

MAPPING HEALTH RESOURCE PARTNER INSTITUTIONS (HRPIs):

Modeling a sustained approach for strengthening health governance and stewardship in low-income countries

Malawi Report



**African Center for Global Health
and Social Transformation
(ACHEST)**

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Mapping Health Resource Partner Institutions (HRPIs)
Modelling a sustained approach for strengthening health
Governance and stewardship in low - income countries

Foreward

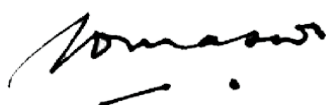
The global study on supporting the leadership of Ministers and Ministries of Health and its report “Strong Ministries for Strong Health Systems”, undertaken by ACHEST and the NYAM recommended that countries develop effective governmental and non-governmental Health Resource Partner Institutions (HRPIs) to support health system stewardship and governance functions of the ministries of health. The study pointed out the importance of organizations both in and outside of government that can provide needed expertise and resources to ministries of health. The study noted that every country needs to cultivate and grow a critical mass of individuals, and institutions that interact regularly among themselves and with their governments, parliaments, and civil society as agents of change, holding each other and their governments to account, as well as providing support. These include professional associations, national academies of medicine and science, universities, free standing think tanks, research and development organizations, business, private sector, NGOs and the media.

As a first step towards marshaling the HRPIs in the countries, a protocol and framework for mapping HRPIs, other governmental agencies and non-governmental organizations was developed and implemented in five countries namely Kenya, Malawi, Mali, Tanzania and Uganda. The purpose of these mapping studies was to identify and characterize HRPIs active in countries as a prelude to understanding how best they can work better with their respective governments especially the Ministries of Health to advance health system governance in sub-Saharan Africa in particular. As can be seen in the detailed country reports, it was found that while many such institutions were found in all the countries studied, they were strong in some countries and are used effectively by MOHs. In other countries, they were weak and rarely worked with the governments. In all countries these institutions need to be strengthened to provide the level of intellectual and human resources necessary to support effective health systems performance and governance. Ministries of health on the other hand were in some cases seen as insular and reluctant to collaborate with HRPIs.

During the 2nd Congress on Health Systems governance in March 2012, all the five countries presented and discussed their respective mapping study reports. It was unanimously agreed and recommended that all the five countries and ACHEST: 1) Develop mechanisms to link the work of HRPIs to Ministries of Health in order to utilize their expertise. 2) Make arrangements to develop the capacity of HRPIs so that they can play support roles to their governments more effectively. 3) Develop a new tool to be used for modeling a stronger working relationship between HRPIs and MoH as the next steps in implementing these recommendations. 4) The reports of the five countries to be widely disseminated. 5) Modify and adapt the mapping tool for use by other countries in mapping and collaborating with HRPIs.

We would like to recommend these reports to all those who grapple with strengthening health systems in LMICs and welcome comments on the reports and are available to engage in further dialogue on how this stream of work can contribute to the achievement of better health outcomes.

In conclusion we wholeheartedly thank the Rockefeller Foundation, the government and people of Norway through NORAD for the financial grants that made it possible for this work to be undertaken. We also thank the governments of Kenya, Malawi, Mali, Tanzania and Uganda for their willing participation in the study and commitment to strengthen their respective health systems.




Francis Omaswa
Executive Director
African Center for Global Health and Social Transformation (ACHEST)

Acknowledgement

ACHEST would like to thank the Ministry of Health of Malawi and Dr. Ann Phoya who was principal Investigator for this study. We also thank all the organizations that participated and gave their valuable time for the interviews and to fill the questionnaires which informed this report.

I would like to acknowledge the support of my colleagues at ACHEST who provide valuable insights and supported this work in various ways. In this regard I would like to recognize the tireless efforts of Ms. Solome Mukwaya and initial contribution of Dr. Sam Okuonzi, former research fellow at ACHEST. This work benefited immensely from the critique of the Second African Health Systems Governance Congress which took place in Kampala, March 2012.

ACHEST is singularly grateful to our development partners namely Rockefeller Foundation and NORAD for the generous grants and encouragement that enabled this work to be carried out.



Dr. Peter Eriki

Director of Health Systems

African Center for Global Health and Social Transformation.

