PUBLIC HEALTH INSTITUTE OF MALAWI (PHIM)

NPHI CREATION:
LEARNING BY DOING
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BACKGROUND

Malawi

- Situated in Southern Africa and bordered by Zambia, Tanzania and Mozambique.
- Population: 15 Million (NSO 2008)
- Greatest contribution to disease burden is from communicable diseases (HIV, diarrhea diseases, acute respiratory infections, malaria, TB and malnutrition). NCDs are on the increase (BDS, COM; 2009)
- Health Sector Strategic Plan (HSSP) is the main guiding document for implementation of activities in the Health Sector.
- Development of a National Public Health Institute is one of the priority areas in the HSSP.
## Our History

<table>
<thead>
<tr>
<th>Year</th>
<th>Efforts in establishing an NPHI for Malawi</th>
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<tr>
<td>1985 to 1989</td>
<td>MOH established the Community Health Sciences Unit (CHSU) to deal with communicable diseases affecting the community. Main activities were disease surveillance (epidemiology), and Public Health Reference Laboratory (PHRL). Later separate specific disease control programs were added to the campus (malaria, TB, HIV, NTDs). The main aim of the unit was to provide training to health workers in the districts to manage communicable diseases.</td>
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<td>1995</td>
<td>There was an upgrade of PHRL with support from JICA.</td>
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<td>2005</td>
<td>New thinking where National Health Sciences Research Committee (ERRB) advocated to develop a Public Health Research Institute.</td>
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<td>2006</td>
<td>Since the launch of IANPHI in 2006, IANPHI Helsinki, office made some contacts to Ministry of Health, for it to consider establishing a NPHI</td>
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<td>2007</td>
<td>Minister and some Directors attended IAPHI conference in Beijing, China. A taskforce was formed to explore idea of establishing a National Public Health Institute. The task force started working on a concept note for a NPHI establishment.</td>
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## Our History....continue

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<th>Year</th>
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<tr>
<td>2008</td>
<td>IAPHI Emory team visited Malawi and conducted a situation analysis as well as training of the taskforce on how to develop a NPHI.</td>
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<td>2009-11</td>
<td>Due to changes in personnel at the Ministry, progress stalled on NPHI development.</td>
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<td>2011</td>
<td>Members from MOH attended a training on developing an NPHI during the Global Health Leadership Forum in Atlanta Georgia, USA. Malawi choose two areas to develop a project: i. National Public Health Institute (NPHI) ii. Field Epidemiology and Laboratory Training Program.</td>
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<td>Nov 2011</td>
<td>After presenting a report to Senior Management at MOH on the training, a taskforce was revived. MOH senior management gave the go ahead for the taskforce to commence the process for Malawi to develop a <strong>National Public Health Institute</strong>.</td>
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<tr>
<td>2012</td>
<td>IAPHI visited Malawi and facilitated a workshop in March 2012 to develop a strategic plan for NPHI.</td>
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Community Health Sciences Unit (CHSU)
Lilongwe, Malawi

- National TB Control Program complex
- Disease Surveillance Unit (Epidemiology Unit)
- Public Health Laboratories
- National EPI Vaccine Warehouse
- Malaria & Other Disease Control Programs
- HIV & AIDS Unit complex
Current Public Health Functions in MOH

• Carried out by a number of departments and sections; (Directorate of Preventive Health Services (Epidemiology, PHRL, Disease Control Programs), Directorate of Planning Policy Development oversees Public Health Research, Directorate of Clinical Services oversees NCDs).

• Lack of coordination between programs, associated stakeholders, donors and implementers in implementing public health functions.

• Lack of cost effectiveness due to duplication of functions and competition for limited resources.

• Ineffective and inefficient response to major disease outbreaks and public health emergencies.

• Lack of capacity to use strategic information for evidence for public health policy formulation and program improvement. Most of the information sent to MOH is not analysed to inform policy.
What are the issues

The current arrangement of the public health system has resulted in:

- Ineffective and inefficient response to disease outbreaks and public health emergencies.
- Weaknesses in disease surveillance and discharge of public health functions. Districts, health centers and community health workers have inadequate capacity to identify, report and respond to disease outbreaks.
- Occupational and environmental health issues are not well coordinated and not comprehensive.
- Lack of capacity in public health reference laboratory functions.
- Development of some public health policy and public health interventions are not evidence informed.
Why have a Public Health Institute for Malawi

• To have a streamlined decision making-process in responding to major disease outbreaks and public health emergencies.

