USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Building, Managing, and Optimizing the Health Workforce

HRH2030
GLOBAL FINAL REPORT

April 2022

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Midwife Dulcia Madalena da Silva (left) with her colleague Dr. Beatriz da Costa (right) at the Lamalai Health Post in Timor-Leste in March 2019. Photo credit: HRH2030/Chemonics (2019)

A Message from USAID's Program Management Team

USAID designed HRH2030 to support the goal of improving accessibility, availability, acceptability, and quality of the health workforce needed to achieve improved health outcomes and advance universal health coverage. Through work in over 30 countries and six years, HRH2030 has been adaptive, creative, and thoughtful to the human resources for health (HRH) challenges both globally and at a country level in support of that goal.

Over the life of the project, priorities and circumstances have changed tremendously. HRH2030 programs have remained forward-looking and innovative through all of the changes. Whether designing a new continuing professional development program for a country; creating and improving links between the health and social sector workforce; or working with the private sector to roll out mental health support for health workers, HRH2030 staff around the world have worked to advance knowledge and tools for countries to meet the ever-changing demands around human resources for health.

As COVID-19 has highlighted, human resources are at the center of everything we do in health, and the systems and individual health workers need support to continue to ensure they can remain responsive to the health needs of the population. The strong partnership between countries and HRH2030 staff, and earlier work of the project helped lay the groundwork for countries to better respond to COVID-19 and future outbreaks. For example, through HRH2030, countries worked to improve quality, use and interoperability of human resource data systems, a critical resource during the COVID-19 pandemic, allowing countries to know what skills were needed and which health workers could support those needs. While many countries face health worker shortages, the tools and approaches HRH2030 developed to optimize the existing health workforce will help countries to better respond to the urgent needs of today while providing countries with the information they need to build a strong workforce for the future.

It has been a privilege to lead USAID's HRH2030 management team, and work with project staff who brought their energy, creativity, and dedication to achieve results that will continue to benefit countries beyond the life of the project.

Thank you, HRH2030, for a great partnership over the past six years, and for all of your contributions, innovations, and hard work on human resources for health that will have a lasting impact for years to come.

—JANET ROELOFSE AND THE USAID PROGRAM MANAGEMENT TEAM

Overview & Executive Summary

The Human Resources for Health in 2030 Program (HRH2030) is a global, six-year cooperative agreement funded by the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) to help low- and middle-income countries develop the health workforce needed to prevent maternal and child deaths, support the goals of Family Planning 2020 (now 2030), control the HIV/AIDS epidemic, and protect communities from infectious diseases. HRH2030 worked in more than 30 countries to build health worker competencies, skill mix, productivity and performance, while also supporting local, regional, and national governments to strengthen their leadership and governance capacity to ensure an accessible, available, acceptable, and high-quality, high-performing workforce. Through these efforts, these countries are better able to make progress on their own health objectives and move forward on the path to universal health coverage. As the program ends after 2021, the Year of Health and Care Workers, may its achievements, highlighted throughout this report, serve as inspiration for all those in the global health community to increase their tangible investments in supporting and protecting the health workforce.

Who We Are

HRH2030 was implemented by a consortium of expert partners that included:

Chemonics
Development works here.

The prime implementer, Chemonics was responsible for overall program management, performance, and reporting. Led by a senior team with deep health workforce experience, Chemonics applied their expertise in health system strengthening, leadership and governance, capacity building, human resource information systems, gender, and health worker training, to ensure HRH2030's core-funded and country buy-in activities achieved their objectives.

Palladium
MAKE IT POSSIBLE

Palladium's technical expertise in HRH policy and advocacy, HRH costing and financing, and information systems and data use, were instrumental in advancing our work in many countries, including implementing National Health Workforce Accounts in Ethiopia, Indonesia, and the Philippines. They also led our work on task sharing in family planning.

Open Development

Open Development's proven abilities in HRH organizational capacity assessment and workforce sustainability, were demonstrated in their contributions to the Capacity Building for Malaria initiative, the creation and application of the HRH inventory tool in Eswatini, Lesotho, Namibia, and Tanzania, and work with PEPFAR-supported countries looking to transition and sustain the health workforce.

THINK WELL

ThinkWell's commitment to systems thinking contributed to efforts to leverage the health labor market as a programmatic approach, and supported the development of the Comprehensive HRH Assessment, Modeling, and Planning Solution (CHAMPS), an econometric model to offer government decision-makers and planners insights into preparing for the health labor market changes that lie ahead.

URC

Providing technical direction for quality improvement and human resources management, including performance improvement and staff utilization, URC's efforts, in tandem with those of the Mali-based team, largely shaped that activity's success. URC also oversaw development of our suite of HRH optimization tools and contributed significantly to research on the health workforce.

A·I·H·A

With expertise in institutional strengthening and health education, AIHA's leadership in developing online learning platforms to support health workers substantially contributed to our field team's successes in the Philippines. They also largely supported our work in strengthening the social service workforce in Colombia.

amref
health africa

Amref's experience in enhancing leadership and management skills at the local level was evident in HRH2030's work to build local leaders' capacity to bridge communication gaps between family planning providers and the community in Cameroon.

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030

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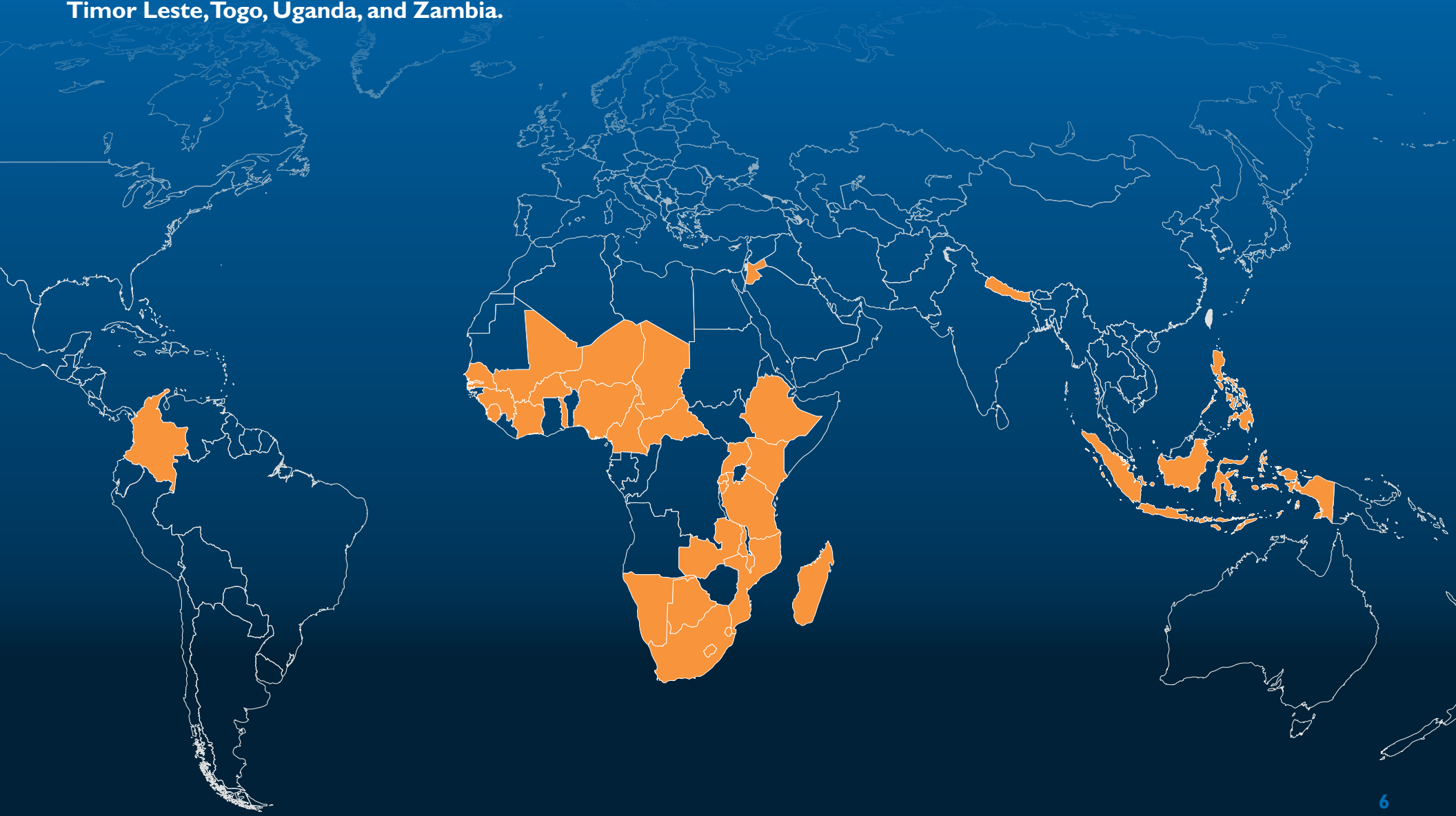
Reach and Priorities

HRH2030 worked in 34 countries: Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, Côte d'Ivoire, Eswatini, Ethiopia, The Gambia, Guinea, Indonesia, Jordan, Kenya, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Nepal, Niger, Nigeria, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, Tanzania, Timor Leste, Togo, Uganda, and Zambia.



Our approach was grounded in focus areas set forth in the World Health Organization's *Global Strategy on Human Resources for Health: Workforce 2030*. Our priorities were to increase health workforce performance and productivity; increase the number, skill mix, and competency of the health workforce; strengthen HRH and health system leadership and governance; and build sustainability of investments in the health workforce.

To frame the work of our country programs, HRH2030 created the Health Worker Lifecycle Approach *(Figure a)*, drawing from the Sousa et al Health Market Labor Framework, which also informed the *WHO Global Strategy on Human Resources for Health*. HRH2030's adaptation, a person-centered approach, put the health worker – their education, their workplace management and the policies needed to support them, and how to optimize their contributions to health outcomes – at the heart of all HRH2030 activities.

As well, HRH2030's approach supported USAID's commitment to universal health coverage (UHC) through high-performing healthcare. USAID's emphasis on supporting health systems to promote, protect, and maintain health for all people needs a health workforce that is accountable, affordable, accessible, and reliable for the population it serves.

Increase Health Workforce Performance and Productivity

Improve service delivery models, strengthen in-service training capacity and continuing professional development programs, and increase the capacity of managers to manage HRH resources more efficiently.

Increase Number, Skill Mix, and Competency of the Health Workforce

Ensure that the right kind of HRH, with the right skills, are located in the right places. HRH2030 also builds capacity of educational institutions to equip students with competencies that match clients' needs.

