

# Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research

Human Resources for Health

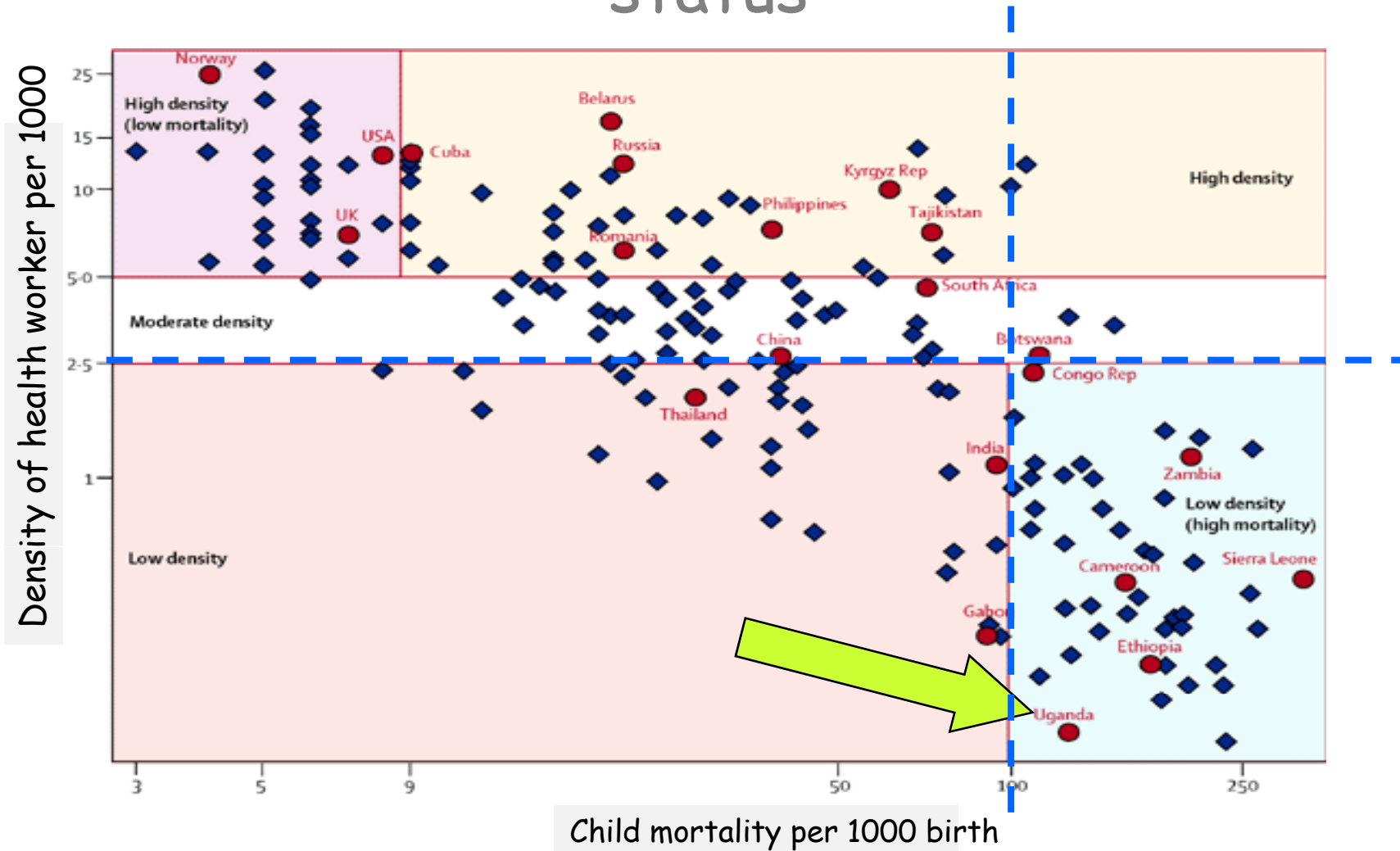
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# Introduction

