

Capacity Project Resource Paper

Guideline for Outsourcing Human Resources Services to Make Antiretroviral Therapy Rapidly Available in Underserved Areas

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The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Table of Contents

Acronyms.....	ii
Purpose of This Guideline.....	I
Program to Be Described.....	I
Context in Which This Practice Originated.....	I
Steps for Outsourcing Human Resources Services	2
Conclusion.....	12
References.....	13

Acronyms

ART	Antiretroviral Therapy
CDC	US Centers for Disease Control and Prevention
FHI	Family Health International
HR	Human Resources
HRH	Human Resources for Health
HRS	Human Resources Services
I-TECH	International Training and Education Center on HIV
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
USAID	United States Agency for International Development

Purpose of This Guideline

This is a guideline to replicate and scale-up a human resources promising practice documented by the Capacity Project for outsourcing human resources services (HRS) to obtain a rapid increase and deployment of the health workforce, making HIV services available in a short period of time, especially in underserved areas. The guideline is based on the program implemented by the Ministry of Health and Social Services (MOHSS) of Namibia and the US Centers for Disease Control and Prevention (CDC).

Human resources planners and managers will find useful information on the context in which this solution was implemented. Although context varies from country to country, the need for additional human resources to make HIV services available and system regulations that constrain quick management responses are common challenges faced by many low- and middle-income countries.

The guideline also analyzes the challenges that test the validity of this innovation, warning health managers and decision-makers of the strategic and implementation pitfalls they may experience, based on the actual difficulties, pros and cons reported by stakeholders who took part in the Namibian program.

The guideline also provides an analysis of the critical steps required to ensure a smooth and successful program implementation, considering the initial context, system limitations and implementation challenges.

Program to Be Described

In response to the HIV/AIDS crisis, Namibia's public health sector needed to rapidly hire and deploy professional and non-professional health workers to provide comprehensive care, counseling and testing, as well as antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) services. Like many African countries, Namibia faced the challenge of attempting to rapidly scale-up its workforce while already experiencing a severe shortage of health professionals in its rural facilities. The MOHSS realized that the usual government recruitment procedure would be too slow to meet the need for urgent action, and that severe staff shortages in current positions meant that no workers were available to be redeployed.

In collaboration with CDC and USAID/Namibia, the MOHSS therefore initiated a mix of contractual arrangements to improve the pace and effectiveness of recruitment, employment and deployment of staff. Close coordination between the MOHSS and donors resulted in the rapid hiring and deployment of more than 500 health workers, 120 of them filling clinical positions, over a two-year period (2004-2006).

Context in Which This Practice Originated

Namibia is one of the top five HIV-affected countries in the world. The prevalence rate among adults is 19.9%, and the estimated number of children and adults living with HIV is 230,000; one fourth of them are in need of ART.

Given the sparse distribution of the Namibian population, the MOHSS developed decentralized and community-based policies and programs to face the epidemic. To provide HIV services to

the population in need, the MOHSS proposed the goals of increasing the number of health facilities providing PMTCT services from four in 2003 to 180 by 2007, and the number of hospitals providing ART from zero to 35 in the same period of time.

Namibia is facing this challenging situation under difficult circumstances, including the scarcity of human resources for health (HRH) for delivering most of the services. According to a technical report produced by the Capacity Project¹, Namibia had only half the number of required doctors, 22% of needed pharmacists and 37% of pharmacist assistants. This situation is partially explained by the lack of schools of medicine and pharmacy, which compelled students to complete their studies abroad, especially in South Africa, with no guarantee of returning to Namibia to work in public-sector positions. On the other hand, the existing positions in public health services were established based on a 1996 hospital survey. In 1998 the country realized that most hospitalizations were HIV-related, and it was becoming clear that the public health services were not going to be able to cope with the epidemic by relying on the approved staff blueprint.

