MEDICAL COUNCIL OF MALAWI 2024 to 2030 STRATEGIC PLAN

To be a transformative health regulator of excellence that guarantees the provision of competent health practitioners and delivery of quality healthcare

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ACRONYMS AND ABBREVIATIONS

AMCOA	:	Association of Medical Councils of Africa
CHAM	:	Christian Health Association of Malawi
CEO	:	Chief Executive Officer
COVID19	:	Corona Virus Disease 2019
DOFA	:	Director of Finance and Administration
DORE	:	Director of Regulatory Enforcement
DHMT	:	District Health Management Team
DHRMD	:	Department of Human Resources Management and Development
CPD	:	Continuous Professional Development
CPO	:	Communications and Planning Officer
DSC	:	Department of Statutory Corporations
GoM	:	Government of Malawi
HSSP-III	:	Health Sector Strategic Plan III
IAMRA	:	International Association of Medical Regulatory Authorities
IHAM	:	Islamic Health Association of Malawi
ICT	:	Information Communication Technology
IEC	:	Information Education and Communication
IIC	:	Institutional Integrity Committee
KPI	:	Key Performance Indicator
MACRA	:	Malawi Communications Regulatory Authority
MCM	:	Medical Council of Malawi
MDAs	:	Ministries, Departments and Agencies
MIP-1	:	Malawi 2063 First 10-year Implementation Plan
MoFEA	:	Ministry of Finance and Economic Affairs
MoH	:	Ministry of Health
MoJ	:	Ministry of Justice
MoU	:	Memorandum of Understanding
MPD Act	:	Medical Practitioners and Dentists Act
MW2063	:	Malawi 2063

NGO	:	Non-Governmental Organisation
NPC	:	National Planning Commission
RBM	:	Reserve Bank of Malawi
SADC-MDRA	:	Southern African Development Community Medical Dental Regulatory Authority
SDG	:	Sustainable Development Goal
SOP	:	Standard Operating Procedures
SP	:	Strategic Plan
STRACOS	:	Staff Regulations and Conditions of Service
UHC	:	Universal Health Coverage
WCEA	:	World Continuing Education Alliance

FOREWORD

I am pleased to present the 2024-2030 Strategic Plan for the Medical Council of Malawi (MCM). This plan sets forth an operational framework for MCM's role in regulation in Malawi's health sector, drawing from the experiences and lessons learned during the implementation of the 2014-2019 Strategic Plan.

With a renewed vision " To be a transformative health regulator of excellence that guarantees provision of competent health practitioners and delivery of quality healthcare," MCM is positioned to play a crucial role in the country's health sector. To realise this vision, MCM's mission is "To promote and ensure high standards of professional conduct, education, training, and competence among medical practitioners, dentists, and allied health professionals to safeguard public health and safety."

Maintaining regulatory momentum has been challenging, particularly from 2019 to 2022 due to the coronavirus disease 2019 (COVID-19) pandemic and the cyclones that significantly impacted Malawi. The 2024-2030 Strategic Plan, therefore, incorporates considerations of pandemics and other risks to ensure that our mandate is effectively fulfilled in an ever-changing environment.

This Strategic Plan has been meticulously aligned with national development strategies and key sectoral policies, including those within the health and regulatory sectors. By ensuring coherence with these overarching frameworks, the plan not only supports the broader national agenda but also enhances the effectiveness of our regulatory efforts in promoting public health and safety.

With the support of all stakeholders, I am confident that the 2024-2030 Strategic Plan will be successfully implemented. The MCM is committed to working closely with all stakeholders to protect the wellbeing of the people and enhance their quality of life.

Professor John Chisi
Council Chairperson

PREFACE

It is my distinct honour to present our Strategic Plan, a roadmap designed to steer our organisation toward achieving excellence in service delivery and healthcare regulation. This plan reflects our unwavering commitment to safeguarding the health and well-being of the Malawian population through the effective regulation of medical, dental and allied health practice and the continuous enhancement of healthcare services.

Over the past years, the healthcare landscape in Malawi has undergone significant changes, presenting both challenges and opportunities. The growing demand for high-quality healthcare services, coupled with rapid advancements in medical science and technology, necessitates a proactive and forward-thinking regulator. This Strategic Plan is a blueprint that outlines our vision for the future and the steps we will take to ensure that our healthcare system meets the highest standards of care.

The foundation of this strategy is built upon four pillars: Service Delivery Excellence, Regulatory Enforcement, Legal Framework and Financial Growth and Sustainability. Each pillar represents a critical aspect of our mission to promote and ensure high standards of professional conduct, education, training and competence among medical practitioners, dentists and allied health professionals to safeguard public health and safety.

Our four pillars underscore our dedication to improving the quality of care provided by our healthcare professionals. We are committed to fostering a culture of continuous improvement, where excellence in service is not just encouraged but expected. This will be achieved through targeted initiatives aimed at enhancing clinical governance, professional development, and ensuring patient-centred healthcare services.

The development of this Strategic Plan has been a collaborative effort, involving extensive consultation with key stakeholders across the healthcare sector. Their insights and feedback have been invaluable in shaping our priorities and strategies. I would like to express my deep gratitude to everyone who contributed to this process, and I look forward to their continued support as we move forward with the implementation of this plan.

As we embark on this strategic journey, I am confident that, together, we will achieve our vision "To be a transformative health regulator of excellence that guarantees the provision of competent health practitioners and delivery of quality healthcare." This Strategic Plan is more than just a document; it is a commitment to excellence, a pledge to uphold the highest standards of medical practice, and a promise to the people of Malawi. Thank you for your dedication, partnership, and commitment.

Dr. Davie B.S. Zolowere
Registrar and Chief Executive Officer

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

MCM is a parastatal established by an Act of Parliament, the Medical Practitioners and Dentists (MPD) Act of 1987. The mandate of MCM is to help in the promotion and improvement of the health of the population in Malawi through regulation of the medical, dental and allied health professions to protect the general public and guide the professions. MCM began its operations with a modest number of registrants and a limited scope, overseeing a few registers and health training institutions, even before the initiation of private medical practice. However, as the health sector evolved, we have witnessed significant growth in the number of health professions, the expansion of private practice and health training institutions.

This evolution has presented MCM with both challenges and opportunities. On one hand, MCM now faces resource constraints, both financial and human, as it endeavours to regulate a broad range of health cadres across Malawi. This expanded mandate has increased MCM's scope of responsibilities, thereby stretching its available resources. On the other hand, there are numerous opportunities that MCM can leverage to enhance healthcare in Malawi.

The advent of telemedicine and other emerging technological advancements offers promising avenues for improving service delivery, expanding access to care, and ensuring higher standards of health services across the country. Both these opportunities and challenges have therefore necessitated the development of this strategy, which is designed to guide MCM in navigating the evolving healthcare landscape and in fulfilling its mission to "To promote and ensure high standards of professional conduct, education, training, and competence among medical practitioners, dentists, and allied health professionals to safeguard public health and safety."

This 2024-2030 Strategic Plan has been developed to communicate the MCM's Strategic Roadmap for its health regulation function in Malawi in line with its mandate and national agenda, Malawi 2063 (MW2063). This Strategic Plan reflects the strategic direction of the MCM for the next six (6) years and will guide the Council in the execution of its operations.

The MCM vision, mission, core values, strategic themes for the period 2024-2030 are as follows:

Vision: To be a transformative health regulator of excellence that guarantees the provision of competent health practitioners and delivery of quality healthcare.

Mission: To promote and ensure high standards of professional conduct, education, training and competence among medical practitioners, dentists and allied health professionals to safeguard public health and safety.

Core Values: The conduct of staff of the MCM will be guided by six (6) core values, namely: Accountability, Transparency, Integrity, Innovation, Respect for human rights and Teamwork.

Strategic Pillars: The four strategic pillars of this Strategic Plan are:

Pillar 1: Service Delivery Excellence represented by the **Peregrine Falcon**

Pillar 2: Regulatory Enforcement likened to the **Eagle**

Pillar 3: Legal framework represented by the **Parrot**

Pillar 4: Financial growth and sustainability represented by the **Crow**

These strategic pillars are themes of excellence in which MCM will focus its programmes in executing its mandate and programmes from 2024 to 2030. MCM seeks to apply the speed, precision and adaptability of the Peregrine Falcon, the decisive action of the Eagle, intelligence, adaptability and communication skills of the Parrot, and resourcefulness, social behaviours, and problem-solving skills of the Crow.

Strategic Objectives: Under each strategic pillar, there are strategic objectives to implement MCM programmes to realise its Vision.

CHAPTER 1 INTRODUCTION

1.1 Background

The Medical Council of Malawi (MCM) is a parastatal established by an Act of Parliament, the Medical Practitioners and Dentists (MPD) Act of 1987. MCM is an organisation with perpetual succession and a common seal; it has the power to sue and be sued in its corporate name and to acquire, hold, and dispose of movable and immovable property for its own purposes. The Minister appoints members to its Council.

1.2 MCM Mandate

MCM is mandated by the Act to do the following:

a. To assist in the promotion and improvement of the health of the population of

   Malawi.

b. To control and exercise authority affecting the training of persons in, and the

   performance of the practices pursued in connection with, the diagnosis, treatment or prevention of physical or mental defects, illness or deficiencies in human beings.

c. To register, license and inspect health facilities in Malawi.

d. To exercise disciplinary control over the professional conduct of all persons

   registered under the Act and practising in Malawi.

e. To advise the Minister on any matter falling within the scope of the MPD Act.

1.3 MCM Corporate Philosophy

The MCM Strategic Plan is a road map for the organisation to achieve its corporate philosophy as endowed in its Mandate, Vision, Mission and Mandate Statements. The foundational themes of the Strategic Plan are grounded in these corporate beliefs and philosophies which will continue to be the foundation of the 2024-2030 Strategic Plan. Since 1987, the MCM has achieved significant milestones in line with its corporate philosophy. Appendix 1 presents some of the milestones MCM has achieved.

CHAPTER 2 STRATEGIC PLAN DEVELOPMENT METHODOLOGY

2.1. Strategic Planning Approach

The 2024-2030 Strategic Plan was internally developed with the technical assistance of Ministry of Health (MoH), the Ministry of Finance and Economic Affairs (MoFEA), the Department of Statutory Corporations (DSC), the Department of Human Resource Management and Development (DHRMD), and the National Planning Commission (NPC) through an Integrated Strategic Planning approach. This approach consisted of seven (7) main phases as presented in Table 1 below which provides a comprehensive overview of the key phases involved in developing the Strategic Plan, highlighting the main activities and stakeholders involved at each stage.

Table 1: Key phases, activities and stakeholders involved in developing the MCM 2024- 2030 Strategic Plan.

