Capacity Project Resource Paper

Collection and Analysis of Human Resources for Health (HRH) Strategic Plans

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The Context for HRH Strategic Plans

This resource paper uses a simple framework to provide an analytical review of human resources for health (HRH) strategic plans that have been generated over the last few years by countries in sub-Saharan Africa that are faced with an HRH crisis. The author collected and analyzed HRH strategic plans for the following countries: Eritrea, Kenya, Lesotho, Malawi, South Africa, Swaziland and Zambia. The paper explores some of the key dynamics and steps in the evolution of these plans, including the plan development process and content, implementation bottlenecks and the frequency with which the plans are reviewed or evaluated. The paper also provides illustrative considerations and factors that HRH leaders and planners should bear in mind as they strive to develop and implement successful plans.

Overall, numerous studies and reports indicate that shortages and poor distribution of health workers are among the principal constraints to achieving health-related national goals as well as the Millennium Development Goals (MDGs). It is also common knowledge that while HRH consumes the largest share of the recurrent health care budget in most countries, it is the least strategically planned and managed input of most health systems.

Contrary to international perceptions, a few developing countries that are faced with health worker shortages have created elaborate HRH strategic plans to guide investments in education and health to build the required human infrastructure of their future health systems. However, some might argue that the vast array of other urgent health crises, including HIV/AIDS, tuberculosis and malaria, makes it difficult for many countries to devote limited human and financial resources to develop comprehensive plans to address long-term HRH needs.

On the other hand, short- or long-term planning in HRH and health system development is necessary to achieve the MDGs and other health milestones. HRH strategic plans that are coherent and realistic provide a road map with clear pathways and benchmarks that indicates policy makers' aims and priorities. They articulate what needs to be accomplished and strategies for getting things done. A good HRH plan provides a broad agenda and framework for action on several aspects of the workforce crisis that faces the country.

Some overarching reasons that countries cite for developing these plans include:

- Creating a vision or a magnet that attracts HRH actors and allies to rally behind a common agenda that was collaboratively conceived
- Providing a commonly understood framework for planning implementation strategies
- Promoting uniformity and focus in HRH system strengthening
- Enhancing processes for monitoring and evaluation of strategies for accomplishing HRH goals.

Additionally, an HRH strategy can serve as a vehicle for aligning and mobilizing both local and donor support required to address some of the workforce challenges. Once a government or health sector has outlined what it needs to do and demonstrates a clear stand on HRH issues, it is in a much better position to negotiate for funds and defend its views and priorities. Such an approach will also encourage other disease-specific programs to adjust to these realities by increasing their scope for investing in HRH and health systems.

Outlined below is the broad analytical framework and considerations used to review and analyze the various HRH plans:

Key step	***Related Questions/issues***
Plan Development Process	Current state of things—gaps, contradictions, strengths and weaknesses. Stakeholders involved—directly/indirectly Process of stakeholder involvement (who, how organized) Timeline and planning horizons (short-, medium- and long-term)
Plan Content	Vision, guiding principles, strategic focus areas, operational policies, data and information to support HR planning process, prioritization of key areas and technical assistance requirements, implementation plan, indicators
Plan Implementation	How is the plan being implemented? What and where are the bottlenecks?
Plan Review	Review of successes and failures, restarting of the process

HRH Strategic Plan Development Process

All plans of this type are built from a mix of current and historical data and information about HRH, projections of future health and health care needs, the types of services to be provided and the means through which they will be delivered. At the same time, a range of professional judgments about the future exist from different elements of a country's health system, which lead to multiple views of the direction in which the Ministry of Health should proceed. There is recognition that to finalize a plan these views need to be brought to a reasonable degree of consensus through discussions among planners and decision-makers in the health sector.

The plans reviewed are all based on an analysis of workforce data that are incomplete in most cases. Data sources include existing staffing inventory and personnel databases. Additional information is also drawn from the results and findings of previous workforce assessments and rapid reviews of the human resources situation. These sources present numerous uncertainties. Consequently, it is necessary to undertake regular reassessment and modification of the strategic plan as the situation in the country changes over time and current uncertainties become clear. Most of the plans reviewed mentioned the importance of an iterative process that treats the plans as living, organic documents that need to be reviewed and updated on a regular basis.

