MEETING REPORT
Country meeting on
Equity in Health in Malawi

Malawi Health Equity Network
Lingadzi Inn, Lilongwe, 6 October 2004

with
the Southern African Regional Network on Equity in Health (EQUINET

Report produced by: TARSC, MHEN
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Malawi Meeting on Equity in Health, October 6 2004

1. Background

The Southern African regional Network on Equity in Health (EQUINET) was launched by southern Africans after a 1997 seminar on 'Equity in Health' in Kasane, Botswana. EQUINET is a network of professionals, civil society members and policy makers who have come together as an equity catalyst, to promote policies for equity in health in the Southern African Development Community (SADC) region. Since late 1998 EQUINET has built a programme of research, analysis, training, publication, advocacy and policy dialogue on determinants of health equity across a range of issues. Institutions in EQUINET have built programme of research and analysis that has been used to build skills, inform policy and engage with key stakeholders, including parliament and civil society (see www.equinetafrica.org).

EQUINET's programme of work

- Strengthens research and analysis, the production of evidence and implementation of monitoring to build knowledge, analysis, policy debate and practice around critical equity constraints or potentials
- Disseminates knowledge and stimulate awareness and analysis oriented towards social justice and equity values within the range of communities that shape southern African health systems
- Draws political attention and policy debate and support public action and service competencies around the inputs necessary for health equity
- Strengthens the functioning and responsiveness to social justice and equity values of governance mechanisms relevant to health
- Builds capabilities and analysis and facilitate networking on options for dealing with and confronting international challenges to health equity, and
- Supports, focuses and networks institutional resources within civil, academic, state and community sectors in southern Africa towards this work, and links these to relevant international resources and programmes

EQUINET supported the Malawi Health Equity Network to hold a one day meeting to review the work being done in Malawi on equity in health, under its wider programme of support to health civil society and work on health equity in the region. The meeting was carried out with support from the Rockefeller health civil society support, and as a follow up to the country strengthening processes resolved at the EQUINET conference in June 2004. The meeting was held at the Lingadzi Inn in Lilongwe, Malawi. Twenty-eight individuals from civil society, government, academic and research institutions with an interest in health equity in Malawi attended the meeting (See delegates list Appendix 2). The programme is in Appendix 1. This report was prepared by the EQUINET secretariat at Training and Research Support Centre (TARSC) Zimbabwe.

2. Opening

Mr Frezier Maseko of the College of Medicine, University of Malawi, and the Malawi Health Equity Network (MHEN) welcomed participants to the meeting. He noted that it was an opportunity for delegates to share experiences and map out a common agenda for MHEN and EQUINET in Malawi. A member of the Malawi Parliament and particularly of the parliamentary committee on health, Hon. Austin Mtukula, was introduced to the delegates. Delegates introduced themselves. A member of the EQUINET Steering Committee, Adamson Muula, and of the EQUINET secretariat at TARSC, Godfrey Musuka was also introduced at the meeting . The meeting was being held before a regional EQUINET meeting to take advantage of wider regional observers at the meeting.

3. The Malawi Health Equity Network

Ms Jennifer Chimlambwe of the Malawi Health Equity Network gave a presentation on the Malawi Health Equity Network (MHEN). She noted that (MHEN) is a not-for-profit independent alliance of organizations and individuals promoting equity and quality in health in Malawi. Its mission is to "To promote equity and quality in health for all people in Malawi, by influencing policy and practice through research, monitoring, information dissemination, advocacy and civic education'. Its vision is for ' all people in Malawi to have access to equitable, quality and responsive essential health care services by the year 2020 with MHEN as the 'Health Equity Watch'. Membership of MHEN is open to individuals and organizations that subscribe to the ideals of the network and consists of full, associate, honorary members and friends.

- MHEN has conducted work in the following areas;
  Monitoring of the Malawi national budget allocations to the health sector
- Formulation of the Malawi Poverty Reduction Paper and advocated for increased budgetary allocations for PPEs.
- Documented the status of knowledge of communities regarding basic patients rights and responsibilities.
- Monitored availability and expiry of drugs in public and private health institutions.
- National situation analysis of health facilities together with the Malawi Parlimentary Portfolio committee on health
- Assessment of access to healthcare by people living with HIV/AIDS
- Implementing the ART Monitoring and Literacy Project.

