



# WHO MALAWI

## 2023 Annual Report



World Health  
Organization

A monochromatic blue-toned photograph of a group of men on a wooden boat. One man in a white uniform stands in the center, holding a white box. Other men are seated around him, some looking towards the camera. The boat is on a body of water with trees in the background.

# HEALTH FOR ALL IN MALAWI

World Health Organization Malawi  
Mercantile House  
Area 13  
Capital City - P.O. Box 30390  
Lilongwe - Malawi  
[afro.who.int/countries/malawi](http://afro.who.int/countries/malawi)  
[www.whomalawi](http://www.whomalawi)



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# ACRONYMS

**AAR** After Action review

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**CTU** Cholera Treatment Unit

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**CERF** Central Emergency Response Fund

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**(GPW13)** WHO General Programme of Work 13

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**ECHO** European Commission for Humanitarian Aid

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**EOC** Emergency Operation Centre

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**EBS** Event based Surveillance

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**EPR** Emergency Preparedness and Response

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**EMT** Emergency Medical Team

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**EPI** Expanded Programme on Immunisation

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**HCW** Health Care Worker

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**ICG** International Coordinating Group

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**IDSR** Integrated Disease Surveillance and Response

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**IHR 2005** International Health regulation 2005

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**IHRMEF** International Health Regulation monitoring and

Evaluation Framework

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**IOM** International organisation for Migration

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**IPC** Infection Prevention and Control

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**JEE** Joint External Evaluation

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**Naphs** National Action Plan for Health Security

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**OCV** Oral Cholera Vaccine

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**PROSE** Promoting Resilience of Systems for Emergencies

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**POE** Points of Entry

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**PHC** Primary Health Care

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**PHEOC** Public Health Emergency operation Centre

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**PRESEAH** Prevention

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**RDT** Rapid Diagnostic Test Strengthening and Utilising

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**SURGE** Response groups for Emergencies

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**SDG** Sustainable Development Goals

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**TASS** Transforming African Surveillance Systems

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## Executive Summary

2023 was a tasking year for Malawi and for the WHO country office. The year began with multiple emergencies such as a Grade 3 Cholera outbreak which was further aggravated by the occurrence of the devastating effects of Cyclone Freddy. These two emergencies occurred at the time the country was still responding to a Wild Polio Virus outbreak and the COVID-19 pandemic and hence put an enormous strain on the already overstretched health system.

In response to the above, WHO, within the framework of the General Programme of Work (GPW), led the health cluster to provide strategic and timely support to the Ministry of Health to effectively respond to these health emergencies. With extensive support of all three levels of WHO, WCO- Malawi was able to provide timely and critical support to MOH in partnership with other UN agencies, the Diplomatic Corps and Non-Governmental Organizations and Civil Society Organizations. Key priorities were to urgently reduce mortality and morbidity from the emergencies and ensure sustenance of health services.

Despite the immense impact of the emergencies on the health system, significant achievements were recorded. The Health Sector Strategic Plan III 2023-2030 and the Health Financing Strategy 2023-2030 were launched and operationalised facilitating the implementation of the roadmap for Universal Health Coverage in Malawi.

Significant progress was made in enhancing Health security in Malawi through the implementation of the Emergency Preparedness and Response (EPR) Flagship Initiative which provides a two (2) year roadmap for strengthening emergency preparedness and response. Under this initiative, 63 emergency responders were trained as the first cohort of the Joint WHO and Africa CDC's African Volunteer Health Corps. Moving forward, Malawi will ably strengthen existing structures to respond more efficiently and effectively to crises, limit the interruption of essential health services, minimize socio-economic disruptions, and contribute to enhancing global health security.

Significant strides in Reproductive, Maternal, Neonatal, Child, Adolescent Health and Healthy Aging included the enhancement of processes towards attainment of certification status on path to triple elimination of vertical transmission of HIV, syphilis, and Hepatitis B in line with the National Strategic Plan for HIV and AIDS 2020-2025. Community protection against vaccine preventable diseases was also enhanced through the conduct of catch-up immunizations, strengthening of routine immunization and introduction of new vaccines such as the Typhoid Conjugate Vaccine.

Improvements in data, analytics, and health information systems to inform policy and deliver impact was evidenced by the development of Malawi health observatory with WHO support. This has strengthened national data capacity for monitoring the health situation, trend assessment and reporting.

Another major milestone was achieved on the 18 November 2023 when the Government of Malawi's ratification of the World Health Organization's Framework Convention on Tobacco Control came into effect with WCO Malawi's support. The World Health Organization congratulates the Government of Malawi for this historic public health decision, as it joined 182 other parties to the Convention.

All these milestones were made possible through inclusive partnerships, collaboration, provision of technical expertise and effective data use amongst others leveraging of the comparative advantage of WHO.

We are grateful for the strong support from our partners and donors who consistently help us to deliver our mandate. I would also like to exceptionally appreciate the Government of Malawi and the Ministry of Health for their close collaboration and partnership. I sincerely appreciate and thank all WHO staff across all three levels who worked relentlessly all year round to deliver timely support to promote and maintain health for all in Malawi.



**Dr Neema Rusibamayila Kimambo**  
*WHO Malawi Country Representative*

# Advancing Universal Health Coverage through Health Systems Strengthening

**M**alawi strives to achieve universal health coverage, SDG 3 and related targets by 2030. Ministry of Health with technical guidance from WHO implemented the first year of its Health Sector Strategic Plan III (HSSPIII) 2023-2030. In January 2023, the MoH and its partners launched its eight-year Health Sector Strategic Plan (HSSPIII) 2023-2030. Its implementation is aligned to the Universal Health Coverage roadmap, the Operational Framework for Primary Health Care Development and Sustainable Goals (SDGs).



Translated global goods on primary health care to include building resilient health systems to shape the operationalisation of the HSSPIII 2023-2030 and achieving UHC and SDG 3 targets by 2030

The WHO further supported the MoH to translate the global and regional guidance on PHC in the current planning and service delivery in response to the PHC interrelated components under; Empowered people and communities, Primary care, Essential public health functions, Integrated people centred care and Multisectoral policy and action. Strategic and operational key levers that were designed using a health system strengthening approach have been integrated within pillar one of the

HSSP III on quality health services delivery. Key actions from the integrated dialogue on PHC operational framework 2020 and PHC measurement framework 2022 were drafted into a Malawi State of Primary Health Care (PHC) 2023 report as part of the regional PHC report for the WHO African region.

Support was also provided for the development of the five-year Human Resource for Health operational plan which focuses on the five strategies and the three reform areas for enhanced HRH performance to achieve health sector outcomes. Further integration of WHO technical guidance and results from the integration will be realised during the 2024/2025 biennium to include results from the assessment of the functionality of health systems conducted in the 29 districts of Malawi.



## Health for All: Time for action

With the UHC coalition consisting of civil society organization as members Ministry of Health and development partners commemorated the annual Malawi Universal Health Coverage (UHC) day on 12th December 2023 under the theme “Health for All: Time for action”. The call-to-action focused on stronger partnerships, operationalization of the PHC framework that embeds health for all principles and calls for

the PHC continuum approach to care, investing in building resilient and sustainable health systems, addressing health emergencies and disasters, enhancing strategic dialogue on increased sustainable funding by government, stronger governance, and leadership structures and an adequate and competent well-motivated human resource.



## DISTRICT PLANNING ENHANCED THROUGH SUPPORT TO FORMULATION AND REVIEW OF DISTRICT IMPLEMENTATION PLANS

The district implementation plans for the FY April 2022 to March 2023 period have been analyzed and priority interventions integrated, or support identified under health facility and community health systems strengthening that include data and HMIS systems, quality of health care and community based maternal and newborn care (CBMNH). District led mentorship in reference to the DIP interventions, QI and broad health systems strengthening to include community components started with focus in 18 intervention districts. The districts were supported in the adaptation of DIP development and planning guidelines, monitoring and

evaluation of district implementation plans. Through the national DIP task force, WCO provided direct DIP support through technical guidance during the writing of the DIPs and provided review of the final drafts in eleven districts of Nsanje, Chikwawa, Blantyre, Zomba, Nkhatabay, Ntchisi, Lilongwe, Mzimba South and North, Rumphi and Kasungu.

Support focus was mainly around ensuring linkage and consistency with the launched HSSP III 2023-2030 and integration of quality-of-care interventions and measurement of progress on HSSP III indicators.



## HUMAN RESOURCES FOR HEALTH HSSPIII PILLAR

Achieving SGD3 and universal health coverage by 2030 hinges on sufficient capacity of well-trained, motivated health workers to provide the essential health services under promotive, preventive curative and rehabilitative services. Data on human health workforce to be

meaningful for planning and decision making needs to be aggregated, analysed, report written and disseminated to stakeholders to ensure data use for policy and decision making. Malawi is among the countries that need to conduct combined annual HLMA and NHTWA data collection, analysis and reporting to inform its human resources strategic plan and aligning to the HSSPIII 2023 to 2030 towards achieving the Universal Health Coverage and SDG3 targets, target 3.



**INITIATED DIALOGUE ON HEALTH WORK FORCE DEMAND AND SUPPLY THROUGH CAPACITY BUILDING TO INSTITUTIONALIZE HEALTH LABOUR MARKET ANALYSIS**

HLMA workshop mission meeting with the Secretary of Health and WHO Representative With support from WHO AFRO, a five-day health Labour Market Analysis (HLMA) training was conducted with participation of 25 technical

officers as members of the National Task Force with representatives from MoH HRH directorate, Policy and Planning and other directorates and Ministry of Finance and implementing partners such as CHAI, HEPU and academia by Malawi

College of Medicine. The MOH plans to integrate the principles and results of National Health Labour Market Analysis (HLMA) on health work force demand and supply to inform the human resources strategic and operational plan 2022-2030 aligned to the HSSPIII 2022-2030, adaptation of HLMA data collection tools on health worker demand and supply, data collection, analysis and reporting. The HLMA roadmap will be implemented together with the NHWA and IHRIS roadmap during 2024/2025 biennium with completion of data collection, analysis and reporting. A high-level dialogue meeting was held with MoH led by the MoH-Secretary for Health on the identified HLMA policy questions and integrating HLMA principles on health worker demand and supply and migration. Mapped HLMA policy priority Questions for Malawi include; Management of excess health care workforce (recruitment)– Demand side, Productivity and efficiency of health care workforce, Regulation of health care workforce training (institutions): intake– Supplyside, Alignment of investment for health, Locum policy management is not achieving intended target with increasing HCW numbers, increasing productivity of health workers will need strengthening implementation of a HRH performance management system that has been initiated and will be strengthened in the 2024/2025 biennium.

up to date HRH data in partnership with MoH, CDC and USAID and GIZ. Two workshops were conducted for six districts in the northern zone with district buy in targeted 50 district council members, and 10 technical officers with HRH data entry since 2015 to date. The IHRIS provides annual data for the NHWA on health care worker density to inform HRH policy formulation including recruitment, performance management. Nationally, only 54 percent of the established HRH positions are filled. WHO support focused on six districts in the northern region. It is envisaged that a fully functional IHRIS will enable timely and easy access to comprehensive, quality, and real time health workforce data to inform HRH decisions, reduce the high costs of primary data collection under the National Health Work Force (NHWA) from public, CHAM and private sector.

#### **INTEGRATED PERFORMANCE, IN SERVICE CONTINUOUS PROFESSIONAL DEVELOPMENT AND APPRAISAL MANAGEMENT SYSTEM IN HEALTH FACILITY SUPPORT SUPERVISION AND MONITORING SYSTEM**

As part of the HSSPIII reforms on performance for results, with a robust performance management system, a human Resources for Health performance management system has been integrated in the district led mentorships. This system supports the tracking of staff absenteeism, staff daily duty allocation, workplans and performance appraisals and continuous professional development both physical and virtually. The role of WHO remains central in shaping the HRH strategy in Malawi to achieve the HSSPIII objectives under pillar four on HRH.

#### **OPERATIONALISED THE HUMAN RESOURCES INFORMATION SYSTEM AT NATIONAL AND DISTRICT TO IMPROVED HRH PLANNING AND DECISION MAKING**

WHO supported the operationalization of the Human Resources Information System to provide comprehensive, timely, accurate, and

## NATIONAL CAPACITY BUILT IN USING THE HEALTH FINANCING PROGRESS MATRIX ASSESSMENT TO INFORM THE HEALTH FINANCING DIALOGUE AND REVISION OF THE NATIONAL HEALTH FINANCING STRATEGY

WHO supported finalization and launch of the National Health Financing Strategy 2022-2030 aligned to the HSSPIII 2022-2030. The goal of the Health Financing Strategy is: To set a well-governed health financing architecture able to mobilize adequate resources, distribute the resources in an efficient and equitable way, and strategically purchase services based on a well-defined benefit package in pursuit of UHC goals. The mission, vision and goals of the HSSPIII and the HFS have been aligned with the road map on Universal Health Coverage 2030 in the context of attaining Sustainable Development Goal 3.

The WHO country office further facilitated Health Financing Progress Matrix orientation training targeting 25 participants from MoH and partner agencies with virtual support from the WHO HQ health financing division team and experience sharing from Uganda. Developed by the WHO's Health Financing Team, the 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. The developed HFPM road map will be implemented with

technical and financial support from WHO AFRO and MoH Directorate of Policy and Planning in Malawi from January to June 2024.

## DIALOGUE ON FINANCING MALAWI HEALTH SECTOR PROGRESSED TOWARDS A SELF-SUSTAINING GOVERNMENT FUNDED HEALTH SECTOR

A high-level financing dialogue was held in the context of HSSPIII with participation of all stakeholders. The health donors submitted a high-level Statement for the Health Financing Dialogue in context of supporting the HSSPIII and alignment to the Paris Declaration and Accra Agenda for Action on aid effectiveness principles.

The health donors take cognizant that the health sector is highly donor funded and donor dependent. With donors funds accounting for 54.5 percent of the Total Health sector Expenditure (THE) a marginal decrease from 58.6% in 2017/18 fiscal year (NHA report 2018/19). Public funds have also decreased during the period of the NHA study from 24.4 percent to 24.1 percent of the Health Sector funding. From the dialogue, the Government of Malawi committed to increasing the financial allocation to the health sector to meet the Abuja target of 15%. It further committed to annually reducing gradually donor funding for the health sector and out of pocket expenditure on health care (11.9%) and increasing per capita expenditure currently at \$40 against the WHO recommendation of \$86.

# Quality Of Care and Patient Safety

**M**inistry of health is rolling out the Health Sector Strategic Plan 2023/2024 operation plan at district, health facility and community level guided by the HSSPIII nine objectives. Objective two of the HSSPIII on service delivery encompasses the quality-of-care strategies and interventions supported by WHO.

With support from WHO, strategy 1.2 quality of care interventions were scaled up in all the 29 districts with a defined package of interventions that include Point of care capacity building, coaching and mentorship in quality of care through national, zonal and district led mentorships, development and implementation, monitoring and review

of district and health facility QI workplans, measurement and collaborative learning sessions.

WHO is currently supporting the adaptation of the patient safety assessment tools advocated for their integral with the quality-of-care assessment tools at various levels of care. Malawi is in the process of adapting the global Patient Safety Action Plan 2021–2030 whose goal is to achieve the maximum possible reduction in avoidable harm due to unsafe health care envisioning “a world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere”.

## DISTRICT LED MENTORSHIPS INITIATED TO IMPROVE CAPACITY BUILDING, OWNERSHIP, AND INSTITUTIONALISATION OF QUALITY-OF-CARE INTERVENTIONS

The MOH with support from WHO initiated a national support plan through at least two cycles of district led mentorships focusing on 180 health facilities in eighteen districts with focus on primary health care workers engaged in direct service delivery spread in the five zones of Malawi. Over 1000 health workers (48% females), nurses, clinicians, data clerks and health surveillance assistants participated in quality-of-care capacity sessions and supported to formulate and implement at least three maternal and newborn care QI projects in each hospital and at least two projects in each health centre. Notable improvements include the functionality of Quality Improvement Support Teams and Work Improvement Teams, implementation of 5S-Kaizen to improve the work environment as the first step to integrate quality. The districts have district mentors to support the district quality of care coaching and mentorship for health workers towards institutionalisation of quality-of-care intentions in the 29 districts of Malawi.

