MALAWI UHC COUNTRY FOCUS GROUP SUMMARY REPORT

As a part of the Malawi Country Focus Group Discussion for UHC participants were grouped into 3 groups for the purposes of the breakout sessions as provided by the CSEM. The following section provides an overview of the findings for the questions that were broken down into 9 categories: 7 Key Asks from the 2019 United Nations High-Level Meeting (UN HLM) consultations, addition made in 2021 on emergency preparedness, addition in 2022 on priorities for the next UN HLM in 2023. The questions were based on indicators in the State of UHC Commitment (SoUHCC) review, focusing on the more qualitative indicators and those that may need a civil society "fact check" in terms of efficacy & efficiency. The facilitators adapted the questions with accessible and relatable word choices or relevant examples for the context of Malawi. The team also add some country-specific question relevant to the discussion. Finally. the facilitators provided some additional background or examples to help stimulate discussion.

CATEGORY 1: ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

Question	Key Findings and Discussion Points
Does your government have a coordination government agency/mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC? If so, how well is this mechanism or department functioning?	• Most of the participants were not aware on the existence of the coordination government agency/mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC. Participants could not find anything comparable to the Civil Society parallel; the Malawi Health Equity Network. There has been a little effort to create such a mechanism. • Most participants agreed that health policy and its coordination mechanisms were mostly reactionary to the emergency of a health issue like COVID-19. • The Civil society and the communities they represent are always engaging and encouraging government to take action. Examples of the mechanisms that the government of Malawi use include the Parliamentary Committees on Health, the Planning Department Under the Ministry of Health; the technical working groups under the National Aids Commission. There is no standalone mechanism focused on UHC in the government of Malawi's health ministry. • The current mechanisms of coordinating health sector efforts are not adequate. Yes, some departments on notable health issues like Malaria, Tuberculosis and HIV/AIDS that become the focused groups of coordinating mechanisms. • The participants think there is need for an independent body that should look into UHC issues in Malawi.

If you primarily conduct health advocacy, have you engaged with other government ministries or departments beyond health in your advocacy efforts? How so?	• Yes, most of stakeholders have engaged with government departments like the ministry of education, ministry of gender and foreign affairs. • Advocacy efforts included briefings with ministerial groups such as with Ministers of Finance, Welfare, Labor, Water, and Education, Agriculture.
During the COVID-19 pandemic, has your government made UHC a high priority?	• Unfortunately, COVID-19 exposed deficiencies in terms of priorities of government in general. Yes, it also exposed the extent to which the Malawi Health System were not robust enough to handle a pandemic and at the same time also be able to maintain delivery of equitable services for other equally important health challenges such as Malaria, Accidents and even Tuberculosis which is actually a serious health issue with similar symptoms to COVID-19. • Another glaring challenge was in the distribution and availability of personnel protective equipment. • For other participants there agreed with the government decisions not to focus on UHC as its priority. They saw UHCnot as an independent issue with health systems and policy but rather a part of the whole. • The other challenge was that it took a long while for the nation to see the pandemic and the dangers in paused to the health system until it was too late.
How have new health policies and programmes during the pandemic changed the path towards UHC?	• The new health policies and programmes implemented during the pandemic have reinforced the need to ensure that facilities at all levels of the health system have adequate resources to cater for all potential emergencies like COVID-19. • The decision to establish the Presidential task force was also critical in implementing guidelines and directives that have actually provided more potential for improvement in UHC delivery in Malawi. • Finally, other participants saw the improvements in hygiene in all levels of the health system and also introduced a lot of innovations in Malawi. Advocacy Points from the discussion pointed out to the following; increase availability of PPEs at all levels of the Malawian health system

