

The Equity and Access Sub Group: current achievements and future challenges in promoting equity in the health sector in Malawi

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This paper first sets the context for the Equity and Access Sub-Group (E&ASG) by describing the move towards Sector Wide Approaches (SWAp). SWAp are a new concept through which the Ministry of Health is delivering services through mechanisms of basket funding and decentralization of services once delivered by vertical programmes to districts. SWAp present new opportunities of enhancing equity and access to services for all groups in Malawi. Opportunities for achieving this lies within a constitution of

Situating the Equity and Access Sub Group within the Sector Wide Approach

Over the last decade criticisms of the vertical project approach have become increasingly strong^{1,2}. There are concerns that a multiplicity of donor projects creates excess work for recipient governments and can lead to over-lap, uneven coverage, inconsistent approaches and a lack of sustainability. Sector Wide Approaches have grown out of these criticisms. They are an approach to aid where government takes the lead in developing a coherent policy and expenditure programme for a particular sector. Donors work in partnership with government and civil society organisations to fund the entire sector programme rather than supporting separate projects. Thus SWAp requires a shift in attitude, approach and practice within the donor agencies in order to work with government, civil society and other donors in this new 'partnership'³.

In Malawi, the Sector Wide Approach in Health is underway, with donors and the Malawi Government putting joint funds into a basket mechanism and establishing systems for setting strategic priorities, management, monitoring and evaluation.

The focus on equity is often made explicit within core SWAp planning processes and documents⁵. In the Malawian health sector, the new Programme of Work was developed in consultation with partners within the health sector, civil society and donors in the context of the SWAp. The Essential Health Package underpins the design of both the SWAp and Programme of Work by promoting equity in the delivery of services. For example, the Monitoring and Evaluation section of the Programme of Work sets out the MoH plan to monitor SWAp pro-poor performance as follows: "The sector's performance will be assessed according to its capacity to reach the poor by providing key inputs that influence coverage with the Essential Health Package (EHP) services. It will be necessary to determine the extent to which the sector is able to channel the resources to the poor by funding pro-poor interventions and minimizing financial obstacles in accessing EHP interventions"⁶.

The explicit focus on equity in SWAp documents brings a new window of opportunity for advocacy and action on the need for a pro-poor and gender equitable health sector⁵. This can be done through new ways of planning or health service delivery or through joint action and thinking between government, donors and civil society in promoting accountability in delivery of serv-

Abstract

new partnerships for the advocacy and monitoring of the performance of the health sector in meeting the needs of different social and economic groups. These new partnerships include the Health Sector Review Group; Monitoring and Evaluation Research Technical Working Group and the Equity and Access Sub-Group (E&ASG).

This paper describes the E&ASG, a good example of these new partnerships. The memberships and terms of reference of this group are described.

ices for the benefit of the poor. The Malawian E&ASG was constituted in 2005 "To assess the health sector's capacity and performance in reaching the poor, within the context of the health SWAp"

The E&ASG is a sub-group of the Monitoring, Evaluation and Research Technical Working Group, and was commissioned to ensure that sector monitoring included an assessment of reaching the poor. The E&ASG reports to the TWG, which in turn reports to the Health Sector Review Group and the Senior Management Committee.

Who sits on the Equity and Access Sub-Group and what does the Group do?

Which organizations sit on the Equity and Access Sub-Group?

Government

Ministry of Health (the Group is chaired by the Deputy Director of Planning)

Ministry of Economic Planning and Development (Vice -Chair)

Donors/UN Family

DFID (Vice-Secretariat)

World Bank

WHO

UNAIDS

NGO, research, advocacy, service provision

National Association of People Living with HIV and AIDS in Malawi (NAPLIAM)

REACH Trust (Secretariat)

Malawi Health Equity Network

Malawi Economic Justice Network

CARE

Centre for Social Research

The Policy Project

Equity and Access Sub-Group: Terms of Reference

1. To appraise the ME&R, TWG, MoH and partners of relevant research on, or analyses of, the capacity of the sector to reach the poor.
2. To inform the ME&R, TWG and MoH of wider poverty monitoring initiatives in Malawi, and their

links and relevance to the health sector.

