GOVERNMENT OF THE REPUBLIC OF MALAWI

NATIONAL HEALTH POLICY

"Towards Universal Health Coverage"

March, 2018

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FOREWORD

Malawi's Constitution affirms the intention of the Government to provide adequate quality health services that are responsive to the needs of Malawians and are in line with global best practices. During the Millennium Development Goals (MDGs) period (2000-2015), Malawi made significant progress in improving health outcomes primarily through increased access to essential health services leading to high population coverage. Although access to essential healthcare services has improved, there are still some sections of the population that do not have easy access to healthcare. In addition, inconsistent and unreliable quality of care and health system inefficiencies remain major challenges. As a signatory to the Sustainable Development Goals (SDGs), the Government of Malawi recognizes that extra efforts and resources need to be invested in fast-tracking improvements in access, quality and efficiency in order to achieve universal health coverage by the year 2030.

In this respect, Malawi Government has developed the first ever National Health Policy as an overarching framework to guide the achievement of the health sector goals, which include improving health status of Malawians, providing adequate financial risk protection and improving client satisfaction. The Policy will also be used as a national vehicle for achieving health-related SDGs and other health related international commitments that the Government of Malawi is a signatory to.

I wish to assure Malawians and all stakeholders that the Government is strongly committed to provide the necessary leadership and enabling environment for effective and successful implementation of the policy.

Honourable Atupele Muluzi, M.P.

MINISTER OF HEALTH AND POPULATION

PREFACE

Malawi has never had a National Health Policy to properly guide stakeholders in the implementation of initiatives for improving the functioning of the health system. The absence of the Policy coupled with an outdated Public Health Act (1948) meant that there was no single governance document with powers to ensure alignment of health sector initiatives towards a common goal. In this regard, Government of Malawi initiated a bottom up approach, using multi-stakeholder consultations and highly participatory methods, to develop the policy.

The policy has been developed in the context of the national overarching development strategy, the Malawi Growth and Development Strategy (MGDS), and also international commitments such Sustainable Development Goals (SDGs), the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008) and the Paris Declaration on Aid Effectiveness (2005). The Policy is geared towards overcoming challenges such as sub-optimal healthcare service provision; limited interventions on preventative health and social determinants for health; leadership and governance challenges at all levels of the health system; inadequate health financing mechanisms; limited human resource capacity; weak systems for delivering medicines and medical supplies; high population growth; and weak health information systems.

This Policy will therefore be the single most important governance document to align all stakeholders towards addressing identified health sector challenges. The implementation of this Policy will ensure improvements in the healthcare delivery system in the country. The policy will be implemented alongside other health sector reforms under the Government wide Public Sector Reform programme.

Let me thank the various partners who contributed financial and technical support to the development of this Policy. These include Bill and Melinda Gates Foundation, Malawi Health Sector Programme-Technical Assistance and United States Agency for International Development. I also wish to thank all stakeholders that provided technical contributions towards the development of the Policy. These include participants from districts and central hospitals, MOHP Departments and Programmes, the private sector, regulatory bodies, health training institutions, the Parliamentary Committee on Health, and donor and implementing partners.

It is my sincere hope that all the stakeholders will continue demonstrating their commitment through supporting the implementation of this policy. I would, therefore, urge all stakeholders to make use of the policy when undertaking their activities.

Dr. Dan Namarika

SECRETARY FOR HEALTH AND POPULATION

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
BLM	Banja la Mtsogolo
CHAM	Christian Health Association of Malawi
CIP	Capital Investment Plan
CMED	Central Monitoring & Evaluation Department
CMST	Central Medical Stores Trust
COM	College of Medicine
CSO	Civil Society Organization
DHO	District Health Officer
DHRMD	Department of Human Resource Management & Development
DODMA	Department of Disaster Preparedness & Management Affairs
DP	Development Partner
EHP	Essential Health Package
EHRP	Emergency Human Resource Plan
FEDOMA	Federation of Disability Organisations in Malawi
GoM	Government of Malawi
HDP	Health Donor Partner
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HTI	Health Training Institution
HTSS	Health Technical Support Services
ICAM	Institute of Chartered Accountants of Malawi
iHRIS	Integrated Human Resource Information System
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
LA	Lumefantrine-artemether
LMIS	Logistics Management Information System
M&E	Monitoring & Evaluation
MCM	Medical Council of Malawi
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goal(s)
MDHS	Malawi Demographic & Health Survey
MFEPD	Ministry of Finance, Economic Planning & Development
MGCDSW	Ministry of Gender, Children, Disability & Social Welfare
MGDS	Malawi Growth and Development Strategy
MHRC	Malawi Human Rights Commission
MICS	Multiple Indicator Cluster Survey

MIE	Malawi Institute of Engineers
MIM	Malawi Institute of Management
MITC	Malawi Investment & Trade Centre
MLGRD	Ministry of Local Government & Rural Development
MMR	Maternal Mortality Rate
MoAIWD	Ministry of Agriculture, Irrigation & Water Development
MoEST	Ministry of Education, Science & Technology
MoHP	Ministry of Health and Population
MoJ	Ministry of Justice
MoTPW	Ministry of Transport & Public Works
MoU	Memorandum of Understanding
MRA	Malawi Revenue Authority
MTIPSD	Ministry of Trade, Industry & Private Sector Development
NAC	National AIDS Commission
NCDs	Non-Communicable Disease(s)
NHA	National Health Accounts
NHIS	National Health Insurance Scheme
NMCM	Nurses and Midwives Council of Malawi
NSO	National Statistical Office
NTDs	Neglected Tropical Diseases
ODPP	Office of the Director of Public Procurement
OPC	Office of the President & Cabinet
ORS	Oral Rehydration Salt
PAM	Physical Assets Management
PHC	Primary Health Care
PMPB	Pharmacy, Medicines & Poisons Board
PPP	Public Private Partnership
RDT	Rapid Diagnostic Test
SDGs	Sustainable Development Goals
SDI	Staff Development Institute
SLA	Service Level Agreement
TB	Tuberculosis
THE	Total Health Expenditure
TT	Tetanus Toxoid
U5MR	Under-five Mortality Rate
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WHO	World Health Organization

GLOSSARY

Aid Effectiveness: Refers to the beliefs that aid can be more effective if it is channelled to priority areas as identified by the recipient countries, donor actions are harmonized and transparent, donor resources are tied to specific development goals, and both the donor and the recipient countries are accountable for the results that aid produces.

Appropriate Health Technology: Methods, procedures, techniques and equipment that are scientifically valid, adapted to local needs and acceptable to those who use them and to those for whom they are used, and that can be maintained and utilized with resources the community or country can afford.

Capital Investment Plan: A formal document produced by the Department of Planning and Policy Development detailing planned funding for resources such as buildings and/or medical equipment for a five-year period.

Complementary/Alternative Medicines: They refer to a broad set of health care practices that are not part of a country's own formal healthcare system and are not integrated into the dominant health care system.

Efficiency and Effectiveness: Efficiency refers to using the least costly resources possible in order to achieve the desired health results and Effectiveness refers to the extent to which health sector results have been achieved.

Essential Health Package: In Malawi, the Essential Health Package shall consist of a list of preselected public health and clinical interventions at all levels of care for which the people of Malawi are guaranteed access free at the point of service in all public hospitals and in CHAM hospitals with SLAs to provide full EHP services. The criteria for inclusion are health maximization, equity, continuum of care, and extraordinary donor funding.

Financial Risk Protection: This entails a high degree of separation between financial contributions made into the health system and actual utilization. Insurance schemes and tax based financing are some of the health resource mobilization models that offer substantial financial risk protection.

Health: The state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

Health Equity: Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided. This entails focused population efforts to address avoidable inequalities by equalising the conditions for health for all groups, especially for those who have experienced socio-economic disadvantage or historical injustices.

Health Key Stakeholders: Health key stakeholders are defined as persons or groups that have a vested interest in a clinical decision and the evidence that supports that decision. Stakeholders may be patients, caregivers, clinicians, researchers, advocacy groups, professional societies, businesses, policymakers, or others. Each group has a unique and valuable perspective.

Health Policy: Formal statement of intent on health covering vision, goals and broad policy directions and priorities.

Health Priority Cadres: Defined by Government of Malawi as comprising Physicians, Nurses/Midwives, Clinical Officers, Dental Therapists, Medical Assistants, Pharmacy Technicians, Laboratory Technicians, Radiology Technicians, Environmental Health Officers, Physiotherapists and Medical Engineers.

Health Promotion: A multidisciplinary field that relies on education and targeted interventions to help change behaviours and environments in ways that are conducive to health.

Health Status: The measurement, via some form of utility measure, made up from attributes of a person's or group's state of health. Normally measured with respect to activities of daily living such as freedom from pain, and anxiety, and the ability to feed, dress oneself.

Health System: The sum total of all the organisations, institutions and resources whose primary purpose is to promote, restore and maintain health.

Health Technology: Medical equipment in hospitals or health settings, including ultrasound.

Herbal Medicines: Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations.

Non-State Actors: Individuals and organisations acting otherwise than under the direction of the State. They include for-profit and not-for-profit organisations and actors, Non-Governmental Organisations, Faith-Based Organisations, communities and community-based organisations.

Primary Health Care: Essential basic health care based on practical, scientifically sound, and socially acceptable methods and technology; universally accessible to all in the community through their full participation, at an affordable cost, and geared toward self-reliance and self-determination.

Private-for-Profit Organisations: Entities that provide health services on a commercial or profit-oriented basis.

Private-not-for-Profit Organisations: All Faith-Based Organisations and Non-Governmental Organisations that provide health services on a non-commercial basis.

Responsiveness: This is a measure of how the health system performs relative to non-health aspects, meeting or not meeting a population's expectations of how it should be treated by providers of prevention, care or non-personal services.

Social Determinants of Health: Are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Tracer Items: Defined by Government of Malawi as comprising TT vaccines, LA, Oxytocin, Oral Rehydration Salts, Cotrimoxazole, Diazepam injection, rapid HIV test kits, Tuberculosis basic medicines, Magnesium Sulphate, Gentamycin, Metronidazole, Ampicillin, Benzyl Penicillin, safe blood and Rapid Diagnostic Test kits.

Universal Health Coverage: Refers to a situation when all people have access to quality essential healthcare services and essential medicines and vaccines without suffering undue financial hardship as a result of accessing care.

Vertical Programmes: A stream of work that focuses on a specific disease or condition and covers all parts of service delivery including prevention, diagnosis and treatment.

Vulnerable Groups/Populations: Groups/populations that experience a higher risk of poverty and social exclusion than the general population. They include persons with disabilities, the poor, isolated elderly people, women, children, orphans, ethnic minorities, migrants, the homeless, those struggling with substance abuse, and persons internally displaced due to natural disasters.

