

Human resource for health development

Masters Program Infectious Biology and Epidemiology

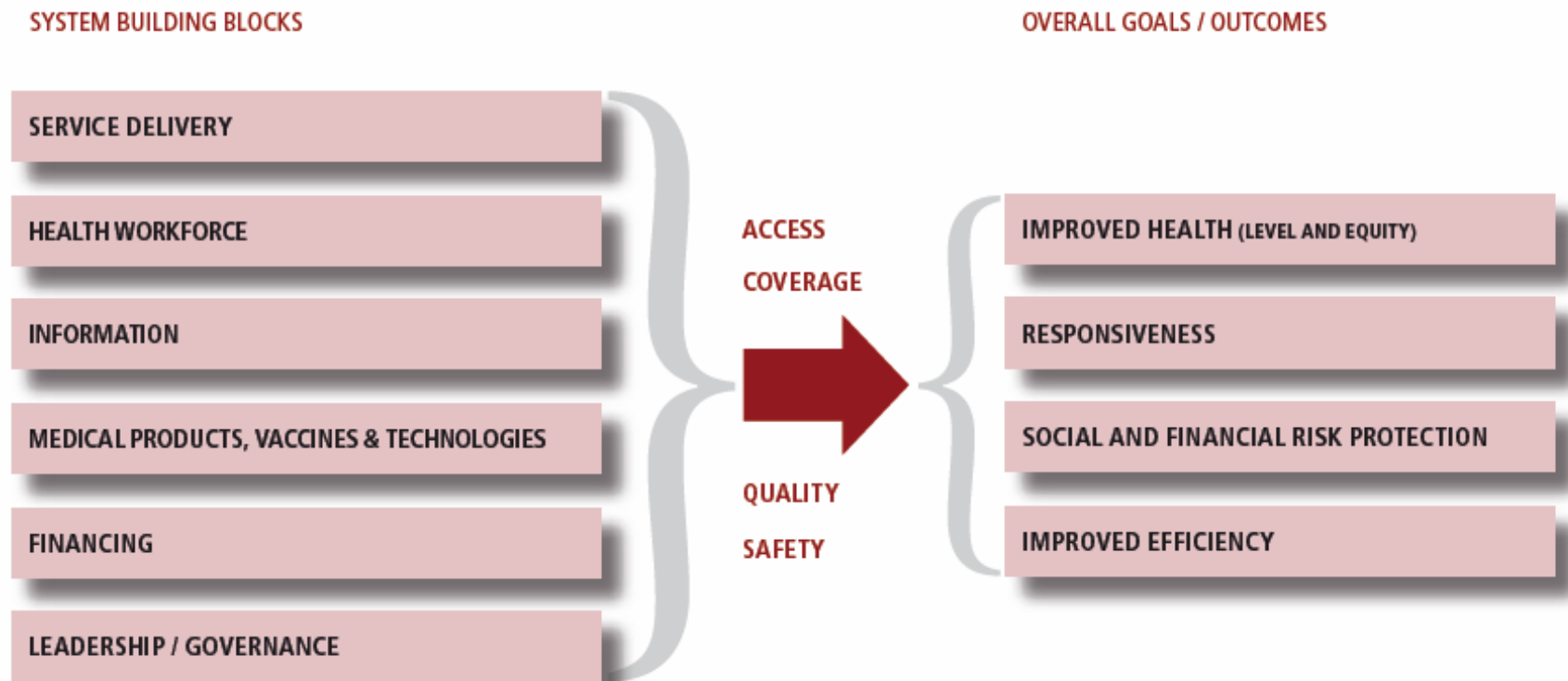
Health systems (Vorlesung 18423-01)

Kaspar Wyss, 9 December 2009

Structure of the presentation

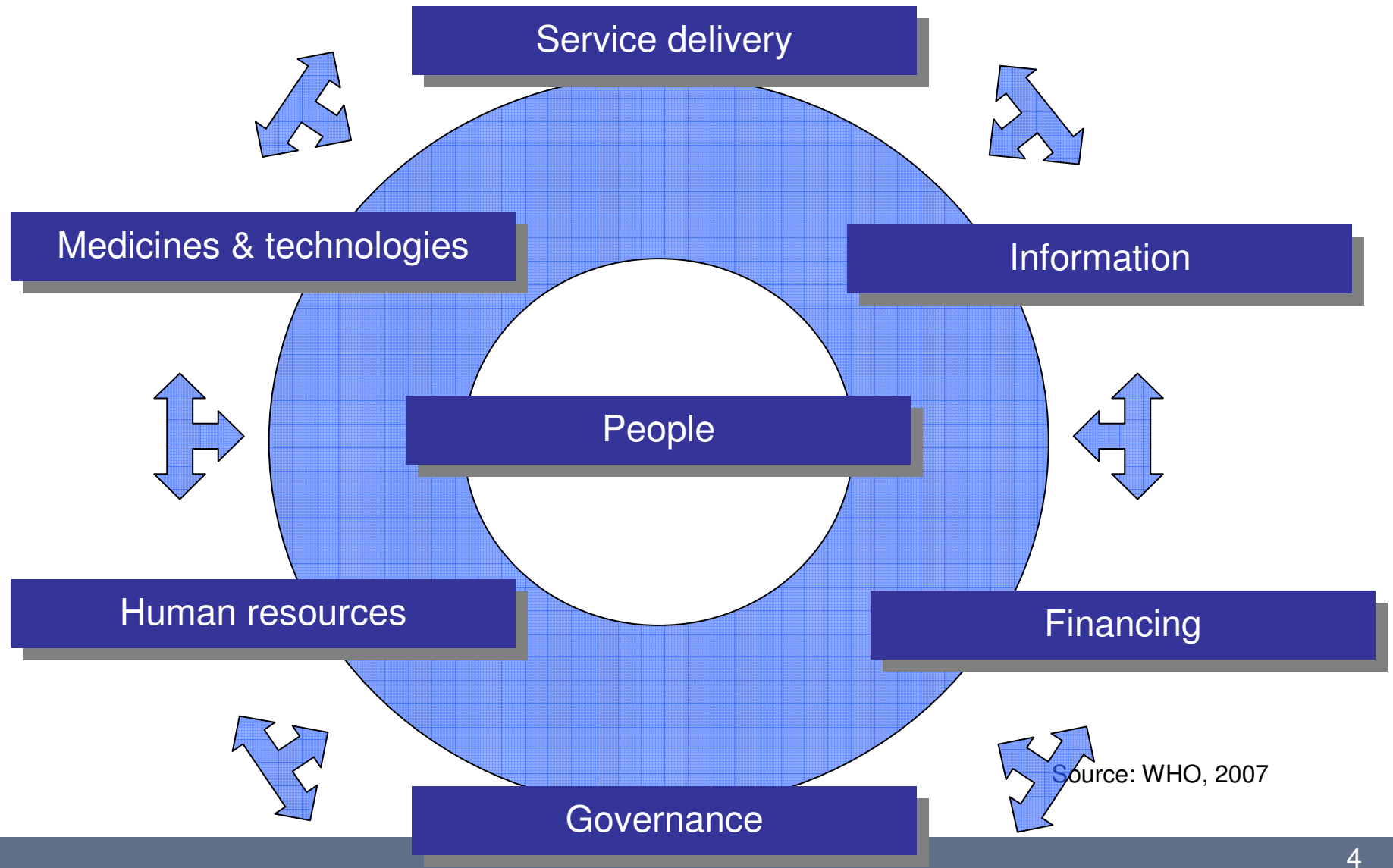
- What do we understand by Human Resource
- Relevance of Human Resource Development
- Key issues in Human Resources development
- Plenary discussion: Relevant aspects of HR at district level
- Conclusions

Relations between functions and objectives of a health system



Source: WHO, 2007

Health systems: More than building blocks; more than inputs & outputs








Dynamic architecture and interconnectedness of the health system building blocks



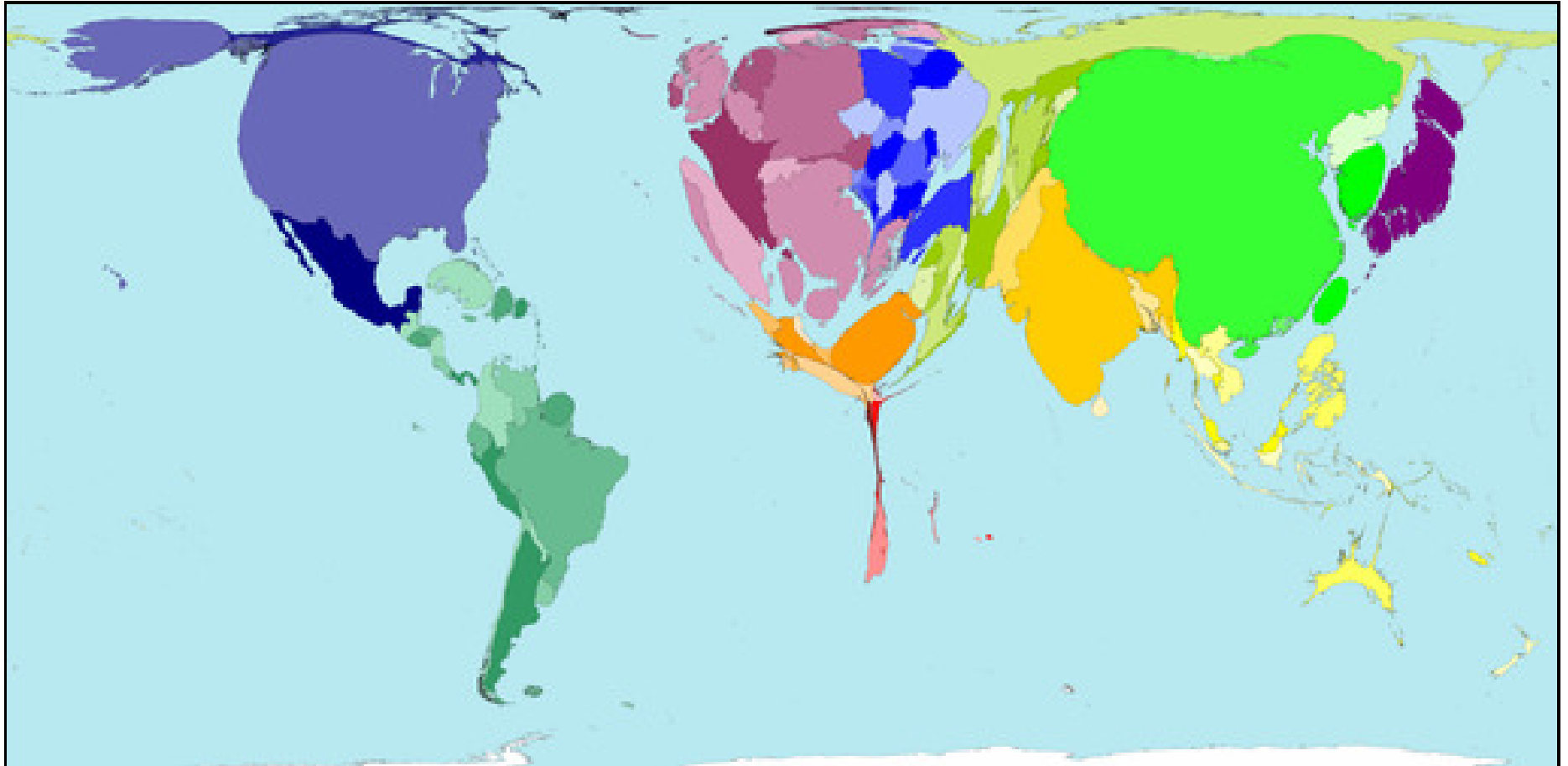
Source: WHO, 2009

Who are health workers?

