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## Moving from Policy to Practice: Implementing Key Health Strategies in Malawi

The government of Malawi has developed strong, up-to-date national health policies designed to improve health outcomes by increasing access to and uptake of voluntary family planning; HIV prevention, care, and treatment; and youth-friendly health services. However, in Malawi's decentralized context, there have been challenges associated with moving these policies into practice, particularly at the subnational level. This policy-to-action gap is an increasingly pressing concern given Malawi's reproductive health issues (see Box 1).

To assist Malawi in addressing these challenges, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has partnered with

the government of Malawi to improve the implementation and monitoring of key HIV and reproductive health strategies to ensure that they are effectively translated into renewed, expanded, and improved services. Malawi's experience underscores the vital role that policy implementation plays in enabling countries to reach their health and development goals. This brief showcases how **stewardship, health financing, and data for decision making** have played a crucial role in Malawi's efforts to improve health outcomes. Impacts from this work include increased uptake of family planning services among youth, increased funding for family planning at the district level, and a more robust health management information system.

# STEWARDSHIP

In Malawi's decentralized context, districts play an important role in the delivery of health and social services. In this environment, implementing national policies requires concerted efforts to ensure that the policies are operationalized at the local level. Accomplishing this relies on effective government stewardship to foster robust coordination and partnerships across sectors, ensure transparency and accountability through oversight and monitoring mechanisms, and share information with stakeholders. HP+ support of government efforts to implement the *National Youth-Friendly Health Services (YFHS) Strategy* and the *National Condom Strategy* involved strengthening these stewardship functions.

## Strengthening Multisectoral Coordination and Implementation of the National YFHS Strategy

Meeting the health needs of youth is pivotal to improving health outcomes in Malawi. As shown in Box 1, young people (under the age of 24) make up two-thirds of the country's population and are disproportionately affected by many health issues, including HIV. In addition, adolescent girls and young women marry at early ages and face physical violence and harmful practices, increasing their risk for unintended, mistimed, and higher-risk pregnancies. Recognizing the need to address the distinct health needs of youth, Malawi has had youth-friendly health service standards in place since 2007. In 2016, the Ministry of Health launched the National YFHS Strategy to address gaps in implementation of the service standards, galvanize action, and strengthen a comprehensive package of health services for youth. The strategy was developed with support from HP+'s predecessor, the Health Policy Project (HPP), and included youth as a central voice in development. Building on this foundation, HP+ has worked with key stakeholders to strengthen implementation of the strategy.

Successful implementation requires that multiple ministries—namely the Ministry of Health's Reproductive Health Directorate and the ministries

### Box 1. Key Reproductive Health Issues

- **A young, rapidly growing population:** Malawi's population was 17.5 million in 2018—a 35% increase from 2008. At this rate of growth, the population will triple by 2050. Most Malawians are young—two-thirds are under 24 years of age (NSO, 2019; MOFEPD and University of Malawi, 2017; NSO and ICF, 2017).
- **Ongoing unmet need for contraceptives:** Malawian women bear an average of four to five children. Yet, couples in Malawi want smaller families. More than two-thirds (41%) of mothers ages 15–49 reported that their last pregnancies were not wanted (11%) or mistimed (wanted at a later time) (30%). Among female youth ages 10–24, 31% of last pregnancies were unwanted and 9% were mistimed (NSO, 2019; E2A, 2014).
- **Challenges facing youth:** 29% of adolescents 15–19 years of age have begun childbearing, accounting for 18% of annual live births. In 2016, 15% of maternal deaths occurred among adolescents. Pregnancy was the second most common reason for girls dropping out of secondary school, accounting for 28% of female dropouts (NSO and ICF, 2017; NSO, 2019; MOEST, 2015).

Nearly one-third of new HIV infections (14,000 of 38,000) in 2018 occurred among young people ages 15–24 years of age. Young women are disproportionately affected, accounting for two-thirds of these infections (9,900 among young women compared to 4,200 among young men) (UNAIDS, n.d.).

