

Republic of Malawi

MALAWI

the

MILLENNIUM

DEVELOPMENT

GOALS SEPTEMBER 2000 - SEPTEMBER 2005

Challenges & Achievement



CONTENTS

FOREWORDi
INTRODUCTIONii
GOAL 1: Halving the Proportion of People Living in Extreme Poverty1
GOAL 2: Achieve Universal Access to Primary Education5
GOAL 3: Promote Gender Equality and Empower Women8
GOAL 4: Reduce Under-five Mortality Rate by Two Thirds11
GOAL 5: Reduce Maternal Mortality Rate by Three Quarters14
GOAL 6: Halt and Reverse the Spread of HIV/AIDS, Malaria and Other Diseases17
GOAL 7: Ensure Environmental Sustainability21
GOAL 8: Develop a Global Partnership for Development24
CONCLUSION26



"The Millennium Development Goals (MDGs) represent a great challenge to both developed and developing countries. We shall require greater cooperation among the nations than ever before to meet this challenge."

Dr. BINGU wa MUTHARIKA

PRESIDENT OF THE REPUBLIC OF MALAWI

ince the adoption of the Millennium Development Goals (MDGs) in Septem ber 2000, my government has put in place a number of strategies aimed at meeting these goals. We have made remarkarble progress meeting the MDGs. These include Malawi Poverty Reduction Strategy (MPRS), the Malawi Economic Growth Strategy (MEGS) and the Poverty Reduction and Growth Facility (PRGF) funded by the International Monetary Fund (IMF).

However, during the first five years of the MDGs, the implementation of these strategies was floundering because of lack of capacity, financial resources and external constraints.

In this report, we have briefly outlined our strategies, challenges and achievements in meeting the MDGs. We have also charted a new road map towards a fuller implementation of the MDGs that will see the transformation of Malawi into a vibrant and prosperous nation. We are determined to succeed.

Dr. Bingu wa MUTHARIKA

The President of the Republic of Malawi Lilongwe MALAWI

September 2005

INTRODUCTION

alawi has a population of approximately 14 million people, of which 51 percent are women. The country covers an area of about 118,000 square kilometers. It is one of the least developed countries with a gross domestic product (GDP) per capita of about US \$170.00. The latest Human Development Index (HDI) for Malawi is 0.388, and shows that close to two thirds of the population live in poverty, the majority of whom are women.

The Integrated Household Survey (IHS 1998) estimated that 65.3 percent of the population lives in poverty. Income inequality, as measured by the gini-coefficient, stands at 0.52 for urban areas and 0.37 for rural areas. This means that income inequality is very high. The richest 20 percent of the population consumed 46.3 percent of goods and services whilst the poorest 20 percent consumed only 6.3 percent (IHS 1998).

The implementation of the MDGs is a serious challenge to my Government because the economy is agro-based and highly susceptible to exogenous factors such as droughts, the rise in global oil prices and the declines in export trade. The economy is heavily dependant on foreign sources of financing, resulting in mounting debt stock. Since 1994, the economy has been growing at an average rate of 3 percent per annum which is well below the required growth rate of 6 percent per annum that is necessary to halve the number of people living on less than a dollar a day.

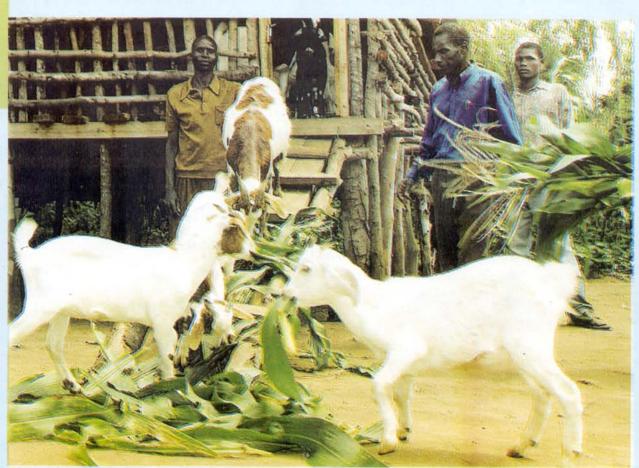
This report assesses in a nutshell what Malawi has achieved in meeting the MDGs; the challenges we are facing; and the way forward.

