Establishing a robust and sustainable human resources information systems in Kenya

Ministry of Medical Services, Kenya

Policy description

The Kenya Health Workforce Information System (KHWIS) was initiated in 1997 and began tracking the supply and deployment of Kenya's nursing workforce in 2002. In 2008 it was expanded in order to develop a comprehensive health workforce surveillance system to provide regulatory and staffing data on Kenya's nurses, doctors, clinical officers, dentists, laboratory technicians and radiographers. The KHWIS was developed and implemented through collaboration between the Government of Kenya's Ministry of Medical Services and Ministry of Public Health and Sanitation (MoPHS), as well as their professional groups. The KHWIS is comprised of workforce supply and deployment databases for four distinct health professional councils: the Nursing Council of Kenya, the Kenya Medical Laboratory Technicians and Technologists Board, the Clinical Officers Council and the Kenya Medical Practitioners and Dentists Board. Each regulatory agency houses their respective workforce database, while the Kenyan MoMS manages workforce deployment databases. The KHWIS links the ‘supply data’ retained by the regulatory boards to the ‘deployment data’ retained by the Government of Kenya (see figure 1). This helps to create comprehensive profiles on individual health personnel.

The project is also at the forefront in facilitating HRIS South-South cooperation through the hosting of site visits to demonstrate the system to delegates from Nigeria, Zimbabwe and Tanzania.

Outcome

As a result of KHWIS’s electronically linked databases, timely and accurate workforce information is produced. This data has been used by a variety of stakeholders, including health managers, policy makers, and professional regulators to inform workforce planning and management in Kenya, as well as supporting research on human resource planning. Evidence from the database has already helped the MoMS to improve payroll efficiency through the elimination of payments to ‘ghost workers’. It has also helped inform human resource planning by identifying impending workforce shortages and hence providing evidence to justify an upward revision of the mandatory retirement age for civil servants in the health sector.

Conclusions

The KHWIS represents the longest-running and most comprehensive HRIS in sub-Saharan Africa. It was featured as a best practice at the first Human Resources for Health Technical Consultation symposium in 2009 and was shortlisted by the World Health Organization as a best practice of South-to-South collaboration.

Experience over the past decade has indicated the importance of human resources information systems (HRIS) in providing the necessary data for effective and efficient planning and deployment of such strategies and of the HRH workforce in general.

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Challenges

As many low-income countries attempt to respond to the critical shortage of human resources for health (HRH), a variety of interventions have been considered. These include scaling up the health workforce, deploying the appropriate skill-mix or ensuring an equitable distribution of health personnel.