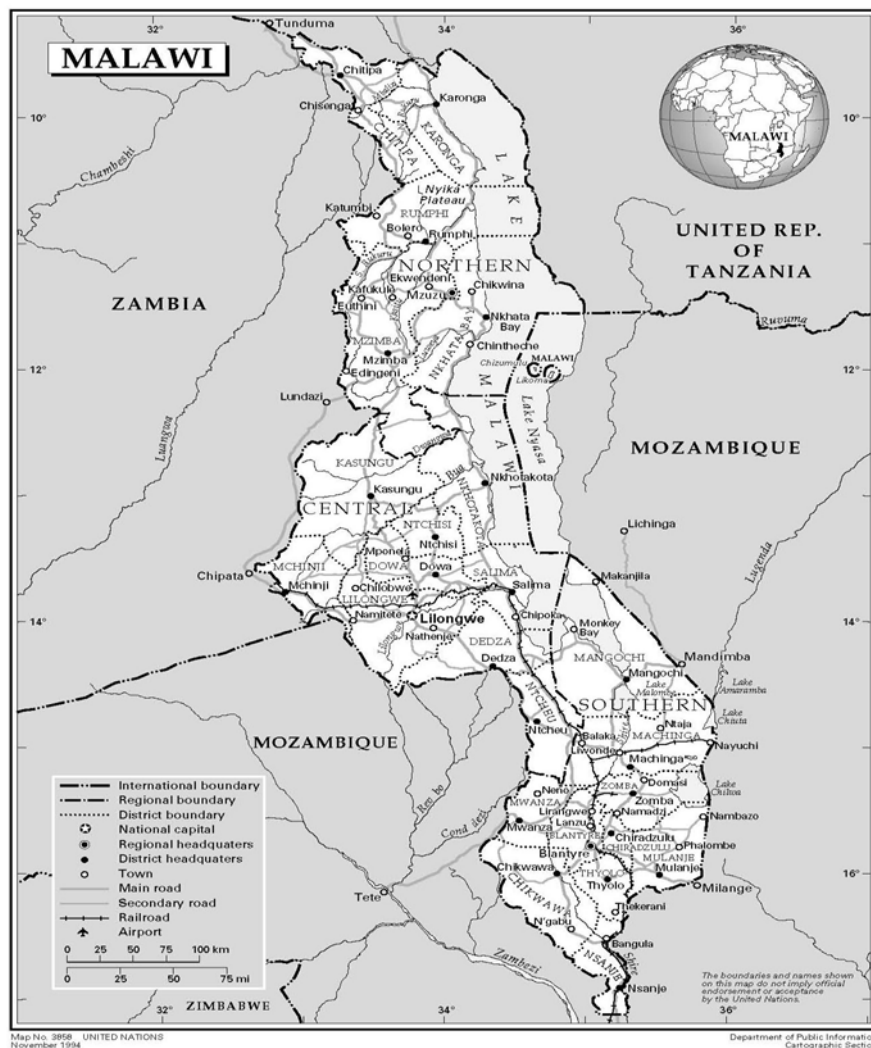
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1. Country Background

Malawi is a small country, narrow and land locked and shares boundaries with Zambia in the West Mozambique in the East South and South West and Tanzania in the North. It has an area of 118484 km² of which 94276 km² is land. The country is divided into 3 administrative regions namely Northern, Central and Southern Regions. The country is further divided into 28 administrative districts headed by district commissioners who are responsible for delivering decentralized social services including health. The population is estimated at 14.4 with a growth rate of 2.3% (2008 National Census)

FIGURE 1 MALAWI: THE COUNTRY AND ITS BOUNDARIES



For easy administration of Health Services, the country has been divided into five Health Zone namely Northern, Central West, Central East, South East and South West. Zonal Health offices are staffed by the health professional who provide technical and supportive supervision to District Health managed teams responsible for providing health Services in each District. At national level health services are managed by Minister of Health who provides the overall stewardship for delivery of Health Services in the Country.

The Government of Malawi through the Ministry of Health, adopted sector wide approach (SWAP) in 2004 as a framework for planning financing implementation and monitoring of health service delivery; consequently the health sector in Malawi has therefore a number of players which include Central Government, Local assemblies development partners, faith based organizations and Civil Society. Since the adoption of the sector wide approach, the Ministry of Health has successfully implemented a six year program of work where focus was delivery of an essential health package and health system strengthening.

Some of the system targeted for strengthening included development and management of human resources for health, improving supply chain management for drugs and medical supplies, improving health infrastructure to ensure adequate coverage of health services. Implementation of six year program of work has assisted the country to improve some of its health indicators. Some of the successes achieved include but not limited to decrease in maternal and child health mortality increase in skilled attendance at birth and use of modern contraception, reduction in HIV prevalence and increase in TB cure rates. Details of these successes are presented on **Table 1 below**.

Challenges that continue to face the health care system include inadequate health workers. Poor supply chain management fiduciary risk management, and inadequate community participation in planning for health services. These issues have informed the development of the next six year health strategic plan which was a launched in September 2011.

Table 1: SELECTED SUCCESS ACHIEVED THROUGH POW 1 2004 – 2010

INDICATOR	2004	2010
Infant Mortality	76/1000	66/1000
Under 5 Mortality	133/1000	120/1000
Maternal Mortality	984/100,000	675/100,00
Skilled attendance at birth	56%	75%
Fully under 1 children fully immune	75%	81%
Contraceptive privative	28%	42%
HIV infected person access ARVs	3%	65%
Number of primary Health centers proving a full range of essential health package	9%	74%

2. Background and Objectives of the Study.

The study is a follow up to a previous study “ strong Ministries and Strong Health systems by the Africa Center for Global Health and Social Transformation (ACHEST) which recommended that countries should develop effective government and non-governmental Health Resources Partner initiative (HRPIS) to support the health system stewardship and governance functions of ministries of health.

