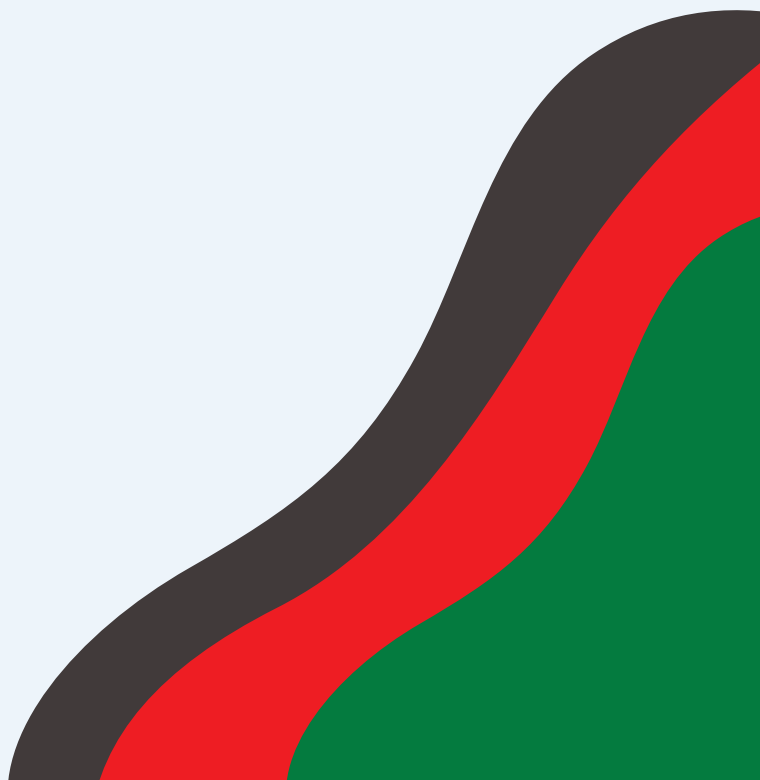




# **HEALTH RESEARCH STRATEGIC PLAN**

2022-2030

August 2022



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# FOREWORD

This is the first Strategic Plan that the Research Division (RD) in the Ministry of Health (MOH) has developed for the period 2021–2030. The Plan is aligned to the Health Sector Strategic Plan (HSSP 2020–2030). It lays a foundation on how the Division intends to achieve its objectives and strategic outcomes as desired results during the period. The Plan outlines the vision and mission that will provide impetus for achieving tangible results. Critical and valuable lessons were learnt from other planning frameworks in the Ministry and other cooperating partners, and these have been incorporated in this Plan. The development of this Plan is a result of a consultative and participatory process that brought together key informants and stakeholders of the RD including members of staff in the Department and at the ministerial level, research institutions and the academia.

The Strategic Plan is also aligned to the Malawi Vision 2063 (MW2063) and the Malawi Growth and Development Strategy III (MGDS III) 2017–2022 as a Government of Malawi medium-term Development Agenda that is the current blueprint for the country. The Strategic Plan focuses on four result areas: Research Leadership and Governance; Capacity Building and Institutional Strengthening; Knowledge Management and Health Research Financing. The identification of these key focus areas (KFA's) from the National Health Research Policy (NHRP) has enabled the RD to determine a clear and focussed direction for the implementation of the NHRP and institutional programs. At the heart of the Strategic Plan is the human resource capacity, which is critical for generating vital health research information for decision-makers. In this regard, the RD shall ensure that it has an adequate and skilled pool of health researchers to effectively coordinate research activities in the country.

The successful implementation of this Strategic Plan will largely hinge on transformative leadership from top and senior management to nurture a motivated workforce. It also requires commitment from those in leadership at all levels and will succeed only if that is pursued. The Ministry will thus support the RD management fully to ensure that this plan is implemented.

May I take this opportunity to thank all our stakeholders who contributed towards the development of this Strategic Plan. The implementation of this Plan will be possible with the continued support of all our stakeholders.



**Dr. Charles Mwansambo**

**SECRETARY FOR HEALTH**

# PREFACE

Strategic planning is now generally being accepted as the foundation of good leadership and management in any organization as it provides the leadership to everyone else in the organization and other stakeholders with a clear direction in the implementation of institutional programs. In this regard, this Strategic Plan for the Research Division (RD) articulates its strategic focus for the next nine years and beyond in terms of its vision, mission, core values, strategic objectives, and strategic outcomes as desired results that the institution would like to see achieved on the ground. Thus, the Strategic Plan by its nature will serve as a decision-making framework for the RD management and staff in the next nine years.

This nine-year Strategic Plan (2021-2030) is the outcome of an extensive consultative and participatory process that constructively engaged both internal and external stakeholders in the health and other sectors. In the process of developing it, the MOH-RD evaluated its current operational stand with regard to its strengths and weaknesses (internal factors), assessed the opportunities available in the health sector that it could utilize to enhance its strengths, and finally reviewed and identified key challenges that it would likely encounter as it rolled out its programs and the National Health Research Policy. The SWOT analysis was based on the four identified key focus areas (KFA). The Plan therefore sets a clear roadmap that will guide the operations of the MOH-RD and harness synergies between its internal human capital and systems in place and other operators in the health sector in addressing public health challenges.

Through this Strategic Plan, the RD has determined four strategic outcomes which are tangible reflections of mandate and vision and indicate the impact that the Division would like to have. These are as follows:

- Improved health research leadership and governance.
- Enhanced organizational efficiency and effectiveness.
- Improved provision, retention, and accessibility of reliable and secure health research information to enable informed decisions by policymakers.
- Adequate and sustainable financial resources generated and available to finance health research.

It is expected that the implementation of this Strategic Plan will result in the realization of the desired aspirations of the RD where it envisages to see itself taking a positive lead in the implementation of the NHRP meant to improve the social well-being of Malawians. To achieve the vision, this Strategic Plan has set realistic and achievable performance targets in the form of strategic outcome targets, outputs, and annual output targets with clear timelines for the achievement of each target. This Strategic Plan will be the basis for the development of the RD's Quarterly and Annual Work Plans, resource allocation and performance measurement at individual and institutional levels. It is my sincere hope that with support from all our stakeholders, the implementation of this Plan will see us achieving the intended results.



**Dr. Collins Mitambo**

**HEAD OF RESEARCH**

# ACKNOWLEDGEMENTS

The development of this first Strategic Plan for the Research Division as a secretariat for the operationalization and implementation of the National Health Research Policy is a product of selfless contributions, dedication and commitment of key stakeholders in the health sector in general and the health research sub-sector in particular.

The Research Division cannot express enough gratitude to the taskforce that was set up for the development of this Strategic Plan led by Dr. Clara Sambani as coordinator of the process. Special recognition further goes to Dr Collins Mitambo, Dr Dzinkambani Kambalame, Mr. Billy Nyambalo, Dr Timothy Rambiki, Mr. Victor Chikwapulo, Mr. Douglas Mhone and Mr. Justin Longwe as taskforce members who tirelessly worked with the consultant to have the document refined and produced.

The Research Division is also indebted and acknowledges the invaluable contributions received from its partners through participation of their identified members in the development of the strategic plan. The institutions include the National Commission for Science and Technology (NCST), Kamuzu University of Health Sciences (KUHeS), Innova TDC, African Institute for Development Policy (AFIDEP), National Aids Commission (NAC) and the University of Malawi (UNIMA). Participants from the said institutions include Dr Elijah Wanda, Mr. Mike Kachedwa, Ms. Hleziwe Hara, Ms. Melody Sakala, Dr Cecilia Maliwichi-Nyirenda, Dr Damson Kathyola, Dr Gertrude Chapotera, Mr. Blackson Matatiyo, Mr. Alister C. Munthali and others too numerous to mention.

Special recognition goes to the consultant Mr. Abel Mwamlima from Pride Management Consultants who provided technical guidance and facilitated the development of the strategic plan.

Lastly, the Research Division profoundly acknowledges with gratitude the efforts made by the Secretary for Health Dr Charles Mwansambo and the entire senior management team for technical and administrative guidance and cooperation during the entire strategic plan development process.

The Research Division shares the conviction that the strategic plan will provide a guiding framework for the implementation of its mandate and the effective operationalisation of the National Health Research Policy.

# ABBREVIATIONS AND ACRONYMS

ACEPHEM	African Centre of Excellence in Public Health and Herbal Medicine
AFIDEP	African Institute for Development Policy
CEBHA+	Collaboration for Evidence-Based HealthCare and Public Health
CEBHACI	Centre for Evidence Based Health Care and Innovation
CIDA	Canadian International Development Agency
DHIS	District Health Information System
DHO	District Health Office
DHRMD	Department of Human Resource Management and Development
ECB	Employee Compensation and Benefits
FCDO	Foreign, Commonwealth and Development Office
KFA	Key Focus Area
KM	Knowledge Management
KUHeS	Kamuzu University of Health Sciences
LUANAR	Lilongwe University of Agriculture and Natural Resources
HPSR	Health Policy and Systems Research
HRH	Human Resources for Health
HSSP II	Health Sector Strategic Plan II
M&E	Monitoring and Evaluation
MEIRU	Malawi Epidemiology and Intervention Research Unit
MGDS III	Malawi Growth and Development Strategy III
MoH	Ministry of Health
MW2063	Malawi Vision 2063
MZUNI	Mzuzu University
NCST	National Commission for Science and Technology
NHRA	National Health Research Agenda
NHRP	National Health Research Policy
NHRS	National Health Research System
NHSRC	National Health Sciences Research Committee
ORT	Other Recurrent Transactions
OPC	Office of President and Cabinet
PMS	Performance Management System
PHIM	Public Health Institute of Malawi
PFMA	Public Finance Management Act
PPDA	Public Procurement and Disposal of Assets Authority
RD	Research Division
RECs	Research Ethics Committees
SPIC	Strategic Plan Implementation Committee
SWOT	Strengths, Weaknesses, Opportunities and Threats
TRUE	Training Research Unit of Excellence
UN	United Nations
UNIMA	University of Malawi
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

# EXECUTIVE SUMMARY

This is the first Strategic Plan that the Research Division (RD) in the Ministry of Health has developed to provide an operational guidance for its operations for the next nine years from 2021–2030. The plan translates the aspirations of its mandate into achievable actions and is aligned to the Malawi Vision 2063, the Malawi Growth and Development Strategy III (MGDS III), the Health Sector Strategic Plan III and the National Health Research Policy (NHRP).

The development of this Strategic Plan follows the development and launch of the NHRP, which the Division is expected to champion its implementation, and this Plan is a guiding tool for operationalizing the NHRP apart from guiding the implementation of its institutional programs.

In view of the foregoing, the development of the 2021–2030 Strategic Plan signifies the RD's commitment to formulate an effective response to the implementation of NHRP by realigning its strategic direction and priorities with the emerging realities in the health sector as far as generation and utilization of health research information is concerned. The Plan, as expressed in the vision and mission statements and core values, blends with the futuristic thinking in terms of the desired state the Division would want to have, objective analysis through SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of its key focus areas, and the determination of desired outcomes and targets including annual output targets that will achieve the outcomes.

The Plan identifies four key focus areas (KFAs) namely: Research Leadership and Governance, Capacity building and Institutional strengthening, Knowledge Management, and Health Research Financing. The identification of these key focus areas is meant to provide the RD with a clear direction and strategic focus in the achievement of its mandate as the KFAs form the basis of its envisioning process. Thus, in developing this plan, the RD considered its mandate and referring to the situation analysis on KFAs determined its vision, mission and core values, which constitutes the foundation for its strategic framework.

The Division's strategic framework is as outlined below:

## Mandate

The Division derives its mandate from the National Health Research Policy (2019) and the Public Health Act 1948 as amended. Its mandate is “To promote and coordinate health research in the country.”

## Vision

A lead department in the advancement of health research and Innovation

## Mission

To promote and coordinate the conduct of health research through resource mobilization, capacity building and adherence to research ethics, in order to generate high-quality evidence required to effectively inform the development of health and related policies and interventions for the attainment of the well-being of Malawians.

## 4.4 Core Values

The RD's conduct in the implementation of this Strategic Plan will be guided by the following core values or guiding principles: Integrity, Transparency and Accountability, Teamwork, Creativity and Innovation, Service to the Public Good, Collaboration, Gender Sensitivity and Human Rights. Based on its KFAs above, the RD has determined four strategic outcomes, which are tangible reflections of its mandate and vision and reflect the desired future state that the Department would like to have on the ground by 2030 and beyond. The strategic outcomes and their expected targets constitute the strategic direction that the Division will take. These are as follows:

- Improved health research leadership and governance.
- Enhanced organizational efficiency and effectiveness.
- Improved provision, retention, and accessibility of reliable and secure health research information to enable informed decisions by policymakers.
- Adequate and sustainable financial resources generated and available to finance health research.

