2025 ANNUAL REPORT

WHO Malawi Country Office

World Health Organization
Malawi

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COMPREHENSIVE ANNUAL REPORT,
Malawi, June 2025

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WHO MALAWI COUNTRY OFFICE 2025 ANNUAL REPORT

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country cooperation strategy

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Acronyms

AFRO	WHO African Region
AMR	Antimicrobial resistance
CCS	Country cooperation strategy
CHAM	Christian Health Association of Malawi
CSOs	Civil society organizations
DALYs	Disability adjusted life years
DHS	Demographic health survey
EPR	Emergency preparedness and response
GDP	Gross domestic product
GPW	General Programme of Work
HIS	Health information systems
HNAPs	Health national adaptation plans
HRH	Human resources for health
HSSP	Health sector strategic plan
ICT	Information and communications technology
IDSR	Integrated disease surveillance and response
IHR (2005)	International Health Regulations (2005)
JEE	Joint external evaluation
KPIs	Key performance indicators
MICS	Multiple indicators cluster survey

MoH	Ministry of health
NCDs	Noncommunicable diseases
NGO	non governmental organization
NSAs	Non-State actors
NSO	National Statistical Office
PHC	Primary Health Care
PHEs	Public health emergencies
PoES	Points of entry
NTDs	neglected tropical diseases
SDGs	Sustainable Development Goals
SPAR	IHR (2005) State Party Self-Assessment Annual Report
UHC	universal health coverage
UN	United Nations
UNDP	Health sector strategic plan
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	water, sanitation and hygiene
WASH FIT	Water and Sanitation for Health Facility Improvement Tool
WCO	WHO country office
WHO	World Health Organization

Foreword

DR CHARLES KURIA NJUGUNA
WHO Representative a.i

As I reflect on the year 2025, I am struck by the extraordinary resilience and collective determination that defined the health sector in Malawi. This was a year of consolidation, a time when we did not merely respond to crises but worked deliberately to build stronger foundations for the future.

In the face of persistent fiscal constraints, recurring climate related shocks, and a series of public health emergencies, the partnership between the World Health Organization and the Government of Malawi through the Ministry of Health and Sanitation grew deeper, more strategic, and more impactful.

Guided by the Health Sector Strategic Plan III (2023–2030) and the principles of One Plan, One Budget and One Monitoring and Evaluation Framework, we made significant strides in aligning partner investments, optimizing limited resources, and sustaining critical interventions across the entire continuum of care. These mechanisms were not bureaucratic exercises; they were lifelines that ensured every Kwacha was directed where it was needed most.

These achievements highlighted in this report were made possible with the dedication of Malawi's healthcare workforce who work tirelessly, often in the most challenging conditions, to protect the health of their communities. I extend my deepest gratitude to them, the Ministry of Health and Sanitation for its steadfast leadership, and to our donors for their financial support, development partners, civil society organizations, and communities for their unwavering collaboration and financial support.

As we look ahead, the unfinished agenda remains clear, We must continue strengthening health systems investing in the health workforce, improving supply chain, advancing health financing reforms, and ensuring that data and digital tools empower decision-makers at every level. The road toward universal health coverage, stronger health security, and healthier populations for all Malawians is a long one. But if 2025 has taught us anything, it is that when we work together with shared vision, mutual accountability, and a commitment to leave no one behind we can achieve the extraordinary. I invite you to read this report with a sense of pride in what we have accomplished and a renewed commitment to the journey ahead.

Dr. Charles Kuria Njuguna
WHO Malawi Representative a.i

Executive Summary

The year 2025 was defined by a dual imperative for Malawi's health sector: sustaining essential services amid persistent challenges while advancing the structural reforms needed for long term resilience. Against a backdrop of fiscal tightening, climate-related disruptions, and recurrent disease outbreaks, the World Health Organization worked hand-in-hand with the Ministry of Health and Sanitation to protect population health and accelerate progress towards implementation of the Health Sector Strategic Plan III (2023–2030).

Malawi developed its first fully costed five-year National Action Plan for Health Security, a multisectoral roadmap grounded in the International Health Regulations that shifted the country from reactive, fragmented investments toward a cohesive, risk-informed approach to preparedness. Malawi became the 62nd country globally to undertake the Quadripartite National Bridging Workshop and responded effectively to seven concurrent public health emergencies reaching over 10 million people including Cyclones Jude and Chido, cholera containment within six months, and the first-ever Mpox Treatment Centre established at Kamuzu Central Hospital within 48 hours of the first confirmed case. Mpox testing achieved 99.6% coverage the highest in the WHO African Region. Malawi became the first country in the African region and second globally to implement a comprehensive Nationwide AMR Burden Survey enrolling 10,226 patients, while reducing blood culture turnaround time from 14 to 4 days and securing endorsement of the Second National AMR Action Plan (2025–2030). WHO supported strengthened surveillance, expanded laboratory and genomic capacities, timely deployment of vaccines and supplies, and enhanced coordination at national and district levels, enabling rapid detection and containment that minimized impact on vulnerable communities. These experiences reaffirmed that anticipatory, risk-informed preparedness is no longer a luxury, it is a necessity. The institutionalization of the One Health approach also gained momentum, fostering deeper collaboration across human, animal, and environmental health sectors. This integrated model proved its value as Malawi confronted multiple outbreaks, including cholera, measles, and mpox.

In Disease Prevention and Control, routine immunization coverage remained high with DPT3 at 94% and MR1 at 89%, the historic HPV Multi-Age Cohort Campaign where over 2.27 million adolescent girls (91% national coverage) were vaccinated in a single week, and over 18,000 health workers trained nationwide using the WHO/UNICEF Immunization in Practice curriculum. Malawi maintained high routine coverage while expanding outreach to underserved populations. The National Human Papillomavirus multi-age cohort vaccination campaign reached over two million adolescent girls in a single, well-coordinated effort a historic milestone accelerating progress toward cervical cancer elimination. WHO provided technical leadership in campaign design, health worker training, data systems strengthening, and real-time monitoring, demonstrating that adolescent immunization at scale is both feasible and impactful. Malawi achieved the historic 95:95:95 UNAIDS targets even amid major US government funding withdrawal. A landmark Female Genital Schistosomiasis study revealed 32% prevalence among women of reproductive age providing critical evidence for targeted NTD interventions. Malawi was recognized as one of the leading PEN-Plus implementation countries in Africa at ICPPA 2025, with three new districts integrating PEN-Plus services for severe NCDs while cervical cancer clinical guidelines were revised incorporating WHO's 90-70-90 elimination targets.

Health systems strengthening remained the central thread across all engagements. WHO supported health workforce planning and deployment, quality improvement initiatives, essential medicines and supply chain management, health financing reforms, and people centred, integrated service delivery models. WHOs efforts in strengthened the Stepwise National Quality Improvement Program across 29 districts, enhanced Maternal and Perinatal Death Surveillance and Response in 90 high-volume facilities across 18 districts, facilitated the training of over 1,000 nurse midwives and clinicians in emergency obstetric and newborn care, and enhanced roll out of the E-MOTIVE bundle for postpartum hemorrhage management in 180 health facilities, consequently improving Quality of Care within the health facilities. Complimentary investments in strategic health information and digital tools enhanced the government's capacity to track progress, identify gaps, and make evidence-informed policy decisions.

As Malawi continues implementing the HSSP III amid evolving challenges, WHO remains firmly committed to supporting the Government and people of Malawi in building resilience, protecting hard-won gains, and advancing health for all leaving no one behind.

Photo : **DR NEEMA KIMAMBO,**
WHO Representative, with The Minister of Health
and Sanitation, **Hon. Madalitso Baloyi, MP**


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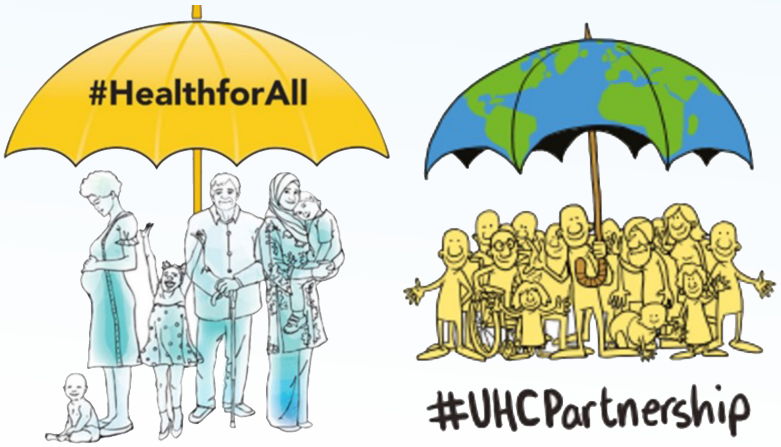
1. Health Systems and Services

Background

The Malawi Health Sector Strategic Plan III (2023–2030), themed "Reforming for Universal Health Coverage," is well aligned with the Government's commitment to achieving Universal Health Coverage (UHC) and ensuring that no one is left behind. The Plan is fully anchored in the Primary Health Care Operational Framework, the Sustainable Development Goals (SDGs), and national priorities related to health security and climate change resilience. Malawi has recorded moderate progress in selected SDG 3 indicators. Notably, the UHC Service Coverage Index improved modestly from 48 per cent in 2021 to 52 per cent in 2023. However, the attainment of SDG 3 and UHC targets by 2030 remains contingent upon adequate and sustainable financing, as well as a well-trained, motivated, and equitably distributed health workforce capable of delivering essential health services across all levels of care.

The current health workforce density stands at 8 health workers per 10,000 population, which remains significantly below the WHO benchmark of 23 per 10,000 population. In addition, the health system continues to rely heavily on external financing, with development partners contributing approximately 47.3 per cent of total health expenditure. Government allocation to the health sector, at 9.2 per cent of the national budget, remains below the Abuja Declaration target of 15 per cent. At the same time, out-of-pocket expenditure has increased from 11.7 per cent in 2019 to 13.2 per cent in 2022, posing a barrier to equitable access to quality health services, particularly for vulnerable populations in both urban and rural settings across the life course. In line with the governance reforms under the Health Sector Strategic Plan III including the One Plan, One Budget, One Monitoring and Evaluation Framework, the World Health Organization (WHO), in collaboration with partners, continues to advocate for increased and sustainable domestic financing for the health sector. Strengthening domestic resource mobilization is essential to achieving improved health outcomes and advancing progress towards UHC and SDG targets.



Acceleration towards achieving Universal Health Coverage and SDG3 by 2030

With only five years remaining to 2030, Malawi must intensify efforts to achieve SDG target 3.8. This includes expanding access to quality and equitable essential health services by focusing on high-impact interventions and strengthening financial risk protection so that individuals and families are not pushed into poverty by healthcare costs.

Progress will require increased investment in resilient health systems, including improving service coverage (that is, ensuring that more people can access the health services they need) and strengthening capacities to prevent, detect and respond to public health emergencies. It will also require sustained action to address the social determinants of health and the impacts of climate change. Through the implementation of the Thirteenth General Programme of Work (GPW13), WHO will continue to align with and support the Health Sector Strategic Plan III (HSSP III) 2023–2030, accelerating progress towards national health sector outcomes and overall impact.

1.1 Leadership and Governance

Alignment under the HSSPII III leadership and governance Reform

Each year, the Ministry of Health develops a "One Plan" to guide and coordinate health sector investments in collaboration with partners. This approach aims to ensure that all efforts are aligned with national priorities, under the principle of one shared plan, one coordinated budget, and one common system for monitoring and reporting results.

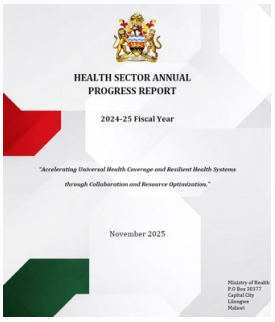
Currently, the plan captures almost 80% of the activities and targets of the country's eleven major health donors, with most of these already aligned to Ministry priorities. Continued efforts are being made to achieve full alignment, strengthen coordination, and maximize the impact of all health sector investments.

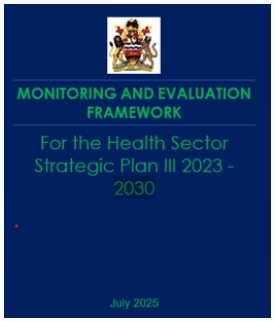
WHO ACTION	OUTPUT	COUNTRY IMPACT
Co-chaired 3 TWGs Technical Working Groups	Strategic policy and technical guidance across all nine reform pillars	Government-aligned One Plan, One Budget, One M&E framework operational
Facilitated Joint Annual Health Sector Performance Review	2025/26 One Plan developed; HSSPIII M&E framework finalized	Transparent, results-based accountability at national level
Facilitated Health Development Partners Group (HDPG) functionality	Updated TORs, monthly agendas, Lusaka Agenda alignment	Coordinated partner financing and technical assistance across HSSPIII reforms

Key achievements/Investments

Enhanced strategic guidance to implement the nine HSSPIII reforms

WHO and other partners supported the development of the 2025/26 HSSPIII One Plan document, finalized the HSSPIII M&E framework, and finalized the 2024/25 Annual Health Sector Performance report with demonstrable progress, outcomes and impact under the nine HSSPIII reforms: Service Delivery, Environment and Social determinants of Health, Infrastructure and Equipment, Health Workforce: Supply Chain, Digital Health, Leadership and Governance, and Health Financing. The results under each HSSPIII reform are elaborated in the 2024/25 Annual Health Sector Performance Report and the WHO's strategic contribution within this report.





Functionalized national Technical Working Groups:

WHO co-chaired three technical working groups (TWGs) and provided strategic policy and technical guidance under the eight HSSPIII TWGs: Client Treatment and Management, Social and Environmental Determinants of Health, Human Resources for Health, Supply Chain, Health Infrastructure and Equipment, Digital Health, Information Systems and Reporting, Health Financing, and Leadership and Governance. The TWGs provided a platform for coordination of MoH directorates, health donors, and implementing partners' investments at national and decentralised levels, and aligned with the HSSPII nine reforms and One Plan.

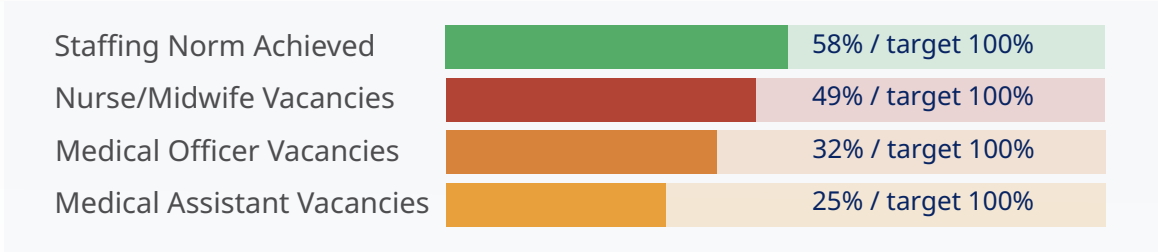
Enhanced coordination of Health Development Partners within HSSPIII and the Lusaka Agenda

The WHO facilitated the functioning of the Health Donor Group by updating its terms of reference, facilitating monthly meeting agendas, keeping abreast of progress on the HSSPIII reforms, supporting the functional health emergency preparedness and response subgroup, and coordinating within the Lusaka Agenda's five strategic shifts. The HDPG renewed its momentum in the prioritized strategic areas under Governance and Accountability, Health Financing, Primary Health Care, Emergency Resilience, and Multisector Convergence.

1.2 Investment in the Health Workforce

The WHO supported the MoH to implement the health workforce strategies outlined in the Human Resources Operational Plan 2024-2030. With this technical and financial support, the HSSPIII reform progressed under: Evidence-based matching of health workforce supply and demand; performance management; integrated CPD and harmonized in-service training. Since 2022, Malawi has increased the overall minimum staffing norm from 51% to 58% in 2024, with recruitment and deployment across all cadres increasing by 38.7%.

To fully deliver the essential health package, the country needs to address the high vacancy rates of 40% for Nurse/Midwife Technicians and significant shortages for Medical Officers/Specialists (32%) and Medical Assistants (25%).To address these gaps, the Ministry of Health is working with WHO to standardize its report on Health Labour Market Analysis and the Malawi Health Workforce Investment Charter. The resulting evidence will guide long-term policy options for health workforce development, employment, and management and stakeholder engagement.



WHO Representative Dr. Neeema Kimambo with nurses during international day of the midwife

Health Labour Market Analysis (HLMA)

Malawi completed its report on the Health Labour Market Analysis, and the health workforce needs assessment. The comprehensive HLMA report with evidence-based policy recommendations will facilitate a multisectoral technical dialogue to build national cross-sectoral consensus on policy directions for health workforce development, employment, and management in Malawi. Link to the publication.

Enhanced integrated in-service Continuous Professional Development HSSPIII reform

The MOH online CPD Platform attracted over 1500 users in 2025 (62% females), mainly nurse midwives with majority from urban health facilities. The courses on the platform have been expanded from initial modules on quality of care, maternal and newborn care standards, leadership and government, Health information systems to include non-communicable diseases, Adolescent health services, Patient Safety, and community health. The e-Learning platform can be accessed on: **https://elearning.health.gov.mw,**

The virtual platforms increased awareness and actual update of online courses under the WHO Academy and Open WHO with increasing uptake of courses under Health emergencies, Health financing, Inequality monitoring using HEAT and HEAT Plus tools, Data and Digital Health, PHC leadership, among other courses. WHO Academy courses can be accessed on: **https://whoacademy.org**

Technical support to realize health workforce investments

The National Health Workforce Account monthly clinics, and regional WHO meetings on: Tracking Africa health workforce and operationalization of the Africa Health Workforce Investment charter. The investments facilitated south-to-south sharing of experiences and adaptation of the regional guidance towards a stronger health worker force to achieve its HSSPIII outcomes and impact.

LEADERSHIP VOICE

When midwives are trained, respected and empowered, health systems grow stronger, and every mother and child has a better chance at life. WHO stands with midwives today and every day. Let us move beyond symbolic recognition. Let's act because midwives are not only critical in every crisis. They are essential to every solution.

WHO Country Representative
Dr. Neema Rusibamayila Kimambo

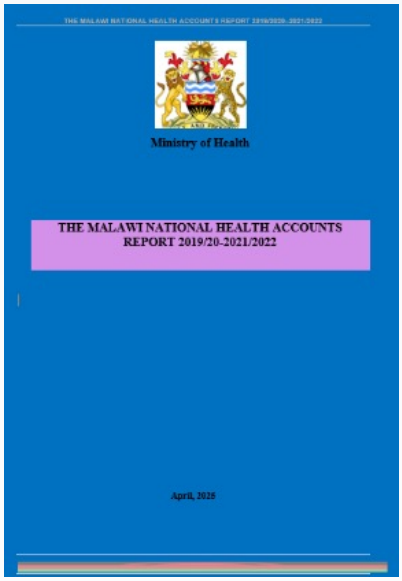
Evidence-based workforce planning through HLMA and NHWA must translate into accelerated government recruitment, deployment to hard-to-reach areas, and increased investment in nursing and midwifery education to close the 40% vacancy gap.

1.3 Sustainable health financing for the health sector

Malawi is among the countries supported in increasing public financing and attaining its health financing and UHC objectives and goals. The health financing goals aim to achieve Universal Health Coverage (UHC) by ensuring all people have access to quality and equitable essential health services without financial hardship.

Malawi needs to annually reduce donor dependence for funding the health sector, currently reduced from 54.4% in 2019 to 47.3% in 2022, reduce out-of-pocket health expenditure for individuals and families, which increased from 11.9% to 13.2%, and increase the budget allocation to the health sector, currently at 9.2 per cent to at least 15% based on the Abuja recommendation to governments on budget allocation.

The reduced external development assistance and shifting global priorities call for prioritization of high-impact interventions, technical and allocative efficiencies across the health system, more pooled funding mechanisms, and strengthening domestic resource mobilization to sustain the delivery of essential health services.



Evidence generated towards a Government-Led and Financed health sector

WHO facilitated the dissemination of the report on National Health Accounts 2019-2022 and NHA Policy Brief among health development Partners, Health Financing Technical Working Group and the MoH Directorate. Within the WHO technical support, the 2025 road map on NHA institutionalization was implemented, finalized Guidelines for District Health Planning 2025-2030 and capacity building in innovative financing. With shared online capacity building courses on Health Financing and National Health Accounts, and countries benchmarked, the country is well equipped to progress its domestic resource mobilization strategy and other health financing reforms.

WHO supported MoH with evidence to facilitate the technical dialogue under the Health Financing HSSPIII reform on: Strategic purchasing. WHO provided technical and financial support to complete, disseminate, and publish the report on the Health Financing Progress Matrix and shared recommendations among partners. The published Health Financing Progress Matrix indicates that the health sector is established under the Health Financing Policy, Process, and Governance, and is emerging under strategic purchasing and provider payment and progressing under revenue raising, Pooling Revenues, benefits entitlements, public Financial Management and Public Health Functions & Programs. The recommendations under each health financing function have been tracked and informed various health financing dialogues and technical assistance plan.

Health technology assessment institutionalized in Malawi

The WHO shared technical guidance for establishing Health Technology Assessment (HTA) in health systems for decision-making and capacity building on how to use HTA in assessing different health technologies. The national HTA task force assessed three HIV technologies and approved Lenacapavir Pre-exposure prophylaxis (LEN PrEP) integration in its HIV prevention strategy. WHO demonstrated technical leadership with active participation in HTA task forces under Client safety and quality, Clinical effectiveness, Cost effectiveness, Economic evaluation, and supply chain.

