

# Charting the course for integrated diarrhea control in Malawi

## A way forward for policy change

Diarrheal disease is one of the top two causes of child death in most countries in sub-Saharan Africa, and Malawi is no exception. Diarrhea causes approximately 11 percent of deaths in children under five years of age in the country, with approximately 22 percent of children aged five years or younger suffering from diarrhea at any period of time (Malawi Demographic and Health Study 2004). One of the poorest nations in the world, Malawi is a mostly rural, land-locked country tucked between larger neighbors Mozambique, Tanzania, and Zambia. Management of safe drinking water sources and sanitation coverage are currently poor, and many members of the population lack access to health care, particularly those in remote rural areas. The country struggles with better-known and better-funded diseases such as HIV/AIDS, malaria, and tuberculosis. As a consequence, more common, easily preventable, and easily treated causes of childhood morbidity and mortality, like diarrhea, can lose critical airtime and attention in the national policy and funding debate.

Despite this, it is critical for countries like Malawi to address the issue of diarrheal disease if they are to achieve Millennium Development Goal (MDG) 4, which commits to

### The Guiding Strategy

The UNICEF/WHO seven-Point Plan for diarrheal disease control, "Diarrhoea: Why Children Are Dying and What Can Be Done," served as the guiding document for the Malawi policy process. The document lays out a seven-point plan that includes a treatment package to reduce childhood diarrhea deaths, as well as a prevention package to make a lasting reduction in the burden in the medium to long term. The plan includes:

- Fluid replacement to prevent dehydration.
- Zinc treatment.
- Rotavirus and measles vaccinations.
- Promotion of early and exclusive breastfeeding and vitamin a supplementation.
- Promotion of hand washing with soap.
- Improved water supply quantity and quality, including treatment and safe storage of household water.
- Community-wide sanitation promotion.

reducing child mortality by two thirds before 2015. In May 2010, Malawi hosted the All-African Environmental Health Congress, a convening of public health and environmental health specialists from around the region. During that meeting, participants held animated discussions about the problem of diarrheal disease in Malawi and other African countries. Why was a major childhood killer, with numerous cost-effective solutions (see callout box,) receiving meager resources and attention? What would it take to raise diarrheal disease on the health priority list in Malawi, and how could decision-makers be better informed and better coordinate their efforts?

To answer these questions, a group of practitioners agreed to begin by examining the policy environment and current practice for diarrheal disease control at all levels.



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### The Steering Committee

The steering committee was a diverse group that represented a variety of diarrheal disease control perspectives across sectors, departments, ministries, and organizations.

Led by the Ministry of Health's Department of Preventive Health, University of Malawi-Polytechnic, and the University of Strathclyde (Division of Environmental Health-UK), the group included representatives from the Ministry of Health, the Ministry of Water and Irrigation, Office of President and Cabinet, the child health and water/sanitation nongovernmental organization (NGO) communities, and multilaterals.

Over nine months during 2010 and 2011, a local steering committee in Malawi (see callout box) collected and analyzed a complex set of policies that spans numerous technical areas and ministry responsibilities.

The group first identified current strengths and weaknesses in those policies, then collaborated to agree on a set of recommended next steps that would help to re-prioritize the issue of diarrheal disease control in Malawi. They identified specific funding mechanisms and sector processes through which decisions made around diarrheal disease could be influenced.

### CHALLENGES: MAKING DIARRHEA A TRUE POLICY PRIORITY

In Malawi, as in most high-disease burden countries, a number of challenges exist to implementing an integrated approach to diarrheal disease control. Globally, the interventions to address diarrhea are largely available and cost-effective. Within Malawi, all of the interventions, except rotavirus vaccine, which has recently been approved for introduction, are available through the public sector in at least some parts of the country. However, implementation of policies around these interventions is often scattered or uncoordinated, with the result that widespread, consistent coverage to communities suffers. Responsibilities for vaccines, water and sanitation, diarrhea treatment, and nutrition are housed across different ministries and departments, and no institution has ownership for the overall issue of diarrheal disease control.

Many programs or departments hold responsibility for one or more interventions, but no overall accountability for diarrheal disease control is in place, causing a fragmentation that makes it difficult for the government and partners to make concerted progress against diarrhea's toll. In addition to challenges at the national government level, donors and NGO partners often do not prioritize

diarrhea efforts; when they do, they can be uncoordinated or lack strategic buy-in from the government and Malawian communities they hope to serve.

Through its work, the Steering Committee identified five key challenges to prioritizing diarrhea in Malawi:

- **The current profile of diarrheal disease in national priorities.** Currently diarrheal disease receives little public or political attention.
- **The implementation of effective policies.** While policies exist on diarrheal disease across ministries and departments, not all of them are implemented. In addition, no diarrheal disease framework currently exists to coordinate those policies.
- **Collaboration and integration of programs related to diarrheal disease control.** At present the levels of integration and collaboration among specific interventions vary from very effective to poor. Overall leadership for integration of all diarrheal disease control issues does not currently exist but is sorely needed.
- **Lack of scale-up for effective programs.** Diarrheal disease control programs on a national scale are limited, as is coordination among the various groups involved in diarrheal disease control in Malawi.
- **Insufficient information, education, and communication regarding diarrheal disease control.** The level of awareness of the population about a holistic approach to diarrheal disease control and treatment remains low in Malawi. There is little investment in education or information sharing about the issue.

