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## OF INTEREST TO MALAWI SCOTLAND PARTNERSHIP TO IDENTIFY A SCOTTISH LEAD PARTNER

## Dear Sir/Madam

I hereby kindly request on behalf of the Journalists Association Against AIDS (JournAIDS), a partner based in Scotland to partner us in a proposed project on universal health coverage.

Based on the recent briefing meeting between MaSP, Ministry of Health and Malawi Health Equity Network and civil society organizations. It was noted on the need for organizations planning to submit concept note for projects in the health strand to request a Scottish Partner. Hence we hereby request that you identify a Scottish organization to be our partner. We intend to support the implementation of the 2017-2022 Health Sector Strategic Plan on universal health coverage and also issues around non-communicable diseases. Our work also underpins principles in the Sustainable Development Goals on Health

## **Institutional Profile**

Journalists Association Against AIDS (JournAIDS) is a local non-profit NGO formed in 2006. It is registered under Trustees Incorporation Act, NGO Board and Council for Non-Governmental Organizations. The organization works through advocacy, awareness raising, community mobilization, capacity building and commissions operational research on its work. Based on the 2017-2020 Strategic Plan, the organization works on public health with a focus on non-communicable diseases. In this thematic area the organization works on diabetes prevention. The organization is also a member of the International NCD Alliance and Malawi's NCD Sub-Technical Working in the Ministry of Health. The organization also works on climate and population and sustainable development, human rights, natural resources governance and HIV prevention research and development.

The organization advocates for policies and works with civil society organizations and has a strong media constituency in all Malawi's three regions.

## Our work on Universal Health Coverage

JournAIDS believes in health for all. In 2016 with support from New York based Global Health Strategic, we conducted a national round table discussion examining proposed national health insurance. The organization collaborates with civil society organizations in the Universal Health Coverage Coalition, which over 10 members.

Malawi is one of the world's poorest countries, where more than 70 per cent of people live on less than \$1.90 a day. The health sector has been suffering from a severe lack of financing in recent years, accelerated by corruption scandals within the sector and subsequent withdrawal of donor budget support. While the coalition supports the need for the Government to mobilise additional revenue for health to fill this financing gap, we are deeply worried by any proposals to introduce or expand out of pocket payments which will only punish the poorest people.

Out of pocket payments are the most inequitable means of health financing. Three people every second are pushed into poverty because of direct payments for health care. For countless others, the existence of out of pocket payments in health facilities mean going without healthcare altogether, with women and girls especially likely to be denied treatment. In addition, revenues raised from such payments are often minimal, rarely contributing more than 5 per cent of running costs for health systems.

Experiments with out of pocket payments in recent years in the country, such as introduction of bypass fees charged when accessing central hospitals without referral, and expanding fee-paying wards in the same facilities, have indicated that a system where paying fees gives access to higher-quality services, leaving lower quality for those who cannot afford to pay, is fundamentally inequitable. As such, the proposed expansion of fee-paying wards to the district hospitals will clearly escalate health inequalities in Malawi.

The UHC coalition calls upon government to:

- 1. Desist from expanding or introducing out of pocket payments, through pay wings in the district hospitals because such plans are not a progressive way for the country to meet donor expectations around scaling up domestic resources for health.
- 2. Ensure that the country is currently getting value for money from whatever limited available funds being allocated towards every single expenditure line in the health sector

I hope you will render the support urgently so that we move forward with the planned concept note.

Yours Faithfully

**Dingaan Mithi** 

**Programme Manager**