STRATEGIC AND SUSTAINABLE INVESTMENTS TO PROVIDE ESSENTIAL HEALTH SERVICES AND BUILD RESILIENT HEALTH SYSTEMS: THE GFF PARTNERSHIP HUMAN RESOURCES FOR HEALTH (HRH) AGENDA

OVERVIEW

This policy note proposes a framework for a human resources for health (HRH) agenda delivered through the Global Financing Facility (GFF) partnership, which would aim for more aligned and prioritized health workforce investments that support access to high-quality, holistic health care services for all, especially women, children, and adolescents. Where historically external support to national HRH strategies has been fragmented, opportunistic, and reactive to gaps, the GFF partnership has an opportunity to help address systematic drivers of insufficient HRH quality, coverage, and integration toward more resilient and responsive health systems. This policy note was developed through a partnership wide approach and high-level desk review. The key informant interviews, and focus groups of GFF leaders, country representatives, World Bank staff, and GFF partners are listed in appendix A.

This policy note seeks to describe the partnership's optimal engagement on country-led health financing and health system reforms to strengthen HRH (WHO 2021a)—including community health workers (CHW)[1]—within GFF partner countries. Among the GFF partnership, the importance of the health workforce for delivering primary health care (PHC) and achieving universal health coverage (UHC) is recognized overwhelmingly, with the COVID-19 pandemic and now multiple crises shining light on the critical role of HRH in pandemic preparedness and response (PPR) and health system resilience. This paper sets forth an HRH agenda and proposed actions for streamlined, multilateral efforts to strengthen the health workforce in consideration of the partnership comparative advantages.

SUMMARY OF FINDINGS

- The coverage, skills, and coordination of health and care workers in GFF-eligible countries are insufficient to achieve global health goals, in part due to limited policy implementation, inadequate data, and fragmented investments.
- By leveraging existing mechanisms, the GFF partnership will align HRH strengthening efforts through health financing, data systems, and reforms. In addition, the GFF can prioritize specific health workforce management and optimization issues critical to the partnership's mandate.

