



# GHWA COLLABORATION WITH EIGHT PATHFINDER COUNTRIES

STATUS REPORT - November - 2008

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## Background

The business plan (2006-2007) of the Global Health Workforce Alliance (GHWA) included an operational model for pathfinder countries that were selected from among 57 countries facing serious health workforce crisis<sup>1</sup>. Countries with acute shortages of human resources for health (HRH), variable health outcomes and a wide diversity in situations were selected to test this approach in different settings. A first set of five countries from Africa included Angola, Benin, Cameroon, Ethiopia and Zambia. Later on Haiti from the Americas, Vietnam from the Western Pacific Region and Sudan from the Eastern Mediterranean Region were added to the list.

The GHWA Board<sup>2</sup> in June 2006 decided to provide catalytic support for the pathfinder countries to accelerate HRH actions, with emphasis on key priorities. In accordance with the Board decision, the GHWA secretariat issued the funds to the pathfinder countries to kick-start priority actions. Countries were informed that this catalytic funding should be considered as an instrument for initiating HRH actions rather than complementing the budget of member states or used for expenses that a national budget, project or donor funding could cover.

It was agreed that each selected country would receive up to USD 300,000; about 1/3 of each allocation was issued initially, while the remaining portion was to be issued subject to successful implementation of the initial allocation and demonstration of results. Six countries received

allocations during 2006-07 through WHO country offices, whereas Sudan and Vietnam received theirs in 2008.

In order to obtain updated information from the pathfinder countries, a template (Annex A) was developed and circulated in September 2008. Information provided by the countries as well as the information available from the GHWA secretariat is the basis of this status report.

The latter parts of the report provide a summary of key information.

## Objectives of catalytic funding to pathfinder countries

The main objective of the catalytic funding was to provide seed money to the eight pathfinder countries to initiate processes essential for addressing the HRH crisis. The funds were intended to be a driver to start effective HRH processes to overcome bottlenecks, accelerate actions and undertake innovative responses. The catalytic funding was also intended to obtain quick wins, convene stakeholders, achieve knowledge synthesis and capacity building, and most significantly to facilitate planning processes.

In their reports, the countries have specified the objectives for collaboration with GHWA in diverse ways (as summarized Annex B): however, they are in line with the above-mentioned objectives and the main theme is the same.

## Plans for use of GHWA funds

The GHWA allocations to the pathfinder countries were not linked to any prior plans; however, after receiving the funds, countries were supposed to develop plans for their utilization in accordance with the given objectives.

The country reports reveal that most of the countries have defined plans for use of these funds, including Benin, Ethiopia, Vietnam and Zambia, while Sudan has linked it to the WHO country workplan 2008-09 and Haiti has linked it to the national HRH plan. The Cameroon and Angola reports do not clearly mention this aspect.

## Status of catalytic funds issued to the countries

A total amount of USD 793,404 was disbursed to the countries through the relevant country offices of WHO. Six countries received funds in 2006-07, while the remaining two countries, Sudan and Vietnam, were allocated their funds in 2008.

The following table shows the amount disbursed, available funds after adjustment of PSC, funds consumed by October 2008, the balance brought forward and the compliance rate.