Nearly all of the countries developed their plans with the assistance of external consultants (in most cases from outside the country) who were either involved in the process from start to finish or requested to complete or clean up initial drafts as was the case in Kenya and Zambia.

Lesotho used *MedSolve*, a workforce planning software developed by a US-based company, as the analytical tool for deriving the task- and workload-based FTE (fulltime equivalent) requirements for its health workforce. A full set of supporting *MedSolve* files that provide the detailed task and workload definitions and the associated supply requirements, gap and cost projections were also given to the HR Directorate of the Ministry of Health. However, it is unclear whether the Ministry staff received any training in the use of the new software, and during the Capacity Project's close working relationship with the Lesotho HR Directorate, there was no evidence to suggest that these files were being used for the intended purpose.

The health sector has a very diverse range of stakeholders. Government agencies, training institutions, professional associations, nongovernmental and faith-based bodies and private-sector actors need to be aligned and engaged so that they direct their collective efforts and support the planning process from the outset. As such, nearly all the countries used several kinds of approaches to identify the primary stakeholders and involve them in consultations about the plan development process. These included focus group discussions, HR working groups, stakeholder workshops and consultation meetings, aligning senior health sector leaders and politicians, targeted questionnaire surveys and working with HR Directors and their staffs. However, the depth, pace and quality of the consultation process varied across the plans. In the case of South Africa, the conceptualization and consultation process was intense and lasted a full year, while in Malawi the process was truncated to one-week stakeholder workshops in Blantyre and Lilongwe.

Moreover, there is limited evidence to suggest that the primary stakeholders actually owned and managed these processes, especially in terms of being part of and contributing to the strategic thinking required to institutionalize and sustain the whole initiative. This may be due to a combination of factors, including 1) the lack of investment in a dedicated participatory process that works to bring out people's best thinking and creativity around difficult issues and decisions, and 2) the lack of expertise in managing a sound inclusive process of engaging people in strategic thinking. Losing balance between conventional strategic planning on the one hand and a participatory process on the other may be a strong underlying factor that has continued to undermine the implementation of these plans.

There are also significant variations in terms of projected durations that the plans are meant to cover—this ranges from Kenya's three-year plan to Malawi's ten-year plan and Lesotho's 20-year strategy. It is not entirely clear how lifespan determinations for these plans were made, but extensively ambitious plans like Lesotho's reflect a longer lifespan. Only the Kenya plan includes a detailed one-year implementation schedule complete with activities and indicators—the rest tend to outline a generic implementation calendar.

Plan Content

Vision and mission

In most cases, the leaders behind each country plan arranged and facilitated an HRH stakeholders' meeting to discuss findings from previous assessments and unite stakeholders around an inspiring HRH vision for the country, including making decisions on key elements that need to be covered in a national HRH strategic plan. The result is a vision and mission statement that articulates a common picture of desired HRH results and reflects the nation's disease burden. For example, the Kenya HRH plan mission statement aims "to ensure adequate numbers of equitably distributed and appropriately skilled and motivated health workers."

Purpose and objectives

All the plans describe a purpose and also outline objectives to answer the question: "Why do you need an HRH strategic plan?"

In summary, each country plan attempts to accomplish the following purposes or objectives:

- Take a short-, medium- or long-term view of how health and health care needs will change and, from that, how the health sector and the staff that provides health services will need to change
- Specify the direction of growth and development of different cadres of human resources for health
- Specify HRH strategic objectives that provide a framework for plan development
- Identify activities as well as policy actions that are needed for the Ministry of Health to proceed toward an HRH plan that will support the future of health sector development in the country.

Guiding principles

A few of the plans also outline core guiding principles that represent the commitment of the government to ensure that the national health system possesses the necessary human capital to deliver health to the nation. These principles are intended to provide not only statements of intent but also a set of "levers" that could be used to demonstrate that a focused HRH strategy supported by an appropriate, costed work plan is a critical ingredient to bridge the gap between workforce requirements and availability. They also serve as the basic philosophical foundation that underpins the strategic scope and thrust of the entire plan in terms of what to focus on and how best the results can be tracked and measured in the future.