To implement this recommendation, ACHEST commissioned a Multi country study involving Malawi, Kenya Ghana Senegal and Uganda to model a sustained approach to strengthening health governance and stewardship in low income countries Specific objectives of the study were therefore to:

- (i) gain better knowledge and understanding of Africa health policy and strategy organizations, their activities, impact, strengths and needs,
- (ii) identify and characterize the HRPIS
- (iii) identify different ways and methods by which HRPIS can strengthen health governance and stewardship and
- (iv) Recommend models by which HRPIs could be facilitated to strengthen health governance and stewardship in Malawi and other low income countries especially those from the Africa region.

3. Summary of the Terms of Reference

- a. To participate in the development modification or country adaptation of the study tool in consultation with the ACHEST project coordination.
- b. To identify locate and administer questionnaire to all indigenous HRPIS that are involved or have potential to participate in national health stewardship and governance.
- c. To draw a table listing all possible HRPIS in the country including information on their location, key area of in health stewardship and governance.
- d. To carry out a pretest of the tool and raise the tool in consultation with the project coordinator.
- e. To carry out a detailed study follow up of 10-15 HRPIS by administer the tool collecting and recording data using the questionnaire.
- f. To compile data from the 10-15 HRPIS and the other HRPIS which to submit reasonably well complete questionnaire easy and present data for easy interpretation.
- g. To write a clear and concise report.
- h. To present the report at a joint workshop

4. Methodology

4.1. Adaption and pretesting of the tool

The tool was reviewed by the principal investigator and a team of health planners from the Ministry of Health to identify its applicability in the Malawi context. During the review, only one item related to contact address of respondents was changed. The changed item “street address and province” as these are not applicable in Malawi. These items were consequently replaced with physical address and Region. Following this minor adaptation, the tool was pretested at two institutions (health training institution, and pharmaceutical NGO who managed to complete the tool without problems. These two questionnaires are not included in the analysis.

4.2. Listing of HRPIs Operating in the Country

In addition to pretesting and adapting the study tool other preparatory work involved listing potential HRPI operating in the country. The listing exercise resulted in the identification of twenty nine (29) institutions. Categorization of the identified institution is as reflected in **Table1**, and details of these institutions are presented on **Annex 1**

Table 2: CATEGORIES OF HRPIS IN MALAWI

Types of HRPI	Numbers
Academic Institutions	8
Management Institutions	2
Research Institutions	5
Professional Associations	5
Health Regulatory Authorities	3
NGOs	3
Private Sector	2
Think Tanks	1

TOTAL	29
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From the 29 identified HRPI, ten Institutions were selected for detailed data collection. Criteria used to select these institutions mainly depended on the information regarding the nature and scope of their work in the country's health sector.

5. RESULTS

Data was collected through combination of methods which included self administered questionnaire, guided interview and discussions. Table 2 outlines the institutions that completed the study questionnaire.

TABLE 3: PROFILE OF HRPI SELECTED FOR THE STUDY

Name	Year of Establish	Legal Status	Location
College of Medicine MPH and Management Centre	2003	Parastatal	Blantyre
Parent and Child Initiative Trust	2010	NGO	Lilongwe
Mai Khanda Trust	2006	NGO	Lilongwe
Share World Open University	1994	Trust	Blantyre, Lilongwe and Mzuzu
Kamuzu College of Nursing	1979	Parastatal	Lilongwe
Management International	2000	Private	Lilongwe
The Polytechnic Management Centre	1978	Parastatal	Blantyre
Staff Development Institute	1962	Government	Blantyre
Management Solution	2005	Private	Lilongwe
Malawi Institute of Management	1989	Parastatal	Lilongwe

