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**ROAD MAP FOR SCALING UP THE HUMAN RESOURCES FOR HEALTH FOR  
IMPROVED HEALTH SERVICE DELIVERY IN THE AFRICAN REGION 2012–2025**

**Report of the Secretariat**

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## BACKGROUND

1. Human Resources for Health (HRH) have been a priority on the regional and global health development agenda, as a critical component of functional health systems that can ensure universal access to quality health care.<sup>1</sup> Successively in 1998, 2002 and 2009, the WHO Regional Committee for Africa adopted resolutions calling for the expansion of the health workforce through their optimal production and utilization. Furthermore, three resolutions of the World Health Assembly recognized the importance of HRH in ensuring the delivery of quality health services and the achievement of better health outcomes. Two global HRH forums, held in 2008 and 2011, created and sustained the momentum in regard to the importance of HRH in the global health agenda. The WHO Regional Office for Africa convened a regional consultation in Pretoria, South Africa, in October 2011, on scaling up the health workforce for improved access to services. The consultation came up with a regional Road map.

2. This regional consultation brought together more than 145 stakeholders including senior officials from the ministries of health, finance, education, labour and public service. Other participants were health regulatory bodies, health professional associations, public health associations, deans of medical schools and health sciences and training institutions. In addition, partners such as the European Commission, the UK Department for International Development, Japan International Cooperation Agency, Global Health Workforce Alliance, IntraHealth and representatives of regional economic communities (RECs) participated in the consultation. The consultation reached consensus on the need for a regional Road map that addresses specific health workforce needs and capacity gaps that adversely impact on the quality of health care in the Region.

3. The consultation also recognized the challenges the Region is facing in delivering quality health care and agreed on a number of principles that will enhance HRH production, deployment and performance. These principles include maintaining political commitment, ensuring financial sustainability and involving all relevant stakeholders and partners.

4. The Road map for scaling up the health workforce for improved health service delivery in the Region 2012–2025, which addresses all categories of health workers, is the product of a thorough analysis of the health workforce challenges in the African Region and is articulated around the following six strategic areas: (i) strengthening health workforce leadership and governance capacity; (ii) strengthening HRH regulatory capacity in the Region; (iii) scaling up education and training of health workers; (iv) optimizing the utilization, retention and performance of the existing health workforce; (v) improving health workforce information and generation of evidence for decision making and; (vi) strengthening health workforce partnership and dialogue.

5. The purpose of this document is to introduce the Road map and highlight the key issues and challenges hindering the achievement of universal coverage of health care and relating to the human resources component of the health system. The document then sets forth a series of actions to be taken to overcome these challenges.

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<sup>1</sup> Resolution WHA63.16.WHO Global Code of Practice on the International Recruitment of Health Personnel, 2010; Resolution WHA59.23 on rapid scaling up of health workforce production, 2006; Resolution WHA59.27 Strengthening Nursing and Midwifery, 2006; AFR/RC59/R6: Migration of health personnel: code of practice for international recruitment of health workers, 2010; AFR/RC57/9, Development of human resources for health in the WHO African Region: current situation and way forward, 2007; AFR/RC48/10 Regional Strategy on Human Resources for Health Development, 1999; AFR/RC52/13 Human resources development for health: accelerating implementation of the regional strategy, 2002.

## ISSUES AND CHALLENGES

6. Most countries in the Region have limited capacity for HRH leadership and governance in terms of planning, management, monitoring and evaluation. Many countries have under-resourced HRH units and departments in their ministries of health which face difficulty in carrying out their functions effectively including management of health workers in decentralized health services. They have insufficient evidence to develop HRH policies and plans and to exercise their oversight role.

7. Some countries have well-established professional and regulatory mechanisms that can assure the quality of HRH production and service delivery. While some categories of health workers such as medical doctors and nurses have functional regulatory and professional bodies, regulatory frameworks for other categories such as laboratory technicians, logisticians and radiographers are generally lacking. Furthermore, lack of regulation of some cadres who perform certain functions for which they were not originally trained negatively affects their performance.

8. The current output of health workers in many countries does not meet the requirements for delivering quality health care. Inadequate investment has hampered attainment of the increase needed in health workers production capacity because of the inadequacy of qualified and experienced teaching staff, limited teaching and learning materials and inadequate infrastructure.

9. To date, few countries have developed or implemented policies and strategies for retention and good performance of available health workers. The consequent shortage of HRH is aggravated by skewed geographical distribution especially between rural areas and urban areas, inappropriate skill mix and mass migration of skilled health workers. Inadequate implementation of performance-based financing also affects retention and performance of health workers.

10. In many countries, the capacity to generate, analyse, disseminate and use HRH data and information for policy-making is still inadequate. In most cases, HRH information including data on the exact numbers and skill mix remains fragmented. The human resources for health observatories established in several countries<sup>2</sup> are central repositories of HRH data and have created a platform for stakeholders and partners to engage in dialogue and strengthen HRH evidence. However, these observatories are still in their early stages of development and should be strengthened. In addition, operational research on the health workforce remains suboptimal and need further attention.

11. Investment in HRH in most countries is generally inadequate. The resources mobilized internally are not enough for the production and employment of health workers. Weak coordination between the ministries of health, finance, public service, and education has led to underutilization of the existing scarce resources. Unpredictability of funding due to delays in securing donors' resources, variation in budget cycles and changes in development cooperation priorities affect the implementation of HRH plans in countries.