Capacity built in adapting innovative financing mechanisms in the Malawi conte t

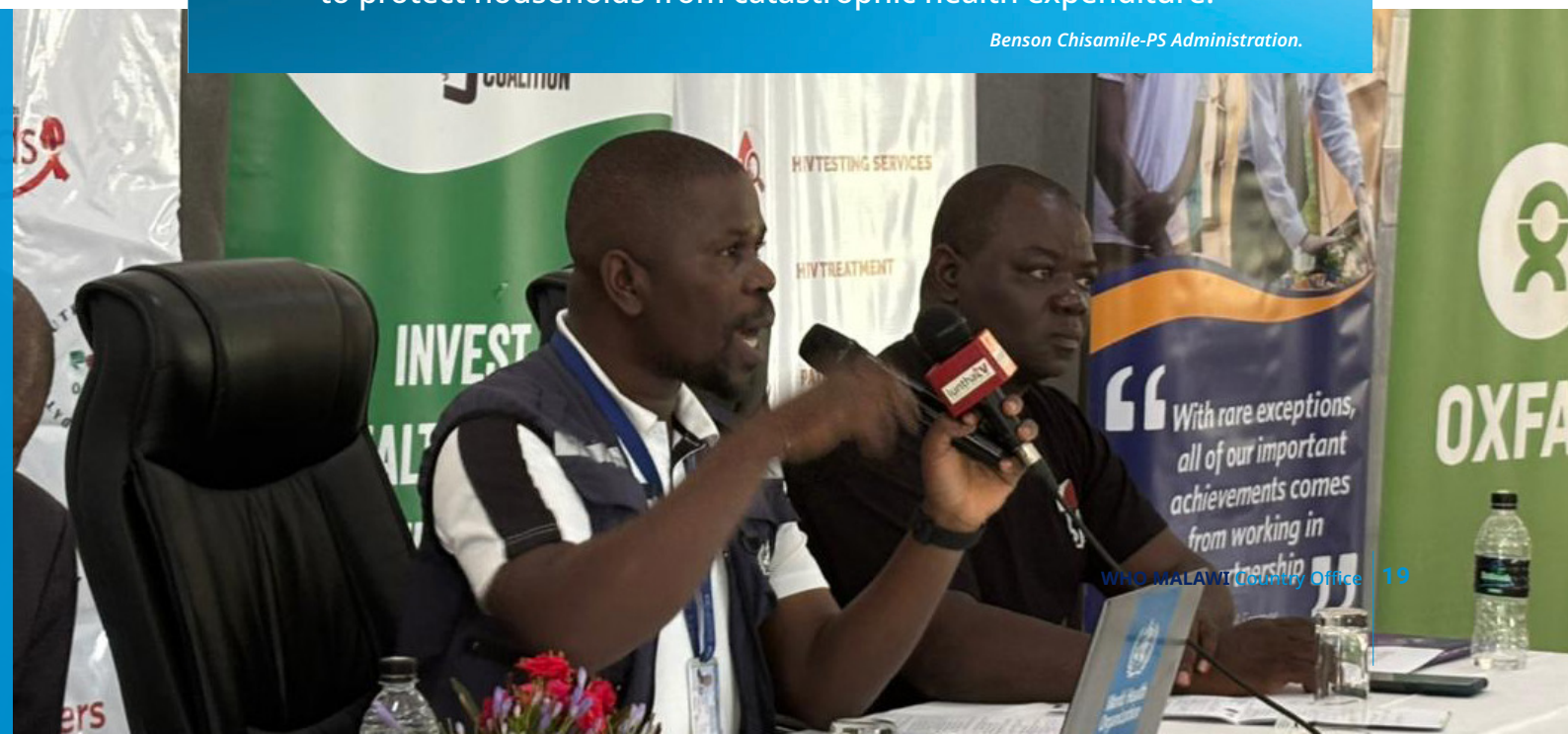
WHO supported Malawi in rethinking and aligning domestic resource mobilization strategies with blended financing approaches through sharing country experiences and partners such as the Global Fund to fight HIV TB and Malaria, World Bank, African Development Bank and the Vaccine Alliance (GAVI).

The regional technical meeting on innovative pathways for health financing for Africa (Pathways for health financing in Africa) financed by WHO, further enriched the south-to-south and north-to-south learning on blended financing models that have been piloted and successfully implemented in developing countries. Within its Domestic Resource Mobilization Roadmap, and national Health Financing Think Tank, Malawi further examined the country contexts in which innovative financing has been implemented to progress its strategic dialogue on sustainable and equitable health financing policies for UHC.

LEADERSHIP IN ACTION

Officiated UHC Day 2025 (December 12) under the theme Unaffordable health costs? We're sick of it!' calling for pooled financing, private-public partnerships, and innovative mechanisms to protect households from catastrophic health expenditure.

Benson Chisamile-PS Administration.



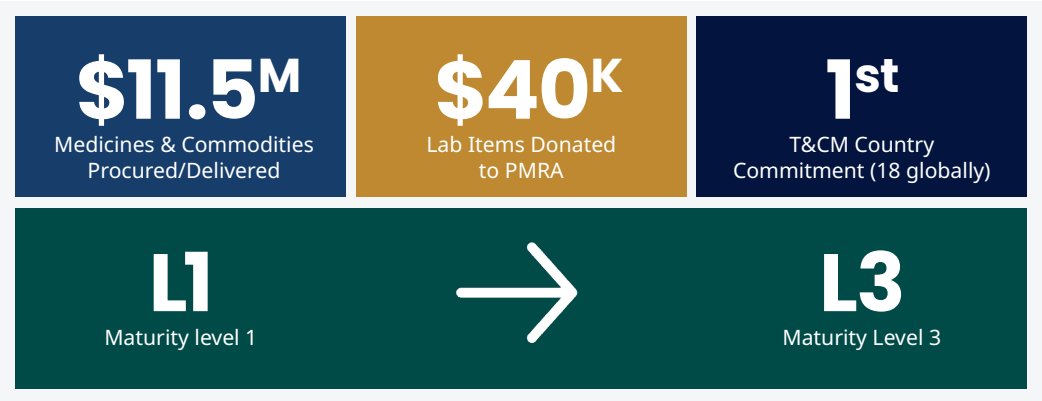
1.4 Essential Medicines, Vaccines, Diagnostics and Devices

The Malawi National Supply Chain Transformation Plan (MNSCTP) 2023–2030 is aligned with the Health Sector Strategic Plan III (HSSP III) supply chain reform agenda, particularly the objective of managing parallel supply chain while progressively working towards greater systems integration through the Central Medical Stores Trust. There is 62% availability of tracer medicines in Malawi health facilities, which is slightly above the 60% recommended index.

This progress has been supported by increased funding allocations from the Government of Malawi and development partners for the procurement of essential medicines, vaccines, and health supplies. WHO, together with other partners, continues to advocate for increased government allocation to the national medicines budget, guided by annual national quantification needs and the country's disease burden. Continued efforts are also being made to reduce pilferage and sustain last-mile delivery of medicines and health commodities.

Increased access to safe, effective, and affordable medicines and supplies based on the model list of essential medicines

The WHO facilitated the technical and financial support to ensure access to safe, effective, and affordable medicines and supplies based on the model list of essential medicines and regulatory strengthening with interventions to combat substandard and falsified medical products, improving the Logistics Supply Chain Management System and its digitalization, actual procurement of essential medicines, laboratory equipment, and emergency commodities valued at over USD 11.5 million to facilitate continuity of essential service delivery at primary health care.



Strengthened the capacity of the Pharmacy and Medicines Regulatory Authority (PMRA)

WHO facilitated interventions to improve the quality assurance of medical products and combat substandard and falsified medical products through the completed risk-based post-market surveillance using a novel risk-based e-tool for selected antibiotics. WHO donated laboratory items worth $40,000 to PMRA and initiated a country profiling exercise to assess the gaps and enablers for local production of medical products. WHO contributed to the overall strengthening of PMRA to move from Maturity Level 1 to Level 3 by December 2028.

Malawi is committed to integrating Traditional and Complementary Medicine in its health service delivery reforms

WHO facilitated Malawi's participation at the second WHO Global Traditional Medicine Summit, held in New Delhi, India from 17 to 19 December 2025. Malawi was among the 18 countries that committed to integrating traditional medicine into their health care system. Malawi commitments/ road map under TCIM include Policy and Regulation with review of the Malawi National Traditional Medicine Policy guided by the WHO Global Traditional Medicine Strategy 2025–2034, Health System Integration and Capacity Building with establishment of the Bachelor of Science in Herbal Medicine at Kamuzu University of Health Sciences, and investment in Research and Quality Assurance.

1.5 Quality of Care and Patient Safety

Malawi is institutionalizing quality of care in all its programmes and the delivery of the essential health package at all levels of health care. The institutionalization of quality of care responds to objective II of the HSSPII service delivery objective to improve equitable access to quality healthcare service and the HSSPII reform: Define and deliver integrated platforms of care. With technical support from WHO, the MoH initiated the Stepwise National Quality Improvement Program in 29 districts, drawing experiences from rolling out the Maternal Newborn Child and Adolescent health care quality standards and the COHSASA accreditation standards implemented in selected hospitals. WHO progressed its technical and financial support under the quality-of-care network phase II support. The integration of the stepwise National Quality Improvement Program has further strengthened the institutionalization of quality of care using a whole facility approach across 29 districts.

Capacity built in the institutionalization of quality of care across MoH directorates

Through technical and financial support, 60 MoH senior management, directors, deputy directors, and technical officers were oriented on the QOC stepwise quality improvement programme. By October 2025, 215 (20%) health facilities were enrolled in the stepwise quality improvement program, 21 (13%) attained three Stars, four health facilities attained a Star 4, and two health facilities attained a five Star. The directorates are currently engaged in conducting assessments in selected health facilities and utilizing the results. The improvements to higher star ratings, especially at PHC levels, will need further investments across departments to implement the recommendations.

LEADERSHIP COMMITMENT

Represented Malawi at the second WHO Global Traditional Medicine Summit in New Delhi (December 17–19, 2025) formally committing Malawi, among 18 countries, to integrating T&CM into the national health care system under a structured roadmap.

Minister of Health and Sanitation Hon. Madalitso Baloyi, Mp

Capacity enhanced in quality of care and Maternal and Perinatal Death Surveillance and Response

WHO, through 70 trained zonal and district mentors, built the capacity of 1,234 health workers (46% females -Nurses, clinicians, data clerks, and Health Surveillance Assistants) in 18 districts in conducting effective quality improvement projects and strengthening the response component of maternal and perinatal death surveillance and Response. The improved functionality of QI and MPDSR committees led to effective maternal and perinatal death notifications, audits, and reporting. WHO needs to further invest in capacity building to advance the competencies of mentors in Emergency Obstetric and Newborn care, in designing impactful QI projects, and measurement in the context of further reducing maternal mortality and morbidity.

Enhanced collaborative learning and measurement from the quality-of-care initiatives

The WHO facilitated six physical collaborative learning sessions in six UN Joint Project-supported districts and reached a total of 245 (44.5% females) health workers and 154 (39% females) members of the district health management team. The shared QI projects (Total 60) addressed gaps in service delivery systems on evidence-based maternal and newborn care services, respectful maternity care, and capacity building across work improvement teams. The shared projects informed the National Change Package (s) in quality of care, further improved the culture of quality and measurement towards achieving outcomes and impact in reducing institutional maternal and neonatal mortality and morbidity.

Enhanced country cross learning on International Classification of Diseases (ICD-11)

https://www.linkedin.com/pulse/strengthening-mortality-data-systems-through-regional-collaboration-ymanf/?trackingId=GsAmeHzZSQCS4pfzFc4R6A%3D%3D

The webinar was held with malawi, Kenya and Sierra Leone on the International Classification of Diseases (ICD-11) and Medical Certification of Cause of Death (MCCoD). "Kenya's Journey toward introduction of MCCoD into DHIS2 tracker" and Malawi's presentation on "Mortality data analysis-principles and tools" attracted over 150 technical officers from Ministries of Health of the three countries, the WHO, and implementing partners. WHO continues to share resources under the WHO Family of International Classifications (WHO-FIC) Community of Practice, mortality surveillance, and reporting. The WHO strengthened the governance in CRVS at the country level and the central role the Health Sector plays in civil registration and vital statistics systems.

Malawi Commemorates its first Integrated National Health Day

The joint commemoration days, integrated health day commemoration under the theme: "Celebrating Healthy Life, Protecting Health Equity, Honouring Dignity," are among the aspirations on service integration under the Health Sector Strategic Plan III 2023-2030.

Environmental Health :
Strengthen multisectoral approaches, the One Health Approach, building climate-resilient health systems, access to clean, adequate water, sanitation, and hygiene, and renewable energy.

Hospice and Palliative Care :
Further advocacy to strengthen the integration of palliative care into essential health services delivery, training programs, and further access to pain relief medicines.

Quality of Care and Patient safety :
Malawi needs to strengthen its patient safety programme, with overall safety survey statistics at 37.5% with most strategic objectives partially met.

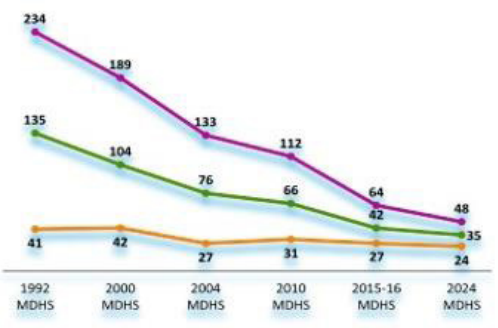
Community Health :
The National Community Health Framework (2023–2030) supported by partners, WHO, Last Mile Health, Nest 360, and AMREF needs to strengthen the adaptation of the PHC operational framework 2020 and the PHC measurement framework 2022.

1.6 Reproductive, Maternal, Newborn, Child & Adolescent Health

Malawi documented progress in its maternal, newborn, and child health indicators and tracked towards achieving SDG targets. The trends in Malawi's maternal mortality ratio have been reducing since 2015/16 to 2024 from 439 to 224 maternal deaths per 100,000 live births (MDHS 2024), a decrease in neonatal from 27 to 24 neonatal deaths per 1000 live births, reducing child mortality, a decrease in total fertility rate from 4.3 to 3.7, and reduced un need for family planning from 19% to 13% in 2024. However, teenage fertility remains a concern, with the proportion of adolescent girls aged 15–19 who have ever been pregnant rose from 29% to 32% highlighting the need for intensified efforts to achieve the national target of reducing teenage pregnancies to 15% by 2030.

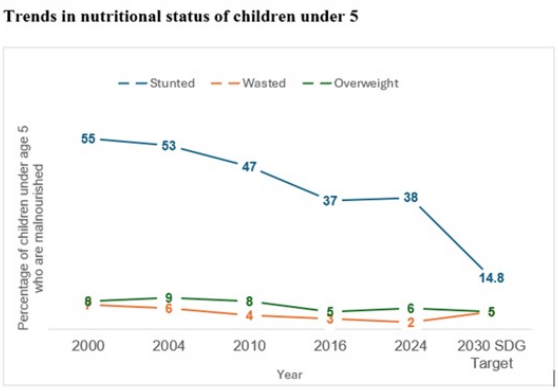
Institutional maternal mortality and progress towards SDG 3.1 and 3.2

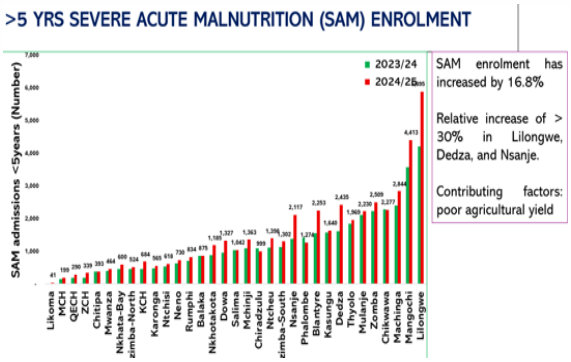
HSSP III Indicator	SDG Alignment	Baseline value Year Source	Latest value Year Source	2030 Target	RAG Rating	Trend	Notes
Pillar 1: Service Delivery (Ultimate Impact)							
Mortality							
Maternal mortality ratio (per 100,000 live births)	3.1.1	439 2016 MDHS	225.0 **2023** SDG Progress Report 2025 WHO	70		↗	Improving, insufficient to attain goal
Under-five mortality rate (deaths per 1000 live births)	3.2.1	64 **2016** MDHS 2015-16	48 **2024** MDHS 2024	25		↗	Improving
Neonatal mortality rate (deaths per 1,000 live births)	3.2.2	27 **2016** MDHS 2015-16	24 **2024** MDHS 2024	12		↗	Improving, insufficient to attain goal



- Under-Five Mortality Rate (U5MR) - SDG 3.2 target: ≤25 deaths per 1,000 live births by 2030
- Infant Mortality Rate (IMR) - SDG 3.2 typically reach ~12 or fewer deaths per 1,000 live births by 2030 (UNICEF/WHO normative guidance)
- Neonatal Mortality Rate (NMR) - SDG 3.2 target: ≤12 neonatal deaths per 1,000 live births by 2030

The nutrition indices have stagnated with exclusive infant breastfeeding from 61% to 60% and, stunting at 38% (MDHS 2024). With renewed multisectoral action, the 2030 revised Global Nutrition Targets for improving maternal, infant, and young child nutrition from 2025 to 2030: Stunting: 40% reduction in the number of children under-5 who are stunted, Anaemia: 50% reduction of anaemia in women of reproductive age, Low birth weight: 30% reduction in low birth weight, Childhood overweight: Reduce and maintain overweight in children under five years of age to less than 5%, Breastfeeding: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 60%, Child wasting: Reduce and maintain childhood wasting to less than 5%.





Malawi strengthened its interventions and reduced maternal and neonatal deaths

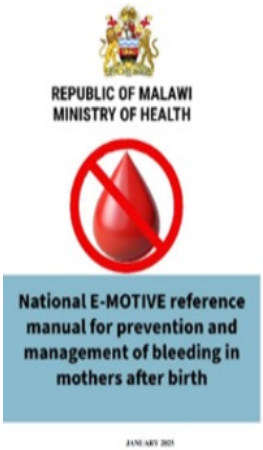
The action plan and yearlong campaign on Healthy Beginnings, Hopeful Futures," and Every Woman Every Where, Healthy Futures (EWENE) improved quality care before, during, and after birth, and investment in midwives with greater recognition, and community systems strengthening. The documented progress is under the 10 programming areas under Policies and plans, Quality of care, Equity, Data for action, Investment, Health workforce, Response and resilience, Commodities, Accountability and Research, innovation, and knowledge management.

With strengthened interventions, Malawi documented reduced institutional maternal mortality and morbidity. Malawi will share its progress with other countries and update its maternal and newborn health profile and document its progress towards attaining SDG3 and UHC targets accessed on: **https://ewene.org/country-action/malawi/**

#HopefulFutures #MaternalHealthMatters #HealthForAll
Education and gender equality are key determinants for empowered and informed decision making for better maternal and newborn health outcomes.

Evidence-based interventions implemented to reduce maternal and neonatal deaths

The MoH and partner are implementing recommendations from the report on the confidential inquiry into maternal deaths to address the leading causes of maternal deaths: maternal infection (24.8%), postpartum hemorrhage (PPH-20.4%), and eclampsia (13.3%). The WHO provided technical support to draft the national Post-Partum Hemorrhage guidelines, an operational plan, training manuals, registers, and their rollout in 180 health facilities in 18 districts. With this support, health workers facilitated management of obstetric complications and a strengthened referral and networked support system across all levels of health care.



Improved functionality of Maternal and Perinatal Death Surveillance and Response structures

The WHO facilitated the implementation of interventions to strengthen the response component of MPDSR in 90 high-volume health facilities (central and district hospitals, community hospitals and cluster health centres reporting the highest maternal deaths and near misses in 18 districts. Through on-the-job capacity building coaching and mentorship conducted by 70 zonal and district mentors, improved functionality of MPDSR committees in all supported health facilities, improved maternal death notification and audits, and response action planning with over 120 quality improvement projects based on the MPDSR audit action plans.

Enhanced capacity of the National Committee for ConfidentialEnquiry into Maternal and Perinatal Deaths (NCCEMPD)

WHO oriented the 15 members of the National Committee for Confidential Enquiry into Maternal and Perinatal Deaths (NCCEMPD) on the International Classification of Diseases, 11th version, and shared experiences and lessons from the three rounds of mentorships on integrated quality of care and MPDSR in the focus districts. Further focus is to invest in regular on-the-job capacity building, coaching, and mentorship using the district-led mentorship model for sustainable district support, and procure and replenish basic equipment.

Malawi enhances its Maternal and Neonatal Health programming towards achieving SDG3 targets

WHO facilitated the alignment of implementation strategies within the ELMA Beginnings Fund Project based on WHO resources under maternal and newborn quality of care, essential newborn care, and perioperative obstetric surgical care using the WHO Surgical Safety Checklist.

The WHO played a significant policy and technical advisory role under :

1. Launched the neonatal care nursing short course at KUHeS with adaptation of training modules and guidelines on midwifery models of care and competence-based curriculum
2. Developed referral guidelines under the M Mama Initiative, designed to reduce maternal and newborn deaths by providing emergency transport in rural, hard-to-reach areas
3. Integrated the Digital Adaptation Kit/SMART guidelines approach its digitalised maternal and neonatal care/Neotree modules under the Malawi Health Care Information System.

Malawi launched the National Framework for Child and Adolescent Well-Care Visits

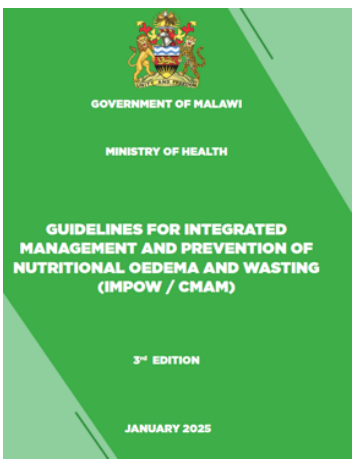
WHO, with UNICEF, facilitated the adaptation of the child and wellness framework: Improving the health and well-being of children and adolescents: guidance on scheduled child and adolescent well-care visits. The framework was approved by the MoH Senior Management for implementation, and an implementation pilot plan and a training package. The guidelines will be implemented in a multisectoral approach under the survival, thrive, and transform, contributing to a healthier and more resilient generation.

Malawi's advanced adolescent health programming is integrated with building climate-resilient health systems

Malawi is currently participating in Phase II of 2gether4SRHR, a regional initiative implemented by UN agencies: WHO, UNAIDS, UNFPA, and UNICEF to advance SRHR across East and Southern Africa (ESA). WHO developed a training manual targeting 180 change agents' trainers, facilitated the development of a gender-inclusive training package for youth leaders, health workers, and community leaders, and equipped them to sustain continuity of sexual and reproductive health and maternal care during climate-related crises. These interventions advance women's empowerment and contribute to SDG 5 and integrate climate adaptation strategies to safeguard maternal health services during disasters and health emergencies.

National nutrition guidelines aligned with the WHO 2023 Nutrition guidelines

With support from the WHO, Malawi revised its guidelines for Integrated Management and Prevention of Nutritional Oedema and Wasting and integrated the community-based Management of Acute Malnutrition. The guidelines integrate management of severe wasting/oedema (SAM), management of moderate wasting (MAM), and management of infants under 6 months at risk. WHO facilitated the development of the national training package with monitoring and reporting tools on child malnutrition. Implementation of the updated national guidelines will enhance the quality of care for children, reduce the incidence of acute malnutrition and strengthen multisector collaboration to include humanitarian crises.



Adapted global nutrition indicators in the Malawi context

The WHO provided technical and financial support to conduct a national multisectoral stakeholders' consultative meeting where Malawi adapted the Global Nutrition Targets for improving maternal, infant, and young child nutrition from 2025 to 2030. The SDG indicators on nutrition are reflected in the HSSPIII M&E framework 2023-2030 and informed the measurement plan for the National Nutrition Multi-hazard Contingency Plan 2025-2026. The WHO nutrition and food safety targets 2030 accessed on: **https://www.who.int/teams/nutrition-and-food-safety/global-targets-2030**

Irish Aid - Health donor visit to Malawi Accelerating Action on Child Wasting in Malawi

From 17–21 November 2025, Malawi hosted an Irish Aid field mission to review progress under the WHO–UNICEF partnership aimed at reducing child wasting. WHO is embedding Quality of Care processes, while UNICEF plans transformative interventions for at-risk infants and scaling up cash-plus models in 2026. The mission reaffirmed priorities for Year 3: nationwide rollout of guidelines, expanded training, stronger surveillance, and multisectoral linkages. With Irish Aid's support, Malawi is building resilient health systems to tackle malnutrition and protect its most vulnerable children.

