HRH Action Workshop
Discussion Notes
Setting the Context

PROGRESS:

1. Malawi, Kenya and Ghana: Managing to retain staff by increasing salaries and fringe benefits.
2. Lesotho, Swaziland, Rwanda and Uganda: Increasing development in strategic planning—training program improved to improve training capacity.
3. Kenya, Malawi, Tanzania, Namibia: Significant progress and recognition of HRH policy at the development level.
4. Rwanda, Malawi: Decentralization.
5. In Zambia, the President gave an ultimatum of two months to form a strategic plan to address HR issues.
6. Tanzania, Zambia, Kenya and Rwanda: Increased involvement of stakeholders and collaboration among stakeholders.
7. Uganda, Lesotho, Namibia, Swaziland and Tanzania: Increasing progress in HRH policy development.
8. In Namibia there has been a recruitment mid-level cadre and a strategy to strengthen the capacity of HRH through supporting of training systems by development partners.
9. In Tanzania, there has been an attempt to harmonize the HRH policy through the development of a task force.
10. There has been progress in improving community involvement – particularly in addressing employment issues, as in the past some communities have chosen not to employ people except from their own tribes.
11. Rwanda: An increase in performance assessments of nursing institutions in order to inform the country's HRM plan.
12. Putting HRH on the national agenda has begun to happen across many countries.
13. In Sudan (post-conflict situation), the Government of Southern Sudan has included contracts with FBOs, community-based organizations (CBOs), NGOs and other members of the private sector into the country strategic plan.
14. Better infrastructure development in many countries has positively affected the HR issues of those countries.
15. HRIS has begun to be established in some countries, and is well on the way to completion in other countries.
16. In Uganda, there has been an establishment of public/private partnerships; national policy development has begun to include these partnerships.
17. In Malawi, there has been a formation of the Health Service Commission to address health service issues on a country-wide basis.

CHALLENGES:

1. Difficulty in moving from the HRH plan to implementation, perhaps because the plan is too ambitious, or perhaps due to lack of political backing.

2. Decentralization: Supervision and mentoring is not put into place; in Uganda, for example, decentralization did not work related to lack of supervision.
3. Low salaries in the public sector cause migration to the private sector.
4. Health worker shortage caused by a variety of issues: brain drain, donor poaching, inadequate funding, HIV/AIDS and IMF/World Bank "employment freeze."
5. Problem of sustaining retention of health workers across a variety of countries – can the increase in salaries be sustained? How do we define sustainable retention?
6. Absence of a succession plan in many countries.
7. Problem of leadership (particularly the changing of leadership) impacts sustainability.
8. Lack of finances to implement plans.
9. Different stakeholders are not always well coordinated.
10. Lack of prioritization of many issues within the HRH.
11. Lack of holistic approach—assess both demand and supply.
12. Among countries there is competition: Namibia can pay well, but other countries cannot.
13. Maldistribution: Inside the countries, there is competition between rural/city and public/private sectors.
14. Fragmentation of the HR function and its position.
15. Lots of training but no M&E to improve the quality, assess impact.
16. Quality of training is questionable, practicum sites have not been expanded, literature is weak (quantity is there, but quality is not).
17. Conflict of who is in charge of training—MOH, MOE?
18. Uganda: Conflicting policies—policy of expanding infrastructure while limiting recruitment (inconsistent policies).
19. Absorptive capacity of MOH to utilize funds from PEPFAR, Global Fund, etc. Need HR staff to support roll out of HIV/AIDS funds.
20. Malawi, Zambia, and Tanzania: Nursing shortage; institutions not supplying enough nurses while Kenya has too many nurses.
21. Namibia nurses recruited from Kenya (govt. to govt.). However, Kenyan nurses are coming from hospitals and not from outside the health system (those not currently employed).
22. Prioritization of health professionals—allied health workers are not being looked at enough, only doctors and nurses.
23. What's the appropriate timeframe for a strategic plan? Why develop a 20-year vs. a five-year plan? Advantages/limitations for different timeframes.
24. Tanzania: Clarification needed regarding the use of sub-level health workers→ redefining roles, etc.
25. USAID funding agendas need to connect to the government and the other implementing agencies to achieve goals.
26. Recruitment, training, etc., are fragmented/spread across different departments.
27. Lesotho: Professionals are trained in SA and are often lost to SA or the UK due to better salaries.
28. Corruption and bad governance.
29. Need to look at linkage between supply and health care quality. In Kenya, there is a surplus of health workers outside the health sector, but is the health care OK? We need to consider more than numbers—look also at actual services being provided.

AREAS OF HRH INTEREST:

1. Proper strategic plan and see it implemented
2. Develop improved retention schemes

3. Building partnerships to address the struggle of HRH
4. Production of health care workers
5. Mentoring program, particularly in countries undergoing decentralization.
6. HR Management
7. Productivity
8. Strategic distribution
9. Retention
10. Improving work environments
11. Focused HRH research – numbers and quality
12. HR information systems
13. Safety of health workers re: HIV/AIDS
14. More comprehensive program management and implementation
15. Ensure that health workers see themselves as recipients/customers as well as the service providers for HIV/AIDS services
16. Recruitment and deployment in rural areas
17. Pushing to accept the Abuja Declaration in all countries
18. Focused research in HR issues