

CHALLENGES AND EXPERIENCES IN HEALTH SERVICES DELIVERY IN MALAWI

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September 2006

Presentation Outline

- A. Country Profile for Malawi:
 - Basic Economic and Social Data
 - The health situation – Demographic & Health Indicators.

- B. Major problems and challenges of the health sector in Malawi

- C. Recommendations and Proposed Actions.

- D. Conclusion

Where is Malawi?

"The Warm Heart of Africa"





Geography of Malawi

- Malawi is a landlocked country. Lies along the Great African rift valley.
- Bordered by 3 countries – Tanzania to the N & N/E; Zambia – N/W & Mozambique – E, S/E, S & S/W.
- 901 km long, 80-161 km wide. Total surface area - 118,484 sq km.
- 20% of the country is Lake Malawi, *“fresh water lake”*, 3rd largest lake in Africa with over 1,000 species of fish.
- Malawi also has Mt. Mulanje – highest in Central Africa (3,000m above sea level)
- Divided into 3 regions and 28 administrative districts.

A. Country Profile for Malawi:

Basic Economic and Social Data

- Malawi is an agro-based economy.
- Economic growth – 5.1% in 2004, 2.1 in 2005 (drought), 2006 projection - 8.4% (good harvest).
- Average inflation rate – 15.4% in 2005, 11.5% in 2004, 36% in 2000. 2006 projection – 10.4%
- Current Malawi Kwacha (MK) exchange rate to US \$1 – MK140 (MK118.40 Dec 2005, and MK109 Dec 2004). Around 1:1 in the 1970's!

Demographic & socio-econ data

Population	12.3 million
Male/Female	49%/51%
Rural/Urban %	87/13%
<5s	45%
>65s	1.3%
Average h/hold size	4.3
Female headed	25%
Subsistence farmers	59%

Demographic & socio-econ data *(contd.)*

GDP per capita	US\$190
Poverty headcount	65.3% of the population
Literacy rate	Male 74%, Female 49%
No schooling	33.7%
Some Primary Schooling	39.6%
Secondary Sch complete	6.3%

Points worthy noting – Mw Demog Data:

- The current population has more females than males.
- A large proportion is under 20 years of age.
- The popn growth rate of 3.2% p/a does not match with the country's resources. Projected popn for 2015 is 16m. A vibrant family planning prog needs to be in place.
- There has been an increase in migration from rural to urban areas (11%). The Urban popn growth of Malawi is 6.3% - one of the highest in the world resulting in high unemployment.
- Poverty in Mw is deep, severe and widespread. 52% live on less than \$1/day (below the poverty line)
- About 1 in every 5 (22%, or 2.7m people) are in ultra poverty) – they cannot afford the daily recommended food requirements – esp in rural areas. One result - high malnutrition and incidences of disease.

Points worthy noting (Cont'd):

- The country has poor physical infrastructure, insufficient power supply, water, telecommunication systems, and a poor road network. These adversely affect manufacturing and investment.
- Low access to education with less than 20% of Std 1 children never having attended an early learning centre before enrolling in school.
- Primary Education Net Enrolment Ratio has increased from 78% in 1998 to 80% in 2004. Pupil teacher ratios are as high as 1:200 against a target of about 1:60 . Out of 3 million children who enter primary school only 17.5% proceed to secondary, & of these, only 3% get to tertiary level.
- 90% of the population uses solid fuel , and only 4% has access to electricity with 11 percent urban popn having no electricity.
- 2/3 of the popn has no sustainable access to an improved water sources, and this often contributes to cholera outbreaks.

Selected Health Indicators for Malawi

IMR (per 1,000 live births)	76 [104 in 2000]
U5 MR (per 1,000 live births)	133 [189 in 2000]
Total Fertility Rate	6.1 [6.3 in 2000]
Life Expectancy (yrs)	39 [40 in 2000]
Population Growth Rate	3.2%
MMR (per 100,000 live births)	984 [1,120 in 2000]
Contraceptive Prevalence Rate	38% [31% in 2004]
Attendance at birth by trained health worker	55%
U5s chronically malnourished	49%
Child'n btwn 12-23 mo. fully immunized	70%
HIV prevalence (15-49 yrs age group)	14%

B. Major problems and challenges of the health sector in Malawi

- General – Health Indicators
- Human Resources
- Drugs, Supplies and Equipment
- Infrastructure
- Services Delivery

Health Indicators

- The health indicators for Malawi have generally remained poor, across the board
- The life expectancy has declined to 39 years - mainly as a result of HIV/AIDS.
- The Infant Mortality and Child Mortality rates remain high – a reflection of the extent and impact of prevailing poverty levels and socio-economic development.
- The Maternal Mortality rate of 984/100,000 is even more alarming – a reflection of poor nutrition and lack of access and coverage of maternal health care services.