## REVIEWED THE QUALITY MANAGEMENT POLICY AND STRATEGY 2023-2030 AND MNCH QOC PHASE II MENTORSHIP 2024/2025

WHO provided technical support for the review of the 2018 Quality Management policy and strategy. The review involved the inclusion in the design of the terms of reference, data collection tools and guidance on integration of experiences, challenges and lessons learnt from the phase one MNH QoC network experiences. The review also focused on alignment with the HSSPIII 2023-2030 goal and objectives, MNCH QoC phase II mentorship 2024/2025 and integration of the PHC with broader health systems to align the policy and strategy to the global and regional guidance. The QM strategy 2024-2030 will be completed during the quarter January to March 2024.

## ENHANCED KNOWLEDGE SHARING AND CAPACITY BUILDING THROUGH COLLABORATIVE LEARNING SESSIONS AND DOCUMENTATION

Collaborative learning sessions for 110 health facilities and district feedback meetings were conducted in eleven districts. 422 (50.7% female) health workers clinicians, nurse midwives, HMIS focal persons

and 153 (33.3% females) participated. Health workers were updated on the MNCH QI principles and methodologies and demonstrated various MNCH QI projects and how these are contributing to improving client systems of care and towards outcomes on reducing maternal mortality and morbidity. The sessions integrated topics on prevention of sexual exploitation and abuse at implementation level. The collaborative learning sessions provided a platform for health facilities to share progress on implementation of MNH QI projects and interventions in health facilities, share experiences and lessons learnt as well as harvested change ideas for scaling up within health facilities and across districts. The collaborative learning sessions and a documentation workshop were integral part of post 2022 national QOC conference and will be facilitated further by MoH through an established learning centre.

#### ENHANCED CONTINUOUS PROFESSIONAL DEVELOPMENT OF HEALTH CARE WORKERS THROUGH THE ROLL OUT OF THE ONLINE CPD PLATFORM FOR PRIMARY HEALTH CARE WORKERS IN 29 DISTRICTS

Continuous professional development for primary health care health workers was enhanced through rolling out and promotion of the online CPD platform as part of institutionalizing quality of care to improve quality of health services. The online MNCH quality of health care CPD platform designed in Moodle platform aims to bridge the knowledge and skills gaps in quality of health care reached over 1500 health workers with primary and refresher knowledge on self-assigned modules. One content review workshop with 25 content developers was conducted which focused on updating eight modules under quality of care based on the feedback from the pilot phase. Addition of new modules in a cascaded manner was based on current capacity gaps commenced with modules under data management, data quality and data use, leadership and governance and Civil Registration and Vital Statistics. Effective use of the platform for learning and improving patient care needs to be registered with its promotion, enhancing end user design standard features, award of CPD points and certificates on completion of self-assigned modules.. The eLearning platform can be accessed on; <https://elearning.health.gov.mw>

#### ENHANCED TRANSITION TO INTERNATIONAL CLASSIFICATION OF DISEASES (ICD-11) INTEGRAL WITH STRENGTHENING MPDSR INTERVENTIONS IN 13 DISTRICTS

WHO supported the transition to International Classification of disease using ICD-11 coding and strengthened the response component of MPDSR to include support to health facilities to conduct effective maternal and perinatal death notifications. Training in ICD-11 and MPDSR was conducted in 13 districts and reached a total of 530 health workers (49.6% females) mainly nurse midwives, clinicians and HMIS focal persons and 373 (47.5% females) members of the extended DHMT. Capacity building in MPDSR at district level included dissemination of the 2021 MPDSR evaluation findings dissemination of the national MPDSR guidelines 2022 and hands on practice of the Martsury/DHIS-2 digital platform and dashboard visualization. Transition from ICD-10 to the ICD-11 disease coding and medical certification of cause of death will ensure translation of knowledge with accurate coding of maternal and perinatal immediate and underlying causes of death. Capacity building in MPDSR for health managers at various levels will provide further advocacy towards strengthening maternal and newborn health interventions and institutional reporting towards better maternal and newborn care outcomes. Monitoring trends using accurately coded mortality data is key to addressing the cause specific mortality, design effective public health policies, and measuring their impact.

#### ENHANCED CAPACITY IN PAEDIATRICS AND ADOLESCENT HEALTH QUALITY

WHO supported the integration of the paediatrics and adolescent health quality of care standards integral with MNH QI standards in 10 districts and 100 health facilities spread in the five zones of the country. A total of 421 health workers (48% females) to include nurse midwives, clinicians and medical officers were oriented on the paediatrics and ADH quality of care standards integrated with the step wise quality improvement towards accreditation of health facilities. Cascading the paediatric and adolescent health standards will be key to complete the scale up plan for RMNCAH QOC standards to improve client delivery system and health outcomes and reaching all populations with quality health services. The Integrating paediatric and adolescent health QOC standards in health care is key to further reducing child mortality and morbidity and tackling adolescent reproductive and other health challenges and wellbeing.

# Reproductive, Maternal, Neonatal, Child, Adolescent Health and Healthy Ageing

## Malawi enhances Country- level commitment and resource mobilization to improve Adolescent Health and wellbeing.

The WHO contributed in supporting advocacy efforts for investment in adolescent health and wellbeing. Malawi signed the 1.8 billion Global Forum for Adolescent (GFA) wellbeing campaign and participated in the global event in October 2023. Informed by a gap analysis, the Malawi Government has made commitments the five domains of adolescent wellbeing targeted by the 1.8 billion Campaign i.e. agency and resilience, community and connectedness, education and employment, safety and support, good health and nutrition. med the basis for government commitments. The country held a national event ahead of the global forum to intensify awareness on adolescent needs and mobilize support for required investments at the local level. Some of the government’s commitments in relation to good health include “increase the FP2030 budget to MK 1 billion from MK570 million, reduce the age of consent on access to SRHR Services from 15 to 10 years and strengthen data collection and management on mental health and NCDs.” The 1.8 billion Campaign aims to find out what young people want when it comes to their health and well-being to inform decision-makers and the Global Forum on Adolescents, a platform to mobilize resources to realize these needs. The goal is to accelerate progress towards the attainment of sustainable Development Goals (SDGs) related to the well-being of adolescents and young people. WHO supported evidence synthesis for the advocacy process and multi- actor engagement to drive the agenda.

## Strengthened advocacy and commitment for implementing priority actions on the Decade of Healthy Ageing 2021-2030.

As part of ongoing support towards development of national healthy ageing programme, WHO

supported the first stakeholders meeting on healthy ageing on 13th October 2023 to initiate and fast track advocacy and policy dialogue with other Government Ministries on the healthy ageing agenda. The meeting discussed the status of healthy ageing in Malawi against the UN Decade of Healthy Ageing and The Framework for Implementing the Priority Actions of the Decade of Healthy Ageing 2021-2030 in the African Region and developed a national roadmap for the development of the healthy ageing programme and services. The meeting had representation of policy makers from health and other relevant government sectors, civil society organisations, academia, UN agencies and NGOs.

## Capacity building to fast track the triple elimination of vertical transmission of HIV, syphilis and hepatitis B

Malawi embarked on the processes towards attainment of certification status on path to triple elimination of vertical transmission of HIV, syphilis and Hepatitis B in line with the National Strategic Plan for HIV and AIDS 2020-2025. In collaboration with UN partners and with technical support from regional experts, WHO supported training of the National Validation Committee (NVC), a national governance structure spearheading the elimination agenda. A key output of the training was a four-year triple elimination plan (2023-2027), a strategic tool to address major bottlenecks to fast-track progress towards attainment of elimination status in line with global standards. Malawi has made significant strides in reducing new paediatric HIV infections since the introduction of lifelong ART for all HIV+ pregnant and breastfeeding women regardless of clinical staging or CD4 count (Option B+) in 2011 preventing about 95,000 paediatric infections by 2020. A comprehensive programme performance review will be undertaken at the end of implementation of the operational plan to establish the country’s certification status.

## Expanded Programme of Immunization



**Figure 2 Surveillance and Immunization activities at Malawi Muloza Boarder**

### Strengthened Governance and Leadership in Immunization and Vaccine Preventable Disease Surveillance

WCO provided support to MOH for the development of a National Immunization Strategy, a document that provides strategic guidance for implementation of key immunizations activities in line with the Immunization Agenda 2030 and the GAVI 5.0 strategy to ensure that country activities were aligned with global goals and strategy. The Malawi National Immunization Strategy will run from 2023-2030.

Further support was also provided for the development of a costed National Integrated COVID-19 Vaccine Deployment Plan. This plan will guide the integration of COVID-19 into Routine Immunization and Primary Health Care.

Support was also provided to sustain the functionality of EPI technical working groups such as the Malawi Immunization Technical Advisory Group (MITAG), National Certification Committee, National Polio Eradication Committee, Pharmaceutical and Medicines Regulatory Committee amongst others. These committee were essential in providing high-level strategic guidance to the programme.





**Figure 1. Summary of field data collection**

## Malawi conducts a Comprehensive Review of its Expanded Programme of Immunization

The WHO recommends that countries conduct EPI reviews every 3-5 years as a best practice to assess progress made with Comprehensive Multi-Year Plans (cMYP) and inform the development of new NIS for improved program performance. The last comprehensive review for Malawi was done in 2015.

This EPI review was conducted against a backdrop of significant strides made by programme during the period under review. Seven (7) new vaccines have been introduced since the last review, a robust response to Polio and Cholera outbreaks mounted, Post recovery measures have been implemented in response to COVID-19 pandemic, flood, and cyclones in the country.

The review process consisted of a desk review, field data collection, data analysis and dissemination of findings. In total, field teams visited a total of 40 health facilities. Based on set criteria, by type of facility- 55% were health centres, 38% were health post and 8% were hospitals, by ownership, 70% were Government owned and 30% were private/Mission facilities, by location-85% were in rural areas and 15% in urban areas, and by special focus- 25% of selected facilities were in communities with international borders. The key findings and recommendations were related to thematic areas such as Governance and leadership, service delivery, data management, risk communication and vaccine safety. The recommendations have been incorporated into the National immunization Strategy and a road map for implementation developed for collective implementation, monitoring and evaluation.

## Malawi successfully deploys over 2 million doses of RTS, S/ASO1 Malaria vaccine through routine immunization systems

WHO recommends the use of the Malaria vaccine as one of the ways of controlling malaria in high and moderate transmission of plasmodium falciparum. Malawi introduced the RTS,S/ASO1 Malaria vaccine in April 2019 in pilot areas in 11 districts of the country, in November 2022, implementation was expanded to comparator areas in the same 11 districts. The 11 districts implementing the MVIP are Karonga, Nkhatabay, Lilongwe, Ntchisi, Mchinji, Balaka, Mangochi, Machinga, Nsanje, Phalombe and Chikwawa.

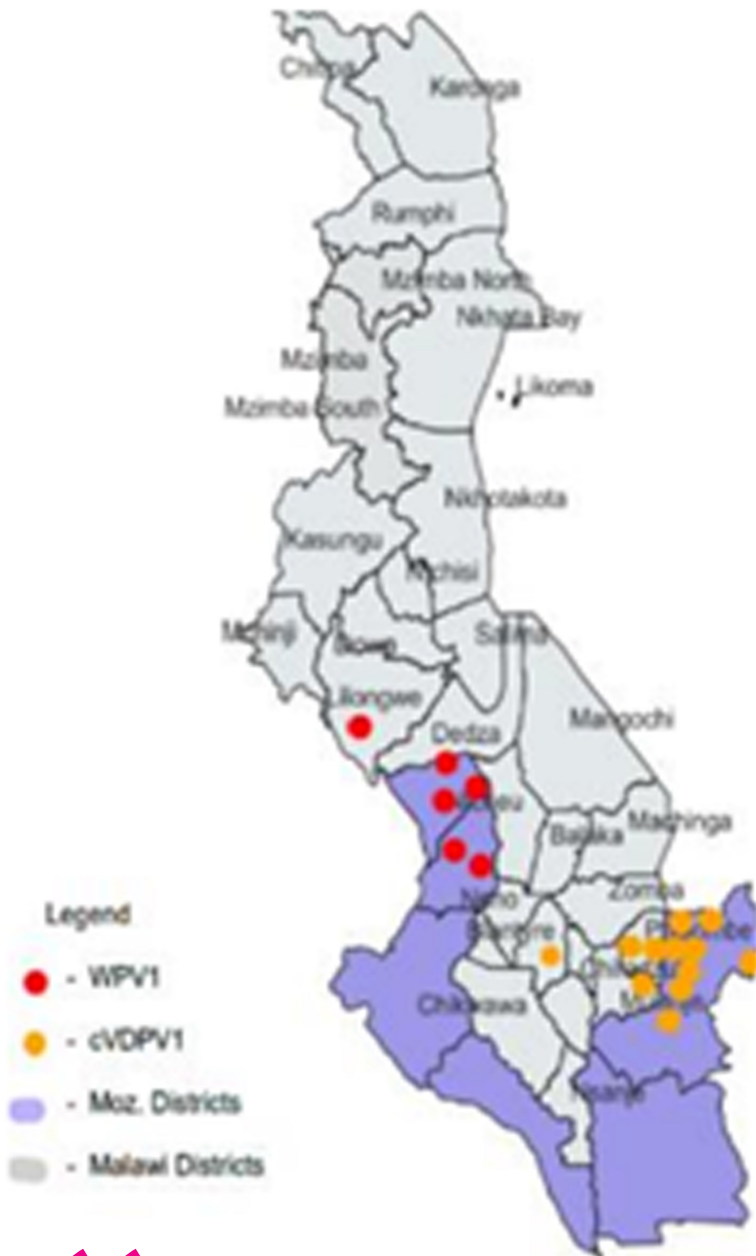
As of December 2023, 2,145,176 doses of the vaccine have been administered in the country improving community protection against malaria for eligible children. Malaria vaccine implementation achieved an administrative coverage above 80% at national level and in both expansion and initial implementing facilities. The national coverage for RTS, S 2 improved from 63% (2022) to 75% as at December 2023 RTS, the fourth dose also improved from 61% to 63%.

WCO supported the MOH to conduct of data validation meetings, monthly coordination meetings, quarterly review meeting and supportive supervision which facilitated the achievements of these results. Key priorities for 2024 would be to implement strategies to improve the fourth dose uptake rate and expand malaria vaccine to other districts.

## Malawi makes key progress in the fight against Polio

Malawi confirmed a case of Wild Polio Virus Type 1 (WPV1) in a three-year-old female child on 16th February 2022. This polio outbreak led to the government declaration of public health emergency of international concern (PHEIC) on 17th February 2022. The sequencing result indicated that the WPV1 detected in Malawi was virologically linked to circulation in Pakistan in 2019. Several cross-border cases of Polio have also been confirmed. As per the risk analysis, the severity of the outbreak was Grade 2, with risk of international spread to other countries.

The country has undergone two joint multi-actor Polio Outbreak Response Assessments by external assessors with the latest conducted in November 2023. The aim of the assessments was to evaluate the robustness and sensitivity of the health system response to detect, investigate and respond to VPD outbreaks.



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Key findings from the assessment revealed a strong high level political and leadership support for the response, significant improvement in surveillance performance and sensitivity. For instance, proportion of districts meeting target of 80% adequate specimens improved from 32% in 2022 to 61% in 2023. More than 80% of the districts have a non-polio AFP rate of  $\geq 3/100,000$ . The national non-Polio AFP rate also improved from 3/100,000 to 7.1/100,000 children under 15 in 2023. The 3rd edition of the Integrated Disease Surveillance and Response Guidelines has also been developed and capacity building ongoing at subnational level for implementation. With WHO support, in-country laboratory testing, for Measles and Rubella has been restored since 2022 and needs to be sustained to assure standards. The immunization system was also found to be well functioning.

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Despite the successes made some significant gaps which pose a threat to the responsiveness of the surveillance system remain. These include weak subnational Emergency Operations Centre coordination for effective outbreak planning and coordination in some districts, Inadequate national HR to support response with over reliance of Surge staff limiting in-country capacity for response activities, weak cross border surveillance with increased risk of cross border spread from countries such as Mozambique, Tanzania, and Zambia. Key recommendations have been outlined which will be the focus of implementation for 2024 national enhanced surveillance plan.