CHAPTER 1: INTRODUCTION

1.1. The National Health Policy

The National Health Policy provides policy direction on key issues that are central to the development and functioning of the health system in Malawi. The Policy has been developed in line with the Constitution of the Republic of Malawi, which stipulates that the State is obliged "*to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care*"[1]. In this respect, the Constitution guarantees all Malawians the highest quality healthcare services within the limited resources available.

The policy has also been developed in line with the Malawi Growth and Development Strategy (MGDS), an overarching development plan for Malawi that recognizes that a healthy and educated population is essential if Malawi is to achieve sustainable socio-economic growth. The Policy is also aligned to Sustainable Development Goals (SDGs). The Policy outlines a coordinated approach to be employed by the Government of Malawi to achieve the health sector goals, which are: to improve the health status of all Malawians; to ensure that the population is satisfied with the health services that they receive; and to ensure that the population does not suffer avoidable financial and social risks in the process of accessing health care at any level of the health care delivery system.

The National Health Policy will be implemented through the following priority areas: Health Service Delivery; Preventive Health and Social Determinants for Health; Leadership and Governance; Health Financing; Human Resources for Health; Medicines, Medical Supplies, Medical Equipment and Infrastructure; Population Management; and Health Information and Research.

The Policy will be implemented between 2018 and 2030 to align it with the SDGs implementation period and will be reviewed after every five years.

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[1] Section 13 (c) of the Constitution of the Republic of Malawi.

1.2. Background

Malawi's Health Care System has four delivery levels, namely: community, primary, secondary and tertiary, with inter-level referrals as required. Formal care is provided by three categories of providers comprising: public, private-not-for-profit, and private-for-profit. The Government of Malawi through the Ministry of Health and Population is the largest provider of modern healthcare services followed by the Christian Health Association of Malawi (CHAM), followed by a large number of independent private health facilities.

The Malawi Healthcare System uses the Essential Health Package (EHP) service delivery model. The first EHP was defined in 2000 with a core list of priority interventions to guide the allocation of scarce resources. Currently, the Government of Malawi through the Ministry of Health and Population has revised the package to be commensurate with health maximization principles, and to ensure equity, continuum of care and complementarity of services. Government provides free EHP services at point of delivery in public health facilities. Where there is no public facility within an 8km radius, but there is a CHAM facility, CHAM provides a package of preselected services for free at point of delivery through Service Level Agreements[2]. Based on the Local Government Act (1998) and the Decentralization Policy (1998), community, primary and secondary service delivery levels belong to the district health system, under the mandate of the councils, while the provision of care at tertiary service delivery level is the responsibility of the Ministry of Health and Population.

During the Millennium Development Goals (MDGs) implementation period (2000-2015), Malawi made significant progress in improving health outcomes, primarily through increased access to essential health services leading to high population coverage. Although there have been increases in access to essential health care services, several key challenges that directly impact negatively on the achievement of health sector goals remain. Some of the challenges are: a) limited access to health care services, b) low quality of health

[2] The recently revised Memorandum of Understanding between Government and CHAM provides for provision of free preselected services not only based on the 8 km radius but also takes into account population and difficulties in geographical access in CHAM facilities with less than 8 km radius from a public facility.

services that are on offer to clients, which directly leads to compromised effective care, and c) inefficiencies in the healthcare delivery system. The root causes of these challenges include:

- Healthcare service provision does not adhere to the Essential Health Package principles, resulting in bloated lists of services that are available on paper but not in reality.
- Increased preventable diseases/conditions, environmental and social risk factors that are directly impacting on health.
- Leadership and governance challenges across the health sector and at all levels of the health system.
- Insufficient health sector financial resources and inefficiencies in the allocation and utilization of the financial resources.
- Human Resource for Health capacity challenges.
- Unavailability, low quality and misuse of medicines and medical supplies.
- Rapid population growth due to high fertility rates.
- Low quality, inaccessible and non-standard information resulting in limited evidence-based decision-making.

These challenges have been exacerbated by the lack of a coherent policy framework to guide implementation of the interventions in a coordinated manner in the sector.

1.3. Current Status

Malawi has made great strides in improving health outcomes over the past decade. The maternal mortality ratio (MMR) declined from 984 per 100,000 live births in 2004 to 439 per 100,000 live births in 2016 while the infant mortality rate (IMR) decreased from 104 deaths per 1,000 live births in the year 2000 to 42 per 1,000 live births in 2016. The neonatal mortality rate has gone down from 42 deaths per 1,000 live births in the year 2000 to 27 deaths per 1,000 live births in 2016. The child mortality rate has decreased from 95 deaths per 1,000 live births in the year 2000 to 23 deaths per 1,000 live births in 2016, while the under-five mortality rate has gone down from 189 deaths per 1,000 live births in the year 2000 to 64 deaths per 1,000 live births in 2016.

There has also been remarkable progress in the fight against HIV and AIDS, with HIV prevalence decreasing from 16.4% in 1999 to 8.8% in 2016. Prevention of Mother to Child Transmission (PMTCT) was scaled up through Option B+ from 44% in 2010 to 80% in 2014. Mortality due to malaria has reduced, as demonstrated by a reduction in the malaria case fatality rate (CFR) from 100 per 100,000 in 2005 to 77 per 100,000 in 2015[3]. These improvements in health outcomes have been attributed to huge investments in addressing access, such as construction of new health facilities particularly in rural areas, training of additional health workers, and improvements in the availability of essential medicines and equipment. Consequently, access to and utilization of health services have increased. There have also been successes in terms of improved availability and coordination of health financing, especially between 2004 and 2012. The SWAp Pool Fund led to greater availability and efficiency in the utilization of health care resources. As a result, Total Health Expenditure (THE) increased from US$18 per capita in 2004 to US$39 per capita in 2012 and rising minimally to US$39.2 in 2015.

Despite these achievements, the health sector still faces many challenges. Mortality and morbidity among mothers and children is still unacceptably high; about 3 million Malawians are estimated to be living outside an 8km radius of a public or CHAM health facility; per capita health sector expenditure was at US$39.2 in 2015 which was less than half of what the WHO recommends for countries like Malawi[4]; and the proportion of health care expenditure incurred outside of the health sector plans has increased exponentially, causing coordination challenges on the health system. The available investment and capacity in human resources, infrastructure, equipment and supplies have failed to keep pace with the increased access and demand for health services brought on by a very high population growth rate, which has in turn led to a decline in quality of care.

Client satisfaction has not been a priority for a long period of time in the health system. Government has, however, elevated issues of client care and satisfaction to be one of three main health goals of the Malawi health system. The establishment of the Quality

[3] WHO 2016 World Malaria Report http://www.who.int/malaria/publications/world-malaria-report-2016/WMR-2016-annexes.pdf

[4] The WHO recommends that at least US$ 86 must be available per head in developing health systems.

Management Directorate will result in issues of client care and safety being prioritized alongside issues of health status and financial risk protection.

The Government realizes that these challenges cannot be addressed by isolated sub-sectoral policies. In this regard, the National Health Policy intends to concretize and build on the sustained gains that have been made over the years and will leverage and reinforce the implementation of health systems reforms to respond to the challenges that remain.

1.4. Problem Statement

For many years, the health sector in the country has been guided by multiple, isolated sub-sectoral policy frameworks and strategic plans. This has resulted in uncoordinated approaches in addressing the challenges facing health service delivery. Fragmentation and insufficient policy coordination have contributed to incoherent responses to the health sector challenges and their root causes.

1.5. Purpose of the Policy

The purpose of the National Health Policy is to provide a unified guiding framework for achieving the health sector goals of the country through addressing the identified key challenges and their root causes, thereby improving the functioning of the Malawi Health System. Addressing these bottlenecks will further position the country on the path to achieving the health-related targets within the Sustainable Development Goals.

CHAPTER 2: LINKAGES WITH OTHER POLICIES, LEGISLATION AND GUIDING PRINCIPLES

2.1 Linkages with other policies and legislation

The Policy will operate in line with other existing legal and policy frameworks at both national and global levels as indicated in the following sub-sections.

2.1.1. Linkages with overarching national documents

The National Health Policy has linkages with the following overarching national documents:

The Constitution

The Policy is aligned with the Constitution under Chapters III and IV. In section 13, the Constitution provides that: 'The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving (the goal of:) (c) Health - To provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care'.

Vision 2020

Vision 2020 is an overarching Policy document for the Government of Malawi. It outlines key strategic options for improving the health status of Malawians so that they can achieve better health via improved availability, accessibility and quality of healthcare services. It also recognizes the need to integrate traditional and alternative medicines in the modern healthcare system.

Malawi Growth and Development Strategy

The MGDS, as an overarching strategic document, identifies Health as one of the national priorities. The MGDS recognizes that a healthy and educated population is essential if Malawi is to achieve sustainable socio-economic growth. The Policy shall strive to uphold the vision to have 'a healthy population that effectively contributes to the social and economic growth and prosperity of the country'. The Policy was developed at the same time as MGDS III was being developed.

Health Sector Strategic Plan II (2017-2022)

The Health Sector Strategic Plan II (HSSP II) 2017-2022 is the health sector's medium term strategic plan. It outlines objectives, strategies and activities of the health sector. The HSSP II will operationalize the National Health Policy.

2.1.2. Linkages with Legislation

The Policy shall operate in a legal environment where other legislation touches on health issues and/or facilitates the delivery of healthcare services, as follows:

Public Health Act (1948)

The Public Health Act consolidates the law regarding the preservation of public health in Malawi. It addresses issues regarding infectious diseases and creates institutions for responding to emerging public health challenges.

Local Government Act (1998)

The Local Government Act (1998) consolidates the law regarding local government. It provides for health service delivery to be decentralized to district and city councils and empowers communities to be responsible for their own health and healthcare services. It also mandates the Ministry of Health and Population to be responsible for health-related policies, training and supervision.

Medical Practitioners and Dentists Act (1987)

The Act provides for the establishment of the Medical Council of Malawi, the registration and disciplining of medical practitioners and dentists, the regulation of training within Malawi of medical personnel, and generally for the control and regulation of the medical profession and practice in Malawi.

Nurses and Midwives Act (1995)

The Act establishes a Nurses and Midwives Council with the purpose of administering the certification, licensing and disciplining of nurses and midwives.

Pharmacy, Medicines and Poisons Act (1988)

The Act provides for the establishment of the Pharmacy, Medicines and Poisons Board; the registration and disciplining of pharmacists, pharmacy technologists and pharmacy assistants; the training within Malawi of pharmacists, pharmacy technologists and pharmacy assistants; the licensing of traders in medicines and poisons, and for the control and regulation of the profession of pharmacy in Malawi in general.