Country-specific examples of some of these guiding principles include:

South Africa

- South Africans must enjoy a reliable supply of skilled and competent health professionals for self-sufficiency
- Planning and development of HRH linked to the needs and demands of the health system must be strengthened (alignment of training and education resources to the health system's needs)
- Work environments must be conducive to good management practice in order to maximize the potential for the health workforce to deliver good quality health services

- Funding must be mobilized to ensure successful implementation of the plan
- The health sector must ensure that it has the technical expertise necessary to lead health workforce planning.

Lesotho

- Develop HRH to reduce the burden of disease in a cost-effective manner
- Develop HRH to ensure equity of coverage
- Institute improved hiring policies and procedures
- Establish a career management system that maximizes the returns to investment in scarce human resources
- Establish improved schemes of service in order to enhance retention of scarce human resources
- Introduce loss abatement (retention) strategies
- Rationalize and expand the nursing cadre and career ladder.

Key technical themes

The plans reviewed cover a wide range of HRH technical themes and practice areas. Below is a summary of some of these common themes and issues:

- An analysis of the current HRH situation (e.g., existing supply; supply by function, proprietor and service level and geographic region; schemes of service; data gaps; posting policy; workforce management; skills assessment)
- A projection of future requirements for health workers and support service occupations in line with the plan (an analysis of the training and educational institution requirements: training capacity, pre-service and post-basic training; occupational turnover and attrition rates)
- A development plan for future HRH requirements
- A new organizational structure and staffing requirements for HRH planning and management
- A specific set of strategic objectives and illustrative activities to achieve them
- An initial set of policy proposals to support the strategic objectives of the plan
- A monitoring and evaluation plan with indicators to gauge performance and measure results.

Valuing the health worker

All of the reviewed HRH plans make a fundamental assumption about health workers—they are a unique resource, and it takes time and investment to build their capabilities. The plans for Kenya, Lesotho and Zambia attempt to develop links with other system-wide plans and strategies, including long-term health sector strategic plans and reforms. The underlying recognition is that health workers cannot operate effectively without a functioning system of drugs, transport and support. The Lesotho plan specifically mentions that the health worker is a key player in the whole process, and serves to glue all other essential inputs into a functioning and sustainable health system. In other words, all other components of a national health system will not yield desired results without a well planned and managed health workforce.

Plan Implementation

Plans are only useful if they are actually implemented. Evidence on the effective implementation of the plans reviewed is patchy thus far, although anecdotal evidence suggests that most countries are experiencing difficulties with a timely and planned implementation of their HRH strategic plans. Several reasons have been cited as contributory factors to this phenomenon:

- In most cases the plans tend to set ambitious targets, and in a few cases they make some unrealistic assumptions. For example, in the case of Lesotho the plan identifies the requirements for health workers in the absence of either a budget constraint or a production shortfall. In other words, the required projections (realistic as they may be) are based on a technical assessment of the needs for staffing that takes into account prevailing and anticipated workload and a rationalization of work responsibilities—but *assumes* "that all the required staff can either be produced or hired under contract, and that the government can and will fund the requisite positions." As it turns out, this assumption has stymied communications between health sector leaders and the Treasury in terms of allocating financial resources that are needed to support the future HRH requirements that are very elaborately and convincingly outlined in the plan.
- In a couple of cases, health facility staffing norms that were used to analyze availability and requirements were outdated and not based on actual workloads, hence skewing the HRH resource envelope and investments required to address the new challenges.
- The process of plan development was typically driven by external consultants, not sufficiently participatory or inclusive in all cases, and failed to identify local champions with skills and sufficient clout and authority to defend the plan and elicit support for its implementation. In other words, although consultants worked with a small Ministry of Health team or at least someone from the Ministry to generate a final product, the process of anchoring or embedding the whole initiative and transforming it into a genuinely country-led action requiring energy and follow through was apparently weak and perhaps ineffective. As a result, although the experienced consultants may have set out to secure commitment and ownership from the outset, in most cases they ended up receiving inconsequential compliance from their official counterparts.
- The lack of clarity about the institutional anchor or focal point for plans within the wider system may also have been an issue. Even in places where the HR Department within the Ministry of Health was clearly the leader and owner of the plan, they lacked the funding, technical expertise and visibility to take forward such a complex initiative that called for planning and coordination at multiple levels of the system and with different partners, some of them outside the Ministry of Health.
- Political factors such as elections or the appointment of a new Minister or Permanent Secretary in the Ministry of Health may also influence the process in unforeseen ways, either facilitating or blocking the implementation of the plan.
- New implementers who come on board after a plan has been developed may choose to ignore it if they do not believe in it.

