Applying Stakeholder Leadership Group Guidelines in Ghana: A Case Study

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EXECUTIVE SUMMARY

Like many countries in sub-Saharan Africa, Ghana faces health worker shortages, limiting the country's likelihood of meeting the Millennium Development Goals. Working together with the stakeholders and partners that make up the Ghanaian health care system, including the Ministry of Health (MOH), Ghana Health Service, health training institutions, and others, Capacity*Plus* supported the revitalization of the Ghana Health Workforce Observatory (GHWO) to address key human resources for health (HRH) issues. This case study discusses the steps taken to revitalize the observatory through the application of *Guidelines for Forming and Sustaining Human Resources for Health Stakeholder Leadership Groups* (SLGs). Developed by Capacity*Plus*, the guidelines are aimed at HRH leaders or practitioners at the country level who see a pressing need for an SLG to address a key HRH problem or set of problems. Several of the GHWO's technical working groups used the guidelines, including a special group that was formed to draft the new five-year *Ghana Human Resource Policy and Strategy for the Health Sector: 2012-2016*.

Success factors that contributed to the GHWO's revitalization are highlighted, including increased stakeholder engagement, strong commitment and leadership from relevant stakeholders, and the careful application of clear tools and processes to support the SLG. This case study also discusses challenges, lessons learned, and recommendations applicable for other SLGs. The approaches and processes featured in this case study may be used as a resource for other SLGs aiming to produce positive results that address HRH challenges.

BACKGROUND

Context for Stakeholder Leadership Group Guidelines

A human resources for health (HRH) stakeholder leadership group (SLG) consists of representatives from all of the key entities involved in planning, producing, managing, and supporting a country's health workforce. This kind of leadership group is a critical ingredient in achieving HRH system strengthening goals, as it is now well established that health workforce dynamics and challenges are far too complex and cut across too many organizational and sectoral lines to be handled by a single entity. Perhaps the best description of this comes from the *World Health Report 2006*, which focused on HRH. The report states that taking action "necessitates that stakeholders work together through inclusive alliances and networks—local, national, and global—across health problems, professions, disciplines, ministries, sectors, and countries" (World Health Organization [WHO] 2006). If an alliance—or SLG—is effective, it will substantially increase the likelihood of successfully implementing HRH initiatives that individual stakeholders might not be able to undertake on their own (especially given the complex web of actors that can help or impede action on any HRH intervention).

While it may seem relatively straightforward to create the inclusive alliances and networks needed to realize this benefit, in practice it often turns out to be more difficult than one might anticipate. To address the challenges involved in building alliances and provide guidance for those wishing to begin or revitalize HRH SLGs, Capacity*Plus* developed an evidence-based set of recommended actions that are intended to raise the likelihood of forming and sustaining an SLG that functions well, has a positive impact, and avoids or addresses typical difficulties (Gormley and McCaffery 2011). *Guidelines for Forming and Sustaining Human Resources for Health Stakeholder Leadership Groups* is aimed at HRH leaders or practitioners at the country level who see the pressing need for an SLG to address a key HRH problem or set of problems. Such a person could be a ministry of health leader (e.g., human resources management director), an executive director from a nongovernmental organization (NGO) or faith-based organization (FBO), an HRH system strengthening practitioner, or a bilateral or multilateral HRH leader or champion.

It is important to note that "stakeholder leadership group" is meant to be a generic term, and the guidelines can be used by any group at the country level seeking to address HRH (or other) challenges. These groups may be called by a variety of names, including HRH technical working groups, task forces, or steering groups. The WHO favors the term "Observatory," while the Global Health Workforce Alliance (GHWA) uses the term "Country Coordination and Facilitation (CCF)" mechanism. The advice and guidance contained in the SLG guidelines are meant to apply to any of these groups as they work to carry out critical tasks.

The SLG guidelines organize recommendations for forming and sustaining an effective SLG into eight categories in a somewhat linear fashion, although it is likely that several actions may happen at the same time or actions may occur in a different sequence:

- Getting started with a stakeholder leadership group
- Planning and conducting the initial HRH SLG meeting
- Leadership
- Developing and agreeing on key operating procedures
- Ensuring the necessary support
- Using effective communication practices
- Sustaining clear goals
- Planning and monitoring progress.

The Ghana Health Workforce Observatory: A Case Study

Having developed the SLG guidelines, Capacity*Plus*—in collaboration with country-level partners—identified certain countries that could provide an opportunity to apply, document, and strengthen the guidelines based on actual experience. As it turned out, Ghana offered the possibility of utilizing the guidelines as leaders in the Ministry of Health (MOH) and the Ghana Health Workforce Observatory (GHWO) expressed interest in revitalizing the observatory, which had been in existence since 2006 but had grown dormant in recent years. To move their agenda forward, the MOH and GHWO invited Capacity*Plus* to collaborate by providing useful technical assistance over a two-year period to help in the revitalization process. Throughout this overall collaboration, Capacity*Plus* intended to use components from the SLG guidelines in ways that fit the needs of the strengthening process, and to document the observatory work and lessons learned in a way that could prove useful to other countries engaged in similar processes. This case study is the result, and it includes a brief description of the health context in Ghana, background information about the GHWO, a "story" that describes the evolution of the revitalization process, and a section that focuses on lessons learned, challenges, and recommendations.

