



AFRICAN STRATEGIES FOR HEALTH



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REGIONAL ACTORS ADDRESSING HUMAN RESOURCES FOR HEALTH IN AFRICA:

Comparative Advantages, Challenges, and Opportunities

Africa has seen a growing trend toward regionalism over the past 10-15 years, particularly in its health sector, as emerging health issues demand cross-border coordination and partnerships. Critical to an effective response to health issues is a strong health workforce. Human resources for health (HRH) is a priority on regional and global health and development agendas and seen as a necessary component of ensuring universal

access to quality health care. The African region is plagued by a shortage of health workers, gaps in service coverage, high rates of attrition, and migration of skilled personnel to more favorable work environments. Of the 46 countries in the region, 36 have critical shortages of HRH, eight with only about 0.8 physicians, nurses, and midwives per 1,000 population while the minimum acceptable density threshold is 2.3 per 1,000 population. When all categories of health workers are included, the shortfall is estimated at 1.4 million.¹ Without properly trained and motivated staff at all levels, it is impossible to implement health policies and programs and achieve national, regional, and global targets for improved population health. Most recently, the Ebola epidemic in West and Central Africa demonstrated how weak health systems with insufficient health workers are unable to respond to emerging needs.²

Regional actors have begun to fill a critical space in addressing the HRH crisis in Africa. Their organizational structures and influence with constituents make them well placed to play niche, and often complementary roles. Understanding how they operate, including their comparative advantages and challenges, will enable governments, donors, and implementers to more effectively partner with them and leverage one another's full potential.

The United States Agency for International Development's (USAID) Africa Bureau and their project, African Strategies for Health (ASH), conducted a landscape analysis of regional African health sector bodies. The study contributes to a larger analysis commissioned by Harmonizing for Health in Africa (HHA), supported by the Norwegian Agency for Development Cooperation (NORAD). This Technical Brief provides a summary of findings related to regional actors engaged in human resources for health work and their comparative advantages, challenges, and opportunities.

Types of Regional Actors Working in HRH in Africa

Africa-based regional actors are organizations or institutions headquartered in Africa and comprised of groups of individuals or organized entities from more than one country with a relationship structured around a common purpose. They can be grouped into the following three categories:

- **Regional economic communities (RECs)** are groups of individual countries in a region that partner for the purpose of achieving greater economic integration. They are responsible for the planning, coordination, and monitoring of the integration or regionalization process in regards to HRH initiatives, and for this reason are often referred to as the 'building blocks' of regional integration.
- **Regional networks and associations** include umbrella organizations for civil society organizations (CSOs); groups that bring together advocates, health professionals, researchers, or policymakers; and groups of research and/or academic institutions. They often cite knowledge exchange, capacity building, and advocacy as their main objectives, and closely follow current thinking about health workforce issues in order to disseminate relevant information, monitor the implementation of health worker programs, represent the voice of the community, or advocate for HRH policies.
- **Regional technical organizations** bring together groups of people with deep technical expertise in the health workforce who understand the African context and can conduct research or provide guidance for transforming HRH strategies into technically sound, evidence-based interventions.

Comparative Advantages of African Regional Actors in Addressing HRH

This section describes four of the key advantages African regional organizations have in working to address health workforce issues on the African continent.

■ **Regional priority setting**

Regional actors are well placed to convene decision makers and facilitate the development and monitoring of political declarations that set priorities for the region. Such strategies are aimed at encouraging and supporting countries to develop their own health workforce policies and, in turn, accelerate the achievement of global and regional health goals. Regional organizations with high-level membership, such as the African Union (AU), can call upon countries to take action on commitments made by their governments in previous declarations. For example, alongside the International Conference on Financing for Development in 2015, the AU convened a high-level ministerial meeting which resulted in the release of the Addis Ababa Call to Action on investing in human resources for health for sustainable development.³ The Call to Action urges member states to increase domestic financing for health workforce development, optimize the capacity of the

existing workforce, encourage south-south learning collaboration for human resource development, and commit to collaborative action within governments to increase fiscal space for investing in HRH. Participating Ministers of Finance and Economy and Ministers of Health from African countries called for broad, multisector commitment from development banks, financing institutions, and other development partners, and specifically called on the AU and RECs to facilitate and enhance the implementation of these recommendations.