Public Private Partnership Act (2011)

The Act provides for partnerships between the public sector and private sector for the supply of infrastructure and delivery of services as means of contributing towards sustaining economic growth, social development and infrastructure development. The Act also provides for the development and implementation of public private partnership arrangements in Malawi for the delivery of infrastructure and services. The PPPs proposed in this Policy are in line with this Act.

Public Financial Management Act (2003)

The Act fosters and enhances effective and responsible economic and. financial management by Government, including adherence to policy objectives; it provides accompanying accountability arrangements, together with compliance with those arrangements. The Ministry of Health and Population must, in compliance with this Act, ensure responsible economic and financial management of health sector resources, and must be accountable for the same. Further, the Ministry must produce a national health sector budget for the areas under its responsibility.

Public Procurement Act (2003)

The Act provides for the principles and procedures to regulate and to be applied in the public procurement of goods, works and services in Malawi, including in the health sector.

2.1.3. Linkages with other National Policies

The Policy also has linkages with other national policies, some of which are:

National HIV and AIDS Policy

The National HIV and AIDs Policy aims to facilitate evidence-based programming and strengthening of the National HIV and AIDS Response while recognizing the emerging issues, gaps, challenges and lessons learnt during the implementation of the first Policy. The Policy shall strive to provide good governance for effective National HIV and AIDS programming.

Decentralization Policy

The Decentralization Policy seeks to create a democratic environment and the institutions for governance and development at the local level that facilitate grassroots participation in decision making. The Decentralization Policy will support the district health systems (comprising community, primary and secondary service delivery levels) to accelerate efforts to achieve the health sector goals, which are: improving the health status of Malawians, providing adequate financial risk protection and improving client satisfaction.

National Education Policy

With regard to health, the National Education Policy advocates for the promotion of: school health; water, sanitation, and hygiene; HIV and AIDs; gender; and for the management of health training institutions. The Policy shall provide frameworks for implementing these programmes.

National Nutrition Policy

The Nutrition Policy seeks to promote evidence-based programming and strengthening of the national nutrition response. The NHP shall promote good sanitation and good hygiene practices, and address the management of malnutrition, undernutrition and overnutrition, and non-communicable diseases related to nutrition.

National Gender Policy

The Gender Policy seeks to mainstream gender in the national development process in order to enhance participation of women and men, girls and boys at individual, household, and community levels for sustainable and equitable development.

Other Sectoral Policies

The health sector has strong linkages with other social and sectoral policies as a crossing-cutting issue. These policies include the National Social Support Policy and the National Youth Policy.

2.2 Linkages with international instruments

Malawi is a signatory to a number of international conventions and the policy took cognizance of the country's international commitments. These include:

Sustainable Development Goals (2016-2030)

The SDG Goal number 3 aims to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. This Policy also aims at achieving universal health coverage and SDG related health targets. The expected outcomes of this Policy are closely linked to the expected outcomes of the SDGs.

Abuja Declaration 2001

The Abuja Declaration calls for governments in Africa to commit at least 15% of their total expenditure to health. The Policy also sets the 15% total public expenditure target towards health.

Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems (2008)

The declaration sets a framework for African countries to achieve primary healthcare led health systems. The declaration has nine thematic areas, namely: leadership and governance for health; health services delivery; human resources for health; health financing; health information systems; health technologies; community ownership and participation; partnerships for health development, and research for health. The thematic areas proposed in this Policy are consistent with the Ouagadougou Declaration.

Paris Declaration on Aid Effectiveness (2005).

The Paris Declaration lays out a practical, action-orientated roadmap to improve the quality of aid and its impact on development. It puts in place a series of specific measures for

implementation and establishes performance indicators that assess progress. It also calls for an international monitoring system to ensure that donors and recipients hold each other accountable – a feature that is unique among international agreements. The National Health Policy has aid effectiveness and national ownership as key guiding principles.

2.3 Guiding Principles/Core Values

The guiding principles/core values demonstrate government's commitment to the attainment of equitable, accessible, affordable and sustainable high-quality evidence-based health care. The following are the guiding principles/core values for the National Health Policy:

i. ***National Ownership and Leadership:*** In the interest of national development and self-reliance, and in fulfillment of the principles of aid effectiveness, all partners in the health sector shall respect national ownership of the Policy. To this end, Government leadership will remain central in guiding the implementation of the National Health Policy.

ii. ***Primary Health Care:*** Provision of health services shall be based on the principle of Primary Health Care (PHC) as a basic philosophy and strategy for national health development.

iii. ***Human Rights-Based Approach and Equity***: All the people of Malawi shall have the right to good health, and equitable access to health services without any form of discrimination, whether it be based on ethnicity, gender, age, disability, religion, political belief, geographical location, or economic and/or other social conditions.

iv. ***Gender Sensitivity:*** Gender mainstreaming shall be central in the implementation of this Policy.

v. ***Ethical Considerations:*** The ethical requirements of confidentiality, safety and efficacy in both the provision of health care and health care research shall be adhered to.

vi. ***Efficiency and Effectiveness:*** All stakeholders shall be expected to use available resources for health efficiently and effectively to maximize health gains. Opportunities shall be created to facilitate integration of health service

delivery to leverage efficiency and effectiveness in addressing the health needs of the people of Malawi.

vii. ***Transparency and Accountability:*** Stakeholders shall discharge their respective mandates in a manner that is transparent and takes full responsibility for the decisions they make.

viii. ***Inter-sectoral and Intra-Ministerial Collaboration:*** Collaboration shall be strengthened between Ministries, Departments and Agencies (MDAs), the private sector and Civil Society Organizations in the development and implementation of health and health-related policies and programmes.

ix. ***Community Participation:*** Community participation shall be central in addressing the health needs of the people of Malawi.

x. ***Evidence-based decision-making:*** All health interventions shall be based on proven and cost-effective national and international best practice.

xi. ***Decentralization:*** Health service provision and management shall be in line with the Local Government Act (1998), which entails devolving district health service delivery to local government structures.

xii. ***Appropriate Technology:*** Health care providers shall use health care technologies that are safe, appropriate, relevant and cost-effective.

xiii. ***Public private mix:*** The Malawi healthcare system shall be run using both public and private structures. Public private partnerships will be promoted as means to ensure effective healthcare service delivery at all levels.

CHAPTER 3: BROAD POLICY DIRECTIONS

3.1. Policy goal

The overall goal of the National Health Policy is to improve the health status of all Malawians, and to increase client satisfaction and financial risk protection towards the attainment of Universal Health Coverage[5]. Specifically, the Policy will have the following outcomes at population level:

3.1.1 Health Status Outcomes by 2030

i. Increased life expectancy at birth from 64 years in 2016 to 74 years.
ii. Maternal mortality reduced from 439 deaths per 100,000 live births in 2016 to 70 per 100,000 live births.
iii. Neonatal mortality reduced from 27 deaths per 1000 live births in 2016 to 12 deaths per 1000 live births.
iv. Under five mortality reduced from 64 deaths per 1000 live births in 2016 to 25 deaths per 1000 live births.
v. Stunting in under-fives reduced from 37% in 2015 to 20%.
vi. Epidemics of malaria, tuberculosis, HIV/AIDS and NTDs reduced, and hepatitis, water-borne diseases and other communicable diseases combated.
vii. Premature mortality from non-communicable diseases reduced by one third through prevention and treatment, and mental health well-being promoted.
viii. Total fertility rate reduced from 4.4 children per woman in 2016 to 2.2 children per woman in 2030.
ix. The number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination (including radiation) substantially reduced;
x. The prevention and treatment of substance abuse strengthened, including narcotic drug abuse and harmful use of alcohol.
xi. The mortality rate from cardio-vascular diseases amongst the population aged 35-60 years reduced from 12% in 2015 to 3%.

[5] Universal Health Coverage is defined as ensuring that all people have access to needed health services of sufficient quality, while also ensuring that people do not suffer financial hardship. In Malawi, Universal Health Coverage is in terms of the Essential Health Package (EHP).

xii. Reduced number of road traffic fatal injury deaths within 30 days, per 100,000 population, from 1019 in 2013 to 200.

xiii. Suicide mortality rate reduced from 16% in 2015 to 5%.

xiv. Significant socioeconomic, geographical, gender and disability related differences in critical health outcomes eliminated.

3.1.2. Client satisfaction outcomes by 2030

Proportion of population satisfied by the public health system increased from 85% in 2014 to 98%.

3.1.3. Financial risk protection outcomes by 2030

i. Proportion of out-of-pocket payment for health as a share of total health expenditure reduced from 10.8% in 2015 to 7%.

ii. Proportion of the population covered by the National Health Insurance Scheme increased from 0 per cent in 2017 to 50%.

iii. Percentage of Government of Malawi budget expenditure on health increased from 10.8% of the total budget in the 2017/18 financial year to at least 15% of the total Government expenditure in the 2029/30 financial year.

3.2. Policy Objectives

The broad objectives of this policy are to:

i. Improve service delivery by ensuring Universal Health Coverage of essential health care services, paying particular attention to vulnerable populations.

ii. Promote preventive health at all levels of the health care system, reduce risk factors, and address social determinants of health.

iii. Provide effective leadership and management that is accountable and transparent at national, and local authority levels.

iv. Increase health financing equitably and efficiently and enhance its predictability and sustainability.

v. Improve the availability of competent and motivated human resources for health for quality health service delivery that is effective, efficient and equitable.

vi. Improve the availability, accessibility and quality of health infrastructure, medical equipment, medicines and medical supplies at all levels of health care.

vii. Slow down population growth to a sustainable level through voluntary and quality family planning services, the safe motherhood programme, and the provision of information and education.

viii. Strengthen capacity in health research and health information system management for evidence-based policy making.

CHAPTER 4: POLICY PRIORITY AREAS

The National Health Policy has identified eight priority areas that consolidate aspirations contained in the goal and the policy objectives. The priority areas are:

1. Service delivery
2. Preventive health and social determinants for health
3. Leadership and governance
4. Health financing
5. Human resources for health
6. Medicines, medical supplies, medical equipment and infrastructure
7. Population management
8. Health information and research.

4.1. Policy Priority Area 1: Service Delivery

Health services in Malawi are delivered through a variety of facilities, ranging from central hospitals providing tertiary care, to district hospitals, health centres and health posts, whose services range across secondary and primary health care levels, most of which are in the Essential Health Package (EHP). The EHP covers a variety of conditions and consists of promotion, preventive, curative and rehabilitative services that are likely to have the greatest impact on the majority of the population.

However, health service delivery is faced with numerous challenges, including: poor access; low quality of services; an unresponsive health system; a shortage of ambulance vehicles and a poor referral system.

