

Malawi WHO Country Office



World Health Organization
ADL House,
PO Box 30390, Capital City,
Lilongwe 3

2019 Annual Report

TABLE OF CONTENTS

MESSAGE FROM THE REPRESENTATIVE DR NONHLANHLA ROSEMARY DLAMINI ..	iv
ACRONYMS	v
EXECUTIVE SUMMARY	vii
1.0 INTRODUCTION	2
2.0 ACHIEVEMENTS	1
2.1 MALAWI ROLLED OUT THE HUMAN PAPILLOMA VIRUS VACCINE NATIONWIDE IN JANUARY 2019: <i>BY MR HUDSON WENJI KUBWALO, DR BOSTON ZIMBA AND MRS ZIONE DEMBO</i>	1
2.2 CYCLONE IDAI EMERGENCY RESPONSE - GOVERNMENT OF MALAWI DECLARED STATE OF DISASTER ON 8 MARCH 2019: <i>BY DR KELIAS MSYAMBOZA AND MR ISHMAEL NYASULU</i>	2
2.3. MALAWI RECCEIVES MEDICINES FROM THE RUSSIAN FEDERATION: <i>BY HUDSON KUBWALO</i>	3
2.4. MALAWI LAUNCHES THE MALARIA VACCINE TO BECOME THE FIRST COUNTRY TO INTRODUCE SUCH A VACCINE: <i>BY DR RANDY MUNGWIRA, DR BOSTON ZIMBA AND MR WILFRED DODOLI</i>	4
2.5. WORLD HEALTH ORGANIZATION PROVIDED TECHNICAL AND FINANCIAL SUPPORT TO CONDUCT MASS DRUG ADMINISTRATION TO COMBAT NEGLECTED TROPICAL DISEASES: <i>BY DR KELIAS MSYAMBOZA</i>	5

2.6. THE QUALITY OF CARE INITIATIVE IN MALAWI - THE COUNTRY QUALITY FRAMEWORK AND ROADMAP: <i>BY MR MARTIN DOHLSTEN AND MRS HARRIET CHANZA</i>	7
2.7. MALAWI HIGHLIGHTED UNIVERSAL HEALTH COVERAGE ON WORLD HEALTH DAY COMMEMORATION CEREMONY AT MINISTRY OF HEALTH HEADQUARTERS IN LILONGWE: <i>BY MR HUDSON KUBWALO AND DR FRANCIS MAGOMBO</i>	8
2.8 MALAWI HIGHLIGHTED UNIVERSAL HEALTH COVERAGE ON WORLD HEALTH DAY COMMEMORATION CEREMONY AT MINISTRY OF HEALTH HEADQUARTERS IN LILONGWE: <i>BY MR HUDSON KUBWALO AND DR FRANCIS MAGOMBO</i>	10
3.0. LESSONS LEARNT AND RECOMMENDATIONS	12
4.0 CONCLUSION AND WAY FORWARD.....	13
STAFF MOVEMENT	14



MESSAGE FROM THE REPRESENTATIVE DR NONHLANHLA ROSEMARY DLAMINI

The year 2019 was a busy year for the Malawi WHO country office. Guided by the Country Cooperation Strategy and the WHO General Programme of Work 12, the WHO country office successfully supported the Government of Malawi in collaboration with other UN agencies.

We supported the Malawi Government through provision of technical and financial support; provision of drugs, equipment and other materials. We also provided technical support on norms, standards and guidelines as well as evidence to inform policy decisions and direction on all the health issues. We further facilitated strengthening the health systems through provision of technical support during the development of a number of policies and strategic plans.

In conclusion, let me take this opportunity to thank all members of staff of the Malawi Country Office for their dedication to duty throughout the year. It is pleasing to note that the relationship with our counterparts in Government, the UN family and other levels of the organization, as well as all partners in the Health Sector was cordial in 2019. It is my sincere hope that the collaboration with all stakeholders will continue in 2020.



Dr Nonhlanhla Rosemary Dlamini, the World Health Organization Representative -Malawi, during a field visit to Songwe border in Karonga district.