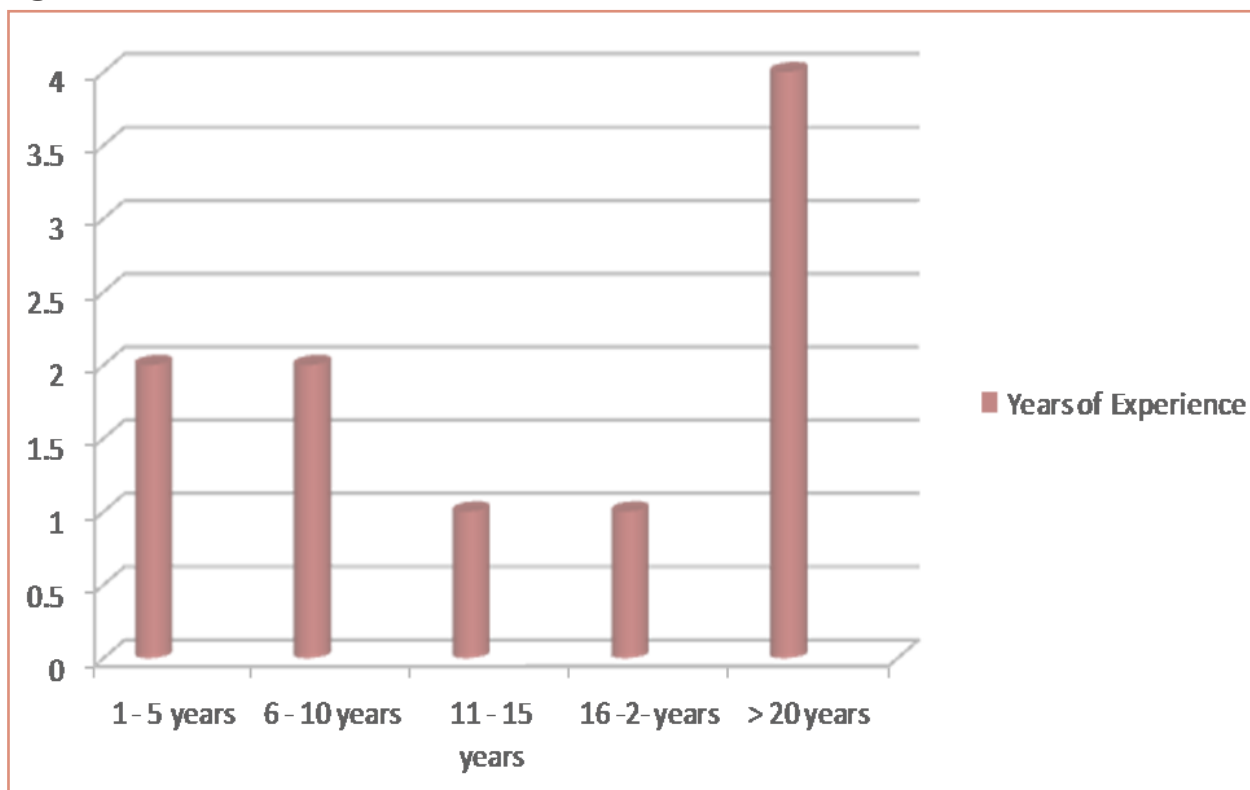
5.1. Type and legal status of HRPIs

Table 2 above shows one HRPI (Staff Development Institute) functioning as a unit of a government department - the Department of Public Service Management, while 40 % (4) of the institutions were semi – Government Institutions (parastatals) established under different Acts of Parliament. Three of these institutions were University Colleges under the University of Malawi and they included the College of Medicine, Kamuzu College of Nursing and Polytechnic Management Development Centre. The other parastatal is a standalone institute of Management also established under an Act of Parliament. Two Institutions were private consultancy firms focusing on Management Issues. The remaining HRPIs were NGOs (20%), and an open University with a Trust status.

5.2. Institutional History and Geographical Scope

Nearly all the identified HRPI had their places of practice located in the two major cities of the country namely Lilongwe the capital city, located in the Central Region (CR) of the country and Blantyre the commercial city located in the southern region (SR). However clients for these institutions were spread through out the country. One institution, Kamuzu College of Nursing has two campuses located in these two cities; however, the program of interest for this study is housed in the Lilongwe campus. Share World Open University is the only institution that is operating in all there three regions of the country from the cities of Blantyre, Lilongwe and Mzuzu. This institution also has branches outside the country (Zambia) while the rest are operating locally although some have twining arrangements with institutions of similar missions outside the country. With regard to years of experience, the institutions varied considerably as years of experience ranged from 3 to 49 years. **Figure 2** below shows years of experience for the identified HRPIs.

Figure 2. YEARS OF EXPERIENCE OF HRPIs



5.3. Governance of HRPIs and Founding Members

Five HRPIs in the study were founded by Government with the aim of developing a set of capacities required to develop the country, especially in the area of management and leadership. These institutions include

- Staff Development Institute
- Malawi Institute of Management
- The Polytechnic Management Development Center
- College of medicine – Department of Health Services
- Kamuzu College of Nursing – Department of Nursing Services Management

Founding members for the rest of the institutions were either individual members or a group of people with common interest. For example, PACHI was founded by an individual Professor from the United Kingdom who is interested in developing local leadership in the delivery of child and maternal health services. One institution was founded by a group of philanthropic foundations interested in promoting transparency in the delivery of quality and high impact health services.

On Governance structures to provide leadership and strategic direction for the HRPIs, Board of Trustees was the most common. Governing Councils and Board of Directors were common for the academic institution. **Figure 3** and **Table 4** depicts the type of governance structures and founders of the HRPIs.

