WHO Country Cooperation Strategy
2017 -2022

Malawi

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Abbreviations

ACSD	Accelerated Child Survival and Development
ACT	Artemisinin Combination Therapy
AfDB	African Development Bank
AFP	Acute Flaccid Paralysis
AFRO	World Health Organization Regional Office for Africa
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory tract Infections
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BEmOC	Basic Emergency Obstetric Care
BFHI	Baby Friendly Hospital Initiative
BLM	Banja La Mtsogolo
CCA	Common Country Assessment
CCS	Country Cooperation Strategy
CDC	Centre for Disease Control
CHAM	Christian Health Association of Malawi
CIDA	Canadian International Development Agency
DA	District Assembly
DAD	Debt and Aid Division
DALY	Disability Adjusted Life Year
DAS	Development Assistance Strategy
DFID	Department of International Development (United Kingdom).
DHS	Demographic and Health Survey
EHP	Essential Health Package
EmOC	Emergency Obstetric Care
ENA	Essential Nutrition Action
EPI	Expanded Programme on Immunization
EU	European Union
FDC	Fixed Dose Combination
GDF	Global Drug Facility
GDP	Gross Domestic Product
GOM	Government of Malawi
GPW	General Programme of Work
GIZ	Gesellschaft für Internationale Zusammenarbeit (German Agency for International Cooperation)
HCW	Health Care Worker
HDI	Human Development Index
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HRH	Human Resource for Health
HSSP	Health Sector Strategic Plan

IDSR	Integrated Disease Surveillance and Response
IMCI	Integrated Management of Childhood Illnesses
IMF	International Monetary Fund
IST	Inter-country Support Team
ITN	Insecticide-Treated bed nets
JCPR	Joint Country Programme Review
MDG	Millennium Development Goal
MDHS	Malawi Demographic and Health Survey
MDR	Multi Drug Resistant
MGDS	Malawi Growth and Development Strategy
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Neonatal Health
MoH	Ministry of Health
MOLG	Ministry of Local Government
MTCT	Mother-to-Child Transmission
MTR	Mid Term Review
MTSP	Medium-term Strategic Plan
NAC	National Aids Commission
NCD	Non-Communicable Disease
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
NPO	National Professional Officer
NSO	National Statistical Office
NTD	Neglected Tropical Disease
OPC	Office of the President and Cabinet
ORS	Oral Rehydration Salt
PD	Paris Declaration
POW	Programme of Work
PPP	Purchasing Power Parity
RED	Reaching Every District
SP	Sulfadoxine-Pyrimethamine
SWAp	Sector Wide Approach
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nation Development Programme
UNFPA	United Nation Fund for Population Activities
UNICEF	United Nations Children's Fund
USG	United States Government
WB	World Bank
WCO	World Health Organization Country Office
WHO	World Health Organization

Executive summary

The Country Cooperation Strategy is the World Health Organization (WHO)'s reference for country work guiding planning and resource allocation through alignment with national health priorities and harmonization with other development partners. It clarifies roles and functions of WHO in supporting the national strategic plan for health through the Sector-Wide Approach and Malawi Growth and Development Strategy II. The Country Cooperation Strategy is based on a systematic assessment of the recent national achievements, emerging health needs, challenges, government policies and expectations. An evaluation of the previous CCS was conducted and jointly discussed with the Ministry of Health as well as other key stakeholders. This process led to the identification of the, achievements, challenges and shortfalls of the previous CCS. Through this process the areas where WHO needed to focus on were also identified. The CCS development has also been done in parallel with the formulation of the new Health Sector Strategic Plan (HSSP) to ensure that there is a linkage between the two.

For the period of this CCS 2017-2022 the following strategic priority areas have been identified:

1. Maintain WHO's leadership role of normative and policy guidance as well as strengthening partnerships and harmonization
2. Supporting the strengthening of health systems and advancing UHC through revitalized primary health care approach and sustainable service delivery while ensuring financial risk protection.
3. Supporting prioritization of the special health needs of mothers, neonates, adolescents and children in line with the universality of SDGs and strong emphasis on equality or leaving no one behind
4. Enhancing the capacity for the prevention and control of communicable and non-communicable diseases (NCDs), mental health, violence and injuries and disabilities.
5. Addressing the social, economic and environmental determinants of health as a means of reducing health inequities.

Through these strategic priorities WHO will continue to provide leadership for health as well as technical support in the country through enhanced provision of normative and policy guidance on key public health issues, such as strengthening local health systems, health financing and social protection, community interventions and universal access to health care, as directed by the Regional Committee for Africa. New strategic alliances will be forged and existing partnerships strengthened in and outside the UN system.. WHO will advocate for sustained commitments with a special focus on the human resource gaps. Sound health financing and social protection policies will be promoted including the Abuja target of 15% of national budget allocation to health. The country will be supported in the application of information and communication technology for health (eHealth). WHO will work towards facilitating the coordination among various partners in the health sector including the work that is already being done through the Health Donor Group and other fora. UNDAF is one of the key mechanism through which WHO is coordinating with other UN agencies and the

Ministry of Health and where it is playing a leading role in health. Support to the Joint Annual Reviews of the health sector will be a key area where WHO will support the Ministry of Health to strengthen the monitoring mechanisms within the health sector.

In line with the Ending Preventable maternal and newborn morbidity and deaths as well as the SDGs support will be provided to define a minimum package of maternal and newborn services at each level of the health care delivery system, such as family planning, safe deliveries by skilled birth attendants, emergency obstetric and neonatal care and appropriate referral systems. To review and revise national policies, norms and protocols using evidence based standards; and to assess and produce a skilled workforce for maternal and child health services. WHO will advocate strong country ownership and leadership for accelerated, evidence based and comprehensive scaling up of agreed cost-effective interventions for the prevention and control of HIV/AIDS, malaria and tuberculosis.

Improved norms and guidelines will be provided towards TB case detection, proper implementation of DOTS especially supervision of treatment and follow-up of cases. Effective identification and treatment of multidrug-resistant and extensively drug-resistant (MDR/XDR) TB cases, putting into operation the agreed TB/HIV collaborative activities, and engaging other service providers including the private sector will be promoted. For malaria, the focus will be on promoting the use of existing guidance on ITNs and indoor residual spraying (IRS) especially in the same geographical area and also on promoting innovative measures to address causes of low uptake of ITNs. Parasitological diagnosis and early treatment of malaria especially in children will be strongly supported. In order to improve access and coverage in routine immunization, support will be provided to strengthen immunization systems and to accelerate the introduction of life-saving new vaccines. In addition, a stepwise approach towards achieving the measles elimination goal.

WHO will work with national stakeholders to strengthen capacity for emergencies and outbreak management, development and implementation of preparedness and response plans, and full implementation of early warning systems within the framework of integrated disease surveillance and response (IDSR) and International Health Regulations (2005). Support will be provided for large-scale assessment of the burden and trends of priority non communicable diseases (NCDs) including cardiovascular diseases, cancer, diabetes, sickle-cell anaemia, mental disorders, injuries and disabilities, and to identify risk factors and major determinants through the IDSR and STEPS surveys.

WHO will continue to provide normative and technical guidance to the country for strengthening food safety and nutrition programmes, including early warning systems, nutrition and foodborne disease surveillance in line with the document Food Safety and Health: Furthermore, WHO will, together with other relevant agencies, seek to generate and disseminate more evidence on the effectiveness of health promotion and addressing social determinants of health.

