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# ISSUE BRIEF

## Human Resources for Health (HRH)

The delivery of quality family planning (FP) and reproductive health (RH) care services calls for an adequate supply of appropriately trained and supervised staff equipped and empowered to meet the needs of their clients. Knowledge of contraceptive technology and clinical procedures is a fundamental aspect of safe and accessible FP service delivery; training in interpersonal communication is essential to service quality. Skills need to be built into education and training programs at the beginning of a provider's career and then kept up to date; retraining and continuous supportive supervision are essential to maintaining skills and improving services.<sup>1</sup>

The following three major HRH challenges affect health workforce size and functioning and the health system's ability to provide quality FP services:

1. **HIV/AIDS crisis:** Over 40 million people with HIV/AIDS over the last 25 years have added a huge work burden to health systems already understaffed and under-resourced. Health care workers who previously focused on FP/RH and maternal and child health are now first and foremost focusing on HIV and giving less attention to other services like FP/RH. Furthermore, health care providers are at risk of infection and possibly death. A recent study suggests that African health systems may lose 20 percent of their workers to HIV/AIDS over the next few years.<sup>2</sup>
2. **Labor migration:** Migration to more developed countries due to low pay, poor working conditions, and weak human resource management systems has depleted the supply of skilled health care providers in numerous sub-Saharan African countries.
3. **Chronic underinvestment in human resources:** Decades of underinvestment in human resources (HR), capped expenditures for health care workers, slow recruitment, faulty deployment and support mechanisms, limited production, training that does not match on-the-ground health care needs, and poor working conditions have had adverse effects.<sup>3</sup>

### Solutions to Address HRH Challenges

**Support workforce planning and rationalization.** Workforce planning is a process that routinely enables senior management to scan and analyze HR data and decide policies that will ensure that there are enough of the professional people with the appropriate skills available both where and when they are required. This process helps countries to determine effective measures and make some fundamental health workforce choices. These choices will ultimately help to ensure that a sufficient number of providers will be offering FP services in the future.

**Enable task shifting.** Policy, procedure, and licensing changes should be considered to allow changing scopes of practice to enable some cadres to carry out work normally done by other cadres if needed (often called 'task shifting'). There is increasing global interest in task shifting, especially in the area of enabling primary and community-level workers to do more. This will be very important for FP as it has been shown that increasing use rates depends on getting the services out to the primary and community level.

**Strengthen human resource information systems (HRIS).** In order to ensure that the right health care provider is in the right place with the right skills, countries need accurate data on human resources for health. In some countries of sub-Saharan Africa, licensing and certification bodies, private sector organizations, and other stakeholders are beginning to work together to develop

a mature and complete HRIS that tracks health professionals from the time they enter training until they leave the health workforce.

**Improve human resource management (HRM).** To improve HRM, it is critical to strengthen HR Directorates in Ministries of Health and provide training in HRM skills to selected staff so they can become HR managers. Key HR management processes and practices include developing clear job descriptions; salaries and benefits administration; maintenance of employee files and records; “de-ghosting” the payroll; and improving official communication channels with staff on HR issues.

**Initiate worker retention schemes.** Keeping workers on the job is one approach to easing worker shortages. There are a number of retention schemes that are being initiated, and much is being learned in the process. These include trying out financial and nonfinancial incentives to see which ones work; developing clear and equitable career structures; establishing programs that offer psychosocial support to health workers, especially those working in HIV/AIDS service delivery units; ensuring more efficient and equitable recruitment, deployment, and transfer policies and practices, especially for female workers; improving the work climate; and creating a safe working environment for health workers.

**Establish partnerships.** No single organization, sector, or program can satisfactorily address all of the HRH challenges on its own. It is therefore imperative to establish viable and effective partnerships among stakeholder groups. The primary objective of establishing partnerships is to expand the HR capacity to deliver HIV/AIDS and other health services through planned linkages among programs, sectors, and nongovernmental, community-based, and religious organizations. The Joint Learning Initiative is an example of a successful partnership of more than 150 global health leaders to strengthen the workforces of health systems.

**Promote gender equity.** Understanding and expressing concern for employees and treating them in a manner that fulfills their basic human needs and wants, including gender-specific considerations, will ultimately result in better performance. An important practice would be to commit to workplace-level implementation of international and national policy protocols that ensure safe, equitable, and supportive work environments.

**The HR situation in Africa.** Although the HR situation in Africa is of great concern, awareness of the issue is growing rapidly. Countries are trying the promising practices described above and monitoring results to determine what works and what does not. Additional evidence-based efforts to implement promising HRH practices are likely to ease the severe shortages and strengthen the workforce overall, thereby increasing the likelihood that there will be an adequate supply of appropriately trained and supervised FP providers.

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Resources: (1) Population Reports: Making Programs Work. Volume XXII, Number 2, August, 1994. <http://www.inforhealth.org/pr/j40edsum.shtml>  
(2) The Impact of HIV/AIDS on Health Systems and the Health Workforce in Sub-Saharan Africa. Tawfik and Kinoti 2003. [http://www.usaid.gov/our\\_work/global\\_health/pop/news/hcdworkforce.doc](http://www.usaid.gov/our_work/global_health/pop/news/hcdworkforce.doc) (3) Human Resources for Health: Overcoming the Crisis. Joint Learning Initiative. 2004. [http://www.globalhealthtrust.org/report/Human\\_Resources\\_for\\_Health.pdf](http://www.globalhealthtrust.org/report/Human_Resources_for_Health.pdf)

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