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units in the ministries of health

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Abbreviations

HMIS	health management information system
HRH	human resources for health
HRIS	human resources information system
MDG	Millennium Development Goal
WHO	World Health Organization

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Foreword

Health governance or leadership capacity at national level and all other levels is considered fundamental in order for health development efforts to succeed. Issues of coordination, stewardship and steering of the health agenda in a systematic and coherent way can only be addressed with good health governance. In a similar manner, the capacity to govern the health workforce agenda in the country for effective service delivery is crucial, especially in the context of shortages of qualified health workers. While many countries are making great strides in providing the required leadership, it is clear from field visits that health workforce interventions remain fragmented not only within the ministry of health, but also with related sectors that influence the availability and performance of the health workforce.

This report on the functioning of HRH units or departments in the ministry of health offers a window into what is generally observed as capacity challenges of the health workforce governance. The intention of this report is to use the results to advocate for strengthening the ministerial HRH function so that ministries of health can improve coordination with other sectors and partners to ensure better service delivery.

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Introduction

Human resources for health (HRH) are an integral part of the health system. Functioning health systems are the key to effective service delivery in any country regardless of its level of development, within which it is important to mobilize competent and motivated health workers to become key drivers for primary health care. The HRH element is thus recognized as one of the six building blocks of the health system (1). Despite the multiple sectors and stakeholders involved in building, deploying and maintaining a health workforce offering high performance, the HRH unit in the ministry of health is considered to be key to moving forward the HRH agenda.

It is widely accepted that many different stakeholders have a role to play in HRH governance, including the ministries of health, education and finance, public service commissions, local and national governments, professional associations, unions and academic institutions. The unique contribution of each group makes its participation an important factor in HRH planning and implementation. However, the presence of such a wide range of stakeholders requires mechanisms for policy dialogue in order to ensure coordinated action. To this end, the ministry of health is best placed to provide leadership, for which it needs to have an appropriate mandate and the capacity to take up the challenges.

In order to understand the present capacity of HRH departments or units at the national level in the African Region of the World Health Organization (WHO), an intercountry review was undertaken. The review attempted to analyse the current status and functionality of the departments or units responsible for HRH actions in the ministries of health, so as to contribute to strengthening HRH governance capacities in countries. This report provides an overview of the survey findings.

1.1 Context

When *The World Health Report 2006* identified 57 countries globally as having critical shortages of skilled health workers (2), the global momentum to reduce the HRH crisis was set in motion. Immediate action was urged to resolve the crisis in countries with the support of partners. Since then, global and regional forums have continued to call for improvements in availability and performance of the workforce, including those focused on attaining Millennium Development Goals (MDGs) 4, 5 and 6. One of the key actions to reduce the HRH crisis and maintain gains has been identified as developing or strengthening the capacities for HRH governance. One of the measurements for this capacity has been the status of implementation of policies and practices on the HRH situation in countries. A desk review in 2009 tracked implementation of policies and practices of the 57 countries facing crisis shortages, 36 of which are in the WHO African Region (3). The results revealed some symptoms of governance capacity challenges. It was found that 45 countries

had policies and plans, but only 55% of these plans were being implemented and only 53% of them incorporated monitoring and evaluation of implementation. The results implied that the major obstacles in implementation were governance capacities and insufficient investment.

HRH governance capacities encompass the ability of individuals, organizations or systems to perform the functions for HRH development effectively, efficiently and sustainably (4). The capacities of all stakeholders and institutions are critical for HRH governance. The capacity for HRH development in the ministry of health plays a central role, as the ministries take the main responsibility and leadership in HRH policies and management and also in the coordination of stakeholders. Therefore, this study looks at the capacities for HRH governance in the ministries of health and, more specifically, at the departments/units of HRH in the ministries of health as an initial step of assessing HRH governance capacities. HRH departments, divisions or units (which may be known by different terminology) within the ministries of health are referred to in this report as "units" in a generic sense.

It is essential to have a well-functioning HRH unit with the requisite number of qualified teams who can perform their tasks effectively within the health system. Management of the health workforce is improved and better health services are developed when the teams are able to fulfil the following roles:

- coordinating and managing the national health workforce agenda;
- strategic policy, planning and implementation for an improved workforce and quality health services, ensuring commitment to action;
- enhancing motivation and effectiveness of health workers at all operational levels through improved management capacity for HRH;
- coordinating and facilitating local partnerships with other sectors such as local government, finance, civil/public service, education, private sector and various professional bodies;
- coordinating collaborative work on HRH inputs/requirements with other sections of the ministry, including priority health programmes, in order to ensure a more integrated approach to planning and implementation of HRH interventions;
- coordinating and facilitating the generation, analysis and dissemination of health workforce intelligence and evidence for effective decision-making at policy, planning and implementation levels;
- coordinating and monitoring the implementation of the HRH plan.

Anecdotal evidence suggests, however, that many of these units do not have sufficient capacity to ensure the availability and management of an effective and sustainable health workforce that can provide appropriate health services for

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HRH functions in the ministries of health

the people who need them. While a few countries have well-established systems, most HRH units are poorly structured, are not fit for the purpose, and lack the ability to influence policy directions (5). Such units tend to operate only at an administrative or operational level rather than at a strategic level as well. Many of them suffer from high staff turnover, which poses a challenge for continuity and capacity-building. A similar study undertaken in the Region of the Americas revealed similar anecdotal observations (6).

1.2 Scope

This review aims to detail the status of HRH units in countries in the African Region of WHO. It encompasses all units that handle HRH matters (policy, planning, management, training, payroll, human resource information systems, etc.) at national level, exploring the following areas for each country within the ministry of health:

- how the HRH functions are structured;
- how the HRH unit is positioned in the ministry's structure;
- staffing capacities;
- how the HRH unit is equipped to perform at both strategic and operational levels;
- functions of the HRH unit.

The study methodology was based on a self-administered questionnaire adapted from the study in the Americas (see Annex 2.1) and a qualitative interview (see Annex 2.2). In some cases, face-to-face interviews were conducted using the questionnaire in collaboration with WHO country offices.

Of the 46 WHO Member States in the African Region¹, 26 countries participated in the study: Benin, Burundi, Cameroon, Cape Verde, Central African Republic, Côte d'Ivoire, Eritrea, Gambia, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Namibia, Nigeria, Rwanda, Senegal, Seychelles,

Management of the health workforce is required at both strategic and operational levels of the health system. National government oversees the strategic direction of the health workforce by developing, managing and monitoring policy targets and outcomes, while health facilities and institutions at decentralized or operational levels are responsible for ensuring that the required personnel are available to deliver the services. The core functions of health workforce development in this report have been broadly categorized as: HRH policy development; HRH planning; management of personnel; training and development; HRH information systems; research, studies and documentation; and monitoring and evaluation.

It is expected that the ministry of health should assume all the above-mentioned functions in a country. The study revealed that the ministry handles all these functions in 20 of the 26 countries. In other countries, some functions lie outside the ministry of health. This is especially true for training (pre-service) and recruitment. More importantly, it was noted that there was no locus of some functions; for example, a monitoring and evaluation function is not referred to as an HRH responsibility in 90% of the countries. The aspect of research, studies and documentation is similarly absent as a recognized function in the HRH units.

Even in the countries where all the functions are performed by the ministry of health, the functions are fragmented in various departments. In only six countries, all major HRH functions are housed in one unit in the ministry. In 14 countries all the major HRH functions are allocated in the ministry of health but not all of them are contained in one unit. For example, in four countries two units are handling the functions, while in six other countries three units are responsible, and four units handle the functions in one country.

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