



Proposed

**TERMS OF REFERENCE OF THE
MALAWI HEALTH WORKFORCE OBSERVATORY (MHWO)**

(Draft 4)

Ministry of Health

HRH Department

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LIST OF ACRONYMS AND ABBREVIATIONS

AC	: Advisory Committee
CHAM	: Christian Health Association of Malawi
DFID	: UK Department for International Development
EHRP	: Emergency Human Resource Programme
FBOs	: Faith Based Organisations
HR	: Human Resources
HRH	: Human Resources for Health
MHOW	: Malawi Health Workforce Observatory
NGOs	: Non Governmental Organisations
TC	: Technical Committee
UNDP	: United Nations Development Programme
UNICEF	: United Nations Children's Fund,
USAID	: United States Agency for International Development
VSO	: Voluntary Service Overseas,
WHO	: World Health Organization
GTZ	: Deutsche Gesellschaft für Technische Zusammenarbeit

I. Background

According to the results of the Malawi Human resources for Health (HRH) Census Report of April 18 2008, Malawi had a total of 33,766 health workers in 2008, with Health Surveillance Assistants constituting 30% of all the staff working in the health sector. In addition the combined ratio of physicians and nurses remains very low, it is about 0.4 per 1000 population, a figure below the minimum required of 2.4- (MOH, 2008).

The above figures indicate that Malawi is still experiencing a shortage of health workers. The situation has been recognized as a key bottleneck to delivering health services in the country. After a series of efforts to address HRH issues in the late 1990s, the MOH developed a Six-Year Emergency Pre-Service Training Plan in 2001, an Emergency Human Resource Programme (EHRP) in 2004 and a HRH strategic framework in 2005 to ensure the harmonization and strategic alignment of the various HRH plans, strategies and activities as a way for addressing the HRH crisis. These programmes focused mainly on retention, deployment, recruitment, training and tutor incentives for 11 priority cadres.

Available evidence demonstrates that the implementation of these programmes had a positive impact. There is, for example : a reduction in nurse emigration; the enrolment on basic clinical courses was two and a half times higher in 2007 than in 2003; there were about 40% more doctors, 50% more clinical officers and 30% more nurses in post in 2007 than in 2003 (MOH, 2008).

The EHRP also included plans to strengthen information and monitoring systems. The establishment of HRH observatory is among the measures in order to fill the gap in information and evidence in HRH for decision making.

II. Definition of the Malawi Health Workforce Observatory

The Malawi Observatory of HRH is called “Malawi Health Workforce Observatory (MHWO)”. It is seen as a national resource for producing, sharing and utilizing health workforce information and evidence to support HRH policy implementation. It involves a network of all resources and stakeholders in health workforce development in the country that monitors and documents implementation of HRH policy and HRH strategies. In addition:

1. The members of the MHWO network maintain their own identity while sharing the results of their work in a more systematic way.
2. The MHWO is linked to the Africa Health Workforce Observatory and to other similar national observatories in the sub region.
3. The MHWO is not seen as an administrative structure or duplication. It is built on the existing mechanisms and linkages.

III. Mission of the MHWO

The mission of the Malawi Health Workforce observatory is to support actions that address HRH challenges in the country through promoting, developing and sustaining a firm knowledge base for HRH that is founded on solid and updated HRH information, reliable analysis and effective use at all levels.

VI. Principles and Values

1. As the health workforce field involves multiple sectors (education, labour, civil service, etc.) and legitimate stakeholders (ministries of health, academia, professional associations, NGOs/FBOs, training institutions, etc.), the observatory acknowledges the importance and role of these stakeholders and promotes their participation to ensure a common understanding of the HRH issues and consensus on the priorities.
2. The observatory is guided by the recognition that the development of health workforce policies is a dynamic and continuous process based on a continuously renewed understanding between stakeholders.
3. The development of human resources policies and the processes implies and should be based on the solid and updated HRH information and the promotion of transparency and trust.
4. The HRH observatory recognizes the impact of globalization and the economic and social integration process on the HRH development in Malawi.

V. General Objective

The general objective of the MHWO is to contribute to the HRH development in the country for strengthening the national health system for effective and efficient health service delivery.