Figure 3: GOVERNANCE STRUCTURES FOR THE HRPIs



Table 4. Governance Structures and Founders of HRPIs

Name of HRPI	Founders
College of Medicine	Government
Kamuzu College of Nursing	Government
Management Center- Polytechnic	Government
Malawi Institute of Management	Government
Staff Development Institute	Government
Management International	Group Of Individuals
Parent Child health Initiative	One Individual
Health and Rights Education Program	Group of Individuals
Mai Khanda	Philanthropic Institutions
Share World Open University	Group of Individuals

5.4. Funding Sources and Linkages with Other Institutions

The HRPI that was functioning as a government department including those listed as parastatals receive financial support from the government of Malawi; however, the funds are not adequate to carry out their mandates. Additional resources are therefore mobilised from either student fees (for the academic and training institution), research and consultancy work as well as direct request for financial assistance from funding agencies or philanthropic organization. The non academic PHRIs deployed similar methods to mobilize resources for their work. Linkages with other institutions were common to all PHRIs in the study except for Management Internal whose linkages were clients who seek their services. Networks or Linkages are as listed on **Table 5**

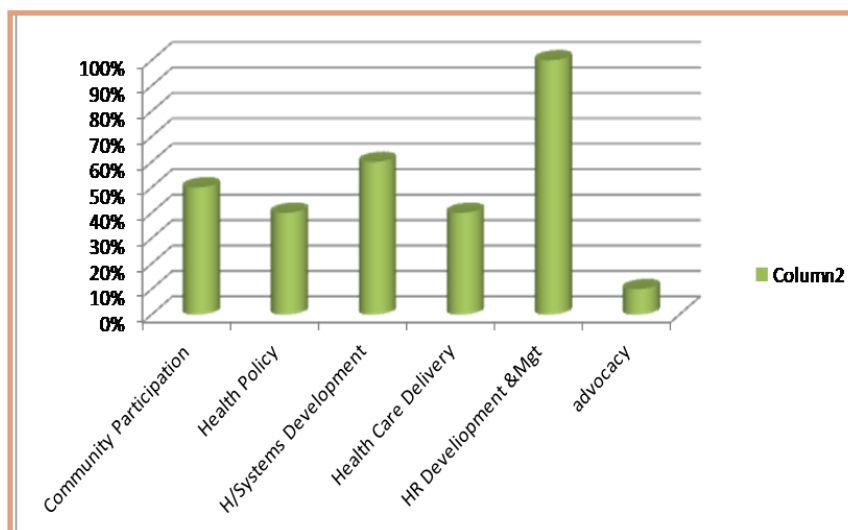
Table 4. PHRIs LINKAGES

Name of HRPI	Linkages
Kamuzu College of Nursing	Govt, Research Institutes, Foreign Govt, multilateral organization
Management Center	Foreign Universities
Staff Development Institute	Government
Malawi Institute of Management	Universities, other management institutes
Management International	Clients
Health 'N' Rights Program	Local & Foreign Advocacy NGO and funding agencies
College of Medicine	Govt, Multilateral agencies, academic and research institutes
Share World Open University	Other Universities and Professional licensing bodies
Parents & Children Health Initiative	Universities, Hospitals, Govt & Philanthropic organizations
Mai Khanda	Philanthropic Organization

5.5. Nature of Work for the PHRIs

Focus areas of work for the HRPIs cover a wide range of health system issues. Production of health workers through pre-service training was common among the three colleges of the University of Malawi. These institutions train service providers such as doctors, nurses, public health inspectors etc. These institutions also participate in health care delivery during clinical teaching and research on identified health system issues. Health Financing and economic policy analysis were uncommon focus areas for the HRPIs. Other areas of focus are as on **Figure 5** below: Specific areas of focus for each HRPI is on **Annex 3**

FIGURE 5: AREAS of FOCUS for HRPI



5.6. HRIPs Involvement in Health Governance

In the area of governance, HRPIs are involved through their participation in technical working groups (TWGs) set by the Ministry of Health to promote transparency and accountability in health service delivery. Other forms of involvement in governance is through facilitation of trainings organized for Board members or committees of health related institutions including empowerment of local district councils, village health committees; conduct of organizational reviews to streamline decision making in health delivery as well

as conduct of situational analysis studies to determine the leadership status and capacity development needs of different health sector institutions. Other institutions are also involved in supporting health sector players in formulation of policies, development of strategic plans and performance framework. **Table 6** below provides details on specific governance issues that the HRPIs are involved in.

TABLE 6: INVOLVEMENT OF HRPIS IN GOVERNANCE ISSUES

ARES OF FOCOS ON GOVERNANCE ISSUES	HRPIS									
	MIM	KCN	COM	PAC	MK	SW	SDI	MDC	MI	HRP
Health Policy Development	•	•	•		•					
Oversight: Legislation Processes		•	•						•	
Research	•	•		•					•	
Regulation	•	•								
Incentive Development	•		•				•			
Organization	•						•		•	
Accountability	•						•	•	•	•
M & E										
Coordination	•	•	•							
Consultancy	•	•	•			•				
Others (Training)						•				

5.6 Ways by Which HRPIs can Enhance Health Governance

All HRPIs in the study expressed desire and willingness to partner with government in improving governance issues in the health sector by strengthening their own roles. For example training institutions indicated willingness to offer both short and long term training in health systems strengthening, different aspects of management as well using their skills to carry out any research that may be commissioned by the health sector. HRPIs that focus on general management indicated willingness to design specific courses in health governance if requested to do so. However, governance issues being a new area of concern, the HRPIs also expressed need to improve their own capacities in this area for them to play their roles effectively.

