Malawi

UNDERSTANDING PROGRESS ON CHILD SURVIVAL





Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on equity of coverage, health financing, policy and health systems, and other determinants of coverage. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to improve health and reduce mortality. Countdown's data and analysis cover 75 countries that account for over 95% of all maternal and child deaths. The annual Countdown to 2015 country profile enables countries to track their progress and identify key areas where more progress is needed.

Countdown supports in-depth Country Case Studies that seek to understand and explain how progress on women's and children's health was achieved. By strengthening country-level capacity to conduct this research, Countdown

aims to build a portfolio of studies that assess multiple outcomes across the continuum of care, and that include attention to success stories as well as areas where progress was not made, and analyse the reasons why. Countdown case studies are led by in-country institutions that are independent of RMNCH program implementation.

Over 30% of Malawi's population lives in severe poverty, yet it is one of only a few countries in sub-Saharan Africa on track to achieve MDG 4 by reducing under-5 mortality by two-thirds between 1990 and 2015. A team of national and international researchers, led by the Malawi National Statistical Office, conducted an in-depth Countdown Country Case Study to better understand Malawi's successes and challenges in improving health and development among women and children. The study's findings, being prepared for publication in 2015, are summarised in this brief.

See Malawi's 2014 Countdown country profile, as well as a detailed equity profile, at: www.countdown2015mnch. org/country-profiles/malawi.

Learn more about Countdown Country Case Studies at www.countdown2015mnch. org/countdown-at-thecountry-level.

SOUTHERN REGION

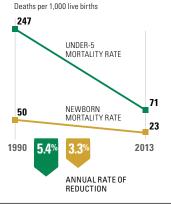
CENTRAL REGION

MALAWI DRAMATICALLY IMPROVED CHILD SURVIVAL, **BUT MADE SLOWER PROGRESS FOR NEWBORNS**

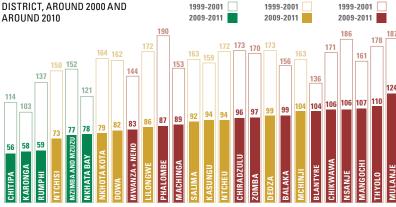
In 1990, one in 4 Malawian children died before age 5; by 2013, only 1 in 14 failed to survive to their 5th birthday. Child mortality declined markedly in every district, but mortality remains highest and progress has generally been slowest in the Southern region.

National estimates: UN Inter-agency Group for Child Mortality Estimation, 2014 District estimates: Countdown case study analysis of all available surveys

UNDER-5 AND NEWBORN MORTALITY RATES, 1990 AND 2013



UNDER-5 MORTALITY RATE BY DISTRICT, AROUND 2000 AND



NORTHERN REGION

EARLY ADOPTION OF EVIDENCE-BASED POLICIES CONTRIBUTED TO HIGHER COVERAGE

Policies required quality, integrated child health services across all levels of a strengthened health system; updated programs were supported by increased international funding. Coverage for disease prevention and treatment markedly improved.

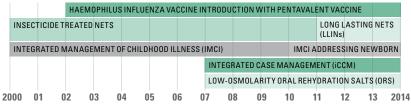
SOURCES

Policies/programs: Countdown case study timeline (selected); Coverage: DHS 2000, MDG Endline Survey 2014 (Note: Coverage data in this brief was re-analysed by Countdown for consistent indicator definition across time.)

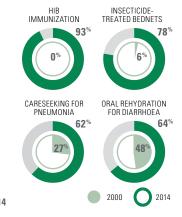
TIMELINE OF SELECTED POLICIES



TIMELINE OF IMPLEMENTATION OF SELECTED PROGRAMMES



COVERAGE: CHILDHOOD ILLNESS PREVENTION/TREATMENT



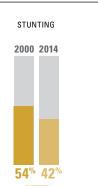
MILITI-SECTORAL ACTIONS ADDRESSED HIV AND **CHILD NUTRITION**

Prevention of mother-to-child HIV transmission (PMTCT) was scaled up rapidly, and from 2011 HIV+ pregnant women were guaranteed life-long antiretroviral treatment. National and community-level action on food security and undernutrition strengthened Malawi's ability to withstand repeated droughts.

