Introduction

In 2015, member states of the United Nations adopted the Sustainable Development Goals (SDGs), a global agenda to end poverty, protect the planet, and ensure prosperity for all by 2030. The SDGs consist of an ambitious set of 17 goals and associated targets pursued through national action and international cooperation. One of the goals, pertaining to good health and well-being, aims to ensure universal access to sexual and reproductive healthcare services, including family planning—considered one of the most cost-effective targets. Malawi has committed to implementing the SDGs following mixed progress during the Millennium Development Goal era, embedding its pledge in the Malawi Growth and Development Strategy III.

Currently in Malawi, more women are using contraception than ever before as a result of policy commitments and financial investments in family planning. However, at the current rate of population growth—driven by women's childbearing—Malawi's population would double by 2040 and reach 42 million by 2050. As the largest youth population in Malawi's history enters its reproductive years, accelerating progress in family planning is crucial. By enabling more women, adolescents, and couples to use contraception and plan their families, Malawi could accelerate the achievement of many of the health and socioeconomic SDGs.

Family Planning Can Help Accelerate Progress Towards Realizing the SDGs

Investing in family planning is a necessary step for achieving many of the SDGs. Voluntary family planning programs play an important role in reducing fertility desires and enabling couples to realize their reproductive rights and intentions. Family planning use minimizes life-threatening complications for mothers and their children by reducing fertility-related risks. These risks include pregnancies in which the mother is too young or old, pregnancies that are too closely spaced and too many (more than three children), and pregnancies that end in unsafe abortion. In addition, family planning use enables population shifts—lower childbearing, lower population growth, and a larger share of working age adults relative to young children (dependents)—that are conducive for educational, social, and economic growth and beneficial for individual, household, and country-level development.

In 2017, the Population Unit in the Ministry of Finance, Economic Planning and Development, with support from the Health Policy Plus project, funded by the U.S. Agency for International Development, applied...
a model (see Box 1) to simulate the effects of family planning on 13 health and non-health SDG indicators by 2050. Stakeholders developed three scenarios for Malawi with varying levels of family planning usage. Each scenario assumed that Malawi would achieve an improved level of socioeconomic development, with gains in education, governance, economic policy, and agriculture equivalent to upper-middle income country status by 2050.

**Scenario 1:** Malawi's family planning progress stagnates; just 45 percent of all women use modern methods of contraception by 2050.

**Scenario 2:** Malawi reaches its family planning goal of 60 percent of women using a modern method by 2020, but uptake stalls thereafter.

**Scenario 3:** Malawi reaches its family planning goal of 60 percent of women using a modern method by 2020. The use of modern family planning continues to increase over time, reaching 68 percent by 2050.

As a result of these different contraceptive use trajectories, SDG targets are most likely to be met under scenario 3, in which family planning is adopted by more people and family size decreases (see Figure 1). Malawi has much to gain by continuing to invest in family planning. Improving socioeconomic status alone (scenario 1) is not sufficient for achieving progress toward SDG targets and goals. Socioeconomic reforms combined with family planning investments provide the largest benefits to Malawi. If Malawi surpasses its family planning goal (scenario 3), the number of people living below the poverty line could shrink by 25 percent, food insecurity could decrease by half, and income growth rate could increase by 77 percent, among other beneficial outcomes, boosting the country’s prospects for achieving the SDGs.

**Call to Action: Invest in Family Planning to Accelerate Progress on the SDGs**

Malawi will be better positioned to achieve the SDGs if decision makers prioritize family planning in policies, programs, and funding across sectors. While the health sector must provide leadership on the delivery of family planning services, ensuring that services are available and accessible to all Malawians requires a coordinated approach across sectors. Stakeholders should consider the following actions to accelerate progress.

**Policy and Coordination**

- Discuss the impact of family planning on the size and structure of the population and the effects these population shifts will have on achievement of the SDGs with government bodies, such as the ministries of Agriculture, Irrigation and Water Development; Labour, Youth, Sports and Manpower Development; Education, Science and Technology; Lands, Housing and Urban Development; and Finance, Economic Planning and Development.
1. **NO POVERTY**
   - Millions of people below the poverty line
     - **25% decrease**
     - Scenario 1: 16
     - Scenario 2: 13
     - Scenario 3: 12

2. **ZERO HUNGER**
   - Prevalence of food insecurity
     - **51% decrease**
     - Scenario 1: 31
     - Scenario 2: 20
     - Scenario 3: 15

3. **GOOD HEALTH AND WELL BEING**
   - Maternal mortality ratio
     - **48% decrease**
     - Scenario 1: 418
     - Scenario 2: 274
     - Scenario 3: 218
   - Under-five mortality rate
     - **66% decrease**
     - Scenario 1: 60
     - Scenario 2: 32
     - Scenario 3: 20

4. **QUALITY EDUCATION**
   - Proportion of girls achieving minimum proficiency in reading
     - **25% increase**
     - Scenario 1: 61
     - Scenario 2: 71
     - Scenario 3: 76

5. **CLEAN WATER AND SANITATION**
   - Proportion of population using improved drinking water services
     - **5% increase**
     - Scenario 1: 95
     - Scenario 2: 99
     - Scenario 3: 100

6. **DECENT WORK AND ECONOMIC GROWTH**
   - Annual growth rate of real GDP per capita
     - **77% increase**
     - Scenario 1: 1.3
     - Scenario 2: 1.8
     - Scenario 3: 2.3

7. **SUSTAINABLE CITIES AND COMMUNITIES**
   - Proportion of urban population living in slums
     - **88% decrease**
     - Scenario 1: 4.4
     - Scenario 2: 1.5
     - Scenario 3: 0.5

---

*Percentage change shows the difference between scenario 1 and scenario 3*

- Include representatives from these ministries in the Population Technical Working Group to promote collaboration on family planning at the policy, funding, programmatic, and community level.
- Include behaviour change communication activities and other community-level initiatives related to family planning, population, and development within relevant sectoral policies.
- Work with the Ministry of Education, Science and Technology to support implementation of the comprehensive life skills and sexual and reproductive health curriculum for secondary school students to help avert unintended pregnancies. In addition, support implementation of the 2017–2020 adolescent girls and young women strategy, which includes strategies to enable adolescent mothers to continue their education after pregnancy.
**Programs**

- Enable relevant community extension workers, such as agriculture extension workers, to deliver messages on the links between family planning and sustainable development. Ensure that community extension workers are provided with adequate training to refer women and adolescents to family planning services if they choose to delay or prevent pregnancy.

**Funding**

- Increase domestic funding for contraceptive commodities on an annual basis to meet need and decrease donor dependence. In 2017, the Government of Malawi allocated and spent MWK 75 million for family planning commodities,vi representing just 1.5 percent of the total needed, as forecasted in Malawi’s family planning costed implementation plan.

- At the national level, indicate the percentage of total reproductive health funding that should be allocated/spent on family planning. Ensure that funds committed for family planning are released in a timely manner and spent as intended.

- Encourage the creation of district-level budgets for family planning to support the prioritization and integration of family planning into subnational planning.

**References**


This publication was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

Cover Photo: © Richard Nyoni