



# ADVOCACY

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IntraHealth  
INTERNATIONAL  
Because Health Workers Save Lives.



## OUR APPROACH

Tackling enduring—and new—global health challenges requires addressing the interconnectedness of the global health system, especially where there is least access to health services. To achieve systemic change for lasting impact, the global health community must ensure the support of policy-makers and influencers who can mobilize resources to implement sound policies that equitably improve access to primary health care. That's where advocacy comes in. Through our cross-cutting advocacy work, IntraHealth International undertakes evidence-based, strategic actions designed to mobilize political will and foster enabling policy environments for advancing global health initiatives. Our advocacy work goes above and beyond educating and raising awareness in that it seeks to influence practices and behaviors of decision-makers over the long term.

We work with governments, civil society organizations, and other partners on policy development, analysis, and implementation to ensure policies reflect up-to-date evidence, support frontline health workers, and promote equitable access to primary health care, particularly in underserved communities. We build the capacity of country stakeholders to be agents of change and help amplify citizen voice in advocacy and accountability. In addition, IntraHealth leads and participates in a variety of coalitions to promote sound policies and investments on part of the US government, donors, and other partners in resilient health systems, a robust global health workforce, and other key global health priorities.

*IntraHealth's  
advocacy tools and  
strategies include:*

- Developing and participating in robust advocacy partnerships and alliances to maximize advocacy impact around priority policy issues
- Promoting health workforce-supportive policy environments at the global level, especially through our official relations with the World Health Organization and other international entities
- Encouraging increased investments on the part of donor agencies and other partners in health workers, systems, and primary health care
- Supporting the analysis, development, and implementation of national policies, guidelines, and protocols for health workers, services, and systems
- Strengthening civil society members and organizations as advocates
- Promoting the use of data for decision-making, including iHRIS health workforce data
- Promoting gender equality in the health workforce
- Professionalizing teams of frontline health workers, including community health workers and other close-to-community workers

# OUR STORIES

## *Advocacy In Action*

### UGANDA: URGING NATIONAL PRIORITIZATION OF HEALTH WORKFORCE

#### CHALLENGE

In 2012, Uganda had made modest improvements in key health indicators, but further progress was hampered by gaps in access to trained and supported health workers. Uganda had only one doctor, nurse, or midwife for every 714 people; a 2009 Ministry of Health (MOH) audit found that only 53% of established positions in government health facilities were filled. And while 85% of Uganda's population is in rural areas, about 71% of doctors and 41% of nurses and midwives were clustered in urban areas. In 2012, the Ministry of Public Service announced a ban on recruitment for all sectors, including health. Staff shortages, poor motivation, low pay, low retention, lack of skills, and absenteeism have plagued Uganda's health workforce, and the recruitment ban threatened to make matters much worse.

#### ACTIONS

IntraHealth-developed open source iHRIS software enabled Uganda's MOH to precisely track the distribution and number of health workers. After the Ministry of Public Service made its startling announcement banning the recruitment of health workers, the MOH and IntraHealth's USAID-funded Uganda Capacity Program worked together to advocate for change. Using iHRIS data, they convened key stakeholders to devise a strategy that would allow recruitment of new health workers, particularly for health centers in rural areas. The group used iHRIS data to detail the health workforce crisis and submitted a proposal to

Parliament for feasible, evidence-based solutions to strengthen the health workforce in September 2012. Within days Parliament committed an extra \$20 million to strengthen the country's health workforce, after trimming the budgets of 23 other government bodies. Following parliamentary adoption of the new budget, the Uganda Capacity Program provided technical assistance to the MOH to finalize and implement an equitable, data-driven allocation plan.

#### RESULTS

IntraHealth-led advocacy resulted in more domestic resources for health workers in Uganda and strengthened existing health facilities' ability to deliver services. The Ugandan Parliament committed to supporting the salaries of 7,200 new health workers, pushing the percentage of filled health positions from 58% in 2013 to 69% in 2014—mainly in under-staffed districts. iHRIS enabled enhanced tracking of health workers and strengthened payroll management in districts, which improved timely salary delivery, hiring speed, and the overall efficiency of Uganda's health workforce. iHRIS also availed data that made it possible to carry out a joint job advertisement for all districts, reducing the cost of newspaper job advertisements by 70%. Uganda's experience demonstrates the importance of building and using evidence, leveraging the influence of champions, and working across ministries and partners to accelerate momentum.

## DOMINICAN REPUBLIC: ELIMINATING “GHOST WORKERS” AND IMPROVING HEALTH WORKFORCE MANAGEMENT

### CHALLENGE

In the Dominican Republic, the IntraHealth-led, USAID-supported CapacityPlus project collaborated with USAID/Dominican Republic to support the Ministry of Health (MOH) to strengthen human resources management (HRM) to improve delivery of prevention of mother-to-child transmission of HIV and other key services.