6. Discussion and Recommendations

There are a number of HRPIs in Malawi but few of them focus on policy and governance issues. For example, the major two health training institutions focus on traditional issues such as imparting skills for the medical, nursing or other care giving skills. Post graduate courses also emphasize on the care giving roles. There were no specific courses that focus on health policy or governance issues. Available management centers are also focusing on general management concepts and not specific to health, more especially emerging issues such as governance. This study has therefore brought awareness to these institutions to start thinking about governance issues and how to develop their own capacity to support the health sector address these issues. Few suggested recommendations are therefore to

- Document and disseminate good and evidence based health governance practices to HRPIs and other health sector players

- Support the development of capacity of HRPI to play an active role in addressing health governance issues
- Support creation of a conducive environment where health sector players from both public, private and civil society work together to promote good governance in health service Delivery

7. Limitation of the Study

Inclusion of HRPIs in the study was based on the experience and knowledge of the research team, it is therefore possible that some HRIPs involved in health governance issues were left out. Secondly, some identified HRPIs were not included in the study due to their inability to complete the study tool despite many reminders that were sent out to them

ANNEX 1: ADAPTED STUDY TOOL

A CONTACT INFORMATION		
1	Name of respondent	
2	Title of respondent	
3	Contacts of respondent:	
	- Telephone	
	- E-mail	
	- Postal Address	
4	Name of the institution in full	
5	Acronym	
6	Physical location	
7	Region/District	
8	City or Town	
9	Country	
10	Telephone	
11	Email	
12	Website	
INSTITUTIONAL HISTORY AND GEOGRAPHICAL SCOPE		
13	In which year was the institution established?	
14	In which country is the institution's headquarters located?	
15	Are there any branches?	
16	If so, where (which countries?)	
17	In what countries does the institution operate?	
LEGAL STATUS		
18	What type of institution is it?	
	- Government	
	- NGO	
	- Bilateral organization	
	- Multilateral	
	- Other (Specify)	
18	What type of institution is it?	
	- Government	
	- NGO	
	- Bilateral organization	
	- Multilateral	
	- Other (Specify)	
19	What is the legal status of the institution?	
	- Established by Law	
	- Registered	
	- Other (Specify)	

GOVERNANCE OF THE INSTITUTION		
20	<p>Which of the following organs apply to the governance of the institution? Tick as applicable:</p> <ul style="list-style-type: none"> - Board of Trustees - Governing Council / Committee - General Assembly / Annual General meeting - Directors - Others (Specify) 	
FOUNDERS		
21	Who were the founders of the institutions and the countries of origin or located?	
	Name of founding institutions or individuals	Countries where these institutions are located
	1.	
	2.	
	3.	
	4.	
	5.	
FUNDING SOURCES		
22	What are three main sources of funding?	Approximately what percentage of funding is from each source?
LINKS WITH OTHER INSTITUTIONS		
23	Does the institution have links with other institutions? Indicate by Yes or No.	

24	<p>If yes, what type of institutions is it liked to? Tick as applicable:</p> <ul style="list-style-type: none"> - University - Other academic institutions (Specify) - Research institutions - National government - Foreign government - Multilateral organization - Other (Specify) 	
AREAS OF FOCUS/NATURE OF WORK		
25	<p>Which of the following are the principal areas of the focus of work? Tick as applicable:</p> <ul style="list-style-type: none"> - Health policy - Health systems - Health care programs - Disease specific programs - Human resources - Health financing - Community participation - Economic policy, trade and health - Technical assistance/advice - Advocacy - Other (Specify) 	In what specific aspects?
INVOLVEMENT IN HEALTH GOVERNANCE		
26	In what ways has your institution participated in national or regional health governance?	Explain and give some examples

ANNEX 2: HRPI Operating in Malawi

Category	Name of Institution	Location
Academic Institution	1. College of Medicine, MPH Program.	Blantyre – Southern Region.
	2. Management Centre the Malawi Polytechnic.	Blantyre – Southern Region.
	3. Kamuzu College of Nursing.	Lilongwe and Blantyre.
	4. Malawi College of Health Sciences.	Lilongwe, Blantyre and Zomba.
	5. Mzuzu University Nursing College.	Mzuzu Central, South Region and Northern Region.
	6. CHAM Nursing College	North Central and southern Region (Mzuzu, Lilongwe, Zomba, Chiradzulu)
Category	Name	Location
	7. Malawi College of Health Sciences	Thyolo – Southern Region Lilongwe – CR
	8. Share World University	
Management Institutions	9. Malawi Institute of Management 10. Staff Development Institute	Lilongwe – Central Region Blantyre Southern Region
Research Institutes	11. University of North caning Clinical Research Trials Centre	Lilongwe – CR

