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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: MALAWI

July 2015

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The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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ACRONYMS

BLM	Banja La Mtsogolo
CHAM	Christian Health Association of Malawi
EPHS	Essential Package of Health Services
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN MALAWI

Malawi first developed its EPHS, referred to as the Essential Health Package, in 2004 under the *Program of Work (2004–2010)*. The successor document to the Program of Work is the *Malawi Health Sector Strategic Plan (2011–2016)*, which emphasizes improving coverage and quality of EPHS delivery throughout the country. This document makes the EPHS the centerpiece of the health sector strategy, and builds most of the strategies and outcomes around it. For the full list of services, see Annex A.

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Malawi’s EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	39
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	0
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	5
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	16

The following five priority RMNCH interventions are implicitly excluded from Malawi's EPHS:

- ▶ Safe abortion
- ▶ Social support during childbirth
- ▶ Routine immunization plus *H. influenzae*, meningococcal, pneumococcal, and rotavirus vaccines
- ▶ Home visits for women and children across the continuum of care
- ▶ Women's groups

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2010		43.6	34.0
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2010		84	69.2
BCG immunization coverage among one-year-olds (%)	2013	96		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	89		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

The EPHS in Malawi is delivered through community health workers, public sector facilities, and public-private partnerships.

Community health workers include health surveillance assistants (who provide HIV counseling and testing, immunizations, and sometimes case management of childhood illnesses); community-based distributing agents; and village health committees. The public sector consists of primary, secondary, and tertiary levels. The primary level includes outreach/mobile clinics, community initiatives, health posts, maternity facilities, dispensaries, health centers, and rural hospitals. The secondary level includes district hospitals, which provide referral and inpatient services from the primary-level facilities, and also provide significant primary-level care to the local population. The tertiary level includes the four central hospitals, which are supposed to provide tertiary and specialty care for their region. In reality, the tertiary hospitals also provide primary care, and as a result are overburdened (*Malawi Health Sector Strategic Plan 2011–2016*).

Public-private partnerships also serve as a means of delivering the EPHS in Malawi. Through the devolved health management system, district health officers are encouraged by the central government to sign service-level agreements with nongovernmental health facilities to improve the local availability of the EPHS. District health officers have signed agreements with some private sector facilities managed by the Christian Health Association of Malawi (CHAM) or *Banja La Mtsogolo* (BLM) (which normally charge user fees to cover operational costs) to provide some or all of the services in the EPHS for free to vulnerable populations. As of the drafting of the *Malawi Health Sector Strategic Plan 2011–2016*, the Ministry of Health and district health officers had signed such agreements with 72 of the 172 facilities, mainly for the delivery of maternal and newborn health services.

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Malawi based on data from a 2010 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Health service coverage in Malawi appears to be relatively equitable across wealth quintiles, education level, and place of residence.
- ▶ Approximately 60 percent of people across wealth quintiles report that their needs for family planning are satisfied, with only a slight increase as wealth increases.
- ▶ Coverage of at least one antenatal care visit is above 90 percent, regardless of education level of the mother.
- ▶ BCG immunization coverage is 97 percent among people with rural place of residence, compared to 98 percent among people with urban place of residence.

The *Malawi Health Sector Strategic Plan 2011-2016* defines the following population groups as vulnerable: poor people, women, children, orphans, people with disabilities and the elderly, persons living in hard to staff/serve areas, and displaced persons (including refugees and persons displaced due to natural disasters). The document states that the Ministry of Health and stakeholders will ensure that the special health needs of these vulnerable groups are addressed during implementation of the Plan. Some specific activities for these groups include conducting outreach/mobile clinics and signing more service-level agreements with CHAM to ensure access to free services from the EPHS.

Providing Financial Protection for the EPHS

- ✓ Some services included in the EPHS are legally exempt from user fees on a national scale.

Much of the population is not covered by health insurance in Malawi. The government of Malawi does not currently sponsor any social health insurance schemes. Lately, microfinance institutions have expressed interest in becoming active agents for the development of mutual health insurance, with the aim of increasing social health protection for informal sector workers and rural populations (Abihiro et al. 2014). However, so far, this does not appear to have happened.

The government currently requires public sector facilities to provide the EPHS free of charge (except in paying wings of district and central hospitals), except that citizens who self-refer to higher-level facilities without following referral rules are assessed a by-pass fee. However, when CHAM or another private facility serves as the sole health facility in an area, services from the EPHS are not necessarily provided free. The central government encourages district health officers to sign service-level agreements with these facilities and provide some form of payment to the facility in exchange for the facility waiving user fees for some or all of the services. At this time, it is not a national requirement for the nonprofit facility to sign a service-level agreement, or to waive user fees for some or all services in the EPHS.

