Malawi

Country Focus Areas

- Increase capacity for planning at sub-national level.
- Improve governance at district facility and community levels.
- Develop and implement strategies to motivate and retain health workers in the health system, particularly in hard-to-reach areas.
- Strengthen implementation of a national civil registration system and the generation of vital statistics.
- Increase the utilization of health information at the point of care.

RMNCAH-N Core Indicators

Maternal mortality ratio: 439 per 100,000 live births

Neonatal mortality ratio: 27 per 1,000 live births

Under-five mortality ratio: 63 per 1,000 live births

Adolescent birth rate: 136 per 1,000 women

Percent of births <24 months after the preceding birth: 11.5%

Stunting among children under 5 years of age: **37.1%**

Moderate to severe wasting among children under 5 years of age: 2.7%

Health Financing Core Indicators

MALAW

Health expenditure per capita financed from domestic sources: **US\$8.30**

Ratio of government health expenditure to total government expenditures: 9.83%

Percent of current health expenditures on primary/outpatient health care: Not available

Incidence of catastrophic and impoverishing health expenditures: 1.3% catastrophic 0.52% impoverishing

Investment case for RMNCAH-N or equivalent (e.g., national healthplan)

Set of evidence based priorities financed

Results monitoring strategy and framework in support of IC*

Resource Mapping

Malawi has conducted extensive resource

mapping for the health sector. The

investment case is under development,

and once it is completed and a costing

resource mapping focused on investment

case implementation. There are over 180

Malawi who contribute to health financing,

with external financing accounting for 75

separate budgets, priorities, and decision-

percent of funding. Each of these have

making processes. As such, the need

the investment case.

for improved aid coordination has been

identified as a priority to be addressed in

donors and implementing partners in

is undertaken, the health-sector-wide

resource mapping will be linked to

Country-led multi- stakeholder platform (e.g., new or established from

Government focal point

An inclusive country platform process with CSO engagement

Health financing reforms identified

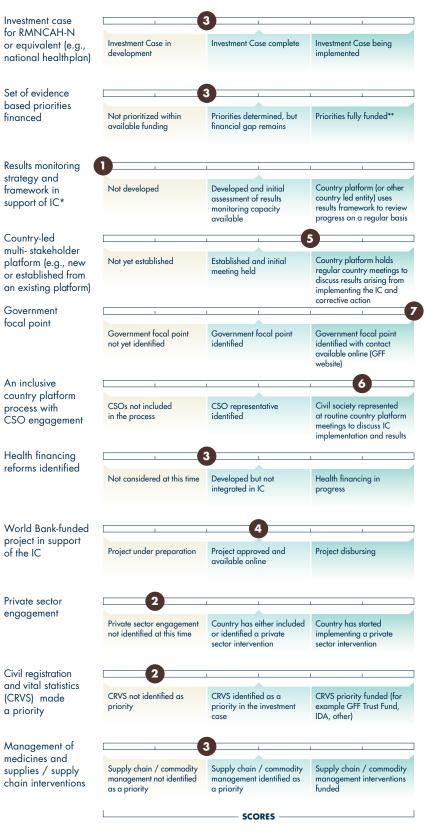
World Bank-funded project in support of the IC

Private sector engagement

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

Monitoring the Country-Led Process



- * Both included in the IC document or a separate document
- ** Meaning that funding was allocated, disbursed and released payment done *** ANC4 = four antenatal care visits
- ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.