



Accelerating Progress on the Sustainable Development Goals in Malawi:

The Role of Population and Family Planning

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Introduction

Malawi’s government and other development stakeholders have identified population growth as a serious concern. The country’s total population is approximately 17 million. With annual growth exceeding 3 percent, the population is expected to reach 41 million by 2040—doubling every 23 years (World Bank, n.d.; Ministry of Finance and Development Planning, 2012). Additionally, more than half of Malawi’s total population is under age 19, a situation that puts the country at risk for wide-scale youth unemployment, civil instability, and slow development progress (Ministry of Finance and Development Planning, 2012; Husain et al., 2016).

Despite promising improvements in family planning and fertility indicators, many couples in Malawi are still unable to achieve their fertility desires (see Table 1). Approximately 19 percent of married women of reproductive age and 40 percent of sexually active unmarried women do not wish to become pregnant in the next two years but are not using family planning, and 41 percent of all pregnancies are unintended. On average, Malawian couples have one additional child relative to their ideal number of children (ICF, 2015).

Given current demographic trends in Malawi, stronger policy and programmatic commitments to family planning, particularly for youth, are needed in order to achieve development goals. Increasing the use of voluntary family planning can help reduce population growth rates, thereby alleviating pressure

Table 1: Malawi Family Planning Statistics

	2004	2010	2015–16
Total fertility rate	6.0	5.7	4.4
Total wanted fertility rate	4.9	4.5	3.4
Current use of any contraceptive method, married women*	32.5%	46.1%	59.2%
Current use of any contraceptive method, sexually active unmarried women	26.3%	47.4%	44.4%
Unmet need for family planning, married women*	30.3%	26.2%	18.7%
Unmet need for family planning, sexually active unmarried women	51.7%	38.3%	39.8%

* Among currently married women ages 15–49
Source: ICF, 2015

on environmental, economic, and social resources and facilitating environmental sustainability and social and economic development (Cates, 2010; Petruney et al., 2014). In addition, access to family planning empowers women and girls to make important life choices; it also contributes to gender equality by helping girls prevent early pregnancies and extend their education and earning potential.

The links between family planning and social and economic development are increasingly gaining recognition, particularly as they relate to the Sustainable Development Goals (SDGs), an ambitious set of 17 goals and associated targets to be met by 2030. The SDGs establish global priorities related to poverty eradication, health, education, gender



equality, and food security, amongst others, and set out to tackle a holistic set of economic, social, and environmental objectives. Investing in family planning is a necessary step for achieving virtually all of the SDGs (Starbird et al., 2016; Health Policy Plus, draft).

Notably, both Goal 3 (good health and well-being) and Goal 5 (gender equality) include targets for reproductive health, in addition to indicators directly related to family planning (see Figure 1). One key challenge, however, is to ensure that decision-makers are equipped to translate lofty global ambitions into the

Figure 1: Sustainable Development Goals 3 and 5

SDG GOAL 3

GOOD HEALTH AND WELL-BEING



Target 3.7

Universal access to

- Sexual and reproductive healthcare services: family planning, information, education, and integration of reproductive health into national strategies and programs

Indicator 3.7.1

- Proportion of women (ages 15-49) who have their family planning needs satisfied with modern methods

SDG GOAL 5

GENDER EQUALITY



Target 5.6

Universal access to

- Sexual and reproductive health and reproductive rights

Indicator 5.6.1

- Proportion of women (ages 15-49) who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive healthcare

development and implementation of effective policies and programs at the country and subnational levels.

Key Actions to Address Population Growth and Advance the SDGs

The following are key actions that policymakers, implementers, and other stakeholders in Malawi can take to help achieve the family planning targets set forth under the SDGs framework.

