Investing in life-saving commodities for women, children, and adolescents - lessons from Malawi

PMNCH success stories

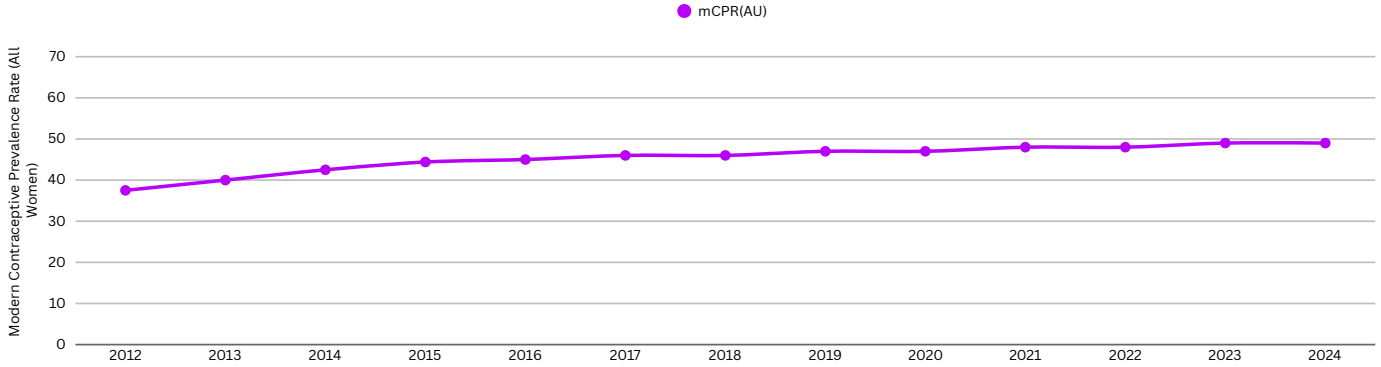
Malawi: HPV awareness and vaccination for cervical cancer prevention, July 2024 © WHO / Francisco María Galeazzi

Advocacy success

This brief explores how Malawi significantly increased its domestic investment for family planning (FP) commodities to expand equitable access to essential health commodities, including modern contraception.

Between 2019 and 2025, the Government of Malawi increased their domestic budget for family planning commodities tenfold- from MK 79 million in 2018 to MK 770 million allocated in the 2025/2026 budget.[1](*1,2*). Modern contraceptive prevalence has also steadily increased for all women of reproductive age, rising from 37.5% to 49.1% [Figure 1] (*3*). Since the 2017 Access to Information Act, civil society and multi-stakeholder partners have played a key role in ensuring financial accountability so budget commitments translate into real coverage gains.

Figure 1. Trends in mCPR: Malawi



Note: FP2020 uses a "rolling baseline" so values are recalculated each year based on the newest available data.

Malawi's focus on FP commodities is a remarkable achievement, shaped by a multitude of factors, including a coordinated advocacy effort by civil society, government, donors, and technical partners. Given that domestic financing for FP programmes has historically been limited in low- and middle-income countries,(*4*) Malawi's ability to increase budget allocations in recent years warrants closer examination. In 2025, the Partnership for Maternal, Newborn, and Child Health (PMNCH) explored the advocacy drivers behind this success (Box 1). While these success factors are unique to the Malawi context, they offer critical lessons for improving access to a broader range of essential commodities for women, children, and adolescents.

1. Inflation over this period has also influenced the real value of these allocations.

Box 1: Methodology for Capturing Advocacy Success Factors

PMNCH documents advocacy success factors through a systematic process. Stories are identified through a mapping of emerging success cases across different contexts. Once identified, information is gathered through a desk review of literature, media, and partners' materials, and key informant interviews with representatives from Ministry of Health, civil society, and stakeholders at the country level. Data are analysed using an adapted advocacy policy research framework, distilled into success factors, validated with stakeholders, and shared in concise briefs to inform future advocacy and implementation. For Malawi, the success story was informed by 23 documents and four key informant interviews (two with Ministry of Health and two with civil society). The assessment received ethical clearance from the University of Cape Town. Learn more at: https://pmnch.who.int/resources/tools-and-toolkits/success-stories/methodology

Success factors

Advocacy coalitions and actor engagement

Malawi's success in increasing its FP budget line was driven by a broad, multi-sectoral coalition involving the Ministry of Health (MOH) (notably the Reproductive Health Directorate), civil society organisations (e.g., Malawi Health Equity Network, Amref Health Africa, White Ribbon Alliance, Family Planning Association of Malawi, Women's Integrated Sexual Health i.e. WISH), donors (e.g., UNFPA, USAID), youth networks, and Members of Parliament (MPs) *(5)*. These actors came together through both structured and informal platforms.