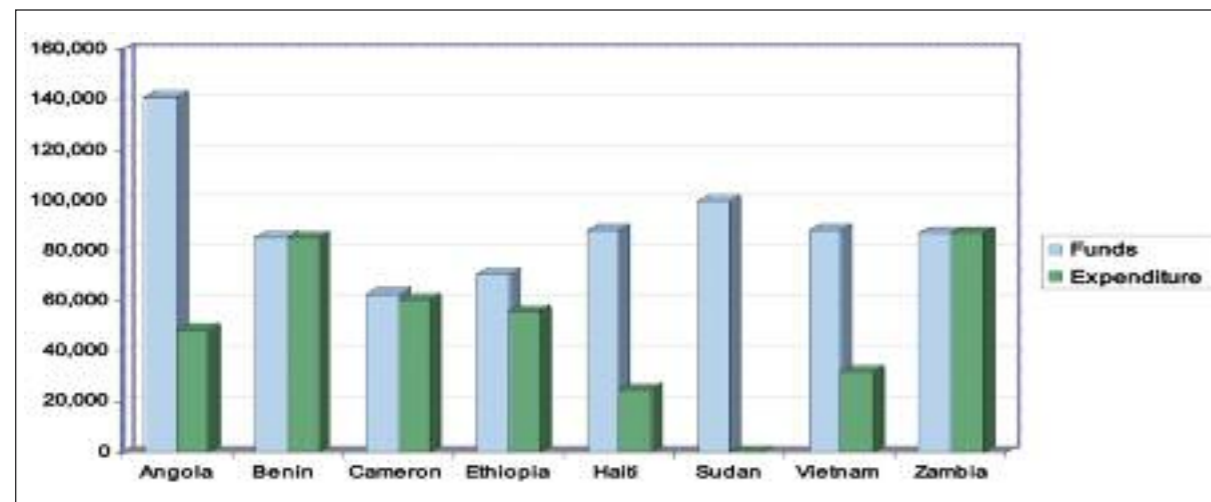
**Table 1: Status of catalytic funds by Oct 2008 (USD)**

Country	Total funds disbursed	Funds available to countries after adjustment of PSC	Funds utilised	Balance	Compliance rate
Angola	159,556	141,200	48,588.00	104,652	34.41
Benin	96,357	85,272	85,271.00	0.91	100
Cameroon	70,795	62,651	60,533.00	2,392	96.62
Ethiopia	79,824	70,641	56,036.65	16,502	79.33
Haiti	100,000	88,496	24,728.00	72,057	27.94
Sudan	100,000	100,000	0	100,000	0
Vietnam	88,496	88,496	31,720.00	70,183	35.84
Zambia	98,376	87,059	87,000.32	65,68	99.93
<b>Total</b>	<b>793,404</b>	<b>723,815</b>	<b>393,876.97</b>	<b>365,853</b>	<b>54.42</b>

<sup>1</sup> World Health Report 2006  
<sup>2</sup>The governing board of GHWA

The figure below provides an overview of the level of funding and expenditure as of October 2008.

**Figure 1: Level of catalytic funding and its expenditure**



Reports have revealed that Ethiopia is reviewing the plan for using the remaining funds. Haiti could not implement the collaboration plan because of political strife including hunger demonstrations, a change of government and the absence of new health authorities, followed by being hit by four consecutive hurricanes. The Ministry of Health (MOH) and its key partners decided to hold most of the planned activities in the HRH field, waiting for the results of the workforce census.

In Sudan, an overseas institute has been selected through a competitive bidding process to establish a short course on human resource development in a local institute and to develop a twinning arrangement with that local institute. A contract is expected to be agreed upon soon with the selected institute. After that, about US\$ 95,000 will be obligated out of the money advanced.

In Vietnam, the MOH has delayed some activities such as management training, waiting to tie it in with the training for administrative reform that is underway by the Government.

### Activities carried out by pathfinder countries by using catalytic funding

The catalytic funding from GHWA generated diverse HRH activities in the pathfinder countries. The activities varied according to country needs and plans; however, they were mainly intended to enhance national capacities, strengthen related systems, establish mechanisms and develop HRH strategic plans. Following is an account of significant activities, while more details are provided in Annex C.

**Angola's** report does not provide detailed information on specific activities; however, GHWA funds have been used to contribute to the elaboration of the HRH development plan 2008-2015.

**Benin** carried out significant actions designed to develop a national strategic plan for Human Resources for Health and conducted a study tour to Ghana to learn about their national HRH observatory.

**Cameroon** validated the report on a situation analysis of human resources for health and supported a workshop on restructuring the paramedical training institutions as well as a workshop on revising the training curricula of the Faculty of Medicine and Biomedical Sciences.