In ensuring that the above outcomes are achieved, the Division has determined outcome targets that will act as milestones in the implementation process and annual output targets that will achieve the outcome targets. Given that the implementation of the Strategic Plan cannot happen in a vacuum, various tools and institutional arrangements will be put in place. The tools include the Results-Based Logical Framework to guide in monitoring and evaluating the implementation of the Plan with a built-in risk and mitigation strategy. In terms of institutional arrangements, the Ministry will setup a Strategic Plan Implementation Committee (SPIC) and appoint members to the committee. The SPIC will be responsible for receiving and reviewing quarterly and annual progress reports on the implementation of the Plan.

The following are proposed Terms of Reference (ToRs) for the SPIC:

- Ensure that the Strategic Plan is circulated internally as soon as it is finalized and launched.
- Ensure that the Strategic Plan is circulated to its key stakeholders.
- Ensure that each Section develops its Annual Work Plans (AWP).
- Receive and examine quarterly Divisional reports on implementation progress; and
- Report progress to the Director who in turn reports to the Secretary for Health on quarterly basis.

The implementation of the Strategic Plan will be monitored, and deviations addressed regularly through institutional arrangements that have been put in place such as the SPIC.



# Section One:

## INTRODUCTION AND BACKGROUND



# 1.0 INTRODUCTION AND BACKGROUND

## 1.1 Introduction

This is the first Health Research Strategic Plan that has been developed for the Ministry of Health (MoH) for the period 2021-2030. The purpose of this Strategic Plan is to advance the mandate of the Research Division of coordinating and promoting the conduct of health research in Malawi in addition to providing the Division with a clear and focused direction for achieving its desired future state.

Following from the above, the 2021-2030 Strategic Plan for the Research Division in the Ministry of Health:

- Presents the vision, mission, core values and desired outcomes to be achieved on the ground by 2030 and is supported by more detailed matrices of outputs and annual output targets that will assist in achieving the outcomes; and the results of logical framework for monitoring and evaluating the achievements.
- Underpins the high priority placed on health research programs, which are essential for generating evidence and knowledge essential to inform the development of policies and interventions for effective delivery of health services.
- Informs the Division's staff and all other stakeholders in the health sector on how the Division intends to operationalize and fulfil its mandate.
- The Plan has been developed through a highly consultative and participatory process, which involved a cross-section of stakeholders.

The stakeholders included those from research institutions (i.e. the Malawi Epidemiology and Intervention Research Unit (MEIRU), University of North Carolina Project (UNC), John Hopkins University, Malawi Liverpool Wellcome Trust (MLW), Kamuzu University of Health Sciences (KUHeS), research centres comprising the Training Research Unit of Excellence (TRUE), Collaboration for Evidence-Based Healthcare and Public Health (CEBHA+), the Africa Centre of Excellence in Public Health and Herbal Medicine (ACEPHM), Mzuzu University (MZUNI) and the University of Malawi (UNIMA); selected health facilities across the country (District Hospitals) which are taken as hotspots for research, and internal members of staff from all the Departments of the Ministry of Health. The Plan has been formulated using the Results-Based Planning Approach which links policy, planning and the budget development process to ensure effective implementation which translates into tangible results. The contents of this Plan thus represent the consensus that was reached during the consultations and planning process by all stakeholders that took part.

## 1.2 Background to the Development of the Strategic Plan

The Malawi Vision 2063 under the enabling pillar five on Human Capital Development, and with regard to sub-pillar on Health and Population, the country envisions a healthy population with improved life expectancy working towards the socio-economic transformation which would ultimately usher it into being “An inclusively wealthy and self-reliant nation. One of the key contributing factors in attaining a healthy population is research in health issues and as a country, Malawi expects to have a health sector with advanced data capturing and management systems to support decision-making and policy formulation.

Furthermore, the Health Sector Strategic Plan III (HSSP III) also highlights health research as an important component of the MoH as it generates evidence and knowledge used to inform the development of the policies and interventions for the effective delivery of health services. It is a cornerstone for informed and effective decision-making and is integral to the country's efforts to improve health of the Malawi population and effectiveness of the health systems in line with the Malawi Government's policies as envisioned and illustrated under key priority area 6.6 in the Malawi Development and Growth Strategy III (MDGS III). Objective 6 of the HSSP II is intended to narrow the existing knowledge gap by improving knowledge generation and to inform health policies, strategies, and actions. It is the responsibility of the MoH through the RD to ensure that the gap is narrowed.



The Research Division is mandated to promote and coordinate health research in the health sector within the country. The Division aims to achieve the following objectives:

- Strengthen leadership, governance and coordination of research activities and infrastructure,
- Improve the availability and quality of health information, evidence, and knowledge,
- Improve dissemination, sharing and use of information, evidence, and knowledge,
- Create a critical mass of human resources for health research (HRHR) and improve financial support towards health research.

The Division developed the National Health Research Policy (NHRP) and launched it in December 2019. The strategic focus of the Policy is premised on four key areas: research leadership and governance, Capacity building in conducting health research, knowledge management, and health research financing. The Research Division in the Ministry of Health, as a custodian of the Policy is required to facilitate and oversee the effective implementation of the policy.

To enhance the operationalisation and effective implementation of the NHRP, the Division with funding from the Malawi Government and financial support from the African Institute for Development Policy (AFIDEP) under the Heightening Institutional Capacity for Government Use of Health Research (HIGH-Res) Project which aims at enhancing the capacity of institutions to use research in decision making, embarked on the process of developing a Strategic Plan. This Strategic Plan is thus a product of that process and apart from providing a clear and focused direction for the implementation of the RD programs and day-to-day activities, will also be used to guide the health sector's efforts in strengthening research generation and translation, and ultimately enabling Evidence-Informed Decision-Making (EIDM). The Strategic Plan will also act as a platform for the development of all other planning frameworks of health research for the Division.

### **1.3 The Need for a Strategic Plan**

Notwithstanding the above observations on the strategy development, the Division also realized the importance of a strategic plan to an organization as a guiding tool in the implementation of its mandate which cannot be over-emphasized. A strategic plan is developed through the planning engagement process to provide clarity, direction, and focus for an organization.

In a nutshell, this Strategic Plan has been developed for the following reasons:

- a. To provide a clear roadmap in the implementation of RD's mandate.
- b. To provide a strategic direction in the implementation of priority programs meant to enhance its coordination role in health research.
- c. To promote an open and creative exchange of ideas for generation of health research data for use in developing evidence-based policies.
- d. To serve as a communication tool to all members of staff and stakeholders on the planned activities and ensure that total commitment is achieved.

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# **Section Two:**

**RESEARCH DIVISION STRATEGIC OVERVIEW**

## 2.0 RESEARCH DIVISION STRATEGIC OVERVIEW

### 2.1 Establishment of the Research Division

Health research plays a very crucial role in the health systems of the country by providing evidence that can be used for developing evidence-based health and related policies, development of clinical guidelines and planning of other health-related programs and interventions to combat various health challenges. Following the realization of this critical role, the Research Division (RD) in the Ministry of Health (MoH) was created with the overall responsibility of promoting and coordinating the conduct of research within the health sector. The Unit thus acts as a secretariat to the health research institutions within the sector but with a commanding leadership in the provision of health research.

Broadly, the Public Health Act 1948 (as amended) and specifically the National Health Research Policy provides the legal, institutional, and administrative framework for the RD pertaining to health research in the country in addition to the provisions of the Science and Technology Act, 2003.

### 2.2 Research Unit Governance and Management Structure

#### 2.2.1 The Secretary for Health

The RD is under the Ministry of Health whose political head is the Minister for Health and technically headed by the Secretary for Health. Thus, departmental reports are sent to the Secretary for Health in the Ministry who in turn reports to the Minister.

#### 2.2.2 The Head of Research

The Head of Research has the responsibility of overseeing the day-to-day operations of the Unit and ensuring that it effectively performs all its functions as per the provisions in its mandate. The Head of Research reports to the Secretary for Health in the Ministry on any major policy decision. However, under the current arrangement the Unit Head reports through the Head of the Public Health Institute of Malawi (PHIM) which eventually as per its title will be an autonomous institution outside the Ministry of Health. The Unit has four sections, which are: Research Science Services (RS), Human Subject Protection (HSP), Knowledge Management Services (KM), and ICT and M&E as depicted in Figure 1 below.



**Figure 1: Sections of the MOH Research Division**

## **2.3. Legislative And Other Mandates Of The Research Department**

There are several legislative and other mandates that inform and guide the operations of public institutions including RD. These include the Republic Constitution and legislative mandates which are enshrined in the specific Acts of Parliament, policies and international and regional obligations. The RD, apart from drawing its mandate from instruments that established it, is also obligated to comply with other government acts and policies

### **2.3.1. The Constitutional Mandate**

The Constitution of the Republic of Malawi of 1994, as amended, is the supreme law of the land. The Constitution forms the legal foundation of a democratic Malawi and sets out the rights and duties of its citizens. It also defines the structure of government within which there are several institutions serving the different sectors i.e., ministries, departments and other government agencies (MDAs). Section 93 of the Constitution establishes government ministries and departments, and it is in this constitutional context that the broad parameters of the roles and responsibilities of the ministries, including the Ministry of Health and the Research Division are so established and defined.

The provisions of the Constitution as an overarching law of the land are supposed to be complied with by all MDAs.

### **2.3.2. Legislative Mandate**

#### **2.3.2.1. The National Health Research Policy**

The Research Unit specifically derives its mandate from the National Health Research Policy of 2019. It mandates the Unit to promote and coordinate health research in the country. The Policy was developed and launched in December 2019, and it is incumbent upon the RD to ensure that the Policy is effectively implemented with other players in the health sector. This Strategic Plan will thus be a guiding tool for the Unit for implementing the policy.

### **2.3.3 Linkages with other Acts and Policies**

#### **2.3.3.1 Science and Technology Act, 2003**

The Science and Technology Act 2003 established the National Commission for Science and Technology (NCST). Thus, NCST's mandate is provided for in the Science and Technology Act No. 16 of 2003 to advance science and technology issues in Malawi. NCST principally provides science and technology (S&T) advice to the Government and other stakeholders, through NCST Functional Committees, on all matters related to science and technology to achieve a science and technology-led development. The RD is one of the stakeholders that works in conjunction with the Commission through the National Health Sciences Research Committee (NHSRC) to ensure proper conduct of health research and to produce evidence-informed policy and practice.

NCST encourages the establishment and coordination of research institutions that undertake research and development activities, which promote national socio-economic development and other specialized research, and development activities in a manner that enhances cooperation and collaboration among national and international science and technology personnel and institutions.

Science and technology are enablers for delivering effective research and development activities amongst other sectoral developmental initiatives. Therefore, The RD must align all its research initiatives to the Science and Technology Act provisions for effective generation and delivery of evidence-informed data and outcomes that are likely to improve the delivery of quality health services and the health status of Malawians.

### **2.3.3.2 The Public Service Act of 1994**

The Public Service Act of 1994 makes provision for the administration and management of the public service. It calls for a public service that will deliver services to the public in an efficient and effective manner; that will be an instrument for generating and maintaining public confidence in government; that will be impartial, independent, and permanent to continue undisputed services regardless of the party which is in power; and that will be guided by public interest and welfare of the public in the delivery of services and design and implementation of policies and programs. The Public Service Act also calls for a public service that will achieve and maintain high levels of integrity and professional conduct of all public servants.

The Act provides for meritorious recruitment and advancement of staff fairness in human resource management practice and modernization of public service management practices to promote efficient delivery of public services and welfare of public servants within the boundaries of the law.

The RD will ensure that the implementation of its Strategic Plan and other programs are aligned to the above provisions in the Public Service Act.

### **2.3.3.3 The Public Finance Management Act of 2003**

The Public Finance Management Act (PFMA) (Cap. 37:02) of 2003 was enacted in order to foster and enhance effective and responsible economic and financial management by government, including adherence to policy objectives; to provide accountability arrangements and compliance to those arrangements; to obligate government to produce statements of proposed budget policy, confirmation of adherence to fiscal discipline, economic and fiscal statements, including economic and fiscal forecast and updates, and performance information. The RD considers the PFMA as the basis for transforming public sector institutions to enhance financial prudence and accountability. The RD will thus ensure adherence to the provisions of this Act as it strives to generate adequate financial resources for health research.