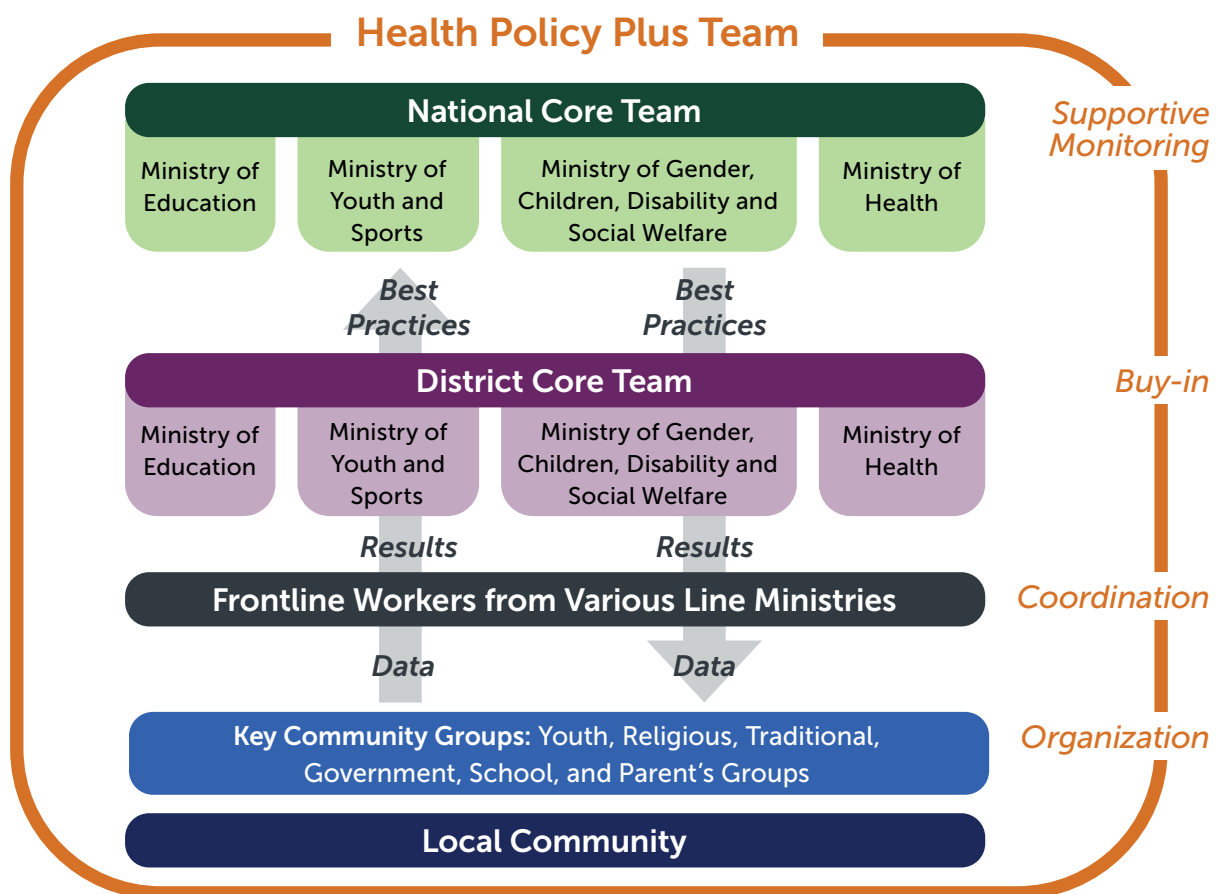
of education, labor, and gender and social welfare—work together at national and district levels to achieve ambitious goals. In 2017, with support from HP+, the Malawian government promoted successful collaboration among these ministries to implement the YFHS strategy in three communities in Mangochi District. This involved an innovative approach to link the health system across all levels of government to support implementation of the strategy, focusing on the community level in particular (see Figure 1). The approach, which sought to catalyze community action to strengthen local implementation of the YFHS strategy, included:

- Increasing community understanding, acceptance, and support for youth-friendly health services

- Building community capacity, including local youth, to advocate for youth-friendly health services
- Establishing local ownership over youth-friendly health services and programs
- Meaningfully involving and empowering youth to participate in decision-making processes
- Catalyzing community-driven action by identifying and taking advantage of existing opportunities (e.g., community development projects or other initiatives or structures already in place that could be extended to youth-friendly health services)

The approach engaged seven key community groups: in-school youth, out-of-school youth, other school stakeholders, religious leaders,

Figure 1. Collaboration Across Stakeholders



Learn more in HP+'s policy brief, [A Model for Making Interministerial Collaboration Work: Implementing Malawi's Youth-Friendly Health Services Strategy](#) (Lipsky et al., 2020).



traditional leaders, frontline government workers, and traditional healers and initiation counselors. After generating support at national and district levels, HP+ worked with participating communities to ensure a full understanding of all YFHS-related activities taking place at the community level. Activities included a stakeholder mapping exercise and training facilitators from each of the four ministries and nongovernmental organization partners to conduct community-level YFHS advocacy workshops with the seven community groups. In addition to community members, the workshops included representatives from the ministries, HP+ staff, and frontline government workers from the four ministries, including health center personnel. The workshops focused on identifying local issues and solutions and developing action plans in response. Common challenges addressed included forced/child marriage, teen pregnancy, a rising incidence of school dropouts, and misconceptions/a lack of knowledge about youth-friendly health services.

