

DRAFT - Meeting Minutes

Subject : Technical Assistance on Health Financing by interested Development Partners (DPs)

Date 31st July 2015

Venue: MOH Conference room

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Agenda :

1. Welcome remarks and Introductions
2. Overview
3. Discussions on proposed Health Financing Technical Support
4. Way forward

Agenda item 1 Welcome remarks and introductions

The Chair apologies for delays and recognized importance of this meeting

Agenda item 2 : An Overview of various health financing reforms and work done by expert panels and consultants was presented in the following areas:

- Health fund
- Health insurance
- Paying services introduction in central and district hospitals
- Reviewing CHAM and service level agreements and expansion of SLAS and reviewing payment of salaries to CHAM
- Autonomy of Central Hospitals : the financing aspect of central Hospital reforms
- Decentralization and separation of roles and functions of district hospitals from public and primary health care
- Public Private Partnerships delinking non essential services

Commitment from the Minister to reforms and at the center of health sector but reforms cannot be done without hard evidence and he acknowledged the support of DPs in the area of health financing with a wealth of experience.

The chair explained that one area of concern was the sensationalism and wrong interpretation by the press and public in respect of reforms in the area of user fees

The chair also explained the recent investors' conference and interest that insurance companies showed in partnering and or supporting capacity of Government and administration of insurance schemes

Agenda item 3 Discussions :

WB received a formal request through MOF. Similarly, GIZ also received a similar request from MOH which GIZ forwarded to the global P4H Coordination Desk. P4H is a partnership of global investors into UHC that aims to align technical and financial support to countries aiming at UHC. Therefore, WB and other P4H-partners agreed to carry out a joint trip to Malawi from July 29-31, 2015, which replaced another proposed trip of 10-14th August.

Zia stressed the need for building on MOH led completed/on-going studies in relation to various aspects of health financing and developing an umbrella concept note by a joint team of experts comprised of interested and committed DPs. The concept note will guide specific activities/deliverables that would be carried out between now and June 2016.

Collins Sansa based in Lusaka from WB who has experience of working in Zambia on the same will be leading the task on the ground and Michael Adelhardt P4H coordinator will provide support to coordination of the team overall.

Proposed Activities

The chair noted the following priorities

1. Reviewing studies/materials that MOH has already accomplished to identify potential weakness and strength with the aim to finalize them.

2. Assessing feasibility of introducing a national health insurance scheme: Specific questions to be addressed :
 - Does Malawi have a case or not and if it does what form would it take and what timelines? The report from the consultants from Chancellor college recommended a model (African Model after reviewing various other various models). However, there is some skepticism on this option due to the large informal sector [rather elusive with insufficient gains] . More high-quality evidence is needed to answer the question.
 - Need clarity on the insurance question from the team : is there an economic case (--> cost-benefit analysis) and what type of model can work and what justification ; once that is unlocked it will inform us what else needs to change ?
 - if there is no case what else ; what savings can be achieved ;
3. Reexamine the issue of Sin taxes and efficiencies
4. finally whether for and against the introduction of user fees and what specific analyses need to be done

Kai acknowledged the work that had been done so far by MOH , SSDI and GIZ teams to support the reforms areas . He also noted that analysis of tax/efficiency questions should not be subsumed under the insurance question, since insurance would be but one way to spend additional funding and to incentivize more efficient use of funding.

Collins pointed out three different issues when reviewing documents, which included **Is the methods correct? Is the data adequate? And, are the conclusions relevant?**

The chair noted that despite pressures that Takondwa had consistently delivered on various assignments

Finalization of the Health financing strategy. It was agreed that dependent on results there may be need during the course of the exercise to review any current gaps in health financing strategy before finalization of the strategy. Takondwa noted that strategy referred to the development of an implementation plan to accompany the strategy

It was noted that the Scope of eligible people in the formal sector for health insurance is limited only 150,000. Maybe incremental over the years

The members were reminded to be mindful of other process such as HSP, MGDS , draft Policy that are under review and the chair clarified that though Health insurance is in manifesto of DPP, it was the duty of health as a technical Ministry to advise Government from a health technical angle.

Dominic presented arguments on the objective of the insurance as a revenue generation, and that the assessment for insurance would need to include a cost benefit analysis of an insurance arrangement.

Labour force survey showed that only 10-12 % Informal sector has higher than average income
Kyaw from UNICEF noted that there were other issues to consider such as HSSP costing and efficiencies work

The follow issues were raised during the discussions

- EHP and to what extent its being implemented. Cost containment is not equivalent to efficiency.
- what type of product and how to the deliver the services and implement the strategy.
- 60% of working population (formal and informal sector) earning less than 10,000
- UNICEF have done work on social health insurance
- Service delivery : Measuring efficiency in the sector
- Health insurance : issue of amount of money spent on collecting resource s
- Four “hurdles” to clear before engaging in health insurance, based on defined scenarios on scope of insurance (esp. target group and service coverage):
 1. financial feasibility: is collecting money more expensive than resources; actuarial analysis based on membership and benefit package
 2. capacity issue: look at Malawi in comparison to neighboring countries (how have they built capacity for insurance how long has it taken)
 3. check proposal against national economic and health objectives ;
 4. political feasibility: stakeholder assessment

In conclusion there are three broader areas

1. Review of documents via method data and conclusions
2. UHC : how do we increase resources; what are various options; what is the feasibility of introduction of HI
3. Advocacy , availability of a number of donor , neutral to assist to generate enough evidence for GOM to make a decisions

Action Points :

- 1. Agree on core team in partners and MOH who will interact**
- 2. Put together a concept by end August which will include Background and objective of TA and Review of how much resources available and needed**
- 3. WB and GIZ will need to have internal review of the process**

It was agreed that the Core group would be composed of the following :

Lead : WHO : (WR)

Members : WB : Collins backed by other WB team ; **GIZ Kai;** **WHO :** Dr Francis Magombo (Malawi) & Dr Ben Nganda (Harare) ; **SSDI : Takondwa ; USAID :** Ndasowa ; **UNICEF :** Stan Gwavuya ; **DFID :** Andrew McNee; **UNAIDS :** Charles Birungi

Amongst Stakeholders : to include ILO

Actions : To request Norway MOF : Dalitso to speak to ST ; Consult EPND , OPC : DHRMD MOL

Planning team as secretariat to be led by Dom who would be point of contact and to include Gerry , Ruth and Poorna

Action : Poorna share all documents with group:

Dom to List all data sources:

Timeline end august 1st draft of concept note

Output	Date	Responsible	Comment
1 st zero draft concept note	15 th August	Michael Coordinator: Kai, Collins, Kyaw and Charles from UNAIDS	To draft and consult with others
Final draft	End August	As above	
Meeting / VC	End August		To review process

MOH to declare when concept is final.

The output would be a concept notes that will articulate how this work would be carried out
Objective to define how process will be carried out , ensure laying out of processes and reviews of various reforms areas with a focus in health insurance and costs

The meeting was closed at ... 16 .00 (verify please !)

Chair

Dalitso Kabambe

Secretary

Trish Araru