CME LIVE OPEN ACCESS

International Journal of Clinical & Medical Surgery

Mini Research Article

ISSN: 3069-2067

Palliative Care Delivery in Malawi: Achievement, Challenges, Strategies for Improvement

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Received: 2026 Apr 23 **Accepted:** 2026 May 12 **Published:** 2026 May 21

Abstract

The study aimed at assessing the status of palliative care delivery in relation to the WHO public health model for palliative care. Methods: routine data on palliative care indicators in District Health Information Software 2 was analyzed using built in analysis and visualization tools. Pivot tables, charts, and graphs were created to examine data dimensions, arrange data along rows and columns, and apply filters. Dashboards consolidated various visualizations into a single, shareable view, providing a holistic overview of key indicators. These tools enabled summarization, visualization, and tracking of data trends over time. Annual report was produced to present structured data following the WHO public health model. Results: On policy & leadership, Malawi has an updated palliative care policy and guidelines; palliative care conditions are included in the Essential Health Benefit Package; palliative care is integrated into the health system and financed through health plans; all central and district facilities have palliative care coordinators, with strong collaboration among policymakers, Associations, Regulators, and Non-governmental organizations. On education & training, there are structured training programs ranging from one day sensitization to bachelor's degree. On drug availability, morphine and other essential drugs are available. On service delivery, there are 112 sites providing palliative care, with 55,163 patients accessing services. In conclusion, Malawi has made significant progress in palliative care delivery. However, there is a need to strengthen monitoring of policy adherence, expand access, ensure regular capacity building, improve linkages across the continuum of care, and continue advocacy to align partner support with palliative care service needs.

Keywords: Palliative Care, Achievements, Challenges, Strategies

1. Introduction

Palliative care improves quality of life for patients, families, and caregivers facing serious illness or end of life situations, addressing physical, psychological, social, and spiritual needs [1]. This study presents Malawi's experience and progress in palliative care service delivery. The aim was to assess the status of provision since its inception against the WHO public health model for palliative care, identifying achievements after 22 years of implementation and challenges to prioritize for improvement. History of palliative care services in Malawi dates back 1977, the first palliative care team conducting home based palliative care was established at Light House in Lilongwe [2]. In 2002, a team was also established in the Pediatrics Department at Queen Elizabeth Central Hospital, this was followed by establishment of palliative care services for children admitted to the oncology ward who were recognized as needing holistic support including adequate pain relief and symptom control alongside their chemotherapy. Then palliative care spread to hospitals under Christian Health Association Malawi, Non-governmental organization like Ndimoyo clinic in Salima, public facilities like: Central, District, Community Hospitals and Health Centers [3]. According to literature, in 2006 Malawi was one of the eleven countries at level 3 of localized provision of hospice-palliative care with small numbers of isolated services [2]. In 2024, a study on measuring palliative care integration in Malawi through service provision, access, and training indicators showed that Malawi has made tremendous strides in establishing and integrating palliative care services into health care delivery system [4]. However, a fuller evidence base concerning the actual levels of achievement in relation to the four pillars of the WHO public health Model for palliative care at country level was not well documented and what palliative care provision that exists by sites was not known. Hence, this study aimed at describing level of achievement of palliative care services in Malawi as well as identifying obstacles to effective palliative care service delivery and recommendations were made based on the findings. The broad objective of the study was to assess the current status of palliative care service delivery in Malawi in relation to four of pillars of the WHO public health model for palliative care. The specific objectives were to

- Find out achievements relating to the components of the four of pillars of the WHO public health model for palliative care.

• Identify existing challenges to palliative care service delivery in relation to the four of pillars of the WHO public health model for palliative care.
• Identify strategies to be implemented to solve barriers and improve palliative care service provision.

2. Methods

Routine data on palliative care indicators in the District Health Information Software 2 (DHIS2) was analysed using built in analysis and visualization tools. Pivot tables, charts, and graphs were created to examine data dimensions, arrange data along rows and columns, and apply filters. Dashboards consolidated various visualizations into a single, shareable view, providing a holistic overview of key indicators. These tools enabled summarization, visualization, and tracking of data trends over time. Supplementary information was collected through desk reviews, interviews, and observations. Annual report was produced to present structured data following the WHO public health model for palliative care in Figure 1.

