CHALLENGES AND OBSTACLES TOWARDS AVAILABILITY OF COMPETENT & MOTIVATED HEALTH WORKFORCE FOR MALAWI

A META-ANALYSIS STUDY BY
ASSOCIATION OF MALAWIAN MIDWIVES

NOVEMEBER 2018

This Study was supported by the Health Systems Advocacy (HAS) Project) through ACHEST

Table of Contents

List of Acronyms

ACHEST	African Center for global Health and Social Transformation
AMAMI	Association of Malawi Midwives
CBOs	Community Based Organizations
CPD	Continuous Professional Development
DHRMD	Department of Human Resources, Management and Development
HCWs	Health Care Workers
HRH	Human Resources for Health
HSA4A	Health Systems Advocacy for Africa
HSWG	Health Sector Working Group
LDC	Least Developed Countries
MDGs	Millennium Development Goals
MOHP	Ministry of Health and Planning
NGOs	Non-Governmental Organizations
PEPFAR	President's Emergency Plan for AIDS Relief
SDGs	Sustainable Development Goals
SRHR	Sexual Reproductive health and rights
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
WHO	World Health Organisation

Executive Summary

The Association of Malawian Midwives (AMAMI) in collaboration with the African Center for global Health and Social Transformation (ACHEST) and other partners are implementing a Health Systems Advocacy for Africa (HSA4A) Partnership project in Malawi. The HSA4A project was conceived after the realization that the least developed countries (LDC) especially in the Sub Saharan region including Malawi failed to achieve some of the Millennium Development Goals (MDG). The goal of HSA4A project is therefore to assist these countries address the unfinished business of the MDGs and achieve SRHR related Sustainable Development Goal (SDG) 3 through advocacy on selected aspects of health system availability of adequate skilled human resources for health (HRH).

The purpose of this meta-analysis was to compile key policy documents and reports on HRH issues written in the last six years to have a better understanding of obstacles that impinge on the ability of the Malawian Ministry of Health and Government to implement policies to allow for adequate skilled health personnel who are motivated, well distributed, skilled and well facilitated to meet the SRHR needs of the country. In addition, the study drew recommendations for AMAMI, its Partners, Ministry of Health and other Partners to address the outstanding challenges identified, and to chart new areas requiring further studies and to support the Ministry of Health for better SRH services delivery.

This study was predominantly based on desk review of key HRH documents in the last 6 years. Key informants were consulted to verify and get clarification on specific questions and issues. As a first step in the review, a list of key documents was developed in consultation with key informants from the Ministry of Health (Departments of Human Resources, Health Policy and Planning and the Reproductive and Health Directorate), as well as HRH partners. AMAMI staff reviewed the list and gave feedback. Data from the literature review was extracted and analyzed using a literature review matrix which was developed in consultation with AMAMI. The framework was used to capture key findings of the compiled HRH studies, recommendations made based on the findings, progress made so far in the implementation of the recommendations made in each of the HRH studies and key challenges in the implementation of the recommendations for each HRH study. Data extracted from the literature, was entered and organized in excel. The data was organized and categorized according to thematic areas (HRH intervention areas) of the WHO HRH action framework for a systematic and comprehensive analysis.

The study has identified various bottlenecks/gaps in HRH which negatively affect the delivery of health services (including SHRH) and the health outcomes of the population. The identified gaps include shortage of well-trained health workers, inadequate funding for HRH activities, weak evidence-based HRH policies and planning; lack of dissemination and access to HRH policies among stakeholders; inadequate government funding; weak training institution capacity; weak accreditation, regulation of health workers and their training and practice; weak HR leadership, poor staff motivation and retention; and weak coordination and collaboration among key stakeholders in the health sector. This review suggests that there is an urgent need to address the shortage of health workers and to address the lack of funding to absorb health workers on the national government payroll. The study also strongly recommends the need

for harmonized efforts amongst HRH stakeholders in dealing with HRH issues in the country among other recommendations.

1. Introduction

The Association of Malawian Midwives (AMAMI) in collaboration with the African Center for global Health and Social Transformation (ACHEST) and other partners are implementing a Health Systems Advocacy for Africa (HSA4A) Partnership project in Malawi. The HSA4A project was conceived after the realization that the least developed countries (LDC) especially in the Sub Saharan region including Malawi failed to achieve some of the Millennium Development Goals (MDG). Notable among these lagging MDGs are those associated with Sexual Reproductive health and rights (SRHR), evidenced by high maternal mortality rates (1:39 women facing a risk of maternal death as compared to 1:3800 in the developed world); high global burden of HIV and AIDS (70%) and high incidences of STI (93 million new cases every year). Current evidence suggests non-functional health systems to a large extent contribute to these challenges. The goal of HSA4A project is therefore to assist these countries address the unfinished business of the MDGs and achieve SRHR related SDGs through advocacy on selected aspects of health system availability of adequate skilled human resources for health (HRH). This document presents findings of the meta-analysis study on HRH issues in Malawi.

2. Objectives of the Consultancy on a Meta-Analysis study

With reference to the TORs the main purpose of this study was to have a better understanding of obstacles that impinge on the ability of the Malawian Ministry of Health and Government to have adequate skilled health personnel who are motivated, well distributed, skilled and well facilitated to meet the SRHR needs of the country.

The Specific objectives of the consultancy were to;

i) Compile studies conducted on HRH and reports on HRH issues in the last six years.
ii) Conduct a thorough analysis of main findings of the compiled HRH studies and recommendations made based on the findings to determine progress made so far in the implementation of the recommendations made in each of the HRH studies and reports.
iii) Isolate outstanding key challenges in the implementation of the recommendations for each HRH study.
iv) Make practical recommendations to AMAMI, its Partners, Ministry of Health and other Partners to address the outstanding challenges identified.

3. Methodology

Study Design

This meta- analysis study is predominantly based on desk review of key HRH documents in the last 6 years. It is complimented by key informant interviews (consultation meetings) to verify and get clarification

on specific issues, as well as to follow up on progress of implementation made. As such questions for the key informant interviews were based on emerging issues from the analysis.

Literature Review

This literature review focused on compiling key studies and reports on HRH and SHRH issues in the last six years. As a first step in the review, the consultant identified key documents and reports through expert experience and consultations with key informants including those from the Ministry of Health (Departments of Human Resources, Health Policy and Planning and the Reproductive and Health Directorate), as well as HRH partners. The consultant also conducted a literature search on the internet. As a next step, the consultant developed a list of the key studies and documents/ reports which was shared with AMAMI for review and feedback. After consultations with AMAMI, a final list of documents was developed and included the following;

- Human Resources for Health Strategic Plan 2018-2022
- Health Sector Strategic Plan 2017-2022
- Community Health Strategy Paper2017-2022
- Health Sector Resource mapping FY 2014/15-FY 2018/19
- Evaluation of Malawi's emergency human resources programme report 2011
- EmoNC Investment Plan 2017-2021
- The Sexual Reproductive Health Rights strategy 2018-2022
- The WSN report 2017
- Decentralization and Human Resource Devolution Issue Paper 2017

Refer to Appendix 1 for a list of all the key HRH and SHRH documents developed in consultation with AMAMI, which have been analyzed in this study.

Data Management and Analysis

Data from the literature review was extracted and analyzed using a literature review framework called the garrand matrix (see attached annex 2). The analysis framework was developed in consultation with AMAMI. The framework was used to capture key findings of the compiled HRH studies, recommendations made based on the findings, progress made so far in the implementation of the recommendations made in each of the HRH studies and key challenges in the implementation of the recommendations for each HRH study. Data extracted from the literature, was entered and organized in excel. The data was organized and categorized according to thematic areas (HRH intervention areas) of the WHO HRH action framework presented below in the next section, for a systematic and comprehensive analysis.

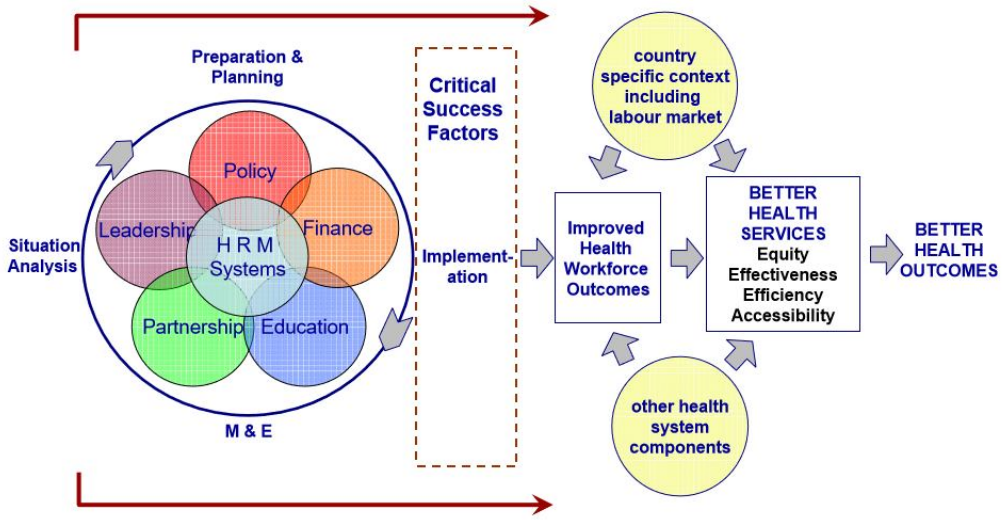
Analytical Framework and Thematic Areas

As indicated earlier the analysis was guided by the WHO HRH action framework[1] to identify key HRH gaps and interventions to improve the health workforce for better SHRH outcomes in Malawi. The HRH action framework is designed to assist governments and key stakeholders to identify gaps and

[1] World Health Organization, (2008), Human Resources for Health (HRH) Action Plan, Geneva, Switzerland

interventions, and implement strategies to achieve an effective and sustainable health workforce. The framework provides a comprehensive and systematic approach to address staff shortages, uneven distribution of staff, gaps in skills and competencies, low retention and poor motivation, among other challenges. The diagram below presents the WHO HRH framework used in this study

Figure 1: WHO HRH Action Framework



Policy

- Professional standards, licensing and accreditation
- Authorized scopes of practice for health cadres
- Political, social and financial decisions and choices that impact HRH
- Employment law and rules for civil service and other employers.