12. Policy dialogue among line ministries, stakeholders and partners in many countries remains limited. The WHO tracking survey<sup>3</sup> on HRH shows that only 38% of HRH strategic plans in the

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<sup>2</sup> Burundi, Cameroon, Central African Republic, Kenya, Malawi, Mauritania, Mozambique, Nigeria and Tanzania.

<sup>3</sup> WHO: Policies and Practices of countries that are experiencing a crisis in human resources for health: tracking survey. Draft report, Geneva, Switzerland, 2009.

African Region were developed with the participation of stakeholders<sup>4</sup> from the public and private sectors. There is a need to strengthen intersectoral partnerships and dialogue at country and regional levels.

## **ACTIONS PROPOSED**

13. The HRH weaknesses related to the foregoing challenges have hampered universal access to health care. The Road map is expected to guide countries in undertaking actions to scale up relevant interventions and speed up progress in producing and appropriately managing sufficient and adequately available skilled health workers.

14. HRH governance and leadership capacity should be strengthened in order to improve policy dialogue and establish clear mechanisms for coordination between ministries of health, finance, public service, education, the private sector and other stakeholders. In this regard, the oversight function of ministries of health is critical. Countries should intensify their role in strategic planning including forecasting and estimation of the human resources needed to meet the minimum acceptable standards to facilitate universal access to health care.

15. In order to establish or strengthen their national mechanisms of regulation of health workers, countries should allocate adequate resources to support health workers in performing their functions. Furthermore, at subregional and regional levels, WHO and partners should support countries to improve their coordination and harmonization mechanisms, including alignment between policy reforms and the regulatory framework for professionals and service delivery.

16. Investment in HRH production should be increased in order to strengthen the capacities to scale up education and training of health workers, through joint efforts of countries and development partners. This endeavour should take into account the need for an appropriate skills mix and should include improvement in infrastructure, learning and teaching materials in training institutions. The creation of mechanisms such as the African Initiative for Learning and Teaching Resources for Health Worker Education (AFRITEX) can promote sound policy and action to train sufficient numbers of trainers, build their capacity and increase their retention.

17. In order to improve the deployment, retention and performance of available health workers, countries should ensure equitable geographical and organizational distribution and develop strategies for attracting and retaining skilled health workers especially in rural areas including attracting back the health workers for the public services. Furthermore, countries should strengthen performance management systems including occupational safety and health in the health workforce for increased productivity and accountability.

18. To improve information and evidence regarding the health workforce, countries should strengthen and accelerate the establishment of national HRH observatories (as a component of a broader national health observatory), and build health workforce research capacity.

19. For increased predictability and sustainability of funding for HRH development plans, countries should have commitment to mobilize their domestic resources to supplement external

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<sup>4</sup> The stakeholders consulted of the public sector include ministries of education, finance and public service. Those consulted in the private sector are private for-profit organizations, private education institutions, faith-based organizations, professional associations, local and international NGOs, multilateral and bilateral development partners.

funding. In addition, countries should be more proactive in mobilizing funding from the health systems strengthening windows of opportunity provided by Global Health Initiatives.

20. Countries should institutionalise, strengthen and sustain mechanisms for dialogue and collaboration with key stakeholders and partners. Furthermore, to support countries, WHO and partners should strengthen regional mechanisms for HRH policy dialogue.

21. A comprehensive framework for use by countries, with the participation of all stakeholders, in addressing HRH challenges in a holistic manner is urgently needed. The Road map, which calls for innovation in human resources policies, strategic planning and implementation, addresses this need.

22. The Regional Committee examined and endorsed the Road Map for scaling up the human resources for health for improved health service delivery in the African Region 2012–2025.

**ANNEX**

**ROAD MAP FOR SCALING UP THE HUMAN RESOURCES FOR HEALTH FOR  
IMPROVED HEALTH SERVICE DELIVERY IN THE AFRICAN REGION 2012–2025**

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## FOREWORD

National health systems in the African Region have limited infrastructure and inadequate human and financial resources. That has led to insufficient capacity to provide universal coverage of essential health services. In particular, it is estimated that there is a shortage of at least 817 992<sup>5</sup> doctors, nurses and midwives. Country efforts to ensure adequate human resources for health are hampered by inadequate institutional capacity for HRH management, low levels of national investment in HRH production, slow progress in educational reforms, skewed distribution of health workers, lack of incentives and ineffective retention strategies. These challenges require concerted action at national and regional levels.

The World Health Report 2006 classified the African Region as having the most severe health workforce shortage in the world. Of the 57 countries identified as facing HRH crisis (health workforce density ratio below 2.3 per 1000 population), 36 are in the African Region. The report calls on Member States to undertake practical measures to address the HRH crisis facing African countries and to reverse it. Such efforts would ensure adequate numbers and quality of health workers, in functional health systems that are able to deliver quality health services.

The WHO Regional Office for Africa adopted the document *Strategic Directions for 2010–2015: Achieving Sustainable Health Development in the African Region*, which outlines priority areas of intervention for the stated period. One of these areas is supporting the strengthening of health systems based on the primary health care approach, addressing, among other issues, the HRH challenges.

In 2011, the WHO Regional Office for Africa convened a Regional Consultation on *Scaling up the Health Workforce for Improved Health Service Delivery in the African Region*. One of the main outputs of the meeting was a Road map for scaling up the health workforce. The Road map, which was developed with the involvement and appreciable contribution of critical stakeholders and partners in health workforce development such as ministries of health, education, public services and finance as well as universities and training institutions regulators, professional bodies, civil society and nongovernmental organizations, defines strategic directions and priority interventions to be implemented in the period 2012–2025. This Road map is the product of a collective effort and gives new impetus and clear direction to efforts to strengthen the capacity of the health workforce for improved health service delivery to the populations of the African Region.