Another example is the assembling of health ministers of the East, Central and Southern Africa Health Community (ECSA-HC) in 2014, where participants discussed how to strengthen responses to emerging and re-emerging health concerns in the region. Influenced by advocacy from civil society members of the Global Health Workforce Alliance, the Ministers of Health adopted a resolution to scale up HRH efforts. Three years prior, the World Health Organization's (WHO) Regional Office for Africa (AFRO) convened a regional consultation during which a new roadmap for scaling up the health workforce for improved health service delivery in the region (2012-2025) was articulated. Recognizing that both national and regional efforts are required to implement the roadmap, ECSA-HC committed to accelerating its execution by assisting member states to adapt and align the roadmap to local context, periodically report on countries' progress, and provide resources to operationalize health worker training programs at the regional ECSA College of Health Sciences and its constituent colleges.⁴

■ **Pooling of information and resources**

Regional organizations can serve as repositories of information and resources, sharing them across national borders as needed to fill gaps and ensure equitable distribution. Members provide data, commodities, finances, or expertise, with the understanding that such resources will be used for mutual benefit of the larger community. One such example is the West African Health Organization's (WAHO) regional approach to managing human resources information. In the face of a regional health workforce shortage, WAHO recognized the need to encourage health workers of various cadres to remain on the job and ensure that they are adequately trained, equitably distributed, and well supported. At a convening of Ministry of Health Human Resources Development Managers from the 15 member states of the Economic Community of West African States (ECOWAS), WAHO facilitated the adoption of a regional open-source human resource information system (HRIS) originally developed by USAID's Capacity Project.⁵ The HRIS provides decision makers with reliable information on the availability and distribution of health workers so that they may engage in effective planning for their national health workforce. The regional platform, which aggregates data across countries, benefits members through the regional exchange of information and technical resources. Such cross-border coordination and generation of regional and local experts is important for sustainability, enables innovation, and encourages future growth of the health workforce.



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■ *Capacity building and knowledge sharing*

Regional actors have the unique ability to facilitate knowledge, experience, and best practice sharing across countries within a region. The African Medical and Research Foundation (Amref) is an example of a regional organization focused on knowledge sharing and capacity building for Africa's health workforce.

Through the development of a range of short courses, diploma and degree programs, and a vast collection of health learning materials, Amref has become an African leader in the training of various cadres of health workers, from community volunteers to physicians. Amref complements government initiatives by providing training opportunities for health workers across the region and at different levels, such that the number of graduates in the health sector increases without increasing the burden on government institutions. Amref applies innovative training models, including e-learning and m-learning curricula, which enhance access to training for health workers in rural and hard to reach areas. Moreover, Amref's programs suggest that training people closer to their homes may increase retention levels and enhance equity in distribution of the health workforce.⁶ Developing African-led solutions on education and training, management, retention strategies, and regulation and accreditation allows Amref, like other regional actors, to collaborate closely with ongoing global efforts to expand and improve upon HRH.

■ *Advocating for change*

Regional organizations, such as the African Platform on Human Resources for Health (APHRH), can advocate for national decision makers to understand the vital role of health workers at the front line in achieving global health goals. APHRH is a coalition of partners which aims to advocate for regional cooperation in support of country-led strategies and catalyze action on national- and regional-level commitments that strengthen HRH. The network advocates for increased HRH investment at all levels and facilitates partnerships of stakeholders to develop, implement, monitor, and evaluate progress. Through support of membership from a range of actors—including development agencies, academic institutions, NGOs, governments, and professional associations—and hosting stakeholder forums, APHRH is able to elevate emerging issues and ensure HRH remains at the forefront of health policy discussions.⁷ Other regional organizations including WHO AFRO can develop communication strategies for sensitization, advocacy, and resource mobilization for the implementation of global

HRH policies. This information can aid regional organizations in continuing advocacy at various government levels with education, finance, and public service sectors to improve financial investment in HRH development.

Challenges

Like other international and regional institutions and networks, some African regional bodies face complex challenges related to their mandates, organizational structure, coordination, and financial and human resources. Three key challenges are outlined below.