**Ethiopia** carried out a baseline assessment of the unit costs of health services at different levels, including the human resource cost, and prepared a user guide for estimating unit costs of health service in the country. In addition to other key activities, a consultant was hired for technical assistance on a health extension package and equipment was procured by the ministry for use in the training of staff involved in cross-border health services.

**Haiti** supported a consultancy to explore alternatives for expanding the health sector labour market, a seminar to identify needs to improve the leadership capacity of the central and district level management of MOH and launched a forum to realign health sector reform.

**Sudan** has not yet undertaken any activity and plans to initiate a short course on human resource development with a twinning arrangement between an overseas and a local institute.

**Vietnam** developed a training manual on administrative management skills for district health officers and conducted a consultation workshop and a TOT workshop using this manual. It also undertook a review and assessment of their current HRH information system and capacity building with 45% of the heads of district

health divisions from 63 provinces throughout the country.

**Zambia** initiated scaling up of nursing/midwifery tutors and developed training materials for midwifery as well as conducting training on nursing and midwifery. It has supported the re-opening of four nursing schools by providing them with learning and teaching equipment.

### Development of national HRH plans

Availability of an evidence-based, informed, gender-sensitive and costed, HRH plan covering all categories of the health workforce and encompassing key stakeholders is recommended for all countries. The reports from the pathfinder countries do not provide elaborate information on this. It has been noted that Angola and Cameroon are in the process of developing a plan, while Ethiopia has developed an HRH plan that is undergoing an approval process. Benin has a strategic plan but information is not clear about its scope and costing status. In Haiti, there is no separate HRH plan, although their health plan has one part dedicated to HRH. Sudan has HRH plan by MOH that will now be revised and extended to cover all categories and stakeholders and will be costed. Vietnam does not have a national health workforce strategic plan; however, there is a master plan for health system development up to 2010 and the vision for 2020 that contains HRH development targets. Zambia has an HRH plan written by the MOH but further details about its scope and costing are not available.

The table below is an overview of the status of HRH plans by pathfinder countries:

**Table 2: Status of GHWA collaboration plans**

Country	Costed plan	Strategic plan	No plan	Remarks
Angola				Under development
Benin				Unclear whether comprehensive or not
Cameron				Under development
Ethiopia				Under development
Haiti				National health plan has one part for HRH
Sudan				Plan by MOH, planning to make it national and costed
Vietnam				Master plan for health and vision with HRH targets
Zambia				Details of the plan not provided

## Partnerships for implementation of HRH plans

Partnerships for HRH actions and for the implementation of plans are of paramount importance at country level. As various countries are at different stages in developing their HRH plans, the degree and scope of partnerships for HRH activities will vary in these countries as well. For example, Angola, does not have any HRH plan, yet it is nonetheless involved in partnerships for HRH actions. The main partners here are WHO and the European Union. In Benin, WHO, UNFPA, European Union and Belgian Cooperation are collaborating for HRH. In Zambia, WHO, UNICEF, UNFPA, World Bank, DFID, SIDA, CIDA, JICA, USAID, the Clinton Foundation, CHAZ and the Royal Netherlands Government have formed partnerships for funding and support to address the health workforce shortage. Other countries have also various levels of partnerships as well.

## Challenges faced by the countries

Despite many interventions, countries face serious and persistent HRH shortages. The main challenges described by the pathfinder countries pertain to the acceleration of country workforce development, building knowledge and stimulating learning as well as training programmes, establishing HR observatories and information systems and others related areas. The most significant ones are listed below:

- Design and implement of a coherent policy for Human Resources for Health, ensuring that key players in the health sector are really behind the plans
- Advocacy to governments to ensure political will
- Production of quality human resources in sufficient number
- Mobilization of appropriate resources from internal and external sources
- Strengthening local capacities and technical knowhow
- Reform of institutions as well as training programmes and processes so as to make