The GHWO is a critical forum for gathering and sharing HRH information, including updates to HRH policies; changes in health worker training and training institutions; gathering and using health workforce data; and providing leadership for HRH in Ghana. As a methodological note, it is important to emphasize that the goal of this work has been to facilitate its revitalization in the most effective and helpful way possible and to use the SLG guidelines as appropriate in pursuit of this goal. This is how guidelines like these should be used in the field. As such, the guidelines were not introduced to the entire observatory nor was there a training of trainers for all GHWO members. Instead, the guidelines were shared with and adapted for use by observatory leaders in the design and implementation of different processes as will be described in this case study. Moreover, as this represented the first use of the SLG guidelines in the field in a way that could be followed and documented over time, a primary goal was to determine what lessons could be learned from the process that might have broader applicability. In terms of future use by the GHWO, there are plans to discuss with GHWO leadership whether to offer a more broad-based and explicit training in the guidelines for *all* members so that the observatory (and similar

groups that members might be a part of) can sustain effective group processes and results once project support has ended.

Overview of the Health Sector in Ghana

Like many countries in sub-Saharan Africa, Ghana is facing a human resources for health crisis that is compounded by low health worker density and high overall patient mortality. Though Ghana has made significant gains in reducing maternal mortality and morbidity, progress has recently leveled off, endangering attainment of Millennium Development Goals (MDGs) 4 and 5. Attended delivery rates have improved steadily to around 40% nationally. The level of under-five mortality is 85 per 1,000 births according to the 2008 Ghana Demographic and Health Survey (DHS), a decrease from 110 per 1,000 births in 2003. While total fertility rates are declining, modern contraceptive prevalence rates are not rising as fast as expected. Malaria and HIV/AIDS continue to be significant health burdens for the country (GSS, GHS, and ICF Macro 2008; GSS, NMIMR, and ORC Macro 2004; Marsden and Wilson 2011).

The Ghana health system is made up of partners and agencies of the MOH who work together to support the Ghanaian health workforce to deliver quality health services. The agencies include service agencies, regulatory bodies, and training institutions. The service agencies are made up of public, private, and traditional health sectors, quasi-government institutions, and other health-related sectors. The public agencies that provide services include the Ghana Health Service (GHS), the Christian Health Association of Ghana (CHAG), three teaching hospitals, three psychiatric hospitals, and the National Ambulance Service. The structure of the Ghana Health Service consists of national, regional, district, sub-district, and community health systems and is built on the primary health care system. The MOH is the government organization with oversight of the health sector. It is responsible for policy formulation, monitoring and evaluation of performance, and mobilization of resources for health sector development.

Ghana's academic and health training institutions produce health professionals with skills approaching high international standards; however, the volume and types of health workers produced are presently not keeping up with population growth or the major health priorities of the country, especially those related to the MDG targets. In addition, there are significant clusters of health workers in urban areas while there is a critical shortage of key skills in remote rural areas, particularly in northern Ghana, where pockets of especially poor health exist (Marsden and Wilson 2011).

The Ghana Health Workforce Observatory

The Ghana Health Workforce Observatory formed in 2006 as part of a larger effort to build an African regional HRH observatory system—and is the longest-standing observatory in sub-Saharan Africa. The WHO initiated the observatory concept, with support from a number of donors including the World Bank and USAID/Ghana, as a useful mechanism to address current HRH issues in Africa and in other regions. The Africa Health Workforce Observatory's mission is to support actions that address urgent HRH challenges through promoting, developing, and

sustaining a firm knowledge base for HRH information that is founded on solid and updated HRH information, reliable analysis, and effective use at subnational, national, and regional levels (AHWO 2010).

The Ghana Health Workforce Observatory's original purpose aligned with this mission and included an advisory and policy committee that provided overarching policy guidance; technical committees that offered technical inputs into the main outputs of the observatory; a national focal person; and a secretariat.

After its formation, the GHWO worked to contribute to the reduction of the "brain drain" of Ghanaian health workers migrating to other countries by recommending and supporting interventions such as improving salaries for health workers, procuring cars and housing for health workers in remote areas, scaling up preservice and specialist training in-country, and introducing a system of career progression for all professional groups. The GHWO also implemented a system of Internet registration and attraction of health professionals from both inside and outside of Ghana, and developed policies on staff recruitment, staff placement, and internships, among others.

Despite its previous successes in addressing these key HRH issues, the GHWO became dormant in 2008 for several reasons (Appiah-Denkyira 2011). Key staff left for training overseas and thus were no longer available to support the secretariat and observatory functions. The observatory's national focal person and key champions who had been instrumental in the design of the original GHWO initiatives transferred from their posts or took new positions. In their absence, fewer observatory meetings occurred, the GHWO website grew outdated, and a lack of clarity resulted about the overall role of the observatory to support HRH strengthening activities. The GHWO also had—in effect—become de-linked from other formal systems and mechanisms that were in place regarding health policy, planning, and implementation, including policy development in the MOH. A lack of funds contributed to a lapse in the operation of the observatory (e.g., inadequate funding to support organizing and implementing meetings). Periodic meetings among HRH stakeholders were still held but were not associated with the observatory.