This grassroots approach offers an example of strong interministerial and multisectoral collaboration for successful policy implementation and has led to impressive outcomes in Mangochi, including:

- Improved community understanding of youth-friendly health services, dispelled misconceptions about such services, and a lowering of barriers to access for youth
- Strengthened interministerial understanding of each ministry's role in implementing the strategy at the community level—not always clear due to complex, often overlapping roles, responsibilities, and reporting arrangements at that level
- Improved recognition of youth by local leaders leading to increased participation in decision-making spaces at the community level and improved capacity to mobilize resources for youth-friendly health services through entrepreneurship
- Increased youth knowledge and uptake of family planning services

## Establishing District Condom Coordinating Committees

The Ministry of Health launched the *National Condom Strategy (2015–2020)* in March 2017. The strategy aimed to increase awareness, access, and use of condoms—the only method that provides dual protection against both unintended pregnancy and sexually transmitted infections, including HIV. This protection is urgently needed in Malawi, where HIV prevalence and unmet need for contraceptives remain high (see Box 1, previously). The strategy provided a multisectoral framework for sustainable, coordinated, comprehensive condom programming. It envisioned a total market approach, prioritizing coordination across public, non-profit, and for-profit sectors.

To help roll out the national strategy at the local level, [HP+ provided support to the Malawian government in 2018 and 2019 to establish district condom coordination committees](#)—oversight groups with clearly defined roles and responsibilities for accountability—first in five priority districts. HP+ then shared the approach with PSI to reach three additional districts and leveraged funding from the United Nations Population Fund through the Family Planning Association of Malawi to scale up a comprehensive condom program to all 28 districts.

With the committees in place, the Department of HIV/AIDS established a condom focal point in every district to facilitate rollout of the condom strategy. These new coordination mechanisms have been integrated into local government structures and national HIV coordination systems. Furthermore, to improve the accuracy of condom forecasting and procurement, HP+ collaborated with the Department of HIV/AIDS and the National Condom Coordinating Committee to design community reporting tools to capture data in the national tracking system on condom distribution and consumption outside health facilities. HP+ oriented district staff and community partners on reporting tools for the community and facilities to improve distribution and prevent stockouts. Multisectoral, multi-partner collaboration was key to the success of this effort.



By creating these committees, the national government transferred stewardship to local leadership and set up mechanisms to ensure accountability. Focal persons from each district committee, supported by domestic funding, are responsible for coordinating the comprehensive condom programming agenda at the district and community level and maintaining communication with zonal and national condom stakeholders. Quarterly meetings—operational until the COVID-19 pandemic temporarily curtailed in-person meetings—have served as a forum through which district management and partners could discuss implementation challenges and identify solutions, such as ensuring that committee engagement is multisectoral and district resources are adequately appropriated.

## Integrating Family Planning Priorities into District-Level Plans

In 2015, the *Malawi Costed Implementation Plan (CIP) for Family Planning, 2016–2020* was developed. This comprehensive multi-year roadmap was designed by the government to help

achieve Malawi's family planning goals by the most effective, efficient means possible. The product of a structured strategic planning process, the CIP enabled Malawi to prioritize interventions, engage stakeholders around one strategy, forecast costs, and mobilize resources to meet gaps. To ensure that the gains achieved at the national level flowed down to the district level, the government of Malawi worked to ensure that the CIP was operationalized at the district level.

Successful CIP execution required many interventions to be implemented at the district level. District councils are responsible for developing district budgets that reflect local priorities, including determining which family planning activities are implemented locally each year. While family planning commodities are funded and procured at the national level, it is essential that districts earmark funds to support a full range of family planning activities, such as training, social and behavior change communication, and outreach services. Thus, implementing the CIP required engaging district councils to increase their awareness of national objectives and strategies and

empowering them to develop district-level plans based on the CIP. To this end, HP+ collaborated with the Reproductive Health Directorate and other implementing partners to support the integration of priority CIP activities into district-level plans and budgets by ensuring that district decisionmakers were informed about and understood the CIP and had the capacity and political will to integrate CIP objectives and activities into local planning. HP+ piloted this approach in four districts and produced a guide—[Integrating Family Planning Interventions into District Implementation Plans in Malawi](#)—that outlines the approach to promote replication.

