

Professionalizing Under-Recognized Cadres to Strengthen Health Systems

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CapacityPlus raised awareness of the need to professionalize under-recognized cadres of health workers that play essential roles in well-functioning health systems, including contributing to the launch of global coalitions and tools to strengthen and support the supply chain and social service workforces.

Background

While the roles of doctors and nurses are widely recognized and understood, there are many types of health workers whose contributions to well-functioning health systems are under-recognized and under-valued. Social service and supply chain personnel are two cadres of health workers that often lack support and a voice in the health system, hindering their education, career development, and professional growth. Due to the amorphous nature of these careers, there is a shortage of talent entering these professions, and individuals currently holding positions often lack the opportunity to fully maximize their performance.

Yet social service workers form a vital safety net for children and families made vulnerable by challenging circumstances such as the HIV epidemic, providing access to an array of services to promote well-being and protection from harm, including referrals for primary health services such as family planning and maternal and child health care. Supply chain workers also play an essential role in the health system, ensuring access to medicines and other health commodities. Their role is often underestimated until stockouts occur and the effects are seen. When stocks of HIV drugs and supplies run out, unplanned treatment interruptions can lead to increased risk of HIV drug resistance, treatment failure, and death (Pasquet et al. 2010). The devastating effect of lack of access to necessary commodities is also felt in family planning, contributing to unmet need, unintended pregnancies, and maternal and newborn deaths.