SOURCES

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ANNEX A. MALAWI'S EPHS



Government of Malawi



Ministry of Health

Malawi Health Sector Strategic Plan 2011 - 2016

Moving towards equity and quality

Ministry of Health
PO Box 3077
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ABBREVIATIONS

A&E	Accident and Emergency
AAT	Association of Accounting Technicians
ACCA	Association of Chartered Certified Accountants
ACSD	Accelerated Child Survival and Development
ACT	Artemisinin-based Combination Therapy
ADC	Area Development Committee
AGD	Accountant General's Department
AIP	Annual Implementation Plan
AJR	Annual Joint Review
ANC	Antenatal Clinic
ARI	Acute Respiratory Infections
ART	Antiretroviral Therapy
AU	African Union
BCC	Behaviour Change Communication
BEmONC	Basic Emergency Obstetric and Neonatal Care
BLM	Banja La Mtsogolo
BoD	Burden of Disease
BP	Blood pressure
CBHBC	Community Based Home Based Care
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CCF	Congestive Cardiac Failure
CDC	Center for Disease Control and Prevention
CDR	Case Detection Rate
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CG	Core Group
CH	Central Hospital
CHAM	Christian Health Association in of Malawi
CHSU	Community Health Sciences Unit
CMED	Central Monitoring and Evaluation Department
CMR	Child Mortality Rate
CMS	Central Medical Stores
COHRED	Commission on Health Research for Development
CoM	College of Medicine
CPR	Contraceptive Prevalence Rate
CPT	Cotrimoxazole Preventive Therapy
CSF	Cerebrospinal Fluid
CSO	Civil Society Organisation
DALY	Disability Adjusted Life Year
DC	District Commissioners
DEC	District Executive Committee
DFID	Department for International Development
DHMT	District Health Management Team
DHO	District Health Officer
DHS	Demographic and Health Survey
DIP	District Implementation Plan
DoDMA	Department of Disaster Preparedness Management Affairs
DOTS	Directly Observed Treatment, Short Course (for Tuberculosis)
DPSM	Department of Public Sector Management
DPT	Diphtheria, Pertussis and Tetanus
DRF	Drug Revolving Fund
EH	Environmental Health



EHP	Essential Health Package
EHRP	Emergency Human Resource Plan
EML	Essential Medicines List
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
EMS	Essential Medicines and Supplies
FANC	Focussed Ante Natal Care
FBO	Faith Based Organization
FGD	Focus Group Discussion
FICA	Flemish International Cooperation Agency
FM	Financial Management
FMIP	Financial Management Improvement Plan
FMR	Financial Management Report
FP	Family Planning
FSH	Food, Safety and Hygiene
GBV	Gender-based violence
GCLP	Good Clinical Laboratory Practice
GDP	Gross Domestic Product
GFATM	Global Fund for the Fight against AIDS, Tuberculosis and Malaria
GoM	Government of Malawi
GVH	Group Village Headman
HCAC	Health Centre Advisory Committee
HCMC	Health Centre Management Committee
HCW	Health Care Worker
HDP	Health Development Partners
HEU	Health Education Unit
HIS	Health Information System
HMIS	Health Management Information System
HPV	Human Papillomavirus
HR	Human Resources
HRCSI	Health Research Capacity Strengthening Initiative
HRH	Human Resources for Health
HRMIS	Human Resources Management Information System
HSA	Health Surveillance Assistant
HSC	Health Services Commission
HSS	Health Systems Strengthening
HSSP	Health Sector Strategic Plan
HSWG	Health Sector Working Group
HTC	HIV Testing and Counselling
IA	Internal Audit
ICF	International Classification of Functioning, Disability and Health
ICT	Information and Communication Technology
IDRC	International Development Research Centre
IEC	Information Education and Communication
IFMIS	Integrated Financial Management Information System
IHD	Ischaemic Heart Disease
IHP+	International Health Partnerships and other Initiatives
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPSAS	International Public Sector Accounting Standards
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
IT	Information Technology
ITN	Insecticide Treated Nets