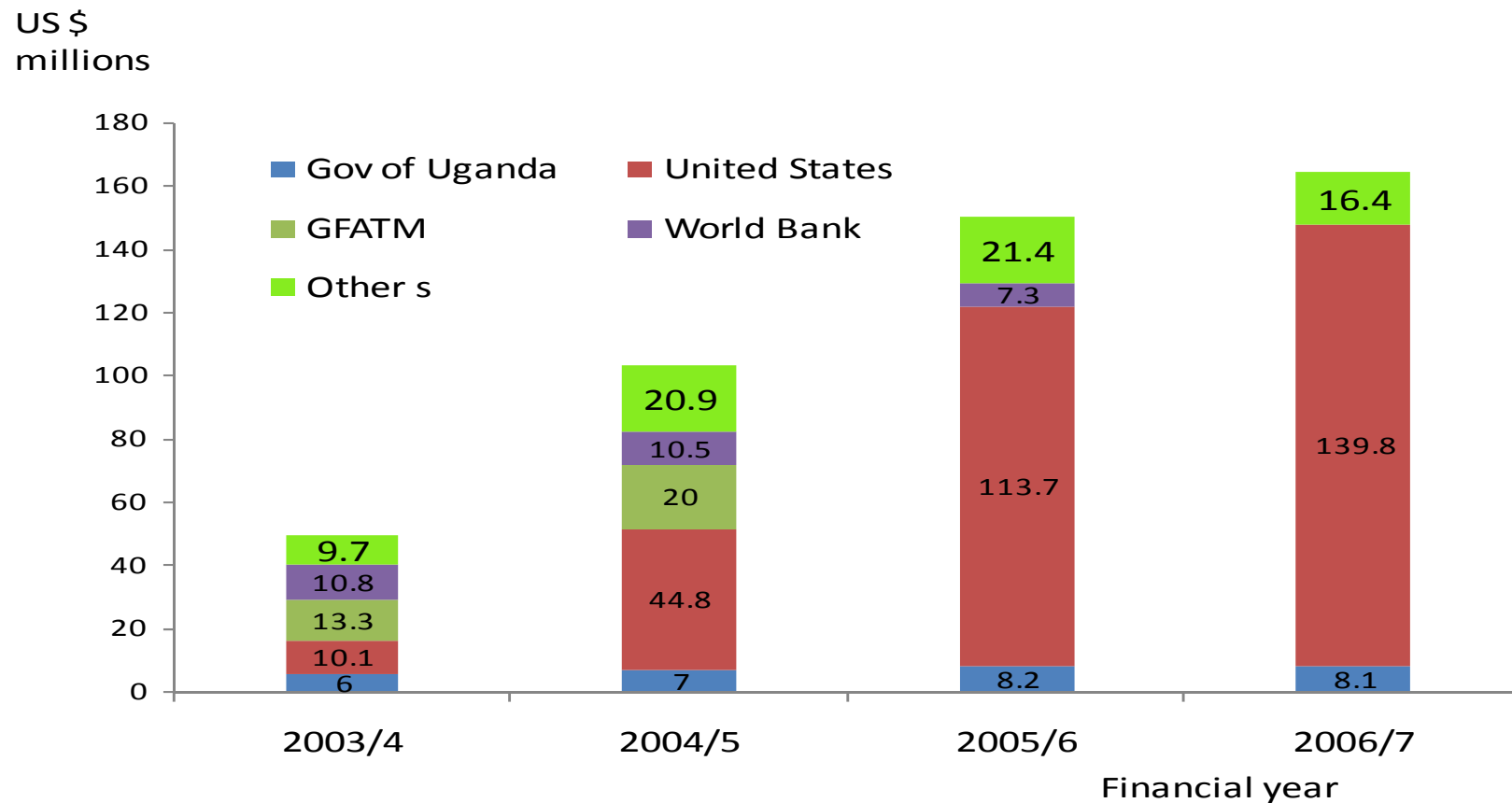
- Joint Learning Initiative
- Global Health Initiatives (GHI)
- World Health Report - 2006
- Global Health Workforce Alliance (GHWA)
  - Task Force for Scaling Up Education and Training for Health Workers
  - Agenda for Global Action
  - Kampala Declaration

