AFRICAN CONSTITUENCY BUREAU
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Human Resources for Health (HRH) Policy Research

Context

Human resources for health (HRH) challenges, including in Africa, have been recognized as a critical bottleneck to the scale-up and quality improvement of health services, including for HIV/AIDS, tuberculosis (TB) and malaria services. The links between the availability and accessibility of HRH and subsequent service coverage and health outcomes are well established. In Africa challenges, includes shortages and inequitable distribution of HRH, high turnover, inadequate education and training, poor working conditions and lack of reliable health workforce data. Of the 47 countries in Africa, 36 have critical shortage of HRH, with only about 0.8 physicians, nurses and midwives per 1000 population while the minimum acceptable density threshold is 2.3 per 1000 population set by the WHO in 2014. Human resources is critical because it manage and make decisions about the use of all the other inputs to the health system hence as significant part of the efforts to achieve the universal health coverage(UHC) and health related sustainable development goals(SDGs) and to build resilient and sustainable systems for health (RSSH).

Summary of findings

- Increased partnership between MoH and organizations, task shifting and role distributions
- Enhancing peer learning through collaboration among countries both from the west and the south and among HRH specialist in global forum and cluster meetings
- A shift towards integrated human resource information is being used by the national government and all 47 countries

Introduction

In 2012, the Ministers of Health of the WHO AFRO Region endorsed a Regional Roadmap for Scaling up the Health Workforce for Improved Health Service Delivery in the African Region: 2012–2025. The roadmap provided the guideline with six strategic directions that will assist countries in developing their HRH strategic plans: strengthening health workforce leadership and governance capacity; strengthening HRH regulatory capacity; scaling up education and training of health workers; optimizing the utilization, retention and performance of the active health workforce; improving health workforce information and generation of evidence for decision making; and Strengthening health workforce dialogue and partnership. This policy brief discusses the HRH in African countries and proposes that through the post-2022 strategy, ensuring that the Global Fund leverages critical resources for HRH.

Summary of Research

The purpose of the research was to conduct a deep dive into health workforce in Africa and provide evidence-informed guidance on how the region can be more strategic in this area. In order to accomplish this, an in-depth mapping of HRH work in Africa was undertaken to detail the key trends, the progress and gains being made to meet objectives, remaining gaps and bottlenecks and the opportunities for streamlining HRH programming. This involved mapping of existing literatures in HRH from 10 years ago. The assessment was structured largely on the basis of the domains and subdomains suggested by Deeks and colleagues, 2005.

Research Findings

Key trends in HRH programming: three key trends emerging namely: partnership between Ministry of Health and Organizations; training, task shifting; and role distribution which have clearly been articulated by articles from Dominican Republic, Uganda, Nigeria, South Africa, Kenya and Botswana.

Progress and gains being made to meet program objectives: In Kenya, progress made is in improvement in the availability of some specialists to address gaps in service delivery as the country has taken a combined collegiate and university training approach to increase specialist numbers. Enhanced peer learning through collaboration among countries both from the west and the south and among HRH specialist in global forum and cluster. Creation and use of an HRH information system across countries are some of the gains that have been made through various HRH programs as seen in Benin, Burkina Faso, Burundi, DRC, Cote d'Ivoire, Niger, Mali, Senegal, Kenya and Togo.

Gaps and bottlenecks: Firstly, HRH practices have not been adequately backed up with policies and infrastructure. The funding is more for remuneration of staff. Secondly, disconnect between national needs and training institution curricula with tendency to offer popular courses that brings in more income. Thirdly, insufficient production of health professionals, misdistribution of a limited number of health personnel, retention of health personnel in rural areas.

Policy Recommendations

HRH work in Africa

1. **The GF needs to support the HRH practices** to be adequately backed up with policies and infrastructure to effectively evaluate performance and ensure efficiency among the workforce in most government departments in sub Saharan Africa.
2. **The GF needs to support hiring health workers** at all levels of the health system to address shortages in the sub-Saharan African Countries and expand the national HR information system.
3. **Governments need to establish professionalized HRH units** in all sub states Department of health of the country and plan for attrition within African health systems, with rigorous development of strategies for attrition, recruitment, and training.
4. **Governments need to conduct a mapping and accounting of health specialists** to establish the shortage of health workforce specialists and adopt a mixed approach to training of specialists by adopting combining collegiate and university training of specialists to improve availability of health workforce.
5. **GF need to treat the HRH investment as longer term process** beyond a single cycle of GF support to as the training of the health workforce is a continuous process and put HRH infrastructure is a long term project.

Global and African commitments on HRH

1. **Governments should adopt a retention-focused training program into its HRH policy and sustainability through administrative and funding assistance.**
2. **There should be commitment on the distribution** of the health workforce at primary and secondary level in each country by installing a data base that will inform this process. This should be backed up by retention and motivation policies.
3. **Invest in coordination of community health systems** at district, regional and national levels for equity purposes and replicating good practice from various countries.
4. **Linking training and need for specialists** to improve availability and integration of policies and strategies to health systems strengthening agenda to overcome specialized healthcare skills gap is a conversation that must start to improve service delivery in Africa.

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