SEXUAL AND REPRODUCTIVE HEALTH IN MALAWI: Program and Key Challenges

The change we seek

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Photo by Gunnar Sahlasson
Malawi

National Vision

2020 Vision

Malawi will be secure, democratically mature, environmentally sustainable, self-reliant with equal opportunities for and active participation by all, having social services, vibrant cultural and religious values and a technologically driven middle-income economy

Growth and Development Strategy

Poverty reduction through sustainable economic growth and infrastructure development
Current Situation

Population Statistics

13.1 million people in 2008
2.8% Annual population growth
5.2 Total Fertility Rate
52% population under 18
12% HIV prevalence
75% Skilled Attendance at Childbirth
68% Coverage for PMTCT
38% Contraceptive Prevalence Rate (2006)

Selected SRH Indicators in Malawi

- MMR: 807/100,000 live births
- U5MR: 122/1000 live births
- IMR: 72/1000 live births
- NMR: 33/1,000 live births

Source: MICS 2006
Progress Report on
Achievement of Malawi Growth and Development Strategy and Millennium Development Goal Targets
Trends in U5MR (upper) and IMR (lower) in Malawi

Child Mortality Rates/1000 live births

Year of Study


134 104 79 72 45

234 189 133 122 72 45

0 50 100 150 200 250
Trends in Maternal Mortality in Malawi: UN Estimates with extrapolation to 2015

![Graph showing trends in maternal mortality from 1990 to 2015. The mortality ratio decreases linearly over time, with estimates for 1990 being 910, 1995 being 830, 2000 being 770, 2005 being 620, 2008 being 510, and 2015 being 255. The graph includes a linear trend line labeled as Series1.](image-url)
Opportunities

1. High political support for innovative interventions

2. Commitment of UN agencies and other development partners to help

3. Improved predictability of funding since introduction of SWAp

4. Availability of technical assistance from partners
Family Planning in Malawi

CPR Trends in Malawi

CPR in Married Women

Year of Study


7 26 28 38
Population Triples by 2040

Sources: 2008 Malawi Census, Spectrum
Addressing challenges (1)....

1. High Unmet Need for Family Planning

Prioritize FP as key strategy for social development

i. Scale-up community-based contraceptive services targeting
   - low parity women
   - young people
   - PLWHA
   - rural populations

ii. Implement an effective RH Commodity Security Strategy

iii. Advocate for increased budget for contraceptives
Addressing challenges (2)....

2. High Teenage Fertility

a) 35% teens 15-19 bear children
   a) Young people contribute 23% of the total births
b) High school drop-out rate due to unplanned pregnancy
c) High abortion complication deaths among young people

Strengthening Services that address Adolescents’ Sexual Reproductive Health Issues

i. Integrate ASRH services in the school life skills program
ii. Train more health workers in the delivery of youth-friendly health services
iii. Expand community-based YFHS
iv. Offer programs for young people to reduce early marriage
Addressing challenges (3)....

3. Weak health system:
   a. Inadequate number of well trained, deployed and supplied providers
      i. Woefully inadequate across the board – especially midwives
      ii. Worst in rural areas (97% Clinical Officers and 82% nurses urban based)

   MOH POW defines adequate staffing level for HC as 2N/Ms 2COs and 1 MA which now is at 31%

   Strengthening HRH
   i. Continue with the interventions of the 6-Year Emergency Human resources Plan to produce more frontline health workers.
   ii. Implement the incentive package to attract and retain more health workers.
   iii. Task shifting/sharing
      a. Hire more HSAs for community-based health services
      b. Partnership with NGOs to increase coverage for RH services
Summary of the HRH situation

- Nurse vacancy rates are 55% within the MoH and around 45% in CHAM facilities.
- Vacancy rates for Clinical Officers are 26% and 67% for Medical Assistants.
- Vacancies rates in Medical Specialist fields: range from 71% for Anesthesiologists, 91% for Obstet. & Gynaec. and up to 100% for Neurology and Ophthalmology.
- Currently there is one doctor per 62,000 population and one nurse per 4,000 population.
- The Health Workforce Ratio is a mere 1.44/1000 population up from 0.87/1,000 in 2004 as against the WHO defined threshold of at least 2.3 well trained doctors, nurses and midwives per 1000 people.
Poor referral system

The village ambulance

Health centre to hospital ambulance
Addressing challenges (4)....