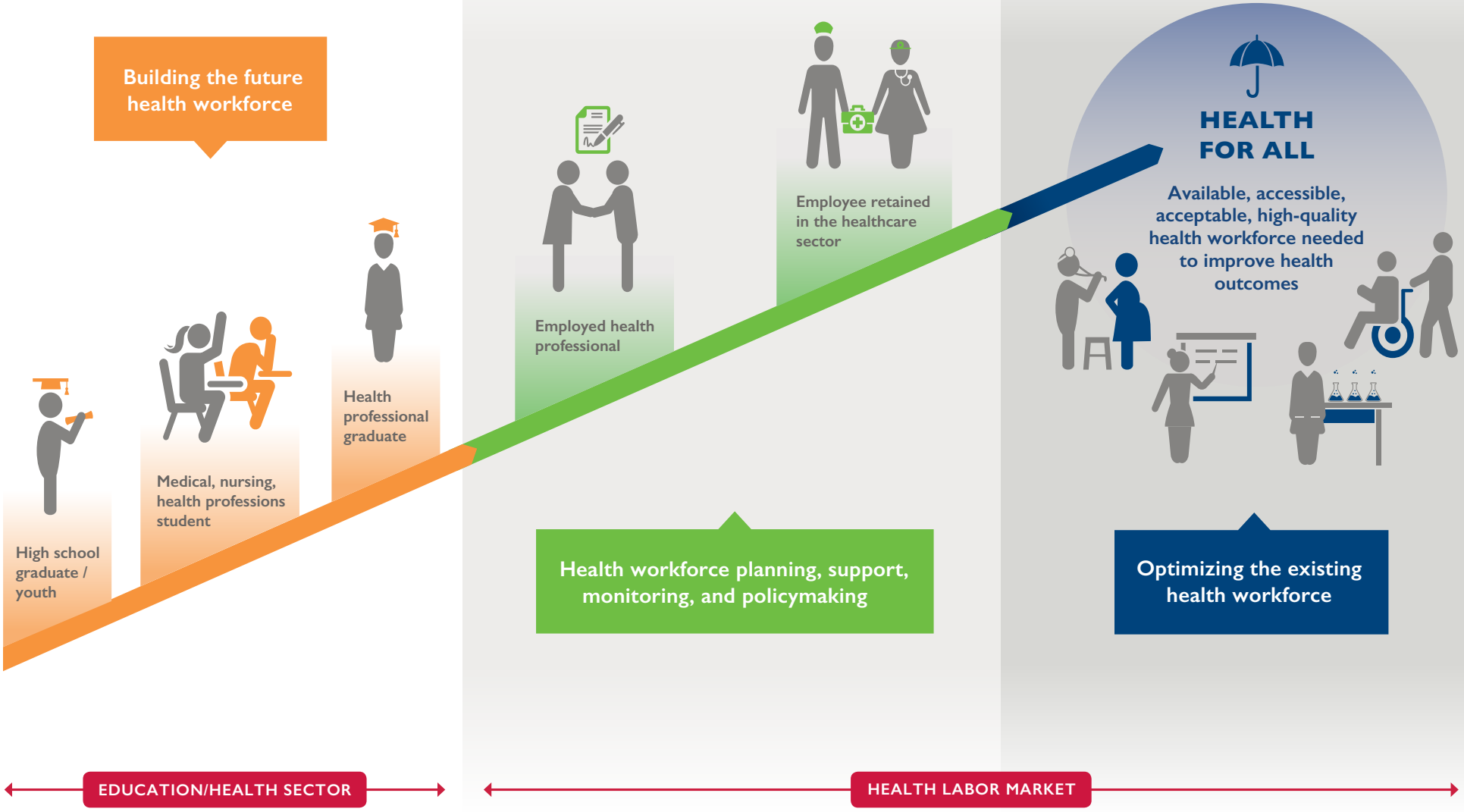
Strengthen HRH/ HSS Leadership and Governance

Promote transparency in HRH decisions, strengthen the regulatory environment, improve management capacity, reduce gender disparities, and improve multi-sectoral collaboration for advancing the HRH agenda.

Build Sustainability of Investment in the Health Workforce

Increase the utilization of HRH data for accurate decision-making with the aim of increasing investment in educating, training, and managing a fit-for-purpose and fit-for-practice health workforce.

FIGURE a. HRH2030 Health Worker Lifecycle Approach



SOURCE: HRH2030, 2018. Adapted from Sousa et al. 2013.

Key Achievements

PHILIPPINES

The drafting of the **Philippines National HRH Master Plan 2020-2040** represented the culmination of HRH2030's technical support to the Philippines Department of Health (DOH) in fostering evidence-based health workforce policy and planning. HRH2030's research and assessments provided evidence to assist the DOH and local governments to develop sound policies and strategic direction to lead and govern HRH to increase access to quality health services in TB, family planning, and maternal and child health. The Master Plan sets the stage for HRH improvements for UHC over the next two decades and serves as a guide to the country to achieve its HRH goals.

Also in the Philippines, HRH2030 partnered with DOH to develop the online DOH Academy. Launched in 2019, this virtual platform was the first of its kind in country, bringing core training content to the island nation's far-flung health workforce. As of June 2021, the DOH Academy offered 39 free online courses and trained more than 18,000 health professionals through the platform.

JORDAN

HRH2030 assisted Jordan's High Health Council and Ministry of Health to develop and pass **Jordan's first-ever National HRH Strategy**, underscoring the political will generated through HRH2030's earlier successes in strengthening health directorate staffs' capacity. Having a national HRH strategy to guide policy development and implementation is essential to ensure long-term sustainability of a health workforce that is ready and able to meet the population's health needs. HRH2030 also supported Jordan to develop a historic bylaw requiring relicensure of health workers every five years, with a mandatory requirement for continuing professional development. With the passing of the Professionals License Renewal Bylaw No (46) 2018, Jordan sent a clear message of support for building health worker competency to contribute to quality health services.

LESOTHO

In Lesotho, through the support of an embedded HRH advisor, the **Lesotho Ministry of Health** developed HRH deployment policies to address the challenge of inequitable distribution of health workers between urban and rural areas, as well as the HRH Strategic Plan 2020-2030, which seeks to optimize performance, quality, and impact of the existing workforce to manage emergencies and broader health needs; improve governance structures, leadership, and management systems for HRH; and strengthen partnerships and coordination of HRH interventions among stakeholders.

TIMOR LESTE

HRH2030 supported **Timor Leste's *Instituto Nacional de Saúde*** (INS) to move from an Excel-based training information database to a fully digitized training management information system (TMIS), enlisting INS stakeholders and partners to secure historical health worker data and migrate it to the new structure. With the handover of the new TMIS to the INS in early 2021, Timor Leste was better able to ensure that all health workers get the training opportunities they need to support high-performing healthcare.

Health worker at the Balqa Health Directorate. Photo credit: Mohammad Maghaydah (2018)

Lab assistant, Caroline Chibaka, Nthondo, Malawi (2019)

INDONESIA

In Indonesia, HRH2030 worked with the health workforce stakeholders across the labor market to create a cohesive **health workforce information ecosystem** that now extends across the national and regional levels. Among the successes: the development and implementation of the first-ever HRIS Ecosystem Roadmap; the creation of an interoperability architecture to connect siloed information systems with the national HRIS, ultimately resulting in data sharing between the national platform, five additional national systems, and six regional level systems, thus improving the completeness and accuracy of individual level health workforce data. And a new HRH Data Warehouse is now being used by more than 4,000 stakeholders in 16 provincial and district health offices. For this work, HRH2030 and USAID Indonesia were recognized with USAID's Digital Development Award in 2020.

MALAWI

In Malawi, HRH2030 supported the recruitment and deployment of more than 300 health workers to 63 high-volume sites in Lilongwe and Zomba, two of the highest HIV/AIDS burden districts. After two years, an HRH2030-led impact assessment determined that the quality, type, and availability of HIV/AIDS services improved as a result of this salary-support program, as 92 percent of the sites held ART clinics 5 times a week or more; and more than 90 percent of priority sites provided adult ART, services for the prevention of mother-to-child transmission of HIV (PMTCT), and TB screening at least 5 times a week. This program was designed with an end-goal in mind: To ensure that the health workers supported by PEPFAR were transitioned to the Malawi government payroll. In 2020, the program reached this milestone, with the government absorbing the health workers into their health system.

GLOBAL

In 2020, HRH2030 hosted the **Health Workforce Resilience Prize** competition, to identify successful solutions that strengthen the resilience of the human resources for health workforce. After receiving interest from nearly 500 organizations in 33 countries and 99 valid, qualified applications, the program awarded $50,000 in prize money to two winners: Nyaya Health Nepal and Brazil-based Vitalk. Nyaya Health Nepal has since scaled up its Integrated Nepal Electronic Health Record (NepalEHR) to new hospitals, allowing health workers there to manage their time more efficiently, resulting in shorter patient waiting times. Following a successful proof-of-concept pilot of the Vitalk app in Malawi, HRH2030 partnered with the University of Malawi to conduct a randomized controlled trial (RCT). This first RCT of a mental health chat app for health workers demonstrated that Vitalk works as intended and provided strong evidence that Vitalk use leads to better mental health outcomes compared to the control group.

After a series of convenings and reviews, HRH2030 launched the microsite **USAID Flagship CHW Resource Package**, compiling resources for strengthening CHW programs that were developed from USAID's Bureau for Global Health investments, as well as those that flagship implementing partners have produced and prioritized. A dynamic platform of tools, research, guides, approaches, and best practices recommended by USAID's flagship project community health experts, the site will be updated as emergent resources are recommended by experts.

Enabling Health System Leadership and Governance Capacity

1

A doctor (left) at Canossa Health and Social Center examines a patient's X-ray. Photo credit: Alan Blue Motus, HRH2030/ Chemonics (2020)

> **HRH interventions are geared towards establishing systems to develop and manage human resources for health, so that even when HRH2030 is not around anymore, these systems will continue so that the right people can be recruited, they can be developed and trained well, and be retained to do the work that they love and contribute to the elimination of TB in the process.**
>
> **HRH2030 PHILIPPINES PROJECT DIRECTOR**
> **DR. FELY MARILYN LORENZO**

Strong health system leaders are integral for countries to achieve their own health objectives as well as contribute to global targets including the Sustainable Development Goals. Low- and middle-income countries frequently struggle with weak leadership and governance capacity due to resource challenges, the limited enforcement of health workforce policies, or shifting priorities with new political leadership. In some countries, civil society, communities, and health workers themselves may be excluded from designing and implementing health system policies, and their inputs are not included during planning. Fortunately, there is a growing awareness of the need for inclusive, diverse voices in health workforce leadership and governance, and USAID investments in health system strengthening are helping to address these challenges.

Using proven approaches, HRH2030 helped countries to strengthen their health leadership and governance capacities by strengthening health workforce planning at national and subnational levels; professionalizing human resource departments through both skills building and policy support; strengthening the regulatory environment for health professional practice; and improving multisectoral collaboration among stakeholders in-country and externally to move the HRH agenda forward.