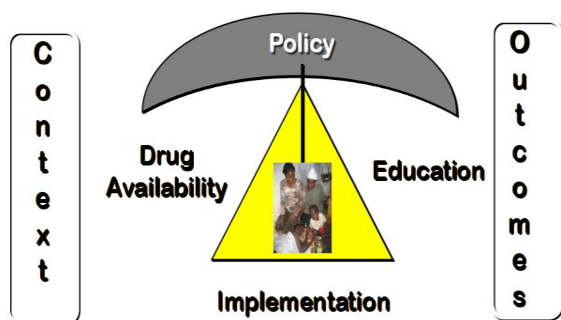

Figure 1: The WHO Public Health Model for Palliative Care [5]

2.1. Ethical Consideration

Routine service delivery data was used in compliance with national data protection and privacy regulations for DHIS2 data. Security protocols and data sharing agreements were observed.

3. Results: Achievements and Challenges

3.1. Pillar 1: Policy & Leadership

3.1.1. Achievements

• Updated palliative care policy and guidelines available [6].
• Conditions requiring palliative care such as cancer, HIV, heart conditions are included in the Essential Health Benefit Package [6].
• Palliative care standards are adapted from African Palliative Care Association (APCA) standards.
• Palliative care is integrated into the health delivery system. Thus, financing for both procurement of resources and service delivery plans. Figure presents type of plans included in 34 facility plans.

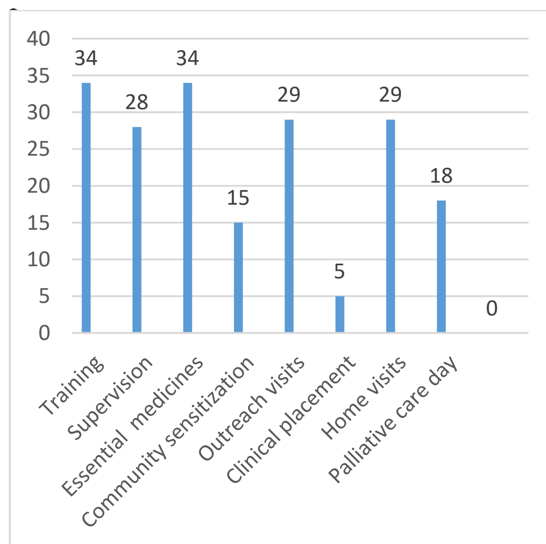

Figure 2: Activities in Facility Plans

• Palliative care coordinators are present at all levels; at MOH, central & districts facilities.
• Strong collaboration & networking with associations, regulators, stakeholders.

3.1.2. Challenges

• Limited dissemination and monitoring of policies at primary care level.
• Inadequate resources to implement all planned activities
• Facilities lags behind on palliative care advocacy – few facilities included world hospice and Palliative care commemoration in their plans.

3.2. Pillar 2: Education & Training

3.2.1. Achievements

• Availability of structured training programs ranging from one day sensitization to BSc degree. For example: one day sensitization; five days introductory course; ten days trainer of trainer's course; ten days master trainers' course; five weeks initiators course, and a Bachelor of Science in Palliative Care.
• 76% of the sites meets the staffing norm of one trained clinician and one nurse.
• Availability of in-service training manuals approved by Ministry of Health (MOH).
• Palliative care is integrated into pre-service curricula since 2014.

3.2.2. Challenges

• High turnover of trained providers creates knowledge gaps.

3.3. Pillar 3: Drug Availability

3.3.1. Achievements

• Essential pain medications, including morphine, generally available.
• Procurement of essential palliative care medicines is managed through Central Medical Stores Trust.
• On average monthly availability of pain medicines is: Level 1 drugs (28 days), Level 2 (14 days), Level 3 (26 days).

• Current morphine consumption is at 14,404,582mgs per year.

