

## Global Partnerships: Strengthening Human Resources for Health Approaches Together

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### Introduction

Given the magnitude and complexity of human resources for health (HRH) challenges, solutions require multi-institutional and cross-sectoral collaboration and information-sharing. This means HRH leaders and practitioners must think and intervene more holistically, transcend traditional organizational boundaries and actively contribute to global, regional and country alliances as everyday aspects of HRH work.

Forming global partnerships is now widely accepted as essential. According to the UK Department for International Development (DFID), there are over 40 bilateral donors, 26 UN agencies, 20 global and regional funds and 90 global health initiatives (DFID, 2007). Add to this number the many foundations and nongovernmental organizations (NGOs), some of which are well funded and becoming increasingly important to health care delivery in low-income countries. At the country level, ministries of health are at risk of being overwhelmed by the numbers of funders, organizations and project activities. This raises the issue of how to avoid duplication of efforts or unnecessary confusion in the landscape of HRH assistance.

From the outset, the Capacity Project committed itself to global partnerships with three strategic purposes in mind:

- Reaching out to other global, regional and national entities to learn what is being planned and implemented so as to avoid duplication of efforts or unnecessary confusion in HRH approaches and application of tools
- Bringing greater synergy to resolving complex problems
- Strengthening HRH initiatives through effective knowledge-sharing at all levels—globally, regionally and nationally.

This brief provides a retrospective view of the Project's contributions and recommendations in the area of global partnering.

### Synergy and Resources to Address Complex Problems

#### The HRH Action Framework (HAF)

Not long after the Joint Learning Initiative (JLI) issued its 2004 call to action, the Capacity Project

began its Year 1 activities. The JLI offered a fertile field for expanding the Project's global partnership base. USAID and Project leaders provided a short introductory concept paper to key stakeholders who had been active in JLI with the aim of laying a foundation for substantive dialogue. Ensuing discussions produced an agreement to collaboratively plan a stakeholder leadership meeting aimed at developing a shared approach to HRH strengthening that could be used globally and at the country level. This meeting, held in December 2005, included a broad range of global and national partners and launched work to develop the HAF, a powerful tool and set of resources to deal with HRH issues at the country level.

As part of this partnership, the Capacity Project played a key role in refining the HAF, building it into a website and sharing and applying it at the country level. The HAF website was developed as an initiative of the Global Health Workforce Alliance (GHWA), and USAID, GHWA and the World Health Organization (WHO) committed funding for initial country applications. The 2006 WHO World Health Report featured the draft HAF and development process in the chapter, "Working Together, Within and Across Countries" (WHO, 2006).

In May 2009, the Project, WHO and GHWA organized a HAF "Taking Stock" workshop. Though small in scope, this workshop illustrated the value of global partnerships and generated a strong set of outputs, including lessons on how the HAF has been used, ideas on how to better support in-country application and an action plan to expand the network of HAF users. The leveraging of joint resources based on long-term partner relationships allowed this workshop to be as effective as it was.

#### Regional Workshops

*HRH Action Workshops.* The Project also built on the JLI's Call to Action by hosting two regional HRH Action Workshops to facilitate the exchange of knowledge and best practices in planning, developing and supporting the health workforce. USAID and the United Nations Development Program/Southern Africa Capacity Initiative cosponsored the first, held in Johannesburg in 2006, with 38 HRH leaders from 11 countries



*"Global forces and global actors—among them, transnational NGOs, development partners and international agencies, and multilateral institutions—all play a role. Yet by working together, national and international actors can harness the power of global flows of resources—particularly knowledge, people, and financing—to strengthen national health workforces and promote global health equity."*

— Joint Learning Initiative 2004  
Call to Action

*The HRH Action Framework is available in English, French and Spanish at [www.capacityproject.org/framework](http://www.capacityproject.org/framework)*

## The HRH Action Workshops helped to:

- Expand the number of country-level HRH champions
- Create a network of HRH practitioners in the region, resulting in CDs and publications capturing working group reports on current HRH topics
- Foster a shared understanding of the current “state of play” regarding HRH issues in the region
- Provide guidance for those in Africa who wish to network and learn across countries and for those internationally who are looking for specific actions that could be supported by donors or technical cooperation.

To learn more about the Project’s HRIS strengthening process and Open Source iHRIS software suite, visit [www.capacityproject.org/hris/suite](http://www.capacityproject.org/hris/suite)

(Capacity Project, 2006). The second, held in Ghana in 2007, represented a collaborative effort of the West African Health Organization, WHO/Regional Office for Africa (AFRO), GHWA, the Capacity Project and USAID. Forty-five participants representing 24 countries in Africa attended the five-day workshop (Adano and McCaffery, 2007). Almost all of the participants in the two workshops were senior HR directors or practitioners working at the operational level within the Ministry of Health in their respective countries.

