GOVERNMENT OF THE REPUBLIC OF MALAWI

NATIONAL HEALTH POLICY

"Towards Universal Health Coverage"

July, 2017

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Foreword

Malawi's Constitution affirms the intention of the Government to provide adequate quality health services that are responsive to the needs of Malawians and are in line with global best practices. During the Millennium Development Goals (MDGs) period (2000-2015), Malawi made significant progress in improving health outcomes primarily through increased access to essential health services leading to high coverage. Although access to essential healthcare services has improved, there are still some sections of the population that do not have easy access to healthcare. In addition, inconsistent and unreliable quality of care and health system inefficiencies remain major challenges. As a signatory to the Sustainable Development Goals (SDGs), the Government of Malawi recognizes that extra efforts and resources need to be invested in fast-tracking improvements in access, quality and efficiency in order to achieve universal health coverage by the year 2030.

In this respect, Malawi Government has developed the first ever National Health Policy as an overarching framework to guide the achievement of the health sector goals which include improving health status of Malawians, providing adequate financial risk protection and improving client satisfaction.. The Policy will also be used as a national vehicle for achieving health-related SDGs and other health related international commitments that the Government of Malawi is a signatory to.

I wish to assure Malawians and all stakeholders that the Government is strongly committed to provide the necessary leadership and enabling environment for effective and successful implementation of the policy.

Minister of Health

Preface

Malawi has never had a National Health Policy to properly guide stakeholders in the implementation of initiatives to improve the functioning of the health system. The absence of the Policy coupled with an outdated Public Health Act (1948) meant that there was no single governance document with powers to ensure alignment of health sector initiatives towards a common goal. In this regard, Government of Malawi initiated a bottom up approach, highly participatory, and multi-stakeholder consultations to develop the policy.

The policy has been developed in context of the national overarching strategy (Malawi Growth and Development Strategy) and also international commitments such Sustainable Development Goals (SDGs), the Ouagadogou Declaration on Primary Health care and the Paris Declaration on Aid effectiveness.The Policy is geared towards overcoming challenges such as sub-optimal healthcare service provision; weak leadership and governance at all levels of the health system; poor health financing mechanisms; weak human resource capacity; weak system for delivering medicines and medical supplies; weak health information systems; and socio- determinants for health.

This Policy will therefore be the single most important governance document to align all stakeholders towards addressing the identified challenges. The implementation of this Policy will ensure improvements in the healthcare delivery system in the country. The policy will be implemented alongside other health sector reforms under the Government wide Public Sector Reform programme.

Let me thank the various partners who contributed financial support to the development of this Policy. These include Bill and Melinda Gates Foundation and United States Agency for International Development. I also wish to thank all stakeholders that provided technical contributions towards the development of the Policy. These include participants from districts and central hospitals, MOH Departments and Programmes, the private sector, regulatory bodies, health training institutions, the Parliamentary Committee on Health, and donor and implementing partners.

It is my sincere hope that all the development partners will continue demonstrating their commitment through supporting the implementation of this policy. I would therefore urge all stakeholders to make use of the policy when undertaking their activities.

Dr. Dan Namarika

Secretary for Health

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CHAM	Christian Health Association of Malawi
CSO	Civil Society Organization
DHO	District Health Officer
DP	Development Partner(s)
EHP	Essential Health Package
EHRP	Emergency Human Resource Plan
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
IMR	Infant Mortality Rate
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goal(s)
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MMR	Maternal Mortality Rate
NCDs	Non-Communicable Disease(s)
NTDs	Neglected Tropical Diseases

ORS	Oral Rehydration Salt
PHC	Primary Health Care
SDGs	Sustainable Development Goals
SLA	Service Level Agreement
TB	Tuberculosis
TT	Tetanus Toxoid
U5MR	Under-five Mortality Rate
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WHO	World Health Organization

Glossary

Aid effectiveness: Refers to the beliefs that aid can be more effective if it is channelled to priority areas as identified by the recipient countries, donor actions are harmonized and transparent, donor resources are tied to specific development goals and both the donor and the recipient countries are accountable for the results that aid produces.

Appropriate health technology: Methods, procedures, techniques and equipment that are scientifically valid, adapted to local needs and acceptable to those who use them and to those for whom they are used, and that can be maintained and utilized with resources the community or country can afford

Capital Investment Plan: A formal document produced by the Department of Planning and Policy Development detailing planned funding for resources such as buildings and/or medical equipment for a five year period.

Complementary/alternative medicines: They refer to a broad set of health care practices that are not part of a country's own formal healthcare system and are not integrated into the dominant health care system.

Efficiency and effectiveness: Efficiency refers to minimizing the opportunity cost of attaining a given output or as maximizing the output for a given opportunity cost, while effectiveness relates to the relationship between the level of resources invested and the level of results experienced or improvements in the health sector.

Essential Health Package: In Malawi, the Essential Health Package shall consist of a list of preselected public health and clinical interventions at all levels of care for which the people of Malawi are guaranteed to access free at the point of service in all public hospitals and in CHAM hospitals with SLAs to provide full EHP services. The criteria for inclusion are health maximization, equity, continuum of care, and extraordinary donor funding.

Financial Risk Protection: This entails a high degree of separation between financial contributions made into the health system and actual utilization. Insurance schemes and tax based financing are some of the health resource mobilization models that offer substantial financial risk protection.

Health: The state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

Health equity: Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided. This entails focused population efforts to address avoidable inequalities by equalising the conditions for health for all groups, especially for those who have experienced socio-economic disadvantage or historical injustices.

Health key stakeholders: Key health stakeholders are defined as persons or groups that have a vested interest in a clinical decision and the evidence that supports that decision. Stakeholders may be patients, caregivers, clinicians, researchers, advocacy groups, professional societies, businesses, policymakers, or others. Each group has a unique and valuable perspective.

Health policy: Formal statement of intent on health covering vision, goals and broad policy directions and priorities.

Health priority cadres: Defined by Government of Malawi as comprising Physicians, Nurses/Midwives, Clinical Officers, Dental therapists, Medical Assistants, Pharmacy Technicians, Laboratory Technicians, Environmental Health Officers, Physiotherapists and Medical Engineers.

Health promotion: A multidisciplinary field that relies on education and targeted interventions to help change behaviours and environments in ways that are conducive to health.

Health Status: The measurement, via some form of utility measure, made up from attributes of a person's or group's state of health. Normally measured with respect to activities of daily living such as freedom from pain, anxiety, ability to feed, dress oneself.

Health system: The sum total of all the organisations, institutions and resources whose primary purpose is to promote, restore and maintain health.

Health technology: Medical equipment in hospitals or health settings, including ultrasound.

Herbal medicines: Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations.

Non-state actors: Individuals and organisations acting otherwise than under the direction of the State. They include for-profit and not-for-profit organisations and actors, Non-Governmental Organisations, Faith-Based Organisations, communities and community-based organisations.

Primary health care: Essential basic health care based on practical, scientifically sound, and socially acceptable methods and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination.

Private-for-profit organisations: Entities that provide health services on a commercial or profit-oriented basis.

Private-not-for-profit organisations: All Faith-Based Organisations and Non-Governmental Organisations that provide health services on a non-commercial basis.

Responsiveness: This is a measure of how the health system performs relative to non-health aspects, meeting or not meeting a population's expectations of how it should be treated by providers of prevention, care or non-personal services. Responsiveness is not about how the system responds to health needs.

Social Determinants of Health: Are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Tracer items: Defined by Government of Malawi as comprising TT vaccines, LA, Oxytocyin, Oral Rehydration Salts, Cotrimoxazole, Diazepam injection, rapid HIV test kits, Tuberculosis basic medicines, Magnesium Sulphate, Gentamycin, Metronidazole, Ampicillin, Benzyl Penicillin, safe blood and Rapid Diagnostic Test kits.

Universal Health Coverage: Refers to a situation when all people have access to quality essential healthcare services and essential medicines and vaccines without suffering undue financial hardship as a result of accessing care.

Vertical programmes: A stream of work that focuses on a specific disease or condition and covers all parts of service delivery including prevention, diagnosis and treatment.

Vulnerable groups/populations: Groups/populations that experience a higher risk of poverty and social exclusion than the general population. They include persons with disabilities, the poor, isolated elderly people, women, children, orphans, ethnic minorities, migrants, the homeless, those struggling with substance abuse, and persons internally displaced due to natural disasters.

Chapter 1: Introduction

1.1.The National Health Policy

The National Health Policy provides policy direction on key issues that are central to the development and functioning of the health system in Malawi. The Policy has been developed in line with the Constitution of the Republic of Malawi which stipulates that the State is obliged "*to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care*"[1]. In this respect, the Constitution guarantees all Malawians highest quality healthcare services within the limited resources available.

The policy has also been developed in line with the Malawi Growth and Development Strategy (MGDS), an overall development plan for Malawi which recognizes that a healthy and educated population is essential if Malawi is to achieve sustainable socio-economic growth. The Policy is also aligned to Sustainable Development Goals (SDGs). The Policy outlines a coordinated approach of the Government of Malawi to achieve the health sector goals which are: - to improve the health status of all Malawians; to ensure that the population is satisfied with the health services that they receive; and to ensure that the population does not suffer avoidable financial and social risks in the process of accessing health care at any level of the health care delivery system.

The National Health Policy will be implemented through the following priority areas: Health Service Delivery; Leadership and Governance; Health Financing; Human Resources for Health; Medicines, Medical Supplies, Medical Equipment and Infrastructure; Social Determinants of Health; and Health Information and Research.

The Policy will be implemented between 2017 and 2030 to align with the SDG implementation period but will be reviewed after every five years.

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[1] Section 13 (c) of the Constitution of the Republic of Malawi.

