



Human Resources for Health; Gaps and opportunities for strengthening

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Executive Statement

Human resource are a fundamental pillar of any health system. Availability of enough trained and well-motivated human resource can signify the difference between a functional and non-functional health system. New recommendations for ratios of healthcare professionals per population have been provided towards achievement of universal health coverage in Workforce 2030. Using an index based on Sustainable Development Goals (SDGs,) which includes coverage for non-communicable diseases, WHO estimates that 44.5 physicians, nurses, and midwives per 10,000 population will be needed to achieve the SDGs by 2030. Using this index, Kenya's ratio is only 13.8 per 10,000 population, indicating a significant gap. In Kenya, the management of Human resource for health changed drastically in the advent of devolution. Evidence has shown that the devolved management of human resources has

encouraged counties to be more responsive and accountable to local needs with increased mobilization and recruitment of additional health workers. The WHO recommends a minimum of 21.7 doctors and 228 nurses per 100,000 population respectively. Kenya had 14 doctors per 100,000 population and only 42 nurses per 100,000 respectively in 2016. Although these ratios are still low, it's clear that devolution of health service delivery in Kenya has enhanced the health worker population ratio especially in hard to reach areas. Nevertheless, the human resource pillar was also destabilized by devolution leading civil unrest in many instances over the devolution period. This has somewhat affected progress towards achieving intended goals during the periods of unrest. Furthermore, the Government has committed to manage Human resource more efficiently through deployment of the Government Human Resource Information Systems (GHRIS) that automated all employees' information.

Key Message

- With the rise of the Kenyan population, the need for quality health services has increased. This necessitates the need to train, employ and deploy adequate numbers of staff to improve quality accessibility of service.
- Despite key investments in health in the last 2 decades, health sector outcomes have not reflected sufficient progress. Human Resource has had a contributory role to this

stagnation of progress.

- Stakeholders in health sector need to consultatively address health workers grievances and further improve the working environment to improve productivity
- There's is need provide guidelines on staff deployment as well as sharing of specialists among counties
- For effective and informed decisions to be made on health workforce there is need to enhance use of the integrated

human resource database to capture and track all the available human resources for health.

- The sector should encourage use and implementation of the Human Resource norms and standards to ensure policy targets are met.
- National and county Governments need to improve capacity for health workers by ensuring adequate staff of the right mix of skills to meet the health needs of the public, against major investments in health infrastructure.

Introduction

The mandate of the health sector is to promote and participate in the provision of integrated and high quality care that is equitable, responsive, accessible and accountable to Kenyans. Health workforce are only effective if the system is able to:

- i. Educate sufficient numbers of adequately trained and appropriate health workers;
- ii. Providing sufficient financing for their salaries, supplies and transportation;
- iii. Effectively motivate them and manage their administrative, information, logistics and supply needs;

- iv. Establish appropriate physical infrastructure, housing and use of modern service delivery equipment and;
- v. Provide safe working conditions.

A knowledgeable, skilled and motivated health workforce is critical for reaching universal health coverage. Health workforce includes those that provide health services such as doctors, nurses; among others, and those that support the health services such as hospital managers, ambulance drivers, and so forth. Health worker numbers and quality are positively associated with immunization coverage and even increased infant, child and maternal survival. The health workforce determines health outputs and outcomes, drives health performance and commands a large share of the health budget. According to the Government of Kenya's *National Human Resources for Health Strategic Plan 2009–2012*, "the acute shortage and mal-distribution of healthcare workers has been contributory to [the long-term decline], and now stand in the way of the achievement of the KHSSP 2014-2018 and the SDGs."

There's therefore need to critically prioritize Human resource issues by putting remedies in place.

Strategic focus is needed to determine the most appropriate, feasible and cost effective strategies to ensure equitable distribution and the right mix of staff to provide accessible and quality health care to the population irrespective of geographic location. Skilled health workers are unable to deliver services effectively without appropriate physical capital such as adequate facilities, equipment and consumables such as medicines. Thus health system budgets need to balance these three vital demands – human resources, physical capital and consumables.

Effective action, both urgent and sustained, to address the growing health workforce crisis requires solid information, reliable research and a firm knowledge base. All countries are now part of a marketplace characterized in part by increased internal and international mobility of health workers. In addition, health sector reforms, demographic and epidemiological changes and the introduction of new technologies and new models of care all contribute to the growing need for health workers worldwide, therefore require accurate and timely information and state-of-the-art research to assess the impact of these changes on their workforce, develop responsive strategies and take timely and effective action.

