Assessment of Malawi's stewardship of the Family Planning Program from 2012 to 2020.

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Introduction

SDG 3 strives to attain universal health coverage, ensuring access to safe and affordable medicines and vaccines for all. Universal health coverage (UHC) aims to guarantee that everyone can access high-quality health services without experiencing financial hardship. The World Health Organization (WHO) acknowledges that achieving UHC requires increased and more efficient investment in health systems and services. Faced with competing resource priorities, governments must juggle multiple objectives and demands to enhance efficiency and maximize value for money[i].

The improvement of universal access to family planning services hinges on effective government investment in the health system. The Government of Malawi committed to ensure universal access to, and coverage of, sexual reproductive health and rights information and services with specific focus to all adolescent and young people through promoting wider method mix choice and LARCS with the goal of "no parenthood before adulthood," and in the spirit of the SGDs "leaving no-one behind[ii]. It pledged to increase modern contraceptive prevalence rate (mCPR) for all women from 38 percent in 2012 to 60 percent by 2020, with a specific focus on the 15–24-year age group. To ensure effective implementation and oversight, the Ministry of Health-Reproductive Health Directorate (MOH-RHD) established and led the FP2020 Engagement Working Group (EWG) in conjunction with the FP subcommittee to uphold this commitment.

This paper evaluates the effectiveness of the Malawi FP2030 EWG during the execution of the Malawi FP2030 commitments. It utilizes the WHO health systems framework (system building blocks) to evaluate the EWG's management of the FP program from 2012 to 2020.

WHO Health System Framework

In 2007, the World Health Organization (WHO) introduced a framework for enhancing health systems (refer to Figure 1). According to this framework, all health systems are required to fulfill certain fundamental functions, regardless of their organizational structure for achieving objectives. Consequently, they are mandated to deliver services, nurture healthcare professionals and other essential resources, mobilize and allocate finances, and uphold health system leadership and governance (commonly referred to as stewardship, which entails overseeing and guiding the entire system). The stewardship component entails ensuring the existence of strategic policy frameworks coupled with effective oversight, coalition-building, establishment of appropriate regulations and incentives, attention to system design, and accountability.

Simultaneous investments in these six components aim to attain various outcomes, including enhanced health and health equity, in manners that are responsive, financially equitable, and optimize the utilization of available resources.

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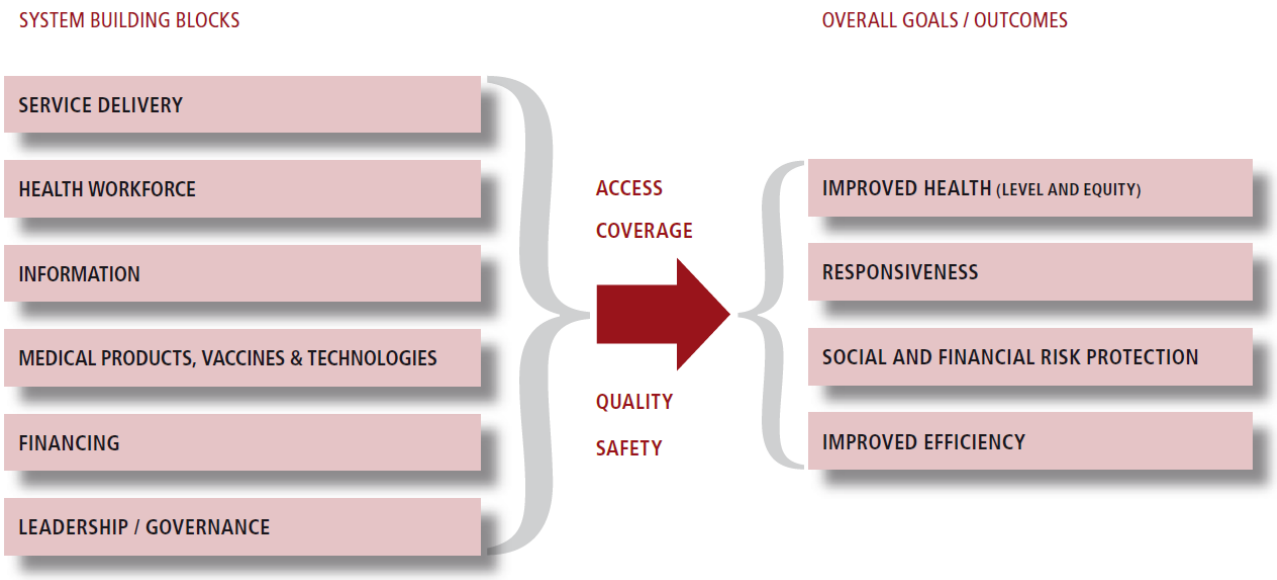
Figure 1: WHO Health System Framework



Source: WHO (2007). Everybody business: strengthening health systems to improve health outcomes – WHO's framework for action.

