HUMAN RESOURCES for HEALTH in AFRICA

• Overview
• HR constraints: Uganda & Ghana
• Country responses: Zambia, Malawi & Kenya

WHR 2006 HRH focus
Countries with a critical shortage of health service providers (doctors, nurses and midwives)

HRH issues in Africa:

Equity – access to essential health services

Migration – within and across borders

Distribution/deployment – incentives & retention schemes

Financial Resources – salary & benefits packages, training, workplace improvements, career enhancement

Health System Strengthening – staffing, quality, management competency – task shifting

HIV & AIDS – Health risks, impact on health workforce, physical & psychological
Goal: Achieving a Sustainable Health Workforce

Planning
- Policy
- Finance
- Leadership
- Partnerships
- Education

HRH Management Systems

Implementation

Country-Specific Contexts

Health System
- equity
- effectiveness
- efficiency
- quality

Other Health System Components

Better Health Outcomes

Analysis

Evaluation
• Tools for analyzing HR needs, interventions and outcomes
• Documented best practices
• Information sharing
Human Resources for Health  Technical Working Group of African CHAs, supported by Capacity Project through IMA – World Health

Planning, Developing and Supporting the Faith-based Health Workforce:

East-Southern Africa Regional Human Resources for Health Working Group Mini Forum

February 27th – March 1st, 2008

Methodist Coast Hospital
Nairobi, Kenya

Co-sponsored by The Capacity Project and African Health Resource Centre

http://www.hrhresourcecenter.org

HRH Global Resource Center
find, share and contribute
Highlights of the HRH crisis in Uganda

Isaac Mpoza Kagimu
Uganda Catholic Medical Bureau
OVERVIEW

• HRH crisis in Uganda has spanned close to 15 years

• Actual numbers of available health workers are lower than what is required.

• There is a general staffing gap of 32% of the established norms.
EQUITY

• Skewed distribution of health workers between rural and urban facilities.
  – Many rural health facilities are manned by nursing assistants.

• High attrition from PNFP to public facilities prompted by better pay and poor supervision in the public facilities
RURAL AREAS

• Health workers not willing to serve in the rural areas:
  – Limited access to social amenities
  – Lack of motivational incentives e.g. hardship allowances.
  – Limited access to career development opportunities, constrained structures.
  – Limited access to training opportunities.
  – Fear of stagnating in the rural areas as a result of decentralization policies.
  – Limited opportunities for private practice.
MIGRATION

• Internal migration
  – Migration from PNFP to public facilities, and from public facilities to international NGOs.

• External migration
  – Migration of health workers out of the health sector/out of the country: however data not available.
FINANCIAL RESOURCES FOR HEALTH

• Uganda funding for health sector still at 9% of national budget (Abuja: 15%)

• HRH for public and PNFP sectors is the highest under-funded priority of the health sector (BFP 2008/09)

• PNFP heavily limited by financial constraints
HEALTH SYSTEMS

• Weakened by:
  – Vertical programs e.g. HIV specific programs have strained the scarce human resources
  – Creation of pay imbalances within the system
  – Proliferation of NGOs under GFIs: already trained and therefore attractive to NGOs

• Strengthening:
  – Opportunities from change in approach by GAVI.GFATM etc
HIV/AIDS

• High impact of HIV/AIDS on HWs
  – Lack of appropriate care for infected and affected health workers
  – National work place policy has just been put in place under the occupational health and safety policy for HWs
LEADERSHIP AND MANAGEMENT

• Poor leadership and guidance in the health sector.
• Lack of capacity for HRM and HRD in the Ministry of health.
• Inadequate managerial skills and competencies for health managers to run health facilities.
• Lack of supervision and monitoring.
• Failure to institute discipline in the civil service.
• Possibility for dual employment in the public sector.
PRE-SERVICE TRAINING

• Low capacity of health training institutions to meet the needs of the country.