3. To oversee periodic analysis of existing data to assess the capacity of the sector to reach the poor, and to inform the MoH Annual Report and Mid-Year and Annual Reviews.
4. To ensure TWGs and MoH Departments across the sector are appraised of equity monitoring and relevant pro-poor interventions.
5. To technically support the implementation of pro-poor health interventions and research within the SWAp, such as:
 - The review of district allocation formulae, and the distribution of resources between levels of healthcare. This will include, but not be limited to, review of equity considerations in relation to human resources
 - The production of up to date National Health Accounts and health benefit incidence analyses at the start, mid-point and end of the Programme of Work
 - Review of the accountability framework of SWAp and the PoW in reaching the poor.⁷

Illustrative examples of key achievements to date:

1. Developing the National Health Accounts

The E&ASG provides technical input and fulfils a role in overseeing production of the National Health Accounts (NHA), with particular reference to equity and access in financing.

NHAs provide a complete picture of the health financing system in a country, encompassing the public, private (including household) and donor sectors. They track total health expenditures from financial sources (who's paying for health care?) to financial agents (who is controlling the money?), to functions (what services are being produced and consumed?), and finally to beneficiaries (who benefits from the expenditures?). Therefore NHAs enable the assessment of the current use of financial resources, track health expenditures over time, and can highlight equity imbalances among the distribution of health expenditures.

NHAs were previously produced in Malawi in 2001, based on data collected in 1998. They were therefore out of date, and an urgent need existed to update the health financing picture within the country, particularly with the onset of the health SWAp. All data has been collected for the current round of NHAs, from 2002-05, and after data entry and analysis the final report is expected in June 2006.

It is in the E&ASG's remit to technically support the production of NHA. This will help to assess whether the SWAp is effective in its goal of aligning resources more closely with national health objectives.

It is expected that the group will produce a report at the start, mid-point and end of the 6 year MoH Programme of Work.

2. Commissioned consultants to complete 5 equity synthesis studies and an overall summary paper "Reaching Malawi's Poor with Effective Health Services" and actively disseminated study findings.

There was a need to establish a baseline of performance of the health sector in reaching the poor against which the SWAp could be evaluated. In response, the E&ASG commissioned five equity synthesis studies on issues of access and equity. These studies focused on key areas of the Essential Health Package: (1) HIV and AIDS (specifically Counselling, Testing and Antiretrovirals), (2) Tuberculosis, (3) Malaria, (4) Expanded

Programme of Immunisation and (5) Maternal Health⁸. These synthesis studies include a description of the health policy area and current interventions, a situation analysis of equity in access and health outcomes, practical recommendations on improving the reach of specific interventions and also for strengthening health systems to increase poor people's access to health services. The summary paper by Dave Gwatkin (reference here, 8) sets the findings from Malawi in the international context and synthesises the recommendations from the 5 studies.

A synthesis of the study findings and recommendations was presented at the Annual Review of the Health Sector Wide Approach (SWAp) in September 2005. In November 2005, the recommendations from the synthesis studies were presented to the appropriate policy makers (i.e. the TB synthesis studies findings were presented to the National TB Programme) for a discussion of feasibility. The papers were also all presented at the opening symposium of the College of Medicine Annual Conference in Blantyre, and a summary was presented at a lecture in Lilongwe chaired by the Secretary for Health, Dr. Sangala. It is anticipated that this proactive dissemination strategy with different stakeholders will increase the chances of the findings from these studies influencing policy and practice. This will need ongoing monitoring.

Shortened versions of these studies are published in this journal⁹⁻¹³. Full length versions are available from ekataika@yahoo.com.

3. Developing a framework for equity monitoring for the SWAp

The Monitoring, Evaluation and Research Technical Working Group is responsible for the overarching monitoring and evaluation framework for the SWAp. The TWG mandated the E&ASG to propose a framework for monitoring equity in the SWAp. Figure 1 gives an overview of this framework. There are 5 main elements to equity monitoring in the health sector - these are illustrated in the white circles (e.g. equity disaggregation and reporting on SWAp indicators). This equity monitoring in the health sector will be informed by broader equity monitoring in Malawi (e.g. the Integrated Household Survey - see yellow circles) and will feed into the annual report, sector review and processes to promote accountability in the health sector (see green circles).