IV. Specific objectives

The specific objectives of the MHWO are to:

- i. Develop national capacity for monitoring and evaluation of HRH situation and trends
- ii. Undertake activities to enhance the knowledge and evidence base for health workforce development - such as reviews of policy implementation, operational research
- iii. Provide a forum for partnership, sharing of experience and advocacy in HRH development
- iv. Facilitate networking of expertise in HRH and health systems in order to strengthen the health system
- v. Serve as an early warning system on HRH impending situations
- vi. Contribute information and expertise to the regional observatory

IIV. Functions of the MHWO

The observatory will concentrate its efforts on using existing data, helping to disseminate them within the country and complementing the existing data by conducting specific surveys/studies relevant to HRH development consistent within the health system context and HRH agenda.

The five main functions of the observatory are envisaged as follows:

Function 1: Information & Monitoring the HRH situation.

This function consists of:

- ✓ Collecting, analysing and using data for monitoring health workforce policy, strategies and programmes. The next step will be to introduce evaluation, as well as comparative assessments;
- ✓ Developing a comprehensive HRH country profile with regularly updating (at least every two years). The HRH country profile would serve as a tool for systematically presenting the HRH stock and trends, utilization of the health

workers, health training, and HRH governance. The HRH Country profile would also facilitate information sharing and cross-country comparison;

- ✓ Conducting HRH Country assessments: further analysis of available data, identifying further data need as well as either promoting the collection and the use of this data;
- ✓ Complementing data from other sources and stakeholders (i.e. registration data by regulatory bodies, professional associations, data from health training institutions, from censuses and surveys.)Contributing to the development, implementation, monitoring and evaluation of the HRH policy and Plans.

Function 2: Research & studies.

The studies will be undertaken by relevant and interested members of the MHWO Network. These studies will specifically:

- ✓ Look at the impact of existing strategies and HRH implications of disease-based programmes.
- ✓ Conduct/commission research into HRH research agenda in order to understand the HRH situation better, to inform policy.
- ✓ Assess and/or document HR practices in the health sector.
- ✓ Assess HRH data and information system in the country and advise on information collation and management;
- ✓ Contribute to any inter country studies in collaboration with the regional observatory or another national observatory.

Function 3: Sharing and communication.

This function is aimed at promoting and ensuring continuous communication and information sharing among the stakeholders by setting up useful mechanisms to bring together the stakeholders and partners. Various means will be used to communicate the research and analysis of the MHWO to policy-makers and users, such as briefing notes, fact sheets, position papers, research results, reviews, assessment reports, commission reports and meetings. This will also include the processing and analysis of information and data; the dissemination and making existing research findings and information accessible through appropriate technology such as the development and the maintaining of a dynamic website; and with the possibility of organizing a national Health Worker day or a national forum on HRH development.

Function 4: Networking.

This function is aimed at maintaining the MHWO Network by:

- ✓ Promoting and ensuring continuous communication and information sharing among the stakeholders and partners;
- ✓ Organizing policy debates, roundtables on HRH issues
- ✓ Developing joint activities
- ✓ Organizing an annual meeting of stakeholders
- ✓ Establishing network of HR experts and institutions
- ✓ Linking the MHWO to other national observatories, with the possibility of sharing their experiences, lessons learnt and studies, as well as joint inter country work. Networking will be facilitated through face-to-face meetings, videoconferences, electronic mail and well-maintained web sites which the stakeholders can contribute by sharing the results of their work.
- ✓ Creating subgroups of various interest areas in HRH (such as health training, HRIS Experts, Research, Capacity building, etc.) which could be part of the observatory national networking.

Function 5: Capacity building for HRH.

The MHWO will contribute to both institutional capacity and individual capacity-building for HRH through its activities. Capacity for data collection and analysis, trend analysis, equity analysis, research and monitoring will be developed as part of its work.

The observatory and the partner institutions will organize training programmes for different target groups, such as policy-makers, technical staff and academic staff. The subjects will range from policy issues such as macroeconomic and fiscal constraints, migration, working environment, resource allocation and HRH policy development to technical issues, such as data analysis and data processing.

IIIV. Membership of the MHWO

The institutional arrangements for the MHWO are envisaged as a partnership of individual experts and resource institutions based on networking. The membership to the MHWO is based on the existing partnerships and mechanisms and involves all constituencies, such as:

- ✓ Government (Ministry of Health, Ministry of Education, Ministry of Finance, and Department of Human Resources Management and Development), National Statistical Office (NSO)
- ✓ Academia :including the University of Malawi (College of Medicine, Kamuzu College of Nursing, and The Polytechnic), Malawi College of Health Sciences, other health training institutions (Christian Health Association of Malawi training institutions),
- ✓ Health Regulatory Bodies: Pharmacy, Medicines and Poisons Board (PMPB); Medical Council of Malawi, ; and Nurses and Midwives Council of Malawi;
- ✓ Faith based organisations: Christian Health Association of Malawi (CHAM),
- ✓ Non Governmental Organisations: MSF-Belgium, Norwegian Church Aid
- ✓ Development partners involved in HRH development (WHO, DFID, VSO, GTZ, USAID, UNICEF, UNDP, Norwegian Embassy...)
- ✓ Health Service Commission
- ✓ Professional associations: Medical Association of Malawi, Nurses Organization of Malawi(NOM), Society of Medical Doctors
- ✓ The Private sector and civil society (MHEN, MEJN...)

