Taking Forward Action on Human Resources for Health in Ethiopia, Kenya, Mozambique and Zambia: Synthesis and Measures of Success

1. Shortage of Human Resource for Health in Sub-Saharan Africa

- The shortage of human resources for health (HRH) in Sub-Saharan Africa has been recognised since the 1980s (Chen et al. 2004). Evidence suggests that maternal, child and infant mortality rates significantly decline with an increase of qualified health workers, above all maternal mortality (WHR 2005) even when controlling for other factors such as female literacy and income levels (Speybroeck et al. 2006). In those countries most affected by HIV/AIDS additional workloads combined with workforce attrition or absence places a 'double burden'. (McCoy et al 2008; Dieleman et. al 2007).

- The urgency of this problem was highlighted in the World Health Organisation's World Health Report of 2006: *Working Together for Health*. Describing a global health workforce 'crisis' in 57 countries, 36 in sub-Saharan Africa, the report estimated a shortfall of 1.5m health workers in Africa alone. The renewed global focus proved catalytic in the establishment of the Global Health Workforce Alliance (GHWA), hosted by the WHO as one of its founding partners, and the prominent attention to HRH as a foundation of an effective health system and a determinant of health outcomes and health equity (CSDH 2008).

2. Reaction at the Highest Level: IHP+, PEPFAR and G8 actions

- In April 2008, Prime Minister Gordon Brown and former President George Bush committed to address this workforce crisis and to seek G8 commitment to the same. Their respective leadership in the International Health Partnership+ (IHP+) and the President's Emergency Program for AIDS Relief (PEPFAR) offered existing platforms. Signatories of the IHP+ are committed to "tackle the challenges facing country health systems – *particularly having enough trained health workers, in the right places and with the motivation, skills, equipment, commodities and medicines to do their work*[1]" and are actively supporting the

mobilisation of resources to engage 1 million new health workers. The 2008 'PEPFAR Reauthorisation'[2] aims at training and retaining a minimum of 140,000 new health care professionals and paraprofessionals.

- In a collaboration between IHP+, PEPFAR and the Ministries of Health in Ethiopia, Kenya, Mozambique and Zambia the leaders announced their intent to increase the number of health workers in these four countries as a down payment to reach the goal of an additional 1.5 million health workers in Africa. PEPFAR announced funds of $1.2 billion for human capacity development spending in the four countries between 2008 and 2013, and the UK Department for International Development (DFID) made a commitment of £210 million between 2008 and 2010.

G8 Communiqué on Africa and Development– 8 July 2008	G8 Declaration. Responsible Leadership for Sustainable Future– 8 July 2009
• The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people • We will also support efforts by partner countries and relevant stakeholders, such as GHWA in developing robust health workforce plans and establishing specific, country-led milestones • We take note of the *Kampala Declaration* and *Agenda for Global Action*	• In order to advance the goal of universal access to health services, especially primary health care, it is essential to strengthen health systems through health workforce improvements • We reaffirm our commitment to address the scarcity of health workers in developing countries, especially in Africa and we note the 2008 *Kampala Declaration* and the *Agenda for Global Action* launched by the GHWA

- This momentum continued to the G8 meeting in July 2008 and its *Communiqué on Africa and Development*. Specifically, to jointly increase the health workforce towards the WHO threshold of 2.3 health workers per 1,000 persons starting with the African countries facing the greatest shortages and endorsing the *Kampala Declaration* (KD) and Agenda for Global Action (AGA) launched by the Global Health Workforce Alliance in March 2008.

- At the 2009 G8 Summit in Italy, President Barack Obama continued this commitment. In the Declaration: *Responsible Leadership for a Sustainable Future*, G8 leaders reaffirmed their commitment to tackle the lack of health workers in developing countries, especially in Africa, in order to advance the goal of universal access to health services and reiterated their support to the KD and AGA.

3. The 'overlap' countries: Ethiopia, Kenya, Mozambique and Zambia

- Ethiopia, Kenya, Mozambique and Zambia indicated their interest to participate in this collaboration, reflecting their participation in both the IHP+ and as PEPFAR Focus Countries (i.e. the 'overlap' countries). Each is tackling their domestic workforce characteristics and is well positioned to move to scale. The four countries exhibit diversity within the 57 countries listed in the 2006 World Health Report and Mozambique and Zambia face a 'double burden' of high HIV and health workforce shortages enabling the assessments to review a variety of contexts.

- For example, the 2006 estimates indicate that Ethiopia has one of the lowest health worker per population ratio of the 57 crisis countries with one health worker for every 4,050 people, and the highest estimated shortage of 152,040 health workers needed to reach the target 2.3/1000 ratio[3]. In contrast, Zambia has the highest ratio of all the crisis countries, with one health worker for every 469 people, and the fifth lowest estimated shortage of 1,686 health workers.