- health workers capable of coping with the new challenges
- Advocacy of better remuneration of health workers in order to prevent migration
- Improving the security situation so that it no longer hinders the HRH scaling up processes
- Use of alternative and innovative methodologies such as multipurpose health workers, task shifting and community health workers
- Reducing turnover of HRH-related staff at various levels
- Changing government and financial management processes such as GSM
- Reducing difficulties in accessing financial support and release of funds

## Lessons learnt by the pathfinder countries

During these collaboration processes, the pathfinder countries learnt a number of important lessons, as summarized below:

- GHWA's catalytic support helped to clarify the extent of the human resources crisis and to identify the challenges that needed to be overcome in the countries.
- Delay in communication between stakeholders is impeding the process of accelerating action and of receiving the remaining funds from GHWA.
- Better interaction and joint actions with the ministry and other stakeholders as well as frequent communication with global players such GHWA can be instrumental in addressing the health workforce crisis.
- The engagement of a full time technical resource person in the country can ensure continuous communication with the national authorities and key players in HRH.
- A more proactive role is required to build a consensus around the HRH agenda and for plans within and outside countries.
- HRH plans should be well defined and

- incorporated into the National Health and Development Plans, supported by the key players in the health system.
- The collaboration between GHWA and countries was of assistance in meeting urgent HRH needs. This helped to build confidence and to enhance understanding about the common agenda and the cause. There is a need to extend this process in cases where countries are seeking support for long-term interventions.

## Recommendations to GHWA on future support

Countries were asked how GHWA should provide future support. The majority of the countries (almost 75%) asked for more resources to implement their HRH plans and related activities, which indicates their high expectations concerning GHWA. Some other countries put forth significant recommendations such as:

- Decentralizing management procedures for financial resources
- Ensuring more technical support to the countries
- Strategic orientation of HRH thematic groups
- Supporting research for identifying and addressing the causes of the flight of health workers from their workplaces to capital cities and abroad
- Support for conducting training on health management skills
- Support for developing HRH management software and for training HRH managers in health facilities on the software
- Conducting annual monitoring activities at the country level
- Elaborating a plan for GHWA support and provide technical assistance for the implementation of the HR plan
- Continuing support on policy development for Human Resources for Health
- Setting up and linking global, regional and national HRH observatories
- Engaging full-time coordinators in regions and

- countries to convene, monitor and communicate
- o Providing more information about the work of GHWA and the modus operandi of its operations, as about well as the focal persons for dealing with countries and partners
- o Enhancing communication and timely feedback.

## Conclusion

The pathfinder countries carried out vital initiatives and activities to address the HRH crisis, but this is just start. There is a long way ahead to go. The situation is encouraging, as the countries understand the importance of the problem and are moving in the right direction. However, it has been noted that most of the work in some countries is done on a contingency basis and is not strategically linked to achieving the ultimate goal. Secondly, actions are mainly related to ministries of health and only in a few cases are other sectors involved. Civil society and the private sector are especially ignored, while engagement of other stakeholders is not up to mark. Each country has a case of its own because situations vary in terms of socio-political context, HRH priorities and country responses. Under this scenario, there are a number of reasons for unsatisfactory progress, including the following:

- o Countries were not well prepared for engaging with GHWA.
- o Funds channelled through WHO country offices had blocked out GHWA's specific objectives and were therefore considered merely as supplements to WHO's country office programmes.
- o Insufficient communication on objectives and processes
- o Lack of stakeholder consensus on critical bottlenecks and on actions to take.
- o Decision-making and feedback actions were slowed down by the bureaucratic process.
- o Limited ownership and commitment at operational level

- o Little interest by the countries in innovative approaches
- o Country action is difficult to start from the global level and requires alternate methodologies.
- o MOH has been taken as the single entity responsible for HRH.
- o Lack of effective coordination mechanisms at all levels; the multi-sectoral approach is still weak or incomplete at the country level

The slow pace of progress in the pathfinder countries raises critical questions such as:

- o whether the pathfinder approach is successful or not;
- o how much time it will take to achieve demonstrable results in these countries;
- o whether we can afford to keep other crisis countries waiting until there is clear success in the pathfinder countries.