IUCD	Intra Uterine Contraceptive Device
JANS	Joint Assessment of National Strategic Plans
JAR	Joint Annual Review
KCN	Kamuzu College of Nursing
LF	Lymphatic filariasis
LLITN	Longer Lasting Insecticide Treated Net
LMIS	Logistics Management Information System
LRI	Lower Respiratory Infections
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
MASEDA	Malawi Socio-Economic Database
MBTS	Malawi Blood Transfusion Service
MCH	Maternal and Child Health
MDG(s)	Millennium Development Goal(s)
MDR	Multi Drug Resistant
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicators Cluster Survey
MMR	Maternal Mortality Ratio/Rate
MoE	Ministry of Education, Science and Technology
MoF	Ministry of Finance
MoH	Ministry of Health
MoLGRD	Ministry of Local Government and Rural Development
MoU	Memorandum of Understanding
MP	Member of Parliament
MTC	Mother To Child
MTEF	Medium Term Expenditure Framework
MTHUO	Malawi Traditional Healers Umbrella Organization
MTR	Medium Mid-Term Review
MVA	Manual Vacuum Aspiration
MYR	Mid-Year Review
MZUNI	Mzuzu University
NAO	National Audit Office
NCD	Non-Communicable Disease
NCST	National Commission for Science and Technology
NDP	National Drug Policy
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHSRC	National Health Sciences Research Committee
NLGFC	National Local Government Finance Committee
NMR	Neonatal Mortality Rate
NPHI	National Public Health Institute
NSO	National Statistical Office
NTDs	Neglected Tropical Diseases
ODPP	Office of the Director of Public Procurement
OI	Opportunistic Infection
OPC	Office of the President & Cabinet
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PAC	Post Abortion Care
PAM	Physical Assets Management
PBM	Performance-Based Management
PC	Primary Care
PEFA	Public Expenditure and Financial Accountability
PFM	Public Financial Management



PHAST	Participatory Sanitation And Hygiene Transformation
PHC	Primary Health Care
PHL	Public Health Laboratory
PIM	Performance Indicator for Mission
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Post Natal Care
PoW	Program of Work
PPP	Public Private Partnership
PWD	Persons with Disabilities
QA	Quality Assurance
QM	Quality Management
RH	Reproductive Health
RSOG	Radiology Standard Operational Guidelines
RTA	Road Traffic Accidents
RUM	Rational Use of Medicines
SBCC	Social Behaviour Change Communication
SBM-R	Standard Based Management and Recognition
SDI	Staff Development Institute
SDP	Service Delivery Point
SHI	Social Health Insurance
SLA	Service Level Agreement
SMC	Senior Management Committee
SOPs	Standard Operating Procedures
SP	Sulfadoxine-pyrimethamine
SRH	Sexual and Reproductive Health
STH	Soil Transmitted Helminths
STI	Sexually Transmitted Infection
SWAp	Sector Wide Approach
TA	Technical Assistance
TA	Traditional Authority
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TORS	Terms of Reference
ToT	Trainer of Trainers
TT	Tetanus Toxoid
TWG	Technical Working Group
U5MR	Under Five Mortality Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
VFM	Value For Money
VH	Village Headman
VHC	Village Health Committee
VIA	Visual Inspection with Acetic Acid
VSO	Voluntary Services Overseas
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHS	World Health Survey
ZHSO	Zonal Health Support Office



- Burden of disease
- Cost effectiveness
- Access to the poor
- MDG condition
- Proven successful intervention
- Discrete earmarked funding through bilateral agreements

The following table gives an overview of the key cost effective interventions for EHP conditions:

Table 3 Cost effective interventions in the EHP

EHP condition	Interventions
HIV/AIDS/STIs	<ul style="list-style-type: none"> • Multi level BCC across all sectors • Health promotion³⁹ • Screening (HIV testing and counselling through all entry points) • Provision of home based care • Procurement and provision of male and female condoms • Provision of ART • Provision of PMTCT services • CPT • Blood and needle safety • STIs - Screening and treatment and promotion • Treatment of opportunistic infections • Peer and education Programs for high risk groups • Condom promotion and distribution
ARIs	<ul style="list-style-type: none"> • Health promotion on recognition of danger signs for ARIs • Early treatment of ARIs using standard protocols • Treatment of pneumonia
Malaria	<ul style="list-style-type: none"> • Health promotion • Early treatment of malaria at household, community and health centre level • Promotion and use of LLITNs • Promotion and use of IRS • Vector control - Larvaciding and control of breeding sites • IPT pregnancy
Diarrhoeal diseases	<ul style="list-style-type: none"> • Health promotion • Early care seeking – use of ORT • Provision of zinc • Construction of low cost excreta disposal • Provision of home solutions • Promotion of exclusive breastfeeding • Surveillance of water and food quality⁴⁰
Adverse maternal and neonatal outcomes	<ul style="list-style-type: none"> • Health promotion • Promotion and provision of family planning methods • Promotion of institutional deliveries • Provision of services for complications of delivery (BEmONC and EmoNC) • Screening for cervical cancer using VIA • Repair of obstetric fistula

³⁹ Health promotion includes IEC, behaviour change communication, social mobilisation, screening, etc.

⁴⁰ Other stakeholders such as Ministry of Irrigation and Water Development are involved.