In 2004, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief (PEPFAR) provided funds to roll out a massive ART program. However, the MOHSS realized that its outdated staffing plan was an obstacle for delivering comprehensive HIV services. Increasing professional positions in public health services would require a long planning process followed by a difficult negotiation with the Public Service Commission and the Ministry of Finance.

To remove this obstacle, the CDC agreed to finance the hiring of needed human resources, promoting a partnership with a private HRS provider that would collaborate with the MOHSS to select, recruit and manage the needed human resources.

Keys to success in this context

- Openness of public health leaders to consider alternative arrangements to the conventional government hiring process to rapidly scale up HIV services
- Effectiveness of the partnerships among public health authorities, the cooperative agencies and the private sector, including the determination of appropriate roles and responsibilities; identification of needs, selection and supervision; funding and technical assistance; and HRS
- An effective and efficient in-country provider of HRS
- A salary and benefits policy for recruits that resembles the existing one for public health providers
- Effective deployment procedures that ensure safety and satisfaction for expatriate recruits.

Steps for Outsourcing Human Resources Services

This section provides recommended steps for implementing a program for outsourcing HRS, ranging from the considerations to take into account to decide whether to outsource, to the

¹ Frelick G, Mameja J. Strategy for the rapid start-up of the HIV/AIDS program in Namibia: outsourcing the recruitment and management of human resources for health. Health Workforce "Innovative Approaches and Promising Practices" Study. Chapel Hill, NC: Capacity Project, 2006. Available at: http://www.capacityproject.org/images/stories/files/promising_practices_namibia.pdf

recruitment and selection process, to the absorption of recruits into the regular workforce. Recommendations are based on the lessons learned in Namibia, and managers and decision-makers should adapt them to their countries' specific conditions.

Stage 1: Opting for outsourcing HR services

When the conventional hiring procedures do not allow a rapid increase of the health workforce, decision-makers and managers may consider the option of outsourcing HRS. The recommended first steps are:

- **Confirm that the legal and regulatory framework does not conflict with contracting for external HRS.** If there are any conflicts, outsourcing should not be considered; changing regulations could take as long as changing conventional hiring procedures. It is likely that health organizations are already outsourcing some non-clinical services, such as catering or laundry, which means that there is no regulatory conflict. If that is the case, decision-makers and managers may use that fact as a supportive argument for outsourcing HRS.

In the Namibian experience, the MOHSS did not introduce any change in regulations; rather, it followed the common practice for outsourcing non-clinical services already existing in the public health system.

- **Confirm the existence of experienced and reliable HRS providers in the country's private sector that are interested in working with the public sector.** Analyze the experience of in-country manpower firms; local firms are recommended because working with them is another form of strengthening the country's capacity. This is also recommended because a local firm is intimately familiar with local labor practices and laws. Eventually, this partnership could contribute to sustainability.

The Namibian private sector offered diverse HRS providers. After reviewing the pros and cons of each, the MOHSS and CDC invited three firms to make a bid.

- **Establish the selection criteria that will ensure the selection of the most effective and efficient human resources firm.** You may find some of the following criteria useful:
 - Give preference to local firms; by this means managers can strengthen national capacities and build sustainable inter-sector partnerships
 - Give preference to companies with demonstrated experience and the most diversified client portfolio
 - Give priority to firms with a consistent record of external audits
 - Actively search for references from former and current clients of the candidate firms
 - Analyze the business models of the firms and give preference to those that show greater effectiveness and efficiency.

In Namibia, the MOHSS and CDC selected Potentia, a Namibian company that showed a successful history of satisfied clients. Potentia is relatively small because it intentionally developed a business model that focused its attention on core business activities, outsourcing complementary services. At the beginning of the outsourcing

program, Potentia had three staff members dedicated to this initiative; after three years, as a result of the expansion of the program, this number increased to eight.