SUPPORTING THE DEVELOPMENT OF THE PHILIPPINES NATIONAL HRH MASTER PLAN

While HRH2030 supported many countries in developing HRH policies, the program's work in the Philippines—from 2017 through 2020—was deep and cross-cutting, integrating interventions focused on strategic HRH governance, organizational capacity strengthening, and policy development. The drafting of the National HRH Master Plan 2020-2040 represented the culmination of HRH2030's technical support to the Philippines DOH in fostering evidence-based health workforce policy and planning. HRH2030's research and assessments provided evidence to assist the DOH and local governments to develop sound policies and strategic direction to lead and govern HRH to increase access to quality health services in TB, family planning, and maternal and child health. HRH2030 support began with a Health Labor Market Analysis, continued with the application of the Workload Indicators of Staffing Need (WISN) to determine

primary care staffing levels, and led to the development of policy briefs on health worker retention, migration, and investment which lay the ground for sustained improvements in health workforce planning and management. The HRH Master Plan defines the current situation of the HRH sector; and offers short, medium, and long-term strategies to address the issues that impact HRH performance, and includes a governance and accountability mechanism and monitoring and evaluation approach to ensure sustained implementation. The Master Plan sets the stage for HRH improvements for UHC over the next two decades and serves as a guide to the country to achieve its HRH goals.

DEVELOPING JORDAN'S NATIONAL HRH STRATEGY

From 2016 to 2019, HRH2030 Jordan worked to improve HRH constraints that inhibited the provision of high-quality patient care by providing tailored technical assistance and capacity building interventions to meet Jordan's specific HRH needs. HRH2030 partnered with the Ministry of Health (MOH), High Health Council (HHC), Civil Service Bureau (CSB), and other stakeholders to strengthen the health workforce for better health services.

Among the achievements: HRH2030 engaged with the Administrative Affairs Administration (AAA) to jointly develop an operational strategic plan for human resources improvements at the MOH to realize changes needed at the facility level. HRH2030 then built the capacity of MOH's central and health directorate staff to equip them with the skills and knowledge to develop and implement improved HR systems, tools, policies, and procedures that impact service level HR functions. HRH2030 also worked to strengthen the MOH's HR data systems for decision-making and prepared management and leadership training at the MOH to support succession planning.

The same systematic, comprehensive approach was taken to address the lack of a national HRH strategy. HRH2030 assisted the HHC and MOH to develop and pass its first-ever National HRH Strategy, underscoring the political will generated through HRH2030's earlier successes in strengthening health directorate staffs' capacity. Having a national HRH strategy to guide policy development and implementation is essential to ensure long-term sustainability of a health workforce that is ready and able to meet the population's health needs.

LEVERAGING LOCAL EXPERTISE TO BUILD LEADERSHIP CAPACITY IN SENEGAL

As the first-ever direct HRH development support program to Senegal's MOH, HRH2030 was anchored at the Ministry of Health and Social Action's (MSAS) Human Resources Directorate (DRH), and sought to strengthen the MSAS's organizational capacity for more effective human resources management. Early in the HRH2030 Senegal program, USAID facilitated an agreement between Senegal's *Bureau of Organization and Methods* (BOM), an agency within Senegal's Office of the President, to strengthen the leadership capacities of senior MSAS executives at the central and regional levels. HRH2030, drawing on the BOM's existing expertise, partnered with them to develop a plan for leadership capacity building. The learning approach included group discussions, case study presentations, role plays, and facilitated discussions; development and implementation of an action plan; coaching and mentorship; and a final assessment of the participants' learning.

Ms. Thiane Sow is in charge of managing the iHRIS at the Keur Massar Referral Health Center. (2019)

Using this approach, HRH2030 delivered trainings to enhance the leadership and management capacity of 111 professionals, with the goal of empowering them to improve human resource management of the HRH at the central, regional, and district levels.

One of the key results to come out of this training was the resolution of a major challenge the DRH had been facing: a lack of annual

...Having a national HRH strategy to guide policy development and implementation is essential to ensure long-term sustainability of a health workforce that is ready and able to meet the population's health needs.

work plans. Sensitized as to the importance of annual work plans as well as how to develop them during the leadership training, the DRH developed their first annual work plans, which were submitted to the Directorate of Planning, Research, and Statistics (DPRS), a key step in identifying and securing sources of funding for the plans' implementation. Because most activities in the DRH work plans are geared toward strengthening systems, the plans supported the development of many related policies, procedures, and practices for better HRH management.

Another key program objective for HRH2030 Senegal was to support the targeted review, creation, and implementation of policies and guidelines for an equitable, sustainable distribution of HRH. These key normative documents were not in place at the program's onset, so HRH2030 assisted the Human Resources Directorate to develop tools and resources to facilitate a more equitably distributed workforce. For example, for the first time ever, the DRH has a standard operations and procedures manual for the central-level operations, which is consulted regularly as a key reference document by the current staff and to orient newly hired staff at the DRH. In total, there were 23 policies, guidelines, and strategies that HRH2030 helped to develop and implement, which are supporting the MSAS's goal of a more rational, equitable distribution of the health workforce.

In empowering the MSAS team with enhanced leadership and management skills, HRH2030 leaves behind a professional team who has changed the way they oversee the implementation of programs. Previously, ministry directorates at the central level tended to operate in isolation with limited coordination and communication, resulting in duplication of responsibilities and activities and inefficient use of available resources. Today, the DRH works with a cohesive and unified vision of its role in collaborating with stakeholders to improve human resources management within the MSAS.

STRENGTHENING COLOMBIA'S SOCIAL SERVICE WORKFORCE

In Colombia, HRH2030 worked with the *Instituto Colombiano de Bienestar Familiar* (ICBF), the country's main agency responsible for strengthening social services for children, adolescents, and families in adversity. ICBF operates through a decentralized approach with multiple levels of leadership, from national level strategies down to local case management protection teams. In the early part of HRH2030 Colombia's program, scoping trips revealed a great need to better align the work of the different technical offices, and generally,

A mother and her son hug in Mocoa, Colombia. Photo credit: ICBF (2019)

reinforce coordination mechanisms within ICBF, including the sharing of best practices. To meet these needs, HRH2030 leveraged the relational coordination process, a tool that breaks down theoretical concepts of "coordination" into actual communication processes that can be measured and improved. The HRH2030 team used another process, the Capability Maturity Model to move the teams toward process improvement to ensure continued improvement in prevention, protection, and well-being services for ICBF's clients.

At the close of the Colombia program, coordination had improved between ICBF offices at the national level, moving from weak to moderate or strong as seen in *Figure 1a* right. In addition, ICBF offices in HRH2030's intervention regions were implementing more strategic processes to strengthen social service delivery, as illustrated in *Figure 1b* right.

BUILDING LEADERSHIP AND MANAGEMENT CAPACITY WITHIN NATIONAL MALARIA CONTROL PROGRAMS

The U.S. President's Malaria Initiative (PMI) provides technical assistance to National Malaria Control Programs (NMCPs) to help countries make the best use of their Global Fund grants to fight AIDS, tuberculosis, and malaria. But health workforce challenges limit capacity to implement national program activities, negatively affecting grant performance. To address these challenges and build health system capacity to improve malaria control, USAID and PMI have placed long-term technical advisors to support NMCPs in countries that struggle the most to meet their malaria goals.

Between 2016 and 2021, HRH2030 supported embedded advisors in 10 NMCPs—Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, The Gambia, Guinea, Niger, Sierra

FIGURE 1a. As a result of HRH2030 and ICBF collaboration, coordination has improved between ICBF offices at the national level.

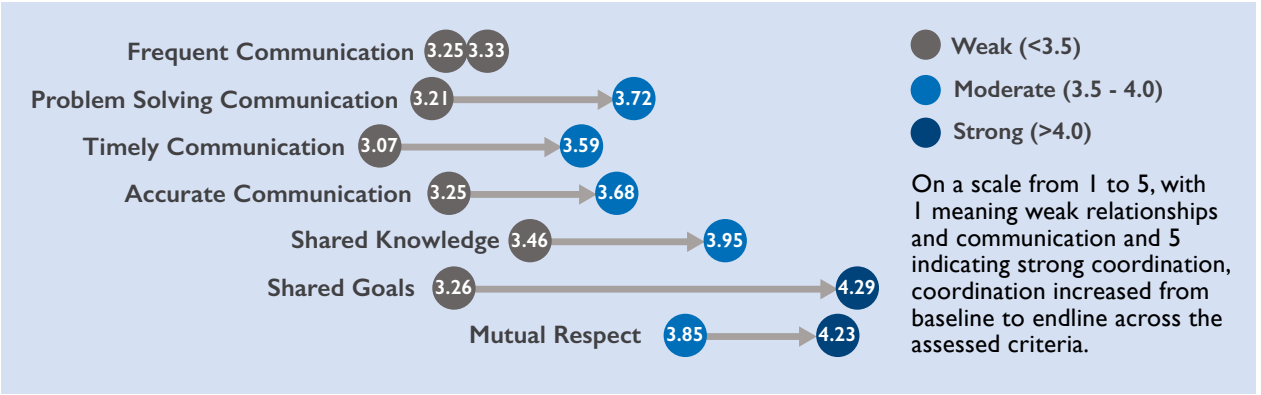
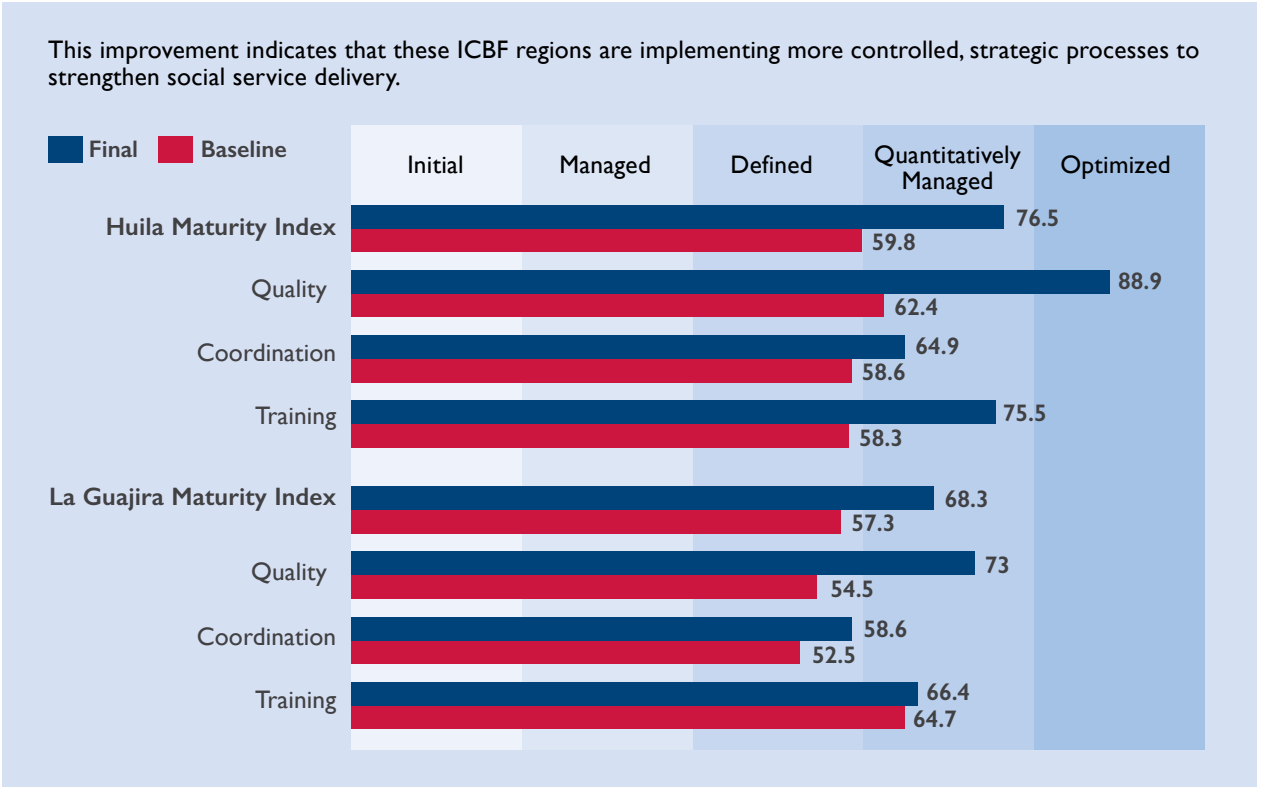


