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Health Finance & Governance
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Making the Most of the
Health Workforce

Lessons learned in health workforce policy implementation for improved quality and efficiency

HFG Series:
Advances in Health Finance & Governance

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About the Health Finance and Governance Project

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;

- Enhancing governance for better health system management and greater accountability and transparency;

- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and

- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

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To learn more, visit **www.hfgproject.org**

About this series

HFG's Advances in Health Finance & Governance series is designed to highlight learning and lessons from the HFG project in nine core areas: domestic resource mobilization, strategic health purchasing, health financing strategies, expanding coverage through health insurance, financial data for decision making, governance, institutional capacity building, workforce and efficiency, and building understanding for universal health coverage.

Making the Most of the Health Workforce

Lessons learned in health workforce policy implementation for improved quality and efficiency

Executive Summary

Achieving country commitments to universal health coverage requires maximizing the efficiency and effectiveness of the health workforce. The Health Finance and Governance (HFG) project supported country governments to optimize the quality and efficiency of the health labor market through policy development and implementation in health workforce production, regulation of the private sector, and initiatives to address maldistribution and inefficiencies. Over the course of the project, HFG engaged with countries on common challenges regarding human resources for health (HRH) – vacancies, ghost workers, incomplete HRH data, and health workers ill-prepared to meet population health needs, among others. Careful stakeholder engagement, incorporation of governance capacity building into HRH technical assistance, and thoughtful selection of interventions that could serve as levers for broader reforms contributed to the successful outcomes achieved with HFG's support.

Key Lessons

1 Health worker **ENTRY-TO-PRACTICE COMPETENCIES CAN BE AN EFFECTIVE LEVER and VERSATILE FRAMEWORK** for driving pre-service training reforms.

2 **ACCREDITATION SYSTEMS** for private health worker training institutions **OFFER A PROMISING WAY TO INCENTIVIZE IMPROVEMENTS** in the quality of private-sector instruction.

3 Support for **HEALTH WORKFORCE DATA IMPROVEMENT MUST BE COUPLED WITH GOVERNANCE CAPACITY BUILDING** in order to achieve efficiency gains and more equitable distribution of the health workforce.

4 Due to the cross-cutting nature of HRH management, **STRATEGIC ENGAGEMENT OF MULTI-SECTORAL STAKEHOLDERS STRONGLY INFLUENCES THE OUTCOME OF HRH REFORMS**.

Introduction

The health workforce is the backbone of the health system. Doctors, nurses, and allied professionals are required for provision of preventive and curative care, community health workers bring health services to people otherwise without access, and managers and supervisors sustain the health system. Country commitments to universal health coverage (UHC) require maximizing the efficiency and effectiveness of the current workforce while increasing investments in the future workforce. However, most countries chronically underinvest in the health workforce (Zurn et al. 2002).

The World Health Organization's (WHO) Global Strategy on Human Resources for Health: Workforce 2030 (HRH Strategy 2030) provides policy options for countries seeking to optimize their health labor markets (WHO 2016). Featured prominently in the strategy is the Health Labour Market Framework (Sousa et al. 2013), depicted in Figure 1. The framework shows the labor market dynamics that can increase or reduce the health workforce's ability to deliver quality health services, and policy options that can influence the effectiveness of the workforce. Key challenges most often faced by low- and middle-income countries include the quality and quantity of health workers produced by pre-service training institutions, loss of qualified health workers from the workforce through migration or involuntary unemployment, low productivity, maldistribution with disproportionately few health workers in rural areas, and inconsistent quality of private-sector care.

USAID's Health Finance and Governance project worked with country governments to optimize the quality and efficiency of the health labor market through policy development and implementation in three policy areas highlighted in Figure 1: **workforce production**, **private-sector regulation**, and **distribution and efficiency**. This brief offers select insights for countries seeking to improve their human resource policies in order to achieve UHC.