Phase	Description	Key Activities	Key Stakeholders involved
1.Needs Assessment	Identified the current status of MCM regulatory functions, including gaps, challenges and opportunities.	Conducted data collection and analysis, stakeholder consultations	Professional associations, practitioners, health facilities, training institutions, MDAs, regulators
2. Stakeholder Engagement	Engaged a wide range of stakeholders to gather input, build consensus, and ensured that the Strategic Plan reflects diverse perspectives and needs.	Conducted public forums, workshops, one-on-one meetings, emails	Government agencies, non-governmental organisation (NGOs), community leaders, practitioners, professional associations
3. Goal Setting and Strategy Development	Established clear, measurable goals and objectives that the Strategic Plan aims to achieve by 2030. Created detailed strategies and action plans to achieve the established goals, including resource allocation and timelines.	Conducted strategic planning session, Review of current strategies and policies, alignment with national and international strategies Brainstorming sessions, SWOT analysis, drafting action plans	MCM Internal Strategic Plan Development Team
4. Drafting	Compiled all information, goals, strategies and actions into a coherent strategic plan document.	Writing and editing, internal reviews, integration of feedback	MCM Internal Strategic Plan Development Team
5. Review and Revision	Conducted thorough reviews of the draft plan, incorporating feedback from stakeholders and ensuring alignment with overarching health policies and frameworks.	Circulated drafts for feedback, public consultations, policy alignment checks	MoH, MoFEA, NPC, DHRMD, DSC, professional associations
6. Finalisation	Finalised the Strategic Plan document, ensuring it is clear, actionable, and ready for implementation.	Final edits, design and formatting, ready for approval processes	MCM Internal Strategic Plan Development Team, Editor, Graphic Designer
7. Approval	Presented the Strategic Plan for Council approval	Presentation to Committees and the Council	Management, Committee and Council

2.2. Alignment with National and International Instruments

This MCM strategic plan is linked with critical laws, policies and strategies in the health sector. Below are some of the laws, strategic plans and policies linked to this Strategic Plan (SP).

The Constitution of the Republic of Malawi

The Constitution of the Republic of Malawi provides for the protection of health rights, establishes a legal framework for health legislation, and empowers health institutions. It ensures citizen engagement and accountability, thereby contributing to improved health outcomes for the population. This Strategic Plan has been developed in alignment with the provisions of the Constitution.

The Public Health Act (1948)

The Public Health Act establishes the legal framework for preserving public health, addressing infectious diseases, and creating institutions to respond to emerging challenges. The MCM strategic plan aims to enhance the health status of all Malawians by addressing public health issues in alignment with the Public Health Act.

The Medical Practitioners and Dentists Act (1987)

The Medical Practitioners and Dentists (MPD) Act established the MCM, which registers and disciplines medical practitioners, dentists, paramedical, and allied health practitioners. It also regulates training, registers health facilities, handles healthcare complaints, and oversees the medical profession in Malawi. This Strategic Plan aligns with the MPD Act.

Malawi 2063 and Malawi 2063 First 10-Year Implementation Plan

Malawi 2063 (MW2063) is a national vision which aims to transform Malawi into an inclusively wealthy and self-reliant industrialised 'upper-middle-income country' by the year 2063. The Malawi 2063 First 10-Year Implementation Plan (MIP-1) serves as its operational strategy, it is designed to drive the implementation and realisation of MW2063 during the first 10 years from 2021 to 2030. The MIP-1 aims to achieve two main goals: (i) taking the country to a middle income economy by the year 2030 and enhance the implementation of the Sustainable Development Goals (SDGs). The MCM strategic plan aligns with MIP-1, particularly focusing on the following four enablers, one, two three and five which include: mindset change, effective governance systems and institutions, enhanced public sector performance and human capital development respectively.

The Heath Sector Strategic Plan III (2023-2030)

This MCM strategic plan aligns with the Health Sector Strategic Plan III (HSSP III). The HSSP III outlines a highly prioritised set of impactful interventions called the Health Benefits Package (HBP), designed to maximise population health within existing resource limitations. In accordance with the HSSP III, this Strategic Plan prioritises the HBP but extends beyond it to ensure high-quality regulation of other services not included in the HBP. The Strategic Plan focuses on the following pillars: Pillar 1: Service Delivery, Pillar 3: Infrastructure and Health Technologies, Pillar 4: Human Resources for Health, Pillar 5: Medical Products and Technology, Pillar 6: Digital Health, Pillar 7: Research, Pillar 8: Leadership and Governance, and Pillar 9: Health Financing. Through this plan, MCM will support the attainment of citizens' right to the highest attainable standard of health and ensure quality healthcare at all levels. It will support the provision of a robust health infrastructure network nationwide, improve the quality of health service delivery to the highest standards, promote partnerships with the private sector, and advocate for access to healthcare for those currently excluded, to improve healthcare access for all.

Sustainable Development Goals

The Sustainable Development Goals (SDGs) are a concrete set of measurable goals that translate the aspirations of the world population. By providing comprehensive regulatory functions to medical, dental and allied health practitioners; strengthening the provision of healthcare services; and improving the availability of quality infrastructure, among others, this SP is highly aligned to Goal Number 3 of the SDGs which aims to achieve healthy lives and promote well-being for all at all ages. In particular, the strategy aims to attain Target 3.8 of SDG 3, which is to "achieve universal health coverage (UHC), including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all". The achievement of this goal, however, hinges on the MCM's commitment to fully domesticate the goal and commit resources for its implementation.

CHAPTER 3 STAKEHOLDER ANALYSIS

A Stakeholder analysis undertaken shows that MCM has influential stakeholders. All stakeholders exhibit significant interest in the work of MCM. MCM will continue to engage the stakeholders to meet their expectations and for support in the execution of its mandate. Below is a presentation of MCM's primary (clients) and secondary stakeholders with their needs and expectations respectively highlighted.

3.1. Primary Stakeholders

Our primary stakeholders are our clients comprising health facilities, training institutions, practitioners, students and those who submit healthcare-related complaints to MCM as presented in 2.

Table 2: MCM Primary Stakeholders

No	Client Cluster (Broad)	Client Cluster (Specific)	Needs
1	Public and Private Health Facilities	Hospitals (Central, District, Rural and Community)	License for operation
		Health Centres	
		Clinics	
		Diagnostic Centres	
		Rehabilitation Centres	
		Mobile Health Services	
		Hospices	
2	Training Institutions	Universities	Curriculum and Premises Approval
		Colleges	
		Continuous Professional Development Centres	
3	Health Practitioners	Specialists	Registration Certificate and Annual Practicing Certificate to practice
		Degree holders	
		Diploma and Certificate holders	
4	Students	Degree holders	MCM Student indexing
		Diploma	
		Certificate	
5	Complainants	Clients, patients and guardians	MCM to investigate and follow through with relevant actions for the complaints
		Institutions of higher learning	
		Employers of health practitioners	
		Practitioners	

3.2. Secondary Stakeholders

Table 3: MCM Secondary Stakeholders

No.	Stakeholder Cluster	Area of Interest
1.	The Ministry of Health	Health policy holder
		Effective Policy implementation on matters of the registration, licensing, and inspection of health facilities, and accreditation of health services, practitioners and training standards.
		Timely licensing of practitioners, facilities and collaboration on health safety issues.
2.	Other Ministries	Collaboration on regulatory issues
		Timely licensing of health practitioners and collaboration on health safety issues.
3.	Statutory and Parastatal bodies	Collaboration on licensing of health facilities
		Collaboration on regulatory matters
		Collaboration in licensing of health practitioners, health facilities and training institutions
		Timely MCM approval and recognition of curricula for training programmes and indexing of students.
4.	Other Government Institutions	Prudent utilisation of public financial resources in respect of MCM operations.
		Effective implementation of laws and policies related to MCM mandate.
5.	Health regulatory bodies (Nurses and Midwives Council of Malawi, Pharmacy and Medicines Regulatory Authority, Atomic Energy Regulatory Authority)	Collaboration and joint regulation of healthcare in Malawi
6.	International Regulators	Collaboration, sharing experiences and practices, and capacity building to effectively regulate the health sector.
7.	Professional bodies and associations	Collaboration to effectively regulate the health sector.
8.	Media	Timely, accurate and accessible information in line with the relevant laws and policies
9.	Cooperating Partners	Continued collaboration by adhering to the terms and conditions of agreements.
		Partnership in the implementation of healthcare-related programmes for health practitioners
10.	The General Public and Others	Ensure health practitioners comply with respective health regulations, legal provisions and ethics.

CHAPTER 4 ENVIRONMENTAL ANALYSIS

To ensure that MCM adopts a practical approach in setting its strategic direction, both internal and external factors that could influence the execution of the 2024-2030 MCM Strategic Plan were carefully considered. MCM identified its Strengths, Weaknesses, Opportunities, and Threats (SWOT). Externally, MCM analysed Political/Policy, Economic, Social, Technological, Environmental/Ecological, and Legal (PESTEL) factors that might positively or negatively affect the implementation of the Strategic Plan.

4.1. SWOT Analysis

The SWOT analysis identified MCM's internal strengths and weaknesses, external opportunities and threats. The results showed that MCM possesses numerous internal strengths that can be leveraged to manage its weaknesses. MCM's will adopt a more proactive approach to address the challenges identified. The key SWOT analysis findings are presented in table 4 below:

Table 4: SWOT Analysis Findings

Strengths	Weaknesses
1. Availability of the Medical Practitioners and Dentist Act of 1987 2. Functional Council 3. Availability of sources of financial resources 4. Skilled Human Capital 5. Adequate documented business processes 6. Availability of office infrastructure 7. Improved and functioning ICT platforms 8. Ability to generate funds	1. Some inadequacies in the Act not responding to the current environment 2. Gaps in ICT systems and processes 3. Inadequate numbers of staff and competency gaps in some staff 4. MCM is not decentralised to the regions 5. Inadequate office space at MCM 6. Inadequate fleet of vehicles 7. Incomplete maximisation of collection of fees from potential sources.
Opportunities	**Threats**
1. Good political Will 2. Increase in the number of health practitioners, training institutions, students and health facilities 3. Interface with external ICT platforms	1. Change of policy direction relating to the mandate of MCM 2. Conflicting regulations 3. Inadequate collaboration among health regulators 4. Slow economic growth 5. Political interference affecting independent but supportive regulation

4.2 PESTEL Analysis Findings

PESTEL analysis was performed to identify the macro (external) forces facing MCM in the areas of political, economic, social, technological, environmental and legal factors. The PESTEL analysis findings are presented in table 5 below:

Table 5: PESTEL Analysis

No.	External Factor	Risk	Mitigation Measures
Political Factors			
1	Political will	Successful implementation of the MCM-SP hinges on the continued GoM commitment to financing all the activities outlined in the SP e.g. construction of new MCM offices	Lobby with Government through Ministry of Finance (Budget Division and PSIP EP&D)
2	The September 2025 General Elections	Has the potential to crowd out Government financing from MCM activities towards elections.	Engage Government and Development Partners on the need for increased financing for operations and development.
		Being an election year, it may be difficult for GoM to approve new fees	Lobbying with technocrats within GoM on the fee increase.
3	Government policies	Conflicting policies will negatively affect the implementation of the MCM's mandate e.g. the ethical and legal dilemmas presented by in vitro fertilisation services	Review policies to remove inconsistencies
			Engage the Ministry of Justice for the interpretation of the conflicting clauses
Economic Factors			
1	Exchange rate devaluation	Frequent and drastic foreign exchange rate devaluation will result in high inflation	Strengthen the implementation of strict financial controls to ensure prudent utilisation of resources
2	Inflation	Rising prices of commodities will hinder MCM's ability to implement its planned activities	Strengthen the implementation of strict financial controls to ensure prudent utilisation of resources
3	Geopolitical conflicts –e.g. Ukraine/Russian war, Israel-Gaza war that have significant impact on the world economy	Increase in the price of fuel and other essential commodities affecting implementation of MCM activities	Develop budgets that reflect potential price risks and changes
		Slow economic growth resulting in reduced Government financing	Engage development partners for additional funding
4	Weather-related shocks	Slow economic growth resulting in reduced Government financing	Engage development partners for additional funding.
Social Factors			
1	Disease outbreaks	Disruption of operations due to restrictions on physical interactions and travel and increased disease burden, deaths, significant economic losses, food insecurity, and diverting scarce resources from other development needs	Devise new ways of operating and providing services to clients, support GoM efforts to sustain service provision during public health emergencies
Technological Factors			
1	Increased use of social media platforms e.g. Facebook, Twitter, WhatsApp, LinkedIn	On the positive side, correct use of social media has made it easier for institutions to disseminate information to the public. MCM has leveraged social media to inform the public about its services and programmes.	MCM should promote the use of social media platforms to provide its services and raise public awareness on health matters related to its mandate. MCM to utilise social media as a source of feedback from some of its stakeholders.
		Misuse, e.g. breaches of privacy and confidentiality by some health practitioners	MCM will enhance awareness programmes on ethical conduct and strengthen the enforcement of disciplinary measures

No.	External Factor	Risk	Mitigation Measures
2	**Use of technological advances in healthcare** **E.g. artificial intelligence, telehealth, new drugs and treatments, new devices, new social media support for healthcare**	On the positive side, techno-logical advancement transform healthcare and grow the focus on patient-centricity. Technological innovation in healthcare may reduce costs due to automation, personalised healthcare, computerised patient biodata, social media, patient power, mobile health and education, and telehealth e.g. introduction of online payment options for fees.	Continue building the capacity of staff in utilising new technologies and collaborate with MACRA and other government ICT stakeholders for technical support
3	Cybersecurity risks	System hacking and malware exposure could disrupt operations	Strengthen information security systems and enhance backup measures

Environmental Factors

No.	External Factor	Risk	Mitigation Measures
1	Climate change	Increased flooding will negatively affected MCM operations, particularly during the rainy season, when MCM is unable to conduct inspections in flood-affected areas due to impassable roads and poor weather	Review inspection schedule
			Strengthen regulation of services during natural disasters and disease outbreaks.
			Promoting research: Investing in research to understand the links between climate change and health and develop effective interventions.
			Education and awareness of its stakeholders: Raising awareness about the health impacts of climate change and promoting adaptive behaviours.
2	Hydro-meteorological events, including storms, floods, landslides, and droughts	Damage to health infrastructure, property, loss of lives and increased diseases outbreaks	Advocate and ensure resilient Infrastructure: Building resilient healthcare infrastructure that can withstand extreme weather events
			Promote the adoption of green technology
			Monitor the strength of the Public Health System's resilience: Enhancing surveillance and response systems for climate-sensitive diseases.

Legal Factors

No.	External Factor	Risk	Mitigation Measures
1	Change in Government legislation on MCM's Mandate	May affect implementation of MCM's activities.	Engage Government on the importance of MCM mandate of regulating health professions
		While the MCM was established through the MPD Act to perform its mandate, other legislation and regulatory frameworks, including government directives and policies also inform MCM operations	Lobby for an expedited repeal of the MPD Act and replace it with a new Act that is more inclusive and responsive to recent health regulation advances

CHAPTER 5 PERFORMANCE ASSESSMENT OF THE PREVIOUS STRATEGIC PLAN

5.1. Major Highlights of 2014 - 2019 Strategic Plan

The review below includes the period of the previous strategic plan (2014-2019), and the period from 2020 to 2023 when there was no strategic plan.

Table 6: Key achievements, challenges, lessons learnt and solutions identified from the previous strategic plan

Strategic Outcome	Key Achievements	Key Challenges	Lessons learnt and solutions
Review the MPD Act	Review was internally done and presented to Ministry of Health for vetting	External progress on approval of the revised MPD bill not under MCM control	Lobbying and being proactive
Improve the Training and Education of MCM regulated cadres	Conducted vetting of curriculum of new programmes for training practitioners regulated by MCM	Delay in providing feedback due to governance processes	Improve the duration of feedback between college and universities on one side and MCM on the other
	Reviewed guidelines and checklists for regulating training and education for MCM regulated cadres	Some institutions not familiar with the standards.	Orientation of College and Universities helps improve compliance. MCM to continue regular orientations.
	Initial inspections of universities and colleges on curriculums and premises fitness done for all new programmes	Initial inspection done after vetting of the curriculum	Initial inspection to be done before vetting of the curriculum
Inspections	Annual inspections of universities and colleges on implementation of curriculums and premises fitness done	Some colleges and universities not addressing key findings	Enforcement of compliance
	Conducted initial and annual routine inspection of health facilities for licensing and enforcing minimum standards	Inadequate staff to conduct inspections	1.Training of co-opted members in every region to support MCM functions.
			2.Revise establishment and recruit additional technical staff
	Developed new tools for inspecting health facilities	Not completed the process yet	To finalise
		Relying on hard copy checklist which makes work cumbersome	Migrate from hard copy to electronic tools
Registration of practitioners and health facilities	Registered additional practitioners and developed new registers for professions under medical, dental and allied health	Conflicts between some professions due to misunderstanding and lack of scope of practice	Develop the scope of practice for all registered professions
	Licenced and registered new facilities	Long process from application to licencing facilities	Improve processes and develop strategies to address human resource gaps
		Failed to develop the electronic integrated information database system	Identified resources now developing the integrated electronic database

Strategic Outcome	Key Achievements	Key Challenges	Lessons learnt and solutions
Continuous professional development (CPD)	Implemented CPD activities, inspections of some CPD providers and provided CPD booklets	Failed to revise CPD guidelines and checklists	Identify resources and revise CPD guidelines, tools and processes
		Funding gaps to implement the annual inspection of all CPD providers	Introduce licencing and renewal certificates of CPD providers
	Signed an MoU with the World Continuing Education Alliance (WCEA) to provide free online CPD for practitioners registered by MCM	MCM registered practitioners not adequately sensitised about WCEA	Sensitisation improves usage of free online CPD lessons. MCM to prioritise information sharing to practitioners about WCEA.
Professional practice	The Code of Ethics and Professional Conduct was revised and launched	Knowledge gaps among most students and practitioners on ethics and code of conduct, as well as the guiding law in Malawi	1. Implement the new policy of having MPD Act and the Code of Ethics and Professional Conduct mandatory as part of training of any MCM regulated professional.
			2. Conduct awareness campaigns, meetings and presentations with associations, colleges universities and hospitals
		Challenges for the public to identify legitimate practitioners due to lack of MCM biometric badges or identity cards for practitioners	The revised MPD Bill includes identity cards. To implement if assented into law.
Complaints and Disciplinary	Addressed complaints from the public through investigations, disciplinary hearings and final determinations through Council	Some complaints submitted very long after incidents happen making it difficult to gather facts. For example 20 years after incidents	Develop a regulation on cut off time in line with the laws of Malawi
		Tracking of complaints challenging	Implement a functional internal processes for tracking complaints
	Improved timelines for conducting investigations	Delays in submitting reports by investigation teams, in particular delays from experts	Sensitise and orient experts on importance of timely reports
Financial mobilisation	Diversified revenue collection approaches and improved collected revenue, including introduction of digital payments like POS and direct bank deposits	Not yet implemented mobile money payments such as Airtel Money and TNM Mpamba	Implement innovative payments like mobile money payment
	Implemented deduction at source for practitioners working in Christian Health Association of Malawi (CHAM) and Islamic Health Association of Malawi (IHAM) institutions, Research institutions, and private institutions	MCM did not implement deduction at source for practitioners working in the public sector	Engagement with stakeholders and Ministry of Health to implement deduction at sources as implemented for some professional associations.
	Improved revenue collected from primary stakeholders and donors who support MCM functions	Potential risks of fraud still exist in some MCM functionalities	Improve internal processes and management of resources

Strategic Outcome	Key Achievements	Key Challenges	Lessons learnt and solutions
Human Resources	Conducted organisation functional review and some positions filled.	Some positions not clearly consistent with the required work and some critical positions not included or misplaced	Amendment or review of the establishment
	Developed multiple policies to guide technical functions	Some policies not fully implemented, due to knowledge gap among other reasons	To orient staff and implement the approved policies

CHAPTER 6: STRATEGIC DIRECTION

6.1 Strategic overview

The 2024-2030 Strategic Plan is grounded in Malawi's MW2063 development blueprint and its implementation framework, MIP-1, which has three pillars and seven enablers. MCM's plan directly contributes to four of these enablers:

Enabler 1: Mind set Change,

Enabler 2: Effective Governance Systems and Institutions,

Enabler 3: Enhanced Public Sector Performance, and

Enabler 5: Human Capital Development.

This Strategic Plan provides regulatory functions to address challenges in health worker recruitment, distribution and retention, and aims to strengthen healthcare services, infrastructure, equipment, and financing. It aligns with the Human Capital Development enabler (Enabler 5), particularly in health and nutrition aiming to create a healthier population with increased life expectancy, contributing to Malawi's socioeconomic growth.

MCM also supports Human Capital Development through CPD, and regulatory frameworks for health education institutions, aligning with regulatory enforcement under its second strategic pillar. Strategic alignment is also found with Enablers 2 and 3 (governance and public sector performance) through MCM's first pillar on service delivery. This pillar promotes service provision, digitisation, decentralisation, transparency, and citizen engagement. The third pillar (legal frameworks) supports enhanced public sector performance by promoting penalties for violations in the health sector.