• Health worker production not in line with the health service delivery needs of the country.
The Human Resource Situation in Ghana – The Issues

BY
GEORGE A. ADJEI
NCHS
THE HRH ISSUES IN THE PAST DECADE IN GHANA

i. High staff attrition mainly through migration
ii. Inadequate numbers of key professional staff
iii. Inappropriate mix of staff
iv. Delayed salary payment to newly engaged staff- up to 18 months.-specific to staff on government payroll
v. Productivity issues/performance
vi. Ageing workforce [especially nurses and midwives]

vii. Inequitable distribution [teaching hospitals
    – Teaching hospitals keep their trained doctors
    – Referral system keeps highly skilled
Specific to the Faith-Based System

• Internal movements to GHS/MoH
• Inadequate supply of staff [most are semi-skilled]
• Direct negotiation with Trades Union Congress
• Short service
• Job stress
Distribution within CHAG

• Doctors - Less than 1%
• Medical Assistants - Less than 1%
• Nurses - 12%
• Others - 88%

Majority are semi-skilled such as assistants, auxiliaries
Implications for service delivery

1. Quality of care – fewer numbers of staff
2. Highly skilled staff are not available in rural areas
3. Job stress -

[Introduction of NHIS has increased workload:
   – OPD attendance increased by 61% between 2005 and 2008
   – In-patient increased by nearly 80% between 2005 and 2008]
What has been done - Retention

- 1. Provision of high purchase cars/tax waiver
   - By 2008, 1082 saloon cars distributed
   - May 2009 another 120 distributed
What has been done - Retention

• 2. Training opportunities expanded with introduction of schools including postgraduate training for doctors (accreditation for private involvement)

  General Nursing- 5
  Direct Midwifery-8
  Community Health Nursing-4
  Medical laboratory-1
  Health Assistants-7
What has been done - Retention

• 3. Introduction of additional duty allowance
   Increased wage bill substantially
What has been done-Distribution

1. Inter-Agency Committee and posting: Not coordinated and most did not report
   241 posted to the NCHS in 2008 for example less than 10 reported
2. Forced distribution by decentralising employment at the regional level
   – GHS leads the process
Emerging Issues from Recent HR Policies/Interventions

• Desire for further training and sometimes too soon
  - Breaking bond/tensions
  - Makes planning difficult [part time/perceived stress]
  - Top heavy staffing situation in next 10-15 years

• Diploma training for Nurses
  — Wage bill
Hope for the Future

• Wage bill has reduced with introduction of NHIS [i.e staff medical care costs]
• Scale up in the production of midwives, nurses, community health nurses, environmental health staff
  - even there concerns about quality persist
HUMAN RESOURCES FOR HEALTH: A ZAMBIAN CASE.

By

Liseli Sitali

General Secretary

Zambia Union of Nurses Organization (ZUNO)
ZAMBIA’S PROFILE

- 14.3% HIV-prevalence
- 12 million people
- 9 provinces
- 73 districts
- 72 tribes
- Mixed economy
- Private, mission & public health care systems
INTRODUCTION

- Zambia’s health sector is currently operating below the optimum staff required to provide comprehensive healthcare services. In percentage terms its at 50%.

- In response to this crisis, the Ministry of Health has developed the HRH Strategic Plan (2006-2010) to guide the implementation of activities, objectives and strategies.

- The ministry normally involves civil societies like ZUNO, we sit on MOH four technical committees.
REQUIRED NUMBERS

• The required numbers were 51,404 as per the approved staff establishment for MOH (public sector only).