• To improve technical capacity to respond with speed and effectively to major public health threats.

• To strengthen evidence informed public health policy development and improve implementation of public health interventions by providing decision makers with scientific and technical information.

• To rationalise and have efficient use of scarce resources.

• To contribute to workforce development in disease surveillance, epidemiology and data analysis.
Formation of a Taskforce to Lead NPHI Development Process

Term Of Reference

1. Develop a roadmap.
2. Conduct situational analysis of Public Health Functions/Services in the country.
3. Convene meeting of stakeholders to define what model of NPHI the country should adopt.
4. Develop a concept paper and concept note on NPHI.
5. Present concept paper and concept note to senior MOH management
6. Convene an IANPHI facilitated meeting to develop a strategic plan for the proposed NPHI.
7. Present a draft strategic Plan to MOH and partners.
NPHI Development Process in Malawi

- Dec-Jan 2011/12: Situation analysis conducted
- Jan-march 2012: made extensive consultations with various stakeholders which include; senior management at MOH, development and supportive partners, health training institutions (COM), other government sectors, NGO’s and the private sector.
- Feb-march 2012: developed a draft concept paper on establishing a public health institute for Malawi.
- March 2012: Workshop on development of a strategic plan facilitated by IANPHI and CDC Atlanta conducted.
- April- August 2012: Consultations and meetings for the drafting of the strategic plans, and related documents.
- August 2012: presented concept note and draft strategic plan to EHP Technical Working Group for further comments.
- September 2012: Strategic Plan Endorsed by Senior management
- November 2012: Public Health Institute of Malawi established.
Consultations

• Public consultation to engage stakeholders in decision making process to ensure transparent process to establishing an NPHI. Stakeholders included; Directors in MOH, Program managers, DHOs, development partners, health training institutions, other government sectors, health regulatory bodies and the private sector.

• Conducted intensive discussions looking at the governance model for the proposed institute.

• Finally consensus was reached that the Institute should become a Public Trust which is autonomous from MOH, able to make its own technical decisions and run it functions through a Board of Trustees accountable to Government. The institute will be closely linked to MOH.
Progress to date

• Concept paper has been developed
• Strategic plan approved
• Work plan and implementation plan developed to Operationalise the institute.
• Parliament made a budget provision for Public Health Institute
• Roadmap for transformation of the Public Health Institute into a Public Trust developed
• Developing strategic collaborative partnerships with IANPHI and Norwegian Institute of Public Health.
• In the planning stages of developing a Field Epidemiology and Laboratory Training program with assistance of CDC.
One of the District Hospital in Malawi
Strategic Plan for PHIM

Vision: Contribute towards quality and productive life for healthy Malawi.

Mission: Provide leadership in disease surveillance, prevention, and control, and information generation to inform policy and practice in public health.

Name of the Institute: Public Health Institute of Malawi – PHIM

Overall goal:
To provide national leadership in surveillance, research, prevention and control of diseases of major public health importance.
PHIM Departments

The Public Health institute of Malawi will

- provide national leadership in communicable and non communicable disease epidemiological surveillance.

- Contribute to the prevention and control of diseases of major public health importance.

- will collate, analyse and interpret real time public health data to provide scientific and technical guidance to the MOH and other sectors for evidence informed public health policy development and formulation of public health interventions.

- Support public health workforce development

The main Departments of PHIM

1) Public Health Reference Laboratory
2) Surveillance, Research and Development.
3) Disease Prevention and Response.
4) Development of human resources for public health.
5) Financing and Administration
Next Steps

• Currently we are in the transition period whereby several units from MOH will be moving to the Institute (Epidemiology unit, National Public Reference Laboratory, Public Health Research unit).

• PHIM will eventually become a central level public health trust that will have its own governance structure with a Board of Trustees, its own management and its own staff. The institute shall be funded by government and will be accountable to the public and the Government of Malawi.
Next steps

➢ The institute plans to move to a new site which will allow geographical expansion as the current site at CHSU is in a restrictive residential area with insufficient room for expansion.

➢ When the institute has developed additional competencies, it will expand its scope and take on additional responsibilities.
Lessons learned

• You develop by continuous learning from those experienced, locally and internationally.

• Stakeholder consultation is very critical to get buy in as well as ownership of the process and outputs.

• Incremental steps important to avoid overburdening the system.
THANK YOU