### **2.3.3.4 The Public Procurement and Disposal of Assets Act of 2017**

The Public Procurement and Disposal of Assets Act (PPDAA) of 2017 replaced the Public Procurement Act of 2003 and was enacted to provide for the establishment of the Public Procurement and Disposal of Assets Authority which regulates, monitors, and provides oversight over public procurement and disposal of public assets. The PPDAA also aims to “maximize economy and efficiency in public procurement and disposal of public assets to improve value for money.” Part VIII of the Act focuses on the integrity of public servants in procurement processes and calls for, among other things, impartiality, avoiding conflict of interest, avoiding any corrupt and fraudulent activities, and keeping information regarding procurement processes confidential. The Act, therefore, is instrumental in preventing loss of public resources through unsystematic and unregulated procurement, poor decision-making, fraud and corruption by public servants. The RD recognizes the PPDA as an essential instrument for enhancing public sector governance and utilization of public assets. It will therefore ensure that the provisions of this Act are adhered to.

### **2.3.3.5 The Malawi Growth and Development Strategy III (MGDS III)**

The Malawi Growth and Development Strategy III (MGDS III) is the medium-term development framework for achieving the socio-economic development aspirations for Malawi as envisioned in the Vision 2020 and the successor Malawi Vision 2063. The MGDS III covers the period from 2017–2022 and therefore straddles the three final years of the Vision 2020 and it informed the development of Malawi Vision 2063. The public service is the main driver for the design and implementation of the MGDS III and its efficiency and effectiveness are critical for the realization of the outcomes sought in the MGDS III. The MGDS III aims at achieving development outcomes that will contribute to the building of a productive, competitive and resilient nation whilst the Vision.



2063 takes a holistic approach where it wants to see “An inclusively wealthy and self-reliant nation.” The MGDS III calls for an efficient and effective public service that will spearhead the implementation of policies and programs that will contribute to the realization of the much sought-after development outcomes. The RD Strategic Plan subscribes and is aligned to Key Priority Area 6.6 of the MGDS III, which is Population and Health. The focus is mainly on health, where the health of the Malawi populace has strong linkages with socio-economic development. By coordinating the production of health research data and vital statistics, it will be contributing to the government's efforts in ensuring proper health planning and management to improve people's lives. The government goal under this KPA is “to improve health and quality of the population for sustainable socio-economic development” and the envisaged desired outcome that government would like to see attained by 2023 which is also relevant to RD.

### **2.3.3.6 The Public Service Management Policy of 2018**

The Public Service Management Policy of 2018 guides the governance and management of the public service to become a results-oriented, efficient, dynamic, and high-performing institution that will deliver quality public services and facilitate the achievement of strategic national development outcomes and aspirations outlined in the MGDS and national vision, respectively. It will spell out the guiding principles, values and practices that will need to be inculcated and institutionalized for the desired public service to be established.

The public service includes all institutions that fall within the three branches of government: the executive, the legislature, and the judiciary. These include ministries, departments (RD inclusive) and other government agencies that are created by relevant Acts of Parliament and policies. The RD will ensure that relevant areas of the Public Service Management Policy are effectively domesticated in its programs and are adhered to. Among other things, the RD will ensure that its human resource management infrastructure that includes human resource planning and development is strengthened so that it is able to effectively perform its coordination role among health research institutions in the country.

### **2.3.3.7 The Public Sector Reforms Policy of 2018**

The Public Sector Reforms Policy provides and outlines an agenda on public sector reforms, the institutionalization of the reforms, as well as the management, monitoring and evaluation of the reforms.

The Policy covers issues in the public sector that need to be addressed through reforms and are consequently taken as key priority areas in the reform process that will be pursued in the short to medium term. The PSR Policy is a living document, which will be subject to review every five years in tandem with the changes in the medium-term development strategies (MGDS III) and global trends in public administration and development generally.

One of the key priority reform areas covered in the PSR, which are relevant to the RD are Reforms in the Executive covering sectoral and MDAs reforms. Among other things, through this Policy the government would like to build on previous successes including those in health and population. The RD will therefore ensure compliance with the reform agenda by identifying and implementing reform initiatives aimed at improving generation of research data and coordinating the implementation of the same.

## **2.3.4 Regional and International Agreements**

### **2.3.4.1 The African Union Agenda 2063**

Malawi is a signatory to the African Union Agenda 2063, “The Africa We Want” which aims at building upon the achievements and drawing lessons from earlier strategic planning efforts at regional and sub-regional level, including the Lagos Plan of Action, the Abuja Treaty, and the New Partnership for Africa's Development (NEPAD), to address new and emerging issues in the continent over the short, medium, and long-term period. The RD will ensure that relevant thematic areas of the Agenda 2063 are adequately domesticated.

### 2.3.4.2 Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs) are a universal set of goals, targets, and indicators that UN member states are expected to use to frame their national development agendas/strategies over 15 years. The SDGs follow and expand on the Millennium Development Goals (MDGs) which were agreed upon by governments in 2001 and expired at the end of 2015.

The SDGs are a comprehensive and ambitious set of 17 goals intended not only to spur growth but also ensure that such growth is equitably shared to leave no one behind. They are aimed at creating a just society where resources are sustainably utilized in such a way that the lives and well-being of all citizens are safeguarded. Of the 17 SDG Goals, the one most relevant to the Department of Health Research is goal number three.

Unlike the MDGs where health was represented by three goals, six targets and 19 indicators, health is well placed and represented in the SDGs having one broad goal (Goal 3), 13 targets and 26 indicators. The goal is to “Ensure healthy lives and promote well-being for all at all ages.” The goal addresses all major health priorities and calls for improving reproductive, maternal and child health; ending communicable diseases; reducing non-communicable diseases and other health hazards; and ensuring universal access to safe, effective, quality, and affordable medicines and vaccines as well as health coverage. The goal is taken as crosscutting for the achievement of all other goals because creating a sustainable world and reaching economic, environmental, and social goals depend on having a thriving and healthy human population. It is therefore unlikely that the SDGs can be achieved effectively without goal number three.

As an extension to the achievement of the SDGs, a new set of health policy and systems research (HPSR) priorities are needed to inform strategies to address the interconnected goals. It is at this juncture that the RD as a research coordinating institution is critical to the generation of health-related data to inform policymakers and users in the health sector on research findings and recommended interventions on various diseases for implementation. It will ensure that relevant targets and indicators are identified and mainstreamed in its various programs.

In this regard, the RD will ensure that relevant health indicators of the SDGs are domesticated in its implementation, monitoring and evaluation frameworks and that requisite capacity is developed that will ensure that researchers are able to develop bankable and competitive research proposals that will attract funding for implementation of quality research, among other initiatives.

### 2.3.4.3 The Algiers Declaration for Health Research Funding and the Framework for Its Implementation

The Algiers Declaration is an official pronouncement that was adopted at the Ministerial Conference on Research for Health in the Africa Region, held in Algiers, Algeria from 23 to 25, June 2008. The Declaration was a renewal of commitment of member states to strengthen national health research information systems and knowledge management systems to improve health in the Africa Region. The document provides countries with a framework to facilitate the implementation of the Declaration.

In order to narrow the knowledge gap and thereby improve knowledge generation and the use of knowledge to inform policies (evidence-based policies), strategies and actions, Member States are required to establish broad multidisciplinary national working groups to initiate the implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa and the Algiers Declaration as well as establishing and strengthening a unit within ministries of health to coordinate efforts in this area. Member States would further enhance the implementation of the Declaration by developing comprehensive national health research policies and strategic plans as road maps for achieving desired outcomes.

It is expected that if countries implement the series of steps in the Algiers Framework, they will pave the way for strengthening their health systems. This could be achieved by developing the content, process and use of technology aimed at improving:

- The availability of relevant and timely health information.
- The management of health information through better analysis and interpretation of data.
- The availability of relevant, ethical, and timely research evidence.
- The use of evidence by policymakers and decision-makers.
- Dissemination and sharing of information, evidence and knowledge.
- Access to global health information; and
- The use of information and communication technologies.

Malawi as a country is on the right course as far as the domestication and the implementation of the Algiers Declaration are concerned. Through the Ministry of Health, the NHRP was developed, and the RD in the Ministry is the custodian of the policy and is mandated to coordinate and promote the conduct of health research in the country besides operationalizing and implementing the NHRP.

The RD has developed this Strategic Plan for the period 2021-2026, which is anchored on four key result areas, and corresponding desired outcomes that complement each other. Through this Strategic Plan, the determined strategic outcomes will, among other things, catalyse the operationalization and implementation of the NHRP and the Department's core programs and its day-to-day activities.





# Section Three:

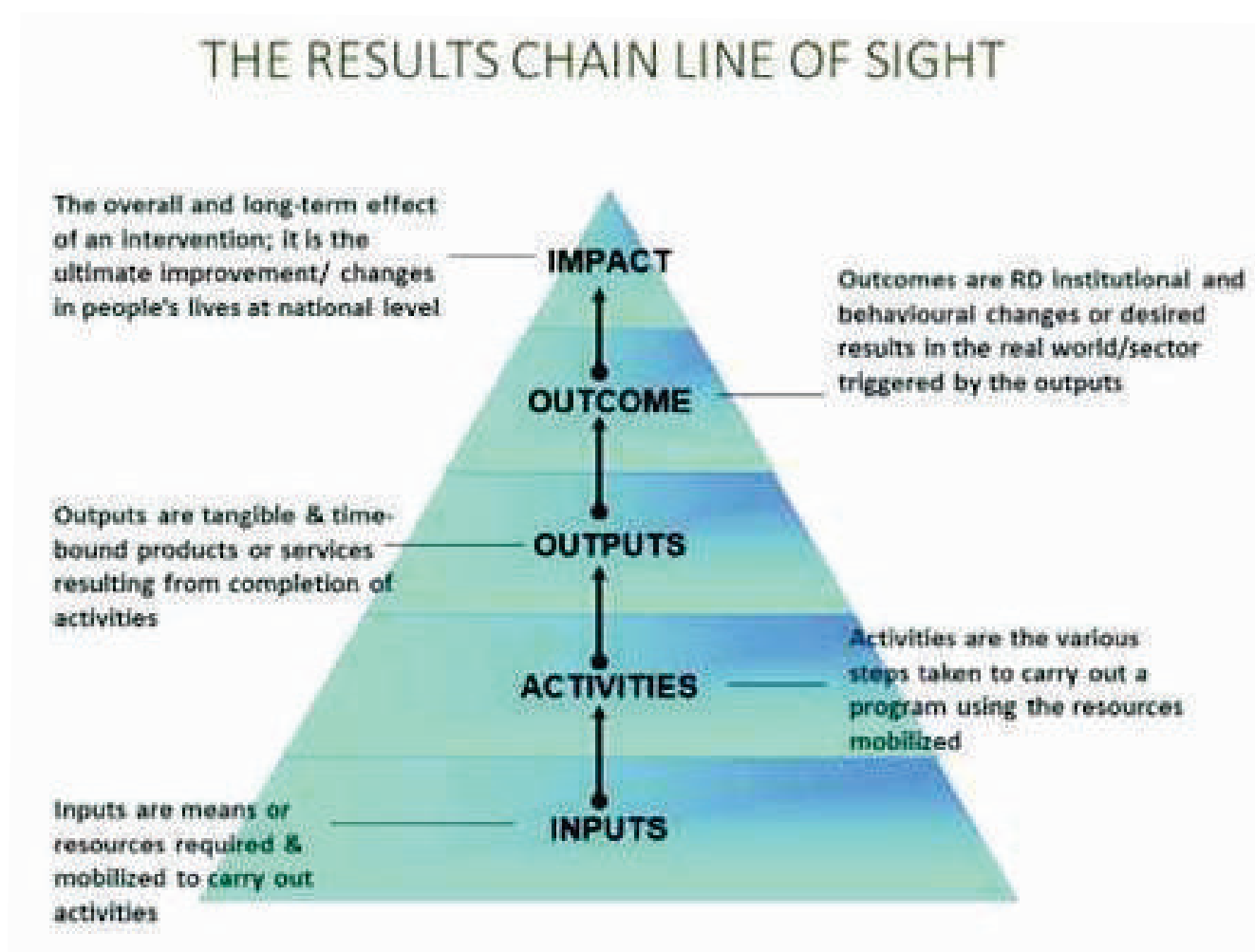
## THE STRATEGIC ANALYSIS

### 3.0 THE STRATEGIC ANALYSIS

Several challenges that impede effective delivery of health research services in the country were identified during the situation analysis that culminated in the development of the National Health Research Policy. The key challenges, amongst others that were identified, include limited funding made available for supporting research generation and translation; limited dissemination of research results; weak research capacity including the ability to develop competitive research proposals, design, and implementation of quality research; and limited career progression and opportunities in health research within the Ministry of Health.