# Too few health workers and poor health status



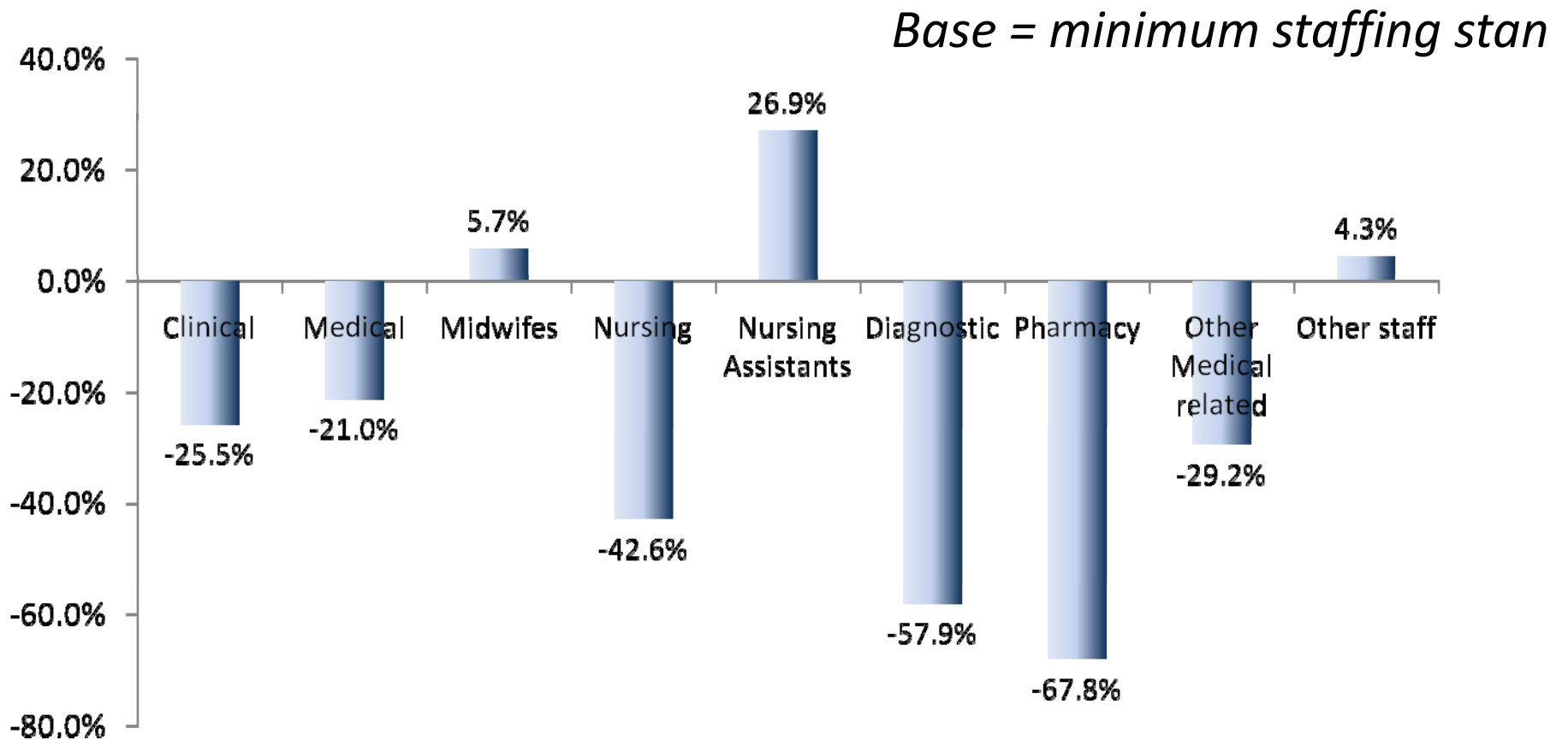
Source: Human Resource for Health Overcoming the Crisis, Joint learning Initiative Report Nov. 2004

# "Flood" of donor funds for HIV



Source: Sector Based Assessment of AIDs Spending in Uganda 2006

# Staff shortage in the health system (Govt. and PNFP 2004)



Source: MOH Inventory 2004

Taking Stock

# Taking Stock

- Community based initiatives (Bang et al 1999; Kidane and Morrow 2000)
- Use of mid-level substitutes and task shifting (Dovlo 2004; Lewin et al 2005; Laurant et al 2005; WHO 2007)
- Dual practice (Ferrinho et al 2004)
- Use of non-financial incentives (Vujicic et al 2004; Manongi et al 2006; Matthauer et al 2006)

# Taking Stock

- Reasons for, magnitude and effects of migration (Hagopian et al 2004; Buchan et al 2006)
- Increasing efficiency and effectiveness of available health workers (Dovlo 2005; Olsen et al 2005; Dieleman et al 2006)
- Impact of health sector reforms on HRH and dynamic systems context (Kolemainen-Aitken 2004; Sengooba et al 2007)

# Taking Stock

- Review of systematic reviews of HRH research (AHP SR 2006; Chopra et al 2007)
- Strategies for scaling up education and training of HRH (WHO/GHWA 2008)