GOAL 1

Halving the Proportion of People Living in Extreme Poverty

WHAT WE PLANNED TO DO

- Empowering the poor to have access to loans and credits, and facilitating the establishment of credit co-operatives and/or village banks.
- Increasing access to agricultural inputs among the poor through Targeted Input and 'Starter Packs" programs.



Livestock are a source of income

CHALLENGES AND ACHIEVEMENTS: SEPTEMBER 2000-SEPTEMBER 2005

Reducing the price of fertiliser and other agricultural inputs for poor rural

	such as cotton, wheat, and cassava.
	Adopted micro-finance policy and formed a micro-finance network which
	has increased the number of people accessing loans.
	Established the MK5 billion Malawi Rural Development Fund to disburse
	loans to the poor in rural and urban areas
	Established the One Village One Product (OVOP) Scheme to encourage
	people to get into value adding processes.
	Increased the amount 'Starter Packs' from 17 kgs to 31 kgs per household.
	Distributed 400 free treadle pumps to smallholder farmers through
	Members of Parliament (for a total of 187 constituencies) to increase the area under irrigation.
	Rehabilitated abandoned irrigation schemes covering 40,000 hectares for smallholder agricultural production for maize, rice and vegetables.
	Introduced MK5.2 billion universal fertilizer subsidy targeting smallholder
	farmers.
	Initiated formation of small-scale mining clubs and agro-processing
V	cooperatives.
	Identified other sectors for economic growth such as manufacturing and agro-processing, tourism, and small-scale mining.



A good maize crop helps to reduce poverty



chance to diversify their crops and create a sustainable livelihood.

THE WAY FORWARD

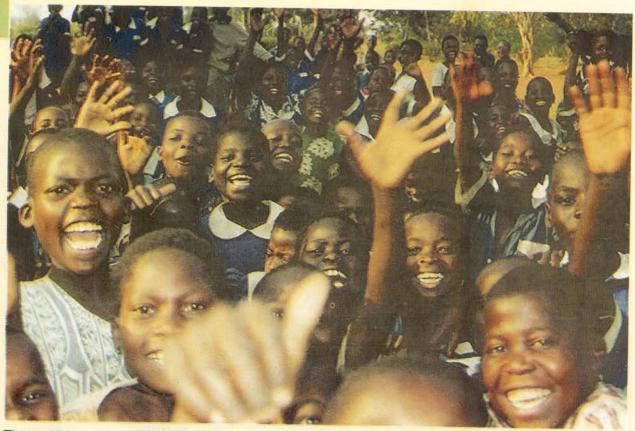
Government will continue the following policies:

	Investing in areas that have direct impact on poverty especially in agriculture
	productivity, promoting contract farming.
	To sustain the provision of affordable inputs to farmers.
	To continue and intensify agricultural reforms in order to increase access to markets and production technology.
	To bring more people under credit co-operatives or village banks and providing them financial support.
Ц	To ensure that more people are accessing loans and credits from the
	dovernment and private institutions.
	To create more opportunities for employment and income generation.

Achieve Universal Access to Primary Education

WHAT WE PLANNED TO DO

- Introduction of free compulsory primary education by 2012.
- Abolishing school uniform as a requirement to attend school.
- Recruiting and training more teachers.
- Reducing dropout and repetition rates in primary school,
- Increasing physical access to basic education through construction and rehabilitation of school blocks.
- Constructing more teacher's houses.
- Providing special needs education for children with learning disabilities.



These children are very happy to be at school with or without uniform



Good learning environment - Malawi needs more schools.

- Ensuring that all pupils have access to an adequate supply of teaching and learning materials.
 Mainstreaming nutrition, HIV and AIDS into the education system.
 Introduction of school feeding programmes to encourage higher school
- Introduction of school feeding programmes to encourage higher school attendance.

THE CHALLENGES WE ARE FACING

- Lack of classrooms forcing many children to learn under trees.
 High dropout and repetition rates especially among girls due to HIV and AIDS pandemic.
- High incidence of poverty leading to no food at home and inadequate clothing.

