**Title:** Factors affecting access to healthcare and efforts/challenges in securing PHC in Malawi

**Author:** George Jobe, Executive Director, Malawi Health Equity Network (MHEN);

and Chairperson of Malawi Universal Health Coverage Coalition.

Mobile: +265999958959. Email: [georgejobe@yahoo.co.uk](mailto:georgejobe@yahoo.co.uk)

**Background:** Malawi has a three tier health system namely primary health care (e.g. health centres), secondary (district hospitals) and tertiary (e.g. central hospitals). Access to health care by some Malawians is a challenge although Malawi is a signatory to the Abuja Declaration[[1]](#footnote-1). Malawi fails to fulfil the benchmark thereby affecting communities’ full enjoyment of primary health care (PHC). Inefficiencies also negatively affect the accessibility. Some efforts are employed to improve the situation though.

**Aims**

To establish effects of inadequate health financing on access and PHC.

**Objectives of the research**,

* To establish how Malawi is complying with health financing benchmarks
* To create the relationship between budget allocations and PHC

**The methods used**,

* Desk research
* Budget analysis
* Structured interviews
* Projects’ reports and interventions

|  |  |  |
| --- | --- | --- |
| **Financial Year** | **Percentage of National Budget** | **Rank of Health** |
| 2016/2017 | 10 | Third |
| 2017/2018 | 9.9 | Third |
| 2018/2019 | 9.9 | Third |
| *Source: MHEN Budget Analysis reports* | | |

**The key findings**

Malawi’s past three years health budget allocations have been lower that the 15% Abuja benchmark. Health has always been third in rank after Agriculture and Education (See Table). This has caused such challenges as: inadequate health workers, health facilities and equipment, and shortage of some essential drugs and ambulances. Another challenge is leakages caused by theft of drug and medical supplies, and other forms of abuse (Interviews and Media Reports). These challenges affect health access through both inadequate infrastructure or facilities’ failure to provide services. Some patients walk more than 15 kilometres to reach facilities despite Government’s 8 Km radius policy. Sometimes patients are told to buy medicines because of inavailability. These affect provision of required PCH.

The problem addressed by: signing of Service Level Agreements between Ministry of Health and Christian Health Association of Malawi on maternal and neonatal health only; assigning multiple tasks to Health Surveillance Assistants (HSAs) at community level; and Chipatala Cha Pa Foni (Health Consultation Through Mobile Phone). MHEN establishes Mother Care Groups who join HSAs to sensitize communities on vaccines uptake.

**The main conclusion(s)**

Access to health care is affected by factors such as effects of inadequate financing and leakages such as drug pilferage. Inaccessibility denies citizens PCH.

1. The Abuja Declaration says 15% of national budgets should be allocated to heatlh. [↑](#footnote-ref-1)