The Strategic Plan focuses on financial growth and sustainability, which aligns with sound financial and economic management under Enabler 2. Core values such as the promotion of human rights and integrity further align with the focus areas of human rights and cultural diversity, as well as mind set change.

Mind-set change is a cross-cutting enabler embedded throughout the Strategic Plan, promoting values like hard work, positivity, and transformative leadership for successful implementation.

MCM will, therefore be grounded by the following vision, mission and core values during its implementation period (2024-2030):

Vision

To be a transformative health regulator of excellence that guarantees the provision of competent health practitioners and delivery of quality healthcare.

Mission

To promote and ensure high standards of professional conduct, education, training and competence among medical practitioners, dentists and allied health professionals to safeguard public health and safety.

Core values

The Medical Council of Malawi believes in and strives to uphold the following core values:

- **Accountability** – commitment to be accountable to the stakeholders, including the public, practitioners, health training institutions and health facilities.
- **Transparency** – commitment to be open to the scrutiny of the stakeholders as regards the conduct of its business.
- **Integrity** – commitment to the quality of being honest and having strong moral principles.
- **Innovation** – commitment to transforming creative concepts into tangible outcomes that improve efficiency, and effectiveness, or address unmet needs.
- **Respect for human rights** – commitment to embrace the tenets of human rights charter by respecting the rights of the public, professionals, and stakeholders individually as enshrined in the UN Human Rights Charter and within human rights laws and medical regulatory laws applicable in Malawi.
- **Teamwork** – commitment to work as a team with all concerned and be flexible to adjust to changing work environment to remain relevant to the task at hand all the times.

6.2 Strategic pillars and objectives

This plan relies on the four strategic pillars to link the critical business areas in which MCM must excel to achieve its corporate philosophy. The vision aims to mature MCM operational capability and entrench its regulatory authority to achieve delivery of quality healthcare. The integrative elements of the new strategic vision encompass all four strategic pillars coupled with internal inputs (MCM's operational excellence and innovation) and external inputs (professional practice) to achieve world class patient-based quality healthcare.

To achieve world class client-based quality healthcare, MCM will rely on strengthening the integrative synergies from the legal framework, operational efficiencies that will result in service delivery excellence and quality, efficient professional clinical practice resulting from effective regulatory enforcement. These new goals will reflect MCM's statement of its priorities in the medium to long-term and provide the beacon for the long-term direction the Council is to take.

The four strategic pillars are:

Pillar 1: Service Delivery Excellence-Peregrine Falcon

MCM has metaphorically linked its **Pillar 1: Service Delivery Excellence** to the behaviour of a Peregrine Falcon in several ways, reflecting the bird's unique traits and hunting strategies. The Peregrine Falcon is best known for its speed, precision and adaptability, which provide

insights into effective strategic planning. Moreover, the Peregrine Falcon is the fastest bird in the world, capable of diving at a speed of over 200 miles per hour to catch its prey. This speed and agility are akin to a strategic plan that allows MCM to respond quickly and effectively to opportunities and threats in the regulatory space. Just as the falcon swiftly adjusts its trajectory mid-flight, this strategic plan implementation will be dynamic, enabling rapid adjustments to maintain a competitive edge.

Pillar 2: Regulatory Enforcement- Eagle

This Strategic Plan has been linked to the behaviour of an eagle in several metaphorical ways, highlighting how the characteristics of an eagle can provide lessons for strategic planning in MCM. Chief among the eagle's characteristics is its decisive action. When an eagle spots its prey, it swiftly dives down to capture it, showing decisiveness and commitment. Our strategic planning entails that once a decision is made, taking decisive action is important to implement the set strategies effectively and achieve desired outcomes. The behaviour of an eagle provides valuable lessons for our strategic planning, emphasising the importance of vision, focus, adaptability, high-level perspective, decisive action, resilience and continuous improvement in implementing **Pillar 2: Regulatory Enforcement** at MCM.

Pillar 3: Legal framework – Parrot

Legal Framework to the behaviour of a parrot involves drawing analogies between how parrots operate in their natural environment and the principles of strategic planning in MCM. Parrots are known for their intelligence, social behaviour, adaptability, communication skills and ability to learn and mimic. Metaphorically, one can see how the traits and behaviours of a parrot serve as an effective parallel for this pillar as both involved adaptability and

learning, effective communication and information sharing, social cooperation and teamwork, problem-solving and innovation, careful observation, and finally memory and experience to achieve desired outcomes when guiding MCM from a legal perspective.

Pillar 4: Financial growth and sustainability- Crow

Financial growth and sustainability are likened to the characteristics of a crow drawing parallels between how crows operate in their natural environment. Crows are known for their intelligence, resourceful, adaptability, social behaviours, and problem-solving skills, all of which provided insightful analogies for MCM financial growth and sustainability. The most outstanding trait is that crows are highly intelligent birds known for their problem-solving abilities. They use tools, figure out complex puzzles and adapt their strategies to access food and resources. MCM financial growth and sustainability requires a similar problem-solving mindset. MCM will seeks to identify challenges and devise innovative strategies to overcome obstacles and achieve their goals. Like crows, MCM will think creatively and explore new solutions as it implements its Pillar 4 **Financial growth and sustainability.**

The Strategic objectives under each pillar
Pillar 1: Service Delivery Excellence
1. Increase efficiency and improve service to MCM stakeholders through completion and implementation of the organisational structure by 2026.
2. Improve awareness of MCM mandate among the public and stakeholders by 2030.
3. Increase MCM's efficiency in service provision through decentralisation to other regions by 2030.
4. Enhance digital technology and innovation in the service delivery of MCM functions by 2028.
Pillar 2: Regulatory Enforcement
1. Increase the availability of competent health practitioners by 2030.
2. Maintain a rigorous regulatory framework for health facilities that ensures high standards of care, safety and operational efficiency to promote equitable access to quality healthcare services by 2030.
3. Establish and enforce a standardised and comprehensive regulatory framework that ensures the highest quality of education and training for health practitioners by 2030.

4. Establish a transparent, efficient and fair complaint handling and disciplinary process for the public and health practitioners that ensures timely resolution of cases to uphold professional standards and protect public safety by 2030.

Pillar 3: Legal framework

1. Modernise and strengthen health practice regulations and professional development by 2030.
2. Review penalties for violations and non-compliance, ensuring that standards are upheld and promoting accountability within the healthcare profession by 2030.

Pillar 4: Financial growth and sustainability

1. Promote financial growth and sustainability by 2030.
2. Enhance financial management by 2030

6.3. 2024-2030 Balanced Scorecard

Table 7: The Balanced Scorecard for the 2024-2030 Strategic Plan.

MCM 2024 to 2030 Balanced Scorecard

Vision	To be a transformative health regulator of excellence that guarantees provision of competent health practitioners and delivery of quality healthcare
Core Values	Transparency, Accountability, Integrity, Innovation, Respect for human rights, Teamwork
Mission	To promote and ensure high standards of professional conduct, education, training and competence among medical practitioners, dentists and allied health professionals in order to safeguard public health and safety

Strategic Pillars: Service Delivery and Excellence, Regulatory Enforcement, Legal framework, and Financial growth and sustainability

	Strategic Map	Key Performance Indicators	Targets, by 2030 unless specified	Strategic initiatives
Customer and Clients	Improve awareness of MCM mandate among the public and stakeholders → Increase availability of competent practitioners → Enhance regulatory frameworks for practitioners, facilities, training, education	% awareness levels of MCM services among stakeholders % of students indexed % practitioners who undergo pre-internship examination % of practitioners with renewal of practicing certificates % of program implemented by government funds Status of Audited Financial Statements % completion of the office complex construction Gearing ratio. % resolution of complaints % of eligible programs accredited by MCM % of internship sites meeting minimum standards. % of CPD providers compliant with standards. % of services implemented according to the service delivery charter % of stakeholder satisfaction of MCM services % completion of electronic system % of positions filled against the approved staff establishment. % staff trained against training plan % of staff oriented on MCM Staff Terms and Condition of Service and core values	90% awareness levels of MCM services among stakeholders 80% students indexed annually 70% practitioners undergo pre-internship examination annually 80% of practitioners renew practicing certificates 3% of programs implemented by GoM own funds Un-modified Audit Reports Annually 100% completion of the office complex construction Gearing ratio 2:1 throughout the life of the strategic plan 75% of complaints resolved annually 100% of programs accredited 100% internship sites meeting minimum standards 100% CPD providers compliant 90% of services implemented according to service charter 80% primary stakeholders' satisfaction 100% integrated database completion by 2028 90% of established positions filled 100% of staff trained against training plan 100% of staff oriented on STRACOS and core values annually	Implement communication strategy as per the SP and STRACOS Finalize review of the MPD Act and strengthen implementation of the regulatory framework. Strengthen enforcement of minimum Standards. Strengthen internal financial controls. Implement deduction at source. Develop and implement Business plans in-line with GoM templates. Develop and implement resource mobilization plan. Develop and implement a Stakeholder Satisfaction Survey Framework. Finalize and implementation of the service delivery charter. Strengthen implementation and tracking of disciplinary processes and procedures. Strengthen the Monitoring and Evaluation framework. Strengthen implementation of ICT Policy. Develop, integrate and automate management systems. Develop and implement training and development plans. Develop and implement staff satisfaction survey framework Review and implement STRACOS. Review and implement the MCM structure.
Financial	Improve financial mobilization and management ← Construct office complex and wean from GoM subvention			
Internal processes	Improve complaints handling and disciplinary processes; Review stringent penalties for non-compliance; Enforce the highest quality of education, training and CPD			
Organization Capacity	Enhance digital technology and innovation → Improve organizational culture and implement performance management system ← Review and implement organizational structure, and decentralization			

6.4 2024-2030 Implementation Plan Matrix

Table 8: Implementation Plan Matrix

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Pillar 1: Service delivery excellence													
Objective 1: Enhance digital technology and innovation in the service delivery of MCM functions by 2028.													
Develop and opera-tionalise a robust date base system	Develop an elec-tronic database system	enhanced processing of client re-quests	Number of Mod-ules devel-oped	0	6	Consul-tants reports and module demonstrations	5	1					DOFA
	Conduct User training and ac-ceptance testing	Training conducted	Number of users trained	0	50	Training re-port and attendance reg-ister	30	10	5	5			DOFA
	Perform data mi-gration to elec-tronic database	Electronic database	Percentage of data records migrated	0	100%	Reports	50%	80%	100%				DOFA
	Implement and roll out electronic database system	Electron-ic transac-tions	Functional database in place	0	1	Reports				1			DOFA
Objective 2: Improve productivity of employees as well as efficiency and service delivery to MCM stakeholders through performance measurement and completion and implementation of a responsive the organisational structure by 2026.													

