HUMAN RESOURCES FOR HEALTH
A KEY PRIORITY FOR THE MINISTRY OF HEALTH

BACKGROUND

In line with a global awakening of the imminent crisis in human resources for health, the WHO country office has reflected on the situation in Mozambique. A paper is presented offering a broad conceptual approach for future deliberations.

CONTEXT

For more than a decade, the shortage of health workers has been a major factor in slowing down the efforts of the government of Mozambique in expanding and improving health care services throughout the country. The impact of this problem is primarily felt by the urban poor and impoverished communities in rural and remote areas.

Based on a global comparison by WHO (2006), Mozambique has a density of 3 physicians* and 21 nurses** per 100 000 population and is classified as one of 57 countries facing a critical shortage of human resources for health (HRH). This staffing situation is close to a critical level where it is no longer possible to sustain or achieve 8o% of essential health priority program goals[1].

Research papers and strategic documents have given considerable attention to situation analysis and estimation of staffing needs. The country's shortfalls in HRH can be summarized as very low absolute number of providers adversely affecting rural areas, predominance of lower skilled health workers, limited numbers of general medical doctors and specialised technical staff, extreme shortages in clinical specialities but even more so in public health, planning and management[2]. The performance and productivity of staff is general perceived as poor. The public has expressed lack of trust and dismay with the level of care received at government health institutions[3].

Significant efforts have been made by the Ministry of Health over the past decade and concrete results are observed in rural staff coverage, improved staff competence, initiation of mechanisms and procedures to facilitate HR planning as well as moving forward the decentralisation process[4].

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[1] *Working Together for Health.* World Health Report 2006. WHO Geneva.
* Physicians: general and specialized doctors. ** Nurses: Professional nurses, midwifes, auxiliary nurses.
[2] P Ferrinho, C Omar *The Human Resources for Health Situation in Mozambique.* The World Bank, 2006.
[3] M Lindelow, P Ward, N Zorzi *Primary Health Care in Mozambique, Service Delivery in a Complex Hierarchy.* The World Bank, April 2004.
[4] Ministério da Saúde. *Plano de Desenvolvimento de Recursos Humanos 2006-2010*. Mozambique.

But despite these achievements in staffing levels together with the rapid expansion of a health services network, the access to health care for the majority of Mozambicans remains very limited.

The demand for a larger and more skilled workforce is rapidly emerging as a major stumble block in increasing the capacity of the health sector to respond to growing needs of the population and to tackle the threat of HIV/AIDS, tuberculosis and malaria.

CHALLENGES

Several forces drive the HRH crisis in Mozambique. Some are carrying a lot of weight, are quite well understood and dominate the policy agenda e.g. weak health systems and high disease burden. Others are only emerging now e.g. scaling up HIV/AIDS care and treatment[5]. This interplay of forces is shifting the demands on the workforce in other directions and complicating the task of planners and policy makers. Figure 1 summarises the determinants and factors that influence the human resources agenda.

A good understanding of the interaction between driving forces, workforce needs and health system development is a crucial precondition for efficient and effective policy making.

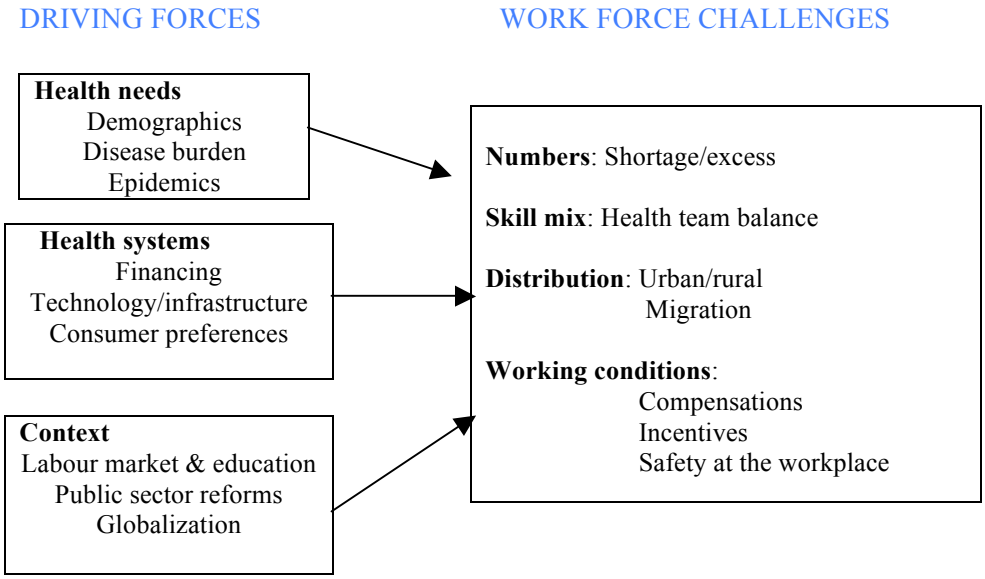

Figure 1: Forces driving the workforce[6]

[5] Ministêrio da Saúde. *Plano de Desenvolvimento de Recursos Humanos 2006-2010*. Mozambique.
[6] Adapted from *Working Together for Health.* World Health Report 2006. WHO Geneva.

