A POSITION PAPER ON THE SWAP MID_YEAR REVIEW OF 2007

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May 2007

1.0 Background

The SWAP MOU provides for mid-year review to:

- Assess performance of the health sector during the fist half of the financial year
- Develop consensus on priority interventions to be included in the next Action

The 2007 Mid-Year Review of the health Sector in Malawi was the third joint review since the start of the Sector Wide Approval in the health sector in Malawi. The review was held from 30th April to 2nd March.

2.0 Pillars of the Health SWAP

1. Human Resources
2. Pharmaceuticals, medical and laboratory supplies
3. Essential Medical Equipment
4. Infrastructure
5. Routine Operations at service delivery level
6. Support to Central Operations, Policy and Systems Development

3.0 Objectives of the Review

- Review mid-year performance of the sector against the M and E framework, (Annual Implementation Plan) AIP and budget
- Review performance in the six pillar at district and policy level against work plans and key undertakings /milestones at the Annual Review
- Propose new undertakings to be achieved by next annual review
- Review and ratify sector priorities for next financial year
- Present progress on mid-term evaluation of the SWAP Program of work

This position paper is focussing on pillar one and two

Pillar One: Human Resources

The major concern of the MoH is to address critical shortage of HR required to deliver the Essential Health Package (EHP). Amongst the MoH major activities is filling HR vacancies and provision of in-service training. Indicators reviewed focussed on HR essential for delivery of the EHP specifically maternal and neonatal health services and HIV and AIDS care (ART)

Pillar Two

Pharmaceuticals and Medical Supplies

Availability of drugs is monitored through six essential drug items: TTV, Oxytocin, Cotromoxazole, SP, Diazepam injection, ORS, HIV test kits and TB drugs

Challenges

Emergency Order: Some districts do not honour CMS bills
Some districts abuse emergency buying function to procure privately for extended periods of time e.g up to a year's supply
Poor coordination between CMS and RMS
Ceiling of MK300,00 on purchasing power
Private dealers don't allow buying in small quantities

Conclusion

The importance of drug availability can not be overephasized if we are to achieve equity in health care access

The ministry responded that Emergency Order was a desperation plan because people wanted to make profits on drug procuring. It was cited that SADM and World Wide paralyzed the tendering system. They were awarded contracts but never supplied the required amounts of dugs. SADM is still owing MoH a lot of drugs worth of millions of dollars

There are several issues that need to be sorted out in this pillar as outlined below:
Drug availability- logistics from where drugs are coming from
Transport-

How do they tender- and procure

ARVs being procured by UNICEF- why

NAC has been insisting that everybody eligible for ARVs can be accessing but the capacity on the ground is not there?

Did they not look into the dynamics of procurement so that efficiency is improved? Why should there by hold ups for a process that started long time ago

Recapitalization- Is the lack of drugs a sign that CMS has no funds which they get from Treasury? SWAp was introduced in order to improve the system, if we are still having the same problems, then what is the role of SWAp?

Hospitals had money yet medical stores did not have drugs- yet budget reflected under-expenditure- the problem at the grass roots is much bigger than what we are told

Why is a sound statement not being given by government- rhetoric is that there are drugs in hospitals.

Need to question integrity of some of the suppliers that are given tenders- how are the tenders given- to people with no capacity

Recapitalization has ever been done-

Hospitals buy at commercial plus hence no need for fund to be exhausted

Medical Supplies like bandages and plasters are always in short supply and yet they are essential commodities

Increase of population and the impact of HIV and AIDS- Is the drug budget increasing adequately to meet the increasing demand of the natural disasters?

The 15% Abuja declaration needs to be adhered to- in the absence of HIV and AIDS, we could do with the current 7 to 8% budget allocation. It is well known that government provides 40% of funding towards the SWAP while the pool of donors provides 60%- this is where the problem lies. What happens if donors decide top pull out today- the proportion should have been the other way round-

Human Resource: People attended interviews in February but receiving offer letters were coming after 9 months. Time lag is too long to make a significant impact cos by then people have moved.

There is perpetual lack of information that information is not available and yet there is Health Information Management System (HMIS). How come there is talk that data was not available. This raises questions when it comes to lack of seriousness in the cost centres- people are paying lip service to a system that can help them move forward. How can the entire zone fail to produce data.

There was no coordination between MoH and NAC- NAC figures different from MoH figures- who is responsible for reporting data on HIV and AIDS indicators?
DHMTs need to generate accurate and reliable data- implying that the statistics they give us are questionable- some of the figures may be just cooked to impress on donors

Recommendations

1. Pharmaceuticals

    - Government should come forward and clearly explain the hold ups in the pharmaceutical sector. MoH must stop being reactive to negative media coverage of health-related issues; it should instead be proactive by coming out in the open well before matters turn into crises. Fire-fighting with respect to procurement of drugs, is greatly undermining government's credibility. If it is the issue of

resources, can the recapitalization process be done quickly so that drug shortages are not due to inadequate resources.

- By its own admission, Govt has previously been let down by some unreliable drug suppliers; that should serve as a lesson so that henceforth, tender awards should go to suppliers who have integrity and the capacity to deliver.
- Timeliness should be seriously considered so that unnecessary delays do not cause unnecessary deaths.
- Development partners (donors) should renew their commitment towards the SWAp MOU. They should honour their commitments by disbursing funds timely.
- In this respect, there has to be bi-partisan commitment in parliament. Rejecting budgets lead to unnecessary deaths and misery especially, the vulnerable groups and the poor.

2. Human Resource

- There is no indication of the overall HR targets for given cadres and it is not known what benchmarks would be considered achievable by the end of the 6-year spell covering the Swap programme
- Staff shortages are in part due to inadequate availability of skilled personnel but on occasion, unattractive conditions of work are directly responsible. In this respect, the donor-backed special pay packages offered to certain health professionals seem insufficient to stem the exodus of health personnel to greener pastures.
- While sounding optimistic about how the success of the recruitment gala, the report is silent on the rate of losses in the same crucial categories over the past year. When the sums are put together, it could as well as turn out that what was gained was equal to or even less than what was lost.
- The figures on human resource are subject to manipulation- the bottom line is that government should pump a lot of money into the training of the various crucial cadres to over flood the market- others will stay others will go. For instance, Nigeria does not have the shortage of health workers because they over-trained hence the sector is not negatively affected. If government more than the country requires, there will be no need for salary top ups from donors to retain health workers since forces of supply and demand will play their role in the market sustainable. All this can be guided by setting clear ratios for each cadre. Salary top ups by donors should serve as a breather for the government in the short term whilst government is training.
- MoH is not indicating the loss rate as if health workers are not leaving the health sector– yet many are leaving. We are a bit worried with the way the figures are presented- is the increase in the number of health workers due to salary top up or training? There is need to quantify the same.

- Incentive Scheme which involves free housing package, water and electricity. If this was going to be implemented, 85% of the population who live in the rural areas where skilled workers are inadequate would greatly benefit thereby ensuring equity. We recommend that this should be given priority through the SWAp basket fund.
- In terms of distribution which is critical in terms of equity is not reflected in the report- very few people opt to work in the rural areas yet a greater proportion of Malawi's population live there. E.g Three medical Assistants who had graduated from College were dispatched to Nsanje. Upon seeing the posting, they resigned because they were not happy with the environment of Nsanje. These districts that are hard to hit should be given priority in terms of incentives.