4. Protecting The Rights Of Patients Within Health Care Settings

Dr Ann Phoya, Director of Nursing Service, Ministry of Health and Dr Adamson Muula, College of Medicine, Malawi presented a paper on the development of a patient charter for Malawi. The National constitution of Malawi in section 13b identifies access to health care as a right of every citizen in the land. The ministry of health in Malawi with the support of partners such as MHEN has developed a patient charter. They described the role of the ministry of health and other Government institutions responsible for provision of health care and the responsibilities of patients.

The charter provides guidance on a right-based approach on health service delivery. It also outlines the rights of health workers, including to appropriate equipment & supplies, to continued education, to respect & dignity, to rest & appropriate working hours, to occupational health & protection to professional practice and to take up grievances.

5. Content analysis of debates on health in the Malawi National Assembly

Adamson Muula ,College of Medicine, Malawi, presented a paper based on the work of one of his students Ms Zindaba Yiwombe. She is a student at the Department of Education and Media Studies, University of Malawi, The Polytechnic, Blantyre and a recipient of the EQUINET student grant scheme award. The EQUINET student grant programme supports new health equity actors and students. This programme was based on a proposal for this first proposed by Adamson Muula, EQUINET steering committee member Malawi. The grants are given out in areas relating to health equity to students from all disciplines on the basis of proposals submitted.

Ms Yiwombe's study was conducted to document the content of the discussions in the Malawi National Assembly in order to inform policy on health and programmatic decisions. She analysed the verbatim recorded in the Hansard the official published verbatim report of the proceedings of the Malawi National parliament. She identified themes that were discussed whilst parliament sat. Her work showed that the theme areas that members of parliament spent most time on included requests for; health services or health personnel, upgrading of health facilities, and drugs availability. It was identified that there was lack of follow-up in future sittings on matters discussed at a previous meeting of the House. This paper attracted much interest from the floor, Hon. Mtukula a sitting member of the Malawi parliament seconded its findings.

5. Rights Based Approaches To Participation And Equity In The Health Sector - The Local Initiative For Health (Lifh) Project

A case study was presented by Davie Kalomba and John Njunga, Care Malawi, on the use of a score card system to promote health equity in service delivery. This approach encourages dialogue between service providers and users in matters affecting the health care delivery system. The participatory rights based methodology identifies and assists in the solving of important health issues by encouraging community participation and also encouraging health workers to recognize community inputs on issues of health care delivery. The purpose of the project is to ' Improve the ability of rural households in the Central Region of Malawi to articulate, manage and address their basic rights to health'.

The anticipated outputs are;

- Partnerships established with appropriate health service organisations
- Participatory rights based assessment methodology developed
- Developed organisations of rural consumers of health care that are able to identify & address priority health issues
- Methods for addressing community health priorities developed, tested, monitored and lessons documented, and disseminated

The Malawi Parliamentary Portfolio Committee on Health

Hon. Mtukula, MP explained the health equity work that has been undertaken by the Malawi Parliamentary Portfolio Committee on Health. The Malawi Parliamentary Portfolio committee on health was set up under the parliamentary standing orders. The key functions of the committee is to represent people around issues in health. It processes all legislative proposals on health before they are tabled and discussed in the Parliamentary chamber. This gives its members the opportunity to make amendments to reflect the wishes of the people. Civil society and the public at large make presentations to this committee.

Hon. Mtukula, expressed concern at the lack of review of current legislation on health in Malawi. Most laws are outdated and need to be made comparable with those of other SADC countries. Members of the parliamentary portfolio committee also participant in the process of receiving and approving the national budget. This is an important opportunity for them to make representations and to mainstream health equity. The committee is responsible for monitoring the implementation of government programmes and projects.

