

FORMALISING GOVERNMENT AND FAITH-BASED AGREEMENTS ENABLES MALAWI TO IMPLEMENT UHC OBJECTIVES

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INTRODUCTION

Access to health care in Malawi is free at the point of care only in public facilities in Malawi. The Christian Health Association of Malawi (CHAM), a private not for profit institution providing over 35% of health services in the country, charges user fees which the majority of Malawians cannot afford. As a result, people delay or abstain from seeking care. To increase access to health care and prevent delays in seeking care, Government through Ministry of Health and Population (MOHP) and CHAM have revised a MOU and revitalised Service Level Agreements (SLA) to expand access to free, maternal, neonatal and child health (MNCH) services.

METHODS

Malawi Health Sector Programme – Technical Assistance, a UKAid-funded health system strengthening programme, implemented by Options Consultancy Services Ltd provided technical assistance to both CHAM and MOHP to support the implementation of SLAs to optimise results and build capacity to support sustainability. This included:

- revising the MOU
- developing SLA guidelines
- developing SLA price list
- establishing a resource allocation formula
- establishing a functional SLA Management Unit
- mobilizing resources from development partners

A cross-sectional comparative analysis of Health Management Information System data from 149 CHAM facilities between January 2015 and December 2016. The average coverage of antenatal care, postnatal care, BCG vaccines and delivery by skilled birth attendants were compared among SLA and non-SLA facilities in each month.

FINDINGS

Coverage for antenatal care, postnatal care, delivery by skilled birth attendants and BCG vaccination services was consistently higher in SLA facilities relative to non-SLA facilities.

CONCLUSION & RECOMMENDATIONS

The new MoHP/CHAM MOU resulted in an increased uptake of MNCH services and technical efforts are now focusing on assisting the MOHP to strengthen a Public-Private Partnership Unit to further enhance the role of the private sector in delivering health services for universal health coverage.