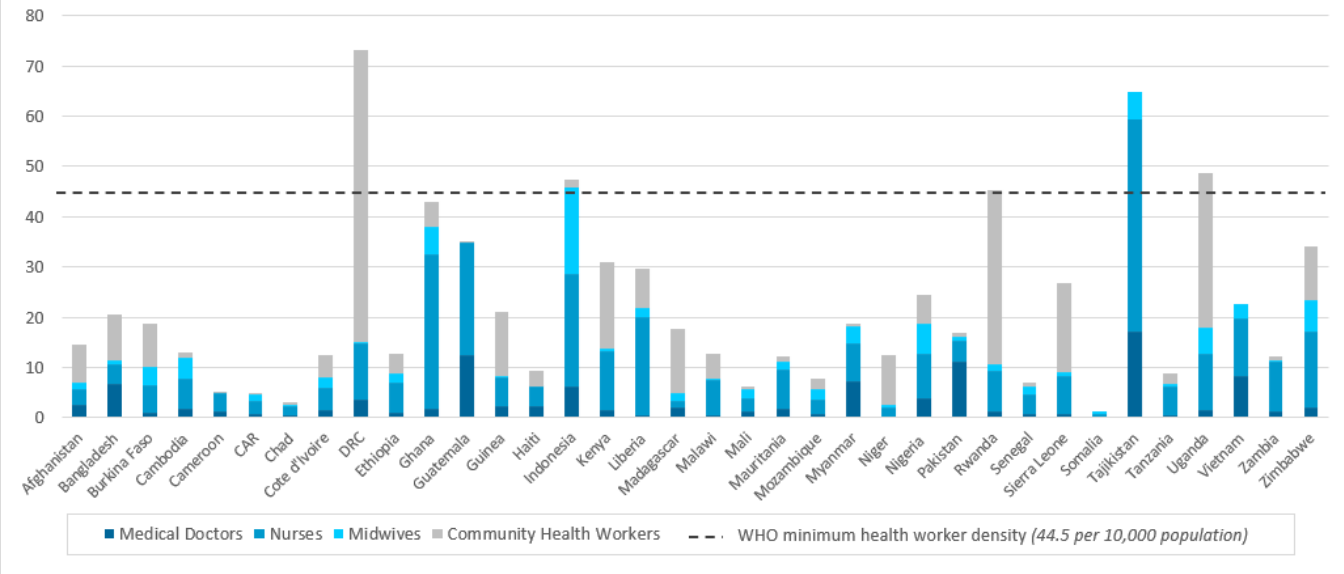
ACTION(S) REQUESTED OF INVESTORS GROUP

To approve the HRH agenda and proposed actions described; to request the GFF Secretariat to develop a plan for its operationalization for Investors Group endorsement in consultation with partners.

CONTEXT

Reaching the partnership's goal to improving health outcomes for women, children, and adolescents will require a robust, well-distributed, skilled health workforce. Health workers are at the heart of resilient health systems. However, few GFF partner countries have adequate HRH (see figure 1). Health worker maldistribution, insufficient skill mix, high attrition, migration, and limited quality hinder the access, quality, and equity of essential health services, including reproductive, maternal, newborn, child and adolescent health, and nutrition (RMNCAH-N) (WHO 2022). Globally, an estimated 6 million women work unpaid and underpaid in health system roles (WHO, Global Health Workforce Network, and Women in Global Health 2019). The COVID-19 pandemic has demonstrated that chronic underinvestment in health workers has hindered health system resilience (Deussom et al. 2022). HRH gaps can be addressed by better protecting, investing in, and optimizing the existing health workforce, including institutionalizing community health worker (CHW) programs where this is a country priority (WHO 2018). By better integrating domestic and partner contributions to health workforce policies, financing, and data, HRH management can be more effective and efficient, including for PHC and PPR.

Figure 1. Few GFF Countries Have Enough Health Workers; Increased Efforts Needed to Optimize the Existing Health Workforce



Sources: National Health Workforce Account Portal, WHO 2022; Community Health Roadmap Country Profiles, 2021; Perry 2021*; using most current data available.*

HRH challenges

Limited capacity to adequately manage the health and care workforce can result in high attrition, erratic service quality, and availability. HRH maldistribution is caused by insufficient human resource management at national and subnational levels to plan for, incentivize, support, and retain health workers in rural, remote, and underserved areas. Professional regulatory bodies seek to hold health workers accountable and promote skills development; however, these are often highly politicized. HRH support often takes the form of in-service training, with the presence of a trained health worker as a proxy for access to quality care. However, fragmented training schedules, high turnover, limited post-training

performance management, and inadequate working environments hinder the impact of in-service training and perpetuate the limited quality of health services.

The existing frontline health workforce struggles to achieve safe working conditions, collaborate across teams, and achieve optimal performance. Many district health management teams struggle to provide supportive supervision, coaching, mentoring, equipment, and supplies to help health workers apply skills effectively. Working conditions are difficult, with low pay, limited access to personal protective equipment (PPE), essential supplies, drugs and diagnostics, connectivity, clean water, and adequate sanitation. High workloads lead to burnout. National health policies, standards of care, and essential service packages are to be operationalized at the primary level of the health system, but limited HRH capacity at subnational levels results in poor coordination of services, weak referral systems, and limited implementation of task sharing.

Policy efforts to optimize the existing health workforce have relied on limited and highly fragmented data. Despite, the prominence of health workforce issues in almost all policy discussions, many national HRH strategies and decisions are made without knowing the exact number of active health workers, where they are located or what qualifications and skills they have, let alone their level of performance. Few national human resource information systems (HRISs) provide complete, real-time data. Private sector HRH data are rarely visible to policymakers. As such, it can be challenging to access HRH data that can monitor progress against national policy implementation, be readily disaggregated to target performance support, or used to plan for economic, epidemiological, or demographic trends. Some countries invest heavily in HRH production, increasing the number of graduates at the expense of quality.