1.2.Background

Malawi's Health Care System has four delivery levels namely: - community, primary, secondary, and tertiary, with inter-level referrals as required. Formal care is provided by three categories of providers which are: public, private-not-for-profit, and private-for-profit. The Government of Malawi through the Ministry of Health is the largest provider of modern healthcare services followed by the Christian Health Association of Malawi (CHAM), and then followed by a large number of independent private health facilities.

The Malawi Healthcare System uses the Essential Health Package (EHP) service delivery model. The first EHP was defined in 2000 with a core list of interventions to prioritize the allocation of scarce resources. Currently, the Government of Malawi through the Ministry of Health has revised the package to commensurate with health maximization principles, and to ensure equity, continuum of care and complementarities of services. Government provides free EHP services at point of delivery in public health facilities. Where there is no public facility within 8km radius, CHAM provides a package of preselected services for free at point of delivery through Service Level Agreements[2]. Based on the Local Government Act (1998) and the Decentralization Policy (1998), community, primary and secondary service delivery levels belong to the district health system, under the mandate of the councils, while the provision of tertiary service delivery level care is the responsibility of the Ministry of Health.

During the Millennium Development Goals (MDGs) implementation period (2000-2015), Malawi made significant progress in improving health outcomes primarily through increased access to essential health services leading to high coverage. Although there have been increases in access to essential health care services, several key challenges that directly impact negatively the achievement of health sector goals remain. Some of the challenges are: limited access to health care services; low quality of health services that are on offer to clients which

[2] The recently revised Memorandum of Understanding between Government and CHAM provides for provision of free preselected services not only based on the 8 km radius but also takes into account population and difficulties in geographical access in CHAM facilities with less than 8 km radius from a public facility.

directly leads to compromised effective care; inefficiencies in the healthcare delivery system. The root causes of these challenges include:

- Healthcare services provision does not adhere to the essential health package principles resulting into bloated list of services that are available only on paper but not in reality
- Weak leadership and governance across the health sector and at all levels of the health system
- Insufficient health sector financial resources and inefficiencies in the allocation and utilization of the financial resources.
- Weak human resource capacity
- Unavailability, poor quality and misuse of medicines and medical supplies
- Poor quality, inaccessible and non-standard information resulting into limited evidence-based decision-making.
- Increased environmental and social risk factors that are directly impacting on health.

These challenges have been exacerbated by lack of coherent policy framework to guide implementation of the interventions in coordinated manner in the sector.

1.3. Current Status

Malawi has made great strides in improving health outcomes over the past decade. The maternal mortality ratio (MMR) declined from 984 per 100,000 live births in 2004 to 439 per 100,000 live births in 2016 while the infant mortality rate (IMR) decreased from 104 deaths per 1,000 live births in the year 2000 to 42 per 1,000 live births in 2016. Neonatal mortality rate has gone down from 42 deaths per 1,000 live births in the year 2000 to 27 deaths per 1,000 live births in 2016. Child mortality rate has decreased from 95 deaths per 1,000 live births in the year 2000 to 23 deaths per 1,000 live births in 2016, while the under-five mortality rate has gone down from 189 deaths per 1,000 live births in the year 2000 to 64 deaths per 1,000 live births in 2016.

There has also been remarkable progress in the fight against HIV and AIDS, with HIV prevalence decreasing from 16.4% in 1999 to 10% in 2013, as well as scaling up Prevention of Mother to Child Transmission (PMTCT) through Option B+ from 44% in 2010 to 72% in

2014. The malaria related deaths have declined from a peak of 8,802 deaths in 2009 to 3,723 deaths in 2013. These improvements in health outcomes have been attributed to huge investments in addressing access, such as construction of new health facilities particularly in rural areas, training of additional health workers, and improvements in the availability of essential medicines and equipment. Consequently, access to and utilization of health services increased. There have also been successes in terms of improved availability and coordination of health financing, especially between 2004 and 2012. The SWAp Pool Fund led to greater availability and efficiency in the utilization of health care resources. As a result, the Total Health Expenditure (THE) increased from US$18 per capita in 2004 to US$39 per capita in 2012 and rising minimally to US$39.2 in 2015.

Despite these achievements, the health sector still faces many challenges. Mortality and morbidity for mothers and children is still unacceptably high; about 3 million Malawians are estimated to be living outside 8 km radius of a public or CHAM health facility; per capita health sector expenditure was at US$39.2 in 2015 which was less than half of what the WHO recommends for countries like Malawi[3]; and the proportion of health care expenditure incurred outside of the health sector plans has increased exponentially and has caused coordination challenges on the health system. The available investment and capacity in human resources, infrastructure, equipment, and supplies has failed to keep pace with the increased access and demand for health services due to a very high population growth rate which have in turn led to a decline in quality of care.

Client satisfaction has not been a priority for a long period of time in the health system. Government has however, elevated issues of client care and satisfaction to be one of three main health goals of the Malawi health system. The establishment of the Quality Management Directorate will result into issues of client care and safety being prioritized alongside issues of health status and financial risk protection.

Government realizes that these challenges cannot be addressed by isolated sub-sectoral policies. In this regard, the National Health Policy intends to concretize and build on the

[3] The WHO recommends that at least US$ 86 must be available per head in developing health systems.

sustained gains that have been made over the years and will leverage on and reinforce the implementation of health systems reforms to respond to the challenges that remain.

1.4. Problem Statement

For many years, the health sector has been guided by isolated sub sectoral policy frameworks and strategic plans. This has resulted in uncoordinated approach in addressing the challenges facing the health service delivery. The fragmentation and insufficient policy coordination have contributed to incoherent response to the health sector challenges and their root causes.

1.5. Purpose of the Policy

The purpose of the National Health Policy is to provide a unified framework for achieving the health sector goal of the country through addressing the identified key challenges and their root causes, thereby improving the functioning of the Malawi Health System. Addressing these bottlenecks will further position the country on the path to achieving the health related targets within the Sustainable Development Goals.

Chapter 2: Policy Linkages and Guiding Principles

2.1 Linkages with Other Policies and Legislation

The Policy will operate in line with the existing legal and policy frameworks at national and global levels as indicated in the following section.

2.1.1. Linkages with Overarching National Documents

The National Health Policy has linkages with the following overarching national documents:

The Constitution

The Policy is aligned with the Constitution under Chapters III and IV, which provide for the Principles of National Policy and Human Rights, respectively. In section 13 (b), the Constitution provides that: 'The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving the goal of: (c) Health - To provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care.

Vision 2020

Vision 2020 is an overarching Policy document for the Government of Malawi. It outlines key strategic options for improving the health status of Malawians so that they can achieve better health via improved availability, accessibility and quality of healthcare services. It also recognizes the need to integrate traditional and alternative medicines in the modern healthcare system.

Malawi Growth and Development Strategy

The MGDS, as an overarching strategic document, identifies Health as one of the national priorities. The MGDS recognizes that a healthy and educated population is essential if Malawi is to achieve sustainable socio-economic growth. The Policy shall thrive to uphold the vision

to have 'a healthy population that effectively contributes to the social and economic growth and prosperity of the country'.

2.1.2. Linkages with Legislations

The Policy shall operate in an environment, which has other legislations that touches on health issues or facilitate the delivery of healthcare services as follows:

Public Health Act (1948, under review);

The Public Health Act consolidates the law regarding the preservation of public health in Malawi. It addresses issues regarding infectious diseases and creates institutions for responding to emerging public health challenges.

Local Government Act (1998);

The Local Government Act (1998) consolidates the law regarding local government. It provides for health service delivery to be decentralized to district and city councils and empowers communities to be responsible for their own health and healthcare services. It also mandates the Ministry of Health to be responsive for health related policies, trainings and supervision.

Medical Practitioners and Dentists Act (1987);

The Act provides for the establishment of the Medical Council of Malawi, the registration and disciplining of medical practitioners and dentists, the regulation of training within Malawi of medical personal and generally for the control and regulation of the medical profession and practice in Malawi.

Nurses and Midwives Act (1966);

The Act establishes a Nurses and Midwives Council with the purpose of administering the certification, licensing and disciplining of nurses and midwives.

Pharmacy, Medicines and Poisons Act (1988)

The Act provides for the establishment of the Pharmacy, Medicines and Poisons Board, the registration and disciplining of pharmacists, pharmacy technologists and pharmacy assistants,

the training within Malawi of pharmacists, pharmacy technologists and pharmacy assistants, the licensing of traders in medicines and poisons and generally for the control and regulation of the profession of pharmacy in Malawi

Public Private Partnership Act (2011)

An Act to provide for partnerships between the public sector and private sector for the supply of infrastructure and delivery of services as means of contributing towards sustaining economic growth, social development and infrastructure development; and provides for the development and implementation of public private partnership arrangements in Malawi for the delivery of infrastructure and services. The PPPs proposed in this Policy are in line with this Act.

Public Financial Management Act (2003)

The Act fosters and enhances effective and responsible economic and. financial management by Government, including adherence to policy objectives and to provide accompanying accountability arrangements together with compliance with those arrangements. The Ministry of Health must, in compliance with this Act, ensure responsible economic and financial management of health sector resources and must be accountable for the same. Further, the Ministry must produce a national health sector budget for the areas under its responsibility.

Public Procurement Act (2003)

The Act provides for the principles and procedures to be applied in, and to regulate, the public procurement of goods, works and services in Malawi, including in the health sector.

2.1.3. Linkages with other National Policies

The Policy also has other linkages with other national policies, some of which are:

National HIV and AIDS Policy

The National HIV and AIDs Policy aims at facilitating the evidence-based programming and strengthening of the National HIV and AIDS Response while recognizing the emerging issues, gaps, challenges and lessons learnt during the implementation of the first Policy. The Policy shall thrive to provide good governance for effective National HIV and AIDS programming.

Decentralization Policy

The Decentralization Policy seeks to create a democratic environment and institutions for governance and development at the local level that facilitate grassroots participation in decision making. The Decentralization Policy will support the district health systems comprising of community, primary and secondary service delivery levels to accelerate the efforts of achieving of the health sector goals which include improving health status of Malawians, providing adequate financial risk protection and improving client satisfaction.