### ACTIONS

The MOH drew on the HRM Assessment Approach to conduct a situation analysis of the health workforce in the country. The results guided the MOH to develop a national health workforce strategic plan and design interventions to

strengthen HRM systems at the national, regional, and facility levels. The situation analysis identified the need for a thorough health workforce payroll analysis, which CapacityPlus supported the MOH to implement. In addition, CapacityPlus helped introduce a performance management system and health workforce policies and procedures manual.

### RESULTS

The health workforce payroll analysis revealed nearly 10,000 “ghost workers”—individuals who receive a salary but are not actually working—in addition to more than 2,200 workers who had been in the process of retirement for over three years

(receiving both salary and pension), together saving approximately 30% of the central MOH budget. The Ministry of Public Administration has since mandated that all ministries analyze and clean their payrolls as well, which could lead to millions more in savings. Through January 2015, the MOH eliminated 3,913 ghost workers, resulting in savings equivalent to \$9.1 million per year. The Ministry also fully retired 2,241 staff, thus opening their posts to new hires. The MOH is reinvesting the savings to hire new health workers for primary care facilities, purchase medicines and supplies, repair health facilities, and increase health worker salaries by 10%.

## WEST AFRICA: ENGAGING CIVIL SOCIETY AS FAMILY PLANNING ADVOCATES

### CHALLENGE

Even as several countries in East and Southern Africa report widespread use of modern contraception, West Africa—especially French-speaking West Africa—has lagged behind the rest of the world. Unmet need for family planning has been high, and civil society engagement in advocating for family planning lagged behind that of other regions.

### ACTIONS

IntraHealth supports civil society family planning advocacy in West Africa, including youth, through our William and Flora Hewlett Foundation-funded initiative Civil Society for Family Planning, or CS4FP, operating in Benin, Mali, and Senegal. In all three countries, civil society coalitions are actively participating in the guidance,

coordination, and management of national family planning activities. More than 100 civil society organizations belong to the three coalitions, including significant representation from women’s and youth groups. In addition, as the host for the Ouagadougou Partnership Coordination Unit, we assist nine countries – Benin, Burkina Faso, Ivory Coast, Guinea, Mali, Mauritania, Niger, Senegal, and Togo – with planning, implementation, information sharing, and monitoring of family planning targets.

### RESULTS

CS4FP is building advocacy skills of religious leaders, and has trained nearly 100 youth ambassadors and adult mentors to support them. We also have trained 55

journalists to raise awareness of family planning and advocate for government accountability. Coalition members have been trained in social media and have hosted family planning-themed poetry and video competitions for youth. An inter-country meeting more than 100 key stakeholder representatives from francophone West Africa shared how they have engaged civil society in the repositioning of family planning. Project partners are consulting with regional and country-level stakeholders and donors to set the stage for expanding the civil society engagement initiative to other countries. The Ouagadougou Partnership is progressing toward a goal of increasing the number of women using modern contraception the region by 2.2 million by 2020.

# OUR COALITION WORK

Advocacy works best when stakeholders unite under a common cause. Take a look at some of the coalitions we lead, and those in which we actively participate!

## SAFEGUARDING HEALTH IN CONFLICT PROTECTING HEALTH WORKERS, SERVICES, AND INFRASTRUCTURE.

*IntraHealth International supports the Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health in leading the secretariat for the Safeguarding Health in Conflict Coalition.*

**We are** a global coalition of organizations that share our commitment to protecting health workers and services in conflict settings.

**We advocate for** the security of health workers and services threatened by war or civil unrest, raise awareness of the problem of attacks on health workers, facilities, transport systems, and clients, work with national and global organizations to strengthen the documentation of such attacks and increase accountability for violators, and empower local groups to play a safe, active role in documenting attacks and demanding accountability at national and international levels.

**It matters because** during armed conflict or civil disturbances, assaults on health facilities, health workers, and the patients they serve are all too common. Attacks compromise the ability to deliver care to populations in great need, impede efforts to reconstruct health systems after war, and lead to the flight of health workers whose presence in a time of great social stress is essential.

## frontline HEALTH WORKERS COALITION best investment for a healthier world

*IntraHealth International leads, staffs, and manages the secretariat for the Frontline Health Workers Coalition.*

**We are** an alliance of over 35 United States-based public and private sector organizations.

**We advocate for** greater and more strategic US investment in frontline health workers in developing countries as a cost-effective way to save lives and foster a healthier, safer, and more prosperous world.

**It matters because** trained and supported frontline health workers are the first and often only link to health services for millions in developing countries. Yet, there are not nearly enough of them where they're needed most. In addition, frontline health workers often are not authorized to provide a range of lifesaving curative and preventive services essential to primary health care—and not adequately supported by national health systems.

IntraHealth is an active member in advocacy coalitions including:

- InterAction
- Global Health Council
- The G4 Alliance
- Triangle Global Health Consortium
- Global Social Service Workforce Alliance
- Reproductive Health Supplies Coalition
- Midwifery Coalition

*At IntraHealth, we believe health workers count.*

*Do you? Join the conversation.*

*#HealthWorkersCount*

*[www.intrahealth.org](http://www.intrahealth.org)*

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