*Africa Health Workforce Observatory.* In 2006, the Project joined the East, Central and Southern Africa (ECSA) Health Community—along with WHO and the World Bank—to sponsor the Africa Health Workforce Observatory Conference in Arusha, Tanzania. This workshop brought together over 90 participants from 14 countries to collectively discuss and identify key health workforce policy issues, information and monitoring systems, including indicators and methods for sharing data and methods for health workforce supply and demand analysis. The Africa Health Workforce Observatory is proposed as a cooperative network initiative among countries in the region to serve as a mechanism for promoting health and health workforce policy dialogue, information-sharing and partnerships to strengthen health workforce systems and HRH policy development.

### Partnering for eHealth

In December 2007, the Project hosted meetings to advance a global conversation about health workforce information and routine human resources information systems (HRIS). These meetings brought global HRH experts together to help guide the development of the Project’s Open Source workforce planning software. The Project then participated in the Rockefeller Foundation’s month-long series of meetings in 2008 in Bellagio, Italy, which resulted in the Bellagio eHealth Call to Action. Since this Call to Action, the Project has partnered with WHO, Health Metrics Network, the World Bank and other information domain leaders to develop leading models of health information architecture and interoperability. Harmonizing with other global eHealth efforts realized efficiencies and leveraged opportunities to address standards development, capacity-building, stakeholder leadership, infrastructure strengthening and other common needs.

With ECSA, the Project cosponsored the Regional Meeting on Human Resources Information Systems: Taking Stock, Sharing Lessons and Setting the Agenda for the Future, in April 2009, in Arusha. Fifty-eight participants from ten countries and five partner organizations (WHO, WHO/AFRO, Center for Disease Control/Kenya, the Health Metrics Network, Liverpool Associates in Tropical Health) in addition to the Project and ECSA Health Community attended. The conference enhanced participants’ understanding of HRIS strengthening;

provided insights based on success stories on how to implement HRIS, HRH and health workforce observatories; presented opportunities to experience and interact with the Project’s iHRIS Suite; equipped participants with practical skills on how to implement HRIS and HRH; and outlined strategies and action plans for HRIS sustainability in ten countries (Capacity Project, 2009).

### Knowledge-Sharing

Responsive, user-centric knowledge-sharing enables partners to work together effectively, demonstrate trust and interdependence and help ensure that HRH programs and policy decisions are based on accurate information and adequate evidence. The Project implemented several initiatives to promote knowledge-sharing to support global, regional and national HRH partnerships.

#### The HRH Global Resource Center (GRC)

In 2006, the Project launched the HRH GRC ([hrhresourcecenter.org](http://hrhresourcecenter.org)), an online digital library of HRH resources designed to foster a global exchange of evidence, tools and innovations among HRH practitioners, with a specific focus on country-level HR practitioners—for example, those in ministries of health responsible for HR decision-making or HR departments. Featuring personalized librarian support, the GRC is designed to build HRH practitioners’ capacity to make more informed decisions and to expand their networking opportunities. The GRC has been used to design important country-level initiatives, including HRH policy and a national training plan in Southern Sudan, a community health initiative in Bangladesh and a hiring plan to staff an AIDS relief agency in Haiti.

#### Connecting Faith-Based Organizations (FBOs)

The Project’s effort to build national HRH capacity of FBOs throughout sub-Saharan Africa provides another example of strengthening knowledge-sharing among partners. In 2006, with Medicus Mundi International, the Project sponsored a Christian Health Association (CHA) forum in Kenya attended by 34 participants from ten countries. The forum established a CHA Technical Working Group (TWG), initially representing CHAs from eight countries, with membership later expanding to 12 countries. The TWG established a monthly newsletter, *Hotline HRH*, to keep member organizations apprised of promising practices and recent study results; and established a web portal to share HRH information across countries.

### The Individual’s Role in Global Partnerships

The Capacity Project’s work confirmed that successful partnerships start with individuals. In each example of partnership-building cited in this brief, there is a “back story” about the individuals who worked together to plan, prepare and conduct the various events and

activities. Bringing together 50–90 participants from multiple countries is not easy, especially when several organizations are jointly managing not only the workshop or meeting agenda, but also stakeholder input, participant selection, travel arrangements, facility preparation and logistics and materials development.

The literature on partnering in the international development field stresses the importance of continuous commitment and good governance from top leaders; clearly delineated roles and responsibilities; accountability; clear agreements on how partners will work together; and harmonized procedures and practices that avoid duplication and waste (Bell and Stokes, 2001; Buse, 2004; Global Alliance for Vaccines and Immunizations, 2005; Caines et al., 2004; Gormley and Guyer–Miller, 2006; Overseas Development Institute, 2007). However, there is little written about the individual behaviors that stand out as important factors of success on the front lines of global partnerships—the people from different organizations who meet, telephone and e-mail, often over several months, to make a specific event or activity succeed.

