

Why investing in family planning and sexual and reproductive health services is critical for Malawi's national COVID-19 response

The COVID-19 outbreak is placing a considerable strain on Malawi's health system. With increased demand on public resources, the Government is faced with difficult decisions about which services to prioritise and what level of funding to provide.

During the 2012 Family Planning Summit in London, the Government committed to increasing the proportion of women of reproductive age in Malawi using a modern method of contraception (mCPR) from 42% in 2010 to 60% by 2020. It will do this through reaching out to adolescents and young people, achieving universal access to sexual and reproductive healthcare services and increasing domestic funds for this critical area.

Malawi has made significant progress towards meeting these commitments, but it still has a long way to go: domestic investment in family planning (FP) commodities is very low at 1.4% of total FP commodity needs, and only 46% of women in Malawi currently use a modern method of family planning.

Ensuring sufficient funding for critical FP/SRH services and commodities during the COVID-19 crisis will:



Investing in FP/SRH services and commodities will save lives and reduce pressure on the health system

Disease outbreaks disrupt essential health services and this can cause more deaths than the virus itself.^{i,ii} During the outbreak of Ebola Virus Disease in West Africa in 2014 - 16, Sierra Leone experienced more maternal and neonatal deaths and stillbirths due to the disruption in health services than deaths from Ebola.ⁱⁱⁱ In Malawi, it is estimated that the disruption in services caused by a policy of moderate lockdown (i.e. social restrictions including school closures, movement and livelihood restrictions) will contribute to an additional 9,550 deaths over the next five years.^{iv}

Malawi is likely to experience additional deaths and disability from:

- 1. More unwanted pregnancies** – it is likely that young people who are out of school will engage in sexual activity, while experiencing challenges in accessing contraception
- 2. Higher maternal and infant mortality** - due to the complications of teenage pregnancy and social restrictions that are likely to impact on utilization of health services
- 3. An increase in unsafe abortions** - when women and teenagers fear that they will not receive services at health facilities due to COVID-19

Malawi's Ministry of Finance, Economic Planning and Development used the IMPACT NOW model to demonstrate the benefits from increasing modern contraceptive use in the country.

Increasing modern contraceptive use in Malawi to 70 percent by 2023 will:



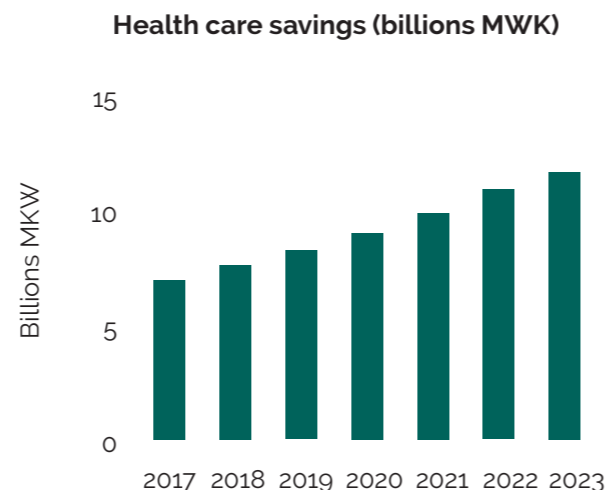
this will also avert over **8.2 million** unwanted pregnancies
 avoid **1.8 million** unsafe abortions
 prevent **1.1 million** abortions^v



Investing in critical FP/SRH services and commodities will save money

Investing in FP interventions is highly cost-effective.^{vi} This is more important than ever in the context of COVID-19 given the financial pressures on the health system. Since achieving independence in 1964, Malawi's population more than quadrupled from 4 million to 17.6 million people in 2018. It is projected to reach 43 million by 2050 and 62 million by 2070, placing yet more pressure on already limited resources.

Meeting the family planning needs of all Malawians could save up to MWK64 billion (an estimated USD 80 million) in health care costs between 2017 and 2023.^{vii,viii} These funds can be used to finance additional services in the health and other sectors.



Investing in critical FP/SRH services will support post-crisis recovery

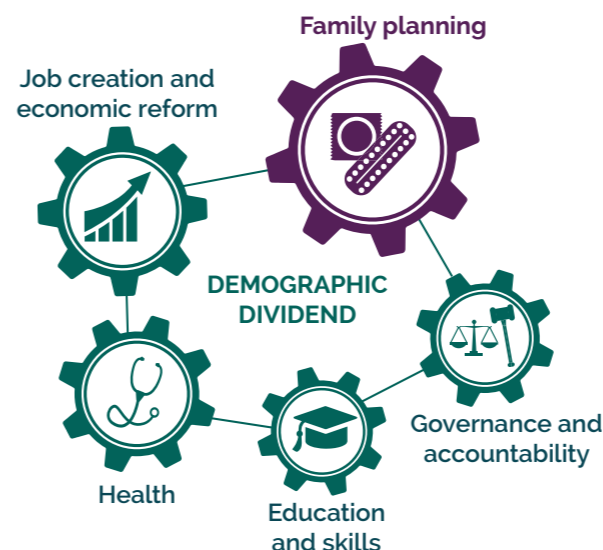
The Government of Malawi has rightly prioritised the rapid recovery of the economy after the COVID-19 crisis. Ensuring continued investment in FP/SRH services will help the country to get back on track to achieve its policy and development goals.