The primary target audiences of the Road map are government leaders and national policy-makers across several sectors such as health, finance, education, labour and the public service, as well as the stakeholders and partners involved in this effort.

I encourage Member States to incorporate the actions proposed in this Road map into their national health policies and plans, with close consultation among relevant ministries and stakeholders to ensure its successful implementation.

Dr Luis Sambo  
Regional Director

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<sup>5</sup> WHO. World Health Report 2006, Geneva, Switzerland, 2006.

## EXECUTIVE SUMMARY

The WHO Regional Office for Africa convened a regional consultation in Pretoria, South Africa, in October 2011 on scaling up the health workforce for improved service delivery. The 145 participants reached consensus on the need to have a regional Road map that defines actions for scaling up health workforce capacity. The Road map recognizes that sustained political, institutional and financial commitment with the involvement of different critical stakeholders and partners that influence HRH production, availability and performance is critical to improving HRH development at country level. Its implementation is scheduled between 2012 and 2025.

Ensuring the availability of sufficient numbers of qualified health workers in the right place is essential for delivering quality health services to the population. Existing weaknesses in health systems including shortage of skilled human resources in most countries is recognized as a major impediment to delivery of essential interventions and progress towards achieving health objectives in the African Region. Of the 46 countries in the Region, 36 have critical shortage of HRH,<sup>8</sup> with only about 0.8 physicians, nurses and midwives per 1000 population while the minimum acceptable density threshold is 2.3 per 1000 population. The estimated shortage of doctors, nurses and midwives in the Region was about 820 000 staff in 2006. When all categories of health workers are included, the shortfall is estimated at 1.4 million.<sup>6</sup>

Migration of qualified health workers; inadequate remuneration and incentives; maldistribution of the available health workers; underinvestment in the production of sufficient health workers; inadequate capacity of HRH departments to carry out the main HRH functions and; low implementation of most of the existing plans are identified as the main causes of the present situation that constitutes a key impediment to meeting the needs for health care delivery for all. There are significant disparities between rural areas and urban areas, with shortages in the rural areas. Over 90% of pharmacists and dentists practise in urban areas. The situation is the same for other cadres, as medical specialists (86%), general physicians (63%) and nurses and midwives (51%) serve mainly in urban areas.<sup>7</sup>

The challenges facing the countries are uneven and pose a strategic threat to national and regional health systems development and the overall well-being of populations in the Region. Major and pressing HRH challenges identified are: weak HRH leadership and governance capacity; weak training capacity; inadequate utilization; retention and performance of available health workforce; insufficient information and evidence-base; weak regulatory capacity; uncoordinated partnerships; and weak policy dialogue.

This Road map builds upon a number of national, subregional, regional and global efforts. It has the following six strategic areas for achieving the objectives:

1. Strengthening health workforce leadership and governance capacity.
2. Strengthening HRH regulatory capacity.
3. Scaling up education and training of health workers.
4. Optimizing the utilization, retention and performance of the active health workforce.
5. Improving health workforce information and generation of evidence for decision making.

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<sup>6</sup> WHO. World Health Report 2006 Geneva, Switzerland, 2006.

<sup>7</sup> WHO Regional Office for Africa Survey on HRH profiles, inputs World Health Report, 2006.

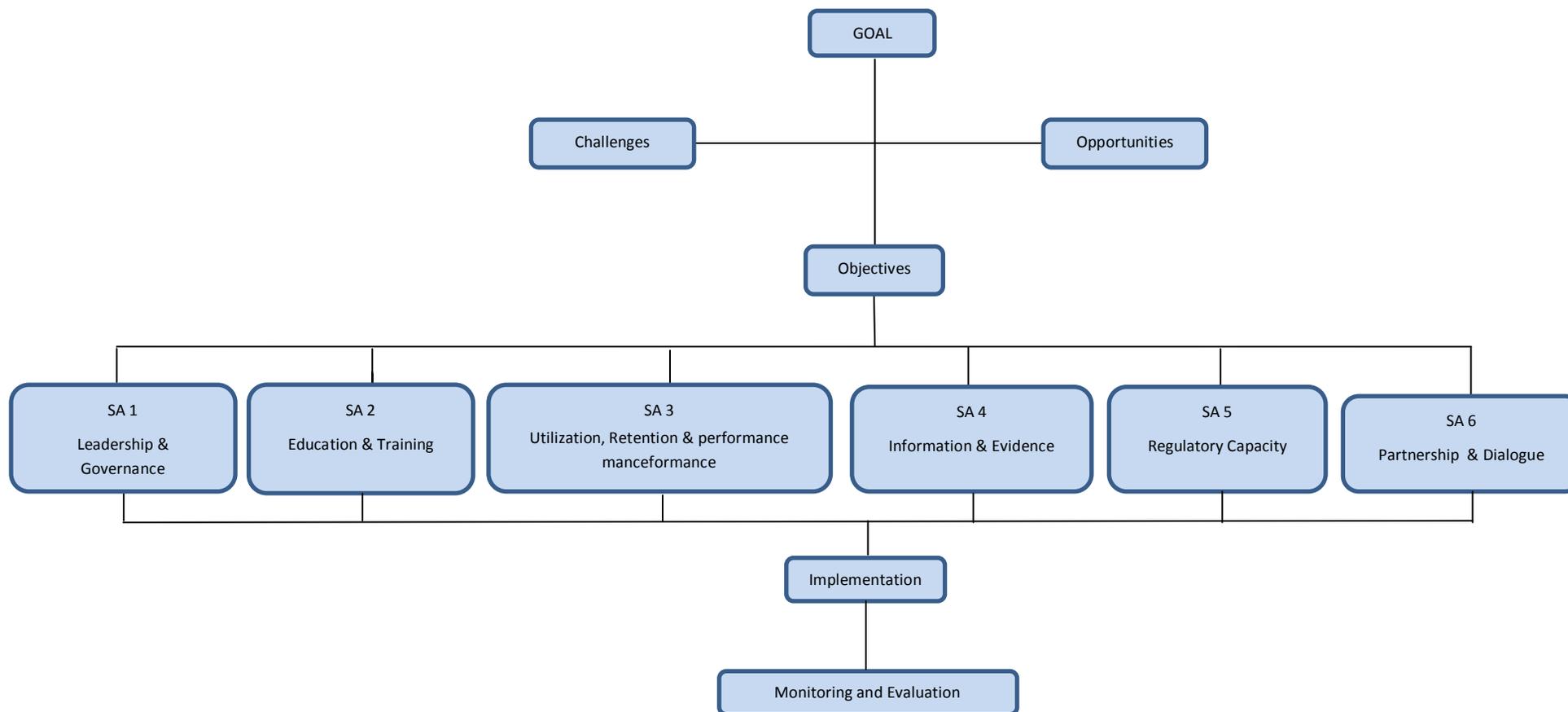
6. Strengthening health workforce dialogue and partnership.

