

Human Resources for Health, Challenges and Strategies to address them in Sub-Saharan Africa

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Presentation Outline

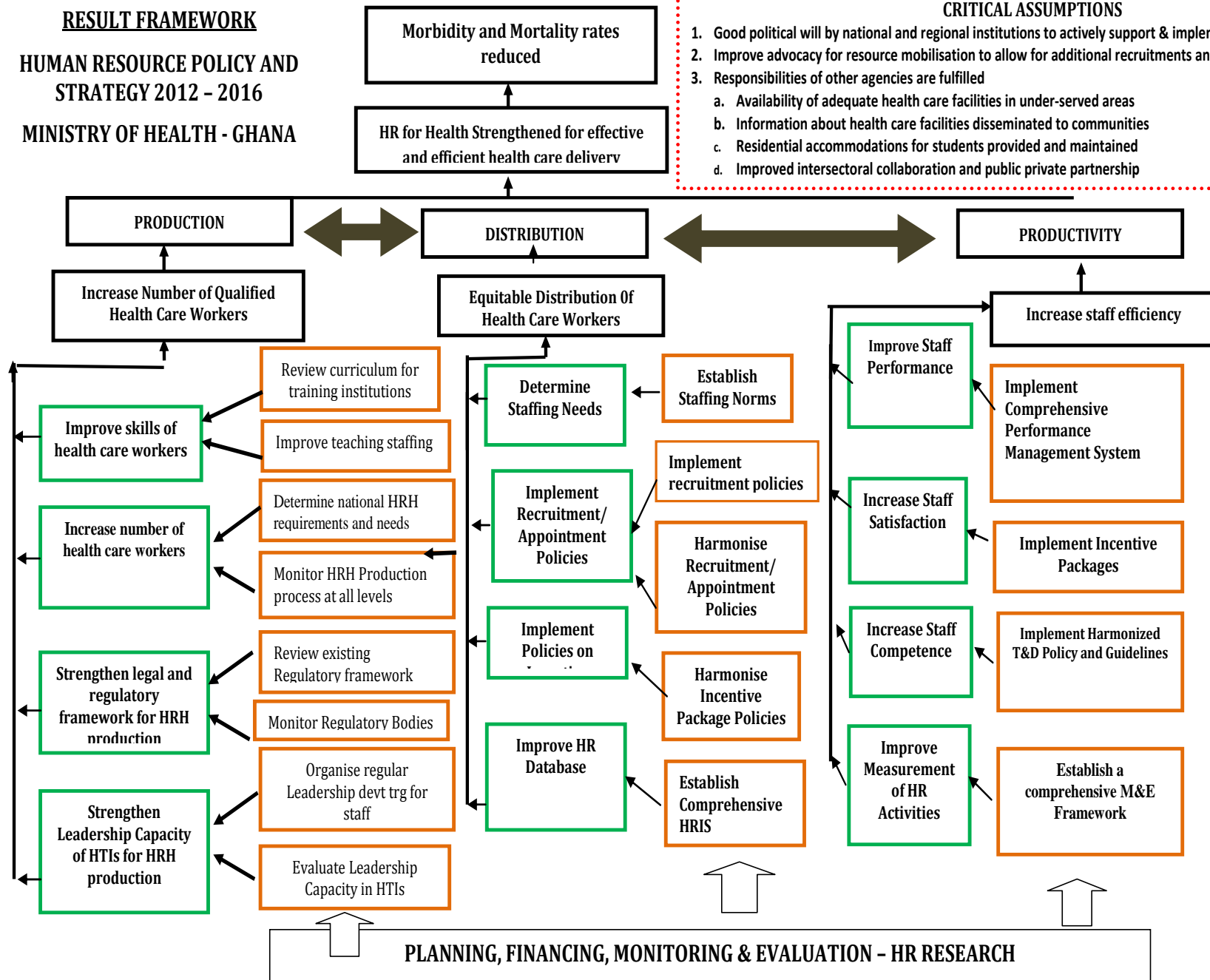
- Introduction
- Key HRH Challenges
- Effects of HRH Challenges on Health sector
- Policy Options adopted
- Factors for Success

Introduction 1

- HR is the most critical resource for any work environment; the healthcare delivery is labour intensive.
- The health system's performance is strongly linked to the dedication and skill of the health workers the system is able to attract or retain.
- The aim of HRH management is to have Trained health professionals in the right numbers, right places and sufficiently motivated to deliver quality health services.