Plan Review

Plans of this type—whether short-, medium- or long-term—should never be static. In order to remain relevant and useful, they need to be adapted and sometimes completely revised to respond to and reflect new developments and changing circumstances both within the health sector and the country at large. Additionally, there are other unpredictable situations that may force the review of a plan or sometimes even precipitate a complete change in course. These include elections, new leadership within the Ministry of Health and other major strategic or policy shifts in the health sector. All the plans reviewed gave some description of the necessity to build in routine revisions, a few even indicating timelines for when the reviews need to take place. However, it was difficult to establish whether or not proposed plan revisions have actually been conducted and how that process has been managed and documented.

Conclusions

Why Plan?

Given the complexity and seriousness of the HRH crisis facing national health systems in most developing countries, especially in sub-Saharan Africa, it is essential that they develop clear plans that can form the basis for country-level action. There are several reasons why such plans are important:

1. An obvious reason is that countries require a plan to make the case for funding, both internally and from development partners, in an area that has limited voice, expertise and even visibility within Ministries of Health. In other words, an HRH plan with an accompanying budget and strong champions who are able to articulate its value and merits can help lead to more funding from national governments and more predictable development assistance in this area.

2. A plan can secure the confidence of development partners that national governments are committed to health workforce and health system strengthening. Such commitment is essential if external support is to create lasting results.

3. A reasonable estimate of the funds required to build the workforce needed to achieve, let's say, wider access to HIV/AIDS services, could also impact the policies of finance ministries and international financial institutions like the International Monetary Fund and the World Bank that are publicly committed to the same goals. Additionally, a strong and well formulated case demonstrating that the level of investment in HRH necessary to achieve higher goals (e.g., MDGs) is incompatible with existing monetary and fiscal policies will create pressure on institutions to reconsider their policies. As such, well written HRH plans can be used for advocacy purposes as well.

4. HRH plans can turn anecdotes about the need for investments in HR and health systems into hard and convincing data. HRH information and data generated by these plans could also be used to convince development partners investing in disease-specific programs (AIDS, TB and malaria) that these programs will not succeed unless they begin investing in strengthening HRH. And while the disease-specific programs have highly skilled and influential champions in-country, HRH lacks similar advocates who can make the case, win the arguments and push

the plans forward—in part that is why these HRH plans don't go far enough, apart from the obvious complexities of the HRH issues at stake.

Illustrative Pathways to Successful HRH Plans

The acceptance and implementation of an HRH Strategic Plan will be largely determined by interplay of the following core considerations:

- The process used to discuss and formulate the plan
- How well the plan defines the problems and what solutions it offers
- The availability of a dedicated Human Resources Development department and local champions with enough influence and authority to steer the plan development and implementation process
- The use of data, information and advocacy to inform and influence principal HRH actors, relevant government agencies, allies and other stakeholders and keep them engaged and committed to the plan
- The prevailing political climate and the extent to which it is supportive of investments in human capital to build a healthy nation and enhance national growth and development
- The availability and mobilization of resources required to implement the plan in an effective way.

It is essential for the countries that generate these plans to determine how best they can maintain a creative balance between the "process and methodology" used to develop the plans and the actual "product" to ensure that sufficient momentum and ownership are not only created but also sustained among local HRH stakeholders. In most places, the "process" may not be receiving the right level of attention and expertise, and most people may choose to simply focus on the final technical product (plan) that they see as the ultimate prize driving the entire initiative. This view may have to change to improve the likelihood that these plans will be effectively implemented and achieve their intended objectives.

The Capacity Project is an innovative global initiative funded by the United States Agency for International Development (USAID). The Capacity Project applies proven and promising approaches to improve the quality and use of priority health care services in developing countries by:

- Improving workforce planning and leadership
- Developing better education and training programs for the workforce
- Strengthening systems to support workforce performance.

The Capacity Project Partnership

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