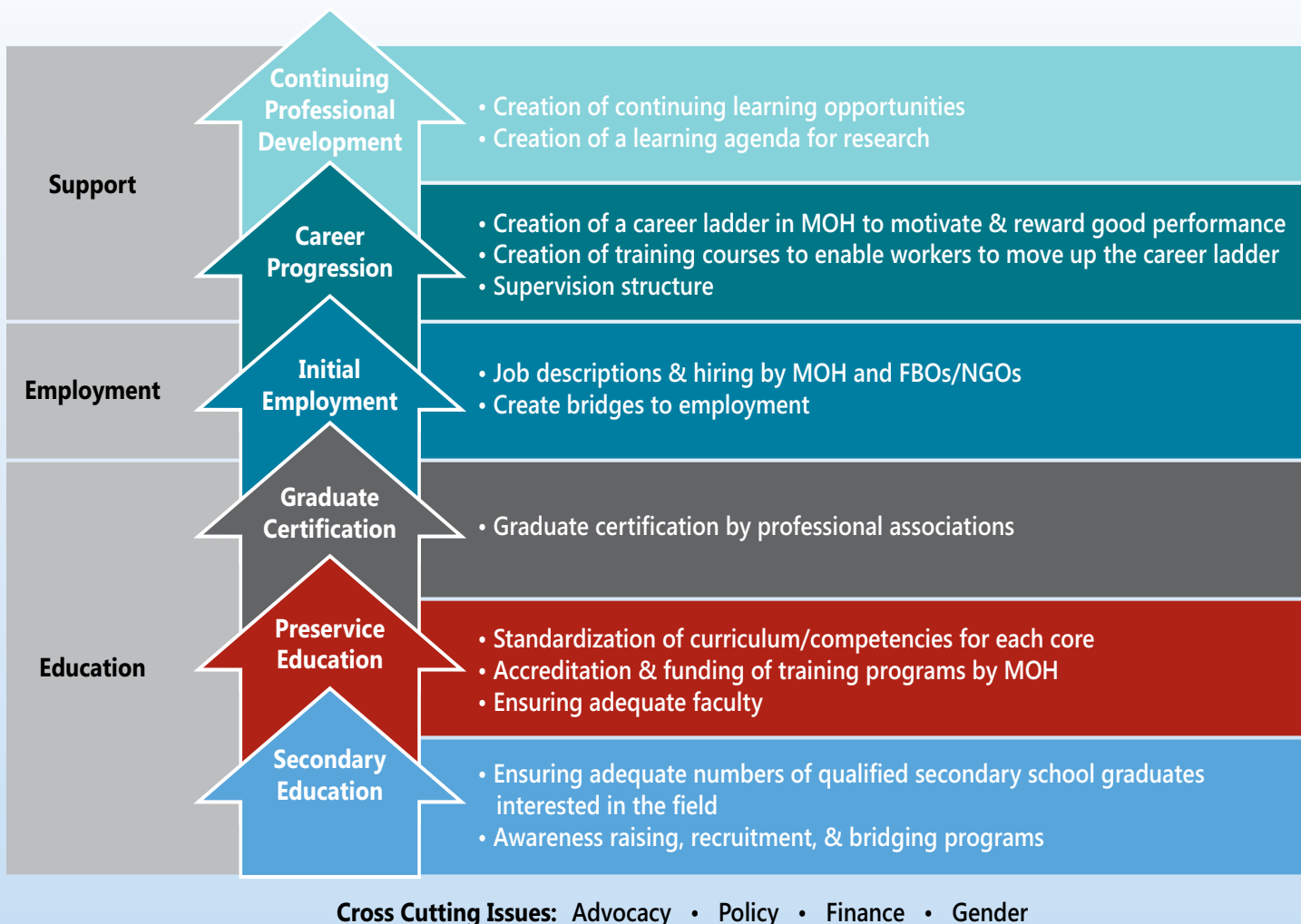
Strategy and Approaches

Applying its human resources for health (HRH) expertise, CapacityPlus developed a framework for the professionalization of under-recognized cadres (Figure 1) and drew upon it to establish a strong foundation for advocacy and action to support the development of the social service and supply chain workforces. Activities focused on three primary areas: 1) global coordination and advocacy for professionalizing these cadres; 2) generation and use of HRH strategies, approaches, and evidence to improve planning for and managing these workforces at the country level; and 3) supporting national-level efforts to strengthen institutions and build capacity for social work and supply chain management.

Global Coordination and Advocacy

CapacityPlus supported the launch and growth of global coalitions working on behalf of social service and supply chain workers. Established with funding from USAID and PEPFAR, the Global Social Service Workforce Alliance promotes the knowledge and evidence, resources and tools, and political will and action needed to address key social service workforce challenges, especially in low- and middle-income countries. Through the Alliance, CapacityPlus introduced the first-ever multicountry knowledge-sharing platform on social service workforce strengthening, hosting 19 webinars that engaged speakers from 20 countries and 3,000 participants from 45 countries. The project also helped to refine a framework for planning, developing, and supporting this

Figure 1: Life Cycle Approach for Professionalization of Under-Recognized Health Workforce Cadres



workforce, now being used by global and national partners. From the launch of the Alliance in June 2013 through June 2015, 510 members joined from 63 countries, representing a diverse membership of nongovernmental organization staff, donors, government ministry staff, professional association leaders, and academics. The Alliance website acts as a hub for information exchange and access to resources, with visitors from 180 countries. In 2015, support for and hosting of the Alliance transitioned from CapacityPlus to the new USAID 4Children Project.

In 2011, CapacityPlus contributed to the launch of People that Deliver, a broad coalition of more than 80 organizations from around the world that strives to build global and national capacity to implement evidence-based approaches to plan, finance, develop, support, and retain the national workforces needed for the effective, efficient, and sustainable management of health supply chains. People that Deliver is also supporting seven focus countries to address supply chain workforce challenges. CapacityPlus provided technical assistance in two of these countries—the Dominican Republic and Namibia. The project also played a leadership role in developing the initiative's five-year strategic plan, the implementation of which is resulting in increased attention to supply chain workers in other global and national efforts (e.g., the 2016–2020 Gavi strategy to immunize an additional 300 million children) and testing of HRH approaches and tools in focus countries. CapacityPlus contributed to key technical and advocacy tools, including a technical brief on applying the HRH action framework to the supply chain management workforce, a tool for assessing human resources capacity in supply chain management, and a system-wide competency compendium for supply chain management functions and tasks.

