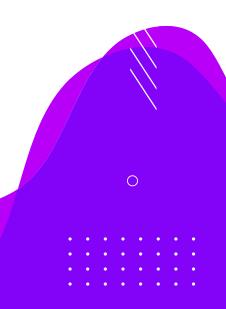


Collaborative Advocacy Action Plan (CAAP)

Delivering on country commitments for women's, children's and adolescents' health and well-being







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CAAP overview

The aim of the <u>Collaborative Advocacy Action Plan (CAAP)</u> initiative is to improve accountability for women's, children's and adolescents' health (WCAH) through the collaborative efforts of partners. The process in Malawi involved an initial inclusive, partner-led, scoping and assessment of national WCAH commitments.Based on this evidence, members of Malawi's multi-stakeholder platform (MSP) came together to identify a set of advocacy actions to be undertaken collaboratively to improve the quality and implementation of existing WCAH commitments, while responding to the need for new commitments where critical gaps exist.

The CAAP process in Malawi was financially and technically supported by the Partnership for Maternal Newborn and Child Health (PMNCH) with the following aims:

- improved evidence on existing commitments and policy gaps at country level;
- more meaningful engagement of underrepresented constituencies in national policy processes, through multistakeholder convenings, strengthened alignment, and coordination among PMNCH partners and other WCAH actors and development of a national "Digital Advocacy Hub," through which partners can share ideas, strategies, tools and information to enhance coordination, and linkages with/enhancing synergies with existing initiatives;
- enhanced visibility of national WCAH commitments and, ultimately, increased accountability for WCAH commitments through the development of country specific CAAP.

Amref Health Africa in Malawi (Amref Malawi), PMNCH's coordinating partner for the CAAP in Malawi, conducted a mapping of the WCAH commitments made by the Malawi Government between 2013 to 2023 and further highlighted some of the targets that Malawi has set to achieve in various policy and strategic documents. Amref Malawi has worked in Malawi since 2012 and is part of the global Amref community, which has over 60 years of experience across Africa. Amref's vision is to create a lasting health change in Africa, including Malawi, and the mission is to catalyze and drive community-led and people-centered health systems while addressing the social determinants of health. The primary target populations for Amref are women and young people.







With this CAAP, Amref Malawi, under the stewardship of the Ministry of Health's Reproductive Health Services Directorate, will lead in convening a multi-stakeholder platform to review the progress and achievements of the Government of Malawi's commitments for women's, children's, and adolescent's health.

This CAAP plan was developed in August 2024 and reflects priorities and activities identified at that time with present partners. It is a living document and will be updated regularly. It's implementation depends on partners and we invite you to join efforts to achieve advocacy goals by collaborating on the listed and additional activities.

For further exchanges on CAAP implementation, MSP membership and PMNCH country partners, please go to: <u>Malawi Country Digital Advocacy Hub</u>

Background on WCAH in Malawi

While the Government of Malawi has made considerable strides in improving women's, children's, and adolescents' health in recent decades, greater acceleration is required to reduce maternal, newborn, and child morbidity and mortality, expand access to sexual reproductive health and rights, and assure improved adolescent health and well-being, with concentrated efforts to address adolescent pregnancy, in line with national commitments.

As reported in the <u>Health Sector Strategic Plan 2023 – 2030</u> (HSSP III) maternal mortality fell from 439 deaths per 100,000 live births in 2015 to 349 in 2019. The neonatal mortality rate has experienced a slower decline in recent years, standing at 19 deaths per 1000 live births in 2019 compared to 27 deaths in 2015 (<u>HSSP III, 2023</u>). In 2020, HSSPIII reported that under-five mortality was 39 per 1,000 live births compared to 63 per 1000 live births in 2015.

Though there has been marginal progress, adolescent pregnancy remains too high, with nearly one-third (30.8%) of adolescent females beginning childbearing with a high number of complications (HSSP III, 2023). Concerningly, complications from childbirth among adolescent girls between the ages of 15-19 constitute over 20% of the maternal mortality in Malawi (HSSP III, 2023). Access to modern contraception has increased from 38.1% in 2012 to 48.3% in 2019 among all woman, but falls short of targets and barriers to young people's access to family commodities remain.

While the country has made notable progress, greater acceleration required to reach national and global Sustainable Development Goal (SDG) targets. A summary of indicators for maternal, newborn, and child mortality against 2024, 2027, and 2030 targets identified in the Health Sector Strategic Plan 2023 – 2030 alongside the global <u>SDG 2030 targets</u> is provided in Table 1 below.