Chapter 1: Introduction

The Country Cooperation Strategy (CCS) is the World Health Organization's (WHO) tool for alignment with the Sustainable Development Goals (SDGs) priorities, the national health strategies and priorities as well as for harmonization with other UN agencies and development partners working in health and other relevant sectors. It incorporates national, regional and global developments in health based on a systematic assessment of the country's health and development challenges. The CCS provides direction to the organization including in the preparation of the biennial country work plans. The 2017-2022 CCS for Malawi is the third generation CCS which has been aligned with the Health Sector Strategic Plan (HSSP) II.

WHO is undergoing reforms in order to perform more efficiently in supporting member states to address key health and development challenges, and the achievement of the health related SDGs. This organizational change process has, as its broad frame, the WHO Corporate Strategy.[1]

1.1 Goal and Mission

The mission of WHO remains "the attainment by all peoples, of the highest possible level of health" (Article 1 of WHO constitution). The Organization aims to continue strengthening its technical, and policy leadership in health matters, as well as its management capacity to address the needs of Member States in line with the SDGs, Universal Health Coverage (UHC) and the WHO's 12 General Programme of Work (GPW).

1.2 Core functions

The work of the WHO is guided by six core functions below:

- Providing leadership in matters critical to health and engaging in partnership where joint action is needed;
- Shaping the research agenda and stimulating the generation, dissemination and application of valuable knowledge;
- Setting norms and standards, and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalyzing change, and building sustainable institutional capacity;
- Monitoring health situation and assessing health trends.

1.3 Global Health Agenda

WHO realizes that the health MDGs have not been reached in many countries and that it will remain a critical challenge to attain health related SDGs. The principles outlined under Universal Health Coverage (UHC), the International Health Regulations (IHR) (2005), and the International Food Safety Authorities Network (INFOSAN) are among those that will play a role in order to attain the SDGs.

[1] WHO EB 105/3, A corporate strategy for the WHO Secretariat

1.4 Global Priority Areas

The 12th General Programme of Work 2014-2019 (WHO Corporate Strategy) outlines key WHO priorities as agreed upon by member states. They include:

- Advancing UHC: enabling countries to sustain or expand access to essential health services, financial protection and promoting universal health coverage as a unifying concept in global health
- Health related SDGs: accelerating the achievement of the current health-related goals beyond 2015 and up to 2030.
- Addressing the challenges of non communicable diseases (NCDs) and mental health, violence and injuries and disabilities.
- Implementing the provisions of the International Health Regulations (IHR): ensuring that all countries can meet the capacity requirements specified in the IHR (2005).
- Increasing access to essential, high quality and affordable medical products (medicines, vaccines, diagnostics, and other related technologies).
- Addressing the social, economic and environmental determinants of health as a means of reducing health inequities within and between countries.

1.5 Regional Priority Areas

The WHO Regional Office for Africa (WHO/AFRO) priorities have taken into account, the global priorities and resolutions from regional bodies such as the African Union. The regional priorities have also been informed by WHO's strategic objectives as outlined in the 12th GPW 2014-2019. One of the important priorities for AFRO is implementing the Transformation Agenda so that member states and communities benefit from the technical support availed by WHO (World Health Organization-Regional Office for Africa, 2015). The Transformation Agenda has four focus areas, namely: pro-results values, smart technical focus, responsive strategic operations, and effective communications and partnerships.

1.6 Making WHO more effective at the country level

The current CCS is aligned to HSSP II which has been developed to guide the activities of government and partners involved in health development. The response of the United Nations system in Malawi to the changing realities is guided by the United Nations Development Assistance Framework (UNDAF). The CCS is based on the principles of country ownership, alignment to government systems and harmonization across partners and has been developed through a consultative process with government UN agencies and other development partners.

Chapter 2: Health and Development Situation

2.1 Political, Social and Macroeconomic Context

Malawi is a land-locked country in Southern Africa with a land area of about 118,484 square kilometers. According to the 2008 Housing and Population Census, the population of Malawi was estimated at about 13,077,160 and projected to reach 17,373,185 in 2017 and 20,350,670 in 2022.The average annual inter-censal growth rate 1998-2008 is 2.8% (National Statistical Office (NSO), 2009).

Malawi is a low-income country with an estimated gross domestic product (GDP) per capita of $1,184 PPP at current international $ in 2015 (World Bank, 2017). The country is classified among the low human development countries, most of which are in sub-Saharan Africa (UNDP, 2017). Other socioeconomic indicators are outlined in the table 1 below.

Table 1: Other socioeconomic indicators for Malawi

Indicator	Value	Source
Average annual inter-censal growth rate 1998-2008 (%)	2.8	NSO Census 2009
Gross domestic product (GDP) per capita PPP at current international $ in 2015 ($)	1184	World Bank 2017
GDP annual growth rate in 2015 (%)	2.8	World Bank
Human development index (HDI) in 2014	0.445	World Bank 2017

The Malawi Millennium Development Goals End line Survey Report indicated that Malawi met MDG4: "Reduce Child Mortality" and MDG 6 "Combat HIV and AIDS, Malaria and other disease" but it was not able to meet MDG5 "Improve Maternal Health" (National Statistical Office, 2015). Sustaining the gains of the MDG 4 as well as reducing maternal mortality ratio will be important in the next five years of the CCS as reflected in SDG targets 2.2, 3.1, 3.2 and 3.7.

2.2 Health Status (Burden of disease)

The epidemiological profile of Malawi is characterized by a high prevalence of communicable diseases like HIV/AIDS, malaria and tuberculosis, high incidence of maternal and child health problems; an increasing burden of non-communicable diseases and resurgence of neglected tropical diseases. Table 1 depicts an overview of the disease burden in Malawi (World Health Organization (WHO), 2016).

Table 1: Leading causes of DALYs in Malawi, 2011 (FROM HSSP II)

	Condition	% total DALYS
1.	HIV/AIDS	34.9
2.	Lower Respiratory Tract Infections	9.1

3.	Malaria	7.7
4.	Diarrhoeal Diseases	6.4
5.	Conditions arising during perinatal period	3.3
6.	Tuberculosis	1.9
7.	Protein Energy Malnutrition	1.6
8.	Road Traffic Accidents	1.5
9.	Abortions	1.4
10.	Hypertensive Heart Diseases	1.2

National surveys show that health indicators are worse off among people who have no or little education than those who have secondary school level of education. Forty-two percent of children born to mothers with no education are stunted compared to 12% of children born to mothers with more than secondary education (National Statistical Office (NSO) [Malawi] and ICF, 2017). In terms of access to safe water, in 2010 80% of Malawian households had access to clean water and this increased to 87% in 2015-2016. In 2010, 11% of the households did not have a toilet facility and this was especially in the rural areas and by 2015-2016 the proportion with no toilet facility decreased to 6% (DHS 2010, 2015-2016). It is also reported that 55.1% have access to improved sanitation facilities (National Statistical Office (NSO) [Malawi] and ICF, 2017). Annex 1 outlines the various health indicators for the country.

HIV/AIDS, Tuberculosis and Malaria (ATM)

The national adult HIV prevalence (15-49) is estimated at 8.8% (National Statistical Office (NSO) [Malawi] and ICF, 2017) with estimated 34,000 new infections annually (Ministry of Health, 2016). Urban/rural differences in HIV prevalence are much more pronounced in the northern and central region, while rural HIV prevalence is similar to urban prevalence in the southern region.