EHP condition	Interventions
NCDs and trauma	<ul style="list-style-type: none"> • Health promotion on awareness about health risks such as smoking and drinking of alcohol, safe driving and gender based violence • Screening for risk factors and conditions (cardiovascular, diabetes) • Promote physical activity • Promote healthy diets • Community and facility based rehabilitation, first aid
Tuberculosis	<ul style="list-style-type: none"> • Community DOTS • Health promotion • Treatment of TB including MDR
Malnutrition	<ul style="list-style-type: none"> • Promotion of exclusive breastfeeding • Growth monitoring • De-worming • Micronutrient supplementation • Treatment of severe acute malnutrition
Cancers	<ul style="list-style-type: none"> • Health promotion • Early screening (cervical and breast cancer, Kaposi's sarcoma) • Treatment with cryotherapy and surgery (scaling up)
Vaccine preventable diseases	<ul style="list-style-type: none"> • Health promotion • Pentavalent • Polio • Tuberculosis • Measles • Tetanus
Mental illness including epilepsy	<ul style="list-style-type: none"> • Health promotion interventions to create awareness about mental health • Mental health promotion in schools and workplaces • Treatment of epilepsy • Treatment of acute neuropsychiatric conditions – inpatient • Rehabilitation
NTDs	<ul style="list-style-type: none"> • Case finding and treatment of Trypanosomiasis • LF mass drug administration • Mass drug administration for onchocerciasis • STH mass drug administration in school children • Mass drug administration
Eye, ear and skin infections	<ul style="list-style-type: none"> • Health promotion on prevention of eye, ear and skin infections • Treatment of conjunctivitis, acute otitis media, scabies and trachoma

As has been the case in the PoW, the EHP will continue to be provided free of charge over the period of the HSSP. For each disease and condition, the level of burden of disease and the estimate of the cost effectiveness of the relevant intervention are found in the BOD 2011 and in the publication *Disease Control Priorities in Developing Countries*⁴¹. The findings are summarised below in Figure 14, which shows:

- the conditions with disease burdens above and below 10,000 DALYs per year,
- interventions above and below \$150/DALY (the threshold below which interventions are particularly good value for money in developing countries) and
- \$1050/DALY (the threshold above which interventions are considered too expensive for the economy of the country (amounting to three times the GNP).

⁴¹ Second edition, World Bank, 2006



Annex 9 An EHP for Malawi defined by level of health care delivery

	Primary health care		Secondary health care		Tertiary care		National
Strategy	Community	Health centre	Community hospitals	District hospitals	Zomba mental hospital, Rehabilitation clinics	Referral hospitals (KCH, QECH, Zomba, Mzuzu)	MoH HQ
Public health interventions: Disease prevention and health promotion (individuals / communities / settings)							
Implement Integrated vector control measures in all settings: community, schools, orphanages, workplaces, health facilities	Provision of IRS services in high risk areas	Provision of IRS in all health facilities and all levels					Advocate for healthy environmental policies Conduct Environmental impact assessment Develop policies , guidelines and standards Advocate for companies to fulfill their corporate responsibilities towards health (environmental control , larviciding, etc)
	Promote and carry out drainage and larviciding of vector (mosquito) breeding sites in all settings	Drainage and larviciding surrounding areas at all health facilities					
	Provision of LLITNs (HH level)	Provision of LLITNs in all health facility wards					
Promote healthy lifestyle /behaviour change through community mobilization, IEC /advocacy and healthy settings programmes. Promote early recognition of danger signs, mental health.	Community/social mobilisation. IEC / advocacy on Early recognition of danger signs of EHP conditions, mental health promotion, lifestyle, nutrition, disability.	Community/social mobilisation, IEC / advocacy on Early recognition of danger signs of EHP conditions, mental health promotion, lifestyle, nutrition, disability.	IEC / advocacy on Early recognition of danger signs of EHP conditions, mental health promotion, lifestyle, nutrition, patient support groups			Develop communication strategies, and support districts to develop communication strategies based on priority areas/EHP conditions	



Strategy	Primary health care		Secondary health care		Tertiary care		National
	Community	Health centre	Community hospitals	District hospitals	Zomba mental hospital, Rehab clinics	Referral hospitals	MoH HQ
Promote safe water, sanitation and hygiene	Address priority issues based on disease burden: Environmental and personal hygiene, safe water and sanitation, nutrition, food service outlets inspections, border-post checks.	Subsidized water purification tablets, hygiene promotion (PHAST) through IEC	Subsidized water purification tablets, hygiene promotion (PHAST) through IEC				Develop guidelines for healthy settings (communities, workplaces, etc), environmental health (waste management, etc)
Promote healthy settings programmes (workplace, village, urban/ healthy cities, etc)	Implementation of healthy settings Model programmes for villages, cities, workplaces, learning institutions.	Outreach and supervision of HP officers, environmental health officers, HSAs		Healthy workplaces (health facilities)		Advocate for healthy public policies for food & nutrition advertising, tobacco and alcohol use/sales, road safety, workplace safety. Develop guidelines for Healthy Settings.	
Promote family planning	Community based family planning Provision of contraceptives through social marketing, village clinics, outreach and in hot spots, youth friendly outreach services, linkages with door to door HTC, safer sex negotiation targeting high risk behaviours, normative change.	Integrated family planning through different entry points (FP, MCH, ART, HTC), promotion of safer sex (dual protection), benefits of spacing for health of mother and child.	Integrated family planning : vasectomy, other surgery through different entry points (FP, MCH, ART, HTC), related health promotion	Integrated family planning through different entry points (FP, MCH, ART, HTC), related health promotion			Development of guidelines, policies, standards, etc. M&E, research, advocacy. Revitalize communications strategy to promote uptake of family planning