CATEGORY 2: LEAVE NO ONE BEHIND

Question	Key Findings and Discussion Points
a. Which groups of people in your country struggle to gain access to health services? What are the main barriers for them to access health services? b. Considering the needs of the groups identified above, what are the specific health services that are under-prioritized?	• Groups of vulnerable people include: vulnerable populations like children and caregivers, persons with disabilities, people living with NCDs, people with mental health conditions; key populations • Barriers to care can include: structural barriers, affordability, social, political and cultural determinants of health care access. • Participants stated that affordable medical treatments and equipment for diagnosis are highly under-prioritized particularly for NCDs and Mental Health Problems. • Inclusive health services delivery is highly under-prioritized particularly for the KPs and adolescents access to SRHR services Advocacy Point: increase support for costs of affordable medical equipment and medicine across all health categories
Are there laws and frameworks in place in support of vulnerable groups accessing essential health services they need? How well do they work in practice?	• Malawi has laws and frameworks in support of vulnerable groups such as people living with Albinism; the youths/ adolescents; KPs and also those with disabilities . • The laws do not work very well due to resource constraints across the board and also legal structural barriers for adolescents and the KPs to access SRHR.
a. Does your country have a policy or program to reduce or eliminate patient fees (out-of-pocket spending on health)? b. Who is most impacted or what health services are most negatively impacted by out-of-pocket payments?	• As far as Malawi is concerned participants were not aware of any policy or program to reduce or eliminate patient fees (out-of-pocket spending on health) as the system is heavily subsidized. • Rural people are most impacted by out-of-pocket payments. The lack of adequate cash reserves to meet such costs is a huge burden • Services for management of chronic conditions like high Blood Pressure and Sugar are most negatively impacted by out-of-pocket payments Advocacy Point: support the development of equitable and inclusive health insurance schemes that can provide cover for rural communities and also ensure adequate resources for health expenditure across the board

CATEGORY 3: REGULATE AND LEGISLATE

Question	Key Findings and Discussion Points
Do you feel that UHC laws/policies/strategies that exist in your country are being adequately implemented?	• Laws/policies/strategies that exist in Malawi are not being adequately implemented. • Participants identified that equity and equality remained a big challenge. • The Malawian health system faces many challenges to effectively provide primary healthcare services, among them being inadequate funding. For example, in recent years, the budget allocation of this sector has been consistently lower than the recommended Abuja target of 15% of the gross domestic product (GDP). • The health sector is heavily dependent on donor funding. • Household OOP expenditures are the main contributors to private health financing. • In terms of equity, one participant noted that "*rural health centers do not offer enough health service facilities and there is inadequate of drugs compared to urban health centers to meet a required of people with different needs*". • Another participant stated that "*rich people are more favored than poor people when it comes to having good access to health services in Malawi.*" • Human resource was seen another major problem. • The shortage of suppliers and medical personnel is overwhelming and fails to fill the needs. Malawi continues to suffer from chronic shortage of health care workers that impedes development of essential health package. • There are three main financing actors in Malawi's health sector: government, donor, and private. The government finances the health sector using public funds from tax collection, return on government assets, and other sources. Donors, on the other hand, finance the sector through supporting the government's development budget, procuring medical commodities, and directly supporting programs and other providers (14). Last but not least, private financing comes from household out-of-pocket (OOP) expenditure, firms, and private insurance providers. Advocacy Point: increase local resources investment into the health sector support and reduce donor dependency
Do you know of any accountability or monitoring mechanisms for UHC in your country? If yes, please explain your answer.	• The ministry of health and the district councils have adequate mechanisms to monitor general health sector performance which includes UHC • There is no specific structure for UHC in terms of accountability or monitoring mechanisms

	Advocacy Point: Advocate for more country-level monitoring mechanisms specifically targeting UHC in Malawi
Are there laws and policies in place to ensure that people can engage in planning, budgeting and monitoring of health plans and budgets?	• Yes, they do exist for instance we have budget consultation which requires government people from different sectors. But they are not fully implemented. Advocacy Point: Improve country level analysis of health planning and budgeting with a UHC Lens

