An Evidence-Based Policy Brief

Improving Quality of Care in Malawi's Public Sector Maternal Health Services

Executive Summary

Included:
- *Description of a health system problem*
- *Viable options for addressing this problem*
- *Strategies for implementing these options*

Not included: recommendations
This policy brief does not make recommendations regarding which policy option to choose

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Who is this policy brief for?

Policymakers, their support staff, and other stakeholders with an interest in the problem addressed by this policy brief.

Why was this policy brief prepared?

To **inform deliberations** about health policies and programmes by **summarising the best available evidence** about the problem and viable solutions.

What is an evidence-basedpolicy brief?

Evidence-based policy briefs bring together **global research evidence** (from systematic reviews* where possible) and **local evidence** to inform deliberations about health policies and programmes.

***Systematic review:** A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse.

Executive Summary

This executive summary presents preliminary findings of research investigating implementation of quality improvement initiatives in maternal health services in Malawi's public sector hospitals.

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None of the authors reported a conflict of interest

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Key messages

The problem:

Despite implementing a facility-based births strategy and a number of quality improvement interventions, Malawi's maternal mortality rate (MMR) remains high at 439 per 1000,000 live births. Poor quality of care is a major factor in high MMR, which suggests that programs meant to improve quality of care in maternal health have not delivered expected outcomes.

Policy options:

1. **Address resource and staffing shortfalls**
    - Increase secure government funding for essential infrastructure and basic operating costs:
        - Provide round-the-clock electricity
        - Provide safe, reliable water
    - Ensure availability of adequate staff to provide direct patient care:
        - Increase recruitment
        - Increase wages
        - Provide staff housing
        - Ensure merit-based human resource management
        - Provide on-site continuous professional development

2. **Integrate partners' activities with Ministry of Health needs**
    - Require that partners' activities follow Ministry of Health priorities:
        - Ensure partner-projects focus on Malawi health system needs
        - Require partners commit long-term to solving a specific issue
        - Require that partners provide all equipment and staff
        - Require partners follow wage parity with the Ministry of Health

Implementation considerations:

A multi-faceted strategy is needed to better coordinate existing efforts to improve quality of maternal care, and to expand the resources available.

- Enablers include examples of locally-developed procedures for coordinating partners' activities, and tracking resource use within Districts.
- Barriers include the challenges of staff shortages, inadequate funding for essential utilities and supplies, and the difficulties involved in coordinating the activities of partners which of diverse scopes, focal interests, and approaches.

The problem:

Maternal Mortality Rates in Malawi remain high, despite high rates of facility births.

Since 2000, Malawi has implemented strategies to encourage facility-based births. Today 90% of births take place in a facility, but the MMR is still high at 439/100,000 live births. This calls into question the quality of the care women are receiving.

Our research shows the following factors undermine quality of maternal care in Malawi

1. Severe staff shortages. Hospitals and health centres are seriously under-staffed, with up to 75% vacancy rates in clinical officer and nursing positions in some districts. High quality care cannot be achieved when there are too few clinical staff to provide it. Moreover, some staff members are working at competency levels above their training. Over the longer term, being overworked demotivates staff, resulting in lower productivity and more staff resigning from posts.
2. Lack of water and electricity. Many district hospitals and health centres have electricity for 3-6 hours in every 24 hours. Water in taps is not available for days at a time.
3. Lack of essential medicines and supplies. Funds currently available to districts are not adequate to obtain essential materials and supplies. Supply system structures that require orders to be placed through an on-line system are vulnerable to disruption because of inconsistent electricity supply. The vulnerability is compounded by a lack of adequately trained staff throughout the logistical chain, from the Central Medical Stores to district hospital and health centre dispensaries.
4. Quality improvement initiatives delivered by partners (international donors and NGOs) do not address the real factors that underlie poor quality of care, such as lack of water, electricity or staff shortages. In fact, partners may compound the challenges facing the public sector health system in Malawi in three key ways:
    a. Partner-directed projects follow donor-directed interests, rather than addressing Malawian needs. The projects are of short duration (3-5 years) and donor priorities change before the problem is addressed. Partners move on to new projects, while older projects are abandoned, since the government does not have the financial or human resources to sustain them. Reliance on partners has resulted in duplication of efforts, partial coverage of services, and short-term planning.
    b. Government resources are being diverted to partner activities at the detriment of women requiring acute hospital care. Partner initiatives draw on clinical staff and hospital/health center equipment. For example, projects impose their reporting requirements, which diverts clinical staff from patient care to paperwork. Ambulances are used to implement to implement partners' activities, which can result in acute patients not having access to emergency transportation. Diversion of these resources from direct patient care and compromises quality of care.

