

## **Global Fund Round 9 Opportunity to Build Human Resource Management Capacity: the central pillar in health systems strengthening initiatives**

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### **Context**

As human resources for health (HRH) issues continue to dominate the global health agenda, it is evident that donor funding is expanding to help address this challenge. The international community is planning to more than double its funding for health beginning in 2009, and nested within these funds will be more resources available to address HRH issues and meet the overall goal of increasing the health care workforce, thus enhancing both quality and access. This is a critical goal, but the increased resources will put more pressure on already overburdened health sector leaders to manage systems to produce and use well a range of new health care workers. Moreover, a portion of these new financial resources will undoubtedly be targeted towards studies and other documentation activities that are likely to generate reports and guidelines. The intent is that these products and promising practices will be taken up, utilized or implemented by HR professionals in the target countries to inform HRH policy and practice.

This is fine in theory; however, in fact, most ministries of health have inadequate capacity to manage their current HRH situation to say nothing about managing an increase in health care workers to undertaking new initiatives. The fact of the matter is that professionally qualified HR managers mostly do not actually exist and where they do, they have no training, qualification or preparation to succeed in their roles, let alone absorb and make sense of the complex technical resources or guidelines that donor funded projects continue to provide. This approach has to change and some of the available financial resources – including the Global Fund to Fight AIDS, TB and Malaria – should be specifically programmed to support directly the development of human resource management (HRM) capacity in these countries, especially the strategic role of HR Directorates in ministries of health.

It is important to stress that these governments have been managing HRH badly for years, until almost all facets of HRM systems are inadequate at best, and almost drive health workers from the system at worst. Problems exist at every level, from sector-wide planning and policy-making to managing a facility-level work environment. These problems in turn create obstacles at every stage of HR management, and serve to impede effective health worker production, recruitment, hiring, deployment, productivity and retention. Moreover, it is these rickety HRM systems—weak, understaffed by people with little or no background, often unsupported within their own ministries—who will be expected to be the key to absorbing and making effective use of the rapidly expanding donor funding.

**Round 9 of the Global Fund presents an opportunity for governments and other partners to begin to reverse the mismanagement of HR and underinvestment in HRM systems, and to build the capacity that will enable the effective use of increased donor funding for HRH. This is an opportunity not to be missed.**

### **Strategic Actions to Strengthen the HRM Function**

Health workers are the heart of any viable national health system or service delivery organization that is able to meet its goals. And good HR management with certain core functions is the glue that holds all the internal parts of an organization together, contributes to a positive work climate and supports high-quality services.

Given the severity of the HRM challenges in most countries, there needs to be a wide range of practical actions taken by donors and country governments to make serious progress in the area of workforce management and support. As long as basic requirements around the Global Fund and Health System Strengthening are met, in particular demonstrating the link between Health System Strengthening interventions and improved outcomes for AIDS, TB, and/or malaria, the Global Fund can be used to support these actions. And given the pressing nature of the HRH crisis and the bottleneck that HR management represents in addressing the crisis, as relevant to their situations applicants **should** use the Global Fund to support these actions.

These actions include:

- *Establish, staff and strengthen HR Units or Directorates* in ministries of health to raise their profile and visibility and ensure that they have a reasonable budget and are more strategically placed within the organizational hierarchy to contribute ideas and decisions to meet the goals of the national health system.
- *Recruit and provide salary support for professional HR Managers to work in HR Directorates and Planning Departments:* These managers will plan and lead programs of work that aim to strengthen sector wide HR professional leadership for the effective planning and management of human resources in the health sector. For this to happen, a new cadre of HR managers will need to be trained and enabled to have real input into operational and strategic decisions about HRM. This may involve a bundle of integrated and complementary strategies and actions, such as:
  - *Establish a partnership at the country level* wherein HRH function managers and staff—both at the central and district levels—have access to articulated training, coaching, mentoring and problem-solving follow-up over a two-year period. This can be done with a consortium of international and country-level partners (this is already under discussion among the Global Health Workforce Alliance, WHO/AFRO and the Capacity Project). Combine this approach with donor and government agreement to recruit and fund a sufficient number of HRM managers and leaders (not necessarily clinicians) so that capacity can be built and sustained. Make certain that a large proportion of these potential leaders are not clinicians, as draining doctors and nurses away from actual practice represents a significant current loss. This “sufficient number” would have to be large enough to allow for some leakage, as—when skills and competencies are enhanced—there will likely be jobs available within the private and NGO health communities.
  - *Provide sound readily-available HRM consulting support* to HR staff working at different levels of the system. This is especially important in settings where the HR role and functions have been decentralized to regions and districts.

- *Work with local and regional management training institutions* to support a serious and substantive HRM short degree program at one or more institutions in sub-Saharan Africa that agree to produce HRM leaders and practitioners (not just academics). This program should be closely aligned with ministries of health and other related nongovernmental agencies, and should include some sort of work-based, integrated practicum to assure relevance and operational reality.
- *Develop performance-based indicators that measure HRM progress* so that the HRM function and leaders can more easily be held accountable. It is also important to link the training, education, coaching and mentoring to these indicators.
- *Develop and deploy HR managers* to all high-volume facilities and larger clinics and, in decentralized systems, establishing provincial and district HR focal point persons. In some cases, this may require the hiring of new HR qualified staff, but in most cases it may just involve the recalibration of the role of existing staff, especially Health Administration Officers where they exist, and giving them additional HRM training and support to begin assuming a fuller HR-specific role.

Without this kind of HRM focused health system strengthening (HSS) work, the capacity of the health sector to produce, deploy and manage an increase in health care workers is seriously in question, as is the ability to undertake new and necessary HR initiatives and reforms that will emerge from the increase in attention to HSS.

*Global Fund applicants seeking additional advice on how to include the types of HRM capacity building activities described above in their Round 9 proposals should contact James McCaffery ([jmccaffery@capacityproject.org](mailto:jmccaffery@capacityproject.org)) and/or Ummuro Adano ([uadano@intrahealth.org](mailto:uadano@intrahealth.org)).*