RESULTS FRAMEWORK

RESULT FRAMEWORK HUMAN RESOURCE POLICY AND STRATEGY 2012 - 2016 MINISTRY OF HEALTH - GHANA



Introduction 2

- ▶ The HRH assessment revealed that the Health sector faced the ff problems:
 - Inadequate numbers of health workers
 - Poor distribution of health workers
 - Poor retention of trained health workers
 - Low HR and recruitment budget
 - Inadequate and Inefficient HR management
 - Brain drain – External and Internal Migration of Health workers
 - Erratic Health sector Leadership.

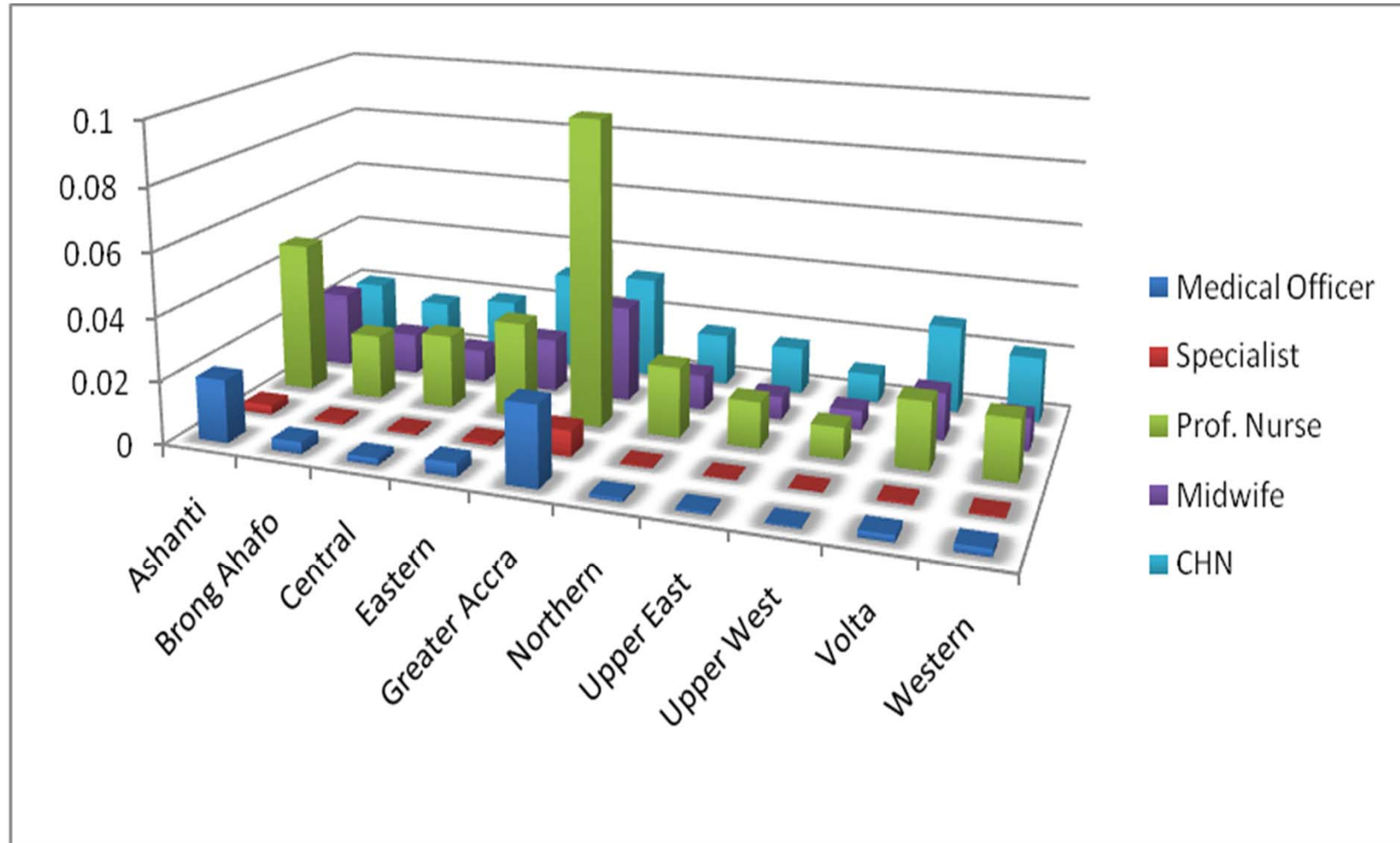
Key HRH Challenges 1

- Inadequate numbers of health workers
 - Few numbers being trained.
 - Few trainers or lecturers
 - Inadequate training capacity
 - High failure rate in Health Training Institutions
 - Limited number and poorly funded public sector health training institutions.
 - The health sector concentrates on training higher level professionals with high level entry requirements; to the neglect of middle or lower level providers.
 - Freezing of recruitment and retrenchment/early retirement of health staff.

