including but not limited to health promotion, disease prevention and increasing community participation.

The Plan provides the framework that will guide the efforts of the Ministry of Health and all stakeholders over the next 5 years in contributing to the attainment of the Malawi Growth and Development Strategy (MGDS-II) and the Millennium Development Goals (MDGs). In cognizance of this, therefore, the emphasis will be on increasing coverage of high quality EHP services; strengthening performance of the health system to support delivery of EHP services; reducing risk factors to health and improving equity and efficiency in the delivery of free, quality EHP services in Malawi**,** thereby contributing to poverty reduction and the socio-economic development of the nation.

The successful implementation of this plan will depend on the continued dedication of staff in the Ministry of Health and those of its partner organizations. We welcome the support of our co-operating partners, we gratefully acknowledge their contribution towards the development of the HSSP and look forward to their continued support in its implementation.

As a policy document that we have jointly formulated, it is my sincere hope that it will henceforth become the single most important point of reference for design of service delivery programmes, resource mobilization and health financing framework, as it embodies our dream for a better health care delivery system for all the people of Malawi.



Hon. Dr Jean Alfanzema Kalilani, MP
Minister of Health
September 2011

EXECUTIVE SUMMARY

The Malawi Health Sector Strategic Plan (HSSP) (2011-2016) is the successor to the Program of Work (PoW) which covered the period 2004-2010 and guided the implementation of interventions aimed at improving the health status of the people of Malawi. The Ministry of Health (MoH), other government ministries and departments, Health Development Partners (HDP), Civil Society Organisations (CSO), the private sector and other stakeholders in the health sector were involved in the development and implementation of the PoW which was extended to June 2011 to allow for the final evaluation. The Mid-Term Review and the final evaluation of the PoW informed the development of the HSSP, whose overall goal is to improve the quality of life of all the people of Malawi by reducing the risk of ill health and the occurrence of premature deaths, thereby contributing to the social and economic development of the country.

Among the achievements during the period of the PoW, according to the 2010 Demographic and Health Survey has been the reduction in infant and child mortality rates from 76/1000 in 2004 to 66/1000 in 2010 and from 133/1000 to 112/1000, respectively. The maternal mortality rate reduced from 984/100,000 in 2004 to 675/100,000 in 2010 with an increase in women delivering at health centres from 57.2% in 2004 to 73% in 2010. There has also been a reduction in pneumonia case fatality from 18.7% in 2000 to 5.7% in 2008 and an increase in the proportion of children with acute respiratory infections taken to health facilities for treatment from 19.6% in 2004 to 70.3% in 2010. Immunization coverage is high: 81% of the children aged 12-23 months old were fully vaccinated in 2010. This is an increase in coverage of 26% since the 2004 DHS. There has also been an increase in coverage of the estimated population in need of ART from 3% in 2004 to 67% in 2011[1].

While sustaining the gains made under PoW, the HSSP has taken further measures to address the burden of disease by putting more emphasis on public health interventions, including but not limited to health promotion, disease prevention and increasing community participation. The Essential Health Package (EHP) has been expanded after taking cognizance of the increasing burden of disease arising from non-communicable diseases (some of them 'lifestyle' diseases), such as mental illness, hypertension, diabetes and cancers. As the EHP is being implemented, the main priority will be interventions that are cost effective, and expansion of services to the under-served. Despite the gains made there are still a number of factors that need to be addressed that negatively impact on the health of Malawians, namely the availability and quality of health services, access to health services and environmental and behavioural issues. The HSSP intends to achieve the following key outcomes and outputs:

Outcome 1: Increased coverage of high quality EHP services

- Health facilities including staff houses constructed and rehabilitated especially in under-served communities.
- Service Level Agreements implemented in identified areas.
- Emergency transport provided.

[1] Malawi ART Programme Quarterly Report June 2011

Outcome 2: Strengthened performance of the health system to support delivery of EHP services

- Sufficient skilled human resources for health trained, recruited and retained in the health sector.
- Quality medical equipment provided and maintained. Essential medicines and supplies made available all the time.
- Monitoring, evaluation and research activities strengthened**.**
- Appropriate standards, guidelines, Standard Operating Procedures, protocols and legislative frameworks developed.

Outcome 3: Reduced risk factors to health

- Public policies that impact on health advocated for.
- Healthy settings programs (workplaces, schools and communities) and water, sanitation and food safety interventions implemented.
- Vector control strategies strengthened and implemented.
- Advocating for healthy lifestyles and behaviours.
- Disaster risk management strengthened.

Outcome 4: Improved equity and efficiency in the delivery of quality EHP services

- Health financing strategy developed.
- Resource allocation formula reviewed.
- Increased harmonisation and alignment of partners.

The successful implementation of the HSSP will be dependent on a number of assumptions. These are: availability of adequate financial and human resources; conducive policy and legislative environment; transparent and accountable financial management and procurement systems; effective coordination and partnerships; adherence to international agreements such as the Paris Declaration for Aid Effectiveness, and improved literacy levels. The health systems strengthening approach, as recommended by WHO and other international agencies, will be used to effectively monitor the performance of the health system.