Strategy	Primary health care		Secondary health care		Tertiary care		National
	Community	Health centre	Community hospitals	District hospitals	Zomba mental hospital, Rehab clinics	Referral hospitals	MoH HQ
Promote safer childbirth through referral, community based transport, danger signs, hygiene kits for mothers	SBCC : Promote safer childbirth, referral , community based transport, danger signs, hygiene kits for mothers		IEC. Distribute hygiene kits for pregnant mothers				Develop policies and guidelines to promote safer childbirth
Promote safer sex among different segmented populations (MARPS, youth, men and women, vulnerable groups and settings, PLWH)	Provision of condoms (through social marketing, village and outreach clinics)	Provision of condoms (through social marketing, village and outreach clinics)	Provision of condoms (through social marketing in clinics)				Development of guidelines, policies, standards. M&E, research, advocacy
Promote treatment for STIs , contact tracing + safe sex	IEC on signs, symptoms of STIs and contact tracing						Development of guidelines, policies, standards. M&E, research, advocacy
IPT to pregnant women	Promote IEC re IPT for pregnant women		Provide CPT, PEP, IPT				Development of guidelines, policies, standards. M&E, research, advocacy
Immunize under five children and pregnant women (vaccine preventable diseases)	Vaccination services through outreach, village clinics, mass catch-up campaigns	Routine and targeted vaccination services, TT	Routine and targeted vaccination services				Development of guidelines, policies, standards. M&E, research, advocacy

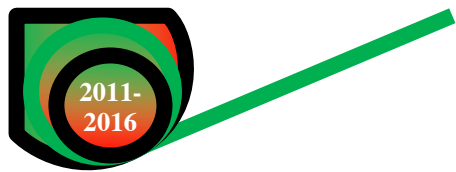


Strategy	Primary health care		Secondary health care		Tertiary care		National
	Community	Health centre	Community hospitals	District hospitals	Zomba mental hospital, Rehab clinics	Referral hospitals	MoH HQ
Diagnosis / screening							
Improved diagnostic services	Passive and active detection of disease conditions Investigation of outbreaks, etc	Basic Diagnostic services including Blood screening for malaria, TB, HB, etc	Basic Diagnostic services - plus Radiology, CD4, ultrasonography		Basic Diagnostic services – plus Radiology, CD4, ultrasonography.	Basic Advanced diagnostics services plus - Radiology, CT and CD4 monitoring drug levels (addictive drugs), ultrasonography	Development of guidelines, policies, standards, etc. M&E, research, advocacy ⁷³
Promote screening for early detection of disease to prevent premature death and to promote healthy lifestyles	Conduct screening /health assessment at (health promoting) schools, workplaces, communities, etc. Outreach clinics for hypertension, nutrition for under fives and BMI.	Conduct targeted and routine screening /health assessment for hypertension, mental health (including addictions), nutrition, diabetes, gender based violence and child abuse, hearing and other disabilities, TB and HIV, cervical and breast cancer.					Development of guidelines, policies and standards on screening, and referral systems for GBV/sexual abuse.
Case management and referral							
Provide General and Child health care (newborn care, nutrition) through IMCI and other approaches (ACSD)	CTC, vitamin supplementation	Treatment of moderate and severe malnutrition					Development of guidelines, policies, standards for EHP conditions and associated approaches, etc. M&E, research, advocacy.