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Review, amend and implement the organisation structure	Review of the organisation structure	Amended organisation Structure	Report on amended Organisation Structure in place	0	2	Reports	0	1				1	DOFA
	Review job Descriptions	Functional job descriptions	Report on reviewed Job Descriptions	0	1	Reports		1					DOFA
	Recruit and deploy staff	Filled staff Establishment	Percentage of filled positions on the establishment	80%	100%	Reports		80%	90%				DOFA
	Recruitment & Retention plan	Recruitment Report	Report on recruitment plan developed	0	1	Reports		1					DOFA
Review and implement performance management system	Re-engineer performance management system	Functional performance management system	Annual performance report in place	0	6	Reports	1	1	1	1	1	1	DOFA
	Conduct annual appraisals	Annual appraisals	Annual performance appraisal report in place	0	6	Reports	1	1	1	1	1	1	DOFA
Objective 3: Improve Awareness of MCM Mandate among the Public and Stakeholders by 2030													

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Public Engagement and Education Campaigns	Develop and disseminate information education and communication (IEC) materials such as (brochures, leaflets, posters) about the MCM mandate.	Increased public knowledge and understanding of the MCM mandate.	Number of IEC materials distributed.	500	10,000	Distribution logs of IEC materials.	1000	1000	1500	1500	2000	3000	CPO
	Organise regular public seminars and workshops to educate the public about MCM's roles and responsibilities	Knowledge of MCM's roles and responsibilities by the public	Number of public seminars and workshops conducted	0	22	Attendance records from seminars and workshop.	2	4	4	4	4	4	CPO
	Launch an annual "MCM Week" dedicated to public education and awareness	Increased level of education and awareness of the MCM mandate	Number of ''annual MCM Week'' conducted	0	6	Survey results and activity reports	1	1	1	1	1	1	CPO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Stake-holder Collab-oration and Part-nerships	Partner with healthcare institutions, associations, corporate organisations, NGOs and community organisations to amplify MCM's message.	Strength-ened part-nerships and col-laboration with key stakehold-ers.	Number of part-nerships formed with insti-tutions		12	Partnership agreements and memorandums of understand-ing (MoUs).	1	2	2	3	2	2	CPO
	Establish regu-lar meetings and forums with key stakeholders to share updates on MCM activities and receive feed-back	Frequency and atten-dance of stakeholder meetings and fo-rums.	Number of stake-holder meetings and fo-rums con-ducted	3	24	Minutes and re-ports from stake-holder meetings and forums.	4	4	4	4	4	4	CPO
	Conduct aware-ness on health law and profes-sional conduct to hospitals and training schools	Practi-tioners and students aware of health law, expected conduct and profes-sionalism	Percentage of hospi-tals and training schools reached with health law and pro-fessional-ism pre-sentations by MCM	1%	100%	Reports and so-cial media arti-cles	70%	80%	80%	90%	90%	100%	CPO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Digital and Social Media Utilisation	Create and maintain an informative and user-friendly MCM website.	Enhanced digital presence and engagement with the public.	Functional website	0	1	Availability of MCM products in real time		1					CPO
	Utilise social media platforms (Facebook, Twitter, Instagram), YouTube for regular updates and interactions with the public.	Enhanced social media presence and engagement with stakeholders.	Updated social media platforms	2	4	Active Social media platforms	4	4	4	4	4	4	CPO
	Develop multimedia content explaining MCM's mandate and its importance.	Informative multimedia content(videos, infographics).	Availability of multimedia content.	0	134	Viewer statistics for multimedia content.	14	24	24	24	24	24	CPO
Community and Outreach Programmes	Conduct community and outreach campaigns to directly engage with the public.	Greater reach and impact of community-based health initiatives.	Number of community and outreach campaigns conducted	0	11	Activity forms and campaign reports.	1	2	2	2	2	2	CPO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
	Engage local leaders and influencers to champion MCM's message and initiatives.	Existence of local leaders and influencers championing MCM messages and initiatives in communities	Local leaders and influencers engaged	0	11	Agreement forms	1	2	2	2	2	2	CPO
	Implement education training school programmes to educate students about the MCM mandate and the importance of healthcare regulation.	Schools participating in educational programmes	Percentage of training schools participating in educational programs	40%	100%	School programme participation records.	70%	75%	80%	85%	90%	100%	CPO
Training and Capacity Building	Provide training for MCM staff on effective communication and public engagement techniques.	Improved capacity of MCM staff to communicate effectively.	Number of training sessions conducted.	0	6	Training session attendance logs.	1	1	1	1	1	1	CPO
	Develop and distribute a toolkit for stakeholders to help promote MCM's mandate and activities.	Utilisation of the communication toolkit by stakeholders.	Number of stakeholders utilising the communication toolkit	0	2500	Reports on the use of communication toolkits by stakeholders		500	1000	1500	2000	2500	CPO
Objective 4: Increase MCM's efficiency in service provision through decentralisation to other regions by 2030													

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Train facility based non-MCM staff on regulations and MCM functions to support MCM secretarial activities	Training of practitioners	Knowledgeable practitioners available to support MCM functions	Number of practitioners trained	5 per year	120 (20 / yr.)	Training reports	20	40	60	80	100	120	DORE
Revise establishment to be appropriate for decentralisation	Revise establishment	Revised establishment	Number of positions in the establishment created for decentralised regions	6	10	Approved revised establishment warranty		5		5			DOFA
Identify and equip decentralisation pilot site and offices in the northern or southern region	Identify and equip office	Equipped office	Number of fully equipped decentralised office	0	1	Reports			1				DOFA

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Recruit or post staff to piloting site	Identify and post staff	Staff allocated to decentralised site	Number of staff posted and available at the decentralised site	0	5	Reports			2	3			DOFA
Conduct monitoring and evaluation of performance of pilot site	Monitoring and evaluation of decentralised site	Decentralised sites performance monitored and evaluated	Number of M and E activities conducted for decentralised sites	0	16	Reports			4	4	4	4	Registrar and CEO
Identify the second decentralised site and offices in the remaining region	Identify and equip office	Equipped office	Number of fully equipped decentralised office	0	1	Reports					1		DOFA
Recruit or post staff to site in the remaining region	Identify and post staff	Staff allocated to decentralised site	Number of staff posted and available at the decentralised site	0	5	Reports					2	3	DOFA

