

NEWBORN SURVIVAL IN MALAWI



HEADLINE MESSAGES



Malawi has **accelerated progress** between 2000 and 2010 in reducing under-five mortality after the first month of life and maternal mortality, but less progress in neonatal mortality reduction; yet the latter is still faster than the regional average (1.5% per year).



A comprehensive national health sector approach provided an evidence-based and consistent framework within which to **integrate newborn survival** programmes.

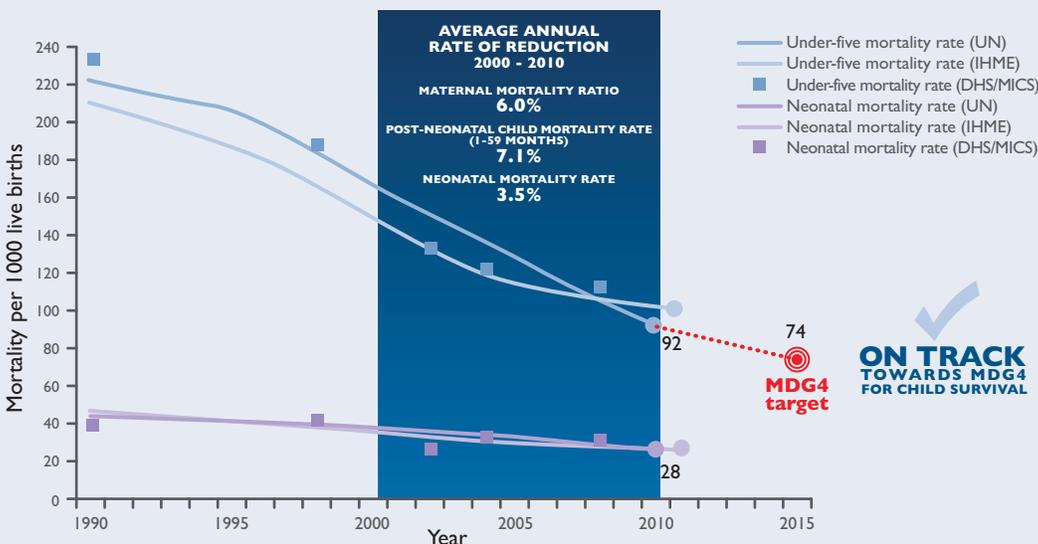


The initial focus for newborn care in Malawi was at facility level. The recently launched **Community-Based Maternal and Newborn Care package** bridges community and facility level care as well as maternal, newborn and child health, HIV/AIDS and malaria, but coverage is still low. Gaps in quality of care at birth must be addressed to maximize mortality reduction for mothers and babies.



Consistent high level political commitment to maternal health provided a programmatic and policy platform for a small network of newborn survival technical experts to integrate high impact **newborn care interventions**, despite very limited newborn-specific funding.

PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 4 FOR CHILD SURVIVAL



3.5%
ANNUAL REDUCTION IN MORTALITY RATE

NEONATAL MORTALITY PER 1,000 LIVE BIRTHS
38 IN 2000 → 27 IN 2010

NEWBORN DEATHS
18,700 IN 2000 → 17,700 IN 2010

UNDER-FIVE DEATHS THAT WERE NEONATAL
23% IN 2000 → 29% IN 2010

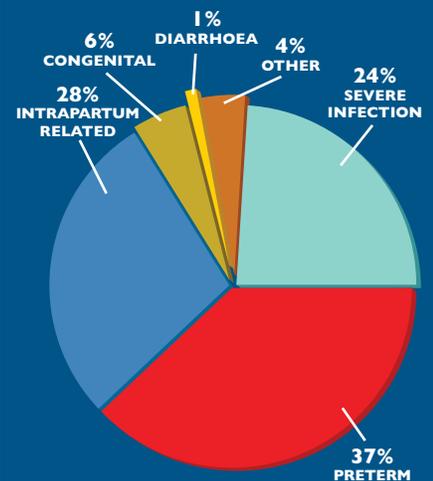
HEALTH EXPENDITURE THAT WAS PAID OUT-OF-POCKET
22% IN 2000 → 12% IN 2009

OFFICIAL DEVELOPMENT ASSISTANCE
CHILD HEALTH ODA - PER CHILD
\$13.79 IN 2003 → \$29.16 IN 2008 (53% INCREASE)

MATERNAL & NEWBORN HEALTH ODA - PER LIVE BIRTH
\$29.46 IN 2003 → \$41.19 IN 2008 (28% INCREASE)

% OF ODA FOR MNCH MENTIONING "NEWBORN"
0% IN 2003 → 2% IN 2008

CAUSES OF NEONATAL DEATH



16,000 NEWBORN LIVES COULD BE SAVED IN 2015 WITH UNIVERSAL COVERAGE OF HIGH-IMPACT INTERVENTIONS

What happened and what was learned?

Though it is one of the poorest countries in the world, Malawi has reduced neonatal mortality greater than most sub-Saharan African countries despite only recent attention to newborn survival, limited political priority or specific funds for newborns. Consistent health sector and increasing human resource investments have been a good foundation. Also newborn survival has benefited from the high level attention to maternal health, which enabled an effective small group of technical partners working with the Ministry of Health to ensure inclusion of specific newborn care inventions into wider health policies and programmes, such as Kangaroo Mother Care in facilities and a package of community-based interventions. The significant increase in facility births and other health system changes, including increased human resources, likely contributed to the decline in newborn deaths.

Going forward

Globally, Malawi is recognized as an example of progress for maternal, newborn and child health. Improving quality of care will be critical for maintaining progress especially given the rapid increase in facility deliveries. With implementation of programmes at increasingly wide scale for newborn survival, strengthening data collection and monitoring and evaluation will enable local experience to guide the way forward. Moderate increases in coverage and systematic attention to high impact interventions for newborns could optimize Malawi's chances of staying on track for MDG 4, a remarkable achievement for one of the world's poorest countries.

Kangaroo Mother Care in Malawi

Malawi has the highest preterm birth rate globally (18%) and roughly a third of all newborn deaths are due to complications of preterm birth. Kangaroo Mother Care (KMC) involves tying the baby skin-to-skin with the mother to provide warmth, promote breastfeeding and reduce infections. The intervention is associated with over 50% reduced risk of neonatal mortality for stable babies <2500g if started in the first week. Introduced in the late 1990s, Malawi currently has over 121 active KMC units, including in the 28 government-run district hospitals, and is recognized globally as a learning site for scaling up the interventions. Despite great success, challenges remain such as linkages between households and health workers and tracking data.

CONTEXT

One of the poorest countries in the world with **very low GNI per capita (US\$330)**

High HIV prevalence (11%)

One of the **lowest physician density** in the world

High population growth rate (3.1)

High total fertility rate (6 births per woman)

HEALTH CONTEXT

3 HEALTH WORKERS PER 10,000 POPULATION (2008)

BIRTHS THAT TOOK PLACE IN A FACILITY

56%
IN 2000

73%
IN 2010



Key moments for newborn survival in policies and programmes

