Reintegrating highly qualified medical staff (specialists) into Malawi’s health sector

Migration project: Strengthening specialised medical care in Malawi

Background

Over the last decade, increases in training capacity have boosted the physician to population density rate from 1.6 per 100,000 inhabitants in 2005 to 2.9 per 100,000 in 2010 – an 81% increase. Despite these achievements, many Malawians still have inadequate access to quality health services and the health system continues to suffer from a shortage of medical specialists, with only 16% (or 35 out of 222) of established posts filled (source: Annual Health Sector Performance Report 2014).

Reasons for this deficit include scarcity of funds, the emigration of qualified medical personnel and the lack of incentives to stay in/return to Malawi due to the country’s insufficiently equipped workplaces, lack of career prospects and inadequate pay, especially in comparison to other countries like South Africa and the United Kingdom. In addition, a number of areas of specialised training are not available or cannot be completed in Malawi, with the result that registrars and young medical doctors immigrate to South Africa to continue their training and/or career development and then do not return to Malawi.

Objective

The Strengthening Specialised Medical Care in Malawi project aims to strengthen the quality and enhance the availability of specialised medical care in Malawi. The project is working with the Government of Malawi to develop high-quality specialised medical health care provision for the people of Malawi by improving further training options and career opportunities for medical students, registrars, doctors and specialists in the country.

Approach and technical support

The Migration Project is co-funded by the European Union and the German Federal Ministry for Economic Cooperation and Development (BMZ) and is being implemented by the Malawi German Health Programme (GIZ) in partnership with the Ministry of Health, the College of Medicine (CoM) and the country’s two major teaching hospitals: Queen Elizabeth Central Hospital in Blantyre and Kamuzu Central Hospital in Lilongwe.

A Project Implementation Unit (PIU) has been set up within the CoM, which advises on quality management in the health sector with a focus on specialised medical care. The PIU is working with the Malawian Ministry of Health and seven departments in the CoM: Anaesthesiology and Intensive Care, Internal Medicine, Obstetrics and Gynaecology, Paediatrics and Child Health, Pharmacy, Radiology, and Surgery.

To meet its objective, the Migration Project is undertaking three key interventions: (1) up to 10 Malawian medical specialists living and working in the diaspora are being recruited and reintegrated into the Malawian health system on a permanent basis, (2) the specialised training of medical students and registrars will be...
enhanced by recruiting Malawian and international experts to undertake temporary teaching assignments that will plug gaps or tackle deficits in specialist teaching provision, and (3) the quality of education will be strengthened through ‘circular migration’ where students and registrars get to spend time abroad studying and then bring back their learning. The circular migration scheme also supports the subspecialisation of existing Malawian medical experts currently practising in Malawi.

In order to strengthen professional networking and knowledge management in the field of specialised medical care and diaspora engagement, the project has kick-started the development of the Medical Network Malawi online platform, known as MedNet Malawi. Two of the platform’s planned functions are a CoM alumni portal and a discussion forum for students, doctors and specialists, both of which will serve to promote interaction and networking among the project’s target groups. The profiles created on MedNet Malawi will also enable the CoM to build a database of expertise that can be used to match up experts with teaching needs.

Results

The project fills vacant positions by recruiting and reintegrating Malawian specialists from abroad. As a result, the availability of specialised medical care in Malawi increases and the health situation of the Malawian population improves. By May 2015, six of the 10 targeted specialised positions had been filled by the project. Three additional Malawian specialists interested in permanently returning to Malawi in 2015 have also been identified.

These specialists’ repatriation packages include the procurement of medical equipment, which benefits the whole department and prevents further migration in the health sector. By May 2015, eight Malawian specialists practising in Malawi had also started their subspecialisation training abroad. Their return to Malawi will also serve to strengthen the availability and quality of specialised services.

In order to improve the training of specialists and the quality of health services in the country’s two major teaching hospitals, a total of 15 students and registrars from the seven supported departments will temporarily relocate to other southern and east African countries in order to study their chosen specialism. By early 2015, eight such candidates had already completed their training or familiarisation process. In the meantime, the project has compensated for the current shortage of specialists by recruiting 14 teachers to deliver the specialist learning required on an interim basis (from 2014 to 2016).

Challenges

Unsecured and limited financial resources are a major challenge when it comes to guaranteeing the sustainable funding of medical specialists’ positions. In cases where salary commitments are broken, specialists are highly likely to migrate to other countries or to return to the countries they were previously working in.

To minimise the risk of the project providing unbalanced support to returning Malawian specialists on the one hand and specialists who have continued practising in Malawi on the other, the circular migration scheme was introduced.