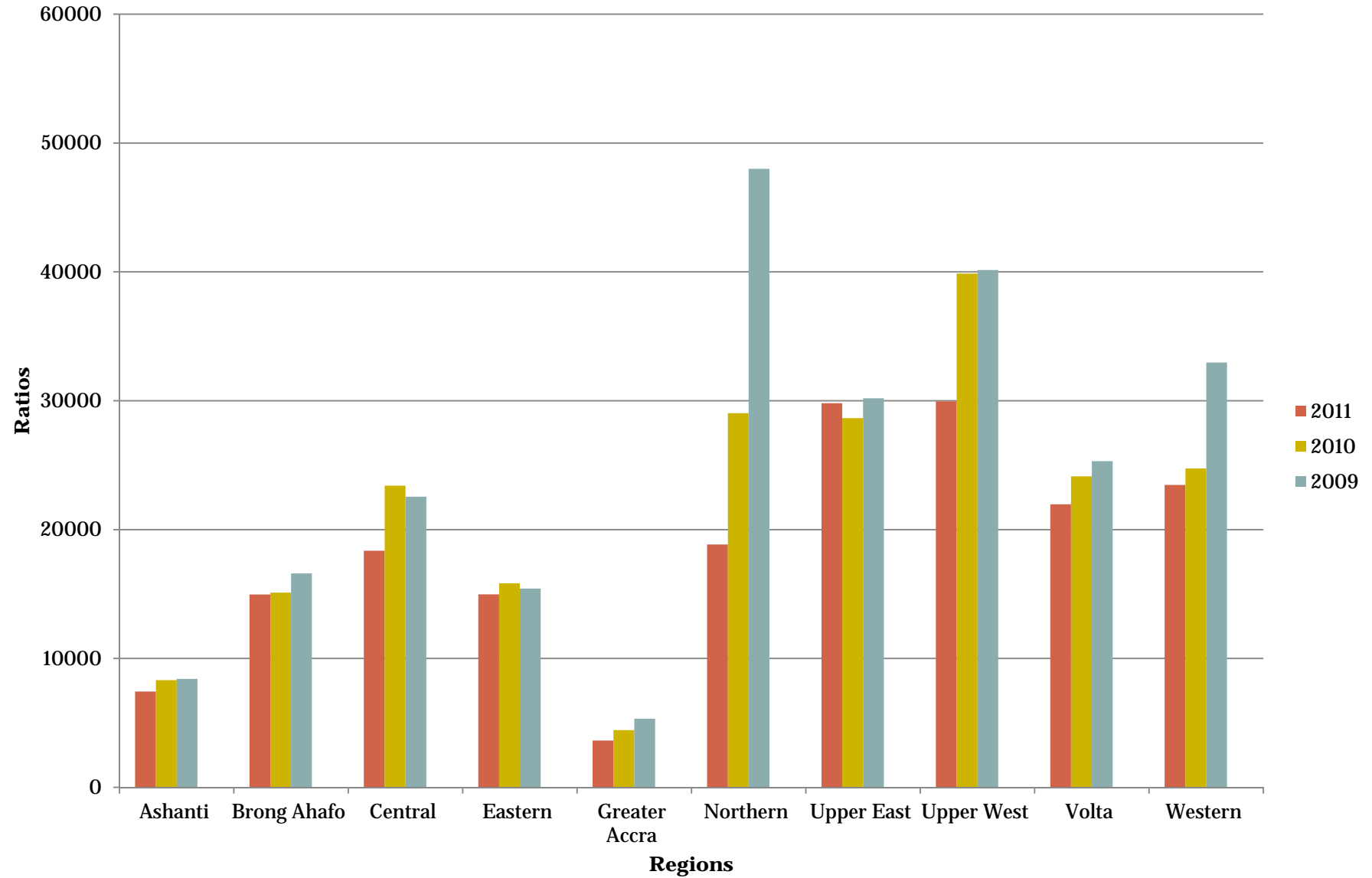
Key Challenges 2

- Poor distribution of health workers
 - Distribution Skewed in favour of Urban areas to the disadvantage of rural areas.
 - Poor social amenities in rural areas – housing, schools for children, utilities (Electricity, Water and Telecommunications/ICT), etc.
 - Staff in deprived and rural areas usually forgotten in being provided incentives, promotions and scholarships.