Heterosexual contact remains the principal mode of HIV transmission, while mother-to-child transmission (MTCT) accounts for about 9 percent of all new HIV infections (Ministry of Health, 2016). By end of June 2016, 631,169 (64%) of the estimated 979,000 HIV-Positive population was on ART. Uptake of HIV services for children and adolescents is still lagging behind which is not in tandem with the health related SDG 3 that talks of leaving nobody behind. Currently, Malawi does not have a National Strategic Plan to guide Viral Hepatitis Programming in the country.

Tuberculosis remains a major public health problem in Malawi and is among the priority conditions included in the Basic Health Care Package (BHP) of the Malawi Health Sector Strategic Plan II 2017-2022 (Ministry of Health, 2017). TB incidence and case notifications in Malawi have both declined over the past decade. However, the National TB prevalence survey 2013/14 established a higher disease burden of 363/100,000 in the general population (all ages). The prevalence rate however is higher at 452/100.000 among adults. The geographical distribution of TB case notifications is very similar to the distribution of HIV in Malawi. High TB and HIV burden overlap is shown in urban centers of Lilongwe and Blantyre and in a few districts in the south.

Efforts to achieve universal access to TB services are hampered by lack of capacity to diagnose TB at peripheral levels due to limited laboratory capacity. The current management of drug resistant TB characterized by inadequate documentation and treatment monitoring is sub-optimal and needs to be strengthened.

Malaria is a major public health problem in Malawi and it is a leading cause of morbidity and mortality in children under five years and pregnant women. Malaria accounts for over 30% of outpatient visits (Ministry of Health, 2015). Malaria incidence in 2015 was 386 per 1000 population representing a 20% reduction from 484 per 1000 in 2010. Malaria mortality was reduced from 59 per 100,000 populations in 2010 to 23 per 100,000 population in 2015 (Ministry of Health, 2015).

Neglected Tropical Diseases (NTDs)

There are eight endemic NTDs in Malawi, namely: lymphatic filariasis (LF), Onchocerciasis, Soil transmitted helminths (STH), schistosomiasis, trachoma, leprosy, Human African Trypanosomiasis (HAT) and rabies. Preliminary findings of impact evaluation suggest that LF and Onchocerciasis have been eliminated after years of mass drug administration. There are indications that Schistosomiasis, trachoma and STH will also be eliminated by the 2018. However, leprosy, HAT and rabies are re-emerging in some districts. The transmission of HAT is linked to the Natural areas of Kasungu National Park, Nkhotakota Game Reserve and Vwaza Marsh Game Reserve, with a number of cases stagnant around 30 cases/year in the last 10 years An evaluation conducted

in 2011 estimates leprosy prevalence at 104 per 10,000 population which is beyond the WHO elimination target of less than 1 case per 10,000 population (Ministry of Health, 2012) .

Non Communicable Diseases (NCDs)

Non Communicable Diseases (NCDs) are also an increasing public health problem in Malawi. The Malawi NCD STEPS Survey conducted in 2009 showed that 25.9%, and 19.0% males smoke tobacco and drinks alcohol harmfully respectively and 25% of females are overweight (BMI $\geq$25 kg/m^2). The prevalence of hypertension was 32.9% and that of diabetes mellitus was 5.6%. Over 90% of the people never had their blood pressure or blood sugar checked in their lives (Ministry of Health , 2010).

Road traffic related injuries and death is becoming a big public health problem in Malawi. The total number of road traffic accidents increased by 11 percent from 7,390 in 2013/14 to 8,194 in 2015/16 and the number of people seriously injured and killed increased by 8% and 9% respectively. Road traffic fatality rate in Malawi is 35 deaths per 100,000 population, which is above the African regional average of 26.6 deaths per 100,000 population, and twice the global average of 17.4 deaths per 100,000 population. The majority of the road traffic accident (RTA) victims are pedestrians and cyclists due to mainly to poor visibility on roads and lack of use of reflector jackets.

Maternal and child health

According to MDHS 2015-16 maternal mortality ratio is at 439 per 100,000 live births, total fertility rate is at 4.4, and 51% of clients attended at least 4 antenatal visits. The contraceptive prevalence rate is 58%. In 2014 EmONC Assessment met need for EmONC was at 25% and only 25.% of women with obstetric complications were treated in emergency obstetric care (EmOC) facilities with a case fatality rate of 2% (Ministry of Health, 2015). The infant mortality rate is at 42/1,000 live births while under five mortality rate is at 63/1,000 live births. The neonatal mortality rate is 27/1000 live births (National Statistical Office (NSO) [Malawi] and ICF, 2017).

The most direct causes of maternal deaths are post-partum haemorrhage (PPH), puerperal sepsis, severe pre-eclampsia/eclampsia, ruptured uterus, complications of abortion and antepartum haemorrhage (APH) (2010 and 2015 EmONC assessments) (Ministry of Health, 2010) (African Development Bank, 2005) (Ministry of Health, 2015). The most common causes of infant and under five mortality and morbidity are malaria (13%), pneumonia (14%), diarrhoea (7%), prematurity (13%) sepsis (), and birth asphyxia (9%). Malnutrition is associated with over half of these childhood deaths and HIV and AIDS is a major contributing factor.

Malawi has maintained high routine immunization coverage above 80% for most of antigens in each district and above 90% at national level. The last confirmed polio case was in1992 and the recent measles outbreak in was in 2010. The country has also introduced new vaccines namely pneumococcal conjugate vaccine (PCV), Rotavirus vaccine and Human Papilloma Virus (HPV) vaccine.

WHO continues to support the Ministry of Health to implement the Global Vaccine Action Plan during this Decade of the vaccines and the Global Polio Eradication and End Game strategy. In

April 2016 Malawi switched from using trivalent oral polio vaccine to bivalent oral polio vaccine. However due to global shortage Inactivated Polio Vaccine (IPV) is not yet introduced.

2.3 Health System Response

Malawi made some progress with attainment of the MDG targets that have a bearing on health. The MDG Endline Survey Report indicated that Malawi met MDG4: "Reduce Child Mortality" and MDG 6 "Combat HIV and AIDS, Malaria and other disease" but it was not able to meet MDG5 "Improve Maternal Health" (National Statistical Office, 2015). Sustaining the gains of the MDG 4 as well as reducing maternal mortality ratio will be important in the next five years of the CCS.

The universal health coverage strategy in Malawi is being championed throught he Health Sector Strategic Plan II whose goal is to "to move towards Universal Health Coverage (UHC) of quality, equitable and affordable health care with the aim of improving health status, financial risk protection and client satisfaction". The Health financing strategy is under development. However the country has a tax based system for funding the health sector and it has been noted that the funds available are not enough even to sustain the provision of the basic essential health services. The United Nations, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Gavi (the Vaccine Alliance), bilateral partners and a number of NGOs provide some of the financing for the health sector.

2.3.1 **Leadership & Governance**

The Ministry of Health (MOH) retains stewardship role of policy formulation, regulation and enforcement, ensuring standards, training, curriculum development and international representation. MOH is also the largest provider of health services and accounts for about 60% of health facilities. The other health services are largely provided by Christian Health Association of Malawi (CHAM) (38%) and the rest by the private sector.

The MOH is developing the national health sector policy though the process is taking time to come to conclusion. However in 2011 the Government of Malawi developed the Health Sector Strategic Plan (HSSP) 2011-2016 which was initially implemented in a Health Sector Wide Approach (SWAp) environment until development partners pulled out of the SWAP arrangement. A new strategic plan, HSSP II (2017-2022) has replaced the first one. The implementation of the HSSP is within the decentralization framework (GOM 1998) through the Local Government Act of 1999, with efforts towards devolution of health service delivery to District Councils. There are efforts to strengthen the district health systems and decentralize the provision of the health services so that the delivery of health services could be improved. The public health act of Malawi which was enacted in 1948 is going through a revision to take into account the new and emerging issues within the health sector in the country and globally.