Formal mechanisms, such as Reproductive Health Commodity Security (RHCS) Committee and technical working groups within MOH and the donor community, provided space for regular engagement on FP issues, including budgeting.(*6*) For decades, the MOH's Safe Motherhood Technical Working Group has coordinated reproductive health in Malawi. Within this structure, the Family Planning Subcommittee—linked to the FP2020 Engagement Working Group—has served as the primary coordinator for FP initiatives, bringing together government, development partners, implementing agencies, civil society, youth, and academic groups.(*7*)

Malawi's long-standing culture of coalition-building in reproductive health and health equity in-country laid a strong foundation for effective collaboration. Building on this, civil society organisations also formed an informal coalition around 2018, with a clear shared agenda to increase domestic funding (*8*). This core group of advocates met regularly as a round table to share information, plan for next steps, and align messages. As many of the individuals had worked in health equity and rights together for years, there were established relationships of trust to foster collaboration.

Members of this group engaged a broad spectrum of stakeholders, including government, media, and other FP partners. With a focused advocacy strategy, ad hoc meetings, and platforms like the Malawi Network of AIDS Service Organisations (MANASO) (*5*), the informal coalition was able to access data and engage the government. They aimed to raise awareness among Members of Parliament of procurement delays, underutilised funds, and the need to improve coordination within and across government ministries, e.g., the Ministry of Finance and the MOH.

Parliamentarians, particularly those in the Standing Committee on Health and the Women's Caucus,(*9*) were key champions, working closely with civil society and MOH to use budget analysis and evidence to build a compelling investment case (*5*). *"The MPs were very crucial,"* noted Doreen Ali, Director of Reproductive Health. *"They defend the budget and come to us to ask how they can support."*

Actors had shared motivations—such as advancing health equity, youth empowerment, and socio-economic resilience—aligned with global commitments like FP2020.(*10*) Potential opposition linked to cultural and religious norms was proactively addressed through engagement with faith and traditional leaders.(*7*) Community-level misconceptions were countered through public awareness campaigns.

Beliefs, values, and problem framing

The Government of Malawi prioritised reproductive health as a national development imperative due to a growing population, high maternal mortality, and high unmet need for contraception, especially among youth. For this advocacy effort, FP was framed as both a cost-effective intervention and a development imperative emphasising the risk that rapid population growth poses to health and economic progress (*8*). FP was also consistently positioned as a human right, a strategy for economic resilience, and a critical tool to reduce maternal mortality and adolescent pregnancy, while also enabling Malawi to harness the demographic dividend.

"We have been consistent in linking any benefits from family planning to savings in the national budget... If you don't invest, the other budget lines will suffer." - George Jobe, Executive Director of Malawi Health Equity Network

This framing was underpinned by a strong shared value base among actors about equity, transparency, youth empowerment, inclusiveness, and a commitment to women's and adolescent health. Advocacy efforts focused on building consensus through respectful, data-driven messaging that avoided confrontational or polarising language. Advocates used diverse data sources and employed nominal and real value budget analysis, fiscal projections, and population trends (*11*). Communication was tailored to policymakers, emphasising economic and human development benefits to make a compelling case for increased domestic funding.

Community voices and direct field engagement with Members of Parliament were also pivotal—site visits helped ground data in lived realities and mobilised political will (*12*).
Technical partners from the MOH and civil society delivered in-person presentations at parliamentary caucus meetings and other forums, creating opportunities for open dialogue (*8*). This strategic combination of values, data, and personal connection helped shift perceptions and build broad-based support for sustainable investment in FP.

