2023 CLA CASE COMPETITION

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Case Title:

Optimizing Human Resource for Health Investment Using Workload

Name:

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Organization:

Jhpiego Ethiopia

Summary:

Improving population health outcomes depends on the availability, accessibility, acceptability, and quality of the health workforce. In 2022, Ethiopia had a very low health workforce density at 10 per 10,000 people, just below a quarter of the World Health Organization (WHO)'s threshold (45) for achieving universal health coverage (UHC). There is a workforce maldistribution that disfavors rural areas. The skill mix imbalance is also typified by a shortage of specialist doctors, nurses, and medical laboratory professionals. However, despite the need, many new health graduates have not been hired due to workforce management challenges. The workforce planning was predominantly traditional and based on simple population ratios and health worker density benchmarks, without consideration of workload, staffing gaps, and disease burden. The country was challenged to optimize human resources for health (HRH) investments and overcome market failures.

To address the challenges, Jhpiego, in collaboration with the Ministry of Health (MOH), Public Service Commission, the Ministry of Labor, Ethiopian Standards Agency, professional associations, the private sector, and WHO, conducted studies through a Workload Indicator Staffing Needs (WISN) assessment and Health Labor Market Analysis (HLMA). The studies showed that the country needs a 55% increase in the number of available health workers that is critical to increase access of the population to quality health services. The findings have been used to revise the staffing standards for the country's primary health care units and tertiary hospitals. As a result, the MOH mobilized financial resources to hire newly graduated medical doctors through a matching fund approach, deploying 8,988 health workers in 2022 and 2023.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

Improving the availability, accessibility, acceptability, and quality of the health workforce is key to improving the coverage and quality of essential health services. With the massive expansion of production capacity, the number of health workers in Ethiopia has increased substantially in the last decades. Between 2012 and 2019, the total health workforce density increased from 1.36 to 2.38 health workers per 1,000 people, representing a 75% increase. Despite all this progress, Ethiopia's health workforce density is only 10 per 10,000 people for doctors, nurses, and midwives in 2022, which is lower than the African average of 13 and the SDG index of 45. Paradoxically, the workforce shortage co-exists with unemployment and is exacerbated by maldistribution affecting the majority of the population residing in rural areas.

Moreover, many health facilities are understaffed, limiting the amount and quality of services they provide. In the meantime, a significant proportion of the health workforce is unemployed. According to a 2020 health labor market analysis, 11%–20% of 2019 health science graduates were unemployed or underemployed.

In order to tackle these complex health workforce challenges and accelerate progress toward UHC for Ethiopia, the U.S. Agency for International Development (USAID) awarded Jhpiego a five-year project (April 7, 2020, to April 6, 2025) to implement the Health Workforce Improvement Program (HWIP). HWIP is implemented by a Jhpiego-led consortium including Amref Health Africa and four professional associations of nurses, midwives, medical doctors, and anesthetists. The project facilitated evidence-based workforce planning and deployment decisions that can play an important role in addressing workforce shortage, maldistribution, and skill mix imbalance.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

External Collaboration

Technical Evidence Base

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

The WHO and Jhpiego advocated with Ethiopia's MOH and regional health bureaus to use standard methods in determining and forecasting health workforce needs to deliver quality health care to the population. Consultations were conducted with the decision-makers and stakeholders on the methodologies (WISN and HLMA), and on how to use the results. A technical task force and implementation group representing MOH, professional associations, WHO, and development partners were established and training on WISN and HLMA methods was conducted in 2021.

The standard WISN assessment was conducted that included identifying the health cadres and defining workload components and service standards. In January 2021, data were collected on seven cadres from 54 purposively selected health facilities (representing different levels of care) in 10 regions of Ethiopia. Difference and ratio indicators were generated using the WISN software that were used to interpret workload pressure, and staffing shortage and surpluses. In addition, an HLMA was conducted to gain a better understanding of the factors that drive workforce shortages and surpluses, imbalances in skill mix and geographical distribution, suboptimal performance, financial space, and the supply and demand for health workers.

Analysis were conducted by individual facility and cadre to project differences. Based on the findings, some facilities showed a surplus of health workers whereas shortages were evident in others. The extent of workload pressures was also found to vary among health facilities and professional categories, ranging from an extremely high workload on the one hand to extremely low on the other. The WISN study showed that the existing fixed facility staffing norms are no longer fit for purpose.