Moving towards universal health coverage (UHC) Malawi with support from partners and WHO has since 2013 embarked on efforts to formulate a National Health Financing strategy which is still under development. It is envisaged that the various recommendations in the strategy will enhance the ability of the country to mobilise and coordinate more resources for financing the health sector in a sustainable manner in addition to using the available resources efficiently. The Government of Malawi has engaged CHAM through Service Level Agreements (SLA) to provide services where the MOH facilities do not exist. There are also efforts to improve the supply chain

management and strengthen the Central Medical Stores Trust in order to have adequate drugs and supplies as required.

Human Resources for Health

One of the major challenges in the health system is the human resource shortage. Current staffing in Malawi is the lowest in the region with 1.8 physicians per 100,000 population and 33.6 Nurses and midwives per 100,000 population (World Health Organization, n.d.). Outputs at training institutions are currently too low to fill existing vacant positions. Retention of health workers is another challenge as the public sector keeps losing skilled health workers to the private sector and the international market due mainly to low remuneration and poor working conditions. The few available health workers are also not evenly distributed across the country. The Human resources management information system is also not adequately functioning and will need to have support from partners. The process to formulate a new HR strategy replacing the one that expired in 2016 is ongoing at the moment.

Service Delivery

The health care delivery system is organized into three tiers: primary, secondary and tertiary levels linked through a referral system. Refer to Annex 2 for the number of health facilities by type and ownership in the country.

Although MOH services are free at point of delivery, there are indirect costs incurred by population to get to these facilities. The EHP aims to improve this situation, for instance through standardisation and expansion of community level services as well as protecting key resource inputs, such as transport for referrals and a secure budget for components such as drugs in the package. Service Level Agreements (SLAs) between the Ministry of Health and Christian Health Association of Malawi(CHAM) facilities for the delivery of Maternal and Neonatal Health (MNH) services is one way of ensuring equity of access to health services. Decentralisation of the service delivery in addition to adequate financing of the health system may help in improving the health service delivery for the country.

Health Information System

The national Health Management Information System (HMIS) in Malawi is paper based at facility level but is computerised at district and national levels using the web based DHIS 2. However, different donor partners have embarked on the use of parallel health information systems for electronic patient management information systems and other patient-based systems like open MRS are also being used in the country. Efforts to strengthen the DHIS2 need to be continued.

The country formulated the Malawi ehealth strategy 2012-2016 whose aim was to guide and coordinate the ehealth and mhealth interventions within the country. Although there are research activities going on within the country, the majority are commissioned, conducted and funded externally. Gaps exist in the management and sharing of research results at the local level, due to lack of a documentation system that supports the sharing of research reports and data in order to inform decision-making.

Essential Medicines

In order to ensure equitable access to quality, safe medicines and ensure rational use, the National Medicine Policy was revised in 2016 while the Malawi Standard Treatment Guidelines and Malawi

Essential Drug List were revised in 2015. The Malawi National Drug Quality Control Laboratory has limited capacity to conduct quality control on new pharmaceutical products such as ARVs and ACTs. There are also frequent stock outs of the essential medicines and supplies in the public health system.

Health system financing

The average per capita total expenditure on health stood at US$40.1 between 2012/13 – 2014/15 (Ministry of Health, 2016). This falls short of the estimated US$60 per capita for strengthening health systems and providing essential services in low income countries in 2009 (International Health Partnerships (IHP+), 2015). A major proportion of the Total Health Expenditure (THE) is from external sources. The contribution of donors to the total health expenditure (THE) declined from 68.3% in 2012/13 to 53.5% in 2014/15 due to a number of donors pulling out from direct budgetary support. The government total expenditure on health as percentage of total government expenditure averaged 10.9% during the three years. This is an increase from 6.2% in 2011/12 (Ministry of Health, 2014). These figures are still far below the Abuja target of 15%. Out of pocket per capita expenditure on health has increased from 3.8% in 2009/10 to 10.8% in 2014/15 (Ministry of Health, 2016; Ministry of Health, 2014). The UN family, Global Fund, Gavi, USG, DFID, Norway and GIZ are some of the multilateral and bilateral external contributors.

2.4 Cross-Cutting Issues

Malawi's HDI value for 2014 is 0.445 and this is within the low human development category and at position 173 out of 188 countries and territories (UNDP, 2017). Between 1980 and 2014, Malawi's HDI value increased from 0.278 to 0.445, an increase of 60.2 percent or an average annual increase of about 1.40 percent. However, when the 2014 value is discounted for inequality, the HDI falls to 0.299, a loss of 32.9 percent due to inequality in the distribution of the HDI dimension indices. (UNDP, 2017).

Since 2000 married women participation in decision making on their own health care has steadily improved (DHS 2016-16). Sixty-eight percent of women are able to participate in the decision making. This is likely to also improve their access to maternal health and improvement in maternal and child health indicators.

Climate variability and climate change impacts are now, more than ever, becoming evident. While the complete range of changes has not been adequately modelled to accurately anticipate their impacts, there is a noticeable increase in disasters that can be linked to climate change. In Malawi, these disasters have included floods, droughts, dry spells and disease outbreaks. The consequences of these, including impacts of other possible natural disasters like earthquakes, can be huge. Lives of men, women and children have been lost, infrastructure including roads, bridges, public buildings and houses has been damaged. On the micro level, this has resulted in a more fragile and less resilient family units, while on the macro level; there is the cost of diverting development resources to respond to these emergencies.

Droughts and floods are the most frequently occurring natural hazards in Malawi. Environmental degradation, poverty, rapid urbanization, lack of access to information and knowledge, cultural beliefs and customs, limited food diversity, weak buildings/infrastructure, and a lack of effective disaster risk reduction efforts have all compounded the vulnerability of the population to these hazards. Climate change further exacerbates the frequency and severity of disasters in the country.

In 2014/15 rainy season, Malawi experienced severe flooding which affected 15 districts. According to the Department of Disaster Management Affairs (DoDMA) reports, an estimated 1, 101, 364 people were affected, 230, 000 displaced, 106 killed and 172 reported missing. The flood disaster affected the health sector severely as there were increased incidences of diseases such as malaria, diarrheal diseases, and cholera outbreaks among the displaced people and the affected populations, some health facilities were damaged and normal routine services were disrupted. Health partners were mobilized through the health cluster mechanism to implement health response interventions and resources were mobilized to facilitate implementation of interventions.

WHO supports the Ministry of Health to take new steps to address disaster and climate change risks to health sector in Malawi. The MoH is participating in the Africa Adaptation Program of the Global Framework for Climate Services (GFCS) and will work with multiple sectors to improve understanding and readiness for the health risks of disasters, particularly flush floods, riverine flooding events, dry spells and drought As a follow up to the 2015 flood disaster, WHO will help the MOH conduct a national scale assessment of the institutional and human resource capacities and systems currently in place to prepare for and respond to disasters with a view to update and reinforce contingency plans, procedures, and policies. WHO will help MOH in providing leadership and coordination of the health sector during emergencies through strengthening of the health cluster and collaboration with other clusters and development partners

Malawi Government with the assistance of development partners and leadership of the UN community is formulating the third Malawi Growth and Development Strategy (MGDS III) which will guide the country in the next five years as the overall national strategy. So far five key priority areas have been identified for the country. These are (1) agriculture and climate change, (2) education and skills development, (3) energy, industrial development and tourism, (4) transport and ICT infrastructure and (5) health and population management. The MGDS is intended to localize the SDGs. The HSSP II objectives have addressed the health related SDGs.