The ideal total cost of implementing this strategic plan is estimated at $ 3.2 billion over five years, while the plan based on projected resources costs $ 2.48 billion with an estimated gap over the five years of the HSSP of $ 754 million.

The overall implementation of the HSSP will be monitoring using an agreed performance framework[2], as shown in Table 1.

[2] Targets for some indicators will be set once baselines have been established.

Table 1 Core performance indicators

No	Indicator	Baseline (2010-11)	Target (2015-16)
	Health impact		
1	Maternal Mortality Ratio (MMR)	675/ 100000	155/ 100000
2	Neonatal Mortality Rate (NMR)	31/1000	12/1000
3	Infant Mortality Rate (IMR)	66/1000	45/1000
4	Under five Mortality Rate (U5MR)	112/1000	78/1000
	Coverage of health Services		
5	EHP coverage(% Facilities able to deliver EHP services)	74%	90%
6	% of pregnant women starting antenatal care during the first trimester	9%	20%
7	% of pregnant women completing 4 ANC visits	46%	65%
8	% of eligible pregnant women receiving at least two doses of intermittent preventive therapy	60%	90%
9	Proportion of births attended by skilled health personnel	58% (HMIS) 75% (WMS)	80% 80%
10	Penta III coverage	89%	94%
11	Proportion of 1 year-old children immunized against measles	88%	90%
12	Proportion of 1 year-old children fully immunized	80.9%	86%
13	% of pregnant women who slept under an insecticide treated net (ITN) the previous night	49.4%	80%
14	% of under 5 children who slept under an insecticide treated net (ITN) the previous night	55.4%	80%
15	Neonatal postnatal care (PNC) within 48 hours for deliveries outside the health facility	Baseline to be established	
16	% of women who received postpartum care after delivery by skilled health worker within seven days	10%	30%
17	Prevalence of HIV among 15-24 year old pregnant women attending ANC	12%	6%
18	% of HIV+ pregnant women who were on ART at the end of their pregnancy (to reduce mother to child transmission and for their own health)	35%	82%
19	% of health facilities satisfying health centre waste management standards	35%	55%
20	% surveyed population satisfied with health services (by gender and rural/urban)	83.6% (urban) 76.4% (rural)	90% (urban) 90% (rural)
	Coverage of Health Determinants		
21	% of households with an improved toilet	46%	60%
22	% of households with access to safe water supply	79.7% (DHS 2010)	TBA
23	% of children that are stunted	47.1% (DHS 2010)	TBA
24	% of children that are wasted	4.0% (DHS 2010)	TBA[3]
	Coverage of Risk factors		
25	Contraceptive Prevalence Rate (modern methods)	42% (DHS 2010)	60%
	Health systems Outputs (availability, access, quality, safety)		
26	OPD service utilization (OPD visits per 1000 population)	1316/1000 pop	>1000/1000 pop
27	% of fully functional health centres offering basic EmOC services	98 90%	134 100%
28	% of non public providers in hard to staff/serve areas signed SLAs with DHOs		

[3] Others sectors have influence over food security and water and sanitation, notably Agriculture, Irrigation and Water Development

No	Indicator	Baseline (2010-11)	Target (2015-16)
29	% of monthly drug deliveries monitored by health facility committees	85%	95%
30	% of health facilities with stock outs of tracer medicines in last 7 days (TT vaccine, LA, Oxytocin(oxy), ORS, Cotrimoxazole,(cotrim) Diazepam Inj., All Rapid HIV Test kits, TB drugs Magnesium Sulphate, (Mag sulph)Gentamicin, Metronidazole, Ampicillin, Benzyl penicillin, Safe Blood, RDTs)	TT vaccine= 98% LA=98% Oxy= 95% ORS= 97% Cotrim = 99% Diaz Inj.= 94% All Rapid HIV Test kits=89% TB drugs= 99% Mag Sulph = Gent= Metro= Ampicillin= Benzyl penicillin= Safe Blood= RDTs=	All tracer drugs 100%
31	% of health facilities supervised and written feedback provided	63%	100%
32	% facilities reporting data (according to national guidelines)	96%	99%
33	% districts reporting timely data	52%	90%
34	Bed occupancy rate	50%	80%
	Health Investment		
35	% health facilities with functioning equipment in line with standard equipment list at time of visit	Baseline to be established	
36	% health facilities with functioning water, electricity & communication at time of visit	79% w 81% e 90% c	100% w 100% e 100% c
37	% health centres with minimum staff norms to offer EHP services	Clinician=30% Nurses/Mws=50% EHO/HA=48% Composite=19%	Clinician= 80% Nurses/Mws =75% EHO/HA= 70% Composite=45%
38	% GoM budget allocated to health sector	12.4%	15%

1 INTRODUCTION

1.1 Geographical location and administrative system

Malawi is a small, narrow, landlocked country that shares boundaries with Zambia in the west, Mozambique in the east, south and southwest, and Tanzania in the north. Malawi has an area of 118,484 km^2 of which 94,276 km^2 is landlocked. The country is divided into three administrative regions, namely the northern, central and southern regions. Malawi has 28 districts, which are further divided into traditional authorities (TAs) ruled by chiefs. The village is the smallest administrative unit and each village is under a TA. A Group Village Headman (GVH) oversees several villages. There is a Village Development Committee (VDC) at GVH level which is responsible for development activities. Development activities at TA level are coordinated by the Area Development Committee (ADC). Politically, each district is further divided into constituencies which are represented by Members of Parliament (MPs) and in some cases these constituencies can combine more than one TA.

