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 5.7 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 10.6% of the population aged 15-49 years is living with HIV/AIDS: 13% among women and 8% among men. It is estimated that 55 000 new HIV infections occur every year. The prevalence of tuberculosis has decreased by 50% between 1995 and 2010, while the HIV co-infection rate among TB patients has declined by 18% from 2000 to 2012. The MDR-TB prevalence in Malawi is still low at 4.8% among retreatment cases and 0.4% among new cases (DHS 2011). Malaria accounts for about 34% of all outpatient visits, about 40% of all hospitalization of children under five years old and 40% of all hospital deaths. Since 2010 there has been a 30% decline in Malaria incidence.

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 common neglected tropical diseases are schistosomiasis, lymphatic filariasis, onchocerciasis, human African trypanosomiasis, trachoma, leprosy and soil transmitted helminths.

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. Despite significant progress towards achieving MDG 4 neonatal mortality still remains high.

**HEALTH POLICIES AND SYSTEMS**

The Malawi Growth and Development Strategy II (2011-2016) is the overarching medium term strategy designed to attain Malawi’s long term aspirations as spelt out in the Vision 20:20. The MGDS II is built around six broad thematic areas namely: Sustainable Economic Growth; Social Development; Social Support and Disaster Risk Management; Infrastructure and Improved Governance; and Cross Cutting Issues. 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 Health Sector Strategic Plan (HSSP) 2011-2016 is aligned with the MGDs and guides the implementation of the health interventions. The HSSP 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 Malawi care delivery system mainly consists of government facilities (63%), Christian Health Association of Malawi (26%) and some private for-profit providers.

Malawi is developing a health financing strategy 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 is providing support to institutionalise the NHA and the round for 2009-2012 is underway. 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. This is expected to strengthen 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. 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 through sector wide approach (SWAp). All development partners are expected to support the HSSP which ultimately contributes to the Malawi Growth and Development Strategy II and the Millennium Development Goals.

The health system has been largely dependent on donor aid ranging from 57% to 62% of the total health expenditure between 2006 and 2009 raising the issue of sustainability and predictability. During the same period, government expenditure on health ranged from 13.5% to 22.4%.

The UN system in Malawi is implementing the United Nations Development Assistance Framework (UNDAF) covering the period 2012-2016 as a programmatic response to the development needs and priorities of the country as highlighted in the MGDS II.
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014-2019)

<table>
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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Strengthen institutional capacity for prevention and control for communicable and non-communicable diseases | • Technical support in the development of policies, strategies and plans in the various programme areas.  
• Support the country to address health systems barriers that impact on routine immunization.  
• Strengthen Ministry of Health’s capacity in the prevention and control of communicable and NCDs including NTDs.  
• Support in training, and defining research agenda. |
| **STRATEGIC PRIORITY 2:** Enhance early warning system for preparedness detection and response to emergencies and disease epidemics | • Support strengthening of capacity of the Ministry of Health in its leadership roles in coordination, preparation and response to emergencies.  
• Support the development of national emergency health guidelines. |
| **STRATEGIC PRIORITY 3:** Improve capacity for the delivery of maternal and child health services | • Support in setting, validating, monitoring and pursuing the proper implementation of norms and standards for maternal, newborn, child and adolescent health.  
• Support government to strengthening coordination and capacity for effective delivery of sexual, reproductive, maternal, newborn, child and adolescent health services. |
| **STRATEGIC PRIORITY 4:** Strengthen the health system capacity for equitable and efficient service delivery | • Support the country in scaling up the production and retention of health workers and evidence-based decision making in the area of HRH.  
• Support the institutionalization of National Health Accounts and development of health financing policy/strategy  
• Support the country in equitable people-centred integrated service delivery and strengthening of public health approaches  
• Advocate for improved access to medicines and strengthening regulatory capacity to monitor the quality, safety, and efficacy and cost effectiveness of medical products and technologies |
| **STRATEGIC PRIORITY 5:** Promote evidence-based decision making at all levels of the health system | • Support the MoH to strengthen research capacity through training in health research and supporting operational studies that address priority problems. |
| **STRATEGIC PRIORITY 6:** Address social and environmental determinants of health | • Support and strengthen the capacity of the Ministry of Health to develop the health promotion policy and an operational plan.  
• Advocate for operational research in social and environmental determinants of health. |
| **STRATEGIC PRIORITY 7:** Promote intersectoral action and community involvement for health based on the principles of Primary Health Care | • Support the commemoration of World Health Days.  
• Support the promotion and maintenance of national collaboration, partnerships and networking.  
• Advocate for active participation of civil society in health matters.  
• Support MoH to strengthen capacity of health workers in mobilizing community for active participation in planning, implementation and monitoring of health actions. |