Key Action 1: Strengthen multi-sectoral ownership of the importance of addressing population growth

Decreasing population growth and achieving national and SDG-related family planning goals and targets will depend on the leadership and actions of a wide range of policymakers from different sectors, such as health, education, agriculture, transportation, and finance. To secure such commitment, one key starting point is to counter the commonly held view that family planning is exclusively a women's health issue that must be solely addressed by the health sector. The Population and Development Unit of the Ministry of Finance, Economic Planning and Development has already begun to do this, recognizing how population growth affects different sectors and developing a relevant communication strategy.

Continued efforts should focus on raising awareness among a broader set of decision-makers across sectors about the connections between the gender and family planning SDGs and the other development SDGs, and more broadly about how addressing population challenges can contribute to social and economic development. For example, country projections emphasize that the rapid rate of population growth in Malawi will adversely affect economic development and strain the country's infrastructure. If the fertility rate decreases, Malawi's future per

capita GDP will be higher than if fertility remains unchanged (Ministry of Finance and Development Planning, 2012). In addition, a rapidly rising population can negatively affect the country’s capacity to provide resources such as clean air and water, food, transport, electricity, education, and healthcare (see Figure 2). Larger populations would put more pressure on existing facilities like schools and hospitals, and there may not be enough teachers or nurses to provide high-quality services. Moreover, given Malawi’s limited financial resources, it would be difficult to train and hire enough human resources or to build sufficient infrastructure to accommodate the needs of a rapidly growing population.

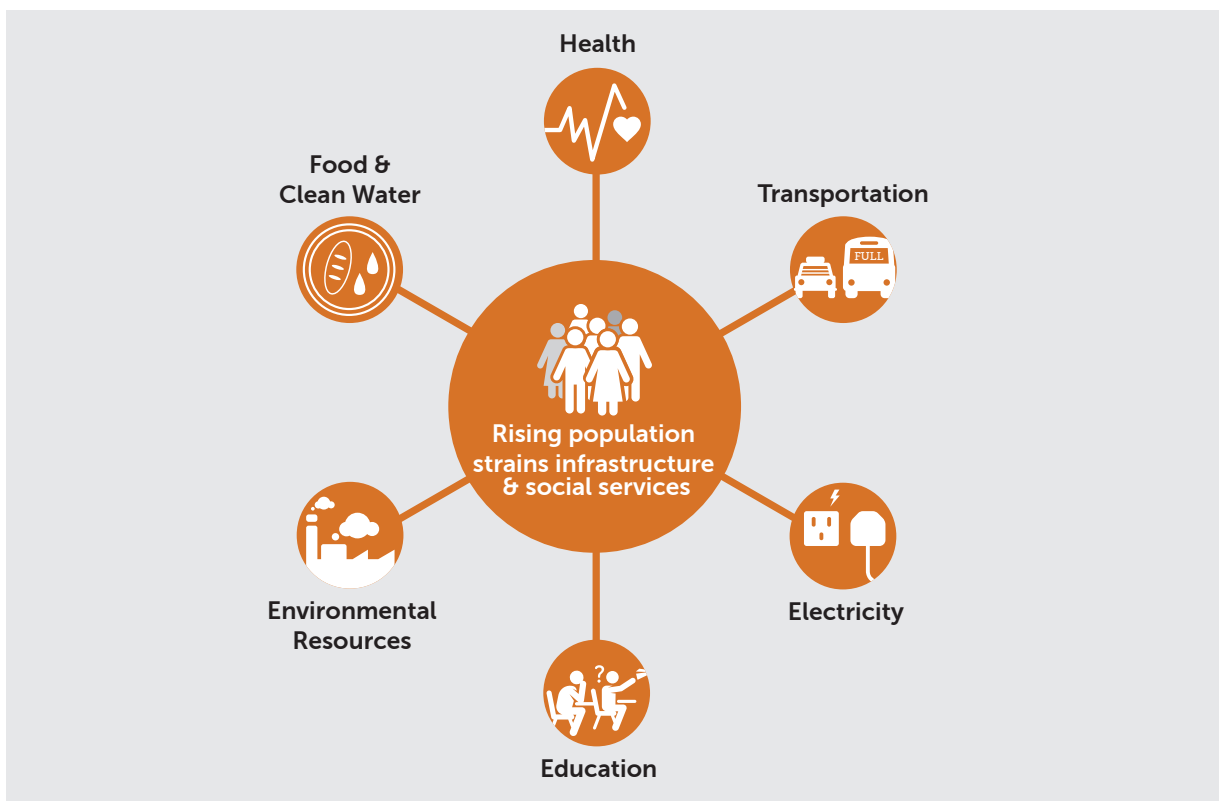
Some high-level leaders have fully embraced the role of family planning in lowering fertility and achieving a “demographic dividend”—an economic benefit that is initiated when there is a significant increase in the ratio of working-age adults relative to young dependents. With fewer dependents, more young women can stay in school and enter the labor force with higher-level skills. And with greater investments in health and