National Education Policy

The National Education Policy advocates for the promotion of the school health, water sanitation, and hygiene; HIV and AIDs; gender and manage health training institutions. The Policy shall provide framework for implementing these programmes.

National Nutrition Policy

The Nutrition Policy seeks to promote evidence-based programming and strengthening of the national nutrition response. The NHP shall promote good sanitation and good hygiene practices and management of over-nutrition and non-communicable diseases.

National Gender Policy

The Gender Policy seeks to mainstream gender in the national development process in order to enhance participation of women and men, girls, boys at individual, household, and community levels for sustainable and equitable development.

Other Sectoral Policies

Health have strong linkages with other social and sectoral policies as a crossing-cutting issue. These policies among others include: National Population Policy; National Social Support Policy National Sports; and Youth Development Policy.

2.2.Linkages with other international instruments

Malawi is a signatory to a number of international conventions and the policy took cognizance of the country's international commitments. These include:

Sustainable Development Goals (2016-2030)

The SDG Goal number 3 aims to 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. This Policy also aims at achieving universal health coverage and SDG related health targets. The expected outcomes of this Policy are also closely linked to the expected outcomes of the SDGs

Abuja Declaration 2001

The Abuja declaration calls for governments in Africa to commit at least 15% of their total expenditure to health. The Policy also sets the 15% total public expenditure target towards health.

Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems (2008)

The declaration sets a framework for African countries to achieve primary healthcare led health systems. The declaration has nine thematic areas namely leadership and governance for health; health services delivery; human resources for health; health financing; health information systems; health technologies; community ownership and participation; partnerships for health development, and research for health. The thematic areas proposed in this Policy are consistent with the Ouagadougou Declaration.

Paris Declaration on Aid Effectiveness.

The Paris Declaration lays out a practical, action-orientated roadmap to improve the quality of aid and its impact on development. It puts in place a series of specific measures for implementation and establishes performance indicators that assess progress. It also calls for an international monitoring system to ensure that donors and recipients hold each other accountable – a feature that is unique among international agreements. The National Health Policy has aid effectiveness and national ownership as key guiding principles.

2.3. Guiding Principles/Core Values

The guiding principles/core values demonstrate government's commitment towards attainment of equitable, accessible, affordable and sustainable high quality evidence-based health care. The following are the guiding principles/core values for the National Health Policy:

i. ***National Ownership and Leadership:*** In the interest of national development and self-reliance, and in fulfillment of the principles of aid effectiveness, all partners in the health sector shall respect national ownership of the Policy. To this end, Government leadership will remain central in guiding the implementation of the National Health Policy;

ii. ***Primary Health Care:*** Provision of health services shall be based on the principle of Primary Health Care (PHC) as a basic philosophy and strategy for national health development.

iii. ***Human Rights-Based Approach and Equity***: All the people of Malawi shall have the right to good health, and equitable access to health services without any form of discrimination, whether be it based on ethnicity, gender, age, disability, religion, political belief, geographical location, or economic and/or other social conditions.

iv. ***Gender Sensitivity:*** Gender mainstreaming shall be central in the implementation of this Policy.

v. ***Ethical Considerations:*** The ethical requirement of confidentiality, safety and efficacy in both the provision of health care and health care research shall be adhered to.

vi. ***Efficiency and Effectiveness:*** All stakeholders shall be expected to use available resources for health efficiently and effectively to maximize health gains. Opportunities shall be created to facilitate integration of health service delivery to leverage on efficiency and effectiveness in addressing health needs of the people of Malawi.

vii. ***Transparency and Accountability:*** Stakeholders shall discharge their respective mandates in a manner that is transparent and takes full responsibility for the decision they make.

viii. ***Inter-sectoral and Intra-Ministerial Collaboration:*** Collaboration shall be strengthened between Ministries, Departments and Agencies (MDAs), the private-sector and Civil Society Organizations in the development and implementation of health and health-related policies and programmes.

ix. ***Community Participation:*** Community participation shall be central in addressing health needs of the people of Malawi.

x. ***Evidence-based decision-making:*** All health interventions shall be based on proven and cost-effective national and international best practice.

xi. ***Decentralization:*** Health service provision and management shall be in line with the Local Government Act (1998), which entails devolving district health service delivery to local government structures.

xii. ***Appropriate Technology:*** Health care providers shall use health care technologies that are safe, appropriate, relevant, and cost-effective.

xiii. ***Public private mix:*** The Malawi healthcare system shall be run using both public and private structures. Public private partnerships will be promoted as a means to ensure effective healthcare service delivery at all levels.

Chapter 3: Broad Policy Directions

3.1.Policy goal

The overall goal of the National Health Policy is to improve health status of all Malawians, and increase client satisfaction and financial risk protection towards attainment of Universal Health Coverage. Specifically, the Policy will have the following impact at population level:

3.3.1 Health Status Outcomes

- Increased life expectancy at birth from 64 years in 2016 to 74 years by 2030.
- Maternal mortality reduced from 439 deaths per 100,000 live births in 2016 to 70 per 100,000 live births by 2030.
- Neonatal mortality reduced from 27 deaths per 1000 live births in 2014 to 12 deaths per 1000 live births by 2030.
- Under five mortality reduced from 63 deaths per 1000 live births to 25 deaths per 1000 live births.
- Reduced stunting in under-fives from 37% in 2015 to 20% by 2030.
- By 2030, reduce the epidemics of malaria, tuberculosis, HIV/AIDS, NTDs and combat hepatitis, water-borne diseases and other communicable diseases.
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health well-being.
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination including radiation;
- By 2030, strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol.
- Reduced mortality rate from Cardio- vascular diseases amongst population aged 35-60 years from 12% in 2015 to 3% in 2030.
- Reduced number of road traffic fatal injury deaths within 30 days, per 100,000 population from 1019 in 2013 to 200 in 2030.
- Reduced suicide mortality rate from 16% in 2015 to 5% in 2030.
- By 2030, eliminate significant socioeconomic, geographical, gender and disability related differences in critical health outcomes.

3.3.2. Client Satisfaction Outcomes:

- Proportion of population satisfied by the public health system increased from 85% in 2014 to 98% by 2030.

3.3.3. Financial Risk Protection Outcomes:

- Proportion of out-of-pocket payment for health as a share of total health expenditure reduced from 10.8% by 2015 to 7% in 2030
- Proportion of the population covered by the National Health Insurance Scheme increased from 0 per cent in 2017 to 50% in 2030
- Percentage of Government of Malawi budget expenditure on health increased from 10.8% of the total budget to at least 15 % of the total Government expenditure.

3.2.Policy Objectives

The broad objectives of this policy are to:

i. To improve service delivery by ensuring Universal Health Coverage of essential health care services, paying particular attention to vulnerable populations.

ii. To provide effective leadership and management that is accountable and transparent at national, and local authority levels.

iii. To increase health financing equitably and efficiently and enhance its predictability and sustainability.

iv. Improve availability of competent and motivated human resources for health for effective, efficient, quality and equitable health service delivery.

v. To improve the availability, accessibility and quality of health infrastructure, medical equipment, medicines and medical supplies at all levels of health care.

vi. To reduce risk factors to health and address social determinants of health and health inequalities.

vii. To strengthen capacity in health research and health information system management for evidence based policy making.

Chapter 4: Policy Priority Areas

The National Health Policy has identified seven priority areas that consolidate aspirations contained in the goal and the policy objectives.

The priority areas are:

i. Service delivery
ii. Leadership and governance
iii. Health financing
iv. Human resources for health
v. Medicines, medical supplies, medical equipment and infrastructure
vi. Social determinants of health
vii. Health information and research.

4.1. Policy Priority Area 1: Service Delivery

Health services in Malawi are delivered through a variety of facilities, ranging from central hospitals providing tertiary care to district hospitals, health centres and health posts which provide a wide range of secondary and primary health care services, most of which are in the Essential Health Package (EHP). The EHP covers a variety of conditions and consists of promotion, preventive, curative and rehabilitative services that have a great impact on the majority of the population.

However, health service delivery is faced with numerous challenges including poor access; low quality of services; unresponsive health system; and shortage of ambulance vehicles and poor referral system.

Policy Statements:

a. Government will ensure that universal health coverage of essential health care services, especially to vulnerable populations, is attained.

Strategies:

i. Define specific packages of essential health services for tertiary, secondary and primary health facilities ;

ii. Strengthen implementation of evidence-based interventions to increase coverage and access to health services;

iii. Develop and implement appropriate referral system at all levels of health care delivery system;

iv. Integrate delivery of health services;

v. Promote active community participation in delivery of health services;

vi. Strengthen partnerships with private health providers including those offering specialized services to expand equitable access to essential health care;

vii. Provide health care services to identifiable and legitimate beneficiaries; and

viii. Strengthen provision of treatment, control and management of acute malnutrition for under-five children, pregnant and lactating women, adolescents and other vulnerable groups.

4.2. Policy Priority Area 2: Leadership and Governance

Leadership and governance in building a health system involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. Setting and implementing a national health development agenda requires robust leadership and governance structures at all levels of the health system. There are however, a number of serious challenges in leadership and governance that are negatively impacting on service delivery and other health system functions. There is weak leadership and management of the health sector at all levels due to: inadequate capacity, weak coordination and reinforcement of policies and regulations; weak risk management; centralized decision making; and inadequate community empowerment. The second major challenge is weak coordination between GoM and health partners resulting into poor alignment with national priorities and fragmented implementation. This is due to inadequate joint planning and harmonization of GoM and health partner plans and budgets; Weak procurement planning and parallel procurement by donors; Inadequate communication mechanisms among Government, donors and implementing partners at each level.

Policy Statements:

a. Government will ensure that effective leadership, governance and accountability structures are in place and functional at all levels of the health system.