Historically, the health workforce has been considered an expense. For many health sector budgets, salaries have represented more than half of costs. Structural adjustment programs rationed public sector jobs to the detriment of populations, whose health and productivity lagged in the absence of a health worker. Health graduates benefitting from government-supported scholarships could migrate out of the country, perceiving better job opportunities and working conditions elsewhere. In some contexts, short-term, highly paid health sector jobs created by external partners and the nongovernmental organization (NGO)/private sector have contributed to public sector turnover, destabilizing local health labor markets.

Consolidating GFF Partnership's HRH contributions for greater impact

The GFF partnership has an opportunity to transform its approach to HRH investments through existing mechanisms to support country priorities and strengthen health systems in a more strategic, efficient manner. More aligned GFF investments in HRH can deliver a "triple return": for health outcomes, global health security, and economic growth (WHO 2016). A majority of GFF country investment cases (ICs) and World Bank cofinanced projects include HRH and community health components (box 1). In addition, the GFF is comprised of key partners with HRH expertise (see appendix B for a list of partner resources). The GFF partners acknowledge a strong global momentum to protect and invest in health and care workers through a more aligned, strategic, and sustainable approach. However, to date, the full potential of the GFF supported platform has not been adequately consolidated around HRH. By adopting an HRH-centric approach through country-led processes, the GFF can leverage its convening power to address the root causes of health workforce bottlenecks, donor dependence, and fragmentation.

Box 1. GFF partnership support to HRH

To date the GFF has been supporting partner country efforts to improve HRH in important ways, including in the development of country Investment Cases (IC), World Bank/GFF cofinanced projects, and technical assistance analytics for HRH.

- ***GFF country Investment Cases:*** include priorities revolving around HRH (87 percent or 26/30). For example, the Investment Case for the National Health Strategy (NHS) 2021–2025 developed by the government of Zimbabwe, developed in strong collaboration with national and development partners, including the GFF, identified strengthening community health interventions as a priority activity. This focus came out of a costed community health strategy that showed the country could provide accessible health services at community level at lower prices. The use of Village Health Workers to complement preventive services offered at clinics has improved access to care, and emphasis going forward will be on having one Village Health Worker per village. As part of the NHS, training, monitoring, and supervision of the VHW will also be implemented in a reliable manner over the next five years.
- ***World Bank/GFF cofinanced projects*:** About three quarters of countries with an IC include WB/GFF financing support for improvements in HRH (73 percent or 22/30 countries). In the *Rwanda First Programmatic Human Capital for Inclusive Growth Development Policy Financing* (IDA US$150), the GFF collaborated to support health workforce reforms aimed at expanding the availability of skilled workers on the frontlines, including one Prior Action (policy trigger) that required having an updated staffing structure that increases the number of skilled health professionals at each health facility. Through the *Investing in Nutrition and Early Years Project* in Indonesia, the World Bank (US$400 million) and the GFF (US$20 million) are supporting the government to improve quality and availability of primary health, nutrition, water, and sanitation services. One innovation of the project, which builds on lessons from a pilot program, is the deployment of human development workers (HDWs) to support village governments in identifying, implementing, and monitoring priority nutrition interventions to households. They apply a results-based approach and work across sectors (health, early childhood education, social protection, and water and sanitation) to increase and improve the delivery, monitoring, and uptake of key interventions at the frontline. This transformational project will launch in 100 districts in 2018 and is scaling up to all 514 districts. The GFF also supported the *Ethiopia Health Sustainable Development Goals Support Program for Results Additional Financing* (US$60 million from GFF) in which the government is expanding the network of health extension workers and the Health Development Army to reach a larger rural population, as well as providing training to upgrade the skills of the health extension workers.
- *Illustrative technical assistance and analytics for HRH*:
  - **Health Workforce Mobility from Croatia, Serbia, and Macedonia to Germany** (2021) outlines underlying factors and makes key recommendations to address migration, including within the education sector.
  - **The Future of Medical Work in Southern Africa: Lesotho Case Study** (2022) recommends scale up and innovative financing mechanisms for medical education.
  - Through the Governance for GFF (G4GFF) support, the **Mali Health Workforce Management Study** *(ongoing)* explores the quality of stewardship and management of the health sector at the central and commune levels, the quality of governance of health facilities, and the experiences and perceptions of health personnel on recruitment and selection, performance evaluation, promotion and career advancement, and salary satisfaction.