CATEGORY 4: UPHOLD QUALITY OF CARE

Question	Key Findings and Discussion Points
a. Do you think that health services in your country are of good quality? Can you elaborate and give examples? b. What health services and what communities/population groups experience the gaps in quality?	• Participants understood the following as the key components of quality could include cleanliness of facilities, adequate time spent with provider, provider knowledge and responsiveness to questions/concerns, adequate drugs/supplies/equipment, short wait times. • Participants from all groups felt the services where highly lacking in terms of health care quality. This presents a potential sticking point in meeting the needs of UHC in Malawi. • Most participants indicated that communities/population groups do not experience any of the gaps in quality because the health services for the better part are not of good quality for all. • The other challenge is that there is inadequate health service packages and lack among medical health personnel
Does your country have adequate health workers, especially at the primary health care level? Are community health workers part of the health staff roster and are they paid adequately?	Participant Quote *"Malawi does not have adequate health workers, especially at the primary health care level. Malawi is a country with a population between 17 – 20 million. The delivery of the health care system is based on primary health care (PHC). The PHC structures are acceptable; however, the system is marked by maldistribution of resources, fragmentation of services and shortage of staff. This hampers the function of the set, well-meaning PHC frameworks. Family medicine offers training and retention of the PHC and rural workforce, harnessing clinical governance and capacity building. Family medicine's role extends to involve advocacy for the PHC to improve its performance."*

CATEGORY 5: INVEST MORE, INVEST BETTER

Question	Key Findings and Discussion Points

Where do you think your government should be spending more in terms of achieving UHC?	• The goal of UHC in general is to ensure that everyone irrespective of their socio-demographic characteristics has access to quality healthcare services when needed without the risk of going bankrupt. • The government should focus on building modern infrastructure and supplying enough health facilities especially in rural areas, recruiting and training more medical personnel. Not only, the services should be accessible to everyone regardless of status and geography.
a. Is the government spending enough on health services and is this increasing? b. If the government is not increasing its spending on health services, what is preventing your government from investing more in health services?	• According to one participant "*It is recommended that governments spend at least 5% of its GDP or at least 15% of its annual budget on health but due to do you a lack of political will- lack of implementation of decentralization policies and loop holes in government system, misuse of funds-the issue to do with COVID 19 and failure to tap in resources from private sectors the commitment is far from being realized.*"

CATEGORY 6: MOVE TOGETHER

Question	Key Findings and Discussion Points

a. At the national level: are there opportunities for people, civil society organizations, and the private sector in your country to be engaged in planning, budgeting, monitoring and evaluating the health sector?
   i. If so, what are those opportunities and are they effective and efficient for the engagement of civil society, in particular, of the m8ost vulnerable and marginalized populations and communities?
b. At the community level: Are communities engaged in local level health planning, budgeting and accountability processes?
   i. If so, how are they engaged?
	• Participants cited that there are a lot of engagement opportunities in communities where they come from, for instance there are platforms like the District Executive Committees, District Health Management Committees at district level , and at national level the technical working groups in different government ministries - giving most members windows of opportunity to discuss about health issues and to be efficient.
	• There are substructures like village development committees in respective communities but they are challenged with insufficient funds for furtherance and poor coordination to reach policy makers.
	• However, the engagements are disjointed and not well coordinated in a way that the voice at community level does not reach the ones at the top level to influence policy making and decision making.
	• Civil society coordination - there is need to strengthen the engagement at all levels for everyone's voice to influence decision and policy making.

a. Are there civil society forums or constituencies in your country to engage with decision-makers on health-related issues? b. If so, how well does the existing civil society coordination function and what can be improved?	• Yes, civil society forums in Malawi exist. Examples include the Malawi Health Equity Network and the Malawi UHC Coalition among others • The challenge is to improve mutual trust and shared goals between civil society forums and decision-makers on health-related issues • The existing civil society is heavily fragmented based on areas of interest which sometimes can be self-defeating. There is need to strengthen collaboration between the numerous factions within health sector civil society to be able to present a more holistic and inclusive position when engaging decision-makers