Strategies:

i. Build and sustain leadership and management capacities in the health sector;

ii. Reinforce adherence to and implementation of policies, guidelines and protocols to effectively guide the health system;

iii. Enhance pro-active risk assessment and management;

iv. Strengthen financial, procurement and supply chain management at all levels;

v. Strengthen effectiveness of regulatory bodies;

vi. Ensure autonomy of providers at tertiary levels;

vii. Empower communities to provide effective oversight of the community health system in line with decentralization policies of Government; and

viii. Develop district health system policy guidelines reforms in line with decentralization.

b. Government will ensure that all health stakeholders are well coordinated, and align to national, and local authority health priorities.

Strategies:

i. Reinforce effective stakeholder coordination, government-led joint planning, implementation and monitoring and evaluation at national, and local authority levels; and

ii. Reinforce transparency, accountability and alignment of partner resources to national, and local authority processes and plans.

4.3. Policy Priority Area 3: Health Financing

Health financing is concerned with how resources are raised, pooled and used in a health system. Consequently, health financing challenges centre on resource mobilization, resource

pooling and resource allocation. Specific challenges are: : 1) Insufficient, unpredictable and unsustainable domestic and external health financing due to: weak domestic revenue base; under-developed and under-utilized domestic private pools and resources; and under-utilized and fragmented external health financing and 2) Available domestic and donor resources are inefficiently and inequitably allocated and managed at all levels.

Policy Statements:

a. The Policy will ensure that adequate domestic and international resources are sustainably, efficiently and equitably mobilized and managed at the national, and local authority levels

Strategies:

i. Lobby for increased domestic tax based financing for healthcare;
ii. Develop and implement a universal and mandatory health insurance scheme with contributions from the formal sector and non-poor informal sector;
iii. Promote optional supplementary health insurance schemes;
iv. Continue providing optional paying services in central hospitals and roll-out to district hospitals;
v. Promote efficient public private partnerships and corporate social responsibility;
vi. Strengthen donor and partner coordination and alignment to national, and local authority priorities;
vii. Promote pro-active mechanisms for mobilizing external resources;
viii. Strengthen pooling and management of local and external sector resources at all levels of the health system; and
ix. Promote prudence, efficiency, transparency and accountability in the use of financial resources.

b. The Policy will facilitate promotion and reinforcement of equitable and responsive resource allocation, and efficient service-purchasing arrangements at all levels of health care

Strategies:

i. Strengthen mechanisms for equitable and efficient allocation of health resources;
ii. Institutionalize pay-for-performance initiatives at each level of care;
iii. Institutionalize mechanisms to track health resources at national and local authority;
iv. Reinforce implementation of the Essential Health Package (EHP) in line with available health sector resources;
v. Enhance implementation of reforms to tackle inefficiencies at all levels of the health system.

4.4 Policy Priority Area 4: Human Resources for Health

The Government of Malawi recognizes that sustaining gains made in the delivery of health services requires robust and manageable strategies for the management of Human Resources for Health (HRH). There are however, key challenges on HRH that threaten to derail the progress that has been made in health service delivery. The major challenge identified in HRH is inadequate numbers of competent and motivated health workers at all levels due to: low and uncoordinated production; weak recruitment deployment and retention processes; weak human resource management systems; poor health worker attitudes; low productivity; uncoordinated and poor quality of pre-and in-service training; inappropriate skills mix allocation at health facilities; inadequate and uncoordinated continuous professional development; and weak HRH regulation system.

Policy Statement:

a. Government will ensure that sufficient numbers of competent, productive and motivated health workers are produced, recruited, deployed and retained in line with the health needs of the population at all levels of healthcare service delivery.

Strategies:

i. Strengthen stewardship and governance of HRH to ensure adherence to regulations and professional work ethics at all levels of the health system.

ii. Institutionalize implementation of regular comprehensive HRH assessments and analysis to inform development of periodic HRH production, recruitment and management strategies for the health sector;

iii. Conduct periodic reviews of the establishment which matches the HRH needs

iv. Produce relevant numbers and cadres of health workers (pre-service) in line with projected needs and competency requirements for each level of the health care delivery system.

v. Strengthen recruitment and deployment of HRH at service delivery level by allocating HRH skills mix based on facility type and sub-population needs.

vi. Improve health worker motivation and retention, satisfaction and performance of HRH through implementation of innovative incentives and performance systems tailored to rural, peri-urban and urban area needs;

vii. Strengthen human resources management systems at all levels by utilizing relevant electronic HR information systems to reduce inefficiencies in HRH management.

viii. Improve coordination of pre-service training through development of annual HRH pre-service training plan and enforce use of relevant electronic information systems to track government scholarship beneficiaries and enforcement of bonding requirements.

ix. Improve the coordination of in-service training through the development of training plans at technical directorate level and use of electronic information systems to track allocation and implementation of training.

4.5 Policy Priority Area 5: Medicines, Medical Supplies, Medical Equipment and Infrastructure

The Government of Malawi recognizes that increased coverage of high-quality Essential Health Package (EHP) services is, to a large extent, dependent on availability of quality essential medicines and medical supplies; adequate and safe medical equipment and infrastructure that meets minimum standards. There are four main challenges that have been identified under this policy theme. The first challenge is limited availability of essential medicines and medical supplies due to persistent stock outs, leakages, inadequate financing, irrational prescriptions, weak regulation of complementary/alternative medicines, weak

medicines research and weak supply chain management systems. The second challenge is limited availability of and poor quality of medical equipment due to: inadequate and ineffective procurement; weak procurement planning, coordination and management; inadequate resources; weak reinforcement of standards; and theft of medical equipment. The third challenge is inadequate standardization of infrastructure, equipment, and medicines and medical supplies due to weak procurement management and regulation of donations. The last major challenge is inadequate numbers and insufficient quality of health infrastructure relative to population needs due to: weak domestic financing; weak infrastructure procurement and management practices; weak planning, coordination and implementation of infrastructure plans; poor workmanship in construction and maintenance; and lack of scheduled and routine maintenance of infrastructure.

Policy Statements:

a. The Policy will ensure that safe, efficacious and cost-effective medicines and medical supplies are available at all times at each service delivery point in line with the needs of the population and standards of care

Strategies:

i. Strengthen the procurement of cost-effective medicines, medical supplies, vaccines, laboratory reagents and health technologies in line with the EHP;
ii. Strengthen the distribution of medicines and medical supplies;
iii. Promote rational prescription and use of medicines at all levels of health care;
iv. Strengthen security of medicines and medical supplies at all levels;
v. Develop and enforce guidelines on the use of alternative medicines;
vi. Promote use of evidence based complementary/alternative medicines;
vii. Strengthen research on medicines

b. The Policy will facilitate the availability of safe, cost-effective and functional medical equipment at all service delivery levels at all times

Strategies:

i. Strengthen procurement management of medical equipment
ii. Develop and enforce measures to eliminate theft of medical equipment
iii. Promote efficient utilization of medical equipment and strengthen capacity of Physical Assets Management Unit

c. The Policy will ensure that acquisition of infrastructure, medical equipment, medicines and medical supplies follow standardized criteria and health needs in line with the laid down standards and regulations.

Strategies:

i. Enforce adherence to Capital Investment Plan;

ii. Enforce minimum standards for health infrastructure and medical equipment;

d. Government will ensure that every sub-population has access to a health facility offering quality EHP within 5km.

Strategies:

i. Improve quality and capacity of existing infrastructure;
ii. Increase the number of health facilities based on need.

e. The Policy will ensure that health infrastructure and medical equipment provided are accessible by all regardless of disability, gender, ethnicity, age, and other vulnerabilities.

Strategies:

i. Review and revise norms, guidelines and standards for health infrastructure and medical equipment to reflect the needs for all groups including persons with disability and children.

4.6 Policy Priority Area 6: Social Determinants of Health

The conditions in which people are born, grow, work and socialize have an impact on the health of people and lead to inequities in health and health outcomes. Social determinants of health are not adequately addressed due to limited capacity of individuals and communities to understand and manage social determinants of health; limited respect for rights of individuals and communities; and inadequate resources. In addition, Social determinants of health are not adequately addressed due to weak inter-sectoral collaboration.

Policy statements:

a. The Policy will ensure that individual and community level risk factors to health are adequately addressed and that appropriate treatments for new and emerging lifestyle diseases are available.

Strategies

i. Promote healthy behaviours and lifestyles at the individual and community levels;
ii. Promote nutritional and food safety throughout the life-course;
iii. Strengthen vector and vermin control at household, community and institutional levels;
iv. Strengthen measures for fertility management;
v. Promote water quality surveillance, good sanitation and hygiene practices through community led sanitation and sanitation marketing;
vi. Strengthen disaster, outbreak and epidemic preparedness and response; and
vii. Promote prevention and management of over-nutrition and non-communicable diseases.

b. Government shall ensure policy coherence and effective multi-sectoral collaboration at all levels.

Strategies:

i. Promote inter-sectoral coordination in policy formulation and implementation at national and local authority levels;
ii. Strengthen mechanisms for addressing health inequalities and safeguarding human rights including for women, youths, elderly and other vulnerable persons; and

iii. Strengthen mechanisms for mainstreaming health in all related policies and programmes.

4.7. Policy Priority Area 7: Health Information and Research

Health information and research are important in supporting evidence based decision-making at all levels of the health system. One of the key challenges under this theme is weak national and local monitoring, evaluation, and learning systems due to existence of parallel reporting mechanisms; poor quality of data; inadequate investments; weak planning and implementation of monitoring and evaluation (M&E) activities; and limited capacity to use data for decision making. Another challenge is that health decision making is informed by no or limited research due to inadequate capacity for health research; inadequate resources for research; and non-adherence to national health research frameworks and agenda.

Policy Statements:

a. The Policy will ensure that robust monitoring, evaluation and learning systems are in place and enforced at all levels of the health system.