FIGURE 1b. The organizational maturity of Huila and La Guajira ICBF directorates has increased as a result of HRH2030 technical assistance, training, and collaboration.



Leone, and Togo—to build NMCP capacity to achieve their malaria control and elimination goals. Through a systematic and evidence-based approach built on organizational capacity assessments, the advisors worked with NMCP leadership teams to identify and resolve challenges in areas including supply chain management, leadership and governance, and strategic planning. Addressing these gaps helped to strengthen overall leadership and management and support implementation of Global Fund activities. Among specific activities undertaken by the embedded advisors: supporting NMCPs to revise their strategic plans and develop malaria operational plans; supporting NMCPs to quantify malaria commodity needs; mobilizing partners and resources for mass distribution campaigns of long-lasting insecticide-treated nets and seasonal malaria chemoprevention campaigns; and organizing formative supervision visits.

As another example, HRH2030 worked with Togolese NMCP leadership to co-develop a $150,000 direct-to-government fixed amount award (FAA) for 18 malaria control activities over a two-year period, enabling the NMCP to self-manage the FAA grant, from conception to implementation. The impetus behind this grant: the NMCP was considered a sub-recipient of Global Fund monies, not the main recipient, with the Office of the Prime Minister named the Prime Recipient for the Global Fund. This structure caused ownership and accountability challenges for the NMCP, hindering its capacity to effectively plan and manage their programs. This FAA award financed, among other activities, a data quality training for all regional and district malaria focal points, traceability missions to address logistical challenges in the supply chain, and supervisory missions. With the successful management of this award, the NMCP has demonstrated their capacity to develop, implement, manage, and take ownership of grant-related activities and finances – putting them in a stronger position to become a Global Fund Prime Recipient in the coming years.

One Health simulation exercise conducted at the Kenya-Tanzania border. (2019)

STRENGTHENING ONE HEALTH CAPACITY FOR RESILIENCY AND PREPAREDNESS

HRH2030's One Health activities in Côte d'Ivoire, Ethiopia, and Tanzania built upon work by USAID and other U.S. government agencies working with Ministries of Health, Agriculture, Environment, and other key One Health stakeholders to build country capacity to implement the Global Health Security Agenda (GHSA). HRH2030 provided technical assistance to ensure effective, efficient coordination of National One Health strategies, enable coordinated and integrated surveillance, and improve emergency preparedness and management. HRH2030's approach included involving all stakeholders to foster multi-sectoral cooperation, critical to achieving progress in advancing One Health goals.

Among the major One Health achievements attained with HRH2030's support: In Côte d'Ivoire, the National One Health Platform (NOHP) was launched, the culmination of a five-year roadmap involving multiple ministries and USAID support. Leading up to the launch of the platform, HRH2030 helped to establish a Surveillance Technical Working Group (TWG) to facilitate the coordination of district and

regional surveillance activities; and trained focal points in surveillance.

Simulation exercises play an important role in preparedness. In Ethiopia, with HRH2030's support, the country reached a major milestone, conducting a Preparedness and Response Plan (PRP) Tabletop Simulation Exercise for the Highly Pathogenic Avian Influenza (HPAI), demonstrating the country's readiness to combat an outbreak of this potential pandemic threat. Later, HRH2030 supported the Emerging Pandemic Threats (EPT) TWG to organize the multisectoral Rift Valley Fever (RFV) Preparedness and Response workshop and facilitate the finalization of One Health Zoonotic Disease Reprioritization. Similarly, in Tanzania, HRH2030 supported an Ebola Preparedness Activity to determine the national level capabilities in managing a potential outbreak of this viral disease.

SUPPORTING THE FIRST USAID GOVERNMENT-TO-GOVERNMENT HEALTH GRANT IN MALAWI

In 2020, the United States Government and the Government of Malawi signed a partnership agreement which included direct funding to the Zomba District Council to support the hiring of new health workers in a move to strengthen the systems that are vital to improving maternal and child health, nutrition, and HIV outcomes. In line with USAID Malawi's Country Development Cooperation Strategy, USAID implemented this first health government-to-government (G2G) activity in Malawi as a pilot initiative.

Following the formal signing of the G2G agreement, HRH2030 on behalf of USAID, organized a post-award orientation meeting for key central level stakeholders involved in the G2G agreement including officials from the Ministry of Finance, Accountant General, Department of Human Resource Management and Development, Local Government Service Commission, and Reserve Bank of Malawi, to learn more about USAID award regulations, processes, timelines, and procedures, and their specific roles and responsibilities. The meeting also served as an opportunity to clarify and streamline the key processes under the G2G, and as a forum to ensure uniform communication across stakeholders.

Nurse midwife technician, Lauren Kadamika, Dzenza health center, Malawi (2019)

Building on the solid relationships formed in Zomba district during the first three years of HRH2030 in Malawi *(see related story on page 10)*, HRH2030 supported the Zomba district human resource unit in the development and implementation of its risk mitigation plan for this program – particularly in the areas of healthcare worker recruitment, hiring, deployment, retention, and performance management. This included ensuring the timesheet systems were functional and all salaries supported with timesheets. HRH2030 also created a roadmap for a performance management system roll out and another for the implementation of the human resource information system (HRIS) while advocating for the enhancement of the country's HRIS.

By the end of HRH2030 Malawi and building on the program's accomplishments, a G2G HRH Taskforce was established to further guide implementation of the G2G grant, and 155 health workers were successfully recruited, deployed, oriented, and ready for duty at their respective sites. ■

Test, Treat, and Track: Strengthening Malaria Response Capabilities in Sierra Leone

APRIL 23, 2020

Anitta Kamara, a registered nurse, is passionate about fighting malaria in her home country of Sierra Leone. The whole nation is at risk for this disease that is spread by mosquitoes and is the leading cause of death and illness.

"We need to reduce the malaria burden so that our people can have good health. So that when children go to school, they are able to perform better. So that when women get pregnant, they can deliver safely," says Anitta. "That has been my goal: that I need to save mankind. So, I do whatever in my own capacity to help people."

In her capacity as a registered nurse and senior case management officer for the Sierra Leone National Malaria Control Program (NMCP), Anitta co-led an initiative to partner with private pharmacies on their response to patients with malaria. This public-private partnership in Sierra Leone was a collaboration between USAID's Human Resources for Health in 2030 (HRH2030) program, the U.S. President's Malaria Initiative (PMI), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Pharmacy Consultancy of Sierra Leone, and the Sierra Leone National Malaria Control Program. HRH2030's Capacity Building for Malaria activity worked with PMI to strengthen the institutional and managerial capacities of National Malaria Control Programs in 10 countries.

PUBLIC HEALTH PROBLEMS, PRIVATE SECTOR PARTNERS

In Sierra Leone, private pharmacies are the first line of defense against malaria but were historically not in line with the National Malaria Control Program's strategy. Interested in convenience and efficiency, patients would go to private pharmacies over free government clinics. Yet pharmacists would often give the sick person antimalarial pills as a precautionary measure without actually testing them for malaria. Unfortunately, this irrational use of medication is not only wasteful and inefficient, but can also have negative side effects on patients, including allergic reactions, ulcers, and kidney damage.

Aware of these patterns, and rather than encouraging people to choose public clinics over private pharmacies, the National Malaria Control Program partnered with pharmacies to strengthen their malaria response capabilities. Anitta and her colleague Brenda Stafford, a trained pharmacist and Procurement and Supply Management officer, led the initiative, going pharmacy-to-pharmacy to train staff on the National Malaria Control Program's "Three T" approach: Test, Treat, and Track.

To address the first T, private pharmacies were given free malaria rapid diagnostic tests. According to 2016 data, only half of children under-five with fever received appropriate malaria testing. For the second T, the pharmacists were trained on preventing malaria, treating patients with uncomplicated malaria, and referring patients with severe malaria to health facilities.

As for the last T, tracking malaria test results is key in forecasting the spread of disease. Anitta and Brenda provided pharmacies with two forms that track results: a registry form to track patient information and a summary form which aggregates that into monthly data reports – allowing the National Malaria Control Program to forecast supply and identify disease patterns and plan supplies for malaria tests and drugs.

Thanks to NMCP staff like Anitta and Brenda, 160 pharmacy staff in six cities are now trained on the Three T approach and a total of 90 pharmacies have begun using free malaria testing kits and implementing the Three T approach.

"This partnership allows for more cooperation and collaboration between healthcare providers and other stakeholders, and overall more success in combating the disease," Anitta said.

PSM Officer Brenda Stafford and Case Management Officer Anitta Kamara of the Sierra Leone NMCP. Taken at the NMCP office in Freetown, Sierra Leone. Photo credit: Mohmaed Tucker for ZOOM Creative Media.

2 Advancing Decision-Making through Data

Having data for data's sake is not the point. For HRH2030, what mattered most was ensuring quality data, and that the availability of quality, timely data led to action—that health worker data were analyzed to support decisions that improved countries' ability to optimize the health workforce and ultimately improve quality of care.

