

**Minutes of the Board Meeting:
Capacity Development in Health Project
Ministry of Health Conference Room, Thursday, January 23, 2014, 14:30 hrs**

1.0 Present

1.	Dr. Charles Mwansambo	Chief of Health Services	cmwansambo@gmail.com
2.	Ms. Mia Seppo	RC/RR, UNDP	mia.seppo@undp.org
3.	Dr. Eugene Nyarko	Country Rep., WHO	
4.	Ms. Tobiassen Hildegunn		hildegunn.tobiassen@mfa.no
5.	Ms. Tione Chilambe	Act. Director of Programs, NAC	chilambet@aidsmalawi.org.mw
6.	Mr. Ernest Misomali	ARR, UNDP	ernest.misomali@undp.org
7.	Ms. Mercy Alidri	Prog. Officer, UNV	mercy.alidri@undp.org
8.	Dr. Titha Dzowela	Dep. Director, Clinical Services	tdzowela@yahoo.com
9.	Mr. Austin Mnthambala	Dep. Dir. HID/AIDS	atmnhambala@gmail.com
11.	Mr. Venge Nkosi	Prog. Analyst, UNDP	venge.nkosi@undp.org

2.0 Introduction

The Chairman, Dr. Charles Mwansambo, called the meeting to order. He welcomed the World Health Organization Country (WHO), Eugene Nyarkoe and the Royal Norwegian Embassy (RNE) representative Ms. Tobiassen Hildegunn – being their first meeting to attend. He indicated that the purpose of the meeting was to discuss the Capacity Development in Health Project – UNV Doctors Project. Dr. Mwansambo then requested all attendees to the meeting to observe a one minute silence for Dr. Ihor Romanoich who was involved in a car accident in Zambia. The Agenda was adopted with no changes. He then called upon the Resident Coordinator and Resident Representative to give some remarks.

3.0 Remarks by the Resident Coordinator/Resident Representative

In her remarks, the Resident Coordinator and Resident Representative described 2014 as a year of challenges and opportunities for Malawi. She added that the year 2014 also heralds 50 years of Malawi's independence, 50 years of UN presence in Malawi, 20 years of democracy and 10 years of implementation of UNV Doctor's Project. She then called on all stakeholders to keep

focused and ensure that implementation of the Project in 2014 is as effective as possible. She observed that not much has been done in knowledge transfer by UNV doctors to junior Malawian doctors. This was largely the result of lack of counterparts to work with these UNV doctors.

The Resident Coordinator and Resident Representative emphasized that the Project will be closing in 2014. As such, she urged the Board to look into how best UNV doctors could transfer skills in this last year. Considering that we are dealing with human beings under this Project, she asked that an “exit strategy” should be immediately prepared in order to avoid a repeat of what happened last year. She then suggested that WHO, being more in the health sector than UNDP, should be engaged and provide technical knowhow. It was agreed and Dr. Eugene Nyarkoe, Country Representative, should lead the process.

Finally, the Resident Coordinator and Resident Representative thanked the Royal Norwegian Embassy for the support provided to the Project particularly at a critical time when UNDP and the Ministry of Health were contemplating of repatriating a sizeable number of UNV doctors due to funding problems.

4.0 Composition and Frequency of Board Meetings

The meeting agreed that WHO and the Royal Norwegian Embassy should be members of the Board. It was also agreed that Board meetings should be held quarterly. However, considering the many issues that are likely need to be discussed this year, extraordinary meetings will be called as and when needed.

5.0 Project Progress Report

Dr. Titha Dzewela presented the Annual Progress Report (*see attached Power Point Presentation*). Generally, he described the Project as being critical and met a number of desired results. For example, the deployment of UNV doctors, as a stop gap measure has allowed the Ministry of Health train its own local doctors – particularly general practitioner (GP) doctors. Almost each and every district hospital now has at least a GP doctor. Of the 300 GPs in public hospitals, only 12% are volunteer doctors. The situation is, however, different for specialist doctors. Of the 28 specialist doctors in public hospitals, 40% are volunteer doctors – largely UNV doctors. Following this, the Project’s focus has now changed to recruiting specialist doctors where the overall vacancy rate is estimated at 80%.

The specialist UNV doctors are also involved in teaching junior doctors at both Queen Elizabeth Central Hospital and Kamuzu Central Hospital in physiotherapy, surgery, obstetrics and gynaecology. The first batch of physiotherapist will graduate this year. The UNV doctors have

also been instrumental in sourcing some basic medical supplies and equipment. Furthermore, there has been transfer of skills and knowledge by UNV doctors to the junior doctors as well as other cadres of the health system.