He noted that the functioning of the Malawi Parliamentary Portfolio Committee on Health is hampered by inadequate allocations for meetings, limiting this to only two meetings a year. Another problem is that government delays in responding to questions posed by his committee. His committee is developing and strengthening alliances with civil society partners such as EQUINET and with other parliaments in the region. He informed delegates that he is an interim member of the Programme for Parliamentary Committees on Health to support work on equity in health in the SADC region (SAPACoH). The Parliamentary committees on health from Malawi, Zambia and Zimbabwe are exploring the options for more consistent collaboration of the Parliamentary committees on health in the SADC to provide consistency to programmes of support for budget oversight, legislative oversight, health promotion and other relevant areas of parliament work on health and equity in health.

7. Brain drain of Nurses in Malawi

Ms Linley Linyenga, an official of the Nurses & Midwives Council of Malawi tracked human resources losses in the health sector from Malawi. Human resource loss due to migration is not a problem of Malawi only but the whole of the SADC region. She explained that her organization is best placed to track migration because they keep the register of nurses & midviwes in Malawi and are the authority that gives clearance certificates for nurses that desire to work outside Malawi. The government of Malawi offers very low salaries for nurses (~50US$/ month) and is not able to keep nurses trained by government institutions such as the Malawi College of Nursing. Nurses that choose to remain in Malawi are attracted to by higher NGO salaries (~ six times more than government) as well better employment conditions in this sector. Those that decide to leave Malawi are attracted by the better salaries, lower work load and the opportunity for education available elsewhere. She reported to the meeting that there are currently no prospects for specialist training in Malawi and nurses are forced to work for long hours with little appreciation and lack of basic resources such as gloves. From January 2002 to September 2004 263 nurses have left Malawi, whilst some NGOs operating in

Malawi have employed up to 200 nurses. She proposed that the government of Malawi adopt policies that reduce workloads, increase number of nurses trained, increase salaries offered and improve prospects for promotion on nursing staff. This will assist to ensure retention of such staff.

8. EQUINET

Godfrey Musuka, EQUINET secretariat, explained the formation of EQUINET by southern Africans after a 1997 seminar on 'Equity in Health' in Kasane, Botswana. EQUINET is a network of professionals, civil society members and policy makers who have come together as an equity catalyst, to promote policies for equity in health in the Southern African Development Community (SADC) region. He outlined the work and networking meetings already conducted. EQUINET has identified the equity concept as addressing differences in health status that are unnecessary, avoidable and unfair, noting the importance of community voice and agency in this. To follow up on this EQUINET has conducted work on,

- Equity in health generally
- Economic and trade policy and health,
- Wider inputs to health – food security, water, sanitation,
- Health Services – fair financing, health personnel,
- HIV/AIDS and treatment access, surveillance ,
- Participation and governance and Health rights, values and policies.

In the past year EQUINET has for example been working on health systems approaches to antiretroviral treatment (ART), noting the need to expand ART access in the context of strengthened prevention and care of HIV and of strengthened health systems. This raises concern over policy, systems and social criteria for rationing treatment, integration of ART in district health systems and the need to invest health personnel.

He noted that EQUINET networks existing equity actors across government, civil society, academic institutions, parliament and others and formally liaises with SADC. EQUINET commissions, fund and carry out research and gather policy relevant evidence on health equity issues, exposes policy / decision makers to health equity issues and options and convenes forums for debate and review of issues. EQUINET publishes and disseminates information, analysis and debate and news through its newsletter and website. The network provides training, mobilizes resources for health equity work and builds facilitate and service alliances around specific policies and campaigns.

9. Priorities for Future Work for the Malawi Health Equity Network

The key expectations and proposals for future work by participants of the Malawi Health Equity Network were discussed.

9.1 Priorities for future research, training and programme support on equity in health

MHEN work priorities were identified as

- fair access to ART,
- advocacy on traditional medicines and
- social health insurance.

9.2 Areas of joint work with the parliamentary committee on health

It was proposed that joint work be carried out between MHEN and EQUINET in the area of health legislation review and to demystify health and demographic data for members of the Malawi Parliamentary Portfolio Committee on Health.

9.3 Future programmes and organization of the MHEN

To strengthen MHEN's abilities to promote health equity in Malawi delegates felt that there is need to improve information flows to and from grassroots, to enhance sustainability of the organization and strengthen its existing partnerships with organizations such as EQUINET.

9.4 Areas for regional links and support

The meeting identified as priority areas for regional cooperation areas of capacity building for research and advocacy, grants to undertake projects, exchange visits for sharing on best practices and technical assistance to monitor health equity policy in Malawi.

