

Malawi's Health and Educational Systems

Health System

Health care facilities

The community first accesses the healthcare system in Malawi at either a rural hospital or a health center. Problems that cannot be effectively solved at this level are referred to a district hospital, located in each district's largest population center. Table 1 describes the services available at each type of facility.

Table 1: The services available at each type of facility in Malawi

Unmanned Health Post:	small structure, used for outreach clinics
Manned Health Post:	small permanent structure, used for outreach
Dispensary:	permanent structure, out-patients, possibly holding beds
Maternity:	maternity, ante-natal, post-natal beds
Dispensary/Maternity:	out-patients, holding beds, maternity, ante-natal, post-natal beds; catchment population 5,000
Urban Health Centre:	out-patients, holding beds, maternity, ante-natal, post-natal beds, holding wards
Primary Health Centre (incl. Rural Hospitals):	out-patients, holding beds, maternity, ante-natal, post-natal beds, holding wards; catchment population 25,000
Hospital:	out-patients, holding beds, maternity, ante-natal, post-natal beds, holding wards, X-Ray, ambulance, operating theatre
District Hospital:	out-patients, holding beds, maternity, ante-natal, post-natal beds, holding wards, X-Ray, ambulance, operating theatre, laboratory, etc.; District Health Office
Central Hospital:	out-patients, holding beds, maternity, ante-natal, post-natal beds, holding wards, X-Ray, ambulance, operating theatre, laboratory, electro-medical engineering department, various specialized services

SOURCE: Malawi National Health Plan 1999-2004, Volume 2: National Health Facilities.

Table 2 shows the number of the current health service facilities (public and private) and Table 3 shows the distribution of the healthcare facilities per the 3 regions in Malawi. According to the government plan, when a medical case is too critical for the rural hospital to handle, the system calls for the patient to be transferred to the district hospital. These facilities are centrally located in each of Malawi's 28 districts. The top tier hospitals are in the major urban areas. However, as with the other two tiers, the shortage of supplies and medical personnel is overwhelming and fails to fill the needs. For the entire nation and for all three tiers of medical care there are fewer than 300 registered doctors and about 7,000 nurses (2).

Table 2: The number of Current Health Service Facilities (Public and Private)

Type of facility	Number	Total Beds	% Occupancy*
Long-term care/specialty hospitals	1	128	95
Central hospitals	4	2590	100
District hospitals	23	3968	99
Community/rural hospitals	19	516	65
Health centers	240	1752	15
Dispensaries	74	0	-
Maternity units	13	0	-
TOTAL	374	8954	74.8
PRIVATE SECTOR			
Private/NGO hospitals	129	4945	66
Health Sector TOTAL	503	13899	--
* = Estimate			

SOURCE: Malawi HRH Strategic plan 20102013 (MOH, Directorate of Clinical Services Data Base (2002) and National Health Facilities Development Plan (November, 1999)

Table 3: Distribution of health care facilities per the three regions in Malawi

	Central Hospital	District Hospital	Health Center	Dispensary	Maternity	Rural Hospital	Hospital	Mental Hospital
Total Northern Region	1	5	68	9	1	11	4	1
Total Central Region	1	8	125	19	4	16	8	0
Total Southern Region	2	11	135	40	11	8	10	1
National Total	4	24	328	68	16	35	22	2

SOURCE: List of Government Hospitals and Health Institution. Malawi Ministry of Health (1)

