SPOTLIGHT ON **MALAWI**

PROGRESS OVERVIEW

Malawi has achieved substantial reductions in child mortality rates in recent years, from 244 deaths per 1,000 live births in 1990 to 68 per 1,000 in 2013. This progress has been more equitable than in other countries with similar levels of GDP per capita and child mortality. Inequalities have been falling between regions and economic groups. However, greater progress will have to be made in reducing the latter if Malawi is to reach the post-2015 target by 2030 for all economic groups. In terms of service provision, Malawi ranks third most equitable for coverage of eight core maternal, newborn and child health (MNCH) interventions across economic groups out of 31 Countdown countries for which data are available. Coverage of DTP3 vaccinations rose from 78% in the poorest wealth quintile in 2000 to 91% in 2010, compared to coverage in the richest quintile of 94%. The poorest lag further behind for other key indicators, with only 63% of births in the poorest quintile taking place with a skilled attendant present, compared with 88% in the richest. This equity gap has, however, been reducing since 2000, and is considerably smaller than in many developing countries.

OUTCOMES

MDGs

Child mortality rate: 68 per 1,000
MDG target: 82 per 1,000 – MET
Number of child deaths per year: 41,000
Average annual rate of reduction (2000–2013): 5.6% – ACCELERATING
Equity of child mortality progress (2000-2010):

- Economic groups: Decreasing inequality
- Regions: Decreasing inequality
- Urban/rural: Decreasing inequality

POST-2015

On track for post-2015 nationally: Yes
On track for all groups: No

- Economic groups: No, but with potential
- Regions: Yes
- Rural and urban: Yes

Figure 13: Trends in intervantion coverage

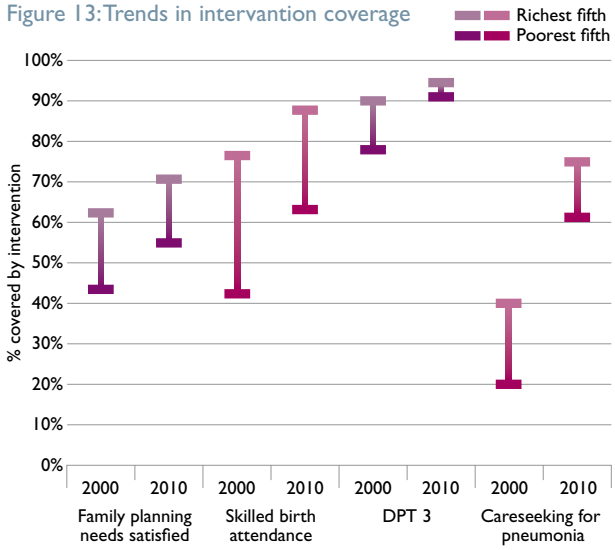
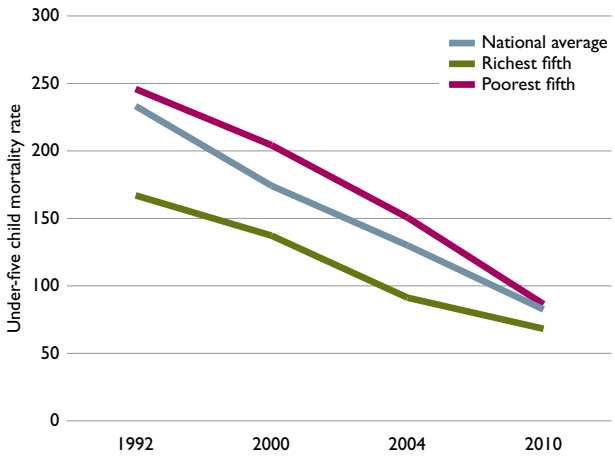


Figure 14: Trends in under-five child mortality rate



Policy spotlight: investing in hard-to-reach communities

Malawi's Ministry of Health has prioritised integrated Community Case Management (iCCM) of childhood illness to ensure that children affected by malaria, diarrhoea, pneumonia, malnutrition and other causes of mortality receive timely and effective treatment. Initiated in 2008 and scaled up throughout the country with donor support in 2010, the programme has been designed to ensure access to interventions for poor and remote children. More than 3,000 community health workers deliver the programme in over 10,400 communities, 2,300 of which are classed as hard to reach (located more than 5km from a health facility).

Malawi is one of the few countries in sub-Saharan Africa that has met (and even surpassed) the Abuja target to spend at least 15% of the total government budget on health, allocating 18% of expenditure to the sector in 2012. The absence of user fees has contributed to much lower than average out-of-pocket spending on healthcare, at 13% of total expenditure on health. Bolstering free and timely access to essential services will be critical if Malawi is to eliminate preventable child deaths within the next 15 years.

Complementary drivers of change

- **Focus on equity within Health Sector Strategic Plan**. The 2011 Plan, *Moving Towards Equity and Quality*, prioritises cost-effective interventions and expansion of services to under-served population groups.

Challenges

- **Governance and accountability:** In 2013, corruption and mismanagement of financial resources led a number of donors to withdraw budget support from Malawi. Donor confidence in public financial management has yet to be restored, and funding to the health sector is lower than required.
- **Quality of services:** While considerable progress has been made in recent years, quality of care remains a significant problem, particularly for maternal and neonatal health services.

See Appendix 3 for guidance on interpreting data, and References section for sources used for policy analysis.