

Maximising funding opportunities to upgrade – and retain – the health workforce in Africa

J Campbell, D Wilde, J Bernard, J Buchan, B Corner, M Dieleman, E A Friedman, D Harbick, M Jimba, D Kasungami, T Martineau, Z Mullen, and J Oulton

Human Resources for Health (HRH) is rightly prominent on the global health agenda as the countdown to 2015 and the achievement of the Millennium Development Goals (MDGs) grows in resonance. The global health community has made strides in generating evidence, sharing knowledge, and reaching agreements on how to advance HRH policy and achieve results.*

The upcoming rounds of Global Health Initiative (GHI) funding decisions offer scope to further develop country HRH programming and put commitments into practice to improve health systems. HRH experts and practitioners recognise this window of opportunity and have been engaged in debate on how to support the development and review of proposals to GHIs to integrate and implement evidence-based, best practice and/or innovative HRH solutions within disease-focused funding channels.

A growing international consensus on the role of GHIs

The establishment in 2006 of the Global Health Workforce Alliance (GHWA) and collaborative agreements such as the Kampala Declaration, the Agenda for Global Action² (2008), and the Venice Statement on Maximizing Positive Synergies between health systems and Global Health Initiatives³ (2009) have been key steps in clarifying HRH challenges and the role that GHIs can play in wider health systems strengthening and the achievement of the health MDGs.

The GHWA documents have received political backing at the highest possible level, with G8 official communiqués in both 2008⁴ and 2009⁵ recognising the challenge at hand:

G8 Communiqué on Africa and Development – 8 July 2008

- The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people.
- We will also support efforts by partner countries and relevant stakeholders, such as the GHWA in developing robust health workforce plans and establishing specific, country-led milestones.
- We take note of the Kampala Declaration and Agenda for Global Action.



G8 Declaration. Responsible Leadership for a Sustainable Future – 8 July 2009

- In order to advance the goal of universal access to health services, especially primary healthcare, it is essential to strengthen health systems through health workforce improvements
- We reaffirm our commitment to address the scarcity of health workers in developing countries, especially in Africa, and we note the 2008 Kampala Declaration and the Agenda for Global Action launched by the GHWA

The Venice Concluding Statement¹ acknowledges that ‘the impact of global health initiatives on health outcomes and health systems, though variable, has been positive on balance and has helped to draw attention to deficiencies in health systems,’ yet recognises that there is an ‘urgent need to develop and strengthen the health workforce through increased education and training as well as strategies to sustain and retain all categories of health workers.’

The Venice Recommendations⁶ (see opposite page) provide the foundations for ‘a new paradigm in global public health – one in which more consistently productive and constructive interactions between Global Health Initiatives (GHIs) and country health systems will mean better value for money and better health outcomes’.

These principles are further supported by many of the entities that are in effect the service providers and intermediaries that contribute to health system building and strengthening within the setting of increased aid flows to the health sector. The NGO Code of Conduct for Health Systems Strengthening,⁷ that has been joint developed by a number of leading health sector NGOs as a response to this changing working environment, places great importance on HRH elements. Furthermore, in recognising that vertical programmes and selective approaches have at times exacerbated inequities in health systems and ignored underlying determinants of health, it pledges to ‘advocate with donors to support general health systems strengthening in the service of comprehensive national priorities.’

GHI ‘buy-in’: opportunities for HSS and HRH synergies

Against this backdrop of growing consensus around the building blocks necessary to sustainably strengthen

* As agreed at a WHO convened meeting in Venice (June 22–23) between countries represented by ministries of health, Global Health Initiatives (the Global Fund to fight Aids, Tuberculosis, and Malaria, Global Alliance for Vaccines and Immunisation, World Bank Multi-country AIDS Program, and the US President’s Emergency Plan for AIDS Relief), UN agencies, academia, and civil society.

The Venice recommendations for maximising positive synergies between health systems and Global Health Initiatives



health systems in the South, the imminent rounds of GHI funding offer a timely opportunity to put the agreed principles into practice. 2009 must be the year to move from 'words to deeds, resulting in concrete progress on the ground'⁸

In addition to the relevance of the initiatives and declarations listed above, GHIs such as the GFATM, GAVI, and PEPFAR have developed substantial research, monitoring, and evaluation documentation to guide future funding strategies. They acknowledge the importance of wider health systems strengthening in addition to their vertical disease-specific concerns – as demonstrated by elements such as the GAVI HSS policy.⁹ THE GFATM Five Year Evaluation, as per Finding 3 of its synthesis report¹⁰ presented to the Board in May 2009, also notes that 'the weaknesses of existing health systems critically limit the performance potential of the Global Fund. However, the increasing focus on health systems strengthening among Global Fund partners presents a unique opportunity to collectively address these issues.'