⁷³ Ref Standard Laboratory Guidelines MoH



Strategy	Primary health care		Secondary health care		Tertiary care		National
	Community	Health centre	Community hospitals	District hospitals	Zomba mental hospital, Rehab clinics	Referral hospitals	MoH HQ
	Home based care , early referral for childhood illness	Case management of uncomplicated illnesses conditions and referral for complicated cases including Mental health, GBV and child sexual abuse, trauma (minor surgery)	Case management of uncomplicated illnesses and conditions. Referral for complicated cases, including Mental health, GBV and child sexual abuse, trauma.	Treatment of other illnesses and conditions. Treatment and referral for all cases including Mental health, GBV, child sexual abuse. A&E, trauma, critical care, HDU	Treatment of other illnesses and conditions. Treatment and referral for all cases including Mental health, GBV, child sexual abuse.	Treatment including major complicated surgery. Specialist OPD and Inpatient care of other illnesses and conditions. Treatment and referral for all cases including Mental health GBV, child sexual abuse. A&E, trauma, critical care, HDU, treatment of severe injuries.	Referral systems set up for trauma
	Provide mass treatment at community and schools for NTDs, schistosomiasis, soil helminths (deworming)						
Reproductive health	Outreach, village clinics, basic package of ANC, PNC, PMTCT. Follow up, case management and referral	Uncomplicated delivery (BEmONC) MVA, PAC, VIA, FANC, implant insertion and removal. Referral of complicated cases.	Uncomplicated delivery and complications of delivery (BEMoNC) MVA, PAC, male circumcision, VIA, FANC, implant insertion and removal. Referral of complicated cases.	Uncomplicated delivery and complications of delivery (CEmONC) MVA, PAC, male circumcision, VIA, cryotherapy, comprehensive FANC, implant insertion and removal.		Uncomplicated delivery and surgery Complicated delivery and complications of delivery	Developm ent of guidelines, policies, standards, etc. M&E, research, advocacy



Strategy	Primary health care		Secondary health care		Tertiary care		National MoH HQ
	Community	Health centre	Community hospitals	District hospitals	Zomba mental hospital, Rehab clinics	Referral hospitals	
Rehabilitation and palliative care							
Palliative care	Home based care, follow up for chronic conditions and palliative care.	Referral for HBC			Referral for HBC		Development of guidelines, policies, standards, etc. M&E, research, advocacy.
Rehabilitation	Community based rehabilitation	Rehabilitation of clients with trauma, mental health conditions, referral			Rehabilitation of clients with trauma, mental health conditions, referral (both up and down)	Treatment of cases of acute trauma and mental health and initial rehabilitation. Making disability aids.	

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

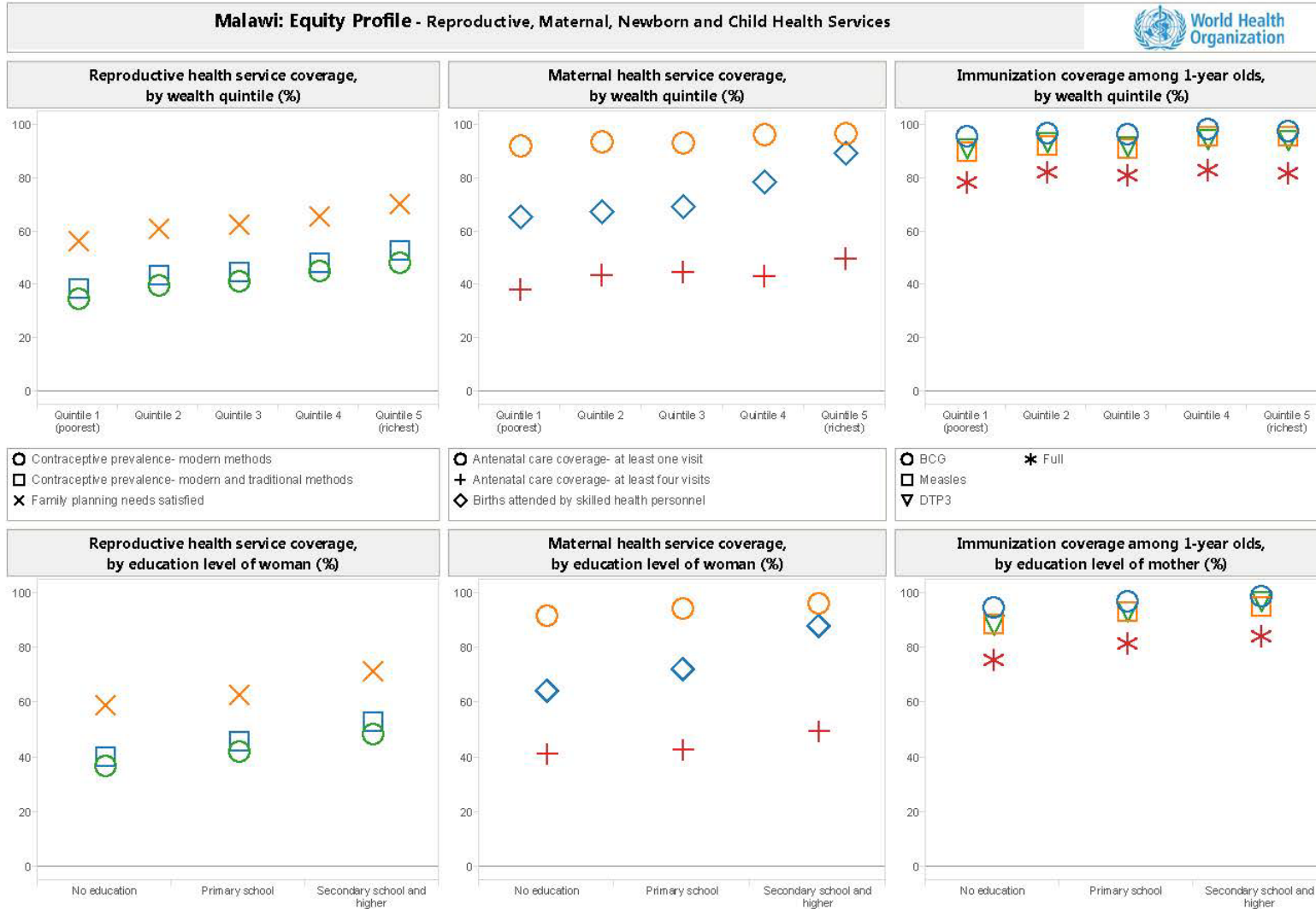
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	Level: Community Primary Referral		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i> ; note, only refers to “contraceptives”
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	This service was not specified in reviewed documents
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Level: Referral		
	Family planning (surgical methods)	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
Pregnancy (antenatal)	Level: Community Primary Referral		
	Iron and folic acid supplementation	Yes	Source: <i>National Nutrition Guidelines for Malawi 2007</i> ; <i>National RH Service Delivery Guidelines 2001</i>
	Tetanus vaccination	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Interventions for cessation of smoking	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Low-dose aspirin to prevent pre-	Unspecified	This service was not specified in reviewed documents

