



Financing Alliance for Health

Country Fact Card - Malawi

2018



Macro context of Malawi

Health Landscape

Health Financing

Community health system

Political landscape

Current Government

- **President:** Peter Mutharika
- **Stable democratic government** – five peaceful and parliamentary elections since 1993 (multi-party elections held 2011 and 2016). Next elections 2019
- Progress over last 10 years in non-monetary indicators of human development have been dampened by **persistent challenges to reduce poverty**
- Consistent budget deficits (~4.1% FY2016/17), resulting in **limited fiscal space**

Political priorities

- **5 priorities of the Economic Development Document:** agriculture and climate change management; education and skills development; energy and industrial development; transport and ICT infrastructure development; and health and population management
- Health and population management goals focused around **family planning and gender equality**

Risks

- The **agricultural sector** accounts for approx. 1/3 of GDP, and drives livelihoods for 2/3 of the population
- The major challenge for the government continues to be balancing its **efforts to restore fiscal discipline** with its efforts to effectively respond to **Malawi's food security needs**
- Risks including adverse weather, the threat of another climatic shock, declining and volatile on-budget ODA flows, persistently high inflation (22.5%) and weak global demand for Malawi's agricultural products all **threaten budget flexibility**

Macroeconomic Indicators

• Population	18.1M
• GDP per capita (current USD, 2014)	\$1,200
• GDP CAGR, 2012-2016	9.2%
• Unemployment (total)	6.6%
• Unemployment (youth)	9.6%
• Inflation	10.2%
• Credit rating	B-
• Interest rate	18.0%
• Current account deficit (as % of GDP)	17.8%
• Population growth rate (2010-2014)	3.1%





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Health system indicators

• HIV Prevalence (2014)	9.1%
• Unmet need for contraception ³	39.8%
• Maternal mortality ratio/100k ⁴	634
• Neonatal mortality rate/1k live births ³	27
• Infant mortality rate/1k live births ³	42
• Under 5 mortality rates/1k live births ³	64

• Community health workers per 1,000 citizens	0.732
• Physicians per 1,000 citizens	0.019
• Life expectancy at birth	59
• DALYs per 1,000 citizens	165
• Maternal mortality rate per 100,000 births	510
• Under-five mortality rate per 1,000 births	68

Causes of maternal mortality

- Haemorrhage
- Infection
- Unsafe abortion
- Pre-eclampsia/eclampsia
- Obstructed labour

Causes of child mortality

• Malaria	14%
• Other causes	13%
• Acute respiratory infections	13%
• HIV/AIDS	12%
• Prematurity	12%



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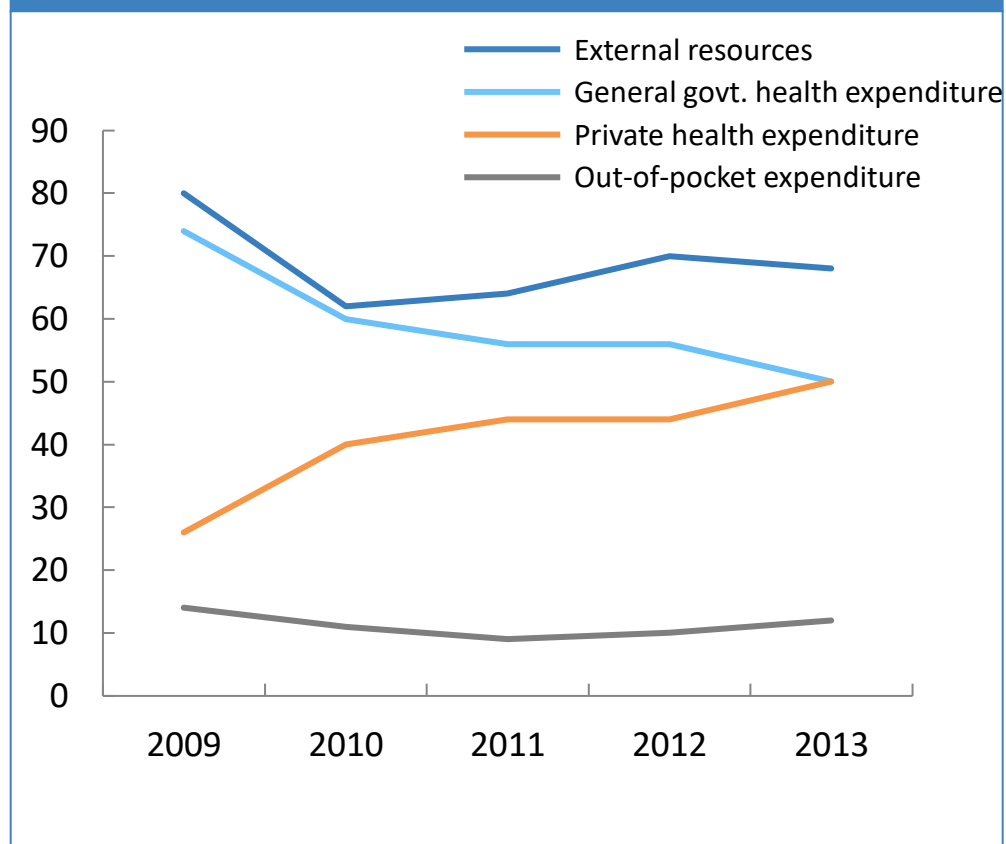
Community health system