The following seven attributes are key factors that contribute to individuals' (and organizations') success in making a global partnership work:

- 1. Build trust.** Recognize that trust builds over time. Be reasonably transparent with partners, and demonstrate that they can count on you to follow through and do what you say you will to prepare for and carry out next steps. Once trust is compromised, it is difficult to gain back.
- 2. Be present.** Demonstrate good teamwork by being energetic and easy to work with. Appreciate and acknowledge the contributions that others are making to the team's progress.
- 3. Foster face-to-face relationships.** Participate actively and strategically in key international workshops and meetings. Serve on committees and working groups. Show empathy for the needs of other partners. Ask questions to get to know your partners better as individuals.
- 4. Do your fair share.** Be a good team member by helping with materials and logistics that can make or break an event. Do what needs to be done so the partner team can be successful. Address issues for discussion and let other organizations know what your organization is doing.
- 5. Be partner literate.** Know the programs, funding mechanisms and operating parameters of your partners—the regulations and procedures, and especially what costs are allowable or not. Regulations across partner organizations can be very different (e.g., hiring ministry staff as short-term consultants, providing stipends to workshop participants, paying for travel costs).

**6. Be action-oriented.** Make deliberate efforts to make something happen. Be willing to prod and suggest courses of action, experiment and try something different. Encourage others to take action.

**7. Maintain a positive outlook.** Approach partnering with individuals and organizations positively; assume people have positive motives until proven otherwise.

### The Donor's Role

Donor leadership sets an important tone in promoting global partnerships, and USAID's support for the Capacity Project's global and regional partnering efforts proved instrumental in their success. One of the long-range goals of the broader donor community should be to develop a critical mass of individuals who strive to operate by the seven attributes described above, and advance a culture of partnership in their organizations.

In February 2009, at the Ministerial Review of the International Health Partnership (IHP), ministers of health from 12 developing countries met in Geneva, Switzerland to challenge United Nations bodies, multilateral agencies and European donors to commit to change their behavior and work in the spirit of genuine partnership so health aid can be delivered effectively (Bermejo, 2009). Launched in 2007, IHP seeks to improve the way that international agencies, donors and low-resource countries work together to develop and implement health plans, as well as create and improve health services for poor people (DFID, 2007). The challenges can be met, but it will require a critical mass of leaders and staff advancing a culture of partnership across myriad government agencies and NGOs.

### Conclusions

Successful global partnering is the outcome of careful coordination and active participation at the individual, organizational and donor levels. Leadership continues to be an important area on which to focus in the future, in order to advance a culture of partnership within organizations, as well as horizontally across organizations and vertically at community, national, regional and global levels. HRH leaders and practitioners are needed who encourage people to transcend traditional organizational boundaries and actively contribute to partnerships as regular everyday aspects of their jobs.

### Partnering Initiatives through the USAID/Latin American and Caribbean (LAC) Bureau

*Beginning in 2006, the Project worked to improve the capacity of the health workforce by introducing the HAF to several countries in the LAC region, including Peru, Ecuador, Colombia, Chile, Bolivia and Belize. The Project assisted the Caribbean HIV/AIDS Regional Training Network (CHART) to develop and implement a rapid training needs assessment (RNA) tool for use in regional training centers located throughout the Caribbean. The Project also provided technical assistance for Caribbean countries to more effectively manage their Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grants. These GFATM grants are performance-based and require management systems that many Caribbean organizations are still developing.*

*Selected activities from these initiatives include:*

- *Creating and implementing a health economics course, focusing on HRH, for the top 36 leaders and managers in the Peru Ministry of Health*
- *Providing technical assistance to the Caribbean Regional Network of People Living with HIV/AIDS (CRN+) to manage its regional GFATM grant*
- *Strengthening the monitoring and evaluation (M&E) capacities of line ministries and civil society organizations to enable them to report into their national M&E system more effectively*
- *Providing technical assistance to the CHART Regional Coordinating Unit to enable its staff to conduct RNAs.*

*For more helpful guidance on partnering, see the Capacity Project Toolkit, Partnership Building: Practical Tools to Help You Create, Strengthen, Access and Manage Your Partnership or Alliance More Productively (Gormley and Guyer–Miller, 2007).*

Visit the HRH Global Resource Center to find, share and contribute human resources for health knowledge and tools. For those working at the country or global level, the HRH Global Resource Center provides information to:

- Improve strategic planning and decision making
- Strengthen reports and presentations
- Support HRH advocacy
- Enhance professional development
- Save time.



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## The Capacity Project Partnership