Revitalizing the Observatory

By 2010, the MOH and USAID/Ghana began to discuss ways to reinvigorate the operations of the GHWO. As a result of this renewed interest, Capacity*Plus* was asked to review the observatory's status as part of a health worker preservice education (PSE) assessment that it carried out in November 2010. As part of describing the PSE gaps, the final report highlighted the need for an operational observatory to address issues identified in the assessment. The assessment reaffirmed that the observatory could be "further strengthened through the establishment of action-oriented technical working groups (subcommittees) with a given mandate to tackle key HRH issues, with clearly defined and measureable milestones and targets" (Marsden and Wilson 2011). It is important to note that the PSE assessment's initial findings developed during the field visit were shared with and taken on board by the observatory (during a formal meeting of the GHWO advisory committee chaired by the deputy minister of health),

and this further underscored high-level buy-in and commitment to revitalizing the GHWO and strengthening HRH leadership, partnership, and collaboration from the outset.

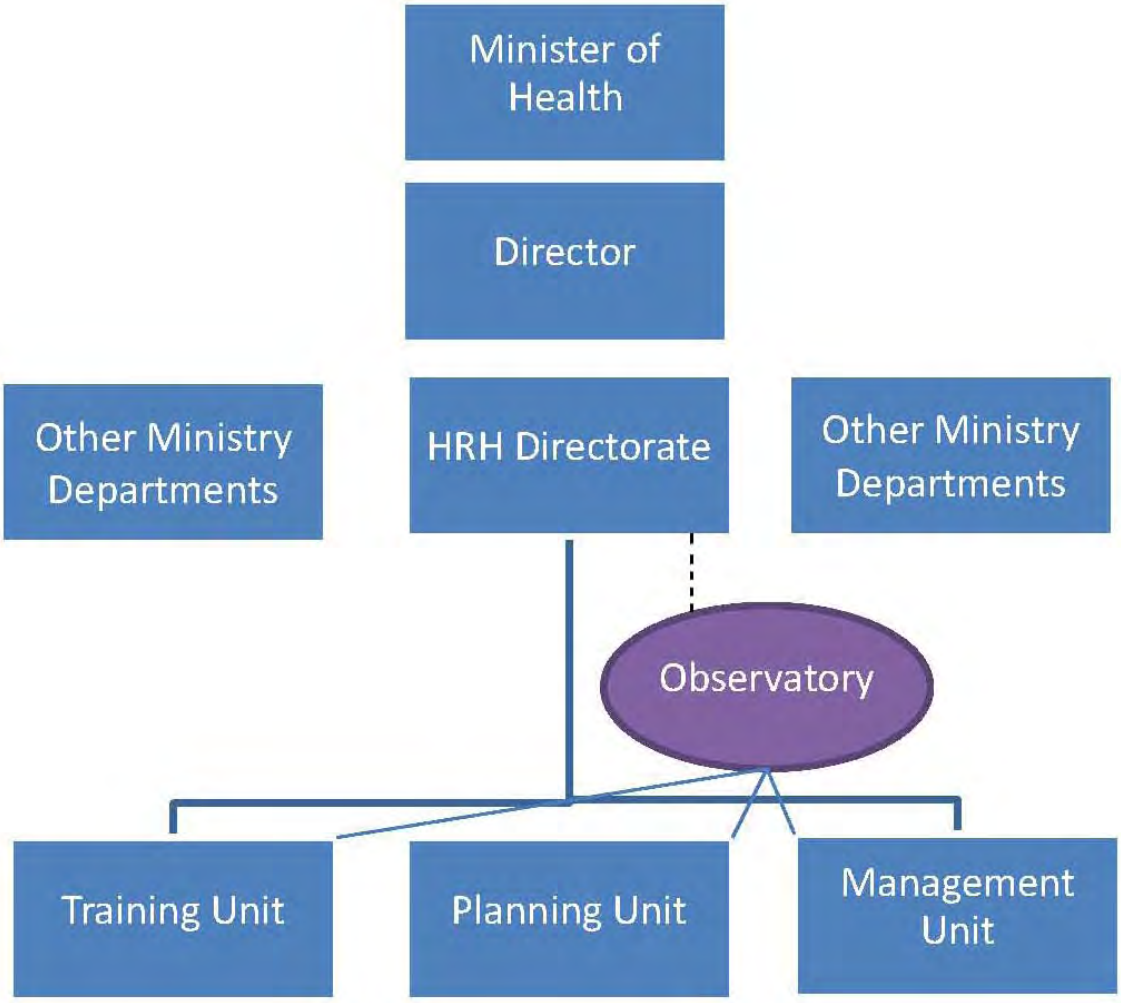
In March 2011, Ghanaian HRH leaders began the revitalization process by holding a series of meetings to review and refine the observatory functions. These meetings included a broad range of HRH stakeholders as well as the WHO. Using the section of the SLG guidelines, "Planning and Conducting the Initial HRH Stakeholder Leadership Group Meeting," Capacity*Plus* supported the planning and facilitation of the initial meeting as well as subsequent meetings. Taking advice from the guidelines about the importance of follow-up, GHWO leaders worked to support communication between meetings to promote transparency and provide a sense of ongoing progress. The observatory leaders also used the guidelines—particularly the sections "Running Effective Meetings" and "Using Effective Communication Practices"—in order to support their own facilitation of meetings and communication between meetings.

