

**Statement by Hon. Dr. Cornelius T. Mwalwanda, M.P  
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**The Road to Success: Malawi's Investment in Reproductive  
Health and Family Planning (RH/FP)**

**International Conference on Family Planning, Dakar, Senegal  
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Honourable Ministers, Your Excellencies, Distinguished Delegates, Ladies and Gentlemen,

On behalf of the Government of Malawi, and indeed on my own behalf, I wish to thank the Government of Senegal and the organizers of this esteemed conference for inviting me to this important meeting. Good Afternoon!

I feel greatly honored to address you about the success story that my country has had from its investments made in reproductive health – particularly in family planning.

Mr. Chairman, before I proceed to share with you Malawi's experiences in dealing with issues of reproductive health and family planning, kindly allow me to share with you a **“live experience”**

which I had the fortune, or misfortune to encounter, during the recent **“UN Commemoration of the 7 Billion People Event”** held on 31 October 2011. On that **“Unique Day”**, I was delegated by my Government to officiate this occasion in Mangochi District of Malawi. Before the Event, our delegation was taken to **“Mangochi District Hospital”** and to the Maternity Ward to identify the **“7th Billion Baby in Malawi”**.

Distinguished Ministers and delegates, when we reached the Maternity Ward, the site that greeted our eyes was not only **“shocking but also touching”**. **Firstly**, the ward was congested with expectant mothers seating or lying on the floor. Here, in a ward made to accommodate 16 women, lay with what seemed like forty women – most of whom lay on the floor. **This is attributed to the new policy which is advocating for facility delivery. Women have taken heed and come to deliver at the health facility.**

**Secondly**, many of the expectant mothers and those who had delivered were young probably around the age of 14 years.. When we asked the District Health Officer (DHO) how many babies had been born that day, we were told 7 and that was only half of the day and that for the month the hospital had delivered 700 babies. This would translate into 8,4 00 babies per year at a single hospital. This, to many of us, represented a very high birth rate that was posing serious challenges to our country.

**Finally**, Mangochi is naturally a hot area as it lies in the Great African Rift Valley. The heat in the ward was so unbearable on this day. I stood in this hot room and my heart went out to these women and their babies. I could only imagine how uncomfortable they must be feeling in addition to the labour pains.

Distinguished Delegates, Ladies and Gentlemen, Let me ask you all to pose and reflect for a moment and assume that those newly born babies in the Hospital in Mangochi could communicate to all of us about their plight and situation. What would be their message?

Ladies and Gentlemen, I believe this would be their message:  
**“Our Dear Parents, Our Government, The International Community:  
What Have We Done to the World to be Born under these  
Surroundings? Do We Really Deserve This?”**

These would be the unheard voices of the Newly Born Babies of Mangochi to the world, pleading to all of us for urgent improvements in the conditions under which our children are born. Will their unheard voices be heard? Ladies and Gentlemen, that is the challenge that faces us at this Conference today and in our countries tomorrow.

Mr. Chairman, this live experience serves to show that while my country has made significant strides to address issues of reproductive health and family planning, the challenges remain daunting and the **“war has yet to be worn”**. According to the 2010 Malawi Demographic and Health Survey, 73 percent of births are now delivered at hospitals, with 71 percent being delivered by a skilled attendant. However, the infrastructure remains cramped to almost unbearable levels; shortages of human resource are evident; empowerment of young people to demand sexual reproductive health and rights is still an issue; and frequent unavailability of reproductive health supplies is still a reality. The successes we register today therefore are just small strides to where we want to be. Malawi will need to continue to invest heavily in reproductive health and family planning and in complimentary areas that support these fields, such as education (especially of the girl child), programmes for motherhood and Early Childhood, and other support services. The International Conference offers a unique opportunity for us to revisit the issues and map out strategies for effectively dealing with these challenges.

Please permit now to share with you the success Malawi has had from its investments made in reproductive health - and in particular in family planning. **(Next slide please)**

As you might be aware, Malawi has registered an increase in modern contraceptive prevalence rates from 28 percent in 2004 to 42 percent in 2010. The dramatic rise in use of modern methods can be attributed to a sharp increase in the use of injectable contraception and female sterilization. However the road has not always been smooth. The marginal increases in the contraceptive prevalence rates between 2000 and 2004 was a “wake-up call” for all of us to get back to the basics of family planning and re-double our efforts.