FP Coordination Structures

At the time Malawi was joining the FP2030 movement, the country had a family planning subcommittee which served as the primary governance platform for coordinating FP initiatives in the country. Membership of the subcommittee at the time was predominantly composed of the Ministry of Health, development partners, and implementing partners especially those implementing family planning service delivery interventions. After joining the FP2020 movement, the subcommittee was expanded to include civil society, youth, and academic groups that shared interest in family planning.

With the FP2020 blueprint, the Ministry of Health-Reproductive Health Directorate (MOH-RHD) instituted and chaired the FP2020 Engagement Working Group (EWG) to ensure alignment to these commitments. The EWG is incorporated into existing Ministry of Health (MOH) governance structures; it reported to the Family Planning Technical Working Group and the overarching Safe Motherhood Technical Working Group. It had a standing guideline to meet once every quarter or when need arose.

At the beginning, membership of the EWG included two representatives of donors and development partners and one representative of civil society organizations (CSOs). Later a youth representative was appointed by the FP subcommittee to the EWG. A standalone CSO and Youth EWG was also later established to ensure accountability, while retaining its membership in the larger EWG. The Malawi Mission of the U.S. Agency for International Development (USAID) and the United Nations Population Fund (UNFPA) in Malawi took on the role as secretariat of the EWG, rotating on a bi-annual basis.

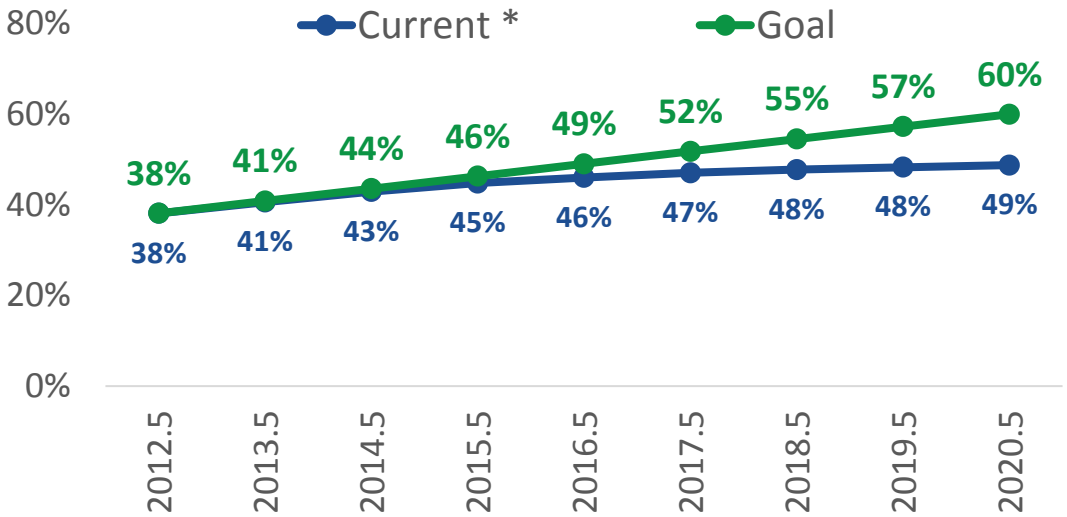
Improving access and utilisation of family planning

At the 2022 International Conference on Family Planning (ICFP) in Thailand, the Exemplars in Global Health program announced Malawi as one of the exemplar countries in family planning[iii]. To understand how stewardship from the EWG and the FP subcommittee affected this success, we examine if success was achieved in the four expected health outcomes of health system

framework: improved health, responsiveness, social and financial risk protection, and improved efficiency.

***Improved Health**:* mCPR for all women rose from 38% in 2012 to 49% in 2020 (see Figure 2). This is below the 60% target. Estimates from the Ministry of Health and Track20 show that in 2020 the country had 2,418,000 women using contraception, prevented 902,000 unwanted pregnancies, avoided 199,000 unsafe abortions, and averted 4,100 maternal deaths.