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Financial mobilisation to sustain regional offices	Mobilise finances	Available finances	Number of fully funded and functional decentralised sites	0	2	Reports			1		1		DOFA
Pillar 2: Regulatory Enforcement													
Objective 1: Increase the availability of competent health practitioners by 2030													
Strengthen the registration process for practitioners to ensure only competent practitioners are licensed to practice in Malawi.	Register practitioners in line with SOP	Competent practitioners registered and licensed	Percentage of registered and licensed practitioners according to SOP	TBA	100%	Registration certificates Results from sampled files	60%	80%	100%			100%	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Establish a competency assessment process for health professionals with competency gaps or concerns to maintain high standards of competency	Conduct competency assessments for practitioners with alleged competency gaps	Practicing practitioners assessed for competency Competent practitioners practicing	Proportion of practitioners with alleged competency gaps assessed and supported to improve competency	TBA	90%	Assessment Reports		60%	70%	75%	80%	90%	DORE
Introduce a comprehensive training programme for newly recruited practitioners	Develop a comprehensive orientation programme for newly recruited practitioners	A comprehensive orientation programme developed	Number of comprehensive orientation programmes developed	None	4/ yr.	Training programme manuals/documents	1	3	4	4	4	4	Registrar and CEO
	Conduct orientations for newly qualified health practitioners	Newly qualified practitioners inducted on health regulations and ethics	Proportion of newly graduated practitioners inducted on health regulations and ethics	0	95%	Induction reports and attendance sheets	0%	65%	70%	80%	90%	95%	Registrar and CEO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Strengthen and establish a robust CPD accreditation and certification system for CPD providers	Conduct accreditation visits of health training institutions	CPD Providers accredited and certified.	Percentage of CPD providers inspected	0%	95%	Visit Reports and copies of certificates	20%	75%	100%			100%	DORE
	Revise CPD regulations, guidelines and tools	Revised CPD regulations, guidelines and tools	Implement revised CPD regulations, guidelines and tools	0	1	Copy of approved and tools, and reports		1	1	1	1	1	DORE
	Produce annual certificates for CPD providers	Accreditation and Certification system for CPD providers	Percentage of CPD providers issued with annual certificates by MCM	30%	100%	Copies of certificates	30%	90%	100%			100%	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Mandate CPD providers to deliver CPD training programmes to practitioners	Enforce provision of ongoing CPD training programmes to health professional by CPD providers.	CPD training programmes CPD activities for practitioners implemented	Percentage of providers implementing CPD training programmes conducting CPD activities	Data Not Available, but low	90%	CPD training reports	50%	60%	75%	85%	90%	100%	DORE
	Sensitising practitioners and CPD coordinators on usage of MCM recognized free CPD lessons.	Increased usage of the online CPD platforms	Number of orientations conducted with associations, practitioners and CPD coordinators on online CPD	0	4 per year	Reports from online sites	1	4	4	4	4	4	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Increase knowl-edge of ethics and code of conduct to health profes-sionals Conduct aware-ness on health profes-sional ethics and code of conduct	Conduct aware-ness presenta-tions/meetings to practitioners on ethics and code of conduct	Awareness meetings on ethics and code of conduct conduct-ed Prac-titioners knowl-edgeable on ethics and con-duct	1. Number of aware-ness meet-ing on ethics and code of conduct	4	8	Awareness Re-ports	4	6	8	8	8	8	Registrar and CEO
			2. Pro-portion of health profes-sional as-sociations reached with ethics and code of conduct informa-tion	60%	100%	Awareness Re-ports	60%	70%	80%	85%	90%	100%	Registrar and CEO
Objective 2: Maintain a rigorous regulatory framework for health facilities that ensures high standards of care, safety and operational efficiency to promote equitable access to quality healthcare services by 2030.													
Facility Licensing and ac-credita-tion	Implement a comprehensive licensing and ac-creditation sys-tem to ensure that all health facilities meet established stan-dards of care and safety	A compre-hensive licensing and accred-itation sys-tem imple-mented to health facil-ities	Number of health facilities licensed and re-newing registra-tions	3191	4091	Reports and Ga-zette	3341	3491	3641	3791	3941	4091	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Review the registrations, operational standards Guidelines and checklists for health facilities/ professional	Review Practitioners registration regulations and private practice licensing standards	Registration regulations for practitioners revised	Number of amended regulations Report on amended regulations	0	1	Amended Regulations		1					DORE
		Licensing Standards revised	Number of Licensing Standards Revised	3	6	Amended Licensing Standards	3	4	5	6			DORE
	Revision of Internship Guidelines	Internship guidelines revised	Number of internship guidelines revised	0	1	Revised internship guidelines		1					DORE
	Revision of Inspection standards and checklists for health facilities	checklists and inspection standards revised	Number of inspections standards revised	0	6	Revised inspection standards		3	3				DORE
			Number of checklists revised	0	6	Revised checklists		3	3				DORE
	Review CPD Regulations	CPD Regulations Reviewed	Number of CPD regulations reviewed	0	1	Revised CPD regulations		1					DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Facilitate Inspection and Audits to improve health service delivery	Conduct regular inspection and audits of health facilities to ensure compliance with regulatory standards and identify areas of improvement	Regular inspection and Audits to health facilities conducted	Number of health facilities inspected	500	1000	Inspection Reports	500	600	750	800	900	1000	DORE
			Number of districts inspected	8	18	Inspection Reports	8	10	12	14	16	18	DORE
	Conduct regular assessments and audits of training programmes and institutions to ensure compliance with regulations	Regular inspection and Audits of training programmes and institutions conducted	Percentage of vetted programmes inspected and approved	80%	100%	Inspection and Audit Reports	80%	100%	100%			100%	DORE
			Number of health training institutions Inspected and audited	75%	100%	Inspection and Audit Reports	75%	80%	100%			100%	DORE
Objective 3: Establish and enforce a standardised and comprehensive regulatory framework that ensures the highest quality of education and training for health practitioners by 2030.													
Improve the quality of education training programmes to ensure effective health service delivery	Review curriculums for health training institutions to ensure quality and competent graduates	Health education programmes and curricula reviewed	Percentage of health education curriculum reviewed	75 % (including for CPD)	100%	Review Reports and the Revised curricula	75%	80%	85%	90%	95%	100%	Registrar and CEO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Strengthen and establish a robust accreditation system for training institutions offering training for MCM regulated practitioners	Conduct accreditation visits of health training institutions	Accreditation and Certification system for health programmes	Percentage of training institutions issued with annual certificates by MCM	0%	95%	Reports and copies of certificates	0%	50%	60%	70%	85%	100%	Registrar and CEO
Strengthen the vetting process of new programmes prior to commencing training	Conduct vetting of new programmes and training institutions	All new health programmes vetted prior to training commencement	Proportion of new health training programmes vetted	80%	95%	Reports	80%	85%	90%	90%	95%	95%	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Mandate ongoing education and training programmes to keep health professionals updated with the latest medical advancements and best practices	Provide conducive environment for CPD activities	CPD activities for practitioners and training institutions implemented	Percentage of training institutions conducting CPD activities	Data Not Available	90%	CPD reports for training institutions and hospitals	50%	60%	70%	80%	85%	90%	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Incorporate comprehensive conduct and ethics training in all health professional programmes to ensure ethical behaviour and decision-making in clinical practice.	Training institutions to incorporate legal and ethical subjects in all programmes	Health law, Conduct and Ethics incorporated in all health programmes	Proportion of MCM regulated programmes with local health law and ethics issues included	(TBC)	90%	Copies of curriculum	40%	50%	60%	70%	80%	90%	Registrar and CEO
Implement regular assessments and audits of training programmes and institutions to ensure compliance with regulatory standards.	Conduct regulatory inspections of training institutions and training hospitals	Health training institutions and training hospitals inspected	Proportion of training institutions and training hospitals inspected	60 % (including training hospitals)	95%	Reports and copies of checklists	60%	65%	70%	75%	80%	95%	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Collaborate with key stakeholders, including government agencies, professional bodies and training institutions to ensure alignment and support for regulatory initiatives	Conduct stakeholder engagement activities on health training regulation	Stakeholder Engagement conducted	Number of stakeholder engagements conducted	2 per year	4 per year	Stakeholder Engagement Reports	4	8	12	16	20	24	CPO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Increase awareness of the regulatory standards and processes for health practitioners to foster trust and transparency in the healthcare system	Conduct public awareness activities on regulatory standards and processes for health practitioners	Public awareness activities on regulatory standards and processes of health practitioners conducted	Number of awareness activities conducted	2 per year	4 per year	Awareness Reports	4	8	12	16	20	24	CPO
Improve Complaints addressing mechanisms to respond to health related issues	Review the current complaint mechanisms for improved feedback	Current complaint mechanisms reviewed	Review the MCM service charter	0	1	Copy of approved service charter	1			1		1	Registrar and CEO
		Service charter implemented	Percent of services implemented according to the service charter	0	90%	Service charter implementation report	0%	50%	60%	70%	80%	90%	Registrar and CEO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Revise internship guidelines, checklists and log-books	Conduct revision of MCM internship guidelines and checklists	Revised internship guidelines, checklists and log-books	Proportion of interns with up to date guidelines, checklists and log-books	50%	100%	Copies of guidelines, checklists and tools	50%	60%	70%	80%	90%	100%	Registrar and CEO
Implement regular assessments and audits of internship sites to ensure compliance with regulatory standards.	Conduct regulatory inspections of internship sites and hospitals	Internship sites and hospitals inspected	Proportion of internship sites and hospitals inspected annually	20%	90%	Reports and copies of checklists	20%	60%	70%	80%	90%	100%	DORE
Objective 4: Establish a transparent, efficient and fair complaint handling and disciplinary process for the public and health practitioners that ensures timely resolution of cases to uphold professional standards and protect public safety by 2030													
Clear and consistency policies	Develop clear, consistent policies and guidelines for handling disciplinary cases for fairness	Approved investigation regulations or guidelines	Number of regulations or guidelines approved	0	1	Copy of approved policy	1			1			DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Timely Investigation and Resolution	Implement streamlined procedures to ensure timely investigation, adjudication and resolution of disciplinary cases.	Approved Annual and Quarterly plans	Number of Approved plans	4	30	Annual and quarterly reports	5	5	5	5	5	5	DORE
		Complaints lodged to MCM concluded within the year	Percent of complaints lodged to MCM that are investigated and concluded	65%	90%	Reports	65%	75%	80%	85%	85%	90%	DORE
Stakeholder Involvement	Engage relevant stakeholders, including professional associations, regulatory bodies and legal experts, in the disciplinary process to ensure comprehensive and balanced decisions.	Approved Stakeholder meetings Plans	Number of stakeholder meetings conducted	2	4	Stakeholder meetings Reports	2	2	3	3	3	4	DORE

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Support Systems for Health Professionals	Provide support systems, such as counseling and legal advice, for health professionals undergoing disciplinary proceedings to ensure fair treatment.	Approved Counselling Centers	Percentage of practitioners with guilty verdict who need support that are referred for Counselling services	50%	100%	Annual and Quarterly Reports	50%	80%	100%			100%	DORE
Data Collection and Analysis	Collect and analyse data on disciplinary cases to identify trends, improve processes and prevent future infractions	Approved data collection tool	Percentage of disciplinary cases analysed	50%	100%	Annual and Quarterly Reports	50%	100%	100%			100%	DORE
Education and Prevention	Implement educational programmes to inform practitioners about key lessons from disciplinary cases	Presentation on lessons from disciplinary conducted	Number of presentations conducted on lessons from disciplinary cases	10	60	Activity reports	10	10	10	10	10	10	Registrar and CEO

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Public Communi- nication	Communicate the outcomes of disciplinary cas- es to the public to uphold trust in the healthcare system while maintaining con- fidentiality where appropriate.	Approved Plans	Number of Press Releases		24	Copies of press release	4	4	4	4	4	4	Registrar and CEO
Ethical Standards	Uphold high eth- ical standards throughout the disciplinary pro- cess to ensure de- cisions are just.	Approved Code of Conduct for disci- plinary processes	Report on code of conduct developed	0	1	Code of Con- duct approved by Council	1						Registrar and CEO
Pillar 3: Legal framework													
Objective 1: Modernise and strengthen health practice regulations and professional development by 2030.													

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Revise the Medical Practitioners and Dentists Act to be inclusive and modern	Present the draft revised Bill to Ministry of Health Senior Management Committee	Approved Revised Bill	Revised Bill approved by Senior Management Committee	0	1	Copy of MoH and Council endorsed Bill	1						Registrar and CEO
	Present the draft revised Bill to Ministry of Justice	Approved Revised Bill	Revised Bill approved by Ministry of Justice	0	1		1						MoH
	Present the revised Bill to the Office of the President and Cabinet (OPC)	Approved Revised Bill	Revised Bill approved by Ministry of OPC	0	1			1					MoJ
	Present the revised Bill to the Parliament and the President	Revised Act	Act revised	0	1			1					MoH

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Strengthen and establish a robust CPD regulation system	Develop a Concept note on CPD providers accreditation	Concept note	Concept note approved by the Board	0	1	Reports and copies of certificates	1						Registrar and CEO
	Review the CPD providers accreditation Policy to include the accreditation fees	Reviewed CPD Providers Policy	CPD providers policy reviewed	0	1			1					Registrar and CEO
	Conduct accreditation visits of health training institutions	CPD Health Providers registration certificates	Percentage of CPD providers issued with registration certificate	0%	100%	Reports and copies of certificates		30%	40%	60%	75%	100%	DORE
	Conduct annual visits of health training institutions	CPD Health Providers Annual Certificates	Percentage of CPD providers issued with annual certificate	0%	100%	Reports and copies of certificates		30%	40%	60%	75%	100%	DORE
	Recruit a Senior Training and Education Officer	Recruitment	Senior Training and Education Officer recruited	0	1			1					DOFA

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Revise internship regulatory framework (guidelines, checklists and logbooks)	Conduct revision of MCM internship guidelines and checklists	Revised internship guidelines, checklists and logbooks	Internship guidelines checklists and logbooks revised	0	3	Copies of revised guidelines, checklists and tools		3					Registrar and CEO
Revise the regulatory framework for the scope of practice of practitioners	Develop Scope of Practices	Gazetted Scope of Practices	Scope of Practice Booklet developed	0	1	Approved copies of Scope of Practice		1				1	Registrar and CEO
Objective 2. Ensure that standards are upheld and promote accountability within the healthcare profession by 2030.													
Review Penalty Guidelines	Review and publish Penalty Guidelines outlining various types of violations and non-compliance	Revised Guidelines	Number of guidelines revised	0	1	Final list and gazette of Penalties		1					DORE
Implement Enforcement Mechanisms for penalties	Establish robust enforcement mechanisms to ensure that penalties are consistently applied and effectively implemented	Enforcement mechanisms guidelines	Enforcement mechanisms guidelines developed	0	1	Approved document		1					DORE
Pillar 4: Financial growth and sustainability													
Objective 1: Promote financial growth and sustainability by 2030													

