Health Action in Crises

Malawi

The Present Context

Malawi faces the triple threat of HIV/AIDS, food insecurity and weak governance. Ranking 165th out of 177 on the UNDP Human Development Index, it has the fifth lowest GDP in the world. According to a recent assessment by the Malawi Government and the World Bank, poverty continues to be widespread and there has been little or no progress in reducing poverty and inequality since 1998. Half of the population lives below the poverty line. HIV/AIDS prevalence is very high and health indicators are among the poorest in the world. At the current rate, it will require much effort and resources to meet the demands of the MDGs.

As a result of the substantial rainfall experienced during the 2005/06 season, Malawi is expecting above average harvests which may lessen overall food requirements. However, the country is prone to droughts and agriculture, a sector highly vulnerable to adverse weather conditions, is the mainstay of the economy. Food insecurity is a major feature in the country’s profile.

Crisis involving: The Whole Population

Millennium Development Goals in Malawi

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<tr>
<th>Eradicate extreme poverty &amp; hunger</th>
<th>Achieve universal primary education</th>
<th>Promote gender equality</th>
<th>Reduce child mortality</th>
<th>Improve maternal health</th>
<th>Combat HIV/AIDS, malaria etc.</th>
<th>Ensure environmental sustainability</th>
<th>Global partnership for development</th>
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<tbody>
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Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.


Main Public Health Issues and Concerns

Health Status

- Under-five mortality rates have improved from 330 per 1000 in 1970 to 178 in 2005. However, average life expectancy has dropped from 41 years in 1975 to 37.5 years in 2005.
- The five major causes of morbidity and mortality are HIV/AIDS, lower respiratory infection, *P. falciparum* malaria, diarrhoeal diseases and conditions arising during the perinatal period. Cholera is endemic.
- Chronic malnutrition is widespread – the Malawi/World Bank survey found that 44% of pre-schoolers are stunted. Poor nutrition is constant throughout all income levels.
- Communicable diseases, food insecurity and insufficient health services make large parts of the population very vulnerable. WHO surveys in the ten most vulnerable districts in 2002-2004 measured adult and under-five mortality rates of 1.29 and 3.08 per 10 000 per day respectively.
- TB prevalence has increased over the past 10 years, rising up to 501 per 100 000 in 2004. Half (52%) of patients with TB are living with HIV.
- HIV infection rates have stabilized at an average of 14%. In the last two years, the number of people receiving antiretroviral treatment increased from 4000 to over 46 000 at the beginning of 2006. There are some 500 000 AIDS orphans in the country.

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Malawi has adopted the Integrated Disease Surveillance and Response (IDSR) strategy as a way to strengthen communicable disease surveillance, which has resulted in detection of cholera cases at an earlier stage and initiation of control measures in a more responsible manner.

The health care delivery system consists of private-for-profit providers and government facilities. The governments investment in health has decreased due to budget cuts in an attempt to get he economy back on track.

Forty percent of MoH positions are vacant throughout the country. There are only 1 physician and 26 nurses per 100 000 people. The situation is exacerbated by a high staff mortality by HIV/AIDS. This human resource crisis has created a lack of capacity to deliver health services, especially in rural areas, where primary health care is severely compromised.

The Malawi/World Bank survey found that only 31% of communities have access to a health clinic. WHO surveys from 2002-2004 show that almost half of all facilities are short of drugs, have inadequate means of communication and inadequate transport and there is a lack of emergency drugs in zonal warehouses and the cholera preparedness system is weak.

The overall per capita expenditure on health is US$ 14 and the financing is mostly private, accounting for 59% of the total expenditure. There is no social security system in place for health care and out-of-pocket payments amounts to almost half the private expenditure on health.

Health sector reforms are underway as part of the Sector Wide Approach Programme (SWAP). Its main component is the provision of an Essential Health Package. However, the scaling up of the Essential Health Package (EHP) has been slowed, as only 10% of health facilities are satisfying the human resource requirements for its delivery.

Main Sector Priorities

Two main challenges need to be addressed: 1) tackling the risk of HIV infection and the burden of AIDS and 2) reversing the weakening of the national health system.

In practice this means to work along the following strategic pillars:

Delivery of health care
- HIV/AIDS (including treatment scale-up)
- Other communicable diseases
- Non communicable diseases
- Reproductive health
- Child health
- Intensified immunization and vitamin supplementation programmes

Complementary support for disease prevention and control activities
- Integrated Disease Surveillance and Response (IDSR)
- Enhanced laboratory services to strengthen outbreak verification
- Health education and community mobilization for household level hygiene and home care

Structural support to the health system
- Human resource development and retention (with specific focus on conditions of work and safe nursing practices)
- Health information management and research
- Improved organization, management and delivery of services
- Improved access to essential medicines
- Address support systems issues like communication and transport
- Integrate and coordinate national policies and strategies in a sub-regional framework for health action that addresses macroeconomic determinants, poverty reduction, etc.
- Building partnerships through dialogue with donors and working within the UN