



**World Health
Organization**

Malawi



WHO MALAWI COUNTRY OFFICE

**COMPREHENSIVE ANNUAL REPORT
YEAR 2024**

Table of Contents

List of Figures	iii
List of Tables	iii
Acronyms and Abbreviations	iv
Foreword	vi
Executive Summary	viii
Program Achievements	1
Improved access to safe, effective and quality medical products.....	2
1 UHC and life course.....	2
1.1 Health Systems Strengthening.....	3
1.2 Health financing / economics	5
1.3 Human Resource for Health.....	6
1.4 Essential medicines resistance	10
1.5 Quality of care and patient safety	14
1.6 Reproductive maternal newborn child adolescent health, nutrition and healthy ageing.....	17
1.7 Expanded Programme on Immunization (EPI).....	23
1.8 Communicable Diseases (HIV, TB, Malaria, Neglected Tropical Disease).....	32
1.9 Non communicable diseases	40

2. Responding to Public Health Emergencies	43
2.1 Emergency preparedness and response (EPR).....	44
2.2 Strengthening Preparedness.....	44
2.3 Emergency Response.....	59
3. Healthier Population	69
3.1 Determinants of health.....	70
4. Corporate services and enabling functions	72
5. Strategic health information, data and innovation	76
6. National research agenda and translation of research into policy and practice	88
7. External relations and Strategic communication.....	91
8. Acknowledgements.....	97

List of Figures

Figure 1:	Trend of DPT Dose 1, DPT Dose 3 and Measles Rubella – Dose 1, Malawi, 2019-2024	23
Figure 2:	Enablers of HPV revitalization	28
Figure 3:	WCO Social media dashboard analytics for December 2024.....	93

List of Tables

Table 1:	Key WHO contributions towards the closure of the WPV outbreak.....	31
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Acronyms and Abbreviations

AFR	WHO African Region
AMR	antimicrobial resistance
CCS	country cooperation strategy
CHAM	Christian Health Association of Malawi
CSOs	civil society organizations
DALYs	disability adjusted life years
DHS	demographic health survey
EPR	emergency preparedness and response
GDP	gross domestic product
GPW	General Programme of Work
HIS	health information systems
HNAPs	health national adaptation plans
HRH	human resources for health
HSSP	health sector strategic plan
ICT	information and communications technology
IDSR	integrated disease surveillance and response
IHR (2005)	International Health Regulations (2005)
JEE	joint external evaluation
KPIs	key performance indicators
MICS	multiple indicators cluster survey

MoH	ministry of health
NCDs	noncommunicable diseases
NGO	nongovernmental organization
NSAs	non-State actors
NSO	national statistical office
PHC	primary health care
PHEs	public health emergencies
PoEs	points of entry
NTDs	neglected tropical diseases
SDGs	Sustainable Development Goals
SPAR	IHR States Parties Self-Assessment Annual Reporting Tool
UHC	universal health coverage
UN	United Nations
UNDP	United Nations Development Programme
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	water, sanitation and hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WCO	WHO country office
WHO	World Health Organization

Foreword



It is with great pride and deep appreciation that I present the 2024 Annual Report of the World Health Organisation (WHO) Malawi Country Office. This report captures a year of remarkable progress, resilience, and innovation in our collective pursuit of health equity and Universal Health Coverage (UHC) for all Malawians.

In alignment with Malawi's Health Sector Strategic Plan III (HSSP III 2023–2030), the WHO Country Cooperation Strategy (CCS), and the United Nations Sustainable Development Cooperation Framework (UNSDCF), WHO Malawi has worked together with the Ministry of Health, development partners, and communities to strengthen health systems, improve service

delivery, and enhance emergency preparedness and response.

Among our most impactful achievements in 2024 was the operationalisation of nine HSSP III reforms, which laid the foundation for integrated, people-centred primary health care. We supported the development of district implementation plans and performance improvement strategies, ensuring that health services are responsive, equitable, and resilient. We made significant strides in human resources for health, increasing the national staffing norm and rolling out a performance management system that promotes accountability and motivation. Our support for the Health Labour Market Analysis and National Health Workforce

Account has enabled evidence-based planning and policy formulation.

In health financing, WHO facilitated the institutionalization of National Health Accounts and supported the rollout of Direct Facility Financing in 16 districts—critical steps toward sustainable, government-led health financing. We also advanced strategic purchasing and reduced donor dependency, contributing to a more resilient health system.

Quality of care and patient safety were institutionalized across all levels of care, with over 180 maternal and newborn health quality improvement projects implemented. Malawi adapted the Global Patient Safety Action Plan and scaled up the National Quality Improvement Certification Program, reinforcing our commitment to safe, effective, and people-centred care. In RMNCAH and nutrition, WHO supported the finalization of the National SRHR Policy and Child Nutrition Guidelines, contributing to a reduction in maternal and neonatal mortality. Through the 2gether 4 SRHR programme, we mobilized \$500,000 to advance adolescent health and rights.

Our emergency preparedness and response efforts were strengthened through the implementation of the EPR Roadmap and flagship initiatives—PROSE, TASS, and SURGE. WHO supported Malawi's Joint External Evaluation, readiness assessments, and coordinated responses to cholera, measles, floods, and Cyclone Chido. Immunization efforts were revitalized, with increased coverage for DPT3 and MR1, successful HPV vaccine

revitalization, and the introduction of new vaccines. Malawi became the sixth country globally to adopt the Vigimobile AEFI reporting system, meeting international benchmarks for vaccine safety.

In digital health and innovation, WHO supported the rollout of the Malawi Healthcare Information System (MaHIS), integration of SMART Guidelines, and the launch of the Demand Catalyst Program to scale health innovations. We institutionalized the Malawi One Health Observatory and strengthened the Health Data Collaborative platform.

These achievements were made possible through the unwavering commitment of our partners, the dedication of health workers, and the resilience of communities across Malawi. As we reflect on the progress made in 2024, we remain steadfast in our mission to build a healthier, more equitable future for all.

On behalf of the WHO Malawi Country Office, I extend my sincere gratitude to the Government of Malawi, our partners, and the people of Malawi. Together, we are shaping a health system that is inclusive, responsive, and resilient leaving no one behind.



Dr Neema Rusibamayila Kimambo

WHO Representative - Malawi

Executive Summary

The 2024 WHO Malawi Country Office Comprehensive Annual Report highlights strong progress toward Universal Health Coverage (UHC) and resilient health systems, achieved through close collaboration with the Government of Malawi, partners, and communities. Activities were aligned with the Health Sector Strategic Plan III (2023–2030), the WHO Country Cooperation Strategy, and the UNSDCF, with emphasis on primary health care, global health security, and equity. Nine district-level reforms were rolled out, introducing integrated, people-centered services with district implementation plans, performance targets, and a focus on equity and responsiveness.

Key gains were made in health systems strengthening. Staffing norms were expanded, and a Health Workforce Performance Management System was launched. National Health Accounts and Direct Facility Financing were institutionalized in 16 districts, advancing government-led financing. Quality of care improved through maternal, newborn, and child health initiatives and adoption of national standards. In reproductive, maternal, newborn, child, adolescent health (RMNCAH) and nutrition, the National SRHR Policy and Child Nutrition Guidelines were finalized, contributing to mortality reductions, supported by \$500,000 mobilized through the 2gether 4 SRHR program.

Emergency preparedness and response (EPR) advanced with the EPR Roadmap and flagship initiatives (PROSE, TASS, SURGE). Malawi conducted Joint External Evaluations, strengthened epidemic surveillance, responded effectively to cholera, measles, floods, cyclone Chido and reinforced One Health coordination. The country was certified wild poliovirus-free in May 2024, introduced a second dose of inactivated polio vaccine, and evaluated Typhoid Conjugate Vaccine introduction. The Vigimobile

AEFI digital tool was launched in December to improve vaccine safety.

Digital health progressed through the scaling of MaHIS, SMART Guidelines integration, and the Demand Catalyst Program. The Malawi One Health Observatory was institutionalized, and the Health Data Collaborative platform enhanced partner coordination. The HIV response reached over 962,000 on ART by September 2024, reducing HIV-related mortality, while TB and malaria programs expanded with ITN campaigns and integrated vector management. PEN-PLUS improved access to chronic care for NCDs, complemented by the launch of the Neglected Tropical Diseases Master Plan (2023–2030).

Food safety and NCD risk reduction were advanced through a National Food Safety Policy and Codex-aligned measures. With World Bank support, WHO procured USD 9 million worth of essential medicines and supplies, achieving savings reinvested in frontline services. Partnerships with the World Bank, FCDO, CERF, Gavi, KFW, USAID, and others ensured multi-year funding and strengthened coordination.

WHO visibility grew through strategic communications, media engagement, and UN collaboration. Operational excellence remained a priority, with strengthened governance, risk management, staff training, PRSEAH measures, and community feedback mechanisms.

Despite major achievements, challenges persist in health financing, Ministry of Health capacity (financing, IPC, epidemiology, data management, NCDs), and balancing emergencies with routine services. Going forward, WHO will sustain primary health care-driven UHC, enhance health information systems, and strengthen One Health integration to accelerate progress toward SDG3 and resilience against climate-related health threats.



PROGRAM
ACHIEVEMENTS



Improved access to safe, effective and quality medical products

Malawi Health Sector Strategic Plan III 2023-2030, under the theme “REFORMING FOR UNIVERSAL HEALTH COVERAGE,” is aligned with achieving Universal Health Coverage (Leaving No One Behind), Operational Framework for Primary Health Care and Sustainable Development Goal 3 targets by 2030. Malawi Service Coverage index at 51.59%, needs more efforts to achieve SDG 3 target 3.8.1 on essential services coverage and SDG 3.8.2 on financial risk protection for individuals and families. Malawi is implementing the WHO recommendation on reorienting health systems towards a primary health care (PHC) approach to accelerate progress to achieve UHC, including Health Security. This renewed focus on PHC encompasses building resilient health systems, ensuring equitable access to quality health care, leaving no one behind, addressing social determinants of health and effects of climate change using a multi-sectoral approach WHO supported the MoH to conduct the Joint Annual Health sector Performance Review, a multistakeholder accountability platform to track health sector performance at national and decentralised levels.

1 UHC and life course

HSSPIII ERATIONALISED TO ACHIEVE HEALTH SECTOR OUTCOMES

A well-functioning health system is built on a foundation of well-trained, motivated and equitably deployed workers, a well-functioning infrastructure, and a reliable supply of medicines and technologies, all coordinated by an appropriate governance and service delivery system and supported by efficient financing and information mechanisms.

The WHO and other stakeholders implemented the nine HSSPIII reforms aligned to the WHO health systems building blocks, formulated District Implementation Plans, and health facility annual Performance Improvement Plans. Using the adapted global goods in the Malawi context, WHO facilitated various capacity-building initiatives and aligned the strategy on integrated service delivery models and Health Benefits Package with the PHC continuum **from health promotion and disease prevention to treatment, rehabilitation, and palliative care. Investments in capacity building in the** context of health systems strengthening is enhancing achievement of the health sector outcomes and impact.



Advancement of the Lusaka agenda in Malawi

WHO supported the functionality of the Health Donor Group with focused alignment and harmonization under the donor coordination framework in the context of the HSSPIII One Plan One Budget and One M&E Report, the International Health Partnership (UHC 2030), SDG3 Global Action Plan, and the Lusaka Agenda. The Lusaka agenda 2023 with five strategic shifts calls for all stakeholders on a stronger contribution to primary health care (PHC) by effectively strengthening systems for health, sustainable, domestically financed health

services, and public health functions and to achieve equity in health outcomes, commitment from donors to reduce fragmentation and improve harmonization behind country-led plans, whether bilaterally or through multilateral and global investments. WHO facilitated the adaptation of the 24 common metrics on health systems performance agreed on by bilateral and multilateral partners. The Lusaka agenda is referenced in the WHO's Fourteenth General Programme of Work 2025-2028, and a unified African voice in engagement with Global Health Initiatives by Health ministers. The Lusaka Agenda document can be found here: <https://futureofghis.org/final-outputs/lusaka-agenda/>

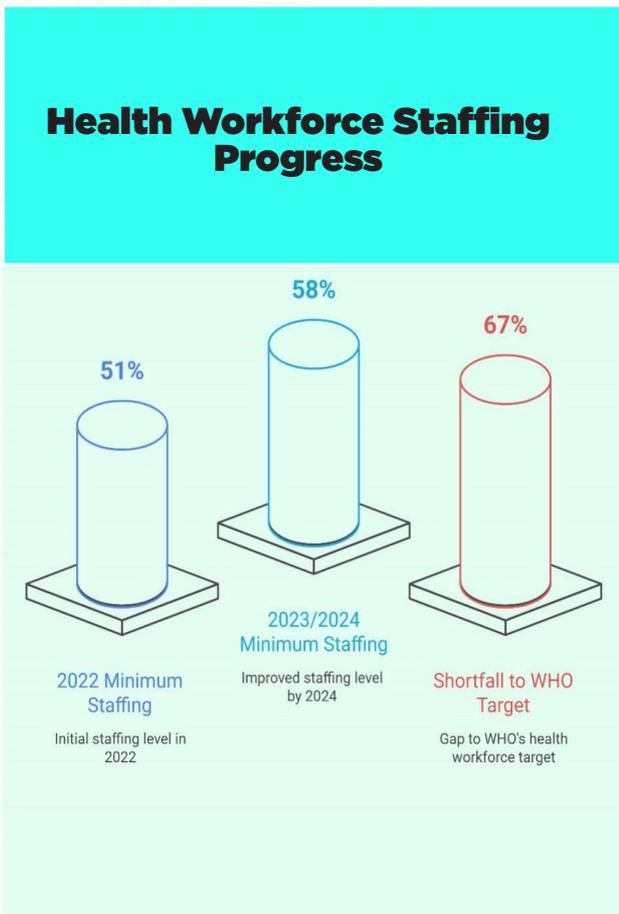


2023 - 2024 Annual Review Workshop

1.1 Health Systems Strengthening

WHO supported the MoH to implement the health workforce strategies outlined in Human Resources Operational Plan 2024-2030 towards realisation of the HSSPIII reform under:

Evidence-based matching of health workforce supply and demand; performance management; integrated CPD and harmonized in-service training. The details below highlight the increase of workforce staffing and the key gap:



Key HRH strategic areas:

- Enhance recruitment, selection, deployment, and equitable distribution of human resources for health.
- Optimized production at training institutions and strengthen coordination between the institutions and health sector needs.
- Strengthened performance management policies, procedures, and practices.
- Instituted competitive remuneration, benefits, and working conditions for human resources for health.
- Reliable data on evidence-based health workforce decision-making.

Health Workforce Performance Management System:

WHO supported the establishment of a performance management system for the health workforce. The PMS includes a motivation and reward system towards health workers' retention, career enhancement, and development.

Despite improvements significant gaps remain in achieving optimal health workforce



The conceptualization and implementation of the national performance management system is

through partner engagement on the PM strategy with MoH, WHO, CDC, CHAI, USAID, and GIZ.

1.2 Health financing / economics

Sustaining financing for the health sector

Support for increase of Health budget sector

Through its disseminated knowledge products, WHO supported MoH with evidence to the

technical dialogue under the Health Financing HSSPIII reform on strategic purchasing and a self-sustaining government-led and financed health sector.

Key achievement: Increased funding for health sector

Health Sector Budget Allocation 2024/25



The health sector's budget allocation falls short of the Abuja recommendation.

Country capacity built in institutionalisation of National Health Accounts:

Malawi is rolling out the roadmap on the institutionalisation of NHA that focuses on conducting country-led NHAs and institutionalisation. WHO built national capacity building in systems of accounts and supported the finalisation of the 2019/20-2021/22 NHA report and its dissemination. among stakeholders. From 2018/2019 to 2021/2022 National Health Accounts, the government expenditure on health as a % of total expenditure increased from 24.1% to 25.1% while the donor contribution reduced from 54.5% to 47.3%. The total expenditure on primary health care as a % of total health expenditure was 39.7% and increased to 42.7%. The per capita total expenditure on health slightly increased from 39.9% to 40.9%, while the out-of-pocket expenditure on health as a % of total health expenditure increased from 11.9% to 13.2%. The 2025 NHA roadmap purposes to complete the 2024 NHA data collection, data analysis, report writing, and dissemination and capacity building in Systems of Health Accounts for the national technical team.

Country capacity built in conducting the Health Financing Progress Matrix

Developed by the WHO's Health Financing Team, the Health Financing Progress Matrix (HFPM) assesses strengths and weaknesses in a country's health financing system, based on a set of evidence-based benchmarks, framed as nineteen desirable attributes. WHO built the national capacity of the Health Financing Technical Committee to conduct the four phases of the HFPM with Preparation, Conducting the assessment, External review, report finalisation, and publication. The health sector is advanced

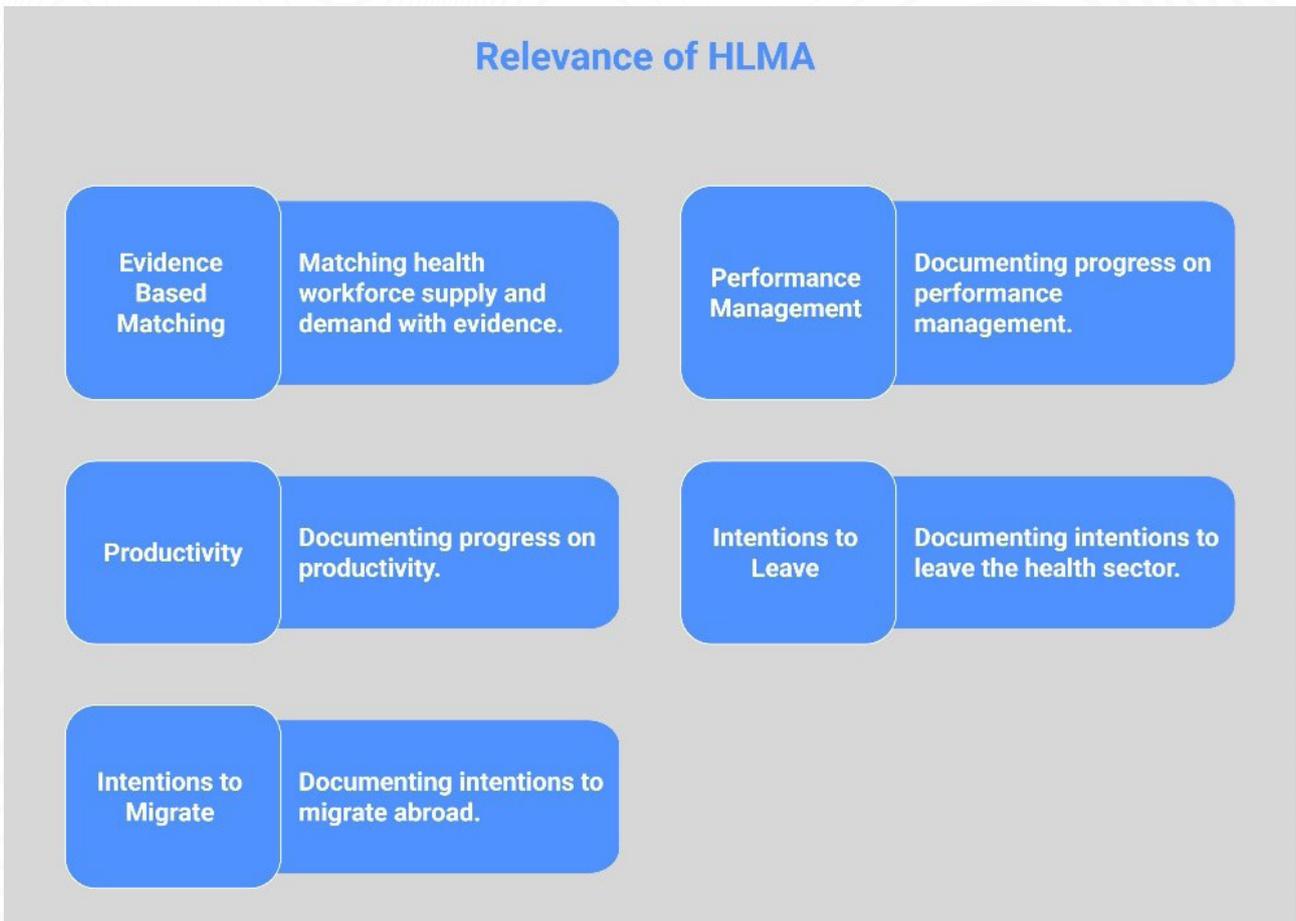
under Health Financing Policy, Process, and Governance, progressing in Resource mobilization and pooling, and is emerging under strategic purchasing. Within the financing dialogue platforms on sustainable financing to progress performance-based health financing, among the reforms geared to accelerate progress to achieve health financing and UHC objectives and goals.

Rolled out Direct Facility Financing: WHO supported the MoH to draft guidelines and operational plans, such as the Guidelines for Direct Financing Facility for fiscal years 2024-2026 launched and rolled out in 14 of 29 districts of Malawi. Scaling up DFF is among the public financial management reforms in the HSSPIII expected to enhance government commitment towards improving health services delivery and increased support to primary health care essential public functions. National scale-up of direct financing to health facilities with inputs and performance-based grants is cascaded based on funds availability by government and partners.

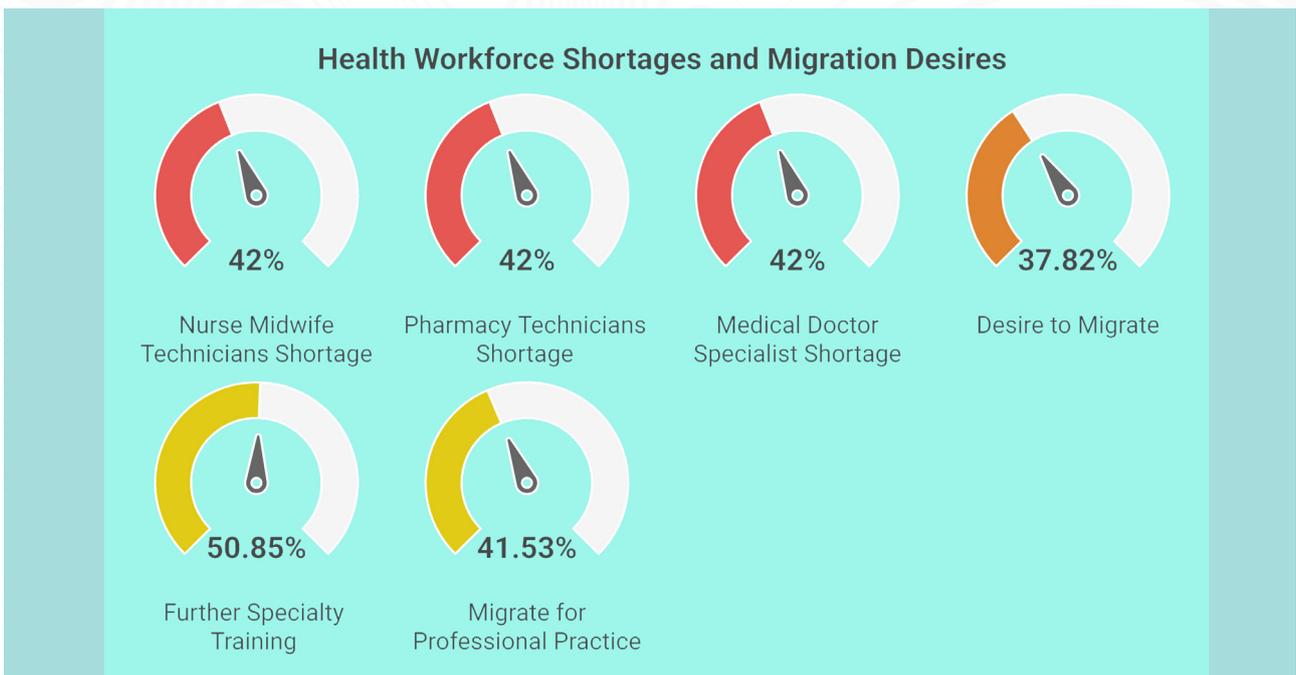
1.3 Human Resource for Health

Health Labour Market Analysis and National Health Workforce Account: Malawi conducted its first Health Labour Market Analysis, which encompasses the dynamics that are associated with the production (supply) and recruitment (demand) of healthcare workers, including factors affecting the stocks and flows of the healthcare workforce. Combined with the National Health Workforce Account (NHWA) that uses the same framework, the HLMA/ NHWA national technical committee completed the qualitative and quantitative data collection, analysis, and reporting for both exercises.

The HLMA responded to the policy questions and documented progress as highlighted below:



Country capacity built in institutionalisation of National Health Accounts:





The National Health Labour Market Analysis stakeholders meeting in Mzuzu

Enhanced integrated in service Continuous Professional Development:

The health workforce reform on integrated CPD and harmonized in-service training was realised through virtual and physical continuous

professional development among health workers. WHO promoted in-service virtual learning among health workers using the WHO/ MoH-designed online CPD platform and Open WHO online course. The key results are captured in table below:

Key results continuous professional development

- **526** health professionals enrolled on the online CPD platform

Participants included:

- **80** zonal and district mentors
- **78** M&E, program and HMIS officers,
- Other professional health workers, mainly nurse midwives

Training topics covered:

- Quality of care Maternal and newborn care
- Maternal Perinatal Death Surveillance and Response (MPDSR)
- Inequality monitoring using the Health Equity Assessment Tool (HEAT)
- Health information systems

Effective use of the online CPD platform for learning needs consistent promotion, reliable internet, and access for rural-based health facilities, and aligned to other learning platforms

and renewal of practicing licences and award of certificates. The eLearning platform can be accessed on; <https://elearning.health.gov.mw>

Malawi Home Courses Search Log in

Welcome to MOH CPD Platform

Welcome to the Malawi Ministry of Health e-Learning platform, an educational portal that provides learners with information, knowledge, and skills to strengthen the healthcare system

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Popular courses

Quality of care

Health information and management data

ICT for health workers

Leadership and management for health workers

1.4 Essential medicines resistance

Laboratory systems strengthened to tackle antimicrobial resistance

To reinforce diagnostic capacity, a foundational element of emergency preparedness, WHO collaborated with the National Institute for Communicable Diseases (NICD) to conduct a comprehensive laboratory assessment

across four central hospitals and the National Microbiology Reference Laboratory (NMRL). Based on assessment outcomes, WHO supported the establishment of a 12-hour alert-based sample transportation system in four central hospitals to ensure the timely delivery of microbiological specimens, enhancing access to diagnostic services and enabling timely and targeted antibiotic treatment.

The investment is expected to reduce AMR-related morbidity and mortality, while accelerating progress towards achieving national health security targets.

National Microbiology Reference Laboratory (NMRL)



AMR laboratory assessment in conjunction with NICD-WHO AMR Collaboration Center

Improved access to safe, effective and quality-assured medical products

The WHO provides guidelines and frameworks for the registration of medical products, including medicines and medical devices, to ensure their quality, safety, and efficacy. This support focuses on harmonization, reliance, and collaborative registration procedures to streamline the process and improve patient safety.

Through the WHO Collaborative Registration Procedure program, Malawi granted Market Authorization to eighteen (18) medicines

and vaccines five (5) In Vitro Diagnostics, in an average time of 80 days. This ensured accelerated access to lifesaving and quality medical products to the Malawian population

Through the WHO Collaborative Registration Procedure program, Malawi granted Market Authorization to eighteen (18) medicines and vaccines five (5) In Vitro Diagnostics, in an average time of 80 days.