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Maximise collection of Student Index fees	Continue engaging training institutions on collection of index fees	Engagement meetings conducted	Report on engagement meetings conducted	8	32	Meeting reports	12	16	20	24	28	32	DOFA
		Conduct indexing exercises	Percentage of student indexed	30%	80%	Indexing reports	30%	50%	60%	70%	80%	80%	DORE
Introduce deduction at source system for practitioners in the public service	Lobby and coordinate with relevant stakeholders	Meetings with stakeholders conducted	Report on Meetings with stakeholders conducted	2	4	Meeting reports	2	4					DOFA
		Collect revenue using deduction at source	Proportion of revenue collected from public practitioners utilising deduction at source	0	60%	Revenue collection reports	0	15%	30%	40%	50%	60%	DOFA
Intensify collection at source using digital payments	Acquire digital payments gadgets (POS, TNM Mpamba, Airtel Money etc.)	Gadgets procured	Number of digital gadgets procured	2	4	Procurement reports		4				4	DOFA
		Collect revenue using digital payment	Percentage of revenue collected using digital gadgets	15%	40%	Revenue collection reports	15%	20%	25%	30%	35%	40%	DOFA

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Enforce collection of fees from public facilities	Engage DCs, LGFC & relevant stakeholders on payment of facility fees	Compliant facilities	Number of facilities that are compliant	10	28	Meeting reports	10	12	15	20	25	28	DOFA
			Percentage of revenue collected from invoiced facilities	5%	100%	Revenue collection reports	10%	30%	50%	70%	90%	100%	DOFA
Enforce collection of annual renewal fees for health training programmes	Introduce and implement a robust invoicing system for training institutions	Invoices generated and submitted to training institutions	Proportion of invoices generated and submitted to training institutions	30%	100%	Copies of invoices	30%	90%	90	90%		100%	DOFA
		Collect revenue from health training programmes	Percentage of registered programmes paying annual renewal fees	10%	70%	Revenue collection reports	10%	55%	65%	75%	85%	100%	DOFA
Enforce the implementation of fines	Introduce a working system for the follow up of fines	Revenue collected from fines charged	Proportion of revenue collected from fines charged	10%	100%	Revenue collection reports	10%	30%	50%	70%	90%	100%	DOFA
Leverage partnerships for intensified fees' collection	Leverage partnerships for intensified fees' collection	Increase in revenue received from partners	percentage of revenue received from partners	2%	8%	Revenue collection reports	3%	4%	5%	6%	7%	8%	DOFA

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Reduce Government subvention	Increase revenue generated from MCM Sources	Reduction in Government Subvention	Percentage of Government Subvention	11%	3%	Revenue collection reports	11%	9%	8%	7%	6%	3%	DOFA
	Reach out to employers to reinforce practitioner compliance	Increased number of compliant practitioners	Percent of practitioners paying annual renewal fees	30%	80%	Revenue collection reports	60%	70%	80%	80%	80%	80	DOFA
Objective 2. Provide support services for efficient and effective performance of MCM													
Automate the financial management system	Automate the financial management system	An integrated financial management system developed and implemented	Percentage of MCM functions processed using the integrated management system	0	100%	Operational report	0%	75%	80%	85%	90%	100%	DOFA
Develop and implement a rationalised and adjustable fee calculation model	Develop and implement a rationalised and adjustable fee calculation model	Fee calculation model developed	Report on fee calculation model developed	0	1	Council minutes		1					DOFA

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Responsibility
Enhance resource mobilisation capacity	Automate fees' collection	Fees Automated	Report on fees automation	0	1	Revenue collection reports	1						DOFA
	Secure a plot	Plot Identified	Documents of allocation in place	0	1	Copy of letter		1					DOFA
	Secure ownership documents for identified land	Offer letter and title deed	Offer letter and title deed in place		1	Copy of letter		1					DOFA
	Construction plans approved	Constructions plans approved	Construction plans in place		1	Approved copy		1					DOFA
	Secure funding	Project funds identified	Percentage of project funds identified		100%	Project progress report			50%	50%			DOFA
	Construction commences	Completion of the construction of the office complex	Percentage of completion of the office complex	0%	100%	Project progress report	0%	0%	20%	40%	80%	100%	DOFA

Strategy	Key interventions	Output	KPI	Baseline	Target	Means of Verification	2024 /25	2025 /26	2026 /27	2027 /28	2028 /29	2029 /30	Responsibility
Strengthen internal Controls	Conduct Financial management orientations	Annual Orientations Done	Reports on orientation	0	6	Orientation reports	1	1	1	1	1	1	DOFA
	Hold Monthly Finance and budget Meetings	Monthly Management Accounts produced	Monthly and Quarterly reports	0	72	Meeting reports	12	12	12	12	12	12	DOFA
	Review Finance and Procedure manual	Updated manual Produced	Approved Finance and Procedure Manual		1	Copy of approved manual		1					DOFA

CHAPTER 7 IMPLEMENTATION COSTS

7.1 Overview

The projected total cost of implementing the 2024-2030 Strategic Plan is estimated at approximately MK22.5 Billion as tabulated in table 9 A below. The budget is premised on the following assumptions:

- Availability of donor funding up to MK1.9 Billion

- Availability of GOM funding up to MK1.9 Billion

- Availability of finances directly mobilised through MCM fees amounting to MK18.7 Billion

Table 9 A. Projected operational budget estimates over the Strategic Plan period

SOURCE	2024-2025 K'Million	2025-2026 K'Million	2026-2027 K'Million	2027-2028 K'Million	2028-2029 K'Million	2029-2030 K'Million	TOTAL K'Million
GOM	246.00	370.60	397.66	357.43	330.17	196.19	1,898.04
MCM OWN FUNDS	1,854.00	2,265.60	2,718.72	3,262.46	3,914.96	4,697.95	18,713.69
DONOR	100.00	177.24	277.51	360.62	432.69	598.37	1,946.44
TOTAL	2,200.00	2,813.44	3,393.89	3,980.51	4,677.82	5,492.51	22,558.17

Table 9 B: Projected buildings budget estimates over the Strategic Plan period

	2024-2025 K'Million	2025-2026 K'Million	2026-2027 K'Million	2027-2028 K'Million	2028-2029 K'Million	2029-2030 K'Million	TOTAL K'Million
Building Cost		4,000.00	5,525.00	5,525.00	5,525.00	1,525.00	22,100.00

7.2 Source of funding

The expected sources of funding are tabulated in Table 9 A above. MCM will fund 83% of the Strategic Implementation Plan Costs, and expects to receive 8% from Government support. Donor funding will contribute 9% to the operational costs. Table 9 B shows that 13 million USD (MK 22.1 Billion) will be required towards construction of MCM office complex.

CHAPTER 8 COMMUNICATION STRATEGY

8.1 Introduction

To implement the Strategic Plan effectively, MCM has integrated its communication strategy into the broader strategic framework. This strategy aims to raise awareness among all stakeholders about MCM's scope of work, including addressing complaints related to healthcare services and encouraging full participation in the Council's operations. The Communications Department will also develop annual communication plans to guide the execution of all communication strategic activities which will be closely linked to the activities included in the Implementation Plan Matrix (Table 8).

Since its inception in 1988, MCM has lacked a dedicated Communications Department. This absence has often led to uncoordinated communication efforts that fail to address the MCM's specific needs. Most previous communications have been reactive and activity-based, rather than part of a planned strategy designed to meet the communication needs of MCM's stakeholders.

Some of the challenges MCM has faced due to the lack of a comprehensive communication strategy include:

- A lack of comprehensive information on how to open private clinics, often forcing practitioners to travel long distances to seek necessary information.

- Violations of both patients and practitioners' rights in health facilities mostly due to lack of information.

- Patient complaints going unreported, leading to an increase in malpractices because of lack of disciplinary measures as a consequence of non-reporting.

- Training Institutions start offering training programmes without submitting their curricula to MCM for vetting, resulting in students unable to register with the Council after completing their studies.

- Medical camps and other healthcare initiatives occurring in communities without MCM's knowledge, with MCM only becoming aware of these activities through the media after an incident or harm has already occurred.

- Practitioners, training institutions and health facilities operating without proper registration, inspections or operational licenses granted by MCM.

- Illegal clinics operating and malpractices occurring because communities are unaware of these issues.

- MCM inability to communicate effectively with its stakeholders during crises due to a lack of established communication channels.

8.2 Approaches

This Communication Strategy shall use two approaches, Advocacy and Public Awareness.

8.2.1 Advocacy

MCM advocacy approach seeks to generate the support of decision-makers such as cabinet ministers, parliamentarians, councillors, health practitioners, health facility owners, leadership of training institutions, professional associations, other regulators and community leaders. Some of the activities in advocacy will include negotiations, meetings, focus group discussions face-to-face interactions, communication through correspondence, joint planning and review meetings, among others.

8.2.2 Public awareness

MCM will utilise a systematic approach that involve primary and secondary stakeholders, including the community to actively participate in the implementation of this strategy.

Some of the outcomes from the approach include:

- Getting community interest, commitment and participation in MCM initiatives.

- Promoting networking and collaboration among stakeholders to understand their rights and objectives of MCM.

8.3 Target Audiences

MCM will target both primary and secondary stakeholders as outlined in Tables 2 and 3 with appropriate messages that meet the needs of the specific target audiences.

8.4 Communication Channels

- **Digital Platforms:** Website, social media (Facebook, Twitter, LinkedIn), email newsletters.

- **Traditional Media:** Radio, television and print media.

- **Stakeholder Meetings:** Regular consultations with healthcare providers, government officials, and other key stakeholders.

- **Publications:** Annual reports, gazettes, newsletters, policy briefs and brochures.

- **Public Engagement and Education Campaigns:** Seminars and workshops, meetings, community dialogues and outreach campaigns.

This communication strategy is designed to support MCM in fulfilling its mandate by ensuring clear, consistent, and effective communication with all stakeholders. Through proactive engagement and transparency, MCM will build trust, enhance its regulatory effectiveness, and improve public health outcomes.

CHAPTER 9 MONITORING AND EVALUATION

9.1   Overview

MCM's 2024-2030 Strategic Plan will be operationalised through a six-year Implementation Plan, as detailed in Table 8 below. The Implementation Plan outlines targeted annual activities to be carried out by respective departments and individual staff members. The Registrar, as the Chief Executive Officer, will be responsible for coordinating the implementation of these programmes and activities, ensuring that progress reports are produced every December.

MCM is committed to ensuring that monitoring and evaluation mechanisms for accountability are in place to ensure excellent performance and achievement of the Strategic Plan's goals and objectives. As such, funds have been allocated for annual mandatory reviews to ascertain the implementation of the key activities and achievement of deliverables as planned.