XI. Management of the MHWO

The overall management of the MHWO has three levels:

- ✓ Advisory Committee (AC),
- ✓ Technical Committee (TC)
- ✓ Secretariat

Advisory Committee: the existing HRH Technical Working Group acts as the Advisory Committee of the Observatory in order to:

- i. Identify policy directions of the Observatory
- ii. Agree/advise on the priorities and allocations
- iii. Approve the annual work plan of the Observatory
- iv. Engage in the policy dialogue
- v. Oversee the work of the secretariat
- vi. Advocate for the HRH development
- vii. Participate in and support fund-raising.

The AC members shall meet twice per year under the chairmanship of the Secretary for Health.

Technical Committee: The Technical Committee is chaired by the Controller of Human Resources Management and Development (CHRMD), comprises of the existing HRH Taskforce and other stakeholders. This Group will:

- i. Provide technical input towards the preparation of the main outputs of the Observatory
- ii. Assess the existing practices on HRH and make recommendations
- iii. Monitor trends that have an impact on HRH policies
- iv. Conduct/commission research/studies
- v. Develop and update the HRH Country profile as a comprehensive HRH picture in the country
- vi. Initiate policy dialogue and development
- vii. Undertake capacity building
- viii. Develop joint activities within the Observatory network
- ix. Promote networking with other chapters/stakeholders within and outside Malawi.
- x. Facilitate the formation of sub groups on research and capacity building within the national observatory

The members of the Technical Committee are as follows:

- ✓ Ministry of Health
 - ✓ Malawi College of Health Sciences
 - ✓ Medical Council of Malawi
 - ✓ Nurses and Midwives Council of Malawi
 - ✓ World Health Organization-Country office
 - ✓ Pharmacy, Medicines and Poisons Board
 - ✓ Christian Health Association of Malawi
 - ✓ MSF-Belgium
 - ✓ Health Service Commission
 - ✓ DFID
 - ✓ USAID
 - ✓ Ministry of education
 - ✓ Ministry of Local Government
 - ✓ VSO
 - ✓ GTZ
 - ✓ University of Malawi (College of Medicine. Kamuzu College of Nursing)
 - ✓ Other Health Training Institutions.(including CHAM training institutions)
- Others to be incorporated when need arises

The Technical Committee shall meet monthly or more regularly if need be.

The Secretariat of the MHWO is responsible for the overall coordination of the observatory in the country and to facilitate and maintain linkages and partnerships. The secretariat is hosted in the Department of HRH in the MoH, overseen by the Controller.

An officer from the the HR Planning unit in the Department of HRH would be appointed as a Focal point of the Observatory assisted by a HR specialist or Statistician and by an IT to administer and to maintain the website and the database.

The MHWO secretariat team is expected ~~to~~to:

- i. Implement the annual agenda of the MHWO;

- ii. Facilitate the work of the Advisory Committee (AC) and the Technical Committee (TC) and ensure the implementation of the AC decisions
- iii. Facilitate linkages with the stakeholders and other resources and health interventions.
- iv. Ensure dissemination and sharing of information
- v. Manage the web site of the Observatory and other means of information sharing and data storage
- vi. Organize meetings and workshops
- vii. Ensure coordinated study and research activities
- viii. Update regularly the HRH country profile
- ix. Maintain linkages with other national observatories and with the regional observatory
- x. Facilitate resource mobilisation efforts.

X. Funding sources

The activities of MHWO can be financed from different sources including both national and external sources. Some of the activities can be derived from the HRH strategic plan and programmes implementation.

XI. References

Ministry of Health (2008). Malawi HRH Census Report. Lilongwe, Malawi

Ministry of Health (2004). Emergency Human Resource Programme (EHRP). Lilongwe, Malawi

Ministry of Health (2005). Human Resources for Health Strategic Framework. Lilongwe, Malawi