

A. Sector Analysis

1. Current situation and major challenges of the sector:

In Malawi, health service delivery system is organized in three (3) levels, which are linked to a referral system; 1) Primary 2) Secondary, 3) Tertiary. There is a total of 571 government facilities in Malawi with 20 clinics, 49 dispensaries, 364 health centres, 89 health post and 49 hospitals. Apart from government facilities there are also non-governmental organizations, private -not for profit and private for-profit providers. Government facilities are mandated to have 8 kilometers radius from one facility to another. On its mandate as stipulated in the 1998 National decentralization policy, the Ministry of Health provides oversight to the health sector in Malawi. Its functions include strategic planning, policy making, standard setting, technical support, monitoring and evaluation, quality assurance, resource mobilization, and international representation, but also oversight of tertiary hospitals.

According to Malawi Demographic and Health survey report, 2024, under-five mortality has decreased from 234 death/1000 live births in 1992 to 48/1000 live births in 2024. The survey further revealed that the prevalence of stunting declined from 55% in 1992 to 37% in 2015 and 38% in 2024. The percentage of children aged 12-23 months who have been fully vaccinated against all basic antigens has fluctuated over time, decreasing from 82% in 1992 to 70% in 2000, subsequently increasing to 81% in 2010 and then declining to 67% in 2024. The total fertility rate has declined steadily over time from 6.7 children per woman in 1992 to 3.7 children in 2024, with life expectancy at birth, both sexes combined at 67.7 years.

The healthcare system in Malawi faces a myriad of challenges that significantly impact its ability to deliver effective services to the population. These include; resource limitations, workforce shortages, infrastructure issues, other external factors, including prevailing socioeconomic trends and the burden of infectious diseases, funding in favour of some diseases results in underfunding in other areas, long distances to health facilities in some cases, lack of coordination of partners and other stakeholders, Shortage of essential drugs and medical supplies in health facilities, poor drug management in the health facilities, shortage of medical equipment, lack of Maintenance of Medical Equipment and devices procedures and lack of interest of staff to- be deployed to hard-to-reach areas.

2. Sector policies, strategic plan and priority areas

a) The Malawi 2063:

The Malawi 2063 (MW2063) envisions an inclusively wealthy and self-reliant industrialized upper middle-income country. It is planned to be operationalized through the Malawi 2063 First 10-Year implementation plan (MIP-1), replaced the Malawi Growth and Development Strategy (MGDS) as the national development strategy which was operationalizing the Vision 2020. Malawi 2063 focuses on three pillars: agricultural productivity & commercialization, industrialization, and urbanization. These pillars are supported by seven enablers: human capital development, mindset change, effective governance systems and institutions, enhanced public sector performance, private sector dynamism, economic infrastructure, and environmental sustainability. Health falls under the human capital development enabler.

b) The Health Sector Strategic Plan III (HSSP III) (2023 - 2030):

It is the guiding framework for health development in Malawi. Its goal is to improve the health status of all Malawians and increase client satisfaction and financial risk protection towards attainment of Universal Health Coverage. The HSSP III is aligned with Malawi 2063, the long-term country development strategy, that envisions an inclusively wealthy and self-reliant economy, with human capital as one of the critical enablers for sustainable development.

c) National HIV and AIDS Policy (2022):

The National HIV and AIDS Policy aim at facilitating the evidence-based programming and strengthening of the National HIV and AIDS response while recognizing the emerging issues, gaps, challenges, and lessons learnt during the implementation of the first policy.

d) Pharmacy and Medicines Regulatory Authority Act (2019):

It provides for the establishment of the Pharmacy, Medicines and regulatory Authority which is mandated to regulate and control the manufacture, importation, exportation, distribution and sale of medicines and allied substances and veterinary products, establish a functional system for pre- and post-marketing surveillance of safety, quality, efficacy and effectiveness of medical products and to optimize the risk-benefit balance, establish, maintain and enforce standards for medicine.

e) National Health Policy (2018):

The National Health Policy (2018-2030) provides the overall policy direction for the health sector. The second Health Sector Strategic Plan was developed as the first strategic plan for the National Health Policy. The policy aims to achieve Universal Health Coverage (UHC) by addressing 9 key health challenges and improving healthcare delivery across the country.

f) National Multisector Nutrition Policy (2018):

The National Nutrition Policy seeks to promote evidence-based programming and strengthening of the national nutrition response. The NHP promotes good sanitation and good hygiene practices and management of over-nutrition and non-communicable diseases.

g) HIV and AIDS (Prevention and Management) Act (2017):

This act stipulates directions for HIV prevention and management. It establishes the National AIDS Commission to implement, co-ordinate and facilitate the national HIV response; manage and co-ordinate the implementation of Government Policies on HIV and AIDS; and provide technical support to Government in the formulation and review of HIV and AIDS policies.

h) Sustainable Development Goals (2016-2030):

All United Nations (UN) member states including Malawi adopted the Sustainable Development Goals (SDGs) in 2015. Although all of them contribute to health, SDG 3 falls under the domain of the health sector. It aims to achieve healthy lives and well-being of all at all ages.