Findings from the Kenya Health Workforce Report 2015 indicates that Kenya has taken great strides in the past 5 years to increase the supply of licensed and active health professionals. However, the numbers are still below what is recommended.

Achievement of universal access to health will be possible when health professionals' density is increased to meet the health demands of the fast growing population.

The aspirations of SDGs towards UHC are largely dependent on a health workforce that is responsive to the ever evolving needs of the health systems'. Therefore, strengthening the health workforce through policy, adequate financing, planning, recruitment, training, deployment and retention is paramount to ensuring everyone has access to a qualified health worker thus improving the ability of health systems to achieve global and national health goals as prioritized in the new SDG targets. However, the fragmentation of information on the health workforce, the dispersion of responsibilities across county and national government, and the shortages in human resources as well as lack of infrastructure have thus far limited the capacity of counties to collect, compile and analyze workforce data. Moreover, even when the quantity and quality of data are adequate, there are further limitations to the effective use of these data for policy-making, due largely to the absence of core health workforce indicators and to definitional problems associated with classifications of occupations.

The research in human resources for health is weak, uneven and mostly descriptive. There are few systematic reviews and collections of best practices on effective solutions. The potential role of health workforce information and research for policy formulation and action is also further affected by the lack of collaboration between relevant agencies, which on the one hand leads to duplication of efforts and on the other to underuse of know-how and databases. Among the many challenges facing the health system in Kenya, is the acute shortage of competent healthcare providers. As a result of inadequate infrastructure and poor compensation packages, a sizeable number of physicians, nurses, environmental health officers and other health professionals are lured away by development partners and non-governmental organizations in search of greener pastures and lucrative positions. Related to brain drain is the problem of geographical distribution of healthcare professionals. There is a disproportionate concentration of medical professionals in urban areas. The main factors driving this problem have been identified as:

- i. Insufficient resource and neglected health system;
- ii. Poor human resources planning and management practices and structures
- iii. Unsatisfactory working conditions.

The government of Kenya has established the Government Human Resource Database (GHRIS) and captures all data of government health workers in both national and county level.

The database reflect the health workers that are active in the health sector, those being trained and those leaving active workforce and reasons for leaving. Information on cultural appropriateness, sex, and ethnicity are required to encourage utilization of services among the underserved and marginalized communities. For example access to female providers is an important determinant of women’s health service utilization such as the free maternity services.

The ability of Kenya to meet her health goals depends largely on the strong skilled, motivated, knowledge and adequate deployed people responsible for organizing and delivering health services. Available evidence shows that there is a direct and positive link between the numbers of health workers and the population health outcomes achieved (WHO MBHSS, 2010). This policy brief presents strategies that can help strengthen information systems and address challenges faced by health workers at both national and county levels in order to address the repetitive health workers unrest.

Methodology

This policy brief is based on a comprehensive desk review of existing literature that included health sector strategic documents, Government policy documents, Mid-term review report of the KHSSP (2014-2018), Client and Employee Satisfaction and work Environment Survey report conducted

in 19 counties.