# Current Priorities

# Current Priorities - Training

Policy lever	Increase Supply of HWs	Improve deployment	Increase efficiency of use	Increase HW performance
Training	What is the cost-effectiveness of different mechanisms for scaling up pre-service HRH training programmes? (7)	What is the impact of student background characteristics on entry into training schools on subsequent deployment and retention?		What is the effectiveness of different accreditation interventions for training (pre/post) programmes in improving health worker performance? (9)

Numbered items indicate priority and rank identified by participants during April 2008 Berkeley workshop

# Current Priorities - Financial Mechanisms

Policy lever	Increase Supply of HWs	Improve deployment	Increase efficiency of use	Increase HW performance
Financial mechanisms	How to decrease the cost of basic training?	<p><b>To what extent do financial and non-financial incentives work in attracting and retaining qualified health workers to under-served areas (1)</b></p> <p><b>What is the optimal mix of financial, regulatory and non-financial policies to improve distribution and retention of health workers (4)</b></p> <p>How can financial incentives be used to encourage health care workers to practice in less popular areas of specialization?</p>	<p><b>How can financial and non-financial incentives be used to optimize efficiency and quality of health care? (3)</b></p>	What is the effectiveness and implementability of pay-for-performance initiatives? (9)

# Current Priorities - Regulatory Mechanisms

Policy lever	Increase Supply of HWs	Improve deployment	Increase efficiency of use	Increase HW performance
Regulatory Mechanisms			<p><b>What is the impact of dual practice (i.e. practice by a single health care worker in both the public and the private sectors) and multiple employment? Are regulations on dual practice required, and if so how should they be designed and implemented? (2)</b></p>	<p>What are the relative strengths and weaknesses of the different models of regulating private sector in LMICs? (8)</p> <p>What are the innovations needed in applying accreditation mechanisms in private not for profit, private for profit and public facilities with possible financial incentives attached?</p>

# Current Priorities - Non-financial, performance improvement mechanisms

Policy lever	Increase Supply of HWs	Improve deployment	Increase efficiency of use	Increase HW performance
Non-financial, performance improvement mechanisms		What is the role of non-financial incentives to attract, recruit and retain health workers in rural and other hard to reach areas?	<p>What are the conditions, regulations, financial and other inputs required to most efficiently and optimally implement task-shifting? (6)</p> <p>What tasks can be delegated to personnel with less training without a corresponding loss of quality in care or increasing risks to patients and the community at large?</p> <p>What safeguards would need to be in place?</p> <p>With what cost savings if any?</p>	<p>What kinds of performance management systems can be implemented to optimize staff performance?</p> <p>Is task shifting able to deliver a standard package of care? What is the effect of task-shifting on quality of care?</p> <p>Issues of staff motivation e.g., how to increase job satisfaction through non-financial means?</p>

# Current Priorities - Macro policies and actions in other sectors

Policy lever	Increase Supply of HWs	Improve deployment	Increase efficiency of use	Increase HW performance
Macro policies and actions in other sectors	<p>What are the extent and effects of the out-migration of health workers and what can be done to mitigate the effects of out-migration? (5)</p> <p>What are some of the <i>pull</i> factors to areas or local authorities that have been successful in attracting health workers?</p> <p>Similarly, what are some of the <i>push</i> factors that have led to rapid turnover and loss of staff from certain areas?</p>	<p>How to effectively improve recruitment and retention of the health workers at the district and subdistrict levels?</p> <p>What are some of the <i>pull</i> factors to areas or local authorities that have been successful in attracting health workers?</p> <p>Similarly, what are some of the <i>push</i> factors that have led to rapid turnover and loss of staff from certain areas?</p>	<p>How can human resources in the private sector be involved towards achieving health systems goals? (7)</p>	