Investing in family planning and sexual and reproductive health services will support Malawi to achieve the Sustainable Development Goals (SDGs) in health and non-health areas – notably in the areas of poverty, food security, child stunting, education, water and sanitation services, income and child labour.^{ix}

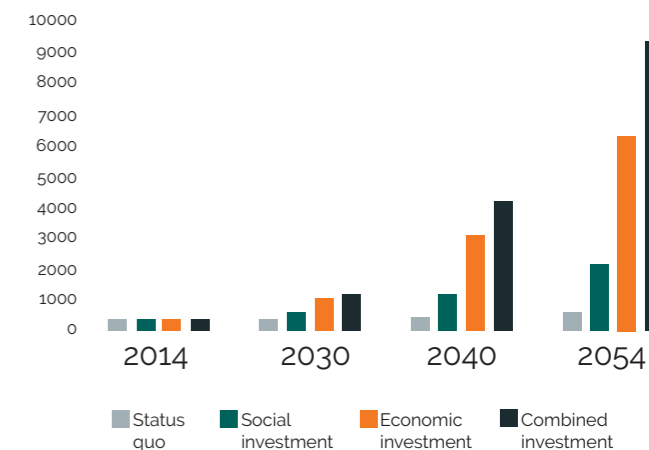


Combining investments that empower women and accelerate fertility decline, support education and skills development (Malawi's 'social investment') with investments that enhance competitiveness, employment and good governance (Malawi's 'economic investment') has the potential to raise Malawi's per capita gross domestic product (GDP) from USD 397 per citizen in 2014 to USD 4,203 in 2040 and USD 9,351 in 2054. In addition, realising Malawi's full demographic dividend is expected to earn USD 1,066 in 2040 and USD 2,975 per person in 2054.^x Addressing the high unmet need for family planning in Malawi will make an important contribution towards empowering women and accelerating fertility decline.

Interacting policy reforms to achieve Malawi's demographic dividend



Estimated GDP per capita and demographic dividend (US\$)



A call to action

We call on the government to increase funding for family planning (FP) commodities



The Malawi government must prioritise **uninterrupted provision for family planning services as part of its emergency response.**^{xii} A full range of FP commodities at all of Malawi's health facilities is an essential component of family planning services.



Increasing funds for the FP commodity budget line will help to counteract stockouts at health facilities and enable access to critical family planning commodities and supplies during COVID-19 for women and their families.



It is estimated that FP commodity needs for 2020-21 will be MWK9.4 billion. **With initial budget allocation of MK176m, this leaves a funding gap of 98%.** It is likely that larger gaps will be experienced as a result of the COVID-19 situation.

References

- ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5590567/#b13>
- ⁱⁱ <https://www.ncbi.nlm.nih.gov/pubmed/28159028>
- ⁱⁱⁱ https://academic.oup.com/heapol/article/32/suppl_3/iii32/4621472
- ^{iv} National Planning Commission (2020) Medium and long-term impacts of a moderate lockdown (social restrictions) in response to the COVID-19 pandemic in Malawi: A rapid cost-benefit analysis
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- ^{vi} Ochalek J, Revill P, Manthulu G, et al. Supporting the development of a health benefits package in Malawi. *BMJ Glob Health* 2018;3:e000607. doi:10.1136/bmjgh-2017-000607
- ^{vii} Government of Malawi. 2015. Malawi Costed Implementation Plan for Family Planning, 2016–2020. Lilongwe: Government of Malawi.
- ^{viii} Guttmacher 2017. Adding it up: Investing in contraception and maternal and newborn health. Guttmacher Institute
- ^{ix} <http://www.healthpolicyplus.com/impactnow.cfm>
- ^x Ministry of Finance, Economic Planning and Development (2016), Harnessing the demographic dividend to accelerate socio-economic transformation and economic development in Malawi
- ^{xii} <https://cdn.iawg.rgn.io/documents/IAWG-Full-Programmatic-Guidelines.pdf?mtime=20200505142838&focal=none>