Policy windows and strategic levers

Global initiatives such as the Abuja Declaration, FP2020, the Sustainable Development Goals, and youth-focused commitments created sustained momentum and aligned national action with international norms.(7*,12,13*) Global frameworks positioned FP within broader development goals, which Malawi leveraged by linking reproductive health access to national priorities.

"We leveraged the momentum from FP2020 and the Nairobi Summit to push for domestic financing. Everyone around the table had the same goal—we were all aligned around this idea of ownership, sustainability, and delivering on global commitments." – Hester Nyasulu (Amref Health Africa)

For example, at the London Family Planning Summit in 2012, the Government of Malawi committed to elevating the Reproductive Health Unit into a Reproductive Health Directorate, creating a family planning budget line item, and finalising the Population Policy by the end of 2012 [Figure 2] (*10*). The global commitment enabled country stakeholders to advocate parliamentarians and negotiate with the Ministry of Finance for a new budget line, reflected first in the 2013/2014 budget year (*14*). The establishment of a dedicated FP budget line enabled advocates to monitor allocations and build a case for gradual increases using budget tracking and fiscal analysis.

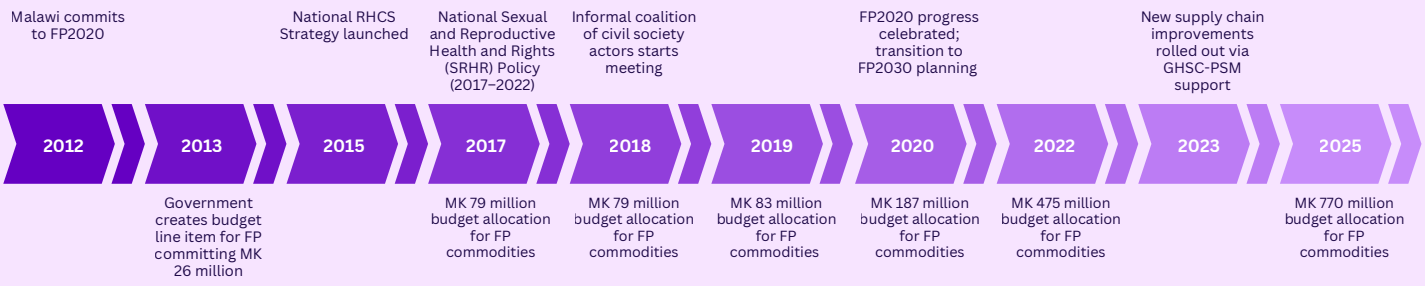
However, tracking of the budget only became easier for civil society when the Access to Information Act was passed (*11*). Persistent lobbying, combined with compelling evidence, ensured the issue remained visible across budget cycles. Regular interface meetings between the MOH, Ministry of Finance, and Parliament became critical advocacy touchpoints (*8*).

Malawi's early participation in the Global Family Planning Visibility and Analytics Network strengthened its ability to monitor commodity flows, coordinate partner procurement, and learn from regional peers. All FP commodities in Malawi are imported, making procurement a critical priority. Malawi channels their FP budget funds through UNFPA to secure quality-assured products at lower costs through global pooled procurement—reducing stockout risks and aligning with international supply chains (*8*). This system enables transparency and reassures Parliament (*15*).

"When the money is allocated, it goes through UNFPA for procurement. Parliament is comfortable with that because they know it will be spent on the commodities, and UNFPA can get them at a cheaper price." - Doreen Ali, Director of Reproductive Health.

Malawi: WHO Malaria Vaccine Implementation Pro-gramme visit, 13-15 March 2023. © WHO / Fanjan Combrink.

Figure 2. Timeline of key milestones



Learning, adaption, and policy sustainability

Malawi learned from past supply chain inefficiencies and international experiences, adapting by strengthening forecasting, procurement systems, and data-driven decision-making (*16*). Challenges like stockouts and COVID-19 disruptions enabled stakeholders to learn how to innovate with contingency planning, including decentralised management. The adoption and continued use of the Global Family Planning Visibility and Analytics Network, which integrates data from Malawi's commodity management systems, enabled decision makers to review commodity stock levels and funding gaps and address issues in real time, adjusting strategies as needed (*10*).

