



Malawi Scoping Assessment

Summary Report

July 2024

Purpose and objectives of the scoping assessment in Malawi

The Global Health Partnerships (GHP - formerly THET) team conducted the scoping assessment in Malawi in July 2023 to identify the national health workforce (HWF) priorities. A range of stakeholders were engaged to explore HWF issues, challenges and validate priorities. Consultations and discussions with stakeholders also focused on identifying HWF priorities in the Malawian health system that could potentially be addressed by Health Partnerships (HPs), while contributing to health systems strengthening (HSS) and universal health coverage (UHC), and considering gender, access and equity.

The Global Health Partnerships (formerly THET) team consulted with stakeholders to:

- Share information on Global Health Partnerships (GHP) and the Health Partnership approach.
- Understand national HWF and health system priorities.
- Assess the potential and feasibility of the HP approach to address identified HWF priorities, as well as support the country's progress towards UHC.
- Identify and understand the work of key actors supporting HWF strengthening in Malawi.

Stakeholder consultations

A multi-disciplinary, multi-sectoral stakeholder engagement approach was adopted to enable a rich, comprehensive examination and analysis of HWF priorities, and the identification of potential HP interventions with key stakeholders in Malawi. The Global Health Partnerships team conducted in-depth key informant interviews and facilitated group discussions with a range of relevant national and sub-national stakeholders, identified and arranged in consultation with the Ministry of Health and the Global Health Partnerships in-country consultant, Mr Dieckens Binali. This included people and institutions who have been or are involved in HPs, as well as people who were new to the HP approach.

Stakeholders were provided with information on Global Health Partnerships, the HP model, and the purpose of the scoping assessment. A semi-structured topic guide was used to explore national HWF issues and challenges, to elicit stakeholders' views and perspective on HWF priorities, and to gather information on other HWF programmes and initiatives in Malawi. In the identification of key HWF priorities, stakeholders were reminded to consider the appropriateness and feasibility of the HP model to address the priorities identified, as well as the funding and timeframe of a typical HP programme.

In Malawi, the Global Health Partnerships scoping assessment team consulted officials from various directorates in the central Ministry of Health (MoH), including Policy and Planning, Human Resource for Health (HRH), Reforms and Quality Management. The team met with representatives from the Christian Health Association of Malawi (CHAM), a faith-based

organisation responsible for the provision of health worker education and training and health services. Representatives from the UK Foreign, Commonwealth and Development Office (FCDO), World Health Organization (WHO) and UNICEF were consulted. The team met with a number of regulatory bodies, including the Nurses and Midwives Council of Malawi, the Medical Council of Malawi, the Pharmacy and Medicines Regulatory Authority (PMRA), as well as professional associations such as the National Organization of Nurses and Midwives of Malawi, Society of Medical Doctors, and the Pharmaceutical Society of Malawi. Health education and training institutions and health facilities consulted included the Kamuzu University of Health Sciences, Nkhoma College of Nursing and Midwifery, and Queen Elizabeth Central Hospital (QECH). In addition, the team consulted donors, development partners and international NGOs including GIZ, Amref, DAI, Fleming Fund, and the Clinton Health Access Initiative (CHAI).

The assessment team attempted to meet other identified stakeholders and organisations, including Ntchisi and Ntcheu District Health Management Teams, Kamuzu Central Hospital, US CDC, the Global Financing Facility, as well as local NGOs including the Malawi Health Equity Network and Village Reach, but unfortunately were not successful.

HWF priorities to be addressed under the GHWP

The key HWF priorities identified through the document review (see list of documents reviewed in Annex 2) and stakeholder consultations (see Annex 3 for list of stakeholders met) were distilled and consolidated by the Global Health Partnerships scoping assessment team. This refined set of HWF priorities, outlined below were presented to key stakeholders including the FMoH, FCDO, WHO, UNICEF for their review and validation.

1. Regulation and quality improvement of HWF education and training [linked to HRH Strategy 4.2 and 4.4]

- Strengthen the **capacity of health professional regulatory bodies** and health professional associations to improve health worker education, training and practice e.g. guidelines for internship and specialist training, scopes of practice for medical cadres, and pharmacists; standards of care (e.g. mental health nursing); design of compulsory Continuing Professional Development (CPD) modules for licencing/relicencing; accreditation and capacity development of CPD providers (e.g., district based CPD coordinators); digitalisation of registration and student assessment/examination processes; strengthen governance and advocacy capacity.

