Recommendations and Lessons Learned
The evidence presented in this evaluation shows that Malawi has moved beyond the emergency stage with regards to staffing levels and the production of health workers. For an investment of $95,587,010, sizeable gains have been made in both the number of health workers in the public sector (over a 50% increase) and the number of students in the health training colleges. Nonetheless, the gains realised are fragile. The health provider density of 1.44 per 1,000 population is still well below the African average of 1.91 per 1,000. Malawi is also vulnerable due to high population growth (averaging 3% increase per year) and a continuing high burden of disease. For these reasons, the next Programme of Work should be considered a transition phase, moving from emergency to a fully staffed health system through a development phase that emphasises strategic planning, systems strengthening, performance management and sustainable funding for financial incentives. A first step in planning should be an analysis of the cadres most needed to positively impact the MDGs as well as the Malawi Essential Health Package, and developing set targets for increases in these cadres over the next five years.

Some of the key lessons learned highlighted in the evaluation include:
- Government commitment to taking direct action is essential.
- Successful implementation of a comprehensive Human Resources plan needs the collaboration and commitment of a multi-sector group.
- Development partners’ willingness to support the 52% salary top-ups and the Government of Malawi’s willingness to allow the different pay scales was a key success factor.
- A long time horizon is necessary to see improvements.

In his written commentary Dr. Manuel M. Dayrit, Director of the Department of Human Resources for Health at the World Health Organization wrote, “It is a comprehensive and uplifting report which highlights what can be done in an extremely desperate situation. It provides an example to other countries in similar circumstances that with political leadership, financial help from its partners... and effective management at all levels, a country can raise itself against the HRH crisis.”

The Global Health Workforce Alliance secretariat welcomes the release of this evaluation report. This innovative programme in Malawi demonstrates that progress is possible and lives can be saved when political will, sound strategies and adequate resources come together. A lot can be achieved when the national government, various stakeholders and development partners commit to and work together to implement a well thought out coherent national programme to address the HRH crisis.

The quantitative data presented in the evaluation was collected up to the end of 2009. The baseline for this evaluation is defined as the calendar year 2004.

Primary source data on numbers of professional health workers and salary expenditures were collected from the MOH and CHAM. Where possible, primary source data was triangulated using secondary sources of data, such as previously published reports and MOH documents.

While quantitative data is the primary source of evidence in this evaluation, qualitative input—essential to understand the perspectives of health workers—was collected through focus group discussions, key informant interviews and a survey on Human Resource Management at the district level.

The EHRP was costed using a bottom-up methodology: individual components of each element were identified and costed separately. Primary source data on costs was collected where possible.
Nurses and doctors out of Malawi. The core reasons for these chronic human resources shortages stemmed from an inability to plan for and invest in the production and retention of adequate numbers of health workers in the public sector. Malawi’s public sector, the focus of the evaluation, includes the Ministry of Health and the Christian Health Association of Malawi.

Malawi’s health indicators were rapidly deteriorating in 2004: the maternal mortality rate was 984 deaths per 100,000 live births; the infant mortality rate was 76 per 1,000 live births; under-5 mortality was 133 per 1,000; and there was a 12% prevalence of HIV/AIDS in adults.

Response: The Emergency Human Resource Programme

In response, the Government of Malawi decided to implement an Essential Health Package, including a scale-up of HIV/AIDS services. Malawi’s six-year Programme of Work, implemented through the Health Sector Wide Approach (SWAp), was a multi-pronged strategy that launched numerous interventions aimed at improving health outcomes for the population. Central to this commitment was the need to improve staffing levels. With the assistance of donors, the government of Malawi developed the Emergency Human Resource Programme (EHRP).

The EHRP was also a six-year comprehensive strategy designed to address the Malawi health sector’s staffing crisis. It was intended to stop the flow of health workers out of the country and increase production internally. As such, it focused on financial and non-financial incentives (including salary top-ups), expanded pre-service education, the use of international volunteers, technical assistance to improve management, and increased monitoring and evaluation capacities. The five elements of the EHRP are outlined in the table below.

The EHRP was intended to give the government time to address the root cause of the HR crisis which was seen as an underlying lack of planning, management and support to the health workforce.

Key Findings of the Evaluation

The following section details some key findings from the EHRP evaluation.

- The EHRP successfully accomplished its primary goal – to increasing the number of professional health workers. Across the 11 priority cadres, the total number of health workers increased by 53%, from 5,453 in 2004 to 8,369 in 2009.
- Four professional cadres – physicians, clinical officers, laboratory technicians, and pharmacy technicians – had met or surpassed the yearly targets by 2009.
- The gains in HRH density impacted health services; with a 49% increase in out-patient services; 7% increase in ante-natal care; 15% increase in safe deliveries; 10% increase in child immunizations and an 18% increase in the provision of nevirapine to prevent maternal-to-child transmission of HIV. All these services were estimated to have saved 13,187 lives.
- Physicians increased from 43 in 2004 to 265 in 2009; a 516% increase.
- Nurses increased from 3,456 in 2004 to 4,812 in 2009; a 39% increase.
- Six cadres did not meet the targets: medical engineers, radiography technicians, environmental health officers, medical assistants, dental therapists, and physiotherapists.
- Graduates from Malawi’s four main training institutions showed an overall increase of 39%, from 917 in 2004 to 1,277 in 2009.
- Physician graduates increased by 72%, from 18 in 2004 to 31 in 2009; while nursing graduates increased by 22%, from 575 graduates in 2004 to 699 graduates in 2009.
- In 2004, at the outset of the EHRP, the total health provider density was 0.87 per 1,000 population. By 2009, that number rose to 1.44, representing a 66% increase.