# MALAWI *Parliamentarians, People and Policy:* Progressive Oversight and Accountability

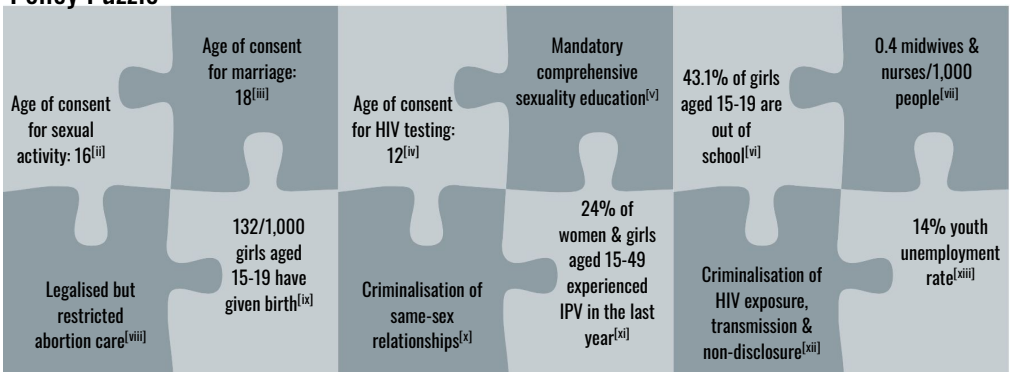
At the Nairobi Summit the government of Malawi issued ten encompassing commitments directed at fulfilling the ICPD25 agenda by 2030. Policy related commitments key to achieving the four zeros[1] included finalizing a legal framework for sexual and reproductive health and rights, engaging youth representation in decision making bodies, as well as expanding comprehensive sexuality education and contraceptive counselling services. Since the Summit, a national steering committee coordinated by the Ministry of Health has been established to oversee progress. The committee is comprised of a diverse group of representatives including government officials, parliamentarians, young people, religious and traditional leaders and the private sector. Aimed to monitor and evaluate based on preset benchmarks, the committee is also able to serve as an advocacy tool for Malawians at large on the ICPD25 Agenda. Unfortunately, COVID has deterred meetings thereby impeding progress, but representatives express an ardent desire to begin the work. In January 2021, the Malawian government, launched Malawi 2063, which offers an ambitious vision of Malawi as "inclusively wealthy and self-reliant." Prominent features of the vision include expanded tracking and accountability measures, which also serve as fundamental cornerstones of ICPD25 commitment implementation. The policy creation environment is largely enabling presenting an opportunity for ICPD champions to foster progress, but lacks robust monitoring.

## ICPD25 Commitments[i]

At the historic "Nairobi Summit on ICPD25: Accelerating the Promise", Malawi made the following commitments:

1. Increase the health budget allocated to reproductive maternal neonatal, child and adolescent health from 8% in 2019 to 30% by 2030.
2. Continue to lower the maternal mortality rate from 439 per 100,000 live births in 2016 to a maternal mortality ratio of 110 per 100,000 live births by 2030. The Government will finalize a comprehensive legal framework for sexual and reproductive health and rights, build increased capacity of nurses and midwives, gynecologists and other critical para-medicals, widening access to new long acting reversible contraceptives for adolescents and the development of a universal health insurance framework will increase the sexual and health access of the most vulnerable by 2030.
3. Include 30% of youth in decision making bodies by reviewing the legal framework, national youth policy and guidelines by 2030.
4. Provide 12 years of quality free education for every child ensuring girls and boys enjoy a full primary and secondary education and equal access to vocational, technical and higher education courses.
5. End child marriage and delay first pregnancy among girls (10-19 years) by 2030. It will reduce the number of women that were married before 18 years of age from 47% in 2016 to zero in 2030, effectively reinforcing laws, coordinating policy making, promoting national prevention awareness and advocacy campaigns as part of a wider programme to target all forms of violence against women, girls and boys.
6. Incorporate sexual and reproductive health and rights in 100% of implementation of humanitarian responses, contingency and recovery plans.
7. Achieve 100% of the service points delivering sexual and reproductive health and rights services are youth friendly. Youth friendly sexual and reproductive health services and rights including HIV and AIDS will be scaled up from pilot districts to providing leadership training and comprehensive age appropriate sexuality education and contraceptives counselling.
8. 100% fully digitalized population data collection system supporting the regular production of disaggregated data and high-quality analysis. Schemes to support data literacy in communities assisting improve localized and participatory development decisions will be rolled out across all districts.
9. Reduce the unmet need of married women and unmarried adolescent girls (15-19 age group) for family planning and sexual and reproductive health services from 19% and 22% in 2016 to 11% and 12% respectively by 2030 by scaling up sexual and reproductive health service provision and ensuring 100% availability of affordable family planning services, commodities and life-saving drugs support and advisory services for communities and contraceptives.
10. Increase spending on health by raising the percentage of the national budget allocated for the health sector from 10% in 2019 to 15% by 2030 that will strengthen programme implementation and provide adequate funding to meet key policy indicator targets for scaling up services including sexual and reproductive health and rights services.