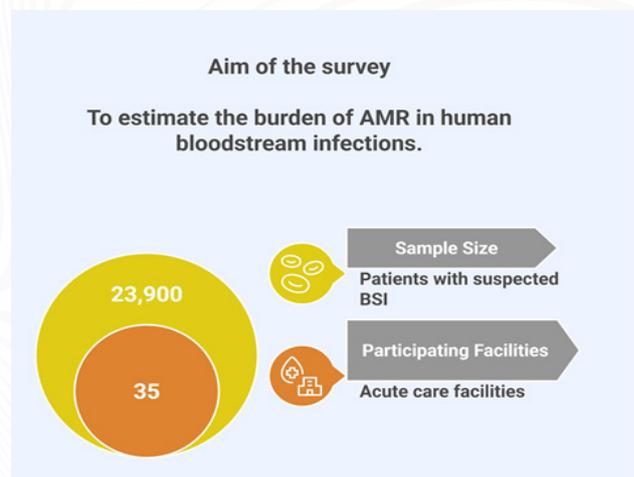


Malawi shared its experiences in the WHO Collaborative Registration Procedure for Medicines, Vaccines and IVDs at the regional workshop in Kigali 2024

WHO Supports Malawi's Fight Against Antimicrobial Resistance

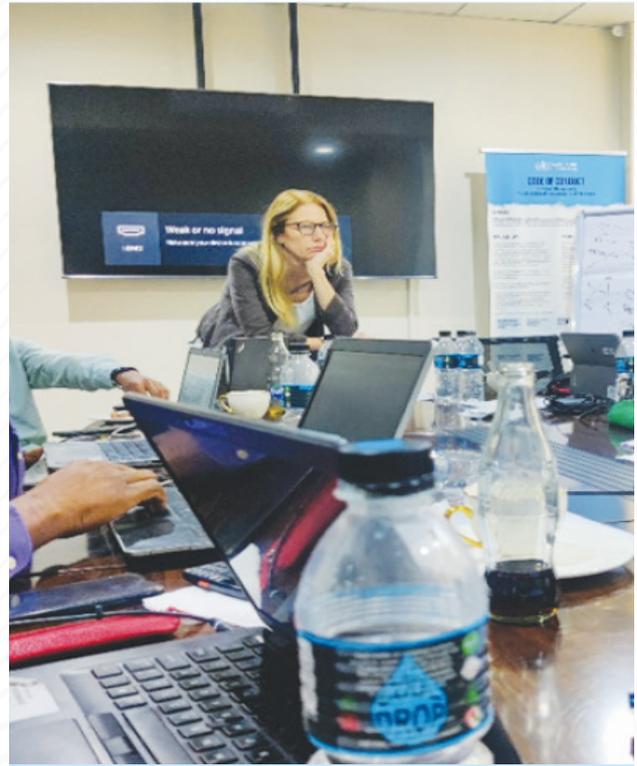
Malawi endorsed the UN Global Anti-Microbial Resistance Global Action Plan (GAP) which integrated the One Health Approach under human and animal health. The goal of the national AMR strategy is to ensure continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them. Within the national Antimicrobial Resistance strategy WHO, supported the establishment of the Leadership Resistance National Coordinating Centre, facilitated the planning and design of 18 months national AMR burden survey. The results from

the survey will inform the national AMR policy and programming. Below is a key summary of the survey.



Antimicrobial Resistance awareness week

Complementing to the AMR surveillance and diagnostic strengthening, WHO supported the Ministry of Health in implementing the 2024 World Antimicrobial Awareness Week (WAAW) campaign under the global theme “**Educate. Advocate. Act now.**” This was conducted in collaboration with FAO, UNCP-Fleming Fund, and Malawi Liverpool Wellcome (MLW), the campaign reached over **3,500** individuals through targeted outreach activities, including members of the public, university students, patients, guardians, and healthcare practitioners. These efforts contributed to increased awareness and behavioural change regarding AMR, directly supporting the national AMR strategy on health literacy, community engagement, and AMR risk mitigation



Youth Engagement- WAAW activities at Lilongwe University of Agriculture and Natural Resource



National AMR survey preparation meetings with WHO HQ, WHO AFRO, WCO, MoH and UNCP-Fleming fund team at WHO country Office

Twinning Partnerships for Quality Improvement established for Malawi, Zambia and Scotland:

Twinning partnerships, facilitated by WHO, are collaborative relationships between health institutions aimed at improving health service delivery through mutual learning and capacity

building. WHO supported Malawi to strengthen its tripartite agreement with the government of Zambia and Scotland through the integration of north-to-south and south-to-south sharing of experiences. Below are key results of the twinning partnerships.

Key results of twinning partnerships

				
Collaboration	Joint Development	Funding Proposals	Quality Improvement	Improved Health Service
Malawi, Zambia, Scotland health institutions	Technical guidance and frameworks created	Seeking joint funding opportunities	User-centered learning framework design	Enhanced delivery through mutual learning



Picture above shows the three countries showing signed copies of the partnership agreement at the end of the round table discussion



Picture above shows the vision of ZAMRA and delegation with ZAMRA Director General

1.5 Quality of care and patient safety

Within the Health Sector Strategic Plan III 2023-2030, Malawi is institutionalizing quality of care and patient safety in all its programmes using a step wise approach and delivering a defined Health Benefits Package at all levels of health care. Using the WHO global goods and technical guidance, supported the institutionalization of quality of care through the implementation of the objective II of the HSSPIII to improve equitable access to quality healthcare services with strategies under;

 Strategy 1.1 - Design systems to create integrated platforms of care for primary to tertiary-level

 Strategy 1.2 - Promote quality and client safety in health care service delivery across the continuum of care from community to tertiary levels

 Strategy 1.3 - Strengthen client-centred care and patient trust at all levels of the healthcare system.

The quality-of-care interventions improve the delivery of the Health Benefits Package at levels of health care with documented improvement in client care and service delivery systems towards achieving health sector outcomes, and impact.

Malawi Adapts the Global Patient Safety Action Plan 2021-2030.

Malawi adapted the WHO Global Patient Safety Action Plan 2021-2030 towards eliminating avoidable harm in health care. Malawi adopted the seven strategic objectives under the Patient Safety Framework for action and will need to strengthen its patient safety programme with overall safety survey statistics at 37.5% with most strategic objectives partially met.

With support from WHO, Malawi implemented the patient safety guidelines that integrate the infection prevention and control guidelines and 5S (Sort, Set, Shine Standardise, Sustain). Key impact include: Improved work environment in all its health facilities in 29 districts.

Annually, Malawi joins the global community to commemorate World Patient Safety Day, for 2024 was under the theme “Improving diagnosis for patient safety” with the slogan ‘get it right, make it safe.’ Enhanced capacity in quality of care; Built a culture of quality in health care delivery

Scaled up the quality-of-care capacity building at all levels of healthcare

In 2024, Malawi further scaled up the implementation of a Stepwise National Quality Improvement certification program that uses compliance to Quality-of-Care Standards to rate the level of quality provided at a health facility.

 WHO facilitated the integration of the maternal and newborn quality of care standards within the national quality improvement programme. The experiences and lessons from the maternal and newborn quality of care network facilitated documentation and achievement of objective under Leadership, Action Learning, and Accountability.

Enhanced capacity building, coaching, and mentorship in the institutionalisation of quality of care

With trained zonal and district mentors, WHO facilitated zonal and district-led capacity building, coaching, and mentorships in continuous quality improvement in 29 districts and 280 health facilities.

Key results include:

- ✓ The District Health Management Team integrated quality of care initiatives in the District Implementation Plans and health facility workplans respectively.
- ✓ A total of 180 formulated MNH quality improvement projects were assessed for contribution to improvement of the client care systems, harvested change idea,

- documented a national change package, and contributed to achieving maternal and newborn care outcomes.
- ✓ The data for the action initiative has improved data demand, data quality, and data use during monthly and quarterly reviews, and data use for decision making in health facilities.



Before 5S, on the improvement of the work environment

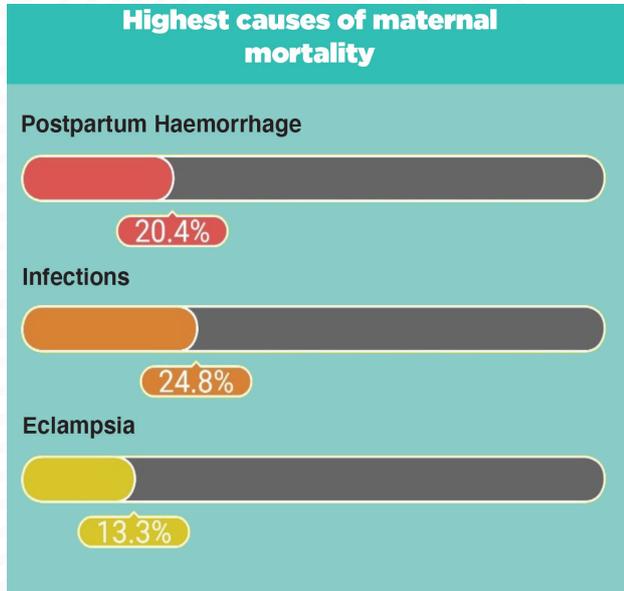
After 5S implementation (Sort Set Shine Standardise Sustain)

Strengthened Maternal and Perinatal Death Surveillance and Quality of Care

Within the MNH Acceleration Plan 2024-2027, jointly developed with partners, WHO is providing technical support to the Ministry of Health to strengthen the response component

of Maternal Perinatal Death Surveillance and Response. The interventions integrate the implementation of recommendations from the report on the confidential inquiry into maternal deaths in Malawi.

The point of care capacity building, coaching, and mentorship conducted in 90 health centre and 18 district hospitals addressed the highest causes of maternal mortality as highlighted below:



Other key improvements at district and community levels include:

- ✓ Establishment of integrated QI and MPDSR committees
- ✓ Conducting quality maternal and perinatal death audits and response actions
- ✓ Improved quality-of-care Emergency Obstetric and Newborn Care (EmNOC)





Laboratory systems strengthened towards improved diagnostic capacity and accreditation

Malawi adapted the WHO Guide for the Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) within its national laboratory system strengthening. Using a whole facility approach and focus on central, district, community, and high-volume primary health facilities integrated the implementation of quality improvement major focused on reducing

turnaround time for results such as HIV viral load tests, Hepatitis B.

Laboratory systems element is among the highest scores within the stepwise quality improvement program that assessed **152** facilities across the country

1.6 Reproductive maternal newborn child adolescent health, nutrition and healthy ageing

Malawi is among the developing countries with high maternal mortality estimated at **439**

maternal deaths per **100 000** live births and high neonatal deaths at **24** neonatal deaths per **1000** live births (MDHS 2015/16 and MDHS 2024).

Key point summary:

- ❖ Estimated reduction of maternal mortality ratio from 381 to 225 per 100,000 births -
- ❖ By 2030, all countries should reduce the maternal mortality

ratio to less than 70 per 100,000 live births, reduce neonatal mortality to as low as 12 per 1000 live births, and under-5 mortality to at least as low as 25 per 1000 live births.

Malawi finalized its National Sexual and Reproductive Health Policy and Child Nutrition Guidelines 2024-2030. WHO provided technical support to finalize its National Sexual and Reproductive Health and Rights (SRHR) Policy 2024-2030. The WHO influenced the inclusion of strategies to address population-specific

needs, including nurturing care for optimal child development, SRHR needs for older persons, and strengthening the components on provision of SRHR interventions in emergencies and maternal, adolescent, infant and young child nutrition. The key sections are highlighted below:

Key areas in the SRH policy and child nutrition guidelines



Nurturing Care
Focuses on optimal child development through nurturing care strategies



Emergency SRHR
Strengthens SRHR interventions during emergency situations



SRHR for Older Persons
Addresses the specific sexual and reproductive health needs of older populations



Maternal and Child Nutrition
Enhances nutrition for mothers, adolescents, infants and young children

Malawi accelerates efforts to achieve its maternal and newborn health targets by 2030

Malawi finalized its National Sexual and Reproductive Health Policy and Child Nutrition Guidelines 2024-2030 and WHO provided technical support to finalize its National Sexual and Reproductive Health and Rights (SRHR) Policy 2024-2030. The WHO influenced the inclusion of strategies to address the following key areas. The SRHR Policy goal is to reduce maternal, neonatal, and adolescent morbidity and mortality, expand the use of contraceptives, decrease unsafe abortions, reduce reproductive cancers, eradicate child marriage, prevent gender-based violence, and guarantee full access to integrated SRHR

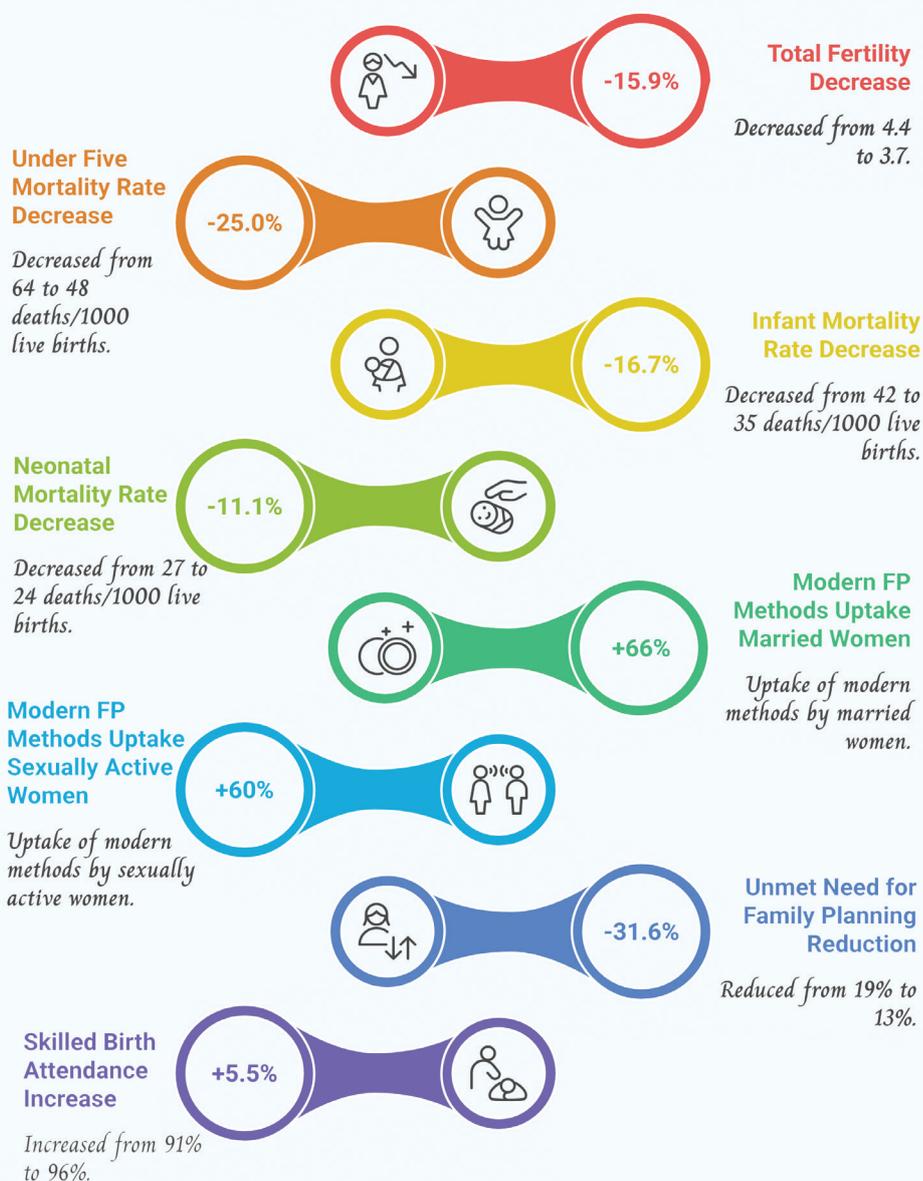
services for all groups, including young people, older persons, and persons with disabilities, in Malawi by 2030. Through the Irish Aid grant, in collaboration with UNICEF and WFP, WHO supported the review of the second edition of the Community-based Management of Acute Malnutrition (CMAM) guidelines for Malawi to contextualize the 2023 WHO recommendations on the prevention and management of wasting and nutritional oedema. Implementation of the updated national guideline is expected to contribute to enhanced quality of care for children presenting with malnutrition in health facilities and to strengthen multisector collaboration in addressing malnutrition in children.

Malawi improved its maternal, newborn, and child health outcomes and impact

Demographic and Health Surveys (DHS) are nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. WHO supported the concept development,

data collection, analysis, and report writing and dissemination of the Malawi Demographic Health Survey 2024, with shared progress aligned with the tracking and accelerated progress towards achieving family planning 2030 targets, maternal, newborn, child, and adolescent health outcomes, and impact. Below is FP key data (2024 MDHS)

Key Family Planning Data Trends



However, there was reported stagnation in prevalence of stunting, reduction of exclusively breastfed, immunized children and low levels of

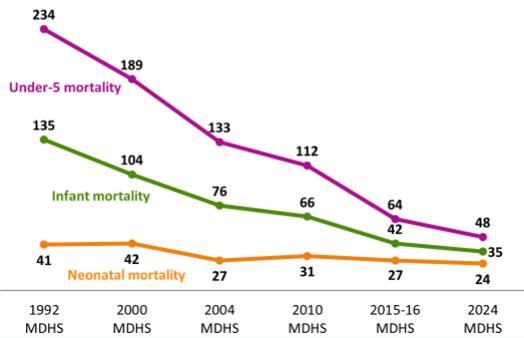
knowledge on comprehensive HIV prevention by young men and women age 15-24 years. Key details highlighted below:

Key data on stunting, exclusive breastfeeding, child immunization and HIV comprehensive knowledge



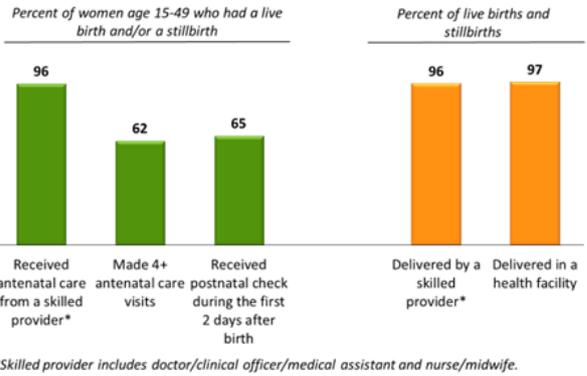
Trends in Childhood Mortality

Deaths per 1,000 live births for the 5-year period before the survey



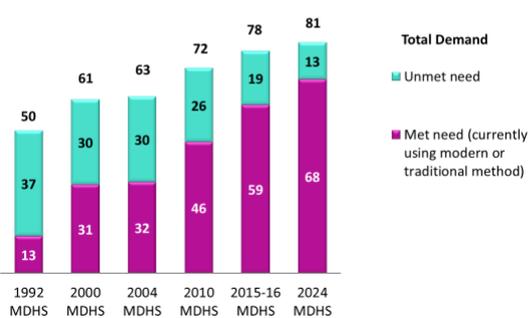
Maternal Care

In the 2 years before the survey



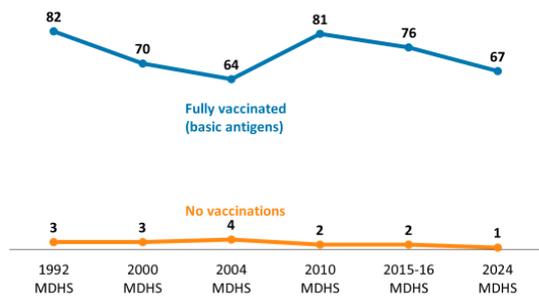
Trends in Use, Need, and Demand for Family Planning

Percent of married women age 15-49



Trends in Childhood Vaccinations

Percent of children age 12-23 months



Malawi accelerates efforts to achieve its maternal and newborn health targets by 2030

Despite progress to reduce maternal and neonatal mortality from 438/100 000 live births 225 maternal deaths per 100 000 live births and 26 neonatal deaths in 2015/16 to 24 in 2024 per 1000 live births, Malawi is still behind in progressing its targets by 20230. WHO supported the country strategies on Ending Preventable Maternal Mortality and implementation of Every Newborn Action Plan 2024- 2025 (Every Woman Every Newborn Everywhere- Healthy Futures), outlined in the MNH Acceleration Plan 2024-2027. The leading causes of death were maternal infection (24.8% of deaths), postpartum haemorrhage (20.4%), and eclampsia (13.3%) according to the confidential inquiry into maternal deaths in Malawi from August 2020 to December 2022. Malawi faces high neonatal mortality rates, primarily due to prematurity, birth asphyxia, and neonatal sepsis. Competent healthcare professionals are crucial in improving maternal and neonatal health outcomes.

Key achievements

- 1 WHO supported the capacity building, coaching and mentorship in emergency obstetric and newborn care bundles of interventions for nurses and midwives, and clinicians such as the E MOTIVE in the management of post-partum haemorrhage, maternal and perinperinatal death notifications and audits with response actions in 90 central and district and community hospitals and selected PHC health centres.
- 2 WHO has shared with country teams the latest guidelines to include the Maternal and Newborn Health transition framework among stakeholders and facilitated in-depth analysis to review strategic choices for programs to accelerate progress using a primary healthcare approach

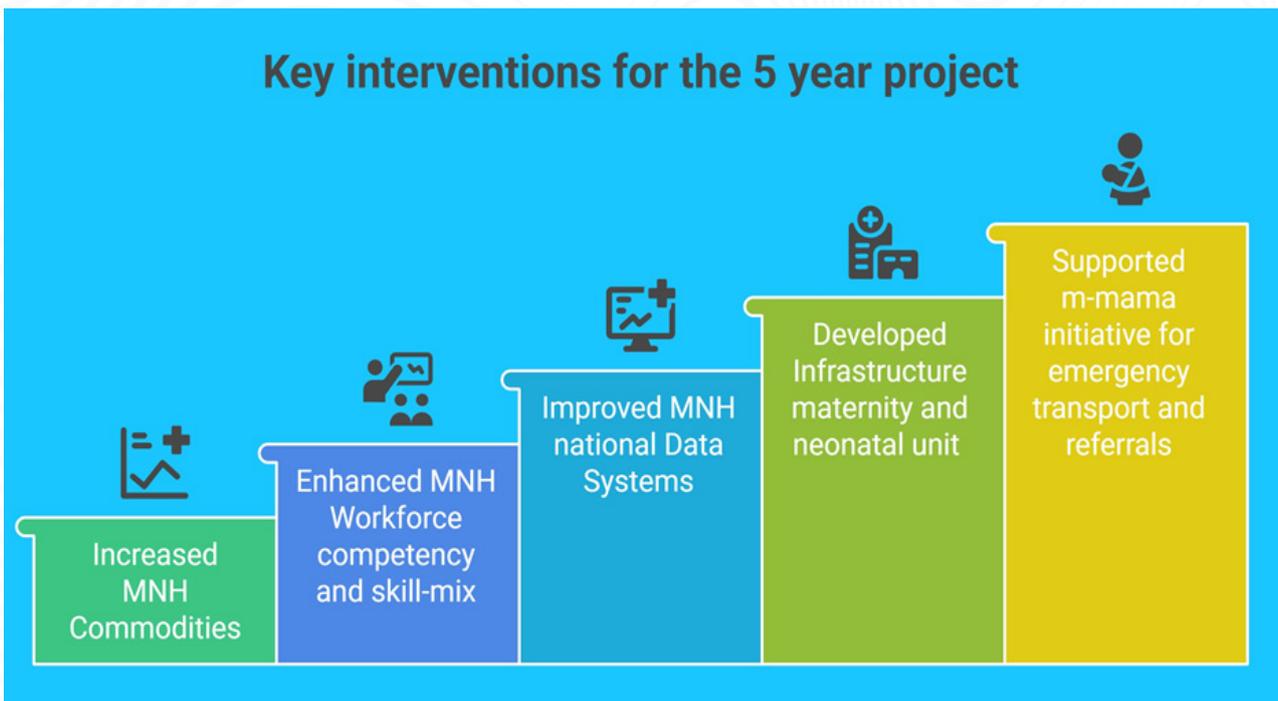


Malawi enhances its Maternal and Neonatal Health programming towards achieving SDG3 targets: WHO's Strategic Proposal for Change

Through technical support by WHO among other partners, Malawi secured funding amount 45 million USDs through the approved country proposal to accelerate reduction in maternal and neonatal mortality and morbidity funded through

the ELMA Beginnings Fund. The proposal targets three districts accounting for 50% of the country's maternal and newborn mortality, where game changers and high-impact practices will be implemented. Key intervention areas are highlighted below:

The key interventions in the five-year project include;



Resource mobilization for Adolescent Sexual and Reproductive Health Rights in Malawi

Jointly with UNICEF, UNFPA, and UNAIDS, the World Health Organization (WHO) has successfully mobilized resources for phase 2 (2025-26) of the 2gether 4 SRHR programme, amounting to \$500,000.

This joint United Nations regional initiative, funded by the Swedish International Development Cooperation Agency (Sida), aims to empower and support individuals in the Eastern and Southern Africa (ESA) region to exercise their sexual and reproductive health rights (SRHR)

and access quality, people centered integrated SRHR services for a healthy and productive life. The project also focuses on challenging harmful gender norms through evidence-building, community engagement, and network actions

Key focus area for regional SRHR Joint programme

SRHR Empowerment



Empower and support individuals in the Eastern and Southern Africa (ESA) region to exercise their sexual and reproductive health rights (SRHR) and access quality

Quality Access



Ensuring access to quality SRHR services people centred integrated SRHR services for a healthy and productive life

Regional Focus



Targeting individuals in ESA region

Within its national dialogue and decentralized interventions, WHO will integrate the implementation of the national standards for adolescents & youth-friendly health services quality of care 2024-2030, which states the minimum Package for the Delivery of youth-friendly health services under Health Promotion, Delivery of Health Services, and Referral and follow-up.

1.7 Expanded Programme on Immunization (EPI)

In line with the Immunisation Agenda 2030's strategic goal of reducing zero-dose and under-immunized populations, Malawi prioritized addressing community immunity gaps in 2024. This initiative led to an improvement in access to essential vaccines with the achievement of a Diphtheria-Pertussis-Tetanus (DPT 3) third dose coverage rate of 91% and a Measles-Rubella (MR1) first dose coverage rate of 89%, reflecting a 3% increase from 2023's 86% coverage.

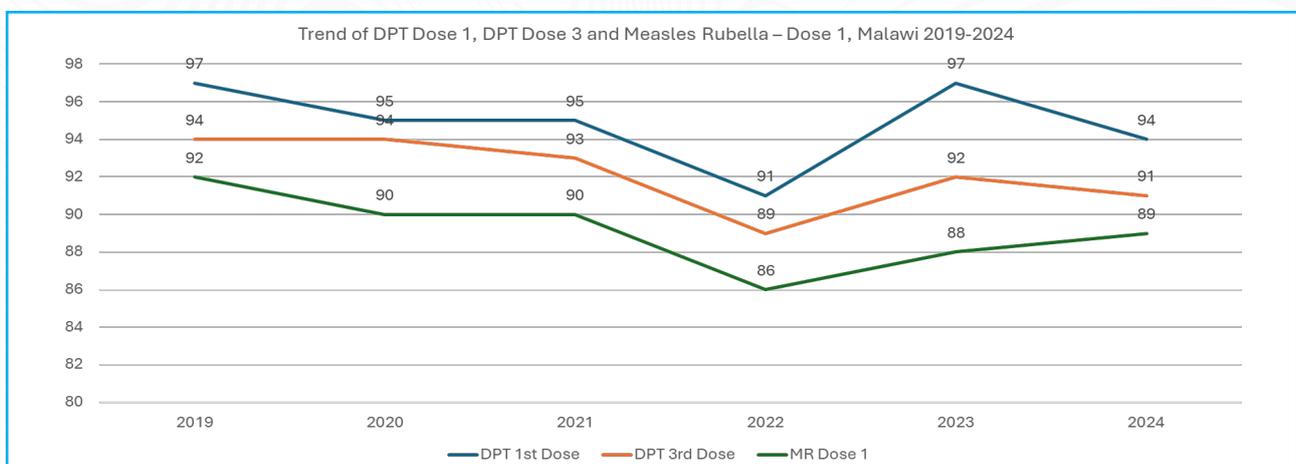


Figure 1: Trend of DPT Dose 1, DPT Dose 3 and Measles Rubella – Dose 1, Malawi, 2019-2024

The World Health Organization (WHO) made substantial contributions to this progress by facilitating the mapping of zero-dosed and under-immunized populations, implementing catch-up vaccination campaigns, and periodic intensification of routine immunization and advancing Integrated Immunisation Delivery within the context of Primary Health Care and implementing interventions to bridge gender, equity and human rights gaps in immunization.

