HEALTH BRIEF

Human Resources for Health Development in Low- and Middle- Income Countries

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

SDC SWISS AGENCY FOR DEVELOPMENT AND COOPERATION - EAST AND SOUTHERN AFRICA & HEALTH DIVISION

Key messages

- The crisis in chronic shortage of well-trained health workers is felt most acutely in those countries that are experiencing the greatest public health threats, such as in Sub-Saharan Africa.

- Most urgent Human Resource for Health (HRH) related problems are: (1) low salary levels and lack of monetary incentives, (2) poor working conditions, (3) brain drain and migration, (4) absence of or weak HRH policies.

- Coherent HRH policies should address at least the following 4 aspects: (1) Review and planning the availability and requirements of health workers, (2) Education and training, (3), Performance assessment (4) Working conditions (5) Development of retention strategies.

- Interventions to improve retention of health workers in rural areas require management expertise at the central and local levels, while implementation of the policies do require persons with management and leadership skills, especially at the facility level.

CONTEXT AND IMPORTANCE OF THE HRH PROBLEM IN LOW AND MIDDLE INCOME COUNTRIES

Recent years have seen a dramatic increase in international commitment to health in low and middle income countries and the momentum derived from the MDGs has, in turn, helped generate an expansion of resources for the health sector. Within this context, the availability and performance of human resources for health (HRH) have emerged as key factors. Various alliances are dedicating their efforts regarding HRH improvements such as the Global Health Workforce Alliance (GHWA), a partnership dedicated to identifying and implementing solutions to the health workforce crisis.

It is widely acknowledged that chronic shortage of well-trained health workers in low- and middle-income countries affect the efficiency and equity with which available resources are used and, in some cases, posing an absolute constraint to quality of care and service expansion. Especially rural and remote areas usually lack sufficient numbers of HRH. At the same time, there is growing concerns that high-income countries will not be able to respond to the growing demand for doctors and nurses in the next 20 years.


Health worker migration has been increasing worldwide over the past decades, especially from lower income countries with already fragile health systems. To address this situation, the World Health Assembly adopted in 2010 a code of practice on the international recruitment of health personnel which is supported by Switzerland. The Code, which is voluntary in nature, serves as an ethical framework to guide countries in the recruitment of health workers. Destination countries are encouraged to collaborate with source countries to sustain health human resources development and training as appropriate. Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.

HRH RELATED PROBLEMS

The crisis in chronic shortage of well-trained health workers is felt most acutely in those countries that are experiencing the greatest public health threats, such as in Sub-Saharan Africa.

Countries with a critical shortage of health service providers

Countries with critical shortage

Countries without critical shortage
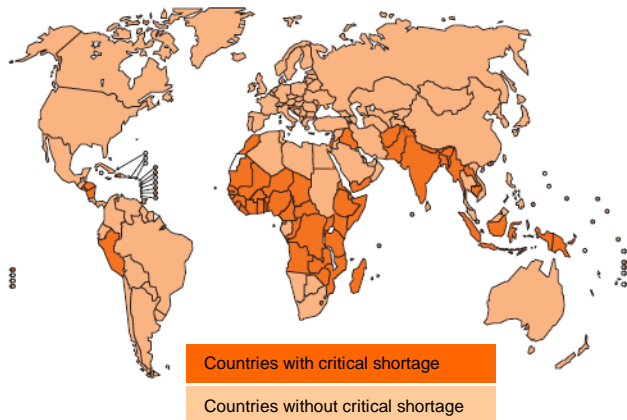
Source: WHO (2006)

In many countries, the performance and motivation of health workers is low. There are many reasons for this, among them: weak team building and supervision mechanisms, unpleasant physical working environments, low and sometimes even extremely low salary levels and monetary incentives, missing performance assessment, limited training opportunities, absent career plans and retention strategies, as well as incomplete implementation of governmental reform issues including health sector reform.

Indeed, in a recent study among Swiss governmental and NGO actors involved in HRH development, the following HRH problems were mentioned most frequently:
(1) low salary levels and lack of monetary incentives
(2) poor working conditions
(3) brain drain and migration
(4) absence of or weak HRH policies.