Leadership

- Support HRH champions and advocates
- Capacity for leadership and management at all levels
- Capacity to lead multi-sector and sector-wide collaboration
- Strengthening professional associations to provide leadership amongst their constituencies.

Finance

- Setting levels of salaries and allowances
- Budgeting and projections for HRH intervention resource requirements including salaries, allowances, education, incentive packages, etc.
- Increasing fiscal space and mobilizing financial resources (e.g., government, Global Fund, PEPFAR, donors)
- Data on HRH expenditures (e.g. National Health Accounts, etc.)

Education

- Pre-service education and in-service training

- Capacity of training institutions
- Training of community health workers and non-formal care providers.

Partnership

- Mechanisms and processes for multi-stakeholder cooperation (inter-ministerial committees, health worker advisory groups, observatories, donor coordination groups).
- Public-private sector agreements
- Community involvement in care, treatment and governance of health services.

Human Resources Management Systems

- *Personnel systems:* workforce planning (including staffing norms), recruitment, hiring and deployment
- *Work environment and conditions:* employee relations, workplace safety, job satisfaction and career development, work environment and conditions, employee relations, workplace safety, job satisfaction and career development
- HR information system integration of data sources to ensure timely availability of accurate data required for planning, training, appraising and supporting the workforce -Performance management: performance appraisal, supervision and productivity.

4. Key Findings and Recommendations

4.1 Policy

The HRH strategic Plan 2018-2022 emphasizes that evidence-based HRH policy and planning is fundamental to creating a health workforce that is responsive to health system needs and population demands. Building capacity in policy and planning is therefore essential to ensuring a strategic, well-organized and well-planned health workforce, which relies on strengthened data systems for decision-making, needs-based staffing and training plans, and for sustainable budget forecasting. The SRHR strategy 2011-2016 also emphasizes on the need to strengthen policies and build capacity of the health workforce to ensure quality SRHR services.

Table 1 presents findings of the literature review on key gaps and recommendations related to HRH policy and planning in Malawi as it relates to addressing SRHR needs. The end term evaluation of HRH strategic plan 2012-2016 identified the lack of or weak evidence-based HRH policy and planning as one of the key gaps. Findings revealed that HRH policy and planning was not sufficiently evidence-informed due to inadequacies in the availability, accuracy and use of data in Human Resources Management Systems. For instance, during the end term evaluation of the HRH Strategic Plan 2012-2016, it was observed that the plan was ambitious, unrealistic and did not reflect true sector priorities. It was further observed that there is chronic shortage of health workers in the country with low production of HCWs from all training institutions and failure to retain the available staff. To address these challenges, the newly launched HRH strategic plan 2018-2022 recommends that there is a need to strengthen the capacity for evidence-based workforce policy and planning at all levels of the health system in Malawi. This will enable the Ministry of Health to create a robust Human Resource Management System that will be able to generate data for decision-making, to design needs-based staffing and training plans that effectively match the supply and skills-mix of the health workforce to service delivery needs, and to ensure sustainable HR budget

forecasting. In addition to that, the end term evaluation recommended that there is a need to assess feasibility of planned interventions given the economic realities of the country and that HRH plans should also reflect true sector priorities. To this effect, the new HRH strategic plan 2018-2022 has been developed through an extensive consultative process and has been built on achievements and lessons learned during the 2012-2016 HRH strategic plan. It is also grounded in a rigorous evidence base derived from multiple data sources and is aligned to the current and projected health service demands over the next five years, and the HRH landscape in Malawi. Data systems in Malawi remain weak, and therefore it was difficult to gather complete data for the different analytical models during the development of the HRH strategic plan.

The report also shows that the strategic plan was not well disseminated and was not easy to access. Therefore, there is a need to create extensive awareness of and ensure access to the recently launched HRH strategic plan 2018-2022 among all key stakeholders at all levels in order to promote knowledge and understanding of the plan, as well as to facilitate its implementation. Consultations with key informants within the Ministry of Health, Department of Human resources, confirms that the Ministry of Health and its partners are currently making plans to disseminate the new HRH strategic plan. The HRH task force team is facilitating the planning and will support the dissemination process. However, a major challenge is the inadequate funding from government and partners to support the dissemination process of the HRH strategic plan.

The report also revealed that the country faced a challenge of inadequate implementation of the plan. To address this gap, the new HRH strategic plan 2018-2022 recommends that effective governance and management systems, strengthened institutional capacities and more resources are required for the implementation of a comprehensive and coordinated health workforce agenda in Malawi. At present, structures for coordination such as the HRH Technical Working Group (TWG) and the Health Sector Working Group (HSWG) are functional; however, representation in these groups by key government sectors and stakeholders is weak. The new strategy however provides interventions to bolster governance systems and bodies, in particular by convening regular HRH TWG meetings, and by strengthening coordination between government and the HSWG on high-level issues. The new HRH strategic plan also advocates for more funding, harmonized implementation and monitoring implementation of the plan. A major challenge to implementation of the HRH policies and plans is the inadequacy of funding from the government and partners. The sustainability of donor support is also a major concern, as it has a bearing on continuity of HRH interventions. The presence of multiple actors in the health sector and weak coordination mechanism also affects implementation of the recommended interventions.

The report also identified that there is lack of supporting policies for effective implementation of HRH policies and plans and recommended the need to put in place supporting policies – such as for bonding, incentives for tutors, reward and sanctions, etc. The new HRH strategic plan 2018-2022 emphasized that the Ministry of Health will develop retention strategies in line with national policies, and other regional and/or international best practices. Critical to improving motivation and retention are strong performance management systems, and the MoHP DHRMD shall therefore take the lead in formulating and implementing performance appraisal systems for all health workers. Bonding agreements which students sign upon entering pre-service training also serve as a national retention strategy, and such agreements will therefore be reviewed as part of this intervention area. A major challenge to implementing these

recommendations is that HRH policy formulation involves many actors and is therefore complex, and that delays the processes. Additionally, inadequate capacity of HRH and staffing of the HR Department also delays the process. Most of the policy development spearheaded by partners with little participation and ownership of MOH staff.

The review also identified weak accreditation, regulation of health workers and their training and practice as key gaps in HRH. The new strategic plan 2018-2022 recommends the need to strengthen accreditation systems, regulation of health workers, their training and practice, based on professional standards and ethics. Specific recommended activities include review of accreditation tools; link Continuous Professional Development (CPD) as a requirement for re-licensure; bring oversight of CPD to the district level; and strengthen linkages between regulatory bodies, the MoHP Quality Management Department, and relevant information systems to ensure routine supervision at health facilities and training institutions. In addition to that, the HSSP II recommends enforcement of existing accreditation standards and engagement of regulatory bodies to assess training accreditation standards. A key challenge to implementing these recommendations is the weak governance and enforcement structures.

Furthermore, the review also identified the lack of strategic policy guidance in several critical areas in HR devolution for effective and harmonious implementation of the HRH policy. The HRH strategic plan 2018-2022 recommends that there is a need for policies and laws guiding HR management within the decentralized health system in Malawi, clarification of institutional roles (e.g. health and local government service commissions), appointments, transfers/postings, promotions, discipline, staff development, schemes of service, career paths including pensions, and issues regarding salaries and benefits. The HSSP II reported that MoH has developed a Concept Note with respect to decentralization of the health sector which will be presented to the MoH Senior Management for their endorsement before presenting to the MoLGRD for final approval. A key challenge to developing and implementing HRH policies within a decentralized system is complex and implementation of the policy and transition has been slow.

Table 1 below presents key findings for the literature review on key gaps and recommendations related to HRH policy and planning in Malawi.

Table 1: Literature Review Analysis Findings- Policy

Study Title & Year	Key Findings and Bottlenecks/ Gaps	Recommendations made based on Findings and Progress	Advocacy Issues/ Issues to note in Implementation of the Recommendations
Policy			
End term evaluation of Human Resources for Health Strategic Plan 2012-2016	HRH policy and planning not sufficiently evidence-informed due to inadequacies in the availability, accuracy and use of data. ▪ The HRH Strategic Plan 2012-2016 was ambitious, unrealistic and did not reflect true sector priorities	The newly launched HRH strategic plan 2018-2022 recommends that there is a need to; ▪ strengthen the capacity for evidence-based workforce policy and planning within MOH ▪ invest more in HRH information systems for decision-making, to design needs-based staffing and training plans that effectively match the supply and skills-mix of the health workforce to service delivery needs, and to ensure sustainable HR budget forecasting. ▪ assess the feasibility of planned interventions given the economic realities of the country and that HRH plans/policies should also reflect true sector priorities. ***Progress:*** ▪ The new HRH strategic plan has been developed through an extensive consultative process and is grounded in a rigorous evidence base derived from multiple data sources and is aligned to the current and projected health service demands over the next five years, and the HRH landscape in Malawi. A task force has been constuted by the TWG to oversee implementation of the HRH strategic plan and its resource mobilization.	Data systems in Malawi remain weak, and therefore it makes it difficult to gather complete and quality data for effective HRH planning

	HRH Strategic Plan 2012-2016 was not well disseminated and was not easy to access	▪ There is a need to create extensive awareness about and ensure access to the new HRH strategic plan 2018-2022 among all key stakeholders at all levels. ▪ ***Progress:*** The HRH strategic plan 2018-2022 has been disseminated to all relevant stakeholders at both national and district level. A task force has been constituted to oversee the implementation and to lead in resource mobilization.	Inadequate availability of funds from the government and partners to enable effective dissemination of HRH policies and plans
	Inadequate implementation of HRH policy guidelines and plans	▪ The new HRH strategic plan 2018-2022 recommends that more effective governance and management systems, strengthened institutional capacities and resources are required for effective implementation of a comprehensive and coordinated health workforce agenda in Malawi. ***Progress:*** ▪ At present, structures for coordination such as the HRH Technical Working Group (TWG) and the Health Sector Working Group (HSWG) are functional; however, representation in these groups by key government sectors and stakeholders is weak. The new strategy however provides interventions to bolster governance systems and bodies, in particular by convening regular HRH Technical Working Group (TWG) meetings, and by strengthening coordination between government and the HSWG on high-level issues. ▪ The new HRH strategic plan 2018-2022 has been widely disseminated to different stakeholders at national and district level in order to create its awareness and knowledge ▪ The new HRH strategic plan advocates for more funding, harmonized implementation and monitoring implementation of plan.	▪ Implementation of the HRH policies and plans will require inadequate of funding from the government and partners ▪ Sustainability of donor support raise concerns on continuity of HRH interventions. ▪ The presence of multiple actors in the health sector and weak coordination mechanism will affect implementation of the recommendations

		▪ The HRHTWG has formed a task force to develop annual rolling plan and oversee its implementation. The task force will also work as a resource mobilization team for the implementation of the plan.	