Table 1: Maternal, newborn, and child mortality indicators against HSSP III and SDG targets

Indicator	HSSP III, 2023	2024 Target	2027 Target	2030 Target	SDG 2030 Global Taregts
Maternal mortality rate per 100,000 live births	349	304	258	213	less than 70 per 100,000 live births
Neonatal mortality rate per 1,000 live births	19	19	18	17	as low as 12 per 1,000 live births
Under-five mortality rate per 1,000 live births	39	50	35	15	as low as 25 per 1,000 live births

Source: Adapted from Health Sector Strategic Plan 2023 – 2030 (HSSP III, 2023).

Commitments for WCAH - findings from the mapping and assessment report

Based on findings from the mapping report on national commitments for WCAH, the Government of Malawi has made over 60 global, regional, and national commitments around maternal, newborn and child health (MNCH), sexual reproductive health and rights (SRHR), and adolescent health and well-being (AHWB). Malawi's commitments are reflected across numerous global and regional platforms and international instruments such as the 25th Anniversary of the International Conference on Population and Development (ICPD+25), Family Planning 2030 (FP 2030), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of Child, the Global Forum for Adolescents, Maputo Protocol, and Abuja Declaration.

To some extent, commitments are also expressed through national legislation such as the Gender Equality Act and Prevention of Domestic Violence Act. Furthermore, commitments to MNCH, SRHR, and AHWB were found within numerous key national policies, strategies, and guidelines such as Health Sector Strategic Plan 2023 – 2030 and National Health Policy 2018–2030.







The mapping of WCAH commitment report fundamentally demonstrated the gap between policy and practice. It is evident that while efforts have been undertaken by the Malawi Government to implement commitments, there is dissonance between policy and implementation. This emanates from a myriad of challenges, including lack of financial resources, health system factors including inadequate human resources, restrictive legal and policy environment at times constrained by competing cultural and religious beliefs, conflicting and contradictory policy, and restricted access to quality information.

For example, the Sexual Reproductive Health Rights Policy and the Education Policy do not allow the provision of contraceptives to learners in primary and secondary schools while in school. Furthermore, where contraceptives are provided, there is a lack of autonomy in the choice of family planning services. For example, most institutions of higher learning provide only condoms within the campuses thus hindering full access to SRHR services. Despite some progress with the 2024/2025 national budget, the Abuja commitment of allocating 15% of the national budget to health has not been realized.

With just five years until 2030, there is now a stronger need to ensure the Government is accountable to its commitments and that partners stand ready to support implementation.

CAAP Advocacy Goals for WCAH

As noted above and in line with the CAAP process, based on the findings from the mapping of WCAH commitments in consultation with the MSP, five advocacy goals have been identified to improve the quality and implementation of existing MNCH, SRHR, and AHWB national commitments. The first advocacy goal transcends WCAH and is classified as a crosscutting advocacy goal. The remaining advocacy goals, while inherently crosscutting, have a targeted focus on MNCH, SRHR, and/or AHWB.









Table 2: Summary of Advocacy Goals

Goal; Thematic area	Description
Goal 1: Increase health financing Crosscutting Commitments addressed: Abuja Declaration, ICPD+25, ICPD+25	Government to honour the Abuja declaration to allocate 15% of national budget towards health. Within the national health budget, Ministry of Health to increase reproductive maternal, neonatal, child and adolescent health budgetary allocation to 30% by 2030.
Goal 2: Reduce maternal, newborn, and child mortality MNCH Commitments addressed: ICPD+25, 2024 World Health Assembly MNCH resolution	Government of Malawi to accelerate progress in reducing maternal, newborn and childbirth mortality, guided by the implementation of the 2024 World Health Assembly MNCH resolution.
Goal 3: Reduce unmet family planning needs SRHR Commitments addressed: ICPD+25	Ministry of Health to reduce unmet family planning needs for all women to below 11% by 2030.
Goal 4: Reduce teen childbearing and end child marriage AHWB/ SRHR Commitments addressed: FP2030; Global Forum for Adolescents; ICPD+25	Malawi to reduce teen childbearing from 29% to 20% and end child marriages by 2030.
Goal 5: Ensure youth representation in decision making bodies AHWB Commitments addressed: ICPD+25	Government to include 30% representation of youth in decision-making bodies.

Priority activities to support the achievement of these goals are provided in Table 3 below.





Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones	Linked accountability mechanisms, as applicable
Advocacy Goal 1: Increase health financing Crosscutting				% of national budget towar th budgetary allocation to 3	ds health. Within the national healow by 2030.	alth budget, Ministry of H	lealth to increase
Develop the situation analysis summary, advocacy roadmap (including advocacy asks) and business case on increasing national budget for health to guide engagement with the Ministry of Finance and the Parliamentarian committee.	Minister of Health and the Director of Reproductive Health Services	Director of Planning and Policy Development (DPPD) in the Ministry of Health	MHEN	Amref HREP SRHR Alliance SAT Malawi Oxfam Palladium Malawi	Situation analysis summary Advocacy roadmap (including advocacy asks) Business case for budget increase	August 2024 – December 2026 Situational analysis complete by Dec 2025 Roadmap: developed by Dec 2025	Abuja declaration Health Financing TWG and Safe Motherhood TWG
Advocacy meeting with the Minister of Finance and Budget Director to push for an increase allocation to Ministry of Health budget to 15% by 2030 by presenting the situation analysis summary and business case for budget increase	Minister of Finance	Minister of Health Budget Director Chairperson – Health Parliamentary Committee	Amref	MHEN HREP SRHR Alliance	Situation analysis summary Business case for budget increase	August 2024 – December 2026 Minister of Finance commit to a scale up plan for the health budget allocation	Abuja declaration Health Financing TWG and Safe Motherhood TWG





Table 4: Malawi Collaborative Advocacy Action Plan

Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones	Linked accountability mechanisms, as applicable	
Advocacy meeting with the Parliamentary Committee on Health to push for a 15% Ministry of Health budget allocation during the budget consultations in Parliament	Chairperson of Health parliamentary committee	Minister of Health	Amref	MHEN HREP SRHR Alliance	Situation analysis summary Business case for budget increase	August 2024 – December 2026 Health Parliamentary Committee Chairperson presents on the need to increase MOH budget in a budget parliament session	Abuja declaration Health Financing TWG and Safe Motherhood TWG	
Advocacy Goal 2: Reduce maternal, newborn, and child mortality Government to honour the Abuja declaration to allocate 15% of national budget towards health. Within the national health budget, Ministry of Health to increase reproductive maternal, neonatal, child and adolescent health budgetary allocation to 30% by 2030. MNCH								
Advocate for a clear national roadmap for reducing maternal, newborn, and child mortality in consultation with members of the MSP and government stakeholders and produced by the Ministry of Health. Clear targets identified.	Minister of Health and the Director of Reproductive Health Services	Director of Planning and Policy Development (DPPD) in the Ministry of Health	Amref	FPAM SRHR Alliance SAT Malawi Oxfam Palladium Malawi	Roadmap development support on driving change for MNCH. Consultative meetings organized. Research conducted including situational analysis on maternal, newborn, and child mortality (enabling evidence informed roadmap in addition to lived experiences).	Jan 2025 – Dec 2025 Accelerated plan of action for reduction of maternal, newborn and child mortality Dissemination of the plan to development partners, business sector and CSOs.	ICPD+25 Safe Motherhood TWG	





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Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones	Linked accountability mechanisms, as applicable
Coordinate an annual citizen hearing on maternal, newborn, and child mortality to share successes and what works well and identify bottlenecks and challenges to be addressed	Director of Reproductive Health Services	Office of the Ombudsman Director of Quality Management		Her Liberty SRHR Alliance Palladium Malawi	Documentation of outcomes and recommendations	Office of the Ombudsman makes a statement to ensure citizen concerns are addressed	
Parliamentarian hearing on maternal, newborn, and child mortality, with focused attention on budgetary increase for WCAH.	Director of Reproductive Health Services	Office of the Ombudsman Director of Quality Management	MHEN	Amref HREP Youth Wave Her Liberty SRHR Alliance Palladium Malawi	Documentation of outcomes and recommendations	Jan 2025 – Dec 2025 The Parliamentary Chairperson on Health presents the findings to a Parliament session	ICPD+25 Safe Motherhood TWG
Support health journalists to amplify advocacy on MNCH, including focused attention on antenatal and postnatal visit attendance. Leverage social and traditional media platforms.	Director of Reproductive Health Services	Office of the Ombudsman Director of Quality Management	SRHR Alliance	Amref HREP MHEN Youth Wave Her Liberty SRHR Alliance Palladium Malawi	Health journalist and influencer workshop Radio campaign, on MNCH, broader socialization around antenatal and post-natal visits. Community site visits	Jan 2025 – Dec 2025 Increased media articles on MNCH advocacy	CPD+25 Safe Motherhood TWG