The evidence generated from the WISN and HLMA assessments were used to revise staffing standards for health posts, health centers, and hospitals in a multi-sectoral consultative process, including the MOH, Ethiopian Standards Agency, professional associations, the private sector, and development partners. The collaboration in generating evidence for forecasting and planning of HRH promoted the use of WISN and HLMA results for planning. The exercises clarified how to determine the staffing level for facilities. This was demonstrated during the meetings and discussions with stakeholders and Ethiopia's Standards Agency to revise the staffing standards. The WISN provides health managers a systematic way to make staffing decisions in order to effectively manage their valuable human resources. The HLMA approach provided a better understanding of the factors that drive health workforce shortages and surpluses, imbalances in skill mix and geographical distribution, and suboptimal performances.

The new staffing standards have just been developed using the findings of the WISN and HLMA assessments, which show an opportunity to hire an additional 109,008 health workers. This will have increased the total number of health workers by 50% and health workforce density by nearly 1%. Budgetary implications for additional requirements were explored. About 378,586,100 USD additional budget is required in 2021 to cover the cost of employment. The findings and staffing standards can be used as advocacy tools to increase HRH financing. The findings also suggest a need for the health sector to reclassify health facilities based on workload, and service packages for better efficiency and effectiveness.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

A. DEVELOPM ENT RESULTS

The WISN tool helped to determine the number and type of health workers needed to appropriately manage the workload of a given health facility, such as a health post, health center, or hospital, using actual data from the facility. Based on this analysis, health managers and decision-makers have the evidence they need to understand how to tackle inefficiencies, address trends in actual health worker activities, and identify true gaps in workforce availability. As a planning and management tool, WISN offers an objective and scientific method to estimate health workforce requirements based on the actual workload in the health sector. It was also appreciated that WISN takes into account the different health service packages and complexity of care in health facility settings.

The HLMA helped the Ethiopian health sector identify gaps in its HRH policies that affect the dynamics of the labor market including policies related to wages and retention, training, geographic distribution, skill mix, unemployment, and gender inequities. This can enhance understanding of the factors that constraints HRH and result in more effective policies, plans, and interventions to address HRH challenges in relation to financial and economic terms.

HWIP collaborated with the MOH and WHO to establish a national technical working group (TWG) for WISN and HLMA exercises. The TWG developed and approved a scope of work and action plans for both assessments. The TWG met every other week to review progress, solve challenges, and give directions. HWIP also facilitated the use of WISN and HLMA data in the revision of facility staffing standards for the country. The Ethiopian Standard Institute and the MOH led the development of the staffing standards. USAID/HWIP participated in Technical Committee meetings to explain the findings of the WISN and HLMA studies. Previously, the staffing decisions were made based on experts' opinions rather than scientific evidence.

The revised staffing standards allow the health sector to hire additional health professionals (55%) to improve health service quality and access. As a result of these efforts, the way the health workforce forecasted, planned, and deployed was improved through research evidence. Using the evidence generated, the MOH mobilized financial resources to hire newly graduated medical doctors through a matching fund approach, deploying 8,988 health workers in 2022 and 2023.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

HWIP supports the human resources administration directorate within the MOH to set the structures for implementation of WISN and HLMA assessments and use the results to improve HRH planning. This approach included integration of WISN and HLMA processes into the HRH steering committee plans and leveraging the existing HRH network, as well as the establishment of a TWG at the national level, for which HWIP served as a secretary with WHO. This group was ultimately responsible for supporting the implementation of WISN and HLMA assessments across the country and using the results to develop tools and approaches, building capacity at all levels and disseminating lessons learned.

- The MOH took a leadership role and established the national Steering Committee, Technical Task Force and expert TWG with key partners.
- HRH has been a key pillar in transforming the country's health sector agenda and improving health workforce planning, projection, and budgeting, which have been a key focus of the health sector leadership.
- Since the methodologies developed for WISN and HLMA in Ethiopia were applied in consideration of the local contexts, its implementation has been promising for health workforce planning, budgeting, and deployment throughout the country.