CapacityProject

health workforce promising practices

April 2007

Rapid Recruitment and Deployment: HIV/AIDS Workers in Namibia

Context

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 and prevention of mother-to-child transmission 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 Ministry of Health and Social Services (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.

The Practice

In collaboration with the Centers for Disease Control and Prevention (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. While Namibia cannot meet its own staffing requirements internally, it can pay higher salaries than most African countries and offers a stable working environment; hence, many of the workers hired were recruited internationally.

The key innovations of this promising practice are:

- Setting up a management contract with a Namibian private-sector human resources provider for rapid health care worker recruitment and for human resources (HR) management of new staff assigned to MOHSS facilities
- Developing a variety of contracts to be used in arrangements with other health sector organizations; these include management contracts (focusing only on hiring and human resources management), service delivery contracts (which include human resources and technical work) and contracts combining management and service delivery
- Harmonizing salaries of all workers hired through the CDC and other mechanisms with MOHSS pay scales and benefits packages.

Health Workforce Impact

Close coordination between the MOHSS and donors resulted in the rapid hiring and deployment of more than 500 health workers (clinical and non-clinical) over a two-year period (2004–2006). Hiring and deploying so many staff, with minimal turnover, could not have been done so quickly through regular government recruitment practices. Even so, outsourcing for human resources for health through management contracts is regarded as a short-term solution, buying time to tackle longer-term challenges to Namibia's shortage of health workers.





This summary brief is a component of a larger effort to document and disseminate four promising human resources for health practices from Africa. The brief is excerpted from Health Workforce Innovations: A Synthesis of Four Promising Practices (Buchan and McCaffery). The synthesis paper and a full report on this particular promising practice, Strategy for the Rapid Start-up of the HIV/AIDS Program in Namibia: Outsourcing the Recruitment and Management of Human Resources for Health (Frelick and Mameja), are available in the Publications and Resources section at www.capacityproject.org

The Capacity Project Partnership

IntraHealth International, Interchurch Medical Assistance (IMA), JHPIEGO, Liverpool Associates in Tropical Health (LATH), Management Sciences for Health (MSH), PATH, Training Resources Group, Inc. (TRG)



This publication is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Capacity Project and do not necessarily reflect the views of USAID or the United States Government.