Additionally, the WHO has enhanced programmatic management through its support in finalizing the National Immunization Strategy 2024-2030, National Integrated COVID-19 Vaccine Deployment Plan 2024, the Expanded Programme on Immunization Field Manual for health workers and ensuring the functionality of governance committees responsible for immunization delivery.

Highlights of WHO's contribution to Routine Immunization Strengthening

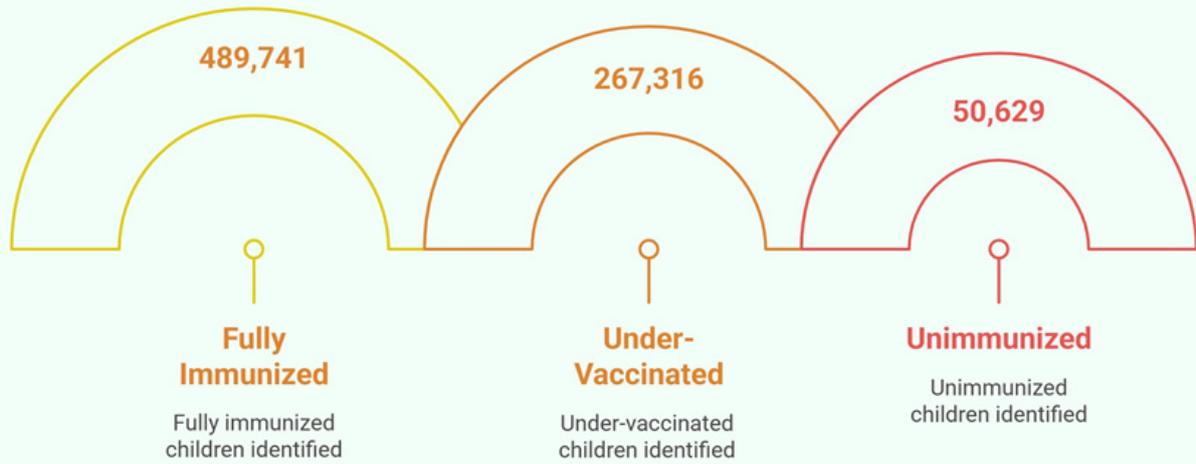


Reaching the unreached with essential vaccines

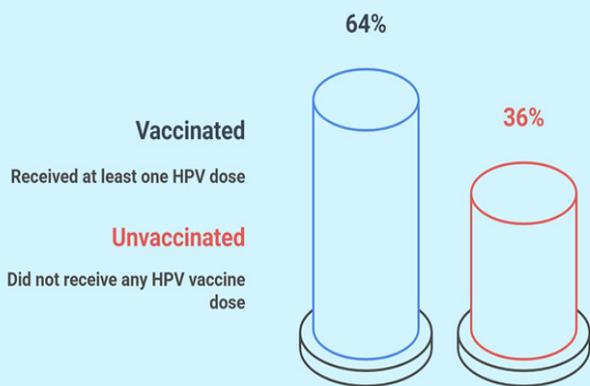
Technical support enabled mapping of zero-

dosed and under-immunized groups, with WHO aiding in tool development, training, and the conduct of the mapping exercise. Below are key results of the mapping exercise:

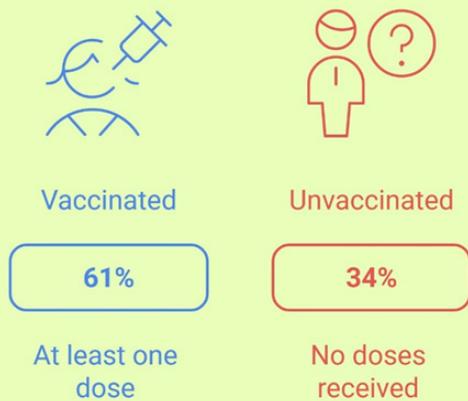
Immunization Status of Children Under Five in 29 Districts



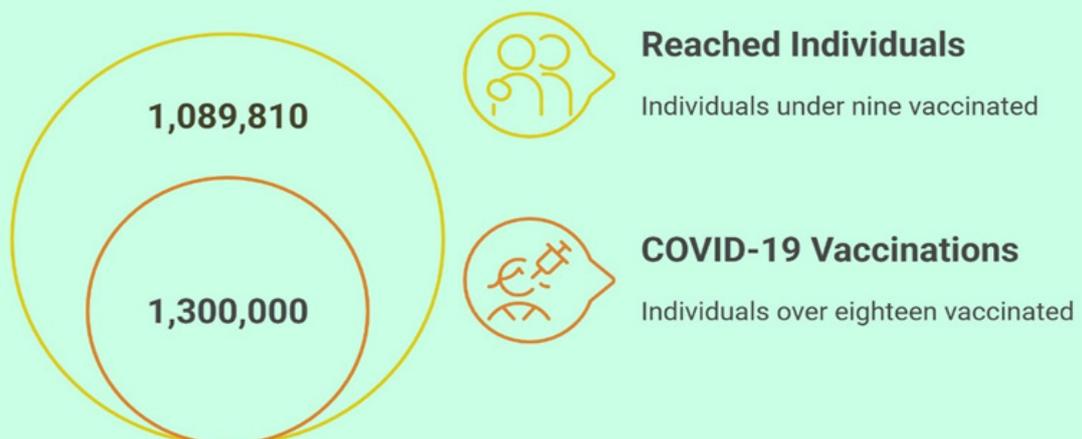
HPV Vaccination Coverage for Girls Aged 9-14

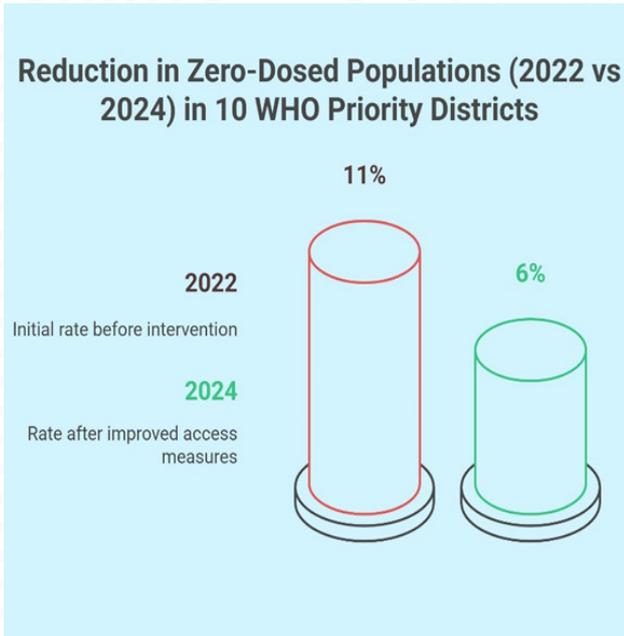


COVID-19 Vaccination Rate



Vaccinations delivered across 28,681 villages

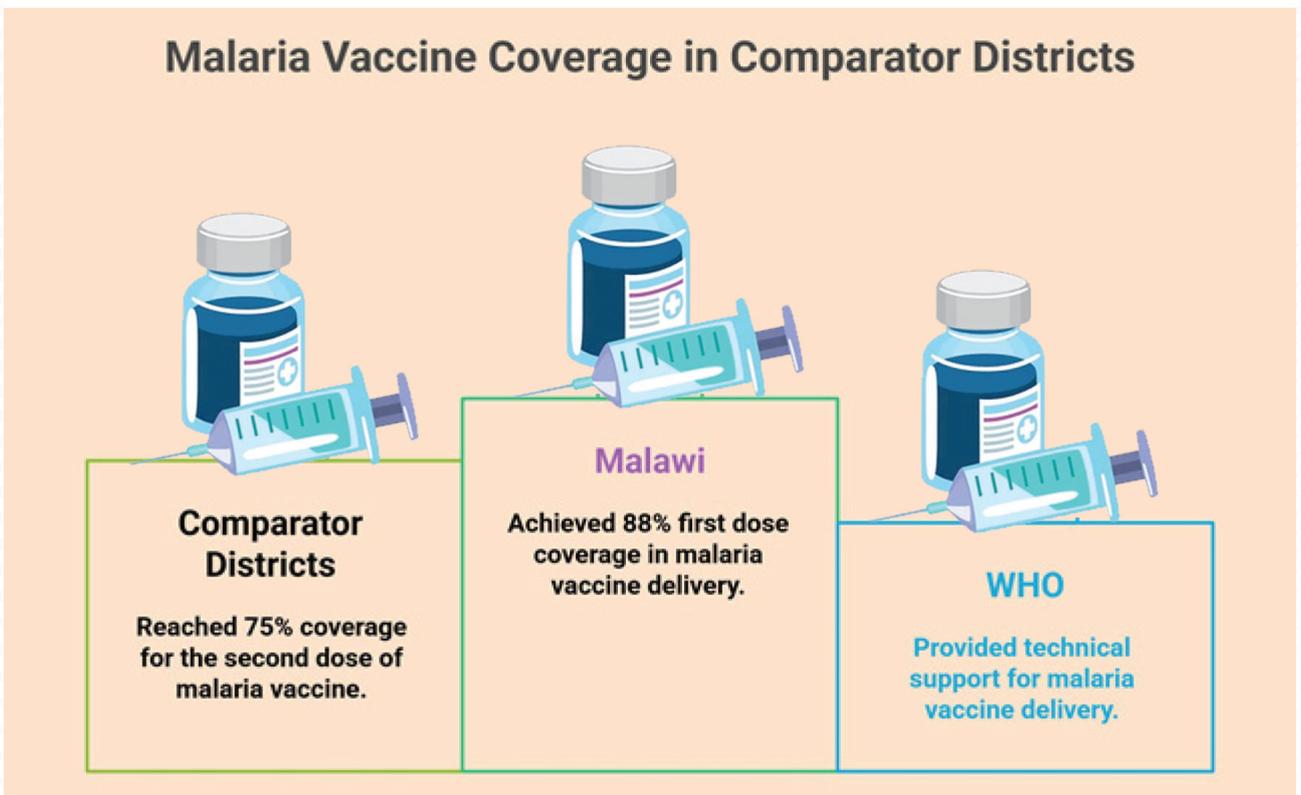




Improved Access to lifesaving Malaria Vaccines

In line with the global agenda to accelerate malaria vaccine delivery across Africa, WHO

provided technical support for the delivery of Malaria Vaccine within the 11 comparator districts with Malawi leading to 88% first Dose coverage and 75% coverage for second dose as highlighted below:



Capacity building for health workers on malaria vaccine

Summary of Capacity Building for Health Workers on Malaria Vaccine:

- Malawi hosted a peer-to-peer learning workshop with participants from 14 African countries, promoting experience sharing and evidence-based learning.
- Over 1,500 health workers in implementing districts trained on Malaria Vaccine Delivery and Data Quality Reviews with targeted technical support.
- Workshop highlighted practical insights from Malawi, Kenya, and Ghana, drawing on their experiences from the initial malaria vaccine pilot introductions.

Enhanced New Vaccine Introduction Processes: Second Dose of Inactivated Polio Vaccine

Implemented and Typhoid Conjugate Vaccine Post-Introduction Evaluation Completed

Malawi introduced the second dose of Inactivated Polio Vaccine into its Routine Immunisation System on 16th December 2024. This event marked an important step towards improving community immunity against the Polio Virus as part of the Global Polio Eradication agenda.

With financial backing from GAVI, The Vaccine Alliance, WHO co-led the introduction process

through support for the creation and printing of 17,000 copies of the National Training Guidelines for IPV 2 integration into routine immunization. The guidelines included key modules such as Epidemiology of Polio, Rationale for Introduction, Risk Communication and Key messages, Data Management, and Adverse Event monitoring.

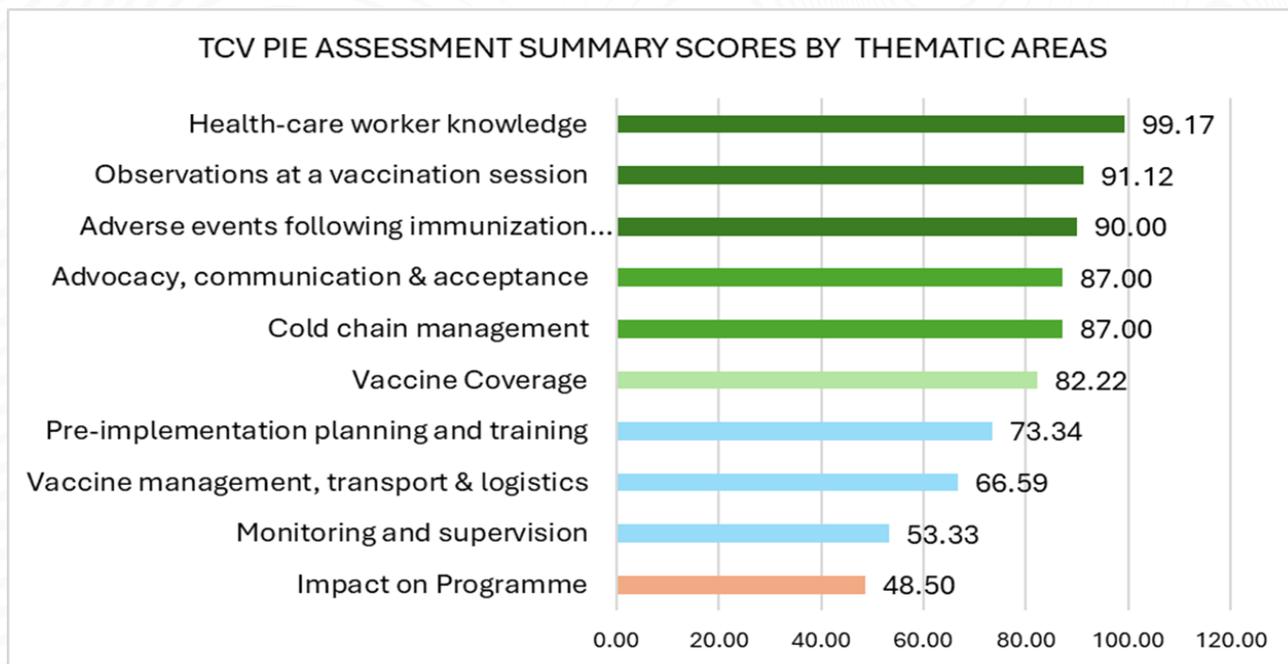
Notable achievements:

WHO provided technical and financial assistance was provided for training **180** trainers and conducting cascaded trainings that reached over **16,000** health surveillance assistants, clinicians, and nurses across **767** health facilities in all **29** districts to facilitate the effective deployment of the second dose of the Inactivated Polio Vaccines.

Following WHO recommendations for new vaccine introductions, WHO assisted Malawi's Ministry of Health in conducting a global-first Post Introduction Evaluation for the Typhoid Conjugate Vaccine (TCV). This effort involved WHO offices at all levels and stakeholders such as UNICEF, CDC, JSI, and PATH. The evaluation included a desk review, field guidelines development, data analysis, and a final report.

Key results of the assessment

Malawi scored an average of **77.6%** across ten assessed areas, excelling in healthcare worker knowledge, vaccination session observations, and monitoring adverse events but needing improvement in supervision (**53%**), logistics management (**66.6%**), and pre-implementation planning (**73.3%**).



Human papillomavirus vaccine delivery revitalized for enhanced reach of female adolescents

WHO supported Human Papilloma Virus (HPV) Vaccine Revitalization activities. This included support for the development of the GAVI grant applications for a multi-age cohort campaign and transitioning from double to single dose vaccinations, review of HPV delivery guidelines, data management tools, and assisting school-based vaccination.

Key achievement:

Over **244,096** adolescents reached with HPV vaccines of which 77% was delivered using school-based platforms.

Through strong collaboration with state and non- state actors, WHO worked to demystify misconceptions and improve access to HPV vaccines. The story of a community-based HPV mentor Josephine Nkoloma highlights the community advocacy approaches used to reach all, leaving no one behind. Available on <https://x.com/WHO/>

Figure 2: Enablers of HPV revitalization



Strengthened Advocacy to bridge Gender, Equity and Human Rights gaps in Immunization

Advocacy to address Gender Equity and Human Rights gaps in Immunization was enhanced through WHO’s support for the finalization of the

Rapid Gender Equity and Human Rights Analysis and barriers assessment and implementation of the key recommendations in pilot districts with support from GAVI and the Global Affairs Canada.

Key results on gender equity and human rights gaps in immunization

About 1,707 Stakeholders Empowered for Immunization

Barriers to Immunization



Gender, equity, human rights barriers

Stakeholder Engagement



Adolescent, mothers, women, men groups

Advocacy & Drive



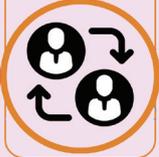
Community level changes for access

About 80 Stakeholders trained in Enhanced Immunization Monitoring

Capacity building on use of Health Equity Analysis Tool -HEAT and HEAT PLUS data analysis tools.



Peer to peer learning on Gender mainstreaming experiences across programs.



Drafting of state of health inequality reports.



The report assessed the intersectionality between dimensions such as age, sex, place of residence and economic status and key immunization indicators for the years 2015 and 2020. This report highlighted inequalities with

regards to key immunization indicators with high disparities with regards economic status, sex, and place of residence with the poorest, females and persons living in the urban areas most affected especially

Impact Story

WHO support to bridge Gender Equity and Human Rights gaps to reach the unreached with Immunization Services

- **Zomba** - In the remote community of Tongwe, an island on Lake Chirwa in Zomba district, Malawi, a small crowd gathers under the shade of an old mango tree as health workers prepare for the day's vaccination drive.
- Among them is **Mercy Simate**, 34, a mother of six. She sits quietly, holding her four-month-old daughter, Victoria, on her lap offering freshly caught fish for sale.
- Today is a special day for Mercy and her youngest child. Victoria is about to receive her first doses of the Diphtheria, Tetanus, and Pertussis (DPT), Pneumococcal Conjugate, and Rotavirus vaccine. "I am happy the vaccination services have been extended to us here on this island,"
- Mercy says, her voice warm but tired. "I kept postponing visiting the health centre as I have been overwhelmed lately. I have always been up-to-date with vaccinations, which I know is the best prevention." Today I can get my COVID-19 booster, and my new baby can get vaccinated.



Malawi GER Rapid Analysis and Barriers to Immunization Assessment finding

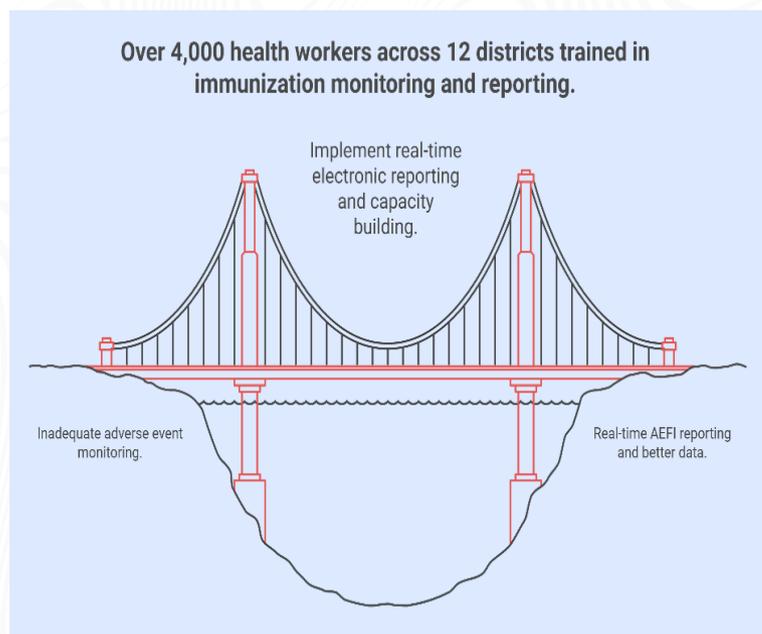
'For some women decisions to access immunization services might be easier, competing priorities such as childcare, income generating activities may make it more challenging for them to make time to access the services.'

Adverse Event Following Immunisation (AEFI) Surveillance systems strengthened

The World Health Organization (WHO) recommends that countries with effective adverse events following immunization (AEFI) systems should be able to identify at least one serious AEFI per million population. In 2024, Malawi made notable progress in adverse event case notification, documenting 1,683 cases compared to 198 in 2023. Of these notifications, 23 cases were categorized as serious adverse events; all underwent investigation, and 91% were successfully assessed for causality. This accomplishment allowed Malawi to meet the global benchmark of one serious AEFI per million populations, having reported

23 cases for its population of 20 million.

Key achievements



VPD Surveillance and Response

Malawi achieves a Wild Polio Virus (WPV) Free certification

Following the 2022 Wild Polio Virus Outbreak, Malawi was certified as Wild Polio Virus (WPV) free in May 2024 by the independent Polio Outbreak Response Assessment (OBRA) Team. This outstanding achievement was recognized by the WHO and GPEI partners at the 2024 World Health Assembly.

WHO played a significant role in achieving this milestone by providing technical and financial support for the implementation of essential polio functions including coordinating six rounds of Supplementary Immunization Activities (SIA), establishment of a functional environmental surveillance system and support for improved National and subnational surveillance systems as highlighted in Table 1

Table 1: Key WHO contributions towards the closure of the WPV outbreak

Strengthened	Reached	Enhanced	Established	Advocated	Improved	Introduced
<ul style="list-style-type: none"> Surveillance systems with community-based interventions and cross-border activities. Ten Surge staff were deployed across ten districts to support integrated VPD surveillance. 	<ul style="list-style-type: none"> Over 3 million children under 5 years in 4 rounds of SIA and over 9 million children under 15 years in 2 rounds of SIA and enhanced Routine Immunisation and coverage recovery measures. 	<ul style="list-style-type: none"> Supervision at national and subnational levels with the use of real-time, geo-mapped electronic monitoring systems. This ensured accountability, visibility, and effective data use for routine Polio functions and campaigns. 	<ul style="list-style-type: none"> An environmental surveillance system with 11 active sites nationwide with greater than 50% enterovirus detection rates across 80% of the sites. 	<ul style="list-style-type: none"> For robust political and administrative support for the response, and efficient mobilization of resources at global, regional, and country levels to support response activities. 	<ul style="list-style-type: none"> Polio governance structures including the National Certification Committee, National Polio Expert Committee and the National Task Force for Polio Containment. 	<ul style="list-style-type: none"> Mobile money digital payment systems for the reimbursement of activity funds to health workers. This platform ensured timely payments, reduced missed transactions, and enhanced the motivation and satisfaction of health workers.

Moving forward, WHO will continue to support the Ministry of Health to ensure that polio essential functions are safeguarded and that vital work on surveillance, immunization, and emergency response continues.

Enhanced Measles Surveillance and Response to Measles Outbreaks

Malawi significantly improved its non-measles febrile rash rate to 4.1 per 100,000 population in 2024, doubling the previous year's performance of 1.5 per 100,000 population. WHO contributed immensely to this achievement through technical support for the conduct of Measles surveillance

Malawi Measles-Rubella Surveillance Performance Indicators Summary 1st Jan, 2020 – 31 Dec, 2024						
INDICATOR	TARGET	2020	2021	2022	2023	2024
Reported suspected measles/Rubella cases	100 %	26 % (95/362)	26.8 % (100/373)	45 % (174/384)	114 % (452/395)	418.2% (1702/407)
Non-Measles febrile rash rate	>= 2/100,000	0	0	0.8	1.5	4.1
Serum adequacy	>= 90%	100 %	98 %	99 %	99%	99%
% of Districts with at least 1 case with blood specimen	>= 80 %	65.5 % (19/29)	58.6% (17/29)	90% (26/29)	90% (26/29)	100% (29/29)
Proportion of lab confirmed measles cases	< 10%	8.4% (8/95)	5% (5/100)	7.5% (13/174)	29.6% (134/452)	27.7% (395/1428)

Financial and technical support facilitated active case searches, detailed case investigations, and Supplementary Immunisation Activities in districts with sporadic outbreaks. In Lilongwe and Ntcheu districts, 181,000 children under 15 received measles vaccines and vitamin A supplements. Further support was provided to enhance in country laboratory testing for Measles.

Key achievement:



WHO supported the purchase and operationalising of a new Eliza machine and training of over 20 laboratory staff on its use to support serological test for Measles virus significantly improving laboratory turn – around time and timely case detection

1.8 Communicable Diseases (HIV, TB, Malaria, Neglected Tropical Disease)

Communicable Diseases in Malawi

Malawi continues to face significant public health challenges from communicable diseases, particularly HIV/AIDS, Tuberculosis (TB), and Malaria.

HIV/AIDS: Malawi has a high HIV prevalence (9.3%) with nearly one million people affected. However, the country has made substantial progress through policies such as universal test and treat, Option B+ for PMTCT, HIV self-testing, and the transition to Dolutegravir-based regimens. Efforts targeting adolescent girls, young women, and key populations have contributed to a decline in new infections. Malawi has achieved the UNAIDS 95-95-95 targets and is moving towards epidemic control.

Tuberculosis (TB): TB remains a major health concern and is the leading cause of death among people with HIV. Malawi has seen a 40% decline in TB incidence since 2015, thanks to improved detection and treatment. The emergence of drug-resistant TB has led to the adoption of the BPAL regimen, increasing treatment success rates from 58% in 2020 to 72% in 2022.

Malaria: Malaria is a leading cause of illness and death, especially among children under five and pregnant women. It accounts for over 25% of outpatient visits and 10% of inpatient admissions. Malawi has implemented Integrated Vector Management (IVM), including mass distribution of insecticide-treated nets (ITNs) through antenatal care and immunization programs, to reduce transmission and protect vulnerable populations.

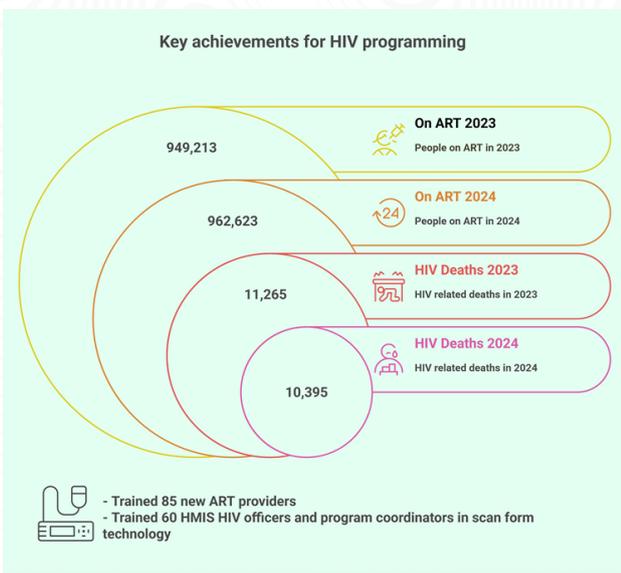
In 2023, Malawi successfully secured **\$517.1** million through Global Fund Grant Cycle 7 to support national programs for HIV, Tuberculosis (TB), and Malaria over three years. The World Health Organization (WHO) played a pivotal role throughout the process. In the subsequent process in 2024, WHO provided technical support to the Ministry of Health (MOH) during grant making, including responding to the Technical Review Panel issues (TRP) and preparing the grant for implementation. The grant was approved and is now being implemented, marking a major milestone in Malawi's health sector.

Key achievement:



WHO successfully supported MOH in the Grant Making process of the Global Fund Grant Cycle 7 amounting to **\$517,146,345**

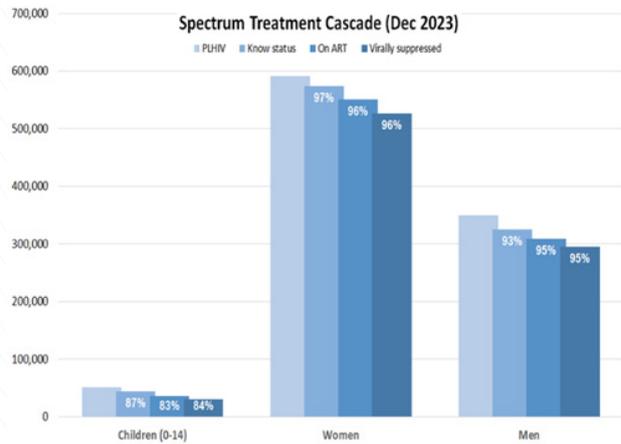
Other key achievements include:



These efforts align with Malawi's Strategic Plan 2023–2027, which emphasizes on; Capacity building in ART provision and Institutionalizing data analysis and use at subnational levels.