Reduce Under-five Mortality Rate by Two Thirds

WHAT WE PLANNED TO DO

- Implementation of a Sector-wide Approach (SWAp) for an Essential Health Package (EHP) (applies also to Goal 5 and 6).
- Improve the general health status of the population by strengthening, expanding and integrating relevant health services (applies also to Goal 5 & 6).
- Increase, retain and improve the quality of trained human resources and distribute them efficiently and equitably (applies also to Goal 5& 6).
- Provision of better quality health care in all facilities.
- Strengthen collaboration and partnership between government, donors, communities, private providers.
- Implementation of an Integrated Management of Child Illnesses (IMCI)
 Approach.

THE CHALLENGES WE ARE FACING

- Insufficient resources per capita health expenditure per annum is \$11.

 The minimum requirement for EHP is \$17.5.
- Shortage of resources resulting in a shortage of drugs and other essential supplies (Also applies to goal 5).
- A high burden of preventable diseases and conditions such as malnutrition, poor sanitation, lack of universal access to safe water. (Applies also to Goal 5 & 6).
- Poor access to health care as a result of both geographical and economic factors.

0 00	Lack of information on what expectant women should do to avoid high infant mortality. Increased morbidity and mortality as a result of HIV/AIDS pandemic. Capacity constraints in training institutions due to lack of adequate teaching space and hostels and shortage of tutors.	
	OUR ACHIEVEMENTS	
_	Significant decline (42%) in the under five-mortality rate from 189/1000 live births in 2000 to 133/1000 live births in 2004.	
	Infant mortality has also dropped by 36% from 104/1000 live births to 76/1000 live births over the same period.	
	A 6 Year Joint Programme of Work was approved in July 2004 and is	
0	currently under implementation. The National Health Plan was approved and implemented between 1999 and 2004. Its predecessor, the 6 Year Joint Programme of Work was approved in July 2004 and is surrouth.	
	in July 2004 and is currently under implementation. The IMCI Approach, and the Malaria Policy have been approved and are	12
	being implemented. Child feeding programmes are being implemented in a number of Health	12
	racintles.	
	Successful immunization programme. Full immunization coverage is 70 percent and measles vaccination coverage is 84 percent. Malawi has received two awards from WHO and the control of the	
	received two awards from WHO on this achievement. Continuous and an accelerated training programme of health workers, including Health Surveillance Assistants (HSAs), on IMCI and prevention of child illnesses.	



THE WAY FORWARD

Government will intensify the following programmes:

- Investing in the essential health care services with a special focus on human resources development and retention, procurement of essential basic equipment, drugs and other medical supplies, and provision of infrastructure.
- Implementation of the Sector Wide Approach in the health sector, and also collaborate with private health service providers.
- Ensure availability of vaccines, an uninterrupted cold chain and increased availability and use of insecticide treated nets (ITNs).
- Increase civic education and training for women in rural areas in better child birth methods and childcare.

GOAL 5

Reduce Maternal Mortality Rate by Three Quarters

WHAT WE PLANNED TO DO

Provision of better quality health care in all facilities - antenatal and post-
natal care and other safe-motherhood interventions.
Increase number of women receiving Anti-Retroviral Therapy (ART).
Strengthen collaboration and partnership between government and other care providers through service agreements.
Implementation of a roadmap for reducing the prevailing high maternal mortality rate.
Put in place a good referral system including communication and transport systems.

THE CHALLENGES WE ARE FACING

- Critical shortage of human resources often resulting in deliveries being administered by untrained health providers and attendants (57 percent are attended to by a trained health worker).
 Poor access to health care for most women.
 Traditional practices such that encourage early marriages or prevent use of
- modern contraceptive methods and delivering in health centres/hospitals.

 Lack of adequate child spacing due to little or no male involvement in family planning initiatives.
- The transmission of HIV to pregnant women, mothers and their children.

14

OUR ACHIEVEMENTS

The percentage of deliveries attended by skilled personnel has marginally
improved from 55 percent in 2000 to 57 percent in 2004.
The use of contraceptives has improved from 26 percent in 2000 to 33 percent in 2005.
Fertility rate has dropped from 6.3 percent in 2000 to 6 percent in 2004.
Number of pregnant women attending ante-natal care has increased to 91.4%.
The percentage of pregnant women receiving Intermittent Presumptive
Treatment (IPT, 2 doses) has increased from 29 percent in 2001 to 60 percent in 2004.