Each of these strategic areas has a set of identified priority interventions that will lead to achieving the objectives. For implementation, specific steps and actions have been developed for regional, subregional and especially country levels. The Road map has a number of indicators and milestones for achievement in 2012, 2014, 2015 and 2025. Implementation of the Road Map would require the commitment and collaboration of all stakeholders and partners under the leadership of national governments.

**ABBREVIATIONS**

AFRITEX	African Initiative for Health Workers Textbook, Instructional Materials and diagnostic Equipment Programme
AHWO	Africa Health Workforce Observatory
HIS	Health Information System
HRIS	Human Resource Information Systems
HRH	Human Resource for Health
HW	Health Workforce
MDG	Millennium Development Goals
NGOs	Nongovernmental Organizations
NORAD	Norwegian Agency for Development Cooperation
NHWO	National Health Workforce Observatories
SADC	Southern Africa Development Community
PHC	Primary Health Care
WAHO	West African Health Organization
WHO	World Health Organization

### Diagram of the Road map



## 1. INTRODUCTION

Ensuring the availability of sufficient numbers of qualified health workers in the right place is essential for the delivery of quality health services to populations. The World Health Report 2006 finds that increase in the density of qualified health workers has a positive impact on health outcomes. However, most African countries that have a high disease burden continue to face severe shortages of health workers. WHO has identified a minimum threshold of health workforce density (2.3 physicians, nurses, and midwives per 1000 population) below which coverage of essential interventions is highly unlikely. Based on this minimum requirement, 36 countries in the African Region have shortages estimated at 820 000 doctors, nurses and midwives.<sup>8</sup> In addition, internal and external migration of qualified health workers; inadequate remuneration and incentive mechanisms; maldistribution of the available health workers; underinvestment in the production of sufficient health workers, inadequate capacity of HRH departments to carry out the main HRH functions and; low implementation of most of the existing strategies and plans are identified as the main causes of the present situation which poses major impediments to meeting the needs for delivering health care for all.

Several initiatives (resolutions on HRH adopted by the Regional Committee for Africa and the World Health Assembly<sup>9</sup>) have been taken to address the current situation. Despite the progress and efforts being made, many challenges remain and require urgent and concerted action in the Region.

The Road map focuses on all types of health workers. It recognizes the fact that sustained political, institutional and financial commitments are required as is the involvement of different critical stakeholders and partners that influence HRH production, availability and performance. As such, this Road map is aimed at government leaders and national policy-makers across several sectors (including health, finance, education, labour and public service) as well as various stakeholders (such as regulatory and professional bodies), private actors and partners. The Road map will be implemented between 2012 and 2025 and will be considered as a consolidated and collective engagement to move forward the HRH agenda in the African Region.

### 1.1 Current situation

Countries in the African Region need to accelerate the attainment of the health-related MDGs and ensure equity in access, quality and efficiency of health services. However, weak health systems in most countries constitute a major bottleneck to delivery of essential interventions. These weaknesses include shortage of skilled human resources. Although 20 out of the 36 countries with HRH crisis made some progress between 2005 and 2010, 10 countries still face critical shortage with density varying from 0.16 to 0.47 of doctors, nurses and midwives per 1000 population, which is far below

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<sup>8</sup> WHO. World Health Report. Geneva, Switzerland, 2006.

<sup>9</sup> Resolution WHA63.16, WHO Global Code of Practice on the International Recruitment of Health Personnel, 2010; Resolution WHA59.23 on rapid scaling up of health workforce production, 2006; Resolution WHA59.27 Strengthening Nursing and Midwifery, 2006; Resolution AFR/RC59/R6, Migration of health personnel: code of practice for international recruitment of health workers. In: Fifty-ninth session of the WHO Regional Committee for Africa, Kigali, Republic of Rwanda, 31 August–4 September 2009, Final Report, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2009 (AFR/RC59/19), pp. 16–18; WHO, Development of human resources for health in the WHO African Region: current situation and way forward, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2007 AFR/RC57/9; WHO, Regional Strategy on Human Resources for Health Development, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 1998 AFR/RC48/10; WHO, Human resources development for health: accelerating implementation of the regional strategy, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2002 AFR/RC52/13.

the recommended minimum density of 2.3 per 1000 population,<sup>10</sup> needless to mention the shortage of other categories of health workers.