# Current Priorities - Planning and projecting human resources

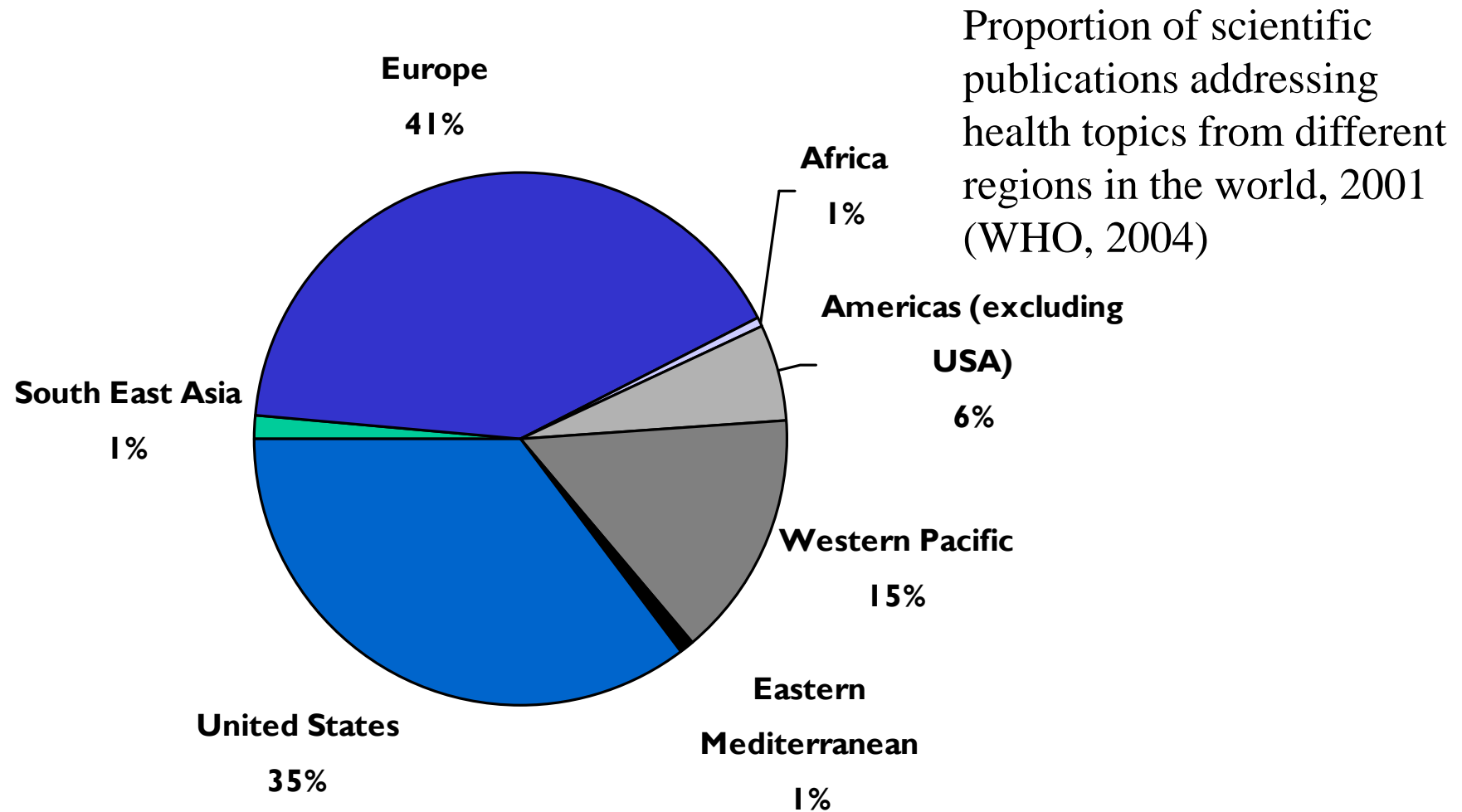
Policy lever	Increase Supply of HWs	Improve deployment	Increase efficiency of use	Increase HW performance
Planning and projecting human resources	<p>What kinds of data are required for HRH planning, and how can systems for collecting them be strengthened or established?</p> <p>How does one assess the supply and demand for HRH? (9)</p> <p>How to fill the gap between the health workers produced and losses due to attrition from various causes including the impact of HIV/AIDS and the brain drain?</p>		<p>What numbers and mix of HWs are needed to deliver a basic package of essential health care?</p>	

# Challenges

# Challenges

- Shortage of health researchers, resources and infrastructure in countries where they are needed most
- Methodological challenges in regard to health systems research in general, including HRH
- Appreciating the importance of research and its potential
- Acceptability and contradictions in policy innovations
- Competing opportunities