Strategies:

i. Enforce alignment of all information management systems across the health sector to the national M&E framework;
ii. Strengthen mechanisms for evidence informed policy and decision making;
iii. Strengthen adherence to data management standards;
iv. Strengthen feedback mechanism;
v. Institutionalize mechanisms for monitoring of health policies, strategies and plans at all levels of the health system;
vi. Strengthen effective planning and coordination of monitoring and evaluation activities in the health sector.

b. Government will ensure that policy making in the health sector is informed by high quality research

Strategies:

i. Strengthen local capacity to carry out policy relevant health research;

ii. Enforce adherence to national health research framework and agenda; and

iii. Strengthen mechanisms for approving and monitoring of health research.

Chapter 5: Implementation Arrangements

5.1.Institutional arrangements

Issues of health attract attention of a range of key stakeholders that include Government Ministries, Departments and Agencies, private sector organizations, development partners, civil society organizations, and non-governmental organizations. The role of key stakeholders in the implementation, monitoring and evaluation of the policy is therefore as follows:

Ministry responsible for Health

- The Ministry responsible for Health will be policy holder responsible for coordinating and ensuring adherence to implementation of the National Health Policy.

Office of the President and Cabinet

- The Office of the President and Cabinet will be responsible for providing policy guidance, direction and monitoring implementation of the policy.

Ministry responsible for Local Government and Rural Development

- The Ministry responsible for Local Government and Rural Development will be responsible for delivery of health services at the district and lower levels.

Ministry responsible for Finance and Economic Development

- The Ministry Responsible for Finance and Economic Development will be responsible for will ensure adequate mobilization, and efficient and effective use of resources

Ministry responsible for Education

- The Ministry responsible for Education will manage health training institutions and implementation of the school health programmes.

Ministry responsible for Water and Irrigation

- The Ministry responsible for Water and Irrigation will be responsible for the provision of safe drinking water.

Ministry responsible for Agriculture and Food Security

- The Ministry responsible for Agriculture and Food Security will be responsible for development and implementation of policies and plans to ensure adequate and nutritious food supply.

Ministry responsible for Gender, Children, Disability and Social Welfare

- The Ministry responsible for Gender, Children, Disability and Social Welfare will be responsible for promoting gender awareness and mainstreaming. Knowledge about gender will contribute to prevention of sexual and gender-based violence and promotion of sexual and reproductive health rights.

Ministry responsible for Forestry, Mines and Environmental Affairs

- Ministry responsible for Forestry, Mines and Environmental Affairs will be responsible for ensuring safety of employees and communities within and around the mines.

Ministry responsible for Labour

- Ministry responsible for Labour will facilitate occupational safety and health in work places.

Ministry responsible for Justice

- Ministry responsible for Justice will facilitate the development and review of health related legislations and regulation.

Ministry responsible for Transport and Public Works

- The Ministry responsible for Transport and Public Works (Buildings Department) will be responsible for guiding construction of health buildings and maintenance of roads which are critical for effective patient referral and prevention of accidents.

Ministry responsible for Information and Civic Education

- Ministry of Information and Civic Education will be responsible for communication and information on issues related to the National Health Policy.

Department of Human Resources Management and Development

- The Department of Human Resources Management and Development will be responsible for human resource planning, management and development.

Department of Disaster Management Affairs

- The Department of Disaster Management Affairs will be responsible for adequate disaster preparedness and interventions.

Malawi Human Rights Commission

Malawi Human Rights Commission will be responsible for ensuring health rights are respected.

Health Service Commission

- The Health Service Commission will be responsible for the recruitment and promotion of health workers and the setting of other conditions of service.

Health Sector Working Group

- The Health Sector Working Group will be responsible for enhancing coordination to avoid duplication of efforts.

Private Sector

- The private sector including non-state actors will contribute to the delivery of effective and high-quality essential health services.

Health Development Partners

- Health development partners will be responsible for co-funding priority interventions.

Health Regulatory Bodies

- Health regulatory bodies will be responsible for registering professional health workers and ensuring health services are provided following the highest possible

ethical standards. The regulatory bodies are the Pharmacy, Medicines and Poisons Board (PMPB), Nurses and Midwives Council of Malawi (NMCM), and the Medical Council of Malawi (MCM).

Media

- The Media will be responsible for promoting and disseminating health information.

Health training and research institutions

- Health training and research institutions will be responsible for training health workers and conducting research. Some of the training institutions are the University of Malawi, CHAM training colleges, Staff Development Institute (SDI) and Malawi Institute of Management (MIM)

Law Commission

- The Law Commission will be responsible for the revision and drafting of new health related legislations.

Non-Governmental Organizations, Civil Society Organizations, Faith-Based Organizations and Traditional leaders

- Non-Governmental Organizations, Civil Society Organizations, Faith-Based Organizations and Traditional leaders will be responsible for advocating for increasing resources for the health sector; act as a bridge between Government and communities in ensuring communities access quality health services.

Malawi Traditional Healers Umbrella Organisations

- The Malawi Traditional Healers Umbrella Organisations will be responsible for coordination of practices of traditional medicines or complementary alternative medicines.

5.2.Implementation Plan

To ensure effective implementation of the policy, a detailed implementation plan has been developed and is attached as ANNEX I. The plan provides a linkage between the policy goal

and objectives on one hand and strategies and institutions responsible for implementing those strategies on the other hand. It also includes a time frame for the implementation of each strategy.

5.3.Monitoring and Evaluation

The implementation of the policy requires an effective and efficient monitoring and evaluation (M&E) system. The system shall provide feedback information needed to identify implementation challenges and gaps. A detailed monitoring and evaluation plan of this policy with appropriate performance indicators, outputs, and targets is also presented ANNEX II

Annex 1: Implementation Plan

POLICY PRIORITY AREA 1: SERVICE DELIVERY			
Policy Statement 1: Government will ensure that universal health coverage of essential health care services, especially to vulnerable populations, is attained			
Objective	Strategy	Responsibility/Stakeholders	Time-frame
To improve service delivery by ensuring Universal Health Coverage of essential health care services, paying particular attention to vulnerable populations.	Define specific packages of essential health services for tertiary, secondary and primary health facilities	MoH, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, and National AIDS Commission (NAC), Development Partners	2017-2030
	Strengthen implementation of evidence-based interventions to increase coverage and access to health services;	MoH, MLGRD, Ministry of Transport and Public Works (MoTPW), MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, and National AIDS Commission (NAC), Implementing Partners	2017-2030

	Develop and implement appropriate referral system at all levels of health care delivery system;	MoH, MLGRD, Ministry of Transport and Public Works (MoTPW), MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, and National AIDS Commission (NAC), Implementing Partners	2017-2030
	Integrate delivery of health services;	MoH, MLGRD, Ministry of Transport and Public Works (MoTPW), MFEPD, DHOs, Central Hospitals, CHAM, private for profit health organizations, and National AIDS Commission (NAC), Implementing Partners	2017-2030
	Promote active community participation in delivery of health services	MoH, MLGRD, DHOs, NGOs/INGOs Private Health Sector Association, Health Service Commission, DPs, and NAC.	2017-2030
	Strengthen partnerships with private health providers including those offering	MoH, MLGRD, MFEPD, DHOs, Central Hospitals, CHAM, private for	2017-2030

	specialized services, to expand equitable access to essential health care.	Profit Health Organizations, and BLM, Private Sector Association, and NAC.	
	Provide health care services to identifiable and legitimate beneficiaries	National Registration Bureau, MoLGRD, MoH	2017-2030
	Strengthen provision of treatment, control and management of acute malnutrition for under-five children, pregnant and lactating women, adolescents and other vulnerable groups.	MoH, UN organizations, DHOs, MoAIWD, CHAM, private for Profit Health Organizations, NAC.	2017-2030
POLICY PRIORITY AREA 2: LEADERSHIP AND GOVERNANCE			
Policy Statement 1: Government will ensure that effective leadership, governance and accountability structures are in place and functional at all levels of the health system.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To provide effective leadership and management that is accountable and transparent at national, and local authority levels	Build and sustain leadership and management capacities in the health sector	MoH, MLGRD, DHOs, Central Hospitals, CHAM, Associations in the Health Sector, MIM, DHRMD, OPC, SDI	2017-2030
	Reinforce adherence to and implementation of policies, guidelines	Ministry of Health (MoH), Ministry of Local Government and Rural	2017-2030

	and protocols to effectively guide the health system	Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Ministry of Justice (MoJ), Ministry of Gender, Children, Disability and Social Welfare, Law Commission, Malawi Human Rights Commission (MHRC), Medical Council of Malawi (MCM), Nurses and Midwives Council of Malawi (NMCM) and Pharmacy, Medicines and Positions Board (PMPB), Health Donor Partners (HDPs), and Private health sector umbrella bodies.	
	Enhance pro-active risk assessment and management	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Ministry of Justice (MoJ), ICAM	2017-2030

	Strengthen financial, procurement and supply chain management at all levels	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Malawi Institute of Procurement and Supply (MIPS), Health Donor Partners	2017-2030
	Strengthen effectiveness of regulatory bodies	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Justice (MoJ), Medical Council of Malawi (MCM), Nurses and Midwives Council of Malawi (NMCM) and Pharmacy, Medicines and Positions Board (PMPB), Health Donor Partners (HDPs)	2017-2030
	Ensure autonomy of providers at tertiary levels	MoH, MoJ, MFEPD, MLGRD, Law Commission, academic research institutions, Health Training	2017-2030