The progress achieved reflects the impact of strategic planning, effective training, and innovative technologies, made possible through collaborative partnerships between

the government, WHO, and other stakeholders. These efforts are not only improving HIV outcomes but also strengthening the overall resilience of Malawi's health system.



Training for HMIS officers and HIV Coordinators on scanform technology

WHO Supports MOH to end Advanced HIV Disease Mortality

Advanced HIV Disease (AHD) significantly contributes to morbidity and mortality among HIV patients in the country. In 2024, Malawi reduced HIV-related deaths by 870, from 11,265 in 2023 to 10,395 in 2024. The reduction in mortality was supported by the World Health Organization's (WHO) efforts, that provided financial and technical assistance for a mentorship program across all 100 health facilities providing AHD services with focus on improved AHD case management.

These efforts are in line with the current National Strategic Plan (NSP) for HIV/AIDS which emphasizes reducing HIV-related morbidity and mortality as a core goal, aiming to enhance the health and well-being of people living with HIV (PLHIV). The results show that effective partnership can lead to significant improvements in health outcomes for populations affected by high rates of HIV.



Mentorship on Advanced HIV Disease Management and M&E in progress at Rumphi District Hospital.

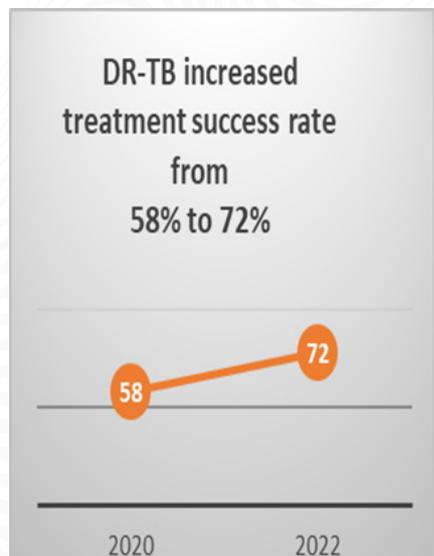
Reducing of TB Morbidity and Mortality

Malawi makes progress in Combating MDR-TB with WHO Support

In 2024, the World Health Organization (WHO) coordinated the support of the Regional Green Light Committees (RGLCs) mission to provide targeted technical assistance to Malawi. The rGLC mechanism delivers a structured package of support tailored to each country's specific context, with a focus on strengthening national responses to Drug-Resistant Tuberculosis (DR-TB).

This support was critical in ensuring Malawi's adherence to WHO standards, as lapses in DR-TB control can pose significant risks to the broader region. The mission featured a strong mentorship component, benefiting both program managers and frontline providers, and directly contributing to improved MDR-TB treatment success rates.

Enhanced partner coordination and close monitoring further strengthened the Ministry of Health's ability to target resources effectively, improving the overall impact of DR-TB interventions across the country.



Reducing the Malaria Morbidity and Mortality in the country

WHO supports MOH in Mass Net Distribution Campaign report writing

In 2024, the Ministry of Health (MOH) in Malawi undertook a significant initiative to consolidate reports from the two mass net distribution campaigns for 2022/2023, in Salima. This task was executed with technical support from WHO and served several critical purposes: Key critical aims include:

Key purposes of net distribution campaign report writing

- **Accountability:** This accountability is essential for maintaining trust and securing future funding.
- **Establishing References:** MOH aims to create a reference framework that can inform future campaigns.

● **Enhancing Effectiveness:** The consolidation effort allows stakeholders to analyze data comprehensively, identifying patterns or gaps in coverage that may need addressing in subsequent campaigns.



Mass net distribution campaign under way in the community

Together for Health Equity: WHO and Malawi Launch Mass ITN Distribution on World Malaria Day 2024

On April 25th, World Malaria Day 2024 was commemorated at Balaka Community Ground, marking the national launch of Malawi's 2024/25 Mass Insecticide-Treated Net (ITN) Distribution Campaign. Led by the Malawi's Ministry of Health (MOH) and World Health Organization (WHO), the campaign aimed to distribute 11 million ITNs to vulnerable populations as a vital step in preventing malaria transmission.

The year's theme, "Advancing Health Equity, Gender Equality, and Human Rights," highlighted the urgent need to address systemic inequalities that leave marginalized groups, such as pregnant women, young children, migrants, and Indigenous Peoples more exposed to malaria. The campaign aligned with WHO's broader mission to promote universal health coverage ensuring no one is left behind.

Malawi's Deputy Minister of Health officially kicked off the campaign by handing out ITNs to selected beneficiaries. These nets are a proven tool in reducing mosquito bites during sleep, when malaria-carrying Anopheles mosquitoes are most active. The initiative was part of a nationwide effort to scale up vector control and strengthen malaria prevention.

The event featured speeches from key stakeholders including WHO and cultural performances that reinforced critical messages on: the importance of early diagnosis and prompt treatment; the role of community engagement in prevention; and the need for sustained investment in health systems to tackle challenges like climate change and insecticide resistance

World Malaria Day 2024 served as a powerful reminder that eliminating malaria demands collective action, cross-sector collaboration, and a commitment to equity. With tools like ITNs and emerging innovations such as vaccines, the path toward a malaria-free future is within reach.



The 2024 World Malaria Commemoration Day in Balaka

Malawi's WHO Office Supports the South-to-South Learning in the fight against Malaria

In a remarkable display of intercountry cooperation, Malawi was a key player in the fight against malaria, lending its expertise to Nigeria, Kenya, and Zambia. Through this cooperation, existing capacities were optimized, knowledge was shared, and innovative public health solutions were crafted to tackle both common and emerging malaria challenges. This effort not only enhanced Kenya's malaria programming but also strengthened the health strategies of the participating member states.

Selected as one of the few member states to support the Malaria Program Review processes, Malawi's support was made readily available to the regional office. This was in response to the Ministries of Health for Kenya, Nigeria and Zambia, who through their National Malaria Control and elimination Programmes (NMCP), sought technical assistance from WHO regional office to conduct Malaria Programme Reviews, update the 2010 Kenya Malaria Policy, and develop the 2024-2027 Kenya National Malaria Strategic Plan. Malawi stepped up, joining the WHO regional technical team to support in these critical missions.

South-to-South Learning Exchange on Malaria Vaccine Implementation

Hosted by the Ministry of Health, Malawi with Support from WHO | 2024

In 2024, Malawi's Ministry of Health, in collaboration with the World Health Organization (WHO), successfully hosted an international South-to-South learning exchange focused on the implementation and rollout of the Malaria vaccine. This high-level event brought together representatives from countries across Africa and beyond, particularly those preparing to introduce the vaccine into their national immunization programs.

As one of the first three countries alongside Kenya and Ghana to pilot the RTS,S/AS01 malaria vaccine, Malawi has accumulated extensive experience in vaccine delivery, community engagement, and health system integration. The country's leadership in this space positioned it as an ideal host for sharing practical insights and lessons learned.

The learning exchange featured:

- **Technical presentations** by national program managers, WHO experts, and frontline health workers.
- **Field visits** to health facilities offering malaria vaccination services, allowing participants to observe real-time delivery, data management, and community mobilization efforts.
- **Interactive sessions** on overcoming operational challenges, ensuring cold chain integrity, and integrating the vaccine into routine immunization schedules.

Through field visit, participants gained firsthand knowledge from Malawi's frontline health workers, who shared their experiences in: administering the vaccine in high-transmission settings; managing caregiver expectations and community sensitization; and monitoring vaccine uptake and safety.

The learning exchange fostered:

- Cross-country collaboration and peer learning among malaria-endemic nations,
- Strengthened technical capacity for countries preparing to introduce the vaccine,
- Enhanced understanding of implementation strategies, including demand generation, logistics, and data systems.

Countries left with actionable insights and implementation frameworks tailored to their contexts, accelerating readiness for vaccine rollout and contributing to the broader goal of reducing malaria morbidity and mortality among children under five.

Malawi's successful hosting of the South-to-South learning exchange underscores its commitment to regional leadership in malaria control and its role as a knowledge hub for vaccine implementation. With WHO's support, this initiative has laid the groundwork for expanding access to life-saving malaria vaccines across the continent.

Neglected Tropical Disease

Neglected tropical diseases (NTDs) are a diverse group of conditions that are mainly prevalent in tropical areas, where they thrive among people living in impoverished communities. They affect about 1 billion people globally, with 1.7 billion people requiring NTD interventions both preventive and curative. Eight Neglected tropical Diseases (NTDs) are known to be endemic in Malawi and these include Schistosomiasis (bilharzia), Soil Transmitted Helminthiasis, Lymphatic Filariasis (Elephantiasis), Trachoma, Human African Trypanosomiasis (Sleeping sickness, Leprosy and Skin Diseases and Onchocerciasis (River Blindness). The most victims are the poorest and most marginalized communities. The burden of NTDs hampers socio-economic development perpetuating poverty in the country.

WHO supported Malawi MOH to develop and launch the NTD Master Plan 2023-2030

The 2024 World NTD Day on 30th January 2024 was commemorated with a launch of an important document, the Master plan. The Plan is a domestic guiding policy document that articulates a roadmap to shift from control focus to an elimination paradigm of NTDs in Malawi. It demonstrates commitment with actions to end the NTDs in the country. It aligns with the Health Sector Strategic Plan (HSSP III) and World Health Organization's Global NTD Roadmap 2021–30 and is intended as a guide for the health personnel and multisectoral actors in the concerted efforts to eliminate NTDs by 2030. The Malawi NTD Master plan 2023-2030 focuses on elimination, locally owned and driven program, evidence based on impact indicators than operational indicators and puts emphasis on shifting the programme financing to local rather than being donor dependent.

The WHO country office financially and technically supported the development of the Multi-year National NTD Master Plan 2023-2030. The WHO support in developing the NTD Master Plan was to help the government live up to the commitment of the Kigali declaration, to end Neglected Tropical Diseases signed by the commonwealth heads of states and government and Ministers of Health in Kigali Rwanda in 2022. The NTD master Plan was launched by the Deputy Minister of Health and the World Health Organization Country representative. The two reaffirmed their commitment to support efforts to end NTDs in the country by 2030.



The Deputy Hon Minister of Health Hon Halima Daudi and WHO Country Rep Dr Neema Kimambo Launching the Malawi NTD Master Plan

Malawi Hosts International Training on New Treatment for Human African Trypanosomiasis (HAT)

The traditional treatments for HAT have often fallen short of the expected efficacy, with many patients experiencing delayed responses or no improvement at all. WHO Malawi in partnership with Ministry of Health, with support from Afro and Headquarters organized a comprehensive two-days training workshop on a groundbreaking new treatment (Fexinidazole) for Human African Trypanosomiasis (HAT) in Lilongwe. The event brought together clinicians from rhodesiense-HAT endemic countries, with Malawi hosting a larger delegation of eight participants, compared to two from each of the other nations.

The development of the new drug was a result of Public Private Partnership between WHO and Sanofi Aventis who developed a new HAT

drug Fexinidazole. Later in June 2024 WHO issued new guidelines introducing fexinidazole as a promising new therapeutic option for rhodesiense HAT.

However, the innovative drug requires a highly trained medical workforce to ensure its successful administration and rigorous pharmacovigilance during the initial phase hence the international training on 27th-28th August 2024 in Lilongwe, Malawi. The development of the drug marked a significant leap forward in the battle against this devastating disease. The training represented a monumental step forward, empowering healthcare providers with the expertise needed to adopt the new treatment and significantly improve patient outcomes. With that initiative, Malawi and its regional partners are set to administer the new treatments, offering renewed hope to those affected by HAT.



Human African Trypanosomiasis International Training on new treatment Fexinidazole, BICC Lilongwe

1.9 Non communicable diseases

Non-Communicable Diseases (NCDs) are increasingly contributing to the high burden of disease in Malawi. They are the second leading cause of death after HIV/AIDS, accounting for 40% of total deaths, with a 23% probability of premature death due to NCDs. The burden disproportionately affects young and productive citizens, with 61% of the population living with NCDs being under 40 years old. The major NCD groups include cardiovascular diseases, endocrine disorders (particularly diabetes mellitus), cancers, and chronic respiratory conditions, contributing to 40% of the Disability-Adjusted Life Years (DALYs) due to NCDs.

Malawi Leads the Way in WHO NCDs' PEN PLUS Services Implementation

In response to the high burden of these NCDs, the Ministry of Health developed a PEN-PLUS operational plan in 2021 to guide the

implementation of the WHO-recommended Packages of Essential Noncommunicable Disease Interventions (PEN) and PEN-Plus. PEN-Plus package is an evidence-based cost-effective intervention designed to provide affordable, integrated care for NCDs with a focus on strengthening primary-level care facilities in line with global targets for universal health coverage (UHC).

Since 2021, Malawi has been an early pacesetter in the implementation of WHO PEN PLUS in the region, thanks to the collaborative efforts of WHO, Partners in Health (PIH), UNICEF, and other partners. This remarkable progress attracted a benchmarking visit from the Eswatini Ministry of Health. The Eswatini government sent a 9-member delegation to learn from Malawi. The team arrived in the country on August 26th and departed on August 31st, 2024.

During their visit, the team engaged with the WHO PEN PLUS Steering Committee at

Crossroads Hotel for an in-depth briefing on the NCD Program Overview and PEN PLUS initiative. Through these visits, notes were shared, and knowledge was exchanged among participants on how to improve NCD interventions. The delegation then travelled to Neno District Hospital in the Southern region and Salima District Hospital in the Central region to observe

and learn from the setup and operation of PEN PLUS clinics firsthand. The visit was hosted by the Ministry of Health, with support from the WHO country office and Partners in Health. Malawi has continued to expand on PEN PLUS services and is likely to attract more countries for benchmarking.



Benchmarking meeting by Eswathini Government on Malawis implementation of the PEN PLUS initiative in Neno District



Commemoration of cancer awareness day in Lilongwe



WHO supported the roll-out of the National Cervical Cancer elimination plan to meets its 2030 targets

The Malawi Ministry of Heal is implementing a Cervical Cancer Control Programme (CECAP) and a National Cervical Cancer Control Strategy. The goal is to achieve the WHO’s “90-70-90” targets by 2030, aiming for 90% vaccination coverage, 70% screening coverage, and 90% treatment access, with the potential to eliminate cervical cancer as a public health problem by 2030. Significant progress was achieved in various programmatic areas, notably the Cervical Cancer

Elimination Program (CECAP), which introduced the HPV vaccine for girls aged 9, adopted thermal ablation for precancerous lesions, and integrated cervical cancer screening into HIV services. The program also implemented WHO recommendations for cervical cancer elimination, adopted HPV-based screening, and expanded treatment capabilities, with 522 facilities providing screening and treatment services by November 2024.

Collaborations with organizations such as PEPFAR, MSF, and UNC enhanced technical assistance and tertiary care.

Cancer Awareness and Screening Event for UN Staff



On October 29, 2024, the World Health Organization (WHO) played a pivotal role in organizing a cancer awareness fair as part of cervical cancer elimination commemoration activities. The event focused on breast cancer and cervical cancer screening for UN female staff members with screening Activities: Physical

Breast Examination, Breast Ultrasound Scan (24), Visual Inspection of the Cervix with Acetic Acid (27) and cervical pap Smears (24). In total, 54 clients from various UN agencies accessed cancer testing services. All participants received educational messages on breast and cervical cancer. This event underscored WHO's commitment to promoting cancer awareness, early detection, and education, contributing to better health outcomes for UN staff members. Event Highlights: Remarks by WHO Malawi Country Representative: Emphasized the importance of screening and early detection, Talks: Included a cervical cancer survivor and a chemotherapy nurse from Malawi National Cancer Centre., Discussions: Staff members shared their experiences, and the talks were well-received., Q&A Session: Addressed myths, concerns, worries, and knowledge gaps related to cancer.





2. RESPONDING TO PUBLIC HEALTH EMERGENCIES

2.1 Emergency preparedness and response (EPR)

Malawi has recently faced a series of public health and climate-related emergencies, including COVID-19, Polio, cholera outbreak, and destructive tropical storms and cyclones such as Ana, Gombe, and Freddy. These crises have resulted in loss of lives, significant injuries, and widespread damage to communities and the economy, severely testing the country's disaster response and health systems.

✓ In response to these challenges, the World Health Organization (WHO) conducted a scoping mission in June 2023, leading to the development of a two-year Emergency Preparedness and Response (EPR) Roadmap. This roadmap is designed to bolster Malawi's ability to anticipate, detect, and respond effectively to emergencies through flagship initiatives like PROSE (Promoting Resilience of Systems for Emergencies), TASS (Transforming African Surveillance Systems), and SURGE (Strengthening and Utilizing Response Groups for Emergencies). Launched in November 2023 with support from over 20 partners, the roadmap has already driven significant progress in enhancing emergency preparedness.

✓ WHO-supported initiatives under the EPR framework include strengthening national preparedness, International Health Regulations (IHR) coordination, One Health collaboration, and Integrated Disease Surveillance and Response (IDSR) systems.

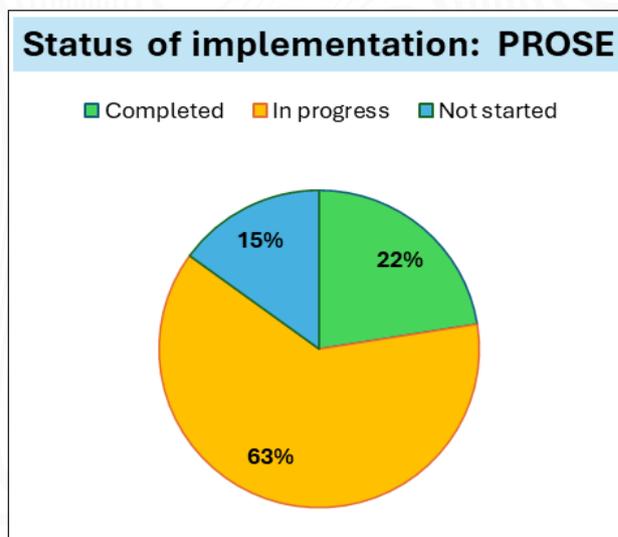
✓ Efforts also include improving Malawi's Public Health Emergency Operations Centre (PHEOC), conducting multi-sectoral training through AVoHC-SURGE, training Emergency Medical Teams (EMTs), and advancing readiness assessments and contingency planning.

These actions have led to measurable improvements in Malawi's health security, as evidenced by recent Joint External Evaluation (JEE) scores. Crucially, all EPR activities are integrated into Malawi's broader strategic plans, including the Health Sector Strategic Plan III, the WHO Country Cooperation Strategy, and the United Nations Sustainable Development Cooperation Framework, ensuring alignment with national development and health system strengthening objectives.

2.2 Strengthening preparedness

PREPAREDNESS AND IHR (PROMOTING RESILIENCE OF HEALTH SYSTEMS FOR EMERGENCIES)

The PROSE Flagship Initiative has four pillars: Evidence-based Plans, Policies, and Legislations; Systems and Tools to strengthen IHR; Workforce Development; and Sustainable and Predictable Financing. By the end of the year, of 40 prioritized activities, 22.5% (9) had been completed, 62.5% (25) were on-going, and 15% (6) had not started.



To expedite the implementation of prioritized PROSE activities, WHO has supported several activities as detailed below.

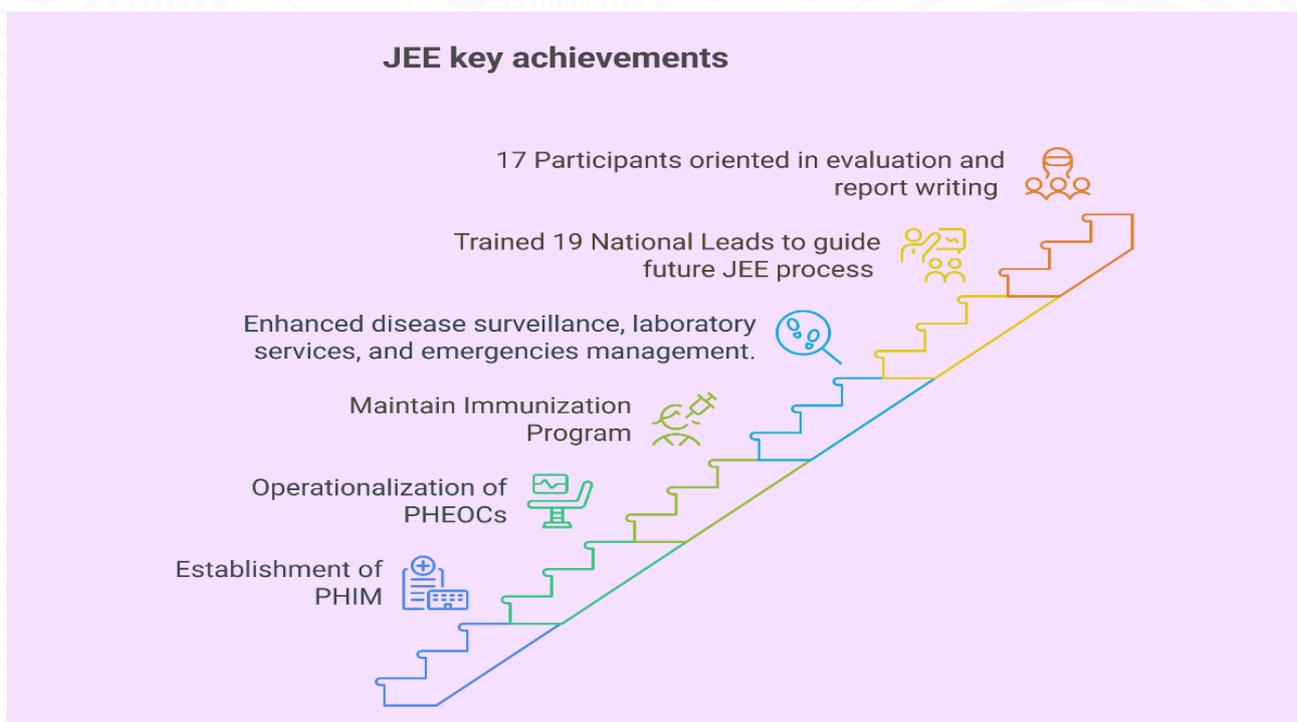
Strengthened Global Health Security through implementation of IHR (2005) Monitoring and Evaluation Frameworks:

Safeguarding global health security requires countries to establish strong systems to prevent, detect, and respond to public health threats. In line with the International Health Regulations (IHR 2005) Monitoring and Evaluation Framework (IHRMEF), the Government of Malawi, supported by the WHO has undertaken comprehensive assessments to evaluate and strengthen its core capacities in health security.

Through the State Party Annual Reporting (SPAR) process and the Joint External Evaluation (JEE), Malawi has gained critical insights into its ability to manage public health emergencies and other hazards. The SPAR allowed the country to assess its performance across 15 technical areas, while the JEE, a more extensive multi-sectoral evaluation, reviewed 19 technical areas. <https://extranet.who.int/sph/spar-malawi-submitted2024>.

The JEE process began with a self-assessment exercise involving 73 multidisciplinary experts from health, agriculture, environment, defence, police, immigration, local government, finance, legal, and Chemical, Biological, Radiological, and Nuclear (CBRN) sectors. Representatives from the Department of Disaster Management Affairs (DoDMA) and partner organizations also participated. This self-evaluation was followed by an external evaluation that brought together over 120 participants from government and non-governmental entities involved in IHR implementation in Malawi. The JEE process also involved 14 technical experts and 7 observers.

As part of the evaluation, site visits were conducted to key institutions and facilities including human and animal national reference laboratories, the Public Health Institute of Malawi (PHIM), the Public Health Emergency Operations Centre (PHEOC), the Malawi Bureau of Standards laboratory, Central Medical Stores Trust (CMST), Kamuzu International Airport, Kamuzu Central Hospital, Dedza Point of Entry (PoE), and Dedza District Hospital. These visits helped validate the self-assessment findings and provided a deeper understanding of real-world capacities.



The outcomes of the 2024 JEE will serve as the foundation for developing Malawi's National Action Plan for Health Security (NAPHS) in 2025. This plan will guide the country's efforts

to further strengthen preparedness and response systems in a structured, strategic, and coordinated manner, ensuring Malawi remains resilient in the face of public health threats.



Picture from the JEE Opening Ceremony graced by The Minister of Health, Honorable Khumbize Kandodo Chiponda, MP

Strengthened Multi-sectoral Collaboration using One Health Approach and IHR National Focal Points:

In an era where global health threats are increasingly complex and interconnected, a collaborative and multi-sectoral approach is essential to strengthening health security. The One Health (OH) approach recognizes the critical link between human, animal, and environmental health, emphasizing the need for coordinated efforts across multiple sectors to prevent and control public health risks. In

Malawi, where zoonotic diseases, climate change, and environmental degradation pose significant health challenges, the implementation of OH has become a national priority.

WHO supported the drafting of a One Health Policy that aims to strengthen multisectoral collaboration in the implementation of OH and IHR. Further support was given towards the drafting of governance framework and terms of reference for OH multisectoral coordination mechanisms (OH-MCM). The coordination mechanisms will support clarification and

strengthening of leadership and governance arrangements. Further support was provided to develop the OH zoonotic disease priority list. One Health awareness was raised by co-hosting commemorations of the first ever One Health Day in November 2024 in collaboration with government and UN counterparts from sectors responsible for the health of humans, animals, and the environment. Furthermore, WHO facilitated a 5-member multisectoral delegation to participate in an international 8th World One Health Congress held in Cape Town in September 2024 One Health Conference in Cape Town.

WHO supported MOH to review terms of reference (TORs) for multisectoral IHR

National Focal Points (NFPs) and Standard Operating Procedures (SOPs) for internal and external communication within the IHR NFPs network. These TORs are a key guiding tool for multisectoral IHR NFPs in reporting incidents and their contribution towards health security. The key sectors reached with these TORs and SOPs include the Office of President and cabinet (OPC), the Department of Disasters Management Agency (DoDMA), Ministries of Health, Agriculture, Water and Sanitation, Homeland Security, Climate Change, Local Government, Gender Protection and Social Services, Education, Defence Force, Immigration, Port Health, Animal Health and Livestock development, Police and Forestry.



Pictures from One Health Day commemorations with Caption "One Health Day celebrations in Malawi, November 2024'.

Emergency Care System Assessment (ECSA)

The ECSA is a tool developed by the WHO to help countries evaluate the strengths and gaps in their emergency care systems across all levels—from the community to tertiary hospitals. It is designed to support the development of coordinated high-quality emergency care as a critical component of the broader health system.

In Malawi, WHO supported the Ministry of Health to conduct a systematic national ECSA, building on the foundations laid by the National Emergency and Critical Care Strategy (2021–2031), which was also developed with WHO's technical assistance. The assessment aimed to identify strategic opportunities to strengthen emergency care services and improve outcomes for conditions requiring timely, life-saving interventions.