The stock of all individuals engaged in the promotion, protection or improvement of health of populations (WHR 2000)

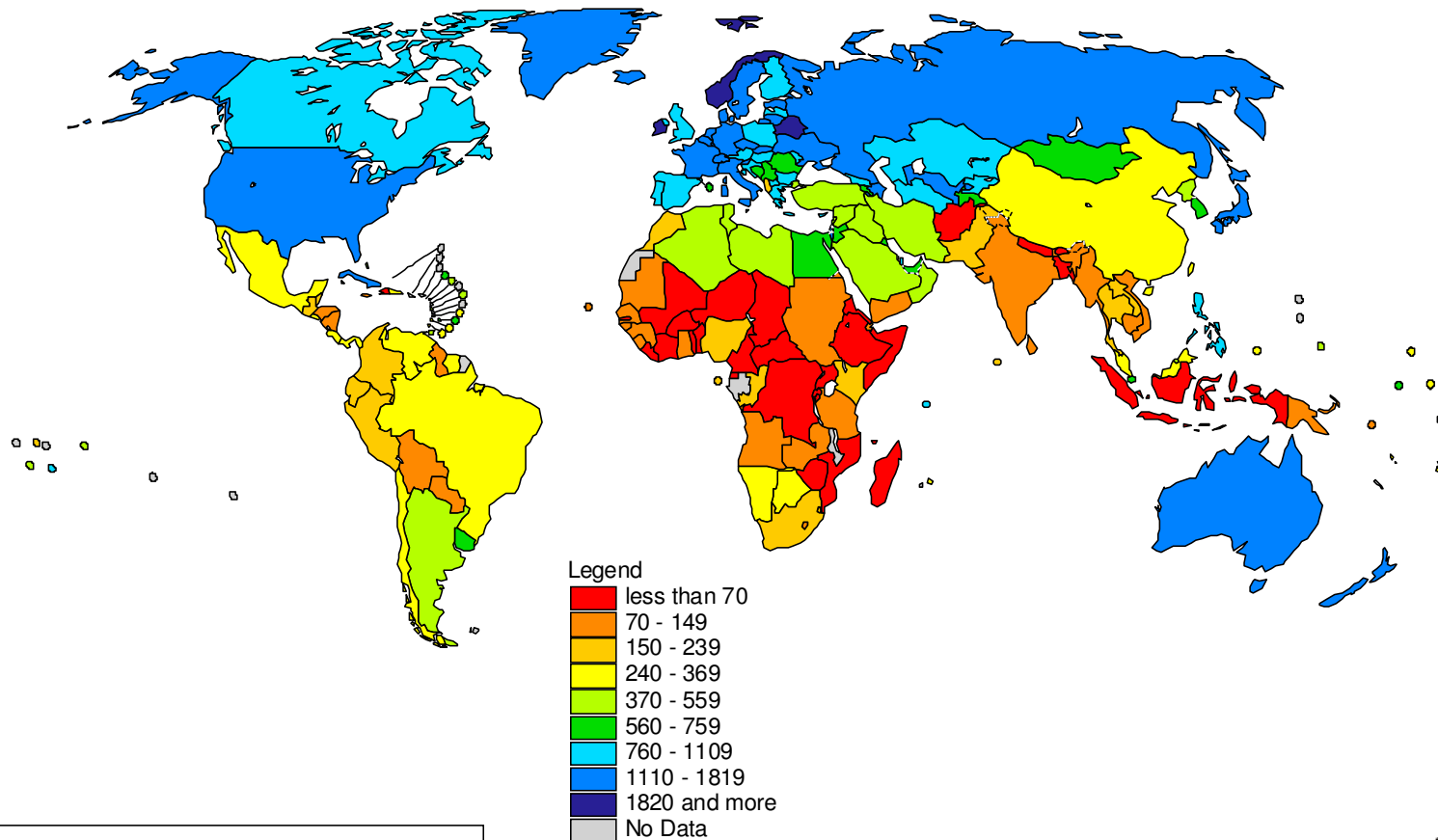
- Cleaners, logisticians, technicians  senior managers
- Traditional practitioners, community health workers, nurses, doctors, midwives, public health, specialist care  individual care
- Public, private not-for-profit  private for-profit
- Specifically trained in health  other disciplines working in health
- Patient care  research

Territory size as physicians that work in that territory



Source: <http://www.sasi.group.shef.ac.uk/worldmapper/index.html>

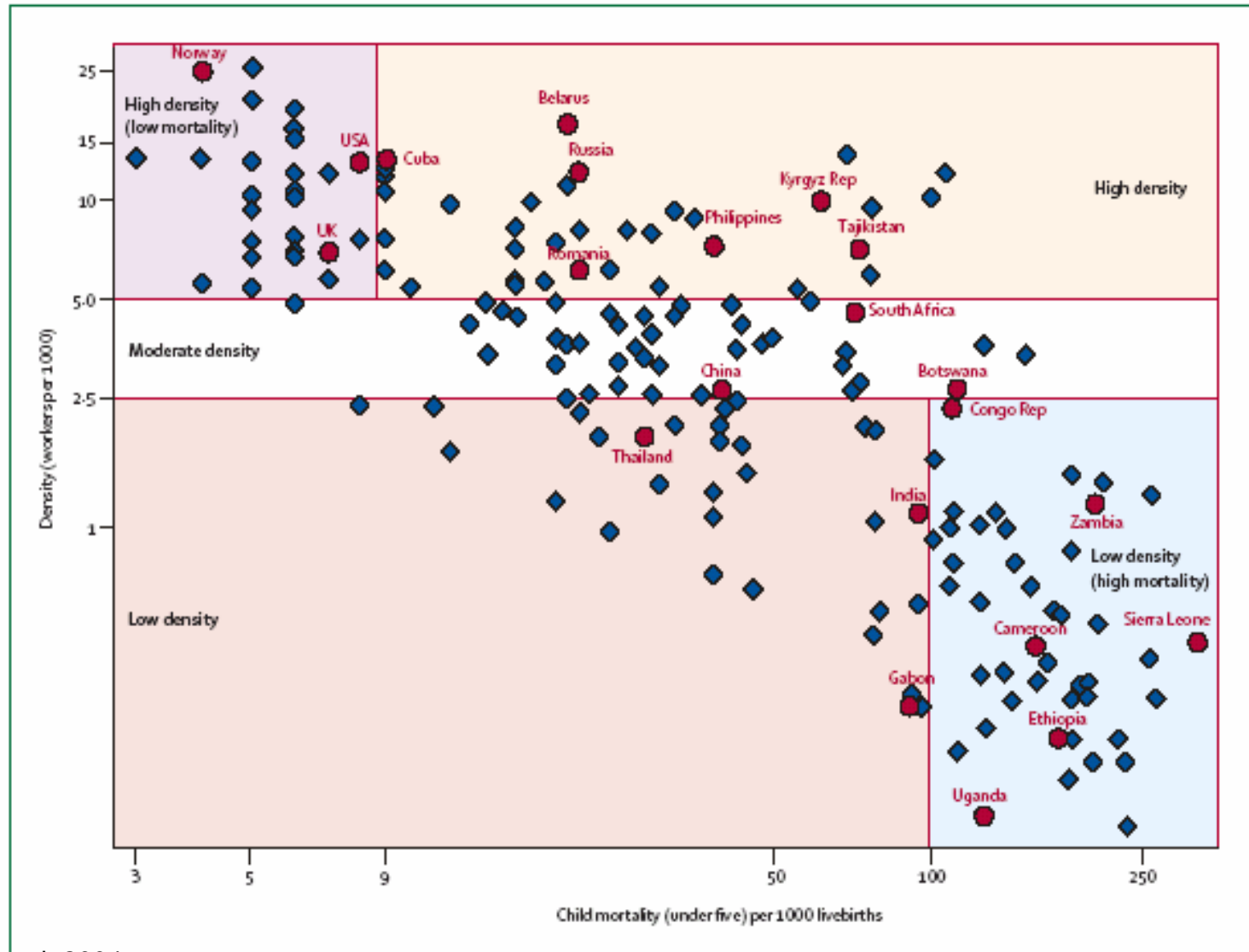
Stock of Human Resources for Health per 100,000 population in WHO country members (most recent data available)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
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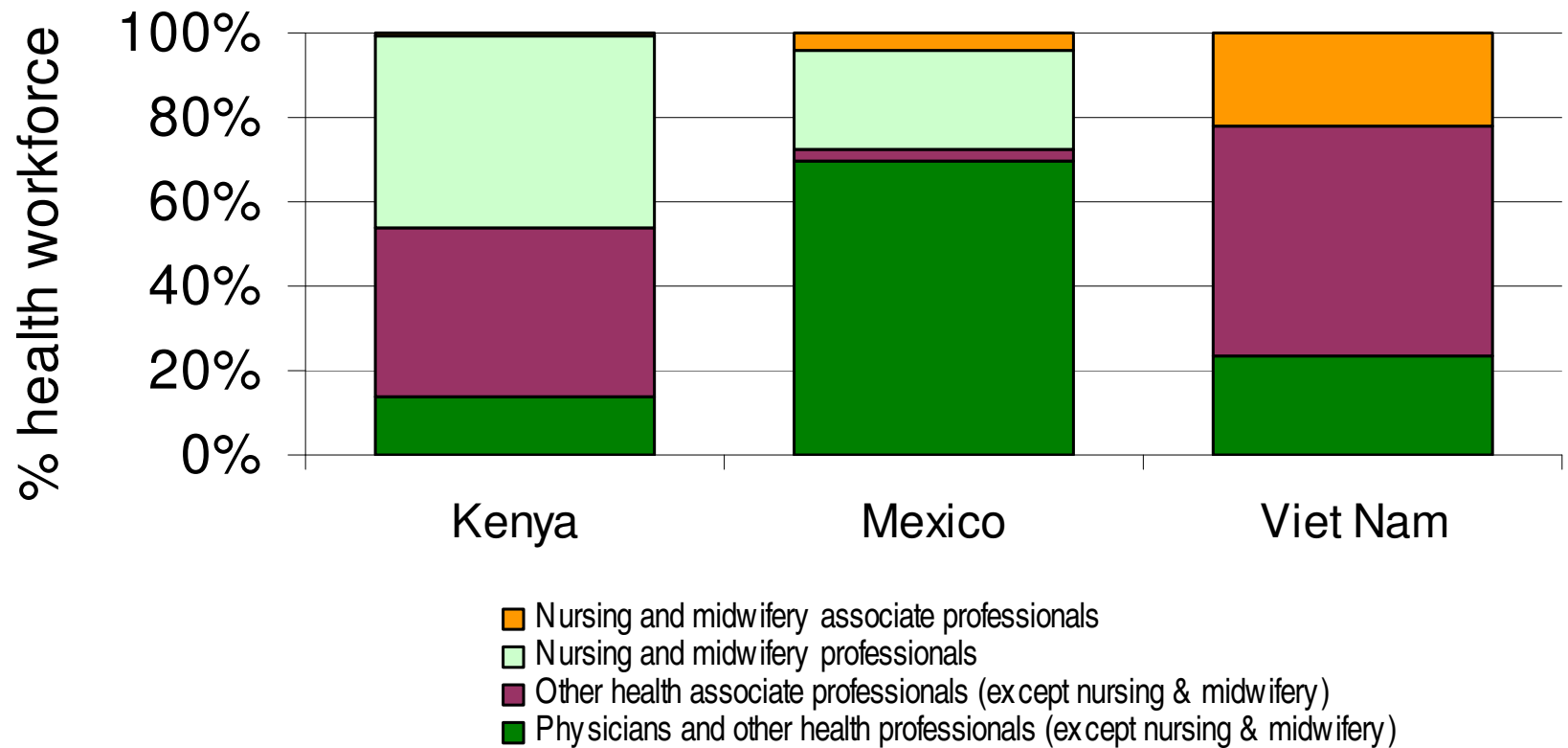
Health Service Provision