3.4. Pillar 4: Implementation

• 112 (18%) of the sites are providing services.
• 55,163 patients accessed care in 2024 (31% coverage).
• Patient numbers have steadily increased since 2017 as shown in figure 5.

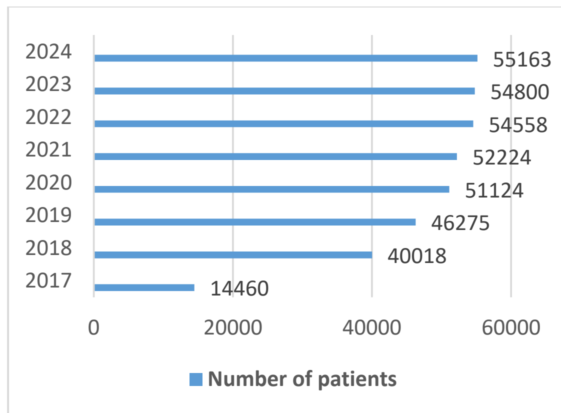

Figure 3: Palliative Care Access in the Past 8 Years

3.4.1. Challenges

• Inadequate community sensitization engagement for palliative care service delivery.
• Limited use of community-based delivery models.

4. Discussion

The results of this study provide detailed information available on development of palliative care services in Malawi at the present time. Generally, Malawi has made notable progress across all four pillars of the WHO model. Government leadership; recognizing palliative care as part of the essential health benefit package; availability of palliative care policy, guidelines & courses; essential medicines and integration of palliative care into health plans demonstrate notable progress and government commitment. However, gaps remain in policy dissemination & monitoring, training sustainability, service coverage, advocacy and community engagement.

Recommendations

• Strengthen dissemination and monitoring of policies.
• Sustain ongoing activities and improve linkages between community and facility care.
• Expand community-based delivery models. For example, home based, outreach, road side by Community health nurses.
• Increase public education and advocacy through media and community mobilization, commemorations.
• Provide regular capacity building to address knowledge deficits (through continuous professional development (CPD)).
• Continue lobbying for partner support and align with service needs.
• Enhance collaboration with associations for updated practices.

Conflict of Interest Statement

The authors declare that there was no personal interest that may have inappropriately influenced District Health Information Software their writing of this article.

Funding

This study involved routine collection of data for monitoring and evaluation. Therefore, the work was supported by the government of Malawi.

Author Contribution

The study conceptualization and design (defining the research problem, methods, and models) was done by Dr. Catherine Chiwaula. Data Collection and monitoring including managing, cleaning, and preparing data, or gathering study materials was done by both Dr. Catherine Chiwaula and Dr. Berlington Munkhondiya. The analysis, interpretation report writing and editing was done by Dr. Catherine Chiwaula.

References

1. WHO (2021) https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/palliative-care
2. Clark, D., Wright, M., Hunt, J., & Lynch, T. (2007). Hospice and palliative care development in Africa: a multi-method review of services and experiences. *Journal of pain and symptom management, 33*(6), 698-710.
3. Ministry of Health. (2011). Palliative care manual for health workers
4. Kiyange, F., Atieno, M., Luyirika, E. B., Ali, Z., Musau, H., Thambo, L., ... & Rosa, W. E. (2024). Measuring palliative care integration in Malawi through service provision, access, and training indicators: the Waterloo Coalition Initiative. *BMC Palliative Care, 23*(1), 17.
5. Stjernswärd, J., Foley, K. M., & Ferris, F. D. (2007). The public health strategy for palliative care. *Journal of pain and symptom management, 33*(5), 486-493.
6. Ministry of Health. (2024). National Palliative care guidelines.
7. Connolly, E., Zhuwao, F., Rosenthal, A., Day, L. T., Dullie, L., Nkhoma, D., ... & Manthalu, G. (2025). Developmental and operationalisation influences of Malawi's Health Sector Strategic Plan III 2023-2030: A qualitative study of the context, processes, content and actors. *medRxiv*, 2025-05.
8. Ministry of Health. (March 2023). National Palliative care policy.