The assessment process was highly participatory, bringing together stakeholders from the Ministry of Health, WHO, healthcare providers, emergency medicine experts, and development partners. Through this inclusive approach,

Key result

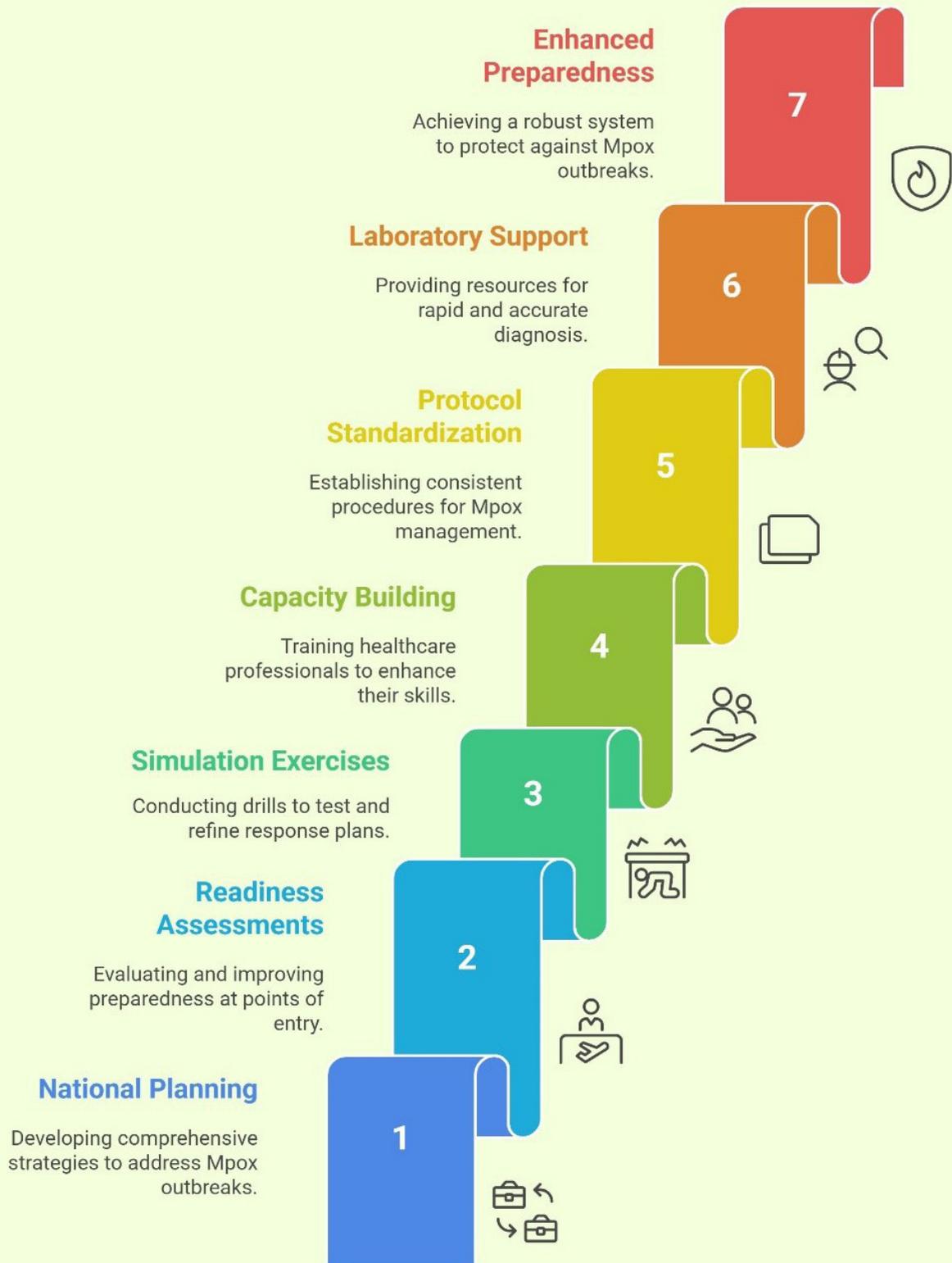


A total of 14 key priority actions were identified to guide the strengthening of emergency and critical care in Malawi. These reforms aim to enhance the coordination, efficiency, and quality of emergency responses and ensure that decisions are guided by real-time data for better planning and continuous improvement.

Strengthened Readiness Anticipatory Actions for Mpox:

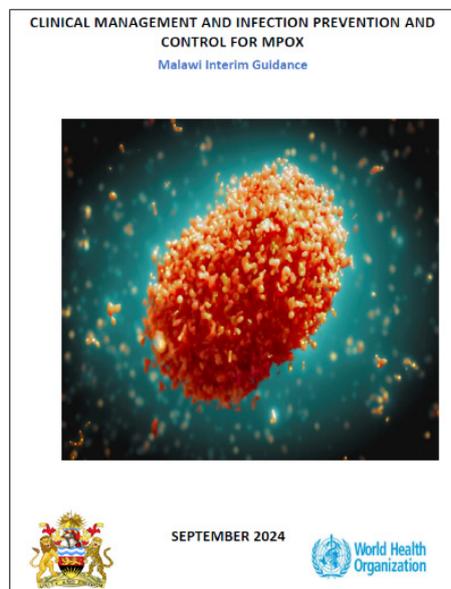
The WHO AFRO region continues to grapple with recurrent outbreaks of high-threat viral diseases including Mpox, underscoring the urgent need for strengthened preparedness, readiness, and anticipatory actions. Mpox was declared a Public Health of International Concern (PHEIC) in August 2024. Given Malawi's geographic proximity to high-risk countries, its role in peace keeping within the region, education exchanges, as well as increased travel and trade, the threat of importation of Mpox and other viral diseases with potential of causing outbreaks remain high. Malawi prioritized readiness and anticipatory actions to prevent, detect, and respond to potential outbreaks. Ministry of Health, in collaboration with WHO and partners, strengthened surveillance including community-based mechanisms, border health security, laboratory capacity, risk communication, infection prevention and control (IPC), case management, and rapid response mechanisms. The country also pre-positioned emergency supplies to ensure prompt access to diagnostic and treatment supplies. WHO supported development of the National Preparedness and Response Plans for Mpox focusing on the key areas below:

Strengthening Malawi's Mpox Response





Left to Right: L- Mpox assessment at Dzaleka refugee camp. R- Practical exercise for Basic Emergency Care Training



Left to Right: L-Handover of Mpox Laboratory supplies to Ministry of Health and R- Draft Mpox Clinical and IPC guidelines

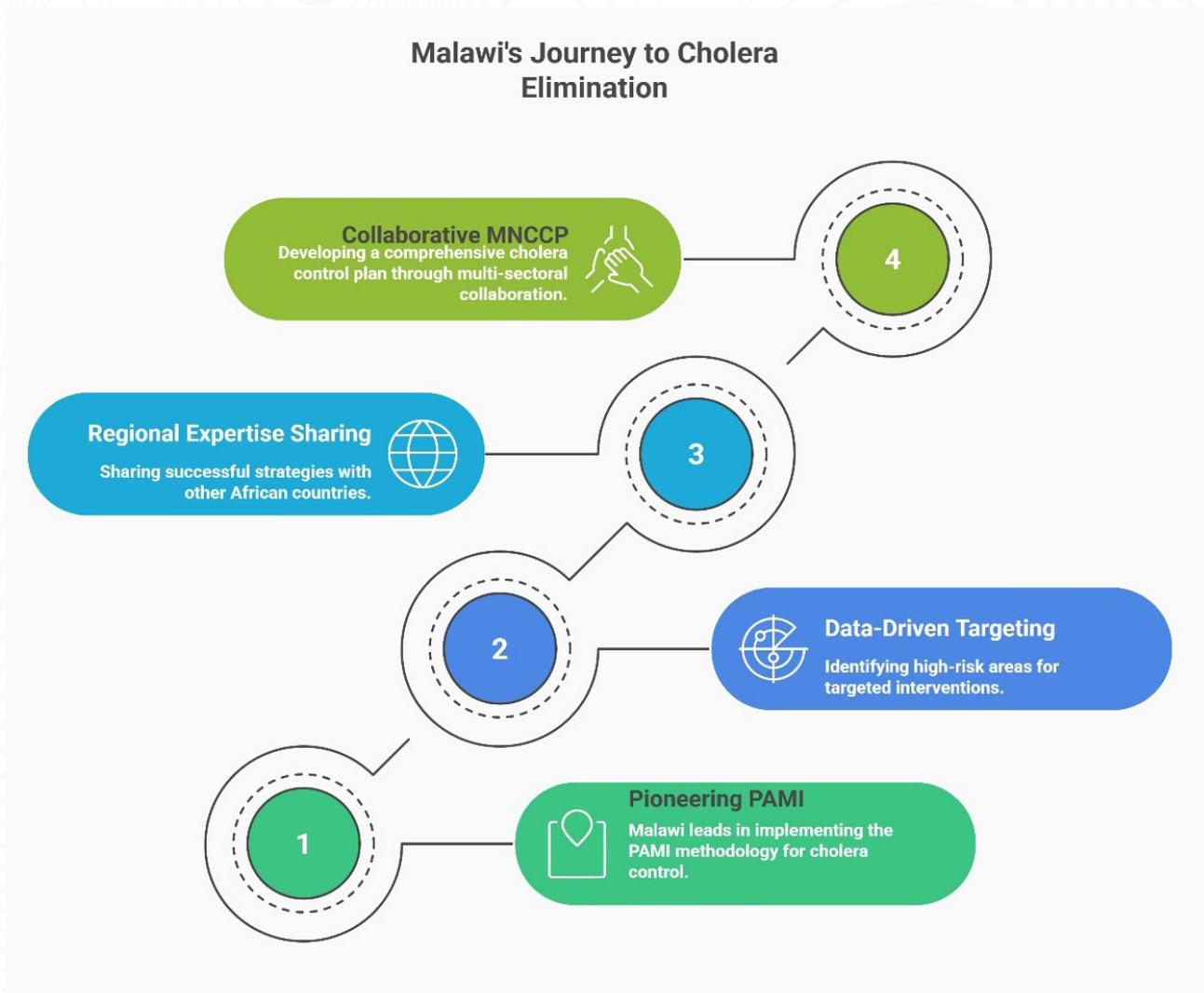
Malawi's Multi-Sectoral National Cholera Plan - A Strategic Approach to Cholera Elimination:

Malawi has experienced recurrent cholera outbreaks over the years, with the 2022/23 season being the most severe in recent history. Recognizing the urgent need for a comprehensive and sustainable solution, the Government of Malawi committed to the Global Task Force on Cholera Control (GTFCC) **End Cholera by 2030** roadmap. This commitment has catalysed the development of a robust, multi-year, multi-sectoral Malawi National Cholera Control Plan (MNCCP), aligned with global best

practices and grounded in local realities.

The MNCCP has been shaped through an inclusive and technically rigorous process throughout 2024, bringing together key ministries, development partners, and local stakeholders. WHO has provided critical technical and financial support, reinforcing national leadership in charting a path toward cholera elimination. A foundational step in the plan's development was the identification of Priority Areas for Multi-Sectoral Interventions (PAMIs) in September 2023.

Key achievements towards cholera elimination are highlighted below:



WHO's technical assistance has covered all key pillars of cholera prevention and response including Surveillance and early warning; Laboratory capacity; Case management and infection prevention and control (IPC); Risk communication and community engagement (RCCE); Oral cholera vaccination (OCV); Operations support and logistics (OSL) and National coordination.

Strengthening IPC/WASH in Health Care Facilities: Safeguarding Health Against Infectious Diseases

Malawi conducted an Infection Prevention and Control Assessment Framework (IPCAF) assessment in 14 public and CHAM facilities in November 2024. This assessment aimed to provide baseline data on the IPC program and measures within healthcare facilities, facilitating improvement plans. The overall findings indicated that no facility achieved 80% or above according to WHO recommendations. The assessment focused on the following eight IPC core components:

8 IPC Assessment Components



Malawi has significantly strengthened infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) practices across 28 health facilities in 12 districts.

WHO provided critical technical support to the Ministry of Health, leading to the mentorships and capacity building of 316 health workers and support staff.

Additionally, WHO procured IPC/WASH supplies for the health facilities. This support resulted in improved knowledge and practices on IPC practices and ensured the availability of essential

IPC supplies. The enhanced IPC/WASH practices will go a long way contributing to reducing healthcare-associated infections, improving patient care and promoting a safer and more hygienic environment within healthcare settings. Recognizing the challenges in water, sanitation, and hygiene (WASH) services within health facilities, Malawi implemented the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) process to address poor WASH practices.

Key achievement:

Training of Trainers (ToT) program was initiated to build capacity among healthcare workers and scale up WASH FIT implementation.

Total number of people trained: 60

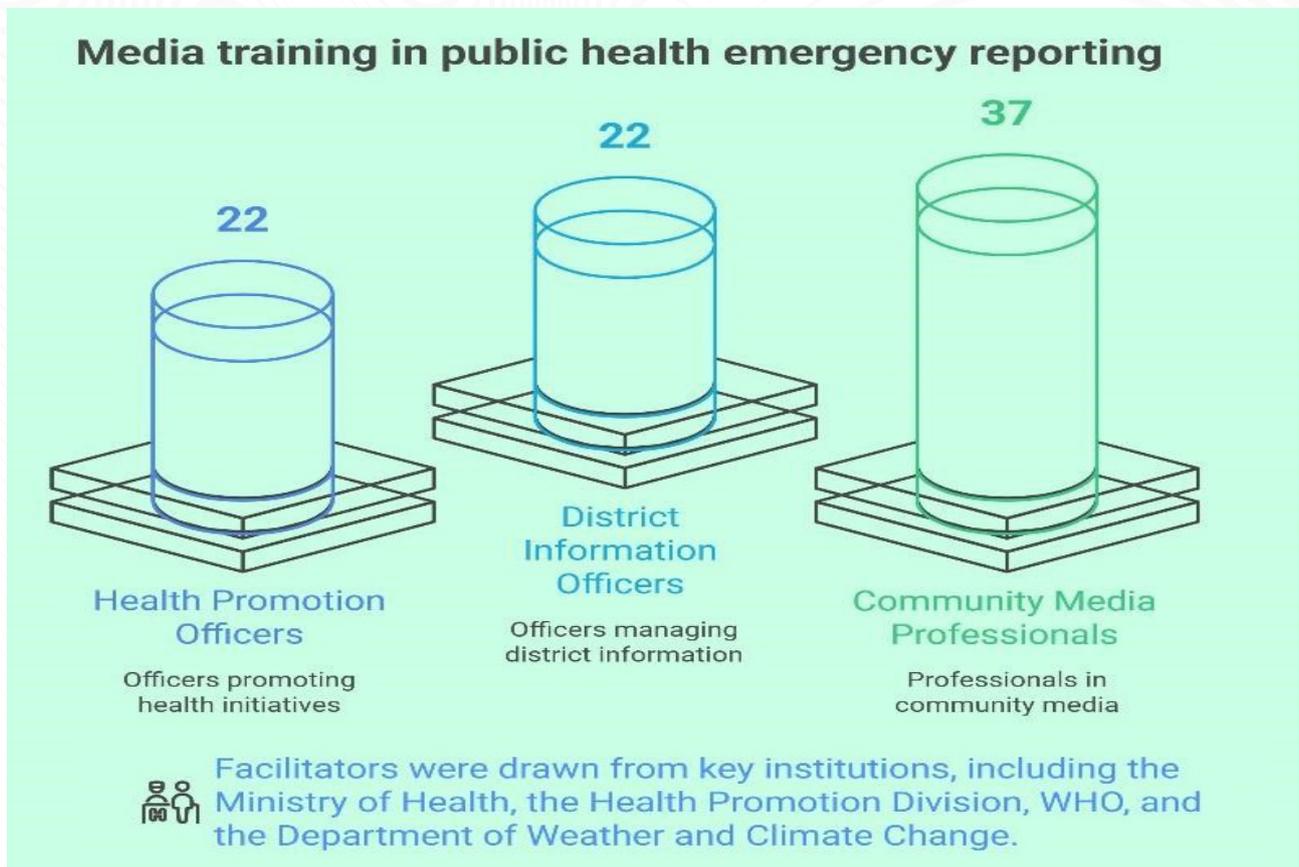
Strengthening risk communication and community engagement for health emergencies

Strengthening District Community Media Capacity in disseminating correct and consistent information on Public Health Emergencies Preparedness and related disease outbreaks:

Malawi has been increasingly affected by adverse weather events since 2022, including El Niño, Tropical Cyclone Freddy, Tropical Storm Ana, and most recently, Tropical Cyclone Chido. In addition to weather-related emergencies, the country has also faced COVID-19, polio, and recurrent

outbreaks of measles and cholera. In the face of such crises, effective risk communication and community engagement are critical to ensuring that accurate and timely information reaches affected populations. The media play an essential role in this regard by disseminating correct and consistent information, countering misinformation, and fostering public trust in emergency response efforts. Misinformation during public health emergencies can exacerbate challenges, hinder response efforts, and put communities at greater risk. Thus, equipping media professionals with ethical and technical guidance is essential for effective crisis communication.

Recognizing the media's pivotal role in public health emergency response, the Health Promotion Division (HPD) with support from WHO, organized capacity-strengthening sessions for community media professionals. These sessions aimed to enhance their ability to document and disseminate accurate information during public health emergencies and disease outbreaks.



A key component of the training was the dissemination of the Multi-Hazard Communication Strategy, a strategic document providing technical guidance for communication and health promotion during public health emergencies and disease outbreaks. The strategy equips media professionals with the tools needed to navigate crisis communication, address misinformation, and engage communities effectively. Through these capacity-strengthening sessions, the Ministry of Health reaffirmed its leadership in empowering community media houses to disseminate appropriate and accurate information on public health emergencies and disease outbreaks, including cholera. In addition, the initiative fostered stronger collaboration between media professionals, public health

experts, and meteorological specialists. **As a significant outcome, a WhatsApp forum was established to facilitate real-time information sharing among media practitioners, public health experts, and weather and climate change specialists. This platform enhances the timely dissemination of weather updates, health advisories, and response measures to mitigate the impact of extreme weather events and related public health emergencies.** By strengthening the capacity of community media professionals, Malawi is taking proactive steps to enhance public health communication, build public trust in public health response, and improve emergency preparedness and response efforts.



Group photo for district-based community media professionals during the mentorship session on public health emergencies and cholera prevention in Salima District



Session in progress for district-based community media professionals during the mentorship session on public health emergencies and cholera prevention in Salima District

2.4 Strengthening surveillance

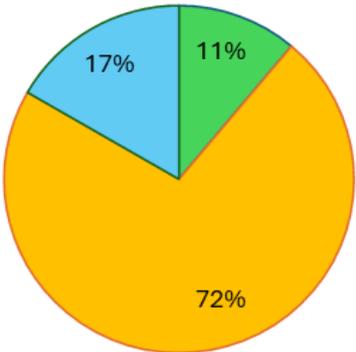
SURVEILLANCE (TRANSFORMING AFRICAN SURVEILLANCE SYSTEMS)

The TASS Flagship Initiative has five pillars: Integrated Disease Surveillance and Response

(IDSR); Cross-border surveillance; Water Quality and Environmental Surveillance; Data Management Systems and Use; and Laboratory Capacity. Overall, TASS has 36 activities that were prioritized, of which 4 (11%) have been completed, 26 (72%) are progress, while 6 (17%) have not started.

Status of implementation: TASS

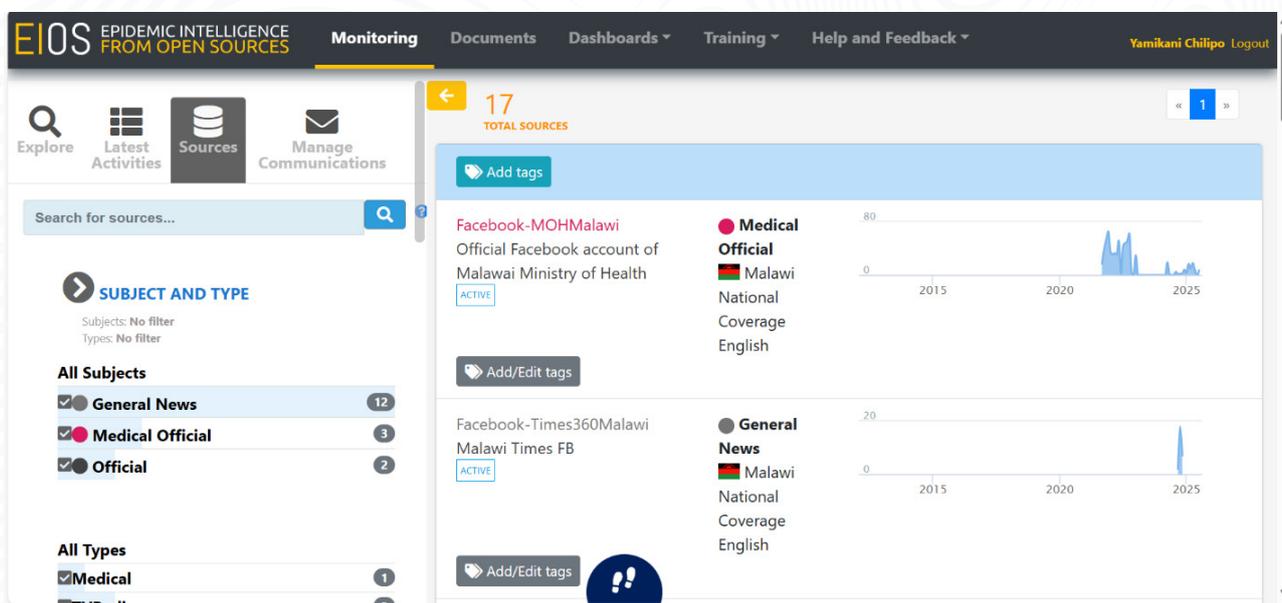
■ Completed ■ In progress ■ Not started



Strengthened integrated disease surveillance and response to enhance early detection capacities for public health events:

Since Malawi adopted the third version of IDSR strategy in 2020, the Ministry of Health through PHIM has strategically and gradually cascaded the implementation of the IDSR strategy to districts and their respective health facilities. Despite multiple investments to enhance implementation of IDSR and Event Based Surveillance (EBS), disruptions from disease outbreaks and natural disasters have

slowed down progress. IDSR and Event Based Surveillance (EBS) are crucial strategies as they increase countries’ capacities to quickly identify any known or unknown public health threats, which can be disease outbreaks and other emergencies. The importance of functional early warning systems to mitigate the impact of public health events has been apparent from the multiple emergencies Malawi has encountered since 2019, including COVID-19, wild Polio virus, measles and natural disasters including Tropical storms Anna, Gombe, Cyclone Freddy and Chido.



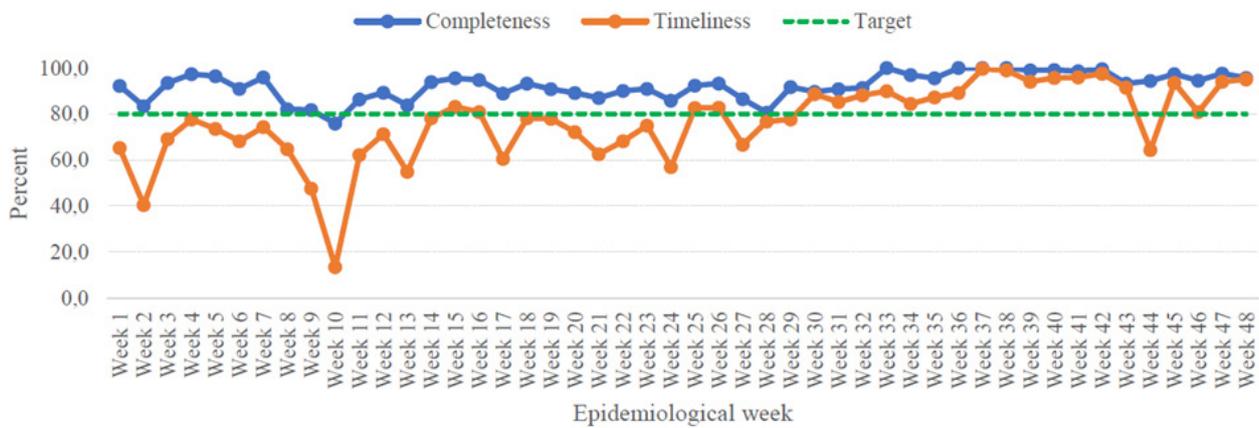
Malawi’s Epidemic Intelligence from Open Sources (EIOS) Dashboard

- ✓ WHO supported the Ministry of Health through Public Health Institute of Malawi (PHIM) to strengthen surveillance systems in twelve out of twenty-nine (41%) districts in Malawi. In partnership with Foreign Commonwealth and Development Office (FCDO),
- ✓ WHO supported data quality audits, Integrated Disease Surveillance and Response (IDSR) supportive supervision and mentorship in twelve districts namely Rumphu, Mzimba South, Kasungu, Ntchisi, Chikwawa, Nsanje, Chitipa, Karonga, Mulanje, Blantyre, Mchinji and Neno based on their performance of IDSR indicators.

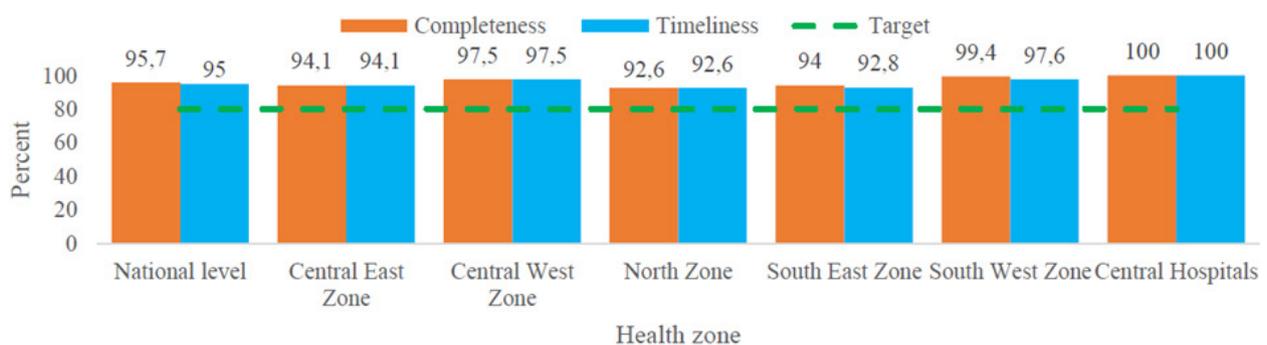
“the data validation exercise was a great idea in the improvement of reporting in surveillance. Since the implementation of the exercise in my district, we have seen a reporting shift and sustainability. The exercise triggered a memorable and continuous improvement in monitoring, following up and verification of data requiring clarification. We still need these exercises in the coming years for continued improvements in monthly and quarterly reporting where there is still a challenge. The exercise was motivational in its right!”
 Mzimba South IDSR Coordinator “Daniel Kumwenda

“The improvement noted on surveillance performance in the six districts has contributed to the general performance trends for the whole country with both timeliness and completeness above 90%. Sustained performance of surveillance systems in these districts will go a long way to build resilient systems for rapid identification, prevention and response to public health events, disease outbreaks and natural disasters. The lessons learned in the six FCDO districts would be catalyst for building similar capacities in the rest of the districts across the country,” WHO Country Representative in Malawi, Dr Neema Rusibamayila Kimambo,

Combined trend Graphs on IDSR reporting rates for all districts.



IDSR reporting rates disaggregated by health zones



Enhanced event-based surveillance through Epidemic Intelligence from Open Sources:

The Public Health Institute of Malawi (PHIM), with support from WHO, enhanced its capacities to rapidly detect signals through Epidemic Intelligence from Open Sources (EIOS) and facilitated investigations to confirm or discard potential public health events. EIOS is the world’s leading initiative for open-source intelligence for public health decision-making led by WHO as part of its constitutional mandate to direct and coordinate authority on International Health Regulations international health work. EIOS is built on three pillars: a growing global community of practice, a range of multi-disciplinary collaborators and an evolving fit-for-purpose system. In 2024, signals for suspected Yellow Fever, Mpox, Pellagra, Unconfirmed bacterial infection, food poisoning, and an incident of several animal deaths following

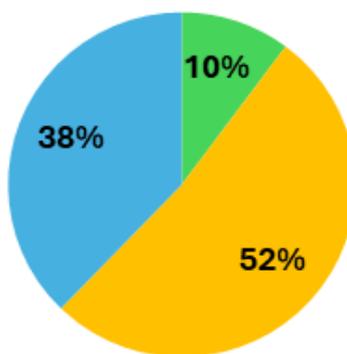
lightning strike were picked up by the platform with all of them communicated to the respective districts and investigated in a timely manner. The EIOS platforms facilitates early detection and assessment of public health threats using open-source data providing decision makers with crucial time advantage and evidence to use for quick and effective action.

EMERGENCY RESPONSE (STRENGTHENING AND UTILIZING RESPONSE GROUPS FOR EMERGENCIES):

The SURGE Flagship Initiative has 98 prioritized activities under four pillars: Workforce Development; Response Readiness and Coordination; Operations Support and Logistics (OSL); and Risk Communications and Community Engagement (RCCE). At the end of the reporting period, 10% (10) of activities under the SURGE Initiative had been completed, while 52% (51) were on-going, and 38% (37) had not started.

