Aligning PFM for Strengthening Health Systems
Through Optimization of the Health Workforce

Wanda Jaskiewicz
Chemonics International
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HRH2030 Program Overview

5-year global project of the U.S. Agency for International Development (USAID)

GOAL: Build the accessible, available, acceptable, and quality health workforce needed to achieve improved health outcomes.

OBJECTIVES: 1) Improve productivity and performance, 2) increase number, skill mix, and competencies, 3) strengthen HRH leadership and governance capacity, 4) Increase investment in HRH

PARTNERS: Chemonics, American International Health Alliance (AIHA), Amref Health Africa, Open Development, Palladium, ThinkWell, The University Research Company (URC)
Why Health Worker Optimization Matters

Health workers are large health system cost drivers. World Bank estimates that as much as 40% of government health budgets in sub-Saharan Africa go to wages.¹

WHO projects 18M global shortage of health workers by 2030²

Government fiscal space for hiring health workers is very limited. Wage bill policies limit scaling up.

Need for different service delivery modalities to provide health care in innovative ways despite HRH challenges. Limited understanding of HRH requirements for strengthening community health systems.

¹ World Bank, Working in Health: Financing and Managing the Public Sector Health Workforce
² WHO, Global Strategy on Human Resources for Health: Workforce 2030
…the first question should be:

“How can we do more with the staff we have?”

Once we have optimized existing staff, then we can say:

“We need more staff (and which types)...!”
Simple tool for health management teams, HRH planners, policymakers, and clinic managers to:

- Optimize HRH through task sharing & alternative service delivery modalities
- Identify staffing gaps/surplus by cadre under current and potential client load
- Meet client needs & maximize service effectiveness through community-based services
- Provide evidence for decisionmaking on staffing mix, capacity building needs, HRH requests

HRH Optimization Tools for Health Services
What’s in the **HOT4HealthService** Toolshed?

![Diagram showing HOT4PHC, HOT4ART, and HOT4FP tools within a house icon]

**HRH Optimization Tool for Primary Health Care (HOT4PHC)**

**Setup**

1. Name of Health Facility: Health Center 1
2. Facility Type: Referral Facility
3. Level of OP/Outpatient services offered at facility: OP+Out
4. Region: Nusaio
5. District: Inesvain
6. Sub-District: Inesvain
8. Number of Y Indexes in the Catchment Area: 10
9. Include private sector collaboration: No
10. Name of Team: Blank
11. Date the tool was last modified: 10/15/2019

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This tool is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperation agreements 211/DUI/HL313/G/199 (2015-2020), in partnership with the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). The Canadian Government, the UK Government, and the Global Fund. The information provided is the responsibility of Concern Worldwide and does not necessarily reflect the views of PEPFAR, USAID, or the United States Government.
Try task-shifting/sharing first and model-shifting later. Sometimes the solution will require a combination of both.

**A typical day at a busy health center...**
Nurses, social service workers and community outreach workers are overburdened with tasks.
Other cadres such as FBAs and medical doctors are underutilized at the facility.
Clients do not get attention required; flow is inefficient and takes too long.

**A typical day at a busy HIV clinic...**
More time is necessary to attend to new and unstable clients.
Every day more clients are added to standard care, who need lifelong ARV treatment.
Healthcare workers are overloaded by a large number of clients in certain models of care.
After shifting clients from nurses to other service providers and giving FBAs more tasks, available staff were better utilized.

After shifting eligible clients from resource-intensive standard care to both facility-based and out-of-facility DSD models, critical facility-based staffing shortages are resolved.

- Happy clients
- Happy service providers
- Good treatment outcomes
Health worker competency gaps
- Competency-based in-service training
- Improve mentoring
- Support more supportive supervision
- Reinforce use of job aids
- “Low dose, high frequency” approaches

Low staff engagement
- Nonfinancial incentives
  - Staff recognition
  - Constructive performance feedback / appraisals
  - Support more supportive supervision
  - Team building
  - Improved communication
  - Improved work environment

Poor allocation of staff and tasks
- Implement task-sharing guidance
- Develop / clarify job descriptions
- Develop task assignments
- Worker scheduling

Inefficient work processes
- Consider differentiated care
- Streamline services; clarify work processes
- Reorganize SOPs / processes

Other Workforce Interventions to Consider

www.hrh2030program.org/prodperftoolkit
Thank you!

wjaskiewicz@hrh2030program.org

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