

Country Response Capacity - Malawi

Progress in PC/CPC Development

Malawi has experienced significant progress in the development of palliative care services including for children. A palliative care policy was launched and disseminated in the 01st quarter of 2015. The nationwide training and capacity building activities have facilitated a rollout of palliative care service delivery across public institutions in the country. Improvements in access and utilisation of essential palliative care medicines particularly morphine are noted. Efforts to ensure equitable access to receive health services including palliative care for children are demonstrated by the free healthcare policy applicable to the public facilities. Malawi reflects a greater determination to utilize data for decision making in palliative care activities as all facilities including private/NGOs are mandated to routinely report palliative care contact statistics to their District Health Executives for latter consolidation in national reports. Table 1 below provides a summary of progress in PC/CPC development under each of the health system pillars.

Pillar	CPC Country Status In Relation To Pillar
Governance	<ul style="list-style-type: none"> A Palliative Care Policy is in place and has a specific focus on Children's Palliative Care. Policy dissemination was underway during the review period. Existence of National Palliative Care Guidelines, and CHBC Guideline although the latter does not include a CPC focus National strategies not articulate on need and response for palliative care e.g National Health Sector Strategic Plan makes one mention of PC in the EHP with a focus on HBC Follow-Up. Stewardship facilitated through a funded desk in the Ministry - National Coordinator
Service Delivery	<ul style="list-style-type: none"> A total of 58 public health facilities providing palliative care in general across the three regions - All Central Hospitals now providing palliative care for children Different models of palliative care provision being applied within the public system reflecting diversity and adaptation The developed sites for CPC have identifiable units for provision of CPC though there are some differences in models and application, CPC Services recognized in supportive supervision activities of the Ministry CPC still localized at the Central Level hospitals. Unclear linkages and referral of CPC clients across levels of the system - primary to central, currently localized at the latter Partial application of best practices in CPC by the developed sites e.g follow-up of clients and bereavement through lower level facilities
Human Resources for Health	<ul style="list-style-type: none"> Health professionals at Central Level trained in Palliative Care, CPC and Opioid Prescribing Curricula for pre-service training for nurses and MDs developed and in use. Development of curriculum for other cadres in College of Health Sciences in progress Ministry led training of nurses, community workers and lower levels implemented at national level: Currently 380 trained nurses, 2894 volunteers and 216 Health Service Assistants (HSAs) providing palliative care. Training and capacity building guided by training manuals
Pharmaceuticals and Equipment	<ul style="list-style-type: none"> Essential palliative care medicines, including oral liquid morphine and morphine sulphate tablets, are available and can be accessed from Secondary and Central level. Primary care centres and Community care workers are eligible to distribute morphine There is a National PC Formulary that states the formulation of paediatric medicines including morphine Improvements in morphine consumption - evidence of morphine reaching communities through HBC delivery (505 of the 4248 patients that received morphine through this channel in 2014 were children)
Health Financing	<ul style="list-style-type: none"> Health services for children in the public facilities are provided for free including palliative care with financing from the Government PC desk (coordinator and focal person) funded within the Ministry Possible high out of pocket expenditure (OOP) arising from transport to access care at central level
Health Information System	<ul style="list-style-type: none"> Impressive efforts to track progress in palliative care through quarterly returns that document age disaggregated indicators of reach (quantity) and quality processes e.g morphine prescribing Status of PC provision (age disaggregated) developed and disseminated - National PC Report 2014 No specific module or indicator integrated in the Health Management Information System - DHISv2.0

Capacity Gaps

Despite the commendable achievements in the past year, the progress falls far short of the magnitude of the estimated need in terms of coverage. Only 0.63% and 1.65% of the estimated number of children requiring generalised (221,353) and specialised (84,637) palliative care respectively on an annual basis received care in 2014.

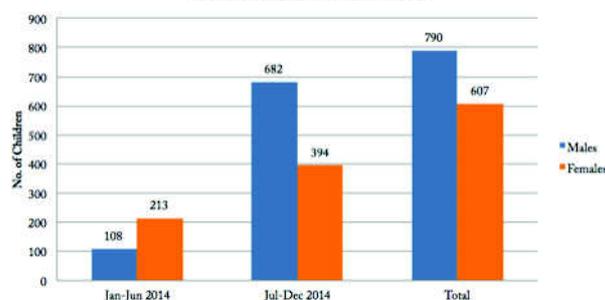
A total 1,397 children received palliative care services from public and private facilities in Malawi during the period January to December 2014. More than half (57%) of the children seen are males (Figure 2). Of the total cases attended to, 37% (525) were newly registered in 2014.

Figure 1: Coverage of CPC Services in Malawi

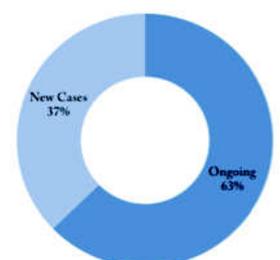
Children Who Received PC - 2014



Children Who Received Palliative Care



New and Ongoing CPC Cases in 2014



Children are receiving pain medicines through Primary and Home Based Care services. However, the spatial distribution does show that there are pockets where morphine prescription is likely to be more actively undertaken relative to others as shown by the comparison of the map of children who received morphine compared to that for adults.

Patients Who Received Morphine

Adults - Received



Children - Received