	Lack of supporting policies for effective implementation of HRH policies and plans	▪ There is a need for better supporting policies such as for bonding, incentives for tutors, reward and sanctions, etc. ***Progress:*** • The new HRH strategic plan emphasizes that the Ministry of Health will develop retention strategies in line with national policies, and other regional and/or international best practices. Critical to improving motivation and retention are strong performance management systems, and the MoHP DHRMD shall therefore take the lead in formulating and implementing performance appraisal systems for all health workers. Bonding agreements which students sign upon entering pre-service training also serve as a national retention strategy, and such agreements will therefore be reviewed as part of this intervention area. ▪ Furthermore, to improve the retention of tutors in the training institutions, the government has approved a new establishment for training institutions which will allow more tutors to be promoted to higher positions.	HRH policy formulation involves many actors e.g. MOH, DHRMD, HSC etc., which delays processes. Inadequate capacity of HRH and staffing of the HR Department may delay the process. Most of the policy development spearheaded by partners with little participation and ownership of MOH staff
Human Resources for Health Strategic Plan 2018-2022	Weak accreditation, regulation of health workers and their training and practice	▪ The new strategic plan 2018-2022 recommends the need to strengthen accreditation systems, regulation of health workers, their training and practice, based on professional standards and ethics. ▪ Specific recommended activities include review of accreditation tools; link Continuous Professional Development (CPD) as a requirement for re-licensure; bring oversight of CPD to the district	Weak governance and enforcement structures affecting training and practice of health workers

		level; and strengthen linkages between regulatory bodies, the MoHP Quality Management Department, and relevant information systems to ensure routine supervision at health facilities and training institutions. ▪ HSSP II recommends enforcement of existing accreditation standards and engagement of regulatory bodies to assess training accreditation standards. Progress: ▪ Quality management strategy for the health sector has been developed which has highlighted CPD as one of the focus areas in order to improve quality of service delivery among all cadres.	
	Lack of strategic policy guidance in several critical areas in HR devolution for effective and harmonious implementation of the HRH policy	▪ The HRH strategic plan 2018-2022 recommends that there is a need for policies and laws guiding HR management within the decentralized health system in Malawi, clarification of institutional roles (especially the health and local government service commissions), appointments, transfers/postings, promotions, discipline, staff development, schemes of service, career paths including pensions, and issues regarding salaries and benefits. ***Progress:*** ▪ The HSSP II reported that MoH has developed a Concept Note with respect to decentralization of the health sector which will be presented to the MoH Senior Management for their endorsement before presenting to the MoLGRD for final approval.	Decentralization process is complex and implementation of the policy and transition has been slow thereby affecting the devolution of HRH functions.

4.2 Leadership

Leadership and governance are regarded as key in the development and HRH 2030 agenda. According to WHO (2016) Leadership and governance involves making sure that strategic policy frameworks exist and are combined with effective oversight and accountability. The Human Resources for Health Action framework defines leadership as the capacity to provide direction, align people, and mobilize resources and reaching goals. In this study, we looked at how much resources are allocated to support HRH in general from both government and development partners. The skills levels of top management in the sector to properly plan for HRH in order to effectively achieve maternal and child health. The study also looked at the strategies available to mobilize resources for HRH in the country.

Findings from the literature review as presented in Table 2 show that there is weak leadership and governance at all levels of the health system in Malawi as stated by EmoNC Investment Plan 2018. The report shows that, there is weak coordination at both national and district level. This results in duplication of efforts in the similar programs resulting into wastage. This problem is exacerbated by the weak community empowerment and participation in health governance due to weak capacity of Health center Advisory committees and councilors to provide oversight to health services and inadequate knowledge and skills in the leadership and governance at all levels as reported by the National Community Health Strategy 2017-2022.

The sexual Reproductive Health and Rights Policy 2009 highlights inadequate regulation and lack of supportive supervision to health care workers as another challenge affecting the delivery of quality Sexual Reproductive Health and Rights (SRHR) in Malawi. As much as there is high shortage of skilled HCWs mostly in the rural facilities, optimal use of the available resources can make a difference through supportive supervision, HCWs in the remote areas feel motivated, encouraged and confident when providing services

The HSSP11 forecasts a funding gap of between US$89 million and US117 million by FY 2021/22. The SHSR strategic plan 2018-2022 also highlights a drop-in health sector funding over the past few years. With this drop-in funding, it is becoming even more difficult for health managers at all levels to provide the necessary oversight to HRH functions and systems like supportive supervisions, CPDs and recruitment of the required HCWs for quality service delivery.

The new HRH strategy 2018-2022 provides interventions to improve leadership and governance systems in the health sector. In particular the plan emphasizes on regular HRH Technical Working Group (TWG) meetings; strengthening coordination between government and the Health sector donor group on high-level issues. In addition, the HRH strategic plan also advocates for more funding and harmonized implementation of HRH plan/ activities. The new HRH strategic plan 2018-2022 emphasizes Strengthening governance, leadership and management systems for HRH at all levels. The strategic objective aims at building a solid HR management system at district as well as national level through regulation of health care practice and training, recruitment, deployment as well as motivation and retention strategies.

Table 2: Literature Review Analysis Findings - Leadership

Author, Year and Study Title	Key Findings and Bottlenecks/ Gaps	Recommendations made based on Findings and Progress	Advocacy Issues/ Issues to note in Implementation of the Recommendations
Leadership			
▪ National EmoNC Investment Plan 2017-2021 ▪ Malawi HRH strategic Plan 2018-2022 ▪ Malawi Sexual Reproductive Health Strategy 2011-2016 ▪ National Community Health Strategy 2017-2022.	▪ Weak community empowerment and participation in health governance due to weak capacity of Health Centre Advisory Committees and Councilors to provide the oversight expected of them; ▪ Inadequate motivation to reform the health system; ▪ Inadequate knowledge and skills in leadership and governance at all levels; ▪ Inadequate regulation of providers; ▪ Weak national guidelines on management of EmONC services. ▪ Weak coordination amongst stakeholders in the health sector;	▪ Include HAC members in supportive supervision teams to enhance their skills in oversight activities ▪ Lobby for more funding for regulatory bodies to be able to regulate HCWs ▪ Align donor activities at district level with District development plans ▪ Develop EmoNC national guidelines in line with district EmoNC action plans which reflect district level challenges and strategies to address them ▪ Strengthen recruitment, deployment and management systems within the decentralized health system ▪ Strengthen regulation of health workers, their training and practice, based on professional standards and ethics. Emphasis should be placed on: ▪ Enforcing disciplinary actions in health training institutions and health facilities, by empowering institutional/ facility managers and local government to sanction those involved in misconduct.	▪ High levels of illiteracy amongst Advisory committee members ▪ Inadequate resources ▪ Low salaries amongst Health care workers in the public sector ▪ Lack of political will amongst leaders to make things right ▪ Lack of champions to implement policies and plans

	▪ Weak national frameworks on management of EmoNC services	▪ Regular update of quality standards and accreditation for training institutions and health workers' licensure ▪ Enhance supervision of students, health workers and institutions to ensure quality of practice and care. ▪ The specific activities include: review of accreditation tools; link Continuous Professional Development (CPD) as a requirement for re-licensure; bring oversight of CPD to the district level; regular review of quality standards and curriculum; and strengthen linkages between regulatory bodies, the MoHP Quality Management Department, and relevant information systems to ensure routine supervision at health facilities and training institutions. Develop and implement strategies to motivate and retain health workers in the health system, in particular in hard-to-reach areas Promote decent and safe working conditions for health workers. **Progress:** ▪ Increase community empowerment and participation in maternal and newborn have been prioritized. ▪ Implement financing reforms for SHRH within the broader health financing reform programme being explored by the Ministry of Health.	

4.3 Finance

Healthcare financing in Malawi remains a challenge. According to the Health Sector Resource Mapping Round 4 findings, in fiscal year (FY) 2015/16, 73% of funding for the health sector came from donors. The total resource envelope for the sector was estimated at US$607 million (K267 billion1), representing 11% of overall gross domestic product (GDP). This is below the Abuja declaration target agreed by Heads of States of African Union member states of allocating 15% or more of the national budget to health[2]. A report by WHO noted with concern that African governments sometimes give health a low priority when allocating their budgets and that only a few countries who signed the declaration have managed to reach the target[3]. The resource mapping exercise further noted that the Government of Malawi and donors committed approximately US$607 million to the health sector in fiscal year 2016/17 and that commitments for subsequent years are lower with US$432 million in 2018/19 and US$423 million in 2019/20. Based on these projections and the HSSP II cost estimates, the HSSP II has a funding gap ranging from about US$89 million in 2018/19 to US$117 million in 2021/22. The Malawi Growth and Development Strategy (MGDS) III (2017 – 2022) noted that "adjusting for population growth in 2022, Malawi will need to spend at least $775 million on health per year just to maintain the status quo, and about US$2.8 billion per year to meet the SADC average, compared to the 2017 – 2018 health budget allocation of approximately US$177 million". Inadequate health financing negatively impacts on the health workforce and delivery of universal health care including SRHR services.