Figure 2: Trends in Contraceptive use for all women: 2012-2020[iv]



During the period, both the EWG and the FP subcommittee met periodically to review FP data and make recommendations on progress. The EWG supported the M&E officers at Ministry of Health to convene progress review meetings where key FP2030 indicators would be tracked and recommendations made. Both the EWG and the FP subcommittee worked with RH commodity security team to review data on commodity stock outs and make recommendations.

Responsiveness: The FP TWG and the EWG were proactive in ensuring that FP program was aligned with the commitments and was responding to emerging issues. For example, in 2019 there were global challenges in the supply of DEPO IM which was the only intramascular injectable, the subcommittee advised the authorities to look for alternatives and Triclofem was identified as the other alternative. The country was one of the first countries to provide DEPO SC thanks to the guidance and proactiveness of EWG and the subcommittee. At the dawn of the COVID-19 pandemic, the Ministry of Health with guidance from the EWG and the subcommittee developed and implemented guidelines for provision of FP services during the pandemic.

Social and Financial Risk Protection: As part of the FP2020 commitments, Malawi committed to create a budget line in the main drugs budget for procurement of family planning. This was met in the 2012/13 budget however, no allocation was made. The EWG and the subcommittee working together with civil society organizations held government accountable to ensure that resources are allocated and expended. A NIDI survey conducted in 2017 showed that government expended over 4.8billion Malawi Kwacha on family planning (see Table 1). Over the years, allocation for procurement of family planning commodities increased from 25million Kwacha in 2013/14 fiscal year to 200million Kwacha in 2020/21 fiscal year. Over the years, the EWG and the FP subcommittee collaborated with CSOs to hold government to ensure that the allocated resources are fully utilized.

While allocation, disbursement, utilization of family planning resources has increased in absolute terms, the impact has largely been affected by impacts of devaluation of the Kwacha. In addition, the Costed Implementation Plan for Family Planning (CIP) was not fully funded and hence affected its implementation and hence the success of the program.

Table 1: 2017 Government Expenditure on Family Planning by Category

Category	Expenditure
contraceptives	26,827,391.00
IEC	40,931,199.20
policy	79,304,198.46
MIS/HIS	22,128,429.57
M&E	1,383,248.40
capacity building	79,672,102.55
program staff costs	713,403,688.64
operational expenditures	147,818,110.00
capital costs	226,577,063.70
Others	1,856,297,346.00

To improve social risk protection, the government through the FP subcommittee partnered with religious mother bodies first to use their channels as mediums for addressing population and development and later integrating family planning messaging into their channels. While main religious mother bodies were engaged, other religious structures were left out as they do not belong to any of the religious mother bodies. Some of these structures continued to champion anti-family planning messages to their congregants.

Improved Efficiency: The EWG and the FP subcommittee helped in improving commodity security by championing some digital technologies for tracking FP commodities. Progress has been made in achieving an uninterrupted supply of commodities, but sustainability of commodity security is still an underlying threat due to (1) the low contribution by the government to the funding of family planning commodities; and (2) the lack of skills among some pharmacists at district health offices to use the OpenLMIS and other systems, coupled with high turnover. This affects access to reliable logistics data and sometimes inaccurate quantification of national requirements for reproductive health products and rational planning of supplies, leading to stock-outs or the need for emergency procurement by donors.

Conclusion:

Having strong coordination mechanisms at national with clear strategies and active leadership by the MOH ensures buy-in, collaboration, and propels stakeholders into action. The Engagement Working Group and the FP subcommittee provided an ideal opportunity for the MOH and partners to critically review strategies and challenges facing implementation and, in most cases, was pivotal in coming up with solutions. These new relationships and interactions reduced some inefficiencies while effectively leveraging synergies and reducing duplication.

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[i] WHO (2007). *Everybody business: strengthening health systems to improve health outcomes – WHO's framework for action*. WHO. Geneva Switzerland

[ii] Malawi FP2020 Revitalized Commitment https://wordpress.fp2030.org/wp-content/uploads/2023/08/Malawi_FP2020_Commitment_2017_1.pdf accessed on 12 February, 2024

[iii] Exemplar News (14 November 2022). *Malawi Emerges as a Leader in Family Planning*. Accessed at https://www.exemplars.health/stories/malawi-emerges-as-a-leader-in-family-planning accessed on 12 February 2024

[iv] Ministry of Health and Track20: *Country Progress on Family Planning: Commitments and National Goals*. Ministry of Health and Track20. September 2021