Notwithstanding the above and as a way forward in the development of this strategic plan, a further analysis was conducted which specifically zeroed in on the RD as a holder and lead implementer of the NHRP. The aim of the situation analysis was to assess and establish the Division's capabilities and efficiencies in responding to its mandate of promoting and coordinating research activities in the country. The analysis was done by initially identifying the key focus areas (KFAs) which anchor the Strategic Plan. Suffice to say that the KFAs were identified during the development of the NHRP and the same have been taken on board for the RD strategic plan development to ensure the alignment of the SP to the NHRP.

The individual analysis of the KFAs using the SWOT analysis assisted in the pre-identification of performance gaps in the health research sub-sector and zeroing in on the RD's anticipated gaps in service delivery. The identified challenges and weaknesses are largely taken as weak links in the results chain depicted below which the institution cannot afford to ignore and contain rather than addressing them.



**Figure 2: Results-Based Planning Approach**

**Source: UNDP-Results-Based Management Core Team Training, Lilongwe, Malawi**

The identification of weak links in the results chain has assisted the RD to determine realistic and achievable targets. The actual analysis covered the initial identification of its key focus areas and interrogating them using the swot analysis assessment tool. using the results-chain approach in developing the strategic plan, RD is interested in achieving outputs and ultimately outcomes as desired results.

### 3.1 Key Focus Areas

As elucidated above, the development of the RD's strategic plan is anchored on four KFAs that have been identified from the NHRP where it derives its mandate to determine its strategic direction. The KFAs are the RD's primary roles and responsibilities that must be fulfilled in its quest to promote and coordinate research activities in the country. The four KFAs, also known as key policy areas in the NHRP, are as follows:

#### 3.1.1 Research Leadership and Governance

The National Health Research System is a complex set-up and contains multiple interests and goals. The setting up and implementation of such goals requires robust leadership and governance mechanisms at all levels of the health research system. Thus, leadership and governance in the context of the NHRP ensure that a strategic policy framework exists and is combined with effective oversight, coalition-building, regulation, attention to system design, and accountability for results. However, in the pursuit of the cause of national health research, there are several challenges in leadership and governance. For example, there is an inadequate capacity to conduct and provide oversight for health research and limited multi disciplinary research teams and collaborations in conducting research. Without effective leadership and governance at all levels in the Division and with our collaborating partners, it is impossible to achieve and sustain effective administration, regulation, and coordination of research initiatives to achieve desired results, to sustain quality research results and to deliver the best services to our stakeholders. Considering the above, through this Strategic Plan, The RD has determined a strategic outcome, which reflects the desired result that it would want to see achieved by 2030 which is “Improved health research leadership and governance.”

In order to achieve this, the RD will ensure that a functional review is conducted to determine and design a cost-effective organizational structure and establishment; a leadership “development” program is “developed” and implemented; leadership and management capacity is enhanced; the National Health Research Agenda is updated; and all health research activities are coordinated and regulated by the RD; and relevant research ethics committees (RECs) are established, registered and accredited with NCST.

#### 3.1.2 Capacity Building and Institutional Strengthening

The Research Division is responsible for coordinating health research in the health sector. There are different academic and research institutions in Malawi that conduct research on health and related areas. The MoH, academic and research institutions in Malawi also collaborate with other international institutions. While many studies are conducted in Malawi, there are several capacity development issues that need to be urgently addressed, including the prevailing weak and uncoordinated culture of research; inadequate requisite research skills base; limited research infrastructure and the general lack of defined career opportunities/career path for health researchers. It is, thus, fundamental to harness efforts for capacity building for health research and development in Malawi to improve individuals and institutions capacity to conduct research and promote the demand for research.

Based on the above analysis, the areas of focus in addressing the capacity issues and strengthening the institution are, but not limited to, the following:

- Human Resource Development: There is need to adequately train key personnel in various divisions and sections to equip them with the necessary skills and competencies to perform.
- Infrastructure Development: The RD needs to have adequate office space including requisite equipment for carrying out research programs and activities.

- Systems, Procedures, and Process Enhancement: There is need to be an improvement in Systems, Procedures, and processes.

It is from this background that human and institutional capacity development needs, does not be overemphasized. It is expected that if the requisite capacity is built, the Unit will attain Enhanced organizational efficiency and effectiveness required to deliver quality health research services. Moving forward, the Unit will ensure that training in high-level skills relevant to research at master's and Doctoral levels, including monitoring of researchers will be provided for staff and key stakeholder institutions. In addition, health research institutions will be encouraged to undertake research and develop their research infrastructures; career opportunities for researchers will be reviewed to allow for clear career progressions; research partnerships will be strengthened; and possibilities of introducing incentives for retention of researchers will be explored.

### 3.1.3 Knowledge Management

The Research Unit is responsible for the overall coordination of health research in the MoH and with its key stakeholders in the sector and ensures that health research is conducted in line with the national priorities. As a health research coordinating division, RD is responsible for the development, review, and implementation of the Knowledge Management (KM) Strategy for the sector. The division is further required to increase the uptake of evidence in decision-making with the entire health sector. The KM Strategy will facilitate the generation, storage, retrieval, sharing, translation, and utilization of health research knowledge within the sector. It will also support the evaluation of various initiatives of MoH as well as surveillance systems through monitoring of performance data. The primary goal of the KM Strategy is to improve efficiency, productivity, and retention of critical information.

However, the challenge is that the KM function is currently not well established to enable RD to effectively manage the established knowledge transfer platform (KTP) as a central repository. Besides, health research is also conducted and managed by a wide range of institutions, both nationally and internationally a situation which has been exacerbated by the weak coordination currently existing in the institution. This situation puts the RD at a disadvantage in terms of regulating the conduct of health research where some researchers do not adhere to the research priorities set in the NHRA whose aim is to promote the conduct of research on priority diseases and conditions. There is a great need, therefore, to strengthen the RD's role in managing health research knowledge to address these prevailing challenges and ensure that all research conducted is in line with the NHRA.

It is therefore the intention of the RD in conjunction with its key stakeholders through this Strategic Plan that challenges bordering on health research information management are adequately addressed to strengthen the knowledge management function and role of the Unit. Considering the above, the Unit will establish mechanisms for knowledge generation, dissemination, translation, and utilization of research findings and this will ensure that its coordination role is enhanced. In addition, this will also assist in reducing operational costs and duplication of efforts by researchers so that in the end “Reliable, credible and secure-health related information is generated, made available and utilized by researchers and policymakers to make informed decisions.”

Specifically, in order to strengthen the KM, some of the steps that the RD will take are, but not limited to, the following: establish and maintain a biobank; promote the analysis of routinely collected data through DHIS, other information systems and surveys; ensure the availability of disease and surveillance data to support detection of outbreaks and implementation of International Health Regulations (IHR); strengthen government data ownership mechanisms for all data generated from health research conducted in Malawi; institute evidence synthesis mechanisms within the health sector; strengthen documentation and learning centres for knowledge sharing and exchange, including developing a health research registry and observatory for completed ongoing research; and reinforce usage of evidence in the formulation of policies and interventions

### 3.1.4 Health Research Financing

Currently, health research is severely underfunded. Consequently, the health research that is done in the country largely relies on external funding. For Malawi to implement its own health research agenda, it needs to commit to financing health research at national and institutional levels. Currently, although the NCST is a National Granting Council, there is no sufficient funding to support health research in the country. In addition, the funding given to run the Research Division in the MoH is barely enough to cover the day-to-day running of the office. As a result, there is absolutely nothing allocated to the commissioning of research needed for policy and program decisions by the MoH. Public universities as partners in health research are also not able to fund research because the approved budgets barely cover other expenses such as salaries and other operational costs.

The Bamako Call to Action on Research for Health recognizes that research and innovation have been and will be increasingly essential to find solutions to health problems, address predictable and unpredictable threats to human security, alleviate poverty, and accelerate development. It does also note that there is often misalignment between funders, governments, and other organizations in relation to research for health. Hence among other interventions, the Bamako Call makes some plausible health research financing recommendations (i) to national governments to allocate at least 2% of budgets of ministries of health to research; and (ii) for funders of research and innovations, and international development agencies to better align and harmonize their funding and programs to country research and innovations for health plans and strategies in line with the Paris Declaration on Aid Effectiveness; and (iii) to invest at least 5% of development assistance funds earmarked for the health sector in research, including support to knowledge translation and evaluation as part of the research process, and to pursue innovative financing mechanisms for research for health.

Thus, guided by the Bamako Call for Action on Research for Health which is aimed at strengthening research for health, development and equity, the RD realizes that there is great need to engage government and development partners to ensure that 2% and 5% respectively of research funding is provided for in the budget and to explore new funding models to mobilize financial resources for health research. These models need to be sustainable, long-term and targeted toward health problems of the poor as espoused in the EHP. As a matter of fact, the NHRP makes this same provision of 2% in the budget and calls for government adherence to funding research activities as per the annual plans submitted.

The RD will therefore lobby government and development partners to ensure that provisions of 2% and 5% respectively are adhered to for purposes of implementing planned health research programs. In addition to this, the RD will ensure the establishment of a health research fund which has long been overdue; develop grant proposals to solicit funding for specific health research initiatives; establish partnerships and collaborative research arrangements aimed at pulling resources together to benefit from available synergies.

## 3.2 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

A SWOT analysis on each KFA is given in Table 1. The analysis has also taken advantage of information obtained from some review reports, feedback received from stakeholders' during the strategic planning consultation process, and contributions received during the strategic planning and priority setting workshop. The analysis considers the internal factors (strengths and weaknesses) and external factors (opportunities and threats) that impact on the provision of efficient and effective services in terms of the RD's research programs and coordination with its key stakeholders.



Table 1: RD's Strengths, Weaknesses, Opportunities and Threats on each KFA

KEY FOCUS AREAS/POLICY AREAS SWOT ANALYSIS				
KFA	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<b>RESEARCH LEADERSHIP AND GOVERNANCE</b>	<ol style="list-style-type: none"> <li>Open governance.</li> <li>Visionary leadership heading the Research Unit.</li> <li>Availability of guidelines.</li> <li>Linkage with other RECs.</li> <li>Some support to districts.</li> <li>Availability of knowledgeable staff.</li> <li>Has vibrant young leaders energized for the task.</li> <li>Has qualified staff.</li> </ol>	<ol style="list-style-type: none"> <li>Poor researchers' coordination.</li> <li>The Unit is centralized.</li> <li>The Unit has weak structures at district level.</li> <li>Officers lowly graded.</li> <li>Submerged PHIM</li> <li>Fragmented and inadequate collaborations on health research with other sectors.</li> </ol>	<ol style="list-style-type: none"> <li>Strengthen zonal operational research capacities – decentralization.</li> <li>Develop comprehensive strategy to bring research findings together.</li> <li>Conduct Functional review.</li> <li>Develop comprehensive strategy to bring research findings together.</li> <li>Increasing number of graduates in districts to work with the Research Unit.</li> </ol>	<ol style="list-style-type: none"> <li>Loss of trust.</li> <li>Political interference</li> <li>Inactive committees at district level</li> <li>Brain drain.</li> <li>Research institutions that overstep mandate.</li> <li>High staff turnover.</li> </ol>
<b>INSTITUTIONAL CAPACITY BUILDING</b>	<ol style="list-style-type: none"> <li>Availability of Health Policy to guide the conduct of research.</li> <li>Availability of well qualified health researchers in the RD though not adequate.</li> <li>Enough avenues for capacity building available in Malawi</li> <li>Availability of research guidelines</li> <li>Ability to develop research TORs</li> <li>Will and zeal by leadership</li> </ol>	<ol style="list-style-type: none"> <li>Inadequate human resource capacity (health researchers).</li> <li>No government structures in place for capacity building.</li> <li>Inadequate follow up on district level activities.</li> <li>Inadequate financial resources for health research</li> <li>Absence of a credible performance and reward management system</li> <li>Poor staff retention strategies</li> </ol>	<ol style="list-style-type: none"> <li>A lot of Mala-wians are advancing in their careers.</li> <li>Availability of health training institutions</li> <li>Involvement of various departments to appreciate their challenges and see how research can come in</li> <li>On job capacity building</li> <li>Availability of qualified staff on the labour market to carry out research activities.</li> <li>New funding structure of MoH</li> <li>Stakeholders' support</li> </ol>	<ol style="list-style-type: none"> <li>Donor conditionalities</li> <li>Inadequate financial subventions from Treasury.</li> <li>Staff turnover</li> <li>Lack of career progression for research cadres</li> <li>Unincentivized research activities</li> </ol>