Status of implementation: SURGE

■ Completed ■ In progress ■ Not started



Rapid Response Team Training

Rapid Response Teams (RRTs) are a cornerstone of effective outbreak detection and response. In the face of increasing public health threats including disease outbreaks, climate-related

emergencies, and mass casualty events, timely and coordinated action is critical. Well-trained RRTs enable health systems to act quickly in identifying hazards, investigating outbreaks, and containing the spread of disease before it escalates.

✓ To accelerate the completion of prioritized SURGE activities, WHO supported capacity building of 54 district Rapid Response Team (RRT) members in the priority districts of Nsanje and Chikwawa focusing on essential skills in risk assessment, outbreak investigation, and situation report development, RRT deployment preparation, adherence to IPC standards, RRT roles and responsibilities, gender-based violence, PRSEAH, and on-site mass casualty sieving and triaging. This has significantly improved the preparedness and deployment capacity of district teams, contributing to a more agile and coordinated response to health emergencies.

2.3 Emergency Response

Response to Public Health Emergencies

In 2024, Malawi responded to multiple emergencies with robust support from WHO. The response efforts were significantly strengthened across various crises, including cholera, measles, Nkhotakota floods, the El Nino-induced severe drought, and towards the end of the year, Cyclone Chido.

Key roles and achievements include the following:



WHO Support in Emergency Preparedness & Response – Malawi

Rapid Response Deployment



- ✓ Facilitated the rapid deployment of Rapid Response Teams (RRTs) and Emergency Medical Teams (EMTs)
- ✓ Conducted comprehensive risk assessments in affected communities
- ✓ Provided lifesaving clinical care and health promotion in vulnerable areas

Emergency Supplies & Support



- ✓ Procured and prepositioned essential emergency supplies
- ✓ Enabled quick and coordinated responses across multiple districts
- ✓ Strengthened operational capacity across all emergency response pillars

Strategic & Operational Role

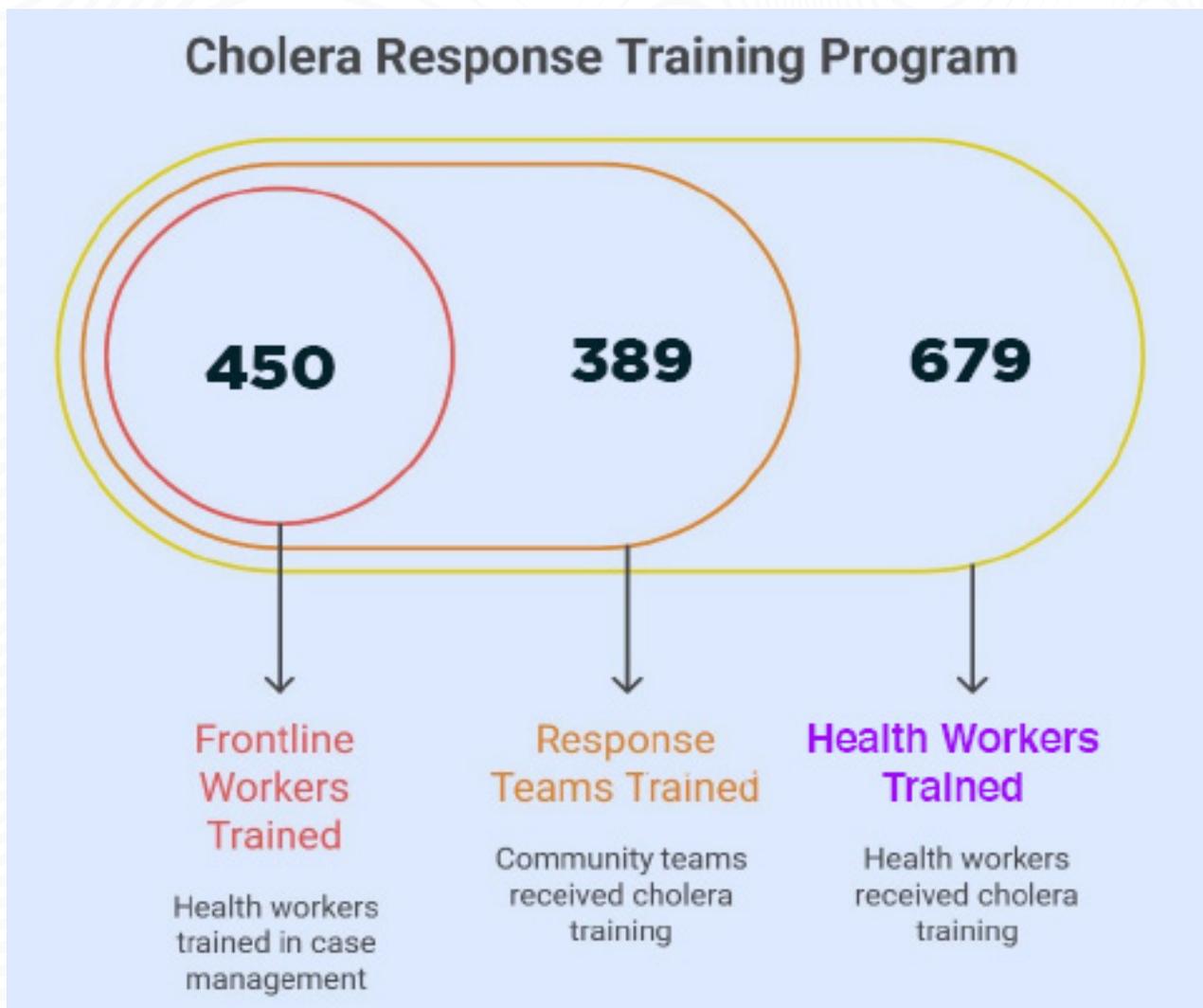


- ✗ Enhanced national emergency preparedness capacities
- ✗ Supported priority activities across key response pillars
- ✗ Ensured coordinated and effective public health interventions during emergencies

WHO's efforts led to the successful conclusion of a protracted cholera outbreak and effective management of the Nkhotakota flood responses, among others. Key technical working groups' capabilities such as the Case Management TWG, Health Promotion TWG, RCCE TWG, and Social

Determinants TWG were significantly enhanced through WHO's technical support during the responses. Training targeting health workers was also done to enhance cholera response. Below is the summary of the cholera training.

Summary of cholera response training



A key achievement of the Nkhotakota flood response was the successful provision of lifesaving caesarean sections to 15 mothers, demonstrating the critical nature of timely emergency response interventions. WHO's comprehensive support was indispensable in navigating these complex emergencies. The strategic guidance, capacity building and rapid response initiatives were pivotal in safeguarding public health and ensuring resilient health systems in Malawi. Below are the details of the key emergency responses in the year 2024:

a. Ending Malawi's Protracted Cholera Outbreak:

On July 10, 2024, the Government of Malawi declared the end of a protracted cholera outbreak, more than two years after its initial declaration on March 3, 2022. This declaration followed the Global Task Force on Cholera Control (GTFCC) guidelines, with Malawi reporting zero cholera cases for more than four weeks. The outbreak was previously declared a National Public Health Emergency on December 5, 2022. Several response activities were implemented, leading to a decline in cases and deaths, and on August 5, 2023, the outbreak was no longer classified as a National Public Health Emergency. The outbreak registered a total of 59,376 cases and 1,772 deaths, making it the worst cholera outbreak in Malawi's history.

The cholera outbreak in Malawi occurred

in the backdrop of a series of overlapping climate-related disasters, which threatened to undermine response efforts. In 2023, at the peak of the cholera outbreak, Cyclone Freddy devastated large parts of the country, destroying WASH infrastructure and increasing water contamination risks. In 2024, cholera persisted against the backdrop of a severe drought, which was officially declared a national disaster in March 2024. The drought exacerbated water shortages, heightened food insecurity, and compounded health vulnerabilities, making cholera response efforts even more critical. Compounding the crisis further, several districts experienced flooding in 2024, damaging already weakened WASH systems and further jeopardizing cholera containment efforts. WHO supported response activities that integrated cholera control with broader emergency interventions to mitigate the compounded impact of these crises in 13 priority districts.



Baby wellness checkup post delivery by trained EMT personnel during the Nkhotakota floods

Cholera Outbreak in Malawi: A Timeline of Events

Cholera outbreak begins in Malawi

March 2022

Peak of outbreak (worst case burden)

June 2023

Malawi declares cholera outbreak over

July 2024



2024 Cholera & Flood Emergency Response – Malawi

Community-Level Capacity



- ▶ 679 Community Health Workers trained in cholera response across 10 districts
- ▶ 389 Community Outbreak Response Teams (CORT) strengthened

Facility-Level Capacity



- ▶ Over 450 frontline healthcare workers capacitated in cholera case management
- ▶ Training conducted in priority Cholera Treatment Units/Centres

Key Achievements – Flood Response



15 lifesaving emergency caesarean sections performed during Nkhotakota flood response



Highlighting importance of timely emergency interventions

WHO Contributions



Provided strategic guidance, capacity building, and rapid response initiatives



Supported both cholera and flood emergency interventions



Ensured resilient health systems and safeguarded public health in Malawi

To further strengthen outbreak response and preparedness, enhanced Integrated Disease Surveillance and Response (IDSR) and Event-Based Surveillance (EBS) were implemented. Data quality audits and reviews were conducted, and improvements were made in data entry and reporting. Cholera supplies were procured and pre-positioned in reporting districts to ensure rapid response capabilities. Integrated Outbreak Analytics (IOA) played a crucial role in guiding targeted implementation of cholera containment measures, ultimately contributing to the control of the outbreak in affected districts.

Recognizing the importance of community engagement in disease prevention, WHO supported the establishment and strengthening of Community-Based Cholera Preparedness and Response Teams (CORT) in multiple districts, including Blantyre, Mulanje, Thyolo, Nsanje, Chikwawa, Mangochi, Lilongwe, Mzuzu, Karonga, and Chitipa. These teams played a critical role in community-level surveillance, risk communication, and early detection of cholera cases.

WHO has remained an active member of the National Health Promotion Technical Working Group (TWG) and the National RCCE TWG, ensuring alignment with national strategies and

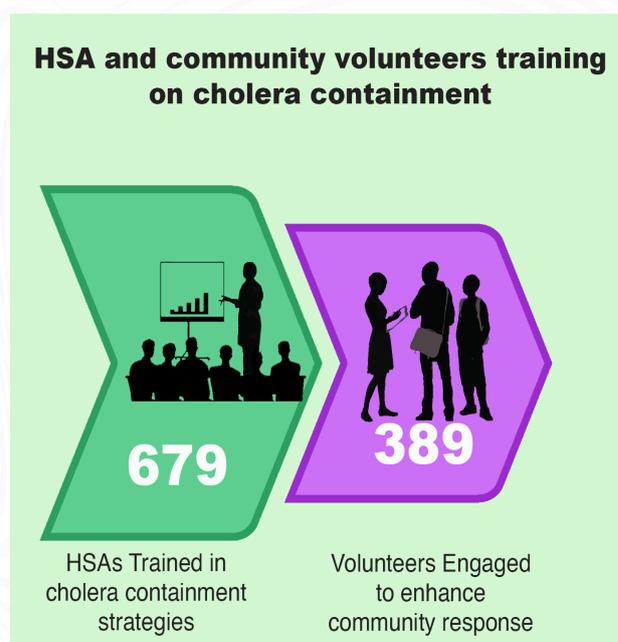
coordination among stakeholders. Additionally, WHO facilitated the operationalization of District and Facility-level Health Promotion and RCCE TWGs, further strengthening local capacities in cholera response and prevention.

WHO supported the implementation of Infection Prevention and Control (IPC) measures outlined in the recently developed IPC National Operational Plan. Additionally, WASH- FIT was implemented in healthcare facilities, along with facility-based orientation sessions for support staff on IPC, patient

screening, and reporting using the cholera screening tool. WHO also facilitated water quality testing and sanitary surveys of water points, including disinfection (chlorine shocking) of contaminated boreholes and shallow wells.

Case management efforts were bolstered through supervision and mentorship at the facility level. A Cholera Case Management Training of Trainers (TOT) program was conducted, and treatment guidelines were printed and disseminated to health facilities. The Case-Area Targeted Intervention (CATI) approach was utilized to enhance early cluster detection and control of transmission. Strategic commissioning, revamping, and decommissioning of CTUs were carried out as needed, ensuring safe storage and appropriate use of resources.

The successful containment and eventual end of Malawi's protracted cholera outbreak reflect the collective efforts of the Government of Malawi, WHO, and other key stakeholders in strengthening emergency preparedness, response, and resilience against future outbreaks.



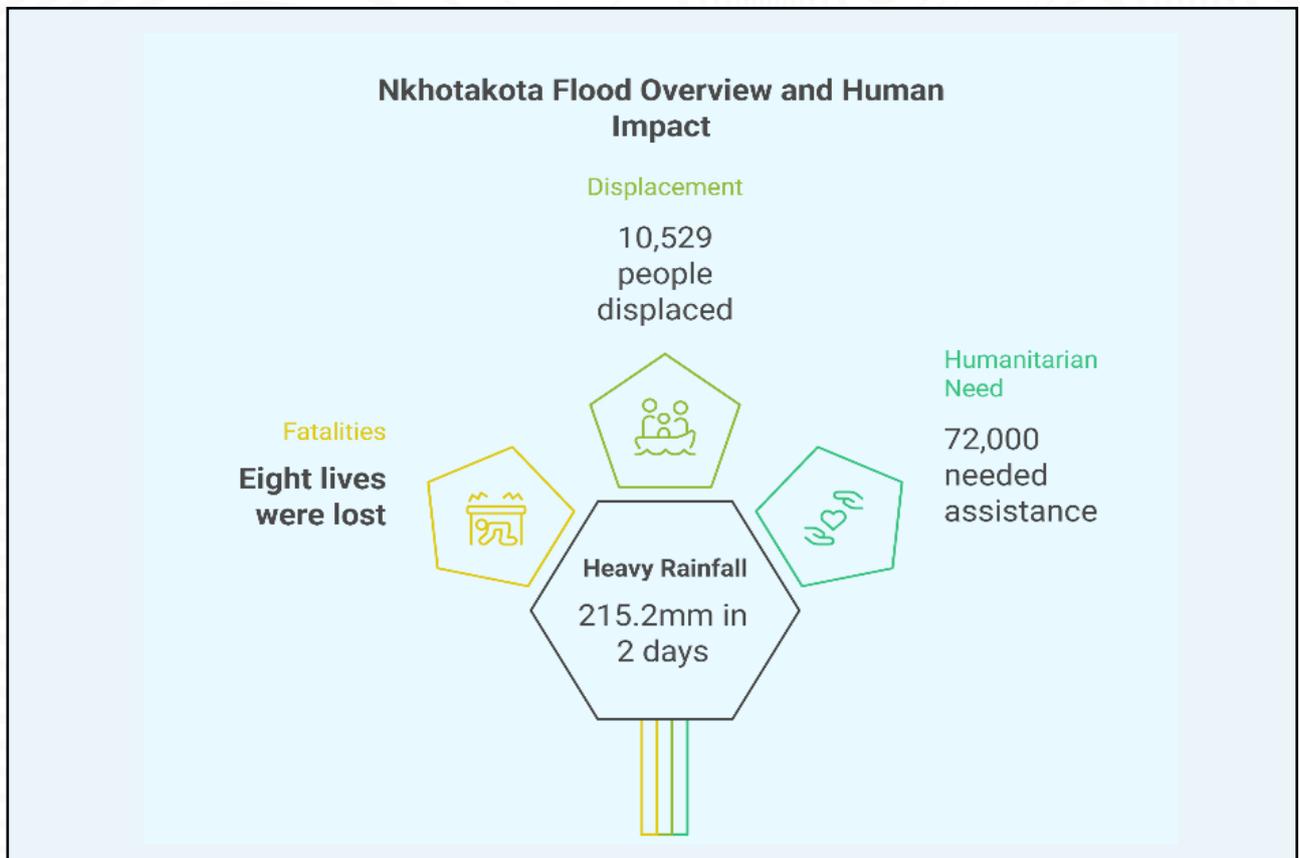


Mentorship session on cholera prevention for Health Surveillance Assistants (HSAs) at Namanolo Health Centre in Balaka District

b. Emergency Response to Nkhotakota Floods - Saving Lives and Restoring Health Services:

The impact on health services was significant. Six health facilities faced challenges in service delivery due to damaged infrastructure and disruptions in the supply chain of medical

commodities. Furthermore, health posts under Katimbira, Kauli, Senjere, and Khonde were completely cut off, making it difficult for communities to access essential healthcare. The situation was exacerbated by the destruction of key roads, which hindered patient referrals to Nkhotakota District Hospital and other secondary care facilities.



c. National Emergency Medical Team (N-EMT) response

In response to the flood crisis, a 12-member National Emergency Medical Team (N-EMT) was deployed on 4 March 2024 for an initial

period of three weeks. This intervention was part of broader efforts to strengthen Malawi's emergency response capacity and ensure timely healthcare access for disaster-affected communities.



NKHOTAKOTA

FLOOD RESPONSE

National Emergency Medical Team Deployment



National EMT Deployment

- ✓ 12-member National Emergency Medical Team deployed on 4 March 2024 for 3 weeks
- ✓ Initially Type 1 (primary healthcare), expanded to Type 1 & Type 2 services
- ✓ Operated from Matiki, Khunga, and Ngala Health Centers



Medical Services Provided

- ✓ Handled complex medical conditions (pregnancy emergencies, infant respiratory distress syndrome)
- ✓ Managed fractures and spinal injuries
- ✓ Monitored clinical metrics at 3 affected health facilities



Response Impact

- 8,093** medical consultations provided
- 34** patients successfully referred for advanced care
- 15** lifesaving emergency caesarean sections performed

WHO key contribution to the Nkhotakota flood response

WHO's Contribution to the Nkhotakota Flood Response



Financial & Logistical Support



- Provided funding for the emergency response
- Ensured timely procurement of essential medical supplies
- Supported the deployment and operations of National Emergency Medical Teams (EMT)

Technical Guidance & Mentorship



Offered on-site clinical teams expertise in incident management

- Mentored local clinical teams
- Strengthened clinical protocols
- Helped establish a relay referral system for critical patients

Outcome & Capacity Building



8,093 medical consultations

- 15 lifesaving caesarean surgeries
- Strengthened national emergency response systems for future flood-affected communities

Funded by WHO and FCDO



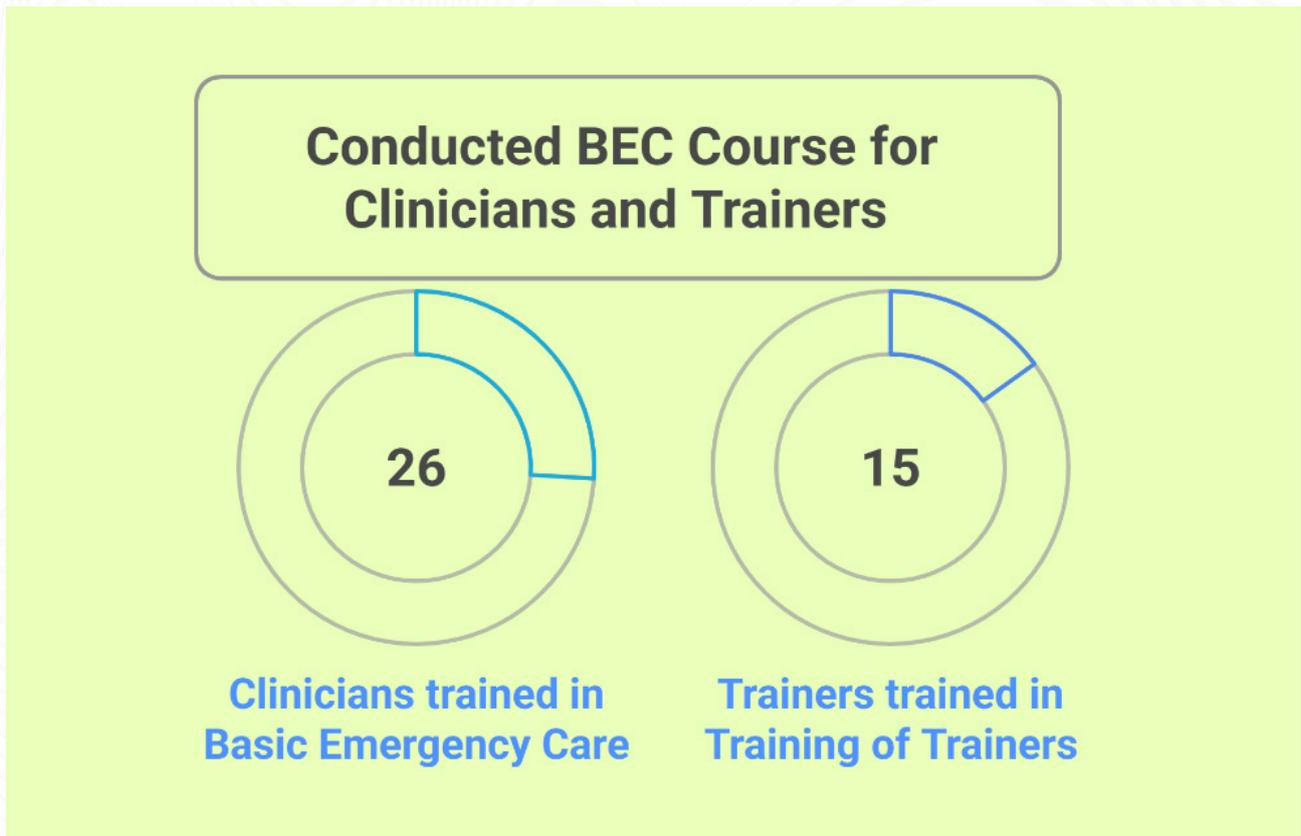
Pictures from Response to Nkhotakota Floods

Basic Emergency Care Course (BEC)

Emergency care is an integrated platform to deliver time-sensitive health care services for acute illness and injury across the life course. The gap in HR identified during previous public health emergencies in Malawi with limited expertise in the emergency management of patients

remains prominent. In response to this gap, WHO supported Basic Emergency Care Course from prioritized districts prone to public health Emergencies including floods and outbreaks. Below are the key details of the training.

Key achievements:



✓ EMT providers were also trained, and have since been deployed to respond to various emergencies in the country, including flooding on Nkhotakota District. Efforts are underway to establish twinning arrangements between Malawi’s EMT and internationally classified EMTs, including Humedica (Germany) and UK-MED (United Kingdom), as part of ongoing initiatives to strengthen Malawi’s EMT capacities in line with WHO’s international classification standards. Funding was received from FCDO to support these activities.

c. Procurement of Emergency Medicines

✓ WHO, with support from the World Bank, successfully procured medical supplies valued at USD 9 million for the Ministry of Health. The consignment included water for injection, various cholera kits, and a range of essential medicines such as benzylpenicillin sodium, ceftriaxone, diclofenac sodium, gentamicin sulphate, magnesium sulphate, metronidazole tablets, zinc tablets, ferrous sulphate with folic acid tablets, amoxicillin capsules, co-trimoxazole tablets, oxytocin, oral rehydration salts, and other critical medical items.

Through strategic quotation sourcing, WHO realized procurement savings of USD 682,565.82, which were reprogrammed to

purchase additional essential medicines to further support the emergency response.



Minister of Health Hon Khumbize Chiponda, MP, and WHO Country Representative Dr Neema Kimambo during the handover of Emergency Supplies

d. Development of Multi-Hazard RCCE Strategy

In recent years, Malawi has faced a growing number of public health emergencies ranging from disease outbreaks to climate-related disasters, highlighting the critical need for coordinated communication and community engagement strategies. Effective risk communication and community engagement (RCCE) are essential to ensuring timely, accurate information reaches communities, empowering them to take protective actions and actively participate in emergency response efforts.

This first-of-its-kind strategy provides a comprehensive national guide for all sectors involved in emergency preparedness and

response. It ensures alignment with the Health Sector Strategic Plan (HSSP) III and sets out a harmonized approach to RCCE across various stakeholders.

The strategy's key objectives are to enhance effective communication, foster community engagement and empowerment, and mitigate the impact of emergencies by promoting timely public health measures. Before this initiative, Malawi lacked standardized RCCE guidelines during the preparedness and response phases of emergencies. The new strategy fills this gap, significantly strengthening national capacity to prepare for and respond to public health threats in a coordinated, inclusive, and community-centred manner.



3. HEALTHIER

POPULATION



Climate Change and Health at the Forefront: Leading Climate Action and EWARS for Climate Sensitive Disease

Malawi continues to actively participate in the UNFCCC Conference of Parties. **In 2024, WHO supported the attendance of high-level delegates from the Ministry of Health, including the Chief of Health Service and Chief Environmental Health Officer, at the Climate Change and Health discussions during the UNFCCC COP in Baku, Azerbaijan.** This support led to raising momentum and advocacy for the inclusion of health in the negotiation discussions. This resulted in ensuring that health is a central component of climate change dialogues and decisions, ultimately promoting a healthier and more sustainable future.

- ✓ WHO played a critical role in strengthening the implementation of the Early Warning, Alert, and Response System (EWARS) for climate-sensitive diseases in Malawi.
- ✓ WHO provided technical support to the Ministry of Health, which led to the capacity building of 15 senior health staff and IT experts in operating EWARS for climate-

sensitive diseases.

✓ Additionally, WHO facilitated the deployment of the EWARS dashboard to the server hosted by the Ministry of Health. This can be accessed at <https://ewars.ewsmw.org>. This support has enhanced the ability of health workers to monitor and respond to climate-sensitive diseases more effectively, promoting better health outcomes and resilience against climate-related health threats.

3.1 Malawi addressing determinants of health through strengthening of food safety control systems

The WHO has been supporting the Ministry of Health and other sectors to address determinants of and one such area is the work of the strengthening the national food safety and quality control system. In collaboration with the Food and Agriculture Organization the country now has a National Food Safety Polity which approved through parliament. Through the WHO Codex Trust Fund project, the Ministry of Health is leading further advocacy intervention, and a plan is underway to disseminate the



On 5 November 2024 Malawi for the third consecutive year through a national event held in Salima. The event involved diverse stakeholders across the food value chain. The event aimed to raise awareness of food safety issues, promote Codex standards throughout the entire food supply chain, and highlight efforts to ensure food safety from farm to consumer. A Ministry of Health representative emphasized Malawi's strategic initiatives, including responsible use of pesticides and veterinary drugs, to safeguard food quality. The District Council Chair of Salima highlighted the importance of awareness, policy action, and a robust regulatory framework in addressing food safety challenges, while the

Chair of the National Codex Committee stressed the role of existing legislation and stakeholder responsibility in achieving food safety objectives.

WHO, through the WHO Representative's message delivered by Mr. Hudson Wenji Kubwalo, reaffirmed commitment to supporting Malawi's efforts by implementing the Codex Trust Fund Project and providing financial backing for the upcoming Food Safety Policy launch in 2025. The event successfully engaged policymakers, government agencies, small and medium enterprises, media, and food safety officers across multiple districts, fostering collaboration towards improved food safety governance and implementation of international standards.





4. CORPORATE SERVICES

AND ENABLING FUNCTIONS





Annual Staff Retreat -2024

The World Health Organization Country Office (WCO) in Malawi has, over the years, conducted staff retreats to review the WCO's performance in the conduct of its mandate in-country and to re-strategize on the best approaches to effectively achieve its critical goal of promoting health, safety, and protection for the vulnerable. Staff retreats are essential for staff to collectively brainstorm on ways to improve service delivery and organisational efficiency and strengthen teamwork. It also serves as a platform for all staff to review their work plans as they work to achieve their pillar-specific goals. WHO, with support from the Ministry of Health, completed implementation of the 2022-2023 Biennium Plan. Several key activities were conducted during the biennium to address the myriads of health challenges encountered in the country within the period, which include post-flood recovery, COVID-19, Polio, and a protracted Cholera outbreak. For effective review of the key activities conducted during the biennium, documentation of best practices, challenges, recommendations, and finalisation of priority activities for the first six months of the 2023-2024 biennium, the WHO organised a staff retreat from 12 to 15 February 2024. The retreat consisted of a two-day technical session with technical team leads from the Ministry of Health and a three-day technical and team-building session for WCO- Malawi staff.