WHO continued to support surveillance activities as part of the Polio Outbreak response. Technical and Financial support was provided for the conduct of AFP surveillance, active case search, environmental surveillance and the conduct of National Expert Committee and National Certification Meetings. To reduce the turn-around time from sample collection to laboratory confirmation, WHO further supported the implementation of a responsive sample transport system facilitating the reduction of sample transfer time from average of 17 – 42days days to 3days-5days. Capacity building trainings were also conducted in ten low performing districts on Measles, AFP and Neonatal Tetanus surveillance. These interventions led to significant improvement in AFP surveillance indicators. As at the end of the December 2023, 28 out of 29 Districts have reported at least one AFP Case in 2023 with the country recording a non-Polio AFP rate of 7.1%, 100% more than the recommended 3.0%. Stool adequacy had also improved to 89% with only 9 districts having stool adequacy less than 80% as compared to 18 districts in the previous year.

**Strengthened country capacity to monitor, detect and respond to Vaccine Preventable diseases including Polio, Measles and Neonatal Tetanus.**



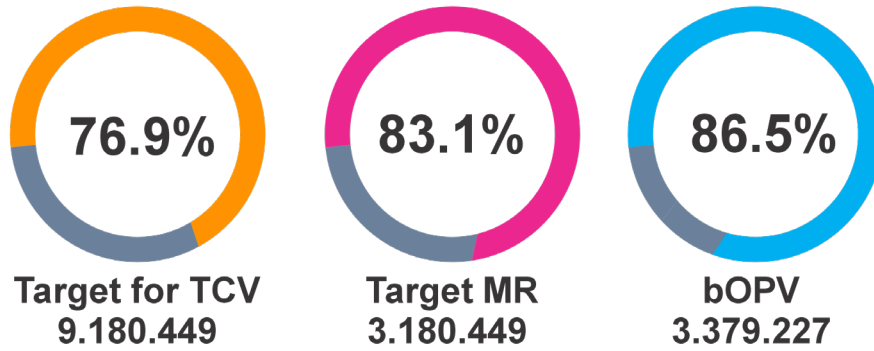
## Strengthened community immunity from vaccine preventable disease through improved access to essential vaccines along the life course and new vaccine introduction



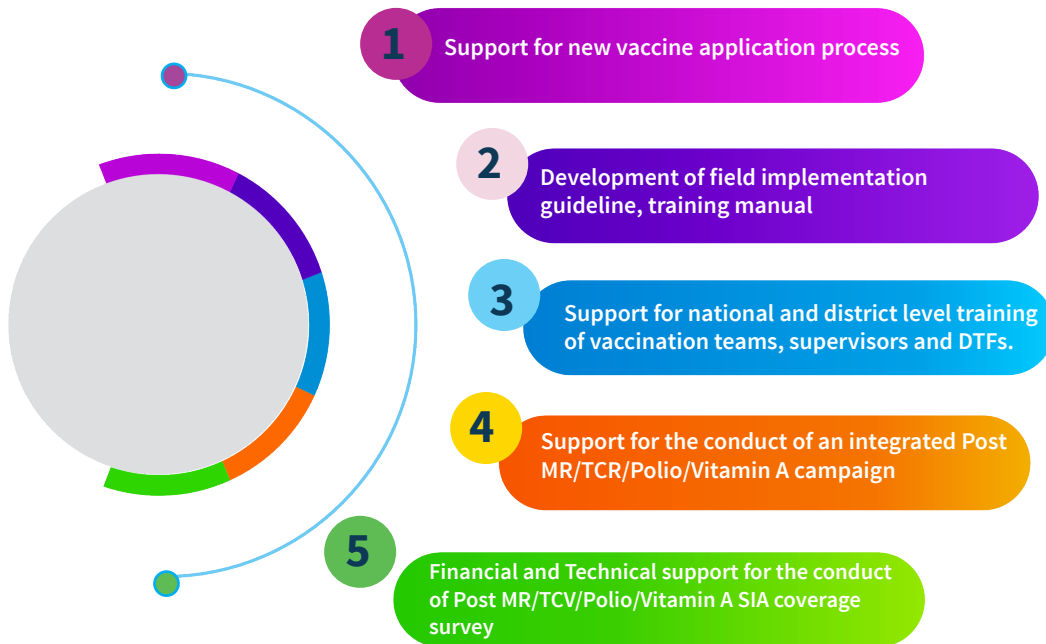
With support from WHO, GAVI, Path, UNICEF and other partners, Malawi successfully introduced the typhoid conjugate vaccine through the conduct of an integrated Typhoid Conjugate Vaccine, Measles -Rubella and Oral Polio Virus vaccine and Vitamin A campaign. The use of an integrated approach for vaccine delivery ensured that Malawi leveraged on limited funding to deliver multiple key interventions to eligible populations using a life course approach. This ensured equitable access for all, efficiency, and support for under- funded health interventions. Over 8 million eligible more children were better protected from Typhoid, Measles – Rubella, Polio, and Vitamin A deficiency.

The campaign further facilitated the identification and vaccination of 53% and 61% of zero-dosed children for measles and polio respectively and the mapping of underserved and zero-dosed populations for future

In 2023, two rounds of Reactive Polio Supplementary Immunization Activities were also conducted targeting for the first-time children under 15 years as compared to the previous campaign which focused on children under 5 years. Over nine million eligible children under 15 years were reached with Polio Vaccines. Multiple strategies including fixed vaccination sites, mobile teams, house to house approaches to reach eligible children.



### Key Support Areas



## Enhanced community immunity and protection of vulnerable and high-risk groups from COVID-19

In August 2022, WHO identified ten priority districts that accounted for 60% (10,469,348) of the unvaccinated population of Malawi for enhanced support to accelerate vaccine uptake. The WCO with supported the MOH to implement some key interventions within these districts aimed at improving technical capacity of staff, strengthening service delivery approaches, enhancing data management processes, and addressing gender, equity and human rights gaps in immunization to improve vaccine acceptance and uptake. One major activity implemented

***Reaching every eligible person along the life course, leaving no one behind***

was the training of 5312 health workers from 382 health facilities in the 10 priority districts. 896 non- traditional immunization health staff were also trained in integrating COVID-19 in routine immunization and primary health care to ensure equitable. Technical expertise was also provided for the development of a National Integrated COVID-19 Vaccine Deployment plan.

WCO further supported the MOH and the Ministry of Gender, Community Development and Social Welfare (MOGCDWSW) to conduct a multistakeholder engagement of 886 stakeholders across 10 districts in addressing immunization related gender, equity, and human rights barriers. COVID-19 Vaccine deployment micro plans to guide effective vaccine delivery.

Following the strengthening of vaccine distribution to the elderly, persons with comorbidities and other high-risk populations, there was significant increases across the key high-risk groups. Completed primary series coverage amongst persons with comorbidities increased by 17% from 12% (2022) to 38% as at 2023, vaccination amongst refugees increased by 38% whilst uptake amongst the elderly increased from 27% as at 2022 to 48% as at 2023 in the ten implementing districts. The burden of the unvaccinated population has also significantly decreased by 56% from 10,469,349 to 4,571,360 within the ten implementing districts.

***Cross-section of participants at a National Advocacy meeting on addressing Gender, Equity and Human Rights***

# WHO supports Malawi in Addressing Gender, Equity and Human Rights Barriers in Immunization

To ensure effective mainstreaming of Gender Equity and Human Rights (GER) in immunization the Expanded Programme of immunization in collaboration with the Ministry of Gender, Community Development and Social Welfare with support from WHO are implementing key interventions to bridge GER gaps.

Using a whole of society approach in joint planning and implementation, WHO leveraged on inclusive partnerships, participatory processes, multi-stakeholder dialogues and value of diversity to bring together diverse actors to address inherent GER barriers related to immunization. New partnerships were mobilized

for the implementation including strong partnerships with the Ministry of Gender, Community Development and Social Welfare, Local government structures at district level including gender technical working groups, community structures such as community child health protection and gender officers. With funding support from the CANGIVE grant, WHO supported the stakeholder dialogues of 886 multi-stakeholders across 10 districts on approaches to mainstream GER in immunization and addressing GER barriers. District level stakeholders in the District Executive Committees

(DEC) led by the district Commissioners and District Gender Technical Working groups, district health management teams, health facility teams, health workers and community members were engaged. Key stakeholders involved in the engagements included Community Based Organization's (CBO'S), Civil Society Organizations (CSO's), Government officials and community leaders, academic institutions. Some of the participating organizations including Person living with disabilities, gender focal persons, the Police,

Judiciary, local leaders, women's groups, health workers, men's groups, and support groups for person's living with comorbidities WHO further supported the conduct of a rapid gender analysis in immunization. The assessment included a desk review of relevant GER related data,

field data collection, and stakeholder validation engagements. A total of 886 persons were engaged across 10 districts. 405 participants were engaged in the gender technical working and 481 engaged in the district executive committee with 43% of participants being female and 57% of male. the participants discussed biological, structural, social, and cultural norms influencing GER. Focused group discussions were organized as part of the engagement meetings and participants engaged to complete data collection on GER analysis and GER related to barriers to Immunization.



**Inclusive partnerships and participatory processes**





## Key findings

1

High illiteracy especially amongst women, limited decision-making power among women, adolescent marriages, and pregnancies were found to influence distally women and men ability to seek health care services including COVID-19 immunization.

2

Women may be more willing to be vaccinated, however most need authorization from men to be able to get themselves or their children. Most women especially female-headed households also lack the economic power to seek health services including COVID-19 vaccination.

3

Whilst immunization services are free economic power to cover transportation cost to access services was a challenge for some people especially women.

4

Males were also less likely to seek health care including COVID-19 vaccinations. Participants shared strong views that some males felt they were strong and less susceptible to COVID-19 and hence did not feel they needed the vaccination.

5

Despite provision of immunization services in hard-to-reach communities, internally displaced people in camps, refugees lack transportation, face stock-outs influenced by limited access to hard-to-reach areas, affecting quality of services to such areas and populations.

6

Inadequate Information Education and Communication materials to meet underserved populations such as visually and hearing impaired thereby limiting their ability to make informed decisions.



## Opportunities

Existing community structures such as mother-support groups have been leveraged to strengthen immunization. However other Gender Related structures such as Full councils, Community Victims Support Unit, traditional authority, Male groups can be further leveraged to improve immunization related health literacy and address any gender related violence arising from immunization related activities to ensure equitable access for all.



## Emerging Priorities

Some key emerging priorities were identified from the assessment. These are highlighted as follows.

|                   |  |
|-------------------|--|
| <b>Strengthen</b> | Immunization related health literacy with a focus on the most at-risk including adolescents in early marriages and adolescent mothers, men, and in population with prevalent social and cultural norms that prohibit health seeking behaviors. |
| <b>Advocate</b>   | Political and Social support for immunization through advocacy with Traditional Authorities, Full councils, Women's groups, Men's groups.  |
| <b>Improve</b>    | Male participation and support for all immunization related activities.  |
| <b>Bridge</b>     | Knowledge gaps amongst health workers in Gender Equity and Human Rights mainstreaming as well as immunization related gaps in gender officers, child protection officers <u>etc</u> to ensure enhanced collaboration and partnerships.         |
| <b>Leverage</b>   | Leverage upon institutional structures such as Gender Technical Working Groups, District Executive Committee meetings to review and address holistically progress in mainstreaming GER in immunization   |
| <b>Develop</b>    | Develop relevant IEC materials to meet the needs of all vulnerable groups including meeting the unique needs of persons with comorbidities   |
| <b>Extend</b>     | Access to immunization services to bridge economic related barriers to immunizations. Expansion of outreach sites in resource limited communities and closer to places where women work and live such as trade <u>centres</u> , markets.       |



## Communicable and Non-communicable Diseases

**H**igh-impact communicable diseases, including HIV/AIDS, tuberculosis, malaria, vaccine-preventable diseases, viral hepatitis, sexually transmitted infections and neglected tropical diseases, still pose a major public health challenge, affecting more than 2 billion people globally and killing an estimated 4 million annually, despite being preventable and treatable. The Vision of WHO is for all people to attain the highest possible standard of health and well-being. This vision resonates with attainment of Universal Health Coverage (UHC), which entails establishing resilient, responsive, and inclusive health systems that are accessible to all, irrespective of socioeconomic or legal status, health condition or any other factors. Under GPW13 Output 1.1.2, WCO-Malawi invested in strategic planning and resource mobilization for TB, HIV and Malaria programming. Technical and financial support was provided for the malaria end term review and development of a successor malaria strategic plan and a joint TB/HIV midterm. Recommendations from the two programme reviews were critical in informing the development of Global Fund Cycle 7 (GC7) request for funding for the three conditions. WCO Malawi also facilitated increased access to health services in hard-to-reach areas, malaria prevention, health worker knowledge and skills transfer for quality HIV care and Human African trypanosomiasis (HAT) mapping to inform targeted interventions.

### **Progress towards achieving the UNAIDS 95-95-95 targets**

The second population survey assessing HIV in Malawi shows progress toward epidemic control. Latest programme data (HIV Estimates 2024) indicates that Malawi has achieved 97% on testing, 98% on ART and 95% of those on ART virally suppressed, thus surpassing all the three UNAIDS HIV targets of 95-95-95.

### **HIV**

In line with the normative guidance role and in pursuit of quality care, in 2023, WCO-Malawi provided technical and financial support valued at US\$114,283.49 to MOH to orient 289 health workers from across the country on the updated HIV Clinical Management Guidelines to enhance their skills and competencies in diagnosing and provision of appropriate clinical care to HIV/TB infected persons in a multi-disciplinary setting. The capacity built in these health care workers is expected to lead into improved quality of HIV and TB services service delivery in the country.

### **TB/HIV Quarterly Integrated Supervision impact**

On a quarterly basis, the National TB and Leprosy Elimination Programme (NTLEP) and the HIV and AIDS Department (HDA) of the Ministry of Health (MoH) in collaboration with implementing and technical partners conduct integrated supportive supervision covering a range of services including ART, PMTCT, STI, Blood safety, Infection Prevention and Control, TB treatment, care and support. All health facilities across the country where these services are provided (both public and private) were visited validating the facility reported data with the supervision collected data. The supervision visits are aimed at improving quality of service delivery and quality of data being reported which is key for decision making. As a result of improved service delivery, we have observed improved key indicators for major service delivery on HIV showing 97% tested, 98% of positives put on ART and 95% virally suppressed against 95% for each, and for TB 90% treatment success rate was achieved for new and relapse cases. WHO played a key role in providing technical support in all these integrated supervisions.



### Funding Request.

The Malawi TB and HIV Strategic Plans cover the period 2020-2025. At the request of the Government of Malawi and based on the WHO mandate of providing leadership on global health matters, WHO led the implementation of the 2023 joint TB/HIV midterm programme review including mobilization of \$59,704.43 from the different levels of the organization as a contribution towards the total review budget of \$156,532. WHO also technically supported the end term review and development of the Malaria strategic plan 2023-2030.

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**TB/HIV Joint  
Midterm,  
Malaria end term  
Programme Reviews  
and Global Fund  
Cycle 7 (GC7)**

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Recommendations from the Joint TB/HIV midterm review and new Malaria strategic plan assisted the GOM to develop a technically sound Global Fund Cycle 7 (GC7) TB/HIV request for funding. This resulted in a successful GC7 grant of \$517m to support the TB/HIV and malaria response for the next three years starting from July 2024.

Other benefits accrued from the joint TB/HIV midterm and Malaria end term programme reviews include Quality improvement, Evidence based decision making, Collection and sharing of best practices, Strengthening accountability and multi-sectoral partnerships.

## Reducing Morbidity and Mortality from Tuberculosis

To reduce the risk of latent TB progressing to active TB, WHO recommends Tuberculosis Preventive Treatment (TPT) for people diagnosed with HIV/AIDS. While the most widespread regimen for latent TB infection currently is isoniazid Preventive Therapy (IPT), a new shorter regimen called 3HP (a weekly dose of rifapentine and isoniazid for 3 months), significantly reduces the duration of treatment as well as the pill burden for patients over the course of therapy. WCO-Malawi continues to provide technical support to MOH in the scale up of TPT.