THE GFF HRH AGENDA

A collective GFF HRH agenda seeks to align health workforce issues within existing Health Systems Strengthening (HSS) investments, GFF supported country mechanisms and platforms, as well as prioritize HRH issues central to GFF's mandate. The GFF will harness the partnership's multisectoral convening power, expertise, and commitment to delivering holistic, systemwide approaches for HRH strengthening in GFF-supported countries. This can be achieved by the following:

1. Centering HRH within health financing and expenditure reviews
2. Improving HRH data quality, visibility, and analytics
3. Integrating HRH in health policy, governance, private sector engagement, and regulation
4. Protecting and safeguarding health and care workers, especially for PPR and in conflict and fragile settings
5. Developing, retaining, and sustaining the community health workforce
6. Scaling effective health workforce training and skills development for essential health services, RMNCAH-N, and PPR

With countries leading, the GFF HRH agenda will result in a more diverse, equitable, responsive health and care workforce that is well prepared, supported, and coordinated to deliver PHC and PPR, thus contributing to more resilient health systems. In the longer term, the HRH agenda will enable GFF partner countries to succeed at developing, investing in, and implementing realistic and evidence-based costed national HRH strategies and roadmaps; leverage sustainable financing and scalable models; and promote health workforce wellbeing and health equity.

PROPOSED ACTIONS

Aligning HRH issues within HSS investments, GFF mechanisms, and country platforms

1. ***Center HRH within health financing and expenditure reviews***

Costed investment cases. Using existing country implementation guidelines, the GFF can support greater analysis of the HRH and community health components of ICs.[2] It can also provide technical assistance and analytics (TAA) to support new ICs or those undergoing revision, especially for countries institutionalizing CHW programs and implementing community health roadmaps. ICs can also serve to identify longer-term HRH strategies and investments, including those within the education sector.
Domestic resource utilization and mobilization (DRUM) engagement. The GFF will apply its approach and building blocks for DRUM (GFF 2022) to catalyze HRH investments. The DRUM process includes:

- IDA/IBRD cofinancing and development policy operations (DPOs) and linking financing to the HRH agenda. DPOs can provide an incentive and opportunity to leverage legal and policy reforms to improve both workforce and working conditions. In addition, performance-based financing (PBF) and results-based financing (RBF) could be triggered to enhance stronger motivation for health workers by improving health infrastructure (for example, working conditions), providing financial incentives as well as supporting them by increasing data availability to identify skills gaps. Where adequate data exists and prioritized, countries could consider program for results (PforR) schemes.

- Resource mapping and expenditure tracking (RMET). The RMET is a key value add of GFF that can facilitate partner alignment for HRH financing and reforms. Based on processes and tools developed for COVID-19 and other technical areas, the GFF will adapt RMET for HRH. Starting with the most current and complete HRH data, gaps can be determined against current needs and future projections. The RMET approach should be adapted to capture key areas of HRH (costs related to policymaking, salaries, management, training, performance support, among others) to map external contributions and coordinate TAA. Workforce inflows and outflows can be tracked against previous data. RMET supports the development of costed, evidence-based national HRH strategies, and helps identify needs or priorities not covered by DRUM.
- Governance for GFF (G4GFF) In collaboration with the World Bank Governance Global Practice (GP) to support public financial management (PFM), the G4GFF financing mechanism shows promise to strengthen the human resources management needed at decentralized levels across multiple sectors (for example, civil service, finance, civil society, and private sector). G4GFF has supported cross-country exchanges, such as that performed in Chad, to strengthen multisectoral dialogue.