	eclampsia		
	Anti-hypertensive drugs (to treat high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Magnesium sulphate for eclampsia	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Antibiotics for preterm prelabour rupture of membranes	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Safe abortion	No	This service was implicitly excluded from all guidelines including <i>National RH Service Delivery Guidelines 2001</i>
	Post abortion care	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
Childbirth	Level: Community Primary Referral		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	No	This service was not specified in reviewed documents and is not clinically relevant to other specified services. It is implicitly excluded.
	Level: Primary and Referral		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (<i>as above plus controlled cord traction</i>)	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Management of postpartum haemorrhage (<i>as above plus manual removal of placenta</i>)	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Screen and manage HIV (if not already tested)	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>

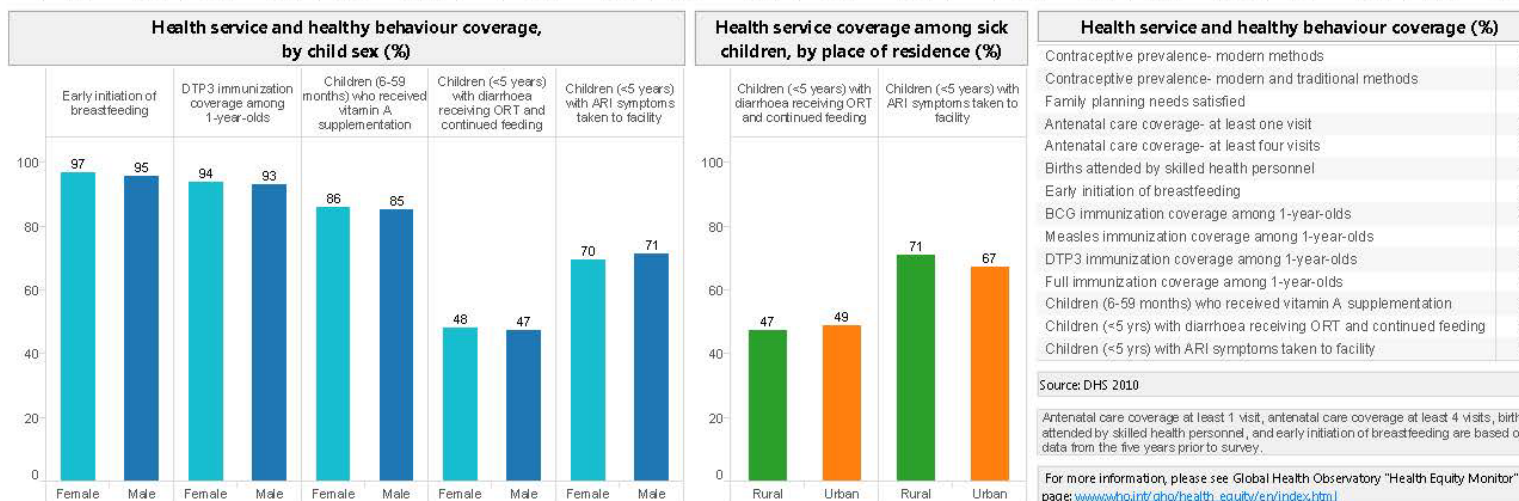
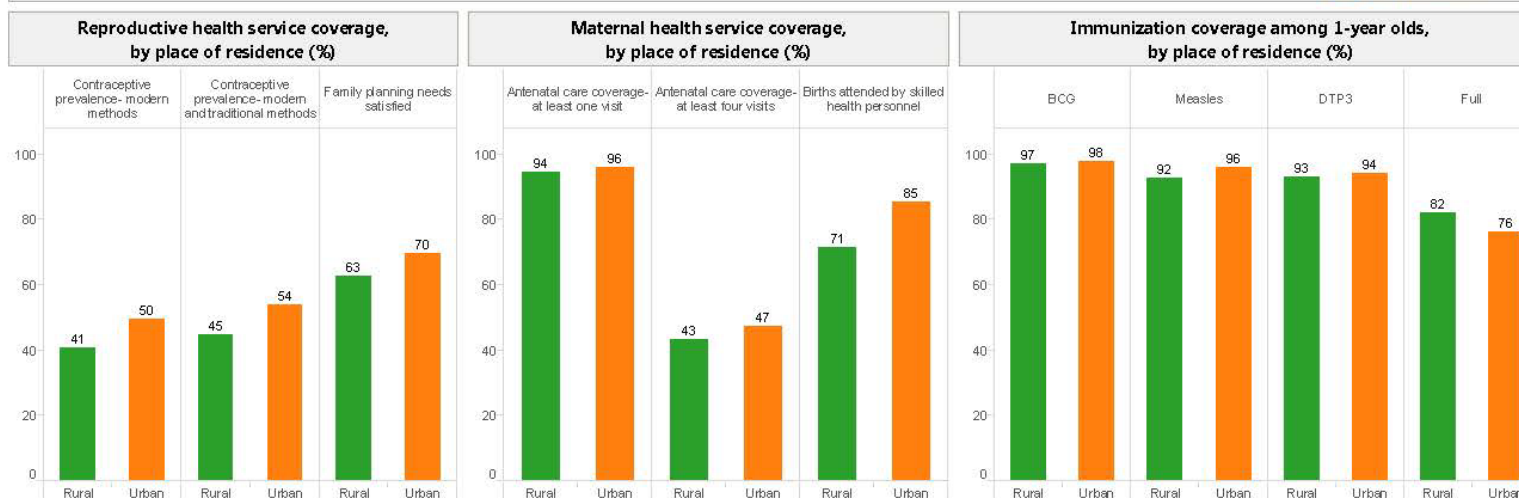
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus surgical procedures)	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
Postnatal (Mother)	Level: Community Primary Referral		
	Family planning advice and contraceptives	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Nutrition counselling	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Treat maternal anaemia	Unspecified	This service was not specified in reviewed documents
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
Postnatal (Newborn)	Level: Community Primary Referral		
	Immediate thermal care (to keep the baby warm)	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Initiation of early breastfeeding (within the first hour)	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Hygienic cord and skin care	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Unspecified	This service was not specified in reviewed documents
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Extra support for feeding small and preterm babies	Unspecified	This service was not specified in reviewed documents
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	This service was not specified in reviewed documents
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Level: Referral		
		Presumptive antibiotic therapy for newborns at risk of bacterial infection	Yes

	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	This service was not specified in reviewed documents
Infancy and Childhood	Level: Community Primary Referral		
	Exclusive breastfeeding for 6 months	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: <i>National RH Service Delivery Guidelines 2001</i>
	Prevention and case management of childhood malaria	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Vitamin A supplementation from 6 months of age	Yes	Source: <i>National Nutrition Guidelines for Malawi 2007</i>
	Routine immunization plus <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	No	Source: <i>Malawi Standard Treatment Guidelines 2009</i> ; implicitly excludes pneumococcal and rotavirus
	Management of severe acute malnutrition	Unspecified	This service was not specified in reviewed documents
	Case management of childhood pneumonia	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Case management of diarrhoea	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: <i>Malawi Health Sector Strategic Plan 2011 - 2016</i>
	Level: Referral		
Case management of meningitis	Yes	Source: <i>Malawi Standard Treatment Guidelines 2009</i>	
Across the continuum of care	Level: Community Strategies		
	Home visits for women and children across the continuum of care	No	This service was not specified in reviewed documents and is not clinically relevant to other specified services. It is implicitly excluded.
	Women's groups	No	This service was not specified in reviewed documents and is not clinically relevant to other specified services. It is implicitly excluded.

ANNEX C: MALAWI HEALTH EQUITY PROFILE



Malawi: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services





**BOLD THINKERS DRIVING
REAL-WORLD IMPACT**