education, Malawi’s young people can make greater contributions to economic growth (Husain et al., 2016).

More work can be done to ensure that leaders across all sectors acknowledge the role family planning can play in helping to reach their own development goals and to achieve a demographic dividend. This understanding could encourage them to take ownership for addressing population-related challenges, participate in coordinated multi-sectoral efforts, mobilize necessary resources, and develop and implement sector-specific policies and programs to address population issues. Inter-ministerial engagement on family planning is an important, cost-effective strategy to more effectively reach specific sub-populations (Government of Malawi, 2015).

The *National Population Policy (NPP)* and other key documents lay out recommendations for how various sectors could implement population-related programs. For example, the NPP recommends that the Ministry of Agriculture and Food Security use frontline workers to

Figure 2: Population Growth Constrains Resource Provision



mainstream population and development messages to communities. These messages should emphasize how slowing population growth can improve availability and access to food and also help preserve agricultural land. Similarly, the Ministry of Environment and Climate Change Management could ensure that its programs address the effects of population growth on the environment, including through climate change and environmental and natural resource degradation (Ministry of Economic Planning and Development, 2012). The Ministry of Education, Science and Technology could further promote the importance of girls staying in school, which also has the benefit of delaying marriage and decreasing early pregnancies (Government of Malawi, 2015).

Fostering strong inter-ministerial engagement requires careful coordination. As awareness and interest in addressing population growth increases across sectors, efforts should be directed toward implementing the multi-sectoral approaches set out in existing policies. In addition, the Population and Development Technical Working Group, which has prioritized various multi-sectoral initiatives, could be further strengthened and elevated to become a higher-level, ministerial coordinating body. Over time, this body could promote regular opportunities for dialogue among officials from different ministries and organizations, streamline communication, create and implement effective policies and programs, and set up mechanisms for tracking and accountability.

One immediate action is to more explicitly emphasize the connection between population and development and map out clear roles for multi-sectoral actors in the forthcoming *Malawi Growth and Development Strategy* (MGDS III). Building on the foundation of the previous strategy, the MGDS III should include a section on population issues and incorporate population as a primary issue throughout the strategy—including why it is important to address

population growth and how to mitigate its effects. To strengthen the case for all sectors to prioritize and address population issues, rigorous analyses of the effects of population growth on various aspects of development should also be included throughout.