Although there is limited historical data on HRH expenditure in the country, a review of the literature shows that there is insufficient funding for human resource activities including training and staff development. Data from the health sector resource mapping exercise shows that few donors and partners are supporting HRH in Malawi. The exercise also found that health worker salaries accounted for 13% of the health sector budget allocation in fiscal year 2015-2016. The HSSP II estimated that HRH would account for a quarter of the costs required to implement the strategic plan. The HRH costs (approximately 64% for salaries and 7% for pre-service training) are projected to increase from USD 115 million to USD 148 million from 2017 to 2022.

To address these challenges the new HRH Strategic Plan 2018-2022 emphasizes on the need to increase health sector financial resources and improve efficiency in resource allocation and utilization. For instance, by raising additional resources from existing funding sources, introducing domestic financing mechanisms for health such as a Health Fund, designing options for pooling health financial resources and implement sustainable and results-based financing schemes and strategic purchasing for EHP Provision. It also recommends that there is a need to establish and maintain advocacy processes for strategic investment in HRH. The priority of this strategy is therefore to develop and regularly monitor an annual costed implementation plan for the HRH Strategic Plan. Furthermore, HRH investments will be effectively analyzed, mobilized and efficiently allocated with the goal of addressing identified gaps. Based on these recommendations, some of the progress made so far include, increased financial support from partners/

[2] Organization of African Unity. 2001. Abuja Declaration on HIV /AIDS, Tuberculosis and other related related infectious diseases. Abuja, Nigeria.

[3] WHO. 2010. The World Health Report: Health Systems Financing: The Path to Universal Coverage. Geneva, Switzerland.

donors supporting the health sector and HRH activities in Malawi. In addition to that there is also an increase in number of actors advocating for health and HRH issues in Malawi. Examples of key Health/ HRH advocacy actors include the Health Parliamentary Committee, MSF, AMAMI, NONM, AMREF etc. The country recently launched the HRH coalition to coordinate efforts in HRH advocacy.

The HRHSP 2018-2022 draft includes provisional costing estimates per strategic objective, with cost estimates associated with HRHSP and HSSP II implementation ranging from US$115,118,437 in fiscal year 2017/18 to US$149,088,842 in fiscal year 2022/23. However, these are estimates and do not include detailed costing of health worker salaries and recruitment, incentive packages, salary top-ups, pre-service training, etc. These depend on decision made on final targets, and the plan announces that detailed costing will be developed as part of annual operational planning. It recommends that annual rigorous costing exercises should be done during the implementation of the Strategic Plan, to ensure that resource mobilization and advocacy are linked to clear financial gaps and targets.

The review also found that HRH financing in the country is affected by the existence of a fragmented system of donor funds, lack of on-budget or pooled funds and misalignment of funds to health sector and HRH priorities. To address these challenges, the new HRH strategic plan 2018-2022 recommends that there is a need to develop a financing strategy that aims to ensure better use of existing resources. This is in line with the health financing policy for Universal Health Coverage (UHC) which requires that there should be better alignment of donor resources to improve pooling for better access and a more equitable distribution of healthcare. In addition to that there is also a need to develop guidelines for increased harmonization of planning and budgeting processes in the Sector. Furthermore, the strategic plan also emphasizes on the need to advocate and enforce local and international financial and procurement requirements among all players in the sector. Additionally, it is also recommended that there is a need to conduct annual resource mapping exercise to track health sector resources and to inform planning and budgeting decisions both for the MoH and its development partners. To improve resource mobilization and harmonization of donor funds, Malawi recently launched the Global Financing Facility (GFF) for RMNCAH.

Table 3 below shows a detailed presentation of the key findings from the literature review on key gaps and recommendations related to HRH Financing in Malawi.

Table 3: Literature Reviews Analysis Findings - Finance

Author, Year and Study Title	Key Findings and Bottlenecks/ Gaps	Recommendations made based on Findings and Progress	Advocacy Issues/ Issues to note in Implementation of the Recommendations
Finance			
Ministry of Health, Health Sector Resource Mapping, FY 2014/15 – FY 2018/19 Ministry of Health, Human Resources for Health strategic Plan 2011-2016	Inadequate government funding and prioritization for HRH activities to meet SRHR needs of the country	The new HRH Strategic Plan 2018-2022 recommends that there is a need to: ▪ Increase health sector financial resources and improve efficiency in resource allocation and utilization. ▪ Establish and maintain advocacy processes for strategic investment in HRH. ▪ Conduct annual rigorous costing exercises and regular monitoring during implementation of the HRH Strategic Plan, to ensure that resource mobilization, allocation and advocacy are linked to clear financial gaps and targets. ***Progress:*** ▪ Over the last years there has been increased financial support from partners/ donors supporting the health sector and HRH activities in Malawi. ▪ In addition to that there is also an increase in the number of actors advocating for health and HRH issues in Malawi. Examples of key Health/ HRH advocacy actors include the Health Parliamentary Committee, MSF, AMAMI, NONM, AMREF etc. The country recently launched the HRH coalition to coordinate efforts in HRH advocacy	Limited availability of government funds ▪ In FY 2015/16, 73% of funding for the health sector came from donors ▪ Health budget allocation – 11% of GDP, less than the recommended 15% Abuja declaration ▪ The HSSPII foresees a funding gap ranging from about US$89 million in 2018/19 to US$117 million in 2021/22, based on projections from the round 4 resource mapping exercise. This calls for the need to advocate for more funding for the health sector including for HRH activities Sustainability of donor funding and decreasing interest of donors to support HRH activities such as pre-service training. This calls for the need to advocate for increased government funding and investments in HRH

Ministry of Health, Human Resources for Health strategic Plan 2018-2022	Fragmented system of donor funds, lack of on-budget or pooled funds and misalignment of funds to health sector and HRH priorities	▪ Develop a financing strategy that aims to ensure better use of existing resources. The health financing policy for Universal Health Coverage (UHC) requires that there should be better alignment of donor resources to improve pooling for better access and a more equitable distribution of healthcare. ▪ Develop guidelines for increased harmonization of planning and budgeting processes in the Sector. ▪ Advocate and enforce local and international financial and procurement requirements among all players in the sector. ▪ Conduct annual resource mapping exercise to track health sector resources and to inform planning and budgeting decisions both for the MoH and its development partners. This will help to provide detailed and up to date data, for effective planning and budgeting. ***Progress:*** ▪ Malawi recently launched the Global Financing Facility (GFF) for RMNCAH to improve resource mobilization and harmonization of donor funds. The ministry has set up a health financing unit to coordinate all health sector donors under the directorate of planning and policy. ▪ MOH has developed a costed EmONC Investment Plan which aims to prioritize investments to fast-track reduction in maternal and neonatal health in the period 2017-2022. The plan is also aimed at reducing fragmentation in financing, implementation and monitoring and evaluation of maternal and neonatal health services.	▪ Weak governance and coordination mechanisms at national and district levels to ensure better alignment of funds to health sector and HRH priorities ▪ The presence of too many players in the health sector and HRH space makes the coordination challenging

4.4 Education

Review of the literature shows that enrolment and production of students has increased over the last five years in Malawi[4]. However, despite the scale up of training nationally, there are concerns regarding the quality of training. Factors such as inadequate infrastructure, lack of training materials and highly-qualified tutors who are able to understand and translate the curriculum to their students, lack of training programs for more highly specialized clinical education and inadequate clinical sites for students practical are affecting health professional education training. In order to strengthen the capacity of health training institutions, the Health Sector Strategic Plan II and the new HRH strategic plans recommends that there is a need to produce appropriate numbers of tutors with required qualifications in conjunction with larger student intakes and facilitate their continuing professional development and to implement training program on leadership, management and professional development for training institution staff. There is also a need to orient and assign existing cadres for clinical instruction activities, thus increasing the number of clinical instructors, as well as to optimize existing infrastructure and staffing according to training needs, and utilize flexible accommodation arrangements (e.g. non-residential students). Furthermore, there is also a need to continue equitable incentive packages for tutors, taking into consideration placement (e.g. urban vs. rural.

The review also found that there are also challenges in coordination of training needs with expected demand for health workers on the public payroll, leading to low absorption rates of new graduates. To address this challenge, the new HRH strategic plan provides direction enrolment for pre-service training through equitable student recruitment policies. In addition to this, the plan emphasizes on the need to strengthen coordination and monitoring of in-service training programmes to ensure quality of training and adherence to national training plans and targets.

Furthermore, the review identified that there is lack of prioritization and funding for specialized training programs for instance linked to SRHR, MNCH needs. The new HRH strategic plan 2018-2022 emphasizes on the need for promoting specialized training in Malawi to adequately meet the populations' health needs. The review shows that the country is making good progress already whereby there are a number of training institutions offering specialized training programs linked to MNCH and SRHR. For instance, the College of Medicine is offering upgrading BSc for Clinical Officers in Pediatrics and Child Health, Master of Medicine (MMed) Degree programs in Pediatrics, Child Health and Obstetrics and Gynecology. On the other hand, Kamuzu College of Nursing offers MSc Degrees in Midwifery, Child Health Nursing, Reproductive Health, as well as BSc Degrees in Nursing and Midwifery and Child Health. The country has also made progress in putting in place various policies and strategies related to SRHR, MNCH in Malawi over the past 5 years. There has also been increased support from the government and donors to support health professional education linked to MNCH and SRHR.