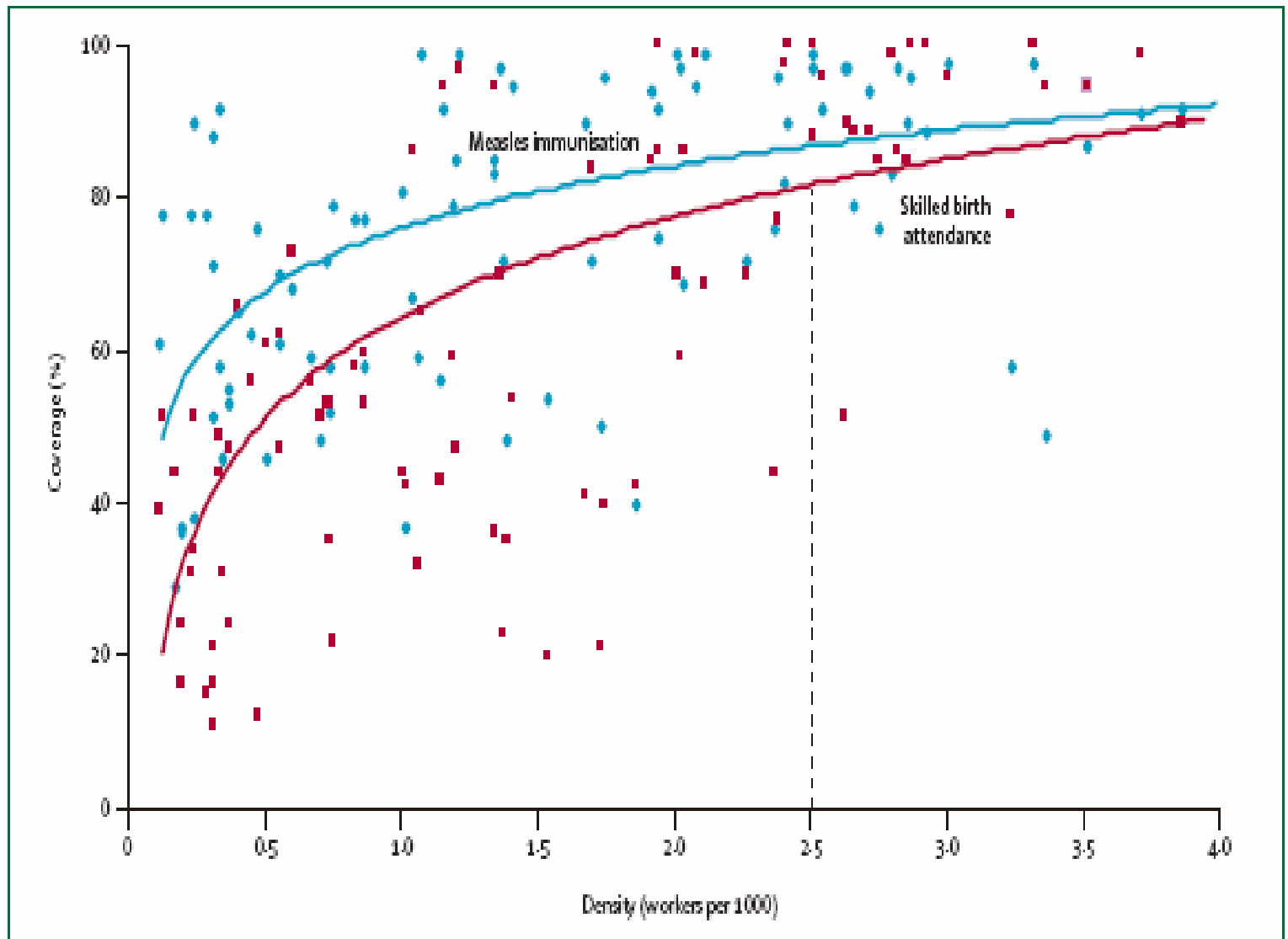




Source: Chen et al, 2004

Workforce composition



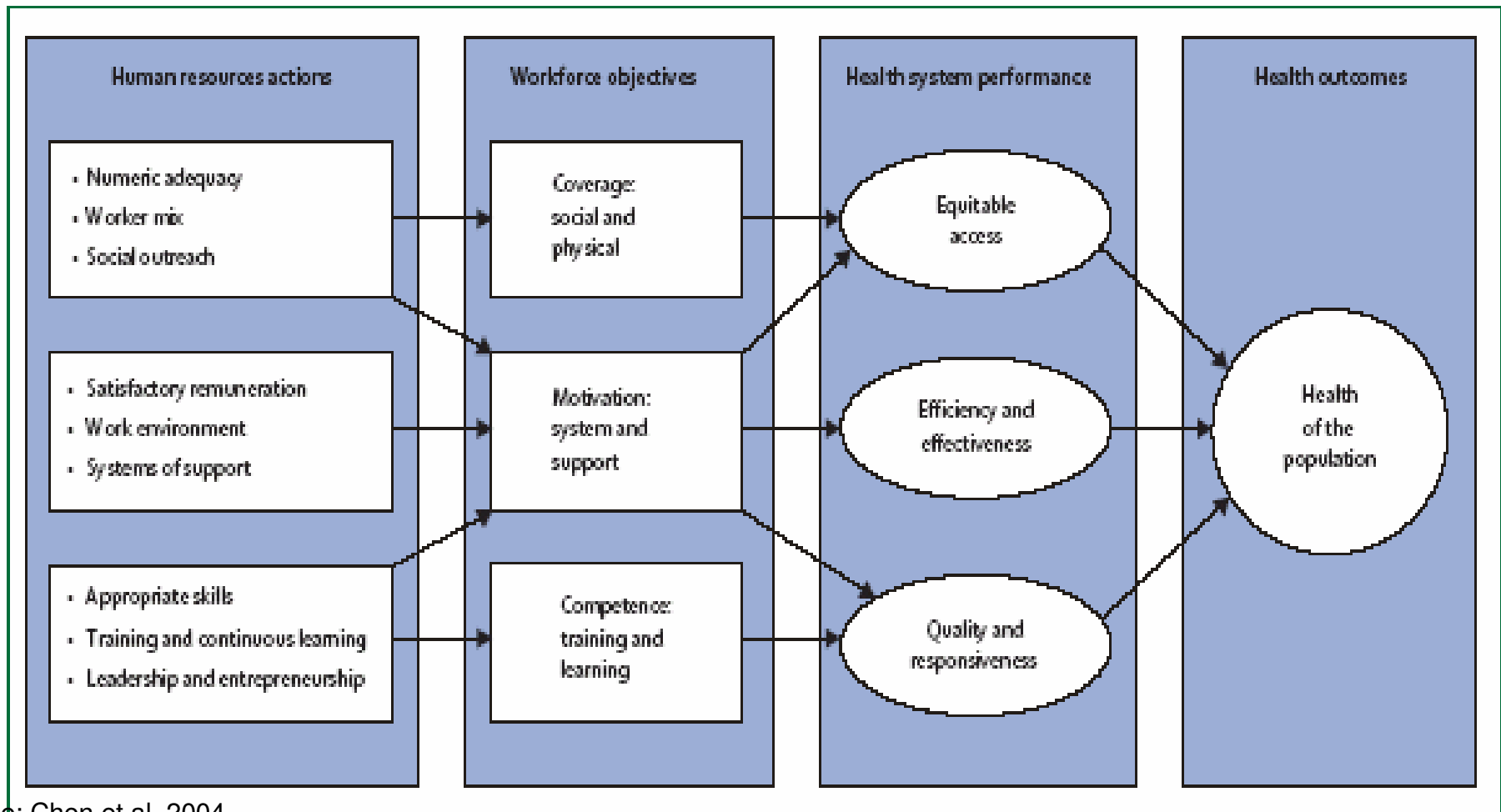


Source: Chen et al, 2004

Relevance of HR

- Production of health services is labour intensive
- HR as “the most important of the health system’s inputs”
- HR accounts for a large proportion of health sector budgets (60-80%)
- Costs of poor HR management are high (low productivity, poor retention)
- HR are an important factor for quality of care, patient satisfaction, or in other words health outcomes

Health workers and systems performance

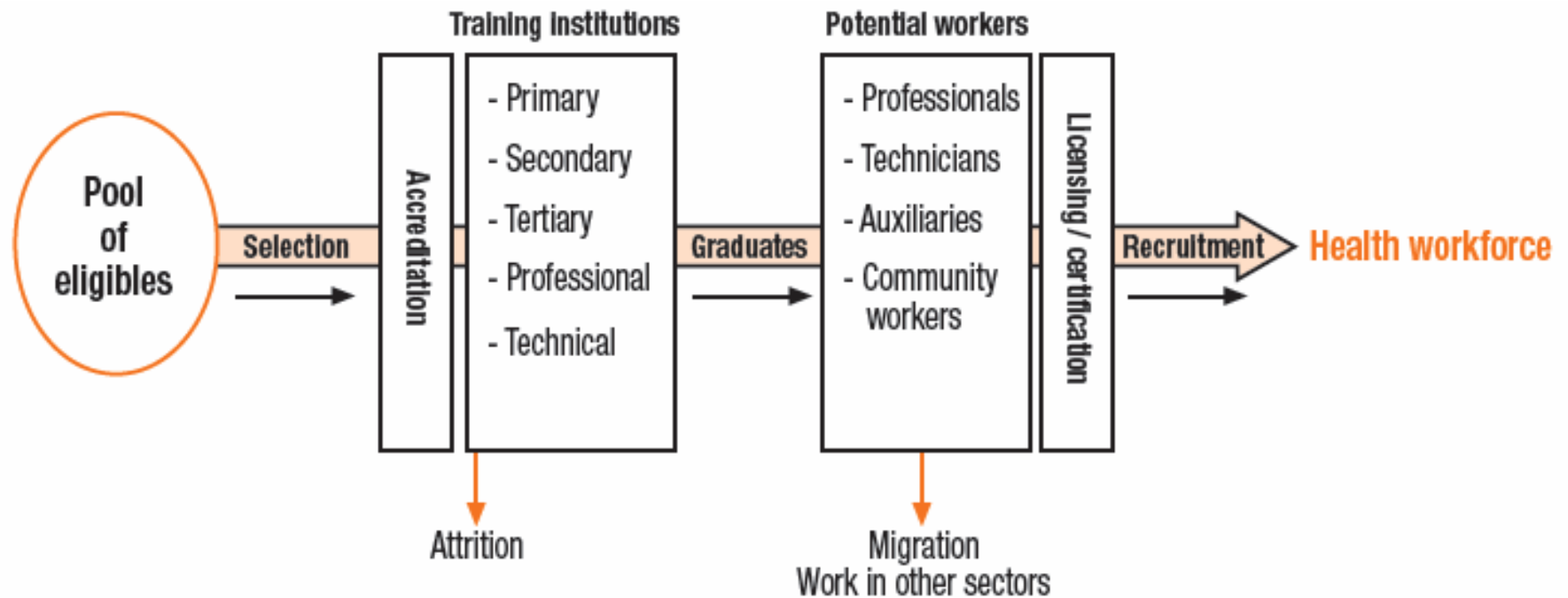


Source: Chen et al, 2004

Critical issues in HR development

- Enabling macro-economic environment
- Integration into (health sector) reforms
- HR policies
- Education of HRH
 - Initial training
 - Retraining and continuous education
- Investment in institutional capacities
- Planning of the health workforce
- Performance, motivation, working condition

