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The Real Threat to Malawi: Poverty

Located in southeast Africa, Malawi is one of the poorest countries in the world. The country currently has a 50.7% poverty rate, meaning over half of the 19.65 million citizens are living without necessary resources to maintain their well-being (*The World Bank Malawi,* 2022). When looking into the Sustainable Development Goals, there are numerous challenges that stand in the way of achieving overall well-being (United Nations, n.d.). While assessing the threats to Malawi’s achievement of SDG 3, Good Health and Well-Being, many are to be considered such as poor education, food scarcity, and the healthcare system. Upon further research, all of these threats are interlinked in Malawi. The overarching issue, which is influenced by every other identifiable threat to achieving the SDG 3, is poverty. Poverty has affected the livelihood of all citizens of Malawi in every way imaginable.

Education is affecting poverty in many ways. The country introduced free primary education for all in 1994 (*Education: Malawi*, 2015). This has increased student enrollment but has had several negative impacts for students due to a lack of funding and resources. The influx of children has led to an increase in class size which has negatively impacted the resources available. Resources such as school books, teaching materials, teachers, and spaces to hold school are extremely limited. The lack of resources and overcrowding are directly affecting the retention and learning percentages seen but there are often other factors that lead to children dropping out of school or performing poorly too. It could be that the child has to sacrifice their education to care for their family because they need another income or even to take care of a sick family member. Additionally, primary school is the only aspect of the Malawi school system that is free, so many might have to make economic decisions for their family and not attend secondary school. This lack of resources and overcrowding has led to poor academic performance and high dropout rates. As of now, only 41% of students complete their primary education on time and 16% of students start secondary school (*Education: Malawi*, 2015). Lack of education is leading to an overall underskilled workforce which is unable to fill higher education jobs such as doctors and teachers. This is leading to an underdeveloped economy which is unable to grow in its current state. More widespread education can greatly impact the economic abilities of the country in the long term and lead to better quality of life for all.

Food insecurity and scarcity is also a very big problem for Malawi. From June to September 2022 an estimated 2.6 million of the population has been experiencing a food insecurity crisis, and an additional 6.5 million people have high food insecurity (*Malawi: IPC Acute Food Insecurity Analysis*, 2022). These values are expected to continue to grow. The country relies heavily on agriculture to sustain itself. Natural disasters such as droughts and floods have become common, and these often have colossal impacts on the outcome of crops grown in the country (*Malawi*, n.d.). As the class learned from the video on the World Food Programme, inflation has also impacted the ability for countries to buy and produce food as well as receive food from the WFP. Inflation problems in the essential international currencies, such as the American dollar and European euro, lead to rising costs in all countries that import and export goods. It generally increases the cost of gas, oil, and food among numerous other products. This is an issue because countries will have to pay more for the production of food, in terms of farm equipment, fertilizer, and seed, and in the manufacturing and transportation of both imports and exports. In a country like Malawi, where the population was already suffering from food insecurity before the United States’ inflation crisis, monetary issues continue to impact the ability for the citizens to receive a full, nutritionally adequate diet. An inadequate diet is leading to higher risk for malnutrition and even disease, as the body is more susceptible to disease when improperly nourished. Overall, the country is paying more for a limited, inconsistent supply of food which is sacrificing the quality of life of its citizens.

Healthcare has a substantial impact on the population in many ways. Access to healthcare is lacking in the country due to lack of qualified professionals and physical clinic locations. As stated, due to lack of education, there is a lack of higher education jobs like doctors. In 2018, it was reported that there were 0.4 doctors for every 10,000 people (United Nations, n.d.). This significant lack of doctors limits the amount of quality care that can be provided. There is also a significant lack of clinics in rural Malawi; over 80% of the population lives in rural areas, yet only 47% of total health resources, such as clinics and hospitals, are rural (USAID, 2013). It is common for rural areas to have a higher risk of poverty than others due to lack of resources and infrastructure. While universal health coverage does exist, there are a few glaring issues with the current system. In one study, it was shown that there is mistrust with the current healthcare system due to complications with the geographical locations of clinics, requiring some to travel more, and concerns about insufficient resources such as healthcare professionals, transportation, and access to medicines (Abiiro et al., 2014). Lack of proper access to healthcare professionals and physical location leads to many ultimately avoiding healthcare due to time and transportation, therefore leading to a higher burden of disease in the country. More health complications affect the size of the workforce and those dependent on others, ultimately creating more poverty.