Despite the scale up of training nationally and increased health workforce production, there are concerns about low absorption rates of new graduates into the public health sector. Thousands of professional graduated health workers are sitting at home, unemployed. The government cannot recruit the newly

[4]Human Resources for Health Strategic Plan 2018-2022

graduated health professionals because it does not have enough money to pay their salaries. Consequently, this has resulted into frustration among them and made some of them to leave the health profession. Those who are recruited can hardly perform their duties because of the lack of essential drugs, supplies, equipment and basic infrastructure. And some of them are leaving their jobs joining the private sector or Non-Governmental Organisations (NGOs).

Table 4 below shows a detailed presentation of the key findings from the literature review on key gaps and recommendations related to Education of health professionals in Malawi.

Table 4: Literature Review Analysis Findings - Education

Author, Year and Study Title	Key Findings and Bottlenecks/ Gaps	Recommendations made based on Findings and Progress	Advocacy Issues/ Issues to note in Implementation of the Recommendations
Education			
Health Sector Strategic Plan (2011-2016) Human Resources for Health (2018-2022)	Weak Health Training Institution capacity	• Produce an appropriate number of tutors with required qualifications in conjunction with larger student intakes and facilitate their continuing professional development;. • Implement training program on leadership, management and professional development for training institution staff • Orient and assign existing cadres for clinical instruction activities, thus increasing the number of clinical instructors. • Optimize existing infrastructure and staffing according to training needs, and utilize flexible accommodation arrangements (e.g non-residential students) • Review cost effective interventions to increase student intake. • Continue equitable incentive packages for tutors, taking into consideration placement (e.g urban vs. rural.	Most training institutions depending on government/DP funding

		• Provide infrastructure and equipment to accommodate increased numbers of students. • Delineate training responsibilities of priority health cadres between College of Medicine, Mzuzu University, Kamuzu College of Nursing, Malawi College of Health Sciences and CHAM training institutions. • Revise curricula for training health workers to ensure that raining programs address the health needs of modern Malawi in line with WHO recommendations on transformative education for health professionals. ▪ Implement the National Nurse/Midwife Training Operational Plan over five years to double training capacity at Nursing and midwifery training institutions, as a specific response to the significant shortage of nurse/ midwives. Progress: Colleges have now new establishment, which will allow more tutors to move to higher positions therefore allowing the colleges to recruit more tutors. Additionally, higher learning colleges are now producing health educators that are being recruited in different training institutions. The schools are able to attract more tutors since government pays for	

		their salaries. With support from donors CHAM is currently revising the Nurse midwife technician curriculum. College of Medicine has just revised its curriculum for the OBGYN.	
Malawi Health Sector Strategic Plan (2011-2016) Malawi Health Sector Strategic Plan (2018-2012)	▪ Lack of prioritization and funding for specialized training programs for instance linked to SRHR needs	▪ The new HRH strategic plan 2018-2022 emphasizes on the need for promoting specialized training in Malawi to adequately meet the populations' existing and emerging health need. ▪ High Political will for SRHR. SRHR is apriority area for the government/MOH and many donors/ development partners. There is increased government funding allocation in SRHR and many donors/ partners are providing financial and T/A support in SRHR ▪ Reproductive, Maternal, Newborn, And Child Health (RMNCH) is second highest programme area which has high cost allocation and expenditure for commodities (representing 17% of the total HSSP II commodity costs)[5] ▪ Increased enrolment numbers (intake) of nursing, midwifery, medical and clinical students in health training institutions in Malawi ▪ For example, KCN initially used to have an intake of 50 students and now they take 250 students (and have a target to 400	▪ Inadequate government funding and prioritization to support specialized training programs linked to SRHR ▪ Decreased interest of partners/donors to support specialized training ▪ Lack of sustainability of partners or donor support in specialized training programs linked to SHRH needs

5 Health Sector Strategic Plan II 2017-2022

		students per intake in their 5 years strategic plan) ▪ Enabling national and international policy environment that supports education/ training and clinical practice in MNCH (including the SDGs and HSSP II) ▪ Establishment of the Mercy James Pediatric Centre offers a good learning environment for pediatric and child health programs **Progress:** ▪ Availability of training institutions offering specialized training programs in SRHR such as: ▪ College of Medicine offers upgrading BSc for Clinical Officers in Pediatrics and Child Health, Master of Medicine (MMed) Degree programs in Pediatrics, Child Health and Obstetrics and Gynecology ▪ Kamuzu College of Nursing offers MSc Degrees in Midwifery, Child Health Nursing, Reproductive Health, as well as BSc Degrees in Nursing and Midwifery and Child Health ▪ Availability of various policies related to SRHR (e.g. SDGs, HSSP II, Sexual and Reproductive Health etc) ▪ Availability of government and donor funding to support training in SHRH	

Malawi Health Sector Strategic Plan (2018-2012)	▪ There is inadequate infrastructure (classrooms, skills labs, libraries, computer rooms and dormitories), furniture (desks, chairs, beds etc) and IT equipment (printers, computers, photocopiers and internet) in nursing and medical training i.e. not matching increased intake of students ▪ Computers not enough e.g. Malawi College of Health Sciences has 20 computers against about 1000 students ▪ Inadequate number of teaching and clinical supervision staff i.e. numbers of staff not matching with the increased intake of students. Therefore, there is a need for more staff ▪ Skills laboratories are not well stocked and there are very few practical sites for nursing and medicine ▪ Inadequate resources in clinical settings offering SRHR services compromising quality of nursing and medical education: ▪ Shortage of specialists in SRHR, medical doctors/ clinicians, nurses,	▪ There is a need for increased and improved infrastructural development for quality and effective health professional training. ▪ There is a need to increase the number of teaching and clinical supervision staff i.e. numbers of staff not matching with the increased intake of students. ▪ There is a need to train teaching staff in clinical education, supervision and mentorship of nursing and medical students ▪ There is a need to enforce quality of standards and professionalism in health training institutions and clinical sites ▪ Planning of pre-service training is fragmented and constrained by lack of robust data for decision-making ▪ There is often a mismatch between needs and outputs of training institutions ▪ There is a disconnect between pre-service training and deployment of staff in SRHR ▪ Nursing and medical education not always based on robust estimates of need to determine the number of students that are admitted each year ***Progress:*** ▪ Existence of many partners provide opportunity for health training institutions	▪ Inadequate government, institutional and donor funding ▪ Lack of sustainability of donor support infrastructure and IT capacity development

	midwives and other health professionals ▪ Shortage of basic drugs, equipment and commodities for MNCH ▪ Few facilities provide full package of CEmONC and BEmONC – students practicums are not the ideal ▪ Weak mechanisms to enforce quality of standards and professionalism in health training institutions and clinical sites ▪ Teaching staff are not trained in clinical education, supervision and mentorship of nursing and medical students ▪ Planning of pre-service training is fragmented and constrained by lack of robust data for decision-making ▪ There is often a mismatch between needs and outputs of training institutions ▪ There is a disconnect between pre-service training and deployment of staff in SRHR ▪ Nursing and medical education not always based on robust estimates of need to determine the number of students that are admitted each year	to lobby for support for the development of infrastructure and IT capacity	

	▪ Low absorption rates of newly graduated health professional into the health sector - the absorption of new graduates into the health workforce is 50%, while annual attrition of workers from the workforce is 7% (HSSP II) - This has resulted into frustration among the newly graduated health professional students and made some of them to leave the health profession and their jobs to join other professions and the private sector or Non-Governmental Organisations (NGOs). - This challenge has partly been attributed to the recruitment freeze "caps" created by the Ministry of Finance (MOF) in coordination with the International Monetary Fund (IMF) which has stopped all new recruitment by the government, in the MOH DHRMD and Department of Human Resource Management and Development in the Office of the President and Cabinet (DHRM &D)	▪ Advocate for improved absorption and retention rate of health workers in the public health sector to ensure an adequate health workforce ▪ Build financial capacity of the government and other health sector players to recruit the unemployed health workers; ▪ Advocate for domestic financing of HRH activities including recruitment of health workers ▪ Advocate for continued and more support of development partners for health worker recruitment and support for salaries, o learning lessons from the EHRP, taking a comprehensive approach and investing in improving work and living conditions (such as availability of essential drugs and equipment, accommodation, etc.) o and following the model used by GFATM and HRH2030/ USAID with recruitment taking place through the Ministry of Health and staff becoming public servants on the government payroll ▪ Advocate for the lifting up of the recruitment freeze to promote recruitment of more health workers including the new graduates. ▪ Government has set asideMK800 million for recruitment of additional Health Care workers in FY 17/18 and Global fund has	▪ Limited government funding to support recruitment of health workers includig new graduates

		supported the recruitment of additional 858 additional HCWs in the same year. USG has recruited additional 360 HCWs in the same year.	

4.5 Partnership

It is important to realize that while it is often the national health authorities who have a leading role in health issues, it is also important to acknowledge the important role other stakeholders play in the sector (Ergo & Eicher, 2011). Stakeholders like international development partners, the private sector, Non-Governmental Organizations (NGOs) and community-based organizations (CBOs), also play a critical role in the health sector in Malawi. Development partners can influence policymakers in various ways for example, during grant or loan negotiations, through the technical assistance they provide, during joint progress reviews, etc.) NGOs and CBOs can play an important advocacy role. They can also influence decisions taken at the national level by demonstrating, at small scale, the effectiveness of innovative scalable interventions. However, the presence of many actors in the health sector and HRH space has both positive and negative impacts.

Findings from the literature review show that, at national level, recognizing the important role played by other stakeholders in health, government has put in place structures like technical working groups to enhance partnerships and therefore improving coordination, efficiency and effectiveness among different players. At district level this responsibility has been delegated to Local Assemblies in line with their governance structures. However, it has been noted that the functionality and effectiveness of the structures vary from one district to the other. In some instances, members are not oriented of their roles and responsibilities as committee members therefore leading to poor partnerships between local assemblies and partners in the district.

Evidence shows that better coordination and harmonisation of HRH partners can help to significantly improve and strengthen the health workforce in Malawi. For instance, the review shows that during implementation period of the Emergency Human Resource for Heath programme (EHRP), significant achievements were made in addressing some of the key HRH challenges due to the strong collaboration that existed amongst stakeholders. During that time the number of health workers in 11 priority cadres increased by 53% (from 5,453 to 8,369) between 2004 and 2009. In addition to that, there was also improvement in the delivery of health care services.