## HEALTH FINANCING

The strongest policies cannot get far without the resources to implement them. In Malawi, HP+ is working with parliamentarians and civil society organizations to mobilize resources for health, as well as helping the government improve how it is using existing resources. With the COVID-19 pandemic placing increased strain on Malawi's resources, making the most of available resources for healthcare is essential.

### Assessing Cost-Effectiveness of Contracting Out for Maternal, Neonatal, and Child Health Services

In 2016, the government of Malawi signed a memorandum of understanding with the Christian Health Association of Malawi (CHAM) to increase access to essential healthcare services to individuals who live in CHAM catchment areas—almost one-third of the population (CHAM, 2017). Under this mechanism, service level agreements were signed, largely focusing on maternal, neonatal, and child health. In 2017, the government engaged HP+ to assess whether the resources committed through the memoranda of understanding were yielding value for money. HP+'s economic evaluation of the service level agreements revealed that they were cost effective and saved at least 434 lives annually. These results were presented to the office of the vice president and public sector reforms. The government decided to maintain the service level agreement mechanism with CHAM using funding

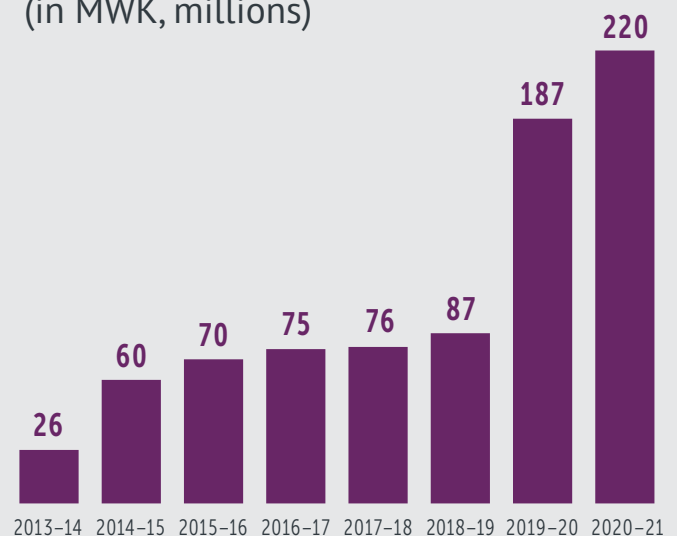
from the Health Services Joint Fund. Moreover, the mechanism was extended to the Islamic Health Association of Malawi (IHAM) to provide similar services.

## Mobilizing Resources for Family Planning

In 2012, Malawi's parliament approved the creation of a dedicated budget line item for family planning commodities. This policy change was the culmination of evidence-based advocacy by parliamentarians and civil society stakeholders across multiple sectors. Since 2009, HP+ and its predecessor projects generated, analyzed, and packaged data from the RAPID model to convey [how investing in family planning can help Malawi meet its development goals](#). Advocates used the resulting evidence to position family planning as a priority, linked to development issues.

The creation of the budget line item for family planning enabled parliamentarians and other stakeholders to successfully advocate for increased budget allocations for family planning—from 26 million Malawian kwacha (MWK) in 2013 to 220 million in 2020 (see Figure 2). Parliamentarians have

Figure 2. National Family Planning Budget Line Item, 2013–2021 (in MWK, millions)





been at the forefront of these efforts, better able to persuade their colleagues than others. The line item has enabled advocates to analyze allocations in relation to resource needs, which helped them make a stronger case for investing additional funds. Moreover, the budget line item has enabled advocates to track funding disbursements—holding government accountable for delivering on its budget commitments (see Box 2).

### **Box 2. New Tool to Help Track Domestic Funding for Family Planning**

HP+ developed a guide to help the Reproductive Health Directorate, members of parliament, civil society organizations, and other stakeholders track national domestic funding for family planning. The guide—*Monitoring Allocations and Disbursements of Malawi's National Family Planning Budget*—outlines key steps and entry points for action in the budget cycle, which includes parallel processes of allocation for the coming year and disbursement for the current year.

