



Malawi

The Government of Malawi recognizes the links between improved health, lowered fertility, economic growth and overall development.

Policy Innovations

The national reproductive health programme includes the following components: family planning; maternal and neonatal health (including management of unsafe abortion); prevention and management of sexually transmitted infections (STI) and HIV/AIDS; prevention, early detection and management of cervical, breast and prostate cancer; infertility; mitigation of harmful practices; and obstetric fistula.

The National Post-Abortion Care Strategy aims to contribute to the reduction of maternal mortality and morbidity related to complications of incomplete abortion and to break the cycle of repeat abortion through provision of post-abortion family planning.

In 2008, the Ministry of Health approved health surveillance assistants (HSAs) to provide injectable contraceptives to increase access to family planning.

Results

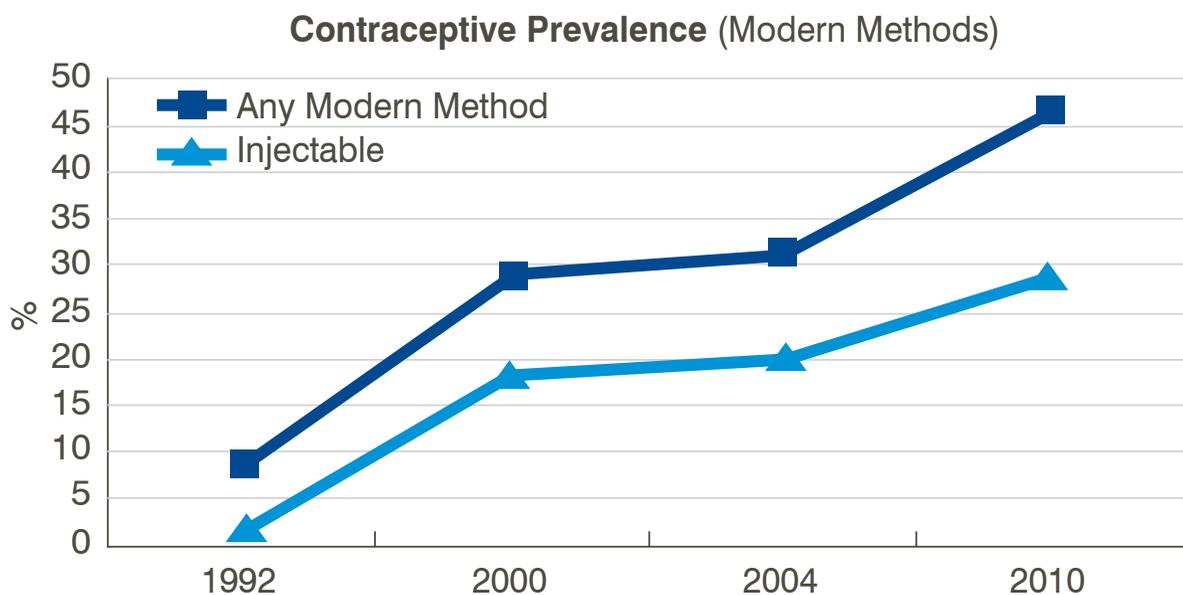
These policies have led to improved outcomes, including:

- a comprehensive strategy to meet family planning needs which includes health surveillance, addressing high unmet need through provision of injectable contraceptives, and tackling poor geographic access and human resource shortages in rural areas, through HSAs;
- an increase in modern contraceptive use from 28.1% in 2000 to 42.0% in 2010. The share of injectable contraceptives among all contraceptive methods is 26%.

Challenges

Malawi's reproductive health programme is part of the joint programme of work for a health-sector-wide approach (SWAp 2004-2010). The SWAp approach was a positive mechanism for the health sector but resulted in some difficulty prioritizing family planning and managing costs.

Logistical issues have proved problematic, with stock outs and issues of human resources. Challenges to further address include regulation of HSAs, sustainable financing, and scaling up, especially long-term modern methods.



Source: Malawi DHS (1992; 2000; 2004; 2010)

ACKNOWLEDGEMENTS: These documents were prepared by Lale Say and Doris Chou of the World Health Organization, and Marissa Mommaerts and Lyndon Haviland of The Aspen Institute. We appreciate comments by Shyam Thapa, Michael Mbitzo and editorial assistance from Jennie Greaney.

References available at: www.who.int/reproductivehealth/publications/monitoring/rhr_hrp_11_19



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WHO/RHR/11.19

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