2.5 Development Partners' Environment

In Malawi, there are several development partners operating in the health sector which include multilateral, bilateral, and nongovernmental organizations (NGOs**)**

2.5.1 Partnership and Development cooperation

The health development partners coordinate themselves through the Health Donor group where the Ministry of Health is an ex-officio member. On a larger scale the Health Sector Working Group acts as a forum where the development partners, Government and NGOs whose work influence health meet and discuss policy issues that cover all determinants of health. Under this there are specific programme area technical working groups. A mapping of the major health development partners is presented in Annex 3.

2.5.2 Collaboration with the United Nations System at Country Level

The UNDAF is a programmatic response of the UN system of which WHO is a member, to the development needs and priorities of the country and is based on the MGDS – hence compliant with the Paris Declaration on Aid Effectiveness. These are annualized in consultation with Government and other development partners to ensure resource harmonisation.

2.6 Review of WHO's Cooperation over the Past Cycle

A review of the past CCS cycle (2008-2013) flagged a number of successes and gaps both in the development and implementation process. Table 2 below outlines the key successes or achievements (Hussein, 2014):

Table 2: Key health sector achievements

Key health achievements,
Achievements • Improving health indicators especially those related to infant and underfive mortality as shown in section 2.2- Malawi has achieved MDG 4. Malawi is on course to meet the MDG6 Combat HIV and AIDS, Malaria and other diseases • Decreasing HIV prevalence rate -Adult HIV prevalence (15-49 year olds) 8.8% and high ART coverage (79%) **(National Statistical Office (NSO) [Malawi] and ICF, 2017)**. • Elimination of Lymphatic filariasis and Onchocerciasis. • Inclusion of Non communicable diseases in the Essential Health Package. • Up to 92% of deliveries occur in health facilities with 90% skilled attendance at birth • High routine immunization coverage above 80% for most) of antigens (DPT-HepB-Hib 3) in each district and above 90% at national level. • Service Level Agreements (SLAs) between the Ministry of Health and Christian Health Association of Malawi(CHAM) facilities for the delivery of EHP services. • Improvements in the Health Information systems including the DHIS 2 roll out to all districts. • Availability of up to date policy documents, guidelines and plans • Institutionalization of the NHA and health in all policy approaches (social determinants of health)

The key challenges identified are as outlined in table 3 below:

Table 3: Key health sector challenges

AREA OF WORK	CHALLENGES
Human Resources for Health	– Low outputs at training institutions to fill vacant posts within the health system – High vacancy rate of health care professionals – Weak retention mechanisms for health workers – A weak health system with inadequate capital and human resource investment – Inadequate and weak governance structures and tools (e.g. the HRH strategic plan) – Skills capacity gap among senior management in the MOH especially in leadership and management
Health Financing	– Inadequate health expenditure per capita to cover the EHP, including ART, Malaria and TB, co-financing for new vaccines procurement as per requirement for countries eligible for Gavi the Alliance support and treatments – A vulnerable health sector that largely depends on external funding – Inefficient allocation and utilization of available funds – Sustainability of free health services in view of limited financial base for the country – Lack of alternative health financing mechanisms
Communicable Diseases	– High disease burden such as HIV/AIDS, Malaria and Tuberculosis – Re-emerging or increased incidence of Neglected Tropical Diseases – Threats of new and emerging disease outbreaks e.g. Ebola, Dengue fever, H1N1
Non Communicable Diseases	– Non Communicable diseases are on the increase – Inadequate enforcement of legislations and regulations, and policies related to health risk factors reduction and surveillance – Inadequate focus on NCDs
Maternal Newborn Child and Adolescent Health	– High maternal mortality ratio at 439 per 100,000 live births – Suboptimal quality of care in health facilities – High neonatal mortality rate of 27/1,000 live births – High unmet need for modern family planning methods of 19% – Sustainability of high immunization coverage and functional cold chain system. – Low up take of cost-effective child survival interventions – Usage of ITNs is still low for both under five children as well as pregnant women

AREA OF WORK	CHALLENGES
Health Information System/HMIS	– A weak health information system – There is inadequate utilization of information for decision making – Poor quality of information
Essential Medicines	– Stock outs of the essential medicines and medical supplies in public health system – Weak supply chain management system for health commodities
Service Delivery	– Limited access to health services due to geographical and socio-economic barriers. – Weak referral systems
Development Challenges	– A fragile economy that largely depends on external budgetary support – Weak public financial management, procurement and aid reporting system – Weak systems to monitor and evaluate aid effectiveness – Mechanism for mutual assessment of progress against commitments and aid effectiveness not quite developed.
Disaster risk management, including emergency preparedness and response	– Inadequate management in emergency preparedness and response in the country. – Fragmented implementation of preparedness and response interventions – Limited inter-sectoral collaboration – Inadequate resources – Weak health systems such as laboratory capacity – Inadequate IHR core capacities such as the ability to detect, assess, report and respond.
CCS Processes	– An inadequate consultation process during the development of the CCS – In adequate dissemination of the CCS – Not all best practices and innovations were documented – Lack of periodic review of CCS

Chapter 3: Setting the Strategic Agenda for WHO Cooperation

3.1 Priority Areas, Strategic Agenda and Strategic Approaches

Based on the analysis of issues and challenges identified in the assessment of the second generation CCS and in line with the 12th General Programme of Work, the Achieving Sustainable Health Development in the African Region -Strategic Directions for WHO 2010-2015, UNDAF, MGDS II and the HSSP II (2017-2022) the WHO Country Office will focus on the following five strategic priorities.

- Maintain WHO's leadership role of normative and policy guidance as well as strengthening partnerships and harmonization.
- Supporting the strengthening of health systems and advancing UHC through revitalized primary health care approach and sustainable service delivery while ensuring financial risk protection.
- Supporting prioritization of the special health needs of mothers, neonates, adolescents and children in line with the universality of SDGs and strong emphasis on equality or leaving no one behind.
- Enhancing the capacity for the prevention and control of communicable and non-communicable diseases (NCDs), mental health, violence and injuries and disabilities.
- Addressing the social, economic and environmental determinants of health as a means of reducing health inequities.

3.2 Strategic Priority Area 1: Maintain WHO's leadership role of normative and policy guidance as well as strengthening partnerships and harmonization

Stakeholders and partners have been keen to provide coordinated support to national health strategic plans that is consistent with the national development agenda. WHO will continue to provide leadership for health as well as technical support in the country through enhanced provision of normative and policy guidance on key public health issues, such as strengthening local health systems, health financing and social protection, community interventions and universal access to health care, as directed by the Regional Committee for Africa. A human rights approach will be adopted in all policies and strategies aimed at tackling issues relating to women and children, and also to address the determinants of health among poor and vulnerable populations. New strategic alliances will, therefore, be forged and existing partnerships strengthened in and outside the UN system. Table 4 summarises the focus areas for the strategic priority.

Table 4: CCS focus areas for priority area 1

Focus Area	Milestones
1.1 Facilitation of country adaptation of polices and guidelines. 1.2 Support Ministry of Health coordination role for effective partnerships 1.3 Deliver as one through UNDAF	• Updated policies and guidelines during the lifetime of the CCS • Number of new strategic alliances by 2019. • WHO CCS reflected in the next UNDAF by 2018.