As part of this effort, the project—in partnership with the Ministry of Health, parliamentary committees, and civil society representatives—organized periodic follow-up meetings to equip members of parliament with advocacy messages, provide them with tools to track the family planning budget line, and help identify advocacy priorities. The meetings also served as a valuable venue for accountability between members of parliament and government departments. For example, the meetings provided a platform for members to ask the Reproductive Health Directorate why allocated funds were spent late or not at all, an issue that can impede the directorate's ability to request additional funding for family planning programs. To leverage broader support for family planning funding and spotlight the linkages between population and development, these meetings have included the heads of other parliamentary groups such as the

finance, social welfare, and HIV committees and the gender and population caucuses. Civil society stakeholders have pledged to follow up to ensure full allocation to enable procurement through meetings with members of parliament and health officials.

## **DATA FOR DECISION MAKING**

Successful policy implementation is inextricably linked with the collection, analysis, and use of good quality data. Accurate, timely, and relevant data is an essential ingredient in formulating and carrying out effective policy responses—and well-designed, evidence-based policies provide a strong foundation for successful implementation. Data can be used to:

- Advocate for the resources needed to put policy measures into practice
- Generate and sustain commitment for implementing policy priorities
- Monitor implementation progress, which enhances accountability and helps to identify implementation barriers and emerging issues that may require course corrections
- Support the rollout of national policies at the subnational level by fostering local ownership and enabling implementers to tailor implementation to suit local needs
- Demonstrate the impact of policies, supporting further resource mobilization and helping to sustain political commitment

The previous section describes how data-informed advocacy was used to successfully mobilize domestic resources for family planning, resulting in the creation of a dedicated budget for family planning and sustained increases in funding allocation. Box 3 provides an example of how family planning and reproductive health data relevant to youth was used to strengthen implementation of the YFHS strategy at the community level. Furthermore, the project's work has extended to helping strengthen the data systems that advocates, policymakers, and program managers rely on to make sound policy and programmatic decisions.

### Box 3. Using Data to Strengthen Implementation of the YFHS Strategy at the Community Level

Sharing data with district officials and community groups was a vital aspect of the grassroots approach used by HP+ and the Reproductive Health Directorate to strengthen community-level implementation of the YFHS strategy. District-specific YFHS data on family planning and HIV from the Malawi Demographic and Health Survey were used to tailor the approach to different contexts. Local representative facilitators found that using district-specific evidence presented in handouts and on flip charts in discussions with decisionmakers and community members was a powerful way to build support, creating urgency when comparing indicators in relation to progress in other districts. Data-driven discussion about the situation in the community helped community members understand the nature and scope of youth-friendly health service issues and the importance of addressing the issues through implementation of the strategy. Implementers also found it helpful to share evidence showing how the district's situation compared with other districts and the country as a whole. Moreover, using evidence and statistics helped keep discussion of sensitive issues grounded in facts rather than emotion.

## Strengthening the Health Management Information System

Policy creation, implementation, and monitoring rely on a robust health management information system and the timely availability of reliable data, which must be easily accessible to decisionmakers. HP+, in conjunction with the President's Malaria Initiative, has provided high-level support to strengthen the government of Malawi's capacity to manage health information and use data for decision making. This support was prompted by a 2018 assessment that identified challenges, including poor data quality and gaps in the implementation of the national health management information system, the District Health Information Software 2 (DHIS2). Lack of availability of the DHIS2 platform at central (tertiary) and lower-level health facilities contributed to incomplete data at the national level, hampering decisionmakers' ability to make evidence-based policy decisions.

To help address gaps from the policy level, HP+, in collaboration with management consultants Cooper/Smith and Vital Strategies, the World Health Organization, GIZ, and the Bill & Melinda Gates

Foundation, supported the Central Monitoring and Evaluation Division in the Ministry of Health to develop a comprehensive, costed, *Monitoring, Evaluation, and Health Information Systems Strategy 2017–2022*. Translating the policy to action, HP+ assisted the Central Monitoring and Evaluation Division in planning and implementing the DHIS2 in four central hospitals and 476 health centers, including advocating to have the activity added to Malawi's 2018 and 2020 Global Fund funding requests and the Gavi Health Systems Strengthening grant. Furthermore, the project helped train and mentor national- and district-level staff on data quality and use, including implementation of a facility-level data quality assessment (for more details see [A Strategic Approach to Strengthening Data Quality and Use: Lessons from Malawi](#)).

