Theme 4: Policy, Economics & Implementation

POLICYMAKER INVOLVEMENT - MALAWI

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NIHR Global Health Research Group on Brain Infections
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Contents

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• Existing fora & lines of communication
• Key people to contact
• Whom contacted, when, and feedback
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Recap: Draft Intervention Domains & Components

<table>
<thead>
<tr>
<th>HUMAN RESOURCES</th>
<th>ACCESS &amp; PROCUREMENT</th>
<th>PROCESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical training</td>
<td>Diagnostic kits</td>
<td>Clinical algorithms</td>
</tr>
<tr>
<td>Lab training</td>
<td>Consumables</td>
<td>Lab algorithms</td>
</tr>
<tr>
<td>HR management</td>
<td>Equipment</td>
<td>Lumbar puncture pack</td>
</tr>
<tr>
<td></td>
<td>Medicines</td>
<td>Logistics</td>
</tr>
</tbody>
</table>

*Each component tailored to hospitals’ needs & capacity*
Likely impediments to the study/intervention

Study:
• Ethics approvals
• Other local regulatory approvals
• Competing Projects

Intervention (in addition to systems change being difficult!):  
• Resource constraints
• Insights and buy-in from:
  • Local (department & hospital) decision makers
  • Higher-level (district, state & national) policy makers
• Rotation of staff
Existing fora & lines of communication

Previous work/agreements with relevant policymakers:
• QMD-Directorate- Briefed Prior

Current working groups/ongoing projects with policymakers:
• Health Support Technical Services
• Clinical Services
• QI teams at each facility:
  • ? Handover sessions at a later date
<table>
<thead>
<tr>
<th>Policymaker name</th>
<th>Role</th>
<th>System level (Hospital / Local / National)</th>
<th>Contacted by telephone / email?</th>
<th>Met in person?</th>
<th>Date of meeting</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director QMD</td>
<td>Director Quality and Digital Health</td>
<td>National</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Supportive</td>
</tr>
<tr>
<td>Chief of Clinical Services</td>
<td>Oversees health services in Malawi</td>
<td>National</td>
<td>Yes</td>
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<td></td>
<td>Supportive</td>
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<tr>
<td>Health Support Technical services</td>
<td>Oversees Technical services</td>
<td>National</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Supportive</td>
</tr>
<tr>
<td>Quality Management Teams at District</td>
<td>Oversee Quality Issues at District Facilities</td>
<td>Hospital</td>
<td>Yet to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>Oversee research</td>
<td>Hospital</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Supportive</td>
</tr>
</tbody>
</table>
Key people to contact - pending

• QI Teams
• Updates at TWG on Quality
Plan for involvement in intervention

Domains/components of the intervention to prioritize for policymaker involvement:

• Human Resources - Retention in sites
• Access and Procurement - Uninterrupted supplies

Key policymakers to involve in intervention development:

• CMST
• QI Teams
• DHMTs
• DEC
Plan for wider dissemination

Mandatory dissemination requirements:
- QM TWG – Progress
- DHMTs - Progress
- QI Teams

For policymakers **not** involved in developing the intervention:
- Clinical Services
- Technical Services

Other policymakers:
- Academia
- CHSU
Questions/Discussion