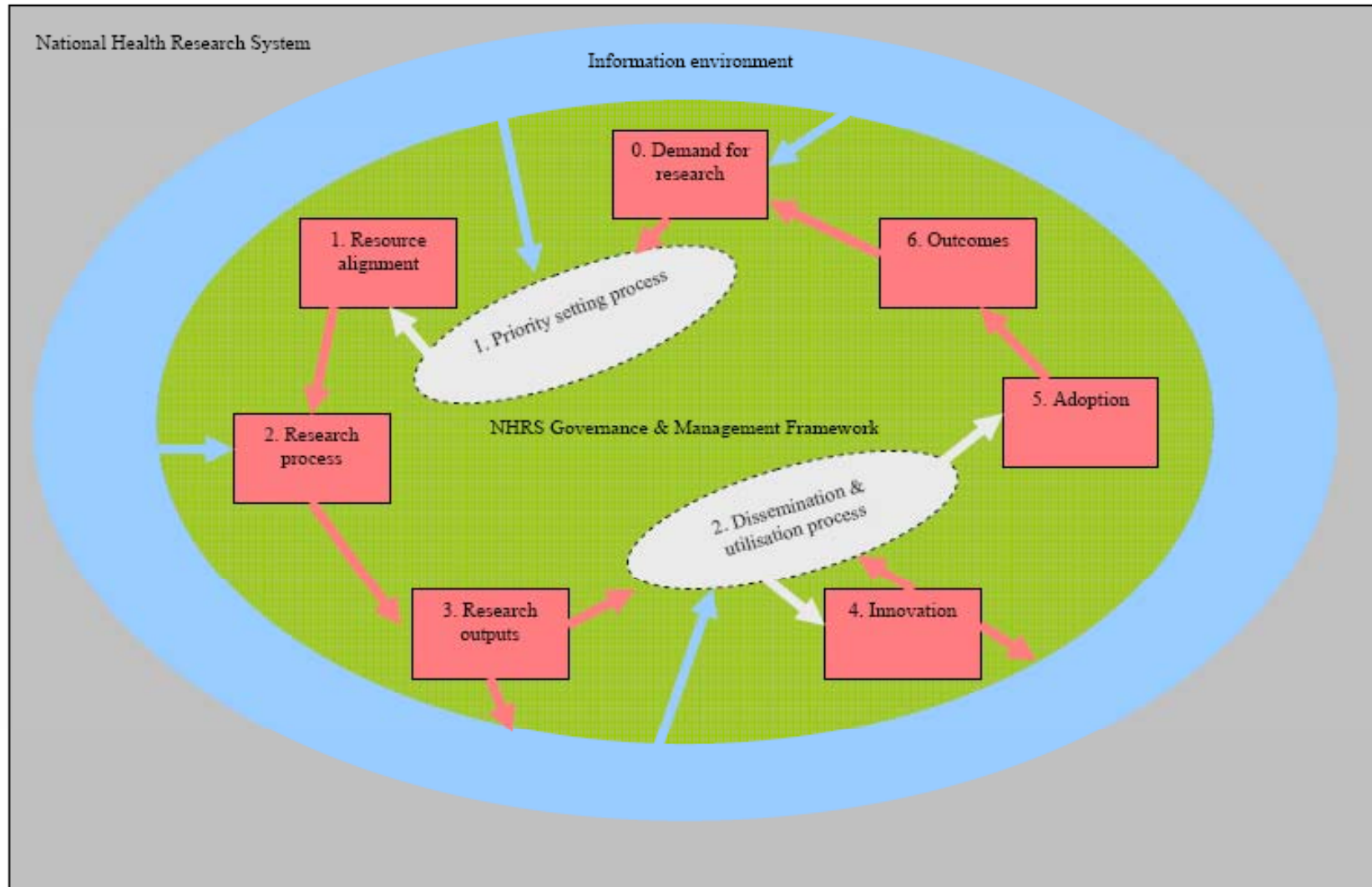
# Research dissemination via scientific journals