SWISS CONTRIBUTIONS TO HUMAN RESOURCE DEVELOPMENT

An agreement to enhance the policy coherence of Swiss health foreign policy was signed between the Federal Department of Foreign Affairs (FDFA) and the Federal Department of Home Affairs (FDHA) in 2006. In pursuit of such health foreign policy coherence, Switzerland has set the very ambitious goal to: "Manage migration of health professionals so as to ensure that the needs of labour markets in industrialized countries and emerging economies are satisfied, without depriving developing countries of the health workforce they need". A specific healthy policy still needs to be defined.

Against this background, Switzerland supports, through its development assistance, a substantial number of initiatives and projects on changing the conditions for health care workers in their own countries. Swiss support helps to improve working conditions and career development prospects, enhances training capacities both at graduate and post-graduate level as well as in continuing professional education measures. Switzerland has also assisted in improving physical working environments and health care infrastructure.

It can be observed that Swiss investments in human resource development are substantial but typically do not relate to stand alone investments in HRH development or the prevention of migration and in most instances make up an integral element of broader health systems strengthening efforts.

Investments in human resource development are channelled through different mechanisms (SDC, Swiss National Science Foundation Swiss Cohesion Funds, State Sectretariat for Economic Affairs, NGOs, etc.).

In order to enhance policy coherence in HRH among key stakeholders, it is of importance, that Swiss investments in human resource development in health has to be further coordinated into a broader and comprehensive Swiss health policy for cooperation with low- and middle income countries to address brain drain.

WHY HRH POLICIES ARE IMPORTANT

There are **6 important reasons** why HRH policies can be a useful tool to better manage HRH problems:
- HRH policies can assist planning: Policies facilitate to establish perspectives for the future, define short-, mid-, and long-term availabilities and requirements
- HRH policies can define and delineate legal and institutional arrangements and define roles and responsibilities;
- HRH policies can set priorities;
- HRH policies can assist decision-making: a framework based on explicit criteria (e.g. on effectiveness, equity and sustainability), can choose priorities and guide their implementation;

- HRH policies allow the assessment of performance against defined and agreed on standards;
- HRH policies may allow concerted action across various stakeholders (e.g. different professional groups) and facilitate implementation of critical actions: Complex decisions (e.g. a shift from specialists to family practitioners) may be better accepted by concerned people and institutions if they have been established in a participatory way.

SPECIFIC POLICIES FOR BETTER MANAGEMENT OF HRH

Generally spoken, the following **5 aspects** appear as **most important** to be addressed while establishing HRH policies (based on Martinez and Martineau - see resources and additional reading):

- **Review and planning the availability and requirements of health workers.** This aims to make sure that a sufficient number of personnel with the appropriate skills is available and that the personnel is adequately and equitably distributed across geographical regions, health facilities and levels of care. Addressing profession/speciality imbalances, geographical imbalances, institutional and services imbalances, public and private imbalances, and gender imbalances is among the biggest challenges and involves the conceptualisation and successful implementation of incentives for addressing these imbalances.

- **Education and training**. Training approaches need to tie into national health policies and priorities, such as the promotion of family medicine services or PHC and respond to required HRH skill patterns. Issues to be address may include: establishment of training curricula adapted to the health policy objectives, development of new pedagogic approaches, development of training infrastructures (e.g. decentralisation of training institutions), training of trainers, etc. With regard to initial training, appropriately trained staff implies often significant changes in existing medical and nursing curriculum, pedagogical methods, and in admission criteria. With regard to continuous education and in-service training, it is not only important to develop and implement corresponding policies for maintaining and improving quality skills of health staff but to address motivation and performance especially in rural areas. Further, public health, administration and management skills and/or the training of district managers require attention.
- **Performance assessments.** This relates to examining the performance of HRH policies by comparing planned with achieved activities and commitments. One important focus of such performance assessment mechanisms is to examine why targets are or are not being met, in terms of the processes or means that have been chosen to achieve a given target, and the level of success of implementation of these processes or means. Performance assessment relates also to the optimisation of service production processes and to ensuring that health workers are motivated to provide effective, efficient and high quality services which do match the demand of the population. Issues to be addressed within HRH policies include: guidelines with regard to the division of work, payment methods, management practices, accountability mechanisms.
- **Working conditions**. This relates to guidelines and procedures to recruit and retain health workers, salary levels and (non) monetary incentives schemes, career management, workplace mobility, infrastructure, drugs, supplies, inter-personnel communication, and individual performance assessment.
- **Retention strategies.** Common country approaches include the development of (a) education and regulatory interventions, (b) monetary compensation (direct and indirect financial incentives) and (c) management, environment and social support (WHO 2009).

Many different persons and groups are directly or indirectly concerned by HRH policies and should be involved in the process of HRH policy development. Minimally they include (based on Dussault and Dubois, see resources and additional reading):

- Those who define and negotiate working conditions: Ministries of Health, Finance, Civil Service, Planning as well as trade unions and hospital boards;

- Those who define standards and professional practices: associations of professionals, regulatory agencies;
- Those who produce health workers: Ministry of Education and medical training institutions;
- Those who produce services: public and private health care providers such as hospitals, clinics and primary care health services;
- Those who finance services: Ministries of Health, Finance, Social Security, social and private insurances, citizens, donors;
- Those who consume services: users, user associations:

The involvement of these concerned people and institutions in the development of HRH policies, even thought it will require more time, discussion, negotiation skills, political power games and energy, appears important as it will ease the approval, implementation and sustainability of policies. In other words, **HRH policies which are established in a concerted and participatory way are likely to be more successful** than those which are elaborated by limited number of institutions (e.g. only Ministry of Health and its departments).

There are various factors which do influence the success or failure of HRH policies. Four appear to be especially relevant (based on Dussault and Dubois, see resources and selected links):

- **Institutional capacities**: The development, implementation and evaluation of HRH policies require a broad set of skills including methodological and practical information on needs assessment, planning, evaluation methods, economic feasibility, policy analysis and communication. Knowledge and practice on these aspects are an essential resource.
- **Political feasibility**: HRH policies must define realistic targets taking into account the physical, financial and human resources likely to be available. They must also consider potential opposition to change espe-

cially from powerful interest groups such as physicians or pharmacists.
- **Social acceptability**: New policies may potentially face social or cultural opposition and thus the acceptability of any policy must be considered;
- **Affordability**: HRH policies may require substantial new financial investments, for example in the area of training of medical personnel. Therefore, a realistic assessment of cost and financial resources likely to be available should be part of any HRH policy elaboration process.

RESSOURCES & ADDITIONAL READING

1. Frenk J, Chen L, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet 376: 1923–58

2. Martinez J, Martineau T. 1998. Rethinking human resources in the health sector: an agenda for the millennium. Health Policy and Planning 13: 345 -358

3. Dussault G, Dubois CA. 2003. Human Resources for health policies: a critical component in health policies. Human Resources for Health. 2003. http://www.human-resources-health.com/content/pdf/1478-4491-1-1.pdf

4. Swiss TPH, Swiss Contributions to Human Resources for Health Development in Low- and Middle-Income Countries. http://www.deza.admin.ch/de/Home/Dokumentation/Publikationen

5. World Health Organization. 2010. Increasing access to health workers in remote and rural areas through improved retention. WHO, Geneva. http://www.who.int/hrh/retention/guidelines/en/index.html

6. World Health Organization. 2010. Global Code of Practice on the International Recruitment of Health Personnel. WHO, Geneva. http://www.who.int/hrh/migration/code/practice/en/index.html

7. World Health Organization. 2009. Increasing access to health workers in remote and rural areas through improved attention. WHO, Geneva. http://www.who.int/hrh/migration/background_paper.pdf

8. World Health Organization. 2006. Working together for health. The World Health Report 2006. WHO, Geneva. http://www.who.int/whr/2006/en/