MAJOR HUMAN RESOURCES BOTTLENECKS

The current coverage, knowledge and skills of health care providers is inadequate and not in line with the requirements of the country's priority health programs namely maternal and child health, HIV, tuberculosis and malaria. If left unattended the millennium goals for health are bound to fail.

The spreading of HIV/AIDS epidemic imposes enormous demands on service provision, further compounded by the need to scale up antiretroviral treatment. Scaling up targets can not be met without diversification of workforce skills and innovative thinking regarding job descriptions and allocation of responsibilities.

The high level of discontent among health workers is of alarming proportions. Demands for fair and competitive salaries, improved working conditions and career prospects have been made again and again. Promises such as incentives schemes are still without tangible results. The consequences on staff performance and motivation should not be minimised. Without prompt and visible action the ministry will not be able to retain valuable and experienced personnel.

A growing private health sector is a phenomenon still limited to urban areas but is attracting highly skilled professionals such a medical specialists who are already grossly absent from the public sector. This development is unlikely to reverse and is a reflection of a changing society with different expectations. Training more without mechanisms and incentives (financial and non financial) to retain doctors in the public sector is like trying to fill a bottomless pit.

The number of NGO's and international organisations active in often well funded programs such as HIV/AIDS prevention has expanded rapidly. They are recruiting large numbers of staff from the public health sector in order to attain program goals. Constructive engagement with these implementing partners is necessary to stop competition and reorient towards a common goal of developing a sustainable health service for Mozambique.

Human resources management, both at provincial and central level, is preoccupied with staff administration, training grants and addressing ad hoc staff gaps, less so with policy development and implementation. This is demonstrated by the lack of performance assessments, inadequate HR information systems and an approach to planning of staff coverage based on numbers rather than health needs.

Growing complaints of corruption in the health sector are inherently linked to poor human resources management. The impact of disappearing drugs or extra payments for preferential treatment on health goals is poorly understood but requires urgent attention.

The significant efforts to train more and better health staff have been undermined by ill adapted public service regulations which delay recruitment and appointment but also keep a tight grip on allocation of posts. Since 2004 the recruitment of graduates in some

provinces has been speeded up by offering contracts paid from the provincial common funds. This well intended but time bound initiative, supported by SWAp partners, is still waiting for the responsible authorities to solve failures in the bureaucratic process.

STRATEGIC DEVELOPMENT AND IMPLEMENTATION

The bottlenecks illustrate the complexity, diversity and scale of the task ahead. Effective strategies are needed to respond to an array of challenges in a rational and realistic way. Prioritisation will be necessary without ignoring the need for a balanced investment.

PDRH 2006-2010

The new strategic development plan (PDRH) covering a time frame of 5 years has been presented. Given the magnitude and scope of the problem a plan of action should be sustained over at least a decade with short, medium and long term projections. This allows a more continuous planning process and formulation of long term goals.

The PDRH encompasses a broad range of strategies. The strategic components include further expansion of the health services network, including private sector, by increasing and diversifying the workforce. In line with the PDRH 2000-2005 attention is given to training, with focus on capacity but also on quality and efficiency. The plan considers professional & career issues and a system of incentives, staff motivation and loss of personnel associated with HIV as well as improved human resources management.

Operational plans

So far the only operational plan that has been presented is PAF 2006-2009 (Plano de Aceleraçâo da Formaçâo de Técnicos de Saúde). It focuses on stepping up the workforce capacity and expanding the skill base. It is an ambitious plan rightfully acknowledging that more and better trained staff is crucial for an expanding health sector. The proposed speed and scale of implementation raises concerns over quality given the limitations of training institutions, lack of quality assurance in both public and private institutions, scarcity of tutors, teaching aids and clinical training sites.

A coherent approach to implementation

As is illustrated above the human resources problem in the health sector is determined by a complex range of factors. Training addresses one aspect but the impact of this investment is likely to dwindle rapidly if recruitment and appointment procedures, personnel management issues, low salaries and careers prospects are not given due attention.

Implementation of the human resources development plan should not wait for all the right conditions to be in place nor is a fragmented and partial approach to the process acceptable.

A more realistic approach is to focus on 3 essential elements of workforce development, namely training of new staff, sustaining and retaining the existing workforce. The different components for each stage is summarised in figure 2.

