

LEARNING SERIES



IMPROVING ACCESS TO BASIC HEALTH CARE FOR THE POOR: SERVICE LEVEL AGREEMENTS

BACKGROUND

Many people and communities in Malawi are unable to access adequate and timely medical care. Often there is no health clinic located in the village or the nearest health clinic is too far away to reach when needed, especially for urgent maternal health services. If a village is fortunate enough to have a clinic, available services are often restricted due to lack of qualified medical personnel or the absence of essential commodities such as drugs or basic laboratory tests.

While government health services are offered for free in Malawi, faith based clinics and others have to charge fees to cover their costs. For many people these clinics may be the only health facilities they can easily access but with a majority of Malawians living below the poverty line, most can't afford to pay even minimal user-fees charged to maintain health clinics and services.

Consequently, many people are unable to access health care or delay doing so. Delays in deciding to seek care and delays in reaching care are two major contributors to maternal mortality and the challenging conditions faced by many Malawians living in remote villages are clearly impacting on the health status of the population. For example, four out of 1000 women giving birth and 27 out of 1,000 new-born babies die during or immediately after delivery, among the highest percentages in Sub-Saharan Africa

SERVICE LEVEL AGREEMENT

To counter poor access to basic health care and delays in seeking medical care, the Government of Malawi (GOM) has introduced Service Level Agreements (SLA) with health facilities of the Christian Health Association of Malawi (CHAM). CHAM health facilities are mostly located in rural, hard to reach locations where there are no government health facilities. The aim of SLAs is to improve access to basic health services for the rural population by subsidizing the delivery of basic health services. Under these SLAs the Ministry of Health (MOH) reimburses CHAM health facilities for providing certain essential health services, particularly maternal, neonatal and child health services (MNCH) so that clients receive basic health care free of charge, as they would at a government facility. The SLAs form part of

a larger partnership agreement between the MOH and CHAM. This agreement, in the form of a Memorandum of Understanding (MOU) signed in 2016, also includes covenants about CHAM's contribution to the health sector and GOM support to CHAM staff salaries.

MHSP-TA SUPPORT

Since 2015, the Malawi Health Sector Programme – Technical Assistance (MHSP-TA) has provided capacity-building support to the MOH and CHAM with respect to SLAs. MHSP-TA conducted a recent review of SLAs which indicates that as a result of this support there has been a dramatic increase in access and utilisation of basic health services and an improvement of the financial position of CHAM health facilities. The review report also made recommendations for the way forward (Box 1).

MHSP-TA has supported MOH and CHAM with a mix of long-term and short-term Technical Assistance (TA) to help implement the recommendations of the review report. Some of the main outcomes have been:

- An inter-agency working group with national, regional and district representatives from MOH and CHAM was reinforced to oversee the SLA programme.
- SLA contract templates and guidelines were reviewed, modified and introduced.
- A new template to periodically review unit prices of basic health services was introduced.
- MHSP-TA assisted the MOH to plan and allocate annual SLA budgets based on projected utilisation rates of basic health services in District and CHAM health facilities.
- MHSP-TA was instrumental in assisting the MOH to negotiate and secure longer-term funding from various donor agencies.
- MHSP-TA support led to improved implementation, administration and payment of SLAs by mediating an agreement to outsource management tasks from the MOH to CHAM and helping CHAM establish effective and efficient management and administrative systems and protocols.
- Previous unsettled SLA debts were identified,

reviewed and settled.

- MHSP-TA established an independent monitoring team to verify SLA implementation and invoicing, to provide supportive supervision to CHAM health facilities and District Health Offices (DHOs) and to mediate and resolve conflicts.