Generation and Use of Evidence at the Country Level

Recognizing the importance of data and evidence to enable national leaders and practitioners to make informed policy and programming decisions related to the social service and supply chain workforces, CapacityPlus supported a number of activities to provide national stakeholders with relevant and timely information. These resulted in reports that consolidate information about the social service workforce in HIV/AIDS-affected contexts in sub-

Saharan Africa, and document promising practices from Ethiopia, Nigeria, and Tanzania in supporting parasocial workers that can be used to guide program scale-up and adaptation in other countries. In Kenya, the Ministry of Gender, Children & Social Development commissioned the project to conduct an assessment that provides an overview of the status of government-level workers, identifies gaps, and makes recommendations on workforce strengthening. In Nigeria, CapacityPlus worked with USAID/Nigeria, Maestral International, and UNICEF to carry out a mapping and assessment of the child protection systems in six states. State ministries of women's affairs and social development and other key constituencies are using the findings to identify, prioritize, and cost gaps in state child protection systems and present feasible strategies and activities to remedy the gaps.

To promote the regular collection and use of workforce data to facilitate appropriate deployment of social workers, Malawi and Tanzania established human resources information systems (HRIS) specific to the social service workforce with support from CapacityPlus. In Namibia, the project assisted the Ministry of Health and Social Services to apply the World Health Organization (WHO)'s Workload Indicators of Staffing Need (WISN) method to calculate the required number of pharmacists, pharmacist assistants, and administrative officers based on estimated workload needs in the central medical stores and two regional medical depots. The method generated evidence confirming severe shortages of all three supply chain cadres at the central level, as well as poor distribution and mix of cadres at the regional level. Activity standards for pharmacists and pharmacist assistants have since been adjusted to better inform staffing needs to ensure antiretroviral (ARV) provision. The project also supported Namibian stakeholders in completing an incentive and retention study of pharmacists and pharmacist assistants using the CapacityPlus Rapid Retention Survey Toolkit to inform strategies to improve attraction and retention in hard-to-reach areas.

National Workforce Strengthening Efforts

Malawi: CapacityPlus collaborated with the Ministry of Gender, Children, Disability and Social Welfare, UNICEF, and USAID/Malawi to support Magomero College to establish the country's first degree program that will produce qualified social service



workers to fill identified gaps in service delivery. The first class of 39 students enrolled in April 2014. These students will soon be on the front lines of Malawi's effort to reach the one in six children vulnerable to violence, abuse, exploitation, and neglect, and at risk from HIV/AIDS, including 476,000 children orphaned from AIDS-related causes (UNICEF 2012).

Democratic Republic of the Congo: A 2009 assessment estimated that the country had 8.2 million orphans and vulnerable children (OVC), representing one in four children (USAID/ Democratic Republic of the Congo 2010). Compounding the crisis, a World Bank assessment in 2013 revealed serious weaknesses in the day-to-day functioning of the national division of child protection (DISPE) at the Ministry of Social Affairs, Humanitarian Action, and National Solidarity. To begin to reinvigorate DISPE, CapacityPlus supported institutional strengthening, including training and mentoring DISPE leadership and staff and provincial child protection staff in leadership, supervision,

program planning, and monitoring skills. As a result, with support from CapacityPlus, DISPE led the development of the first-ever annual operational plan for the national OVC strategy, trained stakeholders (in collaboration with the World Bank) on national norms and standards for the care of vulnerable children, and established a DISPE monitoring and evaluation team that is monitoring progress in achieving results specified in the national operational plan. With DISPE now actively taking responsibility for its role as coordinator of the social service sector, development partners who previously worked in a parallel fashion to DISPE are now engaging with and supporting DISPE.

What has changed the most at the DISPE is the working environment, the tools to do our job, and the strengthening of staff capacity.

—xPierrot Mabiala, Chef du Bureau Secretariat de Direction, DISPE

Latin America and the Caribbean: CapacityPlus supported a regional collaboration to build the capacity of national health supply chains to ensure reliable and sustainable access to HIV/AIDS commodities (with a spillover effect on all commodities since supply chain workers handle these across a wide range of primary health care services, including family planning). The initiative launched at a strategic and action planning workshop held in Guatemala in 2013. During the workshop, country teams from the Dominican Republic, El Salvador, Guatemala, Honduras, and Panama identified challenges, shared possible solutions, and developed short-term supply chain actions and longer-term strategies for each country.