Stage 2: Creating a partnership and distributing responsibilities among partners

It is important that managers define clear boundaries for responsibilities among the participating partners, reducing conflict and confusion and increasing effectiveness and efficiency. Role definition is also useful for accountability and evaluation purposes. Suggested roles to be considered are:

- **Policy and strategic decision-making.** Increasing accessibility to ART requires from health sector policy-makers a clear definition of the service provision model that the country considers appropriate to fight HIV under its specific conditions. This model should include a definition of the required skill mix of health providers that will guide the staffing plan.
- **Funding the staffing plan.** Hiring new staff often requires a strategy that would allow the country to use different sources to fund the linked costs. This funding strategy should be designed by health and finance sector officers, and should consider a timeline and milestones that reflect an increasing funding responsibility from government sources, according to each country’s economic situation.
- **Staffing needs ascertainment.** The health sector authorities must determine the number and profile of staff required in each health unit or establishment to provide ART; this requires a sound understanding of the distribution and characteristics of the epidemic in each region and district.
- **Salary and benefits policy.** It is important that health sector authorities define a clear policy for new staff responding to such basic questions as: What salary scales will be used? What salary differentials will be considered? What salary increments will be offered? What benefits will recruits be entitled to? What special arrangements will be considered to attract expatriate staff?
- **Staff recruitment, selection, contract and support.** Partners in the outsourcing HRS program should define what organization will be in charge of these procedures. Pay attention to them, since they automatically will create an employer-employee relationship with all the rights and legal consequences.
- **Staff training, deployment and supervision.** Partners in the outsourcing HRS program should carefully plan these processes. This is important because the staffing plan must ensure the smooth implementation of national HIV policies, aligning recruits’ performance with national guidelines and protocols.

In Namibia, roles were distributed as follows (Table 1):

Table 1: Roles and Responsible Partners

Role	Responsible Partner
Policy and strategic decision-making	MOHSS with the assistance of CDC

Role	Responsible Partner
Funding	Initially CDC. The MOHSS will incorporate recruits progressively into existing vacant positions. The MOHSS will negotiate with the Ministry of Civil Service and the Ministry of Finance a new staffing blueprint to enable the country to respond to the HIV epidemic.
Staffing needs ascertainment	MOHSS in coordination with CDC
Salary and benefits policy	MOHSS
Staff recruitment and contract	Potentia, the HRS firm selected by the MOHSS and CDC
Staff selection	MOHSS in coordination with Potentia and CDC
Staff training, deployment, supervision and support	Training: CDC and I-TECH in coordination with MOHSS Deployment: Potentia Supervision: MOHSS Support: Potentia

Stage 3: Basic decisions for rolling-out the HIV services staffing plan

- **HIV care and treatment model.** Managers and decision-makers should analyze the practical consequences of the country's HIV policies on staffing needs; home-based and hospital-based program designs have different human resources requirements. Once the country has decided on policies and strategies, it is the role of HR planners to determine the type, number and distribution of human resources required for implementing policies.

In the case of Namibia, the country strategy determined that ART should be provided by health professionals at 35 MOHSS central and district hospitals, complementing an extended community-based network for the provision of preventive and care services. This decision required a number of new positions for doctors, nurses and pharmacists that did not exist in the MOHSS staffing blueprint. Using this base information, the MOHSS was able to define a staffing plan balancing the identified needs with the availability of funding; the result was a list of new positions that should be filled through the initiative for outsourcing HRS.

- **Funding.** Partners should establish clearly how different funding sources will finance new positions in the short term. They also should design a plan for moving toward a long-term arrangement where the government would take over this responsibility.

In Namibia the CDC provided funds from PEPFAR to finance the staffing plan. The agreement between CDC and the MOHSS established that recruits should be absorbed progressively by the government payroll according to the availability of funded positions.

- **Salary and benefits policy.** Managers and decision-makers should pay a lot of attention to this program element, which requires a delicate balance between having attractive salaries and benefits and making eventual absorption to the government payroll feasible and sustainable. Additional consideration may need to be given to the program’s possible contribution to the “brain drain” of health professionals from neighboring, more economically challenged countries.