3. Donor activities and commitments:

World Bank has the following projects;

- Construction of infectious diseases unit at Queen Elizabeth Central Hospital worth MK 15,000,000,000.00
- Central hospitals rehabilitation – MK8,500,000,000

- Minor rehabilitation (Occupational Health Center, Laboratories and X-Ray rooms) – MK4,979,592,640.00

Global Fund has the following projects;

- Construction of 25 Health posts to improve access to primary health care in Mwanza, Neno, Thyolo, Phalombe, Dedza, Ntchisi and Mzimba North - MK 4,617,189,889.20,
- Construction of Mzuzu Central Hospital gas plant MK 93,327,567.50.
- Construction of Mzuzu Central Hospital infectious disease Unit – MK1,793,117,579.84
- Construction and installation of Kasungu District hospital incinerator – MK 453,035,442.35
- Rehabilitation of laboratories' at Mulanje DHO, Kakoma in Chikwawa, Malomo in Ntchisi and Jenda in Mzimba – MK 395,957,561.00

Global Alliance for Vaccine and Immunization (GAVI) has the following projects:

- Construction of incinerators in Mzuzu and Mangochi – MK470,000,000.00
- Construction of vaccine stores at Mzimba DHO – MK2,356,035,320.00

Other key players in the sector include UNICEF, WHO, FCDO, UNAIDS, UNFPA, GIZ, USAID and CHAI.

4. Budget situation:

Malawi is among countries racing against time to achieve the Abuja Declaration, which rallies States and governments to commit 15% of their national budgets towards health financing. The country continues to face persistent macroeconomic challenges and weather-related shocks that have negatively affected economic growth. In the 2025/26 National Budget, the Health sector is the second highest funded sector with an allocation of 9.5%, MK768 Billion of the estimated National budget of MK8.1 trillion, an increase from 9% of the 2023/2024 budget allocation of MK 330 billion and another 9% allocation from the 2024/2025 budget where Health sector got MK 550 Billion.

5. Dialogue structure of the sector:

In the sector dialogue is through the Health Sector Working Group (HSWG), it comprises of government institutions, development partners, civil society, the private sector, regulatory bodies, and academia, with the Ministry of Health and Population (MoHP) as the lead. The HSWG is the principal platform for sector-wide policy dialogue, joint planning, and performance monitoring in Malawi's health sector, and it meets quarterly.

Donors in the sector coordinates under Health Development Partners Group (HDPG), the group serves as the platform for development partners to harmonize their technical and financial support and engage more effectively with government. The HDPG has a Chair and a Secretariat, with one position held by a bilateral representative and the other by a multilateral representative. These roles are elected by HDPG members for a one-year term, running from July to June in the next year. Under normal circumstances, the Secretariat transitions into the Chair role at the end of the term, maintaining the alternation between bilateral and multilateral leadership. This rotation promotes balanced representation and continuity in leadership. JICA is a member of HDPG.

B. JICA's Position

1. History of JICA's Cooperation and Major Outcomes implemented; Grant aid (G/A) and Technical Cooperation (T/C) Projects