Figure 1: Comprehensive Health Labour Market Framework for UHC
Policy areas in which the HFG project worked are shown in red.
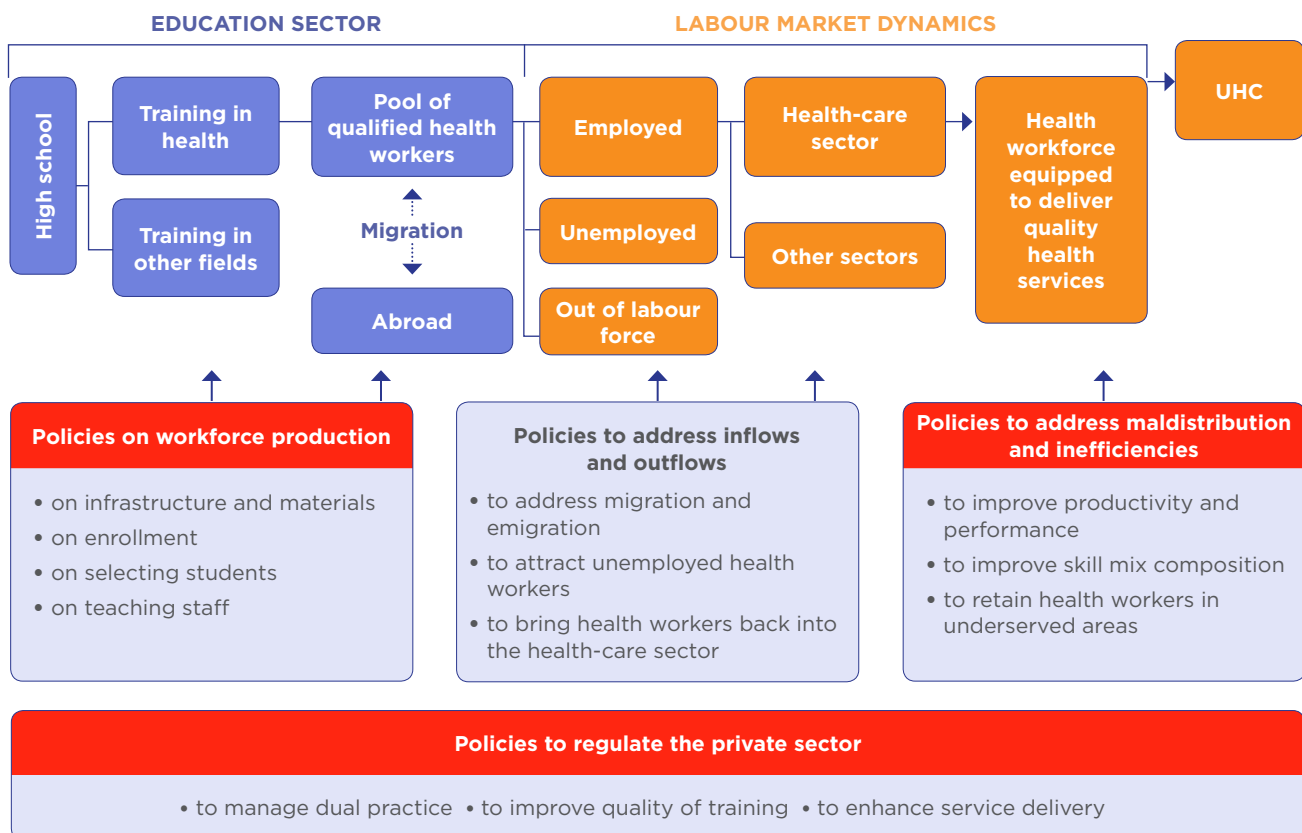
Source: Adapted from Sousa et al. (2013)

High-quality training ensures that nurses have the necessary competencies to provide basic care. Here, nurse Adetona Olubunmi checks a patient's blood pressure at a primary health care center in Lagos, Nigeria.

Photo: Frank Ribas for Communication for Development

Lessons learned in health workforce policy implementation

Lesson 1

Workforce production

Health worker entry-to-practice competencies can be an effective lever and versatile framework for driving pre-service training reforms.

