

# Malawi

## Aligning Donor and Government Sexual and Reproductive Health Financing and Priority Setting



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### 60 Second Summary

The Malawi Ministry of Health developed an Operational Plan for the annual Health Sector Strategic Plan II to strengthen aid coordination, donor alignment and government financing for sexual and reproductive health (SRH) and universal health coverage. The plan integrates planning information across the health sector, providing a consolidated and updated list of unfunded health sector priorities to partners to guide their investments. SRH comprises of 10% of the total activity costs. Government and donor alignment must include more granular alignment against specific costed SRH activities, and partner activities must be tailored to each district's SRH context and priorities.



### Sexual and Reproductive Health Challenge

To shift the country towards achieving universal health coverage (UHC), the Government of Malawi has developed the Health Sector Strategic Plan II (HSSP II) for 2017–2022, which defines which SRH services should be provided to the population for free as part of the Essential Health Package.

In Malawi, donors provide 77% of health funding and nearly 99% of all SRH funding. The donor landscape is fragmented, with 115 financing sources and 227 implementing partners, leading to inefficiencies and difficulties in aligning and tracking programming. The challenge is further compounded by fragmented and overlapping strategic plans, which hinders the clear identification of sector-wide priorities for UHC and SRH.

Furthermore, priorities are often set at the national level without adequate consultation with district health management teams, leading to SRH programmes that are poorly aligned to each district's specific SRH context and priorities.



## Malawi's Sexual and Reproductive Health–Universal Health Coverage Intervention

To strengthen aid coordination for SRH and UHC, the Ministry of Health (MOH) developed the annual Health Sector Strategic Plan II (HSSP II), Operational Plan with technical support from the Clinton Health Access Initiative (CHAI). The Operational Plan aims to integrate planning information across the sector and provide a consolidated, routinely updated list of unfunded health sector priorities to help guide partner investments. SRH is a prominent component of the plan, representing 10% of the total activity costs.

The HSSP II Operational Plan consolidates 43 data sources and over 37 000 activities at the national and district levels to provide a comprehensive overview of health sector priorities and funding gaps. All activities are mapped and consolidated into a single consistent framework and database, including linkage to the HSSP II objectives, the geography of implementation, funding status, cost and priority status for unfunded activities. Launched in 2020, subsequent revisions by the Ministry of Health (MOH) and Clinton Health Access Initiative (CHAI) staff have been released annually. A dissemination road map is developed to ensure that results are subsequently shared with relevant government and donor stakeholders.



## Sexual and Reproductive Health-Universal Health Coverage Outcomes

### Success

- By fully integrating SRH into the broader, UHC-oriented Health Sector Strategic Plan II (HSSP II) Operational Plan, the Ministry of Health (MOH) has reduced the fragmentation in the planning, coordination and decision-making processes for Malawi's scarce financial resources.
- The HSSP II Operational Plan quantified US\$ 739 million in unfunded activities for the health sector, including US\$ 54 million in unfunded activities specifically for SRH. As a result, the MOH Reproductive Health Directorate can now leverage the HSSP II Operational Plan to support the coordination of its many partners, rather than relying on siloed, vertically driven coordination structures that are not clearly embedded within the broader UHC agenda.
- Ensuring that District Implementation Plans are fully integrated into the Operational Plan facilitates national-level visibility into each district's unique SRH priorities and funding gaps, thereby increasing the likelihood that future SRH partner activities will be better tailored to each district's context and within decentralized frameworks.

### Challenges

There is a need to continuously ensure the uptake of the HSSP II Operational Plan into routine decision-making by SRH development partners. To mitigate the challenge, the MOH will continue to map partner funding cycles and conduct bilateral engagements with key SRH partners, to identify entry points and inform partner decision-making around resource allocation for SRH and UHC.

## Lessons

- Government and donor alignment must go beyond consensus on high-level objectives and include more granular alignment against specific costed SRH activities, especially at the district level to ensure partner activities are tailored to each district's specific SRH context and priorities.
- Fragmented and overlapping strategic plans for SRH, UHC and other vertical programmes make it difficult to identify overall priorities clearly. This is temporarily addressed by consolidating all sub-sectoral plans into the HSSP II Operational Plan. However, reducing the fragmentation of strategic plans moving forward and ensuring that all health systems and programmatic priorities are well reflected in the forthcoming HSSP III will be critical for ensuring strategic clarity in the health sector.

## Sources

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