• To implement the approved staff establishment, the MOH is required to do it in phases dependant on the availability of financial resources in each year’s Personnel Emolument budgetary allocation.
APPROACH

• In response to the Human Resources for Health (HRH) crisis, the Ministry of Health developed a Five (5) Year Human Resources for Health Strategic Plan 2007 - 2011 is guiding the implementation of activities and strategies to meet HRH objectives.
HR STRATEGIES BY MOH

• Increase the numbers of trained clinical staff and ensure their equitable distribution;
• Increase productivity and performance of health workers;
• Ensure effective, ongoing and coordinated approach to human resource planning across the public sector, based on the available data and development of monitoring and evaluation systems to track progress through the HRH operational plan;
• Ensure strengthened human resource planning, management and development of systems at all levels of medical care.
FACTORS CONTRIBUTING TO HRC IN ZAMBIA

• Poor conditions of service
• Poor working environments
• Poor management of performance
• Limited career path opportunities
• Migration of health workers due to opportunities for skilled professionals in the private health sector as well as abroad.
Nurses and midwives in Zambia

- Totalling 12,000, they constitute 75% of the health sector professional personnel
  - Majority employed by government (public sector)
  - Often left with sole responsibility for services provided, particularly in rural areas
Measures being taken by MoH to mitigate the HRC

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<th>TARGETS BY 2011</th>
<th>RECOMMENDED REVISED ANNUAL TARGETS</th>
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| 1. 100 Medical Doctors and 500 Nurses produced annually                      | • 150 Medical Doctors  
• 1500 Nurses  
• 40 Medical Licentiates  
• 220 Clinical Officers                                                        |
| 2. 250 Graduates produced through Direct-Entry Midwifery                      | • 250 Pre-service  
• 350 In-service                                                                 |
| 3. 3 Training Institutions renovated annually                                | • 4 Nurse training institutions operational                                                      |
| 4. 400 Interns and 50 old retired specialists recruited under bilateral agreements | • Maintain the targets and let them be dependent on the budget allocation                       |
## Measures continued...

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<th>5. Human Resources Mgt Systems re-engineered</th>
<th>• Human Resources Information System implemented 2008/9</th>
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<td>6. Mandatory rural posting for all graduates by December 2008</td>
<td>• The implementation started in 2009</td>
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<td>7. Information on Zambian health workers abroad published annually</td>
<td>• In-depths studies requested by the Ministry of Health Research Committee to undertake studies</td>
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ZUNO`S ROLE IN THE HRH CRISIS:

• To negotiate for nurses` improved salaries and conditions of service.
• To engage employers for the nursing personnel on the need to creation a positive practice environment
• To lobby and advocate for the increased national budget allocation to the health sector.
• To influence national policies on health
• To provide educational, social and economic support to the ZUNO members.
HUMAN RESOURCES FOR HEALTH
Malawi Perspective

Dorothy Ngoma- Executive Director: NONM
&
Martha Kwataine- National Coordinator, Malawi Health Equity Network

Equity, Justice and Health
15-16 May, 2009, Geneva
HUMAN RESOURCES FOR HEALTH Malawi

- Over half of 29 districts’ facilities have less than 1.5 nurses per facility
- Five districts’ facilities have less than one nurse/facility
- 10 districts without a Ministry of Health doctor
- Four districts without any doctor at all
IMPACT OF HUMAN RESOURCE FOR HEALTH CRISIS

Maternal mortality: 984 per 100 000 live births

Infant mortality: 104 per 1000 live births

Under-5 mortality: 189 per 100,000 live births

Total HIV positive population: 14%
PROPOSAL FOR MOTIVATIONAL INCENTIVES FOR HEALTH WORKERS-NONM
PROPOSAL FOR MOTIVATIONAL INCENTIVES FOR HEALTH WORKERS-NONM

• Holidays

• Occupational health, safety & healthcare support

• Student support-Adequate training resources

• Equity in promotions for management positions

• Infrastructure, equipment, drugs & supplies
• Safe & comfortable work environment
EMERGENCY HUMAN RESOURCE PROGRAMME -

Background

• 6 Year Programme (2004-2010)

• Under Human Resources Pillar in Sector Wide Approach (SWAp)

• SWAp: a Joint Programme of work to deliver Essential Health Package (EHP) free to Malawians

• Essential Health Package (EHP)
Emergency Human Resource Programme - Funding

• $272 million over 6 years

• Funders
  – DFID
  – Global Fund
  – Government of Malawi
  – Others
CSO Human Resource for Health platform (Cordaid partners)