Irish Aid field mission to Queen Elizabeth Hospital in Blantyre

1.7 Food Safety

Background and Context

Food safety is a critical determinant of public health, social well being, and economic development in Malawi, where agriculture employs over 80 percent of the population and supplies both domestic and export markets. Persistent food safety challenges including foodborne diseases, aflatoxin contamination in staple crops, pesticide residues, and weak enforcement of hygiene standards continue to undermine health outcomes, productivity, and trade competitiveness. These risks disproportionately affect children, women, and low income households that rely heavily on informal food markets.

The Codex Alimentarius Commission, jointly established by FAO and WHO, provides internationally recognized, science based standards that protect consumer health and facilitate fair trade. However, effective adoption and implementation of Codex standards in Malawi have been constrained by limited human and institutional capacity. The Codex Trust Fund Project, implemented by the WHO country office in close collaboration with national authorities, was designed to address these gaps through targeted capacity building and system strengthening.

36
Food safety professionals trained
MoH, labs & standards bodies

3
Day training
Sunbird Livingstonia, Salima

80%
Population in agriculture
Food safety affects entire economy

KEY ACHIEVEMENTS

WHO coordinated training aligned to FAO/WHO Codex guidelines and regional policy frameworks

WHO coordinated the training design, provided expert facilitators, supported logistics, and ensured alignment with FAO/WHO Codex guidelines and regional policy frameworks ensuring the training was technically sound, contextually relevant, and positioned within Malawi's broader food safety reform agenda.

Enhanced skills of 36 multisectoral food safety professionals to contribute to the web-based global food safety database

36 food safety professionals from the Ministry of Health, regulatory institutions, laboratories, and standards bodies are now equipped to report national food safety data to the global database, access global intelligence for local regulatory decision-making, and serve as national champions driving long-term Codex implementation.

Enhanced uptake and adaptation of WHO/FAO/Codex food safety standards for Malawi

Participants gained practical skills to apply and adapt internationally recognized Codex standards to Malawi's food system including informal markets, climate-related risks, and export value chains (tea, sugar, oilseeds, groundnuts) strengthening compliance with WTO sanitary and phytosanitary requirements and reducing export rejection risks.

Health Impact

Foodborne diseases are a major cause of illness, malnutrition, and preventable child mortality. Applying Codex/HACCP, controlling aflatoxins, and strengthening regulatory systems reduces contamination and directly improves child growth and cognitive development.

Economic Impact

Food safety drives economic growth and agricultural trade. Non-compliance with international standards has led to export rejections and income losses. Stronger Codex expertise improves inspection, laboratory capacity, and regulation supporting market access for tea, sugar, oilseeds, and groundnuts. Domestically, reducing foodborne disease lowers healthcare costs and boosts workforce productivity.

Context & Impact :

The WHO implemented Codex Trust Fund Project in Malawi represents a high impact investment with clear health, economic, and social returns

1.8 Health Information Systems, Digital Health, Health Research

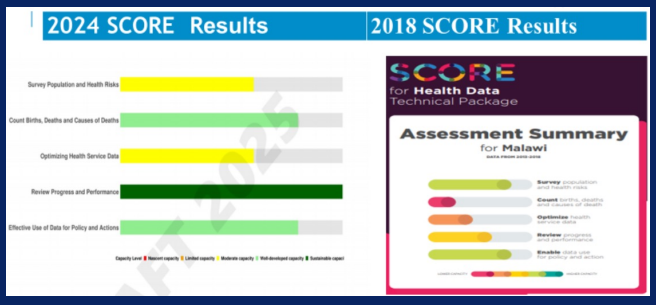
The Malawi Monitoring, Evaluation, and Health Information Systems Strategy (MEHIS) 2024–2030, the Digital Health Strategy 2020-2025, and the National Research Agenda 2023-2030 are aligned with the Health Sector Strategic Plan III 2023-2030 and WHO's global and regional strategies towards attaining UHC, SDGs, and Health Security by 2030. WHO is providing technical support to align the current national digital health strategy with the next global Digital Health Strategy 2028-2033.

Malawi has consolidated gains since the establishment of the Health Data Collaborative. The mission of the HDC is to provide a collaborative platform that leverages and aligns technical and financial resources (at all levels) with country-owned strategies and plans for collecting, storing, analyzing, and using data to improve health outcomes, with a specific focus on SDG targets and communities that are left behind.

> HDC has helped us to have understandable data as a public good and the need to streamline it in all development plans and policies. The HDC has allowed us to learn from other countries how they have implemented HMIS and data-driven approaches to planning and service delivery. As a recommendation, we need to revive the in-person meetings with other HDC countries once a year.
>
> **Co-Chair HDC and Deputy Director, Central Monitoring and Evaluation Department, MoH Malawi**

Malawi disseminated its results on the HIS functionality and SCORE self-assessments

The HIS functionality and SCORE assessment results informed the National Integrated HIS and Data Management Capacity building plan 2025-2026. Malawi has developed actions to address the lowest performing areas under data analysis (38.8%), Communication and data use (50.3%), %), and HIS Governance (58.5%). Overall, Malawi has sub-optimal Health Information System functionality at 54.7%. The country has documented increased SCORE performance results since 2018 and 2024. On an enhanced picture on SCORE results.



- **Survey of population and health risks**
- **Count births and causes of deaths**
- **Optimizing health**
- **Review progress and performance**
- **Enable use of data for policy and Action**

Integrated District Data Management Capacity Building Plan and measurement

WHO enhanced the capacity of 476 (75.6% males) district HMIS and data clerks in 10 districts in data management, data quality using the WHO DQA tool, leading to improved weekly Integrated Disease Surveillance reporting and monthly HMIS timeliness and completeness in these districts and across all 29 districts. Investments in ICT infrastructure with procured laptops, plasma screens, and tablets promoted the use of ICT at primary and secondary levels of care. Further virtual orientation of HMIS officers promoted the integration of inequality monitoring using the Health Equity Assessment Tools (HEAT and HEAT PLUS).

1.9 Digital health and innovations

Technical support was aligned within the HSSPIII reform on Digital Health: Scale up and improve the performance of the shared Electronic Health Record. Through its capacity building initiatives, WHO popularised the Telehealth Community of Practice, integration of Artificial Intelligence tools to improve efficiency and effectiveness of health services and improve disease surveillance through the One Health Surveillance Platform.

WHO digital health global goods and tools

Malawi finalized the Digital Health Governance Framework, leveraged the WHO Digital Adaptation Kit/SMART guidelines to design the Malawi Health Care Information System modules rolled-out in prioritised districts.

WHO Officer at the National Digital Health Forum

Showcasing of digital health innovations during the digital health forum.

With the ANC Digital Adaption Kit (DAK), we made a decision that going forward we would document our Software Requirements Specification (SRS) based on the DAK format. The HIV electronic Medical Records (EMR) is based on a properly documented SRS document that we need to relate its format to the DAK.

Technical Officer, Digital Health Department, MoH, Malawi

Digital health competence framework

Malawi progressed its digital health competence framework through the courses under WHO Academy's Digital Health Planning National Systems & Telemedicine Applied Training (DPHNS) course and the MoH online CPD platform and the periodic Digital Health Atlas clinics.

Coordination of digital health solutions in Malawi

WHO facilitated virtual and face to face digital health atlas clinics (DHA clinics), sessions with over 30 implementing partners who updated their digital health solutions. The mapped digital tools (86) have reduced duplications, and level of scale across all service delivery levels. Digital Health Atlas sign-up page: **https://gdhub.unige.ch/implementome/auth-sign-up**

In the shortest possible time we envision the DHA platform to streamline our daily operations and support our One Plan, one budget, One M and E program, which aims to prevent duplication of health systems in the country. This will significantly reduce our workload; save us valuable time and resources will be allocated to where they are most urgently needed.

Ministry of Health, Malawi

National One Health Observatory

Through virtual and physical capacity building sessions, over 50 stakeholders from MoH programmes and other agencies updated their outcome and impact indicators in the Malawi One Health Observatory selected among the Global Reference List of 100 Core Health Indicators.

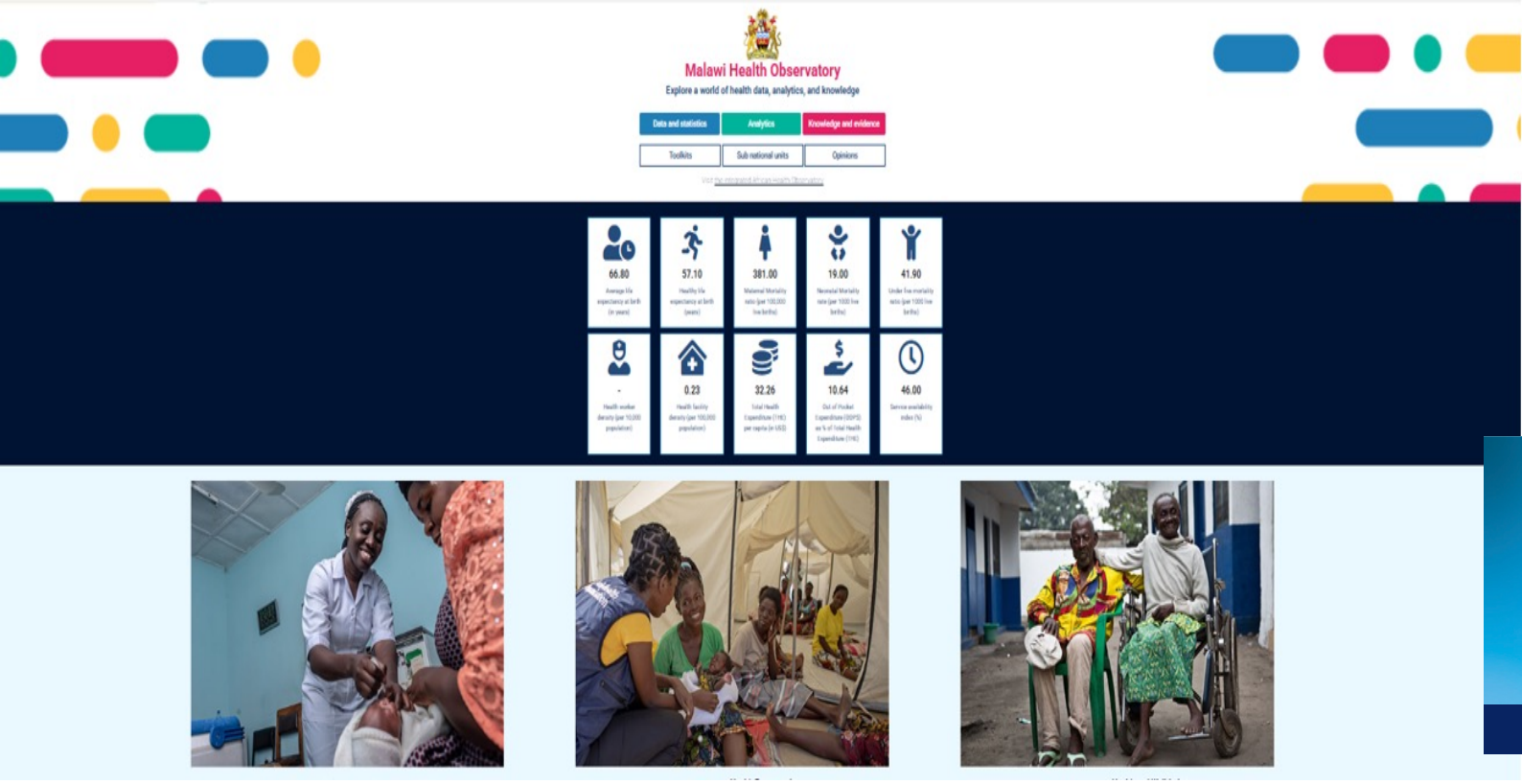
WHO built capacity for over 70 MoH programme and M&E officers in drafting knowledge products such as infographics, knowledge and analytical facts sheets and policy briefs. Over 15 knowledge products were disseminated in various conferences and ready publications in the Africa Health Observatory. Access Malawi Health Observatory **https://aho.afro.who.int/mw**

Technical skills were enhanced in data entry, quality control, system administration, indicator tracking, and visualization using MNOHO and DHIS2 and using Canva software to design knowledge products thus promoting effective data communication for public health decision-making. Access Malawi Health Observatory **https://aho.afro.who.int/mw**

Over 15 knowledge products developed :
Infographics, blogs, fact sheets, and policy briefs mapped under Quality of Care, MNH, HIS, and Digital Health.

70+ participants trained in knowledge product development :
From MoH directorates, civil society, NSO, NRB, and implementing partners.

Malawi advances the institutionalisation of the nationl One Health Observatory



1.10 National Research Agenda & Knowledge Management

The HSSPIII 2023-2030 calls on all partners to work together to harness science, technology, and broader knowledge to produce research-based evidence and inform policy and service delivery. WHO provided technical support for the functioning of the National Research Steering Committee and the Research Technical Working Group under the Public Health Institute of Malawi.

During the first national Research Dissemination Conference, and other conferences, WHO shared technical resources, best practices in organizing scientific conferences, standardized templates for call and review of scientific research and programme abstracts, and designed effective conference programmes. Over 10 knowledge products have been generated from the scientific abstracts to be published as analytical fact sheets, policy briefs, and as publications in peer-reviewed journals.

The First National Research Dissemination Conference aligned with Nine HSSPIII reform areas and The Malawi National Health Research Agenda II (2023–2030).

First National Research Dissemination Conference held from 29-31 October 2025

WHO provided technical and financial support in the organization of the first national Research Dissemination Conference, organized by the Public Health Institute of Malawi (PHIM) under the theme "Advancing public health research to build resilient and sustainable systems. The WHO supported the national steering committee and the scientific and abstract committee to have results-driven oral and poster presentations that will contribute to the implementation of the HSSPIII nine reforms and the National Health Research Agenda II (2023 – 2030). WHO made 10 oral presentations, three poster presentations, and conference remarks by the WHO Country Representative.

2025 national conferences supported by WHO

The First National Research Dissemination Conference organized by the Public Health Institute of Malawi (PHIM) was held on 29-31 October 2025. Theme: Advancing public health research to build resilient and sustainable systems. Association of Schools of Public Health in Africa (ASPHA) conference 2025, hosted by Kamuzu University of Health Sciences, was held on 28 November 2025. Theme: "Harnessing community health systems and technology for public health response.

4th Research Dissemination Conference organised by Kamuzu University College of Health Sciences was held on 1-3 October 2025. Theme: Multidisciplinary Health Research and Innovation-Key to Economic Development. The 2025 Malawi Environmental Health Conference was held on 21–22, August 2025. Theme: Uniting Preventive Health Disciplines for Environmental Health Actions.

Advanced knowledge management strategy through capacity building

WHO rolled out the UHC 2030 knowledge management strategy on translating knowledge into policy and practice. WHO built national capacity in the development of knowledge products with over 70 virtual participants from the MoH directorates, the National Statistics Office, the National Registration Bureau, Civil society, and implementing partners. Over 15 knowledge products have been published in quarterly WCO newsletters, 2025 quality of care biannual and annual bulletins, and as presentations during three national and one international conference, and two publications under the Malawi and Africa Health Observatory.

Link to the publications
Advancing Polio surveillance in Malawi through wastewater surveillance
Malawi Medical Journal: **https://www.mmj.mw/?p=13481**

Under-Five Mortality in Malawi- Evidence from the 2024 MDHS: **https://afahobckpstorageaccount.blob.core.windows.net/afahobckpcontainer/production/files/Infographic_Analytics_Child_Health_in_Malawi.pdf**

Mapping service delivery for children and adolescents 0-19 years as part of the broader service delivery reform: **https://afahobckpstorageaccount.blob.core.windows.net/afahobckpcontainer/production/files/The_Well_Child_and_adolescent_care_services_in_Malawi_inforgraphic.pdf**

Operational research facilitated under the WHO support

Disseminated research study
Trial on the active prevention and treatment of maternal sepsis across 32 hospitals in Malawi, the intervention was designed to reduce infection-related maternal mortality and severe morbidity conducted in collaboration with the Ministry of Health and Kamuzu University College of Health Sciences;. Access link- **https://www.apt-sepsis.org/**

Assessing the prevalence and associated factors of female genital schistosomiasis in Nkhotakota District, Malawi. This study aims to explore the burden of FGS and its associated factors among women of childbearing age in Nkhotakota by June 2025 Institutionalizing quality of care for women and children's health in Congo, Malawi and Namibia: approaches and lessons 2024.

Approved research study protocols by the National Research and Ethics Committee
Exploring the drivers of the successful scale-up of task sharing policies in family planning: lessons learned from Malawi
Simplified Treatment for Eclampsia Prevention using Magnesium sulfate: A phase III, randomized, open label, active controlled, multicountry, multicentre, non-inferiority trial of simplified magnesium sulfate regimen for eclampsia prophylaxis (The STEP-Mag Trial

Research study findings under analysis

Enhanced community case management to increase access to pneumonia treatment (EMPIC study): Implementation research by June 2025. The findings of this study will help us scale up the optimal implementation model at the national or subnational level to improve pneumonia treatment coverage.

Sustaining the Research Dissemination Conference as an annual platform and funding the translation of selected research findings into policy briefs will drive evidence-based HSSPIII implementation going forward.

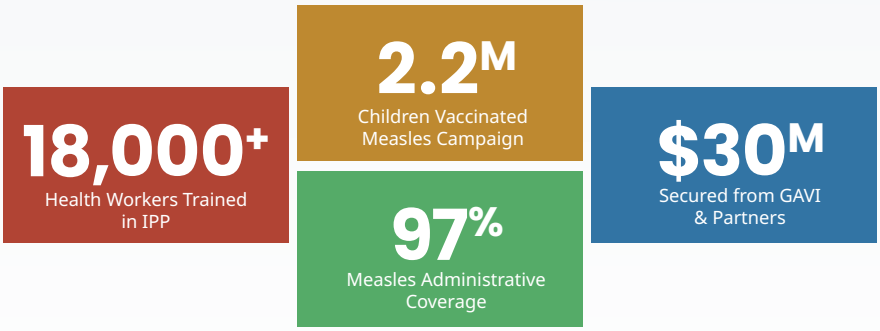
2. Disease Prevention and Control

Malawi continues to face significant public health challenges from communicable and non-communicable diseases. Through joint WHO and government efforts, 2025 marked the historic achievement of the 95:95:95 UNAIDS HIV targets, alongside major advances in immunization coverage, NCD scale-up, and NTD control.

2.1 Expanded Programme on Immunization (EPI)

Malawi's EPI sustained high routine immunization coverage DPT3 at 94%, MR1 at 89%, DPT1 at 90% while conducting major outbreak response campaigns, advancing HPV cervical cancer prevention, and transitioning polio functions beyond GPEI support.

Significant progress was made in sustaining high routine immunization coverage, reducing zero-dose prevalence, enhancing surveillance, and introducing new vaccines. In line with the Immunisation Agenda 2030's strategic goal of reducing zero-dose and under-immunized populations, Malawi prioritized addressing community immunity gaps in 2025.



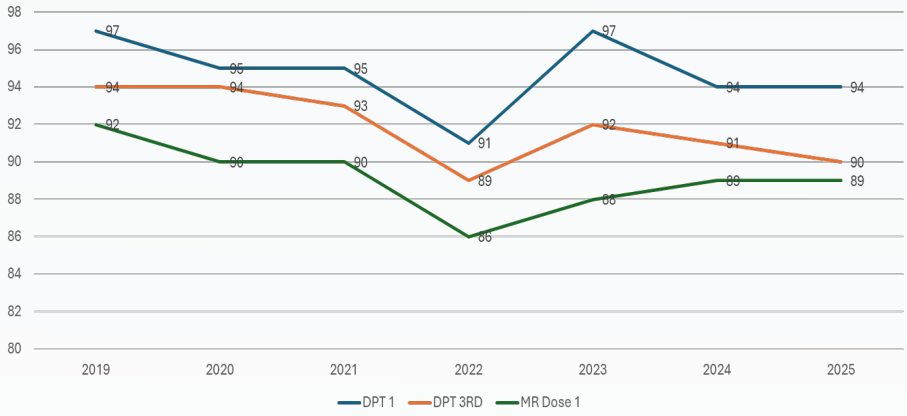
Routine Immunisation

Key achievements : Strengthening Immunization Leadership

National Immunization Strategy (2024–2030), COVID-19 Vaccine Deployment Plan, and EPI Field Manual 2025 launched, Establishing a framework targeting >90% antigen coverage and 95% reduction in zero-dose children.

US$30M secured from GAVI and partners for EPI ; WHO supported MOH with grant application processed from GAVI , Measles Rubella Partnership, FCDO and other partners for enhanced implementation of the National Immunization Strategy

Trend of DPT Dose 1, Dose 3 and Measles Rubella- Dose, Malawi 2019-2025



In 2025, Malawi made major advances in strengthening the governance and management of the Expanded Programme on Immunization (EPI). A key highlight was the successful finalization and launch of foundational strategic documents that now guide the country's immunization agenda. These include the National Immunization Strategy (2024–2030), the COVID-19 Integrated Vaccine Deployment Plan (2024–2026), and the EPI Field Manual 2025. Collectively, these documents establish a clear framework for delivering equitable, resilient, and integrated immunization services across the life course.

The Minister of Health and WHO Representative at the launch of the National Immunisation Strategy 2024-2030 during the African Vaccination Week Celebration in April 2025

The National Immunization Strategy outlines five priority areas: strengthening routine immunization, reducing zero-dose and under-immunized children, expanding life-course vaccination, enhancing surveillance and outbreak preparedness, and improving data and programme management. The strategy targets over 90% coverage for all antigens and a 95% reduction in zero-dose children, with an estimated investment need of US$424 million through 2030.

Programme oversight was reinforced through regular biannual EPI reviews and the continued engagement of national technical advisory bodies, including the EPI TWG, NPEC, NCC, and MAITAG. WHO provided key technical, financial, and secretarial support to ensure well-coordinated programme management. Resource mobilization efforts were strengthened with several grant application US$30 million secured from GAVI and partners.

LEADERSHIP IN ACTION

Jointly launched the National Immunisation Strategy 2024–2030 during African Vaccination Week (April 2025) establishing a US$424M investment roadmap and shared government WHO accountability for reaching every child in Malawi.

Hon. Madalitso Baloyi + Dr. Neema Rusibamayila Kimambo

Context & Impact :

A joint ministerial WHO Representative launch anchors this strategy at the highest political and technical level, signalling both government ownership and WHO's technical co-responsibility.

Reaching the unreached with essential vaccines

The World Health Organization supported the Ministry to conduct targeted vaccinations in all twenty-nine districts, focusing on hard-to-reach communities. This initiative was informed by findings from a GAVI-supported assessment conducted by the Kamuzu University of Science and Technology, which identified over eleven million of Malawi's 29 million population residing in hard-to-reach areas.

School Based vaccination sessions for the provision of Catch-up vaccination and Integrated Health Services such as Deworming in Mzimba North District.