Developing this framework provides a vital opportunity for promoting and monitoring equity in the SWAp. developing indicators to capture and assess the extent to which health services are equitable will mean that an 'equity' evidence base is developed. This can then be used to shape decisions and priority setting in the health sector. The use of the equity monitoring framework to affect change in policy and practice is facilitated by three key principles:

1. The focus of the equity monitoring framework is on pre-existing monitoring strategies, rather than the development of new strategies. Thus the core of the framework involves equity disaggregation of pre-existing indicators (i.e. by age, gender, health centre level) within the SWAp monitoring framework. This disaggregation is now captured in the overall SWAp monitoring and evaluation framework, and as such will be routinely presented in mid and annual SWAp Reports. This will be complemented in some instances with findings from operational research and exit surveys.
2. Well-thought out processes in which the equity monitoring framework feeds into and is complemented by

Malawian equity monitoring processes beyond the health sector.

- The destination of the findings of the equity monitoring process is explicit and includes *key decision making bodies and processes within the SWAp* (annual review, zonal peer review meetings).

These central principles will ensure that equity monitoring processes are mainstreamed within the SWAp, and increase the chances of impacting on policy and practice.

4. Serve as a central point to collate and synthesise the equity implications of research in Malawi

New studies or high profile reports in the health sector are a permanent agenda item at all E&ASG meetings. The following box illustrates how the equity dimensions of studies are documented and discussed with key personnel.

Discussion on the Assessment of Emergency Obstetric Care Services in Malawi¹⁶

The E&ASG was asked to review this assessment and to take comments to the head of the Reproductive Health Unit. Key concerns from an equity perspective noted by the Group are as follows:

Ensuring that an evidence-based, practicable and prioritised plan to address Malawi's maternal health crisis is implemented is the single most important health priority for the Government of Malawi at the moment. The Ministry of Health and collaborating partners (UNFPA, WHO and UNICEF) have recently conducted a comprehensive assessment of the supply of and demand for Emergency Obstetric Services in Malawi. The findings of this assessment are startling, and point to a number of priority measures which could rapidly improve maternal and neonatal health outcomes in the country.

The need for a policy focus on health-centre level should be given greater emphasis in the Road Map.

"Malawi has almost double the recommended minimum number of Comprehensive EmOC facilities and only 2% of the recommended number of basic EmOC facilities".

