



HEALTH, POPULATION, AND NUTRITION

Maternal, Neonatal, and Child Health

With U.S. Government assistance, the GoM reduced maternal mortality by 53 percent between 1990 and 2013, and is one of a few sub-Saharan African countries that achieved Millennium Development Goal 4 - reduce child mortality by two thirds - by 2015. The U.S. Government supports the integration of high-impact, evidence-based practices into activities that address vital MNCH issues in households, communities, and health facilities.

Family Planning and Reproductive Health

The population of Malawi is projected to more than double by 2050. If unchecked, this rapid growth would overwhelm the already struggling health care system, resulting in many inefficiencies and failures. U.S. assistance promotes awareness of the importance of family planning and impact of rapid population growth on development through advocacy and social behavior change and communication. The most recent Demographic and Health Survey shows modern contraceptive use among married women rose from seven percent in 1992 to 58 percent in 2015-16, and as a result, the fertility rate dropped from 6.7 to 4.4 during the same period.

Nutrition

The U.S. Government invests in nutrition activities for women and children, with a focus on the first 1,000 days from conception to age two. U.S. Government programs focus on preventing chronic undernutrition by providing nutrition-related assistance through various implementing partners. Both U.S. agencies and the GoM fight stunting and other forms of malnutrition through lasting community empowerment and integration of health services. With U.S. Government support, stunting of under-five children fell from 47 to 37 percent between 2010 and 2015. Since 2013, USDA's McGovern Dole Food for Education Program has provided roughly \$7 million annually to feed over 600,000 young learners through partner World Food Program (WFP) Malawi.

HIV/AIDS

Through the President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Government invests in high-impact HIV prevention, care, and treatment services to accelerate Malawi's response to the epidemic. In 2011, the U.S. Government supported Malawi's transition to Option B+, preventing HIV transmission from mother to child by providing universal access to life saving HIV treatment to all HIV-positive pregnant and breastfeeding women. In 2016, the U.S. Government further supported Malawi's adoption of "Test and Treat," providing immediate access to HIV treatment for HIV+ individuals. The 2016 U.S. Government-funded 2016 Malawi Population-based HIV Impact Assessment (MPHIA) study demonstrates Malawi's progress towards key international 95-95-95 goals (95 percent of people living with HIV diagnosed, 95 percent of those diagnosed on antiretroviral therapy [ART] HIV treatment, and 95 percent of those on ART virally suppressed). PEPFAR investments contributed to Malawi's achievement of Malawi 77-91-91, making it a regional HIV response leader. Since 2003, Malawi has achieved a more than 60% reduction in new HIV infections.

Malaria

Malaria is the leading cause of morbidity and mortality in children under five in Malawi. There are approximately five million episodes of malaria per year. Malaria prevalence in children has dropped from 33 percent to 24 percent between 2010 and 2015, and under-five mortality has dropped by 48 percent, to a large extent thanks to U.S. government investments fighting malaria.