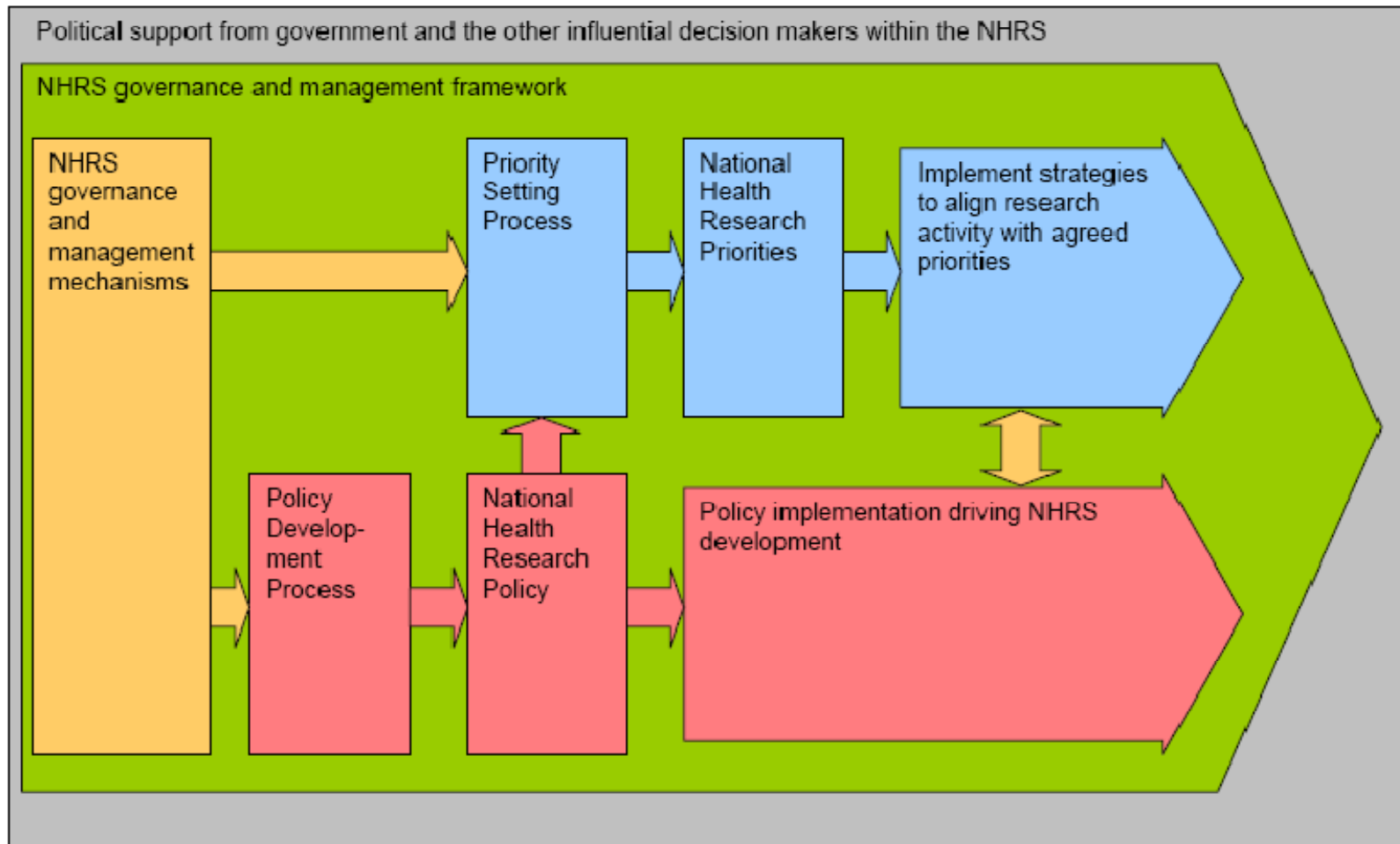
# Typical Hierarchy of Evidence

Typical Level of Evidence	Study Design	Design Description
Strong Evidence	Randomized Controlled Trials (RCT)	Random allocation of the intervention and comparison groups, measurement of outcomes before and after the intervention. Stronger evidence if time-series data is included, and groups can show dose effects or interaction effects between more than one group.
Moderate Evidence	Non-randomized Controlled Interventions (NRCT)	Comparison groups not randomized, but with measurement before and after measurement intervention, stronger with time-series measurements. Those case-control studies where the assessment is made in a nested (i.e. prospective) manner would have a stronger design than those studies where the intervention or attributes occurred in the past.
Limited	Uncontrolled Interventions	Non-randomized studies containing a time series or before and after measurement. Study design may not include a comparison group (e.g. a single cohort study); or may be a case-control study, where comparison groups are defined by the outcomes, and the analysis assesses prior "exposure" to the intervention. (Case-control studies with data collected prospectively give similar level of evidence as NRCT).
Weak Evidence	Cross-sectional studies	Non-intervention studies based on measurement at one point in time; or study with one measurement made when an intervention has occurred without comparable control groups.
No Evidence	Descriptive Studies	Descriptive case studies and expert opinions, and those reports that lack comparison groups or measurement of outcome variables.

