

MALAWI
UHC HEALTH FINANCING JOINT LEARNING PROGRAMME

SUMMARY TRAINING REPORT 2021



Support from Global Health Partners



WACI HEALTH in partnership with
HEALTH AND RIGHTS EDUCATION PROGRAMME (HREP)
P.O Box 30322, Chichiri, Blantyre 3.Malawi

www.hrep.org.mw

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Background and Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility (GFF), GAVI, the Vaccine Alliance, UHC 2030, and the Partnership for Maternal, Newborn and Child Health (PMNCH) together with their local CSO constituencies, are collaborating to develop and provide training and support on budget advocacy and accountability in favor of domestic health financing and UHC.

As part of this *Joint Learning Agenda* GFF and the Global Fund are supporting training of English-speaking countries in sub-Saharan Africa that includes Malawi. The training in Malawi will take place from May - October 2021. The selected participants of the training will be financially supported to attend the training for them to develop and deliver country-level driven advocacy on health financing through budget advocacy on Universal Health Coverage (UHC). In Malawi Mr Maziko Hisbon Matemba and Mrs Olive Mumba were selected among 19 other Anglophone trainers by Global Health Partners Namely World Bank (The GFF) Global Fund, WHO-Partnership for Maternal NewBorn and Child Health, Global Alliance for Vaccines (GAVI), UHC 2020, GFAN Africa through WACI Health where they undergo a training of trainers in equipping them to conduct country level trainings.

Training Methodology and Approaches

Training methods are **techniques for developing the knowledge and abilities of individuals**. This includes methods for instructor-led training, self-learning, group learning and other training models such as coaching. The following are common types of training methods.

The Malawi UHC Health Financing training was delivered through the use of appropriate learner-centered participatory experiential learning approach, which focused on broadening participants' understanding, by building on the known to unknown skills. This encompassed a mix of various participatory facilitation training methods such as small group discussions, plenary sessions, stories, case studies, simulation exercises with inputs from the facilitators and

experts' presentation using face to face and online (Virtual) as the training was taking during Covid 19 environment.

A mix of these methods went a long way in not only ensuring that the participants internalized the knowledge and skills learnt, but also motivated them to actively participate in the learning process. Throughout the training workshop participants were encouraged not only to share their experiences and practical skills, but also to make recommendations on how best they can implement advocacy work in their day to day work on Universal Health coverage through Health Financing lens.

This being an advocacy -diverse group, during the training process, special attention was deliberately given to those with less experience and lower positions at their respective organizations. Introvers encourage them to speak out and to have their voices heard even amongst their peers. This ensured that all participants were given equal opportunity to participate. Group discussions also enhanced all participants' participation.

Furthermore, throughout the training workshop gender was integrated. The use of the Gender Equality Continuum and Do No Harm Principle Framework ensured that the training did not only consider the needs of males and females but also examined the extent to which the capacity development initiative addressed gender inequalities and gender relations in pursuit of achieving transformative gender outcomes.

Participants

In Malawi three categories of participants will benefit from this training Programme namely Civil Society Organizations, the Media and elected Officials including Malawi Parliament in 5 sessions with 20 participants per session from August to October 2021. In Malawi 20 participants who participate in the training were selected through adverts and expression of interest and including pre-established criteria through assessments. The distribution of participants in training was as follows: 10 participants from civil society actors, 5 from Members of the Media and 5 from Malawi elected officials as in Members of Parliament including key Parliamentary staff among others. Those from the Civil society domain will be those civil society

organizations and networks who are selected based on their experience and mandate in the domains of health and budget advocacy; they will receive step-down training and implement budget advocacy projects developed on the basis of this training.

Guest Speakers

The Malawi UHC Health Training involved Ministry of Health Head the Secretary for Health Dr Charles Mwansambo who also signed the participants certification as Guest as they also provided key facilitators from Planning department and Health Financing Division Mrs Emily Chirwa supported the training processes .At the World Bank GFF Malawi Office Mr Pius Nakoma from Malawi World Bank Offices in charge of GFF to provide updates on the Global financing facility situation for Malawi and other documentation and processes they provide.

Observations and lessons learnt

It was observed that many health financing concepts that Malawi use were new to most participants at both levels at national and subnational due to unavailability of the training and capacity building like the one HREP Malawi and WACI Health provided to the Malawi participants .Understanding Key concepts (budget cycles, national expenditures, budget advocacy) and identifying sources of information to put things into country level context including national budget Formulation and tracking was a challenge to most participants before the training because they did not have enough knowledge including approaches which the training helped to fill successfully .Furthermore ***participants proposed that the training needed to be expanded to more participants in Malawi so that we build a strong community of practice*** on health financing which is relatively new to most civil society players but also looking at its importance for Malawi to achieve UHC 2030,SDG 3 and Malawi Vision 2063

Some of the lessons learnt was that bringing different cadres of participants from civil society to media and parliament helped to appreciate the different roles they played on advocating for change in national policy process for example Mrs Velia Manyonga clerk from Malawi parliament at participant in the training provided a more detailed role of parliament in

budgeting process and shared on the best time line on how to advocate for change during the budget formulation process through parliamentary processes. On the Ministry of Health side Mrs Tasira Mwaupighu a health economics one of the guest expert on health financing provided a detailed bottleneck on fiscal space architecture for Malawi and the experience on domestic resource mobilization for Malawi .On a positive note most of the civil society participants understand the advocacy on accountability but they lacked the tools and resources for them to undertake them successfully as advocacy requires constant approaches not one off in achieving results.

