

Thoughts about the 2023/4 Malawi National Health Budget

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At 12% of the total national budget, the proposed 2024/24 health budget is most likely the highest ever in Malawi. I say “most likely” or probably, because I have not been careful enough to review what was the country’s health budget in the 1960’s, 80’s, or the 90’s. In addition, in the Malawi context, the budget as approved by the National Assembly and assented to by the State President, doesn’t always mean that it will be followed to the letter through treasury disbursements to Ministries, Departments and Agencies (MDAs). But 12% isn’t lower when one looks at the other sectors (defence, homeland security, foreign affairs, education and agriculture) which the same national fiscus seeks their attention.

Even with the caveat stated above, the 12% national health budget is an underestimate of what the total health expenditure is going to be for the year in question. This is because, unless one looks at the Ministry of Health itself, health transcends or crosses over into other sectors. Thus although the stated 12% is less (by 3-point percentages) compared to Abuja Declaration which states that 15% of the national budget should be allocated to health or the health sector, the actual holistic and multisectoral “health budget” should be much larger. If we just consider the budgets to the traditional medical health sector, many countries do not reach the Abuja target. Even Nigeria itself which hosts Abuja as its capital has never believed in the Abuja target.

Drawing from the above, and as despondency is the mother of failure and the father of hopelessness, I need to be positive. Malawi is moving forward vis a vis, the Abuja target, despite the fact that other health expenditures occur outside the core health sector itself. For instance, if instead of having a separate Ministry of Water and Sanitation, and the Nutrition components now residing in the Ministry of Agriculture were to be part of the Ministry of Health (there had been in health at some point in fact), Malawi would have easily attained the Abuja target. In addition, the country is spending a lot of resources in the training of health professionals (through the different Christian Health Association of Malawi (CHAM) training institutions, Kamuzu University of Health Sciences, Malawi College of Health Sciences, Mzuzu University, and other institutions. If these expenses were to be added to the health budget, we would have attained the Abuja targets. Perhaps we should, if we are not concerned that others will label us as cheaters.

Now that the 2024/25 financial year has what is probably the largest ever percentage of the national health budget ever, what is next? Why should the health budget be high? Asking for a higher national budget and getting it are one thing.

Knowing how to use it effectively is a different ball game altogether. And in any case, has the national health budget increased in real terms? Because it is possible to increase the percentage of the health budget while reducing budgets of other expenditures for activities and strategies which have a bearing on health. It is also possible that the absolute Kwacha (Malawi’s currency) amounts may have increased and yet the United States dollar equivalent has gone down. In fact with the 44% devaluation of the local currency on top of another devaluation in the preceding year, even a 50% increase in the health budget in Kwacha terms was still going to be inadequate. Malawi is becoming accustomed to outbreaks and epidemics. Covid-19 was a pandemic, thus, affected the globe between 2019 and 2021. However, Malawi also experiences cholera outbreaks.

Lately, there has been an epidemic of viral conjunctivitis affecting thousands of citizens with 8 people losing their sight. Although we should be cautious in predicting the future as to what is next, rapid population growing, increasing migration and mobility, poor community and personal hygiene, all

point to high likelihood that it is not whether, but rather when the next epidemic will hit. Thus increasing the national health budget may not necessarily mean that there will be better health delivery in a better-funded year. There may be more health problems now than in the past. So, while 10% of the national budget may have been adequate when there were few health challenges, with frequent and several epidemics of all sorts of disease, a 50% increase may just be a drop in the bucket of diseases.

In sum, Malawi has made a bold decision to increase its budget amidst growing health challenges. How this translates into better disease prevention and control, wellness promotion and rehabilitation remains to be seen.