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Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones	Linked accountability mechanisms, as applicable			
Advocacy Goal 3: Reduce unmet family planning needs SRHR	Ministry of Health to	Ministry of Health to reduce unmet family planning needs for all women to below 11% by 2030.								
Advocate for and support the Ministry of Health to develop a roadmap for reducing the unmet needs for all women to below 11% by 2030	Director of Reproductive Health Services	Director of Planning and Policy Development	Family Planning Association of Malawi (FPAM)	Amref MHEN HREP SRHR Alliance	Benchmarking summaries of other countries	July 2024 – June 2025 Roadmap developed and disseminated with key stakeholders	ICPD+25 Family Planning Sub TWG			
Advocacy Goal 4: Reduce teen childbearing and end child marriage AHWB/ SRHR	Malawi to reduce teen childbearing from 29% to 20% and end child marriages by 2030.									
Advocate for and support the Ministry of Health to develop a clear roadmap and coordination systems for the reduction of the teen childbearing from 29% to 20% by 2027	Director of Reproductive Health Services	Director of Planning and Policy Development	Family Planning Association of Malawi (FPAM)	Amref MHEN HREP SRHR Alliance	Benchmarking summaries of other countries	July 2024 – June 2026 Roadmap and a coordination matrix developed	ICPD+25 Gender TWG Youth TWG Family Planning Sub TWG			
Advocacy and coordination meeting of the Ministry of youth, Ministry of Education, Ministry of Gender, Ministry of Justice and Ministry of Health on teen childbearing to agree on coordination mechanisms and collaboration	HR Directors in the two Ministries Director of Statutory Corporations	Principal Secretary in the earmarked Ministries	HerLiberty	Amref MHEN HREP SRHR Alliance	Benchmarking summaries of other countries	July 2024 – June 2027 Board lists of statutory corporations have 30% youth representation	ICPD+25 Youth TWG			





Activity	Decision-Makers	Influencers	Coordinating partner	Contributing Organization(s)	Non-financial Resources	Timeline/ Milestones	Linked accountability mechanisms, as applicable
Advocacy Goal 5: Ensure youth representation in decision- making bodies AHWB	Government to inclu	ide 30% representa	tion of youth in deci	ision-making bodies includii	ng Ministries, Departments and A	gencies (MDAs)	
Advocate for and support the Ministry of Health to develop a roadmap for reducing the unmet needs for all women to below 11% by 2030	Director of Reproductive Health Services	Director of Planning and Policy Development	Family Planning Association of Malawi (FPAM)	Amref MHEN HREP SRHR Alliance	Benchmarking summaries of other countries	July 2024 – June 2025 Roadmap developed and disseminated with key stakeholders	ICPD+25 Youth TWG
Advocacy and coordination meeting of the Ministry of youth, Ministry of Education, Ministry of Gender, Ministry of Justice and Ministry of Health on teen childbearing to agree on coordination mechanisms and collaboration	Minister of Health	Principal Secretary in the earmarked Ministries	HerLiberty	Amref Youth Wave FPAM	Coordination matrix	Jan 2025 – December 2026 Coordination matrix adopted by all the earmarked government Ministries	ICPD+25 Gender TWG Youth TWG Family Planning Sub TWG
Advocacy meeting with the Public Service Commission to ensure that they approve 30% youth representation in high level Government appointments including Embassy positions	Commissioner for Public Service Commission	Director of Youth	Youth Wave	Amref MHEN HREP SRHR Alliance	Benchmarking summaries of other countries	Oct 2024 – June 2026 List of Government high level appointments with 30% youth representation	ICPD+25 Youth TWG







ANNEX 1: LIST OF ORGANIZATIONS INVOLVED AND/OR CONSULTED IN THE DEVELOPMENT OF CAAP

A special note of appreciation is extended to the Ministry of Health's Reproductive Health Services Directorate for their consultation throughout the CAAP process and stewardship of the <u>recently</u> established MSP to review national commitments on an annual basis.

Thanks are also shared to the following organizations for their input on the CAAP processes and participation in the MSP:

- Center for Human Rights and Rehabilitation (CHRR),
- Center for Youth Empowerment and Civic Education (CYECE)
- Health Rights Education Program (HREP)
- HerLiberty
- Last Mile Health
- Malawi Health Equity Network (MHEN),
- Malawi Human Rights Resource Centre (MHRRC)
- Malawi Network of AIDS Organizations (MANASO)
- Oxfam Malawi, Family Planning Association of Malawi (FPAM)
- Palladium Malawi
- Plan International Malawi
- SAT Malawi
- SRHR Alliance
- Youth Wave

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For further exchanges on CAAP implementation, MSP membership and PMNCH country partners, please go to <u>Malawi Country Digital Advocacy Hub</u>. Share your interest in joining the CAAP initiative with <u>pmnch@who.org</u>.