<b>KNOWLEDGE MANAGEMENT</b>	<ol style="list-style-type: none"> <li>1. High level of knowledge in the research experts</li> <li>2. Production of policy briefs</li> <li>3. RD well established with track record.</li> <li>4. Availability of specialized national reference laboratories to support research activities.</li> <li>5. Availability of the Knowledge Management Platform to promote translation of research findings for decision making.</li> </ol>	<ol style="list-style-type: none"> <li>1. Poor coordination.</li> <li>2. A lot of research findings are not implemented</li> <li>3. Lack of dissemination meetings.</li> <li>4. Donor funded activities.</li> <li>5. Understaffed</li> <li>6. Inadequate infrastructure</li> <li>7. Weak data management system in place.</li> <li>8. Lack of participation in high level international health research meetings, fora.</li> </ol>	<ol style="list-style-type: none"> <li>1. Tap existing knowledge in research findings to solve challenges in Health.</li> <li>2. An area currently not well developed but there is potential for growth.</li> <li>3. Development partners' support for review meetings.</li> <li>4. Increasing knowledge demand in institutions</li> <li>5. Availability of specialized national reference laboratories to support research activities.</li> <li>6. Existence of a lot of stakeholder interest</li> </ol>	<ol style="list-style-type: none"> <li>1. Challenges overwhelm our health system.</li> <li>2. Lack of collaboration in undertaking research activities, running activities in parallel programs.</li> <li>3. Lack of coordination meetings at regional level</li> <li>4. Competition</li> <li>5. Financier/donor priorities</li> </ol>
<b>HEALTH RESEARCH FINANCING</b>	<ol style="list-style-type: none"> <li>1. Policy of 2% on research activities</li> <li>2. 2% ORT allocation policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Inadequate funding re-search for people advancing in PhD and master' s in health.</li> <li>2. Mostly funded by partners who have their own interests.</li> <li>3. Few researchers have been funded</li> <li>4. Financial resources are not open and readily available to researchers or would be researchers.</li> <li>5. Inadequate resources in research institutions</li> <li>6. Donor financing of 5% not implemented.</li> </ol>	<ol style="list-style-type: none"> <li>1. Many partners are interested in health research.</li> <li>2. Huge funding base for health research both locally and inter-nationally</li> <li>3. 5% investment of development assistance funds earmarked for research.</li> <li>4. Lobby for more funding from government</li> <li>5. Funding of re-search studies for people advancing in PhD and master' s in health</li> <li>6. Ability of RD to generate own income.</li> <li>7. Existence of Fund at NCST</li> </ol>	<ol style="list-style-type: none"> <li>1. Failure to complete research studies due to lack of financial resources</li> <li>2. Financial Resources constraints</li> <li>3. High costs of research</li> <li>4. Donor priorities which are skewed and fragmented.</li> <li>5. Donor dependence</li> </ol>

### 3.3. Stakeholder Mapping and Analysis

The RD recognizes that internal and external stakeholders play a critical role in enabling it to effectively deliver on its mandate. In the strategic analysis, stakeholders had to be considered as valuable assets because their actions could either influence effective implementation of programs or frustrate the process. Much as they may be collaborating partners or otherwise of RU in one way or another, they also play different roles which cannot be overlooked. Some of the key stakeholders who were purposively identified to provide vital planning information during the strategic plan development process include the following:

**Table 2: RD Purposive List of Stakeholder Landscape**

Stakeholder Group	Description and Role	Specific Stakeholders
Internal members of staff	To lead, direct, and ensure that the Unit operates effectively whilst staff's role is to manage and implement activities that help it achieve its vision and mission	The Secretary for Health, management and staff of the Ministry of Health
Government of Malawi (GoM)	Policy direction, developer and enforcer of the National development agenda (MGDS III) and provision of requisite human resource	OPC, DHRMD, EP&D
Development Partners	Providers of funding for health research and human capital development	AFIDEP, World Bank, USAID, UN, UNICEF, FCDO, CIDA
Health Research Institutions	Contributors of research proposals and skills development	MEIRU, JOHNS HOPKINS, MLW-Trust, UNC, WHO
Health Education and Training	Capacity development for Human Resources for Health (HRH)	KUHeS (TRUE, CEBHA+, ACEPHEM, Research Support Centre/ School of Public Health), MZUNI
Tertiary education Institutions	Human Resource training and development	UNIMA, MZUNI, LUANAR, KUHeS
Sampled Health Facilities (Hotspots for Research)	Generation and dissemination of health research information	Salima DHO, DHO Mangochi, DHO Karonga, DHO Chikwawa, Mzuzu Central Hospital
Departments in the Ministry of Health (MoH)	Provision of Policy, Planning and development, and related health information	Planning and Policy Development Services, Health Technical Services, Clinical Services, Preventive Health Services, Nursing and Midwifery, Reproductive Health, Nutrition HIV/AIDS, Financial Management Services, Administration Services, and Human Resources Management and Development





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# **Section Four:**

## **THE STRATEGIC DIRECTION**



**THIS WAY**

## 4.0 THE STRATEGIC DIRECTION

The strategic direction of the RD, also commonly known as the strategic intent, has been determined based on the analysis of its current position in its operating environment and where the Unit would like to be in the five years to come and beyond. The strategic intent is the desired future state or aspiration of the RD which must be understood by our staff and stakeholders at the outset regarding the direction that is being taken. This is led by the vision, mission and core values that will guide our conduct.

### 4.1 Vision

“A lead department in the advancement of health research and innovation” .

### 4.2 Mission

“To promote and coordinate the conduct of health research through resource mobilization, capacity building and adherence to research ethics, in order to generate high-quality evidence required to effectively inform the development of health and related policies and interventions for the attainment of the well-being of Malawians.”

### 4.3 Core Values

The core values outlined below represent the RD's operating philosophies or principles that will guide its integral conduct as well as its relationship with the external world. In achieving its vision and fulfilling its mission, the Unit will be guided by these core values which are also expected to set the behaviour standards for members of staff on which it will be measured by its stakeholders.

#### 4.3.1 Integrity

We always seek to:

- Act in good faith in all our day-to-day activities and display humility.
- Have a commitment to ethical behaviour and focus on justice, honesty, and fairness.
- Exercise care not to disclose confidential information.

#### 4.3.2 Transparency and Accountability

We strive to discharge our duties in a transparent and accountable manner that also takes full responsibility for our decisions and actions

#### 4.3.3 Teamwork

We encourage teamwork as a powerful tool for achieving the Division's vision and mission. Our approach to teamwork is based on the philosophy that each team member brings unique experience and expertise to our operations.

#### 4.3.4 Creativity and Innovation

We promote creativity and innovation by encouraging our staff and stakeholders to develop and submit innovative health research proposals that advance new ways of dealing with health challenges so that we remain relevant in the ever-changing environment.

### 4.3.5 Service for the Public Good

We generate, build and use health research knowledge and information to promote the collective health and well-being of Malawians.

### 4.3.6 Collaboration

We work hand in hand with our key stakeholders in the generation of research information and the development of evidence-based policies and interventions.

### 4.3.7 Gender Sensitivity

We ensure that gender issues are mainstreamed in all our planning and programmed activities to ensure that there is equity in the discharge of our functions.

### 4.3.8 Human Rights

We recognize that every person has dignity and value, and one of the ways to recognize the fundamental worth of every person is by acknowledging and respecting their human rights. We therefore ensure that people's right to health apart from other rights like the right to education and an adequate standard of living, right to a fair trial and freedom of religion just to mention a few are respected.

## 4.4 Strategic Options: KFAs, Strategic Objectives, Strategic Outcomes and Related Outputs

The strategic direction and focus for the RD are informed by the MGDS III, the HSSP II and the National Health Research Policy. Specifically, the NHRP, using the concept of the National Health Research System (NHRS) identified four policy areas hereinafter referred to as Key Focus Areas (KFAs) which form the basis for the development of this strategic plan as mentioned above. These are: Research Leadership and Governance, Institutional Capacity Building, Knowledge Management, and Health Research Financing. Under each KFA, a strategic objective/intent was determined to state what the RD wants to achieve followed by the determination of high-level strategic outcomes as desired results the Division wants to see achieved by 2030 and sustained thereafter. The strategic outcomes that have been determined are the actual or intended desired changes in the four KFAs' conditions arising from the interventions that the RD has put in place to support their achievement.

The outcomes that have been determined entail the strategic options that will drive the strategic direction of the RD from 2021 to 2030. Each of the outcomes is then further unpacked in terms of outcome targets as milestones that will indicate how far the Unit has gone with the implementation of the Strategic Plan and whether the intended results are being achieved. Further, the related outputs that will assist the achievement of the outcome targets and ultimately the outcomes. The achievement of the outputs has spread across into annual targets up to 2030 as shown in Table 3.

Based on the four KFAs, four strategic outcomes have been determined which are:

- (i) Improved health research leadership and governance.
- (ii) Enhanced organizational efficiency and effectiveness.
- (iii) Improved provision, retention, and accessibility of reliable and secure health research information to enable informed decisions by policymakers.
- (iv) Adequate and sustainable financial resources generated and available to finance health research.

**Table 3**

RESEARCH LEADERSHIP AND GOVERNANCE												
Strategic Objective		To ensure that there are adequate measures for strengthening health research capacity building within public, private, research and academic institutions										
No.	Strategic Outcome	Outcome Target	Related Output	Annual Output Targets								
				2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030
1.0	Improved health research leadership and governance	1.1 Health research leadership, management and governance enhanced by 70% by 2026	1.1.1 RD functional review conducted		Functional review conducted and new organizational structures and establishment provided	Functional review recommended implemented	Functional review recommendations implemented	Functional review recommendations implemented	Functional review recommendations implemented	Functional review recommendations implemented	Functional Review recommendations reviewed	Functional review recommendations implemented
				Leadership development and management program developed	Leadership development and management program implemented	Leadership development and management program implemented	Leadership development and management program implemented	Leadership development and management program implemented	Leadership and management development program reviewed and revised	Leadership development and management program implemented	Leadership development and management program implemented	
			1.1.2 Leadership development and management program developed and implemented									
			1.1.3 RD leadership and management capacity developed	Top management recruited (according to recent functional review) and trained in corporate governance	Middle Management recruited (according to recent functional review) and trained	Middle and line Management (according to recent functional review) recruited and trained	Line Mangers recruited (according to recent functional review) and trained	Training evaluated	Refresher courses for managers conducted		Refresher courses for managers conducted	

KFA 1	RESEARCH LEADERSHIP AND GOVERNANCE										
Strategic Objective	To ensure that there are adequate measures for strengthening health research capacity building within public, private, research and academic institutions										
No.	Strategic Outcome	Outcome Target	Related Output	Annual Output Targets							
				2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
1.0	Improved health research leadership and governance	1.1 Health research leadership, management and governance enhanced by 70% by 2030	1.1.4 National Health Research Agenda updated and disseminated	National Health Research Agenda updated and disseminated	National Health Research Agenda assessment conducted	National Health Research Agenda updated and implemented	National Health Research Agenda updated and implemented	National Health Research Agenda updated and implemented	National Health Research Agenda assessment conducted	National Health Research Agenda updated and implemented	National Health Research Agenda assessment conducted
			1.1.5 All health research activities commissioned by RD	Health research activities coordinated by the RD	Health research activities coordinated by RD	Health research activities coordinated by RD	Health research activities coordinated by RD	Health research activities coordinated by RD	Health research activities coordinated by RD	Health research activities coordinated by RD	Health research activities coordinated by RD
			1.1.6 An M&E framework reviewed and implemented	M&E framework reviewed	M&E framework implemented	M&E framework implemented	M&E framework implemented	M&E framework implemented	M&E framework reviewed	M&E framework implemented	M&E framework implemented



			1.3.1 Existing MOUs reviewed and implemented	MOUs reviewed	Revised MOUs implementation monitored	Revised MOUs implementation monitored	Revised MOUs implementation monitored	Effectiveness of MOUs evaluated	Revised MOUs implementation monitored	Revised MOUs implementation monitored	Revised MOUs implementation monitored	MOUs reviewed			
			1.3.2 New Collaborative Research Agreements/ MOUs established and implemented		New Collaborative Research Agreements/ MOUs established	Collaborative research agreements implemented and monitored	Collaborative research agreements implemented and monitored	Collaborative research agreements implemented and monitored	Collaborative research agreements implemented and revised	Collaborative research agreements implemented and monitored	Collaborative research agreements implemented and monitored	Collaborative research agreements implemented and monitored			
			1.3.3 Legislation and policy on intellectual property rights advocated for	Legislation and policy on IPR advocated for	Legislation and policy on IPR advocated for	Legislation and policy on Intellectual Property rights developed	Legislation and policy on Intellectual Property rights enforced	Legislation and policy on Intellectual Property rights enforced	Legislation and policy on Intellectual Property rights enforced	Legislation and policy on Intellectual Property rights enforced	Legislation and policy on Intellectual Property rights enforced	Legislation and policy on Intellectual Property rights enforced			
		1.4 NHRP reviewed and revised	1.4.1 RD technical guidance provided and NHRP reviewed			NHRP reviewed and revised	NHRP implemented	NHRP implemented	NHRP reviewed and revised	NHRP implemented	NHRP implemented	NHRP reviewed and revised			



