

Evidence, Analysis and Advocacy for Equity– The Perspective of the Malawi Health Equity Network

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Introduction

This paper presents a synopsis of experiences of Malawi Health Equity Network, in its work to deepen the evidence and strengthen the platform for civic participation in the promotion of equitable health services in Malawi. The Malawi Health Equity Network (MHEN) is a non-profit independent alliance of Civil Society Organizations and other interested parties promoting equity and quality in health for all people in Malawi, by influencing policy and practice, through research, monitoring, information dissemination, advocacy and civic education. MHEN's vision is for "All people in Malawi to have access to equitable, quality and responsive essential health care services by the year 2020 with Malawi Health Equity Network as the

'Health Equity Watch'."

MHEN was formed in 2000 when the Health Advocacy Network and Malawi EQUINET merged, since both organizations had similar goals and objectives. The Network is legally registered under the laws of Malawi. MHEN seeks to address health inequalities that are avoidable and unfair. In line with this, the Network activities are geared towards influencing redistribution of social resources, which include skilled human resources within the Public Health Sector, and the power and ability of people at the grassroots level to make choices over health inputs, thus building their capacity to use these choices to improve their health status.

Since its inception, the Network has been implementing four main activities:

- 1) Research into availability of drugs and medical supplies
- 2) Advocacy for increased budget allocation for the Public health Service and for various health equity issues
- 3) Monitoring of budget implementation
- 4) Networking

The Network has been able to positively engage policy makers (Parliamentary Committees on Health, Finance and Legal Affairs), over budget allocation and drug monitoring. In consultation with the Ministry of Health, the Network has finalized the Charter on Patients' and Health Workers' Rights and Responsibilities¹.

At the local level, MHEN networks with local networks such as the Agriculture Network (CISANET), the Economic and Justice Network (MEJN), and the Education Network (CSCQBE). At the regional level, MHEN is affiliated to EQUINET, and at the Global level to the People's Health Movement (PHM). MHEN is also a member of the Equity and Access sub group of the Monitoring, Evaluation and Research Technical Working Group for the Health Sector.

Human Rights as a tool for achieving equity in the health sector - The Patients' Rights Charter

The health of a society is a reflection of that society's commitment to equity and justice. The constitution of the Republic of Malawi,² the United Nations Declaration and other International treaties and declarations encompass a number of health rights and responsibilities for both patients and health workers. Malawi by virtue of being a signatory to the declaration is held accountable by the United Nations for any actions towards the interpretation and protection of human rights in relation to health. It is against this background that the government of Malawi and other governments have the responsibility of ensuring that their citizens have access to health services.

Despite efforts by the government of Malawi in promoting and protecting the right of health of all Malawians, the health sector in Malawi is still a site of human rights violations from both

health service users and providers. One particular factor that is contributing to the violation of human rights in the health sector is lack of knowledge of the existence of human rights and responsibilities that must be adhered to and respected by both patients and health workers.

In an attempt to raise the general health status of all Malawians through the respect of rights and responsibilities by patients, their guardians and health care workers, the MHEN and Ministry of Health and Population have, through a process of wide consultation, developed the Patients Charter of Rights and Responsibilities. The Charter, when widely publicized will go beyond informing patients of their rights, but will encourage and support patients' involvement in their own care and treatment. The Patient and Provider Charter of Rights and Responsibilities will also be crucial in triggering patient demand for Essential Health Package services. At present, many people do not access the health system probably due to perceived or real costs of access or low quality of services. Others only access the services when their illness has become acute, resulting in poorer health outcomes and higher costs to the health care system.

The Essential Health Package (EHP) aims to lower the cost of access through closer-to-client services with more emphasis on the community and health centre level. However these are supply-side steps towards reaching the final objectives of the EHP, which include promotion of equity of access and contribution to poverty reduction. In order to achieve these objectives, demand-side measures must also be considered to be part and parcel of EHP implementation. A patient's charter, which focuses on EHP services, offers the ideal foundation for a large and nation wide campaign to increase demand for equitable and pro-poor imple-

mentation of the EHP. In this respect, the Patients' Rights Charter has important potential as a human rights tool for achieving equitable access to health care services.

Budget and Resource Monitoring

Following the advent of Health Sector Wide Approaches in Malawi, the health sector has seen increased budgetary allocation. In the 2005/2006 fiscal year, Government increased the Ministry of Health recurrent account from K5.2 billion to K6.9 billion. The health delivery services have also benefited through other interventions such as Nutrition, HIV/AIDS and National AIDS Commission which has been allocated K5.2 billion in the 2005 /2006 budget.⁴

The concern for civil society is that despite the increased allocation of financial resources to the health sector, there seems to be little improvement in the service delivery and ultimately in poverty reduction. Over and above this, there has also been a lack of civic empowerment to check the abuse of public resources. This has tended to affect the majority of poor Malawians (65% of the population)⁵ and it has further undermined efforts to ensure for quality health service delivery. In addition, marginalized sectors of the population such as women, children and poor families have been further disproportionately affected. This situation has been compounded by HIV/AIDS, with prevalence levels estimated at 14.4%⁶.

In light of this background, the need for stronger civil society involvement in the monitoring of public resources cannot be overemphasized. Since 2001, the Malawi Health Equity Network has been extensively involved in drug monitoring and service delivery satisfaction assessments done jointly with sister networks. Despite the budget tracking work being a recent innovation, the Malawi Health Equity Network has seen significant results through the budget tracking exercises. There has been increased understanding and interest amongst the populace on budgetary issues as evidenced by radio phone-in programs. Over and above this has been the improved contribution of parliamentarians in the debates on the national fiscal budget. The Network has also seen challenges in the area of budget tracking. The independence of different networks in budget tracking operations has contributed to the lack of comprehensiveness and cohesion in budget advocacy operations. There has been less dialogue and joint decision-making among these networks. The other major problem has been lack of adequate resources to manage budget tracking. A national tracking exercise needs adequate financial and technical capacities and these are limited within Malawi Health Equity Network.

Building alliances with parliamentarians to promote health equity

MHEN has also engaged positively with the Malawi

Parliamentary Committee on Health. The major objective of this engagement has been to provide information and technical support on budget research analysis and on international protocols and agreements so as to strengthen parliamentary response in the promotion of health equity.

Conclusion

In order to deliver on the themes described in this paper, the Malawi Health Equity Network needs to strengthen alliances with the Ministry of Health and Parliamentarians, improve information dissemination strategies, participate in regional alliances and joint civic lobbies and strengthen capacity in its secretariat. Support from the Ministry of Health, Parliamentary Committee on Health, donors and civil society institutions at local, regional and global levels is necessary to carry forward the agenda on the Patients' Rights Charter and budget monitoring initiatives.

MHEN will initiate dialogue among various stakeholders on the basis of the content of the Patients' Rights Charter in order to work out policies and programmes for the protection of patients' rights and responsibilities. Regular interface with Parliamentarians will be sought in order to lobby for the incorporation (in full or in part) of The Charter of Rights into the national laws and regulations.

MHEN will also initiate learning and advocacy regarding integrating deprivation into resource allocation for health. This work will use proven methods and experiences from other countries for responding to equity priorities and will hopefully strengthen equity-oriented planning within the health system.

References

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