2. *Improving HRH data quality, visibility, and analytics*

Strengthen country-led HRIS. The GFF will support a digital HRIS led by each GFF partner country, along with relevant analytical work to facilitate evidence-based decision making for health workforce investments. An effective country-led HRH database (namely, the HRIS) is digital, open source, enabled for district health information software 2 (DHIS2), and can be disaggregated by sex, skills, cadre, location, training, and service skills. When a country prioritizes its HRIS, the GFF can invest in HRIS infrastructure, systems, processes, and capacity strengthening across the health system to enable higher quality, more complete, and accurate HRH data.[3] A functional HRIS is needed to develop an HRH results framework and facilitates country reporting of national health workforce accounts (NHWA). It can also provide routine data on allocative efficiency for human resources managers at subnational levels and be disaggregated for data visibility on workforce gender and equity analyses.

Generate, share, and use standardized HRH data and strategic information. GFF partners commit to report HRH investments, including trainings or other workforce support, through country-led information systems, to promote efficiency and alignment. Data could include the education, civil service and private sectors, and community-based workforce. Within the GFF country implementation guidelines, HRH is defined as a cross-cutting area for results monitoring, though data visibility is limited.

World Bank PBF portals can also be used where workforce performance information is captured at facility levels and integrated into the HRIS. For internal alignment within the GFF partnership at the country level, the HRH Inventory Tool can be useful for stakeholder awareness and engagement. Enabling and using health system-generated data can inform health and care workers' performance support, including quality of care, referrals, service volume, supervision checklists, and community feedback.

Support TAA to facilitate evidence-based decision making for HRH. Informed by country-level data and priorities, the GFF will support analytical work to further elucidate HRH challenges and solutions. Through existing information systems as well as specific studies, partners will contribute to more streamlined, strategic information to inform HRH policies and financing and better enhance accountability and measure impact. For example, TAA can support HRH directorates and national HRH technical working groups for multisectoral engagement and leadership. The GFF will better involve national leaders in HRH analytical works as part of leadership and management capacity strengthening. Illustrative examples of

TAA for HRH include political economy analyses, communications strategies, fiscal space analysis, public expenditure reviews, efficiency analyses, HRH optimization modeling, HRIS strengthening, data use for decision making, developing and costing health worker retention packages, and implementing research on the contributions of PBF to HRH motivation and retention. TAA can also support cases for costed national HRH strategies and longer-term reforms.

3. ***Integrate HRH in health policy and governance, private sector engagement, and regulation***

Health policy and governance. Countries' national HRH technical working groups can use the GFF platform to integrate evidence on available resources and data for HRH to broader policy dialogue and advocacy for resource mobilization. GFF partners will contribute to political economy analyses and support advocacy strategies for implementing HRH policies, including dialogue with Ministries of Finance. With an increasingly mobile workforce, policymakers wish to review additional financial resources for workforce incentives within a competitive health labor market. The GFF will leverage multisectoral expertise to strengthen HRH stewardship and capacity at subnational levels to lead public sector reforms to create jobs, fill vacancies, reduce unemployment, promote high performers, cost incentive packages, and document attrition, and forecast HRH financing. However, to adequately staff health posts in the most underserved areas, a more sustainable approach would be to support better working conditions through health systems infrastructure, water, electricity, connectivity, HRH performance support, local HRH recruitment, and workforce career paths.

Private sector engagement. The GFF will leverage the partnership's expertise to understand the role and contributions of the private sector health workforce within health systems. The GFF's private sector assessment or market scoping analysis can be adapted for HRH. In addition, the GFF will promote integration of private HRH data in country-led systems, including financing. The partnership will also be tapped to share HRH strengthening best practices and innovations, such as social contracting. Linked to governance, the GFF will support country-level dialogue to improve private sector HRH accountability and quality.