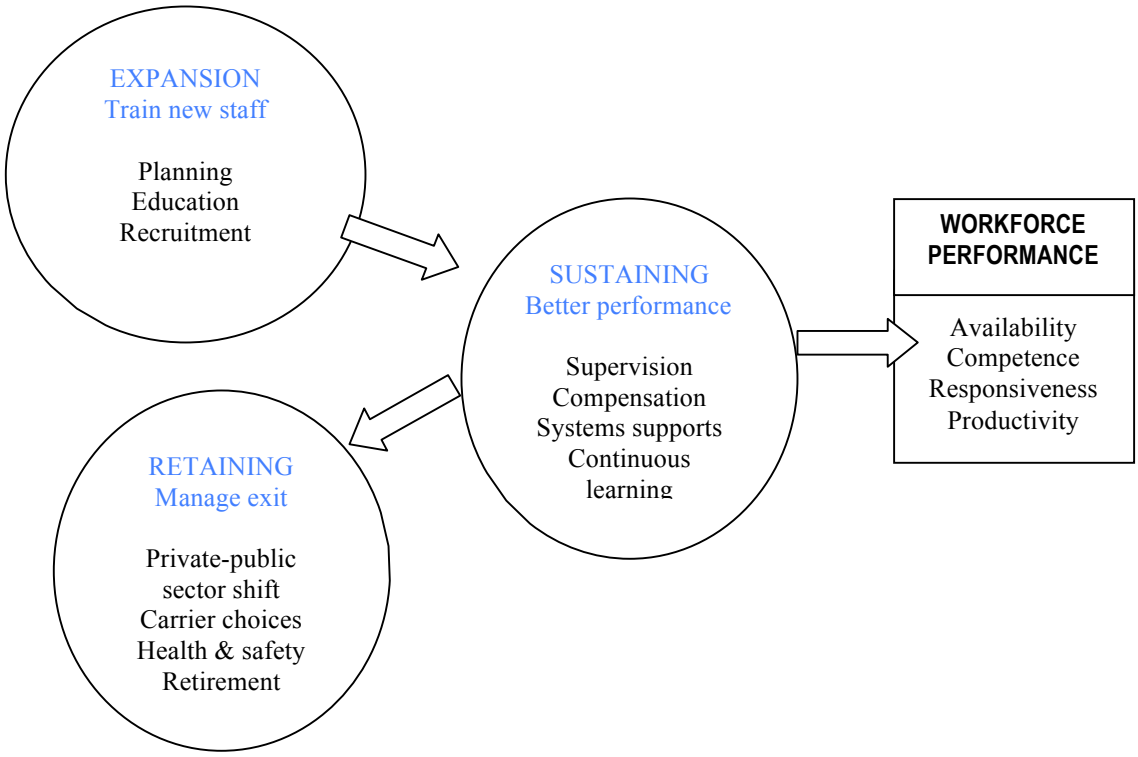

Figure 2: Workforce development[7]

Finance and partnership

It is clear from the above that a major expansion of the health workforce has both immediate and long term cost implications. To meet the cost of scaling up human resources for health requires improved government budgets and international development assistance.

Long term sustainable financing of the health workforce is beyond the immediate control of the Ministry of Health but requires engagement and collaboration with other ministerial departments as well as sensitising the political leadership.

Financing development of the workforce should become a key component of systems development support by the international community. The significant impact of funding

[7] Adapted from *Working Together for Health.* World Health Report 2006. WHO Geneva.

on averting the HR crisis is demonstrated by early promising results of the Human Resources Emergency Support Programme in Malawi. 278 million US$ was made available over a period of 6 years by a coalition of global partners[8].

CALL FOR ACTION

WHO acknowledges that the task is daunting and a solution not straight forward. A consensus on the way forward may not be shared by all stakeholders. However the future of the public health sector is at a crossroad. If the human resources problem is not dealt with now and in full force, development will stagnate and hard gained successes will quickly dwindle.

WHO reaffirms its full commitment to work closely with the Ministry of Health and partners to support the ongoing revision and implementation of the HR development plan and to engage in negotiations for more investment in this critical area.

The overall goal can be summarised as follows:

"Get the right workers with the right skills in the right place doing the right things and get them now[9]"

Therefore is needed:

1. A bold and firm commitment of the Ministry of Health by acknowledging the human resources crisis as an emergency.

2. Presentation of the HRH agenda at the highest political level by the Ministry of Health and partners. Without the necessary political will the call for action remains rhetoric.

3. Determination to work within a comprehensive and coherent strategic framework over a sustainable time frame.

4. Speeding up of the implementation of the HR development plan addressing training, staff performance and motivation, HR management and planning as well as emergency stop gap measures.

5. Development of solid financing strategies.

6. Effective engagement of partners in achieving a sustainable workforce.

[8] D Palmer *Tackling Malawi's Human Resources Crisis*. Reproductive Health Matters 2006; 14(27):1-13.
[9] *Working Together for Health.* World Health Report 2006, WHO Geneva.