Human Resources in Health (HRH) Toolkit

The shortage of human resources in health in Africa remains severe and continues to be a major impediment to increasing coverage of HIV-related services, namely highly active anti-retroviral therapy (HAART) and prevention of mother-to-child transmission (PMTCT) of HIV. This eToolkit focuses on issues concerning Human Resources in Health (HRH).

It is estimated that Africa bears twenty-four percent of the world's disease burden, but only has three percent of the world?s health workers - the shortage of health workers on the African continent is estimated to be 800,000. Among the fifty-seven countries that the World Health Organization characterized as HRH crisis countries, thirty-five are in Africa. In Southern Africa, Mozambique, Malawi, Zambia, Zimbabwe, Lesotho and Swaziland are HRH crisis countries.

This eToolkit is meant to serve as a resource for those dealing with aspects of the HRH crisis, including individuals and organizations who wish to familiarize themselves with the various components of HRH.

To network and communicate with others interested in HRH in Southern Africa, please visit and join the HRH group on SHARE.

This eToolkit was developed by Dr John Fieno (USAID/Southern Africa) and reviewed by a group of HRH experts. Read more...

To suggest additional resources for the collection or to request an offline copy (on CD ROM or flash drive) of this eToolkit collection, please write to: share@hivsharespace.net

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This eToolkit was developed by Dr John Fieno (USAID/Southern Africa) and reviewed by a group

of HRH experts. Resources in this eToolkit include WHO guidelines and protocols, documents from Southern African countries on strategic planning, health worker production retention, as well as pre-service and in-service training, country experiences with performance-based financing, and various HRH data sources.

Intended audiences for this eToolkit include people and organizations who wish to familiarize themselves with various components of the HRH crisis, focusing primarily on Southern Africa.

Related eLearning Courses:
Human Resources for Health (HRH) Basics

Fundamentals of HRH

 Fundamentals of HRH represents a brief overview of the major issues in

Human Resources in Health (HRH). This page serves as a quick one stop for health professionals who would like to learn about the shortage of health workers and the multiple dimensions of solutions: management, planning, and finance. Each major theme within HRH includes two to four resources covering the current situation in the HRH shortage and persistent challenges in HRH production, recruitment and retention. You may refer to the list of the subjects in the eToolkit (see links on the left of the page) for a more in-depth treatment of a particular area.
The Extent of the HRH Shortage in Africa: A Brief Introduction

- Zeroing In: AIDS Donors and Africa's Health Workforce
- What Countries Can Do Now: Twenty-Nine Actions to Scale-Up and Improve the Health Workforce
- New Thinking in Addressing the Rising Challenges of Human Resources for Health in Sub-Saharan Africa

Basic Public Finance

- Health Financing Revisited: A Practitioner's Guide
- Financing and Economic Aspects of Health Workforce Scale-up and Improvement
- Health Financing in Africa

Projections of HRH Needs and Scale-Up of Worker Production

- Assessing Financing, Education, Management and Policy Context for Strategic Planning of Human Resources for Health
- Models and Tools for Health Workforce Planning and Projections
- Addressing the Health Workforce Crisis: A Toolkit for Advocacy
- SAMSS: The Sub-Saharan African Medical Schools Study Home

The Hiring Process & Potential Bottlenecks

- Human Resources for the Delivery of Health Services in Zambia: External Influences and Domestic Policies and Practices

The Push & Pull Factors of Attrition Plus Non-Financial Incentives

- Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention
- A Review of Non-Financial Incentives for Health Worker Retention in East and Southern Africa
- Retention Strategy for the Health Workforce, Kingdom of Lesotho

Management Skills

- District Health Management Team Training Modules 1-4
- Who Are Health Managers? Cases from Three African Countries

Human Resources (for Health) Information Systems - HRIS (hardware, software, and training needs)

- Harmonisation and Alignment of the eHealth Architecture for Human Resources for Health Administration, Development and Management

The Monitoring and Evaluation (M&E) of HRH

- Handbook of M&E of HRH
- Evaluation of Malawi's Emergency Human Resources Programme

The Extent of the HRH Shortage in Africa: A Brief Introduction

Resources:

- ## The Human Resources for Health Crisis in Zambia: An outcome of Health Worker Entry, Exit, and Performance within the National Labor Health Market

  This report compiles recent evidence on the Zambian health labor market and provides some baseline information on human resources for health [HRH] to help the government address its HRH challenges. Rather than focusing on making policy recommendations, the report is designed to be a source book to benefit and fuel discussions related to HRH in Zambia. Most of the data presented in the report covers the period 2005?08. The report analyzes the national health labor market to better understand the available evidence related to the stock, distribution, and performance of HRH in Zambia (that is, the HRH outcomes). It aims to explain those HRH outcomes by mapping, assessing, and analyzing pre-service education and labor market dynamics, that is, the flow of health workers into, within, and out of the health labor market, as well as the core factors influencing these dynamics.

- ## Zeroing In: AIDS Donors and Africa's Health Workforce

  For the past decade global AIDS donors, including three of the largest?the U.S. President?s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the World Bank?s Africa Multi-Country HIV/AIDS Program for Africa (the MAP)?have responded to HIV/AIDS in sub-Saharan Africa as an emergency. Financial and programmatic efforts were quick, vertical, and HIV/AIDS specific. To achieve ambitious HIV/AIDS targets, AIDS donors mobilized health workers from national health workforces, most of which were inadequate even before the epidemic, with skilled health workers in short supply. The shortages were the result of weak data for effective planning, fragmentation and poor coordination across the health workforce life-cycle, and inadequate capacity to train and pay health workers.

- ## What Countries Can Do Now: Twenty-nine actions to scale-up and improve the health workforce

Health workers play a critical role in the provision of health care and represent the single largest cost element in providing health services in low-income countries. Many of the poorest countries in the world have been unable to meet the pressing health needs of their populations. Millions of people die prematurely, or suffer from illness or disability unnecessarily, because appropriate human resources for health (HRH) to provide care are not available to them.

While the health workforce situation is complex and addressing it requires a long term commitment from multiple stakeholders, there are actions that countries could take immediately to alleviate the health conditions of their populations. This document explains seven financing and economic issues that matter for health workforce scale-up and financing. It then states twenty-nine actions that policy-makers could take right away to address the issues, independent of any long-term HRH interventions in progress.

The seven issues are closely connected and interdependent. Some of them, such as fiscal space and funding health workforce employment, are relevant to global policymakers and development partners as well as country-level policy-makers. Others, such as in-service and pre-service training, deployment, efficiency, and resource management, are mainly for country-level policy-makers to tackle.

The seven issues are based on an extensive review and synthesis of the literature, research findings, and experience to date on the financing and economic aspects of the health workforce scale-up and improvement, conducted by the Alliance Task Force on Financing and documented in ?Financing and economic aspects
of health workforce scale-up and improvement: Framework Paper.?

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New Thinking in Addressing the Rising Challenges of Human Resources for Health in Sub Saharan Africa

The current momentum in mobilizing Human Resources for Health (HRH) issues must move from analysis to action. There is enough evidence indicating that the current crisis in HRH in sub-Saharan Africa (SSA) is severely undermining public health systems and their capacity to expand coverage in maternal and child health, HIV/AIDS and other infectious diseases. This paper proposes an aggressive series of initiatives to address the HRH shortage across the region: the addition of 67,500 physicians and 237,500 nurses by the end of 2012. A short-term plan would re-train and re-hire 30,000 currently unemployed or underemployed medical doctors by the end of 2009; a medium-term plan would graduate 37,500 additional physicians. The two programs for the 67,500 new medical doctors are estimated to cost U$3.5 billion over seven years. Some countries have reached crisis levels. Clearly, funding for the interventions has to come from both national governments and international community. The proposed contribution of U$1.75 billion over seven years through bilateral aid represents only six percent of the current annual level of bilateral aid to SSA health systems. Although SSA countries seem to face substantial burden to match the bilateral contribution, U$1.75 billion over seven years may not be a major challenge for SSA.

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One Million Community Health Workers: Technical Task Force Report

The purpose of this report is to provide broad operational and cost considerations in mobilizing support for a large increase in public sector community health worker (CHW) cadres across Africa. It presents a synthesis of support for CHW subsystem scaling and highlights important considerations for the international community and national governments to take into account as they embark on a path to providing basic health care services to women, children, and communities that need it most.

Background

 This set of documents provides a general background on the Human Resources in Health (HRH) crisis.

Resources:

- ## No Child Out of Reach: Time to End the Health Worker Crisis

  This report makes the case for immediate and concrete action, both at the highest international political level and at the national level in every country with a health worker shortage.

- ## Will we achieve universal access to HIV/AIDS services with the health workforce we have? A snapshot from five countries

  The analysis and interventions recommended in the report are based on two research

methods: literature reviews covering the period from 2000 to 2010, and a rapid situational analysis of five countries to confirm and add depth to findings from the literature reviews, provide insights on country-specific problems, and identify promising practices.

Based upon the gaps, challenges, and progress identified, the report suggests broad areas in which critical interventions are needed to scale up HR for UA. For each critical intervention, the report suggests specific actions that countries and the international community can take to implement it.

Human Resources for Health South Africa 2030: Draft HR Strategy for the Health Sector: 2012/13 - 2016/17

This draft document was developed through the review of many existing policy and research documents which provide insight and recommendations for human resources in health in South Africa.

The Human Resources for Health Crisis in Zambia: An outcome of Health Worker Entry, Exit, and Performance within the National Labor Health Market

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Investing in Health for Africa: The case for strengthening systems for better health outcomes

Investing in African health systems is an opportunity to drive economic development and growth forward, move countries closer to achieving objectives of national poverty reduction strategies (the Millennium Development Goals, or MDGs), and ensure social and political

stability by saving millions of lives and preventing life-long disabilities. Existing evidence provides us with clear guidance on what to invest in, how much to invest, and what can be achieved with this level of investment. This document brings this information together to present the case for Investing in Health for Africa: the case for strengthening systems for better health outcomes

- ## The Global Fund's Approach to Health Systems Strengthening (HSS)

  This document focuses on health systems strengthening (HSS). It explains what HSS is in the context of the Global Fund Mandaate and how funding for HSS can be requested in Round 11. In addition, it discusses considerations for preparing quality HSS proposals.

- ## Policies and practices of countries that are experiencing a crisis in human resources for health: tracking survey

  This study performed a stocktaking exercise to document the actions taken in the 57 countries undergoing a health workforce crisis, which yielded an enormous amount of information. In the majority of the countries reviewed, national strategic health policies or plans and/or specific human resources for health plans were found. For some of the countries, evaluation reports were available which gave insight into how the implementation of these policies and plans is progressing.

- ## Zeroing In: AIDS Donors and Africa's Health Workforce

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- ## Human Resources for Health: A Needs and Gaps

Analysis of HRH in South Africa

This review discusses how the HRH crisis in South Africa will prevent the scale up of the national antiretroviral treatment (ART) programme and the delivery of primary health care (PHC services), and so impeding South Africa's progress in achieving the goals of the National Strategic Plan for HIV and AIDS and STIs 2007-2011 (NSP).

- ## Governance in Health Care Delivery: Raising Performance

  The impacts of health care investments in developing and transition countries are typically measured by inputs and general health outcomes. Missing from the health agenda are measures of performance that reflect whether health systems are meeting their objectives; public resources are being used appropriately; and the priorities of governments are being implemented. This paper suggests that good governance can serve as an entry point to raising institutional performance in health care delivery. Crucial to high performance are standards, information, incentives and accountability. This paper provides a definition of good governance in health and a framework for thinking about governance issues as a way of improving performance in the health sector. Performance indicators that offer the potential for tracking relative health performance are proposed, and provide the context for the discussion of good governance in health service delivery in the areas of budget and resource management, individual provider performance, health facility performance, informal payments, and corruption perceptions. What we do and do not know about effective solutions to advance good governance and performance in health is presented for each area, drawing on existing research and documented experiences.

- ## What Countries Can Do Now: Twenty-nine actions to scale-up and improve the health workforce

  Health workers play a critical role in the provision of health care and represent the single largest cost element in providing health services in low-income countries. Many of the poorest countries in the world have been unable to meet the pressing health needs of their populations. Millions of people die prematurely, or suffer from illness or disability unnecessarily, because appropriate human resources for health (HRH) to provide care are not available to them.
  While the health workforce situation is complex and addressing it requires a long term commitment from multiple stakeholders, there are actions that countries could take immediately to alleviate the health conditions of their populations. This document explains seven financing and economic issues that matter for health workforce scale-up and financing. It then states twenty-nine actions that policy-makers could take right away to address the

issues, independent of any long-term HRH interventions in progress.

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of health workforce scale-up and improvement: Framework Paper.?

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Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action

The primary aim of this framework is to clarify and strengthen WHO's role in health systems in a changing world. A key purpose of this document is to promote common understanding of what a health system is and what constitutes health systems strengthening.

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Working together for health

There is a chronic shortage of well-trained health workers. The shortage is global, but most acutely felt in the countries that need them most. For a variety of reasons, such as the migration, illness or death of health workers, countries are unable to educate and sustain the health workforce that would improve people?s chances of survival and their well-being.

People are a vital ingredient in the strengthening of health systems. But it takes a considerable investment of time and money to train health workers. That investment comes both from the individuals and from institutional subsidies or grants. Countries need their skilled workforce to stay so that their professional expertise can benefit the population. When health workers leave to work elsewhere, there is a loss of hope and a loss of years of investment.

The solution is not straightforward, and there is no consensus on how to proceed. Redressing the shortages in each individual country involves a chain of cooperation and shared intent between the public and private sector parties which fund and direct educational establishments; between those who plan and influence health service staffing; and between those able to make financial commitments to sustain or support the conditions of service of health workers.

This report aims to provide clarity through presentation of the evidence gathered, as a first step towards addressing and resolving this urgent crisis.

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New Thinking in Addressing the Rising Challenges of Human Resources for Health in Sub Saharan Africa

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Building Stronger Human Resources for Health through Licensure, Certification and Accreditation

Credentialing of health care providers, facilities and educational institutions is an integral component in building and sustaining robust human resources for health (HRH) systems. The credentialing mechanisms?licensure/registration, certification and accreditation?are among the most frequently used quality assurance tools in health care and serve as valuable instruments in the broader function of health care regulation. This technical brief examines the characteristics and potential advantages of these mechanisms and common challenges faced in implementing them in lowresource settings.

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Human resources and health outcomes: cross-country econometric study

This article describes a study which tested the strength and significance of density of human resources for health with improved methods and a new WHO dataset.

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Human Resources for Health: Overcoming the Crisis

In this analysis of the global health workforce, the Joint Learning Initiative?a consortium of more than 100 health leaders?proposes that mobilization and strengthening of human resources for health is central to combating health crises in some of the world?s poorest countries and for building sustainable health systems everywhere. This report puts forward strategies for the community, country, and global levels in overcoming this crisis through cooperative action.

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Human Resources for Health and Development

This pamphlet introduces the ?Human Resources for Health and Development: A Joint Learning Initiative? (HRH/JLI). Initiated by the Rockefeller Foundation, the HRH/JLI intends to engage multiple stakeholders in a learning process that will reframe our understanding of human resources working in health systems in the developing world and identify new strategies for investment and action. The aim is to advance global health equity through strengthening the production, deployment and empowerment of human resources for health in developing countries.

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Where Have All the Doctors Gone?

This presentation focuses on the massive shortage of clinical staff in the public sector and in the rural areas of Africa. It discusses the current situation, how it got to that situation, potential solutions in production & retention, and the expectations for the future.

Basic Public Finance

Resources:

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Health Financing in Africa Today: Challenges and Opportunities

The purpose of this paper is to evaluate the capacity of sub-Saharan African governments to

finance sustainable and functional health systems, and to present realistic health financing approaches that could complement government financing. It reviews current patterns of health expenditures in sub-Saharan Africa, including the contributions of the public sector as well as those of households, other private sector stakeholders, and the donor community. In addition, it discusses estimates of the financing gaps that exist, and offer a review of complementary financing approaches, including innovative strategies.

- ## Financing and economic aspects of health workforce scale-up and improvement: Framework paper

  This paper synthesizes the human resources for health (HRH) financing work conducted to date and sets out the topics requiring additional academic and field research.

  The purpose of this paper is to provide a single synthesis of all available information concerning financial and economic issues around HRH in low-income countries. In addition, the paper suggests what could and should be done with the information and the tools in hand, and what additional work is desirable in this domain.

  The paper is structured in seven sections, each presenting a distinct issue area. Each section consists of information on the issue background, including the key issue questions and basic definitions. The seven issue areas below were identified upon a review of the HRH literature and programs in the field:

  - Employment costs and fiscal space constraints
  - Pre-service training/production costs
  - Equitable deployment costs
  - Retention costs
  - Efficiency/productivity costs and savings
  - Human resource management costs
  - Private sector engagement costs and savings

- ## Health Financing Revisited: A Practitioner's Guide

  This report assesses health financing policies for their ability to improve health outcomes, provide financial protection, and ensure consumer satisfaction ? in a equitable, efficient, and financially sustainable manner. It is intended to equip policy-makers at global and country levels with the tools for navigating this extremely complex domain by providing an overview of health financing policy in developing countries and is a primer on major health financing and

fiscal issues.

Planning and National Strategic Plans

 The resources below include guidelines and toolkits for composing comprehensive national strategic plans in HRH, as well as HRH strategic plans written by Southern African countries.

This section also covers the following topics:

- **HRH Service Delivery Model**

- **National HRH Strategic Plans**

Resources:

- ## Human Resource Management Rapid Assessment Tool for Health Organizations: A Guide for Strengthening HRM Systems

  This tool helps users to develop strategies to improve the human resource management system and make it as effective as possible. It can also serve as a basis for focusing discussions, brainstorming and strategic planning and is designed to be used in public and private-sector health organizations.

- ## Models and tools for health workforce planning and projections

  The objective of this paper is to take stock of the available methods and tools for health

workforce planning and projections, and to describe the processes and resources needed to undertake such an exercise.

- ## Human Resources for Health Action Framework: A Guide to Develop and Implement Strategies to Achieve an Effective and Sustainable Health Workforce

  The purpose of this guide is to increase awareness of the Human Resources for Health Action Framework (HAF) and stimulate more people to use the website www.capacityproject.org/framework, which is the central repository of information, tools, resources, and up-to-date country experiences. Both the guide and website are intended to promote further use of hte HAF by governments, health organizations, and development partners to develop a more effective and sustainable response to HR development within health systems.

- ## Human Resources for Health (HRH) Strategic Planning

  The consensus from recent debates about how to approach the current human resources (HR) challenges in the health sector is that it is important to have a national strategic HR plan. Perhaps this sounds obvious. However, a number of countries have no plans at all, some have plans that are not strategic and others have excellent plans that were developed but never used. So most have at least some work to do to improve their strategic HR planning processes. Each country faces different HR challenges, and these will change from year to year. All strategic plans are likely to be different and evolving, and there is no single blueprint for their
  development. This technical brief provides some guidance on HRH strategic planning, illustrated with examples.

- ## Assessing Financing, Education, Management and Policy Context for Strategic Planning of Human Resources for Health

  This document contains a method for assessing the fi nancial, educational and management systems and policy
  context, essential for strategic planning and policy development for human resources for health. This tool has
  been developed as an evidence-based comprehensive diagnostic aid to inform policy-making

in low and middle
income countries in regard to human resources for health. It does so in three stages, by:

- assessing the current status of the health workforce and capacities for health workforce policy implementation with a particular focus on four aspects ? finance, education, management, and policy-making;
- identifying priority requirements and actions based on the current status of the health workforce;
- showing how to sequence policies and draw up a prioritized action plan for human resources for health.

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Improving Health Services and Strengthening Health Systems: Adopting and Implementing Innovative Strategies

In recent years a number of specific strategies for improving health services and strengthening health systems have been consistently advocated. In order to advise governments, WHO commissioned this exploratory study to examine more closely the track record of these strategies in twelve low-income countries. Data were gathered primarily from reviews of existing materials and interviews with key informants. This paper presents the main findings and conclusions.

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Guidelines for Human Resources for Health Policy and Plan Development at Country Level

The Regional Strategy for the Development of Human Resources for health was adopted in 1998 at the forty-eighth session and its acceleration document at the fifty-second session in 2002 of the WHO Regional Committee was adopted. These are the concrete steps towards advocating for a comprehensive approach to the development and implementation of Human Resources for Health in countries. Interactions with countries continue to support this holistic approach. However, experiences have shown that countries have different types of HRH policies, strategies and plans even when they are within the overall context of national health policies and strategies.
This document provides guidance on the process with the proposals of content for three basic HRH documents: Situation analysis, Policy and Strategic plan.
These guidelines are intended for use by Ministry of Health officials responsible for Human Resources development as well as others in relevant ministries and agencies.
It our hope that these guidelines will be used for review and development of human resource situation analyses, policies and plans and that they be adapted as necessary for each country. Further guidelines on other human resources management tools and guidelines will be finalized and shared with countries including issues such as human resources information

systems among others.

- ## Addressing the Health Workforce Crisis: A toolkit for health professional advocates

  This toolkit was created by the Health Workforce Advocacy Initiative, the civil society-led network of the Global Health Workforce Alliance. The purpose of this toolkit is to assist health professionals, health professional associations, and civil society organizations to develop advocacy strategies to address human resource and health financing issues in their countries.

- ## Guideline for Regional HRH Country Strategic Planning

  This presentation focuses on the guidelines for regional human resources for health [HRH] country strategic planning for the Philippines. It touches on the following items: the process of development of regional guidelines for country strategic planning, situational analysis results, draft regional guidelines, and next steps moving forward.

- ## Country Coordination and Facilitation (CCF) - Resources

  The Alliance is developing a range of resources to complement the CCF Principles and Processes document. You will find below the initial collection of country case studies and posters that illustrate latest country experiences with regards to intersectoral coordination of HRH. New resources will be made available here regularly.