Over and above the shortage of health workers, there is also weak HRH governance capacity in many countries of the Region. Consequently, most of the countries are unable to make available appropriately skilled health workers in the right quantity where they are needed. For example, only 12 out of 46 countries are known to have an HRH policy document while 22 have a national HRH strategic plan. However, the implementation of these strategic plans faces considerable constraints including lack of financial support.

Education and training capacity in many countries is still very limited due to insufficient qualified teaching staff, lack of learning materials and inadequate infrastructure. The weak capacity negatively affects the learning and living environments of both students and teachers. The Region currently has 134 medical schools<sup>11</sup> and 51 public health school and trains 6000 medical doctors annually. Meanwhile, nursing and midwifery schools produce 26 000 nurses and midwives annually which are too few to respond to existing needs. In order to reach the target of 2.3 health workers per 1000 population, it is estimated that an additional 600 medical and nursing schools<sup>12</sup> are required, at an estimated training cost of US\$ 26–33 billion.<sup>13</sup>

HRH data and information for decision making remains fragmented and patchy in most cases e.g. the exact numbers of health workers in countries. The existing systems for collection, collation and analysis of data are weak as are research and documentation of best practices. Only 11 out of the 46 countries have established national HRH observatories.

In many countries there is limited involvement of all stakeholders and partners in policy dialogue to address the HRH issues which are complex in nature. Solutions do exist both within and outside the health sector.

## 1.2 Issues and challenges

Countries face key challenges, the most significant of which are the following:

**Weak leadership and governance of HRH:** There are imbalances between the supply and demand of health workers, efforts are largely uncoordinated, and competition within and across sectors is counter-productive. The lack of a holistic and comprehensive approach to various aspects of HRH such as policy, planning, financing, education, recruitment, HRH management systems, and partnerships among private and public entities is a direct consequence of weak HRH governance capacity. Furthermore, there is a high turnover of policy-makers and high-level professionals in countries, which undermines continuity of policy direction and implementation oversight. Strengthening the overall governance capacity of HRH is essential to improving the availability and performance of health workers including their recruitment, deployment, monitoring and evaluation.

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<sup>10</sup> WHO/AFRO: African Health Workforce Observatory: [www.hrh-observatory.afro.who.int](http://www.hrh-observatory.afro.who.int). Last accessed on 8 June 2012.

<sup>11</sup> Julio Frenk et al., Health professionals for a new century: transforming education to strengthen health systems in an interdependent world, *The Lancet* 2010 and Sub-Saharan African Medical Schools Study, SAMSS Study 2010.

<sup>12</sup> Conway, et al, (2007). McKinsey Quarterly, Addressing Africa's Health Workforce Crisis.

<sup>13</sup> Global Health Workforce Alliance, Scaling Up, Saving Lives, Report produced by the Task Force for Scaling Up Education and Training for Health Workers, 2008, [www.who.int/.../Global\\_Health%20FINAL%20REPORT.pdf](http://www.who.int/.../Global_Health%20FINAL%20REPORT.pdf) last accessed on 11 February 2012.

**Inadequate HRH regulatory capacity:** The ineffectiveness or absence of HRH regulation in some countries is evidenced by the fragmentation of HRH regulation and practice; the inadequate involvement of professional bodies in HRH development; the limited alignment between HRH policy reforms and regulatory framework for professionals which negatively affects the quality of service delivery; and lack of harmonization of professional regulation and practice at subregional and regional levels. There is need to reinforce the regulation and practice of health care workers to ensure health care delivery in the context of health reforms.

**Weak education and training capacity.** This results in low investment and resources to build the necessary human and institutional capacity to produce additional health workers; lack of adequate health workforce policy to ensure relevance and appropriateness in terms of quality and quantity and; absence of HRH training plans. Competing interests in the relationships within and between the ministry of health, ministry of education and training institutions inevitably leads to fragmentation of effort and limited impact in addressing the weak production capacity. Ability to increase the health workforce training capacity in order to fill the gaps in quality and quantity is therefore critical.

**Inadequate utilization, retention and performance of the available health workforce:** The utilization, retention and performance of the available health workforce is not adequate to improve coverage, equity in access, quality and efficiency of health services. Moreover, there is uneven geographical distribution of the available health workers, resulting in inequity between rural areas and urban areas and lack of relevant competences where they are needed. In the public sector, salaries are low and incentives are lacking leading to unattractive remuneration, non-conducive working conditions and living environment, and hence high attrition rates among the skilled HRH. Retaining skilled health workers especially in remote areas with appropriate skill mix for health care remains a major challenge.

**Insufficient information and evidence base** is characterized by weak capacity to collect, generate, analyse, disseminate and use available HRH information. Furthermore, limited use of different data sources adversely affects evidence-based decision-making and policy development. Lack of research capacity including documentation of best practices to inform and support policy direction is yet another challenge. There is need to improve the overall capacity of the HRH information systems including research capacity and documentation of best practices to support decision making.

**Insufficient financial resources:** There is inadequate fiscal space for full funding of the national HRH plans where they exist. This contributes to insufficient financing for production and employment to fill the gap in health workers' availability in national health services. The fragmentation, inconsistency and unpredictability of resources hamper forward planning and implementation of HRH development. Finding how best to increase and sustain HRH financing is absolutely necessary to improve health service delivery.