- The Community Health Unit (CHSU) Project (G/A) (1994-1999)
Outcomes: The construction of laboratories at CHSU, synergized by technical capacity building in the examination and detection of microorganisms, improvement of surveillance network, and the functionality of CHSU as a referral function with other hospitals.
- Equipment for Immunization Project (G/A) (2001)
- HIV/AIDS Equipment (G/A) (2003)
- Malaria Equipment (G/A) (2005)
- The Project for improvement of rural health care facilities (G/A) (2003 - 2008)
Outcomes: Construction of structures and improvement of other hospital infrastructures and procurement of basic medical equipment at Rumphi DH, Katowo Rural Hospital, Mwazisi HC, Mzimba DH, Emfeni HC, Endindeni HC, Euthini rural hospital, Kafukule HC, Chilulu HC, Kapelula HC, Shimulemba HC, Khola HC, Chimwabvi Dispensary, Chiwamba HC, Mtenthera HC, Mbang'ombe HC.
- Maternal and child health equipment to reproductive health unit Project (G/A) (2005 - 2006)
Outcomes: The equipment and supplies assisted in attending to pregnant mothers; this helped to provide safe services and deliveries which contributed to reduction on maternal and neonatal mortality.
- The Project for strengthening Physical Asset Management (T/C) (2006 - 2010) & Expert in Physical Asset Management (T/C) (2011-2013)
Outcomes: The strengthening of the functionality of Physical Asset Management (PAM) at both central and district level.
- Expert on 5S-KAIZEN-TQM (T/C) (2007 - 2022)
Outcomes: The institutionalization of Quality Management Department in the Ministry of Health.
- Developing Surveillance tools to monitor vectors and viruses for re-emerging diseases in Malawi (T/C) (2010 -2013)
Outcomes: The project was implemented with Entomology section under Department of Biology at the University of Malawi, Chancellor College with the major achievement being the first fully equipped DNA laboratory in Malawi established at the university.
- Expert for JICA partnership Programme on child friendly community health project (Grassroot projects) (2013-2016) (2017-2021) (2025-2028)
Outcomes: To improve nutrition statuses among pregnant women, mothers and children.
- The Programme for COVID-19 crisis emergency response support (G/A) (2019-2023)
Outcomes: The main outcomes been the installation of the first Next Generation Sequencer at Community Health Sciences Unit (CHSU), distribution of 28 Trucks to all district hospitals and construction of cold-rooms in Blantyre, Lilongwe, Mzuzu and Mangochi.
- The project for improving sanitary environment with sustainability in Malawi. (2021-2024)
Outcomes: The introduction and utilization of solar boilers to improve sanitation in health facilities.
- Promotion of dissemination of quality improvement of health services through 5S-KAIZEN -TQM in African Region (T/C) (2024–2026)

Outcomes: The project has enhanced the capacity of Quality Management Department to share experiences to practice 5S-KAIZEN TQM activities in sustainable manner with other countries and within Malawi.

In addition to the project's summary above, the Japan Overseas Cooperation Volunteers (JOCV) have been in existence in Malawi since 1971. To date, over 552 volunteers have been dispatched to support in health sector. The presence of JOCV in health facilities has helped to strengthen the capacity of the counterparts in nursing, public health, physiotherapy and quality improvement. The sector has also benefitted in capacity building through short term trainings in Japan and Third countries like Brazil, Egypt through JICA's supported Knowledge Co-Creation Program (KCCP).

2. Lessons learned:

During the implementation of most cooperations, JICA has a unique way of its implementation. JICA Projects usually come with capacity building of the counterpart, where grant aid or technical cooperation projects are implemented. JICA makes sure that the capacity of the counterpart is enhanced, this is a good practice for sustainability of project activities. Another observation made on JICA supported electronic gadgets, for example cold-rooms are run by power voltage of 100 volts (that's Japanese standard) while the other cold room are run by 220 volts, there should be proper hand over and emphasis on this parity to avoid damaging the equipment during maintenance works by local contractors.

3. Cooperation Assets:

JICA assets in the sector are almost everywhere in the country, where we have Japanese supported trucks in all the districts, the modern Next Generation sequencer at CHSU, laboratories at CHSU, cold rooms in Blantyre, Lilongwe, Mzuzu and Mangochi, DNA Laboratory at Chancellor college, the establishment of Quality Management Department in the Ministry of Health, 5S-KAIZEN-TQM resource persons in the Ministry of Health, 5S components in the country's indicators for measuring Infection Prevention and Control (IPC) and 13 health structures across the country.

4. Comparative advantage of JICA:

JICA has worked in the health sector consistently for a long time with remarkable milestones achieved. The assets put up by JICA in different projects are still outstanding because of consistence in quality of infrastructure and structures. The involvement of government counterparts during formulation and implementation of projects remains key in sustainability of project activities. Despite, long time after project handovers most infrastructures still stand strong and even the structures put in place has still been utilised by the government. There have been human capacity development activities happening in the sector through trainings in Japan, third countries and in country in health sector, this is another uniqueness with Japanese support which believes in building human capabilities.

5. TICAD process:

The 9th Tokyo International Conference on African Development (TICAD9) convened in Yokohama city, Japan in August 2025. The conference theme focused on "Co-creating innovative solutions with Africa" under the pillars of economy, society, and peace and stability. The government of Japan pledged to support African countries pin its self-sustained development and growth where youths are a corner stone for that development. The health sector side event had a sub-theme 'Promoting investment in global health' where pathways for addressing Africa's

healthcare challenges through innovative models of collaboration and impact investing was highlighted.

6. Possible areas of future cooperation:

Japan's Country Development Cooperation Policy for Malawi focuses on 'building a foundation to encourage economic independence to lift people out of poverty'. The policy supports health and sanitation which falls under the pillar to improvement of basic social services where the focus aims to projects contributing to security of vulnerable people according to JICA Malawi country Cooperation Policy.