Cognizant of the challenges facing the observatory in previous years, the work focused on initiating a series of collaborative efforts to set meeting agendas, refine the mandate of the observatory, redefine roles and responsibilities of observatory committees and staff, and improve communication among observatory members (all of which are defined as part of the SLG guidelines section, "Developing and Agreeing on Key Operating Procedures"). The MOH and Ghana Health Service, as well as USAID/Ghana, wanted to ensure that the revitalized observatory had strong stakeholder and ministerial commitment, adequate funds to support its work, and had been customized to the Ghana HRH situation.

One of the first steps involved revising the *Objectives and Functions of the Ghana Health Workforce Observatory* to better reflect the current situation. Overall, the observatory described its mandate as supporting the vision for the Ghana health sector, which in turn has the following three aims: to produce an appropriate mix and adequate number of well-trained health workers who are equitably distributed throughout Ghana; to ensure equal access to improved health care to all Ghanaians; and to meet the Millennium Development Goals.

Given these three aims as context, the observatory mandate is to support the Ghana health sector's vision by producing "data and advice to help the Government of Ghana set direction for the country's health workforce in the areas of scaling up, distribution, production, and financing." Figure 1 illustrates how the observatory fits within the overall MOH schema. It is meant to be the mechanism that helps bring a broad range of stakeholders together to provide cross-cutting HRH analysis, advice, and advocacy that might be used by a range of HRH leaders beyond the MOH as well as by the training, planning, and management units within the MOH.

Figure 1: Position of Ghana Health Workforce Observatory within Ministry of Health Schema



In terms of its formal place within the MOH, the diagram shows that the observatory is under the auspices of the director of the HRH Directorate (HRHD) in the MOH and supports the functions of the three units under the HRH Directorate. These units, in turn, support the MOH in general. Top leadership has direct input into the observatory through an advisory committee (described below).

Given this context and relationship to the MOH, the main objectives of the observatory are to support the MOH to:

- Strengthen stewardship and regulation capacity of the Ghana health workforce
- Mobilize resources and technical support to promote evidence-based HRH policy-making
- Provide a knowledge base and increase capacity for effective use of HRH data

- Increase capacity to monitor, evaluate, and respond to the current human resources situation and emerging human resources trends in the Ghana health sector
- Support policy dialogue to facilitate sharing experiences among HRH data producers and consumers
- Advocate for an improved health workforce in Ghana.

To carry out these objectives, the GHWO includes various committees. The advisory committee's role is to provide overarching policy guidance for the observatory and advocate for HRH at the national and international levels. Composed of high-level stakeholders, the advisory committee is chaired by the deputy minister of the MOH and includes 25 permanent members who are senior officials from various ministerial agencies and senior representatives from civil service, health training schools, CHAG, various regulatory bodies, the private sector, nongovernmental organizations, and development partners such as the World Bank, USAID, and the WHO. The advisory committee meets once or twice per year to discuss overall health policy issues across various ministries and interest groups as well as donors. The advisory meetings are a way for the MOH to get buy-in for major health initiatives and programs that require support from various ministries, associations, training institutions, and regulatory bodies. In addition to the advisory committee, the observatory includes several technical committees that focus on specific HRH activities.

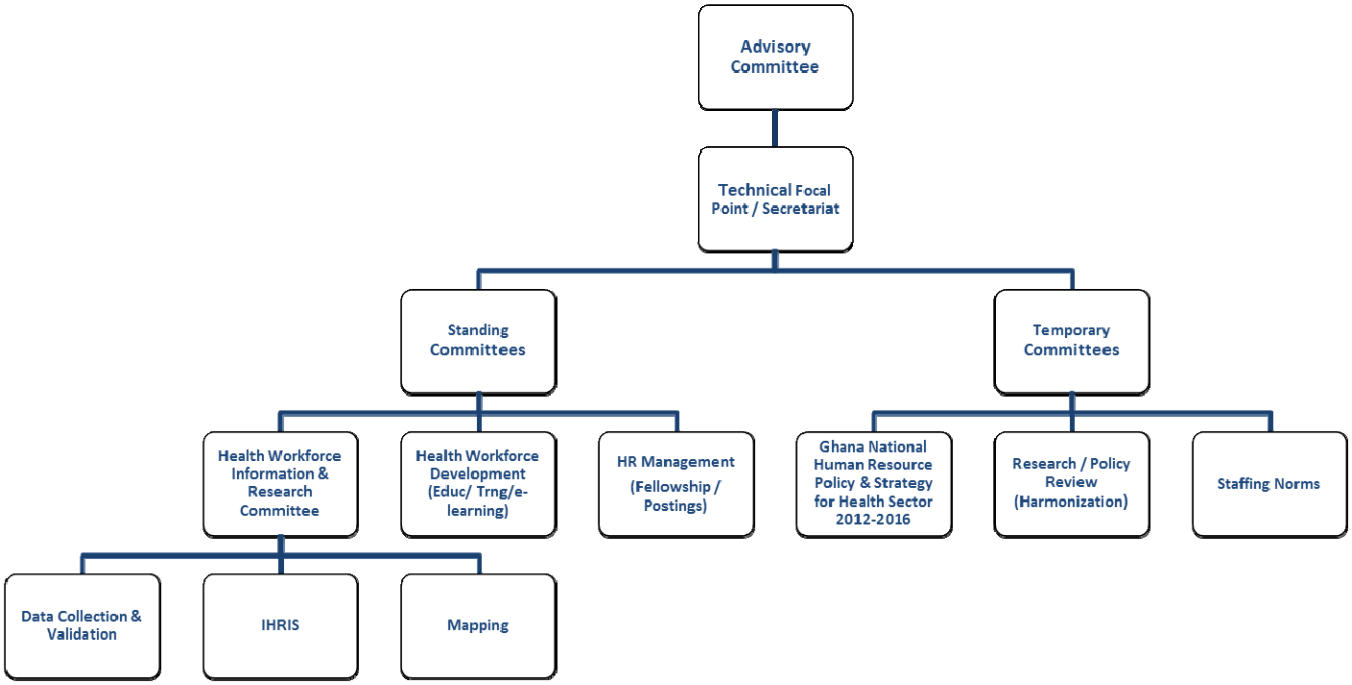
There are two mechanisms intended to support committee work. An observatory technical focal point is responsible for planning and coordinating committee functions, and an observatory secretariat provides operational, logistic, and administrative support to the advisory committee, the focal point, and the technical committees. As outlined in the *Objectives and Functions of the Ghana Health Workforce Observatory*, the role of the secretariat includes facilitating the work of the advisory and technical committees; ensuring implementation, management, and utilization of functional health workforce information systems; monitoring the HRH activities of development partners and stakeholders; communicating about observatory activities and HRH issues with stakeholders and partners; mobilizing resources; and undertaking fundraising efforts. In revitalizing the GHWO, the focal point and two staff from the MOH (a programmer and an administrative assistant) joined the secretariat part-time to ensure proper support for the advisory committee and various technical committees (with plans to make them full-time as the observatory became more functional).