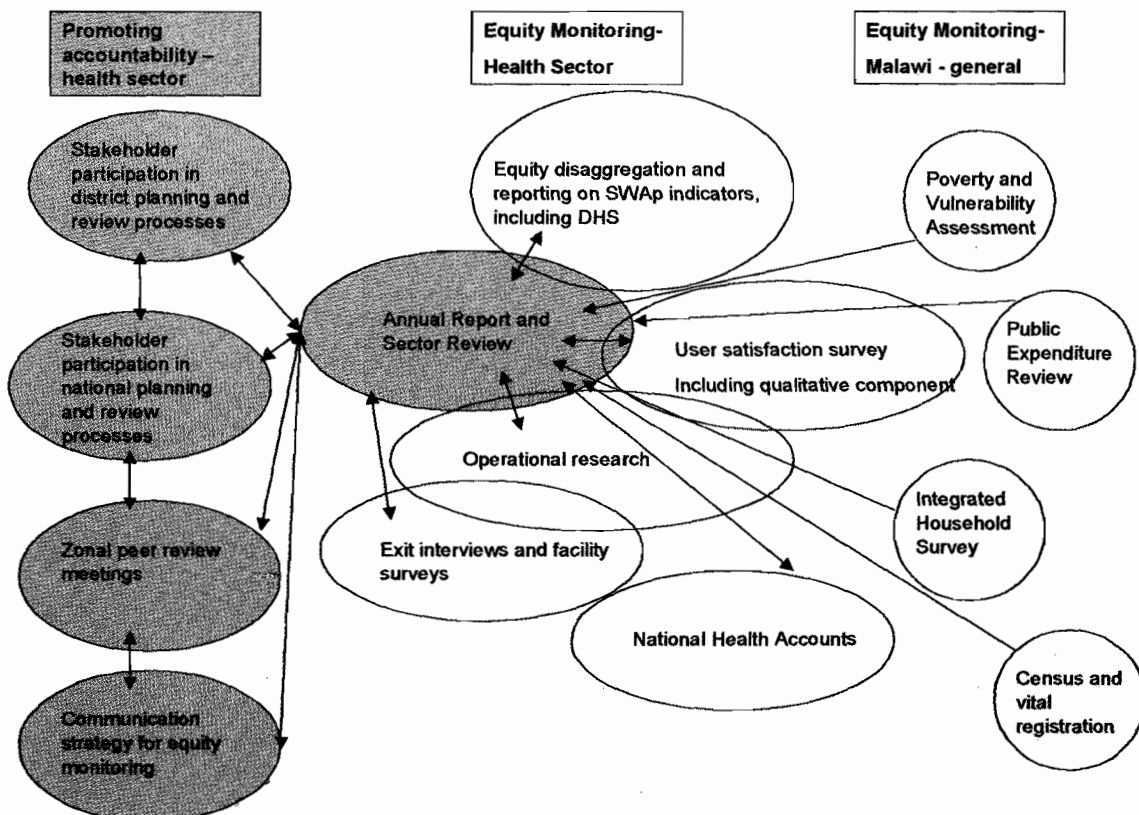
This startling finding suggests that there has been an over-emphasis (deployment of resources and policy attention) on hospital-based maternal services, and the provision of basic services in every health centre has been largely ignored. The E&ASG highlighted the urgent need to redress this imbalance, and suggested the following examples of immediate practical actions.

- Implement a programme of in-service training on basic EmOC for all enrolled nurses, registered nurses, medical assistants, with priority given to all health centre-based staff
- Ensure basic EmOC training (6 'signal functions') is compulsory in the pre-service training for all enrolled nurses, registered nurses and medical assistants
- Ensure EmOC is highest priority in the Emergency Human Resources Programme for re-engagement of staff, re-deployment of staff and placement of volunteer specialist doctors and nurse tutors

PLEASE SEND DETAILS OF RESEARCH YOU ARE INVOLVED IN TO EDWARD KATAIKA, MoH - ekataika@yahoo.com

There are a set of challenges in understanding the equity dimensions of health research, and in ensuring this very research effects change in health policy and practice and does not just gather dust on library shelves. This is not a straightforward process and research findings are not a passport to policy^{17, 18}. The challenge for the E&ASG is to discuss and disseminate

Figure 1: Overview of the Equity Monitoring Framework¹⁴



these findings in ways that are accessible and appropriate to different stakeholders.

Charting the way forward: what are the key challenges?

The challenges ahead lie in ensuring that key stakeholders in the health SWAp appreciate and implement equitable health policy and practice. Drawing on the examples of the work of the E&ASG to date, this means:

- Ensuring that the findings of the NHAs are disseminated widely and are used to inform decisions which will lead to greater equity and efficiency in health care financing in the country
- Ensuring the findings and recommendations from the synthesis studies shape the delivery of services (i.e. decentralize services to reduce poor women and men's barriers to access); this can be done through SWAp governance structures and Annual & Mid-Year review processes
- Ensuring that the equity monitoring framework becomes operational and that the evidence base created informs the future delivery of the EHP
- Advocating for the equity implications of new research to feed into relevant policy debates.

The above points require the provision of timely evidence on the health sector's performance in reaching the poor. This is to ensure effective and equitable delivery of the Essential Health Package. It means moving from paper to action, which requires effective linkages to different Technical Working Groups and Departments within the Ministry of Health, as well as dialogue in district planning and review processes.. Ultimately this means continuous advocacy for the importance of equity in services delivery; constant dialogue with different technical working groups; creativity, innovation and continuous learning of and ensuring up to date knowledge on new information and approaches.

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