### Strengthened Viral Hepatitis Care

In 2023, WHO provided technical support to MOH to finalize the National Guidelines for the Management of Viral Hepatitis and supported the inclusion of hepatitis commodities in the GC7 funding request.

## Advocacy and awareness creation



In 2023, WCO-Malawi in collaboration with the Ministry of Health (MOH) joined the rest of world in commemorating World Health Organization designated commemoration days under the UCN cluster and these included: World TB Day, World Malaria Day, World Diabetes Day, World Sight Day, World Mental Health Day and World AIDS Day and Candlelight Memorial.

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WHO defines ultimate health as a state of social, physical and mental wellbeing. Not just absence of disease. Malawi has had series of public health emergencies and cyclones requiring mental health services. Mental health is a human right and critical for everyone.”

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## Malaria

Malaria continues to cause unacceptably high levels of morbidity and mortality, as documented in the recent World malaria report. According to the latest report, there were an estimated 241 million cases and 627 000 deaths globally in 2020 despite Malaria being preventable and treatable. Approximately 95% of malaria cases and deaths occur in sub-Saharan Africa where Malawi is located, with the remainder occurring largely in South-East Asia and South America.

### Implementation Policy document developed for MOH, National Malaria Control Program

The WHO [Global technical strategy for malaria 2016-2030](#) – adopted by Member States in May 2015, provides global strategic direction to all malaria-affected countries to reduce the human suffering caused by the world’s deadliest mosquito-borne disease. The Implementation of this Strategy is customized through the development of the National Malaria Strategic Plans (NMSP), that provide high level national guidance to the actual implementation of the Malaria Control interventions in alignment with the country’s Health Sector Strategic plan. All the above three documents, span over several years and therefore require operationalization through low level documents such as the country `s successive annual Malaria workplans.

In 2023 WHO provided both financial and technical support to Malawi government, National Malaria Control Program in the development of the Program Annual Work plan 2023/24 which has been guiding the effective implementation of priority malaria interventions in the country. This has resulted into improved tracking of progress in the implementation of the planned activities and therefore the implementation of the Malaria Strategic Plan 2023-2030 which the Annual workplan is operationalizing.

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**Working group session during the WHO supported workshop for the Annual workplan development.**

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## Malaria services provision Expanded to 50 underserved hard to reach communities

In Malawi, most people (84%) live in rural areas that are hard to reach without basic amenities like primary health care facilities. Where such primary health care services are available, the diagnostic support such as laboratory and radiology services are commonly limited or non-existent. To meet this need, WHO and UNICEF designed the Integrated Management of Childhood Illness (IMCI) strategy that focuses on the health and well-being of the child by reducing preventable mortality, minimizing illness and disability, and promoting healthy growth and development of children under five years of age.

Under the Malawi National Child Health Strategy 2021-2026, objective number 3, the country has prioritized capacity building of community health workers and availability of infrastructure to support service provision for adequate and appropriate delivery of basic health services through trainings of IMCI and CMAM providers. The IMCI strategy plans to increase the number of village clinics (community service delivery points) in hard-to-reach areas by 782, from 3631 in 2020/21 to 4413 by 2025/26. The Strategy counts on government and development partners to help support these trainings and establishments. In support of this, WHO financially and technically supported the training of 50 HSAs and establishment of 50 new village clinics in areas that have never offered health care services before. This would contribute to WHO goal of 1 billion more people benefitting from Universal Health coverage through improving access to basic but quality health service package and address health equity, gender and human rights issues faced by these marginalised communities.



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Practical sessions during the training of new IMCI providers to go and open new service delivery points

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## Gender, Equity and Human Rights mainstreaming in Malaria Programming in Malawi

In 2023, WHO technically supported MOH in the successful engagement of Roll back Malaria to support the country financially in the Gender, equity and Human Rights assessment aimed at identifying key population groups that are being left behind or marginalized in malaria programming affecting the intervention coverages and progress towards Malaria elimination in the country. The Roll Back Malaria funded the external consultant and country activities during this important exercise that identified the key population groups that had been reservoirs for sustained malaria transmission apart from being marginalised. The Malaria Match box analysis approach was used in this exercise, and the assessment was the first of its kind time in the malaria programming in the country. The country now has a Gender, Equity and Human Rights (GER) analysis report on Malaria and has started implementing the findings by adjusting the Malaria implementation plans to include the key population groups that have been left behind before. One clear example is the upcoming 2024 Mass Net distribution campaign being planned where three districts with highest malaria burden have been selected to have boarding students receive the Insecticides treated nets. In the same campaign, prisons will be prioritized as indoor residual spraying is being considered to protect prisoners against malaria.

## Neglected Tropical Diseases

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Launch of the NTD Master Plan 2023-2030 by Deputy Hon Minister of Health accompanied by the WR.

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In 2022, the commonwealth heads of states and government and Ministers signed the Kigali Declaration to end Neglected Tropical Diseases. This was in support of the World Health Organization’s Global NTD Roadmap 2021–2030, targeting the achievement of Sustainable Development Goal 3 to end NTD epidemics; and as a follow-up project of the London Declaration on Neglected Tropical Diseases.

To implement the declaration, in 2023 WHO financially and technically supported the Malawi government to live up to its commitment, through the development and launch of a Multi-year National NTD Master Plan 2023-2030. The Plan is an important domestic guiding policy that articulates priority interventions and a roadmap with a shift from control focus to an elimination paradigm, demonstrating commitment with actions to end the NTDs in Malawi. It aligns with the Health Sector Strategic Plan (HSSP III) and Global NTD Roadmap and is intended as a guide for the health personnel and multisectoral actors in the concerted efforts to eliminate NTDs by 2030. 2024 World NTD Day on 30th January 2024 was commemorated with a launch of this important Master plan.

## Human African Trypanosomiasis Cases Mapped in Nkhotakota and Rumphi districts

Following the World Health Assembly resolutions 50.36 in 1997 and 56.7 in 2003, the World Health Organization (WHO) committed itself to supporting Human African Trypanosomiasis (HAT)- endemic countries in their efforts to eliminate the disease as a public health problem. Early case detection and treatment are key to a positive outcome of the disease and control efforts. Accurate data are essential to target, monitor and evaluate interventions against these challenging and deadly diseases.

In 2023, WHO financially and technically supported the mapping of HAT cases in Nkhotakota and Rumphi to update the HAT Atlas. The updated HAT Atlas is expected to guide the targeted community sensitization that would improve early reporting for care, and better outcomes for early reported cases. This intervention has high likelihood of resulting into more saved lives than would have been lost.





# Health Emergencies

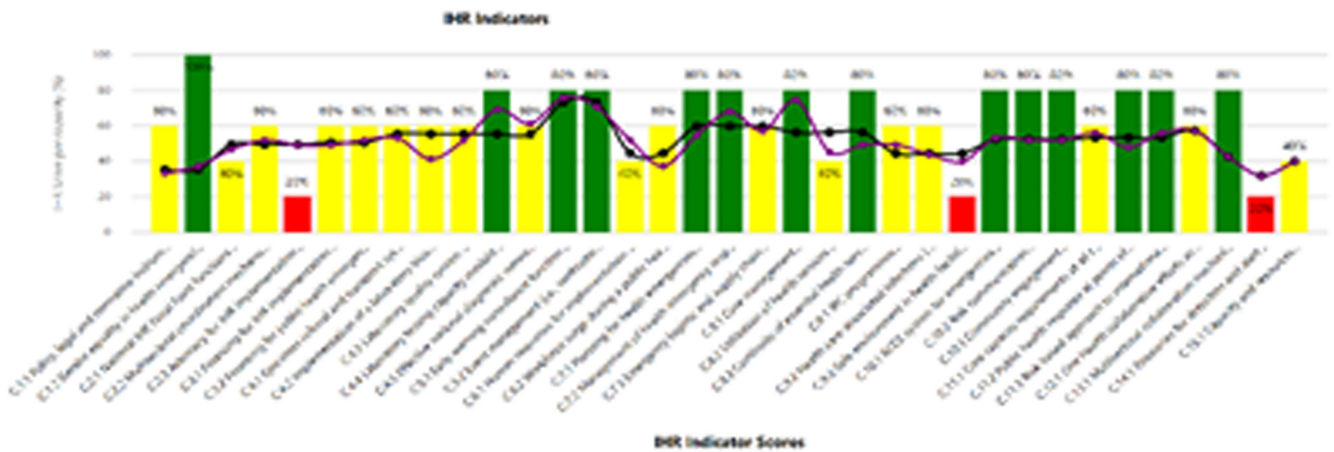
Strengthened health security in Malawi

Malawi planned to strengthen health security preparedness and enhance National Action Plan for Health Security (NAPHS) implementation to improve International Health Regulations (IHR) 2005 core capacities through capacities strengthening for border health, disease surveillance, health care critical skills, risk assessments, conduct of after-action reviews to inform priorities in line with IHR monitoring and evaluation framework (IHRMEF). Malawi's health security capacities had previously assessed low by a Joint External Evaluation (JEE) of 2019 whereby of 48 indicators assessed; the country had no capacity for 24, limited capacity for 20, developed capacity for 3, demonstrated capacity for 1 and 0 sustained capacity.



**Achievements**

- Malawi's self-assessed health security capacities improved from 50 % to 61 % average score while the number of capacities improved from 3 to 9 capacities attaining the minimum 60 % SPAR (State Party Annual Report) score in crucial thematic areas of surveillance, laboratory, risk communication and community engagement (RCCE), emergency management, and health service provision.



**Figure 1: Summary of IHR capacities scores reported in SPAR for 2023.**

- A costed transitional NAPHS Annual Operational Plan October 2023 to March 2024 was developed in alignment with the government's fiscal year focusing on targeted interventions to prepare Malawi for its next Joint External Evaluation in 2024. Forty-eight multidisciplinary, multisectoral participants contributed to the NAPHS AOP and further conducted preparatory reflective workshops enabling documentation of key policy and guideline documents in support of existing IHR reported capacities.

- WHO supported the Government of Malawi to develop EPR (Emergency Preparedness and Response) Flagship Roadmap 2023-2024 achieved through AFRO who supported conduct of a scoping mission in Malawi between 19 - 23 June 2023 aimed at sensitizing Government leadership and key stakeholders on the flagship initiative, and identifying existing resources, gaps, and priorities. The high-level engagement brought together 150 individuals from various government ministries and agencies, institutions, and partners, both at strategic and technical levels. The roadmap comprises 3 projects i.e., PROSE (Promoting Resilience of Systems for Emergencies); TASS (Transforming African Surveillance Systems) and SURGE (Strengthening and Utilizing Response Groups for Emergencies).



- WHO supported the Ministry of Health to conduct border health and points of entry (POEs) strategic risk assessments, develop and validate contingency plans and standard operating procedures for priority points of entry (PoEs) aimed at building capacity for PoE emergency preparedness. As a result, 6 PoE Contingency plans for 2 airports and 4 land crossings were validated by a multidisciplinary team of stakeholders resulting into designation of these POEs in collaboration with IOM and the World Bank. With such capacity built, bringing together multisector border teams to work collaboratively in mitigating risk of transmission of emerging and re-emerging health hazards.

- WHO trained 40 national Emergency Medical Team (EMT) members through a government-led approach through planning and selection of a multidisciplinary team of health care workers from national and sub-national facilities trained through an introductory five-day training programme of theoretical concepts, field practical and drills conducted in March 2023, followed by a ten-steps induction workshop in EMT implementation at a country level conducted in June 2023 leading to the development of a roadmap and a 5-member EMT core coordination team established to strengthen coordination for the EMT. This is a Type-1 EMT, which supported response to a protracted cholera outbreak providing critical patient care, mentoring PHC HCWs, clinical audits. With results of reduced admission stay from over 3 days to less than 2 days, early detection of comorbidities and improved referral for tailored healthcare.





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**National  
Emergency  
Medical  
Team during  
a cholera  
response**

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- WHO facilitated conduct of a multi-stakeholder cholera After-Action- Review (AAR) was conducted between 2nd and 6th October 2023, with national and sub-national participation of 140 participants from Government Ministries, Departments & Agencies; Districts, Central Hospitals, and Partners that supported the response. Applied qualitative and participatory approach, using the standardized WHO framework and tools. Best practices and recommendations documented for all response pillars which is a basis for the development of cholera plans including the Cholera Control and Elimination Roadmap for Malawi.

## Strengthened surge capacity for health emergency

The Ministry of Health in Malawi with support from World Health Organization and Africa CDC, trained its first cohort of 63 emergency responders out of the country's target of 200 to handle public health emergencies in Malawi and beyond, a joint Africa CDC's initiative "African Volunteer Health Corps initiative" (AVoHC) and WHO's "Strengthening & Utilizing Response Groups for Emergencies (SURGE)." The AVoHC SURGE training, which was conducted between October 9th and November 23rd 2023 aimed to ensure that Malawi is prepared to respond to health emergencies and humanitarian crises within 24 to 48 hours from the time of an incident. Participants were trained in Public Health Emergency Operating Center (PHEOC), Humanitarian and Health Cluster Coordination, Gender-Based Violence (GBV) and Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) in Emergencies, and Rapid Response Teams (RRT). The participants were drawn from various government sectors including Ministries of Health, Homeland Security, Defense, Office of President and Cabinet, Water and Sanitation, Agriculture, Information and Digitalization, Energy, Gender, Community Development & Social Welfare, and the University of Malawi.

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Participants  
to the national  
after-action-  
review for  
cholera held in  
October 2023

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“ First cohort of AVoHC-  
SURGE responders  
for Malawi trained in  
October – November  
2023 ”



## Strengthened disease surveillance

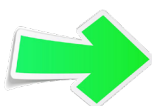
Building from only 8 of 29 districts implementing the Integrated Disease Surveillance and Response (IDSR) applying One Health approach, Malawi prioritized the roll out IDSR and cascaded health care worker trainings to the remaining 21 districts, strengthening capacity of surveillance coordinators and facilitating readiness and response interventions, production of weekly IDSR bulletins, roll out of Event Based Surveillance (EBS) in 5 districts up to the community level for early detection and notification of public health, and onboarding of multi-sectoral team from human, environmental and animal health sectors to the epidemic intelligence from open source (EIOS) platform to allow media scanning.



Malawi enhanced its early warning capacities by strengthening implementation of Integrated Disease Surveillance and Response. WHO supported training of 3 more districts, Phalombe, Mulanje and Mangochi. This was part of the overall goal to reach out to all the 29 districts with the trainings during the period of the TASS flagship's road map (up to 2024). WHO has supported with printing and distribution of surveillance tools including weekly, monthly reporting forms, case-based forms to enhance IDSR and facilitate rapid detection of any public health event including cholera, anthrax, and other outbreak prone diseases in new areas. In Q3 and Q4, WHO supported the training of over 2,700 healthcare workers from 750 facilities in use of OHSP to facilitate IDSR data management. This improved the reporting timeliness and completeness of IDSR data to over 80% at both National and sub-national level (for majority of the districts).



WHO supported the rolling out of event-based surveillance (EBS) using electronic tools in five disaster-prone districts of Mwanza, Nsanje, Chikwawa, Mulanje, and Phalombe districts reaching over 1,400 health workers (HSAs, community health volunteers and Environmental Health Officers). The roll -out of the electronic tools enhanced the capacity of the districts to monitor events and report in real time as part of strengthening IDSR. To further enhance EBS, WHO supported the on-boarding of national level multisectoral team of 50 experts (from Human, animal, and environmental health) to Epidemic Intelligence from Open Sources (EOIS). The EOIS platform enhanced PHIMs capacity to conduct media scanning as part of EBS. As a result of these interventions, surveillance continues to be vigilant in picking up signals and potential public health events of concern as evidenced by the detection of the recent anthrax case and suspected cases in the Northern region of the Country.