		Institutions (HTIs), Central Hospitals, and District Health Officers (DHOs).	
	Empower communities to provide effective oversight of the community health system in line with decentralization policies of Government.	MoH, MoJ, MFEPD, MLGRD, and District Health Officers (DHOs).	2017-2030
	Develop district health system policy guidelines reforms in line with decentralization	MoH, MoJ, MFEPD, MLGRD, Law Commission, academic research institutions, Health Training Institutions (HTIs), Central Hospitals, and District Health Officers (DHOs).	2017-2030
Policy Statement 2: Government will ensure that all health stakeholders are well coordinated, and align to national, and local authority health priorities.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To provide effective leadership and management that is accountable and transparent at	Reinforce effective stakeholder coordination, Government-led joint planning, implementation and monitoring and evaluation at national and local authority levels.	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and	2017-2030

national, and local authority levels		Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ)	
	Reinforce transparency, accountability and alignment of partner resources to nationaland local authority processes and plans.	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ)	2017-2030
POLICY PRIORITY AREA 3: HEALTH FINANCING			
Policy Statement 1: The Policy will ensure that adequate domestic and international resources are sustainably, efficiently and equitably mobilized and managed at the national, and local authority levels			
Objectives	**Strategies**	**Responsibility/Stakeholders**	**Time-frame**
To increase health financing equitably and efficiently and enhance its predictability and sustainability	Lobby for increased domestic tax based financing	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ)	2017-2030

	Develop and implement a universal and mandatory Health Insurance Scheme with contributions from the formal sector and non-poor informal sector	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ), MRA, NSO, Ministry of Trade, Industry and Private Sector Development (MTIPSD)	2017-2030
	Promote optional supplementary health insurance schemes	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ), MRA, NSO, Ministry of Trade, Industry and Private Sector Development (MTIPSD)	2017-2030

	Continue providing optional paying services in central hospitals and roll-out to district hospitals	MoH, MoJ, MFEPD, MLGRD, Central Hospitals, and District Health Officers (DHOs).	2017-2030
	Promote efficient public private partnerships and corporate social responsibility	MoH, MFEPD, MLGRD, MoJ, PPP Commission, Regulatory Bodies, Ministry of Industry and Trade (MIT), Malawi Investment and Trade Centre (MITC), CHAM, BLM, other private for profit organizations, and Private sector umbrella organizations.	2017-2030
	Strengthen donor and partner coordination and alignment to national, and local authority priorities	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ), DHOs	2017-2030
	Promote pro-active mechanisms for mobilizing external resources	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of	2017-2030

		Finance, Economic Planning and Development (MFEPD), Health Donor Partners, DHOs	
	Strengthen pooling and management of local and external sector resources at all levels of the health system.	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, DHOs	
	Promote prudence, efficiency, transparency and accountability in the use of financial resources	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ), DHOs, Health CSOs, ICAM, Malawi Law Society	2017-2030

Policy Statement 2: The Policy will promote and reinforce equitable and responsive resource allocation, and efficient provider-purchasing arrangements at all levels of health care			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To increase health financing equitably and efficiently and enhance its predictability and sustainability	Strengthen mechanisms for equitable and efficient allocation of health resources	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, DHOs, Private Health Organizations	2017-2030
	Institutionalize pay-for-performance initiatives at each level of care	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Ministry of Justice (MoJ), DHOs	2017-2030

	Institutionalize mechanisms to track health resources at national, and local authority	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Households, Private Organizations, NGOs, Regulatory Bodies	2017-2030
	Reinforce implementation of the Essential Health Package (EHP) in line with available health sector resources	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, DHOs	2017-2030
	Enhance implementation of reforms to tackle inefficiencies at all levels of the health system	Office of President and Cabinet (OPC), Parliamentary Committees, Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development	2017-2030

		(MFEPD), Health Donor Partners, Ministry of Justice (MoJ), DHOs	
POLICY PRIORITY AREA 4: HUMAN RESOURCES FOR HEALTH			
Policy statement 1: Government will ensure that sufficient numbers of competent and motivated health workers are produced, recruited, deployed and retained in line with the health needs of the population at all levels of healthcare service delivery			
Objective	**Strategies**	**Responsibility/Stakeholders**	**Time-frame**
To improve availability of competent and motivated human resources for health for effective, efficient, quality and equitable health service delivery	Strengthen stewardship and governance of HRH to ensure adherence to regulations and professional work ethics at all levels of the health system	MoH, Regulatory bodies, MoLGRD, Training Institutions	2017-2030
	Institutionalize implementation of periodic comprehensive HRH assessments and analyses to inform development of periodic HRH production, recruitment and management strategies for the health sector	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, DHRMD, DHOs	2017-2030
	Conduct periodic reviews of the establishment which matches the HRH needs	MoH. MLGRD, Training Institutions, DHRMD	2017-2030

	Produce relevant numbers and cadres of health workers (pre-service) in line with projected needs and competency requirements for each level of the health care delivery system	Ministry of Health (MoH), Ministry of Local Government and Rural Development (MLGRD), Ministry of Finance, Economic Planning and Development (MFEPD), Health Donor Partners, Training Institutions, DHOs, Regulatory Bodies	2017-2030
	Strengthen recruitment and deployment of HRH at service delivery level by allocating HRH skills mix based on facility type and sub-population needs	MoH, MoEST, MLGRD, MGCDS, DHRMD, Ministry of Finance, Planning and Economic Development, Health Training Institutions, Regulatory bodies, and private health sector	2017-2030
	Improve health worker motivation and retention, satisfaction and performance of HRH through implementation of innovative incentives tailored to rural, peri-urban and urban area needs.	MoH, MoEST, MLGRD, MGCDS, DHRMD, Ministry of Finance, Planning and Economic Development, Health Training Institutions, Regulatory bodies, and private health sector	2017-2030

	Strengthen human resources management systems at all levels by utilizing relevant electronic HR information systems to reduce inefficiencies in HRH management	MoH, MoEST, MLGRD, MGCDS, DHRMD, Health Training Institutions	2017-2030
	Improve coordination of pre-service training through development of annual HRH pre-service training plan and enforce use of relevant electronic information systems to track government scholarship beneficiaries and enforcement of bonding requirements	MoH, MoEST, MLGRD, MGCDS	2017-2030
	Improve the coordination of in-service training through the development of training plans at technical directorate level and use of electronic information systems to track allocation and implementation of training	MoH, MoEST, MLGRD	2017-2030

POLICY PRIORITY AREA 5: MEDICINES, MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND INFRASTRUCTURE			
Policy Statement 1: The Policy will ensure that safe, efficacious and cost-effective medicines and medical supplies are available at all times at each service delivery point in line with the needs of the population and standards of care			
Objectives	**Strategies**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment, medicines and medical supplies at all levels of health care.	Strengthen the procurement of cost-effective medicines, medical supplies, vaccines, laboratory reagents and health technologies in line with theEHP	MoH, CMST, MoF, DHO, Central Hospitals, ODPP, Health Donor Partners	2017-2030
	Strengthen the distribution of medicines and medical supplies	MoH, CMST, MoF, DHO, Central Hospitals, ODPP, Health Donor Partners, Private Warehouse and Distributors	2017-2030
	Promote rational prescription and use of medicines at all levels of health care.	MoH, DHO, Central Hospitals, PMPB, DHOs	2017-2030
	Strengthen security of medicines and medical supplies at all levels.	MoH, DHO, Central Hospitals, PMPB, DHOs	2017-2030

	Develop and enforce guidelines on the use of the alternative medicines are in place and are adhered to.	MoH, DHO, Central Hospitals, PMPB, DHOs	2017-2030
	Promote use of evidence based alternative medicine	MoH, DHO, Central Hospitals, PMPB, DHOs	2017-2030
Policy Statement 2: The Policy will ensure that safe, cost-effective and functional medical equipment is available at all service delivery points at all times.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Strengthen procurement management of medical equipment	MoH, MFEPD, MIPS, DHOs, Central Hospitals, MoLGRD	2017-2030
	Develop and enforce measures to eliminate theft of medical equipment	MoH, Central Hospitals, DHOs, Malawi Police, MoLGRD	2017-2030
	Promote efficient utilization of medical equipment and strengthen capacity of Physical Assets Management Unit	MoH, DHOs, Central Hospitals, MoLGRD	2017-2030
Policy Statement 3: The Policy will ensure that acquisition of infrastructure, medical equipment, medicines and medical supplies follow standardized criteria and health needs in line with the laid down standards and regulations.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**

To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Enforce adherence to Capital Investment Plans,	MoH, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donors Partners	2017-2030
	Enforce minimum standards for health infrastructure and medical equipment,	MoH, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, MIE	2017-2030
Policy Statement 4: Government will ensure that every sub-population has access to a health facility offering quality primary EHP within 5km			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Improve quality and capacity of existing infrastructure	MoH, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donors Partners	2017-2030
	Increase the number of health facilities based on need	MoH, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donors Partners	2017-2030
Policy Statement 5: The Policy will ensure that health infrastructure, medical equipment and provided are accessible by all regardless of physical and mental challenges, gender, ethnicity, age and other vulnerabilities.			