Policy Statement

Government will ensure that universal health coverage of essential health care services, especially to vulnerable populations, is attained.

Strategies:

i. Define specific packages of essential health services for tertiary, secondary and primary health facilities with a focus on health prevention and promotion;
ii. Strengthen the prevention, management and control of EHP conditions;

iii. Strengthen implementation of evidence-based interventions to increase coverage and access to health services;

iv. Develop and implement appropriate referral systems at all levels of the health care delivery system;

v. Integrate delivery of health services;

vi. Promote active community participation in the delivery of health services;

vii. Strengthen partnerships with private health care providers, including those offering specialized services, to expand equitable access to essential health care;

viii. Provide healthcare services to identifiable and legitimate beneficiaries;

ix. Strengthen the provision of treatment, control and management of acute malnutrition for under-five children, pregnant and lactating women, adolescents and other vulnerable groups.

4.2. Policy Priority Area 2: Preventive Health and Social Determinants for Health

The Government of Malawi recognises the fact that more than 50% of the diseases affecting the population are preventable. There is therefore need to place great weight on health prevention and promotion activities to reduce the burden of preventable, communicable and treatable diseases to a level of no public health significance in Malawi. This requires a fundamental shift of mindset from emphasizing the curative approach in disease management to addressing healthcare at the prevention stage. Prevention should be the cornerstone of every aspect of the health system and all the people of Malawi should be empowered to be active participants in self-care, the prevention of disease, and maintaining wellness. Additionally, the Government of Malawi should ensure that all government policies have integrated health related issues adequately, particularly on health prevention.

Secondly, the conditions in which people are born, grow, work and socialize have an impact on their health and lead to inequities in health and health outcomes. Social determinants of health are not adequately addressed for the following reasons: limited capacity of individuals and communities to understand and manage social determinants of

health; limited respect for the rights of individuals and communities; inadequate resources, and weak inter-sectoral collaboration.

Policy Statements

a. Government will ensure that preventive and health promotion interventions are strengthened at all levels of the health care delivery system.

Strategies:

i. Ensure that health is integrated in all government policies;
ii. Promote healthy behaviours and lifestyles at the individual and community levels;
iii. Strengthen prevention and management of infectious diseases and non-communicable diseases including HIV and AIDs, malaria, TB and cancer;
iv. Promote nutritional and food safety throughout the life-course;
v. Promote water quality surveillance, good sanitation and hygiene practices through community led sanitation and sanitation marketing;
vi. Promote the adoption of safe water and sanitation practices at individual and household levels;
vii. Strengthen disaster, outbreak and epidemic preparedness and response;
viii. Improve management and disposal of both liquid and solid waste;
ix. Review cultural practices and discourage those that impact adversely on the population and development;
x. Strengthen vector and vermin control at household, community and institutional levels.

b. Government shall ensure policy coherence and effective multi-sectoral collaboration at all levels.

Strategies:

i. Promote inter-sectoral coordination in policy formulation and implementation at national and local authority levels;

ii. Strengthen mechanisms for addressing health inequalities and safeguarding human rights, including for women, youths, the elderly and other vulnerable persons;

iii. Strengthen mechanisms for mainstreaming health issues in all related policies and programmes.

4.3. Policy Priority Area 3: Leadership and Governance

Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. Setting and implementing a national health development agenda require robust leadership and governance structures at all levels of the health system. There are, however, a number of serious challenges in leadership and governance that are negatively impacting on service delivery and other health system functions. First, there is weak leadership and management of the health sector at all levels due to: inadequate capacity; weak coordination and reinforcement of policies and regulations; weak risk management; centralized decision making; and inadequate community empowerment. Secondly, there is weak coordination between GoM and health partners resulting in poor alignment of financing and programmes with national priorities, leading to fragmented implementation. There is inadequate joint planning and harmonization of GoM and health partner plans and budgets; weak procurement planning; parallel procurement by donors; and inadequate communication mechanisms among Government, donors and implementing partners at each level.

Policy Statements

*a. **Government will ensure that effective leadership, governance and accountability structures are in place and functional at all levels of the health care system**.*

Strategies:

i. Build and sustain leadership and management capacities in the health sector;

ii. Reinforce adherence to, and implementation of, policies, guidelines and protocols to effectively guide the health system;

iii. Enhance pro-active risk assessment and management;

iv. Strengthen financial, procurement and supply chain management at all levels;

v. Strengthen effectiveness of regulatory bodies;

vi. Ensure autonomy of providers at tertiary level;

vii. Empower communities to provide effective oversight of the community health system in line with decentralization policies of Government;

viii. Reform district health system policy guidelines in line with decentralization.

b. Government will ensure that all health stakeholders are well coordinated, and are aligned to national and local authority health priorities.

Strategies:

i. Reinforce effective stakeholder coordination, government-led joint planning, implementation and monitoring and evaluation at national, and local authority levels;

ii. Reinforce transparency, accountability and alignment of partner resources to national, and local authority processes and plans.

4.4. Policy Priority Area 4: Health Financing

Health financing is concerned with how resources are raised, pooled and used in a health care system. Consequently, health financing challenges centre on resource mobilization, resource pooling and resource allocation. Specific challenges are: 1) Insufficient, unpredictable and unsustainable domestic and external health financing due to: a weak domestic revenue base; under-developed and under-utilized domestic private pools and resources; under-utilized and fragmented external health financing, and 2) Available domestic and donor resources are inefficiently and inequitably allocated and managed at all levels.

Policy Statements

a. The Policy will ensure that adequate domestic and international resources are sustainably, efficiently and equitably mobilized and managed at the national and local authority levels.

Strategies:

i. Lobby for increased domestic tax-based financing for health care;
ii. Develop and implement a universal and mandatory health insurance scheme with contributions from the formal sector and non-poor informal sector;
iii. Promote optional supplementary health insurance schemes;
iv. Continue providing optional paying services in central hospitals and roll them out to district hospitals;
v. Promote efficient public private partnerships and corporate social responsibility;
vi. Strengthen donor and partner coordination and alignment to national, and local authority priorities;
vii. Promote pro-active mechanisms for mobilizing external resources;
viii. Strengthen pooling and management of local and external sector resources at all levels of the health system;
ix. Promote prudence, efficiency, transparency and accountability in the use of financial resources.

b. The Policy will promote and reinforce equitable and responsive resource allocation, and efficient service-purchasing arrangements at all levels of health care.

Strategies:

i. Strengthen mechanisms for equitable and efficient allocation of health resources;
ii. Institutionalize pay-for-performance initiatives at each level of care;
iii. Institutionalize mechanisms to track health resources at national and local authority levels;
iv. Reinforce implementation of the Essential Health Package (EHP) in line with available health sector resources;
v. Enhance implementation of reforms to tackle inefficiencies at all levels of the health system.

4.5. Policy Priority Area 5: Human Resources for Health

The Government of Malawi recognizes that sustaining gains made in the delivery of health care services requires robust and manageable strategies for the management of Human

Resources for Health (HRH). There are, however, key challenges in HRH that threaten to derail the progress that has been made in health service delivery. The major challenge identified in HRH is inadequate numbers of competent and motivated health workers at all levels due to: low and uncoordinated production; weak recruitment, deployment and retention processes; weak human resource management systems; poor health worker attitudes; low productivity; inappropriate skills mix allocation at health facilities; inadequate and uncoordinated continuous professional development; and a weak HRH regulation system.

Policy Statement

Government will ensure that sufficient numbers of competent, productive and motivated health workers are produced, recruited, deployed and retained in line with the health needs of the population at all levels of healthcare service delivery.

Strategies:

i. Strengthen stewardship and governance of HRH to ensure adherence to regulations and professional work ethics at all levels of the health system.
ii. Institutionalize implementation of regular comprehensive HRH assessments and analyses to inform the development of periodic HRH production, recruitment and management strategies for the health sector.
iii. Conduct periodic reviews of the establishment to analyse how it compares with the HRH needs.
iv. Produce relevant numbers and cadres of health workers (pre-service) in line with projected needs and competency requirements for each level of the health care delivery system.
v. Strengthen recruitment and deployment of HRH at service delivery level by allocating HRH skills mix based on facility type and sub-population needs.
vi. Improve health worker motivation and retention, satisfaction and performance through implementation of innovative incentives and performance systems tailored to rural, peri-urban and urban area needs.
vii. Strengthen human resources management systems at all levels by utilizing relevant electronic HR information systems to reduce inefficiencies in HRH management.

viii. Improve coordination of pre-service training through development of an annual HRH pre-service training plan, and enforce the use of relevant electronic information systems to track government scholarship beneficiaries and the enforcement of bonding requirements.

ix. Improve the coordination of in-service training through the development of training plans at technical directorate level, using electronic information systems to track allocation and implementation of training.

4.6 Policy Priority Area 6: Medicines, Medical Supplies, Medical Equipment and Infrastructure

The Government of Malawi recognizes that increased coverage of high-quality Essential Health Package (EHP) services is, to a large extent, dependent on the availability of quality essential medicines and medical supplies, adequate and safe medical equipment, and infrastructure that meets minimum standards. There are four main challenges that have been identified under this policy theme, as follows:

1) Limited availability of essential medicines and medical supplies due to persistent stock outs, leakages, inadequate financing, irrational prescriptions, weak regulation of complementary/alternative medicines, weak medicines research, and weak supply chain management systems;

2) Limited availability and poor quality of medical equipment due to: inadequate and ineffective procurement; weak procurement planning, coordination and management; inadequate resources; weak enforcement of standards; and theft of medical equipment;

3) Inadequate standardization of infrastructure, equipment, and medicines and medical supplies due to weak procurement management and regulation of donations;

4) Inadequate numbers and insufficient quality of health infrastructure relative to population needs due to: weak domestic financing; weak infrastructure procurement and management practices; weak planning, coordination and implementation of infrastructure plans; poor workmanship in construction and maintenance; and lack of scheduled and routine maintenance of infrastructure.

Policy Statements

a. The Policy will ensure that safe, efficacious and cost-effective medicines and medical supplies are available at all times at each service delivery point, in line with the needs of the population and standards of care.

Strategies:

i. Strengthen the procurement of cost-effective medicines, medical supplies, vaccines, laboratory reagents and health technologies in line with the EHP;
ii. Strengthen the distribution of medicines and medical supplies;
iii. Promote rational prescription and use of medicines at all levels of health care;
iv. Strengthen the security of medicines and medical supplies at all levels;
v. Develop and enforce guidelines on the use of alternative medicines;
vi. Promote the use of evidence-based complementary/alternative medicines;
vii. Strengthen research on medicines.

b. The Policy will facilitate the availability of safe, cost-effective and functional medical equipment at all service delivery levels at all times.