Regulation. The GFF will support cross-cutting HRH leadership capacity for the effective oversight of the health workforce, which is essential for service quality. PforR schemes can provide funding based on health workforce regulation. Legal support could include supporting HRH safeguards and protections, or further CHW formality as described below. Longer-term reforms, including investments to improve the quality and reach of health professional education, could be considered once the GFF platform has greater clarity on HRH dynamics and gaps. The partnership has experience leveraging gender legislation and sees potential for addressing broader labor issues beyond the health sector, based on country priority.

Prioritizing HRH issues central to GFF's mandate

4. ***Protecting and safeguarding health and care workers, especially for pandemic response and preparedness, in conflict and fragile settings***

GFF partners will continue to provide a safety net for the global health workforce, in terms of PPE and occupational health, including mental health and gender discrimination, as guided by the 75th World Health Assembly global health and care worker compact (WHO 2021b).[4] Health financing to support enabling work environments, including available supplies, medicine, diagnostics, and technology, clean water, electricity, and connectivity, can be prioritized based on HRH needs. The GFF will promote greater data visibility and TAA to support evidence-based staff reallocations needed for emergency responses

while assuring adequate coverage for essential health services. Linked with the regulatory approaches described above, country platforms can review and revise staffing plans to account for reasonable workloads, parental, family, and medical leave to reduce burnout, with temporary staffing or contractor coverage, especially for HRH working under difficult conditions. For the one-third of GFF partner countries classified as fragile or conflict-affected, the country platform will be leveraged for broader dialogue and advocacy on HRH reforms and investment priorities.

5. ***Developing, retaining, and sustaining the community health workforce***

The GFF will leverage the platform in support of country-led strategies for CHWs that can bring RMNCAH-N services closer to communities and expand the reach of the health system, including for infectious disease surveillance and response. National CHW strategies will be streamlined within broader HRH financing and policy reform discussions, including review of legal frameworks and gender equality. The DRUM/RMET processes will include partner coordination of externally supported CHWs, including agreement on performance standards and remuneration. The GFF will endorse aligning and integrating CHW registries with the HRIS and other information systems, including their contributions to civil vital registration systems (CVRS). With improved data analytics, especially CHW costs, service volume, performance, and referrals, countries can determine the impact of these programs within health systems, in terms of accessibility, quality, and equity. The GFF can strengthen human resources management capacity to operationalize and optimize national task sharing policies, including community-based service delivery. In the long term, the GFF will support country-led HRH reviews to plan for evolving health workforce needs—especially where telemedicine, self-care, and private sector expansion will require more dynamic workforce skills in coming years. The GFF's platform will facilitate further dialogue among country stakeholders on retention strategies and career path development for high-performing CHWs by progressively upskilling them to respond to health needs, such as noncommunicable diseases (NCDs), mental health diagnoses, injuries, and PPR.

6. ***Scaling effective health workforce training and skills development for essential health services, RMNCAH-N, and PPR***

To fulfill a vision set forth over a decade ago (Frenk, et al. 2010), the GFF will leverage its multisectoral partnership to support countries to improve and transform health professional education training quality and equity. Preservice education investments should be informed by existing workforce profiles and consider the youth bulges. Given high health workforce mobility, health worker overproduction is less of a concern with a high quality of preservice education. World Bank investments in secondary education can complement the tertiary ones with GFF partners at country level to promote health student readiness, especially for young women. The GFF partnership will leverage other investments and partnerships between medical schools, nursing, midwifery, and other health professional schools to invest in faculty and curriculum development. Centers of excellence and learning in rural, remote, and underserved areas improve HRH learning opportunities, increase health worker retention, and are more equitable, practical, and relevant, as exemplified by the University of Global Health Equity in Rwanda.

In addition, GFF partners will support digital innovations, technologies, and e-learning platforms and promote their integration with country-led information systems to align training data against service delivery, surveillance, reporting, and supervision data. Guided by global competencies for UHC, HRH continuing professional development approaches will be tailored to context to achieve GFF goals. HRH skills for delivering across the continuum of care will include nutrition, gender-based violence, NCDs, mental health, and other context-specific priorities. Integrated supervision, coaching and mentoring will

be aligned across partners. Strategies will promote task sharing and other HRH optimization approaches, improved HRH retention, career pathways, and women's leadership in health. The GFF will promote a renewed focus on interprofessional competencies for integrated, respectful, person-centered PHC and strong transport and referral systems to manage obstetric and other medical emergencies.

