* Title: Is there any Fiscal Space for Health? Lessons learnt from resource mapping exercise in Malawi
* Principal Organizer: Henry Mphwanthe (Health Policy Plus)- [henry.mphwanthe@thepalladiumgroup.com](mailto:henry.mphwanthe@thepalladiumgroup.com) +265997742724
* Presenter: Pakwanja Twea (Ministry of Health and Population- Malawi)- [pdesireetwea@gmail.com](mailto:pdesireetwea@gmail.com) and Henry Mphwanthe (Health Policy Plus)- [henry.mphwanthe@thepalladiumgroup.com](mailto:henry.mphwanthe@thepalladiumgroup.com) +265997742724
* Co-authors: Malema (Options Consultancy Services Limited- UK)- mrsmalema@gmail.com; Kate Langwe (Ministry of Health and Population – Malawi)-katelangwe@gmail.com; Pakwanja Twea, Ministry of health and Population, Malawi - +265999574062, [pdesireetwea@gmail.com](mailto:pdesireetwea@gmail.com)
* Sub-Theme 1: Health system strengthening

# Background

The provision of health equitable and quality primary health care services is largely dependent on the availability of adequate financial resources. However, planning and coordination of health activities has been a challenge in Malawi due to the substantial off-budget donor funding. To address this challenge, the Government of Malawi has adopted an annual resource mapping exercise to track health sector resources and to inform planning and budgeting decisions both for the Ministry of Health and its development partners. The Ministry of health has also been exploring a ways of increasing the fiscal space for health through innovating health financing mechanisms. However, evidence from a recent sector wide fiscal space analysis shows that the country has limited fiscal space for additional resources for the health sector and only points at efficiency as the only possible route to increasing the fiscal space for health. The recent resource mapping exercise showcases the areas where these efficiency gains to potentially be realized.

This THE per capita amount is significantly lower than the WHO recommended amount of $86 per capita. This situation is compounded by the fact that Malawi is heavily dependent on donor aid, according to the NHA 2015, external partners contribute 62% of the THE. In light of this, the country has been exploring mechanisms for generating additional domestic revenue. The Ministry of Health developed a proposal for generating additional domestic resources to the Ministry of Finance. However, Thirdly,

**Objective**

To explore how resource mapping and tracking information can be used to enhance resource allocation efficiency, technical efficiency, and improve predictability and effectiveness of donor financing for health in Malawi.

# **Methodology**

The study used Resource Mapping round 5 data to understudy whether the compared to the HSSP II strategic priorities and costs to quantify the funding gap, analyze the funding gap by programmatic areas to identify areas of duplicative funding, overfunding, and underfunding to inform high level resource allocation and reprogramming decisions.

# **Findings**

Despite having one of the highest Total Health Expenditures (THE) as a % of the GDP in the SADC region, at $40, Malawi has the lowest THE per capita.

# **Conclusion**

The prospects for additional funding for health in Malawi are bleak. However, Resource mapping and tracking can be used to identify opportunities for efficiencies and generate additional fiscal space for health. This will help to ensure that health resources are going towards addressing population health needs.