HRH Service Delivery Model

Resources:

- ## Guidelines on Planning Human Resources for Nursing

  The purpose of these guidelines is to assist national nurse associations (NNAs) and nurse leaders in strengthening the management of their professional workforce and, through this, to assist in strengthening health care delivery and strategies for improving health. These

guidelines have been developed to enable the nursing leadership to:

1. Influence policy and negotiate knowledgeably on the need for sound, effective human resources planning for nursing.
2. Assist in the assessment of nursing human resources issues at the national and international level.
3. Facilitate the development of comprehensive and reliable nursing human resources data in every country.
4. Assist in the collection and analysis of nursing human resources data at the national and international level.
5. Implement policies which support the development of nursing resources.

- ## From staff-mix to skill-mix and beyond: towards a systemic approach to health workforce management

Throughout the world, countries are experiencing shortages of health care workers. Policy-makers and system managers have developed a range of methods and initiatives to optimise the available workforce and achieve the right number and mix of personnel needed to provide high-quality care. Our literature review found that such initiatives often focus more on staff types than on staff members' skills and the effective use of those skills. Our review describes evidence about the benefits and pitfalls of current approaches to human resources optimisation in health care. We conclude that in order to use human resources most effectively, health care organisations must consider a more systemic approach - one that accounts for factors beyond narrowly defined human resources management practices and includes organisational and institutional conditions.

- ## Physician supply forecast: better than peering in a crystal ball?

Anticipating physician supply to tackle future health challenges is a crucial but complex task for policy planners. A number of forecasting tools are available, but the methods, advantages and shortcomings of such tools are not straightforward and not always well appraised. Therefore this paper had two objectives: to present a typology of existing forecasting approaches and to analyse the methodology-related issues.

- ## Human resources requirements for highly active antiretroviral therapy scale-up in Malawi

Background: Twelve percent of the adult population in Malawi is estimated to be HIV infected. About 15% to 20% of these are in need of life saving antiretroviral therapy. The country has a public sector-led antiretroviral treatment program both in the private and public health sectors. Estimation of the clinical human resources needs is required to inform the planning and distribution of health professionals.

Methods: We obtained data on the total number of patients on highly active antiretroviral treatment program from the Malawi National AIDS Commission and Ministry of Health, HIV Unit, and the number of registered health professionals from the relevant regulatory bodies. We also estimated number of health professionals required to deliver highly active antiretroviral therapy (HAART) using estimates of human resources from the literature. We also obtained data from the Ministry of Health on the actual number of nurses, clinical officers and medical doctors providing services in HAART clinics. We then made comparisons between the human resources situation on the ground and the theoretical estimates based on explicit assumptions.

Results: There were 610 clinicians (396 clinical officers and 214 physicians), 44 pharmacists and 98 pharmacy technicians and 7264 nurses registered in Malawi. At the end of March 2007 there were 85 clinical officer and physician full-time equivalents (FTEs) and 91 nurse FTEs providing HAART to 95,674 patients. The human resources used for the delivery of HAART comprised 13.9% of all clinical officers and physicians and 1.1% of all nurses. Using the estimated numbers of health professionals
from the literature required 15.7?31.4% of all physicians and clinical officers, 66.5?199.3% of all pharmacists and pharmacy technicians and 2.6 to 9.2% of all the available nurses. To provide HAART to all the 170,000 HIV infected persons estimated as clinically eligible would require 4.7% to 16.4% of the total number of nurses, 118.1% to 354.2% of all the available pharmacists and pharmacy technicians and 27.9% to 55.7% of all clinical officers and physicians. The actual number of health professionals working in the delivery of HAART in the clinics represented 44% to 88.8% (for clinical officers and medical doctors) and 13.6% and 47.6% (for nurses), of what would have been needed based on the literature estimation.

Conclusion: HAART provision is a labour intensive exercise. Although these data are insufficient to determine whether HAART scale-up has resulted in the weakening or strengthening of the health systems in Malawi, the human resources requirements for HAART scale-up are significant. Malawi is using far less human resources than would be estimated based on the literature from other settings. The impact of HAART scale-up on the overall delivery of health services should be assessed.

National HRH Strategic Plans

Resources:

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Health Workforce Optimization Analysis: Optimal Health Worker Allocation for Public Health Facilities across Malawi

The primary goal of this workforce optimization analysis is to identify the most critical cadres to train and which districts in Malawi are most in need of these health care workers (HCWs).

- ## Human Resources for Health South Africa

  A vision to improve access to health care for all and health outcomes, makes it is necessary to develop
  and employ new professionals and cadres to meet policy and health needs, to increase workforce
  flexibility to achieve this objective, to improve ways of working and productivity of the existing workforce,
  to improve retention, increase productivity and revitalise aspects of education, training and research.

  Achieving this vision requires the organisational infrastructure for education, training and service
  development, namely effective and efficient Academic Health Complexes. It also requires improved
  management of health professionals and cadres and improvement in their working lives.
  Realising the vision requires firm, accountable and consultative leadership, well informed by information
  and planning capacity, processes and tools. Most important is Ministerial leadership and leadership of the
  NDoH to drive the process of change. The Minister, the DG for Health and the NDoH are committed to
  this process.
  Eight thematic priorities were identified to form the framework for the HRH Strategy.

  - Leadership, governance and accountability
  - Health workforce information and health workforce planning
  - Re-engineering of the workforce to meet service needs
  - Scaling up and revitalising education, training and research
  - Creating the infrastructure for workforce and service development - Academic Health Complexes
  - and nursing colleges
  - Strengthening and professionalising the management of HR and prioritise health workforce needs

- ○ Ensuring professional quality care through oversight, regulation and continuing professional
- ○ development
- ○ Improving access to health professionals and health care in rural and remote areas.

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Zimbabwe Human Resources for Health Strategic Plan (2010-2014)

This presentation outlines the Human Resources for Health Strategic Plan (2010-2014) for Zimbabwe. It discusses the strengths and weaknesses of the current plan as well as the successes and challenges in implementing the plan.

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Finding Affordable Health Workforce Targets In Low-Income Nations

To raise the awareness of a global crisis in human resources for health care, the World Health Organization has suggested a minimum target for all countries: 2.3 health professionals per 1,000 people. Many countries cannot afford to meet the target; in fact, funding the proposed number of health workers would require some countries to devote 50 percent of their gross domestic product to health. We offer an alternative solution that would allow governments to set targets that are realistic and achievable within their financial constraints.

-
National Plan for Health Human Resources Development

Mozambique has the Government?s Five Year Plan, PARPA, Health Sector Policy Guidelines and the Health Sector Strategic Plan, as guidance for its health policies and human resources. In these documents we can see a strong commitment towards the fulfillment of the millennium development targets (MDG).

-
Human Resources for Health Strategic Plan 2007-2011

This document presents a Five (5) Year Human Resources for Health (HRH) Strategic Plan covering the period 2007 to 2011. It focuses on priority areas, gaps, constraints, risks and assumptions affecting the current and projected Human Resource situation. The Plan therefore outlines key outputs, strategies, interventions and targets that are designed to guide the acquisition, growth, development, efficient and effective utilization of human resources in

the public health sector in Malawi.

- ## Assessing Financing, Education, Management and Policy Context for Strategic Planning of Human Resources for Health

  This document contains a method for assessing the financial, educational and management systems and policy context, essential for strategic planning and policy development for human resources for health. This tool has been developed as an evidence-based comprehensive diagnostic aid to inform policy-making in low and middle income countries in regard to human resources for health.

- ## Human Resources for Health Strategic Plan (2006-2010)

  The HRH Strategic Plan sets out strategies and options for 2006 to 2010 to tackle the human resources crisis in the health sector, within the timeframes of the National Development Plan and the National Health Strategic Plan 2006 ?
  2010. Its overall aim is:

  - To ensure an adequate and equitable distribution of appropriately motivated, skilled and equitably distributed health workers providing quality services.

- ## Human Resources Development & Strategic Plan 2005-2025

  This document is a combined Human Resources Development Plan and Human Resources Strategic Plan for the health and social welfare sector of Lesotho. The Development Plan is presented in Chapters 2 through 5, and the Strategic Plan is presented in Chapter 6. The essential difference between the two is that the HR Development Plan represents a technical assessment of the total labor supply and training requirements for the sector in the absence of any budget or production constraints. It reflects a technical assessment of what is needed and what should be produced and financed if we faced no constraints. The Strategic Plan by contrast takes cognizance of budget and production constraints and thus represents a prioritized plan that would be technologically feasible from a production standpoint and financially feasible assuming the investment and incremental recurrent budgetary resources are forthcoming as anticipated.

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Botswana Human Resources' Strategic Plan Development Overview

The main purpose of the plan was to develop human resources for health which ensures:

- Equitable distribution of human resources
- Accessible services through the availability of human resources
- Phased affordability of human resources up to 2016
- Guidelines on implementation of the human resource plan including recruitment & training strategies

-

Human Resources for Health country plans

This page contains a collection of country and regional health workforce strategies, policies and plans. The documents are in different stages of development and do not necessarily bear the country authorities' final or formal endorsement.

Projections of HRH needs and Scale-up of Worker Production

Resources:

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Models and tools for health workforce planning and projections

The formulation of national human resources for health (HRH) policies and strategies requires evidence-based planning to rationalize decisions. A range of tools and resources exists to assist countries in developing a national HRH strategic plan. Such plans normally include short- and long-term targets and cost estimates for scaling up education and training for health workers, reducing workforce imbalances, strengthening the performance of staff, improving staff retention and adapting to any major health sector reforms, while also being harmonized with broader strategies for social and economic development.

The objective of this paper is to take stock of the available methods and tools for health

workforce planning and projections, and to describe the processes and resources needed to undertake such an exercise. This review is not meant to be exhaustive, but illustrative of the tools and resources available and commonly used in countries.

- # Models and tools for health workforce planning and projections

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The objective of this paper is to take stock of the available methods and tools for health workforce planning and projections, and to describe the processes and resources needed to undertake such an exercise. This review is not meant to be exhaustive, but illustrative of the tools and resources available and commonly used in countries.

- # Addressing the health workforce crisis: A toolkit for health professional advocates

This toolkit was created to assist health professionals, health professional associations, and civil society organizations to develop advocacy strategies to address human resource and health financing issues in their countries.
The toolkit is organized into chapters that correspond to the process a coalition might follow in developing an advocacy campaign. Each section has basic explanations of key advocacy considerations as well as sample worksheets and background documents that can be used by coalitions to support the planning process.

  - Defining the problem
  - Set campaign goals and objectives
  - Build alliances and coalitions
  - Get the facts
  - Choose your targets
  - Understand the policy and decision making process
  - Choose your actions
  - Review progress and give new momentum

- ## Assessing Financing, Education, Management and Policy Context for Strategic Planning of Human Resources for Health

  This document contains a method for assessing the financial, educational and management systems and policy context, essential for strategic planning and policy development for human resources for health. This tool has been developed as an evidence-based comprehensive diagnostic aid to inform policy-making in low and middle income countries in regard to human resources for health.

- ## The Sub-Saharan African Medical Schools Study (SAMSS): Data, observation, and opportunity

  The purpose of this study is to increase the practical knowledge about medical education in sub-Saharan Africa (SSA) in order to better inform educators, national policy makers, and potential funders about the challenges and opportunities in the field. These stakeholders can leverage the information from this study to increase the capacity of African medical schools and encourage the retention of doctors, which in turn would improve the health of their countries? populations.

Financing (including Performance-Based)

HRH and health financing are practically inseparable; it is often forgotten that the wages of health workers usually account for 40 to 60 percent of a national health budget. This section of the eToolkit includes country case studies, introductions to national health accounting (NHA), health financing (including a large manual from OECD) and overviews of health spending in the

Africa region.

Additional resources focus on institutional or systems-level incentives, often referred to Performance-Based Financing (PBF). both general overviews and country cases. This toolkit has

both general overviews and country cases of PBF.

PBF has other names and takes on many different forms at the institutional level:

- Pay for Performance (P4P)

- Results-Based Financing (RBF) and

- Cash on Delivery (COD)

HRH Financing

Resources:

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A System of Health Accounts

A System of Health Accounts 2011 provides a systematic description of the financial flows related to the consumption of health care goods and services. As demands for information increase and more countries implement and institutionalise health accounts according to the system, the data produced are expected to be more comparable, more detailed and more policy relevant.
This new edition builds on the original OECD Manual, published in 2000, and the *Guide to Producing National Health Accounts* to create a single global framework for producing health expenditure accounts that can help track resource flows from sources to uses. The Manual is the result of a four-year collaborative effort between the OECD, WHO and the European Commission, and sets out in more detail the boundaries, the definitions and the concepts ? responding to health care systems around the globe ? from the simplest to the more complicated.

-
The Health Systems Funding Platform: Resolving Tension between the Aid and Development Effectiveness Agendas

Global health aid is exceedingly complex. It encompasses more than one hundred bilateral

agencies, global funds, and independent initiatives that interact with an equally complex and diverse set of institutions involved in financing and providing health care in developing countries. Numerous efforts have been made to better coordinate these activities in the interest of making them more effective. The Health Systems Funding Platform (the Platform) is one of the most recent of these initiatives. Established in 2009, the Platform has advanced farthest in two countries, Ethiopia and Nepal, and is currently expanding to several others. This paper briefly assesses the Platform and argues that the way the initiative is proceeding differs little from prior initiatives, such as sectorwide approaches and budget support. However, the initiative does represent an opportunity to make global health aid more effective if it were to deepen its commitment to improving information for policy, link funding explicitly to well-chosen independently verified indicators, and establish an evaluation strategy to learn from its experience.

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Investing in Health for Africa: The case for strengthening systems for better health outcomes

Investing in African health systems is an opportunity to drive economic development and growth forward, move countries closer to achieving objectives of national poverty reduction strategies (the Millennium Development Goals, or MDGs), and ensure social and political stability by saving millions of lives and preventing life-long disabilities. Existing evidence provides us with clear guidance on what to invest in, how much to invest, and what can be achieved with this level of investment. This document brings this information together to present the case for Investing in Health for Africa: the case for strengthening systems for better health outcomes

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Assessing Public Expenditure on Health from a Fiscal Space Perspective

This document delineates a simple conceptual framework for assessing fiscal space for health and provides an illustrative roadmap for guiding such assessments. The roadmap draws on lessons learned from analyses of seven fiscal space case studies conducted over the past two years in Cambodia, India, Indonesia, Rwanda, Tonga, Uganda, and Ukraine. The document also includes a summary of the fiscal space assessments from these seven case studies. Any assessment of fiscal space typically entails an examination of whether and how a government could feasibly increase its expenditure in the short-to-medium term, and do so in a way that is consistent with a country?s macroeconomic fundamentals. Although fiscal space generally refers to overall government expenditure, for a variety of reasons there has been growing demand for a framework for analyzing fiscal space specifically for the health sector. This document outlines ways in which generalized fiscal space assessments

could be adapted to take a more health-sector specific perspective: What is the impact of broader macroeconomic factors on government expenditures for health? Are there sector-specific considerations that might expand the set of possible options for generating fiscal space for health? Are there country-specific examples of innovative strategies that have been successful in increasing fiscal space for health?

- ## What Countries Can Do Now: Twenty-nine actions to scale-up and improve the health workforce

Health workers play a critical role in the provision of health care and represent the single largest cost element in providing health services in low-income countries. Many of the poorest countries in the world have been unable to meet the pressing health needs of their populations. Millions of people die prematurely, or suffer from illness or disability unnecessarily, because appropriate human resources for health (HRH) to provide care are not available to them.

While the health workforce situation is complex and addressing it requires a long term commitment from multiple stakeholders, there are actions that countries could take immediately to alleviate the health conditions of their populations. This document explains seven financing and economic issues that matter for health workforce scale-up and financing. It then states twenty-nine actions that policy-makers could take right away to address the issues, independent of any long-term HRH interventions in progress.

The seven issues are closely connected and interdependent. Some of them, such as fiscal space and funding health workforce employment, are relevant to global policymakers and development partners as well as country-level policy-makers. Others, such as in-service and pre-service training, deployment, efficiency, and resource management, are mainly for country-level policy-makers to tackle.

The seven issues are based on an extensive review and synthesis of the literature, research findings, and experience to date on the financing and economic aspects of the health workforce scale-up and improvement, conducted by the Alliance Task Force on Financing and documented in ?Financing and economic aspects
of health workforce scale-up and improvement: Framework Paper.?

- ## Health Financing in Africa Today: Challenges and Opportunities

The purpose of this paper is to evaluate the capacity of sub-Saharan African governments to finance sustainable and functional health systems, and to present realistic health financing approaches that could complement government financing. It reviews current patterns of health expenditures in sub-Saharan Africa, including the contributions of the public sector as well as those of households, other private sector stakeholders, and the donor community. In

addition, it discusses estimates of the financing gaps that exist, and offer a review of complementary financing approaches, including innovative strategies.

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Does the IMF Constrain Health Spending in Poor Countries?: Evidence and an agenda for action

This report is based on analyses and discussions of cross-country evidence and specific country case studies, interviews with a broad range of stakeholders, and other inputs from the Working Group on International Monetary Fund (IMF) Programs and Health Spending. Part II of this report briefly discusses why IMF actions can be important for the health sector. Part III summarizes the major findings and supporting evidence on the issues investigated by the Working Group. It does not attempt to repeat at length material from the background papers, and readers who seek further details are referred to those papers. Part IV identifies a number of specific lessons and recommendations for change directed primarily at the IMF, but also at donors, governments of aid-dependent countries, and civil society.

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Improving Health System Financing in Low-Income Countries

This draft document focuses on improving health system financing in low income countries. It discusses the key challenges involved and how to meet those challenges including action points for the international community.

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The Macroeconomics of HIV/AIDS

This book aims to provide a comprehensive resource on the social, economic, and fiscal effects of HIV/AIDS. It seeks to strengthen efforts by public policymakers to formulate and implement strategies to fight the epidemic and mitigate those effects.

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National health accounts

Health financing policy requires decisions on how to raise funds, how to pool them, and how to use them equitably and efficiently. Informed decision-making requires reliable information on the quantity of financial resources used for health, their sources and the way they are used. National Health Accounts (NHA) provides evidence to monitor trends in health

spending for all sectors- public and private, different health care activities, providers, diseases, population groups and regions in a country. It helps in developing national strategies for effective health financing and in raising additional funds for health. Information can be used to make financial projections of a country?s health system requirements and compare their own experiences with the past or with those of other countries.
This web site is an example of one of the tools through which WHO builds global health partnerships; set norms; monitor trends in health systems performance; present policy options adapted for different country settings and strengthen country capacity to make informed decisions.

- ## Major Challenges for Health Financing

  This presentation focuses upon the challenges associated with health financing. It begins with a diagram of the health system elements and a discussion on health sector reform. It then describes the challenges which include: epidemiological transition, financial constraints, allocative inefficiency of health sector resources, and lack of management capacity.

- ## Health Financing Revisited: A Practitioner's Guide

  This report assesses health financing policies for their ability to improve health outcomes, provide financial protection, and ensure consumer satisfaction ? in a equitable, efficient, and financially sustainable manner. It is intended to equip policy-makers at global and country levels with the tools for navigating this extremely complex domain by providing an overview of health financing policy in developing countries and is a primer on major health financing and fiscal issues.

Performance-based Financing

Resources:

- ## "Cash on Delivery" to Improve MCH: Is it feasible?

  This presentation focuses on the idea of 'cash on delivery [COD]' to improve maternal and child health [MCH]. It describes the key features and basic steps of COD aid and the

considerations for the health sector, specifically maternal mortality.

- ## Perspectives on Performance Based Financing within the GAVI Alliance

  This presentation focuses upon performance-based financing (PBF) within the GAVI Alliance. It discusses the operational levels and the future direction. It describes what has worked in using PBG within GAVI and provides lessons learned.

- ## Performance-Based Incentives: Primer for USAID Missions

  This Primer provides information for USAID Missions on how to support a PBI program, be it through technical assistance (TA) to an existing program or directly funding a pilot or scaled-up national program. The Primer starts with a quick overview of PBI as one solution to strengthen health systems and improve health service delivery and health outcomes. The note also includes summaries of country experiences with PBI as well as sources for further information.

- ## Pay for Performance (P4P) to Improve Maternal and Child Health in Developing Countries: Findings from an online survey

  In April-May 2009, the USAID-supported Health Systems 20/201 project implemented an online survey to capture developing country experience with pay for performance (P4P) ? a strategy that is increasingly being introduced with the goal of improving maternal and child health (MCH) outcomes. This survey?s purpose is to begin to fill an important gap by addressing a number of questions, namely: what health concerns are developing country P4P schemes primarily targeting? Where are these schemes being planned, introduced, and scaled-up? How are they being designed and implemented? Who is managing them? And what, if any, evidence is there on critical factors to ensure their desired impact? Only survey responses that were complete were included in the following.2 Findings reveal that a number of P4P schemes are underway in developing country settings, at varying stages of implementation. Schemes primarily address MCH concerns, are usually led by Ministries of Health (MOH) or nongovernmental organizations (NGOs) and tend to use financial incentives targeting health care providers and/or institutions. This paper provides more detailed analysis of the complete responses and ?snapshot summaries? of each of these. We begin with a

background introduction to the P4P concept and a discussion of why we decided to conduct the survey. The subsequent section presents findings. The conclusion and next steps sections follow.

- # Performance-based payment: some reflections on the discourse, evidence and unanswered questions

Performance-based payment (PBP) is increasingly advocated as a way to improve the performance of health systems in low-income countries. This study conducted a systematic review of the current literature on this topic and found that while it is a popular term, there was little consensus about the meaning or the use of the concept of PBP. Significant weaknesses in the current evidence base on the success of PBP initiatives were also found. The literature would be strengthened by multi-disciplinary case studies that present both the advantages and disadvantages of PBP, influential factors for success, and more details about the projects from which this evidence is drawn. Where possible, data from control facilities where PBP is not being implemented would be an important addition. This paper suggests a further agenda for research, including assessing optimal conditions for implementation of PBP schemes in less developed health systems, the impact of adopting measures of performance as targets, and the requirements for monitoring PBP adequately.

- # Performance-Based Contracting for Health Services in Developing Countries. A Toolkit

This toolkit provides practical advice to anyone involved in, or who is interested in becoming involved in, performance-based contracting of health services with nonstate providers in the context of developing countries. It addresses many of the issues that may be encountered. Input from experienced contracting professionals will give newcomers increased confi dence as they go forward. Experts directly involved in contracting on a large scale have contributed to the development of this toolkit.