3.3 Priority Area 2: Supporting the strengthening of health systems and advancing UHC through revitalized primary health care approach and sustainable service delivery while ensuring financial risk protection.

WHO will advocate for sustained commitments with a special focus on the human resource gaps, taking advantage of new and effective technologies to accelerate the attainment of the MDGs. The country will be supported to strengthen national research systems and shape their research agenda to ensure that policies and interventions are based on evidence generated through practice and research. WHO will advocate for and build capacity to enhance leadership and governance for health.

In addition, priority health interventions related to HIV/AIDS, malaria, TB and immunization will be promoted as entry points to strengthening national health systems in the context of decentralization. Implementation specific programnme strategies such as "The End TB Strategy", "90-90-90 Targets for HIV" and "The Global Technical Strategy for Malaria 2016–2030" will be promoted and supported for TB, HIV and Malaria respectively. Equally, WHO will support MoH to develop a National Strategic Plan for Viral Hepatitis in line with The Global Health Sector Strategy on Viral Hepatitis 2016-2021.

Sound health financing and social protection policies will be promoted including the Abuja target of 15% of national budget allocation to health. WHO will support country efforts in developing integrated training materials for building the capacity of health workers at peripheral level health facilities in order to deliver an integrated package of essential health services. A National Health Observatory will be promoted to facilitate data analysis and generate information on health outcomes and trends. The country will be supported in the application of information and communication technology for health (eHealth). Table 5 summarises the focus areas for the strategic priority.

WHO will work with national drug regulatory authority in strengthening its capacity in quality control and quality assurance of medicines and medical supplies and work with the Ministry of Health to implement anti-microbial resistance activities.

Table 5: CCS focus area for priority area 2

Focus Area	Milestones
2.1 Support the strengthening of equitable service delivery systems towards universal coverage and Support strengthening of district health systems 2.2 Advocate for Human resources for Health capacity development 2.3 Enhance leadership and governance for health 2.4 Promote evidence based policies and interventions.	• 80% coverage of hard to reach areas by 2019. • Updated HRH strategy by 2018. • Joint annual review reports conducted • Number of new/revised policies informed by evidence. •

3.4 Priority Area 3: Supporting prioritization of the special health needs of mothers, neonates, adolescents and children in line with the universality of SDGs and strong emphasis on equality or leaving no one behind

WHO will promote integration of women's health into the agendas of women's rights groups, women's associations and community-based organizations. WHO will continue to support the implementation of the reproductive, maternal, newborn, child and adolescent health strategies. Assessment of the coverage of interventions and measurement of progress towards achieving global targets in improving the health of women and children will be prioritised. Table 6 summarises the focus areas for the strategic priority.

Table 6: CCS focus areas for priority area 3

Focus Area	Milestones
3.1 Enhance scale up for the delivery of the minimum package of maternal, newborn, adolescents and children 3.2 Support approaches to improve the quality of care provided at service delivery points. 3.3 Support assessment of coverage of interventions and measuring progress against global/regional targets	• 80% of health facilities implementing minimum package of maternal, newborn, adolescents and children by 2019. • 80% of targeted service delivery points providing improved quality care for mothers and children by 2019. • Periodic assessment reports within the lifetime of the CCS.

3.5 Priority Area 4: • Enhancing the capacity for the prevention and control of communicable and non-communicable diseases (NCDs), mental health, violence and injuries and disabilities.

WHO will advocate for high-level government political commitment and engage with partners in mobilizing the necessary resources required for disease prevention, control, elimination and eradication. New vaccines will be introduced as necessary and routine immunization will be strengthened to reduce vaccine preventable diseases. "To achieve regional polio-free certification, effective surveillance for poliovirus (i.e. for cases of acute flaccid paralysis - AFP) will be maintained at sufficient levels of quality until regional and global certification, as well as up to and beyond the eventual cessation of the use of bivalent oral polio vaccine. Maintaining effective AFP surveillance will benefit surveillance for all VPDs and other outbreak-prone infectious diseases in Malawi."

WHO will continue to support normative and policy guidance for the major communicable diseases responsible for high morbidity and mortality among the population of Malawi. These include malaria, HIV, ARI and tuberculosis. In partnership with other stakeholders WHO will also support resource mobilization for the health sector as well as disease specific programmes.

There will be a refocus of neglected tropical diseases (NTDs) including zoonotic diseases. WHO will work with national and international stakeholders (including UN Country Teams and donors)

to strengthen capacity for outbreak and emergency management including development of preparedness and response plans using an all-hazard strategy that incorporates planning for all potential natural and technological hazards, and achievement of the milestones in the AFRO Regional Strategy for Disaster Risk Management. Early warning systems within the framework of integrated disease surveillance and response (IDSR) will also be strengthened and expanded in line with requirements of the International Health Regulations (2005).

Support will also be provided for programming of the increasing burden of non-communicable diseases (NCDs. Table 7 summarises the focus areas for the strategic priority.

Table 7: CCS focus areas for priority area 4

Focus Area	Milestones
4.1 Support elimination of measles and neonatal tetanus and eradication of polio 4.2 Support the introduction of new vaccines 4.3 Support scale up of implementation of Integrated Disease Surveillance and Response (IDSR) guidelines	• Polio eradicated and measles eliminated by 2020. • Introduce IPV, HPV, second measles dose, measles rubella and Td vaccines by 2019. • 80% of districts implementing new IDSR by 2019. • 3 NTDs (Onchocerciasis, Trachoma and Lymphatic Filariasis) eliminated by 2019. • Key milestones as identified in the AFRO Regional Strategy for Disaster Risk Management

3.6 Priority Area 5: Addressing the social, economic and environmental determinants of health as a means of reducing health inequities.

The strong interrelationship between health determinants such as economic development, peace, security, governance, education, gender, food security, nutrition and environment, including their impact on health development and outcomes, underscores the need for multisectoral approach to health issues. WHO will use its convening power to engage other stakeholders whose area of work also impacts on health. Table 8 below outlines the focus areas for this priority.

Table 8: CCS focus areas for priority area 5

Focus Area	Milestones
5.1 Enhancing food safety and food quality policies. 5.2 Support the strengthening of the climate services for health.	• National food safety and food quality guidelines developed by 2019. • Health and climate project piloted in four districts by 2019..

The CCS linkages with the global, WHO, UN and national priorities are explained in Annex 4.

Chapter 4: Implementing the Strategic Agenda; Implications for the Secretariat

In the previous chapter the strategic priorities and focus areas for WHO's collaborative work in Malawi for the period 2017-2022 have been articulated. In order to implement the CCS effectively, this section outlines the implications for WHO country office in Malawi (WCO), for the Regional Office (AFRO) as well as for WHO Headquarters (HQ) in Geneva.

4.1 The Role and Presence of WHO According to the Strategic Agenda

4.1.1 The Country Office

As the basis for developing a "one WHO country strategy, plan and budget" the WHO country office in Malawi will utilize the CCS as a central document in all planning and budgeting processes. The CCS will be the basis for the WCO biennial and annual work plans, translating strategic objectives into country- specific expected results and will also be used to foster dialogue with all stakeholders. The CCS will be revised as required after consultation with the government of Malawi and other key stakeholders.

For effective implementation of all priority areas it will be necessary not only to maintain a strong visibility but also to retain the necessary human capacity. The technical officers will need to continue to sharpen their core competencies in knowledge management.

A functional cluster system which allows programme officers to work within and across outputs when need arises to strengthen work plan implementation will require to be strengthened. A deliberate effort will be made to allocate more financial resources to support NCD and NTD programme interventions.