The advocacy success was underpinned by a culture of continuous learning, adaptation, and strategic institutionalisation. Over time, actors improved their capacity in forecasting, budget analysis, and supply chain management, sometimes through intentional efforts by development partners (*17*). Additionally, individual and collective capacity building in social accountability, and budget analyses specifically, enhanced the capabilities of key actors in civil society. Annual budget analysis evolved to incorporate inflation and real-value trends, making a stronger investment case. The informal civil society coalition used the SMART advocacy toolkit to coordinate activities toward a common goal.

Across all efforts, data-driven messaging remained a cornerstone of the advocacy (*16*), influencing decision-makers through parliamentary caucus meetings, technical working groups, and media engagement. A pivotal insight was the role of Parliament. As one advocate reflected, *"We discovered Parliament. They're not part of the groundwork that is done… but they're influencers. They are the ones that ask government in the end… if they are the ones to look at the family planning budget line, appraise it or ask for an increase, then something can be done."*

Sustainability strategies included ensuring FP inclusion in broader policies, integrating FP commodities into routine data systems, such as eHIN and OpenLMIS, and embedding FP supply management within the Reproductive Health Directorate (*18*).

Policy changes and influence

The increase in Malawi's domestic budget for FP has strengthened national ownership, improved procurement efficiency, and enhanced political accountability (*13*). The visibility of a protected budget line fostered stronger integration of FP into broader maternal and newborn health planning. These policy shifts—validated by years of evidence-based advocacy—have contributed to measurable gains in modern contraceptive use and reductions in unmet need (*3*), further energising civil society and underscoring the value of sustained, coordinated engagement.

Malawi now stands out as a regional exemplar ready to integrate supply chain reforms with strategic framing of reproductive health as essential to economic growth and youth development (*10*). In 2023, the Government committed to increase modern contraceptive prevalence to 60% by 2030—signalling its intent to sustain and build on these gains (*19*).

To build on this progress, civil society is focusing their advocacy on monitoring the FP budget spending in real terms and tracking potential impact on contraceptive prevalence (*8*). Ongoing work will be needed to continuously engage Members of Parliament, enable multisectoral partnerships, and address the persistent social and cultural barriers through community-led messaging. With the reduction and planned withdrawal of donor support in 2025, there is renewed sense of urgency, catalysing government action to increase domestic resource mobilisation for FP (*8*).

Advocacy and accountability lessons

Malawi's experience offers key lessons:

- **Build diverse coalitions** of civil society, government champions, technical partners, and donors to drive a unified agenda;
- **Equip parliamentarians with data and lived experience stories** to make the budget case compelling and relatable;
- **Engage regularly through formal mechanisms** such as parliamentary committees and budget hearings to institutionalise advocacy;
- **Foster transparency to build trust**, using protected budget lines and public reporting to ensure accountability;
- **Sustain relationships across sectors**, ensuring alignment between the Ministry of Health, Ministry of Finance, and other stakeholders;
- **Leverage global frameworks and commitments** (e.g., FP2030, SDGs) to strengthen the legitimacy of national asks and mobilise political will;
- **Secure political leadership**, recognising that high-level champions are critical to prioritising and protecting FP budget lines;
- **Maintain continuous multi-stakeholder advocacy and accountability** to safeguard gains and adapt to shifting contexts.

PMNCH's Collaborative Advocacy Action Plan in Malawi

To further coordinate, strengthen, and amplify advocacy and accountability efforts, **PMNCH's Collaborative Advocacy Action Plans (CAAPs)** are country-driven, multi-stakeholder initiatives aiming to advance the health and well-being of women, children, and adolescents.

In Malawi, the CAAP initiative, launched in 2023, has mobilised a coalition of actors and is advancing advocacy and accountability for investments in sexual, reproductive, maternal, newborn, child and adolescent health through strengthened multi-stakeholder partnerships and active engagement with the Ministry of Health and parliamentarians. Read more: **https://pmnch.who.int/our-work/functions/partner-engagement/collaborative-advocacy-action-plan-initiative/malawi-caap**

About the series

This PMNCH brief is part of a series that is highlighting country success stories for Women's, Children's, and Adolescents' Health unpacking factors that led to policy change or moment. For more information on the development of the Success Stories, including data collection methods, and analysis, please consult: https://pmnch.who.int/resources/tools-and-toolkits/success-stories

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