

PROF. BINGU WA MUTHARIKA

MALAWI'S SUCCESS IN REDUCING CHILD MORTALITY



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Malawi is a success story in saving the lives of children under 5. Much of sub-Saharan Africa is not: the United Nations says most African countries will not meet the Millennium Development Goal of reducing child mortality by two-thirds by 2015. Malawi will need further help to achieve this, but we are on track.

What makes us different? Not money. Malawi is a low income country, where the poverty rate has declined but is still unacceptably high at 40 percent of the population. Malawi has learned how to make the most of what we have

by focusing on interventions that make the greatest impact while tackling underlying conditions such as malnutrition which continue to cripple the healthy development of children.

Most importantly, Malawi's political leadership is dedicated to the goal of saving mothers' and children's lives. We know that commitment at the highest levels is critical.

The first key change was a "home-grown" policy blueprint that involves Malawians directly in health programs in their communities. With help from many international partners, including the U.S. Agency for International Development, we created policy and project strategies that crossed traditional bureaucratic and regional divisions. We engaged every government level and reached every home.

The second major program was intensified investment in essential health care services and civic education about their use. Fifteen

percent of the Ministry of Health budget is now dedicated to children under 5. We trained Health Surveillance Assistants (HSAs) as paramedics to deliver care in rural communities and many places where doctors and nurses are unavailable. Through careful planning, we stress procurement and proper use of essential equipment, drugs and medical supplies for the tasks of every care provider.

With "Child Health Days" we educate Malawians about the health hazards facing infants and children, especially in rural areas, and offer de-worming, vaccinations, insecticide-treated mosquito nets and information about better sanitation habits. Our HSAs are ready and able to treat the biggest threats to children – diarrhea, pneumonia and malaria – and parents know where to go when these diseases strike. We focused on easy wins like immunizing infants against measles, and 81 percent of children under one were vaccinated in 2010, reducing a preventable cause of child death. We have also strengthened the integration of AIDS prevention and treatment into our health services so that seeking care is easier and more common.

While tackling the health system priorities, we worked across sectors to address the need to produce more food that ordinary people could afford, especially in rural areas. We recognized that malnutrition contributes significantly to high child mortality rates, and Malawi has recurrent droughts that devastate harvests so, for the long term, we are investing in an irrigation system to increase food security nationwide. In the short term, we provided supplementary feeding for children, vitamin and micronutrient supplements and other targeted nutrition support for children and pregnant women. Low-birthweight babies have declined from 22 percent of all births in 2004 to 13 percent in 2010 as a result.

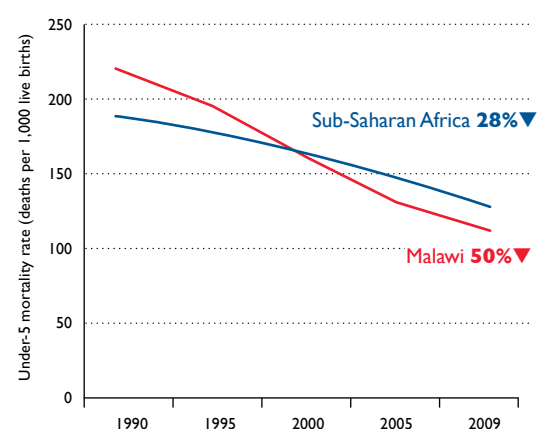
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Our results speak for themselves: the Growth and Development Strategy has helped cut our under-5 death rate by more than half, from 234 deaths per 1,000 live births in 1990 to 112 in 2010. Infant mortality showed the same decline, from 134 deaths per 1,000 live births in 1992 to only 66 in 2010. We are working towards another 50 percent reduction by 2015, to 32 infant deaths, which will beat our MDG target of 44.

Like all sub-Saharan countries, Malawi still faces formidable barriers. First is the chronic inadequacy of financial and human resources in relation to the need: so much to do and so little done. Second is an inadequate communications system that hampers transmission of health and nutrition data. The cost of health care can be a barrier to reduction in child mortality, and we need to find ways to reduce these costs for the most needy. Despite these challenges, we have made real strides in partnership with the health workers and communities who are increasingly demanding quality services for the health of women and children, and this partnership drives that effort.

The government of Malawi is proud of our progress for children with minimal resources, using good governance and firm commitment. Any country can learn from our experience. But much work remains before we will be satisfied.

MALAWI CUTS CHILD MORTALITY IN HALF, 1990-2009



Even very poor countries can make dramatic reductions in child mortality. Malawi – one of the poorest places in the world – is one of only three countries in sub-Saharan Africa that are on track to achieve the United Nations goal of cutting child mortality by two-thirds by 2015 (Millennium Development Goal 4). From 1990 to 2009, Malawi cut its under-5 mortality rate in half. What is the key to Malawi's success? Strong government commitment and investing in solutions that work.

Sources: WHO and UNICEF *Countdown to 2015 Decade Report (2000-2010)*. (Geneva: 2010); Inter-agency Group for Child Mortality Estimation Database: www.childmortality.org/; UNICEF *The State of the World's Children 2011*, Table 10.