Malawi strengthened laboratory and genomic sequencing capacities for health emergencies at National and sub-National levels. WHO has supported with capacity building by training laboratory technicians from 8 flood affected districts, procurement of laboratory reagents and provision of fuel for sample transportation from facilities to district laboratory for confirmation. In November and December 2023, WHO supported onsite trainings and mentorship of Clinicians, Nurses, Laboratory Technicians, Health Surveillance Assistants and Ward Attendants on how to use cholera RDTs (Rapid Diagnostic Test). This was part

of preparedness activities ahead of the rainy season in 4 districts of Mangochi, Salima, Nkhonkhotakota and Lilongwe. To strengthen genomic sequencing capacities for the Country at national level, WHO procured and delivered reagents for genomic sequencing to the national Reference laboratory to sequence the vibrio cholerae causing the current outbreak.



Improved utilization of One health Surveillance Platform (OHSP) for surveillance data management including for cholera response. This follows a Nation-wide training of over 2700 data officers, IDSR and HMIS focal persons and HSAs from over 750 facilities in all 29 districts through WHO support to the Public Health Institute of Malawi. By the end of the trainings, over 90% of all cholera cases were entered in OHSP. WHO has continued to provide hands-on capacity building sessions via mentorship and supportive supervision to facilities. For efficient data management and reporting from sub-National to National level, WHO procured 36 laptops which were distributed to all 29 districts surveillance data managers and supported with airtime and data bundles. These investments in surveillance data systems have improved the timeliness of reporting and completeness of both cholera surveillance data and IDSR reporting in general.



Malawi strengthened sentinel surveillance for influenza-like-illness (ILI) and Severe Acute Respiratory Infections (SARI). Recognizing the threat on global health security posed by a global influenza pandemic, Malawi through the Ministry of health and Public Health Institute of Malawi (MOH and PHIM) with support from WHO set out to build capacity on sentinel surveillance of ILI and SARI. WHO supported setting up of ILI and SARI sentinel surveillance in 17 strategic facilities across all the three regions of Malawi to monitor transmission patterns, any epidemiological changes, clinical characteristics, and systematic detection of new circulating variants. To this effect, WHO supported trainings of IDSR, HMIS and laboratory officers from the sentinel sites in the following areas; setting up a sentinel site at national and sub-national level, concepts of ILI and SARI surveillance, and data management (analysis, reporting requirements and timelines). Currently, the sentinel surveillance sites are functional and reporting to PHIM as part of the IDSR strategy.

# Responding to multiple health emergencies

WHO planned to strengthen health emergency response support to MOH for improved response operations supporting operationalization of Public Health Emergency Operation Centres (PHEOC) for multi-partner emergency management, participation in incidence management of public health events in WHO, MOH and partners, conduct of rapid risk assessments timely for new suspected public health events, develop and/or review response plans for applicable acute public health events, and perform emergency response activities and missions in collaboration with MOH and partners.



## Enhanced national and district capacity in responding to Tropical Cyclone Freddy

Cyclone Freddy hit the Southern region of Malawi between 11-13 March 2023, causing substantial flooding and mudslides. Fourteen districts were affected, including Balaka, Blantyre, Chikwawa, Chiradzulu, Machinga, Mangochi, Mulanje, Mwanza, Ntcheu, Nsanje, Phalombe, Thyolo, Neno, and Zomba. The damage was extensive, affecting 2,267,458 people representing 523,564 households. An estimated 659,278 were displaced, 679 died, 2,178 were injured and 537 were reported as missing. The health system was heavily affected, with 63 health facilities reported as damaged or submerged, 107 vaccine cold chain equipment compromised, and 32 health facilities with damaged vaccines and supplies. The provision of health care services to flood-affected populations was further restricted by damage and disruptions to road access, as well as stocks and power constraints. The accessible

Health Facilities were experiencing extra strain on an already overstretched workforce. Cyclone Freddy hit Malawi during a time the country was grappling with the worst cholera outbreak in decades. Continuing for over a year, the outbreak began on 28 February 2022 on the back of tropical storm Ana, which hit Malawi in early February 2022.

WHO supported inter-agency assessment and worked with MOH and other health cluster partners to develop a comprehensive response plan for health provision aimed at minimizing the morbidity and mortality by providing effective coordinated and timely health interventions and services to the affected populations within 3 months. During this period, WHO quickly mobilized resources to cover the rapid procurement and supply of essential life-saving medical equipment including theater equipment, drugs, and supplies; support response experts; and support provision of essential services by supporting coordination of EMTs as well as supporting MOH SURGE teams in affected districts. WHO Malawi country office also assisted the MoH and partners by providing technical support and leadership as both an emergency and a development partner with a strong presence at the national and sub-national levels for all response pillars.

Further, the WHO team quickly responded to sporadic cholera outbreaks in IDP camps, communities, and other institutions, including the Zomba Mental Hospital. This led to the cyclone-affected districts not reporting a surge in cholera cases despite widespread flooding. To strengthen district coordination, WHO strengthened two regional offices in Blantyre and Balaka. These offices were already functional for the cholera response but received additional staffing to support Cyclone Freddy Response. WHO also strategically prepositioned supplies at the district level readily accessible by the Ministry of Health and partners and supported delivery of kits to the last mile to 42 hard-to-reach health facilities.

In collaboration with UN partners, WHO mobilized CERF and ECHO funding. WHO deployed 14 international experts for the response, supported daily camp surveillance through training of 733 Health Surveillance Assistants (HSAs), deployed 3 International EMTs (a total of 14,692 consultations), and supported the establishment of a fully functional static clinic at Bangula camp, which hosted an estimated population of 20,000 IDPs and was expected to be operational in the medium term. Moreover, WHO procured 345 IEH Kits (covers 345,000 people for 3 months); 100 pneumonia kits (covers 10,000 cases); 100 RDT kits (1,000 tests); and 8 modules of PEDSAM kits (covers 400 children for 3 months). WHO also supported mobile clinics and deployed 37 Basic Emergency Care Providers. Further, WHO supported assessment of and training in 8 district hospitals on management of severe wasting and medical complications.



## Cholera Response activities in 2023

Malawi has been responding to a protracted cholera outbreak which is reported to be its worst cholera outbreak in recorded history. As of 31 October 2023, 59,176 cases including 1,769 deaths associated deaths (CFR = 3%) had been reported from all 29 districts. The Government of Malawi declared the outbreak, a public health emergency on 7th December 2022 and appealed for additional support from partners.



The outbreak in Malawi occurred against a backdrop of a surge in cholera outbreaks globally, which constrained the availability of vaccines as well as laboratory and case management commodities thereby impacting on diagnosis and treatment. It followed tropical storm Ana, which made landfall in Malawi on 24th Jan 2022, affecting 994,967 persons. Cyclone Gombe followed soon after on 13th March 2022, affecting one million persons. Both these events caused serious flooding and significant damage to Water, Sanitation and Hygiene (WASH) infrastructure in the affected areas. On 12th March 2023, Tropical Cyclone Freddy made landfall in 14 southern districts, causing floods and mudslides, and affecting 2,267,458 persons.

AFRO and HQ deployed a SURGE team from January 9th, eventually totaling 65 international experts to support the response, and WCO recruited 56 staff over the response period. They covered all response pillars. The team had the slogan 'Speed and Urgency to Bend the Curve'. The team strengthened the capacities at both national and sub-national levels. WHO opened field offices in Blantyre, Balaka, Machinga and Mangochi to enable easy flow of supplies and technical officers were deployed to support the districts. WHO supported the government to recruit more than 400 health workers, which helped scaling-up of CTCs/ CTUs and improvements in case management in district like Lilongwe and Blantyre, Nsanje and Chikwawa. WHO also applied to ICCG for 2,942,982 doses of OCV which were implemented in the districts that were reporting many of cases from between 2022 and 2023.

During the response period, the team managed to reach a total of 365,000 beneficiaries with support which included but was not limited to: Setting up 17 CTUs in areas that had high case volumes; Setting up 256 Oral Rehydration Points (ORP); Training of MOH staff in all the pillars; Supportive supervision and mentorship; Enhanced surveillance and health information management; Risk communication and community engagement; Supporting lab testing and sample referrals for prompt diagnosis; Procurement of supplies worth more than USD 2,000,000; and Delivery of supplies to the last mile especially in districts with accessibility challenges due to Cyclone Freddy.

In January 2023, Malawi was reporting an average of 462 cases and 16 deaths per day (CFR = 3.5%). The outbreak peaked in the 1st week of February with an average of 623 cases and 20 deaths per day (CFR = 3.2%), with the CFR on some days being as high as 5%. By the first week of March, Malawi with WHO's support had managed to bring down cases to an average of 315 per day, and deaths to an average of 5 per day (CFR = 1.6%). By the 1st week of April 2023, the number came down significantly to an average of 100 cases per day and 1 death per day (CFR = 1%). By 1st week of May 2023, cases had reduced to less than 20 per day, with zero mortality. The country continued seeing declining trends and on 05 August 2023, the Malawi government declared cholera no longer a public health emergency with grade level 1.

At the tail end of the response, Malawi became the first country in AFRO region to utilize the recently updated Global Task Force for Cholera Control (GTFCC) tool to identify priority areas for multisectoral interventions (PAMIs) for cholera control. A timely approach as the country embarks on a roadmap to develop an integrated multisectoral national cholera control plan (NCP).

# Cholera Response activities in 2023

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President of Malawi His Excellency Lazarus Chakwera on a site visit to a Cholera Treatment Unit with the Minister of Health and WHO Country Representative

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Malawi has been responding to Cholera outbreak since March 2022 following Tropical Storm Ana that devastated the southern part of the country in January 2022 causing flooding that destroyed water sources, latrines, and other hygiene infrastructure. The Government of Malawi declared the outbreak, a public health emergency on 7th December 2022 and appealed for additional support from partners. In January 2023 the cases increased reaching a point where over 700 cases were being reported daily.

WHO responded through scaling-up of the Incident Management System, deployment of 3-level surge staff. Over 100 technical expertise from different countries were deployed to Malawi to support all pillars. The teams strengthened the national level as well as the district teams. WHO opened the field offices in Blantyre, Balaka, Machinga and Mangochi to enable easy flow of supplies but also the deployed Technical officer to support the districts, WHO supported the government to recruit health workers which helped scaling-up of CTCs/CTUs and improvements in case management in district like Lilongwe and Blantyre, Nsanje and Chikwawa health logistics. Nsanje and Chikwawa health logistics.

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**Figure 1**  
Regional Director of Health and the Minister of Health visiting some Cholera Treatment Units

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WHO also applied to ICCG for 2,942,982 doses of OCV which were implemented in the districts which were reporting a lot of cases from November 2022 to 2023. WHO Surge Team led by AFRO and Headquarters also supported the country to improve surveillance and health information management.



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**Figure 2**  
Field Team conducting supportive supervision during a Cholera Campaign in the Lakeshore district of Mangochi

The country started seeing declining trends from August 2023. Malawi government revised the risk declaring cholera being no longer a public health emergency with grade level 1 in August 2023. Declining trends continued reaching below 10 daily cases since June month/2023 and zero fatality since June 2023. During October 2023, an up surge of cases occurred with increasing geographical spread. As of 25 October 2023, 59,060 cases including 1, 769 deaths (CFR 3.0%) had been recorded



## Strengthened Infection Prevention and Control/ Water Hygiene and Sanitation (IPC/WASH)

Adequate Infection Prevention and Control (IPC) practices are essential to prevent the spread of infection in the healthcare facilities, and should be applied in all situations by patients, caregivers and staff. Ensuring IPC/water and sanitation services are effective and sustainable is a critical challenge, particularly as events induced by cyclones and floods that damage health facility and sanitary infrastructures increase the risk.

Through the cholera response activities, WHO Country Offices supported the government to improve IPC/WASH services to effectively minimize the Healthcare Acquired Infections (HAIs) and community transmissions. WHO supported improving early screening, identification, and isolation of cholera cases at entrances of all healthcare facilities (HFs), quick isolation of suspected cases helped reduce risk of transmission of cholera, enhance community trust in HFs and reduce disruption of essential

health services. To ensure acceleration of IPC interventions and monitoring, the IPC structures at all levels of the health systems were established and training of trainers of 30 health workers was conducted and cascaded down to reach 3104 health workers with a uniform adapted IPC training package for different HW cadres. WHO also supported development of a daily IPC checklist which enhanced monitoring and continuous improvement of IPC practices and quality control in all CTC/Us. Supportive supervision and mentorships were conducted to 35 CTC/Us using checklist which helped in capacity building and continuous improvement of IPC practices. IPC/WASH guidelines and IPC CTC/Us Standard Operating Procedures (SOPs) were developed with relevant stakeholders. The SOPs included waste management, PPE, hand hygiene, HR, waste management, environmental cleaning etc.



Furthermore, WHO country office supported establishment of water quality testing, monitoring and surveillance data base and dashboard. Over 1080 water samples were tested from water points in the communities and drinking storage containers in homes, assessing turbidity, pH, total dissolved substances (TDS), free residual chlorine (FRC) and microbial analysis i.e total coliforms count (TTC) and E. coli using portable water quality testing machine. Continuous water testing for free residual chlorine (FRC) and PH in CTU/Cs using pool testers is ongoing in some facilities. The link for the dashboard is accessed:

<https://app.powerbi.com/view?r=eyJrjoiY2RiNWZjMTEtZTlxMC00YTQxLTg3YmEtMmFiNjc-4MTc0M2EwliwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCI6ImMiOjh9>

The main outcomes of the interventions contributed significantly to the improvement and strengthen the capacity of infection prevention and Control/ WASH in the CTC/Us and health facilities, thereby reducing transmission of cholera.

With lessons learnt from the 2022/2023 outbreak and from the key recommendations of the 2022/2023 After Action Report (AAR) WHO country office in collaboration with the Ministry of Health (MOH) supported 9 districts considered susceptible to cholera outbreaks to conduct RCCE activities to promote preparedness and cholera prevention. These districts include Lilongwe, Ntcheu, Mzimba, Karonga Blantyre, Thyo- Nsanje and Bal- outbreaks re- munity mem- the threat to change their and adopt safer prevent further the disease. To communities proached with commu- nica- promoting mu- of information, and interac- myths, misin- and rumours.



lo, Chikwawa, aka. Cholera quire com- bers facing immediately behaviors practices to escalation of achieve this, must be ap- appropriate tion methods tual sharing engagement, tion to dispel formation,

In line with this aspect of communication, district RCCE teams engaged with community, religious and traditional leaders orienting them on key aspects of cholera prevention and their roles when faced with such a threat. Over 778 influential leaders were reached in the WHO supported districts and this type of engagement has proved effective considering their influence and the trust bestowed in them by community members. Apart from the local leaders, 720 education stakeholders were reached through engagement and orientation sessions on cholera prevention, these included Primary Education Advisors (PEAs), School Health and Nutrition (SHN) focal teachers and head teachers. Involvement of education stakeholders has a multiplier effect in the dissemination of cholera prevention messages as they have trust and influence on pupils who come from the communities within.

With support from WHO district RCCE teams organized 76 interactive crowd pulling storming activities in busy trading centres and cholera hotspots where cholera prevention messages were disseminated. Over 146,000 people were reached across the WHO supported districts. In addition, the district RCCE teams organized mobile van announcements in the busy streets and community meeting points. A total 183,610 people in the targeted busy routes were reached, 84,195 males and 99,415 were females. In addition, Interactive Audio-Visuals Shows on cholera awareness and prevention were conducted. 4shows were conducted in busy trading in Lilongwe. In total 18200 people reached, 9200males and 9000females. These community-based initiatives have consistently helped to create awareness on cholera prevention as they provide opportunities for the community members to interact with experts and specialists where their concerns are responded to on spot.

WHO supported the 9 districts to conduct RCCE coordination meetings, 3 meetings per district were supported and a total of 27 meetings were held. The purpose was to strengthen partnerships and networking at district level. The district level coordination meetings have strengthened the district team's capacity to interface with partners and have helped to reduce duplication of efforts when implementing interventions and assigning partners to areas for activity implementation.

A large crowd of children is gathered at night for a community event. The scene is illuminated by a bright light source, possibly a projector, which casts long shadows on the ground. The children are of various ages and are looking towards the right side of the frame. In the background, there are simple structures, possibly tents or temporary buildings, and some utility poles. On the right side, a large projector screen is visible, mounted on a tripod stand. The overall atmosphere is one of a community gathering or a public health event.