■ *Limited capacity to influence financial investments in HRH*

Historically, there have been limited investments in the production of a sufficient health workforce in the region. Low budgetary allocation to the health sector overall impedes strategies for training, recruiting, and retaining health workers. Regional bodies can advocate for national governments to increase this limited investment in health systems development, including human resources. However, they may be limited in their ability to influence investment because HRH improvements require buy-in from various levels and government agencies beyond health; ministers with decision-making authority over HRH financing, medical education, and public sector hiring and compensation must be engaged.

■ *Multiplicity of players and programs*

HRH issues are being addressed by multiple actors at the national, regional, and global levels. Often, the solutions are embedded as a component of other programs or addressed in the context of a particular health intervention or health worker cadre. Individuals, institutions, and countries may be members of more than one REC or multiple networks and associations with overlapping missions. The multiplicity of policies, programs, and objectives across these groups can result in confusion among country-level members, national governments, and donors as to which strategies to deploy in alleviating workforce issues. It may cause fragmentation of the response to HRH issues, with more attention and investment paid to a particular focus area, while leaving others neglected. Rather, HRH should be addressed through a broader system-wide approach that is coordinated and harmonized across various stakeholders so as to avoid waste and target appropriate needs.

■ Limited authority to enforce policy implementation

Despite their strengths in elevating research findings and best practices to the highest political levels and influencing the policy-making process, regional actors have limited authority to enforce the implementation of regionally agreed-upon policies and strategies at the national level. Instead, they are well placed to monitor and assess countries' progress on previously adopted resolutions and ensure emerging issues in HRH remain at the forefront of policy discussion.

Opportunities

As more ambitious targets are set for disease reduction and improved health across Africa, investment in a strong workforce is all the more essential in achieving those goals. Shortages of health workers, poor HRH policy reforms and regulatory frameworks, inadequate skill mix, and uneven geographical distribution of the workforce can directly impede access to life-saving interventions and services. Moreover, strengthening the health workforce is interlinked with nine of the 17 Sustainable Development Goals, many of which span beyond the scope of the health sector.⁸ Collaborative platforms for coordination across countries, sectors, and stakeholders are critical to implementing effective health workforce policies and can have positive impact on partnerships for sustainable development. Investment in a strong, motivated health workforce has the potential to improve equitable access to health care in urban areas, respond to cross-border disease outbreaks, reduce unemployment rates, drive gender empowerment, and reduce poverty.

Regional actors, in particular, can fill critical gaps in enhancing national capacity to adapt, plan, invest, and implement sustainable human resources models. They can improve the operational structure of the health workforce at various levels by comparing and contrasting best practices across countries in the region. They can also play the important role of coordinating the multiple actors addressing human resources issues at the different levels of the health system and garner regional and national support across other sectors. An effective coordination mechanism will prevent duplication of efforts and maximize limited resources. Regional actors also have the ability to lead

structured monitoring of countries' implementation of global and regional strategies for improving issues related to health workforce. In doing so, they are well placed to identify country needs and map partnerships to assist in filling gaps.

Conclusion

Regional actors are important players in building the capacity of health workers and retaining a competent and motivated workforce: they facilitate the development of political declarations that push countries to develop locally-relevant strategies and policies, and they coordinate the sharing of best practices and advocacy for resources. Despite their advantages and opportunities for increased engagement, they are faced with complex internal and external challenges. Therefore, regional African bodies—including economic communities, networks, associations, and technical organizations—must work in collaboration with donors, governments, and implementing partners to maximize their collective impact in sustaining a strong health workforce. Effective regional coordination will enable African countries to maintain a strong national health workforce and accelerate progress towards improved health and economic outcomes in Africa. ■

ABOUT ASH

African Strategies for Health (ASH) is a five-year project funded by the U.S. Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health. ASH works to improve the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.

ENDNOTES

1. "Roadmap for scaling up the human resources for health in the African region 2012-2025". Africa Health Workforce Observatory. 2014.
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4. ECSA-HC, "East, Central and Southern Africa Health Community College of Health Sciences".
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7. African Platform on Human Resources for Health, "About APHRH".
8. World Health Organization, "#Workforce2030 and the Sustainable Development Goals".

Additional information can be obtained from:

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