Strategies:

i. Strengthen management in the procurement of medical equipment;
ii. Develop and enforce measures to eliminate theft of medical equipment;
iii. Promote efficient utilization of medical equipment;
iv. Strengthen the capacity of the Physical Assets Management Unit.

c. The Policy will ensure that acquisition of infrastructure, medical equipment, medicines and medical supplies follows standardized criteria and health needs in line with the laid down standards and regulations.

Strategies:

i. Enforce adherence to Capital Investment Plan of the sector;

ii. Enforce minimum standards for health infrastructure and medical equipment.

d. Government will ensure that every sub-population has access to a health facility offering quality EHP within a radius of 5km.

Strategies:

i. Improve quality and capacity of existing infrastructure;
ii. Increase the number of health facilities based on need.

e. The Policy will ensure that health infrastructure and medical equipment provided at a health facility are accessible by all, regardless of disability, gender, ethnicity, age, and other vulnerabilities.

Strategy:

Review and revise norms, guidelines and standards for health infrastructure and medical equipment to reflect the needs for all groups of people, including persons with disability, and children.

4.7 Policy Priority Area 7: Population Management

Population influences all aspects of socio-economic development. Malawi`s population has grown from 4 million in 1966 to 13.1 million in 2008 and further to 14.8 million in 2012. The year 2017 population is estimated at 18.2 million. Malawi's population is growing rapidly at 2.8 percent per annum mainly due to an extremely high fertility rate of about 4.4%. At the current population growth and fertility rates, it is estimated that the population will at least triple by 2050. Rapid population growth exerts pressure on the provision of social services such as education and health care, and it undermines efforts to preserve the environment, adapt to the consequences of climate change, and uplift the wellbeing of Malawians. High fertility is a key barrier to the socioeconomic empowerment of women, and a major contributor to high child and maternal mortality.

Thus, Government's overall goal on population embraces the demographic dividend framework and is consistent with the national development agenda of achieving sustainable development. The Government will primarily focus on managing the country's unsustainably high rate of population growth through voluntary and quality family planning services. The Government will further support broader interventions in developing its

youthful population into a valuable resource for socioeconomic development through investments in education, innovation and entrepreneurial skills development, youth friendly reproductive and health services, and delayed entry into marriage and parenthood.

Policy Statement

The Policy will ensure that effective population management is provided through quality family planning services, the safe motherhood programme, and the provision of information and education to the youth.

Strategies:

i. Provide guidelines for the integration of population concerns into development plans at national, and local government levels;
ii. Strengthen the design and implementation of the safe motherhood programme;
iii. Strengthen the design and implementation of the Family Planning and Sexual and Reproductive Health programme (FP/SRH);
iv. Promote behavioral change in issues of family planning and sexual reproductive health at the individual and community levels;
v. Enhance collaboration with other public and private institutions in the provision of sexual and reproductive health services;
vi. Institutionalize an information dissemination system on population and family planning issues.

4.8 Policy Priority Area 8: Health Information and Research

Health information and research are important in supporting evidence-based decision-making at all levels of the health care system. One of the key challenges under this theme is weak national and local monitoring, evaluation and learning systems due to: parallel reporting mechanisms; poor quality of data; inadequate investments; weak planning and implementation of monitoring and evaluation (M&E) activities; and limited capacity to use data for decision making. Another challenge is that health decision making is informed by no or limited research due to: inadequate capacity for health research; inadequate resources for research; and non-adherence to the national health research frameworks and agenda.

Policy Statements

a. The Policy will ensure that robust monitoring, evaluation and learning systems are in place and enforced at all levels of the health system.

Strategies:

i. Enforce alignment of all information management systems across the health sector to the national M&E framework;
ii. Strengthen mechanisms for evidence-informed policy and decision making;
iii. Strengthen adherence to data management standards;
iv. Strengthen the feedback mechanism;
v. Institutionalize mechanisms for monitoring of health policies, strategies and plans at all levels of the health system;
vi. Strengthen effective planning and coordination of monitoring and evaluation activities in the health sector.

b. Government will ensure that policy making in the health sector is informed by high quality research findings.

Strategies:

i. Strengthen local capacity to carry out policy relevant health research;
ii. Enforce adherence to the national health research framework and agenda;
iii. Strengthen mechanisms for the approval and monitoring of health research.

CHAPTER 5: IMPLEMENTATION ARRANGEMENTS

5.1. Institutional arrangements

Issues of health attract the attention of a range of key stakeholders that include Government Ministries, Departments and Agencies, private sector organizations, development partners, civil society organizations, and non-governmental organizations. The role of key stakeholders in the implementation, monitoring and evaluation of the policy is therefore as follows:

The **Office of the President and Cabinet** will be responsible for providing policy guidance, direction and monitoring the implementation of the policy.

The **Ministry of Health and Population** will be responsible for providing oversight, strategic leadership, policy direction, coordination, resource mobilization, capacity building, quality management, disease surveillance and control, and monitoring and evaluation in the implementation of the National Health Policy.

The **Health Service Commission** will be responsible for the recruitment and promotion of health workers and the setting of other conditions of service.

The **Health Sector Working Group** will be responsible for enhancing coordination across multiple health sector stakeholders to avoid duplication of efforts.

Health development partners will be responsible for co-funding, and aligning to, priority interventions.

Health regulatory bodies will be responsible for registering professional health workers and ensuring health services are provided, following the highest possible ethical standards. The regulatory bodies are the Pharmacy, Medicines and Poisons Board (PMPB), Nurses and Midwives Council of Malawi (NMCM) and the Medical Council of Malawi (MCM).

Health training and research institutions will be responsible for training health workers and conducting research. Some of these training institutions are the University of Malawi, CHAM training colleges, Staff Development Institute (SDI) and Malawi Institute of Management (MIM).

The **Malawi Traditional Healers Umbrella Organisations** will be responsible for the coordination of practices using traditional medicines or complementary alternative medicines.

Ministry of Local Government & Rural Development will be responsible for the implementation of health and population interventions at the district and lower levels.

Ministry of Finance, Economic Planning & Development will be responsible for ensuring adequate mobilization, and efficient and effective use of resources. It will be responsible for considering health projects in the Public Sector Investment Programme (PSIP).

Ministry of Education, Science & Technology will manage health training institutions and implementation of the school health programmes.

Ministry of Agriculture, Irrigation & Water Development will be responsible for development and implementation of policies and plans to ensure adequate, reliable and nutritious food supply. It will also be responsible for the provision of safe and potable drinking water to promote the health status of the population.

Ministry of Gender, Children, Disability and Social Welfare will be responsible for promoting gender awareness. While mainstreaming knowledge about gender it will contribute to the prevention of sexual and gender-based violence, and any form of discrimination. It will also contribute to the promotion of sexual and reproductive health rights.

Ministry of Natural Resources, Energy & Environment will be responsible for ensuring the safety of employees and communities working and living within and around the mines and other environmentally hazardous areas.

Ministry of Labour, Youth, Sports & Manpower Development will facilitate occupational safety and health in workplaces, and reaching the youth with health messages.

Ministry of Justice & Constitutional Affairs will facilitate the development and review of health-related legislation and regulations.

Ministry of Transport and Public Works (Buildings Department) will be responsible for guiding the construction of health buildings and the maintenance of roads, which are critical for effective patient referral and prevention of accidents.

Directorate of Road Traffic and Safety Services will be responsible for ensuring that all road users are following laid down laws and regulations.

Ministry of Civic Education, Culture & Community Development and the Ministry of Information & Communications Technology will ensure communication, information and civic education on issues related to the National Health Policy.

Department of Human Resources Management & Development will be responsible for human resource planning, management and development.

Department of Disaster Management Affairs will be responsible for adequate disaster preparedness interventions.

Malawi Human Rights Commission will be responsible for ensuring health rights are respected.

The **Private Sector**, including non-state actors, will contribute to the delivery of effective and high-quality essential health services.

The **Law Commission** will be responsible for the revision and drafting of new health related legislation.

Non-Governmental Organizations, Civil Society Organizations, Faith-Based Organizations and Traditional leaders will be responsible for advocating for increased resources to the health sector, and for delivering quality health services, acting as a bridge between Government and communities in ensuring that communities access quality health services.

The **Media** will be responsible for promoting and disseminating health information.

5.2. Implementation Plan

To ensure effective implementation of the policy, a detailed implementation plan has been developed and is attached as ANNEX 1. The plan provides a linkage between the policy goal

and objectives on one hand, and strategies and institutions responsible for implementing those strategies on the other hand. It also includes a timeframe for the implementation of each strategy.

5.3. Monitoring and Evaluation

The implementation of the policy requires an effective and efficient monitoring and evaluation (M&E) system. The system shall provide the feedback information needed to identify implementation challenges and gaps. A detailed monitoring and evaluation plan for this policy, with appropriate performance indicators, outputs and targets is presented in ANNEX 2.

5.4. Implementation Costs

The National Health Policy will be implemented by the five-year rolling Health Sector Strategic Plan. The cost of HSSP II for the first five period of the policy (2017/18-21/22) is estimated at $2,613 Million. The resources will be provided by Government, Donors and CSOs.

ANNEX 1: IMPLEMENTATION PLAN

POLICY PRIORITY AREA 1: SERVICE DELIVERY			
Policy Statement: Government will ensure that universal health coverage of essential health care services, especially to vulnerable populations, is attained.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To improve service delivery by ensuring universal health coverage of essential health care services, paying particular attention to vulnerable populations.	Define specific packages of essential health services for tertiary, secondary and primary health facilities	MoHP, Ministry of Local Government & Rural Development (LGRD), Ministry of Finance, Economic Planning & Development (MFEPD), DHOs, Central Hospitals, CHAM, private for profit health organizations, National AIDS Commission (NAC), Development Partners	2018-2030
	Strengthen implementation of evidence-based interventions to increase coverage and access to health services	MoHP, MLGRD, Ministry of Transport and Public Works (MoTPW), MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Implementing Partners	2018-2030
	Develop and implement appropriate referral system at all levels of health care delivery system	MoHP, MLGRD, Ministry of Transport and Public Works (MoTPW), MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Implementing Partners.	2018-2030

	Integrate delivery of health services	MoHP, MLGRD, MoTPW, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Implementing Partners.	2018-2030
	Promote active community participation in delivery of health services	MoHP, MLGRD, DHOs, NGOs/INGOs Private Health Sector Association, Health Service Commission, DPs, NAC.	2018-2030
	Strengthen partnerships with private health providers including those offering specialized services, to expand equitable access to essential health care.	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, BLM, Private Sector Association, NAC.	2018-2030
	Provide health care services to identifiable and legitimate beneficiaries	National Registration Bureau, MoLGRD, MoHP.	2018-2030
	Strengthen provision of treatment, control and management of acute malnutrition for under-five children, pregnant and lactating women, adolescents and other vulnerable groups.	MoHP, UN organizations, DHOs, Ministry of Agriculture, Irrigation & Water Development, (MoAIWD), CHAM, private for profit health organizations, NAC.	2018-2030