Pipeline to generate and recruit the health workforce

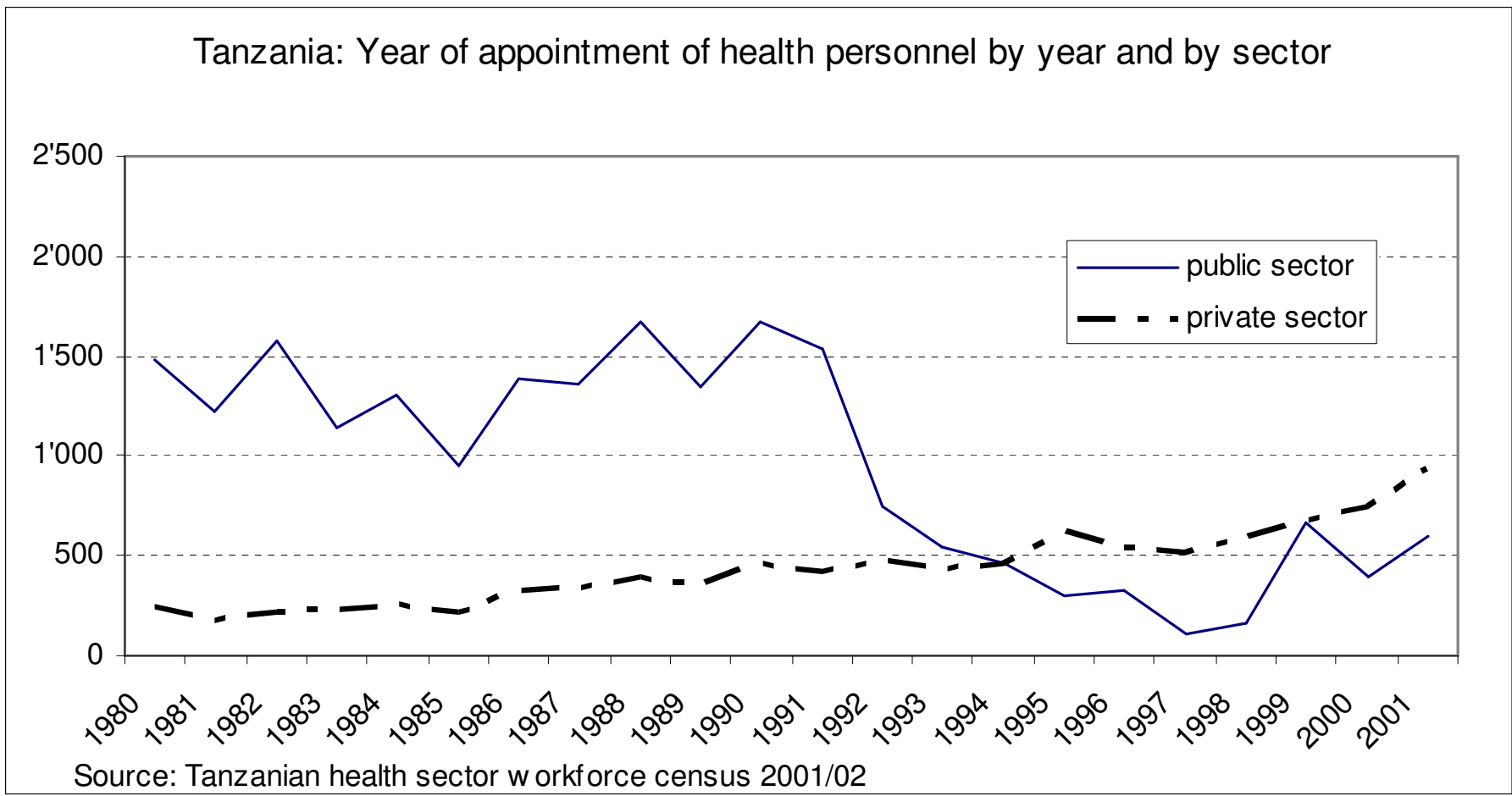


Source: WHR, 2006

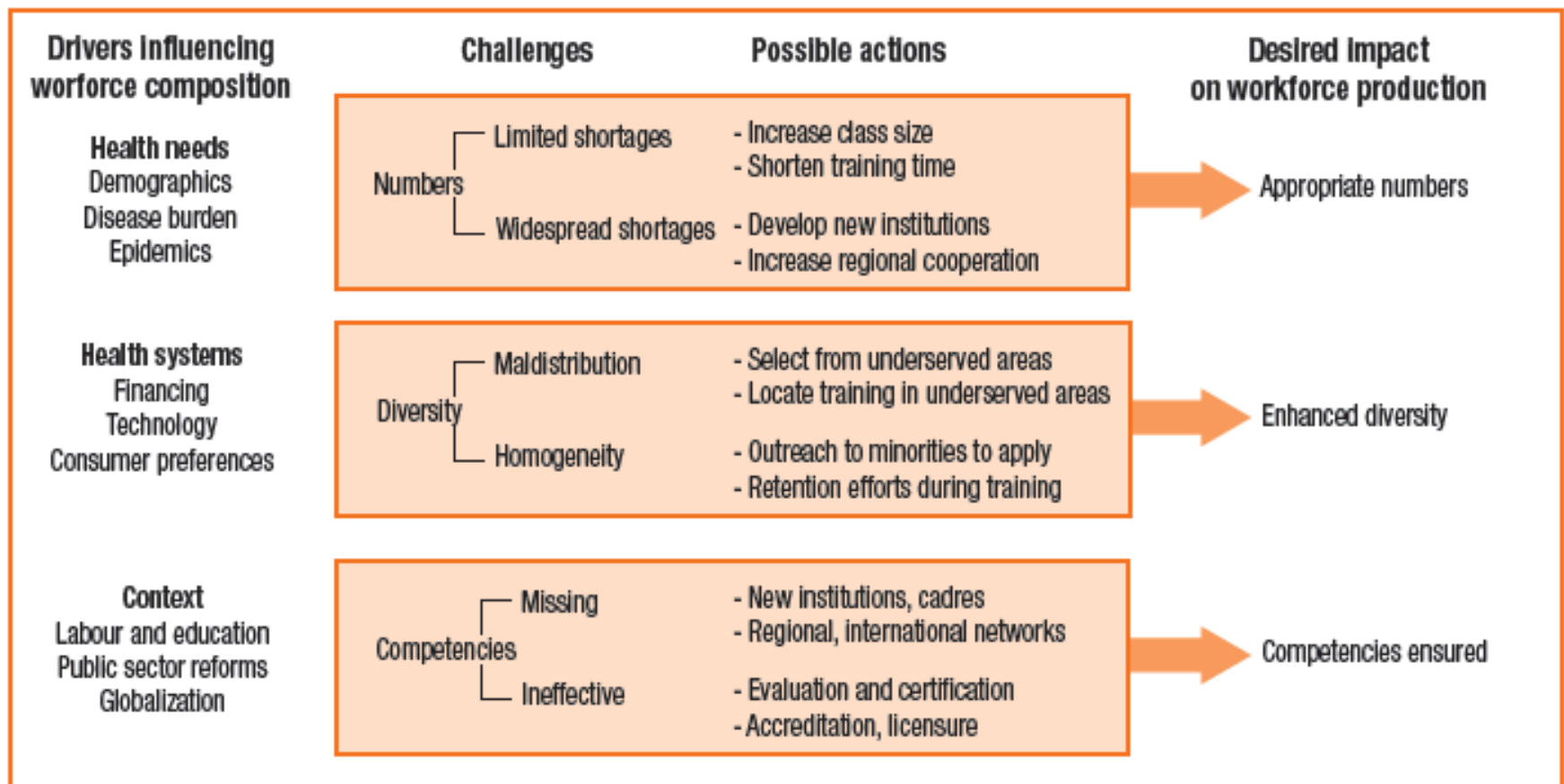
Critical issues in HR (cont'd)



- Staff numbers
- Staff skills
- Management of human resources
- Distribution of the health workforce
 - Geographical
 - Gender
 - Skills
- Migration and staff retention



Getting the mix right: challenges to health workforce production



Source: WHR, 2006

HR policies

- HR policies can assist planning
- HR policies can define and delineate legal and institutional arrangements
- HR policies can set priorities
- HR policies can assist decision-making
- HR policies allow the assessment of performance
- HR policies may allow concerted action across various stakeholders and facilitate implementation of critical actions

Persons and groups concerned by HR policies

- **Those who define and negotiate working conditions:** Ministries of Health, Finance, Civil Service, Planning;
- **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

Factors which do influence the success or failure of HR policies



- Institutional capacities
- Political feasibility
- Social acceptability
- Affordability

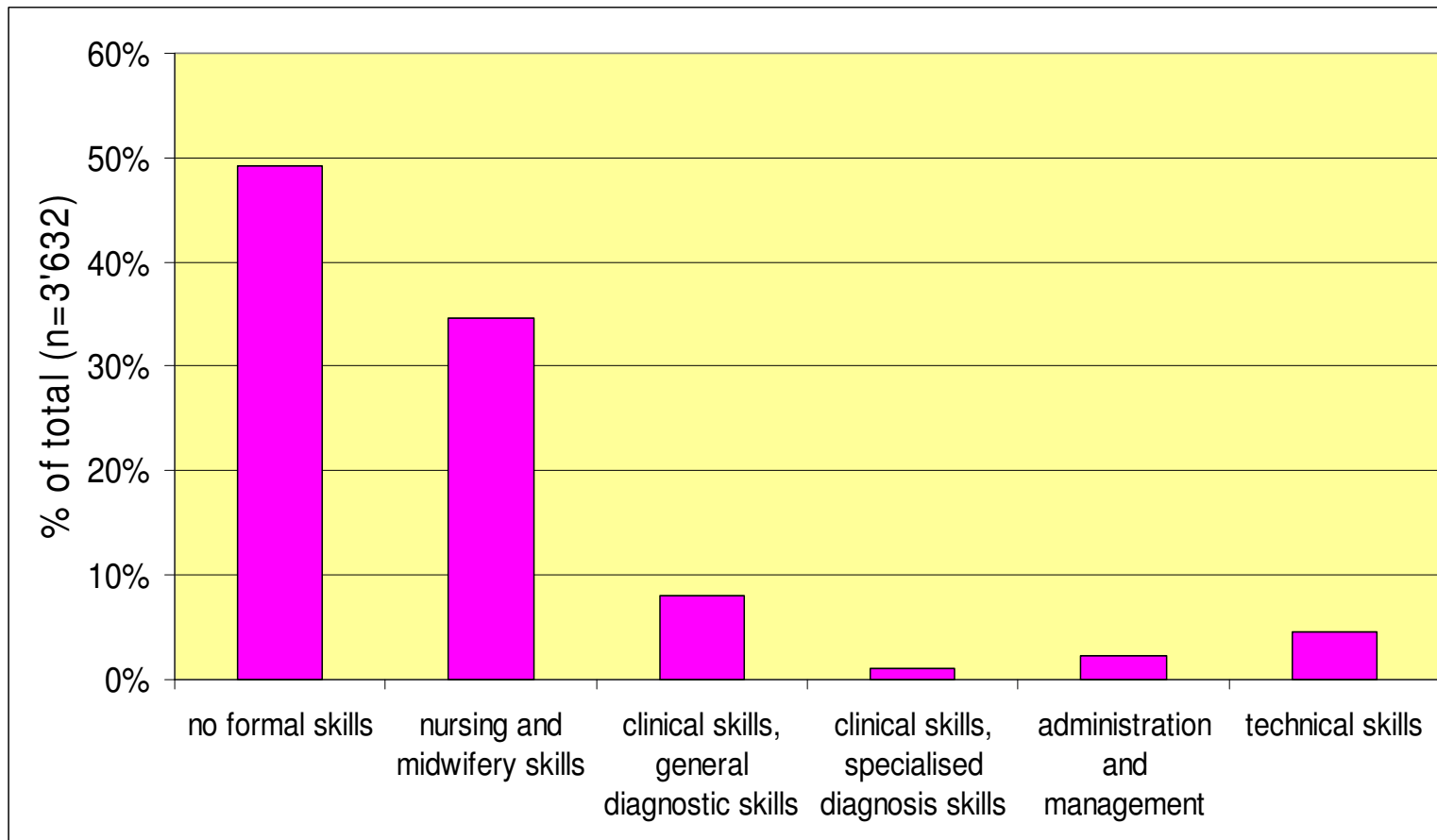
Staff numbers and skills (1)