Country Cases

Resources:

- # Performance Based Funding

This presentation discusses the progress and challenges associated with the Global Fund to fight AIDS, tuberculosis and malaria. It describes what the Global Fund is and the types of performance-based funding [PBF] they do and how it is supported.

- ## Performance-based Financing and Changing the District Health System: Experience from Rwanda

  Evidence from low-income Asian countries shows that performance-based financing (as a specific form of contracting) can improve health service delivery more successfully than traditional input financing mechanisms. We report a field experience from Rwanda demonstrating that performance-based financing is a feasible strategy in sub-Saharan Africa too. Performance-based financing requires at least one new actor, an independent well equipped fundholder organization in the district health system separating the purchasing, service delivery as well as regulatory roles of local health authorities from the technical role of contract negotiation and fund disbursement. In Rwanda, local community groups, through patient surveys, verified the performance of health facilities and monitored consumer satisfaction. A precondition for the success of performance-based financing is that authorities must respect the autonomous management of health facilities competing for public subsidies. These changes are an opportunity to redistribute roles within the health district in a more transparent and efficient fashion.

- ## Rwanda: Performance-based Financing in Health

  This document focuses upon performance-based financing (PBF) in health in Rwanda. It describes how PBF in Rwanda can serve as a guide for other countries that want to apply similar schemes and discusses essential elements for success and consistent leadership at the highest level in the Ministry of Health.

- ## Results Based Financing Zimbabwe

  This presentation describes the objectives and the implementation of a results-based financing project in Zimbabwe.

Country Cases

Resources:

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Rwanda: Fiscal space for health and the MDGs revisited

This paper revisits the issue of fiscal space requirements for achieving health millennium development goals (MDGs) in Rwanda. The paper updates and extends work on financing for the health Millennium Development Goals prepared by the Ministry of Health in 2006.1 It draws on papers prepared by World Bank staff for a comprehensive health sector review and information collected during a field visit to Kigali in March 2008.2

The context is one of large recent increases of financing from development partners (donors) combined with far reaching reforms of health sector management. The paper aims to provide a concise summary of the key issues for policymakers in Rwanda, development partners, and to inform a broader international audience of the prospects for scaling up financing for health in order to substantially raise the health status of low income country populations.

The main messages of the paper are:

- Large increases of financing and supporting policy reforms have put Rwanda back on track to achieve most, if not all, of the health-related MDGs provided ;
- Rwanda will likely remain aid dependent for the foreseeable future, or at least to 2020, owing to limited domestic resources, underscoring the importance of ensuring long-term commitments from development partners;
- The expansion of aid-financed fiscal space for health is likely to slow over the period to 2009-15 as indications from major donors are for no or slow growth in aid for health;
- Accordingly, it will remain imperative to realize the planned increase in the health share of domestic financed government spending;
- With financing gaps for health opening up before 2015, efficiency gains will be needed to sustain the rate of improvement of health status;
- Part of the current spending inefficiencies result from a considerable mismatch between the government?s health priorities and the allocation of external financing that warrants a strengthened mechanism to provide flexible and reliable external funding for health, such as a compact between government and the development partners;
- Specific modalities of a government-donor health compact are proposed in the final section, although much will depend on the views and capacities of the key
- stakeholders.

The plan of the paper is as follows: section 1 describes the demographic and health context, the strategic objectives through to 2015, and recent and prospective progress towards achieving these objectives; section 2 briefly explains the distinctive features of health financing with an emphasis on primary and secondary services needed to achieve strategic objectives; section 3 considers financial flows in the health sector; section 4 elaborates a forward-looking fiscal space for health scenario; section 5 compares projections of fiscal space and alignment of health spending with a costing scenario developed using the marginal budgeting for bottlenecks (MBB) tool; section 6 concludes with a discussion of the uses and potential of government-development partner compact for health sector financing in support of a long term health strategy.

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Fiscal Space for Health in Uganda

This report reviews performance of Uganda?s health sector and assesses options for increasing total health spending and improving efficiency of health spending to improve health, nutrition, and population outcomes.

The Hiring Process & Potential Bottlenecks

Resources:

- ## Human Resources for the Delivery of Health Services in Zambia: External Influences and Domestic Policies and Practices

  The objective of this study was to analyze in what way human resources for health [HRH] recruitment, deployment and retention at the district level are influenced by external funding; and to what extent this is in line with national and district policies and strategies.

HRH Training (Pre-Service and In-Service)

This section includes two types of documents:

- Pre-service HRH training

- In-service HRH training

Pre-service HRH training

Resources:

- ## Strengthening the Health Worker Pipeline through Gender-Transformative Strategies

  This technical brief provides an overview of how gender discrimination affects health professional students and faculty as well as intervention options that the expert panel identified as having potential to counter gender discrimination. In addition, it offers recommendations for preservice education institutions and other stakeholders to address these challenges.

- ## Transforming the Health Worker Pipeline: Interventions to Eliminate Gender Discrimination in Preservice Education

  This report describes the results of a systematic and expert review undertaken to identify practices that have the potential to counter forms of gender discrimination against students and faculty in health preservice education (PSE) institutions. The recommendations within this report are intended to inform policy-making and programming decisions by health PSE institutions, HRH program planners, and tertiary educational institutions of all types, as well as other national- and local-level stakeholders with decision-making responsibilities for educating the health workforce.

- ## Bachelor of Rural Health Care: Do we need another cadre of health practitioners in rural areas?

  This document focuses upon the proposed new group of rural healthcare practitioners, specifically in India. It discusses the maldistribution of the health workforce and the latest initiative to bridge that gap. In addition, it discusses the possible problems associated with the proposed new group and outlines other ways to provide modern healthcare in rural areas.

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Fit for Purpose? The appropriate education of health professionals in South Africa

This editorial discusses what health sciences training institutions have achieved in the past 50 years to address the health care priorities of South African who are most in need.

- ## Pre-Service Education Toolkit

Increased attention is focused on preparing the health care workforce. There is a growing need for collective access to appropriate resources and guidance for pre-service education programs. This pre-service education toolkit outlines key programmatic steps, highlights lessons learned, and identifies key resources to assist country programs, donors, and governments to develop quality and relevant pre-service education interventions. Although targeted for midwives, this toolkit may be used for other cadres as well.

- ## Medical Schools in Sub-Saharan Africa

Small numbers of graduates from few medical schools, and emigration of graduates to other countries, contribute to low physician presence in sub-Saharan Africa. The Sub-Saharan African Medical School Study examined the challenges, innovations, and emerging trends in medical education in the region. We identifi ed 168 medical schools; of the 146 surveyed, 105 (72%) responded. Findings from the study showed that countries are prioritising medical education scale-up as part of health-system strengthening, and we identifi ed many innovations in premedical preparation, teambased education, and creative use of scarce research support. The study also drew attention to ubiquitous faculty shortages in basic and clinical sciences, weak physical infrastructure, and little use of external accreditation. Patterns recorded include the growth of private medical schools, community-based education, and international partnerships, and the benefi t of research for faculty development. Ten recommendations provide guidance for eff orts to strengthen medical education in sub-Saharan Africa.

- ## Action Now on the Tanzanian Health Worker Crisis: Expanding Health Worker Training- The Twiga Initiative

This report draws heavily on the Touch Foundation's work to expand and strengthen training

of health workers at the Weill Bugando University and Teaching Hospital in Mwanza in northwestern Tanzania. While this report targets health worker training in Tanzania, the precipitating health workforce shortage is a global crisis. The analytical process is replicable across sub-Saharan Africa so that many of the recommendations put forward to the Tanzanian Health Ministry will apply equally in other countries.

- ## Report on the WHO/PEPFAR Planning Meeting on Scaling Up Nursing and Medical Education

  The function of the meeting was to gather information on medical and nursing education, including learning from countries and institutions where innovative solutions are already being tested and implemented. The information, summarized in this meeting report, will inform the plan of work for the collaboration. The plan of work will lead to the development of evidence-based policy guidance that will serve to support countries in their efforts to scale up medical and nursing education, and will inform the operational aspects of the resource commitments that are being made by development partners.

- ## Training Health Workers in Africa: Documenting faith-based organizations' contributions

  This technical brief illustrates the breadth of pre-service and in-service trainings offered by faith-based organizations [FBOs], with a focus on nursing and midwifery pre-service training in Malawi, Kenya, Tanzania, Uganda and Zambia.

- ## Preservice Implementation Guide: A process for strengthening preservice education

  This guide reflects JHPIEGO's considerable body of experience in strengthening preservice education in more than 20 countries since 1995. This experience encompasses medical, nursing, and midwifery programs and has focused on strengthening reproductive health and maternal and newborn health content. Through these efforts, JHPIEGO has become well versed in the advocacy and policy issues that influence the effectiveness of preservice education, the process of reviewing and strengthening preservice curricula, preparation for and implementation of the strengthened curricula, and evaluation of preservice interventions. This *Preservice Implementation Guide* describes the step-by-step process used to create a positive environment on the national level for strengthening preservice education and the steps taken on the institutional level to improve the existing curriculum and its implementation.

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The Sub-Saharan African Medical Schools Study (SAMSS): Data, observation, and opportunity

The purpose of this study is to increase the practical knowledge about medical education in sub-Saharan Africa (SSA) in order to better inform educators, national policy makers, and potential funders about the challenges and opportunities in the field. These stakeholders can leverage the information from this study to increase the capacity of African medical schools and encourage the retention of doctors, which in turn would improve the health of their countries? populations.

In-service HRH training

Resources:

- ### Efficiency and effectiveness of aid flows towards health workforce development: exploratory study based on four case studies from Ethiopia, the Lao People?s Democratic Republic, Liberia and Mozambique

  This paper is organized into five main sections. After a brief introduction explaining the human resources for health (HRH) interest in aid effectiveness, the changing relationships between aid donors and recipients are reviewed and an outline given of the current aid effectiveness agenda. This is followed by a presentation of the findings from case studies in the four HRH crisis countries studied, which concludes that in those countries there is little evidence that HRH has benefited from the aid effectiveness agenda. A more nuanced conclusion is reached from an appraisal of the wider literature, which notes, in particular, advances in support for employment costs in selected countries. Nevertheless, a concluding section judges that the donor community has failed to respond to the poorest countries? needs for assistance in scaling up the health workforce, and suggests remedial measures to be taken by both parties.

- ### Building Capacity Without Disrupting Health Services: Public health education for Africa through distance learning

The human resources crisis in Africa is especially acute in the public health field. Through distance education, the School of Public Health of the University of the Western Cape, South Africa, has provided access to master's level public health education for health professionals from more than 20 African countries while they remain in post. Since 2000, interest has increased overwhelmingly to a point where four times more applications are received than can be accommodated. This homegrown programme remains sensitive to the needs of the target learners while engaging them in high-quality learning applied in their own work contexts.

This brief paper describes the innovative aspects of the programme, offering some evaluative indications of its impact, and reviews how the delivery of text-led distance learning has facilitated the realization of the objectives of public health training. Strategies are proposed for scaling up such a programme to meet the growing need in this essential area of health human resource capacity development in Africa.

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Essential Core Competencies for Nursing Related to HIV and AIDS

As an outcome of The Regional Leadership Summit on HIV and AIDS Nursing Education, Practice and Policy held in St. Lucia, South Africa in June 2008, a Regional Lead Team of nursing leaders was appointed to work collaboratively to formulate a work plan for identified issues from the Summit. The members of the Regional Lead Team met throughout 2008 ? 2009 to address the critical priority identified from the Summit related to the need to identify essential nursing competencies to address the HIV and AIDS epidemics in the sub-Saharan African region.

Using a participatory action approach, the members of the Regional Lead Team identified the *Essential Nursing Competencies related to HIV and AIDS*. These competencies were developed based on input from nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, Zimbabwe), and an expert consensus panel convened in Durban, South Africa in March-April 2009.

The following is a result of this group?s work:

- Part I: Evidence from the literature supporting the need to establish core competencies in HIV and AIDS.
- Part II: Evidence from the literature about concepts related to the core competencies for nursing related to HIV and AIDS.
- Part III: Essential Core Competencies for Nursing related to HIV and AIDS.

Lesotho

Resources:

- # National Continuing Education Implementation Plan for Lesotho Health Sector

  The purpose of this Continuing Education Implementation Plan (CEIP) is to act as a 'Master Plan' and serve as a point of reference for all stakeholders and beneficiaries in Lesotho. It describes the key action points set out in The National Continuing Education Strategy for Lesotho Health Sector and explains how this CEIP document was developed. In addition, it also discusses continuing education (CE) coordination and planning, resources for CE, CE methodologies, CE priorities for 2011/2012, and CE monitoring and evaluation.

- # Training Course Specifications: HSS- Supported Training

  This document provides a listing of the training course specifications for HSS-Supported Training for 2011-2012.

- # Continuing Education Strategy

  This Strategy document provides the framework for the planning, development and management of all aspects of continuing education [CE]. CE is a complex matter, covering the in-service training needs for all cadres of health sector practitioners. This Strategy defines the roles for all stakeholders, including the Ministry of Health and Social Welfare and their Development Partners. It is important that this initiative is seen as a partnership whereby all parties actively work together to achieve common goals. The Strategy will be the guiding document for the drafting of a comprehensive 5-year Training Plan, aimed at directing training activities of all stakeholders and equip them with the knowledge of the roles they can play. The Strategy also provides a framework for the necessary funding requirements for implementation of the training initiatives.

- # Training Needs Assessment of Lesotho Health Workers

  This report contains the results of an in-depth Training Needs Assessment (TNA) of Lesotho Health Workers. The study, facilitated by the HSS Project in close collaboration with the MOHSW, took place from October 18 to December 17, 2010. The previous TNA was carried out during 2002-2004. This study focuses on health workers at central and district level. It excludes the training needs for occupations at the national referral hospital. The

recommendations from this TNA will form the basis for updating the MOHSW Continuing Education Implementation Plan (CEIP 2011/2012). The CEIP, in turn, determines the in-service training priorities of the MOHSW.

The Push & Pull Factors of Attrition Plus Non-Financial Incentives

Resources:

- ## Retention Strategy for the Health Workforce

  This Strategy constitutes the response by the Ministry of Health and Social Welfare (MOHSW) to the human resources crisis in Lesotho and is firmly embedded within broader government and sector policies. The basis for this document is (a) the existing MOHSW Retention Strategy (Feb 23, 2010), (b) broader government strategies, pertaining to retention, (c) recommendations made by the PriceWaterhouseCoopers study (PWC, Nov 2009), and (d) existing sector-specific policies and strategies that have a bearing on attraction and retention of health workers. Whereas previous versions of this Retention Strategy focussed primarily on monetary incentives for health workers, this edition takes a more holistic and comprehensive approach to defining country-specific priority retention interventions.
  It is anticipated that this Strategy will contribute to mitigating some of these causal factors associated with high rates of attrition of health workers. This Strategy seeks to establish the mechanisms that control loss-abatement, brain drain and a largely de-motivated workforce, by putting in place measures, such as salary improvements, better conditions of service and better living conditions for health workers.

- ## A review of non-financial incentives for health worker retention in east and southern Africa

  This paper was commissioned by the Regional Network for Equity in Health in east and southern Africa (EQUINET) in co-operation with the East, Central and Southern African Health Community (ECSA-HC) to inform a programme of work on 'valuing health workers' so that they are retained within the health systems. The paper reviewed evidence from published and grey (English language) literature on the use of nonfinancial incentives for health worker retention in sixteen countries in east and southern Africa (ESA): Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. There is a growing body

of evidence on health worker issues in ESA countries, but few studies on the use of incentives for retention, especially in under-served areas.

- ## Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention

This document focuses on health workers in remote and rural areas, specifically improved retention. It touches on: the definition of rural or remote areas, description of a literature review, explanation of the factors influencing decisions/choices, categories of interventions, measuring success, and the gaps and challenges.

Management Skills

Resources:

- ## Who are health managers? Case studies from three African countries

Case studies were undertaken in three countries in Africa, namely Ethiopia, Ghana and the United Republic of Tanzania, to explore the availability and training of health service managers, especially those at operational levels. In the United Republic of Tanzania, the study was carried out separately in both the mainland and Zanzibar. For the ease of reference, hereafter, mainland data is referred to as for the United Republic of Tanzania (mainland) and the parts specific to Zanzibar mentioned as such. This report presents a summary of the findings from the three country case studies.

The first part of the paper covers the objectives and rationale for the studies and discusses a WHO conceptual framework on which the analysis is based. The second part examines the context and background of the study countries and the factors that influenced their approach to health services management. The third part describes the study's methodology and the fourth part presents and discusses the key findings. The report concludes with a discussion of the practical implications of the management situation for the countries and makes recommendations.

- ## District Health Management Team Training Modules

This is one of a set of four management training modules aimed at District Health Management Teams in the countries of the African Region.
The district health management training modules have been developed to cover four major areas. Modules 1 though 3 should take a week each. At least two weeks should be set aside for module 4.

Module 1: Health Sector Reforms and District Health Systems

- Unit 1 Health Policy, Strategies and Reform
- Unit 2 District Health Systems

Module 2: Management, Leadership and Partnership for District Health

- Unit 1 Important Management and Leadership Concepts
- Unit 2 Team Work
- Unit 3 Multisectoral Collaboration: Partnership in Health Care
- Unit 4 Partnership Between Organizations
- Unit 5 Community Participation, Partnership Between Organizations and the Community

Module 3: Management of Health Resources

- Unit 1 Management of Human Resources
- Unit 2 Management of Finances and Accounts
- Unit 3 Management of Logistics
- Unit 4 Management of Physical Infrastructure
- Unit 5 Management of Drugs
- Unit 6 Management of Time and Space
- Unit 7 Management of Information

Module 4: Planning and Implementation of District Health Services

- Unit 1 Basic Concepts of District Health Planning
- Unit 2 Preparation for Planning
- Unit 3 Health Systems Research
- Unit 4 Steps in the Planning Process
- Unit 5 Essential Health Package
- Unit 6 Disaster Preparedness

Recruitment and Retention

 This section is divided into two sections: recruitment and retention.

In the field of HRH, a great deal of research on retention has been conducted in the last five years, especially in the use of non-financial incentives to promote retention. However, resources on recruitment are fewer.

Do you know of additional resources on recruitment that should be provided in this eToolkit? Send us an email!

Recruitment

Resources:

- ## A World Health Organization code of practice on the international recruitment of health personnel

  This paper was prepared by the Secretariat to assist WHO Member States in considering the elaboration and negotiation of a WHO code of practice on the international recruitment of health personnel. The document is designed to facilitate discussions - nationally, regionally and globally ? on the development of the final text of a WHO code of practice. It first describes the history of development of a WHO code of practice as well as the legal nature and significance of this proposed international instrument. The paper then highlights some key substantive issues that Member States may wish to consider when elaborating the text of a WHO code of practice, including those upon which there may be divergence among Member States. Finally, the last section presents the process recommended by the 124th Executive Board in January 2009 for moving forward the development of a WHO code of practice.

- ## Designing financial-incentive programmes for return of medical service in underserved areas: seven management functions

  In many countries worldwide, health worker shortages are one of the main constraints in achieving population health goals. Financial-incentive programmes for return of service,

whereby participants receive payments in return for a commitment to practise for a period of time in a medically underserved area, can alleviate local and regional health worker shortages through a number of mechanisms. First, they can redirect the flow of those health workers who would have been educated without financial incentives from well-served to underserved areas. Second, they can add health workers to the pool of workers who would have been educated without financial incentives and place them in underserved areas. Third, financial-incentive programmes may improve the retention in underserved areas of those health workers who participate in a programme, but who would have worked in an underserved area without any financial incentives. Fourth, the programmes may increase the retention of all health workers in underserved areas by reducing the strength of some of the reasons why health workers leave such areas, including social isolation, lack of contact with colleagues, lack of support from medical specialists and heavy workload.

We draw on studies of financial-incentive programmes and other initiatives with similar objectives to discuss seven management functions that are essential for the long-term success of financial-incentive programmes: financing (programmes may benefit from innovative donor financing schemes, such as endowment funds, international financing facilities or compensation payments); promotion (programmes should use tested communication channels in order to reach secondary school graduates and health workers); selection (programmes may use selection criteria to ensure programme success and to achieve supplementary policy goals); placement (programmes should match participants to areas in order to maximize participant satisfaction and retention); support (programmes should prepare participants for the time in an underserved area, stay in close contact with participants throughout the different phases of enrolment and help participants by assigning them mentors, establishing peer support systems or financing education courses relevant to work in underserved areas); enforcement (programmes may use community-based monitoring or outsource enforcement to existing institutions); and evaluation (in order to broaden the evidence on the effectiveness of financial incentives in increasing the health workforce in underserved areas, programmes in developing countries should evaluate their performance; in order to improve the strength of the evidence on the effectiveness of financial incentives, controlled experiments should be conducted where feasible).

In comparison to other interventions to increase the supply of health workers to medically underserved areas, financial-incentive programmes have advantages ? unlike initiatives using non-financial incentives, they establish legally enforceable commitments to work in underserved areas and, unlike compulsory service policies, they will not be opposed by health workers ? as well as disadvantages ? unlike initiatives using non-financial incentives, they may not improve the working and living conditions in underserved areas (which are important determinants of health workers' long-term retention) and, unlike compulsory service policies, they cannot guarantee that they will supply health workers to underserved areas who would not have worked in such areas without financial incentives. Financial incentives, non-financial incentives, and compulsory service are not mutually exclusive and may positively affect each other's performance.

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Recruitment and Placement of Foreign Health Care

Professionals to Work in the Public Health Care in South Africa: Assessment

This document describes an assessment of the feasibility and interest among stakeholders in the Netherlands, United Kingdom and the United States in facilitating recruitment and placement of foreign health care professionals to work in the public sector health care in South Africa.

- **Human Resources for the Delivery of Health Services in Zambia: External Influences and Domestic Policies and Practices**

  The objective of this study was to analyze in what way human resources for health [HRH] recruitment, deployment and retention at the district level are influenced by external funding; and to what extent this is in line with national and district policies and strategies.