2. HWF education and training [linked to HRH Strategy 4.2 and 4.3]

- **Strengthen the governance, provision, and quality of HWF pre-service education (PSE)** to meet HWF needs and demand for integrated health service delivery, including review and development of harmonised competency-based curricula, faculty capacity development (including for e.g.

- lecturers, preceptors, supervisors, trainers), interprofessional education approaches and improvement of teaching hospitals/clinical practice sites.
- Improve quality of **internship training** for selected health workers (e.g. Doctors, Clinical Officers, Pharmacists) and **postgraduate specialist medical training** including e.g. anesthesiology, pathology, obstetrics & gynecology, thoracic surgery, nephrology, cardiology) through faculty capacity development, including exchange learning programmes and visiting faculty to support programme delivery, and improvement of teaching hospitals/clinical practice sites.
 - Expand and scale up **mentorship, clinical leadership, and supportive supervision interventions** to support HWs (specifically focusing on nurse leaders, mid-level managers, CHW graduates) to improve and fully utilise knowledge, skills and competencies.
 - Strengthen capacity for the delivery of **specialised programmes for nursing and midwifery cadres** (including e.g. peri-operative care, oncology, nephrology) and specialised pharmacy cadres (including e.g. NCDs, mental health, community pharmacy) to increase access to and coverage of these services, while providing career progression pathways to retain nursing, midwifery and pharmacy cadres within the profession and the Malawian health sector.
 - Design and deliver **harmonised in-service training modules/courses** to address identified gaps in pre-service education (including e.g. emergency and critical care, neonatal care, NCDs, infection prevention and control, quality improvement, clinical teaching, informatics, disaster management, emergency medical services), aligned to service delivery needs, and with the aim of incorporating such IST modules into PSE curricula.
 - Strengthen capacity for the delivery and scale up of quality credit bearing **Continuing Professional Development (CPD)** to enable health workers, especially those in remote and hard to reach areas, to access and participate in CPD courses that enables professional development and career advancement and relicensing and revalidation, while exploring the delivery of CPD through digitalisation and e-learning platforms (including e-Libraries), where appropriate.

3. HWF management [linked to HRH Strategy 4.1, 4.3 and 4.5]

- Scale up occupational health and workplace wellbeing programmes (e.g. modelled on the existing Care for Carers programme) to enhance health worker performance, motivation and retention.

4. Research to generate evidence to inform policy and practice [Linked to HRH Strategy 4.6]

- Strengthen capacity of health workers and managers in research and knowledge generation, translation and sharing, developing their research skills and competencies to lead and conduct research (including e.g. implementation and action research), and expanding routes and platforms for the publication and dissemination of research to inform HWF policy and practice.
- Support evaluation of digital e-Learning initiatives to assess access and participation of health workers in hard to reach areas, and to inform further innovation and scale up of good practice.

Cross cutting and emerging themes identified with stakeholders

Transformation of health worker education and training

- **Adopt strategic and innovative** approaches to the design (e.g., in-service training, CPD, mentorship, supportive supervision) and delivery (eLearning, online courses, on the job/on-site training, blended learning) of HWF education and training across clinical, public health and management areas that support the development of a competent multidisciplinary HWF.
- **Promote equitable access** and gender-responsive practices to training and career advancement opportunities, especially for those in **hard-to-reach areas and neglected areas** (as defined by the Ministry of Health), working towards health equity and gender equality.

Quality education for internal and external health labour markets

- Strengthen accreditation of HWF education and promote diaspora engagement in the design and delivery of education and training, ensuring the production and supply of competent graduates for internal and external labour markets.

Complementary and harmonised approaches

- Promote alignment across HWF strengthening programmes and interventions and with the Government's "One Plan, One Budget, One Report" approach, enhancing complementarity and synergies across domestic and externally funded initiatives.

Evidence generation and learning

- Stimulate increased access and use of available HWF data for effective planning, implementation, and monitoring and evaluation of HWF and health systems activities.
- **Promote innovative methods** to generate evidence and learning of what works for HWF strengthening in Malawi, **particularly in hard-to-reach and neglected areas** (as defined by the Ministry of Health).
- Support the co-development and documentation of learning and evidence generated to inform national and global HWF policy and practice, and to facilitate bidirectional learning (E.g. use of Communities of Practice).
- Enhance the dissemination of evidence and learning through a range of learning products and platforms e.g., policy/evidence briefs, case studies, blogs, conference abstracts and publications, to national, regional and international audiences.