School based HPV vaccination campaign

Across the 29 districts, 87 hard to reach communities and 58 schools were supported under this initiative. Health teams ventured into hard-to-reach areas, delivering vaccines, conducting malnutrition screenings, and distributing Vitamin A and deworming tablets ensuring no one was left behind. The exercise was conducted with strong collaboration with local leaders, Ministry of Education and the Health Education Unit of the Ministry of Health to ensure community acceptance and improved demand.

Community Outreaches in Hard-to-Reach
Communities in Mangochi and Nsanje Districts

Key outcomes include improved uptake of Pentavalent Vaccine Third Dose to bridge the gaps in Penta 1- 3 drop-out rates, 246,630(92%) children out of the targeted 267,534 were reached with the Pentavalent Vaccine third dose, 228,867(86%) better protected against Measles Rubella vaccine and 123 ,889 children were reached with Vitamin A supplements and 212,598 reached with deworming as shown in the Table 4. 38,817 adolescent girls 9 years of age were also reached with the Human Papilloma Virus Vaccine.

Context & Impact :

Ministerial field presence at vaccination sites mobilizes communities, reassures hesitant populations, and signals government commitment critical in community trust and enhanced uptake.

KEY ACTIONS

- District teams **prioritised the most underserved communities** and organised targeted outreaches to improve reach and access.
- Community-based outreaches enhanced with support for **integrated services:** immunization, ANC, reproductive & child health, family planning and school-based immunization. Integrated delivery.
- Technical and financial support provided to reach **zero-dose and under-immunized children** in remote and marginalized communities.

A path to zero cervical cancer : Malawi's HPV MAC success story

In 2025, Malawi achieved a landmark public health milestone with the rollout of the national Human Papillomavirus (HPV) Multi-Age Cohort (MAC) vaccination campaign, targeting girls aged 9–18 years. Implemented from 27–31 October 2025, the campaign achieved 91% national coverage across all 29 districts, reaching 2,271,735 adolescent girls.

2.27M
Girls vaccinated
27–31 October 2025

91%
National coverage
Across all 29 districts

27,345
Personnel trained
HSAs, teachers, supervisors

WHO'S CONTRIBUTION

Supported microplanning, population triangulation and district validation to ensure accurate targeting of 2.5 million eligible girls. Planning

Developed a 7-module training package and facilitated training for 27,345 personnel including HSAs, teachers, supervisors, data clerks and district managers. Capacity building

Strengthened data systems with tally sheets, ODK-based digital supervision tools and national daily dashboards for real-time decision-making. Data systems

Training for transformation: equipping 18,000+ health workers

In 2025, Malawi rolled out nationwide Immunization in Practice (IIP) training using the WHO/UNICEF curriculum, responding directly to capacity gaps identified during the 2023 EPI Comprehensive Review. Findings revealed significant knowledge deficiencies among newly recruited Health Surveillance Assistants (HSAs) and frontline immunization staff.

TRAINING APPROACH

A National Training of Trainers (ToT) workshop held in May 2025 prepared national facilitators with standardised competencies across key immunization domains. May 2025

Training covered cold chain will Planning and coordination, service delivery 8 domains.

18,000+ health workers trained nationwide, building consistent technical competence across all districts for safe and efficient vaccine delivery. 18,000+ trained

Malaria Vaccine Implememtation in Malawi

11
Pilot districts sustained
Ongoing RTS,S vaccine delivery

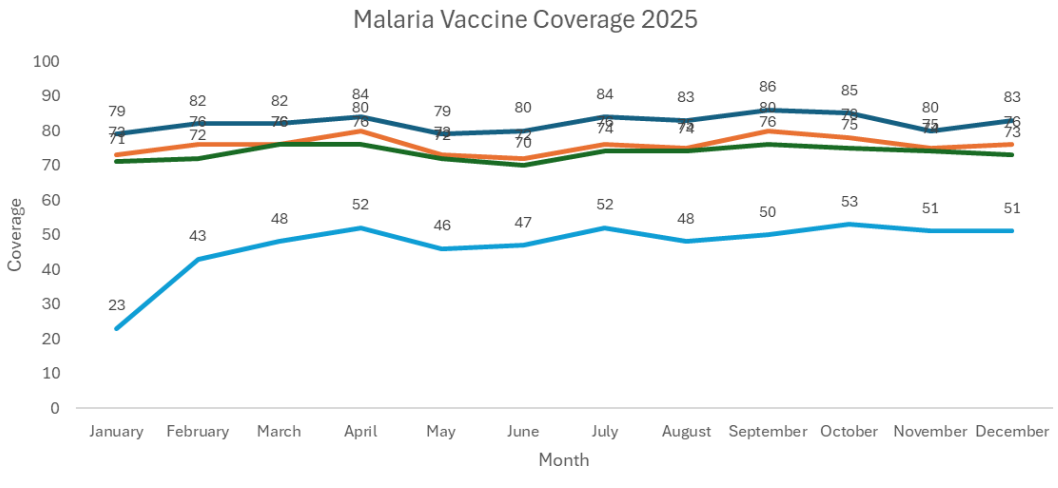
7+
Districts in expansion readiness Moderate to high Plasmodium transmission

200,000+
Age-eligible children vaccinated
At least one dose 2025

84%
Vaccination coverage achieved
Highest-risk children reached

Malawi sustained implementation of the RTS, S malaria vaccine across 11 pilot districts and advanced expansion readiness in seven additional districts with moderate to high Plasmodium transmission. In 2025, over 200,000 age-eligible children (84%) received at least one dose of the malaria vaccine, contributing to increased population-level protection among children at highest risk. Continued delivery through routine and outreach platforms has strengthened integration within the Expanded Programme on Immunization and improved equitable access in high-burden areas.

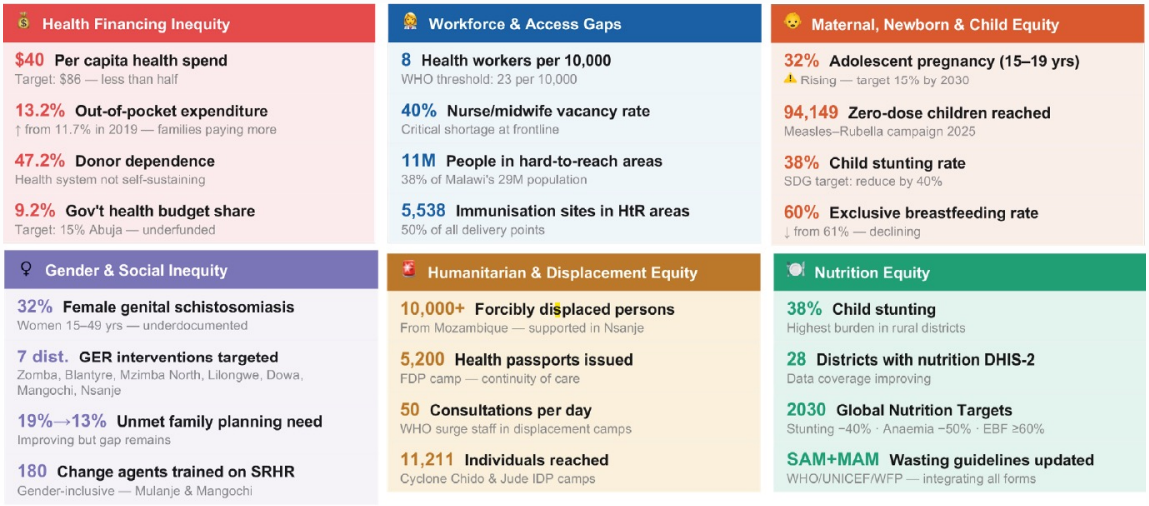
However, completion of the four-dose schedule remains suboptimal, with dropout between earlier doses and the fourth dose identified as a key programmatic gap requiring targeted follow-up, defaulter tracing, and community engagement. At the global level, Malawi contributed operational evidence to two key publications, generating lessons on vaccine introduction, delivery strategies, and programme integration. These contributions are informing policy and supporting other endemic countries to accelerate effective rollout and scale-up of malaria vaccination within national immunization programmes.



Equity in Action: Advancing Gender, Equity and Rights (GER) in Immunization

In 2025, Malawi made major strides in strengthening gender-responsive, equitable, and rights-based immunization delivery through focused interventions across seven districts Zomba, Blantyre, Mzimba North, Lilongwe, Dowa, Mangochi, and Nsanje. These efforts built on the findings of the 2023 National Gender, Equity and Human Rights (GER) Analysis and Barrier Assessment, which identified persistent inequities affecting women, adolescents in early marriage, persons with disabilities, and other vulnerable groups. The assessment underscored challenges such as low immunization literacy, harmful socio-cultural norms, limited male involvement, and inadequate inclusion of persons with disabilities factors echoed in the GER donor report.

Health Equity Issues in Malawi



Through the implementation of Gender, Equity and Human Rights (GER) approaches, the immunization programme has strengthened its focus on reaching underserved populations by identifying and vaccinating zero-dose children (94,149 reached), expanding service delivery in hard-to-reach and displacement settings, and enhancing community engagement in high-burden districts. Targeted outreach strategies and integration with broader primary health care interventions have improved access, utilization, and continuity of immunization services, particularly among vulnerable groups.

These achievements directly respond to persistent systemic inequities highlighted in the health system, including low per capita health spending ($40), critical frontline workforce shortages (40% vacancy rate), and access barriers affecting 11 million people in hard-to-reach areas. In addition, gender and social inequities such as high adolescent pregnancy rates (32%) and remaining unmet family planning needs, continue to influence care-seeking behaviors and service uptake. By addressing these constraints through GER-informed programming, the immunization programme contributes to more equitable, inclusive, and people-centered service delivery, ensuring that no population is left behind.

KEY EQUITY MESSAGE FROM THE REPORT

With five years remaining to 2030, Malawi must intensify efforts to: achieve SDG 3.8.1 on essential services coverage; reduce out-of-pocket expenditure; increase domestic health financing; and strengthen health system resilience through PHC reorientation."

With WHO providing technical leadership, financial support and strategic coordination, the Ministry of Health and Ministry of Gender implemented a comprehensive, multi-sectoral approach to address these barriers. Supported by GAVI funding, WHO facilitated national and district-level planning meetings, co-led the GER mainstreaming agenda, and ensured alignment with national gender frameworks. WHO also supported the engagement of non-traditional partners, including civil society, traditional leaders and disability groups, helping to broaden the reach and sustainability of GER interventions. A central achievement was the rollout of gender-transformative training, blending health literacy, rights awareness and community dialogue. During the reporting period, 1,260 individuals were trained, including 584 community leaders, 480 health workers and 196 peer advocates.

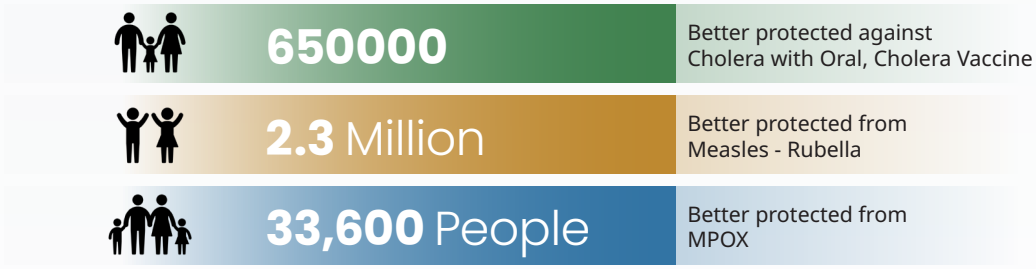
Participants at the GER Mainstreaming Trainings for Community gatekeeper and Health Workers in Zomba District

WHO also played a key role in strengthening political and administrative ownership of GER in immunization. Through high-level advocacy and joint planning sessions involving District Executive Councils, Gender Technical Working Groups, traditional authorities and local government representatives, over 390 leaders were engaged to support policy translation and tackle discriminatory norms that limit access to vaccines. These engagements helped embed GER priorities into district and national immunization workplans, ensuring continuity beyond donor funding. To expand immunization access for underserved populations, trained community implementers supported by WHO led targeted outreach in remote and socially marginalised areas. This included tailored engagement for adolescents in early marriages, women in labor-intensive agriculture, persons with disabilities, and caregivers of zero-dose children.

Immunisation in Emergencies

In response to various vaccine preventable disease outbreaks which occurred in the year under review, WHO provided critical support to implement vaccination response campaigns which facilitated rapid outbreak control. These response included measles, mpox and cholera vaccine reactive campaigns.

WHO supported Malawi's Mpox reactive vaccination campaign (October–December 2025), delivering 33,605 doses with 100% coverage and zero wastage.



VPD Surveillance and Response

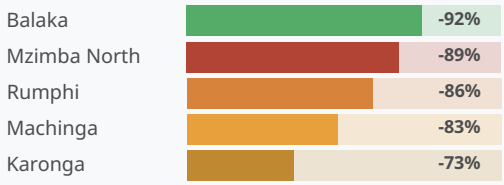
Enhanced community protection against cholera through the deployment of the Oral Cholera Vaccine.

700k+
Vaccine doses secured & technical/logistical support provided

650k+
Doses Distributed of 700K+ secured

565k
People vaccinated Age 1 and older across 5 districts

$464k
USD mobilized by WHO to support the campaign



83.2%
Overall Coverage 565,504 people reached

Response & Campaign Results

Cholera OCV Campaign (January 2025) : 570,000+ individuals vaccinated (84% coverage); cholera cases dropped from 276 (pre-campaign) to 30 (post-campaign) in 3 months.

LEADERSHIP IN ACTION

Engaged directly with participants at Dziwe Health Centre, Balaka District during the OCV campaign building community confidence and demonstrating hands on political support for cholera response

Hon. Madalitso Baloyi, Minister of Health and Sanitation

Minister of Health engaging participants at the Dziwe Health Centre, Balaka District

Advancing measles elimination goals through timely response to measles outbreaks

Malawi made significant progress toward measles elimination in 2025 through a rapid and well-coordinated measles–rubella (MR) outbreak response campaign supported by the Ministry of Health and WHO. Following a Grade 2 measles outbreak, a reactive vaccination campaign was conducted from 2–6 June 2025 across six high-risk districts Lilongwe, Blantyre, Nkhotakota, Mangochi, Salima and Ntcheu targeting children aged 9 months to 9 years.

6
High-risk districts
Lilongwe, Blantyre, Nkhotakota, Mangochi, Salima, Ntcheu

2.2M
Children vaccinated
2,238,949 total

97%
Administrative coverage
All districts exceeded 95% target

90.8%
Post-Campaign Survey
Confirmed high uptake

Campaign Results

The campaign achieved strong results, vaccinating 2,238,949 children and reaching 97% administrative coverage, with all districts exceeding the 95% target required to interrupt transmission.

94,149
Zero-dose children reached
Closing immunity gaps in underserved communities

267,000
Under-immunized children reached
Immunity gaps closed

72%
Vitamin A supplementation
Despite national supply constraints

WHO'S TECHNICAL LEADERSHIP & OPERATIONAL SUPPORT

Facilitated the Outbreak Response Fund application which mobilized USD 1.5 million for the campaign response.

Supported national and district microplanning to ensure accurate targeting and coverage.

Training of more than 20,000 health workers and 5,782 vaccination teams deployed across all six districts.

Strengthened campaign readiness through real-time data systems, daily monitoring, and rapid convenience assessments that guided targeted mop-up activities.

USD 1.5M
Outbreak Response Fund
Mobilized by WHO

20,000+
Health workers trained
Campaign preparation

5,782
Vaccination teams deployed
Across 6 districts

Outcomes & Impact

Following the campaign, measles transmission declined sharply across all six districts, with interruption of transmission by July 2025. The response also strengthened routine immunization delivery, surveillance, cold-chain management, and community trust in immunization services.

July 2025
Transmission interrupted
Across all 6 districts

Improved
Routine immunisation
Delivery & surveillance strengthened

Increased
Community trust
In immunization services

Protecting the Most Vulnerable: Malawi's Breakthrough Mpox Vaccination Drive

In 2025, Malawi made significant progress in controlling the Mpox outbreak through a rapid, well-coordinated reactive vaccination campaign that was strongly supported by the World Health Organization. The vaccination campaign, implemented from October to December 2025, aimed to interrupt transmission among populations at highest risk.

33,605
Doses delivered
October–December 2025

100%
Target population
reached Zero wastage

90%
Decline in new cases
After vaccination mid-October

3
Active cases remaining
By early December 2025

KEY ACHIEVEMENTS

Through meticulous microplanning, clear risk prioritization and the integration of Mpox vaccination into the broader outbreak response, the campaign delivered 33,605 doses, reaching 100% of the targeted population with zero wastage.

WHO's contribution was central to the success of the campaign providing technical guidance on policy decisions through MAITAG, facilitating emergency use authorization of the MVA-BN vaccine, and supporting the development of district-specific microplans.

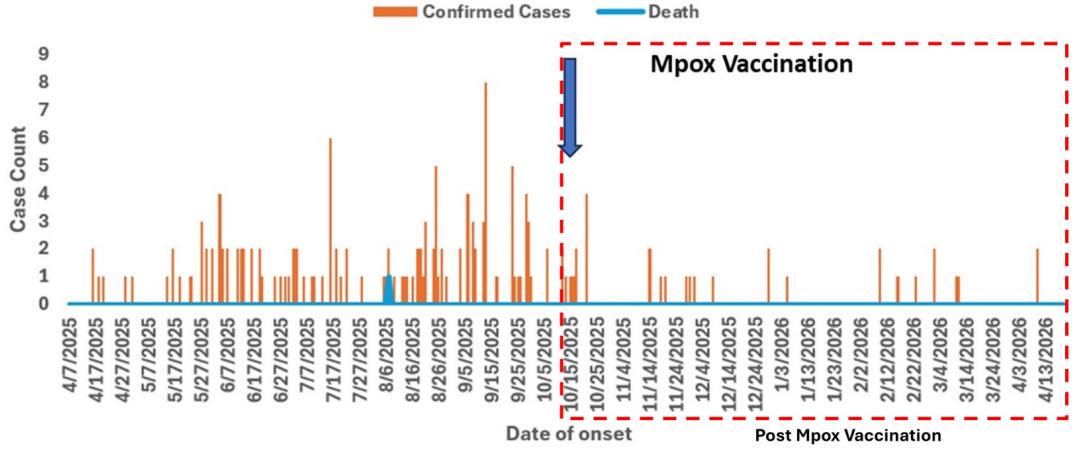
High-risk groups were effectively reached 74% of doses administered to key populations at highest exposure risk, 15% to health workers and 11% to contacts.

The demographic reach was equitable, with a near-equal distribution between males (48%) and females (52%), and the majority of vaccinations delivered to adults aged 18–39, the group most vulnerable to transmission.

The impact on Mpox transmission was immediate and substantial prior to vaccination, Malawi had recorded 147 confirmed cases and one death.

Following the start of vaccination in mid-October, new cases declined by nearly 90%, with only 15 cases reported in the subsequent six weeks and just three active cases remaining by early December.

The Impact of Reactive MPOx Vaccination Campaign in Malawi

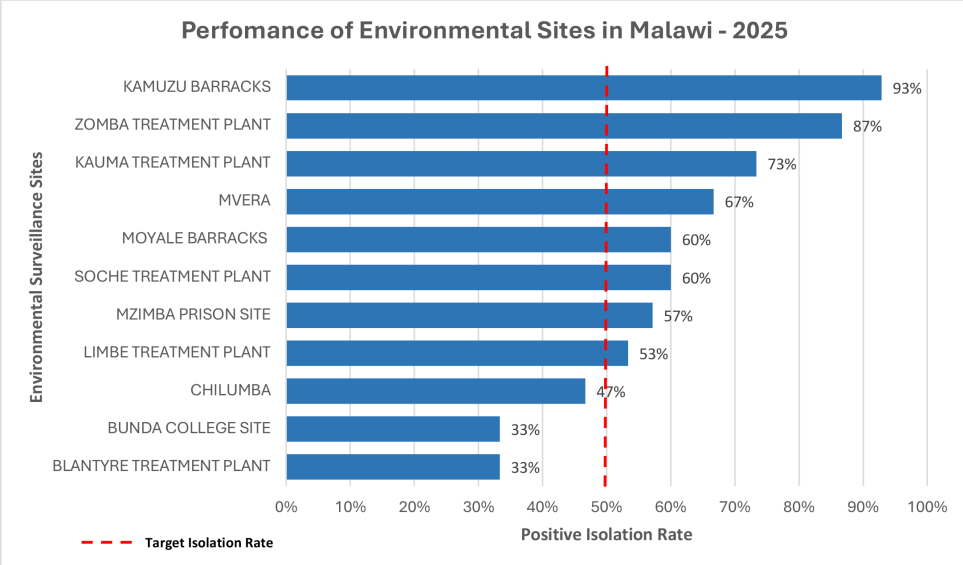


Cumulative Mpox Cases by Date seen at the facility

Strengthened Poliovirus Detection Through Environmental Surveillance

Environmental Surveillance (ES) continued to play a critical role in Malawi's efforts to strengthen early detection of polioviruses and other pathogens in 2025. Following the 2022 wild poliovirus outbreak declaration, Malawi expanded and optimized its ES system, establishing 16 sites, of which 11 remained functional by December 2025.

ES involves systematic wastewater sampling to detect poliovirus circulation even in the absence of clinical cases, offering an essential layer of sensitivity for national surveillance. Throughout 2025, WHO supported the Ministry of Health in implementing a comprehensive ES workplan, conducting routine supervision, monthly and quarterly desk reviews, and facilitating two national ES review meetings. The programme achieved a 99% sample collection and shipment rate, demonstrating strong operational performance.

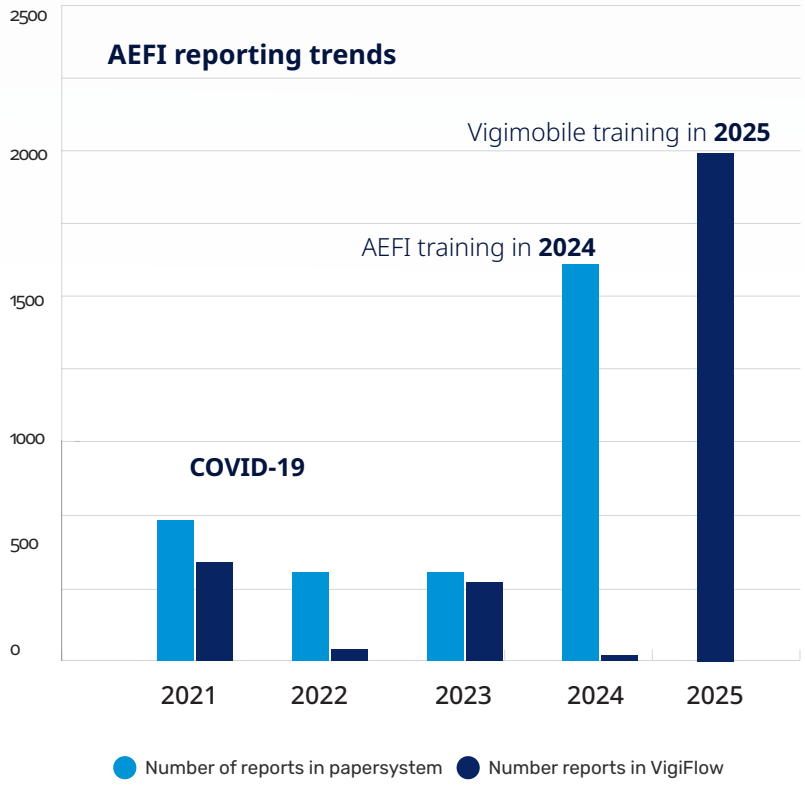


Accreditation Milestones for Measles Laboratory Capacity in Malawi

The successful accreditation of the Kamuzu Central Hospital (KCH) Measles Laboratory in 2025 marked an important milestone in strengthening Malawi's national diagnostic and surveillance capacity for measles and other vaccine-preventable diseases. Following an onsite assessment conducted from 13–17 October 2025, the laboratory was fully accredited for the 2025–2026 cycle, having exceeded WHO performance benchmarks. The laboratory achieved a score of 94% on the general checklist, 84% on the serology checklist, and demonstrated 100% proficiency in WHO serology testing for both measles and rubella reflecting strong technical competence, reliable testing performance, and adherence to regional reference standards.

