



Review of Human Resources for Health Policies in Kenya Policy Gaps and Agenda for the Reform

This Position Paper summarizes the critical policies and issues affecting the planning and management of the health workforce derived from a review of the literature with a particular focus on the policy dimension. This brief serves as a reference document for policy advocacy seeking to strengthen human resources for health (HRH) in Kenya.

Working with a wide array of civil society organizations (CSOs), faith based organizations (FBOs) and the government of Kenya, the HRH Advocacy Project conducted a series of formative studies to generate knowledge on the HRH situation in Kenya and hence provide an evidence base for advocacy to address emerging HRH constraints. The review of Human Resources for Health (HRH) policies is the first study in the series commissioned by a consortium of partners under the HRH Advocacy Project.

Introduction

HRH Policies articulate the imperatives for managing the health workforce to achieve a county's health priorities. This includes the broad array of legislation, regulations and guidelines that define conditions of employment, work standards, and development of the health workforce. Questions and principles of production, utilization and the general management of the health workforce are considered in various HRH policies. It is generally understood that the goals of the HRH policy should be consistent with the broader national health objectives.

The HRH Crisis and the Policy dimension

Since the publication of the World Health Report of 2006 (WHO 2006), human resources for health (HRH) has long been recognized as "the cornerstone of the [health] sector to produce, deliver, and manage services". This Report classified Kenya among the 57 HRH crisis countries characterized by biting shortages of health workers, unequal distribution and lack of

critical skills needed to deliver a minimum package of health care. In Kenya the health sector faces severe shortage of crucial health staff like doctors, nurses and diagnostic scientists. Overall, Kenya has only 17 doctors per 100,000 people. Even then, there are regional disparities in the distribution of the existing health workers, where hard- to-reach areas get disadvantaged with less staff.¹ WHO recommends at least 23 doctors, nurses and midwives per 10,000 people. Kenya has 1 doctor, 12 nurses and midwives per 10,000 people.²

Region	% of national population (2009)	% of MOH doctors working in province
Nairobi	8.2	25.6
Central	12.3	12.7
Rift Valley	25.3	18.9
Eastern	15.6	16.5
Coast	8.7	8.7
Nyanza	14.6	8.9
Western	11.8	6.4
North Eastern	3.5	2.3

Source: Ministry of Medical Services (2012)

As the table above indicates, there is a widespread inequality in the distribution of available health workforce. While the majority of health personnel prefer to work in urban areas, remote and hard to reach areas such as Turkana, Samburu and generally the North eastern province are experiencing unacceptably low HRH population. This has created a pattern of health inequalities which must be addressed. There are also major inter-provincial and inter-County variations.

¹ WHO (2006). Taking Stock: Task Shifting to Tackle Health Workers Shortage.

² Kenya Institute for Public Policy Research and Analysis (KIPPRA), 2012. Kenya Economic Report 2012.

Addressing the above challenges requires a robust policy design and implementation environment whereby different stakeholders can play their role to strengthen the planning and management of the health workforce. The current centralized system for managing HRH issues does not offer the requisite flexibility needed to address contextual issues nor cadre specific concerns that may hamper motivation and hence the quality of health services rendered to Kenyans.

Despite formal recognition of their role and contribution to health development, civil society organizations input into health workforce policy discussions has been less visible and acknowledged. The HRH Advocacy Project seeks to broaden the space and provide the evidence base that will guide CSO advocacy for appropriate HRH policies in Kenya. With this background, the study sought to: (i) Identify existing HRH policies in both public and private sectors and assess their relevance in improving HRH; (ii) Identify policy gaps that ought to be addressed to improve HRH; and (iii) Determine barriers to effective implementation of existing HRH policies and provide recommendations to overcome the barriers

Methodology

This Position Paper extracts information from a detailed synthesis of the relevant literature on HRH at different levels and subsequent discussions with stakeholders at different levels of the health system. The methodology adopted proceeded in the following steps.