CATEGORY 7: GENDER EQUALITY

Question	Key Findings and Discussion Points
a. **Can you identify some of the major challenges for women and girls in their access to health services?** b. **What kinds of health services are most challenging for women and girls to access?** c. **What are the primary challenges to access health care services for individuals who are non-binary?**	• In Malawi, major human rights violations include violence against women and girls, with heightened vulnerability in humanitarian crisis; lack of information on sexual and reproductive health and rights or access to these services, especially for young people; lack of educational advancement leading to economic opportunities, especially for girls; discrimination against marginalized populations such as sex workers; and harmful traditional practices affecting women and girls, such as child marriage etc. • Participants also cited that there is high levels of poverty among women in Malawi due to low literacy levels that make them to be dependent on the men for economic empowerment and as a result they fail to seek appropriate health services as most health services require economic empowerment to be accessed such as the SRHR services. Also culture and religious values also leaves the women and girls exposed to more vulnerabilities in all their life aspects that also include access to health services. • With the above cited challenges, the women that are into sex work and those that identify as sexual minorities will face multiple challenges due to their sexuality and professional due to the stigma and discrimination that is enforced with the penal codes in Malawi. • By violating their rights, these groups are more vulnerable to risks associated with poor sexual and reproductive health, such as adolescent pregnancy and associated deaths and disabilities; HIV and sexually transmitted infections (STIs). • This is also due to health workforce altitude towards young people when accessing sexual and reproductive health services. And also, parents are not open with their children when it comes to such matters. The kind of health services that are challenging stigma and discrimination are access to Family Planning services, contraception, safe abortion and prevention and treatment for sexually transmitted infections (STIs),

CATEGORY 8: EMERGENCY PREPAREDNESS

Question	Key Findings and Discussion Points
a. How has the primary health care system been affected by the ongoing COVID-19 pandemic? b. How do you think that PHC can be improved/evolved to be better prepared for future pandemic and other health emergencies?	• Participants first sought to describe what PHC is. In their view; Primary health care (PHC) refers to basic health services provided at the community level. It includes a wide range of services, including vaccination, maternity and infant care, preventative and palliative care. Increased public investment in primary health care is one of the best ways to ensure equity, availability, accessibility, quality and efficiency of the health service. • Other health emergencies: Crises affecting health outcomes may include war and conflict, famine and climate disasters, economic disruptions, etc. Across the country, our healthcare systems were not designed to deal with this crisis: an unpredictable, large-scale health challenge that requires urgent mobilization of resources and affects the whole population. • Debating these systems' ability and efficiency to deal with it is therefore not relevant per se. In many ways, the Covid pandemic is diametrically opposed to the direction that healthcare systems, particularly in developing countries, have been taking over the past years. • *"Healthcare systems in Malawi have major "collateral damage" issues"* according to one participant. In emphasizing their point, the participant pointed to; 1) Physical and mental exhaustion of the healthcare workforce, along with worn-out hospital infrastructure. 2) The growing "backlog" of healthcare procedures. For example, the inability or fear of high-risk patients to consult a doctor is disrupting chronic disease management and delaying some critical cancer care procedures. 3) Health centers have decided to postpone monitoring consultations and operations considered to be non-urgent. In addition, containment (and progressive de-confinement) measures, compounded by the economic recession, have undoubtedly affect mental health (e.g., anxiety, depression) and physical health (e.g., weight gain, unbalanced nutrition). Immediate and near-term challenge: the Covid emergency and its collateral impact 4) Political Leaders and health care authorities must put in place emergency measures to cope with this health crisis, adjusting in real-time and 'spending each day fixing errors they made yesterday 'and prepare for tomorrow emergencies because they are not over yet

CATEGORY 9: LOOKING TO 2023

Question	Key Findings and Discussion Points
Is there another element of UHC and the distribution of health services in your country that was not covered in the discussion today?	• Yes, the element of foreigners accessing medical services in the country and there is need to encourage more partnerships with media in disseminating information critical to UHC.
What is the main request you have for your Head of State about the state of health care (access, quality, and cost) in your country?	Participants made the following observations to the head of the state of Malawi: 1) Increase capacity of the healthcare workforce and infrastructures mostly in rural areas 2) Provide more training in health workforce so that provision of services may be of a higher quality and in a professional way. 3) The system must become more flexible (e.g., ability to reallocate resources / budgets rapidly to meet the needs of the people. Most government hospitals do not have enough medicines and there are also unfinished infrastructures projects. All these gaps need to be filled 4) Cervical cancer is a huge challenge (there is a need to build a specific cervical cancer program) 5) Establish specialized pandemic response units i.e., COVID 19 units
What is one message you would share with world leaders at the United Nations if you were the Head of State presenting the state of health care in your country?	To the world leaders invest more in health care , plan for the future pandemics and emergencies to avoid social and economic crises; financing the drug budget must be a key priority for the UN