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Responsible governance for improved human resources for health: *making the right choices*

An international conference was held at the Royal Tropical Institute (KIT) from 15 to 16 March 2010, focusing on the contribution that responsible governance can make to improving human resources for health (HRH) policy implementation. There was great interest in the conference: 181 participants attended from 31 countries; authoritative key note speakers reflected the global and local issues pertaining to HRH and governance; and over 30 case studies were presented, addressing experiences with various governance issues in different countries. Presented here is a summary of the conference proceedings.

The four dimensions of health workforce governance

Governance is "about the rules that distribute roles and responsibilities among government, providers and beneficiaries and that shape the interactions among them," encompassing authority, power, and decision making in the institutional arenas of civil society, politics, policy, and public administration. Governance of human resources for health can be seen as consisting of four dimensions: performance; equity and equality; partnerships and collaboration; and oversight.ⁱⁱ

Vision and policies for HRH

Globally, and at national levels, there is a need for strong leadership, political will and commitment to catalyse efforts and foster solidarity to promote understanding of the key issues and central problems and to strengthen efforts to achieve change and real policy implementation. Preliminary evidence shows that although human resource plans do exist in many countries, often implementation does not progress accordingly. Solutions need to be identified to close the gap between policy development and implementation—between plans and actions. Mechanisms to attend to local ownership, such as through building the technical and institutional capacity for developing and implementing HRH policies and plans, are central to such efforts. Conference participants also stressed the need for country policies to be developed on the basis of solid evidence and comprehensive situation analyses. Policies are to be founded on the needs of the population, recognize the rights and interests of health workers and take account of opportunities in both public and private health sectors. Problems relating to migration and the 'brain drain' of health workers from poor to richer countries were recognized as complex issues that need to be managed and addressed in a variety of ways that respect the needs of countries and the rights of individuals.

As a foundation for further strengthening of human resources for health, a basic metrics should be established, consisting of a common framework and indicators that are regularly updated. Indicators should incorporate both quantitative and qualitative aspects, covering all essential details for understanding the situation in relation to the health workforce, including the private sector and lay care workers. A simple *common* metrics would help to generate comparable data of useable quality and would contribute to better monitoring of issues related to human resources for health. It is important that data is gender-disaggregated.

The conference participants affirmed that national HRH plans should be realistic, costed and flexible, with prioritized elements that allow the system to adapt at short notice to unexpected changes in resources. In addition, participants endorsed the recommendation that, to successfully implement HRH plans, there is a need to have a government-led coordinated approach from the outset, with clearly delineated roles and responsibilities amongst stakeholders.

Post-conflict and other fragile states represent special cases in terms of HRH governance, deserving dedicated resources with particular attention to the vacuum in local capacities and wider determinants of aid effective strategies. HRH planning and policy processes in such contexts should be accompanied by a risk analysis.

Participants agreed that HRH policies need to recognize and answer to the right of each person to decent working conditions. This means ensuring that health personnel are given clear job descriptions and that they are situated within a safe and supportive infrastructure which encourages professional growth, which protects against workplace threats such as harassment and violence and which address gender issues. Health workers, including lay workers, should be more empowered to express their professional needs and to voice their opinions on HRH policies and practices.

Aid effectiveness and HRH

There is evidence to suggest that there has been some increase in donor spending on HRH, but limitations in data do not currently allow for a detailed analysis. Furthermore, concerns about sustainability have distorted health workforce spending, for example, reluctance by donors to contribute to salaries, leading to a culture of 'per diem' as *de facto* salary supplements.

More research and better, disaggregated data are required in order to identify the volume, predictability and overall effectiveness of HRH spending. Further research is also called for to ascertain the cost effectiveness and qualitative efficacy of performance based financing (PBF) as an approach to improving health worker performance. Based on recent HRH reform measures that are linked to the free healthcare initiatives in sub-Saharan countries, it is also opportune to conduct more investigation into calculating appropriate living wages for health professionals, in order to better inform resource allocations of donor funds.