A patient receives care at the Lamalai Health Post in Timor Leste in March 2019. Photo credit: HRH2030/ Chemonics (2019)

Engaging and aligning efforts with many stakeholders is critical to obtain complete, accurate data on the number, distribution, and budget allocation of the health workforce in any given country. But having data isn't enough—data must be used to inform health decisions and advance policy-making for the workforce. HRH2030 played a key role in convening stakeholders in five countries—Timor Leste, Senegal, Indonesia, Ethiopia, and the Philippines—to create a culture of data use by understanding the importance of health worker data, implement or enhance digital tools and technologies to further the use of HRH data, and institutionalize the use of data for decision-making moving forward.

REVITALIZING SENEGAL'S HUMAN RESOURCES INFORMATION SYSTEM

When HRH2030 began working in Senegal, its human resource information system (known as iHRIS) was not fully functional, data were not current or complete, and the system was not used regularly by teams at the central or regional levels. After a series of interventions that included remedying the HRIS' technology shortcomings and strengthening the capabilities of all HR focal points through training and mentoring, Senegal's Human Resources Directorate is now managing a functional, integrated HRIS that provides decision-makers with data on health workers in real time, enabling them to address gaps in personnel and make other evidence-based health workforce decisions to further the Ministry's national health worker policies. With skills to analyze iHRIS data, subnational managers could work towards staffing more PHC facilities with the "couplet gagnant," or "winning couple": one nurse and one midwife. Demonstrating Senegal's continued commitment to ensuring accurate, timely data on the health workforce beyond the life of HRH2030, the Ministry of Health issued an official decree in April 2021, mandating that health workers enroll in iHRIS to receive their quarterly incentive payments. With this step, the iHRIS has been cemented as the main source of health workforce data in the country.

DEVELOPING A TRAINING MANAGEMENT INFORMATION SYSTEM IN TIMOR LESTE

As Timor Leste transitions from a post-conflict environment to a stable democracy, it is working to overcome health system challenges including struggles with health workforce planning due to limited completeness and quality of HRH training data; low capacity of mid-level managers to use HRH data for decision-making; and inadequate in-service training and professional development for its 7,000 health workers. Over the course of nine months, HRH2030 supported Timor Leste's Instituto Nacional de Saúde (INS) to move from an Excel-based training information database to

a fully digitized training management information system (TMIS), enlisting INS stakeholders and partners to secure historical health worker data and migrate it to the new structure. HRH2030 led the INS team in developing trainings to strengthen its own teams' ability to implement strategic in-service training programs and ensure standardized, accurate, complete, and up-to date training data. On February 1, 2020, HRH2030 handed over the new TMIS to the INS, leaving Timor Leste better able to ensure that all health workers get the training opportunities they need to support high-performing healthcare.

ADVANCING IMPLEMENTATION OF NATIONAL HEALTH WORKFORCE ACCOUNTS

The WHO's National Health Workforce Accounts (NHWA) support countries to progressively improve the availability, quality, and use of health workforce data to help achieve HRH goals. Through NHWA, countries can promote effective stakeholder relationships to define country-level data standards, governance, and interoperability (connectivity between different information systems) and allow for multisectoral data sharing for real-time data analysis and decision-making. Beginning in 2016, HRH2030 collaborated with USAID, PEPFAR, and the WHO to bring effective, adaptable approaches to Ethiopia, Indonesia, and the Philippines for developing tools and governance structures to conceptualize and operationalize NHWA. In Ethiopia, after working with HRH2030 to lay the foundation for an NHWA-ready HRIS, the Federal Ministry of Health is furthering its NHWA implementation through two other USAID-funded projects. In Indonesia, where NHWA was only one part of HRH2030's data efforts, NHWA have been integrated seamlessly into the MOH's Board of

HRIS Assessment team members in Indonesia (2018)

Human Resources for Health Empowerment and Development's (BPPSDMK) regular operations at the national and central levels. For instance, NHWA data was used to complete Indonesia's contributions to the State of the World's Nursing Report in 2020. In the Philippines, efforts focused on developing data standards, improving data quality, and strengthening coordination, with HRH2030 supporting the Department of Health's Health Human Resources Development Bureau (HHRDB) to design an appropriate governance structure, and overseeing the creation of an HRH data dictionary to standardize terminology.

SOLIDIFYING A STRONG HEALTH WORKFORCE INFORMATION SYSTEM ECOSYSTEM IN INDONESIA

When HRH2030 began working with the BPPSDMK, the HRH information platforms that existed were fragmented and siloed, lacking interconnectivity. The country's vast network of health workforce stakeholders all managed their own systems and so while Indonesia was rich in HRH data, data was rarely shared for collaborative decision making. HRH2030 worked with the BPPSDMK to bring these stakeholders into a cohesive ecosystem that now extends across the national and regional levels. Among the initiatives under HRH2030's program: the development and implementation of the first-ever HRIS Ecosystem Roadmap, to guide the BPPSDMK in targeting investments and activities in information systems. Another success: the creation of an interoperability architecture to connect siloed information systems with the national HRIS, known as SI-SDMK, ultimately resulting in data sharing between SI-SDMK, five national systems, and six regional level systems, thus improving the completeness and accuracy of individual level health workforce data. In addition, HRH2030 and the BPPSMDK created the HRH Data Warehouse, a central repository that houses the multi-sectoral aggregate health worker data, which is now being used by more than 4,000 stakeholders in 16 provincial and district health offices. To solidify stakeholder commitment to this vision, memorandums of understanding were signed between the BPPSDMK, 15 professional organizations, and several other national and regional level stakeholders, establishing the legal agreement and mandate for these stakeholders to share data to collaboratively respond to health workforce issues. ■

ACCOLADES

RECEIVING USAID'S 2020 AWARD FOR DIGITAL DEVELOPMENT

In October 2020, HRH2030 Indonesia was recognized with the USAID Digital Development Award, given to USAID missions, bureaus, and implementing partners that leverage digital tools and technology to support USAID-funded projects' programmatic goals.

In announcing the award, USAID cited HRH2030 and USAID Indonesia for "strengthening the information system for human resources for health in Indonesia and its ecosystem to provide real-time quality data for strategic use, while also supporting the development of policies that address challenges in the health workforce and contributing to better public health outcomes overall."

HRH2030 Indonesia Project Lead Leah McManus, learning of the USAID accolades for the project's work, noted that while health workforce data is a critical component of a high-performing health system, HRH2030's initiatives in Indonesia assumed an even greater importance once the COVID-19 pandemic began.

"Health workers are on the front lines, being asked to protect us during this health emergency while also providing continued access to essential services, such as maternal and child health services," said Ms. McManus. "HRH2030 has been working hand in hand with the MOH's HRH Directorate and USAID Indonesia over the last three years to develop a digital ecosystem of health workforce stakeholders and systems to improve the availability and quality of data for use by decision-makers at all levels of the health system."

The award ceremony took place in April 2021, held virtually due to the COVID-19 pandemic. In accepting the award on behalf of HRH2030's implementing partners leading the work, Chemonics International and Palladium, Chemonics' Taufiq Sitompul, the ICT advisor for HRH2030 Indonesia, noted, "We are honored to receive a 2020 Digital Development Award for this truly collaborative effort, with the Ministry in the driver's seat. This award recognizes our collective commitment and dedication to Indonesia's health workforce, and USAID's recognition of the importance of digital innovations for the health workforce globally as important drivers of the health system. We look forward to continuing to support the MOH in their continued efforts to use digital health innovations and empower health workers and decision-makers with the data they need to take action."

USAID's Global Development Lab received more than 140 applications from around the world for the 2020 competition. HRH2030 was one of five winners, and the only health project recognized with an award.

HRH2030 Indonesia ICT Advisor Taufiq Hamzah Sitompul holding the DigiAward (2021)

Enhancing Senegal's Human Resource Information System Improves Health Services in Keur Massar

The Keur Massar Referral Health Center serves a population of more than 285,000 residents in its health district, many of whom seek services after having been referred from one of eight affiliated health posts. One of the center's main functions, since opening in 2010, is to care for all patients with medical-surgical emergencies. However, a lack of skilled healthcare workers has left the center unable to provide these services.

"Since its opening, the Keur Massar center has referred all patients requiring surgery, including expectant mothers, to large hospitals in Dakar due to a lack of adequate personnel for the operating room," says Thiané Sow, the administrative assistant in charge of managing the human resource information system (known as iHRIS) at the Keur Massar Referral Health Center for the past three years.

Ensuring the availability of skilled personnel where they are needed has been a chronic challenge in Senegal's health system, due to a lack of accurate, up-to-date information on the health workforce in the national iHRIS platform. Without data on the numbers, skills, and locations of health workers, the workforce can't be effectively deployed or managed. USAID's Human Resources for Health in 2030 program (HRH2030) has been working with Senegal's Ministry of Health and Social Action since 2017 to strengthen the iHRIS to improve HRH data collection, analysis, and use for workforce decision-making. And now, the improved iHRIS is being used to ensure the rational deployment and transfer of health workers in support of the country's overall health objectives—which include improving maternal health.

Rosalie Gomis, midwife in the health center's post-op unit. (2019)

With HRH2030's support, Thiané Sow is now using the system as it is intended. "Last year, the Keur Massar Health Center's gynecologist-obstetrician, concerned about the operating room situation, expressed the need for additional health workers to make the operating room operational. Following this request, the district's chief medical officer asked for my assistance to identify the available human resources needed to staff the operating room," says Ms. Sow.

"Having acquired skills with the support of HRH2030 on how to regiser, update, and use iHRIS data, I was able to use the data to identify a midwife, a nurse, and a nurse's aide who could be made available to the obstetrician,"says Ms. Sow.

Midwife Rosalie Gomis was already working in the Keur Massar Center—although without the requisite skills to specifically support physicians in the operating room, her duties were primarily elsewhere. After a two-month practical internship in post-operative resuscitation and operating room skills at Pikine Hospital, she returned to the Keur Massar Center and began working in the operating room.

With the other two workers also updating their skills, the Keur Massar Referral Health Center has been fully meeting the district's surgical needs since August 2020. In its first three months of operation, the unit performed 87 surgical procedures, including 70 cesarean sections.

"If we didn't have a functional operating room, all these patients would be referred to other hospitals with additional expenses for the center and for the families," says Ms. Sow.

Midwife Gomis adds, "iHRIS has enabled us to optimize the human resources available to improve healthcare and increase our patients' satisfaction."

3 Investing in Health Workers' Professional Development

The landscape for health workers' continuing professional development is vast: formal in-service training, on-the-job training, informal learning opportunities, peer mentoring, and virtual courses. HRH2030 has supported USAID's investments in continuing professional development across many of these scenarios. The program's major achievements in health worker professional development are found both at the country level and globally.