Human Resources

- There is an acute shortage of health workers – a “crisis”.
- Average vacancy rates for nurses stand at 61% in the public health sector and 77% at CHAM (Mission) facilities.
- The average vacancy rate for medical doctors stood at 62% in both MOH and CHAM instit’ns.
- The current situation (staff/popn) - 1 MD per 55,000, 1 Nurse per 4,100 population

Human Resources (cont'd)

- Nurse staffing Norm per 230 to 250 bed Hospital - 175 Nurses, actual situation - 22 per District Hospital, and some District Hospitals do not have a qualified Medical Doctor.
- The training output for health professionals from the local training institutions is still below the required targets.

A Regional Comparison of the HR Situation

- Staff per 100,000 population

CADRE	BOTSWANA	S. AFRICA	GHANA	TANZANIA	MALAWI
Physicians	28.7	25.1	9.0	4.1	1.6
Nurses	241.0	140.0	64.0	85.2	28.6

Infrastructure

- On average, 54% of the rural population have access to formal health services within a 5 km radius, or 84% if the urban population is included.
- There are about 617 health facilities in Malawi 60% MOH, 25% CHAM. Only 13% of these facilities satisfy the requirements for delivering the EHP (criteria = availability of basic services and staffing).
- Most facilities need maintenance, and lack basic communication systems and equipment.

Drugs, Supplies and Equipment

- The sector frequently faces shortages of essential drugs, medical diagnostic equipment and surgical supplies.
- There is an escalating pattern of theft of drugs and medical supplies
- In some instances, the equipment is either in a state of disrepair, obsolete or not available at all for the delivery of essential health care.
- In other instances, there is inadequate maintenance of medical and non – medical equipment thereby rendering it non-operational.
- Currently drug allocation per capita is \$1.5 - \$2 only. Needed = at least \$5 based on recent studies.

Financial Constraints

- Inadequate public resources - at less than US\$4 per capita, the health sector budget is very limited resulting in allocations not being in line with needs.
- Even with other sources included (donors, Global Fund and Out-of-Pocket expenditures included), the per capita health expenditure is still under \$12 – well below the stipulated EHP requirement of \$17.50 in 2001 (excluding ARVs). WHO (J.Sachs') recommendation - \$34 per capita.
- Limited financial access in some communities due to unavailability of free health services. This bars the poor who have no ability to pay from seeking medical care.

Services Delivery

- The major causes of mortality & morbidity in Mw (malaria, diarrhoeal diseases, & Acute Respiratory Infections) are mostly preventable.
- HIV/AIDS constitutes a serious threat to the country as a whole - it affects all aspects of Mw's social & economic fabric. HIV/AIDS related conditions account for over 40% of all inpatient admissions.
- Tuberculosis once thought to be on the decline, has of late reportedly increased five-fold in the past few years.
- The Disability Adjusted Life Years (DALY) remains high due to the burden of diseases and general ill-health.

Health services:

(Malaria, Reproductive Health, Nutrition & HIV/AIDS)

Malaria:

- Malaria is reported to keep people from work on average 25 days per year, or 9% of total work time.
- One newspaper article recently wrote that “Malaria is Costly for Businesses”
- Low income families spend more than 25% of their annual income on malaria treatment
- Malaria accounts for 35% of all outpatient visits, and 43% of children under five malaria inpatient deaths. Causal factors for the high rate of malaria include low use of ITNs, delay in seeking treatment, low uptake of intermittent prophylaxis therapy (IPT), and emergency of resistance.

Services (Cont'd):

Malaria:

- Strategies for addressing malaria include case management and prevention. Drug policy has changed from use of SP to ACT as a first line drug for malaria treatment. Prevention focuses on increased use of mosquito nets (ITNs).
- The MOH has also resorted to residual spraying as a means for malaria control.
- Over 3m nets distributed countrywide, net ownership of at least one net per household stands at 43% (*71.9% for the rich quintel and 20.3% for the poorest*). 100% coverage is needed. Net re-treatment rate – 59%.
- Lately 1.2 m distributed of which 600,000 (50%) were distributed to the ultra poor.

Services *(cont'd)*

Reproductive Health (RH):

- MMR still stands high at 984/100,000 (1,120 in 2000). RH is therefore a high priority. More resources are required for the Malawi RH Roadmap for MMR reduction.
- Cervical cancer screening (VIA) was introduced in a few sites. Wider coverage is needed.
- Similarly Post abortion care (PAC) and Emergency Contraception is available in a limited number of sites. Wider coverage is needed and additional resources are required for this.
- There is need for an increased and intensified in-service training in RH for different cadres of health workers.
- The major strategy for addressing MMR is implementation of the MMR Reduction Roadmap including promotion and support of community initiatives.(Monkey Bay-Iceida)

Services (Cont'd):

HIV/AIDS

- HIV prevalence stands at 14%. The number of orphans attributed to HIV/AIDS is estimated to be over 840,000
- Women of 15-24 years of age are four times at risk than the male counterparts. The 15-19 years age group is worse with nine times female risk.
- The high knowledge in HIV/AIDS does not correlate with prevailing behaviour.
- Strategies for addressing HIV/AIDS include treatment of opportunistic infections, promotion of condom use and other safe sexual practices, increased access to use of Antiretroviral treatment (ART)
- Out of an estimated 700,000 infected people, 200,000 are estimated to be in need of ART. 60,000 people only so far are on ART. There is therefore need to accelerate the ART programme roll-out.