Retention

Resources:

- **Staffing Remote Rural Areas in Middle- and Low-Income Countries: A Literature Review of Attraction and Retention**

  Background: Many countries in middle- and low-income countries today suffer from severe staff shortages and/or maldistribution of health personnel which has been aggravated more recently by the disintegration of health systems in low-income countries and by the global policy environment. One of the most damaging effects of severely weakened and under-resourced health systems is the difficulty they face in producing, recruiting, and retaining health professionals, particularly in remote areas. Low wages, poor working conditions, lack of supervision, lack of equipment and infrastructure as well as HIV and AIDS, all contribute to the flight of health care personnel from remote areas. In this global context of accelerating inequities health service policy makers and managers are searching for ways to improve the attraction and retention of staff in remote areas. But the development of appropriate strategies first requires an understanding of the factors which influence decisions to accept

and/or stay in a remote post, particularly in the context of mid and low income countries (MLICS), and which strategies to improve attraction and retention are therefore likely to be successful. It is the aim of this review article to explore the links between attraction and retention factors and strategies, with a particular focus on the organisational diversity and location of decision-making.

Methods: This is a narrative literature review which took an iterative approach to finding relevant literature. It focused on English-language material published between 1997 and 2007. The authors conducted Pubmed searches using a range of different search terms relating to attraction and retention of staff in remote areas. Furthermore, a number of relevant journals as well as unpublished literature were systematically searched. While the initial search included articles from
high- middle- and low-income countries, the review focuses on middle- and low-income countries. About 600 papers were initially assessed and 55 eventually included in the review.

Results: The authors argue that, although factors are multi-facetted and complex, strategies are usually not comprehensive and often limited to addressing a single or limited number of factors. They suggest that because of the complex interaction of factors impacting on attraction and retention, there is a strong argument to be made for bundles of interventions which include attention to living environments, working conditions and environments and development opportunities. They further explore the organisational location of decision-making related to retention issues and suggest that because promising strategies often lie beyond the scope of human resource directorates or ministries of health, planning and decision-making to improve retention requires multi-sectoral collaboration within and beyond government. The paper provides a simple framework for bringing the key decision-makers together to identify factors and develop multi-facetted comprehensive strategies.

Conclusion: There are no set answers to the problem of attraction and retention. It is only through learning about what works in terms of fit between problem analysis and strategy and effective navigation through the politics of implementation that any headway will be made against the almost universal challenge of staffing health service in remote rural areas.

Motivation and retention of health workers in developing countries: a systematic review

Background
A key constraint to achieving the MDGs is the absence of a properly trained and motivated workforce. Loss of clinical staff from low and middle-income countries is crippling already fragile health care systems. Health worker retention is critical for health system performance and a key problem is how best to motivate and retain health workers. The authors undertook a systematic review to consolidate existing evidence on the impact of financial and non-financial incentives on motivation and retention.
Methods
Four literature databases were searched together with Google Scholar and 'Human

Resources for Health' on-line journal. Grey literature studies and informational papers were also captured. The inclusion criteria were: 1) article stated clear reasons for implementing specific motivations to improve health worker motivation and/or reduce medical migration, 2) the intervention recommended can be linked to motivation and 3) the study was conducted in a developing country and 4) the study used primary data.

Results

Twenty articles met the inclusion criteria. They consisted of a mixture of qualitative and quantitative studies. Seven major motivational themes were identified: financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital management and recognition/appreciation. There was some evidence to suggest that the use of initiatives to improve motivation had been effective in helping retention. There is less clear evidence on the differential response of different cadres.

Conclusion

While motivational factors are undoubtedly country specific, financial incentives, career development and management issues are core factors. Nevertheless, financial incentives alone are not enough to motivate health workers. It is clear that recognition is highly influential in health worker motivation and that adequate resources and appropriate infrastructure can improve morale significantly.

- # Human Resources Retention Scheme: Qualitative and Quantitative Experience from Zambia

  This presentation focuses on the Zambia Health Workers Retention Scheme (ZHWRS), which aims to decrease the attrition rates of current critical service providers, particularly in rural areas.

- # For Public Service or Money: Understanding Geographical Imbalances in the Health Workforce

Geographical imbalances in the health workforce have been a consistent feature of nearly all health systems, and especially in developing countries. In this paper we investigate the willingness to work in a rural area among final year nursing and medical students in Ethiopia. Analyzing data obtained from contingent valuation questions, we find that household consumption and the student?s motivation to help the poor, which is our proxy for intrinsic motivation, are the main determinants of willingness to work in a rural area. We investigate who are willing to help the poor and find that women are significantly more likely to help than men. Other variables, including a rich set of psycho-social characteristics, are not significant. Finally, we carry out some simulations on how much it would cost to make the entire cohort of starting nurses and doctors choose to take up a rural post.

- ## A review of non-financial incentives for health worker retention in east and southern Africa

This paper was commissioned by the Regional Network for Equity in Health in east and southern Africa (EQUINET) in co-operation with the East, Central and Southern African Health Community (ECSA-HC) to inform a programme of work on 'valuing health workers' so that they are retained within the health systems. The paper reviewed evidence from published and grey (English language) literature on the use of nonfinancial incentives for health worker retention in sixteen countries in east and southern Africa (ESA): Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. There is a growing body of evidence on health worker issues in ESA countries, but few studies on the use of incentives for retention, especially in under-served areas.

- ## How to Pay? Understanding and Using Incentives

Many countries have experimented with alternative ways of paying providers of health care services. This paper illustrates different methods, suggests some of the theoretic advantages and limitations of each, and provides a general theoretical framework for evaluating alternatives. Over the last two decades, new and more sophisticated payment systems have evolved, with a broadening of units of payment and setting of payments prospectively. The authors discuss the international experience of a number of payment systems, both traditional and more recently developed, including line-item budgeting, salary, fee-for-service, per diem, case-mix adjusted per episode, global budgets and capitation. The authors argue that no one set of incentives will address the multiple objectives of purchasers, providers, and patients. As a result, purchasers and policymakers must understand and address policy objectives explicitly.

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Managing the Return and Retention of National Intellectual Capacity

This letter focuses on the migration crisis in the health sector in Africa and the importance and necessity of sub-Saharan African countries in establishing strategies for managing brain drain.

- ### Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention

  This document focuses on health workers in remote and rural areas, specifically improved retention. It touches on: the definition of rural or remote areas, description of a literature review, explanation of the factors influencing decisions/choices, categories of interventions, measuring success, and the gaps and challenges.

- ### Factors Affecting Job Satisfaction and Retention in Malawi, Mozambique and Tanzania: The Importance of Supervision

  This policy brief summarizes the key findings related to job satisfaction and retention and explores the policy implications of these findings. Particular attention is paid to the important role of supervision to improve job satisfaction and increase retention of health care providers.

Brain Drain

Resources:

- ### Brain Drain: Training and Retaining Health Care Workers Where They are Needed Most

  This article focuses upon the international community addressing the dual challenges of

training and retaining workers in order for the world's rural populations to receive even the most basic medical services. It discusses the issues that must be addressed to ensure that trained workers stay in underserved rural areas which include: understanding why health care workers migrate and coming to an agreement on how to stem the flow of trained workers from developing countries.

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New data on African health professionals abroad

The migration of doctors and nurses from Africa to developed countries has raised fears of an African medical brain drain. But empirical research on the causes and effects of the phenomenon has been hampered by a lack of systematic data on the extent of African health workers? international movements. We use destination-country census data to estimate the number of African-born doctors and professional nurses working abroad in a developed country circa 2000, and compare this to the stocks of these workers in each country of origin. Approximately 65,000 African-born physicians and 70,000 African-born professional nurses were working overseas in a developed country in the year 2000. This represents about one fifth of African-born physicians in the world, and about one tenth of African-born professional nurses. The fraction of health professionals abroad varies enormously across African countries, from 1% to over 70% according to the occupation and country. These numbers are the first standardized, systematic, occupation-specific measure of skilled professionals working in developed countries and born in a large number of developing countries.

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Physicians & nurses born in African countries appearing in censuses of nine receiving countries circa 2000

This Excel spreadsheet provides data on the number of physicians and professional nurses born in African countries appearing in censuses of nine receiving countries.

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Human Resources for Health: Overcoming the Crisis

In this analysis of the global workforce, the Joint Learning Initiative?a consortium of more than 100 health leaders?proposes that mobilisation and strengthening of human resources for health, neglected yet critical, is central to combating health crises in some of the world?s poorest countries and for building sustainable health systems in all countries. Nearly all countries are challenged by worker shortage, skill mix imbalance, maldistribution, negative work environment, and weak knowledge base. Especially in the poorest countries, the workforce is under assault by HIV/AIDS, out-migration, and inadequate investment. Effective country strategies should be backed by international reinforcement. Ultimately, the crisis in human resources is a shared problem requiring shared responsibility for cooperative action.

Alliances for action are recommended to strengthen the performance of all existing actors while expanding space and energy for fresh actors.

Country Cases

Resources:

- ## Indian Approaches to Retaining Skilled Health Workers in Rural Areas

  Problem The lack of skilled service providers in rural areas of India has emerged as the most important constraint in achieving universal health care. India has about 1.4 million medical practitioners, 74% of whom live in urban areas where they serve only 28% of the population, while the rural population remains largely underserved.
  Approach The National Rural Health Mission, launched by the Government of India in 2005, promoted various state and national initiatives to address this issue. Under India?s federal constitution, the states are responsible for implementing the health system with financial support from the national government.
  Local setting The availability of doctors and nurses is limited by a lack of training colleges in states with the greatest need as well as the reluctance of professionals from urban areas to work in rural areas. Before 2005, the most common strategy was compulsory rural service bonds and mandatory rural service for preferential admission into post-graduate programmes.
  Relevant changes Initiatives under the National Rural Health Mission include an increase in sanctioned posts for public health facilities, incentives, workforce management policies, locality-specific recruitment and the creation of a new service cadre specifically for public sector employment. As a result, the National Rural Health Mission has added more than 82 343 skilled health workers to the public health workforce.
  Lessons learnt The problem of uneven distribution of skilled health workers can be solved. Educational strategies and community health worker programmes have shown promising results. Most of these strategies are too recent for outcome evaluation, although this would help optimize and develop an ideal mix of strategies for different contexts.

- ## Action Plan for the Implementation of the Retention Strategy

  This document provides the Retention Action Plan for Lesotho. In includes a narrative

summary, measurable indicators, means of verification, and assumptions on the overall goals, the purpose, the expected results or outputs, and the activities.

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Retention Strategy for the Health Workforce

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It is anticipated that this Strategy will contribute to mitigating some of these causal factors associated with high rates of attrition of health workers. This Strategy seeks to establish the mechanisms that control loss-abatement, brain drain and a largely de-motivated workforce, by putting in place measures, such as salary improvements, better conditions of service and better living conditions for health workers.

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Positive Practice Environments in Uganda: Enhancing Health Worker and Health System Performance

This paper aims to explore the current key issues facing Uganda?s health human resource climate with particular attention to practice environments including recruitment, retention and productivity of its health workforce, to identify the HR solutions that are being or have been employed to address these main challenges. The paper will also help in identifying knowledge gaps for future in-depth research and recommendations for future strategies.

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The Zambia Country Case Study on Positive Practice Environments (PPE) Quality Workplaces for Quality Care

This country case study aims: to explore the current key issues facing Zambia?s health human resource climate with particular attention to practice environments and recruitment/retention of its health workforce; to identify the human resources (HR) solutions that are being or have been employed to address these main challenges; to identify knowledge gaps for future in-depth research and recommendations for future strategies. The study will also contribute to the knowledge base being amassed by WHO related to

?Increasing access to the health workforce in remote and rural areas through improved retention?.

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Job stress, recognition, job performance and intention to stay at work among Jordanian hospital nurses

PURPOSE: To investigate: (1) relationships between job stress, recognition of nurses' performance, job performance and intention to stay among hospital nurses; and (2) the buffering effect of recognition of staff performance on the 'stress-intention to stay at work' relationship.

BACKGROUND: Workplace stress tremendously affects today's workforce. Recognition of nurses' performance needs further investigation to determine if it enhances the level of intention to stay at work and if it can buffer the negative effects of stress on nurses' intention to stay at work.

DESIGN AND METHODS: The sample of the present study was a convenience one. It consisted of 206 Jordanian staff nurses who completed a structured questionnaire.

RESULTS: The findings of the study indicated a direct and a buffering effect of recognition of nurses' performance on job stress and the level of intention to stay at work.

CONCLUSION: The results of the study indicated the importance of recognition for outstanding performance as well as achievements. Implications for nursing management The results of this study support the need to focus on the implementation of recognition strategies in the workplace to reduce job stress and enhance retention.

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Health Workforce "Innovative Approaches and Promising Practices" Study: Attracting and Retaining Nurse Tutors in Malawi

This paper focuses on the scheme by the Malawi Ministry of Health (MOH) to retain nurse tutors in collaboration with the Christian Health Association of Malawi (CHAM). It chronicles the scheme?s successful elements for purposes of eventual replication, suggests how to address some of the challenges and identifies effective incentives, including salary supplements.

HRIS, eHealth and mHealth

This section deals with the use of information technology (IT) in the field of HRH. Sub-sections are dedicated to human resources (for health) information systems (HRIS), electronic health (the use of the internet for HRH or eHealth) and mobile health (the use of mobile technology or mHealth). A section focused on specific country examples in Kenya, Tanzania and Uganda is also provided.

HRIS

Resources:

- ## Harmonisation and Alignment of the eHealth Architecture for Human Resources for Health Administration, Development and Management

  This paper has been commissioned to support internal discussion and future action(s) on the ?Harmonisation and Alignment of the eHealth Architecture for Human Resources for Health Administration, Development and Management?. One specific focus is the issue of *interoperability*. This is in relation to the rapid growth of information communications technology (ICT) in the Global South (GS) and expressed concerns on the increasing volume of vertical, stand?alone information systems as identified by a panel of African experts at the WB?s Human Resources for Health Results Symposium (HR2) in May 2009.

- ## Guidance for the Health Information Systems (HIS) Strategic Planning Process

  This document is an early version of procedures for use by national health and statistics constituencies in planning and carrying out the design of strategies and operational plans for strengthening their national health information systems.

- ## Building the Bridge from Human Resources Data to Effective Decisions: Ten Pillars of Successful Data-

Driven Decision-Making

The purpose of this technical brief is to present ten fundamental and practical pillars to aid human resource [HR] managers, practitioners and policy analysts in building a bridge from HR data and reports to effective HR policy and management decisions.

- ### Participatory Approach to Develop and Strengthen Human Resources Information Systems for Nurses in ECSA Region

    This presentation focuses upon: identifying the need for health workforce data, describing Capacity Project HRIS Strengthening approach, software and ECSA country activities, and reviewing examples of Nursing Council Uganda data.

eHealth

Resources:

- ### Health Systems in Action: An eHandbook for Leaders and Managers

    The aim of this eHandbook is to provide a comprehensive, practical guide and a set of tools and resources that address common issues in leading and managing health services.

- ### Improving care ? improving access: the use of electronic decision support with AIDS patients in South Africa

    The shortage of physicians has severely limited the expansion of AIDS treatment programs in Africa. This paper presents a novel approach to scaling up treatment utilising counsellors with specially developed clinical algorithms on a hand-held computer to screen patients and maintain patient records in settings where doctors are limited. We screened AIDS patients in two clinics in South Africa to determine whether they could safely continue their current treatment regimen or required consultation with a physician. Following these validation trials,

we will scale up this program and include linkage of these algorithms with patient records stored on the device.

- ## Country Case Study for e-Health: South Africa

South Africa has the potential to build on its experience in e-Health and successfully move further into the field, to the benefit of its people. There is political will to achieve this. Basic enabling policy is in place for the use of ICT in eGovernance. An e-Health policy is under discussion. There are, however, major challenges: broadband penetration is low, bandwidth is expensive, many health-workers are computer illiterate, there is not a culture of data acquisition and analysis, there are too few informaticians and medical practitioners with e-health experience, insufficient people across all levels are being trained in the field, current plans do not appear to incorporate the private sector, and there is the danger that a top down approach to implementation will be taken.

mHealth

Resources:

- ## mHealth Africa Summit - The Promise of mHealth in Africa

The Mobile Health Africa Summit is perhaps the first multi-stakeholder event focusing on mHealth in Africa that will take place on the continent. Over half of the population in African countries uses mobile phones. This creates an unprecedented opportunity to leverage the mobile phone platform to revolutionize the delivery of healthcare to entire populations at less than 25% the cost of traditional delivery models. The summit brings together leading stakeholders from the health, telecommunications, ICT, finance, academic, developmental sectors (and others) together in Africa to address issues of scalability and sustainability in the m-health space. As we build on previous related initiatives around the globe, please join us to exchange ideas, discuss innovative solutions, and create innovative collaborations. For more information, please click here.

- ## mHealth Toolkit

The mHealth Toolkit provides knowledge management to clarify the opportunities and

uncertainties of this rapidly evolving field. Selected resources are presented to suggest promising approaches for the high potential of mHealth.

- ## Mobile Healthcare for Africa Awards

Microsoft Research supports university academics conducting research that demonstrates potential and advances the state-of-the-art of mobile technologies that are relevant to challenges in delivering healthcare in rural or at-risk African communities. The research addresses:

Education ? Mobile technologies as delivery tools for health education and training targeted towards healthcare providers and/or patients. **Remote data collection and surveillance** ? Potential of mobile technologies to transform the way in which clinical, epidemiological, and surveillance research is conducted. This includes, but is not limited to, the ability to capture data in rural areas, the analysis disease transmission depending on environmental characteristics, the development of early detection systems to mitigate disease outbreak, and so forth. **Point-of-care diagnostics and remote patient monitoring** ? Low-cost mobile technologies can be used to reach underserved populations remotely or at the ?point of care.? These could enable delivery of timely and appropriate treatment to patients, help control the emergence of drug resistant pathogens, enable monitoring of individual patients, and so forth.

Country Cases

Kenya

Resources:

- ## M-PESA Documentary

This documentary shows how Safaricom's M-PESA Mobile Money Transfer service is changing lives in Kenya.

Tanzania

Resources:

- ## Human Resources - Geographical Information Systems Data Development and Systems Implementation for the Christian Social Services Commission of Tanzania: Final Report

  This document discusses the development of HR-GIS (Human Resources - Geographical Information Systems) in Tanzania in order to establish a solid basis for recognition of faith-based organization [FBO] contributions in health care provision and to support integration of FBO information within the broader global and national information infrastructure.

- ## The CSSC Geographic and Human Resource Information Systems

  This presentation focuses upon CSSC's geographic and human resource information systems work and their progress to date. It also provides the preliminary results in terms of: health infrastructure, human resources, programs & interventions, and next steps & challenges.

Uganda

Resources:

- ## Tracking and Monitoring the Health Workforce: A New Human Resources Information System (HRIS) in Uganda

  Background: Health workforce planning is important in ensuring that the recruitment, training and deployment of health workers are conducted in the most efficient way possible. However, in many developing countries, human resources for health data are limited, inconsistent, out-

dated, or unavailable. Consequently, policy-makers are unable to use reliable data to make informed decisions about the health workforce. Computerized human resources information systems (HRIS) enable countries to collect, maintain, and analyze health workforce data.

Methods: The purpose of this article is twofold. First, we describe Uganda?s transition from a paper filing system to an electronic HRIS capable of providing information about country-specific health workforce questions. We examine the ongoing five-step HRIS strengthening process used to implement an HRIS that tracks health worker data at the Uganda Nurses and Midwives Council (UNMC). Secondly, we describe how HRIS data can be used to address workforce planning questions via an initial analysis of the UNMC training, licensure and registration records from 1970 through May 2009.

Results: The data indicate that, for the 25 482 nurses and midwives who entered training before 2006, 72% graduated, 66% obtained a council registration, and 28% obtained a license to practice. Of the 17 405 nurses and midwives who obtained a council registration as of May 2009, 96% are of Ugandan nationality and just 3% received their training outside of the country. Thirteen per cent obtained a registration for more than one type of training. Most (34%) trainings with a council registration are for the enrolled nurse training, followed by enrolled midwife (25%), registered (more advanced) nurse (21%), registered midwife (11%), and more specialized trainings (9%).

Conclusion: The UNMC database is valuable in monitoring and reviewing information about nurses and midwives. However, information obtained from this system is also important in improving strategic planning for the greater health care system in Uganda. We hope that the use of a real-world example of HRIS strengthening provides guidance for the implementation of similar projects in other countries or contexts.

Human Resources (for Health) Information Systems?HRIS (hardware, software, and training needs)

Resources:

- ### Harmonisation and Alignment of the eHealth Architecture for Human Resources for Health Administration, Development and Management

  This paper has been commissioned to support internal discussion and future action(s) on the

?Harmonisation and Alignment of the eHealth Architecture for Human Resources for Health Administration, Development and Management?. One specific focus is the issue of *interoperability*. This is in relation to the rapid growth of information communications technology (ICT) in the Global South (GS) and expressed concerns on the increasing volume of vertical, stand?alone information systems as identified by a panel of African experts at the WB?s Human Resources for Health Results Symposium (HR2) in May 2009.

M&E and Data Sources

This section provides resources for HRH data and guidelines on how to monitor and evaluate activities in HRH and health systems strengthening.

Data Sources

Resources:

- ## National Health Workforce Observatories: In the context of Africa Health Workforce Observatory

  This document introduces the Observatory of Health Human Resources for Africa. It discusses: what the national HRH Observatory is, what this Observatory will do, the types of activities undertaken and how they will be financed, and how it will be organized and coordinated.

- ## Africa Health Workforce Observatory (AHWO) Website

  The mission of the Africa Health Workforce Observatory iAHWO) is to support actions that address HRH challenges urgently through promoting, developing and sustaining a firm knowledge base for HRH information that is founded on solid and updated HRH information, reliable analysis and effective use at subnational, national and regional levels.

M&E of HRH

Resources:

- ## Evaluation of Malawi's Emergency Human Resources Programme

  The core objective of this evaluation was to assist the Government of Malawi and its partner, the Christian Health Association of Malawi (CHAM), to assess the implementation progress of the Emergency Human Resource Programme (EHRP) and take stock of its achievements against planned targets. The evaluation was also aimed at assessing the impact of the EHRP on health service utilisation and the costs of the Programme.

- ## Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies

  This handbook discusses each building block separately according to a common format, with the medical products, vaccines and technologies building block focusing specifically on access to essential medicines. For each component or building block, the handbook identifies a parsimonious set of indicators and related measurement strategies. This handbook does not address the measurement strategies and indicators across the entire results chain of the common monitoring and evaluation framework. Rather, it focuses on systems ?inputs,? ?processes? and ?outputs? as they relate to each of the six building blocks of health systems.

- ## Handbook on Monitoring and Evaluation of Human Resources for Health with Special Applications for Low- and Middle - Income Countries

  This publication documents methodologies and shares experiences in measuring and monitoring human resources for health [HRH]. In addition, it encourages countries and partners to build upon these experiences and to compile recommendations for ministries of health and other stakeholders for health workforce monitoring and evaluation.

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Measuring the Impact of Health Systems Strengthening: A Review of the Literature

The purpose of this literature review is to summarize current efforts in measuring health system performance and to highlight the indicators and performance benchmarks most frequently used by the global community. The review also aims to serve as a resource for health system experts working on building consensus around a core set of indicators for monitoring and evaluating health system performance. The literature review is particularly useful in the context of the Millennium Development Goals and the ?Countdown to 2015? initiative, as well as in the context of current U.S. Government presidential initiatives, bilateral programs, and host-country planning processes.

- ## Health Systems Assessment Approach: A How-To Manual

This approach is designed to provide a rapid and yet comprehensive assessment of key health systems functions. The approach is organized around technical modules that guide data collection, and cover the following areas:

  - Governance
  - Health financing
  - Health service delivery
  - Human resources
  - Pharmaceutical management
  - Health information systems

Each module provides guidance for the user according to an indicator-based approach. The assessment approach is flexible and may encompass all modules for a more comprehensive view of the health care system or may focus on selected modules, according to the objectives of the assessment. A required core module provides basic background information on a country?s key health indices and other important data related to its economy, health system organization, and population. Data collection entails a desk review of relevant documents and guided stakeholder interviews. A stakeholder workshop is to be held to present and verify findings and to elicit inputs into the analysis and recommendations.

- ## A framework for assessing the performance of health systems

Health systems vary widely in performance, and countries with similar levels of income, education and health expenditure differ in their ability to attain key health goals. This paper proposes a framework to advance the understanding of health system performance. A first step is to define the boundaries of the health system, based on the concept of health action. Health action is defined as any set of activities whose primary intent is to improve or maintain health. Within these boundaries, the concept of performance is centred around three fundamental goals: improving health, enhancing responsiveness to the expectations of the population, and assuring fairness of financial contribution. Improving health means both increasing the average health status and reducing health inequalities. Responsiveness includes two major components: (a) respect for persons (including dignity, confidentiality and autonomy of individuals and families to decide about their own health); and (b) client orientation (including prompt attention, access to social support networks during care, quality of basic amenities and choice of provider). Fairness of financial contribution means that every household pays a fair share of the total health bill for a country (which may mean that very poor households pay nothing at all). This implies that everyone is protected from financial risks due to health care. The measurement of performance relates goal attainment to the resources available. Variation in performance is a function of the way in which the health system organizes four key functions: stewardship (a broader concept than regulation); financing (including revenue collection, fund pooling and purchasing); service provision (for personal and non-personal health services); and resource generation (including personnel, facilities and knowledge). By investigating these four functions and how they combine, it is possible not only to understand the proximate determinants of health system performance, but also to contemplate major policy challenges.

The Monitoring and Evaluation (M&E) of HRH

Resources:

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Country Experiences

This section compiles all of the documents included in this eToolkit in one central place, organized by country. Background documents in addition to resources focused on: planning, financing, training, recruitment & retention, human resources information systems, eHealth, mHealth, monitoring & evaluation, and data sources can be found here.

Botswana

Resources:

- ## A systematic review of task- shifting for HIV treatment and care in Africa

  Background
  Shortages of human resources for health (HRH) have severely hampered the rollout of antiretroviral therapy (ART) in sub-Saharan Africa. Current rollout models are hospital- and physician-intensive. Task shifting, or delegating tasks performed by physicians to staff with lower-level qualifications, is considered a means of expanding rollout in resource-poor or HRH-limited settings.
  Methods

We conducted a systematic literature review. Medline, the Cochrane library, the Social Science Citation Index, and the South African National Health Research Database were searched with the following terms: task shift*, balance of care, non-physician clinicians, substitute health care worker, community care givers, primary healthcare teams, cadres, and nurs* HIV. We mined bibliographies and corresponded with authors for further results. Grey literature was searched online, and conference proceedings searched for abstracts.

Results

We found 2960 articles, of which 84 were included in the core review. 51 reported outcomes, including research from 10 countries in sub-Saharan Africa. The most common intervention studied was the delegation of tasks (especially initiating and monitoring HAART) from doctors to nurses and other non-physician clinicians. Five studies showed increased access to HAART through expanded clinical capacity; two concluded task shifting is cost effective; 9 showed staff equal or better quality of care; studies on non-physician clinician agreement with physician decisions was mixed, with the majority showing good agreement.

Conclusions

Task shifting is an effective strategy for addressing shortages of HRH in HIV treatment and care. Task shifting offers high-quality, cost-effective care to more patients than a physician-centered model. The main challenges to implementation include adequate and sustainable training, support and pay for staff in new roles, the integration of new members into healthcare teams, and the compliance of regulatory bodies. Task shifting should be considered for careful implementation where HRH shortages threaten rollout programmes.

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Essential Core Competencies for Nursing Related to HIV and AIDS

As an outcome of The Regional Leadership Summit on HIV and AIDS Nursing Education, Practice and Policy held in St. Lucia, South Africa in June 2008, a Regional Lead Team of nursing leaders was appointed to work collaboratively to formulate a work plan for identified issues from the Summit. The members of the Regional Lead Team met throughout 2008 ? 2009 to address the critical priority identified from the Summit related to the need to identify essential nursing competencies to address the HIV and AIDS epidemics in the sub-Saharan African region.

Using a participatory action approach, the members of the Regional Lead Team identified the *Essential Nursing Competencies related to HIV and AIDS*. These competencies were developed based on input from nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, Zimbabwe), and an expert consensus panel convened in Durban, South Africa in March-April 2009.

The following is a result of this group?s work:

- Part I: Evidence from the literature supporting the need to establish core competencies in HIV and AIDS.

- Part II: Evidence from the literature about concepts related to the core competencies for nursing related to HIV and AIDS.
- Part III: Essential Core Competencies for Nursing related to HIV and AIDS.

A review of non-financial incentives for health worker retention in east and southern Africa

This paper was commissioned by the Regional Network for Equity in Health in east and southern Africa (EQUINET) in co-operation with the East, Central and Southern African Health Community (ECSA-HC) to inform a programme of work on 'valuing health workers' so that they are retained within the health systems. The paper reviewed evidence from published and grey (English language) literature on the use of nonfinancial incentives for health worker retention in sixteen countries in east and southern Africa (ESA): Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. There is a growing body of evidence on health worker issues in ESA countries, but few studies on the use of incentives for retention, especially in under-served areas.

Botswana Human Resources' Strategic Plan Development Overview

The main purpose of the plan was to develop human resources for health which ensures:

- Equitable distribution of human resources
- Accessible services through the availability of human resources
- Phased affordability of human resources up to 2016
- Guidelines on implementation of the human resource plan including recruitment & training strategies

Ethiopia

Resources:

Will we achieve universal access to HIV/AIDS services with the health workforce we have? A snapshot from five countries

The analysis and interventions recommended in the report are based on two research methods: literature reviews covering the period from 2000 to 2010, and a rapid situational analysis of five countries to confirm and add depth to findings from the literature reviews, provide insights on country-specific problems, and identify promising practices.

Based upon the gaps, challenges, and progress identified, the report suggests broad areas in which critical interventions are needed to scale up HR for UA. For each critical intervention, the report suggests specific actions that countries and the international community can take to implement it.

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Efficiency and effectiveness of aid flows towards health workforce development: exploratory study based on four case studies from Ethiopia, the Lao People?s Democratic Republic, Liberia and Mozambique

This paper is organized into five main sections. After a brief introduction explaining the human resources for health (HRH) interest in aid effectiveness, the changing relationships between aid donors and recipients are reviewed and an outline given of the current aid effectiveness agenda. This is followed by a presentation of the findings from case studies in the four HRH crisis countries studied, which concludes that in those countries there is little evidence that HRH has benefited from the aid effectiveness agenda. A more nuanced conclusion is reached from an appraisal of the wider literature, which notes, in particular, advances in support for employment costs in selected countries. Nevertheless, a concluding section judges that the donor community has failed to respond to the poorest countries? needs for assistance in scaling up the health workforce, and suggests remedial measures to be taken by both parties.

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Competency Gaps in Human Resource Management in the Health Sector: An exploratory study of Ethiopia, Kenya, Tanzania, and Uganda

This study was designed to document the role and experience of health managers with human resource management (HRM) responsibilities; identify their challenges; identify additional skills and knowledge needed to meet these challenges; and solicit recommendations to strengthen HR management.

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Who are health managers? Case studies from three African countries

Case studies were undertaken in three countries in Africa, namely Ethiopia, Ghana and the United Republic of Tanzania, to explore the availability and training of health service managers, especially those at operational levels. In the United Republic of Tanzania, the study was carried out separately in both the mainland and Zanzibar. For the ease of reference, hereafter, mainland data is referred to as for the United Republic of Tanzania (mainland) and the parts specific to Zanzibar mentioned as such. This report presents a summary of the findings from the three country case studies.

The first part of the paper covers the objectives and rationale for the studies and discusses a WHO conceptual framework on which the analysis is based. The second part examines the context and background of the study countries and the factors that influenced their approach to health services management. The third part describes the study's methodology and the fourth part presents and discusses the key findings. The report concludes with a discussion of the practical implications of the management situation for the countries and makes recommendations.

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For Public Service or Money: Understanding Geographical Imbalances in the Health Workforce

Geographical imbalances in the health workforce have been a consistent feature of nearly all health systems, and especially in developing countries. In this paper we investigate the willingness to work in a rural area among final year nursing and medical students in Ethiopia. Analyzing data obtained from contingent valuation questions, we find that household consumption and the student?s motivation to help the poor, which is our proxy for intrinsic motivation, are the main determinants of willingness to work in a rural area. We investigate who are willing to help the poor and find that women are significantly more likely to help than men. Other variables, including a rich set of psycho-social characteristics, are not significant. Finally, we carry out some simulations on how much it would cost to make the entire cohort of starting nurses and doctors choose to take up a rural post.

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Improving Health Services and Strengthening Health Systems: Adopting and Implementing Innovative Strategies

In recent years a number of specific strategies for improving health services and strengthening health systems have been consistently advocated. In order to advise governments, WHO commissioned this exploratory study to examine more closely the track record of these strategies in twelve low-income countries. Data were gathered primarily from reviews of existing materials and interviews with key informants. This paper presents the main findings and conclusions.

Kenya

Resources:

- ## A systematic review of task- shifting for HIV treatment and care in Africa

Background
Shortages of human resources for health (HRH) have severely hampered the rollout of antiretroviral therapy (ART) in sub-Saharan Africa. Current rollout models are hospital- and physician-intensive. Task shifting, or delegating tasks performed by physicians to staff with lower-level qualifications, is considered a means of expanding rollout in resource-poor or HRH-limited settings.

Methods
We conducted a systematic literature review. Medline, the Cochrane library, the Social Science Citation Index, and the South African National Health Research Database were searched with the following terms: task shift*, balance of care, non-physician clinicians, substitute health care worker, community care givers, primary healthcare teams, cadres, and nurs* HIV. We mined bibliographies and corresponded with authors for further results. Grey literature was searched online, and conference proceedings searched for abstracts.

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Task shifting is an effective strategy for addressing shortages of HRH in HIV treatment and care. Task shifting offers high-quality, cost-effective care to more patients than a physician-centered model. The main challenges to implementation include adequate and sustainable

training, support and pay for staff in new roles, the integration of new members into healthcare teams, and the compliance of regulatory bodies. Task shifting should be considered for careful implementation where HRH shortages threaten rollout programmes.

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  This study was designed to document the role and experience of health managers with human resource management (HRM) responsibilities; identify their challenges; identify additional skills and knowledge needed to meet these challenges; and solicit recommendations to strengthen HR management.

- ## Training Health Workers in Africa: Documenting faith-based organizations' contributions

  This technical brief illustrates the breadth of pre-service and in-service trainings offered by faith-based organizations [FBOs], with a focus on nursing and midwifery pre-service training in Malawi, Kenya, Tanzania, Uganda and Zambia.

- ## M-PESA Documentary

  This documentary shows how Safaricom's M-PESA Mobile Money Transfer service is changing lives in Kenya.

- ## Effectiveness of training supervisors to improve reproductive health quality of care: a cluster-randomized trial in Kenya

  Health facility supervisors are in a position to increase motivation, manage resources, facilitate communication, increase accountability and conduct outreach. This study evaluated the effectiveness of a training intervention for on-site, in-charge reproductive health supervisors in Kenya using an experimental design with pre- and post-test measures in 60

health facilities. Cost information and data from supervisors, providers, clients and facilities were collected. Regression models with the generalized estimating equation approach were used to test differences between study groups and over time, accounting for clustering and matching. Total accounting costs per person trained were calculated. The intervention resulted in significant improvements in quality of care at the supervisor, provider and client?provider interaction levels. Indicators of improvements in the facility environment and client satisfaction were not apparent. The costs of delivering the supervision training intervention totalled US$2113 per supervisor trained. In making decisions about whether to expand the intervention, the costs of this intervention should be compared with other interventions designed to improve quality.

A review of non-financial incentives for health worker retention in east and southern Africa

This paper was commissioned by the Regional Network for Equity in Health in east and southern Africa (EQUINET) in co-operation with the East, Central and Southern African Health Community (ECSA-HC) to inform a programme of work on 'valuing health workers' so that they are retained within the health systems. The paper reviewed evidence from published and grey (English language) literature on the use of nonfinancial incentives for health worker retention in sixteen countries in east and southern Africa (ESA): Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. There is a growing body of evidence on health worker issues in ESA countries, but few studies on the use of incentives for retention, especially in under-served areas.

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Participatory Approach to Develop and Strengthen Human Resources Information Systems for Nurses in

ECSA Region

This presentation focuses upon: identifying the need for health workforce data, describing Capacity Project HRIS Strengthening approach, software and ECSA country activities, and reviewing examples of Nursing Council Uganda data.

Lesotho

Resources:

- ## National Continuing Education Implementation Plan for Lesotho Health Sector

  The purpose of this Continuing Education Implementation Plan (CEIP) is to act as a 'Master Plan' and serve as a point of reference for all stakeholders and beneficiaries in Lesotho. It describes the key action points set out in The National Continuing Education Strategy for Lesotho Health Sector and explains how this CEIP document was developed. In addition, it also discusses continuing education (CE) coordination and planning, resources for CE, CE methodologies, CE priorities for 2011/2012, and CE monitoring and evaluation.

- ## Training Course Specifications: HSS- Supported Training

  This document provides a listing of the training course specifications for HSS-Supported Training for 2011-2012.

- ## A systematic review of task- shifting for HIV treatment and care in Africa

  Background
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  Methods

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Continuing Education Strategy

This Strategy document provides the framework for the planning, development and management of all aspects of continuing education [CE]. CE is a complex matter, covering the in-service training needs for all cadres of health sector practitioners. This Strategy defines the roles for all stakeholders, including the Ministry of Health and Social Welfare and their Development Partners. It is important that this initiative is seen as a partnership whereby all parties actively work together to achieve common goals. The Strategy will be the guiding document for the drafting of a comprehensive 5-year Training Plan, aimed at directing training activities of all stakeholders and equip them with the knowledge of the roles they can play. The Strategy also provides a framework for the necessary funding requirements for implementation of the training initiatives.

Training Needs Assessment of Lesotho Health Workers

This report contains the results of an in-depth Training Needs Assessment (TNA) of Lesotho Health Workers. The study, facilitated by the HSS Project in close collaboration with the

MOHSW, took place from October 18 to December 17, 2010. The previous TNA was carried out during 2002-2004. This study focuses on health workers at central and district level. It excludes the training needs for occupations at the national referral hospital. The recommendations from this TNA will form the basis for updating the MOHSW Continuing Education Implementation Plan (CEIP 2011/2012). The CEIP, in turn, determines the in-service training priorities of the MOHSW.

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Action Plan for the Implementation of the Retention Strategy

This document provides the Retention Action Plan for Lesotho. In includes a narrative summary, measurable indicators, means of verification, and assumptions on the overall goals, the purpose, the expected results or outputs, and the activities.

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Retention Strategy for the Health Workforce

This Strategy constitutes the response by the Ministry of Health and Social Welfare (MOHSW) to the human resources crisis in Lesotho and is firmly embedded within broader government and sector policies. The basis for this document is (a) the existing MOHSW Retention Strategy (Feb 23, 2010), (b) broader government strategies, pertaining to retention, (c) recommendations made by the PriceWaterhouseCoopers study (PWC, Nov 2009), and (d) existing sector-specific policies and strategies that have a bearing on attraction and retention of health workers. Whereas previous versions of this Retention Strategy focussed primarily on monetary incentives for health workers, this edition takes a more holistic and comprehensive approach to defining country-specific priority retention interventions.
It is anticipated that this Strategy will contribute to mitigating some of these causal factors associated with high rates of attrition of health workers. This Strategy seeks to establish the mechanisms that control loss-abatement, brain drain and a largely de-motivated workforce, by putting in place measures, such as salary improvements, better conditions of service and better living conditions for health workers.

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Essential Core Competencies for Nursing Related to HIV and AIDS

As an outcome of The Regional Leadership Summit on HIV and AIDS Nursing Education, Practice and Policy held in St. Lucia, South Africa in June 2008, a Regional Lead Team of nursing leaders was appointed to work collaboratively to formulate a work plan for identified issues from the Summit. The members of the Regional Lead Team met throughout 2008 ?

2009 to address the critical priority identified from the Summit related to the need to identify essential nursing competencies to address the HIV and AIDS epidemics in the sub-Saharan African region.

Using a participatory action approach, the members of the Regional Lead Team identified the *Essential Nursing Competencies related to HIV and AIDS*. These competencies were developed based on input from nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, Zimbabwe), and an expert consensus panel convened in Durban, South Africa in March-April 2009.

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Human Resources Development & Strategic Plan 2005-2025

This document is a combined Human Resources Development Plan and Human Resources Strategic Plan for the health and social welfare sector of Lesotho. The Development Plan is presented in Chapters 2 through 5, and the Strategic Plan is presented in Chapter 6. The essential difference between the two is that the HR Development Plan represents a technical assessment of the total labor supply and training requirements for the sector in the absence of any budget or production constraints. It reflects a technical assessment of what is needed and what should be produced and financed if we faced no constraints. The Strategic Plan by contrast takes cognizance of budget and production constraints and thus represents a prioritized plan that would be technologically feasible from a production standpoint and financially feasible assuming the investment and incremental recurrent budgetary resources are forthcoming as anticipated.

- ## Human Resources for Health country plans

This page contains a collection of country and regional health workforce strategies, policies and plans. The documents are in different stages of development and do not necessarily bear the country authorities' final or formal endorsement.

Malawi

Resources:

- ## Health Workforce Optimization Analysis: Optimal Health Worker Allocation for Public Health Facilities across Malawi

The primary goal of this workforce optimization analysis is to identify the most critical cadres to train and which districts in Malawi are most in need of these health care workers (HCWs).

- ## Nurse/Midwife Training Operational Plan Field

Assessments, Analysis and Scale--?up Plans for Nurse Training Institutions

The Ministry of Health has produced this operational plan to enable it to address serious nurse/midwife shortages in public and private sector hospitals in Malawi. This document sets out work plans for training institutions to follow in order to increase their training capacity, and in turn the output of these critical health workers, in a responsible and cost--?effective manner. Government institutions and development partners can then use this plan to direct investments in training institutions.

- ## Evaluation of Malawi's Emergency Human Resources Programme

The core objective of this evaluation was to assist the Government of Malawi and its partner, the Christian Health Association of Malawi (CHAM), to assess the implementation progress of the Emergency Human Resource Programme (EHRP) and take stock of its achievements against planned targets. The evaluation was also aimed at assessing the impact of the EHRP on health service utilisation and the costs of the Programme.

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Reforming Social Welfare: A New Development Approach in Malawi's Ministry of Gender, Children and Community Development

This document describes the change in Malawi with a process of self-analysis towards significant institutional change in the Ministry of Gender, Children and Community Development (MoGCCD). It explains the process that was taken and concludes that organizational change at the highest level can reform social welfare.

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Training Health Workers in Africa: Documenting faith-based organizations' contributions

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Essential Core Competencies for Nursing Related to HIV and AIDS

As an outcome of The Regional Leadership Summit on HIV and AIDS Nursing Education, Practice and Policy held in St. Lucia, South Africa in June 2008, a Regional Lead Team of nursing leaders was appointed to work collaboratively to formulate a work plan for identified issues from the Summit. The members of the Regional Lead Team met throughout 2008 ?

2009 to address the critical priority identified from the Summit related to the need to identify essential nursing competencies to address the HIV and AIDS epidemics in the sub-Saharan African region.

Using a participatory action approach, the members of the Regional Lead Team identified the *Essential Nursing Competencies related to HIV and AIDS*. These competencies were developed based on input from nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, Zimbabwe), and an expert consensus panel convened in Durban, South Africa in March-April 2009.

The following is a result of this group?s work:

- Part I: Evidence from the literature supporting the need to establish core competencies in HIV and AIDS.
- Part II: Evidence from the literature about concepts related to the core competencies for nursing related to HIV and AIDS.
- Part III: Essential Core Competencies for Nursing related to HIV and AIDS.

Human resources requirements for highly active antiretroviral therapy scale-up in Malawi

Background: Twelve percent of the adult population in Malawi is estimated to be HIV infected. About 15% to 20% of these are in need of life saving antiretroviral therapy. The country has a public sector-led antiretroviral treatment program both in the private and public health sectors. Estimation of the clinical human resources needs is required to inform the planning and distribution of health professionals.