The review shows that there are currently many actors supporting HRH and SRHR in Malawi. However, there are weak partnerships among the key actors and between government and other private for-profit organizations. This results in serious inefficiencies due to fragmentation and overlapping/ duplication of activities thereby wasting resources. The HSSPII 2017-2022 emphasizes on the importance of developing the health system around the principle of 'one policy, one strategy, one M&E plan'. Additionally, it also emphasizes on the need to promote coordination between partners operating within the health sector and across sectors addressing fragmentation and reducing duplication. Furthermore, the HSSP II recommends that there is a need to develop a policy and guidelines to provide a framework under which intersectoral collaboration will be promoted. The newly recently national health policy 2018 seeks to address this issue by promoting harmonization and alignment of stakeholders towards addressing identified health sector challenges.

In 2011, the Malawi Parliament passed the Public-Private Partnership Bill, which aimed at promoting partnership between the public and private sector in the delivery of services, including health. Within that context the Ministry of Health will develop policy and guidelines to promote intersectoral collaboration.

Table 5 below presents key findings from the literature review on key gaps and recommendations related to partnerships within the health system in Malawi.

Table 5: Literature Review Analysis Findings – Partnerships

Study Title & Year	Key Findings and Bottlenecks/ Gaps	Recommendations made based on Findings and Progress	Advocacy Issues/ Issues to note in Implementation of the Recommendations
Partnerships			
National Health Policy 2018 Health Sector Strategic Plan II 2017-2022 Ministry of Health, Health Sector Resource Mapping, FY 2014/15 – FY 2018/19 Ministry of Health, Human Resources for Health strategic Plan 2011-2016 National Community Health Strategy 2017-2022.	▪ Limited availability of consolidated information on partners and stakeholders in Sexual Reproductive Health and HRH	▪ Conduct a comprehensive stakeholder's mapping and analysis of stakeholders in SRHR and HRH ▪ Requiring local Memorandum of Understanding (MOUs) with District Council ▪ Establishing a formal process of annual partner registration with the District Council and DHMT; **Progress:** The HRH strategic plan 2018-2022 includes a list of HRH stakeholders (page 97-98). However, there is a need to ensure that all HRH stakeholders are listed and to conduct comprehensive mapping and analysis of the specific areas and support which they are providing.	Weak coordination and enforcement mechanisms
	▪ Weak partnerships, collaboration and coordination amongst key HRH stakeholders	Enhancing partner coordination and engagement of key HRH stakeholders including the MOH, development partners, other government sectors, private sector and the community to build and strengthen the health workforce, by; ▪ developing a policy and guidelines to provide a framework under which intersectoral collaboration will be promoted	Weak governance structures

		▪ strengthen capacities for HRH stewardship in partner coordination ▪ strengthening community-level ownership of and engagement in programmes and interventions ▪ building the capacity of community structures involved in community health. This includes training community structures on their updated roles (i.e., VHC, CHAG, VDC) ▪ establish social accountability mechanisms within the community health system ▪ issuing partner requirements by the District Council ▪ conducting quarterly SRH and HRH Technical working group meetings ▪ ensuring the participation of all key HRH stakeholders including the private health sector in the HRH TWG ▪ disseminating key policies and strategies national and district level with all relevant stakeholders' present ▪ mandatory participation in district planning and alignment of activities to MOH Multi-Year plan; ▪ establish standardized, routine reporting from partners; PROGRESS MoH has set up a health finance unit within the planning directorate to ensure harmonised funding from different sources. ▪ The health sector strategic has been costed to ensure coordination of funding to avoid duplicating efforts.	

	• Ineffective public/private partnership	▪ Develop a private/public partnership policy/guidelines ▪ Review guidelines for implementation of service level agreements (SLAs) ▪ District Health Managers to enter SLAs with other providers in Maternal Neonatal Health ▪ Lobby the private sector to support implementation of maternal neonatal health. PROGRESS ▪ MoH and CHAM has developed an MOU on how to manage SLAs. ▪ Both CHAM and MoH have set up units and they work hand in hand with PPP commission.	▪ Different interpretation of the guidelines due to lack of orientation in some districts ▪ Low funding from government side to honor the SLAs therefore private organizations not willing to enter into the SLA agreement

4.6 Human Resources Management Systems

Fundamental to creating a health workforce that is responsive to health system needs and population demands, there is need to have robust human resources management systems in place that would create more training opportunities for health workers and promote their retention and professional development. However, in order to achieve that there is need to have a strengthened data system for decision-making, needs-based staffing and training plans, and for sustainable budget forecasting. This would enable HRH to institute a proper reward system, which can recognize good performance, giving promotions based on merit and return them in the system.

Table 6 presents findings from the literature review on key gaps and recommendations related to Human Resource Management Systems in Malawi. The Malawi Vision 2020 identified poor recruitment and deployment systems that exists the Malawi health sector leading to understaffed or uneven distribution of qualified HCWS between rural and urban facilities. Currently, there is a high vacancy rates for health professionals in the country especially amongst the nurse midwife cadre in the rural facilities. Malawi has only 25% of the midwives and nurses needed for effective maternal healthcare. Huge costs are required for training of nurses and midwives putting training beyond the reach of most Malawians (Maternal Health Report 2011-2012); Kazembe et.al (2017) reports that 96.8% of the maternal deaths occur at the facility or at home after accessing the health facility. Reasons contributing to the deaths include; long waiting hours before receiving treatment at a healthcare facility, multiple delays at the time of admission, shortage of essential drugs and equipment, non-availability and incompetence of skilled staff.

Maternal Health Report (2011-2012) highlights the impact of poor working conditions and the high client to midwife ratios which exist in Malawi, and how this influences midwives' decisions to seek work elsewhere, usually within Malawi government health sector or completely changing their careers or some leaving the country. This has a direct negative impact on the quality of care for women and their babies. It also creates a poorer environment for those who remain, especially as it creates a lack of more experienced staff for juniors to learn from. The report recommends the training of more health workers in existing colleges and also opening new ones; introducing a better salary structure and career progression ladders for midwives; and considering a scholarship programme whereby newly qualified midwives are required to work for a minimum period within the public sector before being able to move on to other posts.

The review of the end term evaluation report of the HRH strategic plan 2012-2016 also revealed that the country faced low HRH planning at all levels. To address this gap, the new HRH strategic plan 2018-2022 recommends that MoH should strengthen intersectoral collaboration with other key stakeholders such as the Ministries of Finance, Education, Science and Technology, and Local Government and Rural Development, DHRM&D and with governance structures such as HRH Technical Working Group and Health Reforms Technical Working Group. Strong HRH planning Capacity at all levels is essential in building a resilient health workforce, which successfully responds to health sector demands and contributes to a robust health system. Through strengthening planning, management and development, the new HRH strategic plan 2018-2022 aims to optimize the performance, quality and impact of the health workforce through evidence-informed policies; to fill critical health workforce shortages and ensure an appropriate skills-mix at each level of the health system by training an appropriate number of highly skilled

health workers and aligning investments in HR with current and future needs of the health systems; and to build the capacity of institutions at all levels for effective HR planning and management, including effective planning for the financing of the health workforce.

The review of HRH Strategic Plan 2011-2016 and Malawi Government Sexual Reproductive Health and Rights Strategy 2011- 2016 also identified weak Human Resource Management systems for effective EHP delivery at all levels, in the previous HRH Strategic Plan, recruitment and deployment were handled centrally through the MoH and Health Services Commission. Challenges in the system included long lead-times to recruit and promote staff, as well as deployment practices which were not linked to routinely conduct needs assessments. Under the New HRH Strategic Plan 2018-2022, recruitment and deployment functions for cadres grade H-K and below remain with the districts, while recruitment and deployment functions for cadres above grade HK are now the responsibility of the Local Government Service Commission. For districts to understand their role within the new set-up they will require clear guidance. This strategy therefore recommends the revision and dissemination of recruitment and deployment SOPs to include the new district functions. To strengthen management systems, interventions to monitor attendance and dual employment are also recommended under this strategy.

A coordinated and well-managed health sector must have well-defined scope of practice for each cadre, differentiated by tier of service delivery, in order for health workers to have clear roles and responsibilities and for the health sector to make decisions about prioritized cadres. Additionally, each health worker must know where he or she fits within the overall system, and opportunities for career progression. Currently career paths are not well defined. The new HRH strategic Plan 2018-2022 therefore recommends interventions to revise job descriptions according to facility functions and developing career progression pathways for all cadres. Regulation of health workers and their training and practice as key gaps in HRH for effective EHP delivery at all levels. The new strategic plan 2018-2022 also recommends the need to strengthen accreditation systems, regulation of health workers, their training and practice, based on professional standards and ethics. Specific recommended activities include review of accreditation tools; link Continuous Professional Development (CPD) so that the Health Workers are knowledgeable and up to date in their discipline and service delivery.

The review identified a challenge in retention and motivation of available HRH in the health system, and in particular in hard-to-reach areas, remains a persistent challenge in Malawi. Poor working conditions, limited remuneration and other non-monetary incentives such as housing lead to high attrition rates in the health sector. To address this challenge, the new Strategic plan recommends the development of a retention policy, which is costed, actionable, and responsive to the limited resources available within the sector. In addition, innovative interventions are recommended to identify appealing non-monetary incentives and to work with private sector to lobby for improvements in health worker housing, network connectivity, water, and electricity. Furthermore, for the health workers to provide quality services, they need an equitable, safe, and decent workplace, including provision of proper protective wear, policies that uphold their rights and address issues of gender and non-discrimination, and provision of occupational health, safety and wellness. With limited resources in Malawi's health sector, essential safety measures and workforce protection policies are often overlooked. The new HRH Strategic Plan therefore aims at creating a safe working environment by developing and implementing safety and emergency training, as well as sensitization on gender and occupational health, safety and wellness at facility level.