Digital Tools, Real Impact: Reaching Every Child

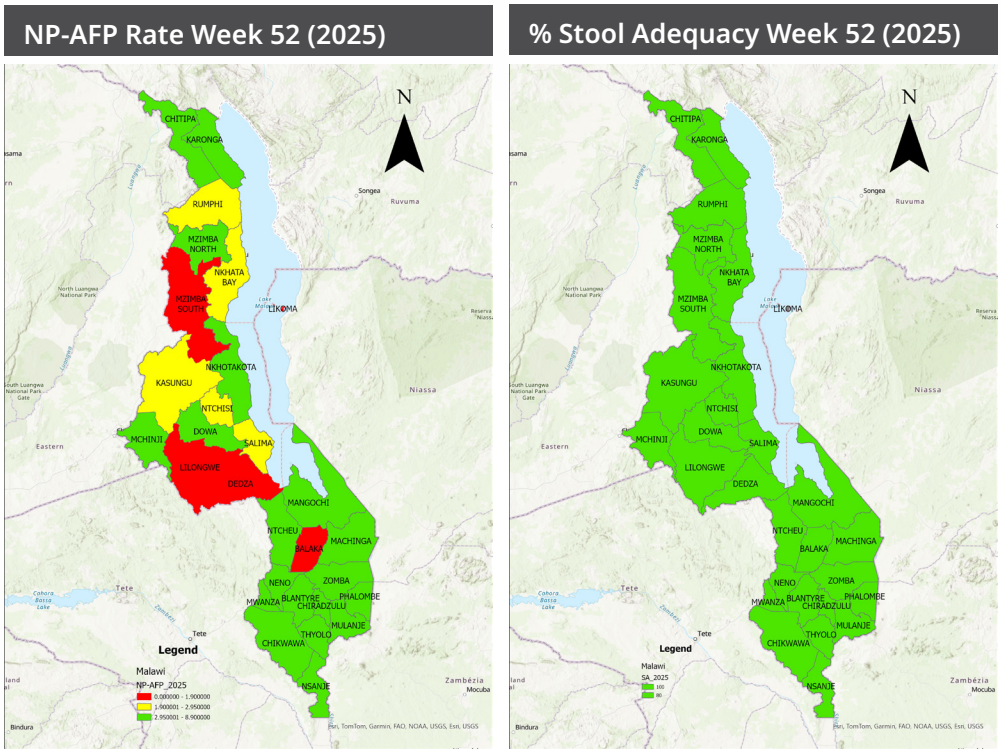
Sustaining >90% antigen coverage for all vaccines while eliminating zero-dose children in hard-to-reach areas requires sustained community outreach and digital tracking through the Companion App and VigiMobile AEFI system.



Improving Surveillance Performance Through Integrated Active Case Search

In 2025, WHO-supported Active Case Search (ACS) contributed significantly to strengthening Malawi's vaccine-preventable disease surveillance system. Quarter 1 ACS in January improved surveillance sensitivity across central and northern districts by identifying missed AFP and measles cases, including one AFP and two measles cases in Dowa and seven measles cases in Kasungu. Over 300 health workers and community informants were mentored, resulting in improved awareness of case definitions and reporting pathways. These efforts enhanced early detection and highlighted key system gaps such as staff knowledge deficits and facility-level inconsistencies in surveillance documentation.

Quarter 2 ACS was embedded within the national Measles–Rubella SIA, during which 2.3 million children were reached and case detection processes strengthened in high-risk districts experiencing outbreaks. This improved outreach contributed to reduced immunity gaps and enhanced measles surveillance sensitivity. Quarter 3 ACS, conducted across 27 districts, identified four unreported measles cases in Blantyre and sensitized 487 health workers, demonstrating strong surveillance reach. However, only one-third of districts met the benchmark for high-priority site visits, revealing uneven surveillance coverage. Quarter 4 ACS was integrated into national IDSR–EBS review meetings, resulting in strengthened data quality, better EBS signal verification, and improved district-level action planning despite persistent challenges with digital system stability and supervision logistics. Together, these efforts significantly improved Malawi's VPD surveillance sensitivity, workforce capacity, and outbreak preparedness.



NP-AFP Rate and %stool adequacy Week 52 (2025)

2.2 Communicable Diseases (HIV/TB/Malaria/NTDs)

Communicable Diseases in Malawi

Communicable diseases such as HIV, TB, malaria, and NTDs remain critical public health concerns in Malawi, disproportionately affecting marginalized populations, perpetuating cycles of poverty, and demanding sustained efforts in prevention, treatment, and awareness. Addressing these diseases is essential for achieving equitable Universal Health Coverage and sustainable development in the country. However, through joint efforts, the country has achieved significant progress in combating the main disease conditions.

Women account for 63% of adults aged 15–49 living with HIV. Prevalence is estimated at 7% among adults >15 years, with 14,000 estimated new infections in 2025. Over 1.27 million children under the age of 17 have been orphaned due to HIV and other causes. The Government of Malawi, with support from WHO and other partners, has implemented a robust response to the epidemic, guided by the National Strategic Plan for HIV and AIDS 2023–2027 prioritizing reduction in new HIV infections and AIDS-related deaths to achieve the UNAIDS 95-95 targets.

HIV and AIDS

KEY ACHIEVEMENTS

Malawi achieves the 95:95:95 UNAIDS target by end 2025
Malawi successfully achieved the 95-95-95 Global UNAIDS targets, marking a historic milestone in the fight against HIV :

- 95% of people living with HIV know their status.
- 95% of those diagnosed are on treatment.
- 95% of those on treatment have achieved viral suppression.

This accomplishment demonstrates the strength of Malawi's health system and the effectiveness of coordinated efforts among government, WHO, partners, and communities. It translates into fewer new infections, improved quality of life for people living with HIV, and a significant step toward ending AIDS as a public health threat. Additional progress was recorded in specific populations :

- Children (0–14 years): 100% of HIV-positive children were initiated on ART (performance 69-100-79), though the overall target was not fully met.
- Pregnant and breastfeeding women (e-MTCT program): 80% of clients remained in care one year after ART initiation, reflecting strong retention but highlighting the need for further improvement.

WHO Support in Safeguarding Malawi's HIV Response

In January 2025, Malawi's HIV/AIDS response faced a major disruption when the US government issued a stop-work order and withdrew financial support, halting critical services and threatening the continuity of lifesaving interventions. This sudden funding gap posed a serious risk to treatment access, program stability, and the country's progress toward achieving global HIV targets.

Recognizing the urgency of the situation, the World Health Organization (WHO) stepped in to provide immediate and strategic support to the Ministry of Health. WHO worked closely with national stakeholders to reprioritize planned HIV interventions and guide a comprehensive grant revision process. This effort ensured that the limited available resources were safeguarded and redirected toward the most critical, lifesaving interventions, including:

- Sustaining access to antiretroviral therapy (ART) for people living with HIV.
- Protecting services for pregnant and breastfeeding women under the elimination of mother-to-child transmission (e-MTCT) program.
- Maintaining viral load monitoring and essential diagnostics to support treatment adherence and suppression.
- Preserving community-based HIV services that provide outreach, counseling, and retention support.

Context & Impact :

Through WHO's technical guidance, Malawi was able to stabilize its HIV response during a period of financial uncertainty, preventing service interruptions that could have led to increased morbidity, mortality, and new infections.

Tuberculosis

Tuberculosis (TB) remains a major public health challenge in Malawi, despite significant progress since the adoption of the WHO recommended DOTS strategy in the early 1990s. The disease continues to exert a heavy socio economic toll on individuals, families, and communities, a burden further intensified by the high prevalence of HIV and the resulting TB/HIV co infection.

KEY ACHIEVEMENTS

- Declining incidence: TB incidence fell from 119 per 1,000 population in 2015 to 113 per 1,000 in 2024, with projections indicating a further reduction to 108 per 1,000 in 2025.
- Reduced mortality: Mortality decreased by 49% among HIV positive patients and by 63% among HIV negative patients.
- High treatment success: Treatment success rates remained high, reaching 91% in 2025.
- Improved case notification: Notification rates rose by 2% in 2025, reflecting better detection and reporting.

WHO STRATEGIC SUPPORT

- **Global Fund reprioritization:** Provided technical guidance for grant revision, ensuring resources were directed toward high impact interventions.
- **Drug resistant TB assessment:** Facilitated the Regional Green Light Committee (rGLC) review to identify and close gaps in MDR TB implementation, documented in the AFRO Joint GLC GDF Report.
- **Community outreach:** Supported mobile van TB screening and awareness campaigns ahead of 2025 World TB Day commemoration, strengthening prevention and case management.
- **Technical coordination:** Actively engaged in quarterly Sub Technical Working Group meetings, shaping decisions for more effective and efficient implementation.

Impact and Significance

Together, these achievements highlight Malawi's commitment to evidence-based interventions and global health targets. They underscore how joint efforts in HIV and TB control: Save lives by reducing incidence and mortality; Ease the economic burden on households and the health system; and Enhance productivity and resilience across communities. Malawi's progress reflects the power of coordinated action, strong partnerships, and WHO's strategic support in advancing public health outcomes and moving closer to global HIV and TB elimination targets.

Malaria

Malaria continues to pose a serious public health challenge in Malawi. In 2024, incidence stood at 467 per 1,000 population, with a mortality rate of 9 per 100,000 population. The 2021 Malaria Indicator Survey reported a prevalence of 9.5%, and in 2024 malaria accounted for 32% of outpatient visits and 16% of hospitalizations, highlighting its significant health and socio economic burden. Encouragingly, by 2025 Malawi registered a 43% decline in malaria incidence, a 27% reduction in

Malaria mortality and a 57% reduction in Malaria Prevalence in under-five children from the 2021 Malaria Indicator survey to 2025 Malaria indicator Survey. The significant improvements are largely driven by the mass Net distribution of insecticide treated nets (ITNs) and the introduction of the malaria vaccine in 11 high burden districts.

KEY ACHIEVEMENTS

Malaria response achievements and WHO contributions

National Achievements

- Incidence reduction: Malaria incidence, fell from 467/1000 population to 262 per 1000 population between 2024 and 2025, largely due to the mass ITN campaign in 2024/2025.
- Mortality decline: Malaria deaths dropped by 27% over the same period.
- Malaria Prevalence: Reduced from 10.5% (MIS 2021) to 4.5% (MIS 2025) in children under five.
- Treatment coverage: Remained high with more than 99% of malaria cases receiving first line treatment by the end of 2025.

WHO Contributions

- Mass Net Distribution: WHO chaired the National Task Force for the 2024/25 campaign, overseeing the distribution of 11 million ITNs.
- Global Fund reprioritization: Provided technical support for reprioritization and grant revision to refocus resources and maximize impact.
- Capacity building: Supported training facilitation for 80 participants for the 2025 Malaria Indicator Survey.
- World Malaria Day advocacy: Supported panel discussions emphasizing prevention and access to novel interventions, including the malaria vaccine.
- WHO also provided overall technical guidance to the program on governance and implementation.

Mass net distribution campaign under way in the community

Children sleeping under net

Neglected Tropical Diseases

Neglected Tropical Diseases are the key disease conditions targeted for elimination by 2030. They affect the world's poorest regions with suboptimal water safety, sanitation & access to health care. NTDs affect more than 1 billion people globally and are responsible for thousands of preventable deaths every year. They receive little to no attention and funding at Global and Country levels. Malawi has 9 NTDs that the country is working on, with 2 eliminated in 2020 (Lymphatic Filariasis and 2022 (Trachoma)

Key Achievements

- Mass Drug Administration: With WHO support, Malawi successfully delivered MDA for Onchocerciasis and Schistosomiasis, achieving over 80% coverage across targeted populations.
- Improved HAT treatment: WHO donated 38 blister wallets of Fexinidazole costing about $54,720, replacing more toxic drugs previously used for Human African Trypanosomiasis (HAT). Patients demonstrated better tolerance and improved treatment outcomes.
- Strengthened case management: WHO facilitated three mentorship visits across all four endemic districts, resulting in enhanced clinical practices and improved patient outcomes.
- Laboratory capacity building: WHO trained 18 laboratory personnel, improving diagnostic accuracy for HAT and strengthening surveillance systems.
- Rabies control training: WHO trained 120 healthcare workers nationwide on rabies prevention, case management, and data reporting, enhancing national response capacity.
- Research on Female Genital Schistosomiasis: In collaboration with the Ministry of Health, WHO conducted research in 2024/25 revealing a 32% prevalence of FGS among women aged 15–49 years, providing critical evidence for policy and programming.
- FGS training manual development: WHO contributed to drafting and reviewing the Ministry of Health's FGS training manual, now in draft form, which will guide standardized training and service delivery.

WHO Contributions

- Provided Financial and Technical support in the development of the National NTDS Master Plan 2023-2030, guiding the prioritization and implementation of NTD interventions in the country for next 8 years.
- Supported implementation of strategies leading to the Elimination of lymphatic filariasis in 2020, trachoma in 2022, and leprosy in 1994 as public health problems.
- Supported donation of drugs, planning and implementation of the Mass Drug Administration for Onchocerciasis and Schistosomiasis with coverage over 80%
- Supported hosting of international training on the use of the new treatment (Fexinidazole) for HAT

- Donated the new treatment (Fexinidazole) for Human African Trypanosomiasis (HAT)
- Supported supportive supervision and mentorship on case management doe Human African Trypanosomiasis.
- Supported training for 120 Health care workers across all the districts on Rabies control and data reporting in the country
- Supported research on Female Genital Schistosomiasis in 2024/25 showing a 32% prevalence among women of reproductive age group (15-49 years)
- Participated in the drafting and review of the FGS training manual for MOH, now in draft form

2.3 Non-Communicable Diseases

Malawi is recognized as one of the leading PEN-Plus implementation countries in Africa expanding NCD services for severe conditions to first-level referral facilities, advancing cervical cancer elimination, and establishing the national tobacco control framework.

Non-Communicable Diseases (NCDs) continue to pose a major public health challenge in Malawi, contributing significantly to morbidity and mortality across the population. They are now the second leading cause of death after HIV/AIDS, accounting for approximately 40% of all deaths in the country. Alarmingly, Malawi faces a 23% probability of premature death from NCDs, largely affecting individuals in their most economically productive years.

Data show that 61% of people living with NCDs are under the age of 40, highlighting the profound social and economic implications of the growing NCD burden. The major NCD categories cardiovascular diseases, endocrine disorders such as diabetes mellitus, cancers, and chronic respiratory diseases collectively contribute an estimated 40% of the nation's total Disability-Adjusted Life Years (DALYs) attributed to NCDs.

PEN-Plus national scale-up: 3 new districts integrated
Mchinji, Ntcheu, and Machinga increasing national coverage; district-based mentorship and supervision embedded.

2nd International Conference on PEN-Plus in Africa (2nd ICCPA), Abuja, Nigeria: Malawi among the leading performers in implementing PEN-Plus in AFRO region

Cervical cancer data quality assessment completed; SOPs revised; clinical guidelines updated.

FCTC multisectoral National Coordination Mechanism established ; tobacco control ToRs and roadmap validated; Alternative Livelihoods Workshop held (August 2025, Lusaka).

SOPs
Cervical Cancer
Guidelines & SOPs Revised

#1
PEN-Plus Leader in
Africa ICPPA 2025

FCTC
Multisectoral Tobacco
Coordination Mechanism
Established

LEADERSHIP IN ACTION

Graced the official national launch of the PEN-Plus scale-up lending the highest MoH reform leadership endorsement to the expansion of severe NCD services at first-level facilities."

Dr. Mattias Joshua

WHO PEN-Plus District-Based Scale-Up

Ntcheu · Machinga · Mchinji · WHO Malawi

3+
New PEN-Plus Districts Added
(Mchinji, Ntcheu, Machinga)

6
Mid-level providers trained
2 per facility

2
Trainees per facility
NCD coordinator + designated nurse

DISTRICT-BASED SUPPORTIVE SUPERVISION & MENTORSHIP

- Supportive supervision and mentorship conducted in newly enrolled sites Ntcheu and Machinga including baseline data analysis and on-site service delivery coaching.
- Sites equipped with necessary skills to implement high-quality PEN-Plus services for severe non-communicable diseases.

CAPACITY BUILDING OF MID-LEVEL PROVIDERS

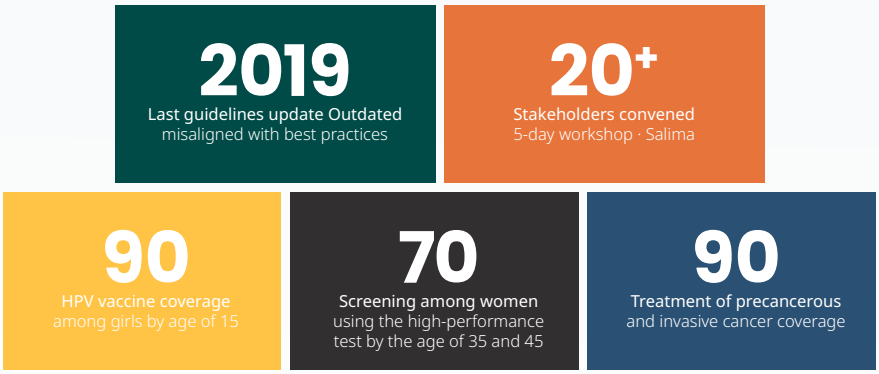
- 6 mid-level providers trained (2 per facility district NCD coordinator and designated nurse) across 3 new districts: Ntcheu, Machinga and Mchinji.

  Training ensured sites were adequately prepared to deliver high-quality PEN-Plus services for severe non-communicable diseases.

Official national launch of PEN-Plus scale-up graced by the Chief of Health Services (Reforms) in the Ministry of Health, Dr Mattias Joshua

The Revision of the Cervical Cancer Clinical Guidelines

NCDs · Cervical Cancer Elimination · WHO Malawi



Key Achievements

Malawi is among the leading countries in the African Region, implementing the PEN-Plus strategy, with the national scale-up officially launched and endorsed by senior Ministry of Health leadership.

The country has expanded service coverage by enrolling three additional sites Mchinji, Ntcheu, and Machinga with support from WHO.

Capacity for delivery of NCD services has been strengthened through the training of mid-level healthcare providers in newly established PEN-Plus sites, alongside the institutionalization of district-level supportive supervision and mentorship.

A cervical cancer data quality assessment was successfully completed, contributing to improved monitoring and reporting systems.

National cervical cancer clinical guidelines and training manuals have been revised and aligned with the latest WHO recommendations.

Multisectoral collaboration has been strengthened, with over 20 stakeholders actively contributing to the revision of cervical cancer guidelines.

A comprehensive joint WHO FCTC needs assessment was conducted, identifying key policy gaps and priority actions for tobacco control.

A multisectoral National Coordination Mechanism for tobacco control has been established, supported by a validated national roadmap to guide implementation.

Drafting team of the revision of cervical cancer clinical guidelines

WHO Framework Convention on Tobacco Control (WHO FCTC) in Malawi

NCDs · Tobacco Control · WHO FCTC · WHO Malawi

183rd
Party to WHO FCTC
Ratified August 2023

Feb 2025
National needs assessment
WHO AFRO & Country Office facilitated

6
Priority FCTC gaps identified
Smoke-free · Tax · Ads · Packaging · Industry · Cessation

KEY MESSAGES

- Malawi ratified the WHO FCTC in August 2023 becoming the 183rd Party to the treaty. This marked a major national milestone in strengthening public health protections against the harms of tobacco use and exposure.
- WHO AFRO and the WHO Country Office facilitated a national needs assessment, 10–14 February 2025 delivering a comprehensive, article-by-article analysis of Malawi's progress toward implementing WHO FCTC provisions, documenting existing strengths, policy gaps, and enforcement challenges.

- The assessment produced actionable recommendations for enhancing compliance with priority WHO FCTC measures, including smoke-free environments, taxation, advertising and promotion bans, packaging and labelling requirements, tobacco industry interference safeguards, and cessation support services.

- A key recommendation emerging from multisectoral consultations was the establishment of a National Coordination Mechanism (NCM) to guide implementation and oversight.

- The assessment also called for the development of a comprehensive national roadmap to operationalize Malawi's WHO FCTC commitments.

- The exercise established a solid foundation for Malawi's transition from ratification to full operational implementation of the WHO FCTC providing an evidence-based framework for policy reform and meaningful reductions in tobacco-related morbidity, mortality, and economic harm.

These recommendations position Malawi to accelerate its alignment with global standards and reduce population exposure to tobacco and its products.

Needs assessment stakeholders meeting graced by the Deputy Minister of Health, Honourable Noah Chimpeni

The establishment of the National Coordination mechanism

The national needs assessment for WHO FCTC implementation identified the establishment of a multisectoral National Coordination Mechanism (NCM) as a critical priority for strengthening governance and accelerating progress in tobacco control in Malawi. In response, and with technical and financial support from the WHO FCTC Secretariat and the WHO Country Office, the Ministry of Health initiated the formation of a national taskforce. In April 2025, a national consultative meeting was convened, bringing together over 35 stakeholders from government, regulatory bodies, civil society, and partner organizations to formalize the coordination structure. Through this process, key governance tools were developed, including the Terms of Reference, reporting and accountability frameworks, and a draft national roadmap for WHO FCTC implementation. The establishment of the NCM represents a significant milestone in operationalizing Malawi's commitments under the WHO FCTC, providing a structured platform for multisectoral collaboration, strengthening institutional leadership and accountability, and laying a solid foundation for the implementation of comprehensive tobacco control measures.

The establishment of the National coordination mechanism for tobacco control

LEADERSHIP VOICE

Graced the WHO-FCTC needs assessment stakeholders meeting signalling government commitment to implementing the Framework Convention on Tobacco Control and establishing the National Coordination Mechanism.

Hon. Noah Chimpeni

Context & Impact :

Deputy ministerial participation elevated the FCTC needs assessment from technical exercise to policy commitment, catalysing the national tobacco control roadmap development.

Scaling PEN-Plus to all remaining districts, funding the NCD commodity supply chain, and enacting tobacco control legislation are the key next steps for reducing NCD morbidity and mortality in Malawi.