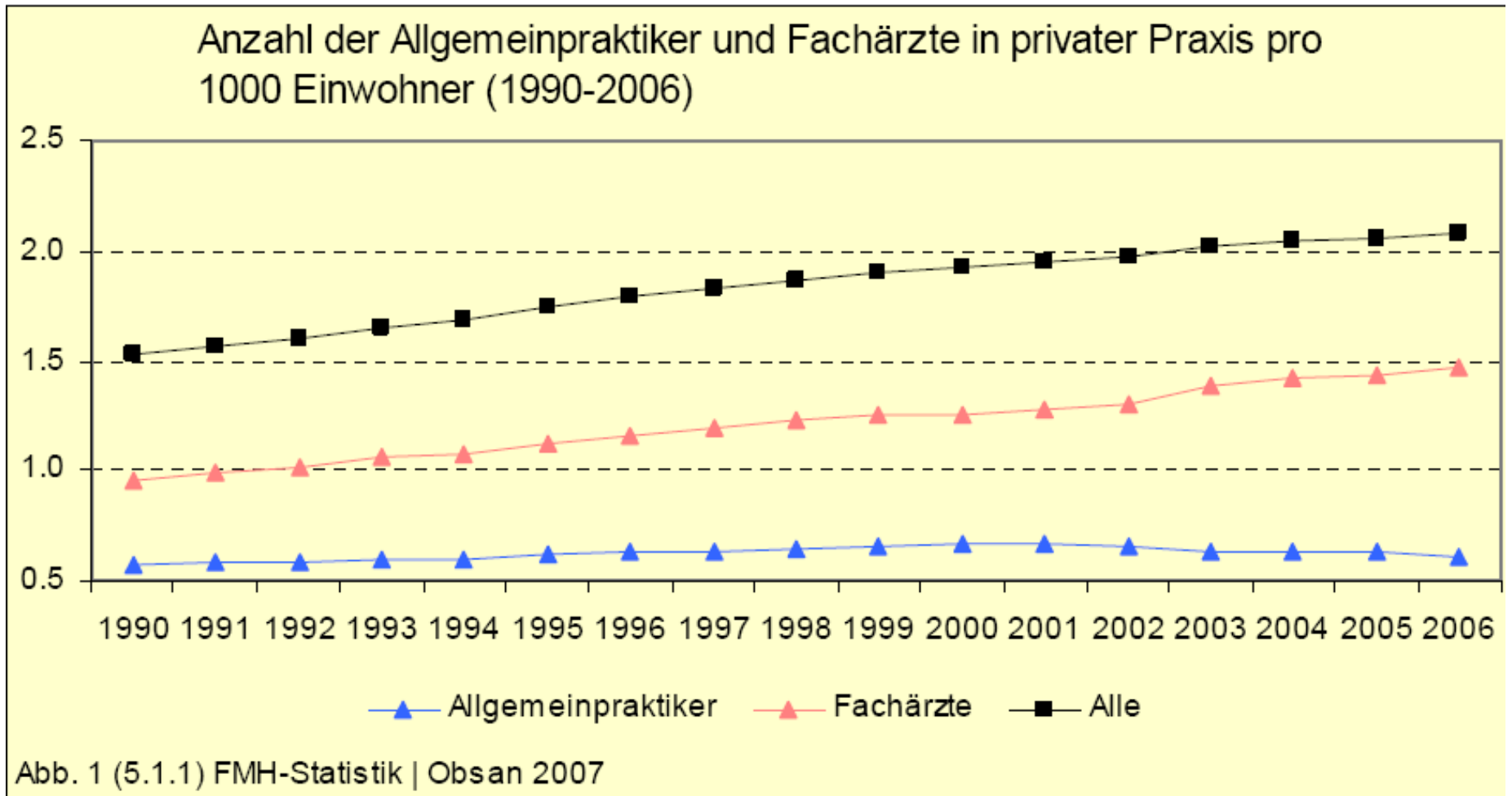
- There is no standard or correct way to define staff numbers
- Approaches to planning include:
 - Need based
 - Utilization based
 - Worker per population ratio
 - Target of services to be produced

Staff numbers and skills (2)

- Norm based approaches for the planning of HRH have serious limits
- Many countries have
 - Too many health workers (e.g. feldschers or specialists)
 - Too few health workers (e.g. general physicians)
- Few knowledge on appropriate skill mixes, e.g. at hospital level the ratio between physicians and nurses

Staff numbers and skills: Chad 2003





Altersstruktur und Geschlechtsverteilung der Allgemeinpraktiker in privater Praxis (2006)

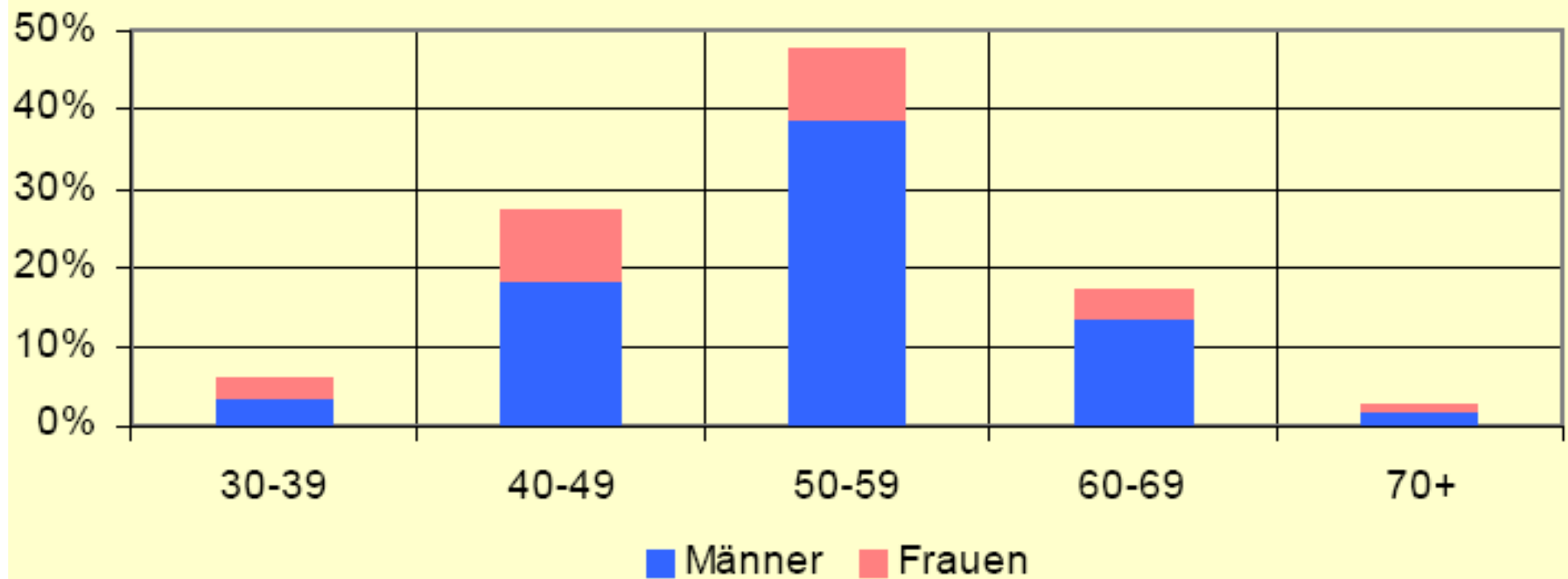
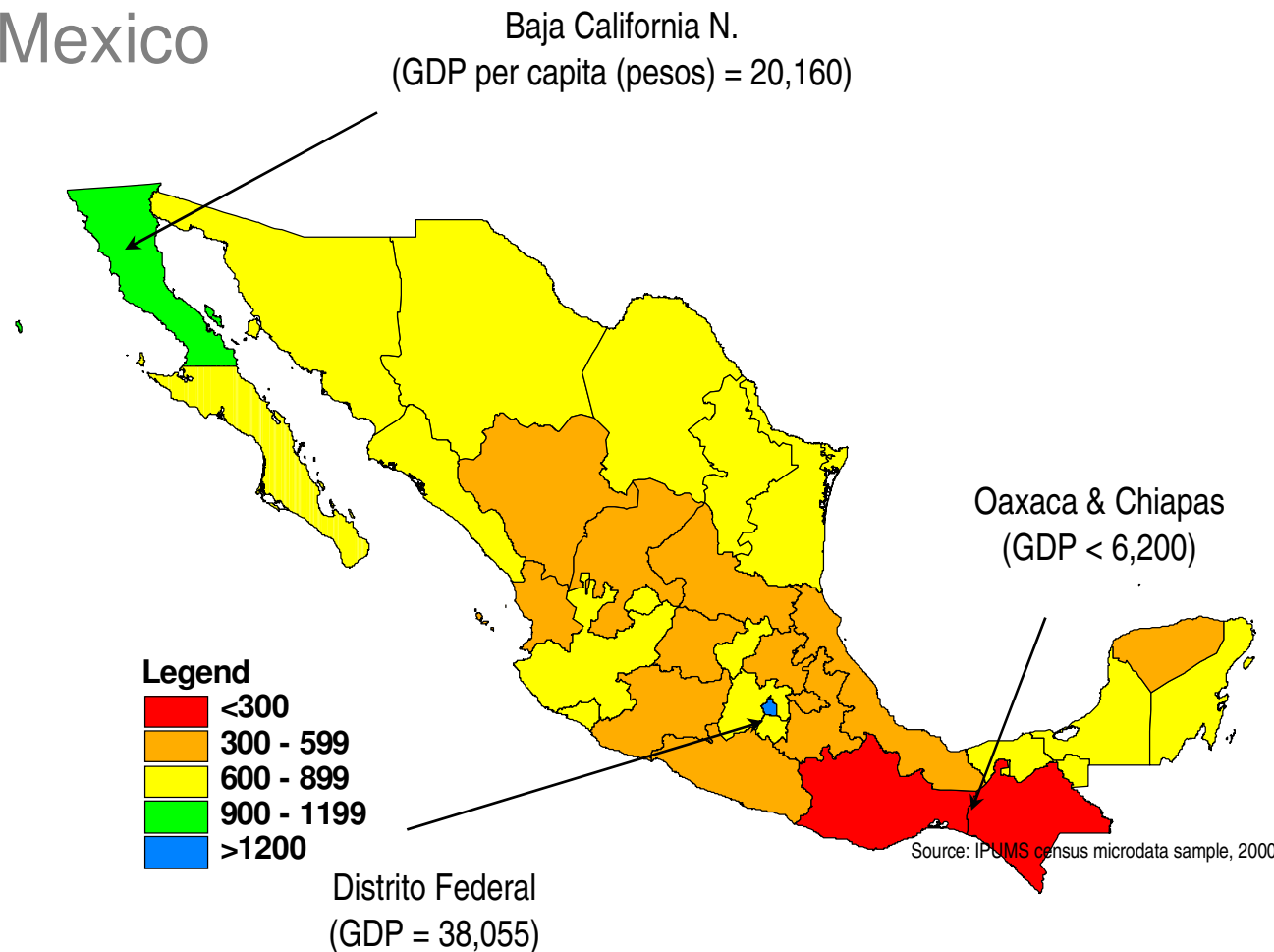


Abb. 2a (5.1.1) FMH-Statistik | Obsan 2007

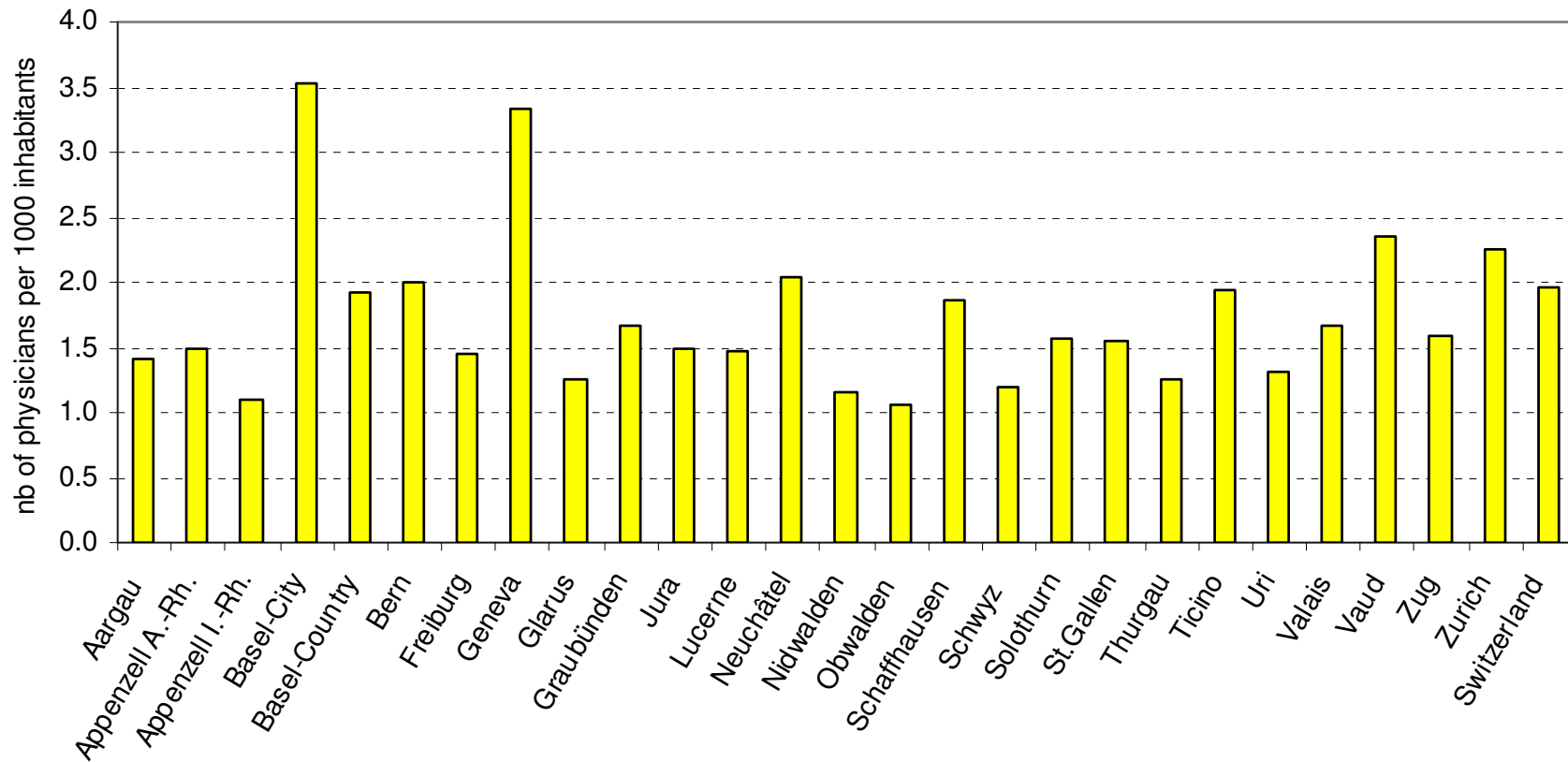
Staff numbers and skills (3)

- Take in account health sector & macro economic policies (standards, guidelines, protocols)
- Estimating no. of persons
- Kinds of knowledge, skills and attitudes
- How many of each type of HR?
- Where and when this HR need to be?
- Mapping
- Design career tracks

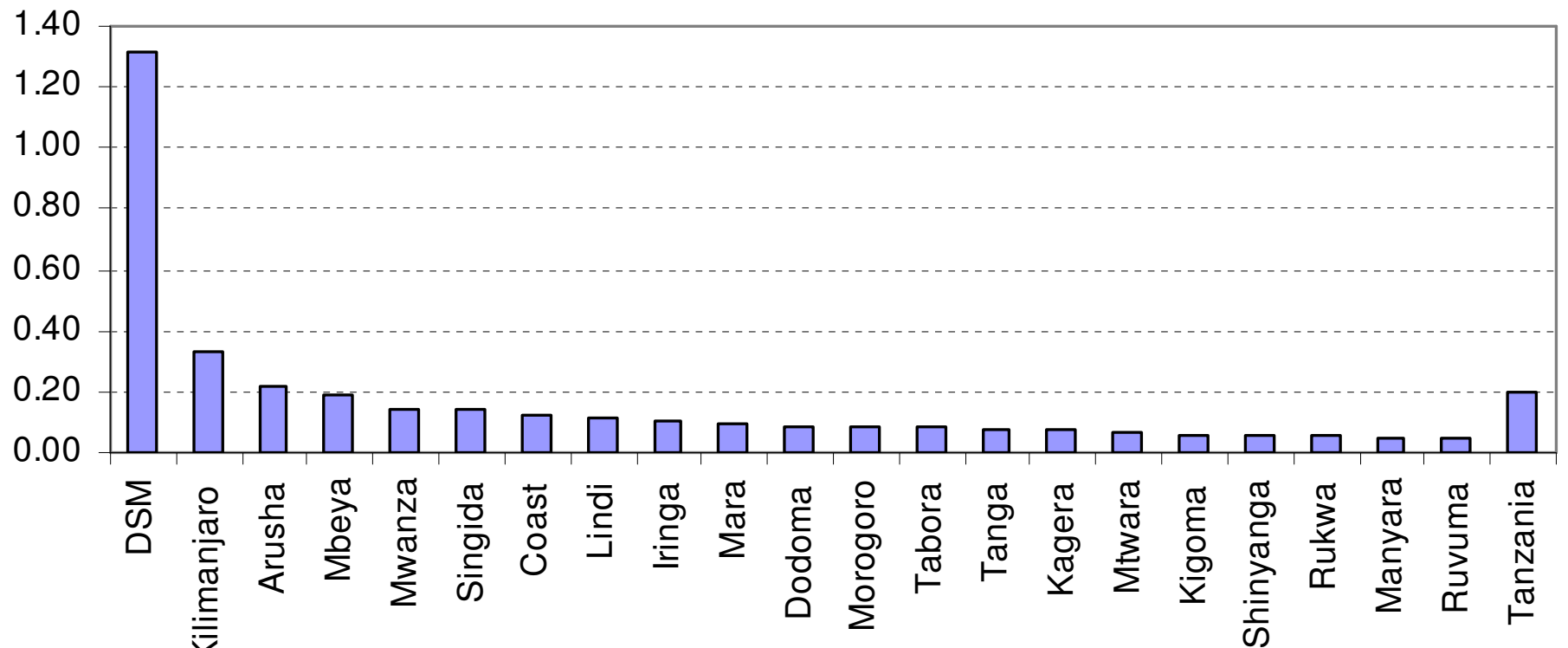
Distribution of the health workforce by state, Mexico



Distribution of the general physicians by canton, Switzerland



Tanzania: Health staff with advanced clinical skills* per region per 10'000 persons

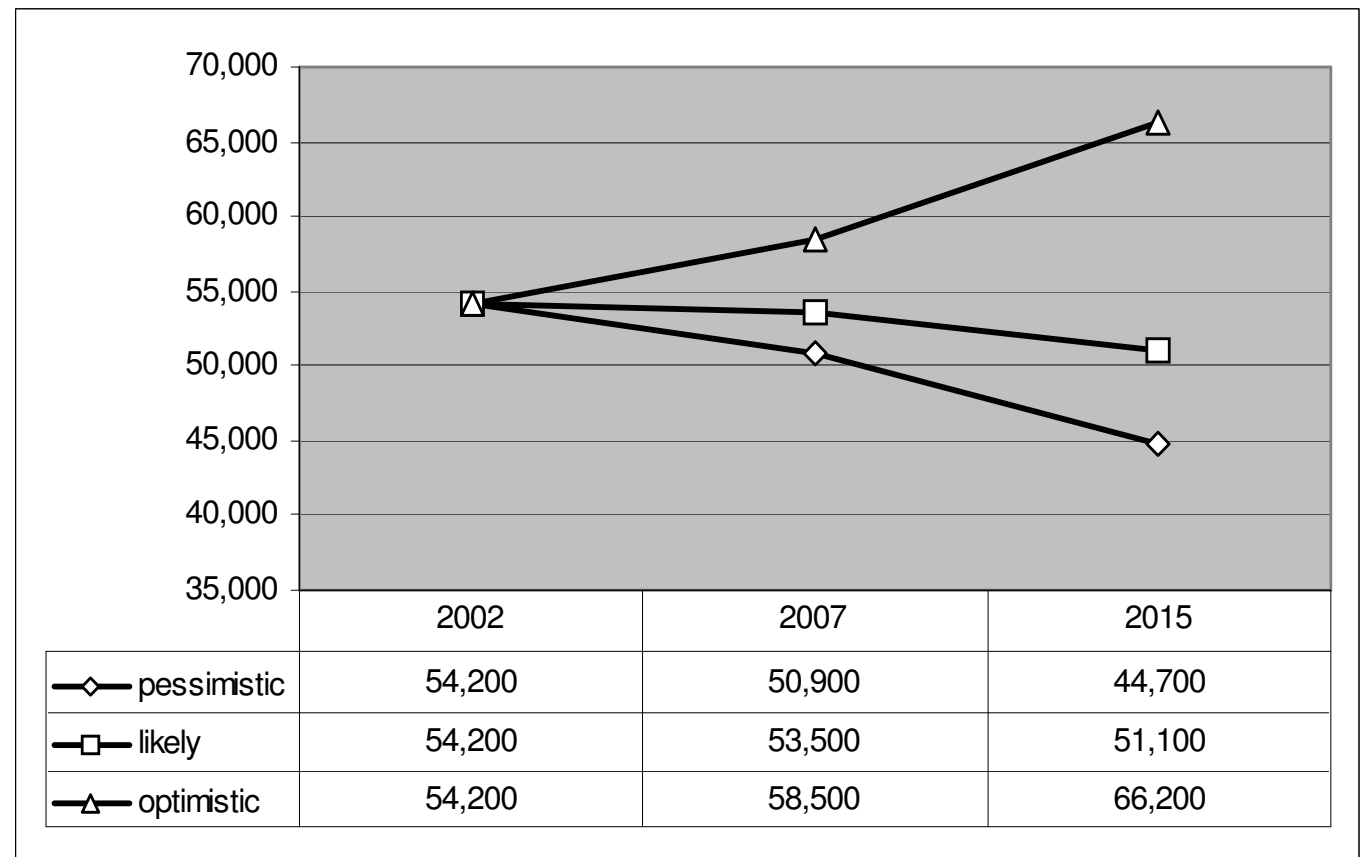


* only medical officers and medical specialists

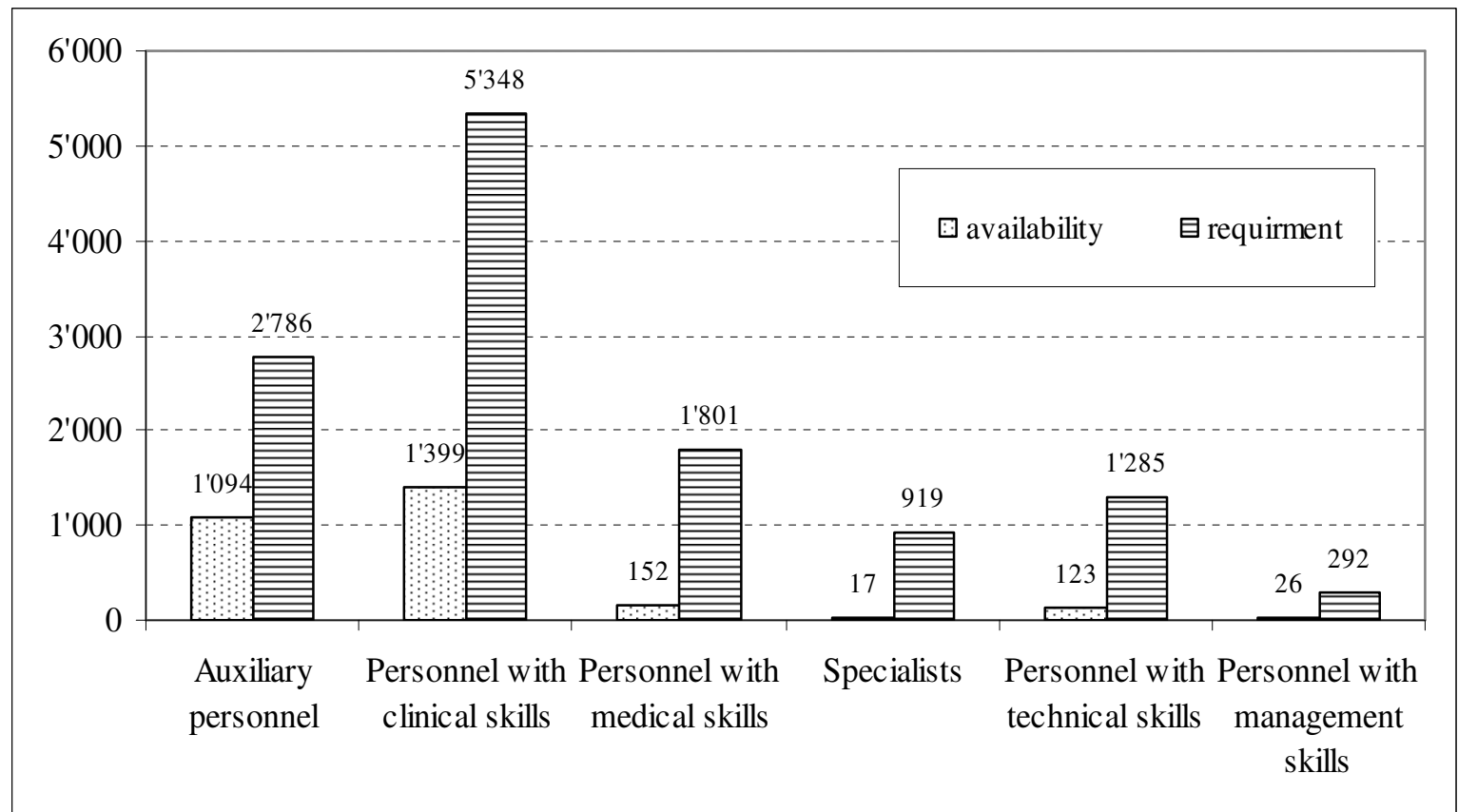
HR shortages in Africa

- HR shortages are a major concern, especially in the context of scaling-up priority interventions in Africa
- Shortages may be further aggravated by
 - Migration
 - Low performance and productivity
 - Geographical imbalances
 - Imbalances in the skill distribution

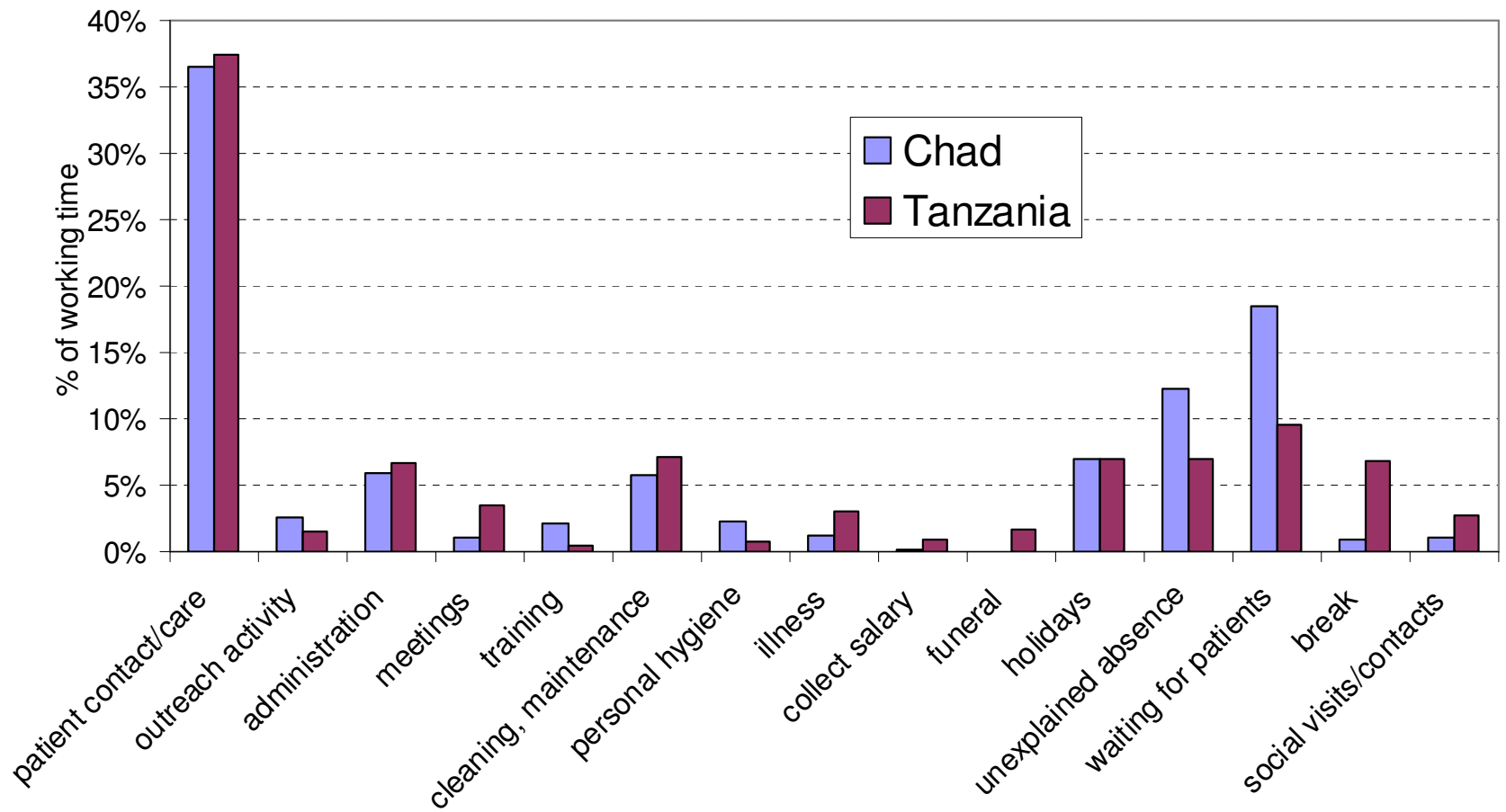
Tanzania: Future availability of health workers



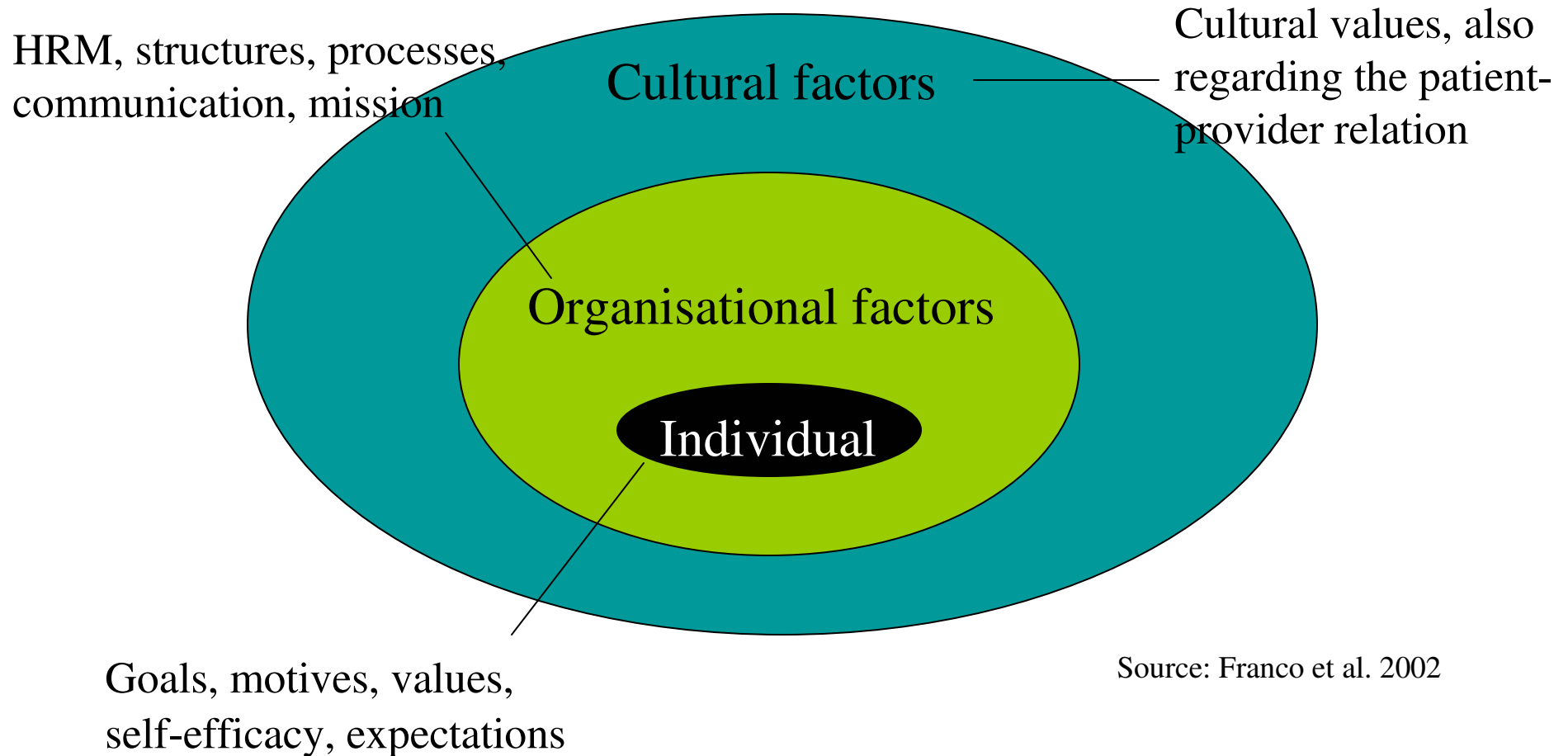
Chad: Availability and requirements for 2007



Productivity



Motivational determinants



Performance and productivity of HRH

- Challenge:
 - Performance improvement (quality of services, equity) and staff retention under adverse conditions
- Related key HRH problems:
 - Low motivation, staff shortages, skill levels
- Determinants for motivation:
 - Financial and non-financial incentives,
 - incl. HRM related Quality Management tools

Productivity

Empirical evidence:

- Even with an adequate salary, health workers (HWs) may not be motivated.
- Even without an adequate salary and under poor working conditions, there are motivated and performing HWs.

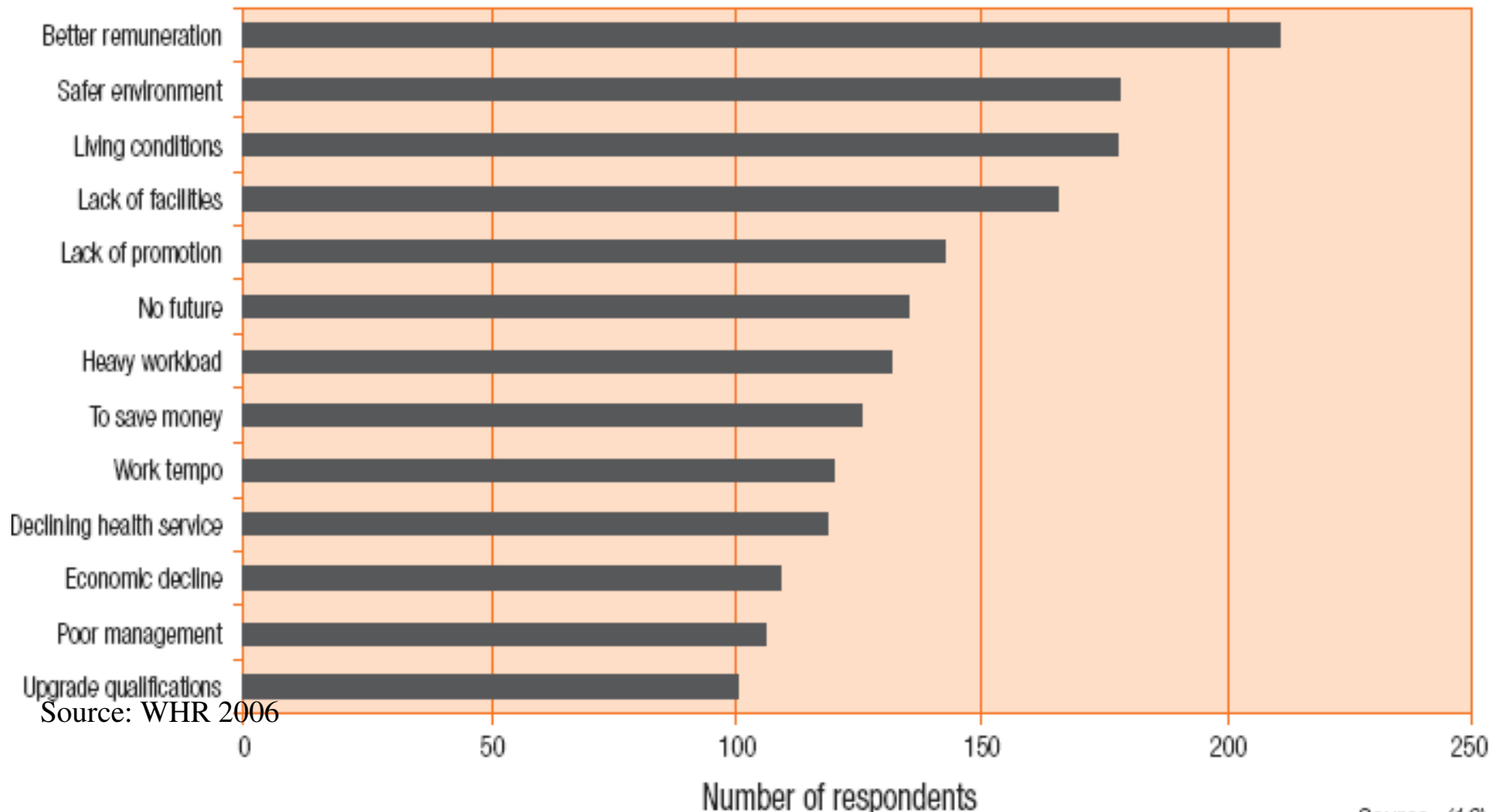
Common agreement on:

- Non-financial incentives are an essential component to increase motivation.

Migration and retention: shortages in some countries

- 126,000 vacant full-time positions for nurses in hospitals throughout the U.S.A
- National shortage may increase to 400,000 by 2020

Health workers' reasons to migrate in four African countries (Cameroon, SA, Uganda, Zimbabwe)



Performance and productivity of HRH

- Work load
- Demoralizing atmosphere
- Absenteeism
- Fear factor
- Brain drain
- HR best practices,
- Few research & evaluation
- Few experienced consultants

Migration and retention

- Approved work permits in the UK in 2001:
 - Philippines: 10'050
 - India: 2'612
 - South Africa: 2'514
 - Zimbabwe: 1'814
 - Nigeria: 1'014
 - Total: 23'063
- Pull-factors
 - Too low production of health workers
 - Unattractive working sector
- Push-factors
 - Poverty, low-income
 - Unattractive working conditions
 - Etc.

Doctors trained in sub-Saharan Africa working in

Source country	Total doctors in home country	Doctors working in eight OECD recipient countries ^a	
		Number	Percentage of home country workforce
Angola	881	168	19
Cameroon	3 124	109	3
Ethiopia	1 936	335	17
Ghana	3 240	926	29
Mozambique	514	22	4
Nigeria	34 923	4 261	12
South Africa	32 973	12 136	37
Uganda	1 918	316	16
United Republic of Tanzania	822	46	6
Zimbabwe	2 086	237	11
Total	82 417	18 556	Average 23

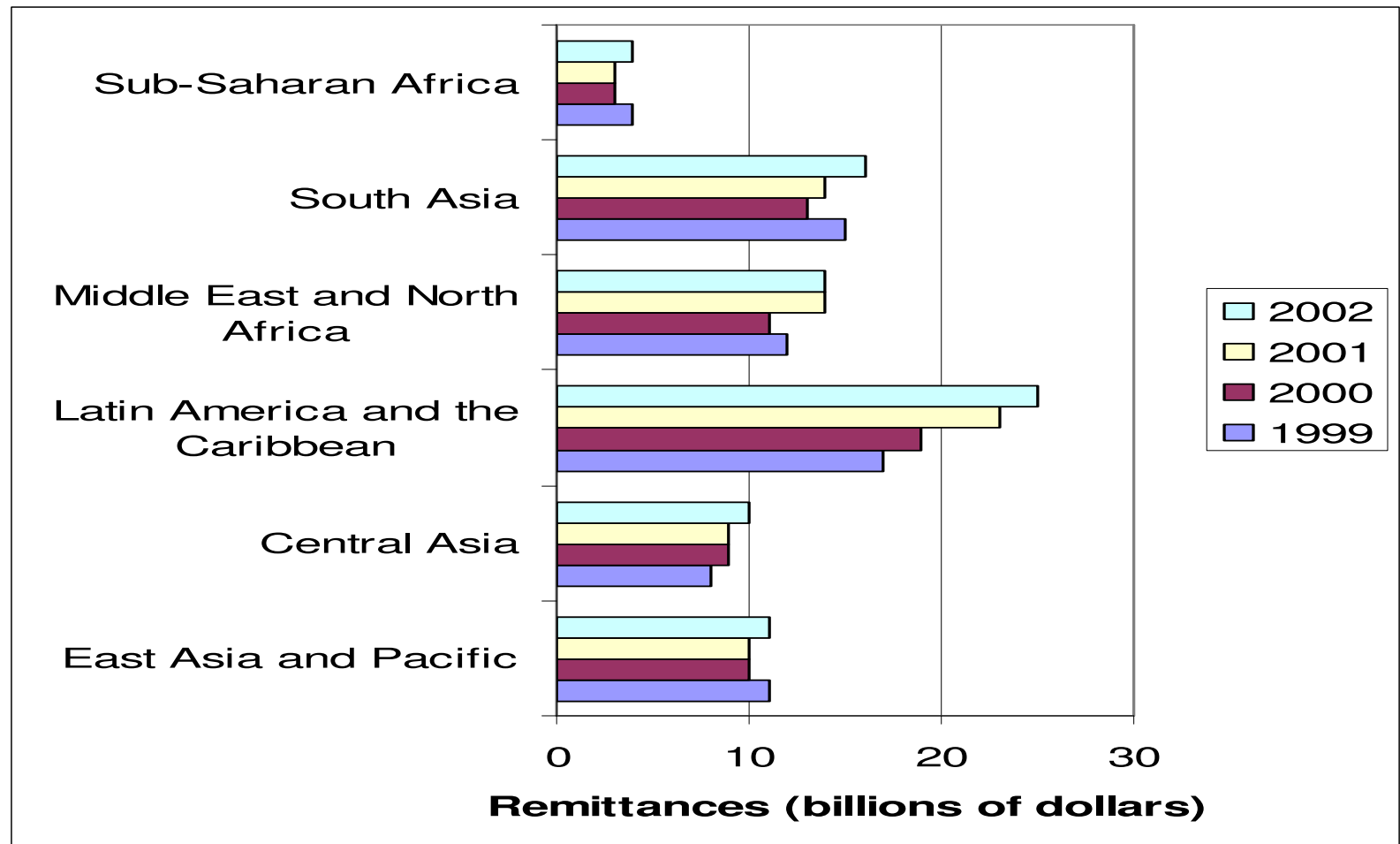
^a Recipient countries: Australia, Canada, Finland, France, Germany, Portugal, United Kingdom, United States of America.

Source: WHR 2006

Migration (1)

Source Country	Number Physicians		Number Nurses	
	In Portugal	In source country	In Portugal	In source country
Angola	820	961	383	14'288
Guinea Bissau	358	197	253	1299
Sao Tomé	238	67	84	183
Cap Verdé	231	71	40	232

Workers' remittances



Possible priority areas

Individual level	Issue	Importance
	Social class, gender, ethnicity	
	Demand for medical education	
Health service	Physical environment	
	Team building and interaction	
	Surpluses, shortages	
Health sector	Salary and monetary incentives	
	Career plans	
	Composition of the workforce	
	Geographical distribution	
	Retention strategies	
	HR policies	
Training	Training capacities	
Country context	Migration	
	Governance	

Examples for entry doors

- Establishing and implementing well elaborated HR national policies
- Link HR development to “macro level” focusing on good governance, decentralisation, civil service and health sector reform processes
- Capacity strengthening in low- and middle-income countries through the recruitment of technical experts
- QM tools/incentives to motivate health staff
- Salary increase (e.g. Malawi)
- Investments in training institutions
- Circular migration

Table 6. Categories of interventions used to improve retention of health workers in remote and rural areas

Category of intervention	Examples
A. Education and regulatory interventions	• Targeted admission of students from rural background
	• Recruitment from and training in rural areas
	• Changes / improvements in medical curricula
	• Early and increased exposure to rural practice during undergraduate studies (diversification of location of training sites)
	• Educational outreach programmes
	• Community involvement in selection of students
	• Compulsory service requirements (bonding schemes)
	• Conditional licensing (license to practice in exchange of location in rural areas for foreign doctors)
	• Loan repayment schemes (paid studies in exchange of services in rural areas for 4-6 years)
	• Producing different types of health workers (mid-level cadres, substitution, task shifting)
• Recognize overseas qualifications	
B. Monetary compensation (direct and indirect financial compensation)	• Higher salaries for rural practice
	• Rural allowances, including installation kit
	• Pay for performance
	• Different remuneration methods (fee for service, capitation etc)
	• Loans (housing, vehicle)
	• Grants for family education
	• Other non-wage benefits
C. Management, environment and social support	• General improvement in rural infrastructure (housing, roads, phones, water supplies, radio communication etc)
	• Improved working and living conditions, including opportunities for child schooling and spouse employment, ensured adequate supplies of technologies and drugs
	• Supportive supervision
	• Support for continuous professional development, career paths
	• Special awards, civic movement, and social recognition
	• Flexible contract opportunities for part-time work
	• Measures to reduce the feeling of isolation of health workers (professional/specialist networks, remote contact through telemedicine and telehealth)
	• Increased opportunities for recruitment to civil service

Conclusions

- HR management and planning is a crucial, but often neglected, component of health systems
- Various countries, especially in Africa, face serious HR shortages
- It is important to:
 - Establish clear HR policies and link them to the “macro” context
 - Create an enabling environment
 - Integrate HR in reforms
 - Plan for staff numbers and skills
 - Address distributional inequities in the health workforce
 - Address migration and staff retention
 - Increase productivity and performance
 - Improve management practices & incentives