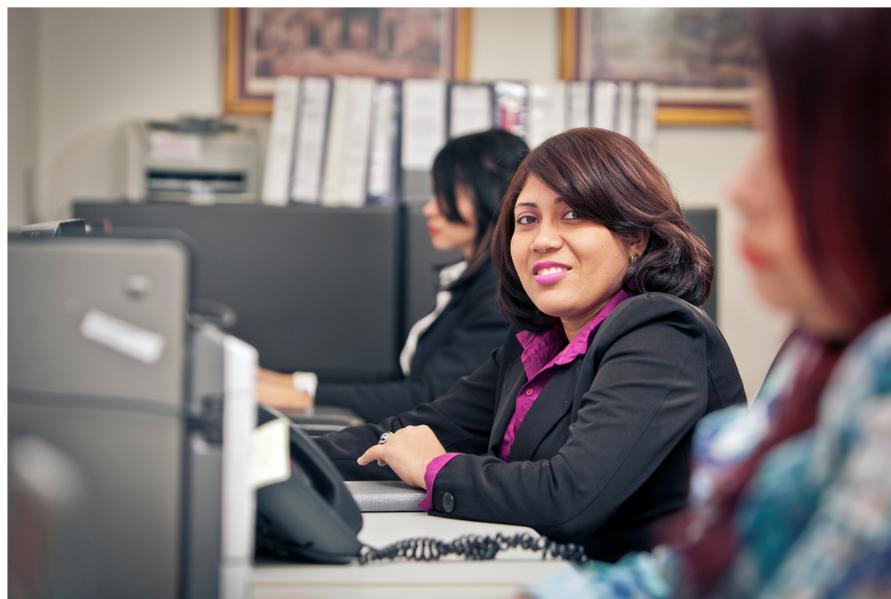


Building Human Resources for Health Governance and Leadership Capacity at the Country Level: Approaches, Results, and Recommendations

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Introduction

The first Global Health Workforce Alliance (GHWA) Forum in 2006 launched a global effort to ensure that all countries have the health workforce necessary to meet the health needs of their citizens. As awareness of the human resources for health (HRH) crisis grew, and systems thinking became more pronounced in the health sector, the need for more strategic leadership at all levels of the health system became apparent. Without strong systems to support hiring and retaining the right people with the right knowledge and skills in the right places, the health system does not perform effectively, resulting in demotivated health workers, inadequate access to services, and ultimately, poor health outcomes.

Over the last six years, the global HRH community has faced significant challenges such as the restructuring of the World Health Organization and reduction in its funding and changes in the governance of GHWA. USAID, through its investment in the CapacityPlus project, has been a consistent leader in the HRH field during this time. Given the parameters of its budget, CapacityPlus used three leadership approaches to develop HRH governance and leadership capacity.

Methods/Approaches

Examples of CapacityPlus's approaches to these three types of leadership at the country level include:

- 1. Thought leadership:** Developing capacity of health sector managers to provide strategic leadership through a professional development program implemented at national, regional, and facility levels
- 2. Community leadership:** Collaborating with and strengthening national stakeholder leadership groups that address HRH systems issues
- 3. Implementing for results leadership:** Providing technical support to HR professionals as they learn through experience how to design and implement interventions to improve health workforce performance.

Results

CapacityPlus applied all three approaches to varying degrees in developing HRH governance and leadership capacity. The following table presents a summary of the results and outputs achieved in a few key countries: Dominican Republic, Ghana, Nigeria, and Uganda.

Summary of HRH governance and leadership capacity-building results and outputs at the country level

Country	Results, Outputs
Dominican Republic	<ul style="list-style-type: none"> • HRH situational analysis completed • HRH strategic and operational plans developed • Health Career Law passed • Over \$6 million recovered from purging the payroll of ghost workers reinvested in hiring health workers and covering other health care costs to improve quality of services • Improved recruitment process due to clear, standard job descriptions and hiring requirements leading to better qualified health workers • Performance management system developed and piloted in one region • Establishment of staffing norms underway using the Workload Indicators of Staffing Need methodology to begin to address inequity of health worker distribution • HRH managers who are capable of training new HR managers at facility level and performing more strategic functions in addition to their administrative duties • Clarity of roles and responsibilities of HR departments in the newly decentralized health system • Introduction of supportive supervision processes in ten priority hospitals
Ghana	<ul style="list-style-type: none"> • Ghana Health Workforce Observatory revitalized • Update Ghana Health Workforce Observatory website launched as part of revitalization process • HRH policy, strategic plan, and implementation plan completed • HR Management Assessment Approach adapted for Christian Health Association of Ghana use to assess HR system status at facility level, used in 27 facilities so far • Over 19,000 public and faith-based sector health worker records captured in Ghana's iHRIS Manage system, which is used to inform decision-making at the facility, regional, and national levels
Nigeria	<ul style="list-style-type: none"> • HRH situational analyses completed in six states, adapted by the state ministries of health, and used to develop HRH plans aligned with each State Strategic Health Development Plan • Establishment of key State Ministry of Health-led HRH technical working groups
Uganda	<ul style="list-style-type: none"> • 17 districts participated in HRH professional development program in leadership and management • Positive changes exhibited by graduates of program (e.g., district team addressing prevalence of "acting" positions by introducing a rapid promotion initiative, resulting in increased motivation among health workers) • HRH Technical Working Group revitalized • HRH information systems (HRHIS) group action and strategic plans currently under implementation, resulting in expansion of HRHIS in nearly all districts, use of HRHIS by training schools to track students, and Ministry of Health assuming helpdesk responsibilities for HRHIS technical issues

Conclusions

- A well-run leadership and management professional development program can stimulate and support a shift in the role of HR managers to strategic leadership and governance.
- Stakeholder leadership groups work best when stakeholders who are most affected by a critical issue and/or can provide valuable insight into how to address it are convened to create a collective response that could not have been developed or implemented by individual stakeholders.
- Rather than building capacity to sustain longer-term HRH stakeholder leadership groups, it may be more practical to establish a looser network of stakeholders from which to convene shorter-term groups to work on specific issues.
- To realize the potential impact of capacity development of HR managers, interventions need to be expanded to cover district and facility levels where they have the greatest potential to directly influence service delivery quality.
- Global technical working groups can provide a valuable forum to share experience; support action through advocacy; and develop, disseminate, and catalyze larger-scale application of useful tools and approaches, when the groups are closely linked to practice in the field.