Curricula in most health worker training institutions remain legacy documents, rarely reexamined but slowly modified over time to reflect new learnings. There is now a strong movement to advance from traditional discipline-based training models to models that help health workers attain the competencies required to support desired population health outcomes. Competencies define the combination of knowledge, skills, attitudes, and judgments required for clinical practice, and have been recognized as key to systems-based reforms in health workforce education (Frenk et al. 2010). According to Frenk et al.'s seminal Lancet article, "Health Professionals for a New Century," focusing on the outcomes of education through use of competency-based curricula increases transparency and accountability to learners, policymakers, and stakeholders.

In Swaziland, the Swaziland Nursing Council noted that nursing graduates lacked critical competencies required to serve the health needs of the population. However, health training institutions did not have the political will to revise their curricula, and the council determined that a large revision of the national nursing curriculum would be both difficult to achieve and too static to respond to the population's changing health needs.

Countries often have difficulty attracting and retaining staff at rural health clinics like this one in Central Plateau, Haiti. Here, a pregnant woman waits to see a midwife.

The Swaziland Nursing Council chose competency development as the first step in a sequenced approach to drive reforms to ensure nurses deployed into the workforce had the knowledge, skills, and attitudes required to successfully practice. In 2014, HFG supported the council to work with leaders of the Swazi nursing community to develop competencies in the areas of general nursing, midwifery, community health, and community mental health. The stakeholders also included competencies specific to Swaziland's high disease burden of HIV/AIDS, TB, and drug-resistant TB. Once all stakeholders agreed on the competencies, the council informed the schools that the country's nursing licensure system and entry-to-practice nursing exam would be based upon the competencies (HFG 2015a).

With clearly defined competencies and a set timeline for adoption of the entry-to-practice exam, schools were able to quickly adapt their curricula in accordance with the competencies. By May 2017, all nursing schools in Swaziland had updated their curriculum. The schools found that the competency framework was a flexible guideline that allowed each of them to take into account their unique mission (e.g., faith-based) and the specific needs of their community.

For countries seeking a pathway to competency-based education, policymakers may find that incorporating competency-based frameworks into regulatory oversight is the most efficient and effective lever for change.

HFG supported the Swaziland Nursing Council's work to develop competencies in general nursing, midwifery, community health, community mental health, HIV/AIDS, and TB. Swaziland's nursing licensure system and entry-to-practice nursing exam are now based upon the competencies.

Lesson 2

Accreditation systems for private health worker training institutions offer a promising way to incentivize improvements in the quality of private-sector instruction.

Private training institutions are increasingly providing training to health workers in low- and middle-income countries. However, the quality of these institutions varies widely, and governments struggle to find the most effective method to provide regulatory oversight. Milestone 1.1 in the WHO's HRH Strategy 2030 is that by 2020, all countries will have established accreditation mechanisms for health training institutions (WHO 2016).

In Haiti, private health training institutions for nurses proliferated after the 2010 earthquake to over 400 schools. Little was known about the quality of education provided by these institutions. To recognize schools that meet a high quality standard, HFG partnered with the Ministry of Health's Directorate of Training and Development for Health Sciences (DFPSS) and the Canadian Association of Schools of Nursing between 2013 and 2016 to develop and implement a new quality assessment system based on accreditation, known as "Reconnaissance." Reconnaissance is a weighted process that evaluates nursing educational institutions across seven key domains of institutional quality: program/curriculum, teachers, infrastructure, resources, admission criteria and entrance exam, governance, and graduates. Schools complete a self-evaluation, and then an external evaluation committee conducts a site visit. A jury makes final recommendations for review by the Director General as to whether an institution should receive the Reconnaissance logo, a visible indication that the institution offers high-quality nurse training (Greene and Meline 2014).

With HFG's support, the DFPSS evaluated 127 private institutions between 2014 and January 2017, and gave the Reconnaissance logo to 64 of those schools. Preliminary data from recognized schools show an increase of 150 percent in student enrollment and a 9-point increase in the average score on the national nursing exam for licensure (Baker et al. 2016).