The Namibian MOHSS and CDC decided that recruits’ salaries and benefits should resemble those offered by the government to public servants. They also chose a flat salary and benefits structure for each cadre of recruits, which is equivalent to the entry level of public servants, disregarding previous individual training and experience. Recruits received fixed overtime allowance, health insurance including coverage for family members, housing bonuses and a group scheme for a compensation fund to be collected at the end of the contracts, which replaces retirement funds.

Salaries paid to health workers by the Namibian government are significantly higher than those paid by other African governments, making positions attractive to foreign professionals.

Stage 4: Implementing the staffing plan

Strengthening the capacity of the manpower firm. Companies providing HRS may have extensive experience working in the private sector; however, it is likely that their experience with the public sector and international cooperation agencies is limited. On the other hand, it is also likely that government and international cooperation officers do not have much experience working with these private-sector firms. Consequently it is advisable to establish a learning period during which partners will build trust and become familiar with administrative procedures and regulations. Although in Potentia had a hands-on learning experience in Namibia, it would be better if formal training of administrative and financial staff is included; this can reduce the risk of mistakes and make implementation smoother.

During the first year of the Namibian program, the MOHSS and CDC established the following provisional management mechanism:

- Potentia was in charge of the recruitment process, and, in an interim funding mechanism, all expenses were billed to Family Health International (FHI)
- Potentia avoided significant organizational changes, limiting the number of staff members in charge of the program. This was a sound decision considering that the program was in its initial stages, when uncertainty about it was higher.
- FHI managed the funds and formally contracted with the recruits.

After this initial one-year period, the MOHSS and CDC were satisfied with Potentia’s quality of work and decided to establish a direct link with it, reducing costs and eliminating the intermediary role of FHI.

Improving the business model of the HRS provider. Outsourcing the management of HRS makes sense only if this mechanism ensures a timely deployment of qualified staff to provide ART services at lowest possible costs. One suggested way to achieve efficiency and effectiveness from the HRS provider is to include in its business plan the outsourcing of the logistics components required to implement the staffing plan.

Potentia opted for subcontracting services from small and medium-sized companies to carry out key logistics activities of the program. These companies had enough know-how and experience to manage the following activities better than Potentia:

- Getting visa and work permits for recruits
- Making arrangements for international travel from countries of origin
- Making arrangements for local transportation from the airport to provisional lodging to the duty station
- Providing legal consultations
- Offering financial advice for recruits on issues such as taxes.

Contractual arrangements between Potentia and these companies were fee-for-service paid at the completion of the activity for each recruit. This approach produced big savings, allowing Potentia to focus on the selection and hiring of recruits and prepare for supporting them during the reallocation and deployment. As a result, Potentia moved smoothly through fiscal years without interruptions.

Recruiting and selecting. Once a country's Ministry of Health (MOH) has identified the staffing needs, the HRS provider should work in collaboration with the MOH to develop job descriptions and requirements for each open position to ensure that potential applicants have a good understanding of job expectations. It should stress required HIV technical/clinical experience, familiarity with working conditions in underserved areas of similar countries and fluency in communicating in the local language. Job descriptions and advertisements should be approved by health-sector authorities before they are posted. The HRS provider should follow country-specific regulations and restrictions during the recruitment process; for example, some countries give preference to nationals, and others do not allow staff from the public services to apply for these positions. It is important that the HRS provider uses its normal recruitment procedures, without any intervention or pressure; by this means it is likely that the right staff will be recruited and deployed.

Once applications are received, the HRS provider should analyze them using the job descriptions and requirements, producing a shortlist of candidates. Representatives from the government and the funding cooperative agency should establish a mechanism for selecting candidates from the shortlist.

In Namibia, the program focused on recruiting medical doctors, nurses, pharmacists and data clerks. Regarding the origin of recruits, the lack of medical and pharmacy schools in Namibia makes it hard to find local candidates for these positions; consequently, 100% of recruited medical doctors and pharmacists are foreigners.

The positions were advertised in the local media and on Potentia's website for a two-week period. Potentia followed the government regulation that prioritizes the hiring of Namibians. Potentia received applications and CVs, which were analyzed and shortlisted according to the requirements, with special attention to the applicants' previous experience with HIV treatment and care.