DOH Academy launch ceremony in Manila. Credit: Alan Blue Motus (2019)

> **The DOH e-Learning platform allows workers to access learning modules anytime and anywhere. This will save travel time and enable trainers and health workers to spend more time attending their patients.**
>
> **PHILIPPINES SECRETARY OF THE DEPARTMENT OF HEALTH, FRANCISCO DUQUE III**

EXPANDING COUNTRY-BASED PROFESSIONAL DEVELOPMENT

Continuing professional development (CPD), essential to the provision of quality care, was traditionally offered in-person, taking health workers away from their posts and requiring resources to support training fees, travel costs, facility coverage, and other expenses. However, as the global community mobilizes for acceleration toward UHC, e-Learning has become the best bet for maximizing investments in health workforce training. Digital platforms mean that health workers can learn anytime, anywhere.

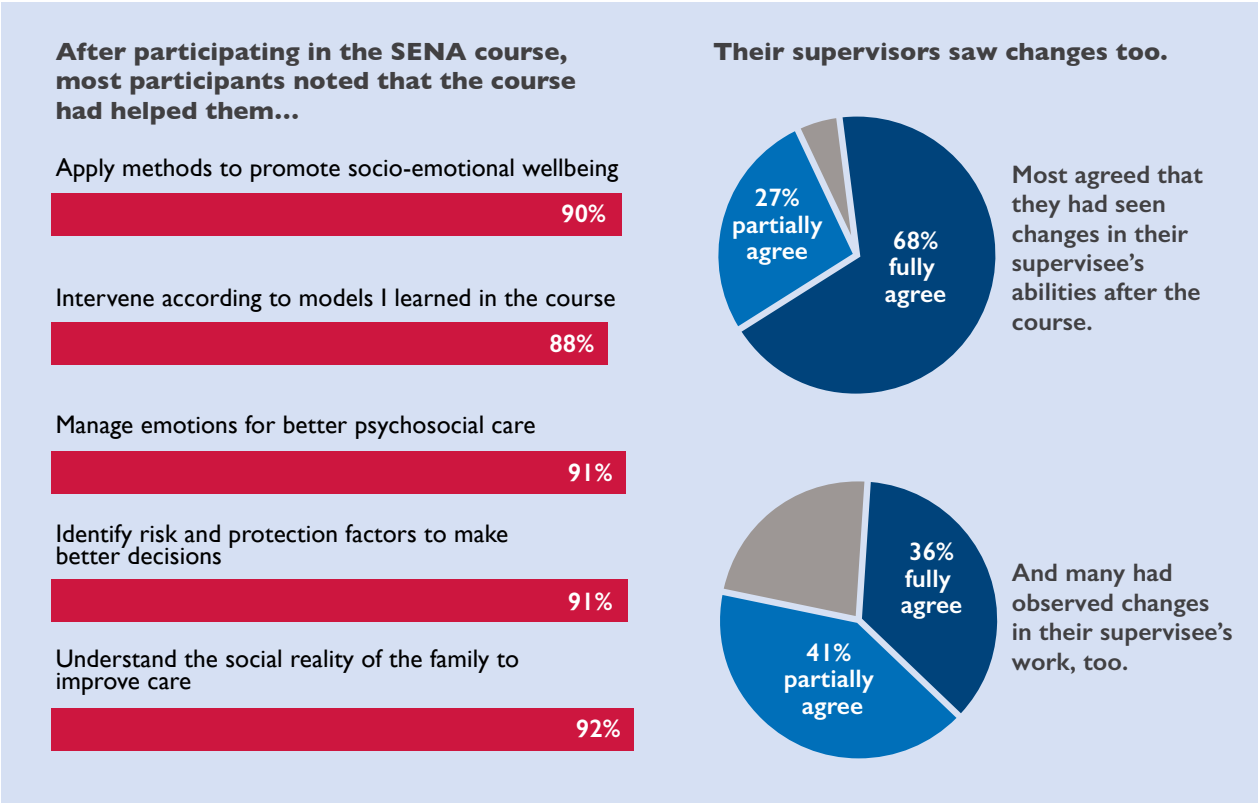
In the Philippines, HRH2030 partnered with the Department of Health (DOH) to develop the online DOH Academy. Launched in October 2019, this virtual platform was the first of its kind in country, bringing core training content to the island nation's far-flung health workforce. Among the e-Learning modules developed with HRH2030 support were courses in Adolescent Health Education and Practical Training, UHC, Data Governance, and Rapid TB Diagnostics: GeneXpert. At the conclusion of the country program, HRH2030 transferred administration of the e-Learning portal to the DOH's Health Human Resources Development Bureau (HHRDB) Learning and Development Division via a signed Sustainability Plan. In 2020, when travel restrictions were put into place during COVID-19, accessibility to online learning meant Filipino health workers could continue to access critical learning. Today, the DOH and its development partners have continued to develop new courses and provide health workers with the knowledge they need—including education on COVID-19 treatments and protocols. As of June 2021, the DOH Academy offered 39 free online courses and trained more than 18,000 health professionals through the platform; the most-accessed course was the HRH2030 developed course entitled Universal Health Care Act, completed by more than 5,000 health worker learners since its launch October 2019.

In Colombia, in partnership with the Colombian Family Welfare Institute (*Instituto Colombiano de Bienestar Familiar* or ICBF) HRH2030 developed the online social service skills course, "*Development of Skills for Family and Community*

Welfare" for the Colombian National Learning Service (SENA), a public institution for social and technical development of Colombian workers. The course objective was to strengthen the capacities of ICBF staff as well as the strategic partners that deliver family welfare services, in understanding social realities, identifying risk factors, promoting socioemotional wellbeing, and implementing inter-institutional and intersectoral referrals to provide more effective and comprehensive social services and improve the wellbeing of children, adolescents, and families in Colombia. To date, more than 2,300 people have completed the course, which was launched in 2020. An early analysis of the course showed that participants improved their knowledge and retention of important psychosocial concepts and that participants' supervisors agreed that the course had positively impacted their supervisees' performance. *See Figure 2a right*. SENA will continue to run the course a few times a year for sustainable professional development in the social services sector.

In Jordan, HRH2030's continuing professional development (CPD) activities went beyond training support, to encompass transformative policy development that would cut across the whole health sector. USAID and HRH2030 supported the institutionalization and framework development of a national system to improve health worker competencies in all sectors. HRH2030 provided technical assistance to the Government of Jordan (GOJ), health professional bodies, and other stakeholders to draft a mandatory health worker re-licensure bylaw based on earning CPD units for each profession. On April 1, 2018, the government of Jordan officially enacted the Bylaw for Health Professional License Renewal No. (46), with

FIGURE 2a. After taking the "Development of skills for family and community welfare" virtual course, participants noted high degrees of improved knowledge and recognition of important psychosocial concept and strategies.



technical assistance from HRH2030 program. The regulation requires all health professionals to fulfill continuing professional development requirements in order to renew their licenses every five years. The initiative was the first of its kind to systematically develop the broader health workforce in Jordan and was developed to align with the country's Vision 2025 goal of achieving universal health coverage.

To support the evidence-based development and implementation of the bylaw, HRH2030 conducted a study on the "Factors Influencing CPD Effectiveness and Practices in the Healthcare Sector in Jordan," and worked with the MOH, health councils, and private sector partners to assess their capacity for implementing a sustainable national system. The research determined that Jordan's High Health Council (HHC), the Jordan Nursing Council (JNC), and the Jordan Medical Council (JMC) needed to play major roles in the new CPD system to monitor and track participation, regulate activities, and certify CPD providers and their programs with clear criteria to ensure best

practices, quality assurance, transparency, and accountability. HRH2030 developed a national CPD framework using the research findings and engaging in stakeholder consultations on existing CPD mechanisms in country and best practices internationally. The national framework provided a guide to fulfilling the CPD requirement of the bylaw, with instructions per stakeholder for implementation of the system and tracking the CPD units earned by health workers.

EXPANDING VIRTUAL LEARNING ON HRH ISSUES ON A GLOBAL SCALE

HRH2030 worked with USAID to develop the **USAID Global Health eLearning Center (GHeL) Human Resources for Health: Principles and Practices course**. This virtual program orients learners to the core principles and promising practices related to health workforce development. By the end of the global HRH2030 program, more than 2,500 learners from over 90 countries completed the course and earned a certificate. The top seven countries where learners earned certificates were Nigeria, the United States, Indonesia, India, Kenya, Rwanda, and South Africa. Several years into the course offering, HRH2030 learned that faculty in several US-based institutions of higher education, including George Mason University's Department of Global and Community Health and George Washington University's Milken Institute of Public Health, have required completion of the GHeL course for their MPH-level classes, U.S. and Global Public Health Systems, and Health Care Workforce Policy courses, noting that both they and their students find the GHeL course effectively introduces HRH-related resources that students can explore outside of the classroom. ■

Health worker at the Balqa Health Directorate. Photo credit: Mohammad Maghaydah (2018)

Supporting Health Workforce Performance

4

Vital to efficient health systems are health workers who provide high-quality and safe health services. Supporting health worker performance is critical to improving health outcomes. HRH2030 interventions in this area ranged from research to identify which strategies best support health worker performance, to helping central level ministries develop and apply the appropriate tools and resources to ensure health workers were getting the support they needed.

GLOBAL: CONTRIBUTING TO THE EVIDENCE ON ENHANCING SUPERVISION

The provision of high-quality healthcare to individuals, families, and communities requires a skilled, motivated, adequately supported, and equipped health workforce. Sub-optimal health worker performance creates challenges to national and global efforts to achieve Universal Health Coverage and Sustainable Development Goals. Numerous strategies exist to improve health worker performance, but it can be difficult to make evidence-based decisions on which strategies to use in which settings. HRH2030 undertook a global **landscape analysis** to identify and categorize approaches known to enhance the effectiveness of health worker supervision, adapting the Dielemen et al. 2009 health worker performance conceptual framework, to examine studies that looked at enhanced supervision approaches, processes, and results.

The findings showed that health worker supervision can have the greatest impact on strengthening health systems when it is enhanced by using evidence-based, quality-driven tools and processes that integrate health worker performance management with other proven health system management approaches shown to positively impact service delivery. These include, for example, using HMIS and performance data to inform supervision priorities; incorporating quality improvement methods; using digital technologies to adapt and apply standardized checklists; clinical mentoring; and engaging communities in feedback loops with supervisors on service availability and quality.

Together with the supervisee, the supervisor ensures that emergency drugs for BEmONC is available and mothers are provided treatment before referral. (September, 2020)

Informed by the landscape analysis, HRH2030 began two pre- and post-intervention, quasi-experimental research studies in the Philippines and Mali to assess how applying enhanced supervision approaches in these country contexts could strengthen HRH performance management functions and systems to ultimately improve quality in service delivery. For a variety of reasons, the Mali study was discontinued *(see page 60)*. In the Philippines' Leyte Province, HRH2030 supported implementation of a supervision intervention that included digitizing the national supervision checklists for antenatal care, labor and delivery, postpartum care, and family planning; enabling supervisors and staff with handheld tablets to administer/self-administer the digital checklists; and creating dashboards with supervision data to facilitate supervisor review and action planning. Despite

challenges presented by COVID-19, the team succeeded at training supervisors and staff within the study's treatment group (32 public and private facilities) to use the digital checklists and dashboards within their supervision processes. In 2021, the Leyte Provincial Health Office (PHO) successfully assumed ownership of the intervention, scaled training the supervisors and staff within the study's control group (44 public and private facilities), and committed to sustaining the intervention within PHO supervision processes moving forward. The results will help program managers, policymakers, and other implementing partners to better understand how enhanced supervision may improve health workers' performance by examining providers' and supervisors' competency, job satisfaction, and performance. The research also investigated service delivery and supervision data availability and how providers, supervisors, and program managers use it to inform service readiness and provision and improve client satisfaction.