• CORDAID Partner organisations in Malawi plan to form a platform on HRH

  – Improve health workers conditions

  – Lobbying & advocacy

  – Strengthen capacity of organisations for Human Resource for Health
LESSONS LEARNT

• Resilience by nurses and midwives
  – Few nurses still continue to work despite the heavy HRH burden

• Paying staff more works (52% & locum 100%)
  – However, salary top-ups has made minimal change in relation to labour market conditions

• Malawi still needs technical and financial support to address HRH situation

• Inadequate planning – a root cause for HRH crisis
LESSONS LEARNT

• CSO advocacy essential to influence health policies, budget, and monitoring

• Investments in health fail to cope with population growth (2.5%) and disease burden (rapid ART scale-up)

• “task-shifting” in the short term not long-term measure
HRH PROBLEM IN KENYA

STRATEGIES BY CHAK

Christian Health Association of Kenya
CHAK Background information

• CHAK is a national network of Protestant Churches’ Health facilities & programs from all over Kenya with a history that dates back to 1946

• CHAK promotes access to quality health care through advocacy, capacity building and networking of member health facilities
Christian Health Association of Kenya

Membership 486

1. 21 Hospitals
2. 54 Health Centers
3. 338 Dispensaries
4. 60 Churches/church health programs
5. 10 Nursing Training Colleges

www.chak.or.ke
CHAK Vision, Mission & Goal

Vision

All member health units providing comprehensive, sustainable and affordable quality health services to all and witnessing to the healing ministry of Christ

Mission

To serve and assist MHUs in their implementation of the holistic health ministry of Christ through advocacy, capacity building, technical support, networking, innovative health programmes and witnessing for a just and health nation

Goal

Promote access to quality health care

“He sent them to preach the Kingdom of God and heal the sick” Luke 9:2
Preferred employers by Health Workers in Kenya

- MOH: 51%
- NGO: 31%
- Private: 7%
- FBHS: 6%
- Abroad: 5%
- Self Employment: 0%
Human resource challenge

- The most acute challenge facing health service delivery in FBO health facilities in Kenya today
- High turn-over - HR migration – to MOH, NGOs, other countries (Africa & Western countries)
- Imbalance in the terms & conditions of service between FBOs & MOH
- Perceived lack of job security
- Inequitable distribution between rural & urban areas
- Heavy work load due to serious shortage & demand for multi-tasking
- Lack of or inadequate HR policies
- Lack of development opportunities
- Lack of amenities in rural areas
CHAK action

A multi-faceted approach to the HR motivation & retention challenge
Policy Documents development

- Development of Policy Guidelines and TA on their adoption
- Comprehensive Generic **Human Resource Management Policy** with various Tools
- **Governance Policy Manual** for Hospitals & Dispensaries
- **HIV Workplace Policy** – to address support to Health Workers
- **Financial Management & Procurement Procedure Manual** – to enhance efficiency in budgeting, revenue generation, resource allocation & accountability
- **M&E Framework** and **computerized HMIS**
- These documents are available on CHAK website: [www.chak.or.ke](http://www.chak.or.ke)
Other CHAK Strategies to address the HR challenge

• Development of a Partnership Policy Framework/MOU with Government – covers HR secondment and funding
• Documentation & dissemination of best practice case studies on HR motivation & retention strategies from among member HF
• Networking & experience sharing with other countries through the Africa CHAs Platform – HR TWG: www.africachap.org
• Advocacy for donors & NGO partners to support HR
• Scale up HRH training & development
• Advocacy to Religious Leaders to support HRM and Governance strengthening of their Health Facilities
Africa CHAs Platform

- A networking forum for Christian Health Associations & Networks from Sub-Saharan Africa
- Was established through a commitment declaration of the 3rd Biennial CHAs Conference held at Bagamoyo in 2007
- Platform Secretariat is hosted by CHAK
- Facilitates sharing of experiences & communication

www.africachap.org