Responding to pandemic-induced health system challenges in Malawi

Ann Phoya reports how the Malawian government is learning lessons from COVID-19

Community health worker in Lilongwe, Malawi. Source: Baylor College of Medicine Children's Foundation–Malawi / Robbie Flick (creativecommons.org/licenses/by-nc-nd/2.0)

The declaration of COVID-19 pandemic in March 2020 not only brought global panic but also the realisation that investing in health system is a must. Weak health systems are facing unprecedented challenges that, if unmet, will lead to considerable decline in the health gains achieved at the end of the Millennium Development Goals era. Malawi is one such country whose health system has chronic challenges that will negatively affect response to the COVID-19 pandemic. Among these challenges are a critical shortages of health workers, with a vacancy rate of 47%; disgruntled and poorly motivated frontline health workers; frequent stock-outs of essential medicines, medical supplies and equipment; poor work environment and infrastructure; an inadequate budgetary allocation (9% of the national budget as opposed to the recommended Abuja target of 15%) for health service delivery. These problems provide the context in which Malawi is expected to manage the epidemic to protect its citizens.

The first case of COVID-19 in Malawi, declared on 2 April was imported into the country. Since then, cases have spread locally across the country. Cumulatively, the country has recorded 5,786 cases as of 6 October. The map shows the burden of the pandemic per district. The major cities (Lilongwe and Blantyre) have more cases while Likoma and Ntchisi have the lowest figures.

To respond to the pandemic, the Government of Malawi developed a multi-sectoral plan that included surveillance and contact tracing; risk communication and community engagement; case management and preventing the spread of the virus through hand washing, physical distancing and universal masking. Coupled with these interventions are efforts to mobilise additional resources and setting up of emergency treatment centres in all the 28 districts of the country.

The critical shortage of health workers and the poor working environment have for a long time been raised by health worker representatives with very little results. The coming of COVID-19 and the development of the national response was therefore seen by health worker representatives as an opportunity to demand the government address the long-standing health system challenges. A national sit-in was called, which resulted in health services not being accessible to the people. A number of public hospitals closed their maternity wards, forcing families to pay for care in private facilities while others delivered at home with unskilled birth attendants.

To avoid loss of life due to the unavailability of health services, the ACHEST/AMAMI-implemented

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Health Systems Advocacy Project mobilised the Human Resources for Health (HRH) coalition to advocate immediate resolution of some of the challenges. HRH is a grouping of more than 10 health professional associations that are supported by the project to advocate health system issues. The grouping comprises of associations and unions representing medical doctors, midwives, laboratory technologists, radiographers, anaesthesiologists, obstetricians and gynaecologists, pharmacists, and clinical officers, among others. The coalition prepared an issues paper outlining challenges to be addressed by government for health workers to return to work. The issues paper asked the government to:

- Decongest patient areas to enable health workers to adhere to social distancing when giving care
- Improve staffing levels and reduce staff workload by recruiting health workers who were not employed
- Provide adequate and appropriate personal protective equipment (PPE)
- Revise special medical allowance (perceived as risk allowance) from less than $3 to 70% of salary levels
- Provide life insurance
- Equip health workers with the necessary knowledge to implement COVID-19 response interventions, especially case management

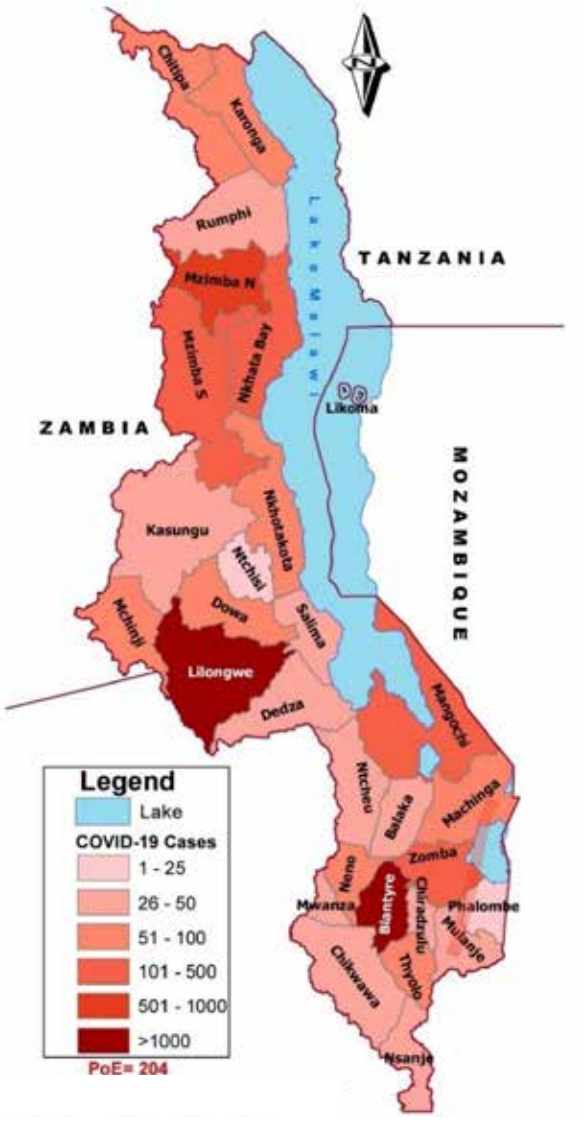
A high-level government delegation met the HRH coalition and discussed the requests. The government delegation comprised policymakers from the ministries of health, labour and local government, the ombudsman, and representatives of the national trade union. The government promised to address some of the challenges with immediate effect while those challenges that required legal provisions (such as the introduction of life insurance) were given a timeline. Immediate resolutions included the recruitment of 2,000 frontline health workers, upward adjustment of the special medical or risk allowance ranging from US$25–80 depending on grade, procurement and distribution of PPE as well as organising COVID-19 training sessions.

Given that government procurements take time, the HRH coalition also asked other stakeholders in the country to provide PPE for health workers. A number of organizations have responded positively with donations. The Health Systems Advocacy Project also procured and distributed PPE to high-burden and border districts, including medical masks, liquid soap and sanitiser, gowns and hand-washing facilities.

The coalition also set up Covid-orientation trainings for about 150 health workers (doctors, nurse midwives, Clinical Officers and Medical Assistants). The major focus of the training was on infection prevention, especially on donning and doffing as well handling of medical waste, case identification and clinical management. Psychological First Aid was also included in the training content as most health workers expressed fear and apprehension about working in COVID-19 treatment units.

The Covid pandemic has affirmed the need for investing in the health system to ensure the continuous availability and accessibility of essential health services including management of unexpected outbreaks. Global recommendations to invest in HRH should be taken seriously.

The ability of the government to employ 2,000 health workers within a period of two weeks demonstrates that there were financial resources within the system that could have been used to recruit unemployed health workers. Advocacy, although a continuous process, must be well timed for it to produce immediate results.



Distribution of COVID-19 cases, as of 11 October 2020

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