Skewed distribution of highly skilled professionals are in favour of Greater Accra and Ashanti regions



Doctor to Pop Ratio 2009-2011 Compared



Key Challenges 3

- Low Health Budget
 - Most Ministries of Health have not attained the Abuja Declaration of allocation of 15% of National Budget to the Health sector.
 - HR Budget is also relatively low.
 - HR budget is centrally and inefficiently managed as part of Civil Service.
- Inefficient HR management
 - Low capacity of HR managers under the Civil Service system.
 - Flaws in the HRIS, thereby limiting ability to manage HR based on accurate data.

Key HRH Challenges 4

- Poor retention of trained health workers
 - Low levels of compensation/salary.
 - Poor health infrastructure.
 - Career development unresponsive to the needs of the health sector.
 - Increased migration of health workers from the country.
 - Aging Health professionals
 - Attrition from Public Sector to Private sector.

Why were Ghanaian Health Professionals leaving the country?

Internal/Push Factors

- Unresponsive Professional training and Career development
- Poor healthcare infrastructure
- Low levels of compensation
- Family pressure and a desire for better living standards
- Internal Inefficiencies in the HR Management processes

External/Pull Factors

- High levels of demand
- Provision of higher salaries/compensation
- Greater predictability in training and career pursuits
- Better and modern health infrastructure and resources
- Proactive recruitment and review of recruitment policies
- “Failed” HR planning in Advanced economies

Brain drain – External and Internal Migration of Health workers

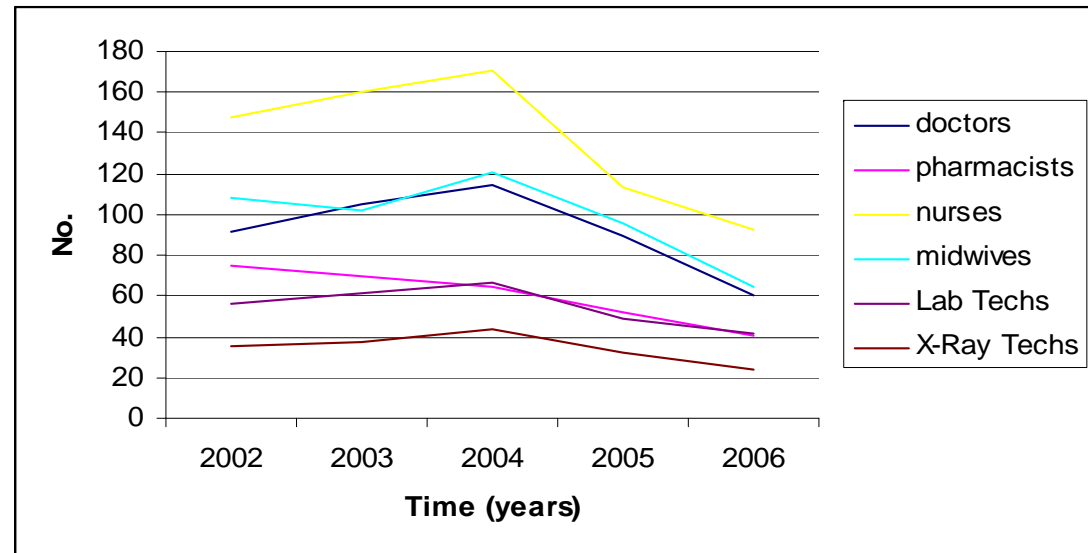
Trends in International Migration Over 10-Year Period

PROF. CATEGORY	1999-2003 COMMULATIVE LOSS	2004-2008 COMMULATIVE LOSS	PERCENTAGE DECREASE
MEDICAL OFFICERS	450	205	54.4
PHARMACISTS	329	118	64.1
PROF. NURSES	959	198	74.4
MIDWIFE	366	95	74.0
MED.LAB.TECHNO.	165	69	52.2
RADIOLOGIC TECN.	137	51	62.8

Source: Asabir (2009)

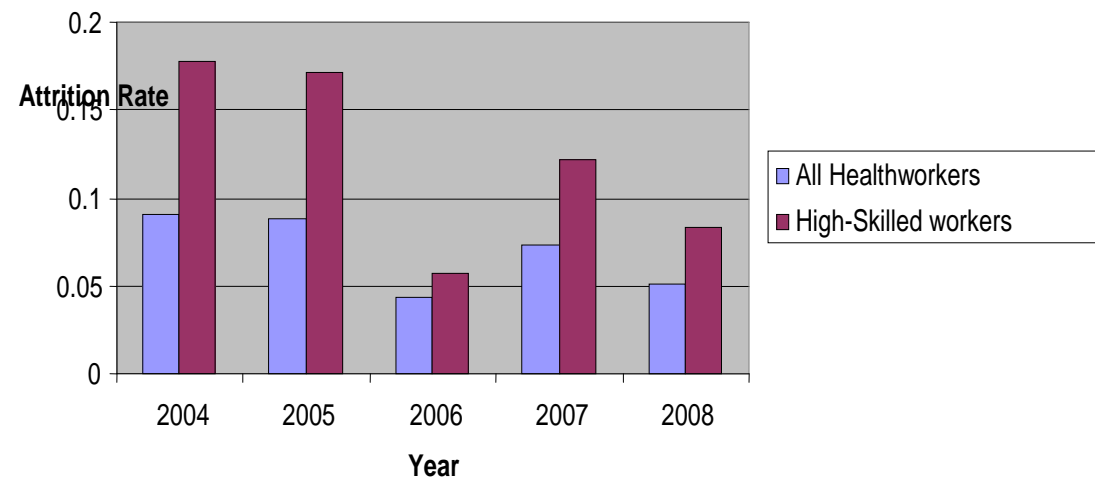
also Ghana has seen significant reduction in health workforce attrition...