10. Closing remarks

Godfrey Musuka and Adamson Muula gave the closing remarks. The meeting was based on shared values and commitments to equity and to strengthening national and regional networking. Adamson Muula stated that this had been an opportunity for MHEN to map the way forward.

Appendix 1: In co-operation with the southern African Regional Network for Equity in Health (EQUINET

Malawi National Meeting on Equity in Health
Lingadzi Inn, Lilongwe, 6 October 2004 Programme

Time	Activity	Chair and Presenters
0800–0915	Welcome, opening speech Introductions	Mr Fresier Maseko Dr. Anne Phoya
0915-1000	**Current work on Equity in Health** Presentations on current work on equity in health food security, HIV/AIDS, economic policy and health in Malawi MHEN	Dr Adamson Muula Ms Chimlambe (MHEN) Programme Officer
1000 –1030	Tea/Coffee break	ALL
1030-1130	**Equity in Health Services** Presentations on patient rights and human resources for health	Dr Anne Phoya
1130-1230	**Social roles and action for health equity** Presentations on partnerships with civil society and the parliamentary committee on health	Hon Mtukula
1230–1330	LUNCH Break	ALL
1330-1400	Regional networking and work on equity in health	Godfrey Musuka, EQUINET
1400-1500	Group discussions *10 What are the priorities for future research, training and programme support on equity in health?* 11 *In what areas would MHEN want to build regional links or get regional support from EQUINET?* 12 *What are the areas of joint work with the parliamentary committee on health?* 13 *What should the future programmes and organization of the MHEN be?*	Jennifer Chimlambe
1500–1520	Tea/Coffee break	ALL
1520–1600	Feedback from group work and discussion	Mr Kondwani Mkandawire
1600	Closing	Adamson Muula

APPENDIX 2: Delegates Malawi Health Equity Network Meeting on Equity in Health, Lilongwe, October 6 2004

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APPENDIX 3:

CHARTER ON PATIENTS' AND HEALTH SERVICE PROVIDERS' RIGHTS AND RESPONSIBILITIES

INTRODUCTION

Health, defined as a complete state of physical, mental, social and spiritual well-being is a fundamental right. The responsibility of the State is to provide adequate health care commensurate with the health needs of Malawi society and international standards of health care as provided in section 13(b) of the Constitution of the Republic of Malawi.

We are all patients, one time or the other. Oftentimes health service delivery is less than optimal, sometimes due to lack of observance of fundamental human rights and responsibilities on the part of patients and health care workers. The Patients' and Health Service Providers' Charter of Rights and Responsibilities is an attempt by the Government and Civil Society in Malawi to raise the general health status of all Malawians through the respect of the rights and responsibilities by both patients and their guardians and health care workers.

PATIENTS' RIGHTS

1. **Right to access to health care**
   - Every individual shall have access to health care and treatment according to his/her health need.
   - Every patient has the right to be cared for by a competent health worker regardless of age, gender, ethnicity, religion, economic status and without any form of discrimination.
   - Every patient has the right to access medicines, vaccines and other pharmaceutical supplies of acceptable standards in terms of quality, efficacy and safety as determined by the Pharmacy, Medicines, and Poisons Board.
   - Every individual has the right to prompt emergency treatment from the nearest public or private health facility.

2. **Right to choice and second opinion**
   - Every patient has the right to choose a health facility from which to obtain care in line with the prescribed health delivery system.
   - Every patient has the right to a second opinion at any time.

3. **Right to adequate information and health education**
   - Every patient has the right to know the identity and professional status of the person providing the care.
   - Every patient has the right to have adequate information regarding all aspects of care, including the right to adequate information on diagnosis and tests performed; medicines prescribed; reason for prescription, the dose, duration of taking medicine, side effects and safety.
   - Every patient shall be informed of the reason for any referral to another health facility or health care provider.
   - Every patient shall be given information about self-care, drug administration and preventive measures which may be necessary.

- Every individual has the right to seek and obtain information regarding preventive, curative and rehabilitative medicine.
- Every patient has the right to know his or her prognosis.