Figure 1. Coverage of any antenatal visit

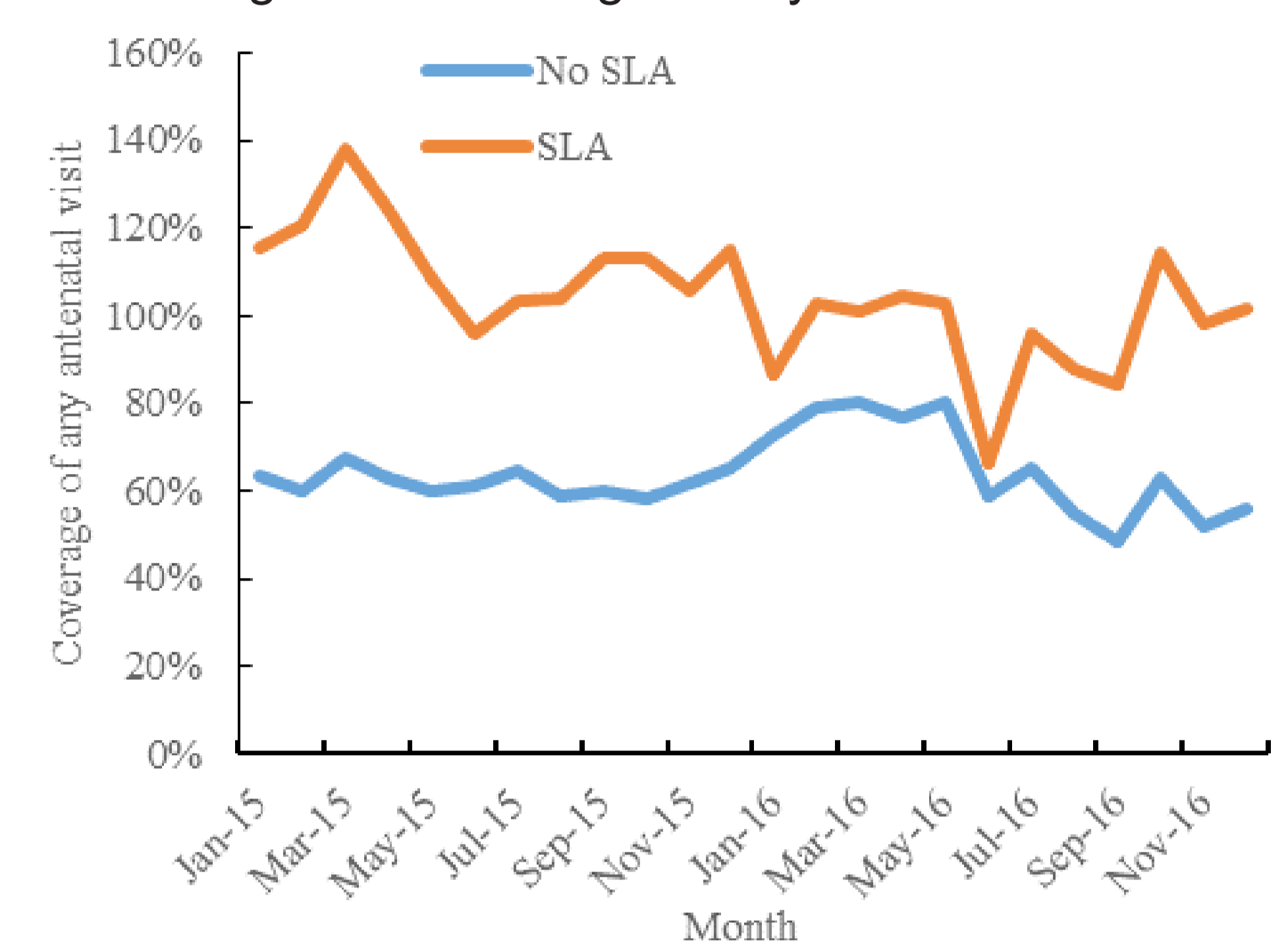


Figure 2. Coverage of postnatal care visit



Figure 3. Coverage of delivery by skilled birth attendant

