THE ROAD TO UHC: MOU WITH CHAM

Presented by
MINISTRY OF HEALTH
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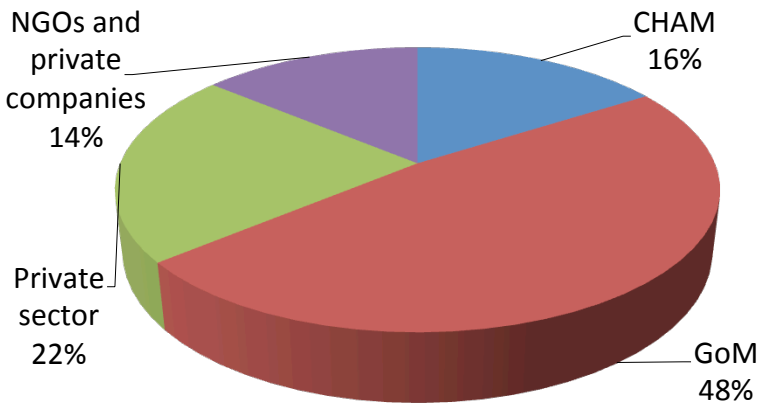
Background

- Missionaries were first to introduce modern medicine in Malawi in the late 1890s;
- Since 1964, Government has prioritised its health infrastructure investment in areas where there is no CHAM facility;
- CHAM runs critical services including health services provision and health worker training, complementing Government's efforts in these areas;
- CHAM also undertakes resource mobilization from Partners, thereby easing pressure on Government, as well as ensuring services are available to communities at very affordable prices;
- The majority of its CHAM Facilities in very remote areas where Government has no capacity;
- Empirical studies have shown that CHAM user fees limit access to critical care especially for mothers and children;
- SLA's are key in addressing financial barriers to access.

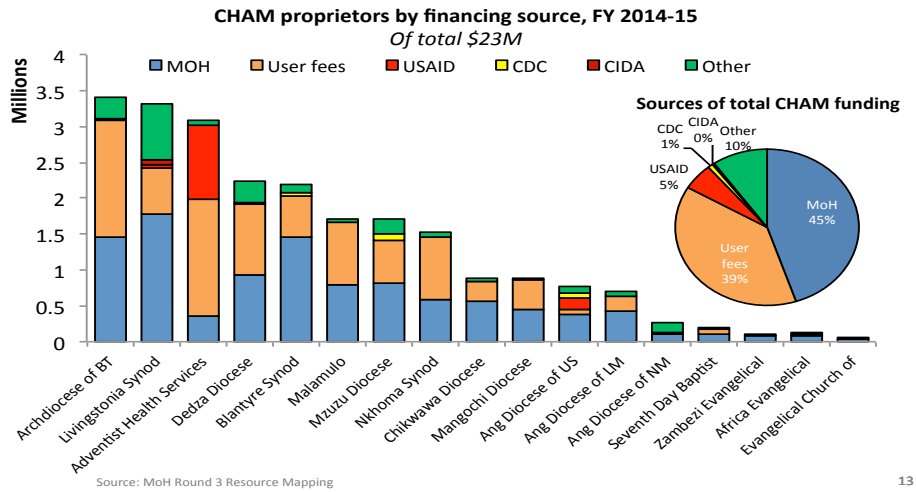
Number of Health Facilities by Ownership



Data from the Service Provision Assessment – March 2014

CHAM resources

CHAM: Rd. 3 captures data from 150/172 CHAM facilities in Malawi



Source: MoH Round 3 Resource Mapping

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Types of SLAs

• Maternal and Neonatal only contracts	53
• Maternal, Neonatal + Under5 contracts	16
• MNH + CEMOC	2 contracts
• Whole EHP	1 contract
• MNH + Under14 services	1 contract
• MNH + Road Traffic Accidents	1 contract
• Under 5 only	1 contract
• Mental Health only	1 contract

Limitations with current CHAM MOU

- No guidance on which facilities should have an SLA;
- No guidance on eligibility for salary grants;
- A significant number of SLAs are signed with facilities that are within 8km radius of a Government;
- Unjustifiable inequalities due to user fees when other sub-populations enjoy free health services;
- Present arrangement contravenes new PPP Act.

Evidence on Potential Impact of SLA

- When user fees are removed, utilization rates in CHAM facilities increase;
- Importantly, they become comparable to those in Government facilities;
- A 2014 study showed that SLAs have increased deliveries by skilled health personnel by 50% to 148% since their introduction.

	Monthly Deliveries before and After SLAs			
Facility	**District**	**Before**	**After**	**% Increase**
Mzambazi Health Centre	Mzimba	22	33	50%
Kankao Health Centre	Balaka	35	60	71%
Mua Mission Hospital	Dedza	78	140	79%
Koche Health Centre	Mangochi	67	115	72%
Malamulo Mission Hospital	Thyolo	49	132	169%
Pirimiti Health Centre	Zomba	62	154	148%

Rationale for New MOH-CHAM MOU

- First, it will free up present and future resources serving the same populations by way of salaries and SLAs in CHAM Facilities which are within the 8km radius of a Government facility;
- It will give opportunities to communities around CHAM facilities to access health services for free like any other Malawian who resides in a catchment area of a Government facility;
- It will remove financial hardships poor households around CHAM facilities face when there is no optional free service within a radius of 8km and thus improving equity in access to health services;
- It will facilitate the achievement of Government's Goals of ensuring that every Malawian has a right to access essential health services regardless of their geographical location and financial circumstances.

Progress To-Date on New MOU

- Hon. Minister of Health presented to Cabinet on 4th April 2015;
- Hon. Minister of Health Launched Negotiations between the MOH and CHAM in April, 2015;
- Negotiations between MOH and CHAM commenced in May 2015;
- A Draft MOU has been agreed by the Negotiating Team in September 2015;
- Negotiation Team submitted final Report and the Draft MOU to the Minister of Health and CHAM Board in the month of October, 2015.

Next Steps

- Draft MOU has been submitted to Ministry of Justice and Ministry of Finance, Economic Planning and Development for feedback;
- ST has reviewed the MOU and given feedback which will be taken into consideration prior to signing;
- MOH and CHAM to launch new MOU in January 2016;
- It is expected that the new MOU will be effective July 2016;
- Partners have already shown commitment to fund SLAs under new MOU.

Thank You