4. Poor referral system

i. Large hard-to reach population (80% Population rural)

ii. 5% facilities cut off from referral health facility during rainy season

iii. 20% facilities not able to communicate with hospitals

iv. Only 37% health facilities had functional radio communication system

v. Only 30% health facilities had mobile phones

vi. Only 14% health facilities had functional land line phones

vii. Average waiting time for ambulance in health centres is 2 hours (30 min - 9 hrs)

Improve communication and transport system

a) Invest in mobile phone technology to improve communication with rural health facilities.

b) Develop and provide appropriate transport system for rural facilities and communities

c) Implement an effective transport policy
Addressing challenges (5)....

5. Inadequate physical infrastructure

A. Low coverage for hard-to-reach populations
   a. Large hard-to reach population (80% Population rural)
   b. Only 33% health facilities had adequate space for childbirth

Reduce unmet need for maternity services

I. Build more mothers’ waiting shelters to increase institutional deliveries

II. Build more Basic Emergency Obstetric Care sites with the objective of achieving minimum WHO criterion of one site per 125,000 population

III. Invest in solar energy to ensure 24 hour coverage for electricity and borehole water supply and attract staff in rural areas.

IV. Increase SLAs to increase service points ¥
Addressing challenges (6)....

6. Inadequate resources for SWAp POW for all strategies of SRH

A. Funding inadequate (RH funding increased from $22mn 2003/04 to $26mn 2006/7 but $87.3mn was required for Safe Motherhood alone (Kadale study))

B. Malawi needs $37mn next 10 years to meet need for family planning alone

C. Lack of RH Commodity Security

D. Shortage of basic essential equipment

Promote achievement of Abuja target for health budgetary allocation

i. Increase private sector and community-based participation in service provision

ii. Increase funding for RH by both partners and Government

iii. National Health Accounts to track expenditure on Sexual and reproductive Health should be conducted regularly
Addressing challenges (7)....

7. Poor quality of care

A. Service coverage figures not corresponding with health parameters (ANC coverage is >90%; countries with lower coverage for skilled attendance at births have lower MMR than Malawi)

B. Only 3.6% deliveries by Caesarean Section (cf <WHO recommendation of 5-15%)

C. Frequent RH commodity stockouts (Drug budget inadequate)

Reducing case fatality rate

I. Equip health facilities with essential equipment

II. Provide incentives to attract health workers in rural areas

III. Improve RH Commodity Security

a. Ring-fence SRH commodities in SWAp programme

IV. Train and hire more anaesthetists technicians to reduce unmet need for C/S
Addressing challenges (8)....

8. HIV and AIDS pandemic

A. HIV contributes 16% of disease burden in women
   - HIV prevalence in general population 12%
   - Puerperal sepsis became 2nd commonest cause of maternal deaths since the HIV pandemic.

Fully integrate SRH and HIV services

I. Offer HIV testing and counselling to all coming for FP, STI, PAC, ANC services
II. Track spouses and siblings for HIV Testing and Counselling services
III. Increase coverage for ART services
Addressing challenges (9)....

9. Malaria pandemic

I. Low coverage for ITNs for pregnant and u5 children

II. Low coverage for SP2 in antenatal care.

Fully integrate SRH and Malaria services

A. Scale up home management of malaria through village health clinics

B. Scale up coverage for 2 doses of SP in pregnancy.

C. Increase coverage for ITNs among pregnant women and under five children.
Thank You