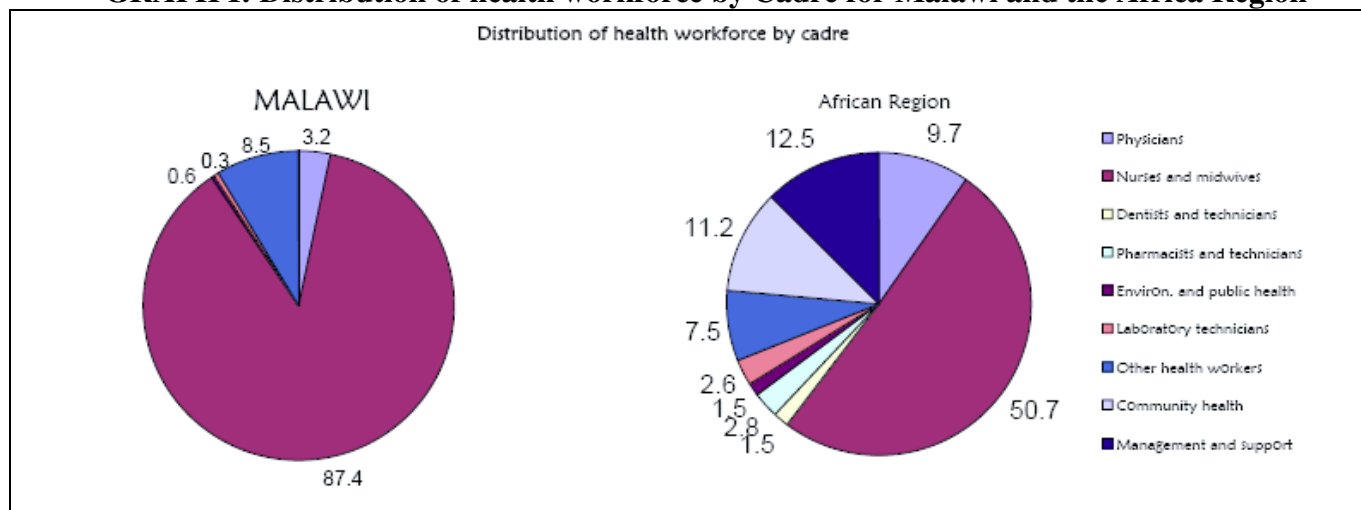
Health Care Delivery

Health care services in Malawi are provided through two main avenues: the government (federal and local) and the Christian Health Association of Malawi (CHAM) (3). CHAM provides 37% percent of total healthcare in Malawi, including 85% percent of the care in rural areas. CHAM functions as the umbrella healthcare organization for 161 health facilities of various sizes, ranging from outpatient centers to 230-bed hospitals. These facilities include 13 health posts, 104 health centers, 18 community/rural hospitals, and 23 general hospitals. CHAM also oversees ten health training colleges. The MOH pays the salary of all health workers, excluding those on the CHAM payroll. CHAM receives money from the MOH to administer the payroll to its affiliated institutions. The MOH recognizes the need for health workers in CHAM facilities and so directly fills posts that are paid by the MOH. CHAM facilities charge user fees to augment the government funding they receive, but these fees fall short of cost recovery (4).

Human Resources for Health

Malawi continues to suffer from a chronic shortage of health care workers that impedes development of the Essential Health Package.

GRAPH I: Distribution of health workforce by Cadre for Malawi and the Africa Region



SOURCE: The World Health Report 2004 (updated with the world health statistics 2006)

In response, Malawi, in cooperation with donors, created the Emergency Human Resources Program (EHRP), which topped up salaries for recruitment and retention. Malawi has been addressing a number of Human Resources for Health issues throughout the 1990s, and since then and taking a number of earlier initiatives including a 1999 Emergency Human Resources Development Plan, a 2001 Emergency Pre-Service Training Program, the establishment of a Human Resources Advisory Committee (for health) in 2000, establishment of a Health Services Commission in 2002, and an Essential Health Package (EHP) as part of the Poverty Reduction Strategy published in 2002 (5,6).

Main/Principal Health Indicators

Malawi has an infant mortality rate of 90.55 deaths per 1,000 live births, a maternal mortality rate of 1,800 per 100,000 live births, and a large HIV prevalence at 14.2 %. The top five causes of death are HIV/AIDS, lower respiratory infections, malaria, diarrheal diseases, and peri-natal conditions.

The Sector Wide Approach (SWAp)

The Sector Wide Approach (SWAp) in Malawi was developed in 2003 on principles of partnership and collaboration with the goal of sustained development in health. Health development through SWAp are designed to lead to increased efficiency and effectiveness through a coordinated and negotiated Program of Work (POW), rather than a fragmented project approach, which was employed in health sectors in the past (7). The program ceiling on the wage bill allows for additional hiring and spending on wages in the health sector. The SWAp in Malawi provides funding for the 52% salary top-up for medical doctors who work for the MOH.

References

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Source: Directly from the SAMSS Malawi College of Medicine Site Visit Report

Educational System

Malawi has an education system where the children stay in primary school for 8 years, 4 years in secondary school and usually 4 years in University (if they are lucky enough to go) and it is therefore called an 8-4-4 system. There are some opportunities for pre-school education for children younger than 6.

Primary School

Primary school is the only education in Malawi that is compulsory, but many children still don’t get the chance to attend primary school (especially orphans). Primary School usually starts at the age of 5 or 6 and takes 8 years from standard 1 to standard 8 (but can take much longer dependant on ability). At the end of standard 8 pupils do the Primary School Leaving Certificate exams. Students must pass to enable them to attend secondary school. There is a very high priority placed on learning English in Malawi and all subjects are taught mainly in English from standard 5 onwards.

Since free primary education was introduced the influx of students into primary schools has increased hugely. This is obviously great for the children and the country as a whole as more people get an education, but unfortunately the increase in numbers has made it much harder for schools to cope and as a result the overall quality of the schools has started to decline rapidly. School buildings become dilapidated and overall standards have dropped, mainly due to a lack of resources and teachers rather than a lack of effort..

Secondary School

Secondary education takes 4 years (Form 1 to Form 4). They sit a Junior Certificate Examination (JCE) in Form 2 and a Malawi School Certificate Examination (MSCE) in Form 4. Secondary education is quite restrictive in Malawi and although it is slowly improving, all secondary schools are fee-paying schools.

University

The University of Malawi opened in 1965 and offers quite a wide range of degree courses. The main base of the University is in Zomba and there are 5 constituent colleges widely spread out in Central and Southern Malawi. Mzuzu University has recently been set up which will enable people living in northern Malawi to have a better chance of going to University. There are also some plans to open other training courses as well as degree courses in the near future.

Source: Directly from <http://www.chikupirafoundation.co.uk/single.htm?ipg=5973>