Operationalizing the GFF HRH agenda

Within the GFF Secretariat, HRH-focused coordination will support existing platforms and engage the partnership's technical contributors, Investors Group experts, and the World Bank's Education and Governance Global Practices to strengthen country-level implementation. Coordination could also include developing a database of global and regional HRH technical experts, curating best practice health workforce tools, facilitating relevant cross-country learning, and supporting GFF liaison officers to identify national-level HRH expertise. Currently, as there is no pool of dedicated global HRH experts, there are opportunities to leverage existing expertise in health financing, PFM, labor economics, education, and gender. At the country level, GFF liaison officers could benefit from greater orientation to contextualize global HRH best practices and principles. To promote alignment across GFF partner engagement, all HRH investment discussions should be channeled through a multisector task force.

CONCLUSION

The GFF is already involved in health workforce investments across its partner countries; however, the full potential of the platform should be harnessed through a systematic HRH focus, including greater integration, information sharing, and prioritization of workforce strengthening efforts critical to GFF's mandate. With strong global momentum to protect and invest in health and care workers through more strategic, country-led, evidence-based, sustainable approaches, the HRH agenda will align the GFF partnership to leverage its comparative advantages and catalyze multisector approaches to redress decades of chronic underinvestment in the health workforce and improve health outcomes for mothers, children, and adolescents while ensuring better preparedness for the next pandemic.

APPENDIX A: Stakeholders Consulted for GFF HRH Policy Note

Key Informants and Focus Group Participants	
Name	**Affiliation**
Dr. Pierre Somse	Minister of Health, Central African Republic
Mr. Robert Lucien Jean Claude Kargougou	Minister of Health, Burkina Faso
Dr. Ruth Nigatu	Chief of Staff, Federal Ministry of Health, Ethiopia
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Ms. Melissa Jones	USAID, Deputy Assistant Administrator, Bureau for Global Health
Dr. Juan Pablo Uribe	GFF Director, World Bank Global Director for Health, Nutrition and Population
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Ms. Hadia Nazem Samaha	World Bank, Health Practice Lead
Mr. Ernest Massiah	World Bank, Health Practice Manager
Mr. Christophe Lemiere	World Bank, Health Program Lead, Vietnam
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Dr. Pia Schneider	World Bank, Health Economist
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Dr. Ellen Van De Poel	GFF Secretariat, Workstream Lead, Health Finance
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Focus Group - Investors Group Technical Alternates	
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Ms. Pamela Rao	Bill and Melinda Gates Foundation
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Ms. Nalini Lachance	Global Affairs Canada
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Mr. Lakshmi Narasimhan Balaji	UNICEF
Ms. Myria Koutsoumpa	Wemos
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APPENDIX B: Selected GFF Partner Statements and Resources for HRH

Gavi (Gavi, The Vaccine Alliance). 2021. "Community Health Workers Are Critical in Delivering COVID-19 Vaccines." https://www.gavi.org/vaccineswork/community-health-workers-can-play-critical-role-efficient-covid-19-vaccine-delivery.

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For an overview of the World Health Organization's Academy, see the WHO Academy website: https://www.who.int/about/who-academy.

NOTES

1. The community health workforce many include formally recognized CHWs, community health volunteers, mothers' groups, facility management committees, community leaders, and other actors within community health systems.
2. For internal alignment within the GFF Partnership at the country level, tools such as USAID/PEPFAR's HRH Effort Index can be useful for stakeholder awareness and engagement.

3. The USAID/PEPFAR HRIS Assessment Framework provides tools to determine HRIS maturity, functionality, and capacity.

4. Disclaimer: This policy note was developed prior to the World Health Assembly and might not reflect the most current information. It will be updated after the Investors Group meeting.

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