- Outmigration rates have decreased



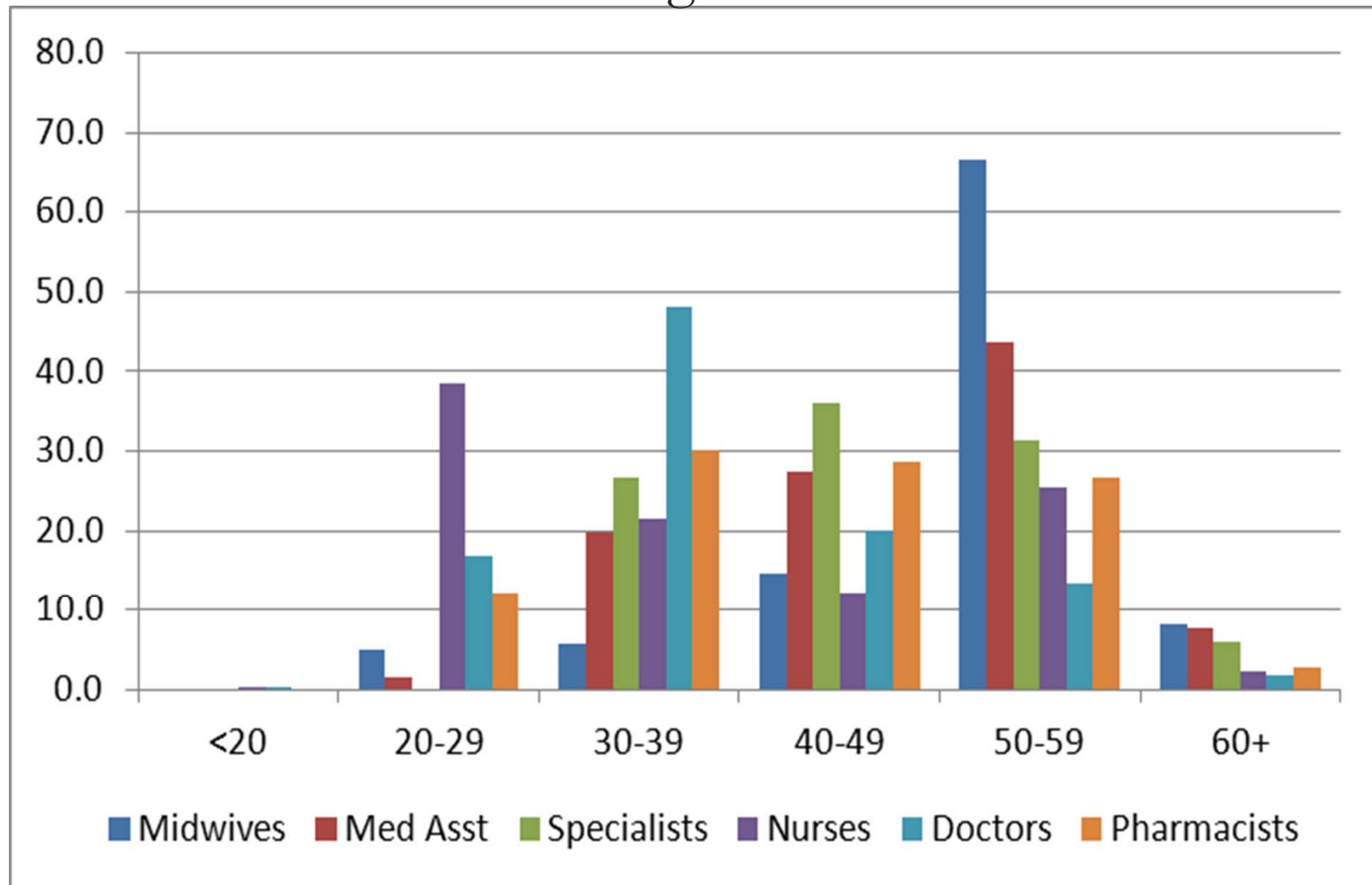
Source: WB

- And attrition trends have generally reduced



Aging Health Workforce:

Some categories (esp. midwives, Physio, P & O, OT) at risk of losing the more experienced personnel as health workforce ages



Private Sector' role in attracting and retaining Health professionals

- In 2007 only 30% of the 1645 pharmacists in Ghana are employed by Government; over 60% are in private retail or manufacturing.
- Less 1% of pharmacists will accept post-retirement contract appointment in the public sector as against 92% and 96% for nurses and doctors.

Key HRH Challenges 5

- Erratic Leadership
 - High turnover of Ministers of Health
 - Varying commitment of leadership to addressing HRH issues at a high level in the country.
- Inadequate HRH capacity.
 - Few professionally HR qualified persons managing HR in the Ministry of Health.
 - Low remuneration and incentives to attract and retain qualified HR professionals in the Health sector.

Effects on the Health Sector

- ▶ (Nyonator et al 2005, – ‘Health of the Nation and the Brain Drain’) of both health service provision assessments and human resources for health, the main issues in the Ghana health sector included:
 - high rates of emigration of trained professionals,
 - problems of inequitable distribution of staff
 - great disparities between the more endowed urban and southern regions and the deprived rural and northern regions
- ▶ Impact of the Brain drain on quality of care in the health sector (especially public sector) shows some worrying trends and health outcomes/indices have already started showing stagnation and/or some decline.
- ▶ Ghana like most African nations is not likely to achieve most of the health-related MDG targets.

Policy Options I

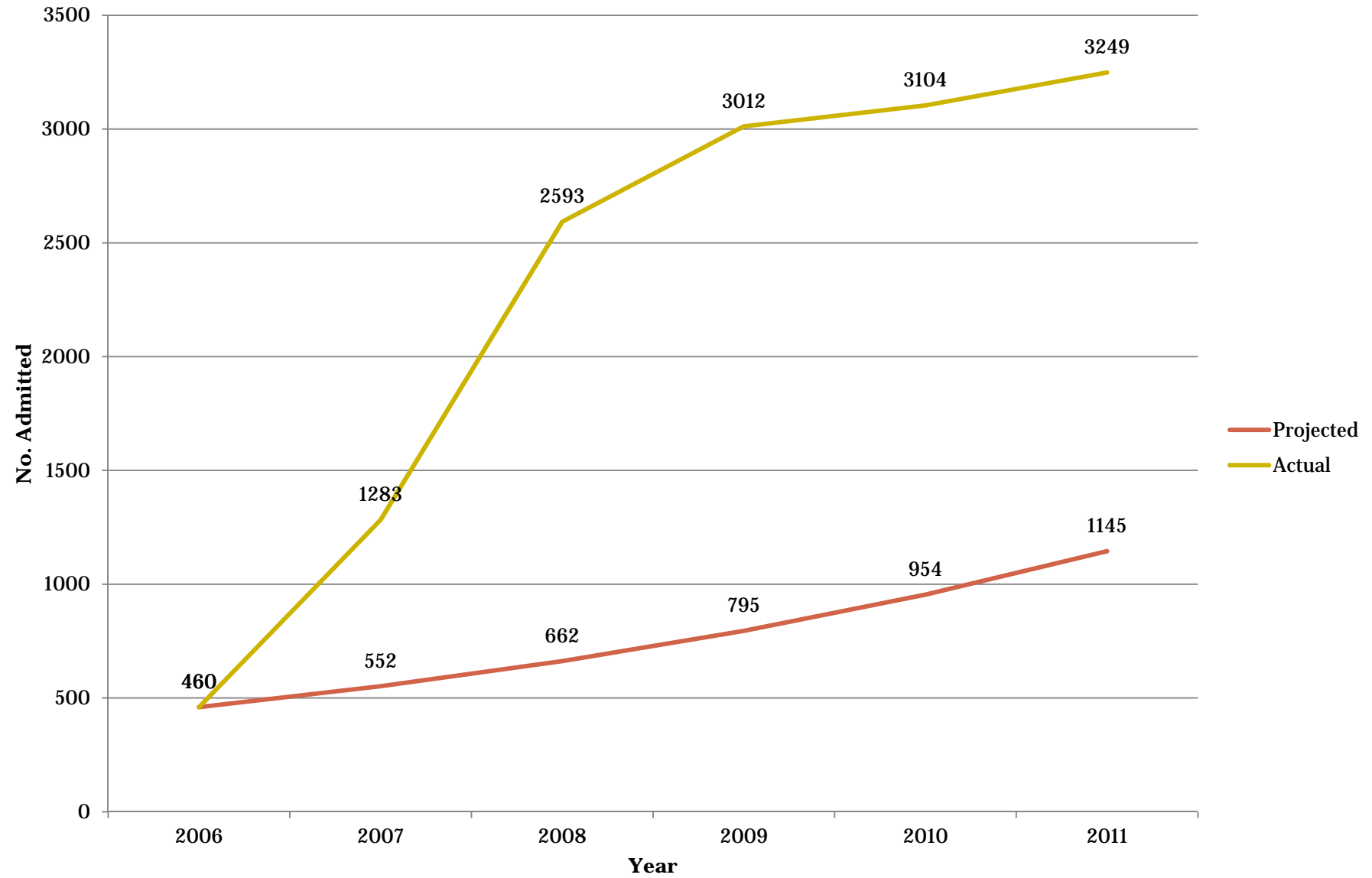
1. Measures to Increase Inflows/Production of Human Resources