It is clear that the strength of a secretariat is critical to the effective functioning of SLGs (Gormley and McCaffery 2011). The secretariat helps the SLG operate effectively and efficiently, providing support to strengthen and sustain the group. Typical functions of a strong secretariat include helping to plan meetings, generating and circulating agendas, keeping meeting notes and noting key agreements, managing information, and keeping an updated list of SLG membership and committee membership that is accessible to others. Many times a secretariat manages an SLG website to facilitate a platform for the transparent sharing of knowledge among members and stakeholders (as such Capacity*Plus* also helped support the development of a new GHWO website). These are very practical and important functions, and there is strong evidence that

SLGs need some sort of secretariat to handle them. If there is no secretariat or similar mechanism available, the SLG may find its sustainability threatened, or it may fail entirely (Gormley and McCaffery 2011).

The organizational chart of the GHWO, including standing and temporary committees, is presented in Figure 2.

Figure 2: Ghana Health Workforce Observatory Organizational Chart



Filling a Gap: Supporting Development of the 2012-2016 Human Resource Policy and Strategy

One of the main drivers for the revitalization of the GHWO was the need for a diverse SLG to draft a new five-year Ghana National Human Resource Policy and Strategy for the Health Sector: 2012–2016. The original drafting committee identified to support the development of the policy included HRH staff from the MOH, Ghana Health Service, teaching hospitals, training schools, CHAG, Nursing and Midwifery Council, Food and Drugs Board, and the Private Health Sector Alliance of Ghana. The drafting group formed concurrently to the work on revitalizing the observatory and represented one of the temporary committees shown in Figure 2 above.

The MOH HRHD director developed and presented terms of reference and a process for the development of the policy and strategy. The drafting committee launched during a meeting chaired by the MOH HRHD director in early March 2011. The process focused on six key stages: information gathering, situational analysis, drafting of the initial document, stakeholder workshops to review the draft document, revisions, and launch of the policy. During the meeting

the HRHD director assigned the three co-chairs of the drafting group (the deputy director of the MOH HRHD and two deputy directors of the Ghana Health Service Human Resources Directorate) and named the members of the drafting committee, many of whom were in attendance. The SLG guidelines helped the MOH HRHD director and the co-chairs of the drafting group to design the process that would be used to bring together the various stakeholders who would be responsible for the development of the policy and strategy. More specifically, using the "Leadership" section of the guidelines enabled the HRHD director to clearly address the challenges, build shared ownership of those challenges and desired outcomes for the launch of the policy, and thoughtfully outline a strategic process for developing the policy and engaging stakeholders. In particular, it proved useful during planning discussions to review the leadership competencies described in the guidelines as well as some of the lessons learned from the Global Fund to Fight AIDS, Tuberculosis and Malaria's Country Coordinating Mechanisms (included in the leadership section). Extracting from this section, it became clearly important to stress engagement, transparency, and a process for building ownership for a strategic process.

The official launch resulted in an agreement for the drafting group to review and concur on the detailed scope of work and to clarify specific roles, responsibilities, and timelines for completing the document. The HRHD director requested that Capacity*Plus* facilitate the start-up planning meeting held at the WHO offices that included co-chairs and 15 members of the drafting committee. During the meeting, the drafting committee reviewed and clarified the proposed terms of reference and process, agreed on specific activities to be undertaken, clarified roles and responsibilities, identified support needed from the observatory secretariat, and agreed on a timeline for having the document ready for release.

Together with the HRHD director and co-chairs, a start-up meeting was designed using the SLG guidelines. As suggested in the section "Planning and Conducting the Initial Meeting," the group designed the meeting to provide ample time for the drafting committee to "review and refine or recast the goals and members of the committee" and "discuss and obtain agreement on key operation procedures." Facilitation support was also provided to the drafting committee leaders during the initial meeting (and follow-up meetings). As discussed in the SLG guidelines, evidence indicates that failure to be explicit about goals and objectives and failure to establish specific and commonly understood roles and responsibilities are two of the reasons why SLGs underperform. Therefore, addressing objectives and procedures as well as roles and responsibilities is critical in a group's inaugural meeting (or set of meetings).