Table 6: Literature Review Analysis Findings – Human Resources Management Systems

Author, Year and Study Title	Key Findings and Bottlenecks/ Gaps	Recommendations made based on Findings and Progress	Advocacy Issues/ Issues to note in Implementation of the Recommendations
Human Resources Management System			
Malawi Vision 2020	Poorly qualified and skilled staff, inadequate numbers of skilled personnel; over-reliance on expatriate managers and low productivity and high attrition	• Creating more training opportunities for public officials; • Instituting a proper reward system; • Establishing optimum staffing levels; • Depoliticizing the public service • Establishing rewards for good performance giving promotions based on merit; and • Enhancing career counseling and guidance in school **Progress:** • MoH has come up with a training plan for 2018/19 based on the training needs assessment done in 2017/18 • MoH is in the process of concluding the functional review inorder to establish informed staffing levels	• Inadequate government funding to support training of HRH • Performance Management System is not linked to promotions, sanctions and rewards, thereby affecting performance.
	Shortage of Health Workers	• Recruit and deploy competent, motivated, adequate, and equitably distributed Health Care Workers.	Low production of HCWs and Recruitment regulations
	Low production of HCWs from all training institutions	• Increase accommodation space and double intake of HCWs in all training institutions. **Progress:** • Through the EHRP the ministry doubled intake of students ain all training institutions • The ministry increased accommodation for students and learning space during EHRP	Funding and experienced tutors

		• Recently some development partners have also increased accommodation and learning space in some training institutions.	
	Slow progress towards achieving the three related millennium goals	• Improve HCWs skills mix at all levels to improve delivery of Health service delivery.	Low production of HCWs and Recruitment regulations
	Failure to retain available Human Resources	• Develop retention strategies	Retention Strategy developed but failed implementation due to financing
Ministry of Health 2011 – 2016 HRH Strategic Plan	Low HRN Planning Capacity at all levels	• Establish evidence-based staffing norms for all levels of human resources for health based on workload analysis. • Expand, maintain and integrate HRMIS with existing management databases, enable greater coverage of other cadres and facilitate its use with other relevant organization such as CHAM and the private sector. • Develop innovative approaches for knowledge management regarding human resources policies, planning, data, management and dissemination of evidence- based decision making by Director and Managers at all Levels. • Improve data management capacity to provide accurate and timely information on number, cadres, qualification deployment, transfer and attrition of health staff in order to make effective HR decisions. ***Progress:***	No reliable data and Human Resources Management System to inform evidence decision making No reliable data and Human Resources Management System to inform evidence decision making

		• MoH with support from development partners had a WISN study to establish evidence based staffing norms • MoH uses HRMIS from the central level for accurate and timely information for HRH decisions	
	Weak Human Resource Management Systems for effective EHP delivery at all levels	• Recruit staff according to staffing norms for all cadres. • Lobby Department of Human Resource Management and Development for filing of strategic HR positions at all levels. • Create and clarify job descriptions and career paths for all health cadres. • General evidence – based needs through HRH research • Develop/review policies/guidelines on management of locum, relief and other incentive schemes to ensure equity and cost – effectiveness. • Review and standardize policy on scope of work for HSAs. • Strengthen health system management at all levels on effective HRM practices. • Institutionalize performance-based management tool (leveraging an effective appraisal system, merit-based processes and supportive supervision) at all levels.	Need for HR staff and Managers in MoH to access HRMIS which is hosted by DHRM&D which is not the case at present. They only access it on payroll issues

		• Develop a robust, effective and efficient HRM system that mitigates effects of HIV & AIDs on human resources for health • Lobby for the increase of 2 percent Other Recurrent Transaction (ORT) towards HIV & AIDs interventions for human resources for health • Strengthen implementation modalities for the Care of Career Policy at lower levels of the system • Recruit and deploy competent, motivated, adequate and equitably distributed Health Care Workers. • Progress: FY18/19, Ministry finance through DHRMD has set aside funds for the recruitment of HCWs. • Recruitment o HCWS was decentralized to the councils with effect from 1st July 2018. • MoH has developed community health strategy to address disparities in the scope of work for community cadres • MoH has also developed task shifting guidelines for HSAs.	

	Failure to retain available Human Resources	• Improve HCWs skills mix at all levels to improve delivery of Health service delivery to reduce workload. • Develop retention strategies for HCWs. • Lobby for sustainable approach for top –up allowances for existing priority cadres and support a phase – in strategy to integrate top-up allowances into salaries. • Review existing incentive scheme and identify implementation challenges. • Link performance appraisal system to Performance Based Initiative. • Lobby for improved staff welfare and amenities including housing, infrastructure, and public transport and recreation facilities in all areas prioritizing hard to reach /staff areas. ***Progress:*** • The government adopted the top up allowances from donors and have been standardized.	• Advocate for the implementation of incentive schemes for HRH • Funding for the staff welfare and amenities
	Low Capacity Training Institutions	• Increase the number of key health workers being trained at this. • Increase the number of tutors and clinical instructors being trained. • Lobby for establishment of a loan scheme to support student fees and institute policy/guidelines to enforce bonding mechanism for tracking of	• Most training institutions depend on Government Seconded staff to teach at their institutions • Very few Health facilities where students can go for practical. This affects the product for the training institutions

		students funded by government and other donor partners • Support regulatory bodies in the rolling out of continuing professional development programs for various cadres including tutors and clinical instructors. • Develop continuing professional development programs targeting HR support Staff. • Lobby for expansion of an internship program for all health workers. **Progress:** • The Ministry of Health has developed a Quality Assurance Strategy which has emphasized on CPD for all HCWS at all levels.	

National Sexual Reproductive and Rights Strategy (2011-2016) Human Resources for Health Strategic Plan 2018-2022	Poor working conditions including inadequate infrastructure and equipment	• Implement a six month orientation of newly recruited staff at district level before deployment to Health Centers; • Improve the quality and frequency of supportive supervision at all levels; conduct Maternal/Neonatal death audit, finalize and implement SRH monitoring and supervision tool. • Advocate for proper implementation of the employment and deployment policy to ensure equitable distribution of health professionals.	Lack of adequate funding for the purchase of the equipment and building infrastructure.
	Inadequate Number of skilled birth attendants	• Advocate for targeted recruitment and deployment for SRHR services at all levels.	
	Training gaps, which include skill development, quality curriculum, quality teaching and innovative teaching methods	• Review and update the in-service and preservice curriculum to incorporate new trends in SHHR; train (in and Pre-service providers in skills and knowledge in provision of SRHR services at all levels.	
	Poor supervision and limited support do not reinforced skills among staff or support a culture of quality and customer services,	• Improve the quality and frequency of supportive supervision at all levels.	
Malawi national Strategic Plan for HIV (2015-2020	Chronic shortage of skilled health care personnel	• Development of a comprehensive human development plan • Retention strategies for experienced and qualified staff. • Institutionalization of task shifting, mentorship, and recruitment process. • Recruit a dedicated cadre of 3,000 HIV diagnostic assistants in required to scale up provider-initiated testing and counseling (PITC)	Regulatory bodies on which body to register those who have task shifted and Diagnostic Assistants

	Evidence-based planning for HRH remains elusive due in part to weak capacity by MoH to generate real time data to forecast future HRH needs.	• Develop a functional HR information system to facilitate better tracking of healthcare workers from pre-service through deployment and in-service.	Government Policy on how to handle employees information
National Quality Management Policy for the health Sector in Malawi	Weak HR capacity due to insufficient funding and low staffing levels	• Lobby for increased HRH budget	Government on budget ceilings as agreed with IMF
	Weak HR management systems	• Deploy staff according to staffing needs and norms at all levels of health care;	Advocate that deployment of staff should be done according to staffing needs and norms at all levels of health care.
	Complex and inefficient employment procedure	• Sensitize staff on Malawi Public Sector Regulations (MPSR) and enforce its implementation.	Advocate for induction of health workers
	Weak regulation of the workforce	• Introduce mechanisms for and operationalize coordination of quality management training at all levels.	There is a need to advocate for strong regulation for workforce training and practice
	Lack of systematic staff appraisal	• Strengthen HR performance management and appraisal systems;	Advocate for strong HR performance management and appraisal systems
	No clear link between workload and establishment	• Define the minimum staffing requirements in line with the workload at all levels.	There is a need to advocate for establishment of the minimum staffing requirements in line with the workload at all levels
	Poor motivation of staff	• Strengthen mechanisms for motivating and disciplining staff.	Advocate for motivation of staff in order to enhance their performance and retention

5. Conclusion and Key Advocacy Issues

The review has identified various bottlenecks/gaps in HRH which negatively impact on the delivery of health services (including SHRH) and health outcomes. Despite continued efforts and policies implemented over the past years to strengthen the health workforce in Malawi, the country continues to experience various challenges including shortage of well-trained health workers, inadequate funding for HRH activities, weak evidence-based HRH policies and planning; lack of dissemination and access to HRH policies among stakeholders; inadequate government funding; weak training institution capacity; weak accreditation, regulation of health workers and their training and practice; weak HR leadership, poor staff motivation and retention; and weak coordination and collaboration among key stakeholders in the health sector.

The review shows that during implementation period of the Emergency Human Resource for Heath programme (EHRP), significant progress was made in addressing some of the key HRH challenges. The success was partly attributed to the strong collaboration that existed amongst stakeholders. Overall the findings of the EHRP evaluation indicated that EHRP successfully accomplished its primary goal to increase the numbers of HCWs in the government and CHAM institutions across the 11 priority cadres. Besides that, there was also improvement in the delivery of health care services.

Evidence shows that Malawi has moved beyond the emergency state with regards to staffing and production of HCWs, but the gains are still fragile as evidenced by the findings of this study. Of major concern is the finding that funding for HRH activities is very limited and that despite the scale up of training nationally and increased health workforce production, the country is unable to absorb all the HCWs graduating from the training institutions into the public health sector. Thousands of professional graduated health workers are sitting at home, unemployed. This has resulted into frustration among them and made some of them to leave the health profession. In addition to that, there are also concerns about the sustainability of donor aid for continued support of HRH activities and the high population growth continues to affect the performance of HCWs in the country.