In recent years, concerted efforts have been made to overcome the lack of coordination and associated fragmentation that is commonly associated with donor funding. The conference session on aid effectiveness focused on the identified problem areas and implications of aid effective measures. For example, Global Health Initiatives impact on the availability and performance of health workers, and their plans need to be better aligned with the National HRH plans (in order to resolve irrational human resource deployment while pursuing public health goals). Currently there is an increase in donors' willingness to align with national HRH strategies, but more detailed plans (e.g. for task shifting and volunteer involvement), improved advocacy and stakeholder involvement (e.g. of professional associations) are required to attain maximum effectiveness and sustainability.

Regulatory mechanisms

Participants at the conference agreed that international work on accountability and regulatory mechanisms needs to be more politically astute: "*Rules of the game are needed but we recognize that there are games in the rules*".ⁱⁱⁱ It is recommended that all actors be convened to stimulate a shared vision and ownership of HRH, and that a sustained collective effort be made in order to offset the selection of policies that are purely political motivated.

Development and implementation of policies aimed at improving accountability, monitoring, evaluation, accreditation and licensing should involve the participation of key stakeholders, with particular attention given to the role and responsibilities of professional associations in relation to accreditation, and to civil society in relation to developing checks and balances. It is proposed that a concept of 'consequence' is developed throughout the system, whereby all actors, including the health workers, are held responsible and accountable if they disregard the rules that have been agreed upon.

Participation and voice

The conference participants broadly supported the idea that international HRH tools such as declarations, resolutions and codes are important tools for the advocacy of civil society organizations (CSOs). Recent developments such as the Kampala Declaration or the WHO Draft code for the international recruitment of health personnel are good examples of this. However, implementation of these resolutions and codes should be accelerated to ensure that momentum is harnessed and real progress is made. CSOs are further strengthened when united in coalition with other stakeholders, such as South-South and South-North coalitions. In this manner, there is a greater chance of gradually influencing gendered HRH policy formulation and implementation.

Increasing community participation within, and ownership of, policies and services is often one of the motivations behind decentralizing authority and resources to local governments. Countries engaged in decentralization should carefully think through which HRH functions and resources to transfer to the sub-national level and how to guarantee quality standards and equality in working conditions. This does not have to be an 'all or nothing' process, indeed a balance between deconcentrated, decentralized and centralized services may be optimal. In order to achieve success in these decentralization efforts, a full analysis of the systems, resources and structures that are required is necessary. It was recognized that decentralization often does not take account of the critical capacities that are needed at the periphery to ensure optimal planning, implementation and monitoring, while equally the interface between the periphery and the central level for regulatory oversight requires ongoing investment in capacity strengthening.

Where a centralized system is in operation, it becomes more necessary than ever to maintain clear communication channels between the various governance levels, and to ensure that district and local governments understand HRH policies and priorities.

Governance in competency development in higher education for public health

An extra session was held at the conference on the role and importance of governance in developing competences in higher education for public health. Participants agreed that coordination between the ministries of health and education regarding pre-service and in-service training is of utmost importance to the interests of developing and sustaining curricula which respond to competencies needed in the field. Examples of this are the need for better tracking of funds and decision-making mechanisms for pre-service training, as well as the involvement of different stakeholders during the

training needs assessment. Furthermore, in this context, it is necessary from a research perspective to investigate the effectiveness of changed training curricula in both pre- and in-service training.

Moving forward

In the closing plenary, participants explored the ways in which the results of the conference will be taken forward within the HRH global arena and the wider health systems agenda. This includes a dedicated session on HRH governance at the 2nd Global Forum on Human Resources for Health in Bangkok, January 2011; input into the 2010 summit on Millennium Development Goals; and a special issue in the international journal on health workforce matters, *Human Resources for Health* (www.human-resources-health.com). Detailed conference proceedings, including implications and intentions for follow-up on this invigorated HRH governance agenda, are forthcoming.

ⁱ Brinkerhoff and Bossert, *Health Governance: Concepts, Experience, and Programming Options*. USAID, 2008.

ⁱⁱ HRH and governance in lower and middle-income countries. KIT, 2010 (unpublished)

ⁱⁱⁱ Reporting chair of Track 4 during the conference closing plenary.