	12. John Hopkins Clinical 13. Trials Research Centre 14. Reach Trust 15. Karonga Preventive Study	Blantyre – CR (Welcome Trust) Lilongwe – CR Karonga NR
Professional Association	16. Medical Association of Malawi 17. Midwives Association of Malawi 18. Pharmaceutical society of Malawi 19. Dental Association of Malawi 20. Nurses Organization of Malawi	Lilongwe – CR Lilongwe – CR Lilongwe – CR Lilongwe – CR Lilongwe – CR
Health Regulatory Bodies	21. Medical and Dental council of Malawi 22. Nurses and Midwives council of Malawi 23. Pharmacy medicines board and Malawi	Lilongwe – CR Lilongwe – CR Lilongwe – CR
Think Tanks	24. Center for social Research	Zomba – SR
NGO	25. Malawi Health Equity Network 26. Health 'N' Rights Education 27. Provide program Initiative Trust	Lilongwe – CR Blantyre – SR Lilongwe –CR
Private Sector	28. Management International 29. Management solutions	Lilongwe

1



Mapping of Health Resource Partner Institutions (HRPIs)

Modelling a sustained approach for strengthening health governance and stewardship in low-income countries

MALAWI REPORT

Principal Investigator **Dr Ann Phoya** supported by co-investigators: **CHAMANGWANA Immaculate, KALILANGWE Joe, KACHALA Rabson**



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2

Country Background



Malawi: The Warm Heart of Africa



Demography

- Population=14.4→2.3%,2008 NSO
- Area=118484 km² →94276 water
- Administrative Regions
 - North→6 districts
 - Central→9 districts
 - South→13 districts
- DCs head districts and are responsible for delivering decentralized social services (health)



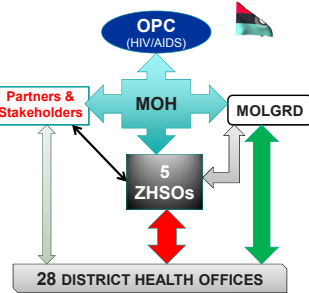
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3

Management of Health Services

- Minister of Health → provides overall stewardship for delivery of health services in Malawi
- Administratively health services divided into 5 Health Zones (N, CE, CW, SE, SW)
- ZHSOs are staffed by health professionals who provide technical and supportive supervision to DHMTs
- DHMTs are responsible for providing health services in districts



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4

Health Sector Strategies through SWAp

POW (2004-2010 → HSSP (2011-2016

- Focus→EHP & Health System Strengthening(HSS)
- SWAp adopted as frame work for planning, financing, implementation & monitoring
- Players: Central Government, Local Government (assemblies), development partners, faith-based organizations, civil societies

Areas of Focus for HSS

- Development & Management of HRH
- Improving supply chain management of drugs & medical supplies
- Improving health infrastructure



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5

Selected Success Achieved Through SWAp POW 2004-2010

INDICATOR	2004	2010
Infant Mortality	76/1000	66/1000
Under Five Mortality	133/1000	112/1000
Under 1-year children fully immunized	75%	81%
Skilled attendance at birth	56%	75%
Contraceptive Prevalence Rate	28%	42%
MMR	984/100,000	675/100,000
Nurse/Population Ratio	1/4,000	1/2634
Doctor/Population Ratio	1/62,000	1/31,000
HIV infected persons accessing ARVs	3%	65%
Primary H/Cs providing a full range of EHP	9%	78%
TB cure rate	76%	89%



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6

Rationale of the Study

- Follow up to a previous study “**Strong Ministries and Strong Health Systems by the ACHEST**” which recommended countries to develop effective governmental and non-governmental HRPIs to support the health system stewardship & governance functions of the Ministries of Health
- For better implementation of the recommendation, ACHEST commissioned a Multi-Country Study
- Study Goal: *to identify, locate & characterize HRPIs*
- The Principal Investigator for Malawi was **DR. ANN PHOYA** (Director of Health SWAp Secretariat)



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7

Objectives of the Study

- To gain better knowledge & understanding of Africa health policy and strategy organizations, their activities, impact, strengths and needs
- To identify & characterize the HRPis in Malawi
- To identify different ways & methods by which HRPis can strengthen health governance & stewardship in Malawi
- To recommend models by which HRPis could be facilitated to strengthen **health governance** and **stewardship in Malawi** & other low-income countries, especially those from Sub-African origin



