ZAMBIA: IMPROVING COORDINATION PROCESS WITH CCF PRINCIPLES

Key facts

- Population: 12,620,000
- Infant mortality rate: 29/1,000 live birth
- Maternal mortality rate: 470/100,000 live birth
- Physicians in country: 0.6/10,000 population
- Nurses and midwives: 7.1/per 10,000 population
- Health care workforce (physicians, nurses and midwives): 7.7/10,000 population

The health sector in Zambia has grappled with numerous challenges, including the high burden of preventable diseases. The ZDHS 2007 reported that there have been some considerable improvements in the burden of disease with reductions in maternal, child and infant mortality rates. However, human resources for health has been pegged as a primary cause for Zambia’s lag in achieving the MDGs. Zambia is currently 19,606 health personnel short of reaching the WHO-recommended staff population ratios. At the current rate of production, it will conservatively take Zambia 18-26 years to reach the target level. At community level, only 19% of Community Health Workers and 10% of trained Traditional Birth Attendants are active and available in providing services within their communities.

One of the greatest difficulties in the distribution of health staff is the lack of information. The Ministry of Health recognized the need for enhanced information systems and launched new and improved databases. Continuous construction of new health facilities also increased demand for employees. Given the current insufficient funds for recruitment and low levels of production from the health training institutions, it became increasingly difficult to keep pace with HRH.

The Human Resources Strategic Plan (HRSP 2006-2010) and the National Health Sector Strategic Plan (NHSP 2006-2010) recognized that HRH challenges were seriously undermining health sector capacity to provide the basic health care services to the people of Zambia and to achieving the health related Millennium Development Goals. High attrition rates from pre-service training, low intake and fewer graduates and deterioration in the overall quality of outputs were a result of inadequate funding of health training institutions, poor training and accommodation facilities, inadequate equipment and materials, and insufficient numbers of teaching staff.

Stakeholder’s involvement in the coordination activities

The HRH Strategic Plan was developed through a multi-stakeholder process. The Ministry of Health is the steward of the plan but all stakeholders played an integral role in the development and implementation. An HR Technical Working Group consisting of MoH directorates, line Ministries, cooperating partners, civil
society organizations, implementing partners, unions, and faith-based organizations meets monthly, and seven task groups report at the HRH Technical Working Group.

Progress has been made across each of the four primary objectives which include:

- Coordinated approach to planning across the sector
- Increased number of trained and equitably distributed staff
- Improved productivity and performance of health workers
- Strengthened human resource planning, management and development systems at all levels

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<tr>
<th>HRH STRATEGIC PLAN 2006-2010 SUCCESSES</th>
<th>DRIVING FACTOR</th>
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<tr>
<td>Dedicated HRH funding basket</td>
<td>Costed 5-year HRH strategic plan with detailed activity and implementation plan</td>
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<td>Effective HR Technical Working Group with regular meetings</td>
<td>Leadership of MoH and partner recognition in the importance of HRH</td>
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<td>Growth in the production and absorption of healthcare workers (historically ~4%; currently ~9%)</td>
<td>Coordinated implementation of a national training operational plan and accelerated training programs</td>
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<td>Absorption of expanded workforce through increase in Personnel Emolument fund</td>
<td>Analysis of staffing needs, training output, and costing of the workforce; communication and collaboration with MoFNP</td>
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Leading into the development of the HRH Strategic Plan 2011-2015, the CCF meeting in Cairo June 2010 reinforced critical components:

- Coordination and buy-in from HRH stakeholders
- Linkage and alignment with Health Sector and Health Systems Strengthening Strategies
- Resource mobilization to support HRH country needs

Recommendations moving forward

Zambia, through the support of the Alliance, is developing the 2011-2015 HRH Strategic Plan

- The MoH and stakeholders (through the HRTWG) are developing the Terms of Reference
- HRH Strategic Plan development is coordinated in phases:
  - Phase 1: Stakeholder Consultation and Situational Analysis – Produce baseline information through data collection and consultative process
  - Phase 2: Consensus Building – objective five year plan with an agreed set of time bound objectives, strategies, programmes, activities, and costing
  - Phase 3: Finalize the Plan – Consolidate input into a final, cohesive and costed HRH Strategic Plan; final plan presented at the Sector Advisory Group meeting
- Stakeholder involvement is essential, including Line Ministries, Unions representing public and private sector, Professional Associations, Statutory Bodies, Civil Society, Cooperating partners, faith-based organizations, and implementing partners

Stakeholders consultation occurs through the HR TWG, M&E Technical Working group, Policy Meetings, semi-structured interviews, and field visits. Stakeholder collaboration throughout the process is critical to ensure:

- Funding sources can be secured
- Comprehensive input from various sources are incorporated
- Implementing partners have direction and can align their mandate
- There is a common vision of the goals and objectives.

Open and constant communication on the progress of the development and implementation of the plan. MoH and stakeholders must take ownership and hold themselves accountable for implementation and hitting targets.