- Each country participated in a structured review of HRH. The objective was to document current flexibilities of HRH funding streams and facilitate agreement between country partners on the opportunities to take forward action. The respective Ministries of Health, along with wider development partners were engaged in each of the

country reviews. Recommendations, specific to each country context were developed and presented. Recognising the call by Ambassador Sigrun Møgedal and Mubashar Sheikh, Chair and Executive Director of the GHWA, that 2009 is a crucial year for progress on the workforce crisis, countries and partners are currently acting on these recommendations.

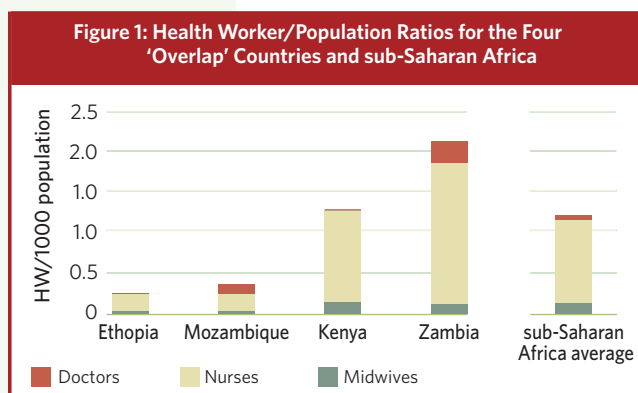## 4. Synthesis against the Agenda for Global Action

The G8 endorsement of the *Agenda for Global Action* (AGA) establishes a recognised framework for policy discussions and actions. At the core of the AGA, are six interconnected strategies:

a. Building coherent national and global **leadership** for health workforce solutions

b. Ensuring capacity for an **informed** response based on **evidence** and joint learning

c. Scaling up health worker **education and training**

d. Retaining an **effective, responsive and equitably** distributed health workforce

e. Managing the pressures of the international health workforce market and its **impact on migration**

f. Securing additional and more **productive investment** in the health workforce
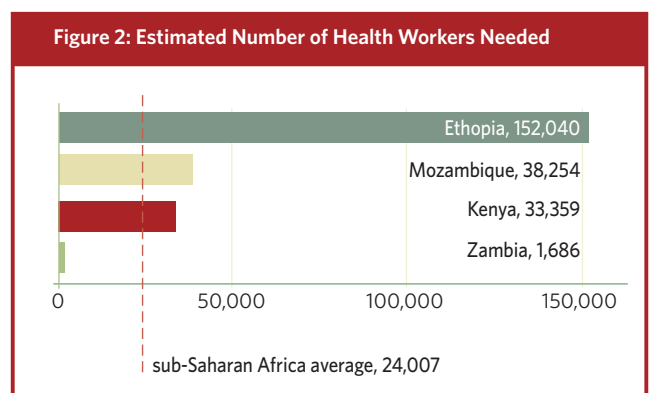
With the completion of the four country studies the resulting recommendations have been mapped against the AGA. A short overview of the key findings and emerging priorities is presented below:

AGA 1: Building coherent national and global leadership for health workforce solutions.

- Actions to develop and implement costed HRH plans (nested within overall sector strategies) with the engagement of wider government ministries and country partners.

- The establishment or enhancement of stakeholder accountability mechanisms.

Figure 1: Health Worker/Population Ratios for the Four 'Overlap' Countries and sub-Saharan Africa

Source: adapted from World Health Report (2006) Working Together for Health.

Figure 2: Estimated Number of Health Workers Needed

Ethiopia, 152,040
Mozambique, 38,254
Kenya, 33,359
Zambia, 1,686
sub-Saharan Africa average, 24,007

AGA2: *Ensuring capacity for an informed response based on evidence and joint learning*

- Development of standardized indicators and improvement of the statistical capacity

- Harmonisation and maintenance of Human Resources Information Systems and a move to active workforce surveillance.

- Public-Private collaboration on research, including Workforce Observatories

- Transfer of surveillance and data management skills to country counterparts and improvements in knowledge management

AGA 3: *Scaling up health worker education and training*

- Enhanced collaboration to intensify health workforce education and training, linked to the IHP+ Compact and PEPFAR Partnership Frameworks.

- Actions to train professionals, paraprofessionals and Community Health Workers .

AGA 4: *Retaining an effective, responsive and equitably distributed health workforce*

- Innovative approaches, reviewing existing mechanisms for recruitment, remuneration and/or incentives.

- Improved reporting to the government.

AGA 5: *Managing the pressures of the international health workforce market and its impact on migration*

- incorporated in AGA 2 above.

AGA 6: *Securing additional and more productive investment in the health workforce*

- Improvements in the predictability, disbursement and reporting on funding.