To promote the country's health system performance, the WHO Country Office will strengthen its technical support in health systems using multi-skilled professionals. These include critical areas such as HRH, health financing, health policy and planning, health information and research and health economics.

The WCO has to develop its skills base for intersectoral action and community mobilization in order to address the social determinants of health and mobilize more resources for programme implementation. Moreover, it is necessary to strengthen negotiation, advocacy and convening skills so as to play the lead role in the health sector. Where necessary WCO will call upon the other levels of the organization to backstop in provision of technical support.

4.1.2 The Regional Office

The WHO Regional Office for Africa (AFRO/IST) will ensure that the country office has the managerial and technical capacity required for implementation of the strategic agenda by providing technical and administrative support to WHO country operations customized to national needs in a responsive manner, based on the CCS and biennial plans. AFRO will examine delegation of authority to the WR and Country Office, to ensure that sufficient flexibility exists for country-level implementation. The procedures for channeling locally and

externally mobilized resources should also be reviewed in order to avoid delays in disbursement.

4.1.3 The WHO Headquarters

WHO headquarters, in keeping with its mandate, will continue to provide the regional and country offices with global policy advice, directives on health development, and guidance on global norms and standards. In line with the principle of "One WHO", WHO headquarters will work with the Regional Office to provide technical support and mobilize resources for the implementation of the Malawi CCS, and to document lessons learned from the CCS process and its impact on WHO's work. WHO headquarters will continue providing up-to-date strategic information and technical guidance to inform local policy decisions and guidelines adaptation.

Chapter 5: Monitoring and evaluation of the CCS

5.1 Participation in CCS Monitoring and Evaluation

The country office under the leadership of the Country Representative will lead the monitoring and evaluation process with full participation of all stakeholders that were engaged in the development of the CCS. The process will also be supported by the regional office and headquarters.

5.2 Timing

Monitoring and evaluation of the Country Cooperation Strategy will include annual reviews of the CCS through the biennial workplans, mid-term review (MTR) to be conducted halfway in the period 2017-2022 and summative evaluation at the end of the life span of the CCS in 2022. Where feasible, the exercise will be linked with the monitoring and assessment of the UNDAF.

5.3 Evaluation Methodology

The CCS will be implemented in a changing aid environment and enhanced UN reform process with a focus on donor alignment and harmonization, monitoring and evaluation reports from UNDAF, Government reports (including SDG progress reports, MGDS monitoring and evaluation reports, joint health sector annual reviews) and similar reports of other development partners will feed into the CCS monitoring and evaluation process.

The indicators of progress described for each biennial workplan output will be assessed in terms of aggregate improvements in those indicators. However, since aggregate improvements do not tell the whole story, issues of equity and efficiency (technical and allocative) will also be monitored and evaluated. A consultant or external reviewers will be engaged whenever necessary.

5.3.1 Regular Monitoring

The CCS will be monitored through the means of the biennial work plans continuous assessment and the periodic assessments at 12 and 18 months' implementation otherwise known as Semi Annual Monitoring (SAM) as well as the midterm and final evaluations of the biennial workplans. The reports from these will be used as inputs in monitoring and evaluating the CCS.

5.3.2 Mid-term Review

The midterm review will be done midway through the period of the CCS as a means to alert the country office about focus areas that might require special attention, corrective measures or revision of the strategic priorities. The review should draw on risks identified in the country office risk register to systematically identify weaknesses and to help propose mitigation actions. The risks identified include global policies/guidelines unavailable in a timely manner; lengthy decision processes; low implementation; unfulfilled donor pledges; lack of funds for staff and projects; delayed response to emergencies from national authorities; inaccurate information distribution on emerging conditions; currency fluctuations; and lack of MOSS compliance. In the event of a major emergency or a significant change to the national context review of the CCS may also be a necessity.

5.3.3 Final Evaluation

The final evaluation will be conducted once the CCS implementation period has come to an end. A comprehensive and in-depth study will be conducted on a thematic area selected in collaboration with all levels of WHO, the Ministry of Health and other partners. The case study will provide detailed information on achievements gaps, challenges, lessons learnt and recommendations. Every effort will be made to share lessons learnt from CCS evaluation with other countries with similar characteristics to Malawi (same World Bank classification).

Annexes

Annex 1: Basic Indicators

WHO region	AFRO	
World Bank income group	Low Income	

CURRENT HEALTH INDICATORS	VALUE	INDICATOR SOURCE
Total population in thousands (year)	17,373,185	(National Statistical Office (NSO), 2009)
% Population under 15 (2015-16)	48	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
% Population over 65 (2015-16)	4	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
Life expectancy at birth (2017 projection)	58	(National Statistical Office (NSO), 2009)
Total, Male, Female	57 60	(National Statistical Office (NSO), 2009)
Neonatal mortality rate per 1000 live births (year)	27	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
Under-five mortality rate per 1000 live births (2015-16)	63	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
Maternal mortality ratio per 100 000 live births (2015-16)	439	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
% DTP3 Immunization coverage among 1-year-olds (2015-16)	93	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
% Births attended by skilled health workers (2015-16)	90	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
Density of physicians per 1000 population (2009)	0.018	(World Health Organization, n.d.)
Density of nurses and midwives per 1000 population (2009)	0.336	(World Health Organization, n.d.)
Total expenditure on health as % of GDP (2015)	11.1	(Ministry of Health, 2016)
General government expenditure on health as % of total government expenditure (2015)	10.8	(Ministry of Health, 2016)
Private expenditure on health as % of total expenditure on health (2015)	17.3	(Ministry of Health, 2016)
Adult (15+) literacy rate total (2014)	71.8	(National Statistical Office (NSO), 2014)
Population using improved drinking water sources (%) (2015)	87	(National Statistical Office (NSO) [Malawi] and ICF, 2017)
Population using improved sanitation facilities (%) (2015)	55.1	(National Statistical Office (NSO) [Malawi] and ICF, 2017)

CURRENT HEALTH INDICATORS	VALUE	INDICATOR SOURCE
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	72.16	(United Nations Office for the Coordination of Humanitarian Affairs, 2017)
Gender-related Development Index rank out of 155 countries (2014))	140	(UNDP, 2015)
Human Development Index rank out of 188 countries (2014)	173	(UNDP, 2015)

Sources of data:
Global Health Observatory: http://apps.who.int/gho/data/node.cco
If national data are utilized, please indicate source

Annex 2: The type and number of health facilities in Malawi 2014[2]

	TYPE AND NUMBER OF HEALTH FACILITIES								
OWNERSHIP	**Central Hospital**	**Clinic**	**Dispensary**	**District Hospital**	**Health Centre**	**Maternity**	**Other Hospital**	**Rural/Community Hospital**	**Grand Total**
Christian Health Association of Malawi (CHAM)	0	6	2	0	111	1	19	22	162
Company	0	58	5	0	7	0	0	0	70
Government/public	4	25	46	24	358	2	3	20	509
Mission/ Faith-based (other than CHAM)	0	5	0	0	0	0	3	0	8
NGO	0	53	0	0	5	0	1	0	59
Private for profit	0	224	2	0	3	2	14	0	245
Grand Total	**4**	**371**	**55**	**24**	**484**	**5**	**40**	**42**	**1,053**

Source: MOH, 2014

[2] Ministry of Health Service Provision Assessment Data; 2014

Annex 3: Mapping of development partners in health

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
WHO	Technical support & funding	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases. • 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	Communicable diseases
		• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.	Promoting health through the life course