Demonstrating commitment and initiative, the drafting committee met six times between March and August 2011. Capacity*Plus* provided technical input and helped facilitate five of the six meetings. Four of the meetings took place at the WHO offices in Accra and one four-day meeting was held in Sogakope, Ghana. Noteworthy is the speed with which the group convened and began meeting their milestones for activities as outlined in the terms of reference. Several elements contributed to this momentum, including mandates from the co-chair for participation, a high level of responsibility demonstrated by committee participants (even junior participants), and support from the observatory secretariat.

It is important to note that the secretariat's assistance played a key role in the success of the committee meetings and included supportive actions such as securing meeting venues, providing transportation for participants, and paying meeting expenses. These logistical details often prove to be extremely important to ensure a productive meeting, beginning with the right participants arriving at the right time. Using this as a starting point, developing sound meeting plans and sharing agendas beforehand, and then circulating notes or minutes after meetings with specific next steps and responsibilities contributed to the success of these drafting committee meetings. Carrying out these functions reflected a high level of transparency as well as attention to detail to keep the committee organized and on track in meeting its objectives.

In May 2011, the MOH presented an update on the observatory's work to participants at the Ghana National Health Summit, highlighting the drafting committee's progress on the HR policy and strategy document. Following the four-day meeting in Sogakope in late May, the chairs of the drafting group reported on the progress being made on the new strategy and policy document during a presentation in June to the Health Partners' Group, composed of all donor agencies that have health programs in Ghana. The MOH presented Draft Zero of the Policy and Strategy Framework for review and highlighted the three policy objectives included in the policy: addressing production, distribution, and productivity. Despite some challenges involved with securing time for committee members to work on the policy, obtaining data from the private sector, and ensuring adequate financial support for the work, the drafting team remained very committed to completing the policy on schedule.

Prepared between July and October 2011, the first draft of the Ghana HR Policy and Strategy (2012-2016) included feedback from donors and stakeholders as well as a results framework, which had been suggested by the donor group during the June meeting. In September 2011, however, the donor group requested a delay in the finalization of the policy document, suggesting that the results of a planned staffing norms study would be relevant to and should be included in the policy document. Committee members on the policy drafting committee were also part of the staffing norms committee, and it proved to be impossible to work on both tasks simultaneously. Additional staff turnover in both the MOH and Ghana Health Service also delayed the finalization of the policy document. The final draft of the policy document, now called the National Policy on Human Resources for Health, was distributed for review in May 2013 along with the Human Resources for Health Strategies and Implementation Plan. The two documents are scheduled to be finalized and launched in the summer of 2013.

Development of Additional Observatory Committees

In addition to the drafting committee, terms of reference were drafted for three additional observatory committees: staffing norms, policy review and harmonization, and task-shifting.

The main task of the staffing norms committee is to develop evidence-based staffing norms for the Ghana public health sector workforce, covering all government agencies under the MOH and Ghana Health Service. The expected results of the work include a detailed summary of the current staffing norms that are in place in various institutions in the health sector and a report on the findings of the workload audit with specific recommendations for revised staffing norms.

The review and harmonization of Ministry of Health HR policies committee was also formed. As with the drafting and staffing norms committees, the SLG guidelines supported the leaders in designing a process to develop the terms of reference. At this time the SLG guidelines were provided to the director and deputy director of the MOH HRHD. These meetings focused on moving forward the mandate of the committees, not on training the members in how to use the guidelines. The goal of the harmonization committee is to develop and implement a consistent set of HR policies for all government agencies working under the MOH (i.e., the Ghana Health Service and the teaching universities and institutions).

Observatory Website

Similar to other elements of the GHWO, its website had become dormant over the last several years. In late 2011, MOH IT specialists began weekly calls with members of Capacity*Plus*'s iHRIS team to create a new website that would serve the needs of the observatory and its constituents. A meeting was held in July 2012, chaired by the deputy minister and attended by observatory advisory committee members. During this session, which Capacity*Plus* helped organize and implement, the website was introduced to the observatory members and valuable feedback and suggestions were collected and incorporated into development of the new GHWO site. Capacity*Plus* worked with the MOH to create a site maintenance plan that will allow the MOH to keep the site relevant and active, and a site went live in May 2013 at http://hrhobservatoryghana.org/. An official launch is planned for 2013.

Conclusions—Key Factors Contributing to Ghana Health Workforce Observatory Effectiveness

Revitalizing the GHWO marks a tangible commitment from top-level Ghana Ministry of Health, Ghana Health Service, and other key stakeholders to support a health workforce able to provide quality health care to all Ghanaians. HRH stakeholders have indicated the clear support and need for an observatory as a forum for national health workforce information. Several factors proved crucial to the success of the observatory's revitalization:

- **Commitment**. First, and perhaps most important, is the commitment from stakeholders to actively re-engage with the observatory and lead and participate in the work of the various committees. This commitment—which began from the outset with high-level buy-in during the GHWO advisory board meeting to discuss the PSE assessment results—has been crucial not only to the revitalization of the group but also for the sustainability of an active observatory. The high level of commitment and motivation from observatory members led to the quick formation of the policy and strategy drafting committee and contributed to the speed the committee exhibited in identifying and meeting its targets and goals.

