

# The need for clarity on the 2025-2030 Health Manifesto for Malawi

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Malawi votes for its State President, Members of Parliament (MPs) and Councillors on 16th September 2025. Less than four months before these Tripartite Elections, even without the official campaign period is opened, individuals and political parties have started canvassing to attract voters. This is important as voters need to make informed decisions in exercise of their constitutional rights and responsibilities. The common thread among the aspirants has been “development”, translated as chitukuko. As candidates are lifting the banner of chitukuko, which they are free to do, we need to ask as to what extent is health explicitly mentioned or planned for in that chitukuko mantra.

Malawi already has an overarching national health policy, i.e. the Health Sector Strategic Plan III (HSSP III). This is a comprehensive document which speaks to Universal Health Coverage and the Health Benefits Package as well as the World Health Organisation’s Health Building Blocks (i.e. Leadership and governance; Service delivery; Health system financing; Health workforce; Medical products, vaccines and technologies; and Health information systems. The HSSP III also adds research and social determinants for health to the traditional six building blocks.

While the 2025 Malawi Tripartite Elections mainly focuses on chitukuko and its different interpretations, the Malawi Medical Journal wishes to remind its primary (Malawi) readers to advocate for health. This call may also be extended to potential candidates, the health-related associations and societies, and voters. There is great need to pay attention to health issues- disease prevention and health promotion, treatment, care and rehabilitation and health systems strengthening overall in the political party manifestos, radio, television and other debates, newspapers stories and the promises being made.

The Malawi Medical Journal can be as friable and amorphous in its advice as a cancerous specimen which has not been preserved in formalin. Alternatively, we can choose to be firm and keloidic, clearer and be a little more descriptive and focused. Either way has its risk but we will take the latter risk. Firstly, we propose “Health in All Policies”, which clearly is not an original idea. Health is so important for our country that boxing it has its shortfalls. Most of the issues that any candidate will present can be said to have an impact on health in the end. Health is Life. Life is Health. Health in roads. Health in water. Health in electricity. Health in fertiliser. Health in social cash transfers. But slogans have their limits and of course, is the oxygen for demagogues. All the same, without health, everything falls apart. Therefore,

it is understandable that health in all strategies must be pursued, earned and secured.

To get the highest attainable state of health for all Malawians requires bold decisions to be made. To be bold does not necessary mean that we have to be controversial but some issues are controversial and need to be confronted head on. For instance, over and above maternal bleeding and hypertensive diseases in pregnancy as the main direct causes of maternal deaths, unsafe abortions are a major problem in Malawi. How do the political parties and individual candidates planning to solve this challenge over and above the tried and failed moralization? In addition, how are political parties planning to reduce the human resource for health shortages especially in the public health sector in an environment where the national fiscus is so constrained?

The 2024 Malawi Demographic and Health Survey (MDHS) has reported that adolescents comprise 32 percent of all pregnancies in the country; an increase from 29 percent reported in 2015. For pupils in schools, pregnancy is a perfect determinant of drop out. Secondly, Malawi is adding, through births, half a million people to its population annually. If we take a common primary school as having 8 grades (Standard 1-8) and two streams of 40 pupils per grade (40 pupils in each class), this gets us a primary school of 640 pupils per primary school. If we have to count the need for primary education in terms of school blocks (80 pupils per one double-class block), Malawi needs not less 6000 primary school blocks completed each year just to maintain the status quo. This would be anything from 350 to 800 complete new primary schools. Anyone who reviews the Ministry of Education data on school construction knows that this has not happened for years. As education is a key determinant for health, the question then is how is the country positing itself to attaining both economic growth and reasonable health for its people in the context of many of her people remaining illiterate and uneducated?

External governments and philanthropic institutions have contributed significantly to the Malawi National Health Budget. Currently however (2025) their contributions remain unreliable and unstable, and in many or some cases, already withdrawn. The withdrawal of aid to the Malawi health sector has consequences, some of it clearly negative. To what extent do the presidential aspirants able to reflect and proposal how, should they win the elections, fund the health sector which has been dependent on foreign cash inflows? Are they planning to raise the government budget to reach the Abuja Commitment? Are they going to institute

wide-spread user fees while at the time avoiding catastrophic health expenditures?

We have said it before and perhaps we need to state it again. Malawi doesn't have a shortage of professional health workers. Many qualified professionals remain unemployed. The economic situation is such that there is not enough money to hire all who have qualified from both the public and private higher education institutions. We know that one suggestion is to stop the continued education and training of health professionals until the available ones are all employed. So far however, this is not perceived as a viable option. What is it that the policy makers are thinking perhaps in the context of massive health professions labour exports?

Is it time that the Medical Association of Malawi (the joint publisher of the Malawi Medical Journal together with the Kamuzu University of Health Sciences) led the Malawi 2025 Health Manifesto? Whether it should or not, we know that it can, together with others such as the Society of Medical Doctors in Malawi, the Physicians Associates Union of Malawi (PAUM), the National Organisation of Nurses and Midwives in Malawi (NONM), the Malawi Environmental Health Association, the College of Physicians and Surgeons in Malawi and other organisations. Doing so will enable political parties and individual candidate are explicit on their

health promoting strategies. The remaining three to four months before election day afford some opportunity to showcase health strategies that have impact to translate into the effective implementation of the Malawi Health Sector Strategic Plan III. An explicit health focus in the campaigns can be created, pursued and proposals debated, discussed and hopefully clarified.

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