INSTITUTIONAL CAPACITY BUILDING												
To ensure that there are adequate measures for strengthening research capacity building within public, private, research and academic institutions												
No.	Strategic Out-come	Out-come Target	Related Output	Annual Output Targets								
				2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030
2.0	En-hanced organi-zational efficiency and effec-tiveness	2.1 Institutional Capacity of health and related researchers enhanced by 80% by 2025.	2.1.1 Capaci-ty building framework developed and implemented	Capacity Needs Assessment conducted	Consolidated Human Resource Development Plan (HRD) in health and related research developed and implemented	Consolidated Human Resource Development Plan (HRD) in health and related research implemented	Consolidated Human Resource Development Plan (HRD) in health and related research implemented	Consolidated Human Resource Development Plan (HRD) reviewed and revised	Consolidated Human Resource Development Plan (HRD) in health and related research implemented	Consolidated Human Resource Development Plan (HRD) in health and related research implemented	Consolidated Human Resource Development Plan (HRD) reviewed and revised	Consolidated Human Resource Development Plan (HRD) reviewed and revised
			2.1.2 Recruitment and deploy-ment plan developed and imple-mented	Recruitment and deploy-ment plan developed	Recruitment and deployment plan implemented	Recruitment and deployment plan implemented	Recruitment and deployment plan implemented	Recruitment and deployment plan implemented	Recruitment and deployment plan reviewed and revised	Recruitment and deployment plan implemented	Recruitment and deployment plan implemented	Recruitment and deployment plan implemented
			2.1.3 Staff deployment policy deve-loped and im-plemented	Staff deployment policy developed	Staff deployment policy implemented	Staff deployment policy implemented	Staff deployment policy reviewed and revised	Staff deployment policy implemented	Staff deployment policy implemented	Staff deployment policy implemented	Staff deployment policy implemented	Staff deployment policy implemented
			2.1.4 Staff capacity in research management and grant solicitation developed		Health re-search staff trained in grant proposal development and writing	Health research grant proposals developed	Health research grant proposals developed, and funding provided	Health research grant proposals developed, and funding provided	Health research grant proposals developed, and funding provided	Health research grant proposals developed, and funding provided	Health research grant proposals developed, and funding provided	Health research grant proposals developed, and funding provided





			2.2 70% of requisite health research infrastructure systems and equipment in place by 2030		2.2.1 Institutional capacity strengthening grants for research infrastructure created & implemented	Proposals developed and approved	Capacity strengthening grants created and implemented	Capacity strengthening grants implemented	Capacity strengthening grants implemented	Capacity strengthening grants implemented	Capacity strengthening grants implemented	Capacity strengthening grants implemented
					2.2.2 MOUs and Agreements for critical research infrastructure established and implemented	Laboratory equipment procured and installed		Laboratory equipment procured and installed	Laboratory equipment maintained	Laboratory equipment maintained	Laboratory equipment procured and installed	Laboratory equipment maintained
					2.2.3 Records management automated		Research registries reorganized and automated	100% Files classified and new files index developed	New files index maintained	New files index maintained	New files index maintained	New files index maintained
					2.2.4 Research Oversight Offices established at district level		6 Research Oversight Offices established	6 Research Oversight Offices established	6 Research Oversight Offices established	6 Research Oversight Offices established	5 Research Oversight Offices established	Research Oversight Offices operations monitored
			2.3 Defined career paths in health and related research jobs created by 2030		2.3.1 Health research career paths created	Functional organizational structure(s) & establishments updated	Health research positions defined	Roadmap/ career paths progressions for each job established	Training & development program at each level of the job developed and implemented	Career paths programs including job role profiles documented	Career paths developed and implemented	Career paths reviewed and revised











			3.4.2 Policymakers and program implementers engaged throughout the policymaking process	Stakeholders' Engagement Strategy developed and implemented	Stakeholders' Engagement Strategy developed	Stakeholders' Engagement Strategy implemented	Stakeholders' Engagement Strategy implemented	Stakeholders' Engagement Strategy reviewed and revised	Stakeholders' Engagement Strategy implemented	Stakeholders' Engagement Strategy implemented	Stakeholders' Engagement Strategy implemented
			3.4.3 Utilization of health research findings in decision-making strengthened	Key stakeholders continuously engaged, before, during and after research process	Accessibility to research findings increased through various mediums	Advocacy and communication increased	Research findings utilization by stakeholders monitored	Research findings utilization by stakeholders monitored and evaluated	Research findings utilization by stakeholders monitored and evaluated	Research findings utilization by stakeholders monitored and evaluated	Research findings utilization by stakeholders monitored and evaluated
KFA 4	HEALTH RESEARCH FINANCING										
Strategic Objective	To ensure that portals for research funding are accessed and that there are adequate funds to finance health research in Malawi										
No.	Strategic Out-come	Out-come Target	Related Output	Annual Output Targets							
				2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029
4.0	Adequate and sustainable financial resources generated and available to finance health research	4.1 Generation of financial resources to finance health research programs improved by 65% by 2030	4.1.1 Health Research Fund (HRF) established		Health Research Fund established	HRF adequately resourced	HRF adequately resourced	HRF adequately resourced	HRF adequately resourced	HRF adequately resourced	HRF adequately resourced

			Financial Resources Mobilization Strategy developed	Financial Resources Mobilization Strategy implemented	Financial Resources Mobilization Strategy implemented	Financial Resources Mobilization Strategy reviewed and revised	Financial Resources Mobilization Strategy implemented	Financial Resources Mobilization Strategy implemented	Financial Resources Mobilization Strategy implemented	Financial Resources Mobilization Strategy implemented
			4.1.2 Financial Resources Mobilization Strategy developed and implemented	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to
			4.1.3 2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to	2% allocation of the national health expenditure to health research adhered to
			4.1.4 5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	5% of projects and programs aid to the health sector is aligned to health research capacity strengthening
			4.1.5 Health Research Grant proposals produced and marketed to prospective funders	Health Research Grant proposals produced and marketed to prospective funders	Health Research Grant proposals produced and marketed to prospective funders	Health Research Grant proposals produced and marketed to prospective funders	Health Research Grant proposals produced and marketed to prospective funders	Health Research Grant proposals produced and marketed to prospective funders	Health Research Grant proposals produced and marketed to prospective funders	Health Research Grant proposals produced and marketed to prospective funders





# **Section Five:**

## **THE RESULT-BASED LOGICAL FRAMEWORK**

## 5.0 THE RESULT-BASED LOGICAL FRAMEWORK

The Result-Based Logical Framework presented below gives an overview of the KFAs that anchor this strategic plan, the expected results or desired outcomes on each KFA and above all, the high-level performance indicators that will be used to check progress in the implementation process. The framework will be used for monitoring and evaluating the achievement of the results through the given indicators and their means of verification including risks and mitigation measures.

Table 4: Result-Based Logical Framework

Key Focus Area 1	RESEARCH LEADERSHIP AND GOVERNANCE					
Strategic Objective	To ensure that there are adequate measures for strengthening research capacity building within public, private, research and academic institutions					
Expected Results/ Outcome	Performance Indicators			Sources and Means of verification	Risks	Mitigation Measures
	Objectively Verifiable Indicators	Baseline 2020	Targets 2030			
Improved health research leadership and governance	% of research leadership capacity developed	To be established	70%	Training and development reports	Financial constraints	Lobby for funds from government. and donors
	Existence of a functional review report	As above	1	Functional review report	Delays in conducting the review	Lobby DHRMD for speedy review
	National Research Agenda	As above	1	Copies of research agenda	Inadequate expertise in place	Engage consultant
	Research coordination mechanism	As above	1	Mechanism developed	Inadequate funding	Explore other sources of funding
	Research Committees in place	As above	3	Reports	Bureaucracy	Remove red tape



Key Result Area 2	INSTITUTIONAL CAPACITY BUILDING AND STRENGTHENING (Financial, Internal Systems & Processes, Learning and Growth, and Staff Orientation)					
Strategic Objective	To ensure that there are adequate measures for strengthening research capacity building within public, private, research and academic institutions					
Enhanced organizational efficiency and effectiveness	% of HR capacity developed	N/A	75%	Recruitment & training reports	Inadequate financial resources	Phase out implementation
	% of organizational systems & policies put in place	N/A	60%	Systems and policies in place	Fast-changing technologies	Develop evidence based policies and interventions
	% Compliance with statutory obligations	N/A	100%	Quarterly and annual reports	Non-compliance	Assign dedicated and competent officers
Key Result Area 3	KNOWLEDGE MANAGEMENT					
Strategic Objective	To achieve the development of evidence-based policies in health through intensification of knowledge generation, translation, and utilization of research study results					
Improved provision, retention and accessibility of reliable and secure health research information to enable informed decisions by policymakers	% Improvement in data generation and knowledge management	N/A	65%	Statistics on data generated	Financial resources/ inadequate expertise	Develop requisite capacity
	% Improvement in knowledge translation		80%	Knowledge translation mechanisms	Inadequate expertise	Develop requisite capacity
	% Improvement in knowledge translation		60%	Reports	Inadequate expertise	Develop requisite capacity
	% Improvement in knowledge utilization		70%	Reports	Inadequate knowledge on the existence of research information	Conduct periodic dissemination forums
	% Improvement in knowledge sharing and dissemination		65%	Reports	Inadequate funding	



Key Result Area 4	HEALTH RESEARCH FINANCING					
Strategic Objective	To ensure that portals for research funding are accessed and that there are adequate funds to finance health research in Malawi					
Adequate and sustainable financial resources generated and available to finance health research	% Improvement in financial resources generated		60%	Financial reports	Funders not forthcoming	Lobby for assistance
	% Improvement in adherence to statutory obligations		100%	Statutory reports submitted	Delays in producing reports	Enforce adherence to deadlines
	% Improvement in internal controls		100%	Reports	Inadequate capacity	Build requisite capacity

The background features a stylized illustration of a person with dark hair and a pink face, wearing a white shirt and dark tie, positioned behind a large green rounded rectangle. To the left of the person are two vertical bars, one red and one green. The right side of the image has a light blue background with abstract geometric shapes in shades of blue and white, and a small yellow shield-like shape in the top right corner.

## **Section Six:**

### **CRITICAL SUCCESS FACTORS**

## 6.0 CRITICAL SUCCESS FACTORS

In anticipation of successfully implementing this Strategic Plan, RD considered some critical elements that would be made available. Basically, these are important assumptions or factors which must be put in place and observed in order to successfully realize the intended results from implementing the strategic plan. The following Critical Success Factors (CSFs) will be assumed to be put in place to successfully implement this strategic plan and achieve the desired outcomes:

Table 5: Summary of Critical Success Factors

<b>Leadership and Management</b>  It is assumed that the RD will have: <ul style="list-style-type: none"> <li>• Visionary and transformative leadership</li> <li>• Developed health research human capital</li> <li>• A performance and reward system</li> <li>• Adherence to implementation of laws, regulations, and guidelines</li> </ul>	<b>Organizational Structure</b>  It is assumed that the following will be in place: <ul style="list-style-type: none"> <li>• An appropriate, cost-effective, and efficient functional organizational structure</li> <li>• Responsiveness to the demands of health research</li> <li>• Provision of a clear line of authority</li> <li>• Minimum possible managerial levels</li> </ul>
<b>Service Delivery</b> <ul style="list-style-type: none"> <li>• Safe and of high quality</li> <li>• Client focused</li> <li>• Efficient and effective</li> <li>• Innovative and creative</li> </ul>	<b>Human Capital</b> <ul style="list-style-type: none"> <li>• Capable researchers</li> <li>• Committed human resources</li> <li>• Qualified and skilled</li> <li>• Results-oriented and accountable</li> <li>• Proactive and team players</li> <li>• Disciplined and courteous</li> </ul>
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>• Conceptual infrastructure (policies, rules, procedures, values)</li> <li>• Information infrastructure/platforms</li> <li>• Physical space infrastructure/office</li> <li>• Equipment</li> </ul>	<b>Advocacy and Support</b> <ul style="list-style-type: none"> <li>• Political will and support</li> <li>• Financial and budgetary support</li> <li>• Finances prudently managed</li> <li>• Officials' moral support</li> <li>• Stakeholders and collaborating partners</li> </ul>
<b>Conditions of Service and Performance Appraisal System</b> <ul style="list-style-type: none"> <li>• Conducive</li> <li>• Relevant</li> <li>• Fair and credible</li> </ul>	<b>Communication and Collaboration</b> <ul style="list-style-type: none"> <li>• Teamwork/group work (among members)</li> <li>• Networking</li> <li>• International interactive and research</li> <li>• National collaborative research</li> </ul>
<b>Adequate Financial Resources</b> <ul style="list-style-type: none"> <li>• Adequate and sustainable resources are generated to finance health research programs</li> </ul>	



## **Section Seven:** **IMPLEMENTATION,** **MONITORING & EVALUATION**

## 7.0 IMPLEMENTATION, MONITORING AND EVALUATION

The implementation of this Strategic Plan will largely be financed by the RD through subventions received from the Treasury (all things being equal which is 2% of the national health expenditure budget for health research in line with the Bamako Declaration and international recommendations) as per its annual budgeted expenditure. It is also expected that some research programs and projects will be financed by the National Commission for Science and Technology (NCST) as National Granting Council on health research financing and by development partners. It is estimated that it will cost the RD MK7,355,137,505.00 to implement this Strategic Plan for the entire period subject to revisions as shown in Appendix 1. Notably, these resources may not match all our needs and as such prioritization of key interventions will be defined by the Ministry and the RD's management.