Healthcare Expenditure Indicators

Total Health Expenditure (THE) as % of GDP	9.0% avg. low-income countries (5%) global avg. (9.2%)
General Health Expenditure (GHE) as % of General Government Expenditure (GGE)	6.2% targets set by Abuja Declaration (15%)
Out-of-Pocket (OOP) expenditure as % of THE	10.2%
Development Assistance for Health (DAH) as % of THE	68%

Trends in Shares of Total Health Expenditure in Malawi





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MISSION || To ensure quality, integrated community health services are affordable, culturally acceptable, scientifically appropriate, and **accessible to every household** through community participation to promote health and contribute to the socio-economic status of people in Malawi

Overview

Improve community health systems for a generation

- Integrated health service delivery
- Community engagement and accountability

Resulting in better health outcomes

- Contribute to the reduction under 5 mortality by 25% and maternal mortality by 20% by the year 2022
- Saving +9000 child lives per year

And offering a cost-effective solution

- Delivering a 5:1 long-term economic return on investment

Objectives

- **Health Service Delivery** Deliver EHP at community level through integrated services provided by CHWs in CHTs
- **Human Resources** Build a sufficient, equitably distributed, well-trained community health workforce
- **Information, Communication & Technology** Promote a harmonised community health information system with a multi-directional flow of data and knowledge
- **Supply Chain & Infrastructure** Provide sufficient supplies, transport, and infrastructure for CHWs in CHT
- **Community Engagement** Strengthen community engagement in and ownership of community health
- **Leadership & Coordination** Ensure sufficient policy support and funding for community health and that activities are implemented and coordinated at all levels

Key figures

Implementation timeline:

2017–2022

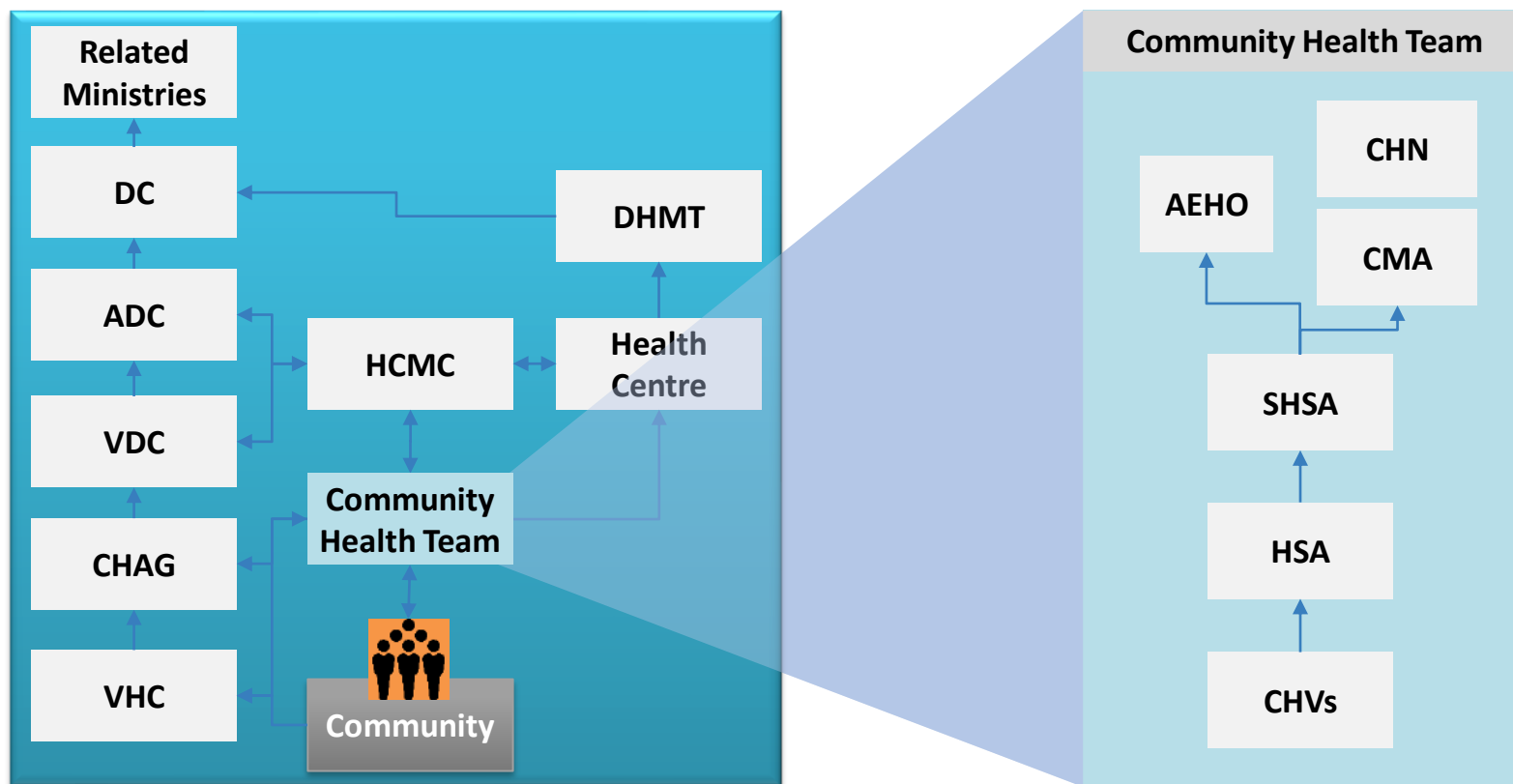
Target

7,000 CHWs

Total cost

\$407Mn

The strategy defines a new CH system linking community with local government

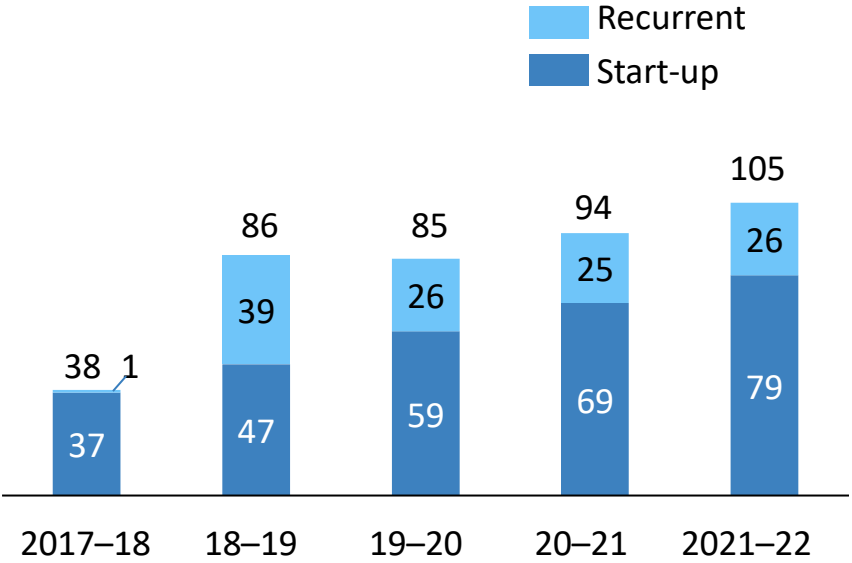


The NCHS will cost \$407mm over 5 years, less than 15% of HSSP II costs



Timely Investments

NCHS Total Cost(USD millions)



NCHS Costs by Category

In Percentage