POLICY PRIORITY AREA 2: PREVENTIVE HEALTH AND SOCIAL DETERMINANTS FOR HEALTH			
Policy Statement a: Government will ensure that preventive and health promotion interventions are strengthened at all levels of the health care delivery system			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To promote preventive health at all levels of the health care system, reduce risk factors and address social determinants of health.	Promote healthy behaviours and lifestyles at the individual and community levels	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
	Strengthen prevention and management of infectious diseases and non-communicable diseases	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
	Promote nutritional and food safety throughout the life-course	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
	Promote water quality surveillance, and good sanitation and hygiene practices through community led sanitation and sanitation marketing	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030

	Strengthen disaster, outbreak and epidemic preparedness and response	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
	Improve management and disposal of both liquid and solid waste	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
	Review cultural practices and discourage those that impact adversely on population and development	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
	Strengthen vector and vermin control at household, community and institutional levels	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
Policy Statement b: Government shall ensure policy coherence and effective multi-sectoral collaboration at all levels.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To promote preventive health at all levels of the health care system, reduce risk factors and	Promote inter-sectoral coordination in policy formulation and implementation at national and local authority levels	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030

address social determinants of health.	Strengthen mechanisms for addressing health inequalities and safeguarding human rights, including for women, youths, elderly and other vulnerable persons	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
	Strengthen mechanisms for mainstreaming health issues in all related policies and programmes	MoHP, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, NAC, Development Partners	2018-2030
POLICY PRIORITY AREA 3: LEADERSHIP AND GOVERNANCE			
Policy Statement a: Government will ensure that effective leadership, governance and accountability structures are in place and functional at all levels of the health system.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To provide effective leadership and management that is accountable and transparent at national, and local authority levels	Build and sustain leadership and management capacities in the health sector	MoHP, MLGRD, DHOs, Central Hospitals, CHAM, professional associations in the health sector, MIM, DHRMD, OPC, SDI	2018-2030
	Reinforce adherence to, and implementation of, policies, guidelines and protocols to effectively guide the health system	MoHP, MLGRD, MFEPD, Ministry of Justice (MoJ), Ministry of Gender, Children, Disability & Social Welfare (MGCDSW), Law Commission, Malawi Human Rights Commission (MHRC), Medical Council of Malawi (MCM),	2018-2030

		Nurses and Midwives Council of Malawi (NMCM), Pharmacy, Medicines and Poisons Board (PMPB), Health Donor Partners (HDPs), and Private health sector umbrella bodies.	
	Enhance pro-active risk assessment and management	MoHP, MLGRD, MFEPD, MoJ, ICAM	2018-2030
	Strengthen financial, procurement and supply chain management at all levels	MoHP, MLGRD, MFEPD, Malawi Institute of Procurement and Supply (MIPS), Health Donor Partners	2018-2030
	Strengthen effectiveness of regulatory bodies	MoHP, MLGRD, MoJ, MCM, NMCM, PMPB, HDPs	2018-2030
	Ensure autonomy of providers at tertiary level	MoHP, MoJ, MFEPD, MLGRD, Law Commission, academic research institutions, Health Training Institutions (HTIs), Central Hospitals, DHOs.	2018-2030
	Empower communities to provide effective oversight of the community health system in line with decentralization policies of Government.	MoHP, MoJ, MFEPD, MLGRD, DHOs.	2018-2030

	Reform district health system policy guidelines in line with decentralization	MoHP, MoJ, MFEPD, MLGRD, Law Commission, academic research institutions, Health Training Institutions (HTIs), Central Hospitals, DHOs.	2018-2030
Policy Statement b: Government will ensure that all health stakeholders are well coordinated, and aligned to national, and local authority health priorities.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To provide effective leadership and management that is accountable and transparent at national, and local authority levels	Reinforce effective stakeholder coordination, Government-led joint planning, implementation and monitoring and evaluation at national and local authority levels.	MoHP, MLGRD, MFEPD, MoJ, Health Donor Partners	2018-2030
	Reinforce transparency, accountability and alignment of partner resources to national and local authority processes and plans.	MoHP, MLGRD, MFEPD, MoJ, Health Donor Partners	2018-2030
POLICY PRIORITY AREA 4: HEALTH FINANCING			
Policy Statement a: The Policy will ensure that adequate domestic and international resources are sustainably, efficiently and equitably mobilized and managed at the national, and local authority levels.			
Objective	**Strategies**	**Responsibility/Stakeholders**	**Time-frame**

To increase health financing equitably and efficiently and enhance its predictability and sustainability	Lobby for increased domestic tax-based financing	MoHP, MLGRD, MFEPD, MoJ, Health Donor Partners	2018-2030
	Develop and implement a universal and mandatory Health Insurance Scheme with contributions from the formal sector and non-poor informal sector	MoHP, MLGRD, MFEPD, MoJ, Health Donor Partners, MRA, NSO, Ministry of Trade, Industry and Private Sector Development (MTIPSD)	2018-2030
	Promote optional supplementary health insurance schemes	MoHP, MLGRD, MFEPD, MoJ, Health Donor Partners, MRA, NSO, MTIPSD.	2018-2030
	Continue providing optional paying services in central hospitals and roll them out to district hospitals	MoHP, MoJ, MFEPD, MLGRD, Central Hospitals, DHOs.	2018-2030
	Promote efficient public private partnerships and corporate social responsibility	MoHP, MFEPD, MLGRD, MoJ, PPP Commission, Regulatory Bodies, MTIPSD, Malawi Investment and Trade Centre (MITC), CHAM, BLM, other private for profit organizations, and Private sector umbrella organizations.	2018-2030
	Strengthen donor and partner coordination and alignment to national, and local authority priorities	MoHP, MLGRD, MFEPD, MoJ, Health Donor Partners, DHOs	2018-2030
	Promote pro-active mechanisms for	MoHP, MLGRD, MFEPD, Health Donor	2018-2030

	mobilizing external resources	Partners, DHOs	
	Strengthen pooling and management of local and external sector resources at all levels of the health system.	MoHP, MLGRD, MFEPD, Health Donor Partners, DHOs	
	Promote prudence, efficiency, transparency and accountability in the use of financial resources	MoHP, MLGRD, MFEPD, MoJ, Health Donor Partners, DHOs, Health CSOs, ICAM, Malawi Law Society	2018-2030
Policy Statement b: The Policy will promote and reinforce equitable and responsive resource allocation, and efficient provider-purchasing arrangements at all levels of health care.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To increase health financing equitably and efficiently and enhance its predictability and sustainability	Strengthen mechanisms for equitable and efficient allocation of health resources	MoHP, MLGRD, MFEPD, Health Donor Partners, DHOs, Private Health Organizations	2018-2030
	Institutionalize pay-for-performance initiatives at each level of care	MoHP, MLGRD, MFEPD, Health Donor Partners, MoJ, DHOs	2018-2030
	Institutionalize mechanisms to track health resources at national, and local authority levels	MoHP, MLGRD, MFEPD, Health Donor Partners, Households, Private Organizations, NGOs, Regulatory Bodies	2018-2030
	Reinforce implementation of the Essential	MoHP, MLGRD, MFEPD, Health Donor	2018-2030

	Health Package (EHP) in line with available health sector resources	Partners, DHOs	
	Enhance implementation of reforms to tackle inefficiencies at all levels of the health system	Office of President and Cabinet (OPC), Parliamentary Committees, MoHP, MLGRD, MFEPD, Health Donor Partners, MoJ, DHOs	2018-2030
POLICY PRIORITY AREA 5: HUMAN RESOURCES FOR HEALTH			
Policy statement: Government will ensure that sufficient numbers of competent and motivated health workers are produced, recruited, deployed and retained in line with the health needs of the population at all levels of healthcare service delivery.			
Objective	**Strategies**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability of competent and motivated human resources for health for quality health service delivery that is effective, efficient and equitable	Strengthen stewardship and governance of HRH to ensure adherence to regulations and professional work ethics at all levels of the health system	MoHP, Regulatory bodies, MLGRD, Training Institutions	2018-2030
	Institutionalize implementation of periodic comprehensive HRH assessments and analyses to inform the development of periodic HRH production, recruitment and management strategies for the health sector	MoHP, MLGRD, MFEPD, Health Donor Partners, Dept of Human Resource Management & Development (DHRMD), DHOs	2018-2030
	Conduct periodic reviews of the	MoHP. MLGRD, Training Institutions,	2018-2030

	establishment to match the HRH needs	DHRMD	
	Produce relevant numbers and cadres of health workers (pre-service) in line with projected needs and competency requirements for each level of the health care delivery system	MoHP, MLGRD, MFEPD, Health Donor Partners, Training Institutions, DHOs, Regulatory Bodies	2018-2030
	Strengthen recruitment and deployment of HRH at service delivery level by allocating HRH skills mix based on facility type and sub-population needs	MoHP, MoEST, MLGRD, MGCDSW, DHRMD, MFEPD, Health Training Institutions, Regulatory bodies, and private health sector	2018-2030
	Improve health worker motivation and retention, satisfaction and performance through implementation of innovative incentives tailored to rural, peri-urban and urban area needs.	MoHP, MoEST, MLGRD, MGCDSW, DHRMD, MFEPD, Health Training Institutions, Regulatory bodies, and private health sector	2018-2030
	Strengthen human resource management systems at all levels by utilizing relevant electronic HR information systems to reduce inefficiencies in HRH management	MoHP, MoEST, MLGRD, MGCDSW, DHRMD, Health Training Institutions	2018-2030
	Improve coordination of pre-service training through development of an annual HRH	MoHP, MoEST, MLGRD, MGCDSW	2018-2030

	pre-service training plan, and enforce the use of relevant electronic information systems to track government scholarship beneficiaries and enforcement of bonding requirements		
	Improve the coordination of in-service training through the development of training plans at technical directorate level and use of electronic information systems to track allocation and implementation of training	MoHP, MoEST, MLGRD	2018-2030
POLICY PRIORITY AREA 6: MEDICINES, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND INFRASTRUCTURE			
Policy Statement a: The Policy will ensure that safe, efficacious and cost-effective medicines and medical supplies are available at all times at each service delivery point in line with the needs of the population and standards of care.			
Objectives	**Strategies**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment, medicines and medical supplies at all levels of health care.	Strengthen the procurement of cost-effective medicines, medical supplies, vaccines, laboratory reagents and health technologies in line with the EHP	MoHP, CMST, MFEPD, DHOs, Central Hospitals, Office of the Director of Public Procurement (ODPP), Health Donor Partners	2018-2030
	Strengthen the distribution of medicines and medical supplies	MoHP, CMST, MFEPD, DHO, Central Hospitals, ODPP, Health Donor Partners,	2018-2030