## Policy Puzzle




[1] 1) Zero Unmet Need for Family Planning 2) Zero Preventable Maternal Deaths 3) Zero Gender-Based Violence and Harmful Practices 4) Zero New HIV Infections

## Zero Unmet Need for Family Planning

As of 2016, 19% of married and 22% of unmarried adolescent girls aged 15-19 were lacking both family planning (FP) and sexual and reproductive health (SRH) services.[xiv] At the ICPD25 conference in Nairobi, the Malawian government committed to meeting population level needs for FP through provider capacity building, the expansion of youth friendly SRH services, provision of 'age-appropriate' comprehensive sexuality education (CSE) and ensuring affordability of FP services, commodities and drugs. Through the combined impact of education and service delivery, in particular CSE and youth friendly services, the Malawian government hopes to empower young girls and reduce teenage pregnancy rates. As of 2018, 132 out of 1,000 Malawian girls aged 15-19 had given birth.[xv] Increased domestic funding is encouraged as the 2019-2020 national budget for FP commodities covered only 4.6% of the total projected need.[xvi] The current National Gender Policy indicates the importance of male involvement in FP.[xvii] Innovative programmatic action implemented through a multi-pronged approach, including workplace interventions and adequate budgetary support, are necessary to actualise this policy platform. Gender transformative CSE curricula which address the importance of gender equality in contraceptive use offer the opportunity for Malawian youth to analyse traditional notions of FP as a women-only responsibility. Multi-sectoral engagement and coordination are paramount to achieving zero unmet need for FP. Capitalising on national level commitments to providing CSE linked to youth friendly services and an enabling policy environment offers prospects for progress.

## Zero Preventable Maternal Deaths

The Republic of Malawi committed to reducing the national maternal mortality rate by from 439 to 110 per 100,000 by 2030 through the development of a universal health care framework, increasing the capacity of providers to widen access to long-acting reversible contraceptives and finalising legal sexual and reproductive health and rights (SRHR). Post-partum hemorrhage and sepsis are the main causes of maternal mortality in Malawi.[xviii] Both urban and rural health facilities are impacted by structural barriers such as a lack infrastructure, provider availability and basic resources to ensure good health outcomes for patients. Health systems strengthening as well as building advocacy and community engagement are necessary to foster public trust in the health care system and encourage uptake of antenatal services. These issues additionally impact post-abortion care, a contributing factor of maternal morbidity and mortality in Malawi. Unsafe abortions accounted for 6-18% of maternal mortality in 2017.[xix] The current National Sexual and Reproductive Health Policy includes provisions for post-abortion care.[xx] In March 2021, parliamentarians opted out of discussing a bill which would ease termination of pregnancy (TOP) legislation in Malawi. Currently, abortion is solely permissible to save the life of the mother. The recently reintroduced bill (first introduced in 2016) would expand abortion access so that termination is legal in cases of rape, incest, or when the pregnancy endangers the mother's physical or mental health. The mover of the bill plans to continually introduce the bill until it is discussed on the parliamentary floor. Progressive policy champions are critical in attempts to update and align Malawian policy with ICPD commitments.

## Zero Gender-Based Violence and Harmful Practices

In Nairobi, the Republic of Malawi committed to ending child marriage by 2030; notably 23.4% of girls aged 15-19 are married.[xxi] According to the 1994 constitution, Malawian citizens must be 18 years of age to consent to marriage, however, youth under the age of 18 may be married with parental or guardian consent. Additionally, a minister or court official may authorise a marriage if there is no living parent or guardian.[xxii] To facilitate harmonisation between policies, and better protect Malawian youth, a 2017 constitutional amendment raised the age of minority from 16 years to 18 years. This progressive synchronicity must be aligned throughout Malawian policy. The 2018-2023 strategy to combat child marriage from the Ministry of Gender includes access to education, transformation of cultural practices and economic empowerment.[xxiii] Further parliamentarian action to combat gender-based violence (GBV) can be found in the National Plan of Action which highlights the existing policy structure as well as priority areas for increased measures against GBV.[xxiv] Among these are addressing root causes and social norms, creating an effective response mechanism for supporting survivors and promoting research, data collection, monitoring and evaluation. Malawi further supports survivors through GBV specific courts which provide female judges and offer mobile court options. While the burden of proof is high, and many women may be reluctant to bring claims, enabling judicial structures increase the likelihood of real accountability, underscoring the importance of integrated GBV prevention and response services across health, police, justice and social services.