Women receiving valuable support for better child birth methods and childcare.

To provide more resources towards improving the health delivery system both at the primary and secondary health care levels. Through the health SWAp, Government to improve prioritization and coordination of reproductive health programmes, and women need to be a special target group, Strive to reduce teenage pregnancies and unsafe abortions through adoption of Adolescent Reproductive Health Services. Continue investing substantially in the essential health care services with a special focus on human resources development and retention, procurement of essential basic equipment, drugs and other medical supplies, and provision of infrastructure, Collaborating with other health care providers. Strengthen the referral system (communication and transport systems).

16

Government will reduce the maternal mortality rate by providing improved resources for health care and investing in more medical equipment and supplies.

Halt and Reverse the Spread of HIV/AIDS, Malaria and Other Diseases

WHAT WE PLANNED TO DO

On	HI\	and	AIDS	5
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		Establish and implement the National HIV/AIDS policy.
		Prevention of infection among the youth and general public.
-		Increasing adolescent reproductive health services.
7		Encouraging sexual abstinence and increased use of condoms.
		Controlling mother to child transmission.
		Improving quality of life of those with HIV/AIDS.
		Mitigating against the impact of HIV/AIDS.
		Provide support to the National Aids Commission (NAC) and other implementers.
		Promotion of voluntary counseling and testing.
		Provide anti-retroviral (ARV) treatment to those who are HIV positive and are eligible for the treatment.
	On T	uberculosis (TB):
		Scaling up and strengthening of the Directly Observable Therapy System (DOTS) countrywide.
		Scaling up and strengthening of Community TB care.
		Strengthening of TB and HIV/AIDS collaboration.

	Training of health workers in TB case detection and management. Strengthening of the drug supply and distribution system, laboratory services and other supplies and equipment.
O	n Malaria:
	Reduce the incidence of malaria and mortality from malaria through increased availability of insecticide treated nets (ITNs) and malaria drugs.
	THE CHALLENGES WE ARE FACING
Rel	ated to HIV/AIDS:
0 00 0 00	Inadequate technical personnel in the health sector to provide the needed care, testing and counseling and other preventive measures. Negative social attitude towards abstinence, safe sex and condoms. Existence of cultural beliefs, compounded by poverty, that often prevents behavioral change. Meeting an increased demand for HIV testing in view of the availability of ART services. Ensuring and sustaining an uninterrupted supply of ART drugs and HIV/AIDS test kits. Inadequate monitoring and evaluation of ART services. Increase in HIV infection especially among the youth, which has led to an increase in TB cases.
Relat	ed to TB:
	High death rate largely because of HIV/AIDS - death rate from TB stands 22%, and out of this, 40% die within the first two months. Most patients report late for diagnosis. TB has become difficult to treat because of HIV/AIDS.

OUR ACHIEVEMENTS

O	n HI	V/AIDS:
		HIV/AIDS prevalence has been stabilized over the last few years to 14 prevalence rate among adults.
		Awareness campaigns have been intensified resulting in increased knowledge.
	1	Increased number of counseling and testing sites - 184 sites in May 2005.
]	Increased the number of clinics providing Anti-Retroviral (ARV) drugs from none to 60 as of May 2005.
]	Increased number of people receiving Anti-Retroviral (ARV) treatment from zero in 2000 to 19,000 in 2005.
	ב	Increased support towards National Aids Commission and other implementers.
]	Incorporated HIV/AIDS in the schools curricula at all levels.
	ב	Percentage of people using insecticide treated nets has also increased to 35 percent from 10 percent in the last two years.
]	Ongoing national training programmes on counseling and testing, ART and Preventior of Mother-to-Child Transmission (PMTCT) being implemented.
C	n T	B:
	3	Cure rates have improved as a result of improved TB case management. Currently it stands at 70% (7 in 10 cases get cured).
	3	The case fatality rate for TB has dropped from 22% to 19% in the last two years.
		The number of TB cases has stabilized in the last 3 yrs - over the last twenty years, there was a 300% increase in the first ten years but the last ten years has had an increase of 27% only, with no increase in the last three years.
(On M	Malaria:
Ţ		Introduced subsidies on mosquito nets and distributed over 1.3 million nets to the poor between the year 2004 and 2005.