Methods: We obtained data on the total number of patients on highly active antiretroviral treatment program from the Malawi National AIDS Commission and Ministry of Health, HIV Unit, and the number of registered health professionals from the relevant regulatory bodies. We also estimated number of health professionals required to deliver highly active antiretroviral therapy (HAART) using estimates of human resources from the literature. We also obtained data from the Ministry of Health on the actual number of nurses, clinical officers and medical doctors providing services in HAART clinics. We then made comparisons between the human resources situation on the ground and the theoretical estimates based on explicit assumptions.

Results: There were 610 clinicians (396 clinical officers and 214 physicians), 44 pharmacists and 98 pharmacy technicians and 7264 nurses registered in Malawi. At the end of March 2007 there were 85 clinical officer and physician full-time equivalents (FTEs) and 91 nurse FTEs providing HAART to 95,674 patients. The human resources used for the delivery of HAART comprised 13.9% of all clinical officers and physicians and 1.1% of all nurses. Using the estimated numbers of health professionals
from the literature required 15.7?31.4% of all physicians and clinical officers, 66.5?199.3% of all pharmacists and pharmacy technicians and 2.6 to 9.2% of all the available nurses. To

provide HAART to all the 170,000 HIV infected persons estimated as clinically eligible would require 4.7% to 16.4% of the total number of nurses, 118.1% to 354.2% of all the available pharmacists and pharmacy technicians and 27.9% to 55.7% of all clinical officers and physicians. The actual number of health professionals working in the delivery of HAART in the clinics represented 44% to 88.8% (for clinical officers and medical doctors) and 13.6% and 47.6% (for nurses), of what would have been needed based on the literature estimation.

Conclusion: HAART provision is a labour intensive exercise. Although these data are insufficient to determine whether HAART scale-up has resulted in the weakening or strengthening of the health systems in Malawi, the human resources requirements for HAART scale-up are significant. Malawi is using far less human resources than would be estimated based on the literature from other settings. The impact of HAART scale-up on the overall delivery of health services should be assessed.

- # Human Resources for Health Strategic Plan 2007-2011

This document presents a Five (5) Year Human Resources for Health (HRH) Strategic Plan covering the period 2007 to 2011. It focuses on priority areas, gaps, constraints, risks and assumptions affecting the current and projected Human Resource situation. The Plan therefore outlines key outputs, strategies, interventions and targets that are designed to guide the acquisition, growth, development, efficient and effective utilization of human resources in the public health sector in Malawi.

- # A review of non-financial incentives for health worker retention in east and southern Africa

This paper was commissioned by the Regional Network for Equity in Health in east and southern Africa (EQUINET) in co-operation with the East, Central and Southern African Health Community (ECSA-HC) to inform a programme of work on 'valuing health workers' so that they are retained within the health systems. The paper reviewed evidence from published and grey (English language) literature on the use of nonfinancial incentives for health worker retention in sixteen countries in east and southern Africa (ESA): Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. There is a growing body of evidence on health worker issues in ESA countries, but few studies on the use of incentives for retention, especially in under-served areas.

- # Health Workforce "Innovative Approaches and Promising Practices" Study: Attracting and Retaining Nurse Tutors

in Malawi

This paper focuses on the scheme by the Malawi Ministry of Health (MOH) to retain nurse tutors in collaboration with the Christian Health Association of Malawi (CHAM). It chronicles the scheme?s successful elements for purposes of eventual replication, suggests how to address some of the challenges and identifies effective incentives, including salary supplements.

- ## Nurses and Medical Assistants Taking Charge: Task-shifting HIV Care and HAART Initiation in Resource-Constrained and Rural Malawi

  This document discusses the background, context, methods, and conclusion of a study which analyzed the task-shifting of HIV care and HAART initiation to nurses and medical assistants in the resource-constrained and rural Malawi.

- ## Who is doing what? Performance of the emergency obstetric signal functions by non-physician clinicians and nurse-midwives in Malawi, Mozambique, and Tanzania

  The *Health System Strengthening for Equity: The Power and Potential of Mid- Level Providers (HSSE)* project sought to document the current use of nurses, nursemidwives and NPCs in delivering EmOC in Malawi, Mozambique, and Tanzania.

- ## Malawi. Social Welfare Workforce: Strengthening for OVC

  This document focuses upon the situation of orphaned and vulnerable children (OVC) in Malawi. It discusses: the social welfare system and how it supports OVC, the social welfare workforce for OVC, the challenges faced by the workforce for OVC, and the efforts to address those challenges.

- ## Factors Affecting Job Satisfaction and Retention in

Malawi, Mozambique and Tanzania: The Importance of Supervision

This policy brief summarizes the key findings related to job satisfaction and retention and explores the policy implications of these findings. Particular attention is paid to the important role of supervision to improve job satisfaction and increase retention of health care providers.

Mozambique

Resources:

- ## Will we achieve universal access to HIV/AIDS services with the health workforce we have? A snapshot from five countries

  The analysis and interventions recommended in the report are based on two research methods: literature reviews covering the period from 2000 to 2010, and a rapid situational analysis of five countries to confirm and add depth to findings from the literature reviews, provide insights on country-specific problems, and identify promising practices.
  Based upon the gaps, challenges, and progress identified, the report suggests broad areas in which critical interventions are needed to scale up HR for UA. For each critical intervention, the report suggests specific actions that countries and the international community can take to implement it.

- ## Efficiency and effectiveness of aid flows towards health workforce development: exploratory study based on four case studies from Ethiopia, the Lao People?s Democratic Republic, Liberia and Mozambique

  This paper is organized into five main sections. After a brief introduction explaining the human resources for health (HRH) interest in aid effectiveness, the changing relationships between aid donors and recipients are reviewed and an outline given of the current aid effectiveness agenda. This is followed by a presentation of the findings from case studies in

the four HRH crisis countries studied, which concludes that in those countries there is little evidence that HRH has benefited from the aid effectiveness agenda. A more nuanced conclusion is reached from an appraisal of the wider literature, which notes, in particular, advances in support for employment costs in selected countries. Nevertheless, a concluding section judges that the donor community has failed to respond to the poorest countries? needs for assistance in scaling up the health workforce, and suggests remedial measures to be taken by both parties.

- # Zeroing In: AIDS Donors and Africa's Health Workforce

  For the past decade global AIDS donors, including three of the largest?the U.S. President?s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the World Bank?s Africa Multi-Country HIV/AIDS Program for Africa (the MAP)?have responded to HIV/AIDS in sub-Saharan Africa as an emergency. Financial and programmatic efforts were quick, vertical, and HIV/AIDS specific. To achieve ambitious HIV/AIDS targets, AIDS donors mobilized health workers from national health workforces, most of which were inadequate even before the epidemic, with skilled health workers in short supply. The shortages were the result of weak data for effective planning, fragmentation and poor coordination across the health workforce life-cycle, and inadequate capacity to train and pay health workers.

- # A systematic review of task- shifting for HIV treatment and care in Africa

  Background
  Shortages of human resources for health (HRH) have severely hampered the rollout of antiretroviral therapy (ART) in sub-Saharan Africa. Current rollout models are hospital- and physician-intensive. Task shifting, or delegating tasks performed by physicians to staff with lower-level qualifications, is considered a means of expanding rollout in resource-poor or HRH-limited settings.

  Methods
  We conducted a systematic literature review. Medline, the Cochrane library, the Social Science Citation Index, and the South African National Health Research Database were searched with the following terms: task shift*, balance of care, non-physician clinicians, substitute health care worker, community care givers, primary healthcare teams, cadres, and nurs* HIV. We mined bibliographies and corresponded with authors for further results. Grey literature was searched online, and conference proceedings searched for abstracts.

  Results
  We found 2960 articles, of which 84 were included in the core review. 51 reported outcomes, including research from 10 countries in sub-Saharan Africa. The most common intervention studied was the delegation of tasks (especially initiating and monitoring HAART) from doctors

to nurses and other non-physician clinicians. Five studies showed increased access to HAART through expanded clinical capacity; two concluded task shifting is cost effective; 9 showed staff equal or better quality of care; studies on non-physician clinician agreement with physician decisions was mixed, with the majority showing good agreement.

Conclusions

Task shifting is an effective strategy for addressing shortages of HRH in HIV treatment and care. Task shifting offers high-quality, cost-effective care to more patients than a physician-centered model. The main challenges to implementation include adequate and sustainable training, support and pay for staff in new roles, the integration of new members into healthcare teams, and the compliance of regulatory bodies. Task shifting should be considered for careful implementation where HRH shortages threaten rollout programmes.

- # National Plan for Health Human Resources Development

Mozambique has the Government?s Five Year Plan, PARPA, Health Sector Policy Guidelines and the Health Sector Strategic Plan, as guidance for its health policies and human resources. In these documents we can see a strong commitment towards the fulfillment of the millennium development targets (MDG).

- # A review of non-financial incentives for health worker retention in east and southern Africa

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- # Using nurses to identify HAART eligible patients in the Republic of Mozambique: results of a time series analysis

Background: The most pressing challenge to achieving universal access to highly active

antiretroviral therapy (HAART) in sub- Saharan Africa is the shortage of trained personnel to handle the increased service requirements of rapid roll-out. Overcoming the human resource challenge requires developing innovative models of care provision that improve efficiency of service delivery and rationalize use of limited resources.

Methods: We conducted a time-series intervention trial in two HIV clinics in central Mozambique to discern whether expanding the role of basic-level nurses to stage HIV-positive patients using CD4 counts and WHO-defined criteria would lead to more rapid information on patient status (including identification of HAART eligible patients), increased efficiency in the use of higher-level clinical staff, and increased capacity to start HAART-eligible patients on treatment.

Results: Overall, 1,880 of the HAART-eligible patients were considered in the study of whom 48.5% started HAART, with a median time of 71 days from their initial blood draw. After adjusting for time, expanding the role of nurses to stage patients was associated with more rational use of higher-level clinical staff at one site (Beira OR 1.9, 95% CI 1.1?3.3; Chimoio OR 0.2, 95% CI 0.1?0.5). In multivariate analyses, the rate of starting HAART in patients with CD4 counts of less than 200/mm3 increased over time (HR = 1.07, 95% CI 1.02?1.13), as did the total number of new patients initiating HAART (? = 7.3, 95% CI 1.3?13.3). However, the intervention was not independently associated with either of these outcomes in multivariate analyses (HR = 0.9, 95% CI 0.7?1.2) for starting HAART in patients with CD4 counts of less than 200/mm3; (? = -5.2, p = 0.75) for the total number of new patients initiating HAART per month. No effect of the intervention was found in these outcomes when stratifying by site.

Conclusion: The CD4 nurse intervention, when implemented correctly, was associated with a more rational use of higher level clinical providers, which may improve overall clinic flow and efficient use of the limited supply of human resources. However, this intervention did not lead to an increase in the number of patients starting HAART or a reduction in the time to HAART initiation. Study month appears to play an important role in all outcomes, suggesting that general improvements in clinic efficiency may have overshadowed the effect of the intervention. The lack of observed effect in these outcomes may be due to additional health systems bottlenecks that delay the initiation of treatment in HAART-eligible patients.

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Improving Health Services and Strengthening Health Systems: Adopting and Implementing Innovative Strategies

In recent years a number of specific strategies for improving health services and strengthening health systems have been consistently advocated. In order to advise governments, WHO commissioned this exploratory study to examine more closely the track record of these strategies in twelve low-income countries. Data were gathered primarily from reviews of existing materials and interviews with key informants. This paper presents the main findings and conclusions.

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Resources:

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Rwanda

Resources:

- ## A systematic review of task- shifting for HIV treatment and care in Africa

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Methods
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Rwanda: Fiscal space for health and the MDGs revisited

This paper revisits the issue of fiscal space requirements for achieving health millennium development goals (MDGs) in Rwanda. The paper updates and extends work on financing for the health Millennium Development Goals prepared by the Ministry of Health in 2006.1 It draws on papers prepared by World Bank staff for a comprehensive health sector review and information collected during a field visit to Kigali in March 2008.2
The context is one of large recent increases of financing from development partners (donors) combined with far reaching reforms of health sector management. The paper aims to provide a concise summary of the key issues for policymakers in Rwanda, development partners, and to inform a broader international audience of the prospects for scaling up financing for health in order to substantially raise the health status of low income country populations.
The main messages of the paper are:

- Large increases of financing and supporting policy reforms have put Rwanda back on track to achieve most, if not all, of the health-related MDGs provided ;
- Rwanda will likely remain aid dependent for the foreseeable future, or at least to 2020, owing to limited domestic resources, underscoring the importance of ensuring long-term commitments from development partners;
- The expansion of aid-financed fiscal space for health is likely to slow over the period to 2009-15 as indications from major donors are for no or slow growth in aid for health;
- Accordingly, it will remain imperative to realize the planned increase in the health share of domestic financed government spending;
- With financing gaps for health opening up before 2015, efficiency gains will be needed to sustain the rate of improvement of health status;
- Part of the current spending inefficiencies result from a considerable mismatch between the government?s health priorities and the allocation of external financing that warrants a strengthened mechanism to provide flexible and reliable external funding for health, such as a compact between government and the development partners;
- Specific modalities of a government-donor health compact are proposed in the final section, although much will depend on the views and capacities of the key
- stakeholders.

The plan of the paper is as follows: section 1 describes the demographic and health context,

the strategic objectives through to 2015, and recent and prospective progress towards achieving these objectives; section 2 briefly explains the distinctive features of health financing with an emphasis on primary and secondary services needed to achieve strategic objectives; section 3 considers financial flows in the health sector; section 4 elaborates a forward-looking fiscal space for health scenario; section 5 compares projections of fiscal space and alignment of health spending with a costing scenario developed using the marginal budgeting for bottlenecks (MBB) tool; section 6 concludes with a discussion of the uses and potential of government-development partner compact for health sector financing in support of a long term health strategy.

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Performance-based Financing and Changing the District Health System: Experience from Rwanda

Evidence from low-income Asian countries shows that performance-based financing (as a specific form of contracting) can improve health service delivery more successfully than traditional input financing mechanisms. We report a field experience from Rwanda demonstrating that performance-based financing is a feasible strategy in sub-Saharan Africa too. Performance-based financing requires at least one new actor, an independent well equipped fundholder organization in the district health system separating the purchasing, service delivery as well as regulatory roles of local health authorities from the technical role of contract negotiation and fund disbursement. In Rwanda, local community groups, through patient surveys, verified the performance of health facilities and monitored consumer satisfaction. A precondition for the success of performance-based financing is that authorities must respect the autonomous management of health facilities competing for public subsidies. These changes are an opportunity to redistribute roles within the health district in a more transparent and efficient fashion.

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Rwanda: Performance-based Financing in Health

This document focuses upon performance-based financing (PBF) in health in Rwanda. It describes how PBF in Rwanda can serve as a guide for other countries that want to apply similar schemes and discusses essential elements for success and consistent leadership at the highest level in the Ministry of Health.

South Africa

Resources:

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Fit for Purpose? The appropriate education of health professionals in South Africa

This editorial discusses what health sciences training institutions have achieved in the past 50 years to address the health care priorities of South African who are most in need.

- ## Human Resources for Health South Africa

A vision to improve access to health care for all and health outcomes, makes it is necessary to develop
and employ new professionals and cadres to meet policy and health needs, to increase workforce
flexibility to achieve this objective, to improve ways of working and productivity of the existing workforce,
to improve retention, increase productivity and revitalise aspects of education, training and research.

Achieving this vision requires the organisational infrastructure for education, training and service
development, namely effective and efficient Academic Health Complexes. It also requires improved
management of health professionals and cadres and improvement in their working lives.
Realising the vision requires firm, accountable and consultative leadership, well informed by information
and planning capacity, processes and tools. Most important is Ministerial leadership and leadership of the
NDoH to drive the process of change. The Minister, the DG for Health and the NDoH are committed to
this process.
Eight thematic priorities were identified to form the framework for the HRH Strategy.

- Leadership, governance and accountability
- Health workforce information and health workforce planning
- Re-engineering of the workforce to meet service needs
- Scaling up and revitalising education, training and research
- Creating the infrastructure for workforce and service development - Academic Health Complexes
- and nursing colleges
- Strengthening and professionalising the management of HR and prioritise health workforce needs
- Ensuring professional quality care through oversight, regulation and continuing professional

- ○ development
  - ○ Improving access to health professionals and health care in rural and remote areas.
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A systematic review of task- shifting for HIV treatment and care in Africa

Background
Shortages of human resources for health (HRH) have severely hampered the rollout of antiretroviral therapy (ART) in sub-Saharan Africa. Current rollout models are hospital- and physician-intensive. Task shifting, or delegating tasks performed by physicians to staff with lower-level qualifications, is considered a means of expanding rollout in resource-poor or HRH-limited settings.

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Conclusions
Task shifting is an effective strategy for addressing shortages of HRH in HIV treatment and care. Task shifting offers high-quality, cost-effective care to more patients than a physician-centered model. The main challenges to implementation include adequate and sustainable training, support and pay for staff in new roles, the integration of new members into healthcare teams, and the compliance of regulatory bodies. Task shifting should be considered for careful implementation where HRH shortages threaten rollout programmes.

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Improving care ? improving access: the use of electronic decision support with AIDS patients in South Africa

The shortage of physicians has severely limited the expansion of AIDS treatment programs in Africa. This paper presents a novel approach to scaling up treatment utilising counsellors with

specially developed clinical algorithms on a hand-held computer to screen patients and maintain patient records in settings where doctors are limited. We screened AIDS patients in two clinics in South Africa to determine whether they could safely continue their current treatment regimen or required consultation with a physician. Following these validation trials, we will scale up this program and include linkage of these algorithms with patient records stored on the device.

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Using a participatory action approach, the members of the Regional Lead Team identified the *Essential Nursing Competencies related to HIV and AIDS*. These competencies were developed based on input from nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, Zimbabwe), and an expert consensus panel convened in Durban, South Africa in March-April 2009.

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Recruitment and Placement of Foreign Health Care Professionals to Work in the Public Health Care in South Africa: Assessment

This document describes an assessment of the feasibility and interest among stakeholders in the Netherlands, United Kingdom and the United States in facilitating recruitment and placement of foreign health care professionals to work in the public sector health care in South Africa.

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Managing the Health Millennium Development Goals - The Challenge of Management Strengthening: Lessons from Three Countries

This study describes various management strengthening activities in three countries - South Africa, Togo and Uganda. This study aimed to improve the basic information available about what management strengthening activities are taking place and how effective they can be. The study also identified a number of practical areas where countries could improve their management development activities.

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Management of District Hospitals: Suggested Elements for Improvement

This document describes a study in which interviews were conducted with senior hospital and district management teams of 4 hospitals in 2 rural districts, in KwaZulu-Natal and North West Province. These hospitals were chosen because they were thought to be functioning relatively well. The purpose was to understand some of the factors contributing to their relative success, and share these with other similar institutions.

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Country Case Study for e-Health: South Africa

South Africa has the potential to build on its experience in e-Health and successfully move further into the field, to the benefit of its people. There is political will to achieve this. Basic enabling policy is in place for the use of ICT in eGovernance. An e-Health policy is under discussion. There are, however, major challenges: broadband penetration is low, bandwidth is expensive, many health-workers are computer illiterate, there is not a culture of data acquisition and analysis, there are too few informaticians and medical practitioners with e-health experience, insufficient people across all levels are being trained in the field, current plans do not appear to incorporate the private sector, and there is the danger that a top down approach to implementation will be taken.

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District Management Study: A National Summary Report. A review of structures, competencies and training interventions to strengthen district management in the national health system of South Africa

The aim of the study is to undertake a national assessment of existing district management structures, competencies and current training programmes in order to inform a national strategy and plan to strengthen district management capacity to ensure effective delivery of primary health care in South Africa.

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Management of District Hospitals: Exploring Success

This document describes a study in which interviews were conducted with senior staff (or former staff), hospital management members and district management members of 4 hospitals in 2 very different rural districts, one in KwaZuluNatal and one in North West province. These hospitals were chosen because they were thought to be functioning relatively well. The purpose was to understand some of the factors contributing to their relative success, in order to share lessons learnt with other institutions.

Swaziland

Resources:

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- # Essential Core Competencies for Nursing Related to HIV and AIDS

As an outcome of The Regional Leadership Summit on HIV and AIDS Nursing Education, Practice and Policy held in St. Lucia, South Africa in June 2008, a Regional Lead Team of nursing leaders was appointed to work collaboratively to formulate a work plan for identified issues from the Summit. The members of the Regional Lead Team met throughout 2008 ? 2009 to address the critical priority identified from the Summit related to the need to identify essential nursing competencies to address the HIV and AIDS epidemics in the sub-Saharan African region.

Using a participatory action approach, the members of the Regional Lead Team identified the *Essential Nursing Competencies related to HIV and AIDS*. These competencies were developed based on input from nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, Zimbabwe), and an expert consensus panel convened in Durban, South Africa in March-April 2009.

The following is a result of this group?s work:

- ○ Part I: Evidence from the literature supporting the need to establish core competencies in HIV and AIDS.
- ○ Part II: Evidence from the literature about concepts related to the core competencies for nursing related to HIV and AIDS.
- ○ Part III: Essential Core Competencies for Nursing related to HIV and AIDS.

- # A review of non-financial incentives for health worker retention in east and southern Africa

This paper was commissioned by the Regional Network for Equity in Health in east and southern Africa (EQUINET) in co-operation with the East, Central and Southern African Health Community (ECSA-HC) to inform a programme of work on 'valuing health workers' so that they are retained within the health systems. The paper reviewed evidence from published and grey (English language) literature on the use of nonfinancial incentives for health worker retention in sixteen countries in east and southern Africa (ESA): Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. There is a growing body of evidence on health worker issues in ESA countries, but few studies on the use of

incentives for retention, especially in under-served areas.

- ## Participatory Approach to Develop and Strengthen Human Resources Information Systems for Nurses in ECSA Region

  This presentation focuses upon: identifying the need for health workforce data, describing Capacity Project HRIS Strengthening approach, software and ECSA country activities, and reviewing examples of Nursing Council Uganda data.