Dr. Namory Camara examines a low birth weight baby at the Kadiolo Referral Health Center in the Sikasso region, Mali. Dr. Camara is the reproductive health officer at this facility. Photo credit: Ibrahima Kamaté, HRH2030/Chemonics (2020)

SENEGAL: DEFINING ROLES & RESPONSIBILITIES THROUGH JOB DESCRIPTIONS

Many health workers in Senegal did not have clear job descriptions at the onset of the HRH2030 Senegal program; this obscured their roles and responsibilities and limited how effectively their performance could be measured. The Ministry of Health and Social Action (MSAS), with HRH2030's encouragement, mandated the development of job descriptions for all health system positions by the end of December 2018, to ensure defined job requirements, compensation levels, and health worker classifications; set performance expectations and guide the performance management process; and identify training and development needs. Through training and coaching, HRH2030 supported the MSAS's Directorate of Human Resources to develop 2,717 job descriptions at the central and regional levels, and then provided technical assistance to 14 regional health directorates as their staff adapted the job description templates for their local teams, including health facility staff. At the conclusion of the HRH2030 Senegal activity, managers in many regions were using the job descriptions to clarify and orient staff on their roles and responsibilities and conduct annual performance evaluations.

PROFESSIONALIZING HRH MANAGEMENT CAPACITIES IN MALI

When HRH2030 Mali was launched in 2018, it was designed to address HR needs that had been articulated in the country's 2009-2015 national strategy for HRH that were still unrealized. At the time, the Ministry of Health and Social Development (MHSD) was lacking well-defined processes, policies, and procedures, hindering its ability to fulfill its roles and responsibilities for managing HRH. HRH2030's goal was to ensure a more effective HRH leadership at the national level and cascade this approach to the

Today, the MHSD's Human Resources Directorate has professionalized and institutionalized its management capacities, with tools and resources now in place to ensure sustainable, continued investment in human resources at all levels of the health system.

regional, district, and facility levels to optimize health workforce effectiveness. HRH2030 supported the MHSD to develop normative documents to guide the day-to-day human resource management of the health workforce that included an internal procedures manual for the HRH Directorate; a recruitment manual for the health, social development, and women's welfare cadres that formalized the guidelines for regulating the distribution, management, and retention of health professionals; and a user's guide for digital supervision tools. In addition, HRH2030 trained 15 national-level Human Resources Directorate staff on quality improvement in human resources for health, and then cascaded this QI training to 50 HRH managers at regional and district levels, who learned how to implement continuous quality improvement plans. Today, the MHSD's Human Resources Directorate has professionalized and institutionalized its management capacities, with tools and resources now in place to ensure sustainable, continued investment in human resources at all levels of the health system.

Lab assistant Harold Steward, Lumbadzi health center, Malawi (2019)

NEPAL AND MALAWI: BUILDING HEALTH WORKFORCE RESILIENCE

In 2020, HRH2030 announced the **Health Workforce Resilience Prize** competition, to identify successful solutions that strengthen the resilience of the human resources for health workforce—the ability to bounce back from shocks and maintain delivery of high-quality essential health services. During a three-month call for applications period, HRH2030 received interest from nearly 500 organizations in 33 countries; accepted 99 valid, qualified applications; and interviewed seven semi-finalists. On June 24, 2020, we awarded $50,000 in prize money to two winners: Nyaya Health Nepal and Brazil-based Vitalk. Over the remaining life of the program, HRH2030 worked with these two entities to support scale-up of their resilience solutions.

Nyaya Health Nepal's winning innovation was its **integrated Nepal Electronic Health Record (NepalEHR) system**, which uses technology and data to coordinate patient care at the facility level and enables continuous improvement in service delivery. Prior to receiving the Health Workforce Resilience Prize, Nyaya Health Nepal's team had tested and implemented NepalEHR in a few hospitals, and were eager to scale it in other facilities. The award enabled them to expand their reach to a new province and two additional hospitals, allowing health workers there to manage their time more efficiently, resulting in shorter patient waiting times. In addition, according to SP Kalaunee, Executive Director, receiving the HRH2030

Health Workforce Resilience Prize had other, unexpected benefits. He noted, "Winning the award has made it much easier to communicate about the system with the stakeholders in private and public spheres. As Nepal has struggled and evolved through an internal conflict, a devastating earthquake, and a political transition, there are aspirations of building resilient systems, and this award has proven that human workforce resilience can be built through digital technology. This is a boost to Nepal government's vision of Digital Nepal."

Vitalk was founded as a Brazil-based social impact venture that applies innovative new technologies to traditional therapy and health coaching to lower the cost of mental health. The Vitalk app uses an AI-powered psychologist to serve as a virtual mental healthcare assistant, leveraging digital technology to address the chronic shortage of mental healthcare professionals in low- and middle-income countries. Receiving the Health Workforce Resilience Prize was a catalyst that enabled product improvements and further scale up. In 2021, USAID and HRH2030 partnered with Vitalk and Malawian mental health experts, to adapt the app to the Malawian context and pilot the app among health workers. This proof-of-concept pilot suggested that the app decreased the risk of anxiety, depression, and burnout, and increased resilience among the participating health workers. Health workers reported that the app offered useful exercises that helped them cope with their everyday mental health challenges.

Following the success of this proof-of-concept pilot, HRH2030 partnered with the University of Malawi to conduct a randomized controlled trial (RCT) in two other districts to test whether the use of a chatbot such as Vitalk over a period of eight weeks results in different mental health outcomes of health workers compared to a control intervention. The two-arm RCT compared the pre-treatment to post-treatment scores of more than 800 health workers using standardized scales for depression, anxiety, resilience, burnout, and loneliness. The study also included a novel approach to compare participants' resilience-building activities using a 5-item questionnaire related to stress management, self-awareness, self-care, purpose, and connection with others. The treatment group engaged with the interactive Vitalk chatbot while the control group was provided with web resources about mental wellbeing that could be accessed at their discretion.

This study—which is the first RCT of a mental health chat app for health workers globally demonstrated that Vitalk works as intended and provided strong evidence that Vitalk use leads to better mental health outcomes compared to the control group. While an app is not enough, app users had significantly greater resilience and were more engaged in resilience building activities. We hope that the study leads to greater attention to work-related stress that healthcare providers face especially during the COVID-19 pandemic, which overwhelmed countries' health systems and increased care-related pressure manyfold in the effort of ensuring patient care and staff safety.

SUPPORTING HEALTH FACILITY MANAGERS THROUGH PRODUCTIVITY AND PERFORMANCE TOOL

Frequently, the perceived solutions to HRH challenges are to fill staffing gaps or to suggest training. However, some health workforce problems that contribute to service delivery gaps can be improved without major investments in new resources or external support, even in sites that have staffing gaps. Responding to the needs of health facility managers who are seeking to make best use of their workers at facilities and communities, HRH2030 developed and shared a quality improvement-focused **Toolkit: Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets**. It provides a step-wise approach to address the root causes of HRH issues that hinder HIV service delivery, integrating the **PEPFAR rapid site-level assessment tool** and the **Rapid Task Analysis** approach. Among the interventions that the toolkit cites to support heath worker performance: additional supportive supervision, mentoring, feedback or performance appraisal, and recognition programs. ■

5 Optimizing the Health and Care Workforce for Service Delivery

Changing demographics, economics, and disease patterns stretch the ability of health systems to deliver essential services, especially to the most vulnerable. Around the world, workforce assessments point to health worker shortages and poor distribution of existing health workers as barriers to the scale-up of primary and secondary healthcare services to meet global goals.

When hiring more health workers to fill gaps is not an option, increasing the performance and productivity of existing health workers through optimization and greater efficiencies is imperative. HRH2030 has successfully supported countries to optimize their health and care workers through the development of new tools to help HR program managers and facility staff respond to changing needs, the application of other proven tools, and collaborating with ministries and local governments on specific activities to address key challenges.

HRH2030 TOOLS

With funding from USAID and PEPFAR, HRH2030 developed a suite of HRH Optimization Tools to help configure workforce staffing and services to address HIV, family planning, and primary healthcare needs.

The HRH Optimization Tool for Antiretroviral Therapy—HOT4ART—was designed to help stakeholders optimize their health workforce for the roll-out of "Test and Start," utilizing differentiated service delivery (DSD) models. By populating the tool with routine HIV service delivery and health worker data, the tool helps stakeholders dynamically identify and address staffing gaps and inefficiencies. It allows users to interact with the results to examine how task sharing and differentiated service delivery modifications can optimize the health workforce to provide care that better meets client needs while alleviating burdens on the health workforce.

In Malawi, HRH2030 customized the HOT4ART tool and applied it in 107 PEPFAR sites to increase the performance of the existing HIV workforce. Health facilities, above-site stakeholders, and PEPFAR implementing partners

HRH Training in Lagos (2016)

Photo credit: Alain Ngann (2018)

…PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other donors have invested millions of dollars to support countries' health workforces

(IPs) used the data to determine how to best configure their HIV health workforce and promote client-centered HIV service provision through task sharing and differentiated service delivery. This was of particular importance to Malawi, which over the past two decades has made the best possible use of its limited health workforce to respond to the enormous disease burden from HIV/AIDS, tuberculosis, and malaria, through task sharing. HRH2030 trained IPs to analyze HOT4ART results, use the HOT4ART tool to determine the optimal staffing for PEPFAR Country Operational Plan (COP) targets, and to assess staffing gaps and excesses. The tool allowed HRH2030 to determine and make recommendations for optimal provider/client ratios and identified the need for lay cadre standardization to minimize overlaps of roles *(see story on lay cadre standardization on page 46)*. At the conclusion of the program, some PEPFAR partners, including Partners in Hope and the Elizabeth Glaser Pediatric AIDS Foundation are using HOT4ART results to inform staffing decisions.

In addition to the Malawi experience, the tool was applied in Indonesia *(see story on page 39)*, and health teams in Cote d'Ivoire, South Africa, and Zambia were trained in its use. This tool was developed in partnership with HRH2030 Consortium Partner URC, and was then adapted for family planning services and for primary health services.