The Haitian Reconnaissance experience offers a possible solution for other countries seeking better oversight over private training institutions. The system provides positive incentives – recognition and potential for higher enrollment – and clear standards for schools to improve the quality of education. It also allows students to choose schools that will provide them with a high-quality education. The Haitian experience shows that this model is possible to implement in low-resource settings.

> Haiti's accreditation process for private nursing schools offers a possible solution for other countries seeking better oversight over private training institutions. Haiti's experience shows it is possible to implement such a process, including incentives for improvement, in a low-resource setting.

Lesson 3

Support for health workforce data improvement must be coupled with governance capacity building in order to achieve efficiency gains and more equitable distribution of the health workforce.

The WHO's HRH Strategy 2030 calls for all countries to make progress on establishing registries to track health workforce stock, distribution, and demand, among other factors, by 2020 (WHO 2016). Many recent HRH development efforts have focused on establishing electronic registers (iHRIS) to capture critical HRH data.

However, simply generating data is not sufficient. The HRH Strategy 2030 notes that evidence-to-policy feedback loops are critical to building resilient health systems (WHO 2016). Countries must also establish mechanisms to use the data to change policies and improve governance.

HFG supported HRH data quality improvement efforts in Swaziland, Haiti, and Cote d'Ivoire, and increased the impact of the interventions by incorporating governance and financial management capacity building alongside data management technical assistance.

In Swaziland, HFG coupled support for the development of the first HRH Status Report with the establishment of an HRH Management Committee. The Status Report made data found within the iHRIS accessible and relevant for decision makers by focusing on key management questions: Which facilities are largely nonfunctional due to staffing shortages? Where are the vacancies? Which facilities are overstaffed? The Management Committee was formed with the objective of improving health worker recruitment and was composed of key decision makers from across different sectors. It used the Status Report to determine priorities, and streamlined the recruitment process to allow faster recruitment. With the data in hand, as well as demonstrated improvements in its ability to recruit health workers in a timely manner, the Ministry of Health (MOH) was able to make its first evidence-based request for additional health workers to the Ministry of Finance (MOF). As a result, 475 health workers were recruited between April 2014 and February 2015 – filling a backlog of vacancies from previous years and the 250 new positions granted by the MOF for 2014 (HFG 2015b).

In Haiti, quality data were not available, as the last health workforce census was completed before the 2010 earthquake devastated the public health infrastructure. To inform the country's health workforce strategy and improve efficiency, the Department of Human Resources partnered with HFG in 2013 to conduct audits of the workforce data quality and develop a system to update and regularly review personnel data. At the same time, HFG supported the department in establishing decision-making mechanisms with the MOF and the Ministry of Civil Service. As a result of the census and inter-ministerial cooperation, the Department of Human Resources was able to institute routine identification and elimination of "ghost workers" – individuals no longer employed by the Ministry of Public Health and Population but still receiving regular paychecks – from its payroll. As of December 2016, the department had identified and removed 670 ghost workers, achieving an annual cost savings of approximately US$500,000 (HFG 2017).

In Cote d'Ivoire, the structures for recruiting new health workers were in place, but the Ministry of Health and Public Hygiene had neither up-to-date information on the location of health workers, nor the analytic capacity to determine how to allocate newly graduated health workers. HFG worked to institutionalize capacity within the Department of Human Resources and at a national university by conducting a quantitative evaluation of HRH coverage in primary care facilities, and analyzing the findings. With the findings, the Department of Human Resources was successful in advocating for the placement of more than 400 nurses and midwives newly trained in task-sharing in the health districts with highest HIV prevalence (Assi et al. 2016).

In each country, HFG found that it was possible to increase the likelihood of countries acting on the evidence by proactively addressing governance issues while simultaneously improving data quality and analysis capacity.

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A lab technician at St. Damien Hospital in Haiti prepares medicines at a sterile workstation.

Lesson 4

Cross-cutting

Due to the cross-cutting nature of HRH management, strategic engagement of multi-sectoral stakeholders determines the outcome of HRH reforms.

Involving stakeholders in the decision-making process has been a development best practice for decades (World Bank 2009). HRH stakeholders are typically drawn from a wide pool, including from within the MOH, training institutions, and regulatory bodies. However, because public-sector health workers are part of the civil service, the Ministry of Public Service (MOPS) (or equivalent) and MOF are also key stakeholders, as is the Ministry of Education. The HRH Strategy 2030 recognizes the multi-sectoral nature of HRH management, and recommends that all countries catalyze multi-sectoral action on health workforce issues and establish inclusive institutional mechanisms to coordinate an inter-sectoral health workforce agenda.

HFG found that, because health workers are often hired and managed by different executive institutions within the government, meeting the MOH's needs required navigating conflicting regulations and necessitated creative solutions. Multi-sectoral committees were essential for policy reform, but were often stymied by having the wrong representatives of the right bodies, such as junior staff without authority for decision making. A strategic approach to stakeholder engagement, including obtaining and maintaining high-level decision makers on committees, was essential to success.

In Swaziland, an HRH technical working group was established to advance the HRH agenda. With representation from the MOF and MOPS, the working group made progress on a number of issues, but failed to move forward on several key issues that required policy and systems reform. In analyzing the problem, it became clear that the MOH, MOF and MOPS representatives to the working group did not have the authority to drive these reforms. HFG supported the MOH's Principal Secretary to establish several focused executive committees, including an HRH Management Committee and HRH Recruitment Committee.

With the backing of the Minister of Health, the Principal Secretary was able to recruit senior staff from the MOF and MOPS to join the committees. Careful stakeholder management—including brief, focused meetings; MOH leadership on action items with an emphasis on delivering quick results; and clear 'asks' for committee members—kept the senior representatives engaged and the committees productive. With the appropriate decision makers on board, the committees were able to make rapid progress and solve previously intractable issues.

In some instances, expanding the stakeholder base is a critical mechanism for overcoming dissent from a subset of stakeholders. In Cote d'Ivoire, the government, with the support of some stakeholders, had tried to implement several one-off reforms to adopt nurse task-sharing for HIV care and treatment. However, the efforts had failed, because the strong lobby from physicians' groups opposed the reforms. To overcome this dynamic, HFG and the Ministry of Health and Public Hygiene introduced and integrated task-sharing reform into the national HRH planning process. This process included a much broader group of stakeholders than had previously been involved in the one-off reform efforts. Within this larger group, HFG and the ministry first worked together to gain consensus on prioritizing

improvements in the production, geographic allocation, and competencies of midwives and nurses as a key strategy for achieving priority health outcomes. With a much larger stakeholder group in agreement that nurses and midwives are critical resources, particularly in facilities where it is difficult to attract and retain a doctor, it became easier to obtain approval for task-sharing. As a result, Cote d'Ivoire became one of the few French-speaking countries of West Africa to adopt task-sharing policies.

While the MOH is the stakeholder most clearly invested in HRH, changes to HRH require the cooperation of line ministries, and may affect other professional groups. Careful consideration of stakeholders' perspectives when developing a reform strategy, as well as thoughtful consideration of stakeholders' needs throughout the reform process, may determine the success of reforms.

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Conclusion

For countries seeking to attain UHC, HFG's experiences in supporting HRH policy reform and implementation across different settings demonstrate potential avenues to act upon the recommendations of the WHO's Global HRH Strategy 2030 and optimize health labor markets.

Over the course of the project, HFG engaged with countries on common HRH challenges – vacancies, ghost workers, incomplete HRH data, and health workers ill-prepared to meet population health

needs, among others. While policy solutions to these problems have been well documented in the literature, navigating the unique political landscapes of each country to implement policy changes required meticulous consideration of the appropriate strategic approach. Careful stakeholder engagement, incorporation of governance capacity building into HRH technical assistance, and thoughtful selection of interventions that could serve as levers for broader reforms contributed to the successful outcomes achieved with HFG's support.

Careful stakeholder engagement, incorporation of governance capacity building into HRH technical assistance, and thoughtful selection of interventions that could serve as levers for broader reforms contributed to the successful outcomes achieved with HFG's support.

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