pupils to a textbook at the primary level. Despite this, expenditure on teaching and learning materials actually decreased between 1993 and 1999 *(PER).*

7.4.3 It should be feasible to make significant progress in this area in 2001/2002. The Decision Point Document suggests indicative use of US$6.1 million in HIPC resources for teaching materials in 2001/2002. The U.K. Department for International Development (DFID) and the Canadian International Development Agency (CIDA) have also pledged large grants for educational inputs.

> Recommendation 15: Substantially increase the budget for teaching and learning materials for primary schools, and designate the same as a Priority Poverty Expenditure.

8. Health

8.0.1 Malawi continues to suffer from persistently high mortality and morbidity rates from preventable diseases such as malaria, respiratory infections, diarrhoea, and ailments associated with childbearing and childhood *(PER).* Combined with a worsening HIV/AIDS epidemic, the situation is bound to deteriorate further unless there is a concerted effort to increase access to quality health care, particularly primary health care in rural areas.

8.0.2 The poor are caught in a vicious circle created by the mutually reinforcing combination of poverty and poor health. Low literacy rates, for example, handicap the ability of the poor to cater for their own health needs. Most of the poor live in rural areas that are most disadvantaged in terms of local access to good public health care. Good health is not only a fundamental aspect of human well being, but also a requisite for economic growth because ill-health leads to absenteeism and low productivity.

8.0.3 During the past few years, Government has made a conscious effort to shift public spending towards social sectors, including health. Malawi now has a medical college, a new central hospital, and has made progress with childhood immunisation. However, increased allocations for health as a share of the total budget have been insufficient to keep up with the rising cost of inputs and a rapidly growing population. Per person spending on health in real terms (i.e., adjusted for inflation and devaluation of the Kwacha) by Government and donors combined has actually declined since the mid-1990s *(PER).*

8.0.4 Allocation of funds for programmes implemented by the Ministry of Health and Population, as well as the National Aids Control Commission, to curb the spread of HIV/AIDS among front-line health care professionals, and information on anticipated results, are also needed.

8.1 Primary Health Care

8.1.1 Government has wisely shifted budgetary allocations for health to favour primary and secondary health care facilities. The important role played by mission facilities (CHAM hospitals and clinics) has also helped to improve the number and quality of district facilities. However, the number of health centres and clinics still falls far short of the number required to provide reasonable access to primary health care, particularly for the poor in rural areas.

8.1.2 As in education, priorities must be set. The Committee agrees with other stakeholders that priority must be given to primary health care. Among other things, access to reproductive health services will help the poor control family sizes and contribute to their ability to improve their economic circumstances.

8.1.3 The Decision Point Document suggests an indicative use of US$2.7 million in HIPC resources for primary health care in 2001/2002, in addition to funds from HIPC resources specifically for drugs and training of nurses.

8.2 Training Front-Line Health Care Professionals

8.2.1 There is a dire shortage of skilled, front-line primary health care professionals, particularly in rural areas. According to the National Health Plan, Government health facilities alone need at least 2,800 additional nurses, 383 medical assistants, and 250 doctors. The World Health Organization recommends at least one physician for every 12,000 people. Malawi has one physician for every 46,000 people! Even when compared to poor neighbouring countries, the ratio of physicians to population is low. Nonetheless, training institutions are operating under capacity mostly due to funding constraints, and some have even been closed *(PER)*.

8.2.2 The Decision Point Document suggests indicative use of US$1.1 million from resources freed by HIPC debt relief for nurses training in 2001/2002.

> Recommendation 16: Substantially increase the budget for training for front-line health care professionals, and designate the same as a Priority Poverty Expenditure.

8.3 Conditions of Service for Front-Line Health Care Professionals

8.3.1 Poor conditions of service discourage health care professionals from working in Government health facilities. Testimony to the Committee described the ordeal for nurses, particularly in rural areas. They receive very low salaries, work twelve-hour shifts, and typically travel for two or more hours, each way, to work. Unhygienic conditions in health facilities put their lives at risk in these days of HIV/AIDS, and they do not have basic materials and drugs to cater for patients. As a result, Government is rapidly losing nurses, doctors, and other health workers to private clinics and hospitals and to other countries. This trend will surely continue unless conditions of service are dramatically improved. As is the case with teachers, it makes no sense to train front-line health workers only to lose them.

> Recommendation 17: Substantially increase the budget for personal emoluments (salaries and benefits) for front-line health care professionals including nurses, and designate the same as a Priority Poverty Expenditure.

8.4 Drugs and Medical Supplies

8.4.1 Per capita spending on pharmaceuticals has increased since the mid-1990s demonstrating government's commitment in this area. In spite of this, serious shortages of even the most basic drugs persist throughout the country, due in part to theft and inefficient distribution *(PER)*. It has been estimated that 60% of the drugs intended for Government health facilities have been lost to private clinics and vendors. However, even if these problems were eliminated, increased spending would still be required to raise expenditures closer to the regional average per capita and to the level of US$1.25 per capita recommended by the World Health Organization.

8.4.2 In 2000/2001 the budget for drugs was estimated at about US$1.16 per capita, and devaluation of the kwacha made it impossible to achieve even this goal without an injection of HIPC resources. Officials from the Ministry of Health and Population told the Committee that HIPC resources restored public spending to the budgeted level. However, as noted above, the Committee has not yet been able to obtain documentation of the use of HIPC resources in 2000/2001.

8.4.3 The Decision Point Document suggests indicative use of US$7.3 million in resources freed by HIPC debt relief for drugs in 2001/2002.

Recommendation 18: Substantially increase the budget for drugs and medical supplies, include adequate funds for proper distribution and increased security for drug stores, and designate the same as a Priority Poverty Expenditure.

9. Infrastructure

9.1 Rural Roads

9.1.1 Linking production, particularly agricultural production in remote areas, to domestic and international markets was a high priority among people who participated in the district consultations on the PRSP. The Ministry of Agriculture and Irrigation believes that development of output markets for poor farmers is the most effective approach to reducing poverty for the largest number. It is also a good strategy for replacing handouts with economic opportunities.

9.1.2 Rehabilitating and constructing rural roads and bridges will contribute significantly to making markets accessible to the rural poor. Improving roads, and thereby reducing transport costs, should also reduce the costs of farm inputs and other goods in rural areas. Heavy rains this year caused major damage to rural infrastructure. Roads must be therefore be upgraded on an urgent basis, preferably before the beginning of the main marketing season.

9.1.3 The Committee notes the desire among stakeholders for rapid decentralisation of decisions about which roads are to be upgraded. Information is needed on how much authority will devolve to the districts, and when.

9.1.4 The Decision Point Document suggests an indicative use of US$2.7 million in HIPC resources for upgrading rural roads in 2001/2002.

Recommendation 19: Substantially increase the budget for rehabilitating and constructing rural roads and bridges, and designate the same as a Priority Poverty Expenditure.