- **Application of the SLG guidelines**. Careful and targeted application of the evidence-based practices described in the Capacity*Plus* SLG guidelines contributed to the observatory's achievements. With guidance and leadership from Capacity*Plus*, the observatory leaders used these recommended practices and tips as a reference and a guide for observatory activities. The SLG guidelines served as the underlying framework to form teams that were

clear about their roles and responsibilities and could function effectively. The observatory was able to focus on ensuring a clear mandate, developing a partnership mentality, and establishing strong communication and leadership from the onset of the revitalization. One example of this is the transparent process used to form various committees (such as the drafting committee) and the clear communication before and after meetings on the committees' progress on activities. By using some of the tools within the SLG guidelines, the committees formed effectively by coming to agreement in a transparent way about goals, roles, operating procedures, and so on.

- **Strong secretariat**. The support and organization of the observatory's secretariat has been another notable factor in the GHWO's revitalization. The secretariat is a critical component to the success of the observatory. Clearly defined roles and responsibilities transparently describe the kinds of support the secretariat is able to provide to the committees and the advisory board. Linked to this, clarity on the secretariat and focal point roles has been an essential success factor in the GHWO's revitalization. In addition, the secretariat has effectively performed the critical operational functions of clearly communicating information in an ongoing way about committee meetings, facilitating meeting logistics, and managing key information in a transparent manner. In a very real way, these kinds of actions provide the "glue" that helps to build momentum over time in an SLG like the GHWO. The secretariat provides an ongoing record of progress and forward movement, and ties stakeholders together by building a foundation of clear information sharing and transparency.

- **Stakeholder engagement**. Another success factor has been the leadership of key external stakeholders such as the WHO and USAID, which helped to support the quick move from dormancy to an active observatory. These stakeholders provided support such as funding technical assistance to help strengthen overall observatory operations, offering meeting space for the various committees, and providing support to facilitate stakeholder meetings.

Lessons Learned, Challenges, and Recommendations for Using the Stakeholder Leadership Group Guidelines

The revitalization of the Ghana observatory has faced many critical challenges, and the situation continues to evolve. The MOH appointed a new HRHD director earlier in 2013, and he officially took up his position in June 2013. In July 2013, a meeting was held to discuss the role and functions of the observatory. During the conversation, the group reviewed progress and issues and discussed the status of the staffing norms study that donors had suggested be conducted before finalization of the policy document. The MOH, including the GHS, completed a review of staffing norms in several areas of the country in 2012 and are waiting for the WHO to complete another portion of the review. This has turned into a much longer process than anticipated. During the meeting with the new HRHD director in July 2013, the director expressed an interest in moving forward on the staffing norms. The consultant, director, and observatory team immediately spent an hour developing a detailed workplan to complete the staffing norms study over the next 12-14 months. During the discussion, the observatory team requested that they be able to build their capacity by developing the skills to design and conduct such a

meeting in the future. The director, observatory team, and consultant agreed that the observatory staff would participate in a training of trainers' session based on the SLG guidelines in the near future. Overall, there are lessons learned and recommendations that can be extracted from the Ghana experience that may be applicable for using SLG guidelines in other countries:

1. **Carefully assess and prioritize all responsibilities of SLG members or potential members to make certain there are enough members with sufficient time to fulfill responsibilities; or scale back the scope of the observatory's mandate and activities to align with available member time commitments.**

   Despite high levels of commitment, competing priorities among GHWO members remain one of the largest challenges. GHWO members—all of whom have a myriad of other responsibilities in addition to their observatory role—are often simply stretched too thin. In addition, it is difficult for the secretariat to keep up with the work that needs to be done as they, too, have other tasks they are called upon to perform. To complicate matters a bit more, many members serve on various observatory committees, limiting their ability to achieve the outcomes for each of their respective committees in a timely manner. This became evident when the observatory appointed a committee to look at staffing norms. Committee members supporting the HRH policy and strategy had to put the policy document on hold to satisfy the needs of the staffing norms committee. Instead of these committees working simultaneously, the competing priorities caused a significant delay in the timeline for finalizing the HR policy and strategy because a core number of people were members of both committees. Though overlap brings synergies for the respective committees, it highlights the reality that there are too few HRH experts and an insufficient number of staff to support the HRH needs of the observatory (and this of course affects other health sector HR needs).

   In general, given that SLG members have a "home" organization like the MOH and thus have other responsibilities, it is critical to weigh and measure the total workload of each member, and then determine a realistic mandate and activity level for the observatory, or solicit new members (although this may be difficult given the shortage of senior HR personnel). In terms of the secretariat, it is also helpful when defined roles and responsibilities are clearly assigned to key point positions and are institutionalized as part of their substantive job functions/duties, and not seen as an add-on or administrative burden.

2. **Ensure at least a working level of financial resources and physical space to support SLG operations.**

   The observatory work in Ghana faced a number of frustrating resource challenges that either impeded progress or made the work difficult. For example, unreliable Internet service, poor mobile and phone communications, and cramped office space for observatory secretariat staff members have all been factors leading to a less productive work environment for dedicated staff. The lack of meeting space for committee meetings has been another

constraint faced by the observatory. Sufficient financing for committee meetings, staff salaries, the observatory website, and other operational costs associated with supporting the observatory has been and continues to be a challenge, especially given the competition for funding among health system priorities.

