

Emergency Human Resources Programme (EHRP) – Malawi

WHO comments on the EHRP final evaluation

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Over 13,000 lives saved in Malawi through bold action on Human Resources for Health

The final evaluation of Malawi's Emergency Human Resources Programme documents the results of 6-years of intensive efforts (2004-2009) by the government and its international partners to save this African country's health human resources from "near collapse". 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 (DFID and GFATM in this case), and effective management at all levels, a country can raise itself above the HRH crisis. The report is also clear that these gains will be shortlived unless perseverance and continued investment preserve and enhance them.

Malawi is one among 57 poor countries whose numbers of health workers fall below a critical threshold (2.3 per 1000) for which essential health services like child immunizations and attendance of a skilled health worker at childbirth are difficult to deliver for many of its people.

In 2005, Malawi launched an emergency response, deploying a 5-element strategy to improve the incentives for recruitment and retention of Malawian healthcare staff, expanding domestic training capacity by over 50% overall, and utilizing international volunteer doctors and nurse tutors to fill critical posts while more Malawians were being trained. With inflows of international technical assistance and a mechanism of monitoring progress through existing health management systems, Malawi has emerged stronger from this emergency and has set the stage for moving towards a fully staffed health system which can provide its people the health services they deserve.

The Report shows that the 5-year USD 95.6M direct investments into HRH development, of which about 36% went into a 52% taxed salary top-up for 11 professional cadres, resulted in a cascade of positive effects and outcomes. Health worker numbers increased significantly -- for example, physicians in particular grew from 43 in 2004 to 241 in 2009, representing a 460% increase; nurses which historically had huge losses to out-migration posted a 36% increase in the same period.

With training capacity increased for various cadres and retention in their posts improved with financial and other incentives, the health worker to population density rose from 0.87 per thousand population in 2004 to 1.44 by 2009, representing a 66% increase. This increase outpaced population growth of 10% over the same period thereby showing a net gain. However, the new levels of health worker density still fell below the African region average (1.91 per 1000) and the world average (6.23 per 1000) showing how deep a crisis Malawi was in.

The gains in HRH density produced a tangible impact on health services -- 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.**

This Report documents a success story, and points out that the Malawi story must continue to be written. To this purpose, the Report poses 3 costed scenarios for the future. The first scenario which simply maintains the gains over the last 6 years will mean investments of USD 43.5M over the next 5 years. The second scenario which posts an additional 9-13% increase in staff numbers will need USD 59.4M over the next 5 years. While the third scenario which shows a 5% loss of workers over the next 5 years will cost USD 42.1M.

Surely, the world would like to see a Malawi which perseveres to finally rise above the critical HRH threshold and move inexorably forward to sustainable improvements in its healthcare. In the final analysis, the authors of the Report conclude that among all the things that have gone right for it so far, Malawi must ultimately and consistently demonstrate strong leadership at all levels of its health care system to prevail in the arduous and long road towards a brighter future ■