

# Increasing access to key reproductive health and newborn commodities in Malawi

## THE BIG PICTURE

Over the last decade, Malawi has made significant progress in reducing preventable maternal and child deaths. However, mortality rates remain alarmingly high, especially in rural areas, due in part to a lack of access to basic medicines and health technologies. The Malawi Essential Medicines List (EML) is a policy that describes what medicines should be available in health clinics across the country. Beginning in May 2014, a local civil society organization in Malawi called Health and Rights Education Program (HREP) received support from PATH to coordinate a group of advocacy partners, including the United Nations Population Fund (UNFPA), to petition Malawi's Ministry of Health to add four key essential reproductive and newborn health commodities and technologies to the country's EML. In January 2015, the EML was successfully revised to include the four commodities. The list's update is a critical policy advance that now creates the foundation for widespread introduction and distribution of these high-impact, lifesaving commodities to women and children throughout the country.

## IDENTIFYING THE POLICY CHALLENGE AND OPPORTUNITY

Malawi faces myriad challenges to the health of its women and children. The country currently suffers the highest rate of premature births in the world, and millions of women lack access to basic obstetric and neonatal care. Maternal mortality is high and contraceptive coverage remains low, with more than half of all pregnancies in Malawi unintended in 2013.

In the midst of these challenges, the government of Malawi has pledged to improve reproductive, maternal, newborn, and child health by signing onto a number of key global commitments. These include: the United Nations-sponsored *Every Woman Every Child* movement, which calls on multiple sectors to address the major health challenges facing women and children; Family Planning 2020 (FP2020), which focuses on increased accessibility and delivery of contraceptives; and the Every Newborn Action Plan, which prioritizes improved access to newborn health commodities.



PATH/Amy Gottlieb

Malawi's Essential Medicines List now contains all 13 lifesaving commodities for women and children, including oral rehydration solution (ORS) to treat children with severe diarrhea.

In 2012, Malawi also became a signatory to the United Nations Commission on Life-Saving Commodities (UNCoLSC), a global initiative related to *Every Woman Every Child* that provides a blueprint for increasing access to and use of critical health supplies in countries where the highest numbers of women and children die each year. The guidelines include ten recommendations for the adoption and distribution of 13 important reproductive, maternal, newborn, and child health commodities. Despite multiple commitments, however, the government of Malawi had not yet made all of these commodities available to its women and children as of 2014.

In May of that year, HREP decided to address the situation by coordinating civil society partners to compel the government to honor its commitments to the UNCoLSC, FP2020, and the Every Newborn Action Plan. The group first conducted an analysis of options and developed an advocacy strategy to persuade the Ministry of Health (MOH) to make updates to the country's EML, which had not been updated since 2009 and did not reflect the most recent WHO recommendations and global best practices. The Malawi EML is an important document that guides the country's national drug policy and details safe and cost-effective medicines that should be widely available. It also provides a basis for the Malawian government to apply for funding and support from donors and partners for those medicines.

While nine of the UNCoLSC-recommended commodities were already on the list, four essential reproductive and newborn commodities were absent: newborn resuscitation devices, antenatal corticosteroids, injectable antibiotics for newborn sepsis, and contraceptive implants to prevent unintended pregnancy. The group of advocates identified updating the list as a critical first step to ensure that the missing commodities could be purchased and distributed.

## IMPLEMENTING THE STRATEGY

Alongside the other advocates, HREP began by conducting meetings with government decision-makers about the need to update the list to improve access to and availability of the 13 lifesaving commodities. Government decision-makers were supportive but slow to move the issue forward. To accelerate progress, HREP and its partners prioritized building and leveraging relationships with key government decision-makers—particularly the new officials who joined the MOH in the wake of 2014's national elections and whom the advocates hoped would support the EML update. Even through this change in leadership, they kept the initiative alive by consistently holding meetings, presenting evidence to internal stakeholders, and encouraging more officials to support the initiative.

The advocates also knew that highlighting the issue to the public through the media could be a vehicle for increasing attention on reproductive, maternal, newborn, and child health issues. They coordinated a petition signed by more than a dozen civil society organizations that called for an update of the EML and shared the petition with both the MOH and the media. Through a series of press conferences and journalist briefings, the effort was covered by all of the Malawi daily newspapers and on various radio programs. As attention by the



By highlighting the issue to the public through media outlets such as newspapers, the advocates brought increased attention on reproductive, maternal, newborn, and child health and generated support for updating the list.

public—including health workers around the country—increased, reproductive health and health planning officials and other government stakeholders began expressing their support for the updates to the list.

### ACHIEVING THE POLICY GOAL

In January 2015, the MOH updated its EML, adding the missing commodities to the list. Secretary of Health Chris Kang'ombe announced the updates, which were covered extensively by the local media. Mr. Kang'ombe also publicly committed to widely disseminating guidelines for health workers and orienting them to the new additions.

As of May 2015, the MOH is drafting guidelines for implementation of the revised EML. The group of advocates has turned its focus toward holding the government accountable to its commitment, with HREP monitoring follow-ups to ensure that the list's directives are translated into action by the government. Through this sustained advocacy, HREP and its partners are helping to fulfill the goal of providing access to these lifesaving medicines and commodities for all women and newborns across Malawi.

### FACTORS FOR SUCCESS

**Influencing behind-the-scenes policy documents can be a critical step for enacting change.** While the EML is not one of the government's most visible policy directives, updating this list, which helps create a basis for the country's drug distribution policy, is one of the most critical actions a government can take to ensure continued improvements in reproductive, maternal, newborn, and child health.

- **Building and utilizing relationships with key decision-makers can be a major asset.** HREP and its partners, including UNFPA in Malawi, had strong relationships with government officials. As a result, they were able to surmount the challenges caused by a change in political power and gain immediate entry with new officials to continue to move the issue forward.
- **Utilizing the media can help increase momentum and bring more supporters to the forefront.** Advocates found that increasing public attention to the issue inspired more support and encouraged the government to complete the updates quickly.



### PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue
- State the policy goal
- Identify decision-makers and influencers
- Identify the interests of the decision-makers and influencers
- Clarify opposition and potential obstacles facing your issue
- Define your advocacy assets and gaps
- Identify key partners
- State the tactics you need to reach your goal
- Define your most powerful messages
- Determine how you will measure success

*For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyimpact>*



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