4. **Right to informed consent/refusal of treatment**
   Every patient or guardian shall provide informed consent before any surgical procedure is carried, but so however that such consent may be waived in case of emergency or in certain psychiatric cases.

5. **Right to participation/representation**
   - Every patient has the right to participate in decision-making affecting his/her health through -
     - discussion with the health professionals and personnel involved in direct health care.
     - consumer and community representation in planning and evaluating the system of health services, the types and qualities of service and the conditions under which health services are or were delivered.

6. **Right to respect and dignity**
   Every patient shall be treated with kindness, consideration, respect and dignity without regard to age, gender, ethnicity, religion, economic status and without any form of discrimination.

7. **Right to a guardian**
   Every child admitted to a hospital shall, wherever possible, have the right to the company of a parent or guardian.

8. **Right to privacy and confidentiality**
   Every individual has the right to have the details regarding his/her diagnosis, treatment, prognosis and other aspects of his/her care kept confidential. There may be situations when there may be need to disclose the patient's information, for instance -
   - If authorized by the patient.
   - Public health reason.
   - If patient is unable to consent and it is the patient's own interest to disclose such information.
   - If the information is required for due legal process.
   - If medical records are required for continued care by another health care provider.

9. **Right to a safe environment**
   Every individual has the right to a safe and clean health care facility.

10. **Right to complain about health services**
    - Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation.

PATIENTS' RESPONSIBILITIES

1. Every patient shall ensure that he/she knows and understands what the patients' rights are and shall exercise the rights reasonable and responsibly.

2. Every patient shall conduct himself/herself so as not to interfere with the rights or well being of other patients and health care providers.
3. Every patient shall accept all the consequences of the patient's own informed decisions.
4. Every patient has the responsibility to ensure or maintain his/her own health and that of society by refraining from -
    - consumption of unhealthy food and water.
    - consumption of alcohol, drugs, substances of abuse and tobacco.
    - irresponsible sexual activity and other life styles that are hazardous to health.
    - degradation of the environment.
5. Every patient has the responsibility to provide health care providers with relevant and accurate information for diagnostic treatment, rehabilitation or counselling purposes.
6. Every patient must know his/her local health care providers and what services they offer.
7. Where applicable, every patient is responsible for settling his/her bills at times as requested by the health providers.
8. Every patient shall comply with the prescribed treatment and keep appointments and shall inform the health professional in good time if unable to do so.
9. Every patient has the responsibility to take care of his/her health records in his/her possession.

DRAFT HEALTH WORKERS' RIGHTS

1. Access to equipment and supplies

- Every health worker has the right to access minimum equipment and supplies necessary for patient care at all times.

2. Continuing education

- Every health worker has the right to career development to improve competence in patients' care.
- Every health worker has the right to continuing education in the area of specialty/assignment to improve patient care.

3. Respect and dignity

- Every health worker has the right to be treated with consideration, respect and dignity by his/her employer, patients, guardians and the community at large.

4. Working hours and rest

- Every health worker has the right to working hours and adequate rest period that are clearly defined.

5. Occupational health and protection

- Every health worker shall have the right to a working condition and environment that protects his/her own health and the patients'.
- Every health worker has the right to occupational health protection.
- Every health worker has the access to prompt treatment for infections acquired while discharging his/her duties.

6. Professional Practice

- Every health worker has the right to practise professionally without hindrance and/or undue influence from patients, employers, colleagues or the community.

7. Right to Complain

- Every health worker has the right to complain through an established complaint system about violation of any of the rights stipulated herein.

HEALTH WORKERS' RESPONSIBILITIES

Every health worker shall –

- be licensed with an appropriate professional body at all times and shall maintain current such licence;
- have the requisite professional qualifications commensurate with the requirements of the job;
- comply with the ethical provisions of the profession in which they are in;
- comply with professional codes of conduct;
- familiarize himself/herself and comply with universal precautions against infection of himself/herself and patients;
- familiarize himself/herself and comply with the provisions of the Charter on Patients' and Health Service Providers' Rights and Responsibilities;
- conduct his/her duties in the best interest of the patient;
- keep up to date with current developments in professional practice and update his/her professional skills and knowledge;
- comply with ethical requirements with respect to research/experimentation on human beings.