

Human Resources for Health- ignorance-based policy trends

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May 2007*

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DFID and HRH

- Substantial health support to 16 African and 9 Asian countries + minor in 27 others
- Bilateral health spend \$800m 05/06;
- Mix instruments: TC, pool funds, projects SBS/GBS (preference where feasible),
- Support Global Health Workforce Alliance
- Work with UK Dept Health- reduce 'pull factors' from NHS (Recruitment Code)
- Raise profile HRH in EU policy

Rising momentum HRH

- Joint Learning Initiative 2005?
- World Health Report 2006
- Global Health Workforce Alliance
- Commonwealth Health Ministers meeting 2006
- UK-Crisp Report 2007
- Africa Union Health Strategy 2007
- World Health Assembly 2007
- Increasing recognition by Global Health Initiatives –GFATM, GAVI, PEPFAR-of importance of health systems and HRH bottleneck to further progress

Why staff leave

- Low salaries
- Poor terms and conditions-housing, schooling, lack tools to do the job
- Professional isolation
- Posted and forgotten
- Lack opportunities for promotion and professional development
- Fear of HIV/AIDS

Not much best practice about

- Job regrading (Uganda)
- Separate MOH/CBOH (Zambia)
- Salary supplements (Malawi)
- Remote area incentives (Zambia)
- Car/housing loans (Ghana)
- Decentralise recruitment (Kenya)
- Contract out recruitment (Namibia)
- Bonding –compulsory community service
- Treat, train, retain health workers (WHO)
- Flexible working (Malawi)
- Career progression opportunity

Not much best practice-2

- Rethink the skills mix of the workforce- mid level workers (Ethiopia, Uganda)
- Task shifting (Malawi, Mozambique)
- Performance based pay ?
- Investment in training institutions in rural areas (Tanzania-all cadres)
- Build centres of excellence (India-Public Health)
- Much talk of training for export

HRH investment

- Most investment in training;
 - Pre-service; often outdated model
 - In service: main salary supplement, often dubious impact; disrupts service delivery
- Little on HR planning, recruitment and deployment processes, HR information systems
- Very little on retention

Malawi EHRP-train, recruit, retain

- Comprehensive response to a crisis -50% Nurse and 90% specialist posts vacant; some districts had no doctor
- DFID contribution of \$110m over 6 years to national HR plan (+GFATM, African Dev Bank, WHO, Norway)
- 52% salary top up -11 priority cadres in Govt and mission service
- Flexible working-re-engage retirees on fixed term contracts and active recruitment drives
- Reduce bureaucracy on appointment from 18 to 1 month
- Short term gap filling –80 VSO/UNV Nurse-tutor/Doctors
- Infrastructure ;1200 staff houses, training schools,

Malawi progress..2 years into 6 year programme

- MOH staffing levels up 7% in 2 years -+700
- Reduced out-migration by nurses to UK but
- Increased training intakes: nurses X2; doctors x3
- Increased training outputs :health assistants, nurses, health surveillance assistants;
- New courses (Pharm, Lab, higher level paed)
- Revisiting bonding/
- Developing hardship incentive package in 137 underserved rural areas (30% of facilities)

But

- Improved T&C held back by slow progress on infrastructure
- Vacancy rates still >40%
- Minimum staff levels in health units static – little impact on service delivery
- Still high AIDS attrition rates (GTZ study)

Future Opportunities

- GHWA-from analysis to action; document and build on good practice; help countries develop rational, realistic but ambitious national HR frameworks
- Ensure all elements of HR plan covered using a mix of TC, project, programme aid
- New players, McKinsey, Duke, Gates
- Avoid **TRAIN, RECRUIT,** RETAIN

Aim to increase numbers of HW able to deliver integrated services from community to referral hospital

Future collaboration (2)

- Code of conduct for GHPs, NGO/PVO?,- think impact of actions on long term sustainability of health system –eg Zambia trade off- 400 more AIDS workers = 400 fewer midwives and nurses
- Rethink models of in service training
- Potential of task shifting (AIDS compliance better when treatment from nurses than doctors)
- Get HR at political level in
 - G8 2007 (health systems/HRH)US,
 - EU (translate policy to practice)
 - US (increase with domestic production)

Looking forward

- Scaling up basic services- coverage, access, equity,
- Building health systems able to deliver integrated packages of care
- Increasing use of performance linked aid
 - (GAVI, GFATM, EC MDG Contracting, Norway MDG 4&5 Initiative)
- HRH increasing prominence