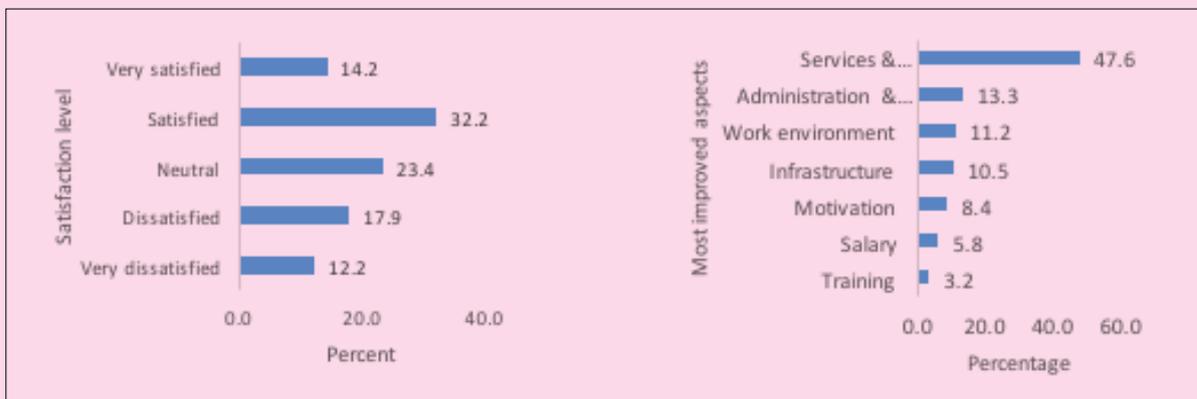
- Distribution
- Age

Results & Conclusions

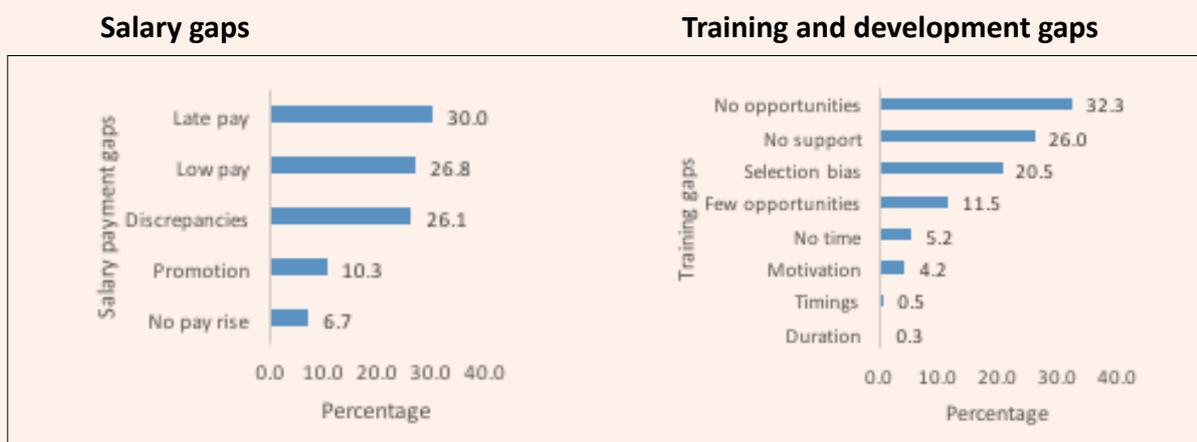
There are commendable results from counties since devolution especially in employment and trainings. It is reported that all counties are now using the IPPD system established to manage salary payment. The MOH has also trained 32 counties on human resource management.

Overall, a third of the employees sampled reported not being satisfied with their current employers. However, a significant proportion (23.4%) chose to remain non-committal on this matter raising concern on transparency. It was observed that over 60% of employees testified that there has been improvement in the facility over the last one year. Some of the improvements sighted included: services and equipment, administration and personnel, working environment, infrastructure, employee motivation, salary, and training opportunities. On equipment the main items identified were x-ray machines, magnet resonance imaging (MRI), and laboratories.

On the other hand, salaries issues and trainings contributed to the lowest motivation in facilities.



The main issues sighted in salaries included poor salaries which were paid late and salaries were not reviewed /increased often enough. In addition, promotions and upgrading were either not done or delayed. Further, transfers were not harmonized and most often the procedures were unclear. On trainings, employees felt that there were no opportunities and support.



Other factors that contributed to demotivation included low staffing levels and terms of employment (14.3%), working conditions (13.3%) and poor communication methods and channels (13.1%). Closer examination additionally revealed that most staff felt that their pay was not commensurate with work done, was not harmonized across the various job groups, they were overworked due to understaffing and they had to comply with poor working conditions.

The 2015 workforce report revealed an increase in health workers from training institutions among them medical doctors, nurses & clinical officers. Migration of health workers to outside the country, especially nurses did not seem to be a significant factor towards Human Resource shortage.



Kenya counties map showing healthcare workers distribution and HIV prevalence rates

Recommendations

- i. There’s need for concerted efforts to increase the density of healthcare workers to meet the health demands of the fast-growing population.
- ii. Innovative ways of sharing the existing healthcare workers will be needed to efficiently utilize existing health workers. Leveraging on technology for example in the use of telemedicine need to be embraced to narrow some of the gaps.
- iii. Implement the devolved Human Resource Management Policy on Human Resources for Health (2015). This policy provides guidelines on recruitment, deployment, tracking, and retention of health professionals.
- iv. Strengthen the Integrated Human Resource for Health Information Systems (iHRIS) to provide regular, reliable data on the health workforce to facilitate human resource decisions
- v. Constant, structured engagement between the employer and the employees with representation from all stakeholders is needed towards harmonization of health workers salaries
- vi. Structured management of Health worker issues at the county level including, rationalization of deployed staff by need, prompt payment of salaries and harmonization of promotions at all levels should be prioritized.
- vii. Opportunities for training need to be provided and

rationalised for all workers benefit.

- viii. Working environment and conditions for health workers need to be improved

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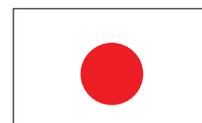
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Government of Japan