### ROADMAP: PLACING DIARRHEAL DISEASE IN THE HEALTH SPOTLIGHT

Despite the challenges, the steering committee agreed that with attention, appropriate resources, and buy-in from stakeholders, Malawi could overcome the current



challenges that too often render a leading cause of child morbidity and mortality absent from discussions of national health priorities. Responsibility rightly sits with the government, as well as the NGOs and donors invested in child health in the country.

**The Steering Committee proposed the following approaches to overcoming the challenges:**

**1. Achieve political support for raising the profile of diarrheal disease.** In comparison to HIV and malaria, diarrheal disease receives little public attention. The government should increase mass and local media coverage of diarrheal disease. In order to achieve this, political will must be increased, with the following steps:

- Sensitize politicians and media on the importance of diarrheal disease control.
- Ensure that diarrheal disease receives adequate profile and funding within the Sector Wide Approach (SWAp) 2 program.
- Ensure that existing materials and communications mechanisms, many of which are excellent, are part of a holistic diarrheal disease campaign and not as individual programs.

**2. Ensure that policies are effectively coordinated and implemented.** The necessary policies and strategies exist within the Government of Malawi for all aspects of an effective diarrheal disease program. However, some, such as the country’s Sanitation Policy, are not implemented. Moreover, no diarrheal disease framework exists for coordinating those policies.

Once political will is secured, the following activities should be implemented:

- Create a sub technical working group focused on diarrheal disease control to be formed under the Essential Health Package (EHP) technical working group. This group would advocate for specific areas of diarrheal disease control and may lead to improved services.
- Consolidate data on diarrheal disease control and conduct research to allow effective policies and strategies to be developed that address problems specific to Malawi. This includes the need to prioritize diarrheal disease control within the National Health Research Agenda.
- Develop a specific diarrheal disease control policy and strategy that aligns the separate issues for easy reference and implementation.
- Conduct national dissemination of policy and strategy documents with training and implementation guidance for rural health staff, community health workers, and other WASH (Water, Sanitation, and Hygiene) and health staff at district and community levels.



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- Develop district diarrheal disease control teams to oversee, monitor, and evaluate program implementation.
- Use community workers (e.g., Health Surveillance Assistants, water monitoring officers, and sanitation officers) as diarrheal disease control teams.

**3. Increase collaboration and integration through a Technical Working Group (TWG).** Currently a number of effective programs in Malawi demonstrate good practice and improved diarrheal disease control. However, certain aspects of diarrheal disease control and treatment “belong” to existing TWGs; for example, child health, where they report to but are not integrated with stakeholders working in water and sanitation. A diarrheal disease TWG would offer the opportunity for improved sharing of best practice for effective and practical policy development that addresses all aspects of prevention and treatment. Such a TWG would also undertake monitoring and evaluation of district data, conduct assessments of Essential Health Package Programmes, and make recommendations for national scale ups. For such a TWG to be successful strong effective leadership would be essential.

**4. Develop national programs.** Development of diarrheal disease programs on a national scale is limited. Even within large NGOs, little coordination exists between their Health and WASH divisions. A mechanism

is needed to allow sharing of good practice and a strong Technical Working Group could provide this coordinating mechanism. The government must also invest in strong implementation structures at the district level to avoid development of policies and documents with little implementation on the ground.

**5. Information, education and communication.** The education of the population on an integrated approach to diarrheal disease control and treatment is critical. This education must happen at all levels of the national system:

- **Teacher education.** Education of teachers through teacher training colleges is needed to ensure they understand all aspects of health including the need for diarrheal disease control and treatment. Only with their understanding can they expect to behave as role models and teach children good hygiene practices.
- **Professional education.** Professionals who specialize in a specific area of diarrheal disease control, such as water engineering or nursing, may not have an overall understanding of the various aspects of diarrheal disease control. In order to overcome this, a review of the curriculum from the appropriate institutions needs to be undertaken to improve knowledge and awareness in all sectors. Short courses and continued professional development programs can also be used to address these issues.
- **National public education programs.** A more integrated approach is recommended between the health education unit, donors, NGOs, and the Ministry of Information. This will allow one clear message to be disseminated at a national level.

## THE WAY FORWARD

Diarrheal disease control is a major health emergency in Malawi today, but the opportunity exists to develop policy and funding platforms that provide the ability for local communities to significantly reduce child



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mortality. Malawi currently has many of the elements in place to become a leader in diarrheal disease control, including small-scale model programs, effective policies within ministries and departments, and interest from stakeholders in various sectors.

The recent policy initiative undertaken by Malawian stakeholders demonstrates both recognition of policy constraints, as well as a commitment to diarrheal disease control across sectors and programs. While the health sector has often been criticized for vertical or siloed thinking, this effort demonstrates how diarrheal disease could serve as an opportunity for strengthening the health system, as well as integration with other sectors, including WASH. The findings and recommendations of this process align with several global initiatives, including the US Government-led Global Health Initiative, and UNICEF's Sanitation and Water for All platform.

The next critical steps in the Malawi process will be to gain high-level political support and establish a technical working group on diarrhea control. Both internal and external support will be critical for implementation of recommendations that emerged from this process. However, the path described details a way forward toward ownership, accountability, and sustainability for diarrhea control efforts in Malawi.



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November 2011