c. Partners, in the name of 'innovation' have provided high-tech equipment and limited-duration funding, for example, for machines to conduct routine laboratory tests, or computers for e-learning (continuing education). But lack of electricity and funds for on-going operations means the equipment soon cannot be used. Not only does the equipment become unusable without expensive maintenance, the labs become incapable of performing even routine tests, such as blood counts. In another example, computers for e-learning had yet to be switched on for the first time, despite 30 months passing since their installation.

Policy options

1. Increase secure government funding for basic operating costs.

1.1 Provide a well structured and operational infrastructure. Provide round-the-clock electricity and a safe water supply in all health care facilities. This can be done through solar power and digging local wells. Provide staff training on electricity and water conservation, which also helps reduce utility costs.

2. Ensure availability of adequate staff to provide direct patient care

2.1 Recruit more clinical staff. Draw upon the existing trained health care personnel looking for employment in the country.

2.2 Provide livable wages. A livable wage should meet essential life requirements without workers needing to secure additional income through a second job or a business. It is essential to provide health care providers decent, livable wages because they have to be available for patient care round-the-clock.

2.3 Create a merit-based system of human resource management. Ensure a systematic process of acknowledging good work and disciplining poor performance. Ensure merit-based promotions.

2.4 Require all clinical staff live in hospital housing, which should be allocated to front-line clinical care providers only.

2.5 Require that all training programs be provided in the health facilities where the staff work, with on-site follow up mentoring.

3. Require that partners' activities follow Ministry of Health priorities.

3.1 Ensure programs developed by partners focus on Malawi's health system needs (described above) and not the interests of the funding donors.

3.2 Require that donors focus on specific problems for as long as is required to solve the issue. This might require partners to work for 1-2 decades on improving the quality of maternal care without changing focus.

3.3 Require that partners provide all necessary equipment and staff to carry out their activities without drawing on Ministry of Health resources.

3.4 Require partners pay their staff salaries that align with the Government of Malawi pay structure. This will reduce the exit of high quality staff from government service into partner-funded projects.

Implementation considerations

The degree of change in the health system required to implement these policy options varies. Policy option 3 involves placing boundaries around the activities that partners and non-governmental organizations undertake, in order to ensure that those activities meet the long-term needs of Malawi to improve maternal care and are well integrated into the health system.

The other policy options potentially require deeper structural change. The Ministry of Health will have to work closely with Ministry of Finance if the issue of inadequate financial allocations at the District level is to be resolved. Within the Ministry of Health, steps may be taken to ensure that existing resources are used as efficiently as possible. Similarly, under-staffing within the Ministry of Health cannot be resolved without close collaboration with other government agencies. The recent move to decentralize hiring to the District level may allow hospitals to fill some vacant staff positions, but ultimately the Districts are limited by the budgets they have available. It is also possible that decentralization will bring unintended consequences for staffing if Districts with more desirable amenities or larger budgets are able to out-compete other Districts to attract personnel, increasing differences within Malawi in maternal health care performance.

Next steps

The goal of this brief is to highlight challenges the Malawi Ministry of Health faces in improving the quality of maternal care in public facilities, and to outline some potential policy options. Analysis of this body of data is on-going and additional insights on each of the points above will be fed back to policy-makers in Malawi.