Child mortality in Malawi

Authors' reply

We thank Rob Yates for his letter and agree that Malawi's consistent absence of user fees in public facilities will have probably facilitated access to care and financial protection, which might have benefited health outcomes. Indeed, a recent analysis by Manthalu and colleagues[1] found positive effects of user fee removal on access to antenatal and delivery services in private facilities in Malawi. An analysis by Leone and colleagues[2] also found a positive effect of user fee removal on institutional deliveries in Burkina Faso and Ghana. Given the absence of user fees in the vast majority of facilities throughout the period of our study, we were unable to assess the impact of removing user fees on the achievement of Millennium Development Goal 4 (MDG4) in Malawi, but in a forthcoming district-level analysis, we will report on the relationship between out-of-pocket payment levels and mortality of infants younger than 5 years. New studies are needed to explore the effect of removing user fees on the achievement of MDG4, and its speed. Such studies should control for the effect of other financing mechanisms, and consider mediating and moderating factors, when possible.

We also thank Kate Mandeville and Adamson Muula for their letter and agree with the need to ensure resources are available to fund salaries for newly trained doctors and other health workers to allow these workers to be absorbed into the under-resourced Malawian health system. The doctors' salary cap in Malawi is intended to increase macroeconomic stability. However, recruiting staff will improve capacity for service delivery, ensuring better health, and thus enhancing economic growth. If health workers have been trained—using scarce resources—they need to be hired. Austerity is unlikely to lead to a financially sustainable (or effective) public sector now, or in the long term, because it will prevent a prosperous Malawi in future.[3] The International Monetary Fund needs to learn the lesson the World Bank did with user fees 10 years ago[4] and reverse its public sector wage cap edicts.[3,5] The Government of Malawi should also increase its spending on health to 15% of gross domestic product in line with the Abuja target to help ensure the funds are available to hire all health workers who have been trained, and develop a sustainable health financing strategy to address the new ambitious health-related Sustainable Development Goal targets and the Global Strategy for Women's, Children's, and Adolescents' Health.

We declare no competing interests.

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