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Proposed Technical Assistance on Health Financing in Malawi
Scoping Mission
30th – 31st July 2015

A. Background

1. The World Bank undertook a scoping mission for the proposed Technical Assistance on options for sustainable health financing in Malawi from July 30 – 31, 2015.¹ The mission was undertaken as part of the preparation mission of the Southern Africa TB and Health Systems Project which was conducted from July 27-31, 2015 in Malawi. The main objective of the scoping mission was:

- i) To get a better understanding of the Government of Malawi’s request to the World Bank and other partners for technical support on health financing; and
- ii) To agree on a process for joint support in the area of health financing for the period August 2015 to July 2016.

2. The mission team had several discussions amongst themselves, and with other Partners such as UNAIDS and MSF. Discussions were also held with a number of senior officials from the Government of Malawi. A final consensus building meeting chaired by the Director of Planning, Dr. Dalitso Kabambe was held with the government and this report is a summary of the mission’s findings, recommendations and agreed next steps.

B. Context

3. The Government of Malawi is in the process of undertaking a series of reforms aimed at restructuring the health system and assessing financing options to ensure a more efficient, transparent and equitable health system. In this context, a request was made to the World Bank for technical assistance on health financing reform. At the same time, a request was also sent to the P4H Network via GIZ, specifically on the option of introducing a national health insurance (NHI) scheme.

4. In general, the broad health reform agenda in Malawi focuses on four (4) main areas including: (i) A strong desire to introduce a NHI scheme in line with the election manifesto of the current Government, which intends to “introduce health insurance for all public servants; while looking at possibilities for health insurance for all.”² This commitment is also part of the performance contract between the Malawian President and the Minister for Health; (ii) Reviewing the public-private partnership between the Government of Malawi and the Christian Health Association of Malawi (CHAM); (iii) Establishment of a Health Fund; and (iv) Undertaking three (3) interrelated health reforms focusing on the decentralization of health services at district level, making central hospitals autonomous entities by converting them into “Trusts”, and de-linking and/or contracting-out some of the non-core services in public hospitals such as laundry, catering etc to the private sector. To spearhead the reform process, four (4) working groups on health insurance, health fund, hospital autonomy, and decentralisation are in place.

¹The mission was led by Ziauddin Hyder (Senior Nutrition Specialist/Team Leader, GHNDR), and included Collins Chansa (Health Specialist, GHNDR), Michael Adelhardt (P4H Network Coordination Desk at the World Bank), and other Partners working on health in Malawi. These were: Eugene Nyarko and Francis Magombo (WHO), Kyaw Myint Aung (UNICEF), Kai Straehler-Pohl (GIZ), and Takondwa Mwase and Mark Malema (Abt Associates). Deliwe Ziyendammanja (Team Assistant, AFMMW) provided administrative and logistical support to the mission.

² <http://news.dppmalawi.com/wp-content/uploads/2014/04/DPP-Manifesto-2014-Final.pdf>, p.10 & 35

C. Summary of the Discussions

5. During the joint consensus building meeting between the government and Partners, the parties took stock of previous and ongoing work on health financing by the Malawian Government which were and/or being undertaken by the academia, and various development partners particularly USAID and Abt Associates. The meeting acknowledged that a number of studies had been conducted in all the four (4) main reform areas over the past few years. These studies have informed the production of a series of concept notes on health insurance, decentralization, central hospital autonomy, and the health fund. These concept notes have in turn been used to develop a draft Health Financing Strategy.

6. Considering the wealth of knowledge which already exists, the Government made it clear that it required assistance in reviewing the quality of the existing evidence/reports particularly if there were any gaps in the methodology, data, and conclusions/recommendations. Based on this review, it was agreed that viable options would then be identified before making broader reform decisions. The meeting also agreed that there was need to strengthen the capacity for implementing such reforms. And as a priority, it was further agreed that the health insurance options paper should be reviewed first.

7. Lastly, it was agreed the MoH should appoint a core team to manage the review process. On the Partner's side, a core comprising WBG, WHO, GIZ, UNICEF, USAID, Abt Associates, UNAIDS, DFID, Norway and the P4H Coordination Desk was formed. This core group will be coordinated by the WHO Country Representative with support from the P4H Network.

D. Next Steps

8. Key areas of work:

- i) Review of existing documents on health financing (quality of method, data, and conclusions). The options paper on health insurance should be reviewed first. Emphasis will be on assessing the feasibility of establishing a NHI by conducting a cost-benefit analysis, and evaluating implementation capability by looking at the existing health system, national development process, and the political economy.
- ii) Advocacy and joint support to the government in engaging in an inclusive and consultative process;
- iii) Assistance in the development of an implementation plan, and strengthening implementation capacity; and
- iv) Development a concept note outlining the agreed areas of work, timelines, and roles and responsibilities of each Partner by the end of August 2015.