This review suggests that there is an urgent need to address the shortage of health workers and to address the lack of funding to absorb health workers on the national government payroll. The study also strongly recommends harmonized efforts amongst HRH stakeholders in dealing with HRH issues in the country. Below are more detailed recommendations on key advocacy issues categorized according to the different themes, based on the findings of this review:

6. Recommendations on key advocacy issues.

1. Policy

- The Ministry of Health, development partners and other key stakeholders should work towards strengthening the capacity for evidence-based workforce policy and planning within MOH.
- The Ministry of Health, development partners and other key stakeholders should create extensive awareness and ensure access to the news HRH strategic plan 2018-2022 among all key stakeholders at all levels.

- The Ministry of Health, development partners and other key stakeholders should advocate for policies and laws guiding HR management within the decentralized health system in Malawi.
- The Department of Human Resources and Development should ensure clarification of institutional roles, appointments, transfers/postings, promotions, discipline, staff development, schemes of service, career paths including pensions, and issues regarding salaries and benefits.
- The Ministry of Health through the Reproductive and Health Department (RHD) should develop EmoNC national guidelines in line with district EmoNC frame works for increased harmonization of planning and budgeting processes in the Sector.

3. Leadership and Governance

- The Ministry of Health, development partners and other key stakeholders should create extensive awareness and ensure access to the news HRH strategic plan 2018-2022 among all key stakeholders at all levels.
- The Ministry of Health should work towards ensuring effective governance and management systems, strengthened institutional capacities and more resources for effective implementation of a comprehensive and coordinated health workforce agenda in Malawi;
- The Ministry of health should work towards strengthening capacities for HRH stewardship in partner coordination
- The Ministry of Health, development partners and other key stakeholders should promote increased community empowerment and participation in maternal and newborn have been prioritized.

4. Finance

- The Ministry of Health and development partners should increase health sector and HRH funding, as well as improved efficiency in resource allocation and utilization. Advocate for strategic investment.
- Development partners should assist in building financial capacity of the government and other health sector players to recruit the unemployed health workers;
- The Ministry of Health and other key stakeholders should advocate for domestic financing of HRH activities including recruitment of health workers.
- The Ministry of Health and District Councils and other key partners should ensure annual rigorous costing exercises and regular monitoring during implementation of the HRH Strategic Plan, to ensure that resource mobilization, allocation and advocacy are linked to clear financial gaps and targets.
- The Ministry of Health and development partners should make more investment in HRH information systems for decision-making, to design needs-based staffing 6 and training plans that effectively match the supply and skills-mix of the health workforce to service delivery needs, and to ensure sustainable HR budget forecasting.

5.Partnerships

- The Ministry of Health and District councils should ensure alignment of donor activities at district level with District Development Plans.

- The Ministry of Health and other key stakeholders should advocate for continued and more support of development partners for health worker recruitment and support for salaries, learning lessons from the EHRP, taking a comprehensive approach and investing in improving work and living conditions (such as availability of essential drugs and equipment, accommodation, etc.)
- The Ministry of health should ensure quarterly SRH and HRH Technical working group meetings and ensuring the participation and engagement of all key HRH stakeholders, including governments, donors, civil society and the private sector.

6. Education

- The Ministry of Health, development partners and other key stakeholders should strengthen the capacity of health training capacity (infrastructure, accommodation, internet, library, tutors etc).
- The Ministry of Health, development partners and other key stakeholders should work towards promoting specialized training of health workers to adequately meet the populations' existing and emerging health need.
- The Ministry of Health, development partners and other key stakeholders should work towards enhancing partner coordination and stakeholder engagement including the community by strengthening of accreditation systems, regulation of health workers, their training and practice, based on professional standards and ethics. Also, lobby for more funding for regulatory bodies to be able to regulate HCWs.

7. Human Resource Management Systems

- The Ministry of Health and development should make ore investment in HRH information systems for decision-making, to design needs-based staffing and training plans that effectively match the supply and skills-mix of the health workforce to service delivery needs, and to ensure sustainable HR budget forecasting.
- The Ministry of Health, development partners and other key stakeholders should promote the development and implementation of HRH supporting policies (such as for bonding, incentives for tutors, reward and sanctions, etc.)
- The Ministry of Health and key stakeholders should work towards strengthening recruitment, deployment and management systems within the decentralized health system.
- The Ministry of Health, development partners and other key stakeholders should promote the development and implementation of strategies to motivate and retain health workers in the health system, in particular in hard-to-reach areas;
- Key HRH stakeholders should advocate for improved absorption and retention rate of health workers in the public health sector to ensure an adequate health workforce.
- The Ministry of Health, development partners and other key stakeholders should promote decent and safe working conditions for health workers.

7.Study Limitations

Due to time constraints the study did not include interviews with key informants which were necessary for tracking progress of the different HRH policy recommendations reviewed in this study. Inoder to conduct key informant interviews there was a need to obtain ethics approval and the process needs time

Reference

Government of Malawi. Ministry of Health. Human Resources for Health Strategic Plan 2018- 2022

Government of Malawi, Ministry of Health, Sexual Reproduction Health and Rights strategy 2018-2022,

Government of Malawi. Ministry of Health. Health Sector Strategic Plan 2017- 2022

Government of Malawi. Ministry of Health. National Community Health Strategy 2017- 2022

Government of Malawi. Ministry of Health. National Health Policy 2018

Government of Malawi. Ministry of Health. Human Resources for Health Strategic Plan 2012- 2016

Government of Malawi. Ministry of Health. Human Resources for Health Strategic Plan 2012- 2016

Government of Malawi. Ministry of Health, Health Sector Resource Mapping FY 2014/15 – FY 2018/19

Government of Malawi. Ministry of Health, EmoNC Investment Plan 2017-2021.

Government of Malawi, Malawi National Strategic Plan for HIV (2015-2020)

Government of Malawi. Ministry of Health, National Quality Management Policy for the health Sector

Government of Malawi, Vision 2020 http://www.sdnp.org.mw/malawi/vision-2020/chapter-7.htm

MGFFC (2016). *Human resources for health assessment report*. Malawi: Malawi Global Fund Coordinating Committee

PEPFAR. (2016). *Annual Report to Congress*. Washington, DC: The Office of the U.S. Global AIDS Coordinator and Health Diplomacy

WHO Report 2016, *strengthening health systems for universal health coverage and sustainable development, pg. 16, http://www.who.int/bulletin/volumes/95/7/16-187476/en/*

WHO (2011). Malawi's Emergency Human Resources Programme. Case study. Geneva: World Health Organization

WHO (2016). *Global strategy on human resources for health: Workforce 2030*. Geneva: World Health Organization

World Bank (2017). Draft final report of the *Analysis of human resources for health in Malawi through implementation of a WISN study in 75 facilities*. Washington DC: World Bank

Annex 1: List of key documents for desk review

Title	Author & Year	Availability	Comment
Human Resources for Health Strategic Plan 2018- 2022	MOH 2018	Available	
Human Resources for Health (HRH) Strategic Planning 2012-2016	MOH 2012	Available	
Health Sector Strategic plan 2012-2016	MOH 2012	Available	
Health sector Strategic Plan 2017-2022	MOH 2017	Available	
National Strategic Plan for HIV and AIDS 2015-2020	MoH 2015-	Available	
Human Resource Management Standard Operating procedures Manual	MoH 2016	Available	
National Health Policy	MoH 2017	Available	
National Community Health Strategy	MoH 2017-2022	Available	
Nurse/midwife operation Plan: implementation and evaluation reports	MoH 2011	Available	
PEPFAR HRH strategy	US Government 2015	Available	
QM Policy- Draft Jan 2017	MoH 2017	Available	
Recruitment Plan (MoH 2017-18)	MoH and CHAM 2018/2019	Available	
Resource Mapping Round 4	MoH 2012-2016	Available	
Resource Mapping Round	MoH 2014-2018	Available	
Retention of Health workers: Perspectives of health workers and district Management 2009		Available	
The national Decentralization policy 2004	Local Government 2004	Available	
Analysis of Human Resources for Health in Malawi	World Bank 2017	Available	
Technical Brief on HRH strategic planning	MoH 2017	Available	
A scoping review of training and deployment policies for human resources for health for maternal, newborn and child health in rural Africa 2012	WHO 2012	Available	
Increasing community health worker productivity and effectiveness: a review of the influence of the work environment	Wanda Jaskiewicz and Kate Tulenko 2012	Available	
National Sexual and Reproductive Health and Rights Policy	MoH 2009	Available	
Malawi DHS	Malawi Government 2015	Available	
Millennium Development Goal Report - Malawi	Malawi Government 2009	Available	
Assessing motivational factors to retain nurses in rural areas in Malawi- a discrete choice experiment study	MoH 2017	Available	
Workforce Optimization study	MOH 2016	Available	

What makes staff consider leaving the health services in Malawi	Chimwaza W. etall 2014	Available	
Human resources for maternal health; multi-purpose or specialists	Fauveau V, Sherratt D, Bernis L 2008	Available	
Human Resources for Health Country Commitments: Case Studies of progress in three countries	Cristina Bisson, heather Teixeira, Maziko Matemba 2014	Available	
Interventions to improve Human resource for health among Faith Based Organizations	George A. Adjei, Everd Maniple B, Thomas B. Dokotala 2009	Available	
Nurses and Midwives policy	MoH 2017	Available	
Functional Review Reports & progress of implementation	DHRMD	Available	
Report on EHRP evaluation	MOH 2010	Available	
MOH HRH annual reports with info on Vacancy rates (establishment versus filled positions), attrition rates & causes,	MOH		
MOH & CHAM Recruitment Plan 2018/	MOH & CHAM 2018/2019	Available	