Outputs and Outcomes

The most important outputs and outcomes to date are:

- 1. Increased number of SLAs:** The number of CHAM health facilities participating in the SLA programme has increased from 41 (2016) to 105 (2017).
- 2. Reduced outstanding SLA payments and debts:** The total outstanding SLA debts accumulated over previous years has reduced from MK 792 million (2015) to MK 472 million (2017), 40% reduction.
- 3. Improved credibility of SLA programme and better collaboration between the MOH and CHAM:** Due to improved credibility of the SLA programme particularly with respect to management, administration and payment protocols more CHAM health facilities are motivated to subscribe and remain in the SLA programme and the partnership between CHAM and the MOH has intensified and improved at national, regional and district levels.
- 4. Higher client utilisation of basic health services:** Higher client volumes are particularly seen in MNCH, infectious disease control, mental health services and a limited number of non-communicable disease services. For example, one Health Centre (Nsipe) is a representative case with an increase of about 300% in normal deliveries after introducing an SLA (Fig 1).

Box1: Summary of recommendations from the SLA review

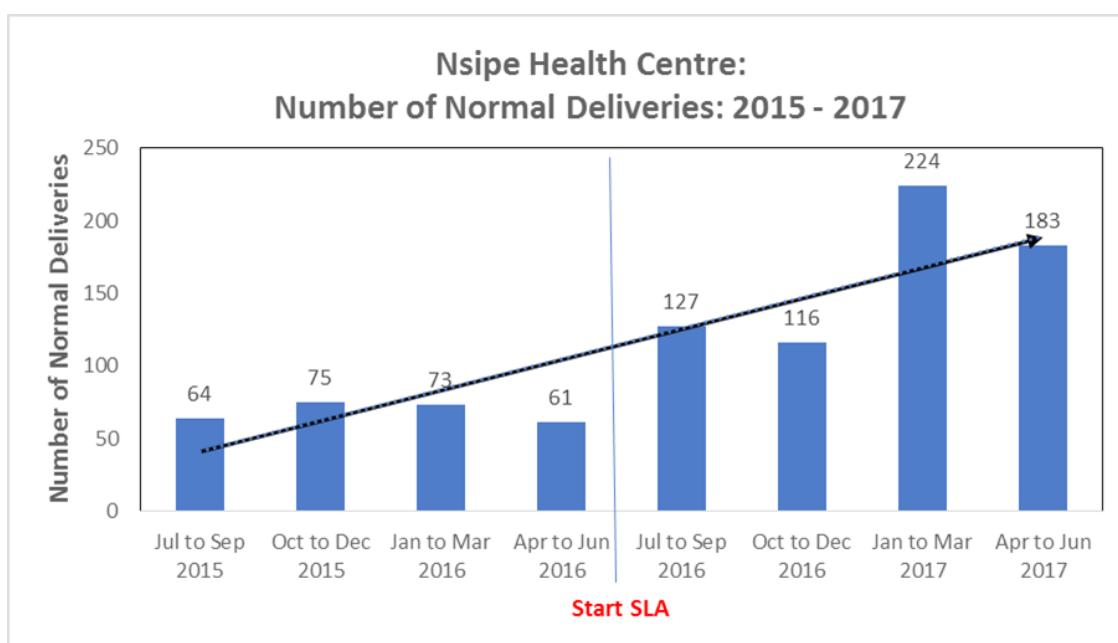
- Align SLAs with the GOM's overall Public-Private-Partnership (PPP) policy
- Improve and update contractual, administrative and budgetary aspects
- Investigate and settle outstanding payments and debts
- Institutionalise SLAs in the health sector
- Expand SLAs throughout Malawi

Moving Forward

For the remaining period (October 2018), MHSP-TA will continue providing TA and resources to consolidate achievements and to further institutionalise SLAs in the health sector. Continued support will be provided to further capacitate MOH and CHAM to partner efficiently and effectively to manage and sustain the SLA programme. Specific areas for support are:

1. Strengthening oversight, management, administration, M&E, supportive supervision and reporting of CHAM Secretariat;
2. Strengthen capacities of CHAM health facilities to manage and implement SLAs, provide quality services and cooperate with District Health Authorities;
3. Strengthen CHAM to manage the partnership with the MOH particularly with respect to management of the MOU;
4. Assist the MOH to establish a well-functioning Public-Private-Partnership unit.

Fig 1



For more information, please contact Cindy Carlson, Team Leader, Malawi Health Sector Programme, cindymhsp@gmail.com or email info@options.co.uk

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