- **GFATM:** The Technical Review of Round 9 Proposals took place from 23 August–4 September 2009. Following the Mid-Term Review of the Second Voluntary Replenishment in April 2009,¹¹ total donor contributions available for grants in the 2008–2010 replenishment cycle are now expected to reach at least US\$9.5 billion at current exchange rates – with an anticipated US\$0.9 billion for future rounds in 2008–2010.¹² Decisions on Round 9 funding will take place at the 20th Board Meeting in November 2009.
- **PEPFAR:** The Tom Lantos and Henry J Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act (H.R. 5501)¹³ (the 'PEPFAR Reauthorisation') was signed into law on 30th July 2008. It authorises a total budget of US\$48 billion for the 5-year period 2009–2013. President Barack Obama has since pledged to carry through this law,¹⁴ indicating that PEPFAR's country operational programming should increase from the \$US3.94 billion in Fiscal Year 2009.¹⁵
- **GAVI:** The GAVI Alliance Board is due to meeting in Hanoi, Vietnam on 17–18 November 2009. This should prove an opportunity to react to the GAVI Health Systems Strengthening Evaluation results, due in September, and to profile future funding replenishments.

The HRH Exchange Community of Practice

With these GHI funding opportunities in mind, the GHWA's HRH Exchange Community of Practice has recently undertaken a moderated online discussion on the topic of 'Essential HRH Elements in Funding Proposals.' Over 9 days from 3–12 August 2009, the HRH Exchange – consisting of over 290 community members from 61 countries – deliberated over the key aspects that could guide HRH programming within GHI funding proposals – both in their development and their subsequent evaluation by the respective technical teams within the individual GHI procedures.

It was quickly established that it was certainly not the place of the HRH Exchange to undermine the guidelines or procedures of the GHIs, or question the leading role of the planning authorities of national governments. An agreement was reached that the place of the Community of Practice was to provide specialist input of a practical nature that could prove of value to the stakeholders involved in the GHI funding rounds.

A varied but moderated and focused discussion covered the nature of linkages between GHIs and wider health workforce plans and needs, and health systems as a whole. Specific HRH issues high on the agenda included workforce equity, cadre levels, skill-sets, excellence in training, geographical distribution, inclusive processes, productivity and efficiency of current staff, health worker migration, working conditions and incentives. The importance of reliable data and information systems and monitoring and evaluation of policy implementation was also deemed key to future advances.

Comment on all of these issues fed into the development of a tool that it is hoped will prove useful to GHI funding rounds in the near future. This tool takes the format of a 'checklist' that has been developed in accordance with the 'weight' of exchange discussion dedicated to each theme (with point 1 having been the subject of the most comment etc.). The checklist is not intended to act as a pass/fail measure, i.e. certain questions may be less relevant to particular proposals, but instead as an additional resource for GHI stakeholders that may serve to:

- highlight key questions
- inform proposal development
- guide a process of critical appraisal
- prompt interaction and discussion
- increase support and funding for evidence-based,

HRH funding: a 'checklist'**1. Process – Design**

Does the funding proposal demonstrate alignment with the country's health and HRH plans (as available or in development) and is there evidence that a broad range of stakeholders (i.e. line ministries, civil society, private sector, trade unions, training institutions, communities including marginalised members/groups) have been engaged in/signed on to its development?

2. Process – Implementation / Human Resource Management Capacity

Does the funding proposal demonstrate evidence that stakeholders (i.e. line ministries, civil society, private sector, training institutions, communities) are committed to its future implementation: respecting government policies; supporting national and sub-national capacity to coordinate and oversee implementation, and; addressing the change management processes that may/will result?

3. Evidence / Baseline

Does the funding proposal articulate the baseline from which it works and the evidence on which it is premised?

4. Monitoring and Evaluation

Is there evidence of a strong and inclusive approach to monitoring and evaluation (i.e. to 'Train, Retain and Track'), commensurate with the promotion of a country's own M&E Framework and Management Information Systems, which will enable the measurement of results, improved workforce surveillance, cost-effectiveness and active learning?

5. Access, Equity & Gender

Does the proposal (and if possible each intervention) include specific measures to increase access to the health workforce (especially for people that currently have the least access), advance equitable distribution, and address the specific dynamics to enable improved access for women, children and marginalised groups (e.g. ethnic minorities)?

6. Performance / Efficiency

Is the intervention supportive of improving the efficiency, effectiveness and performance of the workforce, in its current or future workplace and are any proposed incentives aligned with government policy?

7. Sustainability

Does the proposal take account of expressed needs, short-term/intermediate results and the longterm sustainability of the intervention as part of the evolving health plan, implementation and financing, recognizing that it might not yet be possible to identify the source(s) for long-term funding implications (beyond the grant period) of the proposal?

8. Synergy

Will the intervention maximise its impact on wider initiatives to strengthen the health system and does it capitalise on the comparative advantage of the funding stream from which it seeks financing?

9. Health cadres

Where an intervention targets a particular health cadre, does it take account of the respective professional association and/or regulatory body (if existing) and the longer-term strategic plans of these organisations as part of the country health plan?

and/or innovative, HRH solutions that are coordinated with a country's overarching health plan
As participants and advisors in the HRH Exchange we thank all those who contributed to the online discussion and trust the checklist will have a positive impact on future HRH programming.

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