		Private Warehouses and Distributors	
	Promote rational prescription and use of medicines at all levels of health care.	MoHP, Central Hospitals, PMPB, DHOs	2018-2030
	Strengthen the security of medicines and medical supplies at all levels.	MoHP, Central Hospitals, PMPB, DHOs	2018-2030
	Develop and enforce guidelines on the use of alternative medicines are in place and are adhered to.	MoHP, Central Hospitals, PMPB, DHOs	2018-2030
	Promote the use of evidence-based alternative medicine	MoHP, Central Hospitals, PMPB, DHOs	2018-2030
Policy Statement b: The Policy will ensure that safe, cost-effective and functional medical equipment is available at all service delivery points at all times.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Strengthen management in the procurement of medical equipment	MoHP, MFEPD, MIPS, DHOs, Central Hospitals, MoLGRD	2018-2030
	Develop and enforce measures to eliminate theft of medical equipment	MoHP, Central Hospitals, DHOs, Malawi Police, MoLGRD	2018-2030
	Promote efficient utilization of medical equipment	MoHP, DHOs, Central Hospitals, MoLGRD	2018-2030

	Strengthen the capacity of the Physical Assets Management Unit	MoHP	2018-2030
Policy Statement c: The Policy will ensure that acquisition of infrastructure, medical equipment, medicines and medical supplies follow standardized criteria and health needs in line with the laid down standards and regulations.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Enforce adherence to Capital Investment Plans	MoHP, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donor Partners	2018-2030
	Enforce minimum standards for health infrastructure and medical equipment	MoHP, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Malawi Institute of Engineers (MIE)	2018-2030
Policy Statement d: Government will ensure that every sub-population has access to a health facility offering quality primary EHP within a radius of 5km.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Improve the quality and capacity of existing infrastructure	MoHP, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donor Partners	2018-2030
	Increase the number of health facilities based on need	MoHP, MFEPD, Department of Buildings, DHOs, Central Hospitals,	2018-2030

		MoLGRD, Health Donor Partners	
Policy Statement e: The Policy will ensure that health infrastructure and medical equipment provided are accessible by all, regardless of physical and mental challenges, gender, ethnicity, age and other vulnerabilities.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Review and revise norms, guidelines and standards for health infrastructure and medical equipment to reflect the needs for all groups including people with physical and mental challenges, and children.	MoHP, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, MIE, FEDOMA, MGCDSW	2018-2030

POLICY PRIORITY AREA 7: POPULATION MANAGEMENT			
Policy Statement: The Policy will ensure that effective population management interventions are provided through quality family planning services, the safe motherhood programme, and the provision of information and education.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To slow down population growth to a sustainable level through voluntary and quality family planning services, the safe motherhood programme and the provision of information and education.	Provide guidelines for the integration of population concerns into development plans at national, and local government levels	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Strengthen the design and implementation of the safe motherhood programme	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Strengthen the design and implementation of sexual and reproductive health programmes	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Enhance collaboration with other public and private institutions in the provision of sexual and reproductive health services	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Institutionalize an information dissemination system on population and family planning issues	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs, DoDMA	2018-2030

POLICY PRIORITY AREA 8: HEALTH INFORMATION AND RESEARCH			
Policy Statement a: The Policy will ensure that robust monitoring, evaluation and learning systems are in place at all levels of the health system.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To strengthen capacity in health research and health information system management for evidence based policy making.	Enforce alignment of all information management systems across the health sector to the national M&E framework	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Strengthen mechanisms for evidence informed policy and decision making	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Strengthen adherence to data management standards	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Strengthen the feedback mechanism	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
	Institutionalize mechanisms for monitoring health policies, strategies and plans at all levels of the health system	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030

	Strengthen effective planning and coordination of monitoring and evaluation activities in the health sector	MoHP, DHOs, Central Hospitals, MoLGRD, Health Donor Partners, Health CSOs	2018-2030
Policy Statement b: Government will ensure that policy making in health sector is informed by high quality research.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To strengthen capacity in health research and health information system management for evidence based policy making.	Strengthen local capacity to carry out policy relevant health research.	MoHP, MGCDSW, Central Hospitals, DHOs, National Health Research Council, Health Regulatory bodies, CHAM, umbrella bodies for the private-for-profit hospitals, HDPs, National Statistical Office, and HTIs.	2018-2030
	Enforce adherence to the national health research frameworks and agenda.	MoHP, COM, all designated research committees	2018-2030
	Strengthen mechanisms for the approval and monitoring of health research	MoHP, COM, all designated research committees	2018-2030

ANNEX 2: MONITORING AND EVALUATION PLAN

POLICY PRIORITY AREA 1: SERVICE DELIVERY						
Outcome: Increased Universal Health Coverage of essential health care services						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
Improve service delivery by ensuring Universal Health Coverage of essential health care services, paying particular attention to vulnerable populations	Defined specific packages of essential health services for tertiary, secondary and primary health facilities	Percentage of health facilities delivering essential health services (disaggregated by levels of care)	54	100	Service Availability and Readiness Assessment	Availability of adequate resources
	Increased use of evidence-based interventions to improve coverage and access to health services	Percentage of households having full ITN coverage	24	90	MDHS	Availability of adequate resources
		Percentage of children aged 12 to 23 months that have received all essential vaccinations	76	100	MDHS	Change of mind set by the population
		ART coverage [6]	69%	90%	HIV/AIDS Department	Availability of adequate resources

[6] % of adults and children living with HIV currently receiving ART in accordance with nationally approved treatment protocols (WHO/UNAIDS standards) among the estimated number of adults and children living with HIV

	An efficient referral system developed and functional at all levels	Ratio of ambulances to population	1 to 100,000	1 to 50,000	HTSS (PAM)	Availability of adequate resources
		Ratio of specialists to population	0.025 per 10,000	1: 50,000	iHRIS	Availability of adequate resources
	Delivery of health services integrated	Percentage of health facilities delivering essential health services (disaggregated by levels of care)	54	100	Service Availability and Readiness Assessment	Availability of adequate resources
	Improved community participation in delivery of health services	% functional Village Health Committees	N/A	1 per village	District Health Reports	Full decentralization is adopted
	Strengthened partnerships with private health providers including those offering specialized services, to expand equitable access to essential health care.	% of SLAs - % of CHAM/Private facilities eligible for SLAs that have signed an SLA with DHO/MoHP	63%	100%	Dept. of Planning and Policy Development	Availability of adequate resources

	National Identity Cards are used in accessing public health facilities	Percentage of public health facilities demanding production of National ID cards before accessing services	0%	100%	Dept. of Planning and Policy Development	Cabinet approves Policy recommendation
	Strengthened provision of treatment, control and management of acute malnutrition for under-five children, pregnant and lactating women, adolescents and other vulnerable groups	% of children ages 6-23 months who meet the minimum acceptable dietary standards	8%	50%	Malawi Demographic Health Surveys	Availability of adequate resources
		% of under-fives who are stunted	37%	20%	Malawi Demographic Health Surveys	Availability of adequate resources
		% of women aged 15-49 who are anaemic	33%	15%	Malawi Demographic Health Surveys	Availability of adequate resources

POLICY PRIORITY AREA 2: PREVENTIVE HEALTH AND SOCIAL DETERMINANTS FOR HEALTH						
Outcome: Improved preventive health at all levels of the health care system, reduced risk factors, and improved social determinants of health						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To promote preventive health at all levels of the health care system, reduce risk factors, and address social determinants of health.	National Health Promotion and diseases health campaigns conducted	Number of National Health Promotion and diseases health campaigns conducted	13	15	National Health Promotion and diseases health campaigns reports	Availability of adequate resources
	Planned Malaria control campaigns undertaken	% of Malaria control campaigns undertaken	N/A	100%	Programme Reports	Availability of adequate resources
	Increased number of households that treat water prior to drinking	% of household that treat water prior to drinking	31%	80%	MDHS	Change of mindset of the population
	Increased number of households that have improved toilet facilities	% of household that have improved toilets facilities	52%	90%	MDHS	Change of mindset of the population

	Fewer children under five who are obese	% of children who are obese	5%	2%	MDHS	Effective anti-overnutrition messages lead to a change of mindset
	Fewer women who are obese	% of women who are obese	21%	10%	MDHS	Effective anti-overnutrition messages lead to a change of mindset
POLICY PRIORITY AREA 3: LEADERSHIP AND GOVERNANCE						
Outcome: Improved functionality of national, and local governance structures						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To provide effective leadership and management that is accountable and transparent at national, and local authority	Leadership and management capacities in the health sector built and sustained	Proportion of Senior Health Sector Managers who have successfully undergone Management & Leadership training each year	0%	50%	Health Sector Annual Report	Availability of adequate resources
	Risk assessment and management enhanced	Proportion of cost centres with risk management and disaster recovery plan	0%	100%	Annual Internal Audit Report	Willingness to foster governance and accountability

levels	Strengthened financial, procurement and supply chain management at all levels	Proportion of procurement handled through government procurement system	N/A	100%	Procurement Report	Willingness to foster governance and accountability
		Percentage reduction in financial and procurement audit queries	0%	100%	Financial and Procurement Audit Reports	Willingness to foster governance and accountability
	Regulatory bodies strengthened	Percentage of planned standard monitoring visits conducted in a year	N/A	100%	Regulatory Bodies Report	Availability of adequate human expertise and financial resources
	All central hospitals at tertiary level attain autonomy	Number of central hospitals with an autonomous Hospital Board in place	0	5	Annual Health Sector Reform Report	Sustained willingness to foster governance and accountability
	Communities empowered to provide effective oversight of the community health system in line with decentralization policies of	Percentage of functional Village Health Committees	N/A	100%	Health Sector Annual Report	Full decentralization