**Uncoordinated partnerships and weak dialogue:** In HRH policy dialogue, the limited involvement of all partners and stakeholders including the private sector reduces ownership of policy development and implementation. Competing interests within and between the stakeholders and partners coupled with insufficient harmonization and alignment of efforts increases the fragmentation and duplication of effort. The lack of recognition of the multisectoral nature of HRH tends to limit not only the ability to have a full picture of this problem but also the range of solutions available for the different aspects of HRH such as production, management, utilization and retention. The main challenge is

how to build synergy at country and regional levels by sustaining and formalizing mechanisms for intersectoral partnerships that include all stakeholders and partners.

### **1.3 Opportunities**

The issue of Human Resources for Health is recognized as a priority in the health system. In this regard a number of opportunities to address the crisis of human resources for health in the African Region exist including the Global Health Initiatives; the 2001 Abuja Declaration for increasing financial resources for health including HRH; the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems which identifies HRH as a health priority; the 2008 Algiers Declaration on investing in and promoting research for health including building HRH evidence. The Global Code of Practice on international recruitment of health personnel adopted at the Sixty-third World Health Assembly in 2010 encourages Member States to implement effective policy measures to educate, retain and sustain the health workforce.

In addition, the high level interministerial (health, education, public service, finance) consultation in March 2007 hosted by the African Union (AU) made recommendations for health workforce development in Africa using multisectoral response and identified priority areas that were later endorsed by the Conference of African Ministers of Health of the AU in April 2007. The first HRH global forum in 2008 adopted the Kampala Declaration<sup>14</sup> which provides strategic directions. The Second forum held in Bangkok in January 2011 reviewed progress and reinforced the initiatives to sustain the momentum in the global health workforce agenda.

## **2. GOAL, OBJECTIVES, GUIDING PRINCIPLES AND STRATEGIC AREAS**

The regional HRH Road map, as shown in the above diagram, has a goal, objectives, guiding principles and strategic areas each with priority interventions for the period 2012–2025. It is based on the regional commitment of stakeholders and partners to scale up HRH capacity in the Region for improved service delivery.

### **2.1 Goal**

The goal of the Road map is to ensure that skilled and motivated health workers are available to provide universal access to health care in the African Region.

### **2.2 Objectives**

#### **2.2.1 General Objective**

The general objective of the Road map is to scale up the availability and strengthen the performance of the health workforce for improved health service delivery in the African Region.

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<sup>14</sup> GHWA. The Kampala Declaration and Agenda for Global Action, First Global Forum on Human Resources for Health, 2–7 March 2008, Kampala, Uganda: [www.who.int/workforcealliance/forum/2\\_declaration\\_final.pdf](http://www.who.int/workforcealliance/forum/2_declaration_final.pdf). Last accessed on 8 June 2012.

## 2.2.2 Specific Objectives

The specific objectives are:

- (a) develop health workforce policies and strategies in all African countries by 2014;
- (b) ensure that, by the end of 2025, all countries in the African Region would have increased their health workforce to the minimum density threshold of 2.3 per 1000 population;
- (c) maintain appropriate skill mix of health workers with competences relevant to the needs of the population by 2025;
- (d) ensure equitable redeployment and distribution of the health workforce;
- (e) attract and retain health professionals including measures for improving their remuneration and their working and living conditions.

## 2.3 Guiding principles

Several interconnected guiding principles underpin all efforts to improve the production and utilization of human resources for health. The guiding principles include:

- (a) Countries' commitment: to support actions that contributes to a sustainable health workforce.
- (b) System linkage: national HRH strategies should be harmonized with the relevant components of the health system and primary health care principles.
- (c) Donor alignment: donor support should be coordinated and aligned with country HRH plans.
- (d) Equity, accessibility and accountability: in order to ensure that all people, in all places, have access to skilled health workers who are equipped, motivated, and supported.
- (e) Results-oriented: HRH strategies and actions aimed at achieving measurable outcomes.
- (f) Multisectoral engagement of all sectors and stakeholders including the communities to build the health workforce.

## 2.4 Strategic areas

The following six strategic areas have been identified to achieve the objectives:

- (a) **Strengthening leadership and governance capacity of the health workforce.** Governance capacity in African countries aims to harness all that is required to make available appropriately skilled and high-performing health workers in the right quantity where they are needed. It is required to increase the domestic investment for sustainable financing of national health workforce plans including recruitment and to strengthen HRH management and leadership capacities.
- (b) **Strengthening HRH regulatory capacity in the Region** by establishing HRH regulatory and professional bodies where they do not exist or by increasing their capacity where they exist. This capacity should also be available at subregional and regional levels to improve harmonization of professional regulation and practice including alignment between HRH policy reforms and regulatory framework for professionals and services.

- (c) **Scaling up education and training of health workers.** This involves strengthening education and training capacity especially in countries facing shortages by increasing the numbers of qualified teaching staff, teaching and learning materials and improving infrastructure. The capacity building includes adherence to socially accountable standards of quality and quantity including mandatory accreditation.
- (d) **Optimizing the utilization, retention and performance of the available health workforce.** This involves the development and implementation of mechanisms for equitable and rational distribution; the design and implementation of retention strategies that will attract and retain skilled workers in service areas and teaching institutions and; the provision of specific incentives to qualified health personnel serving in rural areas and hardship areas.
- (e) **Improving health workforce information and evidence.** This includes strengthening HRH information systems, establishing national HRH observatories and compiling and disseminating evidence at national, subregional and regional levels as well as building capacity in HRH research and in the use of the evidence generated.
- (f) **Strengthening partnership and dialogue for the health workforce** by fostering partnership, improving dialogue among stakeholders such as education, finance and public service, regulatory bodies, professional associations, as well as the private sector and development partners for their involvement in HRH development at all levels. Advocacy at national, regional and global levels should continue in order to secure substantial financial investment in HRH development.