- The Secretariat staff will take ownership of the goals and objectives, and will be responsible for implementing the various activities needed to achieve full success of this Strategic Plan.

- Monthly, quarterly, biannual and annual reporting will be key to monitoring   and tracking progress, and implementing any adjustments or corrective actions. The terminal review will inform preparation of the next Strategic Plan.

- Documentation of activities is a necessary precondition for ongoing monitoring. Therefore, all implemented strategic initiatives and activities will be documented to ensure good monitoring and evaluation practices.

The internal and external conditions to enable execution of the Strategic Plan were identified and are listed in Table 10 below;

Table 10: Internal and external conditions to enable execution of the Strategic Plan

Pre-Conditions (Internal)		Assumptions (External)	
	Type		Type
1.	Supportive Board and Management	1.	Favourable economic and political Environment
2.	Ownership of the Strategic Plan by all members of staff		Stakeholder buy-in and support
3.	Committed and competent staff		Favourable legal and policy frameworks
4.	Adequate internally generated funds		Robust technological developments
5.	Availability of robust systems and Infrastructure		Pandemic free environment

9.2   Monitoring

Monitoring will comprise routine tracking of key elements during the implementation of the plan and achievement of the intended outcomes. The aim is to determine whether the implementation is progressing to plan with budgetary requirements and whether any adjustments are needed to achieve the

intended goals. Monitoring will provide feedback on the progress of implementation at both the activities and outputs levels. It will critically assess areas such as whether the planned actions are being implemented, whether the intended outcomes are being achieved (and how, why, or why not), the obstacles to implementation, the effectiveness of coordination, any gaps in implementation and strategies for addressing these gaps.

The monitoring of the Strategic Plan implementation will be incorporated into the Secretariat operations, and key performance contracting goals, and will be reviewed regularly by the Registrar or Chief Executive Officer (CEO). Quarterly and annual monitoring reports will be submitted to the Council and GOM as required.

- The Communication and Planning Office and Internal Audit Office report directly to the Registrar or CEO will be responsible for tracking performance in collaboration with management. However, where funding shall eventually allow, monitoring and evaluation office shall be established.

- Team Leaders will track departmental activities and operations to inform their monthly, quarterly and annual reports.

9.3 Evaluation

Evaluation will systematically and objectively assess the Strategic Plan achievements at the goals and outcomes levels. The aim is to determine the relevance and fulfillment of objectives, efficiency, effectiveness, impact and sustainability with a view to documenting lessons learned and informing future improvements. Evaluation will, among other critical areas, evaluate what was done, what was achieved, whether we achieved what we intended and what key lessons were learned?

The evaluation of the Strategic Plan will be performed mid-way and at the end and then reported to the Council.

CHAPTER 10 RISKS AND RISK MANAGEMENT

10.1 Overview

Strategic risk management is a key factor for the successful operationalisation of the Strategic Plan. It involves the process of identifying, assessing and managing threats and obstacles that may potentially hinder execution and realisation of the organisational goals, objectives and outcomes as embodied in the Strategic Plan. This section identifies those strategic risks and risk framework to facilitate fulfilment of MCM's Strategy.

10.2 Strategic risk factors and risk analysis

This section identifies those strategic risks and risk framework to facilitate fulfilment of the Strategy. The MCM strategic risks have been grouped under four categories as presented in Table 11 below:

Table 11: MCM Risk Matrix

		Action taken											
		Strengthen	Optimise	Sustain	Connect	Customise	Deliver	Professionalise	Standardise	Empower	Innovate	Automate	Capacitate
		Impact				Impact			Impact			Impact	
Organisation Risks													
Funding risks	Probability	LH	LH	MH	MH	MM	MH	LL	LM	LL	MH	LH	LM
Staffing Capacity		LM	LL	MH	MH	LM	LH	LL	MH	LL	ML	MH	HH
Infrastructure risks		MM	LL	MH	MH	MH	LH	LL	LM	LL	HH	HH	HH
Board of Governance risks		LH	LH	LH	MH	LL	LM	LL	LM	LL	LL	LL	LL
Ownership risks		LH	LH	LH	LL	LL	MH	LM	LH	LM	LL	LL	LL
Operational Risks													
Process Inefficiency risk	Probability	LL	LL	LL	MM	MH	MH	HH	HH	HH	LM	LM	LM
Systems risk		LH	LL	LM	MM	HH	HH	LL	LM	LM	MH	MH	MH
Reputation risk		LL	LL	LL	LH	LH	LH	LH	LH	LH	LH	LH	LH
Market place Risk													
Technology and Innovation risk	Probability	LM	LM	LM	HM	HM	HM	MM	ML	ML	HH	HH	HH
Political risk		LL	LM	LH	MH	ML	LL	MM	LL	LL	LL	LL	LL
Professional support		LL	LM	MH	MH	MH	MH	HH	HH	HH	LL	LL	LL
Customer support		LL	LL	MH	HH	HH	HH	LL	LM	LM	LM	LM	LM
Legal Risks													
Regulatory Compliance risk	Probability	LL	MH	LL	MM	LL	LL	MM	MM	LM	LL	LL	LL
Government directives		LH	MH	LM	MH	LL	LL	MM	MM	MM	LL	LL	ML
Legislative risk		LL	LL	LL	MM	LL	LL	MM	MM	LL	LL	LL	LL
Litigation risk		LL	LL	LL	MH	LL	LL	HH	MM	LL	LM	LL	LL

Key		
Abbreviation	Risk Level	Colours
L	Low	Green
M	Medium	Amber
H	High	Red

10.3 Risk analysis and mitigation

Table 12: Risk analysis and mitigation

Strategic Objectives	Risks	Mitigation Strategies

Pillar 1: Service Delivery Excellence		
-Improve the efficiency of service delivery through finalisation of the development of an electronic database system by 2026. -Enhance digital technology and innovation in the service delivery of MCM functions by 2028	-Inadequate systems and ICT infrastructure -Lack of integration -Inadequate capacity to use the technology by staff	-Development of integrated database system -Develop ICT Operating model -Formulation of ICT Continuity plans
-Improve awareness of MCM mandate among the public and stakeholders by 2030. -Increase MCM's efficiency in service provision through decentralisation to other regions by 2030. -Increase efficiency and improve service to MCM stakeholders through completion and implementation of the organisational structure by 2026	-Insufficient Capabilities to implement MCM strategy -Ineffective organisational structure to support the strategy -Human Resource skills and expectancy -Insufficient financial resources -Negative impact on MCM reputation and or financial health emanating from noncompliance with laws and regulations	-Review and implement performance management system -Development and implementation of organisational and individual training plans -Ensure budget is appropriately allocated and aligned to the success and implementation of MCM strategy -Develop resource mobilisation plan aligned to MCM Strategy -Service level agreements management with all service providers -Full implementation of approved STRACOS and policies
Pillar 2: Regulatory Enforcement		
-Ensure availability of competent health practitioners by 2030. -Maintain a rigorous regulatory framework for health facilities that ensures high standards of care, safety and operational efficiency to promote equitable access to quality healthcare services by 2030. -Establish and enforce a standardised and comprehensive regulatory framework that ensures the highest quality of education and training for health practitioners by 2030. -Establish a transparent, efficient and fair complaint handling and disciplinary process for the public and health practitioners that ensures timely resolution of cases to uphold professional standards and protect public safety by 2030.	- Inconsistent application of processes and procedures to implement MCM strategy -Possibility of fraudulent activities which may affect the delivery of MCM services	-Monitor and continuously update business processes thereby ensuring compliance -Full implementation of approved policies and procedures -Review processes and procedures to ensure all policies, processes and procedures are aligned to MCM strategy -Monitoring performance in line with delivery expectations and corrective actions where necessary -Review and foster compliance with MCM Service Charter -Fully utilise the Institution Integrity Committee and other governance structures to address fraud
Pillar 3: Legal framework		

Modernise and strengthen health practice regulations and professional development by implementing advanced technologies, updating regulatory frameworks, and enhancing continuous learning opportunities to ensure high standards of healthcare delivery and professional excellence by 2030 Introduce stringent penalties for violations and non-compliance, ensuring that standards are upheld and promoting accountability within the healthcare profession by 2030	-Ineffective procurement processes due to noncompliance with the procurement laws and guidelines -Unsatisfactory regulatory environment	-Review and foster compliance with laws, policies and procedures -Review, approve and implement delegation of authority -Develop and implement Enterprises Risk Management Policy Framework -Compile, implement and track Compliance Risk Management Plans
Pillar 4: Financial growth and sustainability		
Wean MCM from Government subventions and achieve financial sustainability 2030.	-Inability to collect fees due to MCM from some of its stakeholders -Unethical behaviours by some employees leading to employees getting involved in acts of committing fraud, theft and corruption	-Develop, implement and optimise revenue collection strategies -Continue seeking donor support for some MCM core functions -Implement strict financial management practices -Implementation of the fraud prevention plan -Address and close out findings from internal and external audits. -Implement the Ethics and Code of conduct guidelines -Segregation of duties

10.4 Risk monitoring

Management will conduct risk monitoring utilising the Internal Audit Department and the institutional integrity committee (IIC) internally but also other existing GOM MDAs to support risk monitoring.

The monitoring process will review the risk status under each objective, assess if the probability and impact likelihoods have changed, revise the assessments, and apply the necessary mitigation strategies, assess the progress of the Strategic Plan objectives against the risks and report to the Council all identified critical issues.

APPENDICES

Appendix 1: Historical Journey of MCM

Year	Notable Activity
1987	Medical Practitioners and Dentists Act passed
1988	MCM started its operations
1988 - 2024	MCM introduced various registers for medical practitioners, dentists and allied health practitioners.
2006	Students indexing introduced).
1990	The Code of Ethics and Professional Conduct was published in 1990.
2008	MCM acquired its own premises
2022	Reviewed the Code of Ethics and Professional Conduct
2022 - 2025	Review of the Medical Practitioners and Dentists Act.
2023	Review of training and education guidelines and tools.
2009 - 2010	MCM became a founding member, first Secretariat and first Chairperson of Southern Africa Development Community Medical Dental Regulatory Authority (SADC-MDRA) (2018), Association of Medical Councils of Africa (AMCOA) 2009, International Association of Medical Regulatory Authorities (IAMRA) 2010 respectively.
2021	MCM introduced pre-internship examinations for foreign trained practitioners.
2024	MCM successfully hosted AMCOA Capacity Building Workshop which opened a gateway to other health associations becoming affiliated with their sister international regulatory bodies and associations.
2024	MCM started the development of an integrated electronic information management system in 2024.