The answer is evident that there is a dire need to move ahead and begin working with all crisis countries. The global extent of the problem calls for thinking even beyond the 57 crisis countries and to begin helping other countries develop their strategies and plans to address HRH related challenges.

With this, GHWA needs to:

- o formalize its support process so that catalytic funding can bring about rapid results and desired outcomes;
- o define its strategies and clarify mechanisms for working at the global, regional and country levels in accordance with its vision, mission and objectives;
- o extend its catalytic functions to all crisis countries in priority and then to other countries facing HRH challenges to some degree;
- o mobilize and convene the HRH partnerships at all levels, increase synergies and enlarge its scope to include technical cooperation and shared response;
- o strengthen regional networks to coordinate

- HRH actions in their countries; and
- o establish mechanisms to monitor effectively progress on HRH and in particular toward living up to the Kampala Declaration.

Along with this, there is also a felt need to work with global partners to develop appropriate strategic documents, implementation models, common tools and guidelines and user-friendly templates so that countries can adapt them and use them to accelerate their actions while addressing HRH challenges in their countries.

## Annexes

### Annex A: Template for 'Status Report' on collaboration between Global Health Workforce Alliance (GHWA) and Pathfinder countries

Country	
Focal point - National (name and contact no.)	
Focal point - WHO (name and contact no.)	
Date	

#### GHWA COLLABORATION AND SUPPORT

##### Objectives of GHWA collaboration:

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##### Whether plans for GHWA collaboration and support exist or not?

If yes, please attach the copy and provide a brief summary:

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#### GHWA funds

Biennium	Funds disbursed to the country	Disbursement date	Project expenditure (so far)	Available balance

##### Explanation or remarks (if any):

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##### Technical support provided by GHWA:

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#### Achievement and outcomes

Major actions	Dates	Outcomes

##### Lessons learnt:

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##### Challenges:

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**Recommendations to GHWA concerning future support:**

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**Suggestions, how can we improve our collaboration:**

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**Additional information**

Area	Response		If yes, further details		
	Yes	No	Total cost:	Available contribution from Government:	Available contribution from partners:
<b>National health plan on HRH</b> (developed by the country or not)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Partnerships for implementation of the HRH plan</b> (exist or not)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Name of partners</b>	<b>Nature of partnerships</b> (such as funding, technical support, etc):	

**Other complementary information on HRH:**

(such as: national health workforce strategies, description of activities, details of expenditure of GHWA funds, details of partnerships, future plans, etc.)

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**Annex B: Objectives of GHWA collaboration stated by countries**

The objectives of collaboration between GHWA and pathfinders countries narrated by the countries themselves:

**Angola**

Support and assistance for strengthening the health workforce and resolving HRH-related problems, particularly the critical shortage of health workers in the crisis countries. Angola has been selected by GHWA as a beneficiary in order to accelerate improvement in the HRH situation. In the WHO country office, the GHWA funds will support the creation of a position for a full-time employee to strengthen HRH development on a long-term basis.

**Benin**

The aim of this initiative is to help Benin address the acute crisis of Human Resources for Health that is compromising the provision of care / service quality and the improvement of health indicators;

The aim is to strengthen the capacity of Benin in human health through the implementation of its strategic plan for developing Human Resources for Health for the period 2008-2017.