In general, individual resource issues like the examples from Ghana do not represent critical bottlenecks by themselves, yet they have a significant impact when they are all in play. In most low-income countries, it is a fact that resources are scarce, and there are multiple demands on the limited resources that are available. These kinds of resource issues often do not seem important enough at the beginning or in planning stages to receive appropriate attention, as it is more interesting for stakeholders to consider the SLG's vision, mandate, and overall strategy. The initial meetings are often well attended, participation is optimized, and there is enthusiasm for the path forward.

However, it is often these small details of SLG support over time that impede progress or slow things to a halt—for example, continued meeting space, website inputs, secretariat functions involved with planning and following up meetings, and so on. Thus, it is critical at the outset for the MOH to see these details as high priority and seek appropriate—if modest—levels of support from the beginning. Working with other government SLG partners (like the Ministry of Education) or nongovernment stakeholders (like an FBO network) to address resource challenges, such as identifying available meeting or secretariat space, is a noteworthy suggestion. While it might not be ideal, space outside the MOH can be used in creative ways to get around initial space issues. Donors might also be solicited to provide specific initial support for mechanisms that will help SLGs be successful and ensure sustainability and country ownership. For example, funding for a particular secretariat function could be supplied to get things started with an understanding that the appropriate government unit would take over funding within an agreed-upon time frame. It is important to think ahead and troubleshoot if possible about how resource limitations could hinder the progress of the SLG, and work with the range of partners to collaboratively develop ways to address the resource issues.

3. **Make sure there is a mechanism in place to track progress against benchmarks and hold each other accountable.**

This is a very important recommendation that links to a critical lesson that has been reinforced in the Ghana case. Though its monitoring and accountability role is clearly defined in the observatory brochure, the high-level advisory committee meets very infrequently, usually only annually. This results in a variety of issues. For example, there appears to be unclear coordination of the various committees. This, in turn, results in inadequate monitoring of committee deadlines, which then impedes capacity to hold each other accountable in taking action to meet milestones and deadlines. Although there is evidence in the SLG guidelines that indicates that observatory committee members need specific goals and benchmarks to work toward, in the Ghana case the advisory committee is not holding the various committees accountable for their outputs. Despite the high level of

engagement at the committee level, this lack of mutual accountability is likely to cause problems in the long run.

While it is theoretically possible to have such a high-level committee be responsible for coordination, monitoring, and accountability, perhaps the lesson learned here is that this is not an appropriate role for a group this senior that can only meet once a year or so. It may be that their role should focus on policy and advocacy, and that there needs to be a different, more everyday, mechanism within the observatory responsible for more operational coordination and monitoring. In general, this function could reside in the SLG chair or co-chairs, or some smaller leadership committee, with the secretariat providing support and information to make these processes work effectively.

4. **Take extraordinary measures to be as inclusive as possible, especially with nongovernment stakeholders who could contribute to HRH solutions.**

Setting up an SLG offers the opportunity to seek out and include a range of stakeholders who may not have been traditionally included in government-led health sector deliberations. In some cases, these may be faith-based networks, or a series of NGOs, or private-sector providers. In Ghana, the challenge was to create sustained engagement between government and private stakeholders who deliver services to the health sector and who could provide valuable support to the observatory. As in many countries in the region, the government and the private sector do not always connect in substantive ways, which represents a missed opportunity. For example, the policy and strategy drafting committee tried to get the Private Health Sector Alliance of Ghana to provide support and input into drafting the guidelines. However, the Private Health Sector Alliance sent someone different to each of the committee meetings and failed to follow up with the drafting committee in supplying requested information and documents. This disengagement represented a missed opportunity to create multisector synergy.

It is not uncommon for there to be issues around involvement and follow-through when new SLGs are formed or new types of members are included. When people from different types of organizations or sectors are put together and they are not used to working in cooperative ways, it sometimes takes extraordinary measures to make things work. For example, it may take a visit to a key network office to solicit membership and input. It might be appropriate to appoint as co-chair a nontraditional HRH contributor. It will take a dedicated approach to facilitating and integrating input as well as sharing decisions and being transparent about results. This kind of approach will communicate to all members that they are being taken seriously, and that the observatory is an inclusive body that will produce positive results to address HRH challenges across the sector.

Toward Sustainable Stakeholder Leadership Groups

Starting, strengthening, or sustaining an SLG like the GHWO is a dynamic process, and progress is not always steady and predictable. Indeed, it tends to happen in spurts as SLGs work within the context of inadequate numbers of HRH leaders, scarce resources, and changing priorities. Personnel shifts within the MOH and related organizations can result in key observatory leaders moving into different roles, and there is often a lag in progress until they are replaced. Support for an SLG secretariat can dry up, and this can disrupt SLG functions. To a certain extent, both of these challenges have recently occurred in Ghana and have had an impact on observatory operations. The observatory continues to move forward, but attention has been paid to replacing key people and continuing to provide support to the secretariat.

In order to sustain an SLG, it cannot be emphasized enough how important it is to pay particular attention to the success factors and the lessons learned in this case study—especially the factors related to ensuring that top-level leadership is committed to the observatory concept, aligning the mandate and operations of the observatory with available HRH leaders who can actually carry out functions, and supporting a viable secretariat.

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