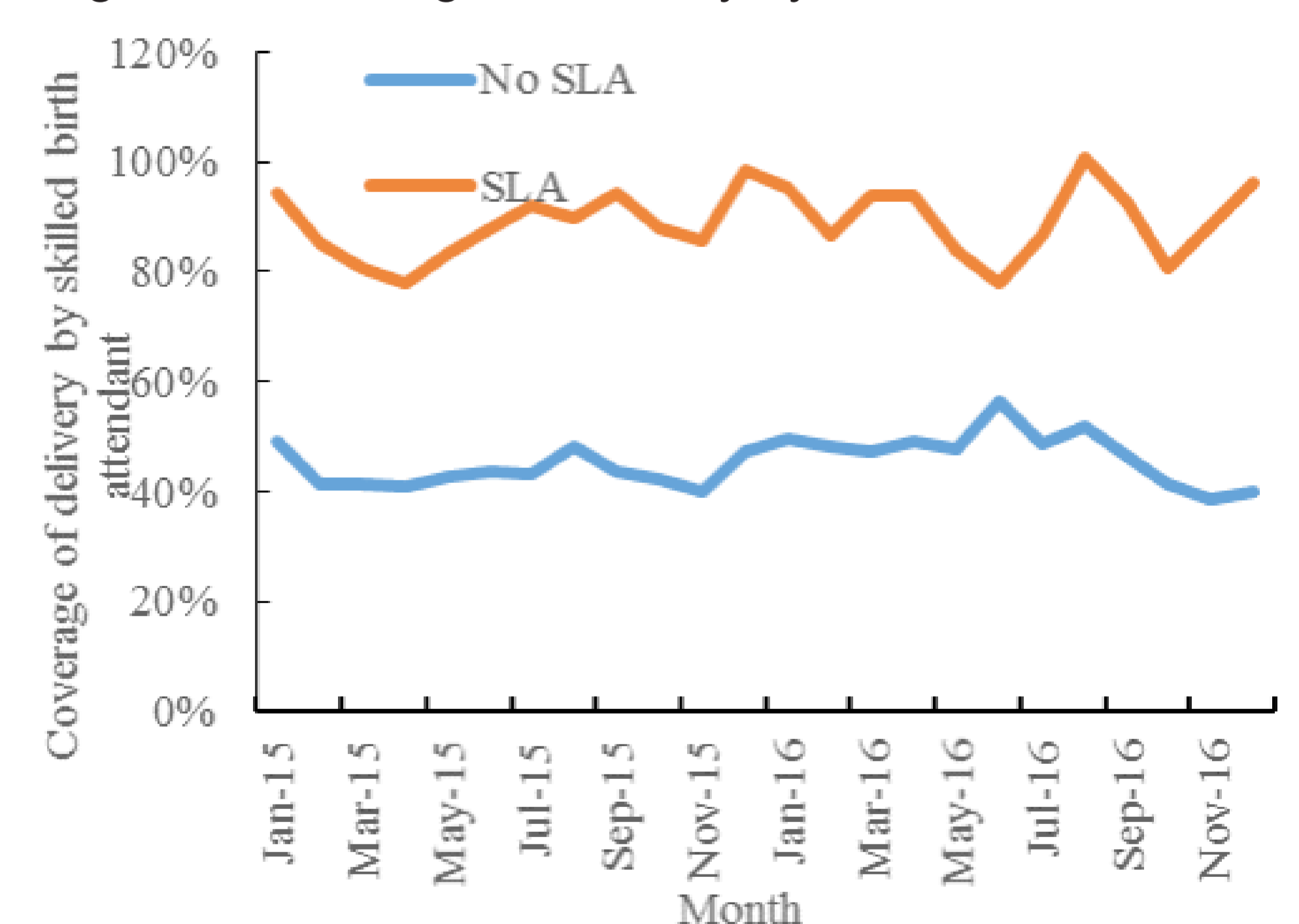
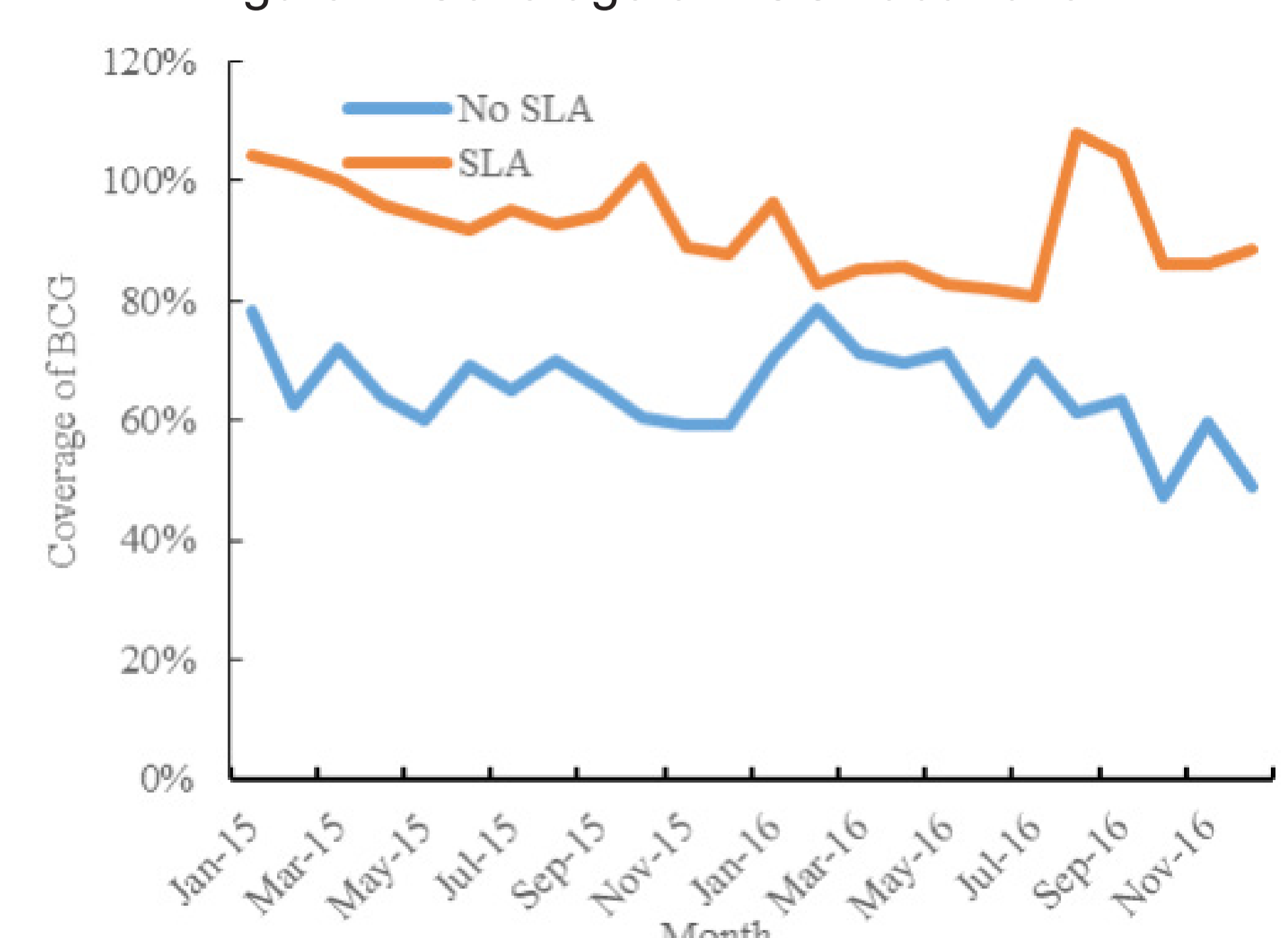


Figure 4. Coverage of BCG vaccination



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