# Healthier Population

WHO General Programme of Work 13 (GPW13) aims to address known, modifiable risk factors can promote health and prevent premature deaths. Reducing prevalence of, and exposure to, risks, such as unhealthy diets, tobacco use, harmful use of alcohol, drug misuse, insufficient physical activity, obesity, and hypertension, violence and injuries, requires a multisectoral approach to influencing public policies in trade, social development, transport, finance, education, agriculture, and other sectors. Climate and health are now annually increasing the burden of diseases and hazards such as heavy rainfalls, tropical storms and cyclones cause further deterioration of the already fragile Malawi health care delivery system.

Ironically, inadequate financial support for norms and standards, and advocacy for multisectoral actions are critical to the effective implementation of known interventions is a major challenge.



### **WHO supported the enhancement food safety and quality control systems in Malawi through the CODEX Trust Fund project**

Twenty-three food safety scientists were trained in food safety scientific data generation and are now able to use CODEX Alimentarius procedures and contribute to the CODEX Alimentarius global data base.

Although we now have created awareness on Codex Alimentarius standards, developed and validated Codex Alimentarius management procedures and produced a data base of food science experts to generate scientific data and contribute to the global food standards, some risk factors such as alcohol abuse, physical inactivity, tobacco use and unhealthy remain underfunded.

Implementing activities during emergency is a challenge because time to focus on non-emergency interventions is not there. The WHO demonstrated significant advantage on health as when it brought in food safety scientific data consultant who conducted training for the National Codex Committee and the food safety experts.

Malawi is now capable of generating food safety scientific data and contribute to the global data base. This data generation and contributing to the global data base is a huge milestone for Malawi since now World Trade Organization and major food trade agencies recognize the safety and quality of Malawi food produce on the global market in addition public safety.



### **For the second time in history Malawi commemorates World Food Safety Day on 21 November 2023 - Lilongwe**

For the second time in history Malawi commemorated World Food Safety Day that took place on 21 November 2023 at Crossroads Hotel in Lilongwe. Over 40 participants from Key Government Ministries, Departments and Agencies, Academia, Industry, Consumer Associations, Scientific community, Non-Governmental Organizations (NGOs) and Development partners attended. This year's theme was "Food standards save lives".

WHO Malawi is supporting the implementation of the Codex Alimentarius Trust Fund project through the Malawi Bureau of Standards. Trust Fund Project is an opportunity to raise awareness of Codex activities in the country through organizing annual Codex events such as commemoration of the World Food Safety Day and Codex@60 events.

The Codex Alimentarius Trust Fund project is worth USD150000 through the Malawi Bureau of Standards. Other than commemorating World Food Safety Days the project has supported development of procedures for the management of Codex Contact Point (CCP) and National Codex Committee (NCC) in Malawi. The WHO supported development of the procedures for management of the National Codex Committee. These procedures were validated by the food safety stakeholders from private and public sectors.





## Malawi held the second School Health and Nutrition sub-Technical Working Group meeting since the COVID-19 pandemic lockdown December 2022

In the year 2023 the WHO through the School Health and Nutrition Technical Working Group (SHN TWG) initiated the defunct TWGs that were idle due to the COVID-19 lockdown. Milestones were drawn during that meeting that established mechanisms to conduct the Malawi 2023 – 2024 Global Students Health Student Health Survey.

The GSHS will be a significant base for designing the health promoting schools’ intervention. School health and nutrition (SHN) services are essential health services (preventive, promotive, curative, rehabilitative) that are provided at school for the purpose of optimizing health status OF learners to meet their needs and facilitate learning.

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# PRESS RELEASE

## Malawi ‘s ratification of WHO’s Framework Convention on Tobacco Control comes into effect

**Lilongwe, 16 November 2023** – Today the Government of Malawi’s ratification of the **World Health Organization (WHO)**’s Framework Convention on Tobacco Control (FCTC) came into effect. With this historic decision, Malawi joins a community of 182 other Parties to the Convention, affirming the country’s high-level political commitment to combatting the global tobacco epidemic and prioritizing public health and well-being.

The Convention, which Malawi ratified in August 2023, is a crucial international treaty designed to address the severe public health risks associated with tobacco consumption and exposure to tobacco smoke. Its ratification by Malawi demonstrates the country’s determination to protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke.

*“WHO congratulates Malawi for this historic step and reaffirms its strong commitment to collaborating closely with the government to achieve the shared goals of the WHO FCTC,”* said Dr Neema Rusibamayila Kimambo, WHO Representative in Malawi. *“Together, we will continue our collective efforts to protect public health and work towards a tobacco-free future.”*

WHO is ready to provide extensive support to ensure Malawi’s successful implementation of the Convention and welcomes the nomination of a government liaison to work closely with the WHO FCTC Secretariat.

The FCTC, which entered into force in February 2005, provides an internationally co-ordinated response to combating the tobacco epidemic, setting out specific steps for governments addressing tobacco use and production including adopting tax and price measures to reduce tobacco consumption; banning tobacco advertising, promotion, and sponsorship; creating smoke-free work and public spaces; putting prominent health warnings on tobacco packages; and combating illicit trade in tobacco products.

Tobacco consumption is the single largest preventable cause of death, killing more than 7 million people globally each year, of which more than 6 million are users or ex-users of tobacco, and around 890 000 are non-smokers exposed to second-hand smoke. More than 80% of these deaths occur in low- and middle-income countries.

While tobacco is harmful for people who consume it or are exposed to tobacco smoke, it is also harmful for the people who plant, cultivate, harvest, and process it. WHO estimates that tobacco farmers may absorb nicotine equivalent to smoking 50 cigarettes a day. A key aspect of implementation of the FCTC is to work with tobacco farmers on crop replacement and diversification which also has long-term economic, agricultural and health benefits.

*Neemamayila*  
**Dr Neema Rusibamayila Kimambo**  
World Health Organization Representative - Malawi

“ The World Health Organization congratulated the Malawi Government for ratifying to the Framework Convention on Tobacco Control ”

On 18 November 2023, the Government of Malawi's ratification of the World Health Organization's Framework Convention on Tobacco Control came into effect. The World Health Organization congratulated the Government of Malawi for this historic public health decision, as it joined 182 other parties to the Convention. In the Press Statement published in the national papers, the WHO praised the Government of Malawi for its decision to ratify the Framework Convention on Tobacco Control. The decision affirmed the country's high-level political commitment to combatting the global tobacco use epidemic and prioritizing public health and well-being of the people of Malawi. The World Health Organization is appealing to all tobacco-growing countries in the Africa Region to step up the implementation of Articles 17 and 18 in collaboration and cooperation with competent international and regional intergovernmental organizations to promote economically viable alternatives for tobacco workers, growers and individual sellers. This requires enactment of a Tobacco Control Act and development of a National Tobacco Control Policy in line with the treaty that Malawi signed on the Framework Convention on Tobacco Control.

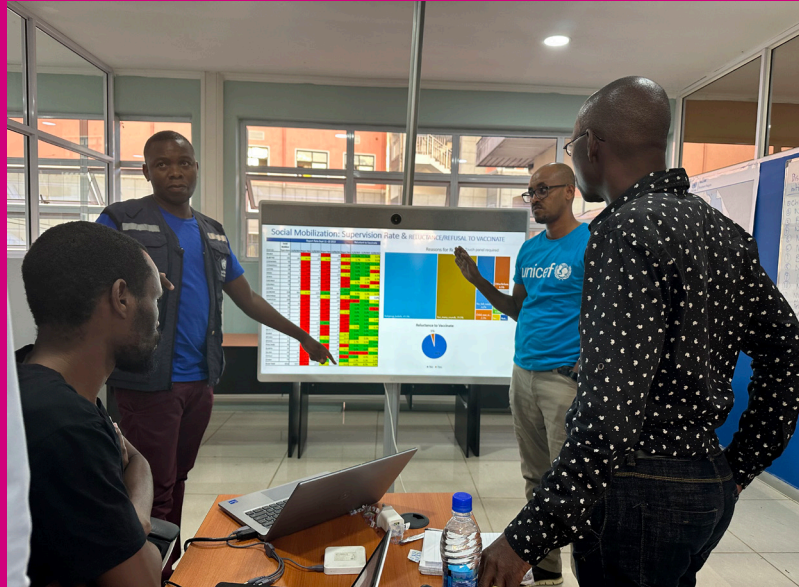
## Enhanced climate resilient health system

Recent joint initiatives by the WHO and its collaborators have supported and promoted the advancement and validation of the Early Warning and Response Systems (EWARS) tool to improve its prediction ability and design for larger-scale applications, particularly in data-poor settings and among unskilled users. The newly developed EWARSPlus model has additional features to support experts as well as unskilled users performing early descriptive measurements to ensure data reliability and usefulness for the prediction purposes. Essentially, the EWARSPlus tool requires climate information (indicators) for the prediction of climate sensitive disease outbreaks. In view of this, WHO supported MoH to effectively operationalise early warning system (EWARS) through briefing 120 district Health and Meteorological Services staff on EWARS dashboard and, climate change and health as part of integrated surveillance and early warning systems to predict, detect and respond to climate-sensitive diseases outbreaks.

WHO also supported participation of the MoH delegates to United Nation Framework for Convention of Climate Change (UNFCCC) Conference of Parties (COP) 28 in Dubai. The main purpose of participation was to support elevating the political profile of the climate-health nexus and contributed to mainstreaming health in the global climate change agenda. These activities contributed significantly to improve the national health surveillance systems capability in addressing climate-related risks and providing the districts that are continuously affected by climate change shocks with evidence and tools critical to prepare for extreme weather events and save lives.

# Strategic Health Information, Country Data Management and Analysis

Malawi is in finalisation of its Monitoring, and Health Systems (MEHIS) 2017–it with the Strategic Plan 2022– 2030). has a vision of a sustainable, national health system generating and quality health for supporting



the process of the revision of Evaluation Information Strategy 2022 to align health Sector III (HSSPIII). The MEHIS maintaining integrated information capable of managing information evidence-

based decision making by all stakeholders at all levels of the health system. Among the HSSPIII objectives and strategies, is to strengthen health information systems across the various health service delivery platforms to align with the programme and overall health sector data and information needs towards achieving health sector outcomes, SDG3 and UHC targets.

WHO set out to address the challenges and capacity in data collection, data management, data quality and data use and reporting at all levels of the health system. However, generation of health data using paper based primary data collection tools coupled with the multiple electronic data systems has posed multiple challenges ranging from data discrepancies with the health management information systems.

WHO will continue to support the government to harmonize the various data platforms and conduct point of care support plans on generation of quality data at all levels through integration of data quality assessments tools such as the WHO data quality assessment tool and field-based interventions to catalyze quality reporting on the HSSPIII indicators. This support was initiated through the national trainers of trainers for national and district HIMS focal persons and national and regional HMIS/DHIS-2 reviews and updating the national indicator handbook to align with HSSPIII M&E framework.

Partnerships are critical in implementing of HIS activities as co-financing of the national and regional HMIS workshops realized the objective of the health data collaborative. Drawing on technical expertise of MoH and partners M&E officers provided a rich blend of skills, providing further partners coordination on comparative advantage and technical efficiencies to be cascaded during district level trainings in data management, data quality and data use.

## National and district capacity built to address challenges in data management, data quality and data use

Capacity building on data management, data quality and data use using virtual and face to face national trainer of trainers' workshop targeted 34 district HMIS officers from all the 29 districts and 18 national M&E officers. The HMIS officers were equipped with national TOT with knowledge and skills in data management, data quality and data use and to be able to cascade the training among district and hospital HMIS staff, data clerks and health providers at health facility level. Focus on the application of the DHIS2 WHO data quality review application will support the integration of routine desk data quality reviews, data analysis using pivot tables generated in DHIS-2 and its export and analysis using statistical packages such as MS Excel will improve the quality of HMIS analysis, reporting and dissemination, and data usable formats. A roadmap for improving systems and capacity at district level for timely data collection, data analysis, data quality assessment and reporting and continuous learning using the national online CPD platform for health workers was shared to include trainings at central, district and community hospitals and PHC health facilities. The district support needs include support with internet data, fuel to conduct field based DQAs and sharing through trainings and workshops and continued data analysis practice and use of the in built DQA tool in DHIS-2 to conduct desk DQA and further navigation of challenges using the updated DHIS-2 platform.

## Aligned HSSPIII M&E framework to the country data needs with inputs at national, zonal and district level

Through two national and one regional HMIS/DHIS-2 review workshops held with MoH, zonal and district HMIS officers with 28 national and district HMIS officers and validated by the zonal and district HMIS officers through the regional HMIS/DHIS-2 workshop respectively. The HMIS officers reviewed the HSSPIII M&E framework, national indicator handbook, DHIS-2 and HMIS data collection and reporting tools to align with the current data needs based on the HSSPIII M&E framework. The regional HMIS/DHIS-2 review workshop was conducted to compliment the two completed national HMIS/DHIS-2 workshops with participation of 76 national, zonal and district HMIS focal persons. The workshops documented the adapted WHO meta data in DHIS-2 on definition of the process, outcome and impact indicators for the essential health services under RMNCAH. TB, HIV, malaria, EPI, clinical care, rehabilitation services and community health. Disaggregation of data elements by gender, age, geographical and disability status with recommendations by MOH programs will be reflected in the revised HMIS tools and revision in DHIS-2 in the next annual period with harmonized national indicator handbook using the adapted WHO/DHIS-2 meta data, updated RMNCAH and other score cards generated on a quarterly basis. A program-specific roadmaps to adapt the the updated HMIS data collection and reporting tools is being fast tracked with MoH Central Monitoring Evaluation department and the respective MoH programmes. Linking to the Malawi health observatory on the process will be critical on integrated reporting.

## Operationalized the malawi health observatory as a one stop shop for health information

WHO supported MOH to conduct an orientation of the multisectoral steering committee on the Malawi Health Observatory. The committee comprising of 25 members from MoH various departments NRB, NSOs and partners such as GIZ, AMREF and HISP is expected to periodically update the MHO and to make it a “One Stop Shop” for health information to periodically report progress towards attaining UHC and SDG 3 and related targets. Operationalizing the Malawi Health Observatory (MHO) will include analyzing, interpreting, data entry and dissemination of health data using available data sources to include District Health Information System 2 (DHIS-2), annual health sector reports, service readiness assessments, population-based surveys and research studies. The national multisectoral steering committee comprise of the MoH directorates, National Statistics Office (NSO), National Registration Bureau (NRB), health development partners, Christian Health Association of Malawi (CHAM), implementing partners, Civil society and Academia coordinated by the MoH Central Monitoring and Evaluation department. Out of the 25 members only 16 participated with development of a roadmap developed and rolled out in the next six months from October 2022 to March 2023 to institutionalize the MHO integral with existing MOH and other sectors technical working groups, A follow up meeting with senior MoH team and agencies such as NSO and NRB to include presentation in senior management were conducted and await update of the key indicators and further publishing the One Health Malawi Health observatory as a one “Stop Shop” for health information. Navigation of the health observatory by the WHO and MoH officers is still needed and the map where to get each information under in the various service delivery areas. Link to Malawi Health observatory <https://aho.afro.who.int/>; <https://aho.afro.who.int/mw>. Demonstration of iAHO the integrated African Health Observatory iAHO Better Health Information for Better Health\_1080p.mp4



# DIGITAL HEALTH

The Ministry of Health is implementing the 2020-2025 Digital Health strategy aligned to the Health Sector Strategic Plan III 2023-2030. The digital health strategy has a vision for a sustainable and harmonized country led digital health system that covers all areas of service provision and enables efficient delivery of health services to beneficiaries at all levels of the health system. Among the objectives of the digital health strategy aligned to HSSPIII as strategies include Strategy 6.1 Improve coordination of digital health investments to increase efficiency Strategy 6.3 Build the capacity of clients, communities, health care workers, and IT personnel to participate in and benefit from digital health interventions Strategy 6.4 Leverage technology to increase access to and quality of service delivery.