1.2 Population

In 2011 Malawi's population was estimated at 14.4 million.[4] Since the population stood at eight million in 1987, this means that it has almost doubled over a 20-year period. At this growth rate it is estimated that by 2016, the population will be at 16.3 million and the health sector will be required to cater for an extra three million people[5]. With this population increase, there will be need for a corresponding increase in funding for the health sector. The proportion of Malawi's population residing in urban areas is estimated at 15.3%. Malawi is one of the most densely populated countries in Africa: the population density was estimated at 105 persons per km^2 in 1998 and increased to 139 persons per km^2 in 2008 with the Southern Region having the highest population density at 184 persons per km^2. Malawi's population growth rate is estimated at 2.3%, predominantly due to the high total fertility rate (TFR), which is now estimated at 5.7, and the low contraceptive prevalence rate (CPR) of 35% among all women using any method [6]. Almost half of the population is under 15 years of age and the dependency ratio rose from 0.92 in 1966 to 1.04 in 2008. About 7% of the population are infants aged less than 1 year, 22% are children under five years of age and about 46% are aged 18 years and above. Malawi is predominantly a Christian country (83%), while 13% are Muslim, 2% of other religions and 2% of no religion[7].

1.3 Literacy status

Low literacy levels, especially among women, and negative cultural practices that impact on health, affect the health of Malawians. The 2006 Multiple Indicator Cluster Survey (MICS)

[4] NSO (2009) *Malawi housing and population census 2008* Zomba: NSO
[5] NSO (2009) *Malawi housing and population census 2008* Zomba: NSO
[6] NSO (2010) *Malawi Demographic and Health Survey 2010* Zomba: NSO. The rate among all women using any modern method is 33%
[7] NSO (2009) *Malawi housing and population census 2008* Zomba: NSO

and 2010 DHS report show that the prevalence of diseases such as malaria, diarrhoea and acute respiratory infections decreases the higher the educational qualifications. Knowledge about diseases such as HIV and AIDS increases the higher the educational level attained, and educated people are more likely to access modern health care services compared to those who have little or no education. Education is therefore an important determinant of health.

The Government of Malawi (GoM) introduced free primary education in 1994 and enrolment increased from 1.9 million to about three million. Although enrolment increased, government data reveals that only 30% of the children who start Standard 1 actually reach Standard 8 in primary school. This implies that 70% of the children drop out of primary school before reaching Standard 8. The literacy rate is estimated at 62% and it is higher among men (69%) than women (59%)[8].

1.4 Poverty and health

Malawi's Gross Domestic Product (GDP) per capita grew from less than $250 in 2004 to $313 in 2008[9]. During the implementation of PoW there was a remarkable economic growth rate ranging between 6% and 9%. This contributed to a reduction in the proportion of Malawians living below the poverty line from 52% in 2004 to 39%[10] in 2009. The proportion of people living below the poverty line was higher among rural residents (43%) in 2004 compared to urban residents (14%)[11] in 2009. The prevalence of diseases such as malaria, ARIs and diarrhoea is higher among poor people compared to those who are rich[12]. Therefore, the successful implementation of the HSSP will depend to a large extent on the reduction of poverty.

Malawi is predominantly an agricultural country: this sector accounts for 35% of the GDP and more than 80% of export earnings (primarily from tobacco sales) and it supports more than 85% of the population[13]. The DHS 2010 found that 58% of women and 49% of men work in agriculture. The sources of revenue for funding public services are taxes on personal income and company profits, trade taxes and grants from donors. In the event of insufficient revenue to cover the budgeted expenditure, the financing of the deficit is met either from domestic bank and non-bank sources, or from foreign financing in the form of loans from donor and overseas banks. In such a scenario, the financing of public services in Malawi is inextricably linked to the aggregate of each of these revenue sources. For instance, in the 2008/09 financial year, the major public sector sources of finance contributed in the following proportions: domestic taxes had a share of 77.9% and trade taxes had a share of 10.1%, while non-tax revenue was 12.0%. These revenues represented 24.5% of GDP. In terms of recurrent expenditures, health was the third at 10.2% after General Administration (33.9%), Agriculture (18.9%) and Education (13.7%)[14].

[8] NSO (2009) *Malawi housing and population census 2008* Zomba: NSO
[9] IMF Article IV Consultation Report 10/87 of March 2010
[10] NSO (2009) *Welfare monitoring survey 2009* Zomba: NSO
[11] NSO (2009) *Welfare monitoring survey 2009* Zomba: NSO
[12] NSO (2010) *Malawi Demographic and Health Survey 2010* Zomba: NSO
[13] World Bank Country Brief: Malawi 2005-2010
[14] Mwase, T. (2010) *Health Financing Profile for Malawi.* Lilongwe: MoH