SOURCE

DHS 2000. MDG Endline Survey 2014

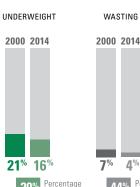
HIV AND NUTRITION PMTCT EXCLUSIVE INDICATORS **BREASTFEEDING COVERAGE** COVERAGE 2014



Percentage

reduction

20%



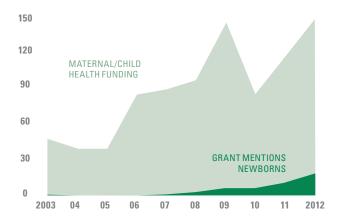
FOCUS ON NEWBORN SURVIVAL HAS INCREASED, BUT MORE EFFORT IS NEEDED

Newborns account for 38% of under-5 deaths (2010), but attention to newborn health only intensified after 2005, and donor support has been insufficient. Coverage has increased for many key childbirth interventions; the Every Newborn Action Plan aims for universal coverage of high-quality care for mothers and newborns.

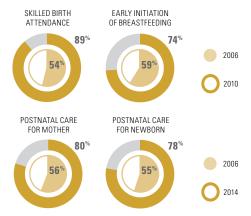
SOURCES

Funding: Countdown ODA database Coverage: MICS 2006, DHS 2010, MDG Endline Survey 2014

DONOR FUNDS GOING TO MNCH PROJECTS MENTIONING OR BENEFITING NEWBORNS (US\$ MILLIONS)



COVERAGE: CARE AROUND CHILDBIRTH



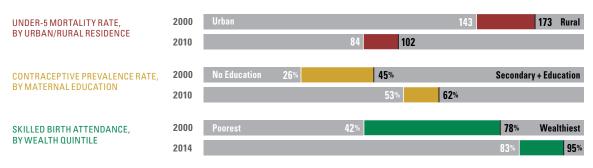
MALAWI ACHIEVED EQUITABLE INCREASES IN COVERAGE FOR MANY ESSENTIAL SERVICES

The rural poor have not been left behind as national mortality and coverage indicators improved, and equity gaps have narrowed for some key interventions.

SOURCE

DHS 2000 & 2010; MDG Endline Survey 2014

EQUITY TRENDS: MORTALITY AND COVERAGE



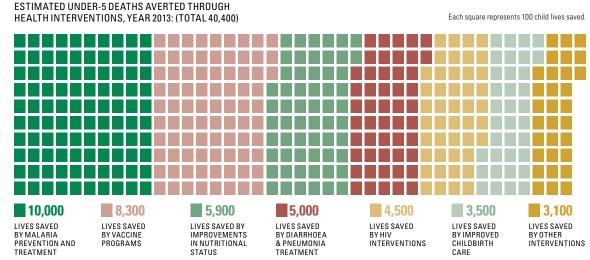
HOW MALAWI SAVED HUNDREDS OF THOUSANDS OF CHILDREN'S LIVES

In the period from 2000 through 2013, an estimated 280,000 child deaths were prevented through scale-up of high-impact child health interventions. The annual number of under-5 deaths was cut by more than half, from an estimated 103,000 in 1990 to 41,000 in 2013.

SOURCES

Estimated annual deaths:

UN Inter-agency Group for Child Mortality Estimation, Estimated deaths averted: Lives Saved Tool (LiST) estimates (see published paper for strengths/limitations of LiST analyses)



INTENSIFIED EFFORT IS NEEDED TO BUILD ON MALAWI'S ACHIEVEMENTS

Malawi's success in reaching the MDG 4 child mortality target was founded on several key factors. Malawi was an early adopter of evidence-based policies, enabling equitable increases in access to and quality of essential health services. It took concerted action to strengthen its health system, increase the number of health workers, and conduct regular surveys to generate evidence for action. It vigorously addressed HIV and undernutrition as major causes of child mortality and illness. But a great deal of important work remains to be done.

Key actions needed to build on Malawi's successes:

- Improve newborn survival by achieving universal access to high-quality care at birth, including for small and sick babies
- Take action to eliminate the unmet need for family planning and increase coverage for treatment of childhood illnesses
- Develop effective strategies to close remaining equity gaps and address lower coverage and higher mortality in the Southern region
- Deliver on the Government's commitment in the Abuja Declaration of 2001 to allocate at least 15% of total government spending to health
- Address remaining health system constraints, strengthen the supply chain for essential medicines, and train and deploy more skilled health workers
- Coordinate and harmonize implementation strategies across communities and health facilities, benefiting from lessons learned in best-performing districts