	Government.					
	District Health System Policy Guidelines developed in line with decentralization policies	Proportion of health centres that have functional health facility management committees	0%	100%	Health Sector Annual Report	Full decentralization
POLICY PRIORITY AREA 4: HEALTH FINANCING						
Outcome: Increased percentage of public sector health expenditure as a share of total public expenditure						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To increase health financing equitably and efficiently and enhance its predictability and sustainability	Increased domestic tax-based financing for the health sector	Government expenditure on health as percentage of total Government expenditure	10.85%	15%	NHA Report	Availability of adequate resources
	National Health Insurance Scheme established	Percentage of people enrolled in NHIS	0%	50%	NHIS Report	Political will and adequate system establishment
	Optional supplementary health insurance	Number of people enrolled in private insurance schemes	0.01%	10%	NHA Report	Change of mind set by the population on insuring their

	schemes promoted					health risks
	Paying services established in central and district hospitals	Percentage of district hospitals operating paying services	0%	100%	Health Sector Annual Report	Availability of adequate resources
	Public private partnerships established	Private expenditure as a percentage of total health expenditure	17.5%	35%	NHA Report	Conducive environment for the private sector
	Donor and partner coordination enhanced to ensure alignment to national, and local authority priorities	Proportion of donors and partners with approved MoUs	24%	100%	Aid Coordination Reports	Framework for Aid Coordination in place
	Pooling and management of local and external sector resources strengthened	Percentage reduction of fragmented pools of health resources	40%	20%	NHA Report	Framework for Aid Coordination in place
	Pro-active mechanisms for mobilizing external resources promoted	Percentage increase in number of health grants mobilized from external resources	0%	100%	Department of Health Research	Active seeking of health research grants
	Prudence, efficiency, transparency and accountability in	Percentage reduction in financial and procurement audit	0%	100%	Financial and Procurement Audit Reports	Willingness to foster governance and accountability

	the use of financial resources promoted	queries				
	Mechanisms for equitable and efficient allocation of health resources strengthened	Revised allocation formula in place	0	1	Department of Planning and Policy Development	Availability of technical and financial resources
	Pay-for-performance initiatives institutionalized	Guidelines for Pay-for-performance in place	0	1	Department of Planning and Policy Development	Availability of technical and financial resources
	Mechanisms to track health resources at national, sub-national and local authority levels institutionalized	Conduct NHA and Resource Mapping biennially	Once every two years	Once every 2 years	Department of Planning and Policy Development	Availability of technical and financial resources
	Implementation of the Essential Health Package (EHP) in line with available health sector resources reinforced	Number of packages approved and being implemented	1	3	HSSP II	Availability of adequate resources
	Implementation of reforms to tackle	Number of reforms tackling inefficiencies	1	3	Health Sector Annual Report	Willingness to foster governance

	inefficiencies reinforced	being implemented				and accountability
POLICY PRIORITY AREA 5: HUMAN RESOURCES FOR HEALTH						
Outcome: Increased percentage of public and CHAM facilities with 100% establishment filled at primary level, 75% at secondary level, and 50% at tertiary level by 2030.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To improve the availability of competent and motivated human resources for health for quality health service delivery that is effective, efficient and equitable	Stewardship and governance of HRH strengthened	Percentage reduction of cases of professional misconduct	0%	50%	Regulatory Bodies	Availability of adequate resources Change of mindset of health workers
	Periodic comprehensive HRH assessments and analyses institutionalized	Number of HRH assessment reports produced	0	3	HR Department	Availability of adequate resources
	Relevant numbers and cadres of health workers (pre-service) are produced in line with projected needs and competency requirements for	Percentage of filled positions in priority health cadres	48%	100%	iHRIS	Availability of adequate human expertise and financial resources

	each level of the health care delivery system					
	Recruitment and deployment of HRH at service delivery level strengthened	Percentage of health facilities with minimum staff norms	45%	100%	iHRIS	Availability of adequate human expertise and financial resources
	Motivation and retention of human resource improved through implementation of innovative incentives tailored to rural, peri-urban and urban area needs.	Percentage reduction in staff turn over	N/A	80%	iHRIS	Adequate monetary and non-monetary incentives are in place
		Percentage of filled positions in priority health cadres	48%	100%	iHRIS	Availability of adequate human expertise and financial resources
	Human resources management systems strengthened at all levels	Percentage of iHRIS reports produced	N/A	100%	iHRIS	Availability of adequate human expertise and financial resources
	Annual HRH pre-service training plan developed, informed by relevant training	Annual HRH pre-service training plan	0	1	HR Department	Availability of adequate resources

	institutions					
	In-service training plan developed	In-service training plan	0	1	HR Department	Availability of adequate resources
POLICY PRIORITY AREA 6: MEDICINES, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND INFRASTRUCTURE						
Outcome: Increased percentage of population with access to a health facility offering 24-hour quality EHP within 5km radius						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all	Procurement of cost-effective medicines, medical supplies, vaccines, laboratory reagents, and health technologies strengthened	Procurement Guidelines	0	1	Pharmacy, Procurement Unit	Availability of adequate resources
		Percentage of health facilities with stock outs of tracer drugs[7]	Amoxicillin 250mg capsules 6%, Paracetamol 500mg tablets 3%, Sulphadoxine 500mg 5%, Cotrimoxazole480mg tablets 1%, Oxytocin 10 IU 1%, Glove disposable latex medium (box) 4%, Syringe,	0%	LMIS	Availability of adequate financial resources

[7] TT vaccines, LA, Oxytocyin, ORS, cotrimoxazole, diazepam inj., rapid HIV test kits, TB essential medicines, magnesium sulphate, gentamycin, metronidazole, ampicillin, benzyl penicillin, safe blood, RDTs.

levels of health care			autodestruct, 5ml, disposable, hyperluer with 21g needle 15%, ORS 1%, Sodium chloride 0.9%, 500ml, viaflex (bottle/pouch) 7%. Overall Stock out rate = 5%			
	Distribution of medicines and medical supplies strengthened	Percentage of health facilities with stock outs of tracer drugs	Overall Stock out rate = 5%	0%	LMIS	Availability of adequate financial resources
	Rational prescription and use of medicines at all levels of health care promoted.	Gap of tracer medicines dispensed against number cases recorded	Overall Stock out rate = 5%	0%	LMIS	Availability of adequate financial resources
	Security of medicines and medical supplies at all levels strengthened.	Percentage reduction of recorded theft of medicines and medical supplies	0%	80%	Drug Theft Investigation Unit Report	Change of mindset of health workers
	Guidelines on the use of alternative medicines are in place	Guidelines in place and approved	0	1	HTSS Department (Pharmacy)	Availability of adequate resources

	Use of evidence based alternative medicine promoted	Guidelines in place and approved	0	1	HTSS Department (Pharmacy)	Availability of adequate resources
	Management in the procurement of medical equipment strengthened	Procurement Guidelines in place	0	1	HTSS Department (Pharmacy)	Availability of adequate resources
		Physical Asset Management Policy in place	0	1	HTSS Department (Pharmacy)	Availability of adequate resources
	Measures to eliminate theft of medical equipment developed and enforced	Percentage reduction of recorded theft of medical equipment	0%	80%	Drug Theft Investigation Unit Report	Change of mindset of health workers
	Medical equipment usage and Physical Assets Management Unit capacity strengthened	Percentage of users trained in appropriate use of medical equipment	N/A	100%	HTSS Department (PAM)	Availability of adequate resources
		Percentage of filled positions of Medical Engineers	N/A	100%	HTSS Department (PAM)	Availability of adequate resources

	Adherence to Capital Investment Plans enforced	Percentage of infrastructure investments implemented from CIP	N/A	100%	Planning and Policy Department (Infrastructure Unit)	Availability of adequate resources
	Minimum standards for health infrastructure and medical equipment enforced	Infrastructure standards guidelines in place	0	1	Planning and Policy Department (Infrastructure Unit)	Availability of adequate resources
	Quality and capacity of existing infrastructure improved	Infrastructure standards guidelines in place	0	1	Planning and Policy Department (Infrastructure Unit)	Availability of adequate resources
	Norms, guidelines and standards for health infrastructure and medical equipment revised	Revised guidelines in place	0	1	HTSS Department (Pharmacy)	Availability of adequate resources

POLICY PRIORITY AREA 7: POPULATION MANAGEMENT						
Outcome: Reduce total fertility rate from 4.4 children per woman in 2016 to 2.2 children per woman in 2030.						
Objective(s)	**Outputs**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To slow down population growth to a sustainable level through voluntary and quality family planning services, the safe motherhood programme, and the provision of information and education	National guidelines for the integration of population concerns into development plans developed	National guidelines in place	0	1	Health Sector Annual Review Report	Availability of adequate resources
	Safe motherhood programme strengthened	Safe motherhood programme strengthened	N/A	100%	Programme Reports	Availability of adequate resources
	Sexual and reproductive health programmes implemented	Total fertility rate	4.4%	2.2%	MDHS	Change of mindset of the population on uptake of family planning methods
	Collaboration with other public and private institutions in the provision of sexual and reproductive health services enhanced	% of private institutions providing sexual and reproductive health services	N/A	50%	MDHS	Change of mindset of the population

	Information dissemination system on population and family planning issues institutionalised	Information dissemination system on family planning issues in place	0	1	Health Sector Annual Review Report	Availability of adequate resources
POLICY PRIORITY AREA 8: HEALTH INFORMATION AND RESEARCH						
Outcome: Increased proportion of policies and decisions that are evidence informed at national, local authority and health facility level						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To strengthen capacity in health research and health information system management for evidence based policy making	Alignment of all information management systems across the health sector to the national M&E framework is enforced	Core national health indicators are in place	0	1	DHIS	Availability of technical and expertise resources
		Interoperability standards, guidelines and requirements developed	0	1	CMED	Availability of technical and expertise resources
	Mechanisms for evidence informed policy and decision making strengthened	Guidelines for Health Policy Development are revised and in place	N/A	1	Policy Development Unit	Availability of technical and expertise resources

	Adherence to data management standards strengthened	Annual Data Quality Assessments conducted	N/A	100%	CMED	Availability of technical and expertise resources
		Percentage of Health Facilities provided with Data Quality improvement mentorship	N/A	100%	CMED	Availability of technical and financial resources
	Feedback mechanism strengthened	Percentage of health facilities provided with feedback on their HMIS data by the relevant supervisory level	N/A	100%	CMED	Availability of technical and expertise resources
	Mechanisms for monitoring implementation of health policies, strategies and plans institutionalised	A tool for monitoring implementation of policies, strategies, plans is in place	0	1	Policy Development Unit	Availability of technical and expertise resources
	Effective planning and coordination of monitoring and evaluation activities strengthened	Number of Joint Health Sector Annual Reviews	1	2	Health Sector Mid-year and Annual Review Reports	Availability of resources
	Local capacity to carry out policy relevant health research strengthened.	Percentage of health expenditure allocated to health research activities	0.7	2	National Health Accounts Report	Availability of resources

	Adherence to national health research frameworks and agenda strengthened	Percentage of research conducted in line with national health research agenda	76.5	100	Health Research Department	Availability of adequate financial resources and of technical expertise
	Mechanisms for the approval and monitoring of health research strengthened	Percentage of research conducted in line with national health research agenda	76.5	100	Health Research Department	Availability of adequate financial resources and of technical expertise
	Mechanisms for Knowledge translation strengthened	Knowledge translation platform in place	0	1	Health Research Department	

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