Services *(Cont'd)*

Tuberculosis (TB)

- The prevalence of TB increased from 523/100,000 in 1990 to 551/100,000 in 2005.
- Mortality increased from 78/100,000 in 1990 to 107/100,000 in 2005. The increase largely due to HIV/AIDS.
- But treatment rates increased from 69% in 1999 to 74% in 2004.
- The main causes of high TB prevalence and mortality include low case detection, low cure rate, HIV co-infection, overcrowded unsanitary conditions. Underlying factors include limited access to diagnostic facilities, delayed care seeking, compromised immunity due to HIV/AIDS, limited coverage of health facilities and poverty.
- MDR monitoring revealed an MDR rate of 2.2%.

Services *(Cont'd)*

TB:

- Currently, Cotrimoxazole prophylaxis for TB patients is being rolled out
- There is need for increased support in training, TB Case finding, strengthening of laboratory services + equipment, and provision of adequate supplies of drugs, lab supplies and other consumables.
- Active TB surveillance.

Services *(Cont'd)*

Nutrition:

- The National Nutrition Survey (2005) revealed that the Rate of Acute Nutrition was 6.5%.
- 5% of under fives are wasted (severely malnourished), 25.68% underweight, 44.1% stunted.
- Up to 73% of children between the ages of 6 to 59 months are anaemic.
- In rural Malawi, less than 6% of children between 6 and 23 months meet the recommendation for the quality of complementary food.
- The underlying causes include inadequate food intake, deficient sanitary conditions, insufficient health and child care provision, low nutritional knowledge, poverty, HIV/AIDS, and low maternal education.

C. Recommendations and Proposed Actions.

- First and foremost, there is need to ensure increased and improved governance. Prudent economic and fiscal policies need to be in place.
- Ensure that there are complementary strategies in place that will ensure adequate staffing levels, equipment and other essential supplies.
- Undertake a number of strategic but critical sector reforms in order to achieve improved performance, better alignment to a changing environment and ... No more "Business as usual"

Recommendations & Proposed Actions (Cont'd)

- Adoption and implementation of a Sector Wide Approach (SWAp) as the main strategy for the delivery of a cost effective package of an Essential Health Package of services (EHP) that has the potential to deal with more than 90 per cent of the causes of morbidity and mortality in Malawi.
- Implement Central Medical Stores (CMS) Reforms to improve its operational efficiency and address shortages of essential drugs and supplies. This includes, among other things, implementation of the CMS Improvement plan, implementation of recommendations of the recently undertaken Drugs Pilferage study, and undertaking a review of the National Drug Policy.

Recommendations & Proposed Actions (Cont'd)

- Undertake financial reforms to improve financial management, accountability and procurement of goods and services. The reforms are also aimed at ensuring that the Malawi EHP is adequately financed and putting in place a sustainable financing strategy, generation of resources and removing financial barriers to access of EHP.
- Improve human resource management by developing and implementing an HR Strategic Framework, an HR deployment policy, and an incentive package for hard to reach places through the Rural Incentive Programme.
- Attracting back those professionals who have left.

Recommendations & Proposed Actions (Cont'd)

- Address Human Resource shortages through the 6 Year HR Relief Prog which outlines 8 areas requiring external financing, implement staff retention initiatives including salary top-ups for selected cadres of critical health workers, implement a tutor incentive package as one strategy for increasing output from training institutions, contracting of medical specialists and continuation of implementation of the 6 Year Emergency Training Plan.
- Support a smooth process of decentralization of functions and responsibilities to Local Authorities by strengthening capacity in the districts in various areas in preparation for the hand over of services to local authorities

Recommendations & Proposed Actions (Cont'd)

- Increase access to EHP through Public/Private mix initiatives where government will collaborate with partners, initially with CHAM on the provision of services via contracting and service agreements.
- Ensure that a system and package of operational, well maintained and timely replaced physical assets (infrastructure and equipment) is in place to support service delivery.

Conclusion

- Whilst significant progress has been reported in various areas, health indicators for Malawi are still unsatisfactory. Therefore there is still a lot to be done in order to achieve:-
 - A reversal of the negative trend in maternal mortality rates, decrease child mortality
 - Decrease cases of preventable diseases such as malaria
 - Reduce the negative impact of HIV/AIDS on the economy, on service delivery, and on people's quality of life.
 - Sustained reductions in stunting and wasting".
- Malawi needs to continue with its efforts to achieve the goal of the MOH - to "*raise the level of health status of all Malawians by reducing the incidence of illness and occurrence of premature deaths in the population*". The task is big but not un-surmountable.

Conclusion (Cont'd)

- Despite the extremely difficult situation the MOH is operating in Malawi, some gains have been made but more remains to be achieved. Continued support is therefore sought from all in this noble task.
- Whilst appreciating that there is room for improvement in internal management, accountability and governance, your support in lobbying for continued and increased support to the Developed Countries and all other partners/donors to the Malawi Health Sector, old and new, will go a long way in attaining improved health services delivery and health status in Malawi.

Thank you very much

Zikomo kwambiri