Globally, WHO leads the digital health agenda. In the unanimous WHA resolution 71.7 on digital health passed in 2018, member states emphasized the need for “digital health solutions to complement and enhance existing health service delivery models, strengthen integrated, people-centered health services. which has been adopted by countries including Malawi. Using the technical support from WHO ITU, Digital Square among other partners. The abridged version the Digital Health: Planning National Systems (DHPNS) course undertaken by MoH and implementing partners will steer the improved application of digital health strategies to include Telemedicine. WHO supported the recruitment of an international consultant on capacity building under the digital health atlas clinics and designing of the online CPD using the Moodle e learning platform. WHO has been instrumental in the steering of the digital health component in the Health Sector Strategic Plan (HSSP III) and functionality of digital Health Technical Working Group and dissemination of digital health products developed with Partners such as digital health atlas, online CPD, OHSP, ODK, Power BI dashboards for cholera and COVID 19 and integrated community health information system and reporting, introduced digital adaption kit/SMART guidelines and an implementation plan to link Malawi Heath Facility Data Base to the WHO Global Health Facility Database.

To benefit from the invested resources with results documented from digital health tools roll out by WHO will require implementation of support plans for each of the digital health initiative in line with the national Digital Heath Policy and Strategy 2020-2025. End use satisfaction for each of the digital health tool at primary health care levels towards UHC required reliable support from WHO three technical levels and Ministry of Health and partners.

## Digital adaptation kit adapted by moh integral with client care systems under malawi health care information systems (mahis)

WHO supported the third and fourth digital adaptation kit workshops by the 15-member national Task Force with focus on finalization of the ANC DAK workflow processes and decision logic in preparation for ingestion in the existing electronic register and as part of the Malawi Health Information System (MaHIS).

The National Task Force and the obstetricians and gynaecologists from central hospitals validated the Antenatal Care Digital Adaptation Kit (ANC DAK) workflow/business processes and decision logic in reference to the Malawi Reproductive Health Service Delivery Guidelines and Obstetric protocols. A systematic review of the existing systems in the country was conducted with implementing partners EGPAF, MEIRU, HISP and GIZ including preparation for integration of the ANC DAK into the MCH module under MaHIS.

WHO has developed Digital Adaptation Kit (DAK)/SMART guidelines rolled out in various countries to facilitate ICT use at point of health care by health workers to improve efficiency and effectiveness of health care processes toward positive patient outcomes. Adapting the DAKs in Malawi are part of response to the MoH digital health strategy 2020-2025. The ANC DAK ingestion in MaHIS has been advanced and is ready to conduct a field User Acceptance Test and implementation in the next quarter of implementation. WHO should oversee the processes of ingestion of the ANC DAKs with the ongoing updates of the MCH modules in the e register implemented by MoH-digital health. Further engaging of partners at country level who plan to adapt the DAK approach and orientation on EPI, FP, NCD among other DAKs as this is WHO initiative that needs guidance, efforts will be strengthened in year 2024.



## Digital health leadership capacity enhanced for Ministry of health senior managers, implementing partners and WHO staff

Technical and leadership capacity was strengthened by MoH health managers and WHO through participation in the various international conferences and regional workshops facilitated by the WHO three technical levels to include the HELINA, Ethics and Governance in Artificial Intelligence (AI) and SMART guidelines conference, Open HIE, Telemedicine, Digital Health Competence Framework, digital health atlas clinics and GIS Microplanning held in Congo Brazzaville. The joint WHO AFRO partner meetings with Ministry of Health have enhanced sharing of experiences, are strengthening delivery at primary health care with better coordinated partner responses with MoH, have built more knowledge and skills to implement digital health strategy in Malawi. The Digital Health: Planning National Systems Course and Telemedicine targeted 29 participants from MoH, WCO and partners. MoH will mobilize resources and build capacity of its staff and health managers and service providers at various levels in Digital Health and raising this competence within the health sector.

- 1** Workshop on Ethics and Governance of Artificial Intelligence for Health held in Cape town South Africa in July 2023

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- 2** Digital Health Learning Meeting/Digital health competence framework for health workers held in Congo Brazzaville May 2023

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- 3** Telemedicine: Held in November 2022 Cape Verde

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- 4** The HELINA and SMART guidelines conference held in November 2023

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- 5** Digital Health: Planning National Systems & Telemedicine Applied Training started in December 2023

## Health data collaborative initiative further cascaded at national and decentralised levels

WHO built further capacity under the Health Data Collaborative where MOH has shared its key progress and strategic priorities and progress regarding the Digital Health Strategy 2020-2025. Interventions under the CRVS and GIS have been mapped in the CRVS/GIS white paper drafted in June 2022 that is being rolled out by WHO, MoH, National Registration Bureau, National Statistics Office and partners. Progress under the seven TWGs has been documented and shared during the annual HDC stakeholders meeting that was held in Nairobi in 2023 held with 13 countries including Malawi representation from the MoH central Monitoring Evaluation Department.

Malawi and Uganda Ministry of Health were confirmed as Co-chair of the HDC board at global level and South Sudan and Srilanka as board members. Clarity of HDC and its linkage under the county coordination platforms was further realised in the national M&E TWG and the annual stakeholders meeting held with 13 countries. The WHO focal person will further address the 2023 HDC evaluation report recommendations, progress and achievements under HDC and SDG3 Global Action plan, Develop and implement the 2024/25 HDC workplan with participation of the seven HDC TWGs, drawing on global and regional resources and support, partner mapping and aligned to the HSSPIII One Plan One Budget One M&E Report. 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. The HDC at country level focuses on data and M&E systems capacity strengthening, efficiency and alignment and data for action. The HDC TWGs at global level include; 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

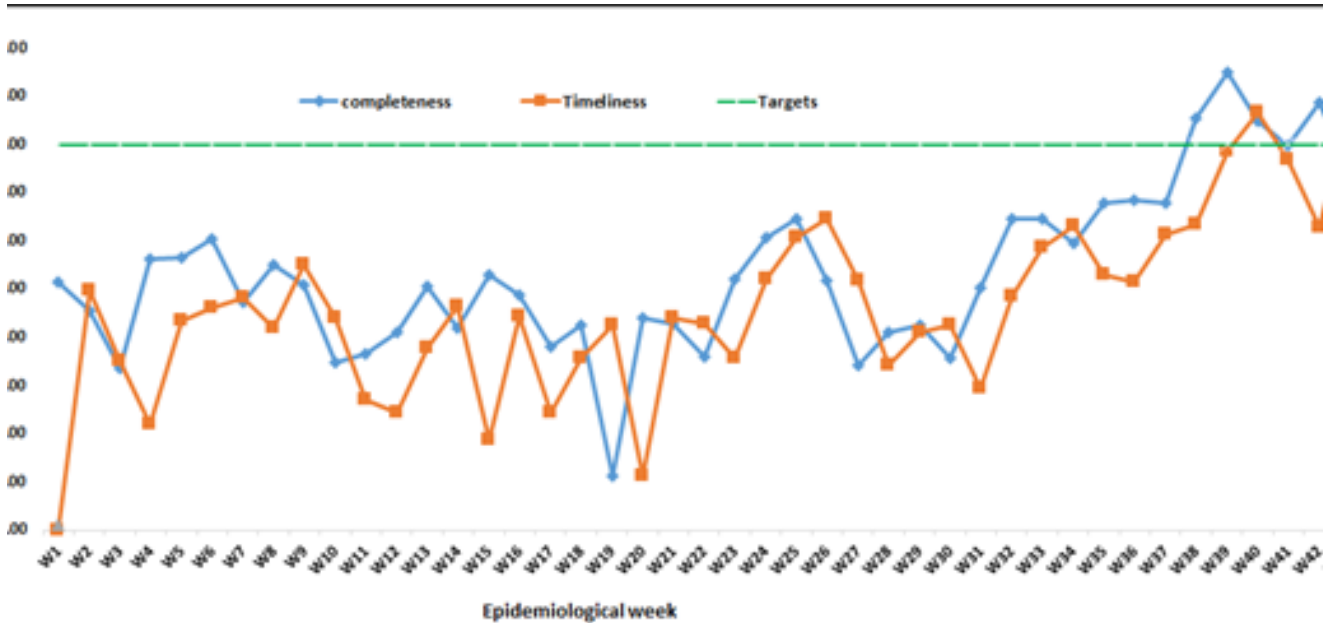
## Functionalised the monitoring and evaluation system of the national polio outbreak response using digital tools

The WHO supported the M&E pillar under the national polio outbreak response to include the development of the data collection tools such as tally sheets, summary sheets, ODK forms, google sheets for administrative and preparedness data, development of Power BI dashboard for data visualization for pre-campaign, intra-campaign and post-campaign. WHO supported Training of 29 HMIS officers, 750 data clerks, 87 district teams (DEHO, EPI Coordinators and HMIS Officers) in all 29 districts on the use various data collection tools, data visualization, Power BI dashboard. It also supported Training of 58 LQAS surveyors and 348 independent monitors in all 29 districts.

## Strengthened national surveillance to detect disease outbreaks and interoperability of reporting systems with dhis-2

Ministry of Health rolled out the third edition guidelines on Integrated Disease Surveillance and Response in all the districts using the One Health disease surveillance approach including adaptation of the OHSP as the sole reporting on weekly IDSR to improve completeness and timeliness of reporting. The One Health Surveillance Platform (OHSP), a digital health platform has been adopted to improve IDSR weekly and monthly IDSR timeliness and completeness of reporting target of 80% on weekly reporting. Capacity through training of 2705 staff (including IDSR focal persons mainly health surveillance assistants, (55.8%) HMIS focal persons and data clerks (29.7%), environment health officers 926.4%), and Laboratory personnel (12.5%) and others (9.0%) from all 29 district and central hospitals in the country on the use the One health surveillance Platform (OHSP) which is currently the sole digital health tool for capturing, storing and sharing individual level data (Line listing) and aggregated data for weekly and monthly IDSR reports). The OHSP is interoperable with DHIS-2 HMIS system, will need further support for functionality at primary health levels, addressing trouble shooting challenges and to ensure consistence in IDSR reporting by addressing operational challenges working with MoH digital health division and the Public Health Management Institute (PHIM). Follow on data quality, data use and trends analyses are further areas for capacity building during the year 2024.

## Graph on IDSR National Reporting rates: Week 13-Week 44 with improvement on reporting rates since country scale up on OHSP



## Operationalised Digital Health Atlas Platform On Registration Of Digital Health Solutions In Malawi

WHO has developed a global repository to register digital health products, including those related to COVID19 vaccination management, called the Global Digital health Atlas (DHA). WHO supported capacity building in the digital health atlas for 30 technical officers from MoH and partners that are promoting using of various digital health solutions. Through MoH digital health registered all key Malawi Digital Health tools in the Digital Health Atlas (DHA), uploaded on a WHO web portal and ensure validated use at primary, secondary and tertiary levels of health care health care levels for 46 digital health tools mapped and 21 registered using the google online tool, 10 tools were validated in the field with key recommendations shared in the Digital Health Solutions Assessment – Phase 2 & 3 Report. Further validation of the digital health atlas online tools, functionality at levels beyond pilot phase, interoperability with DHIS-2 and the registration of adapted modules in the MaHIS is ongoing including contribution to patient client flow systems and outcomes and reporting at all levels of care. Registration of the various tools is ongoing for digital solutions beyond the health sector with 188 tools of the 255 tools registered in the digital health atlas. The digital health tools will need to be monitored using the adapted KPIs, evaluated with functionality and scale, identification of health sector specific tools as these get published on the national product catalogue. A technical support plan and the digital health atlas bulletin are planned in year 2024.

## External Relations

While Member States remain WHO Malawi's main sources of funding, WHO Malawi is engaging and partnering with several development partners in the field of health, in supporting the Government of Malawi through the Ministry of Health to implement its HEALTH SECTOR STRATEGIC PLAN (HSSP) III for the people of Malawi. WHO Malawi has been working with stakeholders to implement the HSSP III. In the country, WHO has received funding support from the World Bank, European Civil Protection and Humanitarian Aid Operations (ECHO), Foreign, Commonwealth and Development Office (FCDO), France, United Nations Central Emergency Response Fund (CERF), GAVI, the Vaccine Alliance, and the German government of more than 20 million USD mainly for the cholera response and vaccinations. The Budget Center also received support from other major donors through the Regional Office and Headquarters.

Though there is a need for increased funding, the technical support provided by WHO has been influential in contributing to the triple billion. To strengthen partnerships, a total of 20 partners were engaged in the year 2023 with at least 32 bilateral meetings organized with the goal of providing health for all. At least 10 articles were published on the WHO website mentioning donors and almost 33 social media posts acknowledging contributions from partners. WHO extends its sincere gratitude to all the partners who have contributed immensely to supporting the Government of Malawi in developing the health sector. Their commitment and collaboration have been invaluable in our collective quest for a healthier Malawi. The funds our partners provide, ensure WHO Malawi contributes to the GPW13.

## Strategic Communication

Effective, integrated and coordinated communication is critical to ensuring that the World Health Organization's (WHO) achieves its Transformation Agenda's GPW13 Targets. As a fundamental component of this reform programme, consistent and clear communication helps to inform WHO's stakeholders about public health and plays a crucial role in WHO's work in Malawi.

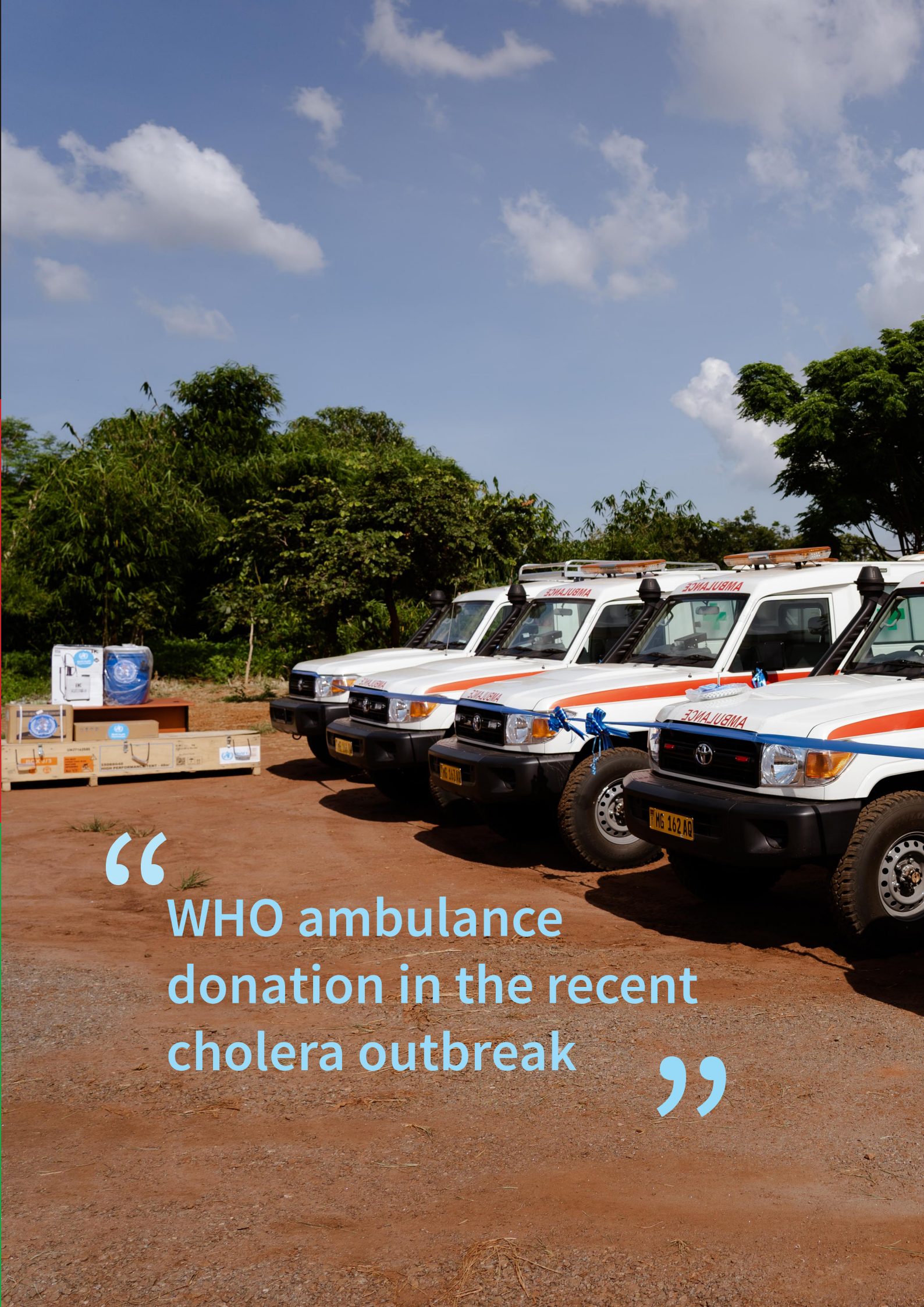
The overall desired impact is the achievement of GPW13 triple billion targets including the outcomes and outputs as measured by indicators. With the WHO Representative's leadership, everyone in the country office as a team contributes to support Member States in meeting their commitments to the Triple Billion targets and Sustainable Development Goals.