- Review and regular updates of fiscal space.

- Review and re-distribution of funds to maximise comparative advantages

5. Managing for results – 6 measures of success

- The recommendations mapped by AGA strategies present a sense of the key issues and progress. Leadership (AGA1),

strategic intelligence[4] (AGA 2) and health workforce investment/funding (AGA 6) are areas receiving particular attention. These are closely linked to the central question: What are the measures of success for the collaborative actions going forward?

- Six results areas are identified. These recognise the principle of a single Monitoring and Evaluation Framework at country level, the core actions in the Kampala Declaration, IHP+ objectives, PEPFAR's guidance on Partnership Frameworks and new generation indicators, WHO's 2010-2015 HRH strategy and the new WHO/WB/USAID Handbook on Monitoring and Evaluation of HRH.

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6 Measures of success

Ministries of Health, IHP+ and PEPFAR are:

- *supporting the development, review and implementation of comprehensive, costed health workforce plans consistent with sector objectives and the Health MDGs.*

- *strengthening HRIS and broader workforce surveillance to inform data-driven decision-making and HRH policy.*

- *enabling the training, deployment and retention of a jointly-agreed targeted number of additional health care workers by 2013.*

- *monitoring trends, against an established baseline, in the distribution of the active health workforce.*

- *tracking workforce movement into and out of the national health sector based on strengthened HRIS and broader workforce surveillance.*

- *regularly reviewing fiscal space for health and managing/disbursing contributions following the principles of the Paris Declaration and the Accra Agenda for Action*

- These six areas will inform our actions in the four 'overlap' countries. Country and agency personnel will review IHP+ and PEPFAR programming to implement and monitor associated activities. A joint report will be prepared in advance of the 2010 Health and Development Forum[5]. This presents an opportunity for further engagement of Ministers and IHP+/PEPFAR representatives to review progress.

- Specific country experiences and lessons learnt will be captured throughout 2010 and presented at the 2nd International Forum on Human Resources for Health in January 2011[6].

Improving data management, decision-making and evidence-based policy is a consistent HRH objective: the EU Programme for Action on health workers (2007-13) is one example. Workforce surveillance recognizes the complexity of the multiple information domains that generate data for a comprehensive assessment of a national health workforce (see de Vries, Settle and McQuide, 2009) and feeds into a hierarchy of Country Health Systems Surveillance (adopted by WHO, the Health Metrics Network and the IHP+) and National Health Equity Surveillance (as recommended by the WHO Commission on the Social Determinants for Health). The tiered combination supports a culture of dynamic surveillance to inform country actions and is consistent with World Health Assembly Resolutions 62.12 and 62.14 to develop and strengthen health information and surveillance systems in support of universal coverage, primary health care and health equity.

Endnotes

1. IHP Global Compact (2007).

2. The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act (H.R. 5501). Available at: *http://www.pepfar.gov/documents/organization/108294.pdf*

3. Defined in the context of the WHR 2006 2.3 per 1000 'crisis' threshold as doctors, nurses, and midwives only

4. WHO has called for actions to improve 'Strategic Intelligence' (WHR 2006). The provision of strategic HRH information is one of three priority directions in WHO's 2010-2015 HRH strategy

5. The 'Health and Development Forum' will be convened in the second half of 2010 in response to a recommendation of the High-level Taskforce on Innovative International Financing for Health Systems.

6. The Forum is scheduled to take place in Bangkok, Thailand in January 2010. It is co-hosted by the GHWA, World Health Organization (WHO) and the Prince Mahidol Award (PMA) of Thailand.

References

Campbell J, Caffrey M. 2009. Zambia: Taking forward action on Human Resources for Health with DFID/OGAC and other partners. Chapel Hill, NC: Capacity Project, Integrare, March 2009.

Campbell J, Settle, D. 2009. Ethiopia: Taking forward action on Human Resources for Health (HRH) with DFID/OGAC and other partners. Chapel Hill, NC: Capacity Project, Integrare, August 2009.

Campbell J., Stilwell B. 2008. Kenya: Taking forward action on Human Resources for Health (HRH) with DFID/ OGAC and other partners. Chapel Hill, NC: Capacity Project, Integrare, October 2008. Accessed 24 August 2009 at: *http://www.hrhresourcecenter.org/node/2594*

Campbell J, Stilwell B. 2008. Mozambique: Taking forward action on Human Resources for Health (HRH) with DFID/OGAC and other partners. Final Report. Chapel Hill, NC: Capacity Project, Integrare, May 2008. Accessed 24 August 2009 at: *http://www.hrhresourcecenter.org/node/2307*