- Increasing admission into health training institutions.
 - Admission into Nursing training has seen a four-fold increase between 1999 and 2005.
 - Increasing investment in pre-service training
 - *Build additional Schools*
 - *Provide appropriate learning materials*
 - *Train and Deploy more Teachers*
 - Private sector involvement in the training of health professionals presents an opportunity for increased investment in training of Health professionals
 - *Several Private Health Training Institutions opened and accredited.*
- Task Shifting – Training middle level professionals to complement the number of highly-trained professionals.
- Offering re-employment to retired and other workers who have left the health sector.
- Streamlining the recruitment process.

Establishment of New Health Training Institutions 2004 - 2008.

TYPE	INSTITUTION				
	MOH	CHAG	PRIVATE	QUASI	
Ghana college of Physicians & Surgeons	1	-	-	-	1
Traditional Medicine Practitioners (B.Sc.)				1	1
General Nursing	1	1	4	1	7
Direct Midwifery	8	-	-	-	8
Community Health Nursing	2	1	-	-	3
Medical Laboratory Technology	1	-	1	-	2
Health Assistants (Clinical)	8		4		12
Emergency Medical Technicians	1				1
TOTAL	13	2	4	-	35

HAC Admission Trends 2006-2011

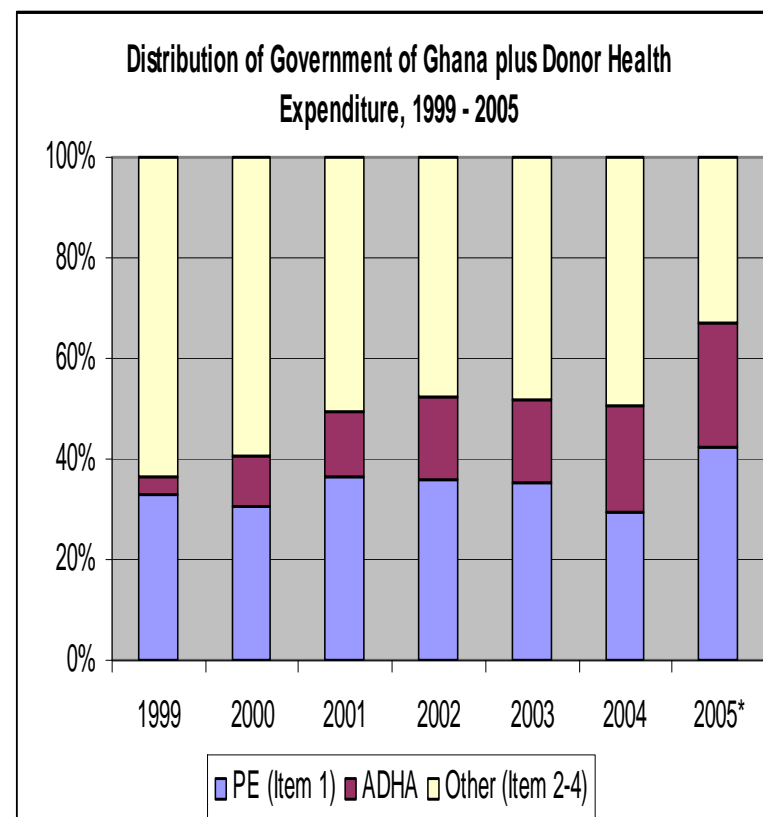
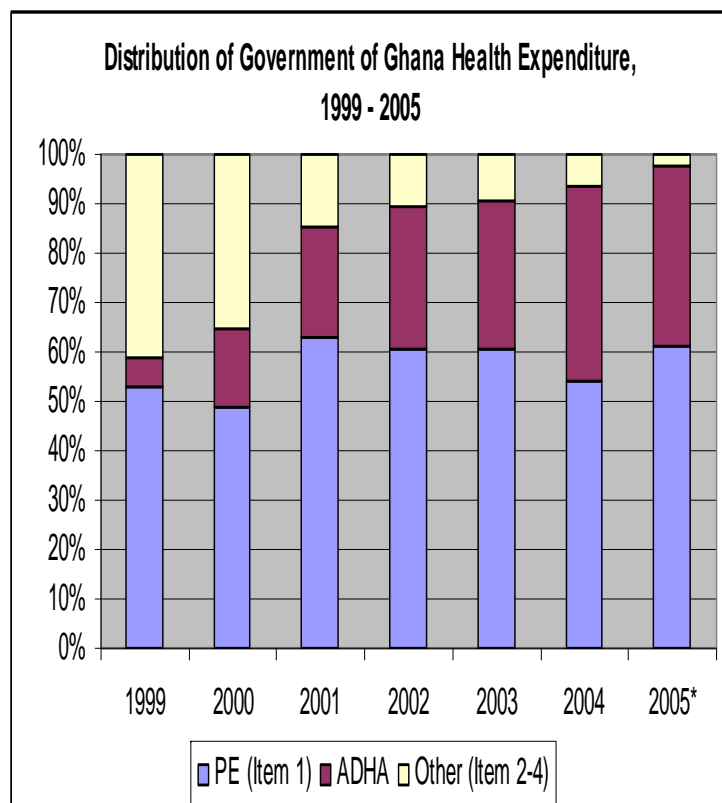