# NHRS Framework



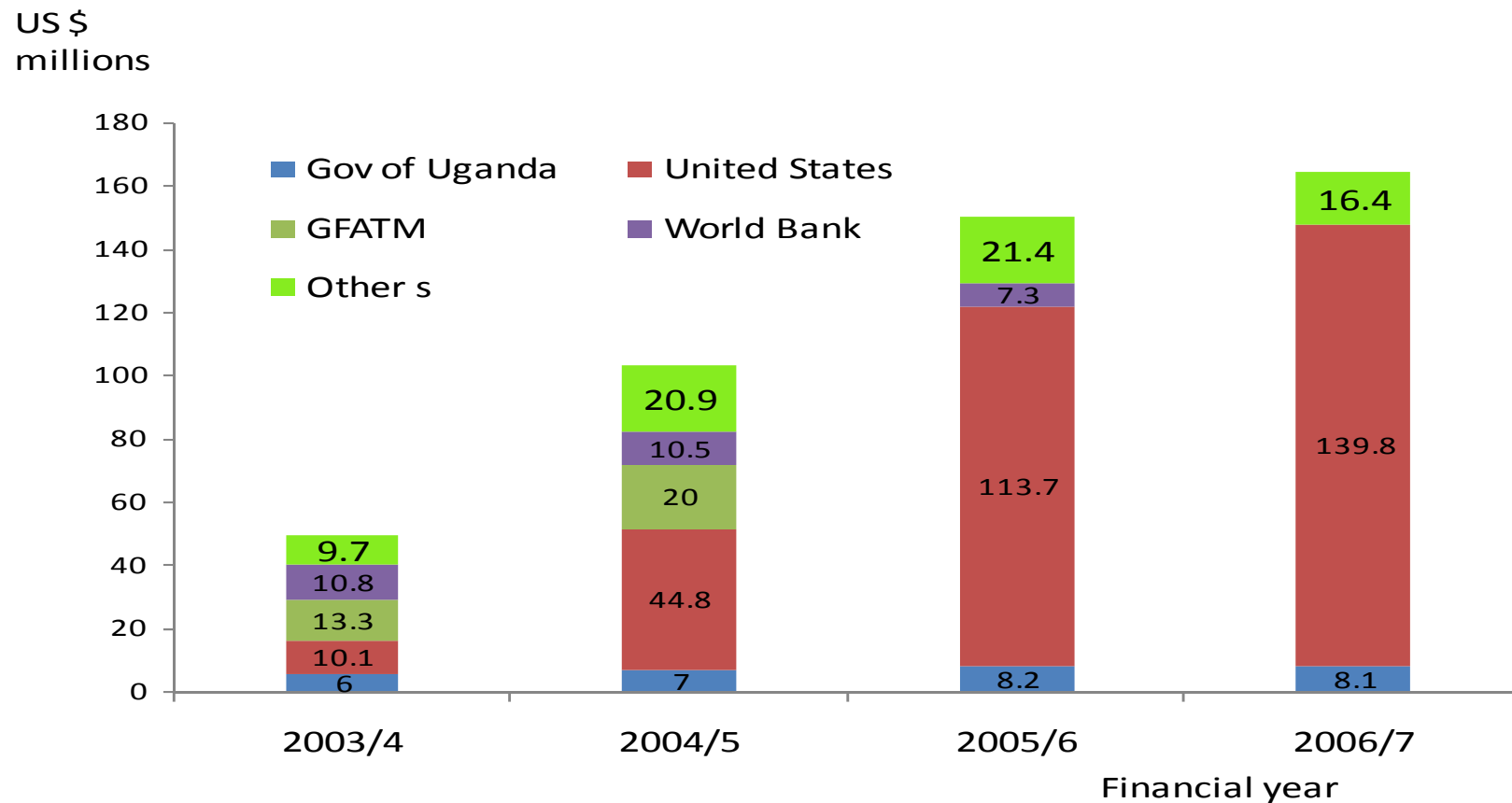
# Foundations of NHRS Development



## Challenges in policy contradictions

*"Govt. has put in place a mechanism ... for migrant workers who intend to go abroad ... The State Minister for Health speaking at the opening of a migration and recruitment awareness for nurses at Hotel Africana ... conference organized by **Connect Nursing Ltd (UK)** and **State House** aimed at sensitizing nurses, health workers and other skilled personnel on job opportunities in Britain"*  
(New Vision - July 13, 2004)

# "Flood" of donor funds for HIV



Source: Sector Based Assessment of AIDs Spending in Uganda 2006

Thank you!