Next Steps

At the End of the Malawi phase one training on Universal Health coverage (UHC) Health financing through the joint learning programme the facilitators Maziko Matemba and Olive Mumba with the participants agreed on the following:

- *Expand the UHC Health Financing Training programme to more Malawi participants in building a community of practice on health financing advocates in Malawi continued support from WACI Health, HREP Malawi and the Global Health partners*
- *Develop a national action plan on health financing at all levels and resource it as a pilot with support from WACI Health,HREP Malawi and the Global Health partners*
- *To form an alliance/network on Health Financing alumina community of practice experts with support from WACI Health, HREP Malawi and the Global Health partners*

The Malawi post training national action Plan for Advocacy on Health Financing as below:

Malawi Health Financing Goal

Malawian citizens enjoy access to quality health services regardless of socioeconomic status.

Objectives

To monitor the implementation of UHC related commitments and advocate for increased resource allocation in the health budget.

- Budget monitoring and advocacy
- Contribute and participate in the national budget formulation processes.
- Conduct budget expenditure tracking
- Assess quality of health services using community led monitoring mechanisms.
- Develop partnership and work media, youth championship, members of parliament and other key decision makers.
- Advocate for issues coming from the budget tracking and community led monitoring.

To strengthen and / or develop a community of practice on health financing.

- Develop a platform for coordination of civil society and communities that support engagement in various UHC platforms (different levels).
- Strengthen community structures to support health financing.
- Innovative financing and partnership with the private sector.
- Strengthen community and civil society Engagement collaborative efforts on UHC and health financing.

Develop Capacity of communities, civil society and other key stakeholders on UHC and health financing.

- Conduct capacity assessments.
- Train more communities, civil society and community health workers on UHC and health financing.
- Strengthen our capacity in advocacy

Conduct research, collate, repackage and disseminate information on various UHC Health financing thematic areas.

- Possible research areas
- Checking progress on attainment of UHC.
- Develop a shadow report on the status of UHC attainment in Malawi.

- An assessment on the position and effects of out-of-pocket expenditure.
- An assessment on status of and access to free primary health care services.
- Assess and evaluate new innovative methods implemented to improve the health system.

Expected Outcomes of post training Malawi Action plan

1. Increase in domestic resource allocation to health to ensure reduction in out-of-pocket expenditure and attainment of the Abuja 15%.
2. Improved access to health services (right to health).
3. Meaningful engagement in the development, implementation and accountability processes at national and sub national i.e health strategic plans ,health financing strategic plans at all levels
4. Develop a cadre on Health Financing Community of Practice in Malawi through the Joint Learning Health Financing alumna platform

Workshop Evaluation

The Malawi Joint learning Health Financing Training Methodology

The Malawi Joint learning Health financing was designed to bring participants drawn from Civil Society Organisations (CSOs), Youth led Organisations, Members of Parliament and Clerks and members of the Media with facilitation experts from CSOs and Ministry of Health in the **post workshop survey participants responded that;**

The facilitation was so good

The friendliness of the facilitators, Combination of expatriate's facilitators from the Ministry of health and the involvement of Members of Parliament

The physical meetings, because it gave rooms for fully and active participation

The training worked very well in the sense that most stakeholders were not left out during the training. For example, the honorable MPs for various Health committees. These are so central as they will act like champions during our advocacy time

The Malawi Joint learning Health Financing Training Objectives

The training participants responded that the training objectives were well outlined as responded below:

The training was well organized, the objectives outlined before the training and cross-checked after the completion of the training. All topics covered in both physical and online training sessions.

The involvement of some officials from the Ministry of Finance, Parliament and Members of Parliament helped us to quickly understand the preparations of the budget. And this provided us with an insight on when and how we can conduct our advocacy

The Malawi Joint learning (JLP) Health Financing Training What worked better and what could have worked

The participants responded below on what worked better during the training as follows:

More physical training meetings if all training were physical

Development of action plan for Advocates at district level. This could help to easily work with other CSOs working In the same area. There by using a bottom up approach

Have at least one practical session on monitoring in which we would select one district office and do monitoring and evaluation.

During the training it could have been better if we could go through the national budgets of the past three years. That could have given us skills on how we can analyse the national budget trend concerning the health financing