The Constitution of the Republic of Malawi Section 13 (c) states that the State is obliged “*to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care*”. The Government of Malawi has further articulated this commitment in its efforts to ensure that family planning is repositioned as a key development strategy in several policy documents. The Malawi Growth and Development Strategy (MDGS) II - Sub Theme One: Health and Population stipulates: *Improving health requires a multifaceted approach with a combination of preventive, educational and clinical measures.*

Other policy documents include the Malawi Health Sector Strategic Plan (2011 – 2016) which focuses on *the promotion and provision of family planning methods*; and in the Sexual Reproductive Health and Rights Policy (2009 – 2013) whose primary

*goal is to promote through informed choice, safer reproductive health practices by men, women, and youth including use of quality and accessible reproductive health services.*

To fulfill these goals, the Government of Malawi has been a critical source of health financing amidst donor aid. Nevertheless, health financing remains quite low as compared to the rest of the African region according to the 2006 Abuja Declaration.

Distinguished delegates; health delivery requires an organized, multi- and inter-disciplinary effort that addresses the multiple determinants of health in communities and populations at risk for disease and injury. This diagram shows how the Malawi family planning programme mission is carried out—through dialogue and collaboration of Government Ministries commensurate to mandates; the Parliamentary Committee On Health and Population; Development Partners; Regulatory Bodies; Training Institutions; Other Stakeholders (such as Christian Health Association of Malawi(CHAM), the White Ribbon Alliance (WRA); and Civil Society Organisations such as Banja La Mtsogolo —all contribute in the various levels.

A number of innovations contribute to the success of our family planning programme. I will just highlight a few. In 2010, the First Lady of the Republic of Malawi Her Excellency Madam Callista Mutharika launched The Callista Mutharika Safe Motherhood Foundation. This

foundation highlights girls' and women's empowerment and advocates for sexual and reproductive health rights. The foundation also provides training of community midwives to reduce maternal morbidity and mortality.

The second innovation has been to promote task shifting—with the introduction of the Community Depo-Provera initiative. This initiative has allowed Health Surveillance Assistants to provide Depo-Provera in the community; and Community Distributing Agents complement these efforts by providing contraceptive pills and condoms. Family planning methods are now at the doorstep of the Malawian families. At institutional level, nurses too have begun providing long term methods (implants and IUCDs) which were previously provided exclusively by clinicians and doctors. All this has resulted in improved access to family planning methods.

Malawi continues to invest in the implementation of policies and upholds strong partnerships. The country provides a functioning framework for decentralization. Specifically for family planning and reproductive health, strategies and service delivery guidelines have been developed.

Distinguished delegates, while we acknowledge great success in our contraceptive prevalence, challenges still remain. Malawi continues to register a stubbornly high total fertility rate of 5.7. Very

little change has been registered since the 2004 Malawi Demographic and Health Survey. Coupled with this, are the low literacy rates among women. The 2010 Malawi Demographic and Health Survey has shown that the use of modern family planning methods increases with higher education and socio-economic status of a person.

Rapid population growth has a significant impact on all development sectors in my country with an estimated population of 14.8 million people and an annual growth rate of 2.8 that is predominantly due to its high fertility rate. This places a high burden on resources that may simply not be sustainable over the long term.

In addition, challenges still remain in the provision of meeting the reproductive health needs and services of young people. This is paramount to achieving the MDGs 4 &5 and meeting national targets. As a country, we are still in the process of strengthening our health system (including commodity security and the integration of family planning with reproductive health & HIV services). In relation to this, we need to ring fence funds for family planning and commodities to safeguard their place in trimmed drug budgets that tend to provide more for curative drugs. This will help to increase access to family planning services and products and meet demand.

Ladies and gentlemen, in conclusion, on issues of Population and Development, the urgent and immediate challenges our country is facing include:

- i. The need for a *National Population Policy Strategy*, which effectively integrates Sexual and Reproductive Health and Family Planning into national development programmes within the realm of the Malawi Growth and Development Strategy (MGDS);
- ii. Expanding education for the *girl child* in order to have educated youth capable of making informed choices on reproductive health and family matters;
- iii. Scaling up the programme on building *girls hostels* in Malawi's Day Secondary Schools in order to reduce distances that girls travel to school, which exposes them to early pregnancy;
- iv. The need to work towards changes in certain traditional and cultural values and practices which *early marriages and pregnancy* as accepted norms in society; and
- v. The need for substantial improvement in maternal health services.

Malawi is therefore committed to overcome these challenges and work with partners in the delivery of the health sector strategic plan. We will also continue to work with other partners such as the Global

Fund. Our plan is to continue on the road to success, through increased promotion and provision of family planning commodities and services to all citizens of reproductive age.

I leave you with this beautiful image of “**Lake Malawi**” in the “**Warm Heart of Africa**”. Thank you very much.