- a) *Document reviews*; A comprehensive literature review of HRH-related policies and direct engagement with policy makers at the health ministries was completed and explored various HRH policy documents, including, the National HRH Strategic Plan 2009-2012

and its Medium-term Implementation Plan, MoH Position Paper on the Constitution of Kenya 2010, HRH Transitional Plan 2011-2014, the Health Bill 2012, GOK Code of Regulation for Civil Servants (Revised 2006), Civil Servants Remuneration Policy 2008, National Training Policy for the Civil Service. National Gender Policy, Workplace HIV/AIDS Policy, and Labour Laws of 2007.

- b) *Gap analysis*; In order to identify the critical HRH Policy gap areas, a comprehensive review of literature in the above section were completed using the Policy Gap Analysis tool attached at Appendix 2. Broadly speaking, the tool covers various aspects of HRH Planning and Projections, issues related to the production and supply of health workers and key dimensions of HRH recruitment, supervision and management.

- c) *Direct Interviews*; These were conducted with departmental heads and directors of human resources at the two health ministries, heads of sector planning in the two ministries, Chief Economists in the two ministries, HENNET secretariat, Division of Community Health Services, among others.
- d) *Validation of HRH Policy gaps*; Based on preliminary output from gap analysis above, direct interviews were conducted with the Inter-agency Coordinating Committee on HRH (HRH ICC), the Provincial MoH leadership (MOPHS and MOMS), USAID funded HRH projects (Capacity Kenya, the Leadership Management for Sustainability and the FUNZO Kenya Projects). Similarly the team interviewed selected members of the Community Health ICC regarding the HRH Dimensions of Community Health Strategy, selected Health Regulatory bodies (mainly NCK and COCK) and the national MoH Transitional Taskforce on Devolution
- e) *Developing the comprehensive HRH Policy Reform Agenda*; with feedback generated and validated in a stakeholders meeting. and feedback used to refine the report. Proposals of the HRH Taskforce in the Health Ministries and the Medium term Implementation Plan of the HRH Strategic Plan to June 2012 A draft report was completed and shared with HENNET and feedback applied used to refine the final report prior to submission.

Findings

Policy Context for Human Resources for Health in Kenya

The management of human resources for health in Kenya is informed by policies and principles of public service management with only minor variations. Majority of public sector health workforce are governed by the Civil Service Code of Regulations (COR), which lays out the minimum standards for recruitment, management and development for all civil servants including health workers. This has limited the flexibility with which frontline managers and different counties can for instance adjust incentive packages to attract and retain workers in rural and hard to reach areas. The role of the public service commission will need to be re-engineered to enable it to support regions in designing appropriate structures and policies for managing their health workforce

At the policy level, HR is articulated in various government policies and plans including the Kenya Vision 2030; Kenya Health Policy Framework 1994-2010; NHSSP II 2005-2010 and KEPH; Health Ministries Strategic Plans; Ministerial Annual Operation Plans; and other health sector policies and guidelines. However, the policies and programs are disjointed and lack coherence in addressing critical HRH constraints.

Planning and national development policies, such as the 2003 Economic Recovery Strategy for Wealth and Employment Creation (ERS), Kenya Vision 2030, the Public Service Reform Strategy, the Millennium Development Goals (MDGs) generally underpin Health sector policies. These policy documents have prioritized investments in health and explicitly recognize the centrality of HRH to the delivery of the overall national health objectives. Indeed, extensive literature have affirmed the fact that achieving health MDGs in low resource settings will not be possible without a comprehensive policies and investment in adequate numbers of motivated and competent community health workforce .

Within the health sector, policies derive their thrust from the **Health Policy Framework 1994-2010**. This offers a long term perspective for health policy development within the Sectorwide Approach. Human resources management was first recognized in this document and has since become an area of focus for subsequent health policies and plans. Deriving from this policy, the **National Health Sector Strategic Plan (NHSSP II 2005–2010)**, the **National Health Insurance Fund (NHIF)** of 2004, the **10/20 policy on cost-sharing**.

