

## Idea sketch: Policy Dialogue on Health Financing Options for Malawi

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### Situation

- There is a political proposal for NHI
- Support for proposal rests on two pillars
  - Expectation that NHI will generate funding without restricting access for the poor
  - Expectation that NHI will address an imbalance in the financing of the state by leveraging funding from the informal non-poor who currently do not participate
- NHI assessment addresses the technical issues: It shows that in order for significant uptake, Malawians need to have an incentive to enrol which does not exist when everyone has free access to care. In consequence, for NHI to work as a funding mechanism, service access fees would need to be introduced. The assessment shows that NHI revenue will be limited, while a large number of the poor may be denied access to needed care if fees were introduced.
- This clearly points to a trade-off between the objective of generating more revenue to improve quality and availability of health care and the objective of guarding universal financial access to health care. Finding an acceptable balance depends on the political and public acceptability that some people do not make any contributions and the feasibility of the issue, i.e. the number of people who are not paying but should – which in itself is influenced by the value-based estimation of how many people would (not) be able to pay.
- Little (no?) unbiased work has been done to support decision-makers in linking evidence with a reflection on political ethics.<sup>1</sup>

### Proposal

- Conduct a policy dialogue on the choice of health financing options in Malawi informed by available evidence and reflections on personal political positions and underlying values, beliefs and interests.

### Approach

- **Objective:** Support decision-makers to reflect their positions on the choice of a health financing model for Malawi by clarifying assumptions, examining evidence, and discussing underlying values, beliefs and interests influencing the processing of information  
*Why:* Different positions of decision makers are legitimate and to be respected if they are transparent in the assumptions made on technical issues (i.e. evidence-based) and normative judgments that influence the evaluation of the evidence (i.e. their political position). A deeper understanding of the underlying mental models that influence political positions and of other stakeholders' views and perspectives creates space for dialogue and consensus building.
- **Participants:** Appointed and elected office holders (Government, Parliamentarians, Councillors) and, potentially, traditional chiefs and other leaders (max. 30)

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<sup>1</sup> Groups such as Oxfam have pushed the debate on user-fees, but with advocacy for a specific political ethic rather than accepting the possibility of different ethics as legitimate (it should be noted that in mature democracies, such differences are not only seen as legitimate but as the foundation of democracy by offering voters a meaningful choice, while not forgetting that the mainstream political ethics have undergone a long history of public scrutiny and debate).

*Why:* Technical issues are the domain of analytical work of technocrats in the MOH and other ministries while political issues are the domain of elected office holders and, in Malawi, traditional leaders that have de facto if not de jure influence on decision-making in otherwise elected bodies (being non-voting members of local councils)<sup>2</sup>

- **Topic:** What are the trade-offs making the informal sector pay for health? (working title).  
*Why:* The topic should reflect that there is a trade-off between objectives, and that values, beliefs and interests have a legitimate influence on personal positions. It should also be easy to understand and yet not indicate a prejudgment that would bias discussions. The suggested topic is therefore a “working title” only – the exact wording would have to be chosen with great care by a group of organizers.
- **Methods:** Combination of expert inputs, voices from the field (users and providers of health services), system thinking, role play, facilitated plenary discussions and individual and/or small group reflection and coaching sessions.  
*Why:* Empirical evidence exists and needs to be communalized to limit the universe of legitimate claims and positions; voices from the field are to be included to establish the urgency of the discussion and anchor otherwise abstract debates in a physical reality with real consequences for real people; system thinking helps to reflect on the underlying mental models (values, beliefs and interest) that influence different political ethics; role play facilitates a better understanding of other stakeholders' views and perspectives (civil servant/formal sector employee, informal sector, parliamentarians from different parties, poor); mix between group discussion and individual (potentially coached) reflection sessions to balance the development and processing of new insights
- **Speakers:** MOH technical experts; MoF; NHI assessment consultants; UHC experts; academic on political and/or ethics; health care practitioners and users; local advocacy groups (CSOs, business groups,...); mature democracy political foundations (e.g. German FES and KAS, based in Lusaka, Dar Es Salaam, Harare)  
*Why:* Important to balance between the empirical technical pieces (consultants, health care providers and users), providing insights into existing local pressures (local advocacy groups) and into how political ethics generate legitimately different positions on policy issues (academic, political foundations)
- **Facilitation:** one main facilitator (suggestion: Martin Kalungu-Banda) + 2 co-facilitators  
*Why:* In order to take care of a maximum of 20 participants with the necessary individually directed attention, a team of facilitators will be needed, especially for coaching sessions. The suggested main facilitator MKB is a former Chief of Staff of a Zambian President, employee of British Petroleum and Oxfam, and has since specialised in facilitation and leadership training; he advises, coaches and partners leaders in many African countries as an adviser to the Tony Blair Governance Initiative, the Presencing Institute, FutureConsiderations and the University of Cambridge. He has recently facilitated the GIZ/World Bank *Leadership for UHC Program* for East Africa as well as the *High Level Policy Dialogue on UHC* in Zambia.
- **Timing:** week 30 Jan – 3 Feb 2017  
*Why:* Sufficient preparation time necessary, support on ground in Malawi can be assured at this time

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<sup>2</sup> Is the understanding correct, that the traditional authorities are strongest in the North?