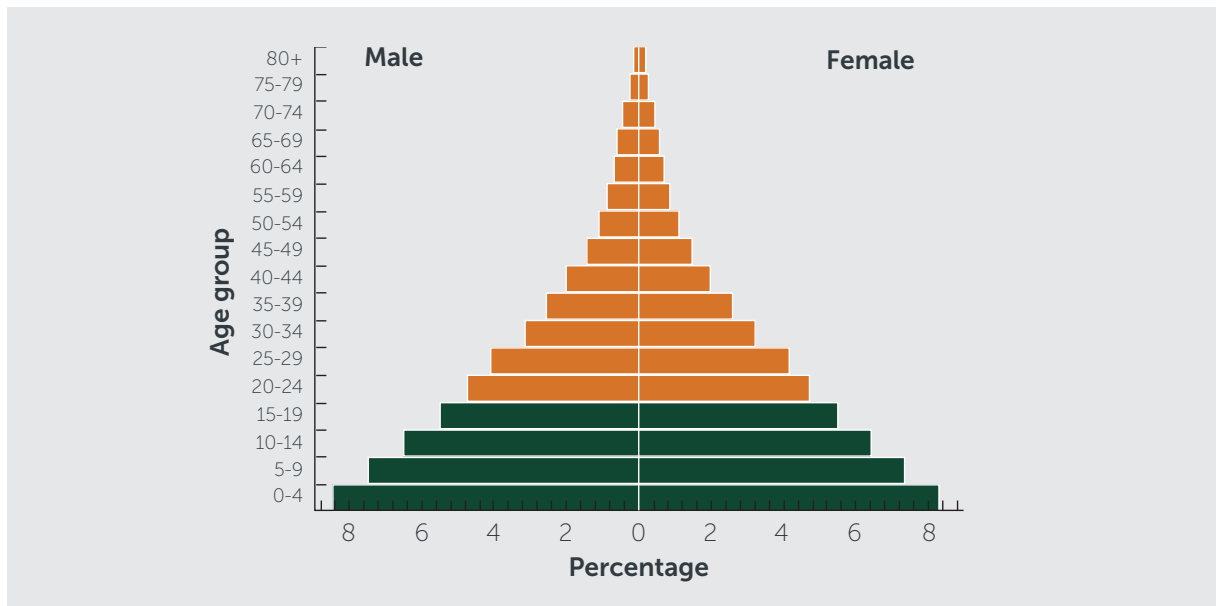
Following the creation and formal approval of the MGDS III, its implementation can be guided by the high-level multi-sectoral coordinating body.

Key Action 2: Promote and operationalize supportive policies and a programmatic focus on youth and gender

More than half of the total population in Malawi is 19 years of age or younger (see Figure 3). To advance the SDGs, family planning efforts must recognize the significance of youth within Malawi's population structure. While family planning indicators have improved overall in recent years, young people still face many challenges. The percentage of young women ages 15–19 who have started childbearing increased from 26 percent in 2010 to 29 percent in 2015–2016. More than half of sexually active unmarried women ages 15–19 want to avoid becoming pregnant in the next two years but are not using family planning (ICF, 2015). Gender-related social norms also affect the use of family planning, and result in men and women not playing equal roles in decision making around family size or use of contraception (Population Reference Bureau and Ministry of Finance, Economic Planning and Development, n.d.).

To improve family planning access, new policies and strategies around reproductive health and population should explicitly incorporate a focus on youth and gender. Some existing policies, such as the MGDS II and the *National Youth Friendly Health Services Strategy 2015–2020*, can serve as models for addressing these critical issues. For example, these documents clearly define the age range that is covered by “youth” (or “adolescence”), acknowledge youth-specific

Figure 3: Current Malawi Age Structure



Source: Avenir Health, 2017

concerns, and put forth youth-focused strategies (Rosen et al., 2017).

New policies should also address gender inequalities or gender-related barriers to family planning access, as well as the interconnectedness of youth and gender issues. Some key youth interventions—including addressing high rates of child marriage, keeping girls in school longer, and addressing youth access to family planning—are also related to gender. These interventions enable girls and young women to delay first pregnancies, enter the labor force as more productive contributors to Malawi's economy, and more fully reach their potential (Husain et al., 2016).

Going forward, it will be crucial to identify concrete ways to put youth and gender-related recommendations found in current and future policies into action—especially those included in the forthcoming MGDS III. To decrease unintended teenage pregnancies, the Ministry of Education, Science and Technology and the Ministry of Health can work together to revise current policies and programs so that students at a younger age can access sexual and reproductive health information and referrals to accredited youth-friendly health facilities

for appropriate family planning services. To improve the capacity of health staff to address family planning concerns related to youth and gender, the Ministry of Health and its partners could conduct knowledge and skills assessments and use the Ministry of Health 2016 *Youth-Friendly Health Services Training Manual* to train different cadres of service providers.