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8

Methodology

- Country adaptation of the study tool in consultation with ACHEST was done. Only contact address of the respondents was changed: **"street address and province"**→**"physical address and region"** because the former addresses were NOT compatible with Malawi
- Pre-testing of the tool/questionnaire was done in two institutions(Training Institution & Pharmaceuticals NGO) by the Principal Investigator and a team of health planners from MOH to identify applicability in the Malawian context
- Listing of indigenous HRPis operating in Malawi was done→29 Institutions
- Data collected through self administered questionnaire, guided interview and discussions→ for ANALYSIS (9)



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Study Limitation

- Some HRPis in Malawi might have been left out because the inclusion of HRPis in the study was based on the experience and knowledge of the Research Team
- Some identified HRPis were NOT included for analysis due to their inability to complete the study tool despite many reminders that were sent to them



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Categories of HRPis in Malawi

Type of HRPi	Numbers
Academic Institutions	8
Management Institutions	2
Research Institutions	5
Professional Associations	5
Health Regulatory Authorities	3
NGOs	3
Private Sector	2
Think Tanks	1
Total	29



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Profile of the Selected HRPis in Malawi

Name	Yr of Establish	Legal Status	Location
COM Health Management Unit	2003	Parastatal	Blantyre
Parent and Child Initiative Trust (PCIT)	2010	NGO	Lilongwe
Mai Khanda Trust	2006	NGO	Lilongwe
Share World Open University	1994	Trust	Blantyre, Lilongwe, Mzuzu
Kamuzu College of Nursing (KCN)	1979	Parastatal	Lilongwe
Management International	2000	Private	Lilongwe
Polytechnic Management Centre	1978	Parastatal	Blantyre
Staff Development Institute	1962	Government	Blantyre
Malawi Institute of Management (MIM)	1989	Parastatal	Lilongwe

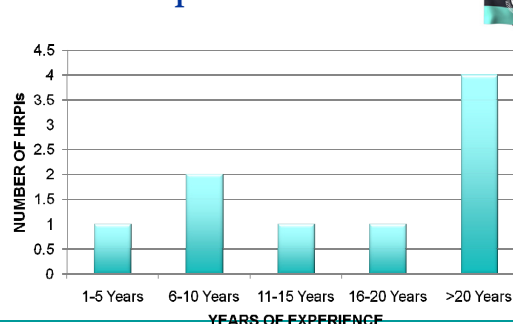


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Years of Experience of HRPis



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HRPIs Governance/Founders & Linkages

HRPIs	Founders	Linkages
COM Management Centre	Government	Government, foreign governments, multilateral agencies, academic & research institutions
PCIT	One Individual	Universities, hospitals, governments & philanthropic organizations
Mai Khanda Trust	Philanthropic	Philanthropic organizations
Share World Open University	Group of Individuals	Other universities & professional licensing bodies
KCN	Government	Government, foreign governments, multilateral agencies, academic & research institutions
Management International	Group of Individuals	Clients → Government Agencies, NGOs, Private Institutions
Polytechnic Management Centre	Government	Government, foreign governments, multilateral agencies, academic & research institutions
Staff Development Institute	Government	Government
MIM		Universities & other management institutions

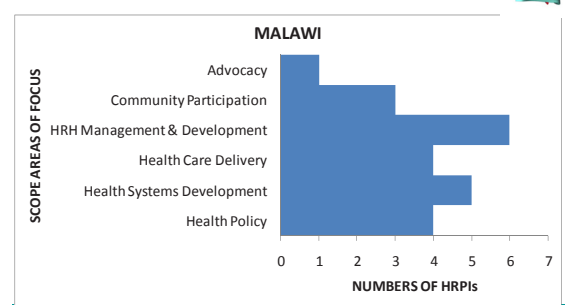


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HRPIs' Scope of Work



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Possible ways by which HRPIs can Enhance Health Governance in Malawi

- All HRPIs in the study expressed desire and willingness to partner with government in improving governance issues in health sector by strengthening their own roles
- Training Institutions → to offer both short & long term training in HSS, different aspects of management and research to be commissioned by health sector
- Designing specific management courses if requested to do so
- Obvious need in improving capacities of HRPIs themselves in line with health sector governance and stewardship



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Recommendations

- ACHEST to support MOH to document and disseminate good and evidence-based health governance practices to HRPIs & other health sector players
- ACHEST to support the capacity development of HRPIs in Malawi to enable them play an active role in addressing health governance issues
- ACHEST to support MOH towards the creation of a conducive environment where health sector players from both public, private & civil society could work together to promote good governance in health service delivery



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Conclusion

- Malawi HSSP 2011-2016 has incorporated promotion of good governance & stewardship in health delivery system at all levels
- Malawi has several dynamic HRPIs that are ready to partner with government in improving governance issues in health sector by strengthening their own roles
- There is need for Malawi Government to coordinate the development of effective governmental and non-governmental HRPIs to support the health system stewardship & governance functions of the Ministry of Health



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Warm Regards from Warm Heart of Africa Zikomo!



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