## Zero New HIV Infections

The HIV incidence in Malawi for adults aged 15-49 is 3.71/1,000, and at the Summit, Malawi committed to include HIV and AIDS prevention and treatment services in all youth friendly SRH services, demonstrating the importance of primary prevention and knowing one's status. [xxv] Increased linkages between HIV and SRH services are overseen by the Department of HIV and AIDS (DHA), which is housed within the Ministry of Health. The DHA is also tasked with monitoring sexually transmitted infections (STIs), prevention of mother to child transmission (PMTCT) and voluntary medical male circumcision (VMMC). New infection incidence dropped dramatically between 2005 and 2018, from 66,000 to 38,000 and as of 2018 Malawi was on track to achieve the UNAIDS 90-90-90 targets as 90% of people living with HIV in Malawi were aware of their status, 87% of those who were aware were on treatment and 89% of those on treatment were virally suppressed.[xxvi] Youth in Malawi may consent to HIV testing and counseling from the age of 12.[xxvii] Despite this progressive action, key populations (men who have sex with men, sex workers, transgender people and people who inject drugs) in Malawi are still largely ignored. The continued criminalisation of HIV transmission, exposure and non-disclosure, particularly discriminates against men who have sex with men and sex workers. While sex work itself is legal in Malawi, the current penal code criminalises profiting from sex work and is often implemented against sex workers themselves due to persistent stigmatisation.[xxviii] Increasing data collection and research on key populations is necessary for reducing national HIV prevalence.

**Ten recommendations on the pathway to meeting the commitments:**

Based on interviews with key stakeholders and a review of core policy documents related to that achievement of the four zeros, the following ten prioritised actions are recommended to ensure that milestones along the pathway to meeting the ICPD commitments are met. Parliamentarians in Malawi should continue to foster and strengthen an enabling policy environment by more deliberately utilising their platform and consider the following policy focused actions:

01. Request **regular updates from the national ICPD25 steering committee** (which is coordinated by the Ministry of Health) on the progress towards and tracking of the commitments.

02. Develop a **stronger oversight role around key indicators of the national CSE initiative** with a specific focus on the following elements: teacher training, curriculum development, implementation, learner-oriented participatory feedback and the use of technology.

03. **Enforce legislation, policies, and practices** that prevent violence and other rights violations against women and girls as well as other key and vulnerable populations.

04. Track both **donor and year on year increased domestic finance allocation** to strengthen cornerstone 1) FP, 2) adolescent friendly services with a focus on increasing the skills and numbers of the health workforce and 3) integration of SHR services within UHC packaging.

05. **Monitor and evaluate** with clients and community representatives the current approach to the **provision of adolescent friendly services** through the creation of innovative incentives around some of the recognised bottlenecks.

06. Increase the **generation and use of real-time data to inform strategic decision-making** notably around: a) disaggregated teenage (13-19 year-old) pregnancy data, b) tracking investments in options for youth who are in education, training and work, c) FGM and d) key and vulnerable populations including sex workers and men who have sex with men.

07. Build on the emerging lessons of the COVID pandemic by **increasing investments in community systems strengthening** for SRHR and HIV.

08. Review, consolidate and align Malawi's policy actions in light of the soon to be agreed **2021 Political Declaration on HIV and AIDS** (from the 10 June 2021) which emphasizes that GBV, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the sexual and reproductive health and rights of women and girls compromises their ability to protect themselves from HIV infection.

09. Forge robust **parliamentary partnerships** to support discussion of the Termination of Pregnancy Bill to potentially ease abortion legislation.

10. Become vocal and visible **parliamentary gender champions by pledging to break down gender barriers** and make SRHR issues a working reality in constituencies and spheres of influence within and beyond parliament.

## Process & Methodology

The legal and policy review was conducted in April and May 2021 through a detailed perusal of various laws and policies which constitute the framework and development of sexual and reproductive health and rights in Malawi. Semi-structured interviews were conducted with representatives from the UNFPA Malawi office as well as other key stakeholders in Malawi to further inform and contextualise the policy review.

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