2.4 Risk Communication and Community Engagement (RCCE)

WHO led coordinated risk communication and community engagement (RCCE) efforts across two major outbreaks in 2025 mobilising communities at scale, countering misinformation and driving protective health behaviours.

Cholera response RCCE

2.27M
People reached
RCCE messaging

360
HSAs trained
RCCE

84%
OCV campaign coverage
Cholera cases fell 276 - 30

KEY RCCE ACTIONS — CHOLERA

5 million+ people reached with RCCE messaging through mobile audio vans deployed across affected districts. Mass outreach

360 HSAs trained on cholera risk communication, community mobilisation and accurate messaging. HSA training

Community leaders activated to reinforce messaging at household and community level, building trust and reducing hesitancy. Community leaders

RCCE directly supported the OCV campaign achieving 84% coverage and reducing cholera cases from 276 to 30 within three months. Campaign outcome

Mpox response RCCE - Malawi's first Mpox outbreak

WHO led coordinated risk communication and community engagement (RCCE) efforts across two major outbreaks in 2025 mobilising communities at scale, countering misinformation and driving protective health behaviours.

10M+
People reached
RCCE messaging

780
Community leaders
Oriented on Mpox response

365
CHWs trained

100%
Vaccination coverage
All 12 affected districts

KEY RCCE ACTIONS — MPOX

10 million+ people reached with RCCE messaging during Malawi's first Mpox (Clade 1b) outbreak. Mass outreach

780 community leaders oriented on Mpox symptoms, transmission, prevention and response. Community leaders

365 Community Health Workers (CHWs) trained and deployed for community-level engagement and contact tracing support. CHW deployment

RCCE underpinned 100% vaccination coverage across all 12 affected districts and 99.6% testing coverage the highest in the WHO African Region. Highest in AFR

Next steps :

Sustained investment in community-based RCCE structures is critical to Malawi's ability to respond rapidly to future outbreaks. RCCE must be embedded as a standing function not only activated during emergencies with trained community networks, pre-approved messaging and operational financing ready to deploy.

2.5 Promoting Health and Well-Being

Background

In 2025, the Health Promotion and Disease Prevention (HP&DP) Cluster advanced its mandate to strengthen disease prevention, address social determinants of health, and promote healthy behaviours through enhanced community engagement, policy support, and multi-sectoral collaboration. The Cluster aligned its interventions with national priorities and WHO frameworks, focusing on equity, prevention, and capacity and systems strengthening.

Key Achievements

Strengthening Community Engagement and Advocacy for global health agendas

Promoting maternal and newborn health

The World Health Day on 7 April 2025 was commemorated under the theme "Maternal and Newborn Health." Activities included the dissemination of a high-level press statement and a nationally broadcast panel discussion in English and Chichewa on Malawi Broadcasting Corporation, contributing to increased public awareness and dialogue on maternal and newborn health priorities.

Promoting Blood Donation and Voluntary Action

The Cluster provided technical and financial support for the commemoration of World Blood Donor Day on 14 June 2025 under the theme "Give blood, give hope: together we save lives."

Key activities included :

- A pre-event public dialogue was held on 13 June at Lilongwe Teachers Training College, engaging approximately 70 students in discussions on voluntary blood donation;
- A main national event on 14 June at Area 25 Health Centre;
- Follow-up outreach through school-based blood drives.

These interventions resulted in the collection of 63 units of blood on the day of the event and a cumulative total of 273 units through subsequent mobilization efforts, contributing to improved availability of safe blood.

Integrated Health Days commemoration

In December, the WHO supported the Ministry of Health and Sanitation in implementing the National Integrated Health Day (Penta Health Days), held on 5 December at Chezi ADMAC Ground in Dowa District. The event was conducted under the theme "Celebrating Healthy Life, Protecting Health Equity, Honouring Dignity" and integrated multiple health promotion areas, including community health, palliative care, patient safety, and environmental health. The initiative reinforced integrated service delivery and community-level health promotion.

Resource mobilization to reducing injuries and deaths through road safety

The Cluster supported the Directorate of Road Traffic and Safety Services in developing two proposals for submission to the United Nations Road Safety Partnership (UNRSP) Fund. Malawi successfully secured funding for one proposal, a total $500,000 for the five countries, marking progress in mobilizing resources and strengthening national road safety initiatives.

Strengthening risk factors data, surveillance, and global reporting

The Cluster contributed to global monitoring and reporting processes through facilitation of national capacity assessments, including:

- The Global Status Report on Prevention of Violence Against Children;
- The Global Alcohol and Sugar-Sweetened Beverages Tax and Price Survey;
- The Global Tobacco Control Report.

These efforts enhanced the availability of national data and informed evidence-based policy and programmatic decision-making.

Sharing evidence-based interventions in health emergency preparedness and response

The WHO disseminated evidence-based interventions during the Malawi Environmental Health Association Conference, presentations on environmental surveillance for polio virus disease, cholera prevention and control, facility-based risk communication and community engagement in Lilongwe and cross-border community engagement in Chikwawa district. These contributions promoted best-buy interventions for health promotion and strengthened implementation of the International Health Regulations (IHR) for cholera control across Malawi and Mozambigue border.

Overall, the health promotion and health promotion interventions in 2025 contributed to strengthened community engagement, enhanced policy development, improved resource mobilization, and increased multisectoral collaboration. These efforts collectively supported the strengthening of Ministry of Health and Sanitation capacity support for health promotion, disease prevention in Malawi.

2.6 Climate Change and Health

Strengthened Climate-Resilient Health Systems

Malawi continues to actively participate in the UNFCCC Conference of Parties. In 2025, WHO supported the attendance of high-level delegates from the Ministry of Health, including the Chief of Health Services Technical, Deputy Director Planning Health Financing and National Programme Manager Health and Climate Change at the Health discussions during the UNFCCC COP 30 in Belem, Brazil. This support led to raising momentum and advocacy for the inclusion of health in the negotiation discussions. This resulted in ensuring that health is a central component of climate change dialogues and decisions, ultimately promoting a healthier and more sustainable future.

3. Emergencies preparedness and response

PUBLIC HEALTH EMERGENCIES

Malawi, a climate-vulnerable and resource-constrained country frequently affected by floods, droughts, cyclones, and disease outbreaks alongside significant nutritional and social vulnerabilities, has made notable progress in strengthening its capacity to prepare for and respond to health emergencies. This has been achieved through proactive plans, legal frameworks, operational guidelines, and sustained capacity building to advance health security.

At the same time, the country has enhanced laboratory diagnostic capacity and disease surveillance systems, enabling earlier detection and more effective responses. In 2025 alone, Malawi responded to seven public health emergencies - four climate-related events and three disease outbreaks, demonstrating growing resilience and a more coordinated, data-driven approach to managing complex and overlapping crises.

Key Highlights

Malawi Launches First Multisectoral National Cholera Control Plan (2025–2030) Malawi launched its first multi-year, multisectoral National Cholera Control Plan (NCP) 2025–2030, in alignment with the Global Task Force on Cholera Control (GTFCC) End Cholera Roadmap. This follows Malawi's identification of 118 of 421 Priority Areas for Multi-sectoral Interventions (PAMIs), laying the foundation for strategic cholera control actions.

Readiness capacity assessments : Supported timely Mpox, Marburg, Ebola, Cholera and Floods readiness assessments that led into anticipatory development of Preparedness Plans, Incident Action Plans, Guidelines, Tools and Training materials.

Mpox Readiness : Built capacity of 53 Health Care Worker trainers through Mpox TOT, which enabled consequent cascading of Mpox trainings through health partners support in priority districts.

Filovirus disease readiness assessment in 9 priority districts : Assessed risk-based screening protocols, emergency treatment units (ETU), isolation spaces surge requirements, referral pathways, conducted for community sensitizations for border communities, held multisectoral orientation meetings at 6 PoEs on application of public health measures.

Tested IHR capacities through Simulation exercises focused on detection, notification and emergency response at the national Public Health Emergencies Operations Centre (PHEOC), community, PHC, district health care facilities in a border district of Mchinji through support in functional simulation exercises in collaboration with partners.

Strengthened EMT Capacities : Supported operationalization of the Malawi Emergency Medical Team Coordination Cell (EMTCC) achieving development of EMTCC strategic guidance documents, terms of reference and Malawi National Emergency Medical Team (N-EMT) deployment guidelines as well as supporting scoping with potential twinning partnerships with international EMTs.

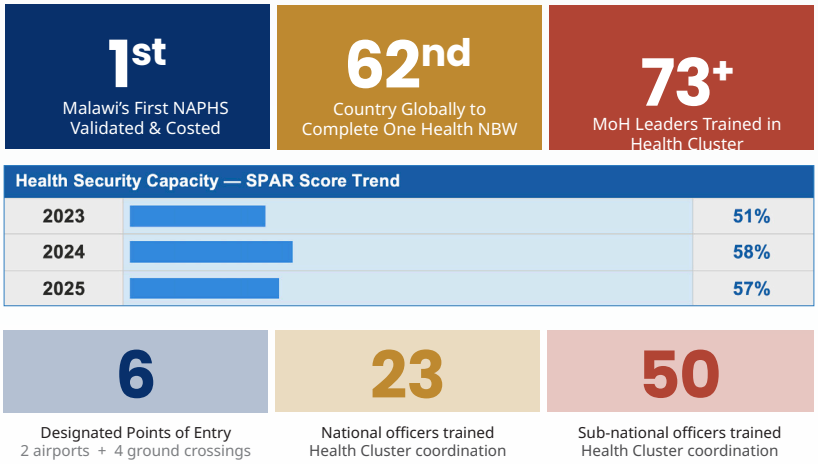
Strengthening joint collaborative humanitarian actions of the Health Cluster through inter-agency collaboration, reinforced through active engagement in the Inter-Cluster Coordination Group (ICCG) in collaboration with the Department of Disaster Management Affairs (DoDMA).

Mpox IAR conducted in collaboration with Africa CDC by 96 participants from national, district and community responders from government ministries, districts, laboratories, border control, civil society, and partners to assess pillar response actions.

3.1 Preparedness and International Health Regulations

Malawi made strides to improve health security and pandemic preparedness in alignment to International Health Regulations (IHR) 2005. In 2025, the Ministry of Health with support from WHO and partners embarked on the development of its National Action Plan for Health Security (NAPHS) and advanced multisectoral collaboration using the One Health approach through technical support towards drafting Malawi's One Health Policy, One Health Multisectoral Coordination Mechanism (OH-MCM) and operational support to the joint Government-UN Quadripartite multisectoral One Health Secretariat. In contribution to the Global Task Force on Cholera Control (GTFCC) 2030 agenda, Malawi conducted a high-level inter-ministerial launch of its Multi-year Multisectoral National Cholera Plan 2025-2030 in January 2025 following extensive national and global technical reviews in the previous year.

Key Highlights



From Assessment to Action: Malawi develops a Validated and Costed Five-Year Health Security Plan

Malawi reached a historic milestone with the development of its five-year National Action Plan for Health Security (NAPHS) utilizing a multisectoral whole-of-government approach, culminating in a validated and costed draft strategy that provides a comprehensive, multisectoral framework for strengthening national preparedness and response capacities.

Undertaken with technical and financial support from the WHO and partners and informed by Malawi's Joint External Evaluation (JEE), State Party Self-Assessment Annual Reporting (SPAR), National Bridging Workshop (NBW) outcomes, Performance of Veterinary Services (PVS) assessments, WHO Benchmarks Tool, intra- and after-action reviews; this milestone enabled the Malawi to translate assessment findings and recommendations into a coherent and prioritized national strategy in alignment to sectoral strategies including the Health Sector Strategic Plan III, ready for resource mapping (REMAP) for a coordinated and sustainable investment in National Health Security.

2025 ANNUAL REPORT

National Action Plan for Health Security
(NAPHS) Validation and Costing workshop

Malawi Strengthens One Health Governance and Multisectoral Collaboration for IHR Implementation

Malawi significantly advanced institutionalization of the One Health approach to strengthen multisectoral collaboration for health security and International Health Regulations (IHR 2005) implementation. A major milestone was the conduct of the One Health Quadripartite National Bridging Workshop (NBW) in August 2025 in Lilongwe, convened by the Ministries of Health, Agriculture, and Natural Resources and Climate Change, with technical facilitation from WHO, FAO, and WOAH, and follow-up engagement with UNEP through an Environment Bridging Workshop.

Malawi became the 62nd country globally and 31st in Africa to undertake this flagship One Health process, thereby enhancing cross-sector coordination, and strengthening joint surveillance and response capacities so that Malawi is better positioned to prevent, detect, and respond to zoonotic and emerging health threats at the human–animal–environment interface, reinforcing national and regional health security.

One Health Quadripartite
National Bridging Workshop (NBW)

Institutionalizing Cross-Border Coordination to Strengthen Border Health Systems in Malawi and its neighbours

Recognizing that infectious diseases transcend national borders, WHO and partners convened government representatives from Mozambique, Malawi, and Tanzania to a Tripartite Cross-Border Disease Surveillance meeting in Karonga Malawi to strengthen coordinated Mpox surveillance and response in high-mobility border areas, resulting into a a joint action plan with for harmonized cross-border Mpox surveillance and screening protocols at Points of Entry (PoEs) aligned with the International Health Regulations (IHR 2005), strengthened cross-border communication channels between IHR National Focal Points (NFPs) and reinforced border health capacities.

Cross-Border Coordination workshop
between Malawi, Mozambique and Tanzania

Strengthening Multi-Hazard Preparedness and Operational Readiness in Malawi

Malawi significantly strengthened multi-hazard risk profiling and operational planning utilizing the WHO Strategic Tool for Assessing Risk (STAR) 2025 process, updated its national risk profile, and developed a seasonal risk calendar to guide anticipatory decision-making. These efforts informed the development of a two-year National Health Emergency Response Operations Plan (NHEROP), establishing a structured all-hazards framework aligned with International Health Regulations (2005) and global health emergency preparedness principles.

The STAR process enabled evidence-based prioritization of 2 very high- and 11 high-risk hazards and other epidemic-prone diseases. Building on this risk analysis, Malawi transitioned from risk identification to operational planning through the development of the NHEROP, which defines coordination structures, incident management systems, emergency activation protocols, and linkages between national and subnational response mechanisms. These have enhanced Malawi's capacity to anticipate, prevent, detect, and respond to multi-hazard public health threats and shifting from reactive response to anticipatory, risk-driven preparedness.

Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cholera/ Acute Watery Diarrhea	Very high												
Floods	Very high												
Antimicrobial resistant microorganisms	High												
Rabies	High												
Civil unrest	High												
Human Trafficking	High												
Water pollution	High												
Deforestation	High												
Lake-level rise	High												
Measles	High												
Mpox (formerly monkeypox)	High												
Drought / Prolonged dry spells	High												
Strong winds	High												

Malawi multi-hazard risk calendar based on WHO Strategic Tool for Assessing Risk (STAR)

Operationalizing National PHEOC Standards Through Nationwide Training and District Roll-Out

Malawi operationalized national Public Health Emergency Operations Centre (PHEOC) standards through training to 804 district-level officers, which aimed to equip officers with practical knowledge and skills for public health emergency management and coordination, rapid activation, and clearer command structures.

PHEOC (Public Health Emergencies Operations Centre) Training for multidisciplinary district teams

Preparedness Milestones

Malawi's first validated, costed five-year NAPHS developed consolidating health security priorities across all 19 IHR technical areas; REMAP and Annual Operational Plans to follow.

One Health Quadripartite NBW (August 2025, Lilongwe) : 55 representatives from human, animal, and environmental health 62nd country globally; 12 strategic objectives and 37 priority activities.

National Cholera Control Plan 2025–2030 launched Malawi the first country in Africa to apply updated GTFCC tools; 118 of 421 Priority Areas for Multisectoral Interventions identified.

PHEOC National Handbook rolled out to all districts standardizing activation procedures, coordination mechanisms, and incident management functions.

Malawi significantly advanced its capacity to anticipate, prepare for, and respond to public health emergencies through strengthened multi-hazard risk profiling and operational planning. With technical support from WHO, the country conducted the Strategic Tool for Assessing Risk (STAR) 2025 process, updated its national risk profile, and developed a seasonal risk calendar to guide anticipatory decision-making.

The STAR process enabled evidence-based prioritization of very high- and high-risk hazards, including cholera, floods, cyclones, measles, polio, and other epidemic-prone diseases. Building on this risk analysis, Malawi transitioned from risk identification to operational planning through the development of the NHEROP, which defines coordination structures, incident management systems, emergency activation protocols, and linkages between national and subnational response mechanisms.

Context & Impact :

OPC submission is a formal signal that One Health governance has moved from technical recommendation to presidential-level policy priority foundational for IHR compliance.

3.2 Climate Responsive Disaster Readiness

Strengthened Resilience and Accountability in WASH towards disaster preparedness: Malawi's First WASH Accounts Initiative

The first round of WASH Accounts implementation in Malawi marked an important step toward strengthening transparency and accountability in tracking WASH sector financing. As part of this effort, the WHO provided technical and financial support for the preparation and deployment of data collectors, including the training of ten officers, followed by the systematic collection of WASH-related financial data from key stakeholders across the country.

Prior to the data collection phase, WHO also supported Government in establishing the WASH Accounts Task Force Committee and conducting preparatory trainings aimed at building a shared understanding of the WASH Accounts methodology and increasing stakeholder buy-in. These efforts were essential in laying the institutional and technical foundation for the implementation of the process.

The World Health Organization (WHO) provided technical and financial support to Malawi to conduct the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) survey. This support included the recruitment of a national consultant to lead data collection, analysis, and development of the Malawi GLAAS report. The report strengthens the country's evidence base on drinking water and sanitation governance, financing, and service delivery, and supports informed decision making, planning, and advocacy within the WASH sector. The GLAAS report can be accessed on **https://glaas.who.int/**

Strengthened Climate Resilient Early Warning and Alert Systems in Emergencies

With funding from the Health Sector Joint Fund (HSJF), the World Health Organization (WHO) implemented climate resilience pre mobilisation activities across six southern districts of Malawi Mangochi, Phalombe, Balaka, Machinga, Ntcheu, and Zomba aimed to strengthen readiness for Green Climate Fund (GCF) support to Save the Children. Central to this effort was the implementation of Early Warning, Alert and Response System for climate sensitive diseases (EWARS csd), including stakeholder engagement, access to and validation of integrated weekly meteorological and malaria surveillance data, and capacity building of 35 health workers on climate change and EWARS operation. These interventions enhanced data availability, coordination, and local technical capacity, enabling districts to better predict and proactively respond to climate sensitive disease outbreaks, particularly malaria, thereby reducing health risks associated with climate change and strengthening climate resilient health systems

WHO continues play a critical role in strengthening the implementation of the Early Warning, Alert, and Response System (EWARS) for climate-sensitive diseases in Malawi. WHO through HQ provided technical support to the Ministry of Health, which led to the capacity building of over 10 senior health staff and IT experts in operating EWARS for climate-sensitive diseases. This support has enhanced the ability of health workers both at national and district level to monitor and respond to climate-sensitive diseases more effectively, promoting better health outcomes and resilience against climate-related health threats.

3.3 Health Emergency Intelligence, Surveillance, and Diagnostics

Accelerating Early Detection : Strengthening Integrated Disease Surveillance and Response Nationwide

438
Health facilities supervised
Across 15 of 29 districts

8,293
Community health workers trained
Event-based surveillance

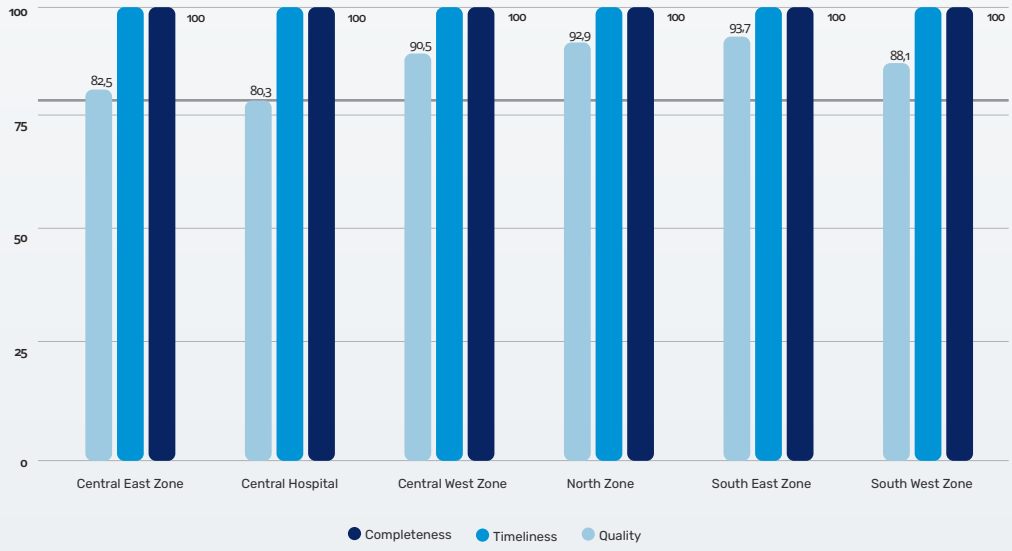
42,000+
Community volunteers trained
Nationwide in all 29 districts

100%
Outbreak reporting in 24hrs
100% data completeness

Malawi significantly enhanced its capacity for early detection, timely reporting, and rapid response to public health threats through strengthened implementation of the IDSR strategy. In close collaboration with the Public Health Institute of Malawi (PHIM), WHO provided sustained technical support to reinforce both indicator-based and event-based surveillance systems across the country. Supportive supervision and mentorship were conducted in 438 health facilities across 15 of Malawi's 29 districts, improving data quality, case detection, verification processes, and reporting practices.

At community level, Event-Based Surveillance (EBS) was scaled up nationwide, with training delivered in all 29 districts. A total of 8,293 community health workers and more than 42,000 community volunteers were trained to identify and report unusual health events, significantly strengthening Malawi's grassroots alert system and expanding surveillance reach into remote and high-risk areas. These investments translated into measurable system performance gains in 2025. All suspected outbreaks of epidemic-prone diseases werereported within the recommended 24-hour timeframe, health facilities consistently achieved 100% data completeness and 94% of facilities reported on time.

National Target of 80%



Strengthening Influenza Surveillance in Malawi

Malawi reinstated and strengthened its pandemic influenza surveillance system, restoring critical national capacity to detect and monitor influenza viruses after operations had stalled due to funding constraints. With WHO support, sentinel site functions were reactivated, and laboratory diagnostic capacity enhanced, including the provision of reagents for 5,500 tests. To enhance national reporting and international data sharing, nine national surveillance officers were enrolled into Global Influenza Surveillance and Response System (GISRS) , enabling direct upload of Malawi's influenza surveillance information to the global platform, reinforcing Malawi's contribution to global influenza monitoring.

Quality of surveillance was further enhanced through mentorship activities at 18 influenza sentinel sites, where WHO supported practical guidance on case detection, specimen handling, laboratory coordination, and data management. These efforts improved consistency and accuracy of influenza surveillance practices across the network.

Strengthening Detection and Diagnostic Readiness for Epidemic Response

Malawi significantly strengthened its national capacity for early detection and laboratory confirmation of epidemic-prone diseases through expanded diagnostic coverage, decentralization of testing, and enhanced genomic capabilities. With WHO support, laboratory systems were reinforced to improve testing availability, biosafety compliance, coordination, and turnaround time across priority pathogens.