The **Public Service Reform Strategy** aims to ensure that Kenya has a modern, effective and affordable public service for the future. The key public service reforms envisaged under the ERS include Public Service wage bill containment and a lean, efficient, effective and ethically functioning Public Service. In order to link human resource management (HRM) to the national development goals, the **Public Service Reform and Development Secretariat (PSRDS)** has developed a comprehensive **Human Resource Management Reform Strategy**. It provides a common framework for the planning, management, development and recognition of staff in order to achieve an effective, efficient and ethical public service. However, this strategy has not been adjusted to the realities of the new constitution. Even then health sector managers are yet to contextualize it and apply those principles to strengthen HRH planning and management will be guided by these broad guidelines alongside the provisions of the Constitution of Kenya 2010.

There are a number of health sector policies, plans, strategies and programs that set out the direction and objectives for health interventions, including human resources for health. A **Sector Wide Approach (SWAp)** is envisaged and is guided by one sector strategy (NHSSP II), one expenditure framework, a common monitoring and evaluation framework, and common management arrangements (CMA). The goal of the **NHSSP II** was to reverse the downward trend of health outcomes. In relation

to human resource management and development the Plan sought to improve the utilization and performance of the available human resources for health, as well as to address biting shortages. The **Third Kenya National Health Sector Strategic Plan 2013-2017** is currently under development and envisages a broad transitional framework for delivery of health services under a new governance and management system. For the first time, the Strategy has dedicated a whole chapter on HRH in line with the requirements of the new constitution.

Likewise, in the **Kenya Essential Package for Health (KEPH)** staffing norms and standards for each level of care (levels 1 -6) are provided. These norms determine the numbers and appropriate skills set needed to offer a comprehensive package of health services at different levels of the health system. Current staffing norms require substantial staff increases, which will have to be incorporated into the establishment and the budget; further workload studies will also be necessary to determine accurate staffing needs by cadre and region.

Currently there is a shortfall of human resources to meet the established MoH norms and standards for HRH. However, with the restrictions on public sector wage bill, the Health Sector has been unable to fully address these shortages. The Health Ministries, with the assistance of development partners, has continued to employ additional health workers on a contract basis. As part of the enhanced Economic Stimulus Program, the government also launched the hiring of nurses and other medical cadres as part of her **Economic Stimulus Program**. The GoK plans to reabsorb these staff upon the expiry of these contracts. While these initiatives injected innovation in rapid mobilization of health workers to address critical gaps, they all lack the long term perspective and remain largely unsustainable without government of Kenya allocation. Positive lessons from these initiatives may need to be applied to scale up the stock of health workers where they are most needed. Government will need to allocate resources to absorb the large number of contract workers hired through various donor funded mechanisms.

The **first National Human Resources for Health Strategic Plan 2009-2012** articulates a national sector-wide medium term vision for mobilizing, managing and developing the health workforce. The plan seeks to address among others, staff shortages and mal-distribution, retention Challenges, partly occasioned by centralized and weak human resource management systems. Similarly the Plan seeks to strengthen the leadership and management capacity and increase investment in pre and in-service health education programs, improve sectoral coordination of the HRH agenda; low

compensation and benefits package, inadequate data for HW planning and management, inefficiencies in the recruitment and deployment of health workers.

In 2007, Kenya launched the first **Community Health Strategy (CHS)**, seeking to strengthen access to primary health services, and mobilize communities to take charge of their own health. It seeks strong linkages with the formal health sector through Community Health Workers (CHWs). Within the current estimates, the Community Health Strategy nationally, will require 5,100 community health extension workers (CHEWS) and 225,000 CHW and 5000 Village Health Committees (VHCs). Remuneration for CHWs remains a major challenge to its comprehensive roll out. Similarly, CHWs lack a rational career path making it less attractive especially for the large pool of potential young volunteers.

The Draft Health Bill 2012 represents a significant milestone towards consolidating the over 23 laws and regulations applying to the health sector in Kenya. The Bill offers a comprehensive infrastructure for the management of HRH issues. Barring current questions about the legality of this proposed Bill, the envisaged National Health Commission offers the best opportunity to professionalize the management of HRH issues in Kenya. Even without, this Commission, the Bill lays out a robust framework and structure for health workforce planning, development and routine management.

