WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DE SAÚDE
ESCRITORIO REGIONAL AFRICANO

REGIONAL COMMITTEE FOR AFRICA

AFR/RC52/13
12 February 2002

ORIGINAL: ENGLISH

Fifty-second session
Brazzaville, Congo, 19-23 August 2002

Provisional agenda item 8.6

HUMAN RESOURCES DEVELOPMENT FOR HEALTH: ACCELERATING IMPLEMENTATION OF THE REGIONAL STRATEGY

Report of the Regional Director

EXECUTIVE SUMMARY

1. Member States of the WHO African Region adopted the Regional Strategy for the Development of Human Resources for Health (AFR/RC48/10) during the 48th session of the Regional Committee in 1998. The resolution called for strengthening the capacity of Member States to optimize the utilization of their human resources for health with a view to achieving health objectives in the Region. The priority interventions enunciated in the strategy which are still valid today are: policy formulation and development; planning the development of human resources for health; education, training and skills development; administration and management of human resources for health; research and regulation of health professions.

2. Despite efforts by countries to improve the utilization of human resources for health towards better health outcomes, the implementation of appropriate strategies has been slow, with variable outcomes in countries. This is partly due to the lack of consistency between countries in the way that human resources for health policies and strategies are developed and implemented, and also the fact that the health sector reform programmes that countries are undertaking have had inconsistent and inadequate approaches towards human resources for health.

3. Poor economic performance and socio-political instability in many countries, coupled with specific issues of migration, brain drain, weak national human resources for health, and out-of-date management systems in the civil services, also contributed significantly to the slow implementation of the regional strategy for human resources for health.

4. In response to concerns raised by Member States during the 51st session of the Regional Committee, the present document has been prepared to provide guidance and focus on priority actions that could lead to real and positive changes in countries.

5. The Regional Committee is requested to consider and approve this framework on how to accelerate the implementation of the regional strategy for the development of human resources for health.

CONTENTS

INTRODUCTION

1. Health workers[1] or human resources for health (HRH) constitute the most valuable asset in national health systems. In addition to consuming the largest proportion of health budgets as staff salaries and wages amounting to approximately 60% to 80%,[2] health workers also have an influence on the optimal utilization of other resources and the investments made in the health sector. It is health workers who make health interventions happen. Yet very little progress has been made in tackling human resources development issues.

2. In 1995, by resolution WHA 48.8,[3] the World Health Assembly urged Member States to undertake coordinated health system reforms, including reforms in medical education and practice. The importance of the role of staff categories such as nursing and midwifery in contributing to improved performance of health systems, was reaffirmed and addressed in resolutions WHA 49.1 in 1996 and WHA 54.12[4] in 2001.

3. Member States of the WHO African Region adopted the Regional Strategy for the Development of Human Resources for Health (AFR/RC48/10) during the 48th session of the Regional Committee in 1998. The priority interventions enunciated in the strategy, which are still valid today, are: policy formulation and development; planning the development of human resources for health; education, training and skills development; administration and management; research and regulation of the health professions.

4. Despite efforts by countries to improve the utilization of human resources for health towards better health outcomes, the implementation of appropriate strategies has been slow, with variable outcomes in countries. This is partly due to the lack of consistency in the way that human resources for health policies and strategies are developed and implemented, and also the fact that the ongoing health sector reform programmes have had inconsistent and inadequate approaches towards HRH. For instance, issues related to health professions and health policy formulation, relevance of education and training of health professionals, continued professional development and retention of staff have not always been adequately and strategically addressed.

5. It is in response to the concerns raised by Member States during the 51st session of the Regional Committee, that the document "Human resources development for health: Accelerating implementation of the Regional Strategy" has been prepared to provide guidance and focus on priority actions that could lead to real and positive changes in countries. Full implementation of this framework will enhance the availability of a competent and equitably distributed workforce to provide minimum basic health care services.

---

[1]Health Worker refers to "all persons working in health service delivery including those in private practice and health-related institutions, personnel working in units that supply medical or related aids for people with disabilities, staff in the administration of a health sector, health information systems, health ministry staff, and the respective staff developing and producing health products like drugs, aids, spectacles, and supplies or equipment for health care units like beds and technical equipment, as well as teaching staff, students, catering and maintenance staff" Workshop on Global Health Strategy Workshop, Annecy, France, December 2000. WHO/OSD, Geneva.

[2]Salman and Von Otter. Implementing planned markets in health care: Balancing social responsibility, Open University Press, 1995.

[3]Resolution WHA 48.8, Reorienting medical education and practice for health for all.

[4]WHA 49.1 and WHA 54.12, Strengthening nursing and midwifery.

SITUATION ANALYSIS

6. There have been many endeavours over the years to develop capacity in human resources for health. Some of these have yielded important results such as increasing training opportunities in the Region. Currently, up to 85% of WHO fellowships are tenable in Africa, and the plan is to increase this to 95%. WHO and other bilateral and multinational agencies have supported countries by awarding fellowships for training. Human resources managers from 40 countries have received training in human resources management through two four-week courses conducted at the *Ecole nationale de Santé publique*, Algiers, and the University of Western Cape, Cape Town. A number of technical tools and guidelines have been developed and are in use. They include a tool for evaluating health sciences training programmes and guidelines for reviewing basic pre-service nursing and midwifery curricula, among others.

7. A survey conducted with human resources managers attending a human resources for health management course in Cape Town, University of Western Cape, showed that the training component of the strategy got more attention than others during the implementation of the strategy. Of the 17 countries included in the survey, eight had attempted some kind of reform in health sciences training, while 15 reported that they had reviewed and updated curricula. However, not much has changed on the ground.

8. There is need for more work on bridging the gap between education and practice. Basic and specialist training in the health sciences is still largely elitist and hospital-focused, producing health cadres who are primarily not appropriately equipped to deal with public health. Moreover, there is a decrease in the servicing of rural areas or in unpopular specialities such as mental health.

9. Among the most pressing concerns is the migration and growing shortage of skilled health workers. This is negatively affecting health care delivery systems, particularly in rural areas. For example, some 60% of medical graduates from one country migrated within a few years of graduation. In the same country, 48% of all doctors in the public health service are in two urban teaching hospitals, while rural areas are badly affected by shortage of staff. In another country, it was estimated that 1 500 doctors were needed. However, in the year 2000, only 800 were reported as registered and only 50 of the 600 medical school graduates in the last 23 years were currently working for the public sector in that country.[5]

10. One of the major reasons for migration is the low wages and salaries that health workers receive. In one country, for example, a general practitioner is paid US$ 40 per month and a specialist US$ 47 as compared to another where a general practitioner gets US$ 700 as monthly wages plus other incentives. Thus, poor working conditions, inadequate incentive systems, compounded by frustrating out-of-date regulations and management approaches have resulted in serious brain drain of skilled health staff.

11. Governments are searching for cost-effective options to enhance the capacity of national systems as well as scale up health interventions to assist in meeting health targets. However, a variety of challenges such as political, social or economic crises are undermining the optimal utilization of available human resources for health. Structural adjustment policies have had major effects on the development of human

---

[5]Bundred PE, Levitt, C. "Medical Migration: Who are the Real Losers?" *Lancet* 2000(356);9225:245-246.

resources for health. Loan conditionalities, for example, have led to the layoff of personnel including health staff, the freezing of positions and the non-recruitment of new staff in the civil service.

12. The consideration of market forces alone cannot necessarily guarantee a competent and equitably distributed workforce. The introduction of market mechanisms in some health systems has led to a redefinition of the role of the state, which has had to step up its role as regulator and expand the scope of the private sector in the provision of health services. At the same time, the traditional relationship between the state as an employer and health personnel as state employees has been modified in many countries. Some of the consequences are that job security and career structures for health workers have become less predictable and unstable. Hence, workers may be expected to be less loyal to any one organization, considering that they are likely to be made redundant with the next restructuring and have to look for employment elsewhere.

13. While a few countries have well-established systems, most human resources development departments in ministries of health are poorly structured, ill-equipped and lack the status to influence policy directions favourably. Furthermore, many lack policies and plans to guide human resources development actions in support of the health sector. Consequently, emphasis is generally put on routine personnel administration at the expense of dealing with the strategic components of the development of human resources for health.

14. While acknowledging the variety of problems and constraints facing governments, there is growing momentum and renewed interest in the development of human resources for health. This interest is largely an outcome of the realization by Member States of the need to strengthen health service delivery and adopt a strategic approach to human resources development. Various partners, bilateral and multilateral agencies are showing increased interest in supporting human resources development in countries.

PRIORITY ACTIONS FOR ACCELERATING IMPLEMENTATION OF THE STRATEGY ON HUMAN RESOURCES FOR HEALTH

Guiding principles

15. Success in the implementation of the priority actions will depend on the following principles:

(a) ownership and commitment by countries to implement priority actions and generate and mobilize adequate resources;

(b) commitment to equitable allocation and efficient utilization of all health resources;

(c) commitment to ensuring access to quality priority health interventions at all levels;

(d) partnerships and alliances with stakeholders, communities, families and individuals to share responsibilities and resources to enhance health gains;

(e) governance and stewardship of the health systems; and

(f) commitment to a code of ethics and good practice in international recruitment and migration of human resources for health.

Priority actions

16. Recognizing the fact that countries face different human resources problems and are at different stages of health development, broad-based priority actions are proposed to accelerate the implementation of the regional strategy for the development of human resources. It is expected that if fully implemented these actions will have a positive effect on underlying issues of human resources for health. In addition, they should be long-term interventions implemented over a period of at least 10 years. They should also be aimed at providing a foundation and resource base to help each country design comprehensive programmes for human resources for health as well as seek support from stakeholders and partners. The proposed actions are planning and formulation of human resources policy; education, training and skills development; human resources management; management of the movement of skilled health personnel; advocacy and resources mobilization.

The proposed priority actions should be adapted to address country-specific realities.

Planning and formulation of human resources policy

17. Human resources policies should be formulated within the context of national development policy. This is the first and indispensable step. Preparation of strategic plans that align workforce competencies with the national health care delivery strategy is the next step. Human resources planning should be based on methods that take into consideration the optimal allocation and deployment of current staff geographically and functionally. Countries should work out staffing norms and standards for each level of health services delivery instead of using only population ratios for staff allocation. Adequate projections of requirements for human resources for health in line with health sector development plans should serve this purpose. Plans for human resources for health should be supported with financial resources.

18. Countries should establish mechanisms that give room for dialogue with ministries for health, education, finance, etc., the private sector, nongovernmental organizations, training institutions, health professionals and professional associations from the very early stages of policy formulation. This will ensure ownership and optimal contribution by health workers during implementation.

19. In-depth human resources assessment should be undertaken to enable countries to have the necessary data and information for proper planning and monitoring. Countries should ensure that human resources data are part of the national health information system.

20. A review of existing interventions for human resources for health should be undertaken by each country. This should include an evaluation of the need for new profiles for health cadres and their expected impact on the health of the population. Policy changes aimed, for example, at reshaping the role of health professionals could include shifting emphasis from highly specialized medical training to general practice that integrates primary care and new models of nursing practice, enhancing skills of middle level providers and flexibility in registration of health professionals.

21. A pool of African and external experts should be established, oriented and supported to advise and support Member States in the implementation of strategies on human resources for health.

Education, training and skills development

22. Training institutions should in their philosophy embrace issues of their social responsibilities, and show commitment to quality, equity and relevance with emphasis on public or community health. Countries should develop and use benchmarks and tools for evaluating and monitoring health worker training and practice to ensure its relevance to the needs of the population.

23. Guidelines for reforming health sciences education and reorienting health worker education and practice will be made available to ensure the availability of adequate numbers of competent health workers and the responsiveness of the education sector to evolving health care delivery strategies. This should be followed by the review and development of appropriate curricula and a reassessment of the scope of practice. The content should include conditions that are major determinants of health in the Region, such as HIV/AIDS, malaria, management of pregnancy and childbirth and management of the sick child. Curricula assessment centres should be established to assess training courses for their relevance to population needs and other critical learning approaches such as problem-based learning.

24. The capacity of national, subregional and regional health training institutions should be built to ensure that a critical mass of health workers with the appropriate skill mix is produced and available, particularly in the face of shortages due to the migration of health workers. Special attention should be paid to other types of practitioners such as medical assistants, clinical officers, enrolled nurses, community health staff and traditional healers, who can do multi-purpose work in remote areas. Training programmes and practice should be substantially changed to put special emphasis on promotive and preventive health.

25. Countries should explore innovative training approaches, such as distance education. They should invest in it as a means of reaching out to health workers without taking them from their duty stations.

Human resources management

26. As part of human resources policies, countries should put in place national management systems and employment policies based on healthy and safe working environments and conditions and on equitable rewards, gender sensitivity and recognition of competencies in order to foster motivation and retention of health professionals. Countries should develop and use benchmarks for administrative processes in the ministries of health, and set up systems for monitoring administrative efficiency.

27. Clear and flexible career paths should be developed with particular emphasis on mid-level health care providers. Incentives to staff that work in unpopular places such as rural areas, unpopular specialties such as mental health and public health should be considered.

28. Countries should develop and adopt appropriate legislation and regulations to guide health worker education, training, development and practice. To facilitate implementation, countries should establish appropriate institutions for the registration and accreditation of health professionals.

29. Guidelines for assessing the status and strengthening operations of national HRD divisions should be developed. Countries should strengthen the capacity of national human resources departments. Human resources courses should be further developed and offered at post-graduate level. Exchange of experiences among countries through study tours and professional attachments should be encouraged.

Managing the migration of skilled health personnel

30. Countries should urgently develop retention strategies to reverse the brain drain. Research in countries to provide evidence for best management practices and solutions regarding factors contributing to poor motivation should be undertaken.

31. As one of the strategies to retain staff, countries should, as a matter of priority, ensure peace and security and create an enabling socio-political environment for the provision of health services. They should ensure conducive working conditions in terms of availability of drugs, supplies, equipment and infrastructure required by health workers to do their work. Member States should value their health workers and demonstrate this by paying them a salary in keeping with what is expected of them. Fairness of incentives, benefits and welfare systems for health workers should be the core principles underlying motivation and retention strategies. The benefits should be country-specific but should generally include housing loans, education for children, health care guarantees, continuing training and insurance, among other things.

32. Moral and ethical considerations in the recruitment of health workers from developing countries by developed countries should be put on the international agenda. Compensation by the receiving country for the investment costs in the health professional to a losing country with due consideration for the human rights of the individual involved should be adopted as part of a code of good practice. Countries should recognize the existing efforts and opportunities to bring back skilled health professionals and create a conducive and enabling environment for retaining them.

Advocacy

33. Countries should advocate for the valuing of health workers and putting HRH at the centre of health policy and plans development and also promote corporate professional values by recognizing professional associations as partners in health policy formulation and implementation. HRH issues should feature highly on national and international agendas including those of the Summit of African Union Heads of State and other meetings of African Ministers of Health to maintain the momentum.

Resource allocation

34. Countries should mobilize and increase allocations to human resources for health with the participation of other stakeholders, including communities. Adequate resources should therefore be set aside for the remuneration and retention of health workers. Debt relief should be promoted and resources accrued be used in health and education sectors including improving salaries and working conditions. Investing in staff accommodation, equipment, supplies and drugs, especially for rural area facilities and staff, should be part of development assistance programmes.

ROLES AND RESPONSIBILITIES

Roles and responsibilities of countries

35. Member States should translate the priority actions into realistic national action plans and appropriate operational plans. They should undertake advocacy and translate political commitment into action in order to ensure adequate allocation of financial resources and that human resources issues are part of national health development plans from formulation to implementation. Member States should take action to foster the return and retention of health professionals. They should set up mechanisms for the continuous dissemination and orientation of the human resources for health strategy both within the health sector and among other relevant ministries, stakeholders and partners.

36. A body comprising senior officials from ministries of health, finance, education, planning and from the public service commission and other relevant ministries, should be established, or an existing committee should be given the mandate to oversee the effective implementation of the strategy. The overall day-to-day management of the implementation of these priority actions should be the responsibility of a national human resources development division.

Roles and responsibilities of WHO

37. WHO will provide technical support for planning and implementing the proposed actions and for advocating for support from other sectors and partners, both nationally and internationally. Support will also be provided to countries for resource mobilization. WHO will advocate for countries to address issues that include the review of government policies impacting on human resources, the valuing of health workers and good stewardship. WHO will establish a task force comprising representatives from countries, training institutions, professional associations or councils, the World Bank and other relevant bilateral and multilateral agencies to give advice on issues concerning health worker mobility and brain drain.

Roles and responsibilities of partners

38. Partners and multilateral agencies should support countries in resource mobilization, capacity-building, brokering and respecting international agreements such as the code of good practice in the recruitment of skilled health staff and investment in staff retention.

MONITORING AND EVALUATION

39. In countries, an institutional arrangement should be established to assist government in monitoring implementation of proposed actions. At the regional level, WHO will coordinate the implementation of actions for accelerating the implementation of the regional strategy. The set of indicators identified in the regional strategy will be updated and used to monitor the progress of implementation.

CONCLUSION

40. The framework emphasizes promotion of thorough policy formulation and planning; better management of human resources for health, including adequate remuneration; strengthening of partnerships; advocacy; promotion of a code of ethics and good practice in the international recruitment of health staff; and improvement of resource allocation.

41. The interventions proposed are almost all entirely within the purview of the countries. Each country has to recognize the need to accelerate the implementation of human resources for health strategy first and then, at the inter country and regional levels, combine efforts accordingly. WHO, partners and other stakeholders can only support country initiatives in this context.

42. If all the priority actions in this framework are implemented, it is expected that the implementation of the regional strategy for the development of human resources for health will be accelerated.