#### **2.4.1 Strategic Area 1: Strengthening leadership and governance capacity of the health workforce**

##### **Priority interventions**

- (a) Develop/update and implement comprehensive and costed national HRH strategic plans reflecting the Road map in the context of broader health plans and the macroeconomic situation.
- (b) Increase domestic (public and private) investment and improve the effectiveness and efficient use of health-related resources to progress towards sufficient and sustainable financing of national health workforce plans, in keeping with the Abuja Declaration.
- (c) Work towards attainment of financial sustainability for HRH by ministries of health in collaboration with other line ministries, partners and stakeholders including the community.
- (d) Strengthen institutional leadership and governance capacities at all levels including the HRH units of the ministries of health, district health management teams, and health facilities management teams at country including other agencies or sectors responsible for employment, regulation and transfer of health workers.
- (e) Carry out advocacy with and engage top political leaders and relevant stakeholders in HRH policy processes at country, subregional and regional levels including reviewing HRH policy.
- (f) Develop and submit an investment case for HRH development in Africa to the Heads of State at the African Union.

## **2.4.2 Strategic Area 2: Strengthening HRH regulatory capacity in the Region**

### **Priority interventions**

- (a) Strengthen the capacities of regulatory bodies to perform their roles of HRH accreditation and regulation at national, subregional and regional levels.
- (b) Promote the establishment of professional and regulatory bodies to support enforcement of laws and regulations where they do not exist.
- (c) Strengthen the capacities of national and regional professional associations such as public health, medical, dental, pharmaceutical, nursing and midwifery associations.
- (d) Establish and/or strengthen the capacity of national, subregional and regional regulatory bodies to harmonize practices and regulations between professions and across countries.
- (e) Enforce further the regulation that seeks to minimize the adverse impact of uncontrolled commercialization of health services delivery.

## **2.4.3 Strategic Area 3: Scaling up education and training of health workers**

### **Priority interventions**

- (a) Increase educational capacity to scale up the production of health workers to match demand (infrastructure, laboratory work environment, teaching staff, teaching equipment and materials).
- (b) Increase the production of health workers taking into account skill mix requirements to improve the quality of service delivery.
- (c) Strengthen and/or introduce innovative approaches such as the use of ICT, e-learning and inter-professional education in pre-service education and continuing professional development.
- (d) Develop national accreditation systems with subregional, regional and global facilitation for all health professional institutions.
- (e) Increase access to training resources and materials for education and development through establishing and promoting sustainable mechanisms such as the programme for textbooks, instructional materials and diagnostic equipment for health sciences education in the African Region (AFRITEX).
- (f) Expand and strengthen service platforms for professional education, training and research.
- (g) Promote and facilitate the sharing of education and training capacity across the Region.
- (h) Promote and facilitate the harmonization of curricula, education standards, accreditation, and professional regulation.
- (i) Strengthen and accelerate the training and career progression of teaching staff and introduce measures to ensure their retention.

#### **2.4.4 Strategic Area 4: Optimizing the deployment, retention and performance of the available health workforce**

##### **Priority interventions**

- (a) Introduce effective recruitment and deployment policies and practices to promote rational utilization of health workers through updating of norms for better management in order to minimize ad-hoc and haphazard solutions.
- (b) Introduce measures to improve the working conditions, remuneration and living environment of health workers in collaboration with ministries that manage public sector employment across sectors; and implement HRH performance management systems.
- (c) Promote and implement sustainable and effective retention mechanisms including attraction of workers to rural areas or from the diaspora; health workers who exited the system but are in the country; assure the safety of workers; increase salaries and introduce special allowances for staff working in difficult circumstances.
- (d) Strengthen and/or introduce innovative approaches for professional practice such as the use of telemedicine, task-shifting, e-learning, micro-surgery techniques and outsourcing of services.

#### **2.4.5 Strategic Area 5: Improving the generation of health workforce information to support evidence-based decision-making**

##### **Priority interventions**

- (a) Strengthen Health Information Systems (HIS) and Human Resources Information Systems (HRIS) for improved collection, storage, analysis and use of health workers data.
- (b) Establish and/or strengthen national, subregional and regional health workforce observatories.
- (c) Increase investment in HRH research capacity and disseminate results to all stakeholders to identify health workforce requirements, trends and the effectiveness of interventions.
- (d) Produce policy briefs on success stories in HRH problem solving.
- (e) Develop regional indicators for measuring progress via the AHWO mechanism.
- (f) Develop indicators for monitoring and evaluation of the health workforce within national health services.

#### **2.4.6 Strategic Area 6: Strengthening health workforce partnership and dialogue**

##### **Priority interventions**

- (a) Develop the capacity of ministries of health to track, negotiate, align, harmonize and coordinate stakeholder/partner activities.
- (b) Expand and strengthen HRH coordination mechanisms for all relevant stakeholders and partners in order to facilitate policy dialogue on the HRH agenda at national, subregional and regional levels.

- (c) Develop and/or strengthen appropriate public/private partnerships to ensure coherence of and support for HRH plans.
- (d) Facilitate South-South and North-South technical cooperation in HRH.
- (e) Commit to predictable long-term aid flow to HRH in keeping with the Paris Declaration and the principles of the Accra Agenda for Action, and invest in priority areas such as the production and employment of health workers to ensure sustainable impact.