Chen L, Evans T, Anand S, Boufford JI, Brown H, Chowdhury M, Cueto M, Dare L, Dussault G, Elzinga G, et al. Human resources for health: overcoming the crisis. The Lancet 2004, 364:1984-1990. Accessed 7 October 2009 at: *http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2804%2917482-5/fulltext*

Commission on Social Determinants for Health (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.Geneva, World Health Organization. Accessed 7 October 2009 at: *http://www.who.int/social_determinants/thecommission/finalreport/en/index.html*

Dal Poz M R et al. WHO. Handbook on Monitoring and Evaluation of Human Resources for Health. Geneva, Switzerland: World Health Organization, 2009. Accessed 24 August 2009 at: *http://whqlibdoc.who.int/publications/2009/9789241547703_eng.pdf*

De Vries DH, Settle D, McQuide PA. The impact of human resources information systems (HRIS) strengthening. Legacy Series 6. Chapel Hill, NC: Capacity Project, 2009. Available at: *http://www.capacityproject.org/images/stories/files/legacyseries_6.pdf*

Dieleman M, Biemba G, Mphuka S, Sichinga-Sichali K, Sissolak D, Kwaak A, Wilt G-J. 'We are also dying like any other people, we are also people': perceptions of the impact of HIV/AIDS on health workers in two districts in Zambia. Health Policy and Planning 2007, 22:139-148. Accessed 7 October 2009 at: *http://heapol.oxfordjournals.org/cgi/content/full/22/3/139*

Global Health Workforce Alliance. The Kampala Declaration and Agenda for Global Action. Geneva, Switzerland: Global Health Workforce Alliance, 2008. Accessed 22 August 2009 at: *http://www.who.int/workforcealliance/Kampala%20Declaration%20and%20 Agenda%20web%20file.%20FINAL.pdf*

G8 Communiqué on Africa and Development - 8 July 2008. Accessed 22 August at: *http://www.g8summit.go.jp/eng/doc/doc080709_03_en.html*

G8 Declaration. Responsible Leadership for a Sustainable Future - 8 July 2009. Accessed 22 August at: *http://www.g8italia2009.it/static/G8_Allegato/G8_Declaration_08_07_09_final,0.pdf*

International Health Partnership (2007). Global Compact. Accessed 22 August at: *http://www.internationalhealthpartnership.net/pdf/IHP%20Update%2013/Global%20Compact.pdf*

International Health Partnership (2009). Report of the High-level Task force on Innovative International Financing for Health Systems. Accessed 22 August at: *http://www.internationalhealthpartnership.net//CMS_files/documents/taskforce_report_EN.pdf*

McCoy, D., McPake, B., and Mwapasa, V. (2008) The double burden of human resource and HIV crises: a case study of Malawi. Human Resources for Health 2008, 6:16. Accessed 16 October 2009 at: *http://www.human-resources-health.com/content/6/1/16*

Møgedal S, and Sheikh M. 2009: A crucial year for progress on the health workforce crisis. The Lancet, 2009; 373:300. Accessed 24 August 2009 at: *http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2809%2960095-7/fulltext*

Nationmaster. Infant mortality rate (most recent) by country. 2009. Accessed 22 August 2009 at: *http://www.nationmaster.com/graph/hea_inf_mor_rat-health-infant-mortality-rate&int=-1/*

PEPFAR partnership framework guidance, Version 2.0. September 2009. Accessed 7 October 2009 at: *http://www.pepfar.gov/documents/organization/120510.pdf*

PEPFAR. Planning and reporting, next generation indicators reference guide. Version 1.1. August 2009. Accessed 7 October 2009 at: *http://www.pepfar.gov/documents/organization/81097.pdf*

Speybroeck et al. Reassessing the relationship between HR for health, intervention coverage and health outcomes. Background paper prepared for the WHR. 2006. Accessed 24 August 2009 at: *http://www.who.int/hrh/documents/reassessing_relationship.pdf*

UNAIDS W, UNICEF. Towards Universal Access 2008. UNAIDS ed. Geneva. Accessed 24 August 2009 at: *http://www.who.int/hiv/pub/2008progressreport/en/*

WHO. The World Health Report 2005 – make every mother and child count. Geneva, Switzerland; World Health Organization, 2005. Accessed 24 August 2009 at: *http://www.who.int/whr/2005/media_centre/en/index.html*

WHO. The World Health Report 2006 – working together for health. Geneva, Switzerland; World Health Organization, 2005. Accessed 7 October 2009 at: *http://www.who.int/whr/2006/whr06_en.pdf*

WHO. Treat, Train, Retain – The AIDS and health workforce plan. Report on the Consultation on AIDS and Human Resources for Health. Geneva, Switzerland. 11–12 May, 2006. Accessed 24 August 2009 at: *http://www.hrhresourcecenter.org/node/1226*

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