The above notwithstanding, the Project has had some challenges. These included mobilization of funds, particularly in the past two years 2012 and 2013. This led to the decision to repatriate a large number of UNV doctors in late 2013. Fortunately, the situation was saved by the Royal Norwegian Embassy who agreed to provide \$1,636,500 of the resources that were previously budgeted towards budgetary support and the release of the remaining \$1,095,800 of Global Funds under the National AIDS Commission (NAC) Grant.

In addition, there was a general lack of counterpart staff to transfer knowledge and skills to -- particularly for Zomba and Mzuzu Central Hospitals. Of the 30 Malawian doctors sent to Mzuzu Central Hospital, 25 resigned as they prefer to serve at QECH and KCH where opportunities for further specialization are higher.

6.0 Discussions and Comments

Commenting on the presentation, MoH was the MoH to better coordinate the services of volunteer doctors in health sector. It was observed that apart from UNV doctors, there are other volunteer doctors working in the same area and their contribution should also be acknowledged. The Ministry was asked to look into exit strategy for the Project so that it closes in what she termed as "a responsible way".

Furthermore, the meeting wanted to know what the Ministry was doing to ensure that there are counterpart junior doctors at both Zomba and Mzuzu Central Hospitals. Whether there are any plans to convert these central hospitals to learning centers. Questions were raised as to whether there were any benchmarks to this Project that would be measured against? Suggestions were also made that the contribution of this Project should not only be measured against public central and district hospitals but also other providers such as the Christian Health Association of Malawi as well as private hospitals. There is need to have a holistic understanding of the health sectors. The Ministry was also encouraged to explore an arrangement to recruit Cuban doctors. Other countries have exploited this opportunity. The meeting also wanted to know as to whether Malawi health sector uses public private partnership (PPP) model in the delivery of health services.

In response, the Ministry agreed that an exit strategy is indeed critical and will work on it led by the WHO Country Representative. On coordination, the Ministry indicated that its Clinical Directorate is responsible for coordinating all volunteer activities in the health sector. The

Ministry does have the information on all volunteer doctors in the country. In terms of specialized training, Zomba Central Hospital has been recently accredited as a learning center. Efforts are there by the College of Medicine to roll out these plans. Once this is completed, issues of counterpart challenges will also be resolved. On PPP, private sector provides 5% of services as at now under private-for-profit and private-for-nonprofit arrangements. Research institutions are also involved in providing healthcare. The Ministry will explore recruitment and deployment of Cuban doctors -- but as at now, UNV doctors cost remains more cost effective.

On funding challenges, NAC indicated that there might be a chance of including the Project under the next tranche. There could be deliberate efforts to link the Project to long-term diseases that result from HIV infection and need specialist doctor care. However, the Project needs to be refined based on issues discussed during the Board Meeting. It was agreed that the issue of funding should be tabled at the next meeting following the completion of the Exit Strategy. The Strategy will show whether more funding will be needed to reasonably close the project.

7.0 2014 Annual Work Plan

Dr. Dzwela also presented the 2014 Annual Work Plan. He hinted that the major activities will include: (i) to recruitment and maintenance UNV doctors at 44 (especially specialists); (ii) skills and knowledge transfer; (iii) continuation of continuous professional development (CPDs); (iv) procurement of basic supplies and equipment for specialist doctors; and (iv) project management. The Ministry also asked the Board if it could procure a vehicle considering that the one it has is old and requires frequent maintenance.

The Board endorsed the Work Plan. However, it turned down the request to procure a vehicle for the Project. As a way of cutting down on costs, the Board recommended that to an extent possible, monitoring visits should be conducted jointly. These should involve visiting all other volunteer activities.

8.0 Conclusion and Way Forward

In conclusion, Mia Seppo, UN Resident Coordinator and UNDP Resident Representative re-emphasized the need for having a proper Exit Strategy for the Project. She went on to say that issues dealing with human beings need to be better planned. To this end, the WHO Country Representative, Eugene Nyarko reassured the Board of its readiness to facilitate the process. This will assist the central and district hospitals manage their expectations. Dr. Charles Mwansambo reiterated the Ministry's position towards the Project. He indicated that the Ministry views this Project as critical despite the funding challenges. The Ministry would want this Project to continue. He also stated that more efforts will be made to train Malawian doctors

– especially as specialists to fill the existing gap. He then went on to than RNE for the funding, particularly at a time when the Project was in dire need.

As a way forward, it was agreed that team to be led by WHO should immediately start working on the Exit Strategy. The Strategy will be discussed at the next meeting which scheduled for April 3, 2014. This Strategy will provide a roadmap for the Project.

The meeting was closed at 16:15 hrs.

Approved by:



Dr. Charles Mwansambo
Chief of Health Services

Date:

19/02/14



Ms. Mia Seppo
UN Resident Coordinator and UNDP
Resident Representative

Date:

24/2/14