Mpox Testing

Mpox testing capacity was substantially strengthened through the provision of PCR reagents, 4,000 GeneXpert cartridges, viral transport media (VTM), and essential consumables. Testing was decentralized to all laboratories nationwide through the GeneXpert platform, significantly reducing turnaround time and expanding access to timely screening. Malawi achieved 99.6% testing coverage for Mpox, the highest in the WHO African Region, a best practice recognized regionally, with the Ministry of Health invited to present its decentralization model to Member States across the AFRO region.

In addition, genomic sequencing reagents were procured to enhance Malawi's capacity to characterize circulating pathogens and detect mutations of public health significance. This strengthens the country's ability to monitor viral evolution, inform response strategies, and contribute to regional and global epidemic intelligence. Comprehensive capacity assessments were conducted at the National Reference Laboratory (PHIM), Queen Elizabeth Central Hospital (Blantyre), Kamuzu University Laboratory, and Mzuzu Central Hospital to evaluate readiness for Mpox PCR testing and broader laboratory strengthening. Refresher trainings, surge staff deployment, provision of PPE, laptops, UPS units, operational fuel, and biosafety enhancements further strengthened resilience across the laboratory network.

Improving Cholera Diagnostic Quality and Referral Systems

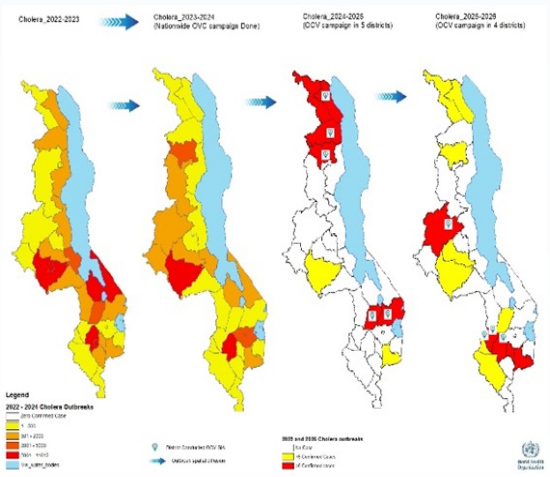
To improve the reliability and consistency of cholera confirmation, WHO, in collaboration with the Global Task Force on Cholera Control (GTFCC), trained 100 healthcare workers from 27 of Malawi's 28 districts through a Training-of-Trainers approach on laboratory confirmation and point-of-care testing. This strengthened district-level diagnostic competency and standardized cholera testing practices nationwide. Specimen referral systems were reinforced through the provision of 545 sample-packaging materials to 33 laboratories across 28 districts and pre-positioning of 140 Cary-Blair transport media in four high-risk cholera districts, ensuring safe and timely transport of samples during outbreaks.

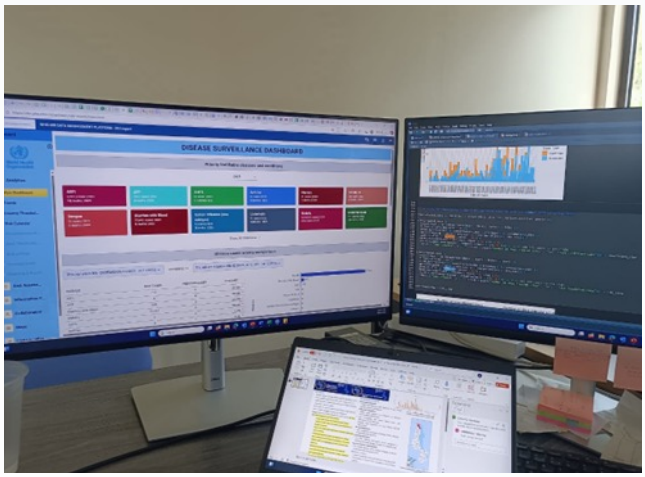
Strengthening Data Quality and Public Health Intelligence

Malawi enhanced the quality, timeliness, and strategic use of data for decision-making through strengthened analytics and improved information management systems. The WHO provided technical support to the Ministry of Health to upgrade data analysis, visualization, and reporting capacities during public health emergencies. Throughout all outbreaks in 2025, WHO conducted geospatial (GIS) analyses to map affected areas and transmission patterns. These visualizations were integrated into official government information products, including situation reports and outbreak bulletins, improving real-time situational awareness and supporting targeted response interventions at national and district levels.

To strengthen data integrity, WHO facilitated data management review workshops across all five zones, where data officers received mentorship on data cleaning, validation, analysis, and reporting practices. This hands-on capacity building improved accuracy, consistency, and reliability of emergency surveillance data across reporting units.

Regular production and dissemination of public health intelligence products were sustained throughout the year. In 2025, 52 weekly IDSR bulletins and 56 Situation Reports were produced for public health emergencies. These products strengthened risk communication, supported evidence-based decision-making, and ensured coordinated response actions across partners.





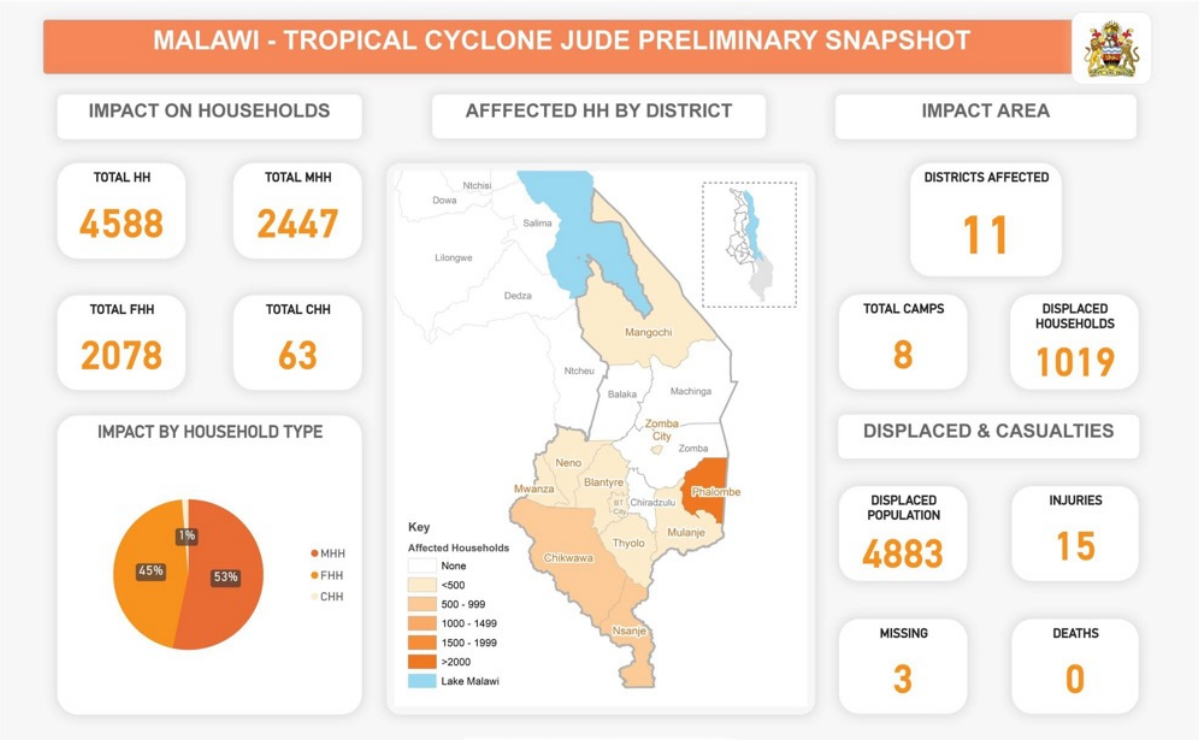
Strengthening Risk Intelligence and Situation Analysis for Emergency Response

WHO supported structured risk assessments for all cholera and Mpox events. These assessments systematically analyzed transmission dynamics, population vulnerability, geographic spread, health system capacity, and projected impact scenarios. The findings informed response scale-up, resource prioritization, and operational planning, enabling the Government to implement proportionate and timely interventions.

As Health Cluster co-lead, WHO also supported the Department of Disaster Management Affairs (DoDMA) in conducting rapid multisectoral assessments following Cyclone Chido, Cyclone Jude, flood events, and situations involving Forcibly Displaced Persons (FDPs) from Mozambique. These rapid assessments generated critical early intelligence on health risks, service disruptions, infrastructure damage, WASH conditions, and priority needs among affected communities. The findings informed coordinated inter-cluster response planning, deployment of mobile medical teams, pre-positioning of supplies, and targeted health interventions in high-risk districts.

To complement these efforts, WHO conducted Public Health Situation Analyses (PHSA), synthesizing epidemiological trends, environmental risk factors, displacement patterns, and response gaps into actionable strategic briefs. The PHSA process strengthened leadership decision-making by translating complex surveillance and field data into clear operational recommendations, supporting anticipatory actions and risk mitigation measures.

By strengthening risk intelligence and multisectoral assessment capacity, Malawi improved its ability to anticipate health impacts, prioritize vulnerable populations, mobilize resources efficiently, and implement coordinated, timely responses during cholera outbreaks, Mpox events, cyclones, floods, and displacement crises.



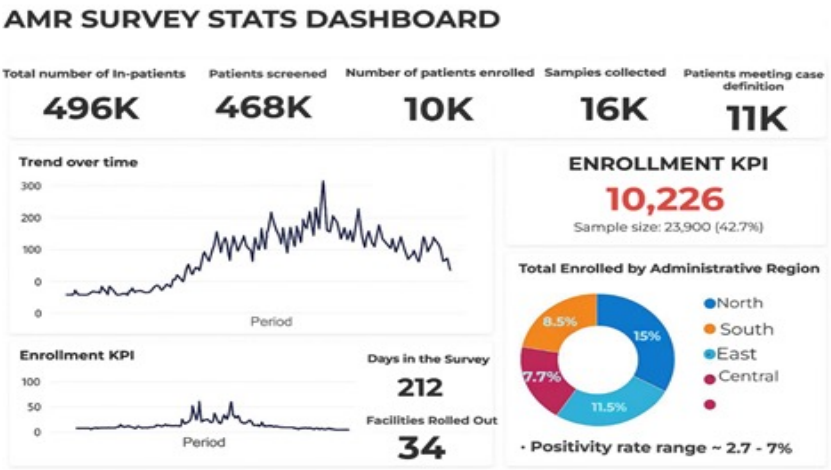
Source: Department of Disaster Management Affairs, Malawi

3.4 Antimicrobial Resistance

Malawi Pioneers Regional Leadership in Estimating the Burden of Antimicrobial Resistance – The Implementation of a National Wide AMR Burden Survey

Malawi has achieved a significant milestone by becoming the first country in the African region, and the second globally, to implement the comprehensive Nationwide Antimicrobial Resistance (AMR) Burden Survey. This places Malawi at the forefront of regional efforts to generate high quality, nationally representative evidence to inform AMR surveillance, policy formulation, and health system strengthening. Launched in April 2025 with funding from the Fleming Fund through the WHO Headquarters to generate robust estimates of both the health and economic burden attributable to AMR in Malawi, the survey was officially launched in April 2025 by the Deputy Minister of Health.

The survey covers 34 public and private health facilities targeting to 23,631 patients presenting with suspected human bloodstream infections (BSIs), is underpinned by stringent research governance and ethical safeguards by both the WHO Ethics Review Committee and the Malawi National Health Sciences Research Committee (NHSRC). This initiative not only strengthens national AMR surveillance capacity but also contributes critical data to the global AMR evidence base, reinforcing Malawi's leadership in advancing public health research and policy.

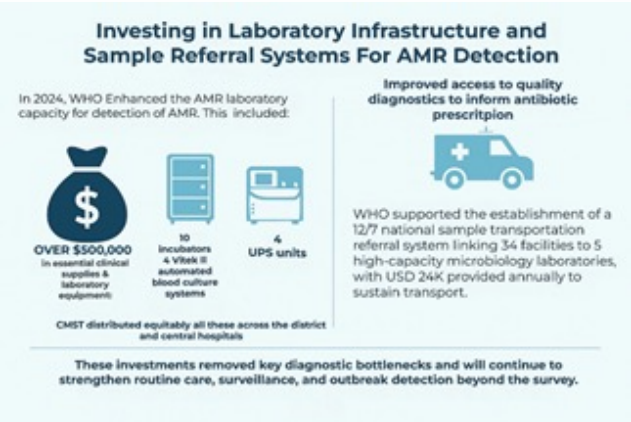


April 2025: Official launch of the National AMR burden survey graced by Malawi Deputy Minister of Health, Secretary for Health and WHO Representative

AMR SURVEY STATS AS OF DECEMBER 2025

By December 2025, Malawi had rolled out the AMR Burden Survey across all 34 public and private health facilities, enrolling 10,226 patients with suspected bloodstream infections (43.4% of the 23,631 target), with positivity rates of 2.7%–7% across sites. This scale of implementation enables credible national estimates of AMR related illness, deaths, and economic costs, directly informing policy and positioning Malawi as a regional leader in evidence based AMR response. As a result of the AMR Burden Survey, Malawi has significantly strengthened its bloodstream infection (BSI) diagnostic capacity, with all 34 laboratories now competent in blood culture processes, including sampling, incubation, and handling of positive specimens.

The five central hospitals, acting as Central Reference Laboratories, can perform automated identification and antimicrobial susceptibility testing (ID/AST), apply WHO-standard interpretation, and maintain strong quality systems, achieving over 95% concordance with regional reference labs. Investments in equipment such as Vitek 2 systems, incubators, backup power, and essential supplies have created a stable and harmonized national diagnostic network. At the same time, a fully integrated courier-based referral system with real-time tracking and digital reporting now links all facilities, ensuring equitable access to confirmatory diagnostics. These combined improvements have reduced turnaround time for pathogen identification and susceptibility testing from 14 days to 4 days, a 71% reduction, greatly improving the timeliness and reliability of results.



WR Dr Neema Kimambo delivering the donation of supplies and equipment to Deputy Minister of Health and Secretary for Health MOH

These laboratory gains have translated into tangible improvements in patient care and clinical outcomes. More than 700 clinicians have been trained in AMR-focused case management, supporting a shift from empirical treatment to targeted, culture-guided therapy. As a result, at least 571 confirmed BSI cases received organism-specific treatment, improving the precision and effectiveness of care. Faster diagnostic turnaround has enabled earlier clinical decision-making, contributing to reduced mortality risk associated with delayed treatment and shorter hospital stays. Additionally, improved detection of multidrug-resistant and ESBL-producing organisms has strengthened infection management and antimicrobial stewardship. Overall, these advances are contributing to better patient survival, more rational use of antibiotics, and a reduced burden on the health system.

WHO staff and MoH staff pose in front of a **WHO-donated** laboratory sample incubator

Endorsement of the Second AMR National Action Plan (2025–2030)

WHO co led the development of Malawi's Second National Action Plan on AMR (2025–2030) This costed NAP aligns with national priorities, global AMR frameworks, and the One Health approachand provides a clear roadmap for strengthening one-health governance and coordination effortsAMR surveillance, and infection prevention efforts despite significant unding gaps for its full operationalization.

3.5 Epidemics and Humanitarian Health Response

Emergency Response Summary

51,000+	20,000+	2,044	5M+
People reached Cyclone Jude response	People reached Cyclone Chido response	FDPs served Nsanje District Nyamithuthu Camp	People reached Cholera RCCE campaign

In 2025, WHO Malawi was faced with an unprecedented convergence of climate related shocks, population displacement, and infectious disease outbreaks that placed severe strain on the national health system. In close partnership with the Ministry of Health, WHO provided leadership across successive emergencies of Tropical Cyclones Chido and Jude, Influx of Forcibly displaced persons in Nsanje and major Cholera and Mpox outbreaks ensuring rapid coordination, mobilization of resources, risk assessments, and continuity of essential health services. Through its role as Health Cluster co lead, WHO aligned government and partner actions, enabling a timely, integrated, and multisectoral national response extending to affected districts.

Across these emergencies, WHO's interventions focused on protecting lives, preventing secondary public health crises, and strengthening heath system resilience. Over ten million people were reached through restored and expanded health services, strengthened disease surveillance, safe and scalable clinical care, access to life-saving medical countermeasures, and community driven risk communication. The successful containment of Cholera and Malawi's first Mpox outbreak demonstrated the effectiveness of coordinated emergency leadership and sustained preparedness investments, reinforcing Malawi's capacity to withstand and respond to future health emergencies.

Coordinated Response to Tropical Cyclone Jude

WHO interventions ensured continuity of essential health services and reduced public health risks for displaced and cyclone affected populations, with over 51,000 people reached through curative and preventive health services. Between 15 March and 11 April 2025, WHO supported the delivery of integrated outreach clinics in 12 internally displaced persons (IDP) camps, providing curative healthcare to 11,211 individuals and preventive services to 40,106 people, including health screening, health education, and referral support. These interventions minimized disruptions to access to care, addressed urgent health needs, and mitigated risks of disease outbreaks among displaced populations.

As Health Cluster co-lead, WHO supported the Government of Malawi in:

- **Activating the cluster**
- **Conducting rapid health risk assessments**
- **Coordinating the implementation of the health response plan**

Outreach clinics being conducted in Mulanje District

Dignity kits provided to women in a camp in Mulanje district

Response to Tropical Cyclone Chido

Access to essential health services was restored for over 7,000 people in Dedza District and 13,000 people in Chikwawa District through WHO supported rehabilitation of Mganja Health Centre and Mfera Health Centre, respectively. These interventions enabled the safe resumption of outpatient, maternal and child health, pharmacy, and other priority health services, helping to prevent service interruptions and secondary public health crises in cyclone affected communities.

In parallel, WHO strengthened disease surveillance in affected districts, enhancing early detection and timely response to epidemic prone diseases and reducing the risk of Cholera, acute watery diarrhoea, Malaria and other outbreaks. WHO also distributed Interagency Emergency Health Kits (IEHK) and pneumonia kits to address immediate service delivery gaps and supported Risk Communication and Community Engagement activities to promote safe water use, hygiene practices, Malaria prevention and early health seeking behaviour.

Damage from Tropical Cyclone Chido at Mganja Health Centre in Dedza

WHO support restored health services at Mganja health centre enabling access to essential health services

Pneumonia kits donated at Mganja health centre in Dedza enabling management of over 200 cases

Response to Forcibly Displaced Persons (FDPs) in Nsanje District

WHO interventions ensured access to essential health services for FDPs in Nsanje District, reaching 2,044 individuals through integrated clinical services at Nyamithuthu Camp and significantly reducing pressure on surrounding health facilities.

WHO supported the establishment and operationalization of a clinic providing preventive and curative care, including under five services, antenatal care, sexual and reproductive health services, and general outpatient consultations, with an average of 50 patients seen per day. To sustain quality service delivery, WHO deployed surge staff for three months, ensured uninterrupted availability of essential medicines through stock assessments, provided 5,200 health passports, and supplied basic clinic infrastructure and consumables, enabling effective primary healthcare delivery in the camp setting.

Nyamithuthu camp clinic in operation

Containing Cholera Through a Coordinated Multisectoral Response

Malawi successfully contained cholera outbreaks across six high burden districts of Balaka, Machinga, Mangochi, Zomba, Mulanje, and Thyolo achieving sustained outbreak control within 6 months. By the second quarter of 2025, only three sporadic cases were reported nationwide, marking a major improvement compared to the prolonged 2022–2024 epidemic.

1

Emergency Coordination:

WHO supported the Ministry of Health to lead a coordinated multisectoral response, strengthening national and district-level outbreak management and decision-making. Emergency coordination mechanisms enabled rapid prioritization of hotspot districts, deployment of response teams, and alignment of health, WASH, and PSEAH, ensuring timely implementation of control measures despite the compounded challenges of cyclones Chido and Jude and flooding during the 2024–2025 season.

2

Collaborative Surveillance:

Early detection and rapid response were reinforced through strengthened surveillance and field investigation capacity. WHO supported 57 deployments of District Rapid Response Teams and ensured 179 Acute Watery Diarrhoea alerts were investigated within 24 hours, enabling prompt Case Area Targeted Interventions (CATI) and Cluster Targeted Interventions (CLUSTI). This significantly reduced delays between detection and response, contributing to early interruption of transmission.

3

Safe and Scalable Care:

WHO strengthened cholera case management and infection prevention and control across 10 Cholera Treatment Units, providing onsite mentorship, standardized treatment protocols, IPC assessments, mortality audits, and water quality testing. In hotspot communities, 12 Oral Rehydration Points were established to improve early access to care. WHO supported updating Cholera IPC/WASH guidelines and SOPs and over 1,000 various IPC/WASH SOPs and posters were printed and distributed to priority health facilities.

Cholera case management supplies made available at Nkomaula Cholera Treatment Unit in Mulanje District through UNCERF funding

4

Access to Countermeasures:

To ensure uninterrupted response capacity, WHO procured and pre-positioned 53 cholera kits valued at USD 350,000, containing essential medicines, laboratory supplies, logistics materials, and investigation tools. In addition, WHO supported a reactive Oral Cholera Vaccine (OCV) campaign in January 2025, deploying approximately 680,000 doses across five districts. The campaign achieved 84% single-dose coverage, vaccinating over 570,000 people, and contributed to a sharp decline in reported cases from 276 cases in the three months before vaccination to 30 cases in the three months after.

5

Community Protectio:

WHO strengthened Risk Communication and Community Engagement (RCCE), reaching over 5 million people with cholera prevention, hygiene, and early care-seeking messages through community leaders, health facilities, mobile audio campaigns, and community-based surveillance activities. Capacity of 360 Health Surveillance Assistants was enhanced to support household-level prevention and early detection. PSEAH was integrated throughout the response, with 198 community leaders oriented on protection principles to safeguard vulnerable populations.

In the preparatory phase of the campaign, local leaders across the districts were oriented on the Oral Cholera Vaccine and its benefits to the communities. In each district 60 leaders were reached, and a total of 300 local leaders were reached in 5 districts. Village-criers were also involved and through their morning and evening announcements, an estimated 650,000 community members were reached. Each of the 5 districts has a community radio station where messages were also announced, reaching an estimated total of 788,000 community members. In the 5 districts, mobile van announcements were intensified, reaching a total of 430,000 community members. All these efforts were targeted at creating demand, promoting benefits of the vaccine and access, and contributed to the successful uptake of the vaccine in the communities.

Containing Malawi's First Mpox Outbreak through preparedness

Malawi's ability to rapidly contain its first ever Mpox outbreak (Clade 1b) in April 2025 was the direct result of strengthened preparedness, early readiness measures, and established emergency response systems. Within months of detection, transmission was interrupted, 146 cases were successfully managed with a low case fatality ratio of 0.68%, and no active contacts remained, preventing widespread national escalation despite high urban case concentration and cross border risk.