## Tracking Progress of Youth-Friendly Health Services

With the YFHS strategy in place, the Ministry of Health required indicators to monitor implementation progress. However, a lack of youth-friendly health service indicators in the DHIS2 made it difficult to track the YFHS program's performance



and outcomes or implementation of the strategy. Moreover, it signaled to many stakeholders that the YFHS program was less important than other programs that had indicators in the system. Taking action, HP+ supported the Ministry of Health's reproductive health and monitoring and evaluation departments to develop six new YFHS indicators, which were integrated into the DHIS2 in March 2017. Subsequently, HP+ trained YFHS coordinators and health management information system officers from all 28 districts on the DHIS2 and the YFHS indicators, and each developed a workplan to teach others how to use the system. Strengthening the capacity of key personnel at the district level aims to improve implementation of youth-friendly health service activities, the quality of data reported, and the timeliness/frequency with which data is reported. The data captured using the new indicators has already been used to address an emerging health issue—COVID-19 (see Box 4).

District YFHS coordinators are using the DHIS2 indicators to analyze the uptake of youth-friendly health services, sharing best practices and challenges encountered to improve program decision making across all levels of the health system. Since 2018, HP+ has supported the Ministry of Health's Central Monitoring and Evaluation Directorate to analyze district performance in reporting service uptake and has shared these results with district-level coordinators via WhatsApp. As a result, overall national reporting for the YFHS program improved markedly between 2018 and 2020 (from 13 percent to 72 percent). This demonstrates strengthened capacity to submit complete and timely data, which is so critical to informed decision making.

## Improving Condom Reporting

One of the key indicators of the national condom strategy is the number of condoms being distributed. However, despite the existence of several information systems and tools for condom reporting, gaps and inconsistencies existed, leading to information gaps that hindered the national condom program's efforts. Due to a lack of standardized condom reporting in national and district monitoring and evaluation systems, the

### Box 4. DHIS2 Indicators Revealed Gaps in Youth-Friendly Health Services During COVID-19

The inclusion of YFHS indicators in the DHIS2 made it possible to rapidly identify and respond to changes in the provision of youth-friendly health services during the COVID-19 pandemic. Specifically, DHIS2 data revealed marked declines in youth-friendly health service provision beginning in late March 2020, when COVID-19 preventive measures were instituted in Malawi. In April and May 2020, service use declined across all 16 YFHS indicators in the DHIS2 compared with the same period in 2019. Use of family planning information and services fell by 35%, HIV testing and counseling by 40%, and condom promotion and provision by 18%. This data was used by advocates to push for the integration of youth-friendly health services into Malawi's COVID-19 response. As a result, the Ministry of Health has developed YFHS COVID-19 guidelines, which are currently under review.

National Condom Coordinating Committee had little information on where and how condoms were being distributed through public sector channels. Reporting challenges affect the supply chain system, impacting its ability to satisfy demand, leading to commodity stockouts.

Collaborating with the Department of HIV/AIDS (DHA), National Condom Coordinating Committee, and PSI, HP+ developed and tested new condom reporting tools. The tools were refined based on initial tests, then rolled out in all 28 districts with support from HP+ and the United Nations Population Fund, through the Family Planning Association of Malawi. These new reporting tools are being integrated into the DHA's existing



departments so that resource requirements are minimal for sustained use. These tools will help collect comprehensive, quality data on condom distribution, enabling the DHA to better understand trends in facility- and community-based distribution of public sector condoms where data were previously incomplete or non-existent. The final step in the institutionalization process was to develop new condom indicators to aggregate the condom distribution data captured at the facility and community levels for inclusion in the DHIS2.

## CONCLUSION

Improving policy implementation and monitoring is essential to improve reproductive health outcomes. Successful policy implementation and monitoring requires having the right tools and evidence in place, integrated into the right systems, and supported by appropriate financing and human resources. Moreover, it requires engaging and building support across multiple sectors and levels, particularly the communities that the health system is designed to serve. Malawi's experience illustrates how diverse actions, tools, and the availability of evidence across multiple levels and sectors are needed to ensure that data-driven policy responses

are put in place and, once in place, that they are effectively translated into renewed, expanded, and improved services. Stewardship, health financing, and data for decision making are key elements that have played a crucial role in Malawi's efforts to improve health outcomes through policy.


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Photograph page 5: Health Policy Plus Malawi

Photograph page 10: The White Ribbon Alliance