Representatives from the MOHSS and CDC nominated a selection panel, which was in charge of interviewing shortlisted candidates and selecting those who would be hired. Those living abroad were interviewed by phone.

Hiring, relocating and orienting. After the selection process is completed, the HRS provider should proceed to make formal job offers and obtain signatures on the contracts. Since outsourcing HRS is a short-term response for staffing HIV services and dependent on non-government funding, it is recommended to use renewable fixed-term contracts conditional to the availability of funds. Besides standard benefits, the program could include additional benefits to increase the attractiveness of the positions and to expedite the relocation of recruits; for example, paying for the travel expenses of recruits and their family members, transportation of personal belongings and provisional lodging.

Immediately after the contract is signed, the HRS provider should make all the arrangements to facilitate the relocation of hired expatriates, including issuing visas and work permits and providing transportation according to the contract.

After their arrival, recruits should receive an orientation related to the administrative procedures required for making their job experience easier, including the salary payment, taxation and registrations required in the country. They should also receive relevant country-specific training, as described in the next section.

Potentia issues renewable one-year contracts conditional to the availability of funds from CDC. The contracts include transportation for recruits and family members to Namibia, the job sites and their eventual repatriation. Payment for transportation of their personal belongings to and from Namibia was also included; however, given the short-term contracts only 2% of expatriates have used this benefit, and so far Potentia has not carried out any repatriation of goods.

Potentia gives recruits the time required to give notice to their current employers that they are resigning. The required time varies from two to four weeks according to the nature of institutions and procedures. Potentia's subcontractors get visas and work permits for recruits following the regular government procedures, but applying lessons learned during years of experience to expedite the process. At first recruits received courtesy visas, but then the Ministry of Home Affairs requested that they complete the regular procedure for foreign workers; attempts made by the MOHSS to create a fast-track system for recruits have produced mixed results.

Travel to Namibia was arranged by a subcontracted travel agency that met recruits at the airport and transported them to a hotel, where they were temporarily lodged until the completion of orientation and training.

After the arrival of recruits to Namibia, Potentia assisted them with:

- Applying for medical insurance
- Making in-country travel arrangements to job sites
- Opening bank accounts and facilitating the transfer of funds to their home countries
- Establishing salary payment procedures
- Registering at professional councils to allow them to practice in the country
- Registering at the Ministry of Finance for taxation purposes.

Training and incorporation to job sites. A key component of the staffing plan should include a short training period to update and standardize the competencies of recruits to perform according to what is expected. This is especially true for expatriate recruits, who arrive with knowledge of their own country's guidelines and personal experience. During training,

recruits should become familiar with national guidelines, protocols and program procedures for HIV services, specifically for the positions they will fill. Since this activity is critical for the success of the staffing plan, it is recommended to use the highest quality training services available in the country and to ensure that MOH officers monitor implementation closely. Recruits should be debriefed on important cultural issues and local customs to make their incorporation to their positions easier and more effective.

After completing the orientation and training of recruits, the MOH should send appointment letters to the managers of the health establishments where recruits will work. The MOH and the funding agency should also decide whether recruits will work exclusively for the provision of HIV services or be fully integrated to provide other health services. Letters of appointment should make this decision clear for managers and recruits to avoid confusion and conflicts. It is very important that letters of appointment highlight that recruits will work under the authority of and report to managers who will supervise them as regular MOH staff, regardless of the fact that they have been hired by a third party.

The HRS provider should assist recruits to find appropriate housing, either in the local rental market or through negotiations with the health establishment when it provides its facilities to accommodate staff and families. If these options are not available, other solutions may be found through coordination with local governments.

The Namibian MOHSS and CDC selected the International Training and Education Center on HIV² (I-TECH) to work with the MOHSS training network and the ART program to provide training and technical support to recruits. An initial two-week hands-on training course provided orientation to the health care set-up in Namibia and introduced recruited medical doctors to the national HIV guidelines and procedures. The course was held on the premises of the Katutura State Hospital at Windhoek. Recruited pharmacists took part in a three-day training course. All participants received a certificate of attendance.