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response
UNICEF	Funding & technical support	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Communicable diseases
		• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children.	Promoting health through the life course

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response
UNFPA	Funding & technical support	• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.	Promoting health through the life course

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
DFID	Funding and technical support	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Communicable diseases
		• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education,	Promoting health through the life course

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response
WB	Funding	• •Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases	Communicable diseases
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response
Norwegian Government,	Funding & technical support	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Communicable diseases

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	Promoting health through the life course
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
GIZ	Funding & technical support	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Communicable diseases
		• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	Promoting health through the life course
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response
Global Fund ATM	Funding	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases	Communicable diseases
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
PMI	Funding	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases	Communicable diseases
USG	Funding & technical support	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Communicable diseases
		• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	Promoting health through the life course
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response
CHAI,	Funding/Implementation	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases	Communicable diseases
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to	Health systems

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		safe, effective, quality, and affordable essential medicines and vaccines for all	
MCHIP	Funding/Implementation	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases	Communicable diseases
World Diabetes Foundation (WDF)	Health promotion	• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases
Gavi the Alliance	Immunisation Financing	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases	Communicable diseases
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.	Promoting health through the life course

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
Bill & Melinda Gates Foundation	Funding	• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	Promoting health through the life course
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
World Meteorological Organization (WMO)	Technical support	• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination. • Target d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	Promoting health through the life course Preparedness, surveillance and response
CDC	Funding/implementation & technical support	• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Communicable diseases
		• Target 4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing. • Target 5: Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. • Target 6: By 2020, halve deaths and injuries from road traffic accidents.	Non-communicable diseases

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
		• Target 1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • Target 2: By 2030, end preventable deaths of newborns and under five children. • Target 7: By 2030, achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. • Target 9: By 2030, substantially reduce the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination.	Promoting health through the life course
		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems
		• Target 3: By 2030, end the epidemics of AIDS, TB, malaria and Neglected Tropical Diseases, and combat hepatitis, water-borne diseases and other communicable diseases.	Preparedness, surveillance and response
JICA		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems

Name of Agency	Role fulfilled by development partner	Health-related SDG targets	Major programmatic area of support within country
AfDB		• Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Health systems

Annex 4: Validation matrix aligning CCS strategic priorities with national, WHO, United Nations and Global Priorities

There is one UNDAF outcome for the health sector which is "Outcome 2.1 The population in selected districts has increased access to equitable and quality essential health services by 2016".

Strategic Priority Number	**Strategic Priorities Description**	**Focus Areas**	**NHSP Priorities**	**GPW Outcomes**	**SDG Targets**
Strategic Priority 1	Maintain WHO's leadership role of normative and policy guidance as well as strengthening partnerships and harmonization	1.1 Facilitation of country adaptation of polices and guidelines.	7. Improve leadership and governance across the health sector and at all levels of the health care system.	16. All countries have comprehensive national health policies, strategies and plans updated within the last five years	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
		1.2 Support Ministry of Health coordination role for effective partnerships	7. Improve leadership and governance across the health sector and at all levels of the health care system.	16. All countries have comprehensive national health policies, strategies and plans updated within the last five years	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe,

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
					effective, quality and affordable essential medicines and vaccines for all
		1.3 Deliver as one through UNDAF	7. Improve leadership and governance across the health sector and at all levels of the health care system.	16. All countries have comprehensive national health policies, strategies and plans updated within the last five years	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
Strategic Priority 2	Supporting the strengthening of health systems and advancing UHC through revitalized primary health care approach and sustainable service delivery while ensuring financial risk protection.	2.1 Supporting the strengthening of equitable health delivery systems towards universal health coverage and support strengthening of the district health systems.	1. Increase equitable access to and improve quality of health care services.	17. Policies, financing and human resources are in place to increase access to people centered, integrated health services	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
			8. Increase health sector financial resources and improve efficiency in resource allocation and utilization.	17. Policies, financing and human resources are in place to increase access to people centered, integrated health services	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
			5. Improve the availability, quality and utilization of medicines and medical supplies.	17. Policies, financing and human resources are in place to increase access to people centered, integrated health services	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
			3. Improve the availability and quality of health infrastructure and medical equipment.	17. Policies, financing and human resources are in place to increase access to people centered, integrated health services.	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
		2.2 Advocate for Human resources for Health capacity development	4. Improve availability, retention, performance and motivation of human resources for health for effective, efficient and equitable health service delivery.	17. Policies, financing and human resources are in place to increase access to people centered, integrated health services	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
		2.3 Enhance leadership and governance for health	7. Improve leadership and governance across the health sector and at all levels of the health care system.	16. All countries have comprehensive national health policies, strategies and plans updated within the last five years	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
		2.4 Promote evidence based policies and interventions.	6. Generate quality information and make it accessible to all intended users for evidence-based decision-making, through standardized and harmonized tools	16. All countries have comprehensive national health policies, strategies and plans updated within the last five years	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
			6. Generate quality information and make it accessible to all intended users for evidence-based decision-making, through standardized and harmonized tools across all programmes.	19. All countries have properly functioning civil registration and vital statistics systems	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
Strategic Priority 3	Supporting prioritization of the special health needs of mothers, neonates, adolescents and children in line with the universality of SDGs and strong emphasis on equality or leaving no one behind	3.1 Enhance scale up for the delivery of the minimum package of maternal, newborn, adolescents and children	1. Increase equitable access to and improve quality of health care services.	11. Increased access to interventions for improving health of women, newborns, children and adolescents	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
		3.2 Support approaches to improve the quality of care provided at service delivery points.	1. Increase equitable access to and improve quality of health care services.	11. Increased access to interventions for improving health of women, newborns, children and adolescents	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
					national strategies and programmes
		3.3 Support assessment of coverage of interventions and measuring progress against global/regional targets	1. Increase equitable access to and improve quality of health care services.	11. Increased access to interventions for improving health of women, newborns, children and adolescents	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
Strategic Priority 4	Enhancing the capacity for the prevention and control of communicable and non-communicable diseases (NCDs), mental health, violence and injuries and disabilities.	4.1 Support elimination of measles and neonatal tetanus and eradication of polio	1. Increase equitable access to and improve quality of health care services.	4. Increased and sustained access to essential medicines for neglected tropical diseases	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
		4.2 Support the introduction of new vaccines	1. Increase equitable access to and improve quality of health care services.	4. Increased and sustained access to essential medicines for neglected tropical diseases	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
		4.3 Support scale up of implementation of Integrated Disease Surveillance and Response (IDSR) guidelines	1. Increase equitable access to and improve quality of health care services.	20. All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases 3.d Strengthen the capacity of the country, for early warning, risk

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
					reduction and management of national and global health risks
			Objective 1: Increase equitable access to and quality of health service delivery	4. Increased and sustained access to essential medicines for neglected tropical diseases	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
Strategic Priority 5	Addressing the social, economic and environmental determinants of health as a means of reducing health inequities	5.1 Enhancing food safety and food quality policies.	1. Increase equitable access to and improve quality of health care services.	24. All countries are adequately prepared to prevent and mitigate risks to food safety	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
					access to safe, effective, quality and affordable essential medicines and vaccines for all
		5.2 Support the strengthening of the climate services for health.	1. Increase equitable access to and improve quality of health care services.	15. Reduced environmental threats to health	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
			2. Reduce environmental and social risk factors that have a direct impact on health.	15. Reduced environmental threats to health	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-

Strategic Priority Number	Strategic Priorities Description	Focus Areas	NHSP Priorities	GPW Outcomes	SDG Targets
					care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

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