Human Resources for Health in Africa

African Leadership in Action

ACHEST/APHRH, Abuja

4th July, 2013
Context

- Health of the people as precondition for productive life
- Health critical to: Quality of life, Poverty, Dignity, Social Justice, Equity
- Connected Globalized World has Knowledge, Resources: lacks the will
- “Nothing important ever happens until the climate of opinion is right." Movements on Slavery, Apartheid,
- This is a good time: African Renaissance, Political Accountability, Economic Growth, Strong civil society, global movement for the right to health, human dignity and equity
Supportive African Leadership

- Summits on Malaria, HIV and Infectious Diseases, Maternal and Child Health
- African Union Health Strategy 2007
- Biannual Health Ministers conferences
- WHO Africa Annual Health Ministers
- Regional Health Communities: ECSA, WAHO, SDAC
- Professional Associations and Platforms
Supportive Global Environment

• From Gross Neglect to Concerted Action
• UNGAS Summits on Health
• WHA Resolutions with African leadership
• GHWA, WHR 2006, WHO Code
• Global Fora I & II.
• 3rd Global Forum November 2013.
• Donor Countries: MEPI, Japan, Norway etc
• African countries moving: Ethiopia, Malawi, Ghana etc
African HRH Crisis

Africa's share of Global burden of disease and health resources

- Burden of disease: 25%
- Health workforce: 1.3%
- Health finance: 1%
57 Critical shortage countries

(doctors, nurses & midwives)

Causes of HRH Challenges

- Low investment
- Poor working conditions
- Low enrollment of trainees
- Urban concentration
- Migration
- Underserved populations
Response Guiding Principles

- Link to Comprehensive National Development Plan
- National Health sector Development and Investment Plan
- National HRH Plan
- Country Coordination & Facilitation framework (CCF)
- Plan long term
- Act short term
- Review regularly
- Fit into resource envelop
Process for Priority setting

- Burden of disease studies
- Services facility surveys
- Resource envelop definition
- HWF Information system
- Partnerships
Kampala Declaration and Agenda for Global Action

• First Global Forum on Human Resources for Health (Kampala, 2-7 March 2008) produced a 'roadmap' to guide action in response to the health workforce crisis over the next decade. Includes ongoing Regional actions. Endorsed by UNSG and family, Partners,G8

• Key elements:

• Building coherent national and global leadership for health workforce solutions
  – Ensuring capacity for an informed response based on evidence and joint learning
  – Scaling up health worker education and training with needs based skill mix
  – Retaining an effective, responsive and equitably distributed health workforce
  – Managing the pressures of the international health workforce market and its impact on migration
  – Securing additional and more productive investment in the health workforce
Components of a Health System
Required Competencies

• Prepared to work where services are most needed: selection process, attitudes, socially accountable
• Able to respond to health needs of community: training in real life situations in community
• Able to deliver quality care with available (limited) resources. (Achieving the most with available resources.)
• Clinical excellence as foundation for teaching and research.
• Able to be leaders and change agents: mentors
• Continuous self directed learners
• Effective communicators: team based learning, practice
Critical success factors for scaling up

Study of GHWA Task Force on Education and Training
- 9 country experiences across regions

Critical factors identified:

- **Political commitment and good governance**
  - Sustained high level support, 'one' country-led health plan, significant financial investment

- **Workforce planning**
  - Plan long term, act short-term and update regularly, commitment to production / appropriate skill mix integrated teams, expansion of pre-service programmes

- **Enabling environment**
  - Good information systems, effective management and leadership, labour market capacity and policy
Responsibility for Population Health

• Governments have ultimate responsibility and accountability for population health

• Implementation gap: underinvestment in people who make things work, available technologies, policies, resources

• Governments alone insufficient: need to work with ever increasing number of actors

• Health Stewardship, governance and leadership is a neglected priority
Country HRH Committees (CCF)

- HRH committees in countries should include professional associations; training institutions; non-governmental organizations (NGOs) and faith-based organizations (FBOs); private sector partners; representatives from Ministries of Finance, Education, Labour, local government and other relevant entities; public service commissions or agencies; multilateral and bilateral development partners and regulatory bodies.
- A stakeholder analysis should be employed to ensure
Expected Outcomes of the CCF

- One comprehensive, costed, evidence-based HRH plan integrated with: National Vision, NDP, HSSIP, Swaps
- Financing of the HRH plan
- Capacity building of stakeholders
- Consistency in implementation of the HRH plan
- A unified monitoring and evaluation framework
How different health workers fit in a health system (source: WHO and GHWA.2008)
### Expertise by Level of Service and Intensity

<table>
<thead>
<tr>
<th>Level</th>
<th>Service Description</th>
<th>Promotive and Preventive</th>
<th>Curative and Rehabilitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1:</td>
<td>Community health services</td>
<td>+++++</td>
<td>++</td>
</tr>
<tr>
<td>Levels 2 and 3:</td>
<td>Primary health services</td>
<td>+++++</td>
<td>+++</td>
</tr>
<tr>
<td>Levels 4 and 5:</td>
<td>Referral hospitals (public)</td>
<td>++</td>
<td>+++++</td>
</tr>
<tr>
<td>Level 6:</td>
<td>Teaching hospitals</td>
<td>+</td>
<td>+++++</td>
</tr>
</tbody>
</table>

How Scaling up Education and Training can Impact on Health Outcomes (Source: WHO and GHWA. 2008)

Critical Success Factors

**Political Commitment**
- Sustained government involvement and support
- Collaboration around country-led health plan
- Significant financial investment

**Workforce planning**
- Commitment to short- and long-term workforce planning
- Commitment to produce appropriately trained health workers to meet needs
- Significant expansion of preservice education

**Enabling environment**
- Good information systems for health workforce and education
- Effective management and leadership
- Labour market capacity and policy to absorb and sustain additional health workers

Education and Training Strategies

- **Quick wins**
  - e.g. reduce student and teacher attrition, maximize use of existing infrastructure and technology, increase teacher numbers

- **Medium term**
  - e.g. systematic curriculum reform, use of improvement collaborative, create regional resource centres, better public–private provider mix

- **Longer term**
  - E.g. integrated in-service education and training, build new educational institutions, better knowledge management, more regional partnerships

Scale-up outcomes

- **More community health workers**
- **More mid-level cadres**
- **More high-level cadres**

Health outcomes

- MDG 6
- MDG 4
- Chronic disease management

MDG 5
Quality Assurance for HRH

• Strong Regulatory Bodies
• Strict and Independent Accreditation
• Strong Professional Associations
• Supportive Supervision
• Educated Demand
• Self Assessment
Implications for Countries

- Link with National Development Plans
- Link E & T to Population health needs
- Create Country Multi-stakeholder Alliances (CCF)
- Establish HWF Information Systems (Observatories)
- Prioritize Education and Training of HWF
- Plan long term, act short and review frequently
Coordinating Actors

• AUC: political leadership, policies, ownership, accountability.
• APHRH: Advocacy, visibility, convening professional associations, resource mobilization
• WHO: Technical support, Observatory, Roadmap adopted
Summit Outcomes

• Draft Resolution on HRH

• African Voice at the 3rd Global Forum

• Others?