The HRH Optimization Tool for Family Planning—HOT4FP—built off the successes of the HOT4ART applications. This tool was designed to increase health workforce efficiencies by identifying and addressing HRH bottlenecks in delivering family planning services at frontline health facilities. HOT4FP supports comprehensive planning and management of a more adaptive and diverse health workforce for achieving FP2030 goals.

The HRH Optimization Tool for Primary Health Care—HOT4PHC—was completed in the last year of the program. Field tested in Mali, the tool includes a costing module for salaries and expenses related to community-based service delivery. HOT4PHC assesses the staffing inefficiencies of strengthening community engagement and health systems support functions, configuring the health workforce in response to a public health emergency such as the COVID-19 pandemic, and integrating HIV/ART into PHC. Based on implementing HOT4ART in Malawi, additional features were added to HOT4PHC.

The HRH Inventory Tool was developed through HRH2030 Consortium Partner Open Development leadership to help health system stakeholders better understand the scope and nature of donor-supported investments in their HIV health workforce. PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other donors have invested millions of dollars to support countries' health workforces—resources used to hire additional, contracted staff or maximize the reach and effectiveness of existing staff. The HRH Inventory Tool was developed to help donors and governments have a comprehensive picture of donors' investments, and provide the data needed to answer critical questions, such as: *who are the donor-supported workers and where they are working? What are their related functions and costs? And do these roles align with existing government structures and policies?* Applied by HRH2030 and PEPFAR partners in five countries—Tanzania, Lesotho, Eswatini, Namibia, and the Philippines—in the first three years of the HRH2030 program, the tool

provided a wealth of information about donor investments. PEPFAR incorporated the tool into the **PEPFAR Solutions Platform** in 2019.

The Comprehensive HRH Assessment, Modeling, and Planning Solution (CHAMPS) tool was an econometric model developed by HRH2030, in partnership with HRH2030 Consortium Partner ThinkWell, to measure the impact of economic, epidemiological, and demographic transitions on the health labor market, including physicians, nurses/midwives, and community health workers. While existing HRH planning tools were useful, they only focused on economic indicators, and there was a need for a more comprehensive tool that was able to weigh factors such as countries' shifting demographics. Used to project the global demand for and supply of healthcare workers in LMICs for the next 15 years, CHAMPS revealed that in addition to economic factors, epidemiological and demographic transitions had significantly large impacts on the demand for healthcare workers, and considerably improved the predictive capability of the tool without compromising efficiency. CHAMPS forecast that the demand for physicians and nurses/midwives in LMICs will be 20.3 million by 2030, while the supply will only be 14.3 million, indicating a general shortage of almost 6 million physicians and nurse/midwives. The shortage in CHWs was predicted to be almost 2 million by 2030.

CHAMPs was also applied using Ghana as the country case study, to illustrate the tool's capacity to help in-country policymakers and planners better understand the composition, skills mix, and major gaps of the health workforce. Overall, the shortage in healthcare workers for Ghana projected by CHAMPS was significantly lower than projections from earlier models, indicating shortfalls of nurses/midwives (60,000) and CHWs (70,000) but likely to have enough physicians. Having these estimates now will allow the government to make more targeted policy decisions in response to expected changes such as accelerating economic growth, an aging population, or the continuing take-up of universal health coverage.

Dr. Ani Ruspitawati, head of the Health Resources Division at the Provincial Health Office in Jakarta, Indonesia, puts data to use in making decisions that affect the health and wellbeing of staff and patients alike. Des Syafrizal for USAID.

USING ADDITIONAL PROVEN HRH TOOLS

Two major health workforce considerations when considering optimal staffing are the skills mix and geographic distribution of health workers. To help inform HIV health worker staffing in Mozambique, South Africa, and Nigeria, HRH2030 engaged with the Touch Foundation, developer of the **Prioritization and Optimization Analysis (POA)**, to guide decision-making using data on the real needs and budget to address healthcare shortages in these countries. In South Africa, the POA was used to understand the needs and priorities for six cadres across 1,293 facilities and 27 districts, resulting in clear recommendations on how many health workers and the appropriate skill mix should be allocated to each facility based on the budget assigned by the district. In Nigeria, HRH2030 retained the Touch Foundation to develop an analysis of HRH needs at 562 PEPFAR-supported sites, supporting the prioritization and allocation of seven specific cadres at the national, sub-national, IP, facility, and community levels, to facilitate effective HRH planning for COP20. This work was also critical for another reason—it took place during the COVID-19 pandemic, which was placing additional stresses on the health workforce. The completed analysis determined that there was an overwhelming shortage of healthcare workers that would cost more than $19 million to address; HRH2030 and the Touch Foundation delivered the final analysis of recommendations to IPs on how to staff appropriately within the existing budget. Finally, in Mozambique, HRH2030 engaged Touch Foundation to apply the POA in support of HRH planning and allocation in COP21 to achieve the set targets for HIV/AIDS epidemic control and develop COVID-19 contingency plans.

Separately, HRH2030 introduced the evidence-based World Health Organization's (WHO) **Workload Indicators of Staffing Need (WISN)** method to the Philippines DOH, to assist them in determining optimal staffing number and distribution among health facilities and support the development of new national staffing standards for primary healthcare. A HRH2030-led **WISN study** identified staffing maldistribution and differences in service packages between facilities; the need to update scopes of practice and job descriptions, explore task sharing, and strengthen referral guidelines; and a significant number of health workers absent from post due to mandatory trainings. As a result of the study, the DOH has institutionalized the WISN methodology and cascaded it to all levels of the health system to help guide local governments and partners on optimum numbers of health workers required per cadre and level of care for improved quality primary healthcare services using a rational and scientific approach. This is a key step in supporting the government's efforts to revitalize primary care facilities and provide UHC for all Filipinos.

BOTSWANA: INTEGRATING LOW-COST COMMUNITY HEALTH SERVICES FOR HIV PRIMARY CARE

The Botswana Ministry of Health and Wellness (MOHW) recognized an urgent need to effectively integrate and coordinate low-cost community-based health services, especially for HIV primary care service provision, into its long-term strategic plans. HRH2030 supported the Health Improvement Team at Old Naledi Clinic to develop and implement Community Medication Refill (CMR)—the first and only differentiated service delivery model of care in Botswana—to enroll 95 percent (21/22) of

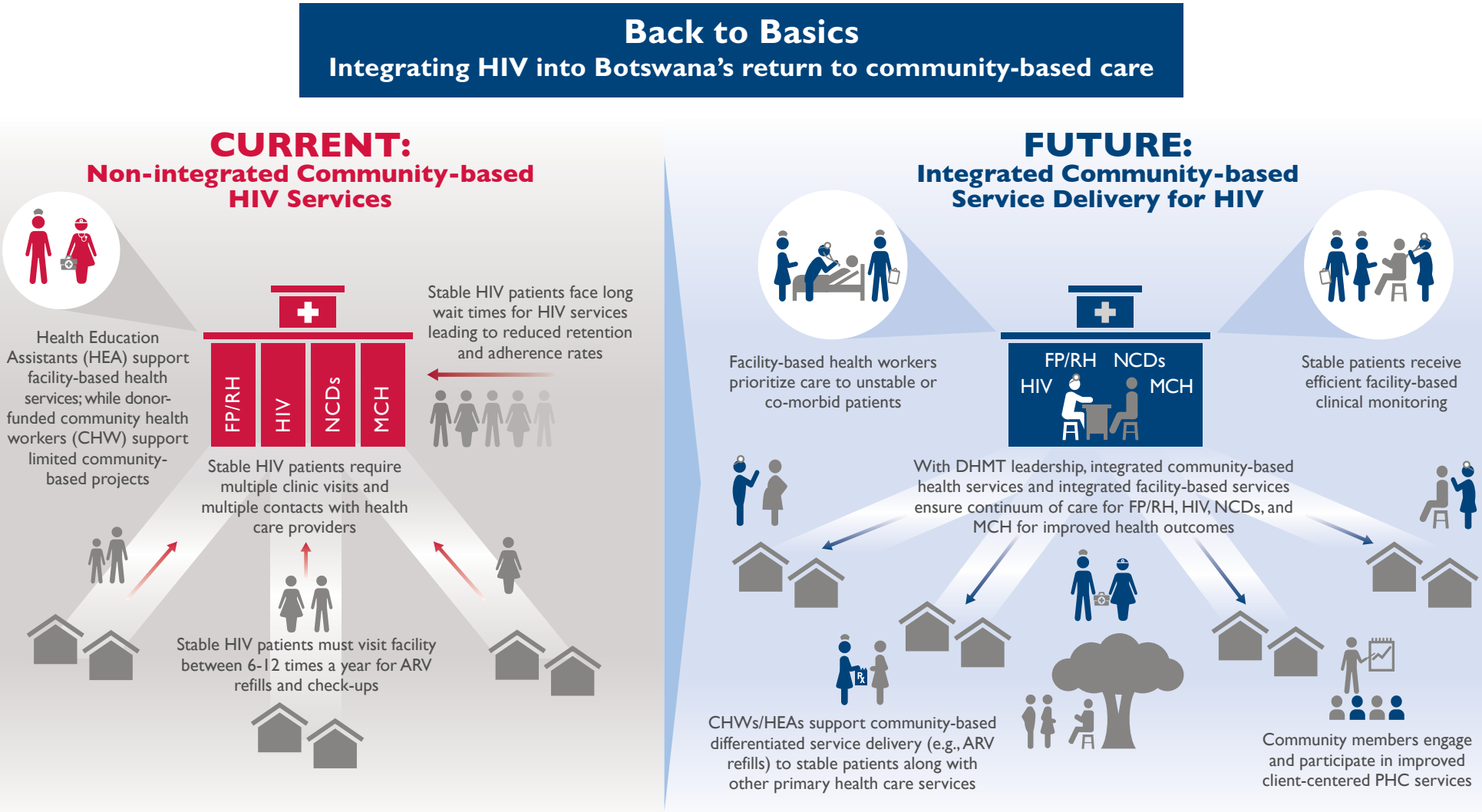
Supervisor in Goodwill ILHZ providing information to the supervisee (Public Health Nurse) on how to complete the action plan using the supportive supervision app on their tablets. (March, 2020)

eligible clients in CMR at the clinic. Specific activities included developing SOPs and monitoring and accountability tools as well as supporting an on-site orientation for the service delivery providers, including CHWs, pharmacy personnel, and others. *Figure 5a* on the next page illustrates the current and future state of community-based care in Botswana, depicting the move from siloed to integrated care.

MALAWI: ADDRESSING THE NEED FOR ACUTE HIV SERVICES

When HRH2030 began supporting the Government of Malawi in 2017, there was an acute need for HIV/AIDS services at PEPFAR-priority sites. HRH2030 supported the recruitment and deployment of more than 300 health workers to 63 high-volume sites in Lilongwe and Zomba, two of the highest HIV/AIDS burden districts *(see Figure 5b)*. The PEPFAR-supported healthcare workers consisted of 71 percent ART providers (nurse midwife technicians,