**Cameroon**

- Finalization of the Human Resources Development Plan
- Upgrading the capacity of the Ministry of Health to implement the Plan
- Orientation / training of the Ministry of Health staff
- Upgrading the capacity of training institutions to accommodate more trainees
- Revision of the curricula of reputable training institutions
- Orientation/training of lecturers/teachers

**Ethiopia**

- Assist the HRD strategy finalization and support the implementation of selected components of the new design

**Haiti**

- To support the MOH in the development of Human Resources for Health

**Sudan**

- Building capacity on HRH policy and management at the national and state levels
- Support to the Sudan National HRH Observatory

**Vietnam**

- To strengthen country leadership in addressing the health workforce challenges and to assist HRH activities in Vietnam

**Zambia**

- Accelerating the country's HRH effectiveness through mobilizing knowledge as well as sharing information and experience in health workforce development
- Disseminating information and improving communication at all levels
- Harmonizing the involved parties for workforce alignment.
- Supporting the country to implement the Human Resource Plan
- Fast-track training initiative with a view to increasing rapidly the number of health workers

## Annex C: Activities carried out by Pathfinder countries with catalytic funding from GHWA

### Angola

- Contribution to the elaboration of the HR development plan 2008-2015

### Benin

- Development of national strategic development of Human Resources for Health;
- Study tour to Ghana to witness the establishment of a national observatory of Human Resources for Health;
- Linking Human Resources Network;
- Workshop to develop tools for collecting data;
- Workshop to review the National Strategic Plan for Human Resources Development for Health designed by the Technical Working Group;
- Validation workshop of the National Plan for Development of Human Resources for Health;
- Development of national strategies for Human Resources for Health development.

### Cameroon

- Validation of the report on situation analysis of human resources;
- Workshop on restructuring the paramedical training institutions;
- Workshop on revising the training curricula of the Faculty of Medicine and Biomedical Sciences;
- Orientation of the 32 graduates of the Biomedical Sciences and the Faculty of Medicine;
- Conducting the 7th African meeting on technical biology;
- Pedagogical report to the Faculty of Health Sciences, Buea.

### Ethiopia

- Baseline assessment of the unit costs of health services at different levels, including the human resource cost;
- Preparation of a user guide for estimating the unit costs of health service in Ethiopia;
- Consultant to the Ministry of Health for technical assistance on the health extension package;
- Publication of a major research report;
- Procurement of equipment for the Ministry to use training staff involved in cross-border health services;
- Support for biomedical technician training and capacity building at a technical school;
- Support to assist training of radiography technicians;
- Support to assist training of anaesthesia nurses and radiography technicians in one region.

### Haiti

- Consultancy to explore alternatives in expanding the health sector labour market;
- Seminar to identify the needs involved in improving the leadership capacity of central- and district-level directors of the MOH and to adapt a tool to evaluate the capacity of the National Health Authority to ensure its steering role in the health system;
- Seminar to improve the leadership capacities of the central and district level directors of the MOH and to evaluate the overall capacity of the National Health Authority to ensure its steering role in the health system;
- Launching of the Forum to Realign Health Sector Reform.

### Sudan

- No activity has yet been carried out. An overseas institute has been selected through a competitive bidding process to: (i) establish a short course on human resource development in a local institute; and (ii) develop a twinning arrangement with a local institute. A contract is likely by end of October, 2008, with the selected institute. Thus, nearly US\$ 95,000 will be obligated out of the US\$100,000 advanced.

### Vietnam

- Development of a training manual on administrative management skills for district health officers;
- Consultation workshop and TOT workshop for the Manual on Administrative Management Skills for district health officers;
- Review and assessment of the current HRH information system;
- Conduct study tour abroad on HRH information systems;
- Conduct training for about 45% of the heads of district health divisions from 63 provinces throughout country.

### Zambia

- Scaling up of nursing / midwifery tutors;
- Developing training materials for midwifery;
- Strengthening nursing and midwifery training - support for re-opening four nursing schools (Roan School of Midwifery, Nchaanga North School of Registered Nursing, Kalene School of Nursing and Chipata School of Midwifery) by providing learning and teaching equipment.



Launched in 2006, the **Global Health Workforce Alliance** is a partnership dedicated to identifying and coordinating solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations. The Alliance is hosted and administered by the World Health Organization.

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