### **3. ROLES AND RESPONSIBILITIES**

#### **3.1 Member States**

- (a) Endorse and commit to the Road Map.
- (b) Develop/update their own HRH strategic plans reflecting the Road map with timelines, indicators and benchmarks.
- (c) Mobilize resources for implementing the HRH strategic plans.
- (d) Hold regular planning, monitoring and progress reviews.

#### **3.2 WHO and development partners**

- (a) Submit the Road map for approval by ministers of health at the Regional Committee meeting in 2012.
- (b) Develop a communication strategy for sensitization, advocacy and resource mobilization for the implementation of the Road map.
- (c) Provide technical support to subregions and countries for the implementation and monitoring of the Road map and build capacity for country roll out of the Road map.
- (d) Convene regular intercountry stakeholder consultations and progress reviews and evaluation.

### **4. MONITORING AND EVALUATION<sup>15</sup>**

Monitoring and evaluation of the Road map will use existing mechanisms such as the African Health Workforce Observatory and its national Health Workforce Observatories networks. Baseline indicators of 2011 will be produced by the AHWO for each strategic area. An evaluation report in 2015 within the context of MDGs will be shared with all stakeholders.

#### **4.1 Indicators at country level**

Based on the strategic areas and the priority actions, the process indicators that countries may use to adapt their HRH strategic plans are presented below:

##### **4.1.1 Strategic Area 1**

- (a) Existence of national HRH strategic plan that reflects the content of the Road map.

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<sup>15</sup> The indicators have been refined by WHO.

- (b) Existence of budget line dedicated to HRH plan and implementation.
- (c) Implementation rate of the national HRH strategic plan.

#### **4.1.2 Strategic Area 2**

- (a) Number/percentage of functional regulatory bodies that play their roles of HRH accreditation and regulation.
- (b) Number/percentage of functional health professional associations.

#### **4.1.3 Strategic Area 3**

- (a) Annual rate of increase in the numbers of graduates in medicine, nursing and midwifery.
- (b) Percentage of staff positions filled by qualified teachers in health science training institutions.

#### **4.1.4 Strategic Area 4**

- (a) Ratio of doctors, nurses and midwives per 1000 population.
- (b) Proportion of physicians, nurses and midwives working in rural areas.
- (c) Vacancy rate of health professionals.

#### **4.1.5 Strategic Area 5: Functional national HRH observatory in place.**

#### **4.1.6 Strategic Area 6**

- (a) Existence of functional HRH coordination mechanisms to facilitate policy dialogue on the HRH agenda.
- (b) Proportion of donor funding dedicated for HRH in the country.

### **4.2 Indicators for measuring progress of the Road map (regional level)**

Measurement of progress of the Road map will be done at yearly intervals during the first three years (2012, 2013 and 2014); then every two years thereafter; and finally every five years during the last ten years.

**4.2.1 Strategic Area 1:** Proportion of countries in the Region with national HRH plans reflecting the Road map.

**4.2.2 Strategic Area 2:** Proportion of countries in the Region with regulatory bodies established and functional.

#### **4.2.3 Strategic Area 3**

- (a) Annual growth rate of graduates in medicine, nursing and midwifery.
- (b) Proportion of countries that have at least 50% of qualified teachers in their health science training institutions.

#### 4.2.4 Strategic Area 4

- (a) Ratio of physicians, nurses and midwives per 1000 population in the Region.
- (b) Proportion of countries in the Region that have implemented retention strategies.

#### 4.2.5 Strategic Area 5

Proportion of countries in the Region with functional national HRH observatories.

#### 4.2.6 Strategic Area 6

- (a) Proportion of countries in the Region with functional mechanisms for coordination of stakeholders in order to facilitate policy dialogue.
- (b) Number of HRH regional consultations held.

### 5. MILESTONES

The table below shows the follow-up steps for the implementation of the Road map at both regional and country levels.

	Activities	Timeline	Responsibility
1.	Introduce the Road map to the 62nd Regional Committee in 2012 and propose a draft resolution.	2012	WHO
2.	Develop and adopt a communication strategy for the Road map with an action plan that includes all key partnerships.	2013	WHO and partners
3.	Hold annual regional consultation of key stakeholders and partners to assess national and regional progress in the implementation of the Road map.	Annually	WHO and Partners
4.	Agree upon regional HRH indicators including 2011 baseline data and information from the AHWO.	2012	WHO (AHWO)
5.	All countries will have developed comprehensive national human resources strategic plans with realistic cost estimates in the context of the Road map.	By end of 2014	Countries
6.	All countries would have a national HRH observatory.	By end of 2015	Countries
7.	Increase in HRH stock by at least 15% by 2015.	By end of 2015	Countries
8.	Increase the rate of admission to health training institutions by at least 50% by 2015.	By end of 2015	Countries
9.	WHO and partners to produce an African Regional Report on HRH including an assessment of contribution of the health workforce to the attainment of health-related MDGs.	2015	WHO
10.	All countries in the African Region will have attained at least 2.3 health workers (medical doctors, nurses and midwives) per 1000 population.	By end of 2025	Countries

Each country will use the Road map to develop or review its strategic plan choosing the relevant interventions that are likely to make the greatest impact, with clear timelines and indicators.

In addition, a mid-term review in 2018 and end-of-implementation evaluation in 2025 will be conducted by countries with the support of partners.

## **6. CONCLUSION**

This Road map is expected to alleviate the HRH crisis in countries, contribute to improving health service delivery in the African Region and accelerate progress towards the attainment of the health MDGs and other national and regional health goals and targets.

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