Strategic Plan for the MOMS and MOPHS 2008-2012; These are the documents that define the medium term strategy and vision for the two health ministries. Under Strategic Thrust 5 on the Development and Management of the Health Workforce, the strategy defines the following core priorities for strengthening; Strengthening HR information systems, recruitment and deployment, better staff development, HR planning and management, staff performance systems and salaries, attrition and staff distribution

The Official Approved Establishment of the Ministries of Health 2010 defines the approved positions by cadres, positions and the locations where the staff will be needed. Currently, the Establishment proposes upto 100,000 staff as the requirement for the health ministries, reflecting an understaffing of over 50%. This Establishment needs to be revised to reflect the realities of the new Constitution and especially the staffing needs of different counties. There is also need to expand the coverage of cadres to include VCT Counsellors, Community Health workers, who offer critical service but do not fall within the formal MOH structures.

Proposed agenda for HRH Reforms and policy implications

From the review of these policies, a three-pronged policy reform agenda is informed by the emergent gaps and the realities occasioned by the newly devolved system for health services management. There is therefore need to:

Promote evidence-based planning and innovative financing for the health workforce

- Advocate for mainstreaming the HRH agenda firmly in key health sector strategies and plans currently at various stages of development. These include the Comprehensive Health Policy Framework 2012-2030; the Health Bill 2012; the National Health Sector Strategic Plan 2013-2017, among others.
- Advocate for a budget line item for HRH beyond Personnel Emoluments (PE) in both national and county budgets.
- Promote innovative financing for HRH including expanding the national and county level budget allocations for the health workforce and mobilize resources from community and the private sector.

Support the development of the Second Human Resources for Health Strategic Plan

- Advocate for a policy framework for a vibrant HRH Information Systems, including integration of databases and information sharing in line with the National Health Information Systems Policy.
- Articulate sound provisions to strengthen the HRH dimension as part of current revision of Community Health Strategy, to specifically provide for mobilization of additional community health workers, their training, retention, motivation and career progression.

Promote health worker training and development

- Advocate for completion and approval by cabinet of a National Health Training Policy to guide comprehensive health workforce development
- Advocate for policies to foster collaboration among regulatory bodies
- Advocate for policies to ensure mandatory and cost effective staff induction, with the policy providing for the use of ICTs
- Lobby for effective policies and systems for Continuing Professional Development (CPD) across all cadres and institutions

Advocate for strengthening of management systems for the health workforce

- Support the establishment of a national infrastructure/mechanism to address management concerns for the health workforce as distinct from the rest of the workforce
- Advocate for decentralized management structures for the health workforce at the sub national level – the County and sub-county levels.
- Design and implement context-specific attraction and retention policies to address unique constraints for rural and remote areas

- Promote a positive practice environment for health workers and in ensure compliance with the Occupational Safety and Health Act 2007
- Develop a competency framework for health leaders including core skills and competencies needed to manage the health workforce in Kenya.
- Advocate for the development of a performance management system that harmonizes the public service Performance Contracting processes with the PAS process, tied to an incentive scheme.

Policy Implications

It is clear that the above recommendations from a wide array of stakeholders need to be synthesized further and contextualized to the reality of the new Constitution. From this review it is clear that the policy context for HRH planning and management ought to undergo a major overhaul with the advent of the new constitution. For instance following devolution of health as a county level function, CSO advocacy effort will need to be coordinated and focused on;

- Ensuring the new health sector organogram offers a unique opportunity to anchor HRH concerns in all aspects of health sector management
- Lobby for formal structures for HRH coordination, joint financing and oversight for results
- Revising the Community Health Strategy to create a new cadre of CHWs, make provisions for planning, development and their routine management
- Ensuring greater coordination of policy formulation and implementation to ensure broad input from stakeholders

Reviewers:

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About the HRH Advocacy Project

The Human Resources for Health (HRH) Advocacy project was funded by the European Union through World Vision Austria, and implemented by World Vision Kenya (WVK), the Kenya Health NGOs Network (HENNET) and African Medical and Research Foundation (AMREF) in Kenya. The Project seeks to enhance access to primary healthcare countrywide through advocacy for increased human resources for health (HRH) and effective community level demand side accountability from primary health delivery institutions.

For additional information, please contact the Secretariat at:

HRH Advocacy Project
World Vision Kenya
Nairobi

Implementing partners in Kenya:

