In collaboration with the World Health Organization (WHO), IntraHealth developed a remote COVID-19 surge and response approach to help countries rapidly mobilize and prepare their workforces to address COVID-19 while minimizing negative impact on essential health services. The approach applies modeling tools originally developed by WHO’s European office to African contexts. We piloted the approach in Mali and Kenya. In both countries, officials have used the results to reconsider cadres of staff treating COVID-19 in advance of a surge in hospitalizations and, with our support, are implementing the tools nationwide.

IntraHealth assisted the government of Namibia in the first-ever national application of the WHO’s Workload Indicators of Staffing Need (WISN) method. WISN helped the government pinpoint staff shortages and misalignments down to the individual health facility and then make budgeting and deployment decisions accordingly. Namibian officials have also used it to advocate for policy change to support task-sharing and increase access to key services.

IntraHealth partnered with the Ministry of Health in Uganda to conduct a health workforce labor market analysis that collected extensive quantitative and qualitative data to provide the government with key recommendations for planning in areas such as needs-based staffing, harnessing private-sector growth, and workforce requirements to meet national health goals and address the growing burden of noncommunicable diseases. We also help countries implement National Health Workforce Accounts to monitor and plan for universal health coverage, the Sustainable Development Goals, and other health priorities.

In Kenya, we partnered with the government to improve health workforce education, training, regulation, and county-level coordination and management. As part of this, we worked with the private sector to create the Afya Elimu Fund, a revolving loan program that has helped 20,000+ health professional
students stay in school. We also assisted local partners to train 16,000+ health workers, create eight regional training hubs for more cost-effective in-service training, and reduce training costs even more through eLearning courses.

IntraHealth has worked with Mali to instate updated competency-based curricula and supported the accreditation of eight private preservice education institutions, in line with the West African Health Organization’s regional initiative to harmonize training for nurses and midwives based on an analysis of the region’s professional labor market. We’ve also partnered with the private Gao Nursing School in northern Mali since 2006 to create a model training program that produces graduate health workers who serve in the country’s remote northern regions.

**BETTER HRH DATA QUALITY, ANALYSIS, & USE**

Our free, open source iHRIS health workforce information systems software has been rolled out in 31 countries and seven training institutions to manage over a million health worker records and enable governments to make more informed decisions about health workforce policy, training, regulation, and HR management. Kenya, Mali, Uganda, and Bihar and Jharkhand states in India used iHRIS data to advocate for, recruit, and redeploy thousands of health workers—increasing access to care for millions of people. In Kenya and Mali, iHRIS has been decentralized to counties or regions to address the need for timely data and decision-making at subnational levels in areas such as recruitment to address workforce shortages in rural areas (Mali) and county-to-county sharing of specialized physicians (Kenya); Mali has also expanded its iHRIS to include the private sector.

In Kenya, we harmonized iHRIS and the Integrated Payroll and Personnel Database, which highlighted improperly paid or missing health workers and led to significant savings on salaries and allowances of $100,000 and $150,000 respectively. And in Kisumu County, data on staffing gaps and health worker retirement projections from a human resources information dashboard caught the attention of the county governor, who then rapidly recruited 350+ health workers.

Over 12,000 health workers in Liberia are connected to the Ministry of Health through mHero, a mobile phone-based two-way communication platform developed by IntraHealth in collaboration with UNICEF, USAID, and other partners. Initially used in response to the Ebola outbreak in Liberia, Guinea, and Sierra Leone, mHero is now being used for COVID-19 response in Liberia, Kenya, and Uganda.

**HIGHER-QUALITY SERVICES THROUGH ENHANCED HEALTH WORKER PERFORMANCE & PRODUCTIVITY**

Countries in Central America are applying IntraHealth’s Optimizing Performance and Quality (OPQ) methodology to systematically improve quality of care—including reducing stigma against HIV clients—in 70+ hospitals and health facilities. In Togo, OPQ helped health workers integrate family planning services into postabortion care, leading more women to opt for long-acting reversible contraceptive methods. Mali has used OPQ to strengthen hospital-based health workers’ performance in infection prevention and control in the context of COVID-19 and other threats.

IntraHealth helped Uganda launch a mobile directory to increase health worker accountability and regulation. Ugandans can access the directory via their cell phones to verify health workers’ credentials and report unlicensed practitioners. We also instituted attendance-tracking tools in 4,500+ facilities that reduced unapproved health worker absences from 50% in 2015 to 11% in 2018.

And in Kenya, we completed interoperability between professional councils and the Ministry of Health, allowing real time confirmation of registration status and ensuring the quality of health workers employed by the government.

**GENDER EQUALITY AND SAFE AND DECENT WORK FOR HEALTH WORKERS**

IntraHealth’s gender discrimination and inequality analysis tools have been used in multiple countries to assess gender equality in health educational and employment systems. In Uganda, the Ministry of Health used results from an assessment of sexual harassment in the workforce to pilot a sexual harassment prevention and response system and policy implementation guidelines, including reporting mechanisms, training of health workers and managers, and revised professional codes of conduct.

The Senegal Ministry of Health is using the results from a gender discrimination and inequality analysis to develop a sectoral code of conduct to prevent violence and harassment and counter discrimination based on pregnancy and family responsibilities.

Globally, IntraHealth collaborated with the Nursing Now Campaign to produce a report—Investing in the Power of Nurse Leadership: What Will It Take?—that investigates gender-related barriers to nurse leadership and makes recommendations for policymakers.

IntraHealth supports health workforce and systems strengthening through projects funded by USAID, the US Centers for Disease Control and Prevention, the Bill & Melinda Gates Foundation, and other donors. During 2004-2015, IntraHealth led the Capacity and CapacityPlus projects, USAID global initiatives to strengthen HRH that worked in 54 countries combined.

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