Malawi also is experiencing the double burden of disease, which is when a low-income country has high amounts of both communicable and noncommunicable diseases. Communicable diseases still plague the country, often in the form of HIV/AIDS, tuberculosis and respiratory infections, and malaria (Makwero, 2018). As of now, HIV/AIDS represents 12.23% of deaths and 11.28% of DALYs in the country (University of Washington, 2022). Respiratory infections and tuberculosis combined make up 14.62% of deaths and 11.33% of DALYs (University of Washington, 2022). Lastly, malaria accounts for 6.06% of deaths and 7.12% of DALYs (University of Washington, 2022). In total, these communicable diseases make up almost 33% of the deaths in Malawi. There is also an ongoing epidemic of cholera as a result of the tropical storm that hit the country in January (World Health Organization, 2022). While communicable diseases have been taking a toll on the citizens of Malawi, noncommunicable diseases have been on the rise. Noncommunicable diseases account for approximately 28% of deaths in the country(Gowshall & Taylor-Robinson, 2018). Cardiovascular diseases have risen from the fourth to the second cause of deaths in just ten years (University of Washington, 2022). Hypertension is seen in almost 33% of adults aged 25 to 64 (Gowshall & Taylor-Robinson, 2018). Interestingly, the risk factors associated with many noncommunicable diseases are not identical to ones in high-income countries. Some noncommunicable diseases like COPD are even the root cause of the double burden of disease, taking place years after a case of tuberculosis or pneumonia. Overall, with both communicable and noncommunicable diseases, a lack of education and proper prevention leads to higher chances of developing a noncommunicable disease or catching and spreading a communicable disease. Higher sickness in the country often contributes to the overall quality of life of its citizens due to sacrifices of time, money, and good health by simply trying to receive quality care.

Now that the major issues that are contributing to poverty have been discussed, the current possible solutions for each area can be assessed with the ultimate goal of eliminating poverty, starting with education. Education can be more readily available for all students if there were more resources in terms of textbooks, teaching materials, schoolrooms and schoolhouses, and an increase in well-educated teachers. The country needs to train and produce more educators. Education has the potential to change the trajectory of a country, but in Malawi’s case, both food and healthcare need to be improved in order to give the best chance for students to stay in school to obtain said education. Preventable diseases and malnutrition in both students and their loved ones have often led to lack of concentration in school and even students withdrawing, so eliminating the food shortage and preventing common diseases can allow students to focus on their futures.

Given the severity of the food shortage situation, the government of Malawi needs to acknowledge the situation and either establish a new food program or ask the United Nations and various Non-Governmental Organizations for assistance. The issue needs to be handled as quickly and completely as possible to ensure that not another citizen dies from malnutrition. In the long term, Malawi can do its part in helping lessen the chances of some natural disasters by reversing the deforestation currently in the country. In just 20 years the percentage of forest has decreased by almost 10% (United Nations, n.d.). An abundance of trees can limit flooding because trees hold soil in place and delay raindrops from hitting the ground with the same force.

Improvements to healthcare go hand-in-hand with education. The country needs to find ways to increase the healthcare budget and properly allocate resources across the country. There is a very urgent need to at least double the number of doctors and healthcare professionals to get close to having one doctor per 10,000 people. Doctors also need proper training to be effective in clinics; otherwise the resources and money put into a clinic do no good. Education and primary prevention can be key in preventing a multitude of both communicable and noncommunicable diseases. There needs to be more programs that teach people ways to stay healthy in terms of exercise, diet, mental health, and from infectious diseases such as safe sex to prevent HIV.

Poverty is greatly affected by a constant cycle of lacking access to resources. If

Malawi can begin to implement new programs to help in the three categories discussed in this paper–education, food security, and healthcare–the country can begin to break this cycle to begin to prosper and achieve SDG 3. Education is the future of this country, but quality and widespread education cannot be achieved without also creating lasting, positive impacts on food security and the healthcare system and health of individuals.

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