Recruits were deployed to their respective job sites after ensuring appropriate housing arrangements for them and their families. Potentia managed all in-country transportation costs.

Given the high priority for delivering ART services, the letters of appointment established that recruits were going to work exclusively in those services, under the regular supervision mechanisms existing in job stations. However, this created integration problems for recruits as they had to provide other services in order to be fully integrated with MOHSS staff.

Supporting new staff after deployment. Once the new staff is deployed in their respective job sites, the HRS provider should keep in continuous communication with recruits to help them solve any transitional difficulties they face in getting settled, adjusting to living conditions and addressing unexpected issues that can arise. Having this support network is very important during relocation processes, especially for expatriates who could face a challenging social and cultural environment with no family or social links.

However, any issues linked to recruits' jobs and working conditions should be communicated to their supervisors at the health facility, facilitating their integration and strengthening the regular hierarchy and supervision systems. Major problems that may jeopardize the integration of recruits to services or situations that may affect their performance should be identified by the

² A partnership between the University of Washington and the University of California at San Francisco.

HRS provider and discussed with the MOH and the funding agency. Moving to work in a different country can be very stressful, even more so when the transplanted worker is providing HIV services; consequently, the HRS provider should ensure that recruits can enjoy periodic stress-relief activities, such as retreats and access to psychological counseling and therapy, among others. Funding for these activities should be included in the budget for these kind of programs.

The HRS provider should coordinate with the MOH and the funding agency for implementing activities to keep recruits' technical knowledge and skills updated, through a variety of ways depending on the country's characteristics and the availability of funds, from distance-learning opportunities to hands-on refresher training activities.

It is recommended that current MOH staff be aware of the working conditions, salaries and benefits offered to recruits, so that they are informed when the new staff are being hired externally and posted to the site and so that they are aware that the salaries and benefits are not significantly different. This will help avoid resentment and other issues cropping up among in-country colleagues.

Potentia faces the challenge of maintaining personal contact with recruits, who can be contacted mostly by e-mail, phone or in person when they travel to Windhoek to take part in training activities. Potentia has responded promptly when recruits needed its support and intervention to deal with settlement or health-related issues.

Some recruits reported difficulties with integration into their job positions and work sites. Even though English is the official language of Namibia, in many parts of the country people communicate more regularly in Afrikaans or other languages; recruits had to learn these languages on their own to overcome this barrier. Regular MOHSS staff members were hostile to recruits based on the perception that they were receiving higher salaries and benefits. One recruit described herself as being "continuously abused" by MOHSS colleagues and patients; she attributed this behavior to her status as a foreigner, and one who also happened to be female and black. Because of the wide disbursement of recruits, Potentia has not been able to carry out any stress-relief activities for them.

At the beginning of the program, recruits did not receive any follow-up training. After several months this was changed, and now they are taking part in tuition-free I-TECH training courses; I-TECH also selected some recruits to develop their training skills so that they can assist in future training activities. Potentia is paying the related in-country travel expenses. Recruits value these refresher opportunities that keep their skills soundly updated.

Absorption of new staff into the regular public service. Rapid staffing of required positions to cope with the HIV epidemic using outsourced HRS should be considered as a short-term initiative. This strategy works better when complemented by a long-term plan for absorption of recruits into the MOH payroll. It means that the MOH should begin the process for filling existing vacant positions as early as possible—namely, the transference of recruits from the HRS provider's payroll to the government's payroll.