Objective	Strategy	Responsibility/Stakeholders	Time-frame
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Review and revise norms, guidelines and standards for health infrastructure and medical equipment to reflect the needs for all groups including people with physical and mental challenges and children.	MoH, MFEPD, Department of Buildings, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, MIE, FEDOMA, Ministry of Gender	2017-2030
POLICY PRIORITY AREA 6: SOCIAL DETERMINANTS OF HEALTH			
Policy Statement 1 The Policy will ensure that individual and community level risk factors to health are adequately addressed and that appropriate treatments for new and emerging lifestyle diseases are available			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To reduce risk factors to health and address social determinants of health and health inequalities	Promote healthy behaviours and lifestyles at the individual and community levels	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
	Strengthen vector and vermin control at household, community and institutional levels.	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030

	Strengthen measures for fertility management.	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
	Promote water quality surveillance, good sanitation and hygiene practices through community led sanitation and sanitation marketing	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
	Strengthen disaster, outbreak and epidemic preparedness and response	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs, DoDMA	2017-2030
	Promote prevention and management of over-nutrition and mono-communicable diseases.	MoH, MoAIWD, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
Policy Statement 2: Government shall ensure policy coherence and effective multi-sectoral collaboration at all levels			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To reduce risk factors to health and address social determinants of health and health inequalities	Promote intersectoral coordination in policy formulation and implementation at national, and local authority level	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030

	Strengthen mechanisms for addressing health inequalities and safeguarding human rights including for women, youths, elderly and other vulnerable	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, CSOs, MoJ, Law Commission, MHRC, National Assembly, MLS	2017-2030
	Strengthen mechanisms for mainstreaming health in all related policies and programmes	All Government MDAs, Private Sectors	2017-2030
POLICY PRIORITY AREA 7: HEALTH INFORMATION AND RESEARCH			
Policy Statement 1: The Policy will ensure that robust monitoring, evaluation and learning systems are in place at all levels of the health system.			
Objective	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To strengthen capacity in health research and health information system management for evidence based policy making.	Enforce alignment of all information management systems across the health sector to the national M&E framework	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
	Strengthen mechanisms for evidence informed policy and decision making	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030

	Strengthen adherence to data management standards	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
	Strengthen feedback mechanism	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
	Institutionalize mechanisms for monitoring of health policies, strategies and plans at all levels of the health system	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
	Strengthen effective planning and coordination of monitoring and evaluation activities in the health sector	MoH, DHOs, Central Hospitals, MoLGRD, Health Donors Partners, Health CSOs	2017-2030
Policy Statement 2: Government will ensure that policy making in health sector is informed by high quality research			
Objectives	**Strategy**	**Responsibility/Stakeholders**	**Time-frame**
To strengthen capacity in health research and health information	Strengthen local capacity to carry out policy relevant health research.	MoH, MGCDS, Central Hospitals, DHOs, National Health Research Council, Health Regulatory bodies, CHAM, umbrella bodies for the	2017-2030

system management for evidence based policy making.		private-for-profit hospitals, HDPs, National Statistical Office, and HTIs.	
	Enforce adherence to national health research frameworks and agenda.	MoH, COM, All designated research committees	2017-2030
	Strengthen mechanisms for approving and monitoring of health research	MoH, COM, All designated research committees	2017-2030

Annex 2: Monitoring and Evaluation Plan

POLICY PRIORITY AREA 1: SERVICE DELIVERY						
Outcome: Increased Universal Health Coverage of essential health care services						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
	Defined specific packages of essential health services for tertiary, secondary and primary health facilities	Percentage of health facilities delivering Essential health services (disaggregated by levels of care)	54	100	Service Provision Assessment Report Service Availability Readiness Assessment	Availability of adequate resources
	Increased use of evidence-based interventions to	Percentage of household having full ITN coverage	24	90	MDHS	Availability of adequate resources

	improve coverage and access to health services	Percentage of children aged 12 to 23 months that have received all essential vaccinations	76	100	MDHS	Change of mind set by the population
		ART coverage [4]	69%	90%	HIV/AIDS Department	Availability of adequate resources
	An efficient referral system developed and functional at all levels;	Ratio of ambulance to population	1 to 100,00	1 to 50,000	HTSS (PHAM)	Availability of adequate resources
		Ratio of specialist to population	0.025 per 10,000	1: 50,000	iHRIS	Availability of adequate resources

[4]% of adults and children living with HIV currently receiving ART in accordance with nationally approved treatment protocols (WHO/UNAIDS standards) among the estimated number of adults and children living with HIV

	Delivery of health services integrated	Percentage of health facilities delivering Essential health services (disaggregated by levels of care)	54	100	Service Provision Assessment Report Service Availability Readiness Assessment	Availability of adequate resources
	Improved community participation in delivery of health services	% functional Village health committees	N/A	1 per village	District Health Reports	Full decentralization is adopted
	Strengthened partnerships with private health providers including those offering	% of SLAs - % of CHAM/Private facilities eligible for SLAs that have signed an SLA with DHO/MoH	63%	100%	Planning and Policy Development	Availability of adequate resources

	specialized services, to expand equitable access to essential health care.					
	National Identity Cards are used in accessing public health facilities	Percentage of public health facilities demanding production of National ID cards before accessing services	0%	100%	Planning and Policy Development	Cabinet approves Policy recommendation
	Strengthened provision of treatment, control and management of acute	% of children ages 6-23 months who meet the minimum acceptable dietary standards	8%	50%	Malawi Demographic Health Surveys	Availability of adequate resources

	malnutrition for under-five children, pregnant and lactating women, adolescents and other vulnerable groups	% of under-fives who are stunted	37%	20%	Malawi Demographic Health Surveys	Availability of adequate resources
		% of women aged 15-49 who are anaemic	33%	15%	Malawi Demographic Health Surveys	Availability of adequate resources

POLICY PRIORITY AREA 2: LEADERSHIP AND GOVERNANCE						
Outcome: Improved functionality of national, and local governance structures						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To provide effective leadership and management that is accountable and transparent at national,	Leadership and management capacities in the health sector built and sustained	Proportion of Senior Health Sector Managers who have	0%	50%	Health Sector Annual Report	Availability of adequate resources

and local authority levels		successfully undergone M&L training each year				
	Risk assessment and management enhanced	Proportion of cost centres with risk management and disaster recovery plan	0%	100%	Annual Internal Audit Report	Willingness to foster governance and accountability
	Strengthened financial, procurement and supply chain management at all levels	Proportion of procurement handled through government procurement system	NA	100%	Procurement Report	Willingness to foster governance and accountability
		Percentage reduction in financial and	0%	100%	Financial and Procurement Audit Reports	Willingness to foster

		procurement audit queries				governance and accountability
	Regulatory bodies strengthened	Percentage of planned standard monitoring visits conducted in a year	N/A	100%	Regulatory Bodies Report	Availability of adequate human expertise and financial resources
	All central hospital at tertiary levels attain autonomy	Number of central hospitals with an autonomous hospital board in place	0	5	Annual Health Sector Reform Report	Sustained willingness to foster governance and accountability
	Communities empowered to provide effective oversight of the community health	Percentage of functional Village health committees	N/A	100%	Health Sector Annual Report	Full decentralization

	system in line with decentralization policies of Government.					
	District Health System Policy Guidelines developed in line with decentralization Policies					
		Proportion of health centres that have functional health facility management committees	0%	100%	Health Sector Annual Report	Full decentralization

POLICY PRIORITY AREA 3: HEALTH FINANCE
Outcome: Increased percentage of public sector health expenditure as a share of total public expenditure

Objective(s)	Output(s)	Performance Indicator(s)	Baseline	Target	Source(s) of Verification	Assumptions/ Risks
To increase health financing equitably and efficiently and enhance its predictability and sustainability	Increased domestic tax based financing for the health sector	Government expenditure on health as percentage of total Government expenditure	10.85%	15%	NHA Report	Availability of adequate resources
	National Health Insurance Scheme established	Percentage of people enrolled in NHIS	0%	50%	NHIS Report	Political will and adequate system establishment
	optional supplementary health insurance schemes promoted	Number of people enrolled in private insurance schemes	0.01%	10%	NHA Report	Change of mind set by the population on insuring their health risks

	Paying services established in central and district hospitals	Percentage of district hospitals operating paying services	0%	100%	Health Sector Annual Report	Availability of adequate resources
	Public private partnerships established	Private expenditure as a percentage of total health expenditure	17.5%	35%	NHA Report	Conducive environment for the private sector
	Donor and partner coordination enhanced to ensure alignment to national, and local authority priorities	Proportion of donors and partners with approved MoUs	24%	100%	Aid Coordination Reports	Framework for Aid Coordination in place
	Pooling and management of local and external sector resources strengthened	Percentage reduction of fragmented	40%	20%	NHA Report	Framework for Aid Coordination in place

		pools of health resources				
	pro-active mechanisms for mobilizing external resources promoted	Percentage increase in number of health grants mobilized from external resources	0%	100%	Department of Research	Active seeking of health research grants
	Prudence, efficiency, transparency and accountability in the use of financial resources promoted	Percentage reduction in financial and procurement audit queries	0%	100%	Financial and Procurement Audit Reports	Willingness to foster governance and accountability
To increase health financing equitably	**Policy Statement 2:**Government shall promote and reinforce equitable and responsive resource allocation, and efficient provider-purchasing arrangements at all levels of health care					

and efficiently and enhance its predictability and sustainability	Mechanisms for equitable and efficient allocation of health resources strengthened	Revised allocation formula in place	0	1	Department of Planning and Policy Development	Availability of technical and financial resources
	Pay-for-perfomance initiatives institutionalized	Guidelines for Pay for performance in place	0	1	Department of Planning and Policy Development	Availability of technical and financial resources
	Mechanisms to track health resources at national, sub-national and local authority instituonalized	Conduct NHA and Resource Mapping biennially	Once every two years	Once every 2 years	Department of Planning and Policy Development	Availability of technical and financial resources
	Implementation of the Essential Health Package (EHP) in line with available health sector resources reinforced	Number of packages approved and being implemented	1	3	HSSP II	Availability of adequate resources

	Implementation of reforms to tackle inefficiencies reinforced	Number of reforms tackling inefficiencies being implemented	1	3	Health Sector Annual Report	Willingness to foster governance and accountability

POLICY PRIORITY AREA 4: HUMAN RESOURCES FOR HEALTH						
Outcome: Increased percentage of public and CHAM facilities with 100% establishment filled at primary level, 75% at secondary level, and 50% at tertiary level by 2030.						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To improve availability of competent and motivated human resources for health	Stewardship and governance of HRH strengthened	Percentage reduction of professional cases of misconduct	0%	50%	Regulatory Bodies	Availability of adequate resources Change of mindset of

for effective, efficient, quality and equitable health service delivery						health workers
	Periodic comprehensive HRH assessments and analyses institutionalized	Number of HRH assessment reports produced	0	3	HR Department	Availability of adequate resources
	Relevant numbers and cadres of health workers (pre-service) are produced in line with projected needs and competency requirements for each level of the health care delivery system	Percentage of filled positions in priority health cadres	48%	100%	iHRIS	Availability of adequate human expertise and financial resources