For successful implementation of this Strategic Plan, the following institutional arrangements will be instituted for efficient and effective tracking and evaluation of implementation progress. It is proposed that the RD management should put in place the following:

- Constitute a Strategic Plan Implementation Committee to oversee the implementation of the Strategic Plan.
- Develop clear TORs for the Strategic Plan Implementation Committee (SPIC)
- SPIC to be chaired by the Head of Knowledge Management or any designated officer at that level who will be reporting to the Head of Research, who in turn will be reporting to the Secretary for Health on implementation progress.
- Appoint members of the Strategic Plan Implementation Committee who should be representative of all the sections of the Research Division; and
- The Strategic Plan Implementation Committee appoints an appropriate officer to act as its secretary with clearly stipulated TORs and to report on progress made.

In order to facilitate implementation of the Strategic Plan, a number of activities will be undertaken to raise its visibility. Key activities will include the following:

- A launch of this Strategic Plan involving officials from our key stakeholders.
- Popularizing the Plan through banners, brochures, calendars, website, diaries and social media posts.
- Presentation of TV and radio informative adverts on the RD's role and focus for the years ahead.

### 7.1 Monitoring Purpose and Scope

Monitoring is very important to track the performance of the Strategic Plan during the period of its implementation. Monitoring will thus be the mechanism the RD will use to assess if it is achieving the strategic outcomes and targets of this plan. Monitoring will be an ongoing process that will provide regular feedback and early indications of whether interventions are making progress or not toward their intended objectives. The process will track actual performance against the planned annual output targets and entails collecting reports on implementation and analysing the reports against the planned outputs that will achieve the outcome targets.

The scope of the M&E plan is limited to the strategic outcomes and targets, outputs and annual output targets of each key focus area. The purpose of the M&E is to conduct performance monitoring by following up on the implementation, reviewing progress of work plans that reflect outputs to be achieved under each outcome staffing, and equipment. The progress or lack of progress collated is analysed against the planned targets. The findings from the analysis will inform the RD on:

- Budget decisions
- Gaps in implementation, approaches and strategies including funding
- The need for corrective measures
- Development of the successor strategic plan

The reporting system will require that each implementing unit in the institution monitors its activities as contained in its annual work plan and budget and prepare monthly performance reports, which will be presented to the Strategic Plan Implementation Committee (SPIC). The SPIC will discuss the consolidated performance reports on a quarterly basis, after which a comprehensive strategic performance report (annual report) will be presented to the Head of Research, who will in turn report to the Secretary for Health.

## **7.2 Evaluation**

Performance evaluation is very important as it entails comparing actual against expected results and the resultant impact. In a changing environment, some of the key assumptions in the Plan may dramatically change and affect implementation of the set outcome targets and the outputs that will achieve them. It is therefore during evaluation that the RD will determine the effect of such changes and appropriate corrective action taken. In order to enhance the process, RD will hold internal annual performance reviews to monitor and evaluate performance of the Plan.

An evaluation of the Plan will be undertaken in the mid-term in the fiscal year 2025/2026 and at the end of the Strategic Plan implementation period in 2029/2030. The mid-term evaluation will aim to quantify progress made in implementation and provide information to the guide review of activities and strategies where necessary. Whilst the end-term evaluation will assess whether set outcomes and targets were achieved and document the effectiveness, impact and sustainability of RD's programs.

This will eventually inform the development of the next strategic plan. We recognize the fact that the evaluation function is effective if it has the requisite capacity in terms of resources and equipment. The RD will therefore ensure that all programs have a dedicated budget to facilitate M&E operations and capacity building. In line with principles of results-based management, the RD will foster partnerships and collaboration with other relevant institutions in the health sector and beyond including development partners to ensure effective delivery of development results. We will also develop and implement an Information, Education and Communication Strategy (IEC) to facilitate feedback and sharing of information on research programs being undertaken and implemented.

## **7.3 Data Collection, Analysis and Reporting**

A credible M&E system ought to be supported by accurate and reliable data on the variables that are being measured. Data will therefore be collected using appropriate data collection tools and survey methods. The data collected will be subjected to quality checks and validation to ensure completeness, consistency, accuracy, and reliability before releasing to users in the health sector. Hence, the RD will ensure that there is adequate capacity to generate quality data and the Knowledge Management Section will champion this process.

## **7.4 Key Performance Indicators (KPI)**

The implementation of this Strategic Plan will be monitored based on selected high-level outcome indicators, which are reflected in the Results-Based Logical Framework shown as Table 4.

## **7.5 Review of the Strategic Plan**

The review of the Strategic Plan will be done in two phases. Firstly, at the end of each financial year, the plan will be reviewed to assess the level of achievement of planned annual output targets. These targets constitute input into the Annual Work Plans prior to the budget development process to reflect cost estimates for the impending fiscal year. Some outputs may not have been taken on board in the past financial year and there might be need to include them in the following year's budget. Secondly, a full review of the Plan will be conducted at the end of the implementation period in 2030 when the plan expires. However, a mid-term review will be conducted to incorporate new developments and emerging issues needing immediate attention during the implementation period.



Key Result Area	Research Leadership and Governance					Total Estimated Cost (TEC)					Source of Funding			
Strategic Objective	To ensure that there are adequate measures for strengthening health research capacity building within public, private, research and academic institutions													
Strategic Outcome 1	Improved health research leadership and governance													
Outcome Target 1.1	Health research leadership, management and governance enhanced by 70% by 2030													
Related Outputs	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	2026/2027	2027/2028	2028/2029	2029/2030	Currency in Malawi Kwacha	GoM	Dev. Partner	Other	Remarks
1.1.1 RD functional review conducted	-	7,550,000	3,630,000	3,630,000	3,630,000	7,550,000	3,630,000	3,630,000	3,630,000	36,880,000	2% MOH Research Funding			
1.1.2 RD leadership and management capacity developed	3,053,000	3,583,000	3,682,000	2,434,000	850,000	3,053,000	3,583,000	3,682,000	3,682,000	27,602,000	2% MOH Research Funding			
1.1.3 Leadership management and development program developed and implemented	1,320,000	5,380,000	5,380,000	5,380,000	5,380,000	2,320,000		2,320,000		27,480,000	2% MOH Research Funding			
1.1.4 National Health Research Agenda up-dated	35,780,000	4,030,000	35,780,000	4,030,000	4,030,000	5,540,000	4,030,000	4,030,000	4,030,000	101,280,000	2% MOH Research Funding			

1.1.5 All health research activities commissioned by RD	568,000	0	0	0	0	0	0	0	0	0	568,000	2% MOH Research Funding			
1.1.6 An M&E framework reviewed and implemented	4,740,000	9,770,000	9,770,000	9,770,000	9,770,000	4,740,000	9,770,000	9,770,000	9,770,000	9,770,000	77,870,000	2% MOH Research Funding			
<b>Sub-total</b>	<b>45,461,000</b>	<b>30,313,000</b>	<b>58,242,000</b>	<b>25,244,000</b>	<b>23,660,000</b>	<b>23,203,000</b>	<b>21,013,000</b>	<b>23,432,000</b>			<b>271,680,000</b>				
<b>Outcome Target 1.2</b>	<b>Health research coordination mechanisms enhanced by 90% by 2030</b>														
1.2.1 Relevant District Health Research Ethics Committees (RECs) monitored with RD	14,420,000	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000	39,940,000	2% MOH Research Funding			
1.2.2. Adherence to NHSRC Standard Operating Procedures (SOPs) monitored and inspected	4,030,000	4,030,000	4,030,000	4,030,000	1,000,000	4,030,000	4,030,000	4,030,000	1,000,000	1,000,000	30,210,000	2% MOH Research Funding			
1.2.3 Guidelines for enforcing ethical standards on the conduct of health research developed and implemented	4,740,000	1,630,000	0	0	3,890,000	1,630,000	0	0	3,890,000	3,890,000	15,780,000	2% MOH Research Funding			

1.2.4 Oversight on adherence to compensation framework for health research participants developed	0	7,110,000	7,110,000	7,110,000	11,870,000	9,490,000	9,490,000	11,870,000	73,540,000	2% MOH Research Funding			
1.2.5 Oversight and management of conflict resolution	-	7,500,000	1,500,000	0	0	9,000,000	0	0	18,000,000	ORT			
<b>Sub-total</b>	<b>23,190,000</b>	<b>26,650,000</b>	<b>19,020,000</b>	<b>19,900,000</b>	<b>23,140,000</b>	<b>28,150,000</b>	<b>19,900,000</b>	<b>19,900,000</b>	<b>23,140,000</b>	<b>177,470,000</b>			
<b>Outcome Target 1.3</b>	<b>MOUs monitored and health research partnerships established by 2030</b>												
1.3.1. MOUs established and implemented	1,560,000	250,000	0	0	2,500,000	1,560,000	0	0	0	5,870,000	2% MOH Research Funding		
1.3.2 Col-laborative research agreements & contracts enforced	-	3,975,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	17,975,000	2% MOH Research Funding		
1.3.3 Legislation and policy on Intellectual Property rights developed and enforced	5,000,000	5,000,000-	8,780,000	0	0	0	0	0	0	18,780,000	2% MOH Research Funding		
1.3.4 South-South and South-North health research collaboration strengthened	700,000	0	700,000	0	700,000	0	700,000	0	700,000	3,500,000	2% MOH Research Funding		
	350,000	0	0	0	0	0	0	0	0	350,000			

Sub-total	7,610,000	9,225,000	11,480,000	2,000,000	5,200,000	3,560,000	2,700,000	2000,000	2,700,000	46,475,000				
Out-come Target 1.4	NHRP reviewed and revised													
1.4.1. RD technical guidance provided and NHRP reviewed	-	-	4,875,000	0	0	4,875,000	0	0	0	9,750,000	2% MOH Research Funding			
Sub-total	-	-	4,875,000	0	0	4,875,000	0	0	0	9,750,000				
KEY RESULT AREA 2	INSTITUTIONAL CAPACITY BUILDING													
Strategic Objective	To ensure that there are adequate measures for strengthening research capacity building within public, private, research and academic institutions													
Strategic Outcome 2	Enhanced organizational efficiency and effectiveness													
Outcome Target 2.1	Institutional capacity of health and related researchers enhanced by 80% by 2030.													
2.1.1 Capacity building framework developed and implemented	26,621,667	27,021,667	6,500,000	6,500,000	4,500,000	6,500,000	6,500,000	6,500,000	4,500,000	90,643,334	RD	AFIDEP		
2.1.2. Recruitment and deployment plan developed and implemented	26,621,667	3,650,000	3,650,000	3,650,000	3,650,000	3,650,000	16,500,000	3,650,000	3,650,000	68,671,667	RD ORT	AFIDEP		
2.1.3 Staff deployment policy developed and implemented	26,621,667	5,000,000	5,000,000	5,000,000	24,680,000	5,000,000	5,000,000	5,000,000	5,000,000	86,301,667	RD ORT	AFIDEP		