The Staff retreat was designed to be a highly participatory, peer-to-peer learning opportunity to create and promote knowledge transfer and collaborative working. Thematic presentations on the agenda were delivered by PowerPoint presentations, focus group discussions, analysis of case studies, case scenarios and plenary sessions. These approaches created a suitable environment for an open and constructive debate, based on participants' own real experiences and challenges from the field, and helped to identify some needs and solutions in the future. Technical sessions were also interspersed with fun team building activities which reinforced qualities such as togetherness, respectively engagements, and the power of synergistic collaboration.

MOH-WHO Biennial Workplan Priority Setting and Regional Committee and World Health Assembly (WHA) Assembly (WHA) cascade Workshop

The WHA approved the extension of the GPW 13 to 2025 by adopting the draft resolution A75/53, which helps to focus and prioritise actions for the most significant and fastest impact. Driving impact starts with a review and adequate planning for results, including allocation of resources in areas where they are needed the most. The mid-term review workshop with MOH was aimed at sharing the strategic orientation of the WHO programme support to MOH for the

first 10 months of 2024, as well as agreeing on MOH priority areas for inclusion in the biennial plan.

The primary purpose of the mid-review process was to revisit the workplans set at the beginning of the biennium, considering the implications of the changing environment, the analysis on the trajectory towards the achievement of targets and health outcomes, and other emerging priorities of the country. The mid-term review of the workplans involved a consultative process with MoH officials, which represents a commitment of the organisation to supporting member states to achieve GPW 13 results through an evidence-driven approach. Considering the multiple determinants of health, planning for health is more effective if a wide range of stakeholders are involved, and the country truly owns both the process and the product. The process requires WHO-MOHs to come to a common understanding of the key issues and share institutional goals and expectations. Such an inclusive approach is likely to be more effective, not only in terms of planning the right vision and activities, but also in ensuring that all actor groups jointly undertake implementation of the work plan. The WCO, as secretariat, is accountable for inputs, activities, and outputs with joint responsibility between the WCO and the Ministry of Health at outcome and impact levels. Key Performance Indicators (KPIs) are used to monitor performance and enhance performance reporting capabilities.

The consultation was an opportunity to review the work plans for focused MOH-WHO partnerships to inform decision-making and realignment of the work plans to match government priorities. The review will inform the multi-purpose consultation process of the progress of implementation of the PB24-25 during the first 10 months of 2024. The work plan and WHA resolutions review will apply a consultative approach as an integral part of performance assessment. The mid-term review will focus on the following:

- (1) Analysis of achievement;
- (2) Gaps Analysis;
- (3) Review of the alignment of workplans and implementation;
- (4) Prioritization and budget;
- (5) Lessons learnt, opportunities, risks, and Challenges

The result of the review process was used to inform decision-making and realignment of the work plans to match government priorities, align budget and financing decisions, ensuring that the Organization is sharply focused on achieving the key areas of focus set together with Member States. The review process was an opportunity to realign our priorities and leverage innovation whilst fulfilling Member States' requirements for engagement in the planning and budgeting process.

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

Sexual Exploitation, Abuse, and Harassment (SEAH) remains a recognized corporate risk within WHO, and the Malawi Country Office continues to implement proactive mitigation measures to ensure a safe and respectful environment for all staff, contractors, implementing partners, and beneficiaries accessing health and humanitarian services.

In 2024, WHO Malawi made significant strides in strengthening SEAH prevention, accountability, and coordination. Key staffing measures included vetting all new recruits via Clear Check and ensuring 100% completion of SEAH onboarding and PRSEAH training, reinforcing leadership's zero-tolerance commitment. Organizational awareness increased as over 4,200 individuals received PRSEAH messaging, and a comprehensive risk assessment engaged emergency and front-line teams to identify specific risks.

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Training of District Health Year Memnbers in PRSEAH

PRSEAH and Health Needs Assessment at Nyamithuthu Camp for Forcibly Displaced Persons

Remaining Challenges:

- Continued fear of reporting among some staff and partners, despite awareness of anti-retaliation policies.
- Inadequate or absent PRSEAH policies among implementing partners, limiting institutional accountability.
- Limited availability of community-based complaints mechanisms that specifically address SEAH, rather than general GBV.

Recommendations:

- Sustain and expand PRSEAH integration across WHO operations, including in emergency and front-line programming.



SEAH needs assessment at Nyamithuthu settlement camp for forcibly displaced persons

- Advocate for the development and adoption of comprehensive PRSEAH policies among key partners, including the Ministry of Health.
- Collaborate with national actors to enhance SEAH-specific community-based reporting and referral pathways.

The WHO has been supporting the Ministry of Health and other sectors to address determinants of and one such area is the work of the strengthening the national food safety and quality control system. In collaboration with the Food and Agriculture Organization the country now has a National Food Safety Polity which approved through parliament. Through the WHO Codex Trust Fund project, the Ministry of Health is leading further advocacy intervention, and a plan is underway to disseminate the policy and the Codex Alimentarius work in the country. It is against this background that the WHO supported the commemoration World Food Safety Day for the third time ever.



**5. STRATEGIC HEALTH INFORMATION,
DATA AND INNOVATION**



Malawi is implementing its Monitoring, Evaluation, and Health Information Systems Strategy (MEHIS) 2024–2030, the Digital Health Strategy 2020–2025, and the National Research Agenda 2023–2030, aligned with the Health Sector Strategic Plan III (HSSPIII 2023–2030). The objectives are to: Ensure an adequate provision of information support to all stakeholders in the health sector for evidence-based decision making in the planning and management of health services, Develop a sustainable and harmonized country-led digital health system that covers all areas of service provision and enables efficient delivery of health services at all health system levels, Promote and coordinate a health research agenda to generate high-quality evidence required to inform the development of health and health care delivery.

The WHO investments under GPW13 focused to addressing gaps in investments under ICT infrastructure, capacity development in data management, data quality and data use, digital health innovations, and interoperability of systems to improve client care, timeliness, completeness and quality of reporting and linking health research to policy, planning and decision making. Malawi with technical support from WHO coordinated its partners under the Health Data Collaborative. The results from the SCORE (Survey Count Optimize Review Enable) Assessment, Health Information Systems Functionality Assessment, Malawi Demographic survey 2024 and Malawi Harmonized Health Facility Assessment 2024 facilitated documentation of current progress and measurement, setting baseline indices and realistic targets for the HSSPIII M&E framework 2024–2030 aligned to the SDG3 and UHC targets and goals.

STRENGTHENED HEALTH DATA COLLABORATIVE PLATFORM IN MALAWI



HEALTH DATA COLLABORATIVE

DATA FOR HEALTH AND SUSTAINABLE DEVELOPMENT

With support from WHO, Malawi achieved its HDC objectives under HIS capacity strengthening, efficiency, and alignment of partner resources (technical and financial) with government/country data and digital health priorities and Data for action, to adapt global data and digital tools in Malawi. WHO enhanced partner coordination on data and M&E Investments through the Health Data Collaborative for over 50 diverse stakeholders from MoH, donors, implementing partners, National Registration Bureau and National Statistics Office. All partners were oriented on the Health Data Collaborative partner mapping tool using the SCORE is accessed on <https://hdcmap.org>. The HDC technical support has been integrated in the MoH technical working groups under: Civil Registration and Vital Statistics, Community Data, Data and Digital Governance, Digital Health and Interoperability, Epidemic Intelligence, Logistics Management Information Systems, Routine Health Information Systems. The mission of the HDC is to provide a collaborative platform that leverages and aligns technical and financial resources (at all levels) with country owned strategies and plans for collecting, storing, analysing and using data to improve health outcomes, with specific focus on SDG targets and communities that are left behind. Link to the Malawi HDC platform and newsletter 12th April 2024 Malawi - [Health Data Collaborative.html](#).



Group photo of Malawi M&E TWG partners and stakeholders with the Director for Central Monitoring and Evaluation Department (Front with black shirt), Mr. Isaac Dambula

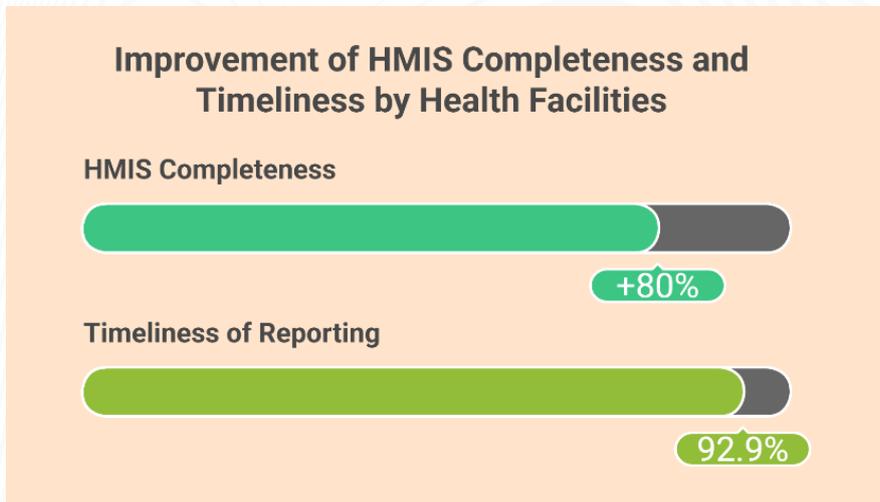
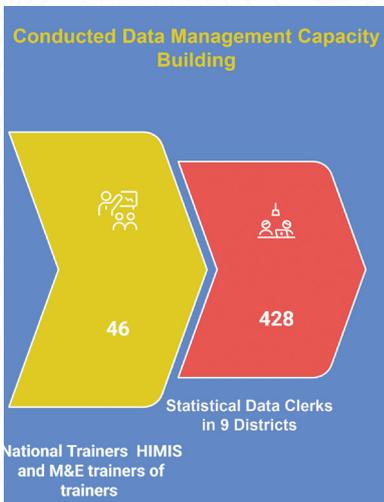
**DATA AND HEALTH INFORMATION SYSTEMS
CAPACITY STRENGTHENED**

WHO invested in strengthening capacity in data management, data quality, and data use

at national and decentralised levels through blended learning, and on-the-job capacity building, coaching, and mentorship in 29 districts in Malawi.

DATA AND HEALTH INFORMATION SYSTEMS CAPACITY STRENGTHENED

Key achievements



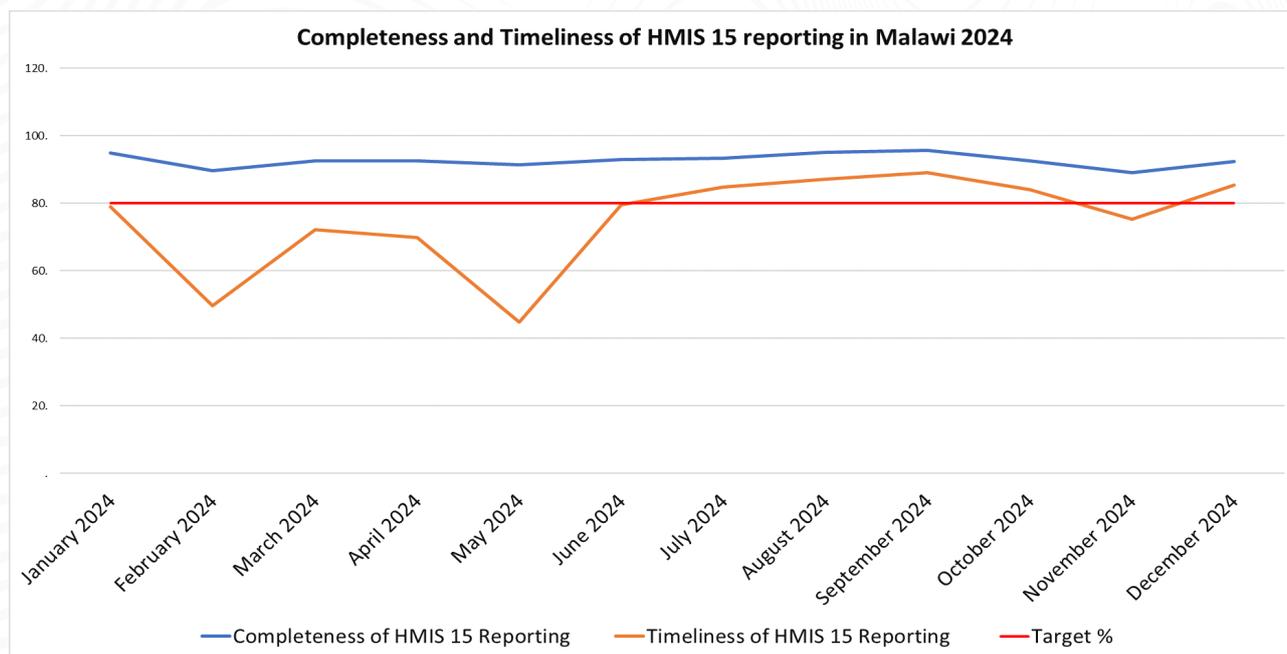
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Enhanced knowledge and skills in data management, data quality assessment using the WHO Data Quality Assessment tool, using DHS-2 to generate dashboards and reports, skills in basic statistical packages for data analysis

and reporting, and inequality monitoring using the Health Equity Assessment Tool (HEAT and HEAT Plus). The health facilities have reported improved documentation using health facility registers, data quality, and data use for planning and decision making, and improved HMIS completeness of over 80% and timeliness of reporting at 92.9%. Malawi will continue to implement the Integrated Data Management Capacity-building Plan to Strengthen data support systems under the quality of care, EPI, and integrated disease surveillance and response.



Routine data quality assessment on job mentorship to HMIS officers



INSTITUTIONALISED INEQUALITY MONITORING IN HEALTH SERVICES PLANNING AND DELIVERY

By 2030 achieve UHC and SDG targets, the principle of the 2030 Agenda that no one is left behind requires strengthened Health Information Systems that allow a significant level of data disaggregation. The WHO has developed an Inequality monitoring and analysis strategy for 2022-27 and under the GPW 13 calls for promoting strategic disaggregation of data through collection, analysis, and reporting to better inform programmes towards equitable service delivery across all populations leaving no one behind. Focused interventions requiring no population left behind have been designed targeting newborns, infants, children, adolescents, young people, adults, and older persons and monitoring within routine HMIS across all service delivery levels. Capacity building of national and district stakeholders using the Health Equity Assessment Toolkit (HEAT and HEAT Plus) facilitated the exploration, analysis and reporting of health inequalities in service planning and delivery in Malawi.

Integrated inequality monitoring in delivery of the national Essential Health Care Package

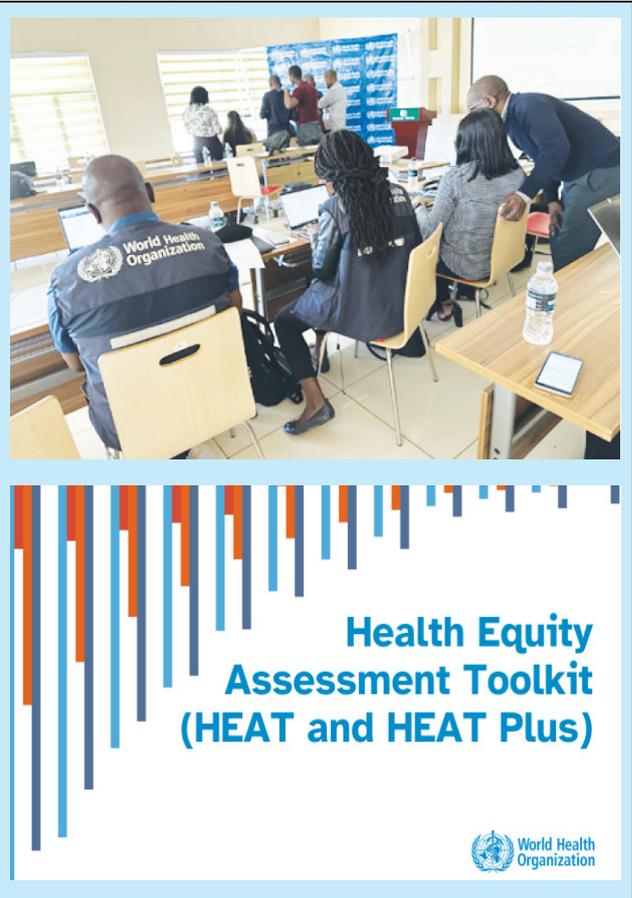
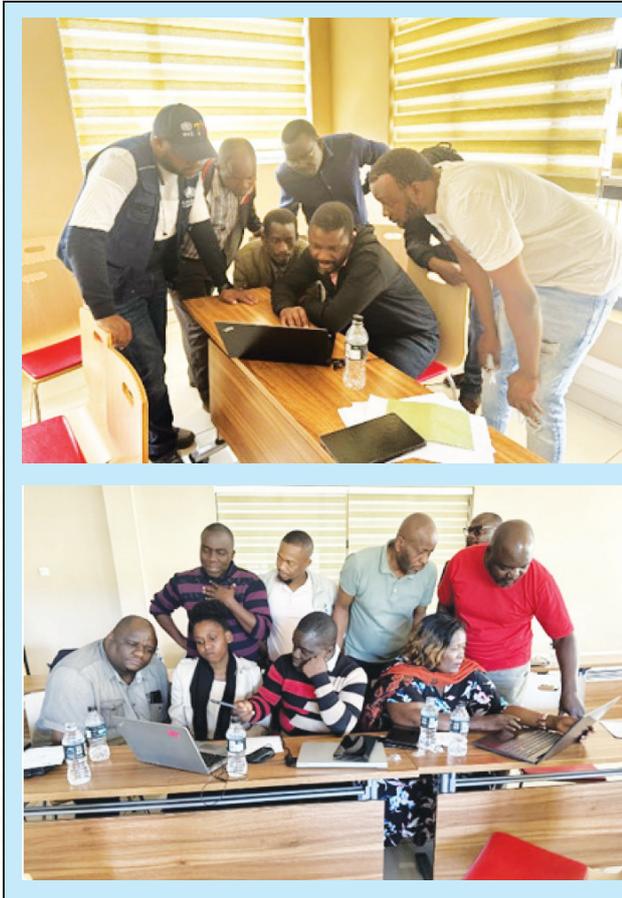
The WHO Gender Equity and Human Rights (GER) team-built capacity at the national and decentralized level for 64 (82.8% males) programme and M&E officers with knowledge and hands-on skills enhanced in using HEAT and HEAT Plus tools. The generated status inequality reports with disaggregated data on age, gender, education, geographical, economic, and disability status strengthened efforts on gender, equity and rights-based programming under EPI, RMNCAH, and communicable diseases control under HIV, TB, and malaria.

- 
 Integration of the Malaria Matchbox Tool is a gender equity assessment toolkit was used by the MoH Malaria program to examine discrepancies in access to and uptake of lifesaving malaria services such as selection of communities that received 11.7 million insecticide-treated bed nets in 29 districts and examined the structural and behavioural barriers to access and utilization of malaria reduction strategies for prevention and access to treatment. The knowledge and skills will facilitate further analysis and monitoring of health

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Capacity strengthened in using GIS for inequality monitoring, and towards enabled GIS data analysis

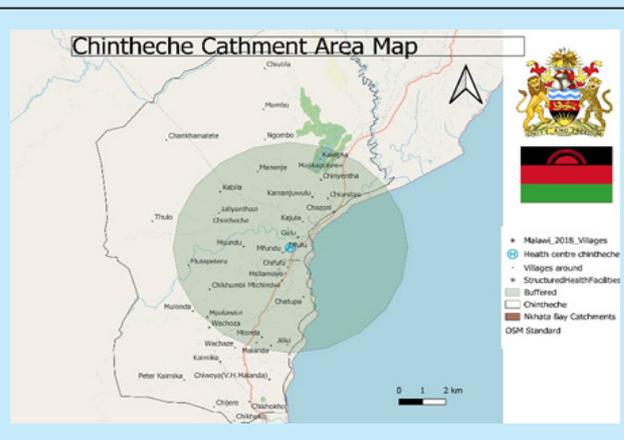
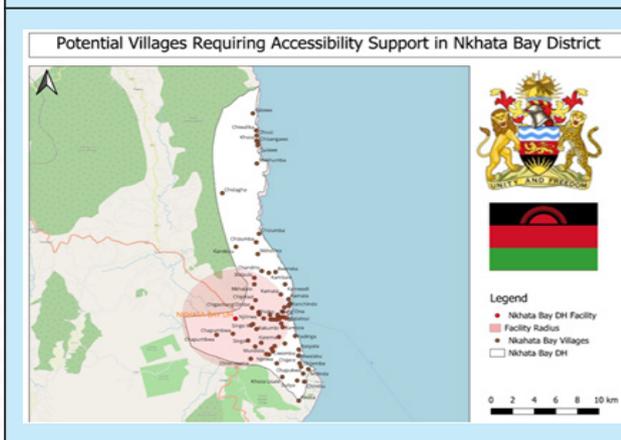
Geospatial data and analytical techniques are crucial in monitoring progress toward achieving health sector outcomes, UHC and SDGs and evidence-based policy recommendations

- ✓ The national trainer of trainers, facilitated by WHO in GIS for 63 participants (surveillance officers, immunization officers, HMIS officers, data managers, EPI coordinators, and WHO) among partners CDC, GPEI and BMGF-McKing enhanced

knowledge and skills in using GIS tools. Focus was on microplanning techniques for routine immunization services, to include surveillance for vaccine-preventable diseases and outbreak response. Capacity was further built for frontline health workers in the five pilot districts Salima, Nkhata Bay, Mwanza, Balaka and Ntchisi, and 78 health facilities were equipped with laptops. On-job capacity building in GIS skills facilitated mapping and enhanced the delivery of routine EPI services to hard-to-reach rural and urban communities and zero-dose children. Further exploration of GIS modules such as “Explore Inequality”

using HEAT and HEAT Plus tools will facilitate further planning and reporting on health inequalities under EPI and continuity of essential

services during health emergencies.



Capacity building on GIS for health inequality monitoring

GIS in the Emergency Preparedness and Response: Enhanced Outbreak Mapping and Surveillance in Malawi

Geospatial Information Systems (GIS tools) enabled rapid mapping of cholera, Measles, Mpox and polio surveillance data/ outbreaks, improving real-time surveillance and supporting targeted, timely interventions. WHO supported MoH-Public Health Institute of Malawi (PHIM) to develop risk maps highlighting high-vulnerability zones (hotspots), supporting proactive preparedness, early warning, and contingency planning. Furthermore, WHO provided technical assistance in disaster mapping to UN-OCHA and GIS Technical Working Group with focus

on mapping of affected populations, damaged health infrastructure, and inaccessible areas post-disasters (e.g., tropical cyclones, floods) which enabled faster needs assessments and guided humanitarian assistance.

Strengthened Capacity for GIS for PHIM Surveillance data officers:

- ✓ WHO delivered on-site targeted training to PHIM data staff, building technical capacity in GIS-based monitoring and evaluation (M&E), disease surveillance, and emergency reporting. Supported the integration of GIS technologies into national health information systems, enhancing the

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Geospatial Information Systems (GIS tools) enabled rapid mapping of cholera, Measles, Mpox and polio surveillance data/ outbreaks, improving real-time surveillance and supporting targeted, timely interventions. WHO supported MoH-Public Health Institute of Malawi (PHIM) to develop risk maps highlighting high-vulnerability zones (hotspots), supporting proactive preparedness, early warning, and contingency planning. Furthermore, WHO provided technical assistance in disaster mapping to UN-OCHA and GIS Technical Working Group with focus

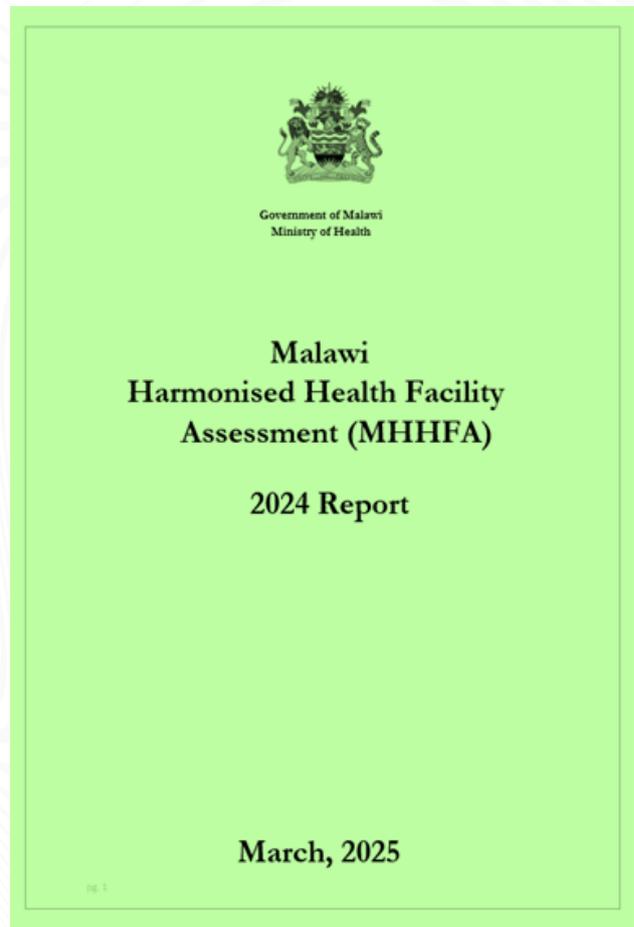


Facilitated the third Malawi Harmonised Health Facility Assessment

- ✓ WHO provided technical support to conduct the third Malawi Harmonized Health Facility Assessment in 29 districts.
- ✓ WHO supported Malawi to adopt the WHO HHFA tools, training of enumerators, data cleaning and analysis, and report writing under four modules: Service availability, Service readiness, Quality of care, and Management and finance. The results from the MHHFA supported the completion of

the HSSPIII 2023-2030 M&E framework with baseline indices and targets and programming.

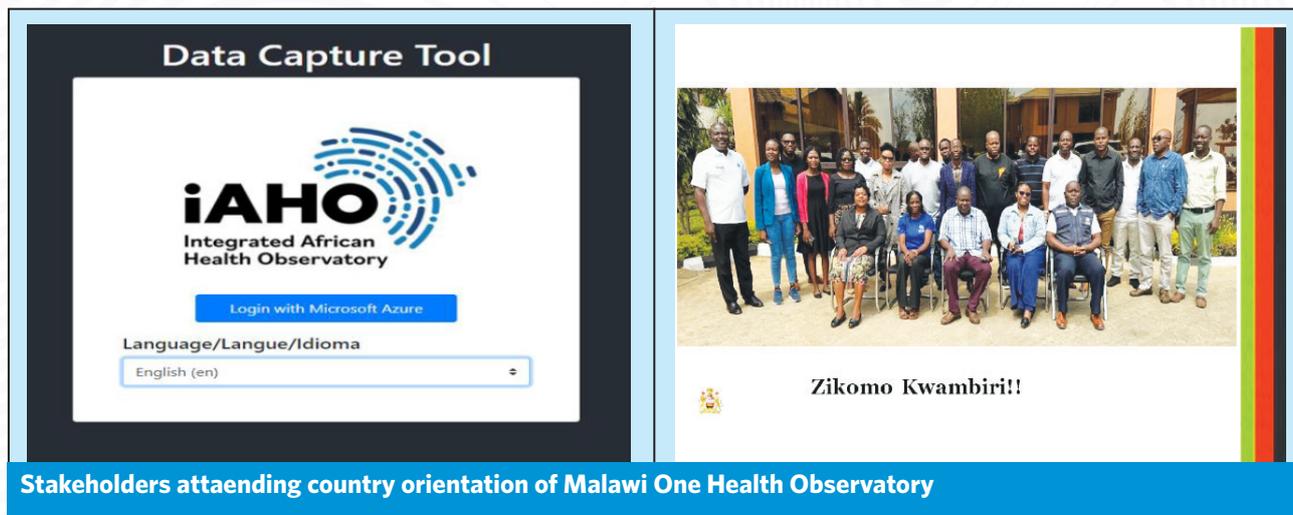
- ✓ WHO collaborated with the Global Fund and the Health Information Systems Programme (HISP) centre at the University of Oslo to develop and pilot a new health facility profile initiative using the DHIS2. The profile will provide a limited data set on key facility attributes, including services offered, availability of trained staff, management and health information systems, availability of key medical equipment, beds, infrastructure, communications, power and water supply, and infection prevention and control and waste management. The health facility profile initiative using the DHIS-2 will facilitate six months of data collection using existing data sources in DHIS-2, unlike the MHHFA conducted every two years, which is labour and resource-intensive.