Examples of existing collaboration between Malawi and the UK (but not limited to)

In consultation with stakeholders during the scoping assessment, the following partnerships were identified as examples of working together:

- MoU between the National Organization of Nurses and Midwives in Malawi through and Royal College of Nursing in the UK for the organizational development of Nurses and Midwives in Malawi

- Kamuzu University of Health Sciences and Malawi Government through the quality management unit is working with NHS England on designing an e-learning platform
- Pharmaceutical Society of Malawi is working with Betsi Cadwaladr University Health Board of Wales on implementing a Commonwealth Partnership for Antimicrobial Stewardship programme
- Medicine and Health products Regulatory Authority in the UK is working with Pharmacy, Medicines and Regulatory Authority in Malawi and the Public Health Institute of Malawi in regulation of medicines in Malawi

Annex 1. HSSP III HRH Priorities

Pillar 4: Human Resources for Health Strategies and Reforms, extracted from the Malawi Ministry of Health and Population (2022), Health Sector Strategic Plan III 2023- 2030 (pp. 55-57).

Objective: To improve the availability of competent and motivated human resources for health for quality health service delivery that is effective, efficient and equitable.

Strategies

4.1 Enhance recruitment, selection, deployment, and equitable distribution of human resources for health	4.1.1 Recruit sufficient health workers to deliver the primary and secondary platform of care, as estimated by the workforce optimization model and specialist planning for the tertiary level
	4.1.2 Staff emergency operations centers (EOCs) with physicians, veterinarians, epidemiologists, and microbiologists
	4.1.3 Conduct regular functional reviews aligned to evidence on the demand for health services, such as the workforce optimization model and estimates of health workforce needed to deliver the tertiary platform of care, and including review of appropriate cadres to deliver each level of care (e.g., phase-out of the Medical Assistant cadre and replacement with Clinical Officers/Technicians)
	4.1.4 Rationalize and ensure equitable staff deployments as aligned to evidence on the demand for health services, such as the workforce optimization model and estimates of health workforce needed to deliver the tertiary platform of care
	4.1.5 Employ best practices for staff recruitment and selection
	4.1.6 Decentralize recruitment to sub national levels
4.2 Optimize production at training institutions and strengthen coordination between the institutions and health sector needs	4.2.1 Increase pre-service volumes for prioritized training programmes in alignment with the long-term HRH recruitment requirements, as estimated by the workforce optimization model for primary/secondary care and specialist planning for the tertiary level
	4.2.2 Develop and roll out interventions to strengthen coordination and quality assurance monitoring for pre-service training programs
	4.2.3 Embed professional behaviour and customer service teaching in training programmes
	4.2.4 Enforce accreditation standards for training institutions (by regulatory bodies)
4.3 Improve staff development strategies, policies, procedures, and practices for human resources for health	4.3.1 Conduct a role set analysis for all cadres and accordingly induct/orient newly recruited, promoted or redeployed human resource for health
	4.3.2 Develop and implement a harmonized continuous professional development (CPD) system linked to renewal of licensure
	4.3.3 Develop and implement the harmonized in-service training curriculum for all cadres of the health workforce, as embedded within the CPD system, aligned to service

	delivery needs, and inclusive of professional behaviour and client satisfaction
	4.3.4 Monitor the CPD system, inclusive of harmonized in-service training, for quality assurance and return on investment
	4.3.5 Intensify supervision/mentorship/coaching programs for cadres across all levels of care as linked to the CPD system
	4.3.6 Design and implement internships, fellowships, and residency programs for human resources for health
4.4 Strengthen and enforce performance management policies, procedures, and practices	4.4.1 Develop and implement a robust performance management system that is linked to implementation of strategic and operational plans at the national/district/facility levels and linked to health worker promotions, incentives, and disciplinary systems
	4.4.2 Conduct regular reviews of existing supervision lines to enable implementation of performance management
	4.4.3 Enforce robust regulation of health workers, their training and practice, including development, review, and enforcement of health service regulations and disciplinary procedures
	4.4.4 Re-structure clear and coordinated career pathways for career growth
	4.4.5 Develop and implement talent management and retention strategies and policies
4.5 Institute and provide for competitive remuneration, benefits, and working conditions for human resources for health	4.5.1 Develop innovative and competitive remuneration and benefits interventions
	4.5.2 Design and implement incentives to motivate and retain health workers in hard-to-reach areas
	4.5.3 Improve working conditions to improve staff retention
4.6 Generate reliable data and build capacity for evidence-based health workforce decision-making through digital innovations and technological platforms for human resource management	4.6.1 Build the capacity of HR practitioners to conduct evidence-based decision-making, including use of enterprise resource planning (ERP) systems, tools and technologies such as iHRIS at all levels
	4.6.2 Integrate iHRIS and HRMIS systems
	4.6.3 Procure IT infrastructure to enable HRH digital innovations such as iHRIS
	4.6.4 Conduct regular data validation of all HRH databases, including iHRIS, personnel records, payroll audits, among others