An emergency outsourced staffing plan should not replace a long-term and sustainable effort of governments and partners to ensure the provision of HIV services, which must be understood as long lasting, at least under the current conditions. National budgets in low- and middle-income countries may be challenged by HIV program requirements. Therefore the staffing plan

must be cost effective, meaning that costly professional positions should be kept to a minimum, implementing an aggressive task-shifting initiative to incorporate other health workers or new cadres to deliver services that do not necessarily require a trained health professional. This is especially true for follow-up services, which demand most of the level of effort in long-term HIV treatment programs.³

In Namibia, the MOHSS has shown a strong commitment to absorb human resources. Several existing positions for pharmacists have been filled with recruits immediately after receiving approval from the Public Service Commission. The government of Namibia is working on a long-term plan to fund the needed positions to provide HIV services, but the costs are higher than the country's short-term absorption capacity. Some estimates forecast that it would take 30 years to fully bridge the human resources and capacity gaps in the MOHSS. In the meantime the government has developed a community-based approach to extend the accessibility to voluntary counseling and testing and some services. Recruited medical doctors reported that they are in charge of tasks covering the complete spectrum of HIV treatment, including follow-up tasks that could be easily shifted to other or new cadres. In other words, the current outsourced staffing plan still has room for improvement, especially to increase its cost-effectiveness and sustainability.

Expected results of the program

Outsourcing HRS to implement a staffing plan to provide HIV services can produce the following results in the short term:

- **Rapid increase in the number of available of health providers for HIV services.** The Namibian program managed to get 120 new health professionals for its HIV program in a two-year period. Of these professionals, 14% of them decided not to renew their contracts, 7% migrated to positions in the private sector and in the MOHSS and 2% abandoned their positions and returned to their countries.
- **Increased accessibility to ART by people living with HIV (PLHIV).** In Namibia the number of PLHIV receiving ART went from zero in 2004 to 26,000 in 2006.
- **Increased productivity.** Although difficult to measure, increased access to ART means a reduction in the HIV mortality rate and the progressive re-incorporation of PLHIV to the workforce, thereby increasing the productivity of the family, community and country.

Caveats for decision-makers and program managers

- **Recruits, as any human resource, have needs, aspirations and expectations.** If your program will likely run long term, it is advisable to include in the program different incentives and career path opportunities. Take into consideration that an attractive salary can temporarily meet some needs, but sooner or later other long-term career expectations may arise and jeopardize the advances.

³ Benavides B, Caffrey M. Incorporating lay human resources to increase accessibility to antiretroviral therapy: a home-based approach in Uganda. Health Workforce "Innovative Approaches and Promising Practices" Study. Chapel Hill, NC: Capacity Project, 2007. Available at: http://www.capacityproject.org/images/stories/files/promising_practices_uganda.pdf

- **Outsourcing HRS to implement an emergency staffing plan for HIV services is a short-term option.** Its implementation will provide decision-makers and program managers the required time for making the regular hiring and funding mechanisms work. If regulations are a strategic obstacle, the time gained with the emergency staffing plan will allow a careful revision of procedures and the legal framework, making them more responsive to the changing conditions under the HIV epidemic.
- **This alternative often is highly dependent on external funding, which makes it very fragile.** Since the current HIV epidemic will continue affecting the world for many more years, countries must use these opportunities wisely to cope with the HIV challenge and in the meantime make the required changes to allocate an increasing share of national funding to the HIV program.
- **Making positions attractive, especially to expatriates, is something that should be crafted while paying attention to avoid potential conflicts with regular MOH staff.** It is recommended that any benefit offered to regular staff should be offered to recruits, and vice-versa.
- **Hiring expatriates can deprive neighboring countries of their valuable human resources, questioning the ethical foundations of the program.** It is likely that those countries could limit the migration of their professionals, decreasing the availability of HRH. It would be better to explore the global human resources market, targeting regions where there is a surplus of professionals or where systems cannot absorb them.

Conclusion

This guideline has described some of the recommendations about outsourcing HR services to make ART rapidly available in underserved areas, based on the Namibian MOHSS' experiences.

To replicate promising practices in the health field, it is important that more is understood about context and successful replication. If your organization is implementing changes in the health workforce using this guideline, we welcome your feedback. Please contact the Capacity Project at info@capacityproject.org.

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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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