Institutionalised the Malawi One Health Observatory, A “One Stop Shop” for One Health Information

WHO provided support to the institutionalized Malawi National One Health Observatory (MNOHO) as a one “**Stop Shop**” for one health information coordinated by PHIM and the Central Monitoring and Evaluation department. Malawi established a multisectoral National Steering Committee and the National Scientific Committee, which were oriented by WHO on the back-end health observatory using the Data Capture Tool for national health observatories and selected prioritized indicators among the Global Reference List of 100 Core Health Indicators (plus health-related SDGs). The national multisectoral steering committee comprise of PHIM, MoH directorates, National

Statistics Office (NSO), National Commission of Science and Technology (NCST), National Registration Bureau (NRB), National Statistics Office, bilateral and multilateral agencies, civil society and implementing partners, Medical council of Malawi, Nurses and Midwives council of Malawi, and Academia. With the country led One Health Observatory, is expected to generate knowledge products and to periodically report progress towards attaining UHC and SDG 3 and related targets. Operationalizing the Malawi National One Health Observatory (MNOHO) includes analysing, interpreting, data entry, and dissemination of health data using available data sources to include the District Health Information System 2 (DHIS-2), annual health sector reports, service readiness assessments, population-based surveys, and research studies.



Stakeholders attending country orientation of Malawi One Health Observatory

DIGITAL HEALTH AND INNOVATION

Malawi is rolling out its Digital Health strategy 2020-2025 aligned to the WHO global Strategy on Digital Health and the Health Sector Strategic Plan III 2023-2030. The mission: To improve the delivery of health services by providing digital health solutions that are harmonized, sustainable, reliable, interoperable, secure and comply with standards to increase efficiency and enable provision of quality health services. The digital health strategy priorities focus on;

1. Leadership and governance
2. Computing infrastructure
3. Connectivity
4. Hospital information system
5. Strengthen human resources for digital health
6. Interoperable health information exchange framework. Within the HSSPIII reform

- Interoperable health information exchange framework. Within the HSSPIII reform on Digital Health: Scale up and improve the performance of the shared Electronic Health Record, within the HSSPIII One Plan, WHO supported the coordination of partners implementing the various health care digitalised systems and within various digital health forums progressed recommendations under “Leveraging Digital Health to Achieve Universal Health Coverage” enhanced the aspirations within the WHO Digital Health Competence framework among other digital health WHO global goods.
- Leveraged digital health solutions and innovations to improve client care systems and reporting at all levels
- WHO provided technical support during the introduction of the Malawi Healthcare Information System (MaHIS). This is an initiative aimed at digitizing healthcare to improve efficiency of service delivery across all levels of healthcare in Malawi. The MaHIS integrates various health service functionalities, including outpatient and inpatient services, referrals, diagnostics, and community health information. The design of MaHIS integrated the WHO’s SMART Guidelines approach by providing digital elements that are Standards-based, Machine-readable, Adaptive, Requirements-based, and Testable.
- WHO facilitated the integration of the Digital Adaptation Kit (DAK) with a focus on antenatal care and Electronic Immunization Services (EIS), and experiences cascaded in other modules in MaHIS using the DAK approach.
- WHO shared the HIS and digital health standards and guidelines and strengthened the implementation of the roadmap on telemedicine and artificial intelligence, shared technical guidelines and strengthened governance within the Telehealth Community of Practice integrated with the Health Informatics Association of Malawi (HIAM). Partner mapping with over eighty (80) registered digital health solutions in the Malawi Digital Health Atlas accessed on. <https://gdhub.unige.ch/implementome/projects>



Digital Health Technical Working Group

WHO SMART guidelines integrated into the Malawi Health Care Information System (MaHIS)

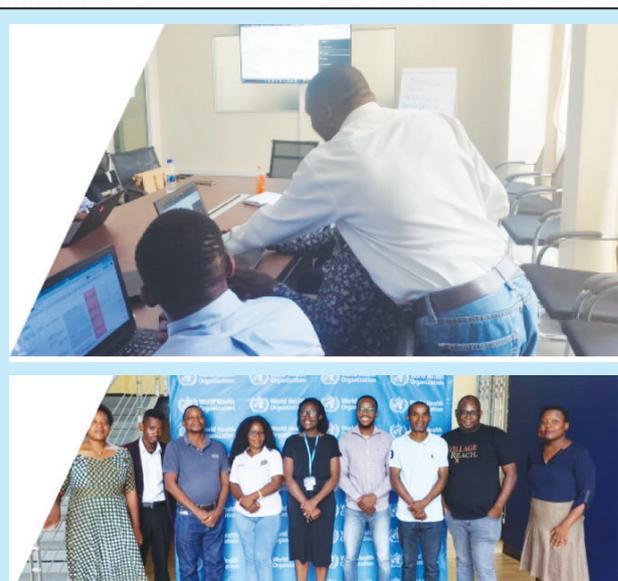
With support from WHO, the Reproductive Health Directorate integrated in its Sexual and Reproductive Development Guidelines 2023-2030 the WHO-SMART Guidelines Initiative, which includes Digital Adaptation Kits (DAKs) and machine-readable recommendations. The DAKs provide a systematic approach to reinforcing the use and uptake of WHO clinical and data use guidelines within digital systems. Use of the Digital Application Kit (DAK) to improve efficiency of health delivery systems and processes and interoperability with the existing electronic medical systems (EMR), Following a User Acceptance Test in one model district, the ingested ANC DAK in the Health care Information System (MaHIS) country platform is ready for deployment across the country among other outpatient modules. The ANC DAK has been leveraged to introduce other DAKs under EPI, HIV, NCDs, Child health and Family planning. The roll out of MaHIS in 40 health facilities following its pilot integrated the DAK approach in the design and completion of the out and inpatient modules in partnership with CDC, USAID, World Bank, GIZ, PATH and EGPAF.

WHO launches the Demand Catalyst Program

for Health Innovations towards scaling public sector innovations in the health system.

WHO-supported Demand Catalyst Program for Health Innovations survey and landscape analysis report aimed at facilitating the scaling up of proven health innovations in Malawi integrating them into the healthcare system using Primary Health Care (PHC) approach.

This initiative seeks to improve PHC and UHC attainment through enhanced and systematic uptake, integration and scaling of innovations. The process involved identifying stakeholders and assessing health innovations through a national survey, which received approximately 50 responses from diverse health innovators. The results of the Health Innovations Survey informed the comprehensive landscape analysis report on Malawi health innovation ecosystem with expected policy adjustments, capacity-building efforts, and sustainable financing models for health innovations. The findings will be cross-referenced with existing databases, and evaluate the relevance, effectiveness, and challenges of the identified innovations. The initiative has fostered stakeholder collaboration to include MoH, Office of President and Cabinet, National Commission of Science and Technology and the Private sector, informed strategic decision-making and will enhance the sustainability of health innovation programs in Malawi.



National Team working on Health Innovation Landscape Analysis

STRENGTHENED COMMUNITY OF PRACTICE FOR TELE HEALTH

Malawi is leveraging telehealth in the delivery of healthcare services where patients and providers are separated by distance, to include continuity of health services during health emergencies and disasters using information and communication technology. As part of the telemedicine roadmap and the Digital Health Strategy 2020-2025. WHO provided technical support in the creation of the Malawi National Telehealth Community of Practice **"Building a National Community of Practice in Malawi"**. The adapted resources during the initial orientation with WHO technical support under the Global

Initiative on Digital Health (GIDH), the Digital Health Atlas, Malawi Digital Health strategy 2020-2025 and Telemedicine Roadmap, and the community of practice methodologies by PAHO/WHO. The scope of work integrated Artificial Intelligence in telemedicine to complement the capacities of health workers as well as empower individuals, families and communities to take charge of their own health. The Ministry has made progress in the implementation of services and applications in the sector. WHO Co-chairs the tele-health Community of Practice and continues to play a pivotal role in shaping the think tank for telehealth in Malawi towards institutionalisation of harmonised best practices that are suitable in the Malawian context.



Stakeholders at Telehealth COP Meeting in Lilongwe



6. NATIONAL RESEARCH AGENDA AND TRANSLATION

**OF RESEARCH INTO POLICY
AND PRACTICE**



WHO's Research Strategy for Health is well-aligned with Malawi's National Health Research Agenda II (2023–2030), which aims to guide stakeholders on health research priorities. The strategy incorporated advocacy for the Algiers Declaration's recommendations, emphasising the allocation of at least 2% of national health expenditures and 5% of external aid to health research, with expenditure tracking.

 WHO continued to support the functioning of the National Research Steering Committee and the Research Technical

Working Group under the National Commission for Science and Technology.

 Additionally, WHO facilitated the validation and dissemination of a study assessing social and behavioral factors affecting cholera prevention in eight districts of Malawi.

Ongoing research under WHO support
Disseminated programmatic and implementation research for evidence-based programming, implementation and knowledge management

- 1.** Assessing the prevalence and associated factors of female genital schistosomiasis in Nkhotakota District, Malawi. This study aims to explore the burden of FGS and its associated factors among women of childbearing age in Nkhotakota by June 2025.
- 2.** Enhanced community case management to increase access to pneumonia treatment (EMPIC study): Implementation research by June 2025. The findings of this study will help us scale up the optimal implementation model at the national or subnational level to improve pneumonia treatment coverage.

WHO facilitated the organization of the second Research Dissemination Conference, convened by the Ministry of Health and Kamuzu Central Hospital from 27th to 28th November. The theme, "Research for Impact: Addressing Real Malawian Challenges," brought together researchers, healthcare practitioners, policymakers, and stakeholders to share findings, best practices, and innovations aimed at improving healthcare delivery and patient outcomes. The conference featured plenary and abstracts-driven sessions on topics including emergency response, communicable and non-communicable diseases, health systems strengthening, equity, mental health,

and reproductive, maternal, neonatal, and adolescent health. WHO presented six oral abstracts focusing on Quality of Care, Emergency Preparedness and Response, and Digital Health.

Furthermore, WHO committed to supporting the Ministry of Health in drafting policy issue briefs and translating research findings into policy and practice. The organization also continued to support the functionality of the National Research Steering Committees and the Research Technical Working Groups, to enhance evidence-based decision-making and health system improvement.



Participants at the KCH Research Dissemination Conference



Panelists at the KCH Research Dissemination Conference



7. EXTERNAL RELATIONS &

STRATEGIC COMMUNICATION



EXTERNAL RELATIONS

WHO Malawi is actively collaborating with various development and humanitarian partners to support the Government of Malawi, through the Ministry of Health, in implementing the Health Sector Strategic Plan (HSSP) III. WHO Malawi has been working closely with stakeholders, health partners, and donors to bring this plan to life.

In Malawi, WHO has received financial support from key partners such as the World Bank, the Foreign, Commonwealth and Development Office (FCDO), the United Nations Central Emergency Response Fund (CERF), GAVI, the Vaccine Alliance, KFW, and USAID to enhance Global Health Security.



Additionally, the Budget Center has received critical support from other donors through the Regional Office for Africa (AFRO) and WHO Headquarters.



WHO Malawi extends heartfelt gratitude to all partners for their invaluable contributions to the development of the health sector in Malawi. Their unwavering commitment and collaboration have been crucial in our shared mission for a healthier Malawi.



The funds provided by our partners ensure that WHO Malawi can effectively contribute to the Global Programme of Work (GPW13).

STRATEGIC COMMUNICATION

In 2024, WHO Malawi advanced its communication efforts to promote the attainment of GPW13 targets in line with the Transformation Agenda. The communication activities aimed to build stakeholder support for public health initiatives and strengthen WHO's reputation and trust in Malawi. Key outputs included:

Production of the 2023 Annual Report, WHO in Malawi brochure, presentation, and conceptualization of the 2024-2028 Country Corporate Strategy

Designing of 7 banners, 12 flyers, and 4 quarterly newsletters highlighting milestones, lessons learned, and ongoing health efforts

Development of a communication calendar for health commemorative days for strategic messaging throughout the year

Reinforcement of internal staff engagement through presentations, one-on-one meetings, and induction programs for consistent communication



Collaboration within the UN system, including the second quarter UN newsletter, joint initiatives with FAO on One Health, and with UNICEF Malawi on flood response



Attendance of 16 UNCG meetings, participated in joint planning, and contributed to UN Day Commemoration and UNICEF Malawi on flooding response efforts. Media engagement included 4 press releases, 12 newspaper articles, and 29 media interviews



Production of 31 human interest stories on the website highlighting donor impact and health initiatives, in collaboration with WHO AFRO



Creation of 18 video documentaries on NTDs, immunization, outbreaks, and WHO events



Social media engagement on Twitter and Facebook for visibility, messaging, and partnerships

 In January 2024, Facebook reach was approximately 20,701; Twitter reached around 13,700 users, indicating active public engagement

Overall, WHO Malawi’s integrated communication efforts contributed to raising awareness, fostering partnerships, and

supporting public health actions across the country.

As of 31 December 2024, the social media algorithm shows that the WCO social accounts had gained more followers and post viewership. Below is a summary of how WHO Malawi twitter page @WHOMalawi performed.

WCO Malawi Social Media analytics dashboard



Figure 3: WCO Social media dashboard analytics for December 2024

The highlight for the year 2024 has been the “Showcasing WHO work in Malawi” presentation for WHO Malawi team which was awarded the Best Presenter Prize in recognition of exceptional presentation at System for Programme Management workshop for budget center master trainers in Uganda.

Compliance and Control Framework

The Compliance Review Mission was undertaken by the AFRO Compliance Team with a field visit between 01st to 10th August 2022. The compliance review covered the transactions and operations of WHO Country Office in Malawi for the period 01 January 2021 to 30 June 2022 which include review on key management controls and risk management on selected areas. The general

review processes evaluated the process and procedure through the following;

- 1 Updated understanding of WHO CO Malawi operations, its critical processes and information flow.
- 2 Evaluated the adequacy and effectiveness of financial and management controls, including compliance with WHO prescribed policies and procedures.
- 3 Evaluated operating effectiveness of existing controls by performing tests of controls using selected samples.
- 4 Performed test of transactions.

Key Challenges Summary

During 2022, greater achievement was hindered by several impediments. The main challenges identified were:

- 1 Multiple emergencies negatively impacted work plans with many programmatic activities suspended, postponed, or repurposing of resources. The emergencies caused significant disruption in the country's health systems, affecting the provision of essential health services, and causing global shortage in some essential medicines and supplies.
- 2 Limited capacities to address increasing demand for support in areas such as: Health financing, Environmental Health, Infection Prevention and Control (IPC), epidemiology, surveillance, microbiology, nutrition, data management, NCD and communication.
- 3 High turnover and limited capacities at MOH creating difficulties in the implementation of work plans mainly in the area surveillance, epidemiology, data analysis, preparedness, risk assessment and laboratory.
- 4 Insufficient and unpredictable programmatic funding to fill vacant positions and implement key government priorities.

Key Lessons Learned and Challenges Summary

Malawi derived several key lessons to strengthen its public health response and health system resilience. These included the critical role of real-time data collection, analysis, and sharing through early warning systems in enabling timely disease prevention and containment. Rapid risk assessments of acute events facilitated effective incident management, resource mobilization, and follow-up. The importance of multi-sectoral

actions and interagency collaboration was emphasized to enhance support coordination, improve intervention effectiveness, and ensure sustainability during health crises. Capacity building of WHO staff and national health personnel in areas such as preparedness, surveillance, response, prevention, and data management was prioritized to support work plan execution and improve health outcomes. Strengthening resource mobilization was recognized as essential for addressing health system challenges by ensuring adequate human resources and equipment. Regular monitoring, evaluation, and effective fund utilization were highlighted as vital for achieving results and adapting to emerging needs through reprogramming efforts. Finally, high-level political advocacy was identified as crucial for mobilizing support and resolving major public health issues.

Summary of key recommendations for better implementation and achievements of results in future

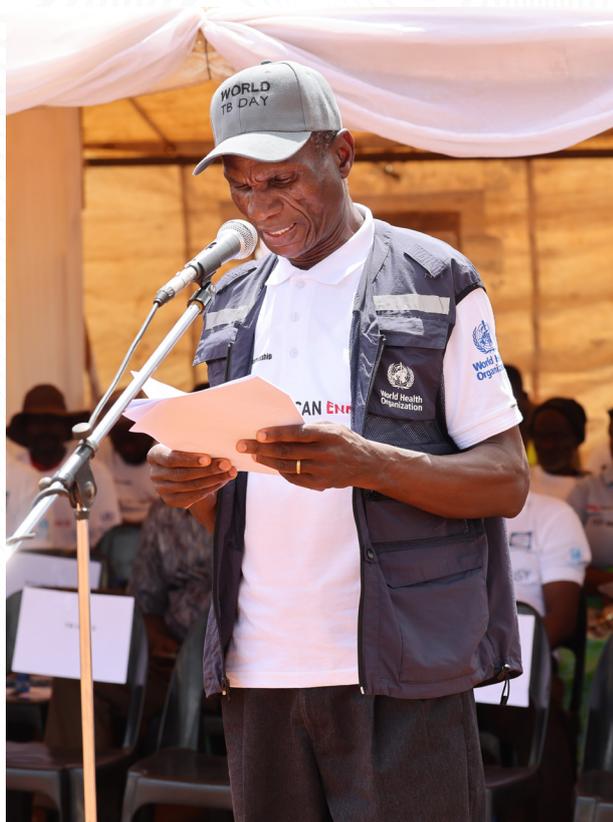
The key challenges include insufficient and unpredictable financing affecting the filling of vacant positions and supporting activities; difficulties in maintaining continuity of work during multiple concurrent health emergencies; delayed implementation of the Functional Review's recommendations, which are essential for achieving GPW13 and SDG targets; limited capacity within the health system, particularly in areas such as health financing, environmental health, IPC, epidemiology, surveillance, emergency preparedness, data management, and NCDs; inadequate data sharing and coordination with national authorities hindering accurate assessment of the health situation; and low levels of investment from the government in human resources, medical supplies, infrastructure, and core capacities needed for resilient health systems.

Staff Highlights

Mr Ishmael Nyasulu, WHO Malawi foot soldier

I joined the World Health Organization (WHO) Malawi country office as National Professional Officer (NPO) responsible for Tuberculosis (TB) in 2005. I had just returned from the United Kingdom where I had gone on a government of Malawi scholarship to pursue a Master's degree in Public Health from the University of Leeds. I was working with the National Tuberculosis Control Programme (NTP) then and was very surprised that when the advert was floated, none of my senior colleagues in the programme were interested in applying but instead pleaded with me to do so. I did, and I got the post following the due process of application and undergoing interviews.

My understanding of the role of WHO then was that it was an advisory body to Ministry of Health on matters of health and remains as such although other players have emerged. Immediately I got on board, it dawned on me that I had gotten into a job that was intellectually very demanding.



It meant always being a level higher than the national counterparts in knowledge, skills and competencies to efficiently facilitate evidence-based policy and strategy formulation on the subject matter. Back then, it was a small office with a staff compliment of 6 technical staff and 9 support staff making a total of 15. There was no substantive WR.

There were a lot of new developments taking place in the TB space when I joined the organization and most of these were to do with new treatment regimens as well as promising new diagnostics. It is not surprising therefore that during my formative years, I spent most of my time providing technical guidance in TB treatment guidelines development and adoption/adaptation.

One of the things that had heavily impacted on TB programming in Malawi then was the high TB/HIV co-infection rate that was around 70%. The public health approach ART provision had only started, and coverage was still low. The emergence of drug-resistant tuberculosis (TB) raised new challenges for existing TB control programs and supposedly contributed to early mortality, particularly in high HIV co-infection settings such as Malawi. Therefore, the coming up of the 2004 WHO interim policy document on TB/HIV collaborative activities could not have come at a better time. We worked with national authorities to structure activities under three distinct objectives: establishing and strengthening mechanisms for integrated delivery of TB and HIV services; reducing the burden of TB among people living with HIV and initiating early antiretroviral therapy; and reducing the burden of HIV among people with presumptive TB (that is, people with signs and symptoms of TB or with suspected TB) and diagnosed TB.

The WHO 3 by 5 Initiative to provide antiretroviral treatment to patients with HIV/AIDS in low and middle-income countries facilitated the recruitment on an international technical officer to support MOH to roll out ART using the public health approach.

WHO MALAWI COUNTRY OFFICE

Following the winding out of the initiative, the position could not be sustained. Consequently, I was requested to take up the additional responsibility of HIV around 2010. Then viral hepatitis became an issue and again, the responsibility fell on me.

The reassignment of the malaria NPO to Botswana around 2020/2021, necessitated that I take over his responsibilities for malaria, neglected tropical diseases and essential medicines. So, my responsibilities and scope of work increased over time. While the multi-tasking was an opportunity to learn what other areas of work are all about, there were too many competing priorities to efficiently manage them all.

I cherish the support I received from the other levels of the organization when requested. A big shout out to Dr Wilfred Nkhoma, Dr Farai Mavhunga, Dr Fabian Ndenzako (did the first Viral Hepatitis assessment and put together the first Viral Hepatitis Strategic Plan), Dr Jean-Louis Abena, Dr Nirina Razakaso, Dr Daniel Low-Ber, Dr Rachel Baggaley, Dr Meg Doherty, Dr Lana Saidi, Dr Michelle Rodolf, Dr Frank Lule and Dr Jean de Dieu Iragena.

I have fond memories of the four-day visit to Malawi by Dr Lous Sambo the then Regional Director for the African Region (2005-2015) and Dr. Jorge Sampaio, UN's Special Envoy to Stop Tuberculosis in March 2007 during which they attended the launch of the declaration of Tuberculosis as an emergency by the Republic of Malawi as well as the national TB Strategic Plan 2007-2011.

I also look back with lots of satisfaction the many TB/HIV external programme reviews where I was part of the review teams: Zambia, Zimbabwe, Eswatini and South Africa, as well as Regional Greelight Committee drug resistant TB monitoring missions in Zambia, Zimbabwe and Mozambique. Additionally, the organization and resource mobilization of two Malawi joint TB/HV programme reviews in 2019 and 2023.

I am encouraged by the contribution I made to

the health sector in Malawi through provision of technical support in the development of different disease specific strategic plans such as TB, HIV and Viral Hepatitis as well as resource mobilization including Global Fund requests for funding.

Chairing the WCO Staff Association and the role of The Ombudsman was as exciting as it was challenging. I may not have listened impartially to all those seeking assistance but one thing I can say with lots of confidence is that where advice was provided, it was independent and impartial.

It is encouraging that I am leaving behind a great team of experts in their own fields. I enjoyed working with each one of them and learnt a lot in the process and I can only wish them well as they continue serving humanity.

I was privileged to have worked under the leadership of four WRs during my time with WCO-Malawi. Dr Matshidiso Rebecca Moeti who had served as the WHO Country Representative in Malawi from 2005 until 2007, Dr Felicitas Zawaira from 2008-2013, Dr Eugene Appiah Nyarko, from 2014-2017, Dr Nonhlanhla Dlamini from 2019-2021 and Dr Neema Kimambo, incumbent WHO Representative at the time of my separation (30 June 2024). Diverse backgrounds and different leadership styles but all very wonderful people. I learnt a lot from all of them and to them all, I say thank you.





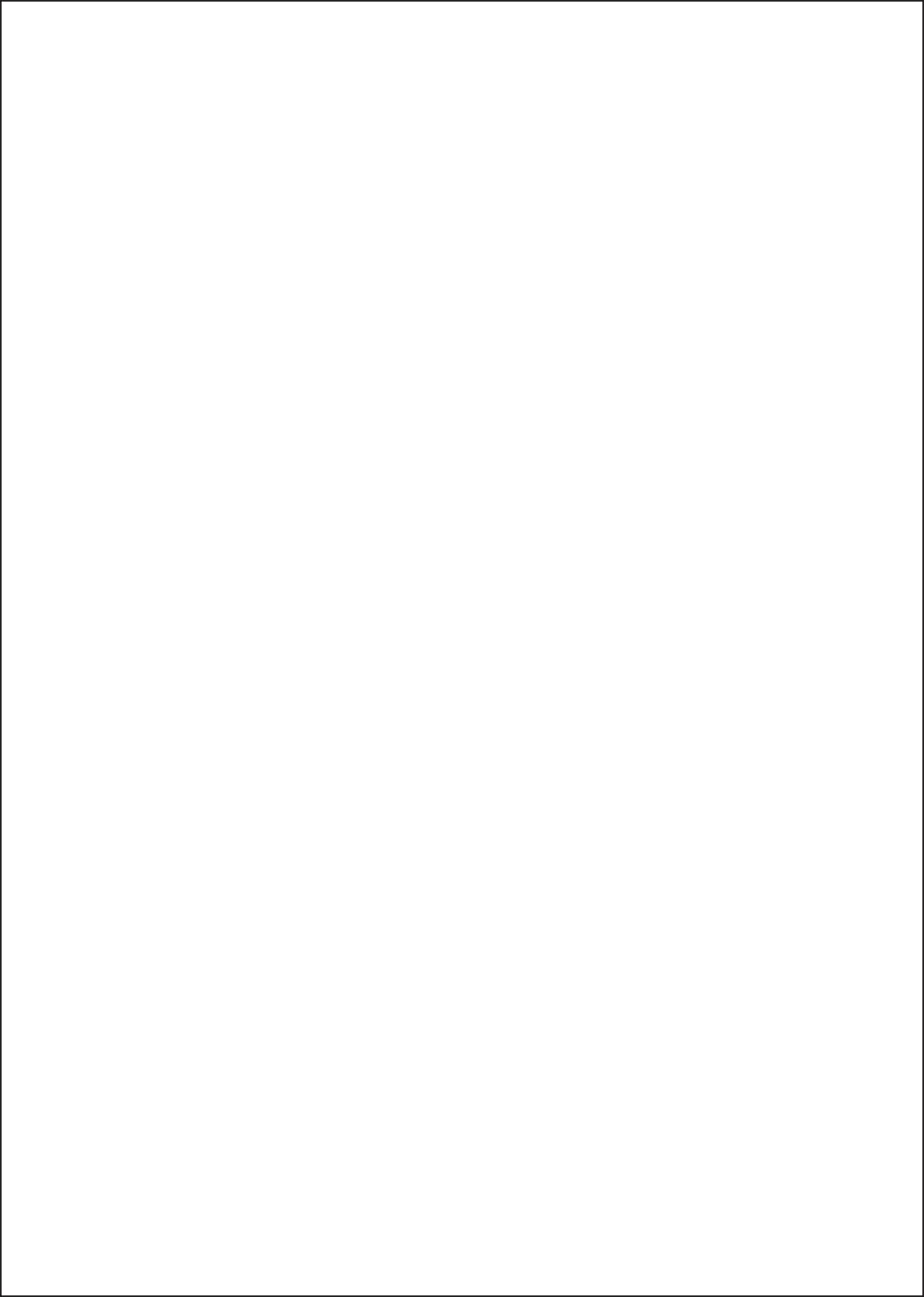
8. ACKNOWLEDGEMENTS



WHO Malawi extends its deepest gratitude to all partners for their generous contributions in 2024. Your unwavering support has empowered WHO to deliver life-saving health preparedness and emergency response, enhance access to quality essential health services for all Malawians, make significant strides towards polio eradication, and bolster Malawi's capabilities in surveillance, data management, and innovation, among many other achievements.

Your continued generosity serves as a beacon of hope and a catalyst for positive change. Despite the unprecedented challenges facing the health sector, WHO remains steadfast in its commitment to a healthier, more equitable future for the people of Malawi. We count on your ongoing support and trust to enable our adaptive response in addressing critical health priorities and ensuring improved health outcomes for all Malawians.





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Endnotes