2.1.4 Staff capacity in re-search management and grant solicitation developed	-	2,915,000	4,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	22,415,000	RD ORT	AFIDEP		
2.1.5 Health research staff adequately remunerated	26,621,667	2,915,000	2,915,000	3,280,000	3,280,000	2,915,000	2,915,000	3,280,000	3,280,000	2,915,000	2,915,000	51,401,667	RD ORT	AFIDEP		
	24,071,667	24,071,667	24,071,667	24,071,667	24,071,667	24,071,667	24,071,667	24,071,667	24,071,667	24,071,667	24,071,667	216,645,003	RD ORT	AFIDEP		
	26,621,667	0	0	0	0	0	0	0	0	0	14,500,000	55,621,667				
2.1.6 Clear staff establishment for the Research Department developed and operationalized	-	-	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	17,500,000	RD			
<b>Sub-total</b>	<b>157,180,002</b>	<b>65,573,334</b>	<b>49,136,667</b>	<b>47,501,667</b>	<b>79,681,667</b>	<b>47,136,667</b>	<b>60,351,667</b>	<b>47,501,667</b>	<b>59,636,667</b>	<b>613,700,005</b>						
<b>Outcome Target 2.2</b>	<b>70% of requisite health research infrastructure, systems, and equipment in place by 2030</b>															
2.2.1 Institutional capacity strengthening grants for research infrastructure	0	2,000,000	0	0	0	0	0	0	0	0	0	2,000,000	2% MOH Research Funding			
	8,000,000	0	3,000,000	5,000,000	5,000,000							21,000,000	2% MOH Research Funding	World Bank		

2.2.2 MOUs and Agreements for critical research infrastructure established and implemented	100,000,000	0	102,500,000	5,000,000	5,000,000	13,500,000	23,000,000	5,000,000	5,000,000	259,000,000	2% MOH Research Funding			
2.2.3 Records management modernized by 2023	0	9,200,000	3,800,000	1,100,000	1,100,000	1,100,000	1,100,000	1,100,000	1,100,000	19,600,000	2% MOH Research Funding			
2.2.4 Research Oversight Offices established at district level	0	32,720,000	32,720,000	32,720,000	32,720,000	32,720,000	32,720,000	15,500,000	15,500,000	227,320,000	2% MOH Research Funding			
<b>Sub-total</b>	<b>108,000,000</b>	<b>43,920,000</b>	<b>142,020,000</b>	<b>43,820,000</b>	<b>43,820,000</b>	<b>47,320,000</b>	<b>56,820,000</b>	<b>21,600,000</b>	<b>21,600,000</b>	<b>528,920,000</b>				
<b>Outcome Target 2.3</b>	<b>Defined career paths in health and related research jobs created by 2030</b>													
2.3.1 Health research career paths created	22,455,000	0	22,455,000	270,000,000	0	5,000,000	5,000,000	5,000,000	5,000,000	334,910,000	2% MOH Research Funding			
	0	0	100,000	100,000	100,000					300,000	2% MOH Research Funding			
<b>Sub-total</b>	<b>22,455,000</b>	<b>0</b>	<b>22,555,000</b>	<b>270,100,000</b>	<b>100,000</b>	<b>5,000,000</b>	<b>5,000,000</b>	<b>5,000,000</b>	<b>5,000,000</b>	<b>335,210,000</b>				



KNOWLEDGE MANAGEMENT														
Key Result Area 3	To achieve the development of evidence-based policies in health through intensification of knowledge generation, translation and utilization of research study results													
Strategic Objective	Improved provision, retention and accessibility of reliable and secure health research information to enable informed decisions by policymakers													
Strategic Outcome 3	RD coordination of health research knowledge generation entrenched by 2030													
Outcome Target 3.1	RD coordination of health research knowledge generation entrenched by 2030													
3.1.1 Knowledge Generation Communication Strategy developed and disseminated to all relevant stakeholders	44,835,000	44,835,000	22,417,500	22,417,500	22,417,500	22,417,500	22,417,500	22,417,500	22,417,500	22,417,500	22,417,500	269,010,000	2% MOH Research Funding	DP
3.1.2 Analysis of routinely collected data through DHIS & other info systems & surveys promoted	31,440,000	31,440,000	31,440,000	31,440,000	31,440,000	31,440,000	31,440,000	31,440,000	31,440,000	31,440,000	31,440,000	282,960,000	2% MOH Research Funding	DP
3.1.3 Disease & events surveillance data to support detection of outbreaks & implementation of IHR compiled	39,185,000	23,725,000	23,725,000	23,725,000	23,725,000	23,725,000	23,725,000	23,725,000	23,725,000	23,725,000	23,725,000	228,985,000	2% MOH Research Funding	DP
3.1.4 Biobank established and maintained	-	-	48,580,000	31,280,000	31,280,000	31,280,000	31,280,000	31,280,000	31,280,000	31,280,000	31,280,000	236,260,000	2% MOH Research Funding	DP

3.1.5 Open research repository to store outputs from health research developed	-	-	35,260,000	24,760,000	24,760,000	24,760,000	24,760,000	24,760,000	24,760,000	24,760,000	50,116,000	2% MOH Research Funding	DP	
3.1.6 Intellectual property rights for data generated from health research conducted in Malawi protected	-	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	120,000	960,000	2% MOH Research Funding	UNDP	
3.1.7 Accessibility of evidence generated from clinical trials and implementation science strengthened	-	-	11,880,000	100,800,000	100,800,000	100,800,000	100,800,000	100,800,000	100,800,000	100,800,000	616,680,000	2% MOH Research Funding	UNDP	
<b>Sub-total</b>	<b>115,460,000</b>	<b>100,120,000</b>	<b>173,422,500</b>	<b>234,542,500</b>	<b>234,542,500</b>	<b>256,960,000</b>	<b>234,542,500</b>	<b>234,542,500</b>	<b>234,542,500</b>	<b>436,300,000</b>	<b>2,020,432,500</b>			
<b>Outcome Target 3.2</b>	<b>Mechanisms for knowledge translation in research improved by 80% by 2030</b>													
3.2.1 Knowledge Translation Facilitation Tool developed and shared	-	10,000,000	3,000,000	3,000,000	3,000,000	10,000,000	3,000,000	3,000,000	3,000,000	3,000,000	38,000,000			
3.2.2 Knowledge translation platform operationalized	4,500,000	3,000,000	3,000,000	3,000,000	24,720,000	3,000,000	3,000,000	3,000,000	24,720,000	71,940,000	2% MOH Research Funding			

Sub-total	4,500,000	13,000,000	6,000,000	6,000,000	6,000,000	27,720,000	13,000,000	6,000,000	6,000,000	27,720,000	109,940,000					
<b>Outcome Target 3.3</b>	<b>Knowledge sharing mechanisms improved by 60% by 2030</b>															
3.3.1 Health research dissemination mechanisms established and implemented	-	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	252,560,000	2% MOH Research Funding			
	-	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	793,040,000	2% MOH Research Funding			
<b>Sub-total</b>	<b>-</b>	<b>130,700,000</b>	<b>130,700,000</b>	<b>130,700,000</b>	<b>130,700,000</b>	<b>130,700,000</b>	<b>130,700,000</b>					<b>1,045,600,000</b>				
3.3.2 Health Research dissemination mechanisms established and implemented	-	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	31,570,000	252,560,000	2% MOH Research Funding			
	-	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	99,130,000	793,040,000	2% MOH Research Funding			
3.3.3 Documentation and learning centres for knowledge sharing and exchange strengthened	-	-	25,650,000	18,500,000	18,500,000	18,500,000	18,500,000	18,500,000	18,500,000	18,500,000	18,500,000	136,650,000	2% MOH Research Funding	DP		
<b>Sub-total</b>	<b>43,200,000</b>	<b>37,675,000</b>	<b>33,240,000</b>	<b>31,940,000</b>	<b>144,740,000</b>	<b>43,220,000</b>	<b>24,740,000</b>	<b>24,740,000</b>	<b>24,740,000</b>	<b>24,740,000</b>	<b>24,740,000</b>	<b>408,235,000</b>				

Out-come Target 3.4	Mechanisms for knowledge utilization in research improved by 70% by 2030														
3.4.1 Usage of evidence in the formulation of policies and interventions reinforced	-	102,300,021	102,300,021	102,300,021	102,300,021	102,300,021	102,300,021	102,300,021	102,300,021	102,300,021	102,300,021	818,400,168.00	2% MOH Research Funding	DP	
3.4.2 Policy -makers and program im-plementers en-gaged through-out the policy-making process	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	346,005,000	2% MOH Research Funding		
3.4.3 Utilization of health research findings in decision-making strengthened	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	38,445,000	346,005,000			
Sub-total	76,890,000	76,890,000	76,890,000	76,890,000	76,890,000	76,890,000	76,890,000	76,890,000	76,890,000	76,890,000	76,890,000	384,450,000			
Key Result Area 4	Health Research Financing														
Strategic Objective	To ensure that portals for research funding are accessed and that there are adequate funds to finance health research in Malawi														
Strategic Outcome 4	Adequate and sustainable financial resources generated and available to finance health research														
Outcome Target 4.1	Generation of financial resources to finance health research programs improved by 65% by 2030														
4.1.1 Health Research Fund (HRF) established	-	6,596,000	4,870,000	3,485,000	3,485,000	3,485,000	3,485,000	3,485,000	3,485,000	3,485,000	3,485,000	32,349,000	ORT		

4.1.2. Financial Resources Mobilization Strategy developed and implemented	-	11,208,000	12,248,000	12,248,000	15,620,000	11,208,000	12,248,000	12,248,000	12,248,000	12,248,000	99,276,000	2% MOH Research Funding		
4.1.3 2% allocation of the national health expenditure to health research adhered to	35,520,000	35,520,000	35,520,000	35,520,000	35,520,000	35,520,000	35,520,000	35,520,000	35,520,000	35,520,000	317,250,000	2% MOH Research Funding		
4.1.4 5% of projects and programs aid to the health sector is aligned to health research capacity strengthening	-	49,200,000	49,200,000	49,200,000	49,200,000	49,200,000	49,200,000	49,200,000	49,200,000	49,200,000	393,600,000	2% MOH Research Funding		
4.1.5 Health Research Grant proposals produced and marketed to prospective funders	-	22,741,000	12,800,000	12,800,000	12,800,000	22,741,000	12,800,000	12,800,000	12,800,000	12,800,000	122,282,000	2% MOH Research Funding		
<b>Sub-total</b>	<b>35,520,000</b>	<b>125,265,000</b>	<b>114,638,000</b>	<b>113,253,000</b>	<b>116,625,000</b>	<b>122,154,000</b>	<b>113,253,000</b>	<b>113,253,000</b>	<b>113,253,000</b>	<b>113,253,000</b>	<b>964,757,000</b>			
<b>Outcome Target 4.2</b>	<b>Internal financial management services enhanced by 100% by 2030</b>													
4.2.1 100% compliance with PFMA, Treasury instructions and PPDA achieved	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	188,640,000	2% MOH Research Funding		

Sub-total	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	20,960,000	188,640,000				
Outcome Target 4.3	Internal controls, systems and risk management services strengthened by 2030														
4.3.1 Risk management framework developed and implemented	21,258,000	24,556,000	29,918,000	29,918,000	29,918,000	24,556,000	29,918,000	29,918,000	29,918,000	29,918,000	249,878,000	2% MOH Research Funding			
Sub-total	21,258,000	24,556,000	29,918,000	29,918,000	29,918,000	24,556,000	29,918,000	29,918,000	29,918,000	29,918,000	249,878,000				
TOTAL ESTIMATED COST OF IMPLEMENTING THE STRATEGIC PLAN												MK 7,355,137,505			



Appendix 2: List of Participants at the Strategic Planning and Priority Setting Workshop: 8 October, 2020, Sunbird Nkopola

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Appendix 3: List of Participants to the RD 2021 - 2026 Draft Strategic Plan Review Meeting: 24 May 2021, Sunbird Nkopola

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#### Appendix 4: List of Reference Materials Consulted

No.	Documents consulted
1	Health Sector Strategic Plan II, 2017 – 2022
2	Integrated Strategic and Implementation Planning in the Government of Malawi – A Handbook of Strategic Planners, May, 2007
3	Malawi Vision 2063
4	Malawi Growth and Development Strategy III (MGDS II), 23rd September, 2017
5	Malawi Human Resources for Health Strategic Plan, 2018 – 2022
6	Ministry of Health ISP Internal Consultative Workshop Report, 24th – 26th July, 2018
7	National Health Research Policy, December, 2019
8	Public Finance Management Act
9	Public Health institute of Malawi Strategic Plan: 2018 – 2022
10	Public Procurement and Assets Disposal Act 2017

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