146
Mpox cases managed
Clade 1b first-ever outbreak

0.68%
Case fatality ratio
Low transmission interrupted

99.6%
Testing coverage
Highest in WHO African Region

100%
Vaccination coverage
All 12 affected districts

1

Emergency Coordination:
WHO supported the rapid activation of the National Incident Management System following confirmation of the first case on 16 April 2025 and official outbreak declaration on 17 April 2025. Incident management structures enabled coordinated leadership, rapid deployment of response teams, and alignment of surveillance, case management, IPC, RCCE, and logistics across affected districts. An Intra-Action Review was conducted to assess response performance and integrate Mpox preparedness into routine health system functions.

2

Collaborative Surveillance:
WHO strengthened nationwide Mpox surveillance across all 29 districts, including active case search, systematic contact tracing, line-listing, and daily reporting. The outbreak affected 12 districts, with Lilongwe accounting for approximately 72% of cases. Laboratory capacity was rapidly expanded nationwide, achieving 99.6% testing coverage, supported through provision of GeneXpert cartridges, reagents, PPE, and sample transport.

3

Safe and Scalable Care:
WHO's preparedness investments in Mpox case management guidelines and job aids were central to the rapid and effective management of Malawi's first Mpox outbreak. WHO supported the dissemination of national Mpox case management guidelines developed during the preparedness phase, alongside IPC/WASH standards, screening protocols, and clinical pathway tools. The guidelines provided clear criteria for case classification, severity assessment, and referral pathways, enabling health workers to triage patients appropriately and ensure right-level care at secondary or tertiary facilities. Development of Home-Based Care Guidelines further enabled safe management of mild cases at community level and has since served as a reference model for other countries in the region. WHO mounted an effective and timely response within 48 hours at the epicentre of the outbreak by supporting the establishment of Malawi's first-ever Mpox Treatment Centre at Kamuzu Central Hospital. Capacity-building trainings were conducted in 15 districts and a health facility IPC-WASH rapid assessment was conducted in nine districts.

4

Access to Countermeasures:

WHO supported access to essential medical and operational countermeasures, including diagnostics, IPC commodities, and vaccines. In September 2025, Malawi received 33,605 doses of Mpox vaccine, followed by a reactive vaccination campaign in October 2025 across all 12 affected districts. The campaign achieved 100% coverage of the targeted population, accelerating transmission control and reducing the risk of resurgence.

5

Community Protection:

A comprehensive Risk Communication and Community Engagement strategy was implemented to increase awareness, counter misinformation, reduce stigma, and promote early care-seeking. Engagement activities reached 780 traditional, religious, and community leaders, while 365 community health workers were oriented on Mpox prevention and referral pathways. Multi-channel communication media including SMS, radio, mobile vans, and social media reached over 10 million people nationwide. All Points of Entry were equipped with Mpox RCCE materials to strengthen screening and early detection. In 12 districts, special targeted health promotion interventions were employed for vulnerable populations including sex workers, with a total of 360 sex worker leaders and 240 bicycle taxi leaders (Kabaza) reached. An estimated 1,780,000 community members were reached through radio jingles and community programs. All these efforts contributed to the 100% uptake of the Mpox vaccine.

3.6 Operations support and Logistics for Health Emergencies

key figures on supplies procured and delivered

USD 11.5M
Total supplies procured Essential medicines, lab equipment, emergency commodities

USD 9M
World Bank COVID-19 project Preparedness funding

USD 1.6M
WHO–World Bank Genomics Sequencing & diagnostics project

In 2025, the Operations Support and Logistics (OSL) unit played a critical enabling role in Malawi's emergency preparedness and response efforts, ensuring timely procurement, warehousing, distribution, and operational support across multiple concurrent public health and humanitarian emergencies. Through coordinated supply chain management and infrastructure support, OSL ensured uninterrupted delivery of essential health services despite significant system pressures. OSL supported the establishment and equipping of temporary health service delivery points in displacement settings and oversaw renovation of temporary health posts in Dedza and Nsanje to restore safe service environments.Commissioning and structured decommissioning of 6 Cholera Treatment Units (CTUs) were facilitated to ensure rapid scale-up during peak transmission and orderly transition as the outbreak was controlled.

Emergency Medical Team members were further capacitated in the design, commissioning, and decommissioning of temporary treatment units, strengthening national readiness for future emergencies. Critical medical supplies were procured, pre-positioned, and distributed to reinforce rapid response capacity. This included Interagency Emergency Health Kits, malaria modules, 10,000 health passport books to ensure continuity of care, Mpox PCR reagents, 17 GeneXpert machines to expand diagnostic capacity, 545 sample packaging kits to 33 laboratories, and 140 Cary-Blair media in Cholera high-risk districts. OSL ensured efficient last-mile delivery and inventory oversight to prevent stock disruptions during peak response periods.

In total, essential medicines, laboratory equipment, and emergency commodities valued at over USD 11.5 million were procured and delivered, including USD 9 million under the World Bank COVID-19 Preparedness Project, USD 1.6 million under the WHO–World Bank Genomic Sequencing and Diagnostics Project, and additional resources mobilized through UN CERF, FCDO, KfW, and APHEF. Robust warehousing, tracking, and distribution systems ensured these investments translated into functional service delivery at district and facility level. Through strengthened logistics coordination, infrastructure rehabilitation, and strategic procurement, OSL enhanced operational readiness, safeguarded continuity of care, and reinforced Malawi's resilience to public health emergencies.

Cholera Response

WR inspecting WHO procured essential medicines and supplies at CMST. Supplies procured under the World Bank Grant


World Health
Organization

4. Country Support and Enabling Functions

4.1 CSU Success Stories for 2025

Introduction

In the face of ongoing financial constraints, the WHO Malawi Country Office has demonstrated resilience and ingenuity by implementing a range of efficiency measures to maximize its impact. These success stories showcase a strong commitment to accountability, collaboration, and innovative problem-solving, and reflect a strategic approach to resource management. The initiatives undertaken by the country support unit not only demonstrate effective stewardship of funds but also position the WHO as a trusted partner in health sector leadership. Below are key success stories that underline the office's achievements during the reporting period.

Operational Efficiency: Quantified Achievements

1. Compliance and Financial Discipline

100% adherence to the AC allocation memo and 2024–2025 flexible funding guidelines.
Zero budget overruns recorded during the reporting period.
Ensured all expenditure remained within approved ceilings, strengthening fiscal accountability.

The WHO Malawi Country Office demonstrated strong financial discipline by meticulously adhering to the AC allocation memo and applying the 2024–2025 flexible funding guidelines. This ensured that the office maximized the use of available resources while remaining within approved expenditure boundaries. Adherence to these principles reinforced the office's commitment to accountability and responsible budget management, serving as a model for effective fund stewardship amid constrained funding.

2. Resource Mobilization and Strategic Leverage

Mobilized over USD13 million in local funding during the 2024–2025 biennium.
Represents a 40% increase compared with previous biennium
Recruitment of an External Relations Officer directly contributed to expanding donor portfolio by at least 4–6 new funding streams.

Despite a challenging financial climate, the WHO Malawi office mobilized over USD 15 million in the 2024–2025 biennium from local donors and development partners. This remarkable achievement is attributed to cohesive teamwork, strong leadership, and the strategic recruitment of an External Relations Officer funded through the CPCP. This dedicated role significantly enhanced the office's visibility and engagement with partners, securing new funding streams.

3. Cost Recovery Enhancements

Negotiated a 25% staff cost recovery component for all new donor funded projects.
Reduced pressure on flexible AC funds by redirecting an estimated 20–25% of core staffing costs to cost recovery mechanisms.
Resulted in an estimated USD 1.5–2.2 million annual relief to AC funds.

To ease pressure on flexible assessed contribution (AC) funds, the office successfully negotiated with donors to include a 25% staff-cost component in all funding proposals. This strategy fostered a more sustainable financing model, ensuring that core staff positions were supported through project funding, thereby expanding the scope for technical program delivery without increasing reliance on scarce core funding.

4. Travel Efficiency and Cost Reduction

A. Local Travel Reduction

- Reduced local travel by 25%, achieved by empowering government counterparts to implement activities.
- Estimated savings: USD350,000 per year, based on typical local mission costs.

B. Driver Shuttle System

- Introduced fleet shuttle within a 150 km radius, reducing:
- Fuel consumption by 20–30%
- Vehicle maintenance costs by 15–20%
- Annual mileage claims by 40–50%
- Total estimated savings: USD 180,000 annually.

C. Cost Efficient Air Travel (Lilongwe–Blantyre)

- Transition from road travel to flights reduced:
- Travel time by 50–60%
- Per diem costs by 30–40%
- Mission days from 5 hours (road) to 45 minutes (air).
- Enhanced staff productivity by up to 2 additional working days per trip.

In an effort to cut operational costs and promote sustainability, the office reduced local travel by 25%. This was achieved by empowering government counterparts to lead and implement key activities. This approach not only reduced expenses but also built local capacity, fostering long-term sustainability in program delivery.

To optimize logistics, the office introduced a cost-effective driver shuttle system for staff traveling within a 150 km radius of Lilongwe. Instead of assigning vehicles for each mission, designated drivers now handle coordinated pick-up and drop-off schedules. This initiative has significantly reduced fuel consumption, vehicle wear and tear, and unnecessary mileage claims.

In a departure from traditional travel cost assumptions, the office identified that using air travel for missions to Blantyre was more cost-effective than long road trips. Flights not only reduced the number of travel days required but also minimized per diem costs and improved staff productivity by reducing fatigue and time spent on the road.

5. Operational efficiency of Blantyre Sub Office

Reduced repeated travel to Blantyre by 30%, cutting annual travel expenses by an estimated USD 300,000.
Emergency response turnaround time improved from 48 hours to under 24 hours.
Strengthened presence in climate affected zones, improving operational reach to 30% more beneficiaries.

Recognizing the need for rapid response in Malawi's southern region, WHO established a sub-office in Blantyre, strategically positioned to address climate-related emergencies. The sub-office has drastically improved response times, reduced logistical bottlenecks, and lowered costs by minimizing repeated travel from Lilongwe, thereby enhancing both efficiency and impact.

6. Digital Payments Transformation

Migration to mobile money reduced cash handling transactions by 95%.
Payment processing time reduced from 7–10 days to 2–3days.
Fraud or error risk reduced by over 80%.
Operational cost savings estimated at USD 60,000 annually through reduced admin time and reconciliation overhead.

The transition to mobile money payments for activity participants and vendors has increased transparency and financial control. This shift reduced reliance on cash-based transactions, minimized the risk of fraud or delays, and shortened administrative processing time, resulting in faster, more reliable payments and cost savings.

7. Fleet Management System

Real time tracking decreased misuse and idle time by 40%.
Improved maintenance scheduling reduced breakdown incidents by 25–35%.
Optimized vehicle usage resulted in:
20% lower fuel consumption
25% reduced maintenance spending
Total estimated annual savings: USD 200,000.

A newly implemented fleet management system has enabled real-time tracking, scheduling, and monitoring of all WHO vehicles. The system ensures optimal vehicle usage, reduces idle time, improves maintenance scheduling, and minimizes misuse, ultimately improving transport planning and generating substantial operational savings. These success stories illustrate WHO Malawi's unwavering commitment to operational excellence, innovative problem-solving, and the maximization of impact within resource constraints.

Context & Impact :

The country office's integrated approach to leadership, partnerships, technology, and system optimization serves as a replicable model for other country offices facing similar financial pressures. Through these initiatives, WHO Malawi has not only demonstrated resilience but has also set a precedent for effective resource management and strategic collaboration in the health sector.

4.2 Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

WHO Malawi Country Office made significant strides during the 2024–2025 biennium in preventing and responding to Sexual Exploitation, Abuse, and Harassment (SEAH). Despite operating under austerity measures and a challenging humanitarian context including Tropical Storms, cholera, Mpox, and measles outbreaks the office systematically embedded safeguarding across all programming, emergency response, and institutional partnerships.

TOTAL REACH: 4,747 stakeholders reached through PRSEAH orientations, trainings, and mass engagement activities in 2024–2025.

1. Trainings & Orientations

- New Staff: 7 new staff completed mandatory PSEAH training; 100% vetted through UN Clear Check.
- Broad Reach: 1,296 staff, partners, and community members received tailored PSEAH orientations.
- Zero-Tolerance Pledge: 965 attendees formally acknowledged WHO's zero-tolerance policy 99.7% affirmative rate.
- MoH Leadership: 19 senior Hospital Ombudsmen trained on PSEAH and institutional response.
- Emergency Frontline: 10 surveillance assistants, 67 volunteers in displacement camps, and 621 health workers during Mpox campaigns trained and oriented.
- Community Leaders: 198 traditional and religious leaders oriented across 5 high-risk districts.

2. Community Engagement & Awareness

WHO Malawi co-led 3 activities under the 16 Days of Activism Against GBV with the theme "Unite to End Digital Violence Against All Women and Girls in Malawi" reaching 400+ university students, 80 UN staff, and 30 WFP staff. This reinforced joint UN advocacy and elevated WHO's leadership in national GBV and SEAH prevention efforts.

PRSEAH training in the field

Emergency response safeguarding activities

3. Emergency Preparedness & Response Integration

Malawi faced overlapping crises Tropical Storms Chido and June, cholera, Mpox, and measles. The Country Office embedded PRSEAH into all emergency operations by:

- Including a PRSEAH Officer in every Incident Management Team.
- Conducting rapid PRSEAH risk assessments for all graded emergencies.
- Allocating dedicated PRSEAH budget lines in all emergency funding proposals.
- Reaching ~2,000 camp residents through open-air PRSEAH awareness sessions.

4. Interagency Coordination & Strategic Gains

- UN Network: WHO led the 2025–2026 Joint PRSEAH Workplan and co-facilitated training for 19 Gender Focal Persons from Prisons.
- WHO–MoH Framework: SEAH provisions integrated into MoH's Care of Carers Policy (co-funded with GIZ); a unified grievance redress guide and standardized PRSEAH Training Manual developed.
- Regional Leadership: Progress presented at the first African Strategic Conference on Preventing Sexual Misconduct in Joint Operations (Pretoria, RSA) attended by focal persons from 42 African countries.

5. Risk Assessment & IEC Activities

- 2024 SEAH Risk: Assessed as SIGNIFICANT improved from SEVERE in 2023.
- 2025 SEAH Risk: Remained SIGNIFICANT due to protracted emergencies and socioeconomic vulnerabilities.
- IEC Materials: 3,500 Code of Conduct brochures and 100 "No Excuse" cards distributed; branded visibility materials deployed at all advocacy events.

Key Milestone: Development of WHO–MoH Accountability Framework products marks a turning point in institutionalizing SEAH prevention within Malawi's national health system pending MoH validation in 2026.

4.3 WHO as Part of the UN Community

WHO is an active member of the United Nations Country Team (UNCT), contributing strategically to the collective objectives of the United Nations Sustainable Development Cooperation Framework (UNSDCF). As part of the broader UN community, WHO actively participates in all key coordination platforms, including the UNCT, Programme Management Team (PMT), and United Nations Communications Group (UNCG). Through these mechanisms, WHO ensures alignment of health priorities with the broader development agenda, while fostering coherence, efficiency, and accountability across the UN system.

WHO continues to strengthen collaboration with sister agencies by jointly planning and implementing initiatives in areas of shared priority, including health systems strengthening, emergency preparedness, and cross-cutting issues such as gender, climate change, and community engagement. WHO also actively contributes to and participates in UN joint advocacy efforts, including the commemoration of international and UN days, using these platforms to raise awareness on key public health issues and reinforce unified UN messaging.

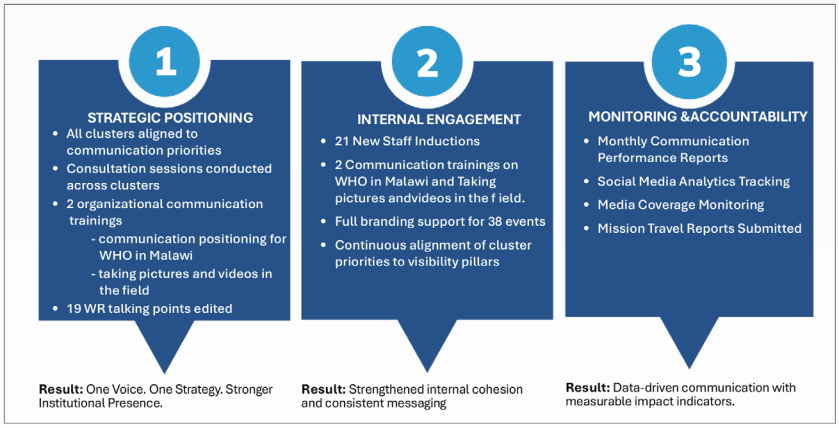
UN Senior Management attending the UN Event for 16 Days of Activism Against GBV

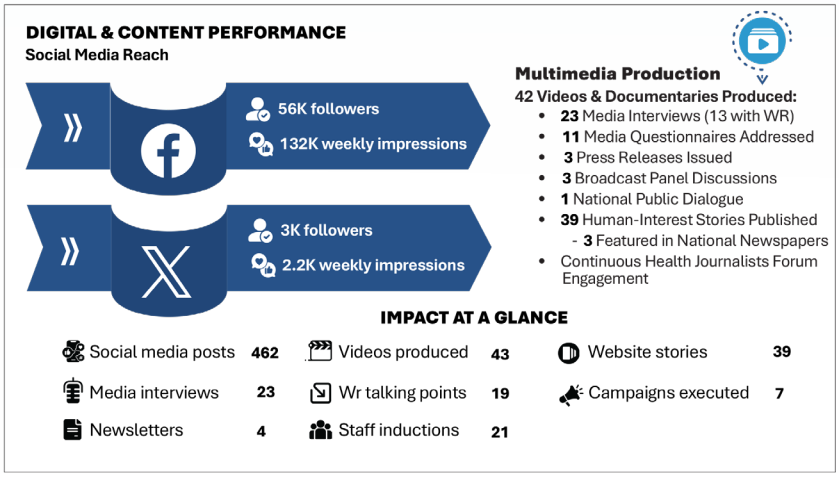
WHO and UNICEF collaborating closely on immunization campaigns

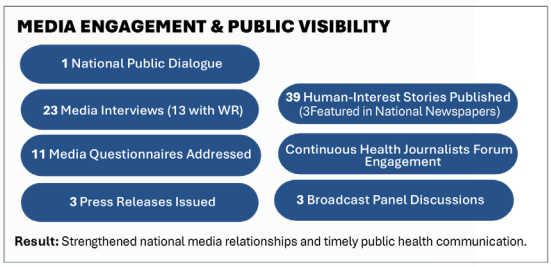
4.4 Strategic Communication

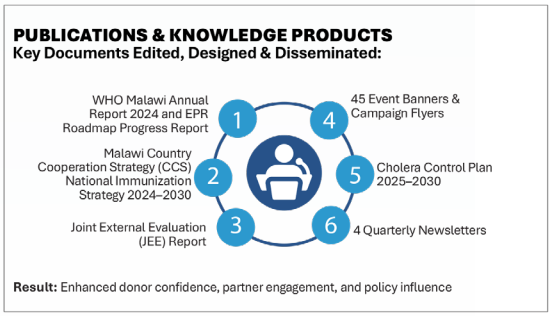
WHO MALAWI COMMUNICATION IMPACT 2025

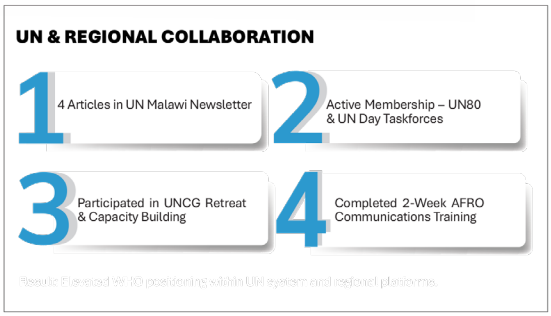
Strengthening Visibility. Building Trust. Driving Health Impact.











4.5 External Relations & Resource Mobilization

In 2025, the donor landscape underwent significant shifts, marked by tightening global financing and increasing competition for limited resources. In response, the External Relations (EXR) function intensified efforts to scale up resource mobilization and strengthen WHO Malawi's positioning as the technical lead in health.

Despite these external challenges, the WCO successfully mobilized over US$ 13 million at country level, continuing the positive upward trend in domestically secured resources. This achievement reflects deliberate investments by the WCO in strengthening its partnership function, increased communication and visibility efforts across all clusters, and more structured engagement with key donors.

$13M+
Resources Mobilized at Country Level

$25M
WHO supported Pandemic Fund application

22
Funding Proposals Submitted

100%
Reporting Compliance Zero Overdue

WHO Malawi Representative with the Hon Madalitso Baloyi, Minister of Health and Sanitation and Dr Dan Namarika, Principle Secretary for Health

LEADERSHIP VOICE

In this increasingly complex and resource-constrained landscape, your support remains both invaluable and deeply appreciated. Looking ahead, WHO Malawi remains fully committed to working alongside you to safeguard the health and well-being of every Malawian. We sincerely hope for your continued partnership as we strive to address emerging priorities and build a healthier, more equitable future for all.

Dr. Neema Rusibamayila Kimambo

WHO team meeting FCDO and UK Health Security team

WHO Malawi Representative with EU Ambassador Daniel Artisti-Gaztelumendi

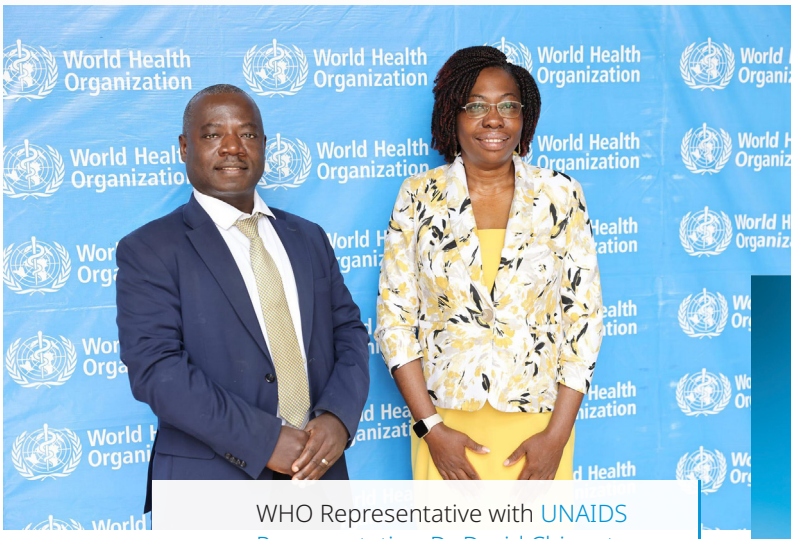
WHO team meeting with Irish Aid

WHO team meeting the Global Fund team

WHO Malawi representative with Madam Lu Xu (Ambassador of China)

WHO Malawi representative with UNICEF Malawi representative Dr Penelope Campbell

WHO Malawi Representative with FAO Malawi Representative Dr Babagana Ahmadu



WHO Representative with UNAIDS Representative, Dr David Chipanta

5. Acknowledgements

As we reflect on 2025, we extend our heartfelt gratitude to our partners and donors for your vital support. We look forward to strengthening our collaboration and to continue working towards our shared goal to champion health and a better future for all Malawians.

World Health Organization

Malawi