Government will undertake the following:

- To intensify awareness campaigns especially focusing on preventative measures.
- To intensify the campaign for HIV/AIDS voluntary testing and counseling improve access to Prevention of Mother to Child Transmission (PMTCT) services.
- Increase the number of clinics providing ARVs and their free distribution throughout the country.
- Strengthen collaboration of the national TB Control Programme and the HIV/ AIDS Programmes, better screening HIV and TB.
- is always an 20 Improve logistics and supply systems to ensure that there uninterrupted supply of drug and supplies and equipment.
- Improve malaria case management through staff training and procurement of malaria drugs and supplies.



This recently opened hospital will help to improve health care in Thyolo district.

Ensure Environmental Sustainability

- Goal 7A: Halve the proportion of people without sustainable access to safe
- Goal 7B: Integrate the principles of sustainable development into country

policies and programmes and reverse the loss of environmental resources

WHAT WE PLANNED TO DO

drinking water

- Construct and rehabilitate water facilities.
- Increase capacity to meet demand from industry and domestic users.
- Introduce and enforce conservation and management of water resources
- Reduce incidence of waterborne diseases.
- Strengthen the legal and institutional framework for decentralized environment and natural resource management.
- Promote alternate livelihood strategies to reduce pressure on natural resources.
- Create awareness in sustainable utilization, development and management of natural resources and the environment.
- Integrate sustainable development into the country's socio-economic development.

Villagers participate in watershed conservation in Lilongwe



THE CHALLENGES WE ARE FACING To encourage more involvement of the communities in water management. High poverty levels result in over dependence on the natural resources and environment for livelihoods of many people. High population growth that still overstretches the natural resources and the environment for people's livelihood. Inadequate capacity to implement the policies and legislation designed to minimize environmental degradation. Inadequate alternative sources of energy, including rural electrification that forces the rural poor to use wood for energy. **OUR ACHIEVEMENTS** Reviewed the National Water Policy, the 1996 National Environment Policy and the Environmental Management Act, and adopted the National Strategy for Sustainable Development. Strengthened the legal and institutional framework for environment and natural resource management. Rehabilitated eight rural piped water schemes, and constructed water supply and sanitation services for small towns and three urban cities. 67 percent of the population have access to safe drinking water, an improvement from 47 percent in 1985. Created civic awareness of environment and natural resource management, Increased the number of water points by 8,000 (2000 - 04) through boreholes and standpipes in rural areas. Intensified the maintenance of existing boreholes and water schemes through

Initiated a number of different programmes to minimize environmental

community participation.

degradation.

THE WAY FORWARD

Government will implement the following:

- Increase the number of water points and water schemes.
- Train communities to intensify maintenance of existing water points (including boreholes) and water schemes.
- Continue to strengthen policy implementation and to enforce the Environmental Management Act.
- Build institutional capacity at all levels in the water sector.
- Provide a legal framework for private sector participation in the provision of water and sanitation services,
- Encourage upland fish farming and use of alternative sources of energy.
- Promote eco-tourism as a source of income for rural poor and human development at community level.



Lake Malawi: Reliable source for fish and water for irrigation.

of the MDGs.

CONCLUSION

his report shows that Malawi has made heroic efforts to attain the MDGs. We are aware that a lot more still needs to be done to achieve these goals by 2015. But we are happy that we are meeting the goals despite severe resource constraints.

Malawi's long-term economic goal is to achieve high and sustainable macroeconomic growth. For the overall objective of poverty reduction, Malawi is focusing on maintaining a stable macroeconomic framework with low inflation, low interest rates and stable exchange rates. We are determined to pursue prudent and sound public finance strategy, embark on policies to increase productivity and competitiveness of the economy, expand employment opportunities, promote a fair and efficient tax regime and improve the quality and cost effectiveness of the public services.

Our strategy focuses on new wealth creation by pursuing growth strategies based on private sector development and modernized agriculture for food security, and export diversification. The strategy also aims to ensure social protection for the poor and vulnerable and increased investment in education, public health, HIV/AIDS, and food security.

The international community is called upon to give more generous development assistance, especially grants to fund the many targets set out MGDs. Malawi has no resources of its own to achieve these goals. There also is the need for a fair and equitable global trading system, and give total debt cancellation.

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