Policy Options II

2. Attract and Retain trained health workers

- Additional Duty Hours Allowance (ADHA) was instituted for Doctors in November 1998 and ALL Health workers in 1999.
- Enhanced Health sector salary scheme implemented
 - Redesign the remuneration system – Ghana Govt. took a bold decision to prioritize the health sector for enhanced salaries in 2005/2006 Health workers salaries increased from between 200 – 800%. Significant retention driver - high demand on health budget.
 - Improved Welfare and Benefits Schemes (Pensions, Car Hire-Purchase,)
- Extending Working Life of *healthy* Health Professionals – Post retirement contract appointment.
- Bonding and Compulsory Service periods for health workers trained at public expense.
 - Increasing the duration of internship for doctors from one to two years.
 - Enforcing scholarship bonds/agreement

The distribution of Health Expenditure from 1999-2005



Adapted from health worker productivity mapping in Ghana. (March 2006)

Policy Options III

3. Measures to Improve the Distribution of Human Resources – Equitable Distribution

– ‘Deprived Area Incentive Scheme’.

- Financial incentive for “deprived” areas set up, but could not be sustained – not targeted.
- Residential Accommodation or housing allowances,
- fast-tracking promotions and career development opportunities for staff working in under-served areas.
- Prioritize access to further training for those who have served in Deprived or Rural areas.

Policy Options IV

4. Measures to Increase Productivity of Health workers

- Institutionalize Professional development initiatives.
- Strengthen HRH information systems for Decision making and Policy review.
 - Eliminating ghost workers from the payroll.
- Modernize HRH Policies to accommodate innovations in managing HRH.
- Institutionalize Performance Management systems
- Reward Best Performing Health workers.

Key Factors of Success 1

- Provide Effective Leadership
 - Political leadership, commitment and engagement.
 - Govt. should be willing to commit 15% of budget to health (Abuja Target).
 - Facilitate Public Private Partnership (PPP) with appropriate Legislature and Incentives.
 - Private sector to train and employ Health Professionals.
 - Local managers empowered to use locally generated resources and initiatives to attract and retain Health workers.
 - Willingness to adopt innovative strategies and exhibit the 'can do' attitude.

Key Success Factors 2

- Build capacity for HRH and Prioritize HRH management.
 - Train, Deploy and Retain HRH practitioners
 - Strengthen the HRH Information System for Decision making and adoption of strategies based on evidence.
- Global Responsibility and Action to anchor the Local policies.
 - Respect existing “Codes of Practice” and Ethical Recruitment conventions.
 - Advanced Economies take active steps to discourage active recruitment from low resource countries.

Key Success Factors 3

- Adopt a Critical “package of different types of incentives” responsive to defined needs must be implemented.
 - A mix of financial and non-financial incentives works and can be sustained.
 - Incentives must be targeted.
 - “package of Incentives” must be sustainable.

Thank you for your attention

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