Source: Health Sector Strategic Plan III 2023- 2030 (pp. 55-57).

HRH Reforms

Reform 4	Performance for Results
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Reform 5	Health Workforce Optimization
Reform 6:	Integration of In-service Training

Source: Health Sector Strategic Plan III 2023- 2030 (pp. 56 -57).

Annex 2. References

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Annex 3. Stakeholders met

No.	Name	Role (Of Individual)	Institution
1.	Duff Msukwa	Director of Human Resources & Development	Ministry of Health
2.	Dr. Gerald Manthalu	Director of Planning and Development	
3.	Dr. George Joshua	Director, Reforms	
4.	Bongani Chikwapulo	Chief Quality Management Officer	
5.	Blessings Chingowo	Human Resources Management Officer-Administration	
6.	Chimwemwe Noah	Chief Human Resources Management Officer	
7.	Felix Matemba	Nursing and Midwife Directorate	
8.	Prof John Phuka	Executive Dean	Kamuzu University of Health Sciences
9.	Judith Chirembo	Registrar	Nurses and Midwife Council of Malawi
10.	Peter Mvuma	Executive Director	National Organization of Nurses and Midwives of Malawi
11.	Scholastica Jimu	Program Manager	
12.	Mr Mphatso Kawaye	Director General	Pharmacy Medicines Regulatory Authority
13.	Chrissy Chulu	Chief Quality Officer	
14.	William Mpute	President	Pharmaceutical Society of Malawi
15.	Jeremiah Kabaghe	Secretary General	
16.	Dr Victor Mithi	President	Society of Medical Doctors
17.	Mr John Jobe	Executive Director	Malawi Equity Health Network
18.	Chritsbell Komakoma	Program Manager	
19.	Stephanie Heung	Senior Program Manager	Clinton Health Access Initiative
20.	Bob Kamangira	Senior Associate	
21.	Christian Abraham Arega	Project Officer	
22.	Jacqueline Crowell	Senior Associate	Christian Health Association of Malawi
23.	Zione Salima	Programme Manager	
24.	Mathias John	M&E Officer	
25.	Philemon Mulenga	Training Officer	Medical Council of Malawi
26.	Richard Ndovie	Assistant Registrar	
27.	Hester Nkwinda Nyasulu	Country Manager	Amref
28.	Wezzie Kenani	Business Development Manager	

29.	Faith Kamanga	Project Assistant	
30.	Marriam Mangochi	Chief of Party	
31.	Dan Pine	Team Leader, Human Development Team	Foreign Commonwealth and Development Office
32.	Amy Potter	Health Adviser, Human Development Team	
33.	Titha Dzowela	Grant Manager	Fleming Fund Country Grant
34.	Chikhulupiliro Liyombe	Coordinator	
35.	Ronald Chatatanga	Coordinator	
36.	Innocent Chibwe	Surveillance Coordinator	
37.	Dorah Mbeya	Technical Advisor	GIZ
38.	Taonga Mwenifumbo	Technical Specialist	DAI
39.	Felix Chalusa	Program Officer	WHO
40.	Joe Collins Opio	Program Specialist	UNICEF
41.	Catherine Mungoni	Chief HR Officer	Queen Elizabeth Central Hospital
42.	Zuze Kawale	Deputy Hospital Director [Nursing and Midwifery Services]	
43.	Pricilla Sale	Senior Nursing Officer	
44.	Wilned Hara	Infection Prevention Control Officer	
45.	Mphatso Jeremiah	Principal Human Resources Management Officer	
46.	Alexander Munthali	Principal Hospital Administrator	