	Recruitment and deployment of HRH at service delivery level strengthened	Percentage of health facilities with minimum staff norms	45%	100%	iHRIS	Availability of adequate human expertise and financial resources
	Motivation and retention of human resource improved through implementation of innovative incentives tailored to rural, peri-urban and urban area needs.	Percentage reduction in staff turn over	N/A	80%	iHRIS	Adequate monetary and non-monetary incentives are in place
		Percentage of filled positions in priority health cadres	48%	100%	iHRIS	Availability of adequate human expertise and financial resources

	Human resources management systems strengthened at all levels	Percentage of iHRIS reports produced	N/A	100%	iHRIS	Availability of adequate human expertise and financial resources
	Annual HRH pre-service training plan developed informed by relevant training institutions	Annual HRH Pre service training plan	0	1	HR Department	Availability of adequate resources
	In-service training plan developed	In-service training plan	0	1	HR Department	Availability of adequate resources
POLICY PRIORITY AREA 5: MEDICINES,MEDICAL SUPPLIES, MEDICAL EQUIPMENT AND INFRASTRUCTURE						
Outcome: Increased percentage of population with access to a health facility offering 24 hour quality EHP within 5km radius						

Policy Statement 1: Government will ensure that safe, efficacious and cost-effective medicines and medical supplies are available at all times at each service delivery point in line with the needs of the population and standards of care						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To improve the availability, accessibility and quality of health infrastructure, medical equipment and medicines and medical supplies at all levels of health care	Procurement of cost-effective medicines, medical supplies, vaccines, laboratory reagents and health technologies strengthened	Procurement Guidelines	0	1	Pharmacy, Procurement Unit	Availability of adequate resources
		Percentage of health facilities with stock outs of tracer drugs[5]	Amoxicillin 250mg capsules 6%, Paracetamol 500mg tablets 3%, Sulphadoxine 500mg 5%, Cotrimoxazole480mg tablets 1%, Oxytocin 10 IU 1%,	0%	LMIS	Availability of adequate financial resources

[5] TT vaccines, LA, Oxytocyin, ORS, cotrimoxazole, diazepam inj., rapid HIV test kits, TB essential medicines, magnesium sulphate, gentamycin, metronidazole, ampicillin, benzyl penicillin, safe blood, RDTs.

			Glove disposable latex medium (box) 4%, Syringe, autodestruct, 5ml, disposable, hyperluer with 21g needle 15%, ORS 1%, Sodium chloride 0.9%, 500ml, viaflex (bottle/pouch) 7%. Overall Stock out rate = 5%			
	Distribution of medicines and medical supplies strengthened	Percentage of health facilities with stock outs of tracer drugs[6]	Overall Stock out rate = 5%	0%	LMIS	Availability of adequate financial resources

[6] TT vaccines, LA, Oxytocyin, ORS, cotrimoxazole, diazepam inj., rapid HIV test kits, TB essential medicines, magnesium sulphate, gentamycin, metronidazole, ampicillin, benzyl penicillin, safe blood, RDTs

	Promote rational prescription and use of medicines at all levels of health care.	Gap of tracer medicines dispensed against number cases recorded	Overall Stock out rate = 5%	0%	LMIS	Availability of adequate financial resources
	Security of medicines and medical supplies at all levels strengthened.	Percentage reduction of recorded theft of medicines and medical supplies	0%	80%	Drug Theft Investigation Unit Report	Change of mindset of health workers
	Guidelines on the use of the alternative medicines are in place	Guidelines in place and approved	0	1	HTSS Department (Pharmacy)	Availability of adequate resources
	Use of evidence based alternative medicine promoted	Guidelines in place and approved	0	1	HTSS Department (Pharmacy)	Availability of adequate resources
	Policy Statement 2: Government shall ensure that safe, cost-effective and functional medical equipment is available at all service delivery points at all times.					

	Procurement management of medical equipment strengthened	Procurement Guidelines in place	0	1	HTSS Department (PHARMACY)	Availability of adequate resources
		Physical Asset Management Policy in place	0	1	HTSS Department (PHARMACY)	Availability of adequate resources
	Measures to eliminate theft of medical equipment developed and enforced	Percentage reduction of recorded theft of medical equipment	0%	80%	Drug Theft Investigation Unit Report	Change of mindset of health workers
	Medical equipment usage and Physical Assets Management Unit capacity strengthened	Percentage of users trained in appropriate use of medical equipment	N/A	100%	HTSS Department (PHAM)	Availability of adequate resources
		Percentage of filled positions	N/A	100%	HTSS Department (PHAM)	Availability of adequate resources

		of Medical Engineers				
	Policy Statement 3: Government will ensure that acquisition of infrastructure, medical equipment, medicines and medical supplies follow standardized criteria and health needs in line with standards and regulations					
	Adherence to Capital Investment Plans enforced	Percentage of infrastructure investments implemented from CIP	N/A	100%	Planning and Policy Department (Infrastructure Unit)	Availability of adequate resources
	Minimum standards for health infrastructure and medical equipment enforced	Infrastructure standards guidelines in place	0	1	Planning and Policy Department (Infrastructure Unit)	Availability of adequate resources
	Policy Statement 4: Government will ensure that every sub-population has access to a health facility offering quality primary EHP within 5km					

	Quality and capacity of existing infrastructure improved	Infrastructure standards guidelines in place	0	1	Planning and Policy Department (Infrastructure Unit)	Availability of adequate resources
	Policy Statement 5: Government will ensure that health infrastructure, medical equipment and provided are accessible by all regardless of physical and mental challenges, gender, ethnicity and age					
	Norms, guidelines and standards for health infrastructure and medical equipment revised	Revised guidelines in place	0	1	HTSS Department (PHARMACY)	Availability of adequate resources

POLICY PRIORITY AREA 6: SOCIAL DETERMINANTS FOR HEALTH					
Objective(s)	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
Policy Statement 1: Government will ensure that individual and community level risk factors to health are adequately addressed and that appropriate treatments for new and emerging lifestyle diseases are available					

To reduce risk factors to health and address social determinants of health and health inequalities	Number of National Health Promotion and diseases health campaigns conducted in a year	13	15	National Health Promotion and diseases health campaigns reports	Availability of adequate resources
	Percentage of planned Malaria control campaigns undertaken in a year	N/A	100%	Programme Reports	Availability of adequate resources
	Total fertility rate	4.4%	2.2%	MDHS	Change of mindset of the population on uptake of family planning methods
	Percentage of households that treat water prior to drinking	31%	80%	MDHS	Change of mindset of the population

	Percentage of households that have improved toilet facilities	52%	90%	MDHS	Change of mindset of the population
	% of children under five who are obese	5%	2%	MDHS	Effective anti-overnutrition messages lead to a change of mindset
	% of women who are obese	21%	10%	MDHS	Effective anti-overnutrition messages lead to a change of mindset
	Policy Statement 2: Government shall ensure policy coherence and effective multi-sectoral collaboration at all levels				
	Number of Joint Health Sector Annual Reviews	2	2	Health Sector Annual Review Report	Availability of adequate resources

	Gender inequality index	0.614	0.307	Human Development Report	Availability of adequate resources

POLICY PRIORITY AREA 7: HEALTH INFORMATION AND RESEARCH						
Outcome: Increased proportion of policies and decisions that are evidence informed at national, local authority and health facility level						
Objective(s)	**Output(s)**	**Performance Indicator(s)**	**Baseline**	**Target**	**Source(s) of Verification**	**Assumptions/ Risks**
To strengthen capacity in health research and health information system management for evidence based policy making.	**Policy Statement 1:** Government shall ensure robust monitoring, evaluation and learning systems at all levels of the health system.					
	Alignment of all information management systems across the health sector to the national M&E framework is enforced	Core national health indicators are in place	0	1	DHIS	Availability of technical and expertise resources
		Interoperability standards, guidelines and requirements developed	0	1	CMED	Availability of technical and expertise resources

	Mechanisms for evidence informed policy and decision making strengthened	Guidelines for Health Policy Development are revised and in place	N/A	1	Policy Development Unit	Availability of technical and expertise resources
	Adherence to data management standards strengthened	Annual Data Quality Assessments conducted	N/A	100%	CMED	Availability of technical and expertise resources
		Percentage of Health Facilities provided with Data Quality improvement mentorship	NA	100%	CMED	Availability of technical and financial resources
	Feedback mechanism strengthened	Percentage of health facilities provided with feedback on their HIMS data by the	NA	100%	CMED	Availability of technical and expertise resources

		relevant supervisory level				
	Mechanisms for monitoring implementation of health policies, strategies and plans instutionalised	A tool for monitoring implementation of policies, strategies, plans is in place	0	1	Policy Development Unit	Availability of technical and expertise resources
	Effective planning and coordination of monitoring and evaluation activities strengthened	Number of Joint Health Sector Annual Reviews	2	2	Health Sector Annual Review Report	Availability of resources
	Policy Statement 2: Government shall ensure policy making in health that is informed by high quality research					
	Local capacity to carry out policy relevant health research strengthened.	Percentage of health expenditure allocated health	0.7	2	National Health Accounts Report	Availability of resources

		research activities				
	Adherence to national health research frameworks and agenda strengthened	Percentage of research conducted in line with national health research agenda	76.5	100	Health Research Department	Availability adequate financial resources and availability of technical expertise
	Mechanisms for approving and monitoring of health research strengthened	Percentage of research conducted in line with national health research agenda	76.5	100	Health Research Department	Availability adequate financial resources and availability of technical expertise
	Mechanisms for Knowledge translation strengthened	Knowledge translation platform in place	0	1	Health Research Department	