Tanzania

Resources:

- ## Community and health system factors associated with facility delivery in rural Tanzania: A multilevel analysis

  Objectives: Tanzania, a country with high maternal mortality, has many primary health facilities yet has a low rate of facility deliveries. This study estimated the contribution of individual and community factors in explaining variation in the use of health facilities for childbirth in rural Tanzania.
  Methods: A two-stage cluster population-based survey was conducted in Kasulu District, western Tanzania with women with a recent delivery. Random intercept multilevel logistic regression models were used to assess the association between individual- and village-level factors and likelihood of facility delivery.
  Results: 1205 women participated in the study. In the fully adjusted two-level model, in addition to several individual factors, positive village perception of doctor and nurse skills (odds ratio (OR) 6.72, 95% confidence interval (CI): 2.47?18.31) and negative perception of traditional birth attendant skills (OR 0.13, 95% CI: 0.04?0.40) were associated with higher odds of facility delivery.
  Conclusion: This study suggests that community perceptions of the quality of the local health system influence women?s decisions to deliver in a clinic. Improving quality of care at firstlevel clinics and communicating this to communities may assist efforts to increase facility delivery in sub-Saharan Africa.

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Who are health managers? Case studies from three African countries

Case studies were undertaken in three countries in Africa, namely Ethiopia, Ghana and the United Republic of Tanzania, to explore the availability and training of health service managers, especially those at operational levels. In the United Republic of Tanzania, the study was carried out separately in both the mainland and Zanzibar. For the ease of reference, hereafter, mainland data is referred to as for the United Republic of Tanzania (mainland) and the parts specific to Zanzibar mentioned as such. This report presents a summary of the findings from the three country case studies.

The first part of the paper covers the objectives and rationale for the studies and discusses a WHO conceptual framework on which the analysis is based. The second part examines the context and background of the study countries and the factors that influenced their approach to health services management. The third part describes the study's methodology and the fourth part presents and discusses the key findings. The report concludes with a discussion of the practical implications of the management situation for the countries and makes recommendations.

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Competency Gaps in Human Resource Management in the Health Sector: An exploratory study of Ethiopia, Kenya, Tanzania, and Uganda

This study was designed to document the role and experience of health managers with human resource management (HRM) responsibilities; identify their challenges; identify additional skills and knowledge needed to meet these challenges; and solicit recommendations to strengthen HR management.

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Action Now on the Tanzanian Health Worker Crisis: Expanding Health Worker Training- The Twiga Initiative

This report draws heavily on the Touch Foundation's work to expand and strengthen training of health workers at the Weill Bugando University and Teaching Hospital in Mwanza in northwestern Tanzania. While this report targets health worker training in Tanzania, the precipitating health workforce shortage is a global crisis. The analytical process is replicable across sub-Saharan Africa so that many of the recommendations put forward to the Tanzanian Health Ministry will apply equally in other countries.

- ## Training Health Workers in Africa: Documenting faith-based organizations' contributions

  This technical brief illustrates the breadth of pre-service and in-service trainings offered by faith-based organizations [FBOs], with a focus on nursing and midwifery pre-service training in Malawi, Kenya, Tanzania, Uganda and Zambia.

- ## Human Resources - Geographical Information Systems Data Development and Systems Implementation for the Christian Social Services Commission of Tanzania: Final Report

  This document discusses the development of HR-GIS (Human Resources - Geographical Information Systems) in Tanzania in order to establish a solid basis for recognition of faith-based organization [FBO] contributions in health care provision and to support integration of FBO information within the broader global and national information infrastructure.

- ## A review of non-financial incentives for health worker retention in east and southern Africa

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incentives for retention, especially in under-served areas.

- ## Improving Health Services and Strengthening Health Systems: Adopting and Implementing Innovative Strategies

  In recent years a number of specific strategies for improving health services and strengthening health systems have been consistently advocated. In order to advise governments, WHO commissioned this exploratory study to examine more closely the track record of these strategies in twelve low-income countries. Data were gathered primarily from reviews of existing materials and interviews with key informants. This paper presents the main findings and conclusions.

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  This presentation focuses upon: identifying the need for health workforce data, describing Capacity Project HRIS Strengthening approach, software and ECSA country activities, and reviewing examples of Nursing Council Uganda data.

- ## Who is doing what? Performance of the emergency obstetric signal functions by non-physician clinicians and nurse-midwives in Malawi, Mozambique, and Tanzania

  The *Health System Strengthening for Equity: The Power and Potential of Mid- Level Providers (HSSE)* project sought to document the current use of nurses, nursemidwives and NPCs in delivering EmOC in Malawi, Mozambique, and Tanzania.

- ## Tanzania. Social Welfare Workforce: Strengthening for OVC

This document focuses upon the situation of orphaned and vulnerable children (OVC) in Tanzania. It discusses: the social welfare system and how it supports OVC, the social welfare workforce for OVC, the challenges faced by the workforce for OVC, and the efforts to address those challenges.

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The CSSC Geographic and Human Resource Information Systems

This presentation focuses upon CSSC's geographic and human resource information systems work and their progress to date. It also provides the preliminary results in terms of: health infrastructure, human resources, programs & interventions, and next steps & challenges.

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Factors Affecting Job Satisfaction and Retention in Malawi, Mozambique and Tanzania: The Importance of Supervision

This policy brief summarizes the key findings related to job satisfaction and retention and explores the policy implications of these findings. Particular attention is paid to the important role of supervision to improve job satisfaction and increase retention of health care providers.

Uganda

Resources:

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Tracking and Monitoring the Health Workforce: A New Human Resources Information System (HRIS) in Uganda

Background: Health workforce planning is important in ensuring that the recruitment, training and deployment of health workers are conducted in the most efficient way possible. However, in many developing countries, human resources for health data are limited, inconsistent, out-dated, or unavailable. Consequently, policy-makers are unable to use reliable data to make informed decisions about the health workforce. Computerized human resources information

systems (HRIS) enable countries to collect, maintain, and analyze health workforce data.

Methods: The purpose of this article is twofold. First, we describe Uganda?s transition from a paper filing system to an electronic HRIS capable of providing information about country-specific health workforce questions. We examine the ongoing five-step HRIS strengthening process used to implement an HRIS that tracks health worker data at the Uganda Nurses and Midwives Council (UNMC). Secondly, we describe how HRIS data can be used to address workforce planning questions via an initial analysis of the UNMC training, licensure and registration records from 1970 through May 2009.

Results: The data indicate that, for the 25 482 nurses and midwives who entered training before 2006, 72% graduated, 66% obtained a council registration, and 28% obtained a license to practice. Of the 17 405 nurses and midwives who obtained a council registration as of May 2009, 96% are of Ugandan nationality and just 3% received their training outside of the country. Thirteen per cent obtained a registration for more than one type of training. Most (34%) trainings with a council registration are for the enrolled nurse training, followed by enrolled midwife (25%), registered (more advanced) nurse (21%), registered midwife (11%), and more specialized trainings (9%).

Conclusion: The UNMC database is valuable in monitoring and reviewing information about nurses and midwives. However, information obtained from this system is also important in improving strategic planning for the greater health care system in Uganda. We hope that the use of a real-world example of HRIS strengthening provides guidance for the implementation of similar projects in other countries or contexts.

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Positive Practice Environments in Uganda: Enhancing Health Worker and Health System Performance

This paper aims to explore the current key issues facing Uganda?s health human resource climate with particular attention to practice environments including recruitment, retention and productivity of its health workforce, to identify the HR solutions that are being or have been employed to address these main challenges. The paper will also help in identifying knowledge gaps for future in-depth research and recommendations for future strategies.

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A systematic review of task- shifting for HIV treatment and care in Africa

Background
Shortages of human resources for health (HRH) have severely hampered the rollout of antiretroviral therapy (ART) in sub-Saharan Africa. Current rollout models are hospital- and physician-intensive. Task shifting, or delegating tasks performed by physicians to staff with

lower-level qualifications, is considered a means of expanding rollout in resource-poor or HRH-limited settings.

Methods

We conducted a systematic literature review. Medline, the Cochrane library, the Social Science Citation Index, and the South African National Health Research Database were searched with the following terms: task shift*, balance of care, non-physician clinicians, substitute health care worker, community care givers, primary healthcare teams, cadres, and nurs* HIV. We mined bibliographies and corresponded with authors for further results. Grey literature was searched online, and conference proceedings searched for abstracts.

Results

We found 2960 articles, of which 84 were included in the core review. 51 reported outcomes, including research from 10 countries in sub-Saharan Africa. The most common intervention studied was the delegation of tasks (especially initiating and monitoring HAART) from doctors to nurses and other non-physician clinicians. Five studies showed increased access to HAART through expanded clinical capacity; two concluded task shifting is cost effective; 9 showed staff equal or better quality of care; studies on non-physician clinician agreement with physician decisions was mixed, with the majority showing good agreement.

Conclusions

Task shifting is an effective strategy for addressing shortages of HRH in HIV treatment and care. Task shifting offers high-quality, cost-effective care to more patients than a physician-centered model. The main challenges to implementation include adequate and sustainable training, support and pay for staff in new roles, the integration of new members into healthcare teams, and the compliance of regulatory bodies. Task shifting should be considered for careful implementation where HRH shortages threaten rollout programmes.

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Zeroing In: AIDS Donors and Africa's Health Workforce

For the past decade global AIDS donors, including three of the largest?the U.S. President?s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the World Bank?s Africa Multi-Country HIV/AIDS Program for Africa (the MAP)?have responded to HIV/AIDS in sub-Saharan Africa as an emergency. Financial and programmatic efforts were quick, vertical, and HIV/AIDS specific. To achieve ambitious HIV/AIDS targets, AIDS donors mobilized health workers from national health workforces, most of which were inadequate even before the epidemic, with skilled health workers in short supply. The shortages were the result of weak data for effective planning, fragmentation and poor coordination across the health workforce life-cycle, and inadequate capacity to train and pay health workers.

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This technical brief illustrates the breadth of pre-service and in-service trainings offered by faith-based organizations [FBOs], with a focus on nursing and midwifery pre-service training in Malawi, Kenya, Tanzania, Uganda and Zambia.

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Fiscal Space for Health in Uganda

This report reviews performance of Uganda?s health sector and assesses options for increasing total health spending and improving efficiency of health spending to improve health, nutrition, and population outcomes.

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A review of non-financial incentives for health worker retention in east and southern Africa

This paper was commissioned by the Regional Network for Equity in Health in east and southern Africa (EQUINET) in co-operation with the East, Central and Southern African Health Community (ECSA-HC) to inform a programme of work on 'valuing health workers' so that they are retained within the health systems. The paper reviewed evidence from published and grey (English language) literature on the use of nonfinancial incentives for health worker retention in sixteen countries in east and southern Africa (ESA): Angola, Botswana, DRC, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. There is a growing body of evidence on health worker issues in ESA countries, but few studies on the use of incentives for retention, especially in under-served areas.

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Managing the Health Millennium Development Goals -

The Challenge of Management Strengthening: Lessons from Three Countries

This study describes various management strengthening activities in three countries - South Africa, Togo and Uganda. This study aimed to improve the basic information available about what management strengthening activities are taking place and how effective they can be. The study also identified a number of practical areas where countries could improve their management development activities.

- ## Strengthening Management in Low-Income Countries: Lessons from Uganda

  The objectives of this Uganda case study were to review:

  1. The scope, scale, and duration of the main management development approaches implemented during the last five to seven years;
  2. Changes in management capacity at district level within the public sector;
  3. Changes in management performance at district level ni the public sector;
  4. Other contextual changes that may have idependently affected management performance;
  5. Trends in health service delivery outputs and determine whether these are linked to effects of management development.

- ## Improving Health Services and Strengthening Health Systems: Adopting and Implementing Innovative Strategies

  In recent years a number of specific strategies for improving health services and strengthening health systems have been consistently advocated. In order to advise governments, WHO commissioned this exploratory study to examine more closely the track record of these strategies in twelve low-income countries. Data were gathered primarily from reviews of existing materials and interviews with key informants. This paper presents the main findings and conclusions.

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Zambia

Resources:

- ## The Human Resources for Health Crisis in Zambia: An outcome of Health Worker Entry, Exit, and Performance within the National Labor Health Market

  This report compiles recent evidence on the Zambian health labor market and provides some baseline information on human resources for health [HRH] to help the government address its HRH challenges. Rather than focusing on making policy recommendations, the report is designed to be a source book to benefit and fuel discussions related to HRH in Zambia. Most of the data presented in the report covers the period 2005?08. The report analyzes the national health labor market to better understand the available evidence related to the stock, distribution, and performance of HRH in Zambia (that is, the HRH outcomes). It aims to explain those HRH outcomes by mapping, assessing, and analyzing pre-service education and labor market dynamics, that is, the flow of health workers into, within, and out of the health labor market, as well as the core factors influencing these dynamics.

- ## Will we achieve universal access to HIV/AIDS services with the health workforce we have? A snapshot from five countries

  The analysis and interventions recommended in the report are based on two research methods: literature reviews covering the period from 2000 to 2010, and a rapid situational analysis of five countries to confirm and add depth to findings from the literature reviews, provide insights on country-specific problems, and identify promising practices.
  Based upon the gaps, challenges, and progress identified, the report suggests broad areas in which critical interventions are needed to scale up HR for UA. For each critical intervention,

the report suggests specific actions that countries and the international community can take to implement it.

- # The Zambia Country Case Study on Positive Practice Environments (PPE) Quality Workplaces for Quality Care

This country case study aims: to explore the current key issues facing Zambia?s health human resource climate with particular attention to practice environments and recruitment/retention of its health workforce; to identify the human resources (HR) solutions that are being or have been employed to address these main challenges; to identify knowledge gaps for future in-depth research and recommendations for future strategies. The study will also contribute to the knowledge base being amassed by WHO related to ?Increasing access to the health workforce in remote and rural areas through improved retention?.

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Background
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- ## Searching for Common Ground on Incentive Packages for Community Workers and Volunteers in Zambia

This study reviews experiences and lessons learnt regarding monetary and non-monetary incentives for community workers within the sub-region, and other parts of the world, as well as in Zambia. It includes indicative costings and recommendations for further policy and development with regard to the effective recruitment, training and deployment of community workers in Zambia. Given the current shortfall in the numbers of community workers needed, this is an enormous challenge and underscores the importance and timeliness of this study.

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Economic Valuations of Community Health Workers' Recompense in Zambia

This document focuses upon a study with the objectives of estimating the economic value of community health workers (CHWs) and obtaining a preliminary understanding of both CHWs' opinions of the role they serve in their communities and how these services are viewed by members of their communities. The study was conducted in two rural districts of Zambia - Chibombo and Chongwe.

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Human Resources for the Delivery of Health Services in Zambia: External Influences and Domestic Policies and Practices

The objective of this study was to analyze in what way human resources for health [HRH] recruitment, deployment and retention at the district level are influenced by external funding; and to what extent this is in line with national and district policies and strategies.

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A review of non-financial incentives for health worker retention in east and southern Africa

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Human Resources for Health Strategic Plan (2006-2010)

The HRH Strategic Plan sets out strategies and options for 2006 to 2010 to tackle the human resources crisis in the health sector, within the timeframes of the National Development Plan and the National Health Strategic Plan 2006 ?
2010. Its overall aim is:

- To ensure an adequate and equitable distribution of appropriately motivated, skilled and equitably distributed health workers providing quality services.

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Human Resources for Health country plans

This page contains a collection of country and regional health workforce strategies, policies and plans. The documents are in different stages of development and do not necessarily bear the country authorities' final or formal endorsement.

Zimbabwe

Resources:

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Zimbabwe Human Resources for Health Strategic Plan (2010-2014)

This presentation outlines the Human Resources for Health Strategic Plan (2010-2014) for Zimbabwe. It discusses the strengths and weaknesses of the current plan as well as the successes and challenges in implementing the plan.

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Essential Core Competencies for Nursing Related to HIV and AIDS

As an outcome of The Regional Leadership Summit on HIV and AIDS Nursing Education, Practice and Policy held in St. Lucia, South Africa in June 2008, a Regional Lead Team of nursing leaders was appointed to work collaboratively to formulate a work plan for identified issues from the Summit. The members of the Regional Lead Team met throughout 2008 ?

2009 to address the critical priority identified from the Summit related to the need to identify essential nursing competencies to address the HIV and AIDS epidemics in the sub-Saharan African region.

Using a participatory action approach, the members of the Regional Lead Team identified the *Essential Nursing Competencies related to HIV and AIDS*. These competencies were developed based on input from nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, Zimbabwe), and an expert consensus panel convened in Durban, South Africa in March-April 2009.

The following is a result of this group?s work:

- Part I: Evidence from the literature supporting the need to establish core competencies in HIV and AIDS.
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Results Based Financing Zimbabwe

This presentation describes the objectives and the implementation of a results-based financing project in Zimbabwe.

Selected Special Topics

 This section highlights additional special topics on Human Resources in Health (HRH). It includes resources focused on community health workers, decentralization, improving health management, quality assurance & improving HRH productivity, social welfare & OVC, task shifting and discrete choice models for identification of health worker preferences .

Community Health Workers

Resources:

- ## Community Health Worker Assessment and Improvement Matrix (CHW AIM): A Toolkit for Improving CHW Programs and Services

  The CHW AIM Toolkit assists the assessment, improvement, and planning of CHW programs by deepening understanding of the elements of successful programs and the use of best practices as an evidence-based approach to improvement. The toolkit is framed around two key resources: a program functionality matrix with 15 key components used by participants to assess the current status of their programs and a service intervention matrix to determine how CHW service delivery aligns with program and national guidelines. Worksheets and tools to assist in the implementation of the two resources are included. Key health intervention matrices currently comprise MNCH, HIV and TB; additional services can be adapted for assessment.

- ## Searching for Common Ground on Incentive Packages for Community Workers and Volunteers in Zambia

  This study reviews experiences and lessons learnt regarding monetary and non-monetary incentives for community workers within the sub-region, and other parts of the world, as well as in Zambia. It includes indicative costings and recommendations for further policy and development with regard to the effective recruitment, training and deployment of community workers in Zambia. Given the current shortfall in the numbers of community workers needed, this is an enormous challenge and underscores the importance and timeliness of this study.

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-

One Million Community Health Workers: Technical Task Force Report

The purpose of this report is to provide broad operational and cost considerations in mobilizing support for a large increase in public sector community health worker (CHW) cadres across Africa. It presents a synthesis of support for CHW subsystem scaling and highlights important considerations for the international community and national governments to take into account as they embark on a path to providing basic health care services to women, children, and communities that need it most.

Decentralization

Resources:

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Health sector decentralization and local decision-making: Decision space, institutional capacities and accountability in Pakistan

Health sector decentralization has been widely adopted to improve delivery of health services. While many argue that institutional capacities and mechanisms of accountability required to transform decentralized decision-making into improvements in local health systems are lacking, few empirical studies exist which measure or relate together these concepts. Based on research instruments administered to a sample of 91 health sector decision-makers in 17 districts of Pakistan, this study analyzes relationships between three dimensions of decentralization: decentralized authority (referred to as ?decision space?),

institutional capacities, and accountability to local officials. Composite quantitative indicators of these three dimensions were constructed within four broad health functions (strategic and operational planning, budgeting, human resources management, and service organization/delivery) and on an overall/cross-function basis. Three main findings emerged. First, district-level respondents report varying degrees of each dimension despite being under a single decentralization regime and facing similar rules across provinces. Second, within dimensions of decentralizationparticularly decision space and capacitiesdsynergies exist between levels reported by respondents in one function and those reported in other functions (statistically significant coefficients of correlation ranging from r ¼ 0.22 to r ¼ 0.43). Third, synergies exist across dimensions of decentralization, particularly in terms of an overall indicator of institutional capacities (significantly correlated with both overall decision space (r¼ 0.39) and accountability (r¼ 0.23)). This study demonstrates that decentralization is a varied experiencedwith some district-level officials making greater use of decision space than others and that those who do so also tend to have more capacity to make decisions and are held more accountable to elected local officials for such choices. These findings suggest that Pakistan?s decentralization policy should focus on synergies among dimensions of decentralization to encouraging more use of de jure decision space, work toward more uniform institutional capacity, and encourage greater accountability to local elected officials.

- # Local Government Discretion and Accountability: Application of a Local Governance Framework

  This report focuses on the understanding of the decentralization process and its impact in the following ways:

  - establishes and employs a framework to comprehensively evaluate decentralization reforms
  - identifies accountability policies and practices employed by different countries especially those that attempt to build mechanisms that promote social and public accountability
  - provides extensive information about the decentralization reforms in our case countries that is valuable for further research, policy analysis or suggestions for reforms in these countries

- # Decentralization in Africa: A Stocktaking Survey

  This report provides an overview of decentralization in Africa based on the assessments of World Bank specialists working on each country covered. It is the first of a two-part analytical effort that the Africa Public Sector Reform and Capacity Building Unit is undertaking to

establish a knowledge base essential for making further decisions on how to engage and/or integrate decentralization in operational work in the region. This report catalogs the status of decentralization based on a number of indicators for each country as reported by country specialists within the Bank in response to a survey administered in January and February 2002. The second part of the review will be based on a comparative case study of 2-4 countries exploring the political economy of decentralization. In particular, the latter component will examine decentralization efforts in specific countries with a view to reviewing previous political and administrative reforms, and examining the contemporary impetuses, opportunities, and challenges for decentralization. The case studies will also anticipate probable outcomes and suggest possible operational responses that are specific to the case study countries and, more importantly, indicative for general sector work.

- ## Decentralization

  This resource on decentralization provides: a definition of the term, key references, the status of decentralization, issues and trends in decentralization, and useful websites focused on decentralization.

Improving Health Management

Resources:

- ## American College of Healthcare Executives [ACHE] Healthcare Executive: Competencies Assessment Tool 2011

  These tools are offered as an instrument for healthcare executives to use in assessing their expertise in critical areas of healthcare management. The competencies in this self-assessment tool comprise a subset relevant to management and leadership tasks typically performed by affiliates of the American College of Healthcare Executives, regardless of work setting or years of experience.

