

## **1. Participants:**

Benjamin Nganda (WHO), Ralf Radermacher (GIZ), Kai Straehler-Pohl (GIZ), Sheila O'Dougherty (consultant for WHO and USAID), Jodi Charles (USAID), Christoph Kurowski (WB), Ndasowa Chitule (USAID), Zia Hyder (WB), Michael Adelhardt (P4H CD).

## **2. Agenda and discussion**

**Intro by CD:** MoH committed to UHC and health reform including Health Financing (HF); lot of previous work to build on, e.g. HF strategy and series of concept notes (all uploaded to P4H Intranet); **two requests** on the table: one from the MoH to P4H via GIZ on potential role of National Health Insurance and one from the MoF to the World Bank on analytical HF work; this provides good opportunities for collaboration and networking in order to provide coherent support on technical and adaptive aspects of UHC reform; importance of keeping each other informed and involved; need to keep in mind that P4H is not about specific financing instruments such as HI, but about the bigger picture of UHC/SHP and providing unbiased support to the development of reform options.

### **Info and perspectives from partners:**

RR/GIZ: joined expert group on Health Insurance in Malawi; initial idea of introducing HI for civil servants has been questioned; DP cautioned that this would fragment the system; advised to look for a more broad based solution; MoH would like to first carry out a number of studies to generate more evidence on feasibility and potential benefits; KSP/GIZ: MoH sceptic about NHIS option; but showing an open-mind and interest in what NHI could possibly look like in Malawi; MoH also wants to be equipped to respond to political pressures that are potentially not in line with health reform objectives; good opportunity for P4H members to work together and speak with one voice.

SOD: agrees with RR and KSP; worked for WHO and USAID on HF harmonization work and to improve efficiency of PFM in health sector.

CK/WB: MoF request to WB is broad (how to raise more domestic financing and reduce high donor dependency, improve efficiency, how to deal with 'user fee' idea of President, etc.) and will include broader system assessments, an update of the HF strategy which is very conceptual not addressing concrete problems, needs to be contextualized; top priority to gather intelligence; time frame of 1 year: revised HFS to be ready by July 2016; upcoming mission on 30-31 July visiting the ongoing HIV/AIDS and nutrition program will be used to collect info about the MoF request in order to develop a concept note on the way forward.

WB also informed the group about a Unicef proposal to MoF, which should be factored in.

BN/WHO mentioned that the MoH also reached out to WHO for support; supports the idea of an initial mission the focuses on the process.

JC/USAID: various ongoing programs in HIV/AIDS, MCH, etc.; excited to see more interest in HF and P4H coming into Malawi to work on the UHC agenda; local staff will be back from leave soon and is happy to engage with the other network members.

### **Preparing for a joint P4H scoping mission**

Problem: two WB missions (July and Sep) and P4H Mission (Aug) would add up to 3 mission in 6 weeks; moving the P4H mission to September would not meet the expectations of MoH, they rather want this earlier; hence, a suggestion came up to separate the works on process and content, and combine the process-oriented scoping mission with the upcoming WB mission end of July.

### **3. Conclusion and next steps**

- All members demonstrated collaborative spirit and expressed interest in working together in the area of HF in view of jointly supporting Malawi on their path to UHC;
- Proposed solution to reduce the number of missions: combine the P4H mission originally scheduled for 10-14 Aug with the upcoming WB mission on 30-31 July 2015
- Next steps: WB to share schedule of upcoming mission; adapt P4H scoping mission TOR to combined mission; check with MoH and country offices about their availability.