Key Action 3: Ensure subnational capacity to implement Malawi's family planning and population policies

To enable successful implementation of population-related policies in Malawi that support the SDGs, policy objectives must be made locally relevant and local officials should be held accountable for implementation. Some stakeholders have expressed concern that subnational decision-makers are not sufficiently familiar with key population-related concepts and policies. If the importance of family planning to development outcomes is not effectively communicated, district-level officials, implementers, and community members will be less likely to support and promote access to family planning. As a result, Malawi will

face greater difficulty in achieving many of the SDG targets.

Malawi's costed implantation plan (CIP) for family planning identifies ways to connect national efforts around family planning commitments to local efforts by Malawi's districts. To better align local priorities with SDG targets, district-level family planning coordinators' roles should be clarified and strengthened, and the Ministry of Health should increase the capacity of district health management teams to better monitor and supervise family planning program implementation. Advocates should work to include family planning activities within district improvement plans and to create district-level budget lines for family planning. To facilitate inclusion of family planning activities at the district level, the CIP recommends the creation of district family planning technical working groups with responsibilities similar to the national family planning technical working group (Government of Malawi, 2015).

Initiating and maintaining such efforts to increase local ownership of policy implementation will be critical to the success of family planning and population policies. Multi-sectoral coordination must also occur at a subnational level to more comprehensively address population issues. Once population-related interventions aligned with the SDGs are incorporated into the MGDS III, it will be critical to ensure that this key information reaches the districts. This will help to ensure implementation of expected interventions and increase the likelihood that intended beneficiaries are reached and outcomes are achieved.

Key Action 4: Advocate for adequate funding for family planning

Despite the important role family planning can play in advancing the SDGs, financial commitments do not match apparent political will in Malawi. Competing interests

often push family planning lower down on the priority list for funding. In addition, a significant share of family planning funding comes from donors and other development partners, while government funding tends to be directed toward other issues.

To ensure sustainable funding for family planning, it will be important to mobilize sufficient domestic resources. Advocacy messages should incorporate evidence of the linkages between slower population growth and improved health and other development outcomes (see Key Action 1).

To ensure adequate funding for family planning, the Ministry of Health and its advocacy partners should:

- Push for sufficient domestic and donor funding for implementation of the CIP, which is not fully funded.
- Ensure that the national budget line item for contraceptive procurement is sufficiently funded and that committed funds are released and spent for contraceptive commodities.
- Ensure funding for high-impact family planning interventions (not just commodities) in the national budget, as there is currently no domestic funding for programming beyond administrative budgets.
- Encourage the creation of district-level budget lines for family planning, to support the prioritization and integration of family planning into district planning.
- Advocate for all health insurance schemes to include an essential health package that fully covers all family planning methods, so that citizens are not burdened with high out-of-pocket expenditures for family planning services or supplies (Government of Malawi, 2015).

Conclusion

Malawi's commitment to family planning programs has already enabled many couples to realize their reproductive intentions and has led to a dramatic decline in fertility in the last five years. However, demand for family planning remains high and is not fully met. In addition, the current population growth rate has the potential to strain the country's resources and capacity for social and economic development. A more concerted approach to family planning could shift this trajectory and contribute to meeting many of the SDGs.

A few key actions can help Malawi achieve its goals: raising awareness about the linkages between population and development, improving

coordination among ministries, preparing stronger advocacy cases for funding, ensuring that key information reaches the district level, and increasing local capacity to implement policies. Finally, youth and gender must be well addressed within the context of any policy or programmatic solution intended to mitigate the impacts of rapid population growth.

By following these recommended actions, Malawi will be better poised to make progress toward health- and gender-related SDG targets that aim to ensure universal access to sexual and reproductive health, healthcare services, and reproductive rights. Because of the influence of population on social and economic development, progress on these SDG targets will also contribute to the advancement of many other SDGs.

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