- ## Competency Gaps in Human Resource Management in the Health Sector: An exploratory study of Ethiopia, Kenya, Tanzania, and Uganda

This study was designed to document the role and experience of health managers with human resource management (HRM) responsibilities; identify their challenges; identify additional skills and knowledge needed to meet these challenges; and solicit recommendations to strengthen HR management.

- ## Strengthening Human Resources Management: Knowledge, Skills and Leadership

This brief describes the rationale, process, methodology and some of the results of key approaches that the Project and its collaborating partners developed and implemented in sub-Saharan Africa.

- ## Effectiveness of training supervisors to improve reproductive health quality of care: a cluster-randomized trial in Kenya

Health facility supervisors are in a position to increase motivation, manage resources, facilitate communication, increase accountability and conduct outreach. This study evaluated the effectiveness of a training intervention for on-site, in-charge reproductive health supervisors in Kenya using an experimental design with pre- and post-test measures in 60 health facilities. Cost information and data from supervisors, providers, clients and facilities were collected. Regression models with the generalized estimating equation approach were used to test differences between study groups and over time, accounting for clustering and matching. Total accounting costs per person trained were calculated. The intervention resulted in significant improvements in quality of care at the supervisor, provider and client?provider interaction levels. Indicators of improvements in the facility environment and client satisfaction were not apparent. The costs of delivering the supervision training intervention totalled US$2113 per supervisor trained. In making decisions about whether to expand the intervention, the costs of this intervention should be compared with other interventions designed to improve quality.

- ## Managing the Health Millennium Development Goals - The Challenge of Management Strengthening: Lessons from Three Countries

This study describes various management strengthening activities in three countries - South

Africa, Togo and Uganda. This study aimed to improve the basic information available about what management strengthening activities are taking place and how effective they can be. The study also identified a number of practical areas where countries could improve their management development activities.

- ## Strengthening Management in Low-Income Countries: Lessons from Uganda

  The objectives of this Uganda case study were to review:

  1. The scope, scale, and duration of the main management development approaches implemented during the last five to seven years;
  2. Changes in management capacity at district level within the public sector;
  3. Changes in management performance at district level ni the public sector;
  4. Other contextual changes that may have idependently affected management performance;
  5. Trends in health service delivery outputs and determine whether these are linked to effects of management development.

- ## Towards Better Leadership and Management in Health: Report on an International Consultation on Strengthening Leadership and Management in Low-Income Countries

  This report is based on deliberations from an international consultation on strengthening leadership and management as an essential component to scaling health services to reach the Millennium Development Goals. The consultation took place in Accra, Ghana in January 2007. The focus was on low-income countries though the principles discussed concerned leadership and management in other settings as well. The report describes a technical framework adopted by the consultation for approaching management development and sets out key principles for sustained and effective capacity building.

- ## 10 Principles of Change Management: Tools and techniques to help companies transform quickly

This article provides the "top 10" list of guiding principles for change management. Using these as a systematic, comprehensive framework, executives can understand what to expect, how to manage their own personal change, and how to engage the entire organization in the process.

District Health Management Teams

Resources:

- ## Who are health managers? Case studies from three African countries

  Case studies were undertaken in three countries in Africa, namely Ethiopia, Ghana and the United Republic of Tanzania, to explore the availability and training of health service managers, especially those at operational levels. In the United Republic of Tanzania, the study was carried out separately in both the mainland and Zanzibar. For the ease of reference, hereafter, mainland data is referred to as for the United Republic of Tanzania (mainland) and the parts specific to Zanzibar mentioned as such. This report presents a summary of the findings from the three country case studies.

  The first part of the paper covers the objectives and rationale for the studies and discusses a WHO conceptual framework on which the analysis is based. The second part examines the context and background of the study countries and the factors that influenced their approach to health services management. The third part describes the study's methodology and the fourth part presents and discusses the key findings. The report concludes with a discussion of the practical implications of the management situation for the countries and makes recommendations.

- ## District Health Management Team Training Modules

  This is one of a set of four management training modules aimed at District Health Management Teams in the countries of the African Region.
  The district health management training modules have been developed to cover four major areas. Modules 1 though 3 should take a week each. At least two weeks should be set aside for module 4.

Module 1: Health Sector Reforms and District Health Systems

- Unit 1 Health Policy, Strategies and Reform
- Unit 2 District Health Systems

Module 2: Management, Leadership and Partnership for District Health

- Unit 1 Important Management and Leadership Concepts
- Unit 2 Team Work
- Unit 3 Multisectoral Collaboration: Partnership in Health Care
- Unit 4 Partnership Between Organizations
- Unit 5 Community Participation, Partnership Between Organizations and the Community

Module 3: Management of Health Resources

- Unit 1 Management of Human Resources
- Unit 2 Management of Finances and Accounts
- Unit 3 Management of Logistics
- Unit 4 Management of Physical Infrastructure
- Unit 5 Management of Drugs
- Unit 6 Management of Time and Space
- Unit 7 Management of Information

Module 4: Planning and Implementation of District Health Services

- Unit 1 Basic Concepts of District Health Planning
- Unit 2 Preparation for Planning
- Unit 3 Health Systems Research
- Unit 4 Steps in the Planning Process
- Unit 5 Essential Health Package
- Unit 6 Disaster Preparedness

District Management Study: A National Summary Report. A review of structures, competencies and training interventions to strengthen district management in the national health system of South Africa

The aim of the study is to undertake a national assessment of existing district management structures, competencies and current training programmes in order to inform a national strategy and plan to strengthen district management capacity to ensure effective delivery of primary health care in South Africa.

District Hospital Management

Resources:

- ## Management of District Hospitals: Suggested Elements for Improvement

  This document describes a study in which interviews were conducted with senior hospital and district management teams of 4 hospitals in 2 rural districts, in KwaZulu-Natal and North West Province. These hospitals were chosen because they were thought to be functioning relatively well. The purpose was to understand some of the factors contributing to their relative success, and share these with other similar institutions.

- ## Management of District Hospitals: Exploring Success

  This document describes a study in which interviews were conducted with senior staff (or former staff), hospital management members and district management members of 4 hospitals in 2 very different rural districts, one in KwaZuluNatal and one in North West province. These hospitals were chosen because they were thought to be functioning relatively well. The purpose was to understand some of the factors contributing to their relative success, in order to share lessons learnt with other institutions.

Quality Assurance and Improving HRH Productivity

Resources:

- ## Community and health system factors associated with facility delivery in rural Tanzania: A multilevel analysis

  Objectives: Tanzania, a country with high maternal mortality, has many primary health facilities yet has a low rate of facility deliveries. This study estimated the contribution of

individual and community factors in explaining variation in the use of health facilities for childbirth in rural Tanzania.

Methods: A two-stage cluster population-based survey was conducted in Kasulu District, western Tanzania with women with a recent delivery. Random intercept multilevel logistic regression models were used to assess the association between individual- and village-level factors and likelihood of facility delivery.

Results: 1205 women participated in the study. In the fully adjusted two-level model, in addition to several individual factors, positive village perception of doctor and nurse skills (odds ratio (OR) 6.72, 95% confidence interval (CI): 2.47?18.31) and negative perception of traditional birth attendant skills (OR 0.13, 95% CI: 0.04?0.40) were associated with higher odds of facility delivery.

Conclusion: This study suggests that community perceptions of the quality of the local health system influence women?s decisions to deliver in a clinic. Improving quality of care at firstlevel clinics and communicating this to communities may assist efforts to increase facility delivery in sub-Saharan Africa.

- ## Innovation to improve health care provision and health systems in sub- Saharan Africa - Promoting agency in mid-level workers and district managers

Initiatives to address the human resource crisis in African health systems have included expanded training of mid-level workers (MLWs). Currently, MLWs are the backbone of many health systems in Africa but they are often de-motivated and they often operate in circumstances in which providing high quality care is challenging. Therefore, assuming that introducing additional people will materially change health system performance is unrealistic. We briefly critique such unifocal interventions and review the literature to understand the factors that affect the motivation and performance of MLWs. Three themes emerge: the low status and inadequate recognition of MLWs, quality of care issues and working in poorly managed systems. In response we propose three interrelated interventions: a regional association of MLWs to enhance their status and recognition, a job enrichment and mentoring system to address quality and a district managers? association to improve health systems management. The professionalisation of MLWs and district managers to address confidence, self-esteem and value is considered. The paper describes the thinking behind these interventions, which are currently being tested in Kenya, Nigeria, South Africa and Uganda for their acceptability and appropriateness. We offer the policy community a complementary repertoire to existing human resource strategies in order to effect real change in African health systems.

- ## Reengineering Public Health Supply Chains for Improved Performance: Guide for Applying Supply Chain

Segmentation Framework

Public health supply chains are not only growing, they are becoming more complicated. Current systems are less and less able to cope with the growing complexities. Supply chain segmentation offers a good solution for managers who want to streamline and consolidate program-specific supply chains, and who also understand that there is no one-size-fits-all solution in public health. Supply chain segmentation, a strategic tool, manages a wide range of products and improves efficiency by identifying similar characteristics in the products and/or its customers, who, in this case are the service delivery points. Products are placed into segments, which can then be managed as separate supply chains, based on the criteria and priorities within each segment. This guide describes the process of segmenting a supply chain and provides a hypothetical example of an in-country application. The segmentation approach is a powerful tool for improving customer service and can easily be applied to public health supply chains.

- ## Interaction of Continuing Professional Development, Organisational Culture and Performance in Health Service Organisations: A Concept Paper

Whereas Continuing Professional Development (CPD) has been acknowledged as a tool for improving performance through updating and widening of professionals' knowledge and skills, there is no concrete evidence to support this claim. Recent studies on this subject have either shown contradicting evidence or remained utterly inconclusive posing an empirical dilemma. This paper posits that CPD is highly context-dependent and therefore best supports performance where a positive organisational culture plays a moderating role. The paper aims to provide a framework that can be used to analyse the interplay between CPD, organisational culture and performance. It is argued that for CPD to support performance there is need for a culture that is adaptive and receptive to learning, change, innovation and performance improvement.

- ## Practical lessons from global safe motherhood initiatives: time for a new focus on implementation

The time is right to shift the focus of the global maternal health community to the challenges of effective implementation of services within districts. 20 years after the launch of the Safe Motherhood Initiative, the community has reached a broad consensus about priority interventions, incorporated these interventions into national policy documents, and organized globally in coalition with the newborn and child health communities. With changes in policy

processes to emphasize country ownership, funding harmonization, and results-based financing, the capacity of countries to implement services urgently needs to be strengthened. In this article, four global maternal health initiatives draw on their complementary experiences to identify a set of the central lessons on which to build a new, collaborative effort to implement equitable, sustainable maternal health services at scale. This implementation effort should focus on specific steps for strengthening the capacity of the district health system to convert inputs into functioning services that are accessible to and used by all segments of the population.

Social Welfare and OVC

Resources:

- ## Reforming Social Welfare: A New Development Approach in Malawi's Ministry of Gender, Children and Community Development

  This document describes the change in Malawi with a process of self-analysis towards significant institutional change in the Ministry of Gender, Children and Community Development (MoGCCD). It explains the process that was taken and concludes that organizational change at the highest level can reform social welfare.

- ## Malawi. Social Welfare Workforce: Strengthening for OVC

  This document focuses upon the situation of orphaned and vulnerable children (OVC) in Malawi. It discusses: the social welfare system and how it supports OVC, the social welfare workforce for OVC, the challenges faced by the workforce for OVC, and the efforts to address those challenges.

- ## Namibia. Social Welfare Workforce: Strengthening for OVC

  This document focuses upon the situation of orphaned and vulnerable children (OVC) in Namibia. It discusses: the social welfare system and how it supports OVC, the social welfare workforce for OVC, the challenges faced by the workforce for OVC, and the efforts to address

those challenges.

- ## South Africa. Social Welfare Workforce: Strengthening for OVC

  This document focuses upon the situation of orphaned and vulnerable children (OVC) in South Africa. It discusses: the social welfare system and how it supports OVC, the social welfare workforce for OVC, the challenges faced by the workforce for OVC, and the efforts to address those challenges.

- ## Tanzania. Social Welfare Workforce: Strengthening for OVC

  This document focuses upon the situation of orphaned and vulnerable children (OVC) in Tanzania. It discusses: the social welfare system and how it supports OVC, the social welfare workforce for OVC, the challenges faced by the workforce for OVC, and the efforts to address those challenges.

Task Shifting

Resources:

- ## Aligning and Clarifying Health Worker Tasks to Improve Maternal Care in Niger

  This report describes pioneering work in Niger by the USAID Health Care Improvement Project (HCI) to apply quality improvement methods to strengthen human resources management and performance at the facility- and district-management level to improve maternal care in the Tahoua Region.

- ## Task Shifting in HIV/AIDS Service Delivery: An Exploratory Study of Expert Patients in Uganda

As a developing country, Uganda has both limited resources and an increased demand for health services created by the chronic care required to maintain antiretroviral therapy for people living with HIV/AIDS (PLHA) among other issues. Over the past several years in Uganda, many health facilities have adopted strategies to shift some facility and community-based tasks to ?expert patients,? clients who are recruited and trained to provide support services for other clients in facilities and in communities.

Although several non-government organizations (NGOs) and public health systems have integrated expert patients into HIV/AIDS care and support using a variety of models, there is a lack of knowledge about how and how well they contribute to improving access to and the quality of health care. Among the significant gaps in the current literature, limited documentation and robust evidence exist about the range of tasks expert patients perform; how they are recruited, trained and supervised; and how communities are involved in the selection and use of expert patients.

In an effort to understand these issues from the Ugandan context, the USAID Health Care Improvement Project (HCI) carried out a qualitative study in May 2011 at six health facilities that were using expert patients. This study explores three main research questions:

i. How are expert patients being used?
ii. What organizational support is provided to expert patients?
iii. What are the perceptions of actors most closely affected by the use of expert patients?

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A systematic review of task- shifting for HIV treatment and care in Africa

Background
Shortages of human resources for health (HRH) have severely hampered the rollout of antiretroviral therapy (ART) in sub-Saharan Africa. Current rollout models are hospital- and physician-intensive. Task shifting, or delegating tasks performed by physicians to staff with lower-level qualifications, is considered a means of expanding rollout in resource-poor or HRH-limited settings.

Methods
We conducted a systematic literature review. Medline, the Cochrane library, the Social Science Citation Index, and the South African National Health Research Database were searched with the following terms: task shift*, balance of care, non-physician clinicians, substitute health care worker, community care givers, primary healthcare teams, cadres, and nurs* HIV. We mined bibliographies and corresponded with authors for further results. Grey literature was searched online, and conference proceedings searched for abstracts.

Results
We found 2960 articles, of which 84 were included in the core review. 51 reported outcomes, including research from 10 countries in sub-Saharan Africa. The most common intervention studied was the delegation of tasks (especially initiating and monitoring HAART) from doctors

to nurses and other non-physician clinicians. Five studies showed increased access to HAART through expanded clinical capacity; two concluded task shifting is cost effective; 9 showed staff equal or better quality of care; studies on non-physician clinician agreement with physician decisions was mixed, with the majority showing good agreement.

Conclusions

Task shifting is an effective strategy for addressing shortages of HRH in HIV treatment and care. Task shifting offers high-quality, cost-effective care to more patients than a physician-centered model. The main challenges to implementation include adequate and sustainable training, support and pay for staff in new roles, the integration of new members into healthcare teams, and the compliance of regulatory bodies. Task shifting should be considered for careful implementation where HRH shortages threaten rollout programmes.

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Task shifting in HIV/AIDS: opportunities, challenges and proposed actions for sub-Saharan Africa

Sub-Saharan Africa is facing a crisis in human health resources due to a critical shortage of health workers. The shortage is compounded by a high burden of infectious diseases; emigration of trained professionals; difficult working conditions and low motivation. In particular, the burden of HIV/AIDS has led to the concept of task shifting being increasingly promoted as a way of rapidly expanding human resource capacity. This refers to the delegation of medical and health service responsibilities from higher to lower cadres of health staff, in some cases non-professionals. This paper, drawing on Médecins Sans Frontières? experience of scaling-up antiretroviral treatment in three sub-Saharan African countries (Malawi, South Africa and Lesotho) and supplemented by a review of the literature, highlights the main opportunities and challenges posed by task shifting and proposes specific actions to tackle the challenges. The opportunities include: increasing access to life-saving treatment; improving the workforce skills mix and health-system efficiency; enhancing the role of the community; cost advantages and reducing attrition and international ?brain drain?. The challenges include: maintaining quality and safety; addressing professional and institutional resistance; sustaining motivation and performance and preventing deaths of health workers from HIV/AIDS. Task shifting should not undermine the primary objective of improving patient benefits and public health outcomes.

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Systems Support for Task-Shifting to Community Health Workers

Task shifting is designed to accomplish four important goals simultaneously: (1) share and assign tasks among health workers in the most efficient manner in order to take advantage of the different competencies of the existing mix of health workers; (2) take advantage of

simplified health promotion and treatment protocols that permit task-shifting to less intensively trained and specialized cadres of health workers; (3) shift more health promotion and treatment and care delivery to the community level by introducing new or strengthening existing cadre of community health workers; and (4) increase access to health care and advice in under-served communities, particularly rural communities. However, task-shifting cannot work unless close attention is paid both to the systems that support successful implementation and to needed expansion of human resources within overall health care system.

- **Using nurses to identify HAART eligible patients in the Republic of Mozambique: results of a time series analysis**

Background: The most pressing challenge to achieving universal access to highly active antiretroviral therapy (HAART) in sub- Saharan Africa is the shortage of trained personnel to handle the increased service requirements of rapid roll-out. Overcoming the human resource challenge requires developing innovative models of care provision that improve efficiency of service delivery and rationalize use of limited resources.

Methods: We conducted a time-series intervention trial in two HIV clinics in central Mozambique to discern whether expanding the role of basic-level nurses to stage HIV-positive patients using CD4 counts and WHO-defined criteria would lead to more rapid information on patient status (including identification of HAART eligible patients), increased efficiency in the use of higher-level clinical staff, and increased capacity to start HAART-eligible patients on treatment.

Results: Overall, 1,880 of the HAART-eligible patients were considered in the study of whom 48.5% started HAART, with a median time of 71 days from their initial blood draw. After adjusting for time, expanding the role of nurses to stage patients was associated with more rational use of higher-level clinical staff at one site (Beira OR 1.9, 95% CI 1.1?3.3; Chimoio OR 0.2, 95% CI 0.1?0.5). In multivariate analyses, the rate of starting HAART in patients with CD4 counts of less than 200/mm3 increased over time (HR = 1.07, 95% CI 1.02?1.13), as did the total number of new patients initiating HAART (? = 7.3, 95% CI 1.3?13.3). However, the intervention was not independently associated with either of these outcomes in multivariate analyses (HR = 0.9, 95% CI 0.7?1.2) for starting HAART in patients with CD4 counts of less than 200/mm3; (? = -5.2, p = 0.75) for the total number of new patients initiating HAART per month. No effect of the intervention was found in these outcomes when stratifying by site.

Conclusion: The CD4 nurse intervention, when implemented correctly, was associated with a more rational use of higher level clinical providers, which may improve overall clinic flow and efficient use of the limited supply of human resources. However, this intervention did not lead to an increase in the number of patients starting HAART or a reduction in the time to HAART initiation. Study month appears to play an important role in all outcomes, suggesting that general improvements in clinic efficiency may have overshadowed the effect of the intervention. The lack of observed effect in these outcomes may be due to additional health systems bottlenecks that delay the initiation of treatment in HAART-eligible patients.

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Nurses and Medical Assistants Taking Charge: Task-shifting HIV Care and HAART Initiation in Resource-Constrained and Rural Malawi

This document discusses the background, context, methods, and conclusion of a study which analyzed the task-shifting of HIV care and HAART initiation to nurses and medical assistants in the resource-constrained and rural Malawi.

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Who is doing what? Performance of the emergency obstetric signal functions by non-physician clinicians and nurse-midwives in Malawi, Mozambique, and Tanzania

The *Health System Strengthening for Equity: The Power and Potential of Mid- Level Providers (HSSE)* project sought to document the current use of nurses, nursemidwives and NPCs in delivering EmOC in Malawi, Mozambique, and Tanzania.

Discrete Choice Models to Identify Health Worker Preferences

Resources:

- ### Incentives Could Induce Ethiopian Doctors And Nurses To Work In Rural Settings

  What would best motivate more doctors and nurses to work in rural areas of poor countries, where they are badly needed? We presented doctors and nurses in Ethiopia with a series of hypothetical job combinations of wages, working conditions, housing benefits, and training opportunities. For doctors, we found that higher wages and quality housing incentives had the biggest impact on their willingness to practice in towns in rural areas. For nurses, improvements in the availability of medical equipment and supplies were the factors most likely to bring about a move to a rural village. Choosing the right incentive package requires a consideration of both the effects of different packages on health workers? choices and the cost of those packages.

- ### Policy options to attract nurses to rural Liberia : evidence from a discrete choice experiment

  There is major geographic variation in nurse staffing levels in Liberia with the largest shortages in rural areas. A discrete choice experiment (DCE) was used to test how nurses and certified midwives in Liberia would respond to alternative policies being considered by

the ministry of health and social welfare (MOHSW). The DCE methodology provides a quantitative estimate of how individuals value different aspects of their job. In Liberia we focused on six key job attributes: location, total pay, conditions of equipment, availability of transportation, availability of housing, and workload. Results were used to predict the share of nurses and certified midwives who would accept a job in a rural area under different schemes. Based on the DCE analysis there are four main actionable recommendations that emerge for improving recruitment and retention of nurses and certified midwives in rural areas of Liberia. First, the MOHSW should consider actively recruiting students from rural areas and exposing them to rural work conditions during their training. Second, the MOHSW should strongly consider increasing pay levels in rural areas as this is likely to be cost effective. Third, if for some reason financial bonuses are not feasible, the MOHSW should consider providing transportation to nurses and certified midwives in rural areas. Fourth, the MOHSW should reconsider its housing strategy. Providing newly constructed housing is not a cost effective policy according to the DCE study.

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Employment preferences of public sector nurses in Malawi: results from a discrete choice experiment

The objective of this study is to understand the employment preferences of Malawian public sector registered nurses and to ascertain whether salary increases significantly affect how nurses regard their employment.