## Deliverables and Impact

This report serves to account for activities in 2023 in support of all cluster pillars. During the year under review, strategic communications produced 44 stories for the country office website on human interest stories, including highlighting donor funding impact on beneficiaries in 2023. WHO collaborated with WHO AFRO on the Scoping mission, AVoHC- SURGE, Tobacco ratification, Cholera and Cyclone Freddy. Among other deliverables and impact reporting, 13 film documentaries, 3 animation videos, 14 interview videos and 127 flyers were produced. Complementary to the country multimedia production efforts, WCO collaborated with WHO AFRO on production of 4 film documentaries- Quality of care, Polio, Malaria vaccine and Cholera. 286 social media posts were carried partner and donor tags as well as special mentions.

The WHO Country Newsletter was reintroduced, covering the third and fourth quarter of the year in which all partners and donors were highlighted based on specific support provided. Apart from the newsletters, the communications team produced the 2022 Annual Report, the EPR Roadmap 2023-2025 and the WHO Malawi Country Cooperation Strategy. WCO currently has an updated picture library and has designed within the year standardized workplan and reporting templates. The Communications desk issued 7 Press releases and Articles in 2023 and collaborated with media on various WHO events with facilitated 23 interviews for WR and other leads with media. There has been facilitation of designing and production of visibility and branding products including banners, flags, Umbrellas, Mugs, Diaries, conference rooms, business cards for visibility and networking. These have so far been delivered and distributed. Partnership and stakeholder mapping was conducted to enable the creation of a database which includes all donors, partners, and media. The database has been essential in the distribution of information and communications through WHO newsletters, reports, and other relevant communications. The team has continuously engaged all staff in strategic communications through refresher presentations, one on one engagements, and orientation briefs for new members.

In the spirit of one United Nations, WHO attended 6 United Nations Communications Group UNGC meetings and has collaborated on funds, planning and implementation of activities.



“ WHO ambulance donation in the recent cholera outbreak ”



AMBULANCE

AMBULANCE

MG 165 AQ

SUPPORTED BY  
World Health Organization

WHO Health Emergencies Programme

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PAPUA NEW GUINEA  
CAPITAL HILL  
LALOMBAE



## Corporate services and WHO country office enabling functions

### Human Resources

The Malawi WCO had 47 staff positions in their HR work plan for the 2022-23 biennium, 16 being vacant posts and 31 occupied positions. Of the 47 existent positions, 23 are General Service Positions, 16 are National Professional Officer (NPO) posts, and the other 8 are IPO posts. Constituting the 31 occupied positions are 16 General Service Posts, and 11 National Professional Officer (NPO), and 4 IPO posts.

There is an equal distribution of the GS staff to technical staff amongst male staff and likewise an almost equal distribution of the GS to Technical staff amongst female staff as well.

Due to multiple emergencies, the WCO had a significant number of personnel in the form of 54 SSAs and 5 consultants in 2023. The WCO only has several consultants who are engaged in surveillance activities under the Polio and EPR teams.

The WCO conducted a Functional Review in 2019 and by the end of 2023 the number of positions that were filled include the following EPI (Surveillance), IDSR (Surveillance), District Health Systems, Human Resources Assistant, Procurement Assistant, Program Assistants, Travel and Protocol Assistant, ICT Assistant and RMNCAN officer.

### Human Program Budget and Financial Management

The year 2023 marked the end of the biennium 2022/2023 biennium and with a total allocated budget of US\$ 64,329,662 and planned costs of US\$ 58,168,427. The biennium ended with a financing rate of 64% for all programmes, awarded budget against available funds was at 97%. By end of 2023 the WCO realized a 94% utilization rate.

### Transparency, Accountability and Risk Management

The WR ensured that the local compliance and risk management committee [LCRMC] was in place and this committee met on a regular basis to review the internal controls and risk register and to ensure the country office operations are not at risk. During 2023, the country office had an Internal Audit conducted by IOS and a Compliance Review conducted by the Regional Office. This enabled the office to strengthen its operations, internal controls, and accountabilities for all actions. The WCO ensured that staff are briefed on Risk, Risk Management, and the Internal Control Self-Assessment Framework (ICSF). The Risk Register and ICSF were done as a collective to ensure full staff understanding and ownership.



## Procurement and Fleet Management

During the year 2023, Malawi was still facing multiple emergencies – Post Flood Recovery, Polio, and Cholera outbreaks. This continued to increase WCO operations especially in the areas of procurement and fleet management. The WCO Malawi secured an agreement with the Government of Malawi and supported by the World Bank for the procurement of medical supplies for USD 9,000,000. The WCO managed to initiate this procurement with the full assistance of the three levels of the Organization. There were several goods and services procured in response and support of the emergencies.



## Compliance and Control Framework

IOS conducted an internal audit on WCO Malawi which ended in November 2023. The Internal Audit was conducted virtually for a period of three months from September to November 2023, with no field visit. The internal audit covered the transactions and operations of WHO Country Office in Malawi for the period 01 January 2022 to 30 August 2023.

The objective of the audit was to assess the governance, risk management and control processes in the administration and finance areas at the WCO Malawi, for efficiency in the use of resources, compliance with WHO regulations, policies and procedures, integrity of financial and operational information, and safeguarding of assets. This audit was part of the 2023 IOS Annual Plan of Work. Overall, IOS found that the operational effectiveness of controls in the administration and finance areas at WCO Malawi was partially satisfactory, with some improvement required. It was found that of 69 controls tested, 35 (51%) were operating effectively and 34 (49%) were ineffective, of which 5 (7%) had a high level of residual risk.

Based on the work performed, the subsequent analysis of data collected, and discussions on the draft recommendations during the audit, IOS prepared a list of recommendations to be implemented by WCO Malawi.

## Key Challenges

-  In Malawi, the MNCH QOC standards have been integrated into the National Quality of Care support at national and sub national levels and referenced during the development of the HSSPIII 2022-203 and the HSSPIII annual implementation plan 2023-2024 led by the MoH-Quality Management Directorate.
-  Implementation faces key challenges; infrastructure (WASH, old buildings and old equipment), inadequate resources (equipment, supplies, human resources and no direct grants to health facilities to support basic administrative costs), limited coordination between HIV and MNCH programmes, staff turnover and transfers in public health facilities includes those already trained in QI, limited documentation of lesson learned and potential change ideas, sustaining the use of the online CPD programme, and culture of integrating QI in routine health services delivery and to achieving positive patient outcomes remain areas to support in the second phase of the MNCH QOC network 2023-2027.
-  Despite the progressive decline in the burden of zero- dosed and under immunized population after the initial exponential rise in the immediate Post pandemic period, there is an urgent need to identify and provide catch-up vaccinations for these populations to reduce the impact of emerging and re-emerging VPD's. Recent sporadic outbreaks of Measles in Malawi and its neighbouring countries are evidence of the urgency of key interventions.
-  Whilst Malawi has made significant progress in containing the wild Polio outbreak, recent OBRA assessments and a comprehensive review of the EPI programme show critical gaps such as knowledge gaps in surveillance and vaccination amongst newly recruited health workers, weak cross border surveillance with increased risk of cross border spread from countries such as Mozambique, Tanzania, and Zambia and data management gaps.
-  The four- fold emergencies Covid-19, Polio, cholera, and cyclone Ana resulted in repurposing of staff and resources which affected implementation of other essential health services to include access to antenatal care, facility deliveries, post-natal care, and family planning. The RMNCAH interventions have been fragmented and limited due constraints in funding and packaging of services that need multiple players. Fragmentation of the RMNCAH program across the different units in the Ministry of Health and multiplicity of technical working groups, hence causing challenges for coordination. This will need focused technical support with measurement of key RMNCAH results that contribute to the GPW13.
-  Malawi faces significant risks in terms of public health emergencies, as its capacity for pandemic preparedness and response is inadequate.

## Key priorities for 2024

1

The agenda to 2030 under the quality of care and health systems strengthening on delivery of integrated quality essential health services using a whole health facility and whole district approach will require.

- District scale up plan from nine learning districts and scaling up lessons to 29 districts needs substantial resource investments to have the planned outputs and outcomes.
- Strengthen leadership and governance and learning structures from national, district and at community level. The implementation of performance management systems to incentivize QI is also planned.
- Increased government and partner resources and technical support to scale up the implementation of MNCH QoC and quality across all programmes beyond the learning districts in a stepwise approach. The scope to create impact on health indicators needs more resources and more efficiencies working with partners. More efforts are needed on engagement with MoH as they support partners for joint efforts, synergies and measurement of results.
- Improvement of data quality and the collection and use for planning, decision making to improving services delivery.
- Building the health worker capacity and institutionalizing QI is key; Advancing the mentoring and training activity includes incorporating QI coaching in district implementation plans, QI in preservice curriculums for health providers, promoting use and effectiveness of the online CPD platform.
- Investment in service delivery to include procurement of medical equipment, and reduce stock out of essential medicines and supplies, physical inputs such as improving infrastructure support, IPC materials which require high level of financial inputs.
- Improve functionality of the online CPD platform by the front-line health workers, its promotion by MoH, the district and health facility QI focal persons, monitoring enrolment, completion of modules with certification and accumulation of CPD points and linkage to other platforms such as under the Nurses and Midwives council.

- 2 Adaptation and dissemination of various WHO technical updates/guidelines to ensure evidence based RMNCAH interventions are implemented, integral under the RMNCAH components in the SRHD guidelines 2022-2030.
- 3 Mobilize resources for effective implementation of programs across the RMNCAH life cycle to include partnerships with UN agencies (UNICEF, UNFPA, UN Women) under UN delivering as One/UN division of labour.
- 4 Implement road map on RMNCAH data strengthening to include data use for planning and decision making at all levels, quarterly generation, and dissemination of the RMNCAH score cards, data quality assessments.
- 5 Support the development and implementation of the National Health Aging Policy Roadmap
- 6 Strengthening of systems for the management of malnutrition and assuring adequate stocks of logistics for its management including food supplements.
- 7 Malawi aims to reach level 4 for most IHR capacities that are already developing having attained level 3, while those that are low at level 1 or 2 are targeted to reach at least level 3. Within the 2024-2025 biennium, support will be required to conduct a Joint External Evaluation leading to the development of a National Action Plan for Health Security based on the identified gaps and priority recommendations.
- 8 Malawi is also currently implementing the WHO Emergency Preparedness and Response Flagship initiative's target to build capacities for countries to; Prepare by promoting resilience of systems for emergencies (PROSE), Detect by Transforming African Surveillance Systems (TASS) and Respond by Strengthening and Utilizing Response Groups for Emergencies (SURGE). This plan if effectively implemented will improve the emergency preparedness and response further strengthening the country's health security situation.
- 9 Key priorities for the EPI in 2024 would be to strengthen the bridging of immunity gaps for the various VPD's through strengthening of Routine Immunisation, conduct of CATCH- UP vaccinations and Periodic Intensification of Routine Immunisation (PIRIs) and the strengthening of VPD surveillance. Key approaches will include the leveraging of integrated platforms of service delivery to deliver immunization services as part of essential health service packages. Efforts will also be committed to mainstreaming interventions such as COVID-19 vaccination and HPV vaccination into routine immunisation guided by the National COVID-19 Integrated Vaccine deployment plan and updated HPV deployment plan.
- 10 Key interventions to be implemented on VPD surveillance include capacity building for frontline workers, supportive supervision, strengthening of data management including the deployment of the Vigimobile app for surveillance data tracking and enhancement of cross- border surveillance. WHO will also support the introduction of critical vaccines such as the second dose of Inactivated Polio Virus Vaccine (IPV), the introduction of Novel Oral Polio Vaccine and the introduction of the multi-age cohort Human Papilloma Virus Vaccine and Single dose switch amongst others. These interventions are critical in providing essential health care for a healthier population.
- 11 Advocate and support enhanced funding to address known, modifiable risk factors to promote health and prevent premature deaths. Multisectoral approach to influence public policies in trade, social development, transport, finance, education, agriculture, and other sectors will be advanced to reduce the prevalence of, and exposure to, risks, such as unhealthy diets, tobacco use, harmful use of alcohol, drug misuse, insufficient physical activity, obesity, and hypertension, violence and injuries.
- 12 Climate shocks are expected to significantly impact an already weak health system in Malawi. The most urgent risks of the climate crisis to human health include increased incidence of climate-sensitive diseases such as diarrhea and malaria, and increased food insecurity and its association with malnutrition.<sup>22</sup> To address these challenges, WHO will continue to support the government in building climate resilient health systems, vulnerability assessment, ongoing piloting of Early Warning Surveillance and Response Systems (EWARS), and numerous capacity building activities.

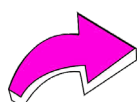
## Key Lessons Learnt



The agenda to 2030 under the quality of care and health systems strengthening on delivery of integrated quality essential health services using a whole health facility and whole district approach will require.



High- Level advocacy is critical in solving major public health issues.



Timely community participatory processes in co-creating interventions, implementing, and monitoring through community feedback mechanisms is essential for ownership and acceptance of activities.



Multisectoral actions and interagency collaboration and coordination is critical to better coordinate support, improve effectiveness and sustainability of interventions, properly manage emergencies, and achieve good results in the health sector.



Rapid Risk assessment of acute Public Health events facilitates immediate response and follow through of events.



Strengthening resource mobilisation is essential to effectively address the major health system challenges in countries through ensuring availability of adequate resources.



Regular monitoring and evaluation of implementation of activities and FAT (Full, appropriate, and timely utilisation of funds) is crucial to improve achievement of good results.



Working with government and partners on the HRH ensures that all inputs are coordinated towards a well-trained, productive, and well-motivated, fit for purpose health work force.



Enhancing real-time data collection, analysis and sharing through early warning disease surveillance systems in countries contributes to timely prevention and containment of public health threats.

## Acknowledgements

We are ever grateful to the government and people of Malawi for their continuous support for the work of WHO in Malawi.

Special appreciation to the Ministry of Health, other government ministries, departments and agencies for their strong collaboration and partnerships in driving the health agenda for the country.

Our sincerest gratitude also goes to the following partners who supported WHO in diverse ways to ensure the delivery of safe, quality, equitable and timely health interventions for all.

- African Public Health Emergency Fund (APHEF)
- Belgium
- Bill and Melinda Gates Foundation
- Bloomberg Family Foundation
- Central Emergency Response Fund (CERF)
- Contingency Fund for Emergencies
- Denmark
- Directorate-General for International Partnerships (INTPA), European Commission
- European Union
- France
- GlaxoSmithKline (GSK)
- Foreign, Commonwealth & Development Office (FCDO), United Kingdom
- Gavi, the Vaccine Alliance
- Government of Canada
- Government of Germany
- Government of Norway
- Government of United States of America
- Ministry of Foreign Affairs Ireland
- National Philanthropic Trust (NPT)
- Norwegian Agency for Development Cooperation (Norad)
- Program for Appropriate Technology in Health (PATH)
- Public Health institute of Malawi
- Rotary International
- Sanofi-Aventis
- Sasakawa Health Foundation
- Southern African Development Community Secretariat (SADC)
- Spain
- Susan Thompson Buffett Foundation
- Sweden
- Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- UN Multi-Partner Trust Fund (MPTF)
- United Kingdom of Great Britain and Northern Ireland
- United Nations Population Fund (UNFPA)
- United States of America
- World Bank



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