Following the workshop, the team from the Dominican Republic began implementing its strategic plan with support from *CapacityPlus*. Achievements have included revising the organizational structure of the Ministry of Health unit responsible for managing medicines and supplies, creating standard job descriptions for supply chain workers, launching a new supervision process, and developing and institutionalizing a diploma course for supply chain workers. The Ministry of Health, National Institute for Public Administration, *CapacityPlus*, and the USAID Systems for Improved Access to Pharmaceutical Services (SIAPS) Program collaborated to train 3,500 health workers in the new operational procedures of the integrated commodities program, and 96 supply chain managers completed the diploma course during 2013 and 2014. As a result, hospitals are using a more systematic approach to procurement and distribution, integrated across health programs.

One of the key challenges identified by the ministries of health in the Dominican Republic and El Salvador was low motivation of staff with supply chain management duties, in part due to perceived lack of support and disregard from others in the health system. *CapacityPlus* assisted in developing and delivering three-day workshops for 79 supply chain workers in the Dominican Republic in which participants produced advocacy plans to support their efforts to address gaps in supply chain management. In El Salvador, the project facilitated a similar workshop for 37 participants. Follow-up interviews revealed that many participants had taken steps to implement their advocacy plans and were beginning to see results. For example, one

participant from the central warehouse reported that he advocated successfully for the purchase of two refrigerator trucks to transport medicines to health facilities while maintaining the cold chain.

Lessons Learned and Recommendations

- Critical for any country is the need to understand that health systems are staffed by a wide range of workers at different levels of the system with varying types of education and training. Professionalization of under-recognized cadres requires advocacy to demonstrate the critical role these cadres play and the contributions they make to the delivery of quality health services and improvement of health outcomes.
- Many countries lack data on under-recognized cadres that are regularly collected, analyzed, and used in decision-making and planning. Further, these workforces are often fragmented and spread across sectors. As a result, workforce data are scattered, hard to track, and not readily available on a routine basis. Progress in mapping the social service and supply chain workforces is contributing to a clearer picture, but there is much work to be done. As one step, a theory of change should be developed and agreed on that provides recommended metrics for measuring the success of global and national initiatives to strengthen these workforces.
- Countries should be encouraged to take a “life cycle approach” to attract, educate, retain, and support workers in under-recognized positions. The approach should include: formally recognized avenues for education, training, and certification; suitable job descriptions and ladders for career progression; structures such as associations for interacting with peers and communicating the needs of workers with a common voice; and opportunities for continuing professional development.
- Countries should receive continued support to apply validated approaches and tools—such as the WHO WISN method and *CapacityPlus* Rapid Retention Survey Toolkit—to estimate the numbers and types of workers needed and the packages of salaries and incentives that will attract and retain personnel to under-recognized professions.

- Collaboration across disciplines is needed to effectively link health and social service workforce and service delivery needs. A holistic approach to health workforce planning, involving a variety of stakeholders and based on service delivery needs, must be followed to ensure the development of integrated networks of care that include the range of workers needed to support the delivery of quality services.
- Specific job descriptions or career ladders, coupled with incentives, are needed to make supply chain management an attractive professional option. Various cadres such as doctors, nurses, midwives, laboratory technicians and assistants, and even information technology specialists need clarity with respect to their roles, responsibilities, and accountability in the supply chain, and an understanding of who will provide functional supervision.

References

Pasquet A., E. Messou, D. Gabillard et al. 2010. "Impact of drug stock-outs on death and retention to care among HIV-infected patients on combination antiretroviral therapy in Abidjan, Côte d'Ivoire." *PlosOne*. DOI: 10.1371/journal.pone.0013414.

UNICEF. 2012. Malawi: Child Protection Strategy 2012-2016. Lilongwe. http://www.unicef.org/malawi/resources_10554.html (accessed September 2, 2015).

USAID/Democratic Republic of the Congo. 2010. HIV/AIDS Health Profile. Kinshasa. http://www.usaid.gov/our_work/global_health/aids/countries/africa/congo_profile.pdf (accessed September 2, 2015).

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