ACRONYMS

ART	-	Antiretroviral Therapy
CDC	-	Centre for Disease Control
DFC	-	Direct Finance Cooperation
DHO	-	District Health Officer
EHP	-	Essential Health Package
EID	-	Early Infant Diagnosis
EPI	-	Expanded Programme on Immunization
ETAT	-	Emergency Triage Assessment and Treatment
GAVI	-	Global Alliance for Vaccines and Immunization
GSC	-	Global Service Center
GSM	-	Global Management System
HPR	-	Health Promotion
HPV	-	Human Papilloma Virus
HSS	-	Health System Strengthening
HTC	-	HIV Testing and Counseling
ICATT	-	IMCI Computerized Adaptation and Training Tool
IMCI	-	Integrated Management of Childhood Illness
IRS	-	Indoor Residual Spraying
KMC	-	Kangaroo Mother Care
LLIN	-	Long Lasting Insecticide Treated Net
MDG	-	Millennium Development Goals
MDSR	-	Maternal Death Surveillance and Response
MIS	-	Malaria Indicator Survey
MOH	-	Ministry of Health

NCD	-	Non-Communicable Diseases
NFM	-	New Funding Model
NHA	-	National Health Accounts
NTD	-	Neglected Tropical Diseases
OPV	-	Oral Polio Vaccine
PMNCH	-	Partnership for Maternal Newborn and Child health
PMTCT	-	Prevention of Mother to Child Transmission
TB	-	Tuberculosis
UN	-	United Nations
UNDAF	-	United Nations Development Assistance Framework
UNICEF	-	United Nations Children's Fund
VIA	-	Visual Inspection with Acetic acid
VPD	-	Vaccine Preventable Diseases
WCO	-	WHO Country Office
WHO	-	World Health Organization
YFHS	-	Youth Friendly Health Services



EXECUTIVE SUMMARY

Similar to the previous year 2018, the Ministry of Health continued to experience challenges in human resource shortage, weak health information systems and shrinking funding for district health service delivery. In all aspects WHO continued to support the Malawi Government through: provision of technical and financial support; provision of drugs, equipment and other materials and provision of norms, standards and guidelines as well as evidence to inform policy decisions and direction on all the health issues highlighted.

HIV and AIDS, Malaria, tuberculosis were still the major public health problems in Malawi, while maternal mortality ratio at 439 per 100,000 live births (DHS2015/16) remains one of the highest in the world. The MDG target is 155 per 1000 live births. There is also evidence of the increasing burden of Non-Communicable Diseases such as cancer and oral health and their risk factors.

In 2019, the main achievements were in the areas of health system, HIV/AIDS, tuberculosis and malaria, child health, maternal, newborn and adolescent health, non-communicable diseases and neglected tropical diseases including health promotion.

During the year, WHO facilitated strengthening of the health systems through provision of technical support during the finalization of important policies and strategic plans. The WHO also provided technical support in the resource mobilization for the Ministry of Health.

Despite the achievements that have been mentioned above, there were a number of challenges that hampered the implementation of the activities. Some of these include: inadequate human, financial and material resources for delivery of equitable and efficient health services. There were also competing priorities in the implementation of programmes. This report has also drawn some lessons and specific recommendations to the programmes in the Ministry of Health in Malawi.

1.0 INTRODUCTION

This 2019 report outlines the programmatic areas where financial and technical support were provided to the Ministry of Health under WHO strategic objectives as stipulated in 2018 – 2019 Biennial Work Plan focusing on key issues, WHO’s response, the main achievements, lessons learnt and recommendations.

The report describes the WHO strategic approach which mainly is leadership on health issues, providing norms and standards as well as policy guidance. The strategic approaches also include capacity building through training, provision of equipment and materials. The approach also entails commissioning of research to generate evidence to support advocacy for policy development.



2.0 ACHIEVEMENTS

2.1 MALAWI ROLLED OUT THE HUMAN PAPILLOMA VIRUS VACCINE NATIONWIDE IN JANUARY 2019: *BY MR HUDSON WENJI KUBWALO, DR BOSTON ZIMBA AND MRS ZIONE DEMBO*

On 10 January, the Ministry of Health in collaboration UN partners lead by the World Health Organization launched the national Human Papilloma Virus (HPV) vaccination programme for all girls aged 9 to 14 years old. The launch, that took place at St Charles Primary School ground in Mangochi was graced by the Minister of Health and Population, Honorable Mr Atupele Muluzi, MP. Other distinguished guests were Secretary for Health, Dr Dan Namarika, the World Health Organization Acting Representative, Dr Fabian Ndenzako, Chief of Health Services, Dr Charles Mwansambo and the District Commissioner for Mangochi Reverend Chimphepo among others.

In his speech, the Honorable Minister stated that cervical cancer is the commonest cancer of all cancers among women. “Cervical cancer is the largest cause of cancer deaths among women aged 15-49 years in Malawi. Last year, we had about over 4,000 new cases diagnosed and close to 3000 died from cervical cancer,” the Honorable Minister said. The Minister went on inform the gathering that the HPV vaccine programme that he was launching was to prevent the deaths of women because of cancer of the cervix. The rationale being that almost all the 9-year-old girls who will receive the two doses of HPV vaccine as per schedule, will be immunized against Human Papilloma Virus which causes cervical cancer and other diseases of the reproductive system.

Speaking to the attentive audience, the Acting World Health Organization Representative Dr Fabian Ndenzako assured the audience that the WHO and all partners in the health sector were committed to providing technical support to the government to ensure that the introduction of HPV vaccine is part of a coordinated and comprehensive strategy in order to achieve the Sustainable Development Goal number 3 which is – attaining good health and wellbeing of the people in Malawi. Dr Ndenzako went on to inform the gathering that the Global Alliance and Vaccine Initiative (Gavi) has so far committed about 22 million United States dollars to support Malawi procure HPV vaccines from 2019 to 2021. “GAVI has also provided cash grants to the tune of 1,392,621 United States dollars to support operational costs,” the Acting WHO Representative added.

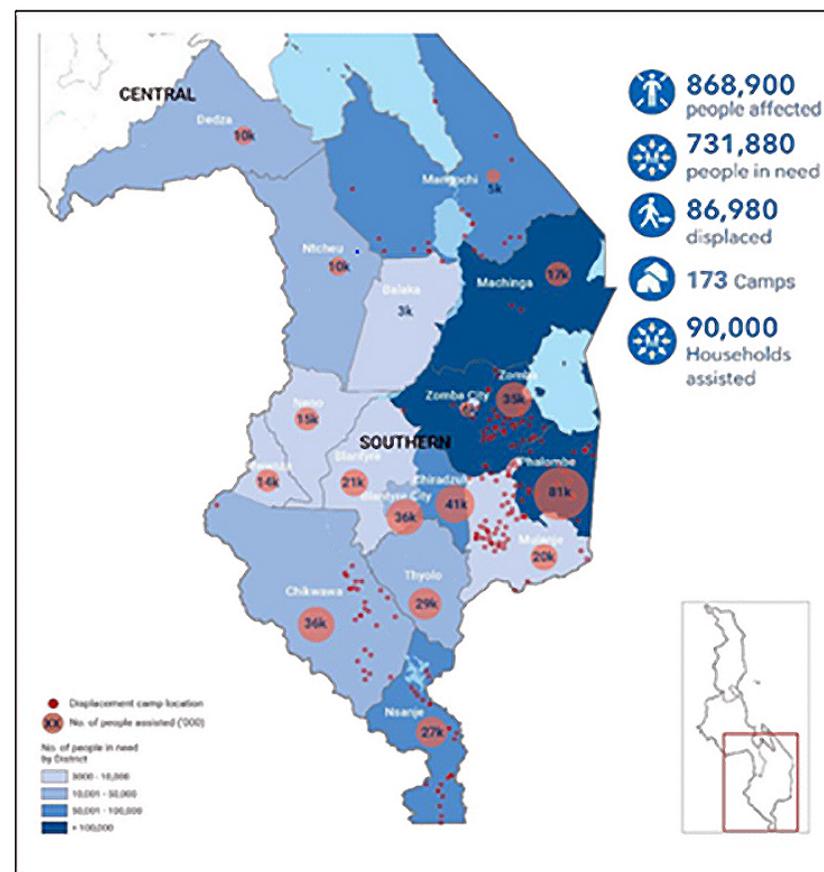
The World Health Organization supported 6 of the 15 affected districts. These were: Mangochi, Balaka, Machinga, Phalombe, Chikwawa and Blantyre. Suspected cholera and typhoid fever outbreaks were investigated and responded to promptly.

The World Health Organization procured lifesaving medicines and medical supplies, trained 600 health care workers on early disease outbreak detection, investigation and response and supported the six districts to conduct 480 mobile outreach clinic sessions. In addition to the medicines and supplies that were procured using UN Central Emergency Response Fund, the World Health Organization also received medicines from Russian Federation.

2.2 CYCLONE IDAI EMERGENCY RESPONSE - GOVERNMENT OF MALAWI DECLARED STATE OF DISASTER ON 8 MARCH 2019 BY DR KELIAS MSYAMBOZA AND MR ISHMAEL NYASULU

During the 2019 Cyclone Idai emergency response, the World Health Organization led the assessment on the impact of flood on health services during Inter-Agency Rapid Assessment, development of Health Cluster Response Plan, re-purposed and deployed staff and consultants to the affected districts and mobilized over \$750,000 from UN Central Emergency Response Fund and the World Health Organization Regional Office.

The mobilized resources (both human and financial) supported Ministry of Health to implement four key activities namely: strengthening of coordination of partners and interventions at district level, integrated mobile outreach clinics to the camps, provision of medicines and supplies for outreach clinics and cholera kits and strengthening of disease surveillance.



Through the integrated mobile outreach clinics to the camps; at total of 86,231 people were reached with different primary health care services. Of the people reached; 26,177(30.4%) were children under the age of five years who received immunization and growth monitoring services, 243 were pregnant women who received antenatal services, 2,486 were people who were on treatment for chronic conditions such HIV and AIDS, epilepsy, hypertension and diabetes who lost their treatment cards and medicines during floods and were put back on treatment, 25,092 (29.1%) were ill and received different outpatient services. The top five illnesses were: upper respiratory tract infections (27.8%), malaria (19.8%), muscle and joint pains (16.5%), eye infections (10.4%) and skin infections (7.5%). Over 29,000 (34.2%) people received family planning services the commonest of which was male condoms (84%). No disease outbreak occurred in the camps and this could be attributed to, among others, early detection and treatment of the cases e.g. malaria, eye and skin infections because of the disease surveillance training of health workers and mobile clinic visits.

2.3 MALAWI RECEIVES MEDICINES FROM THE RUSSIAN FEDERATION BY MR HUDSON KUBWALO

On 3 October Mr Illiya Madiev, Charge d’Affaires of the Embassy of the Russian Federation to Malawi handed over medicines to the Malawi government at a ceremony that took place at the Community Health Sciences Unit in Lilongwe. The Guest of Honor was the Minister of Health and Population, Honorable Jappie Mhango, MP and the distinguished guests were the WHO Representative, Dr Nonhlanhla Rosemary Dlamini and the Secretary for Health, Dr Dan Namarika.



Mr. Illiya Madiev, Charge d’Affaires Russian Federation handing over medicines for the emergency response to Honorable Jappie Mhango, MP Minister of Health

Honorable Jappie Mhango, MP, informed the gathering that the State President of the Republic of Malawi, declared *the state of disaster* early in the year when Cyclone Idai caused severe weather events in the form of heavy continuous rain and strong winds. People died, some were injured and many homes were destroyed. “This donation by the Russian Federation has therefore been made in response to the call by the Head of State and will go a long way to fill the health service gap created by effects of the severe weather events,” the Minister said. He went on to explain that the Ministry of Health and Population in collaboration with Department of Disaster Management Affairs and stakeholders like WHO were currently working together in managing the post recovery effects of the floods.

Handing over the medicines, Mr Illiya Madiev informed the audience that the Russian Federation was pleased to support Malawi with the medicines that were meant to ease the impact of the severe weather events early this year. He went on to assure the Ministry of Health and Population of continued support from the Russian Federation towards health service delivery.

In her speech during the handover ceremony, Dr Dlamini informed the audience that the medicines that the Russian Federation was handing over were from WHO global stockpile. “I would like to assure you that the medicine that the Russian Federation is handing over today still have a long shelf life and they are safe and ready for use since they are from the WHO global stockpile,”

Tropical Cyclone Idai was one of the worst tropical cyclones on record to affect Africa and the Southern Hemisphere. The long-lived storm caused catastrophic damage in Mozambique, Zimbabwe, and Malawi, leaving more than 1,300 people dead and many more missing. Idai is the deadliest tropical cyclone recorded in the South-West Indian Ocean basin.

2.4 MALAWI LAUNCHES THE MALARIA VACCINE TO BECOME THE FIRST COUNTRY TO INTRODUCE SUCH A VACCINE BY DR RANDY MUNGWIRA, DR BOSTON ZIMBA AND MR WILFRED DODOLI

Malawi became the very first country to begin immunizing children against malaria in April 2019. Malawi started using the first licensed vaccine to provide protection against the mosquito-spread disease in a “historic” Malaria Vaccine Implementation Programme (MVIP). The WHO coordinated MVIP was designed to assess outstanding questions related to the public health use of the vaccine.



Robert Kapininga, a Health Surveillance assistant, gives baby Lusitana the first dose of the world's first malaria vaccine at Mitundu Rural Hospital in Lilongwe district. Photo: WHO/ M. Nieuwenhof

Specifically, the MVIP was designed to assess the feasibility of administering four doses to children; potential role of the vaccine in reducing childhood deaths; and its safety in the context of routine use (Expanded Programme of Immunization).

Similar malaria vaccination programmes were also started in Kenya and Ghana, with the aim of reaching about 360,000 children across the three countries.

In 2018, malaria, a parasitic disease claimed the lives of approximately 265,000 children under the age of five in Africa, this represented 67% of the number of lives claimed by malaria globally where an estimated 405 000 deaths were due to malaria. The new malaria vaccine is a promising new tool in the fight against this killer disease.

The malaria vaccine RTS,S also known as Mosquirix®, was developed by GlaxoSmithKline over a period of 30 years. In clinical trials, the vaccine showed to be effective in children preventing four of ten episodes of clinical malaria and three of ten cases of severe malaria in those immunized with all four doses over a period of four years. The vaccine was shown to have a tolerable safety profile and the common reported side effects being pain and swelling at injection site, fevers and an increase risk of febrile seizures within seven days of receiving the vaccine. In 2015, the vaccine was given a positive opinion by the European Medicines Agency and this was followed by WHO recommendation to pilot implement the vaccine in Ghana, Kenya and Malawi. The Pharmacy and Medicines Regulatory Authority reviewed and approved the use of the vaccine in selected 11 MVIP implementing districts. GSK committed to donating up to 10 million doses of the vaccine to be administered to children during the pilot period for all three countries.

In recent years, we have experienced growing resistance of the parasite that causes malaria to available antimalarial drugs. Similarly, there is a growing resistance of mosquitoes to insecticides. These factors combined with plateauing of funding towards the fight against malaria poses a risk of losing the gains achieved in malaria control over the years. Therefore, new tools such as the RTS,S as an added tool to the current arsenal of preventive measures (bed nets, indoor residue spray and environmental management) are critical to protecting children from malaria and its complications.

The MVIP programme is being implemented in combination with other malaria preventive measures such as bed nets, indoor residual spray and environment management.

There was an observed impact after the implementation of different malaria control interventions for the year 2018 and 2019. There was overall 38% reduction in malaria cases between 2018 and 2019. There was 54% reduction of malaria cases in districts that received PBO nets while as in the districts that received standard nets and implemented IRS there was 14% and 45% reduction respectively.

2.5 WORLD HEALTH ORGANIZATION PROVIDED
TECHNICAL AND FINANCIAL SUPPORT TO CONDUCT MASS
DRUG ADMINISTRATION TO COMBAT NEGLECTED TROPICAL
DISEASES *BY DR KELIAS MSYAMBOZA*



A health surveillance assistant measures the height of children during Mass Drug Administration campaign to address neglected tropical diseases

Neglected tropical diseases (NTDs) are called "neglected," because they generally afflict the world's poor and historically do not receive as much attention as other diseases. They are a major cause of disability such as blindness (trachoma and Onchocerciasis), disfigurement (leprosy, lymphatic filariasis), death (sleeping sickness, rabies, Bilharzia), cancer (Bilharzia) and economic loss including tourism (sleeping sickness and Bilharzia). A number of these diseases can actually be eliminated or controlled to a level where they can no longer be regarded as a public health problem.

In Malawi, there are eight neglected tropical diseases that are endemic. Five can be eliminated through mass drug administration (MDAs) and other interventions. This group include: Trachoma, Bilharzia, soil transmitted helminths (STH), Onchocerciasis (Oncho) and Lymphatic filariasis (LF). The other three endemic neglected tropical diseases can be managed as cases and these include Leprosy, Sleeping sickness and Rabies.

With the medicines and technical support that Malawi has been receiving from WHO over the decades, the country has made significant strides in the fight against neglected tropical diseases. The five neglected tropical diseases amenable by preventive chemotherapy are at the verge of being eliminated and controlled, waiting for WHO assessment and certification.

In 2019, WHO provided financial and technical support to develop and finalize dossiers for LF and trachoma. LF dossier was submitted in December 2019 to WHO Independent Board for LF though the African Regional Office for independent assessment and certification. This is significant milestone and Malawi could be one the first countries in AFRO region to be certified free of LF. Trachoma dossier will be submitted in 2020 making Malawi as a second country after Ghana to be verified free of Trachoma.

WHO also continued to support the country with medicines for Oncho, Schisto and STH. The mass drag administration were successfully conducted with high (>80%) coverage. For Oncho, a total of 2,127,614 persons were treated out of the target population of 2,567,803 people, representing treatment coverage of 82.9%.

There are not many partners in the country that provide support to neglected tropical diseases, particularly the remaining three case management neglected tropical diseases (Leprosy, sleeping sickness and rabies). WHO is the main partner that provides drugs and limited financial support. There is therefore a need for more support from partners to push for the last mile as we implement universal health coverage to include the neglected poor suffering from leprosy, sleeping sickness, rabies and other neglected tropical diseases.



School children taking the drugs during Mass Drug Administration campaign

2.6 THE QUALITY OF CARE INITIATIVE IN MALAWI - THE COUNTRY QUALITY FRAMEWORK AND ROADMAP: *BY MR MARTIN DOHLSTEN AND MRS HARRIET CHANZA*

Malawi was one of the first ten countries to join the The Network to Improve Quality of Care for Mothers, Newborns and Children which was launched in February 2017. The Network is a broad-based partnership of committed governments, implementing partners and funding development partners to support efforts to improve Maternal and Newborn Quality of Care. It aims to halve institutional maternal and new-born deaths by 2022 and also improve the experience of care.

In 2019, World Health Organization provided financial and technical support to develop and finalize a number of key documents, guidelines and tools to guide the work to improve the Quality of Care in Malawi. These documents serve as an implementation package for Quality of Care, which enables the districts and facilities to be guided in their work to improve health outcomes for mothers and babies at district and facility level. The support from World Health Organization includes the adaptation of the eight World Health Organization Maternal Newborn and Child Health standards and Malawi also added a ninth standard which focuses on community engagement. Other important milestones World Health Organization supported have been the finalization of a Quality Improvement training manual, finalization of a Quality of Care assessment tool and the finalization of a Quality of Care Maternal Newborn and Child Health implementation guide.

The World Health Organization also continued to support the Ministry of Health with coordination of Quality of Care activities at national level. This support includes the coordination of a Technical Working Groups for Quality of Care which is taking place quarterly. World Health Organization have also coordinated monthly coordination meetings among key stakeholders which are taking place on a monthly basis to keep key stakeholders updated on Quality of Care and discuss challenges and ways forward to improve the Quality of Care for Maternal Newborn and Child Health in Malawi•

2.7 HIGHLIGHTING UNIVERSAL HEALTH COVERAGE ON WORLD HEALTH DAY COMMEMORATION IN LILONGWE BY MR HUDSON KUBWALO AND DR FRANCIS MAGOMBO

On Friday 5 April at from 2 pm, the Ministry of Health and Population in collaboration with the United Nations (WHO, UNICEF, UNAIDS, UNFPA and RCO) in Malawi commemorated World Health Day under the theme Universal Health Coverage: everyone, everywhere, every time. The guest of honor was Minister for Health, Mr Atupele Muluzi who was represented by Dr Charles Mwansambo the Chief of Health Services.

The event started with a long walk led by the Guest of Honor and it was orchestrated by the Malawi Defense Force Brass Band. The starting point was the Parliament Building roundabout and congregation proceeded through presidential way up to the Ministry of Health and Population headquarters carpark in Capital Hill where the main event took place.

In his speech Dr Mwansambo informed the enthusiastic gathering that the Ministry of Health and population was geared towards achieving Universal Health Coverage. “I would like to put it on record that the government is pledging its commitment to ensure that no person fails to access any health service that he or she needs everywhere and at any time,” the Chief of Health Services said.



TOP: The UN Resident Coordinator Maria Jose Torres (left) the Acting WHO Representative Dr Fabian Ndenzako and the UNAIDS Country Director Theresa Poirier pause for a photograph after the event.

BOTTOM: Dr Fabian Ndenzako (right) Acting WHO Representative for Malawi handing over Neglected Tropical Disease drugs



WHO donated Four Toyota Hilux pickup trucks, four laptop computer and Neglected Diseases Drugs to the Ministry of Health and Population during the World Health Day commemoration event

Every year on 7 April member states of the United Nation such as Malawi commemorate World Health Day. This day is a major opportunity for governments to draw nationwide attention to a subject of major importance to global health. This year Malawi decided to commemorate the day on 5 April by holding this even in collaboration with United Nations, Civil Society Organization, Non-Governmental Organization and many other development partners.

In her speech before, the United Nations Resident Coordinator for Malawi informed the audience that nowadays the world is facing new and growing challenges that have profound implications for health. “The rising inequalities, intense demographic and epidemiological changes, increased migratory flows, the depletion of natural resources, the adverse impacts of environmental degradation, and the prospect of irreversible climate change are having profound impact on health. This means that we need health and non-health sectors be active and collaborate with each other. More importantly the participation

and inclusion of Non-Governmental Organizations and Civil Society Organizations in these efforts is very important since they play a key role in health and development at the village and community level where the interventions need to be delivered,” the UN Resident Coordinator for Malawi said.

Dr Fabian Ndenzako in his remarks called on to all stakeholders in health to accelerate their support to the government by realigning services and considering strategic shifts to achieve Universal Health Coverage. “This involves re-assessing the essential services we offer to ensure they are designed for everyone, everywhere and every time, and then introducing innovative approaches to deliver these services. He further highlighted that health is a political choice; we need to ensure that it is considered in all government policies and in all sectors and it is funded adequately,” Dr. Ndenzako retaliated.

In 2018 the WHO flagship publication on “State of Health in the WHO African Region” the document provided a cross-cutting analysis of the health status, services and systems of individual African countries in the context of Universal Health Coverage and other health-related Sustainable Development Goal targets. It identified low funding for health, low availability of services and under-investment in the health workforce.

Achieving UHC is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015. Countries that progress towards UHC will make progress towards the other health-related targets, and towards the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development. Primary health care is the most efficient and cost-effective way to achieve universal health coverage around the world.

2.8 WORLD HEALTH ORGANIZATION PROVIDES TECHNICAL SUPPORT TO CONDUCT AN INDEPENDENT EXTERNAL REVIEW OF THE IMPLEMENTATION OF THE NATIONAL STRATEGIC PLAN HIV/AIDS AND TB PROGRAMMES BY MR ISHMAEL NYASULU

The Government of Malawi invited the World Health Organization to lead an independent external review of the implementation of the National Strategic Plan and assess progress towards achievement of the set targets. The review also highlighted programme best practices that needed scaling up and identify obstacles that hindered optimal implementation.

¹ By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

The external review was to conform with international practice, which stipulates that End Term Programme Reviews be carried out at the end of each multi-year programme cycle. The Malawi cycle for both National Strategic Plans, HIV/AIDS and TB Programmes, covers the period 2015-2020.

The key findings of the assessment were as follows:

The incidence of HIV among adults (15-49 years age-group) declined from 0.49% to 0.36% between 2013 and 2016. It is therefore unlikely that Malawi will achieve its HIV incidence target of 0.20% by 2020. Nevertheless, the country reduced the number of new HIV infections in children (0-14 years) from 8,619 to 3,527 surpassing its 2020 target.



Participants during the report dissemination meeting of the findings of the independent external review of the implementation of the HIV/AIDS and TB National Strategic Plan

In pursuit of the UNAIDS 90-90-90 HIV testing, treatment and viral load suppression targets¹, Malawi achieved 91-83-90 by early 2019, hence the country will likely surpass the 2020 targets for the first and third 90s (HIV testing and viral load suppression). Related to this high service coverage, UNAIDS estimated that HIV-related deaths declined to 13,000 in 2018 from 18,000 in 2013.

Key best practices that may have contributed to the success towards the 90-90-90 targets are: deployment of HIV diagnostic assistants to support HIV testing and counselling; use of volunteers (expert clients) to assist clients with ART access and adherence; and multi-monthly ARV prescriptions. Malawi has also accelerated the implementation of the following interventions that will likely contribute to the reduction HIV incidence: voluntary medical male circumcision (with a cumulative number of 756,780 males circumcised by early 2019); enumeration of HIV key populations and implementation of targeted HIV prevention and treatment programmes; and introduction of pre-exposure prophylaxis. Key challenges in the implementation of the HIV NSP include low HIV testing coverage in men, slow roll-out of HIV self-testing, sub-optimal integration of health services provision for PLHIV, low retention on ART among PLHIV (75% at 12 months, post-ART initiation) and inconsistent provision of TB preventive therapy for PLHIV.

TUBERCULOSIS

The WHO estimates that TB incidence in Malawi decreased by nearly 50% from 226 to 133 per 100,000 population between 2014 to 2017, thus surpassing the TB NSP target of 39%. Over the same period, TB case notifications decreased by only 7% from 17,723 to 15,850. Also, TB mortality decreased by over 60% from 27 to 11 per 100,000, again surpassing the NSP target of 43%. Key achievements over this period include: relatively high TB treatment success rates (86% versus a target of 89%); very high HIV testing coverage (>95%) among TB cases and high ART coverage (>95%) among HIV infected TB patients; and improved detection of drug resistant TB (DR-TB). Key challenges include: sub-optimal TB (and DR-TB) case detection, particularly among outpatients, children and household contacts of index TB cases; poor implementation of TB infection prevention measures in health facilities and community sputum collection points; unsatisfactory management of MDR-TB patients, including communication of drug sensitivity testing results, unclear linkages with the leprosy programme, inadequate pharmacovigilance, and suboptimal engagement of MoH and non-MoH stakeholders in TB care and prevention.

VIRAL HEPATITIS

The Ministry of Health has laid foundation for establishing a viral hepatitis control programme through the drafting of a viral hepatitis NSP, appointment of National Coordinator and establishment of a viral hepatitis technical working group. However, the lack of accurate estimates of the population-level burden of viral hepatitis and limited budget commitment for the programme hinder effective planning and roll out of interventions. Current successes with the viral hepatitis control programme include high (>90%) coverage of hepatitis B vaccination in infants and good adherence to needle safety procedures in health facilities. Key challenges affecting the programme include lack of harmonised diagnostic algorithms and treatment guidelines, shortages of reliable diagnostic tests and effective drugs and lack of a concerted hepatitis B vaccination programme among health care workers (HCWs) and other high-risk groups. Furthermore, the NSP was still in draft form and had not been officially launched and disseminated.

The assessment recommended a robust financing strategy for HIV, TB and viral hepatitis programmes and explore ways of maximising integrated delivery of services at all levels, including the integration of the leprosy programme with the tuberculosis programme. The Ministry of Health should capitalise on the global focus on universal health coverage to lobby the Ministry of Finance for increased domestic budgetary allocation to the health sector and engage development partners to implement cost-effective models for channelling external funding for the programmes, in line with the Paris Declaration on Aid Effectiveness. In addition, community health systems should be supported to promote community-based disease prevention and management thereby decongesting health facilities.

3.0 LESSONS LEARNT AND RECOMMENDATIONS

Introduction of new vaccine requires coordinated and comprehensive strategy in order to achieve the Sustainable Development Goal number 3 which is – attaining good health and wellbeing of the people in Malawi as was the case during the introduction of HPV vaccine

Intensive disease surveillance training of health workers and establishment of mobile clinics during disaster are critical for early detection and treatment of the cases in displaced camps and prevent further disease outbreaks e.g. malaria, eye and skin infections

With the medicines and technical support that Malawi has been receiving from WHO over the decades, the country has made significant strides in the fight against neglected tropical diseases. The five neglected tropical diseases amenable by preventive chemotherapy are at the verge of being eliminated and controlled, waiting for WHO assessment and certification.

There is therefore a need for more support from partners to push for the last mile as we implement universal health coverage to include the neglected poor suffering from leprosy, sleeping sickness, rabies and other neglected tropical diseases.

In order to achieve Universal Health Coverage there is need for all stakeholders in health to accelerate their support to the government by re-assessing the essential services being offered to ensure that they are designed for everyone, everywhere and every time, and then introducing innovative approaches to deliver these services.

4.0. CONCLUSION AND WAY FORWARD

The year 2019 was another successful year in the implementation of 2019 - 2020 biennium plans guided by the Country Cooperation Strategy and WHO 12th General programme of work. The WHO country office successfully supported the Government of Malawi in collaboration with other UN agencies.

The Government stewardship played a critical role in ensuring significant positive outcomes of the country cooperation strategy. Major efforts for WHO in the coming year 2020, will be focusing on how to maintain the gains achieved in 2019 in all programmes while leveraging resources to address health needs of the country as part of Universal Health coverage. Linkages with all levels WHO and with other health partners will be maintained and enhanced in line with new challenges and other emerging health needs.

A robust financing strategy for HIV, TB and viral hepatitis programmes is critical for maximising integrated delivery of services at all levels, including the integration of the leprosy programme with the tuberculosis programme.



STAFF MOVEMENT

DR FABIAN NDEZAKO, ACTING WORLD HEALTH ORGANIZATION REPRESENTATIVE FOR MALAWI JOINED THE WHO COUNTRY OFFICE ON 19 OCTOBER 2018

DR NONHLANHLA ROSEMARY DLAMINI WORLD HEALTH ORGANIZATION REPRESENTATIVE FOR MALAWI JOINED THE COUNTRY OFFICE IN JULY 2019



OBITUARIES

THE WHO COUNTRY OFFICE LOST TWO OF ITS STAFF MEMBERS. MAY THEIR SOULS REST IN PEACE.

- 1 DR KWAME WILLIAM CHIWAYA, THE THEN EPI SURVEILLANCE OFFICER, DIED ON 3 FEBRUARY 2019
- 2 MR HUMPHREYS MASUKU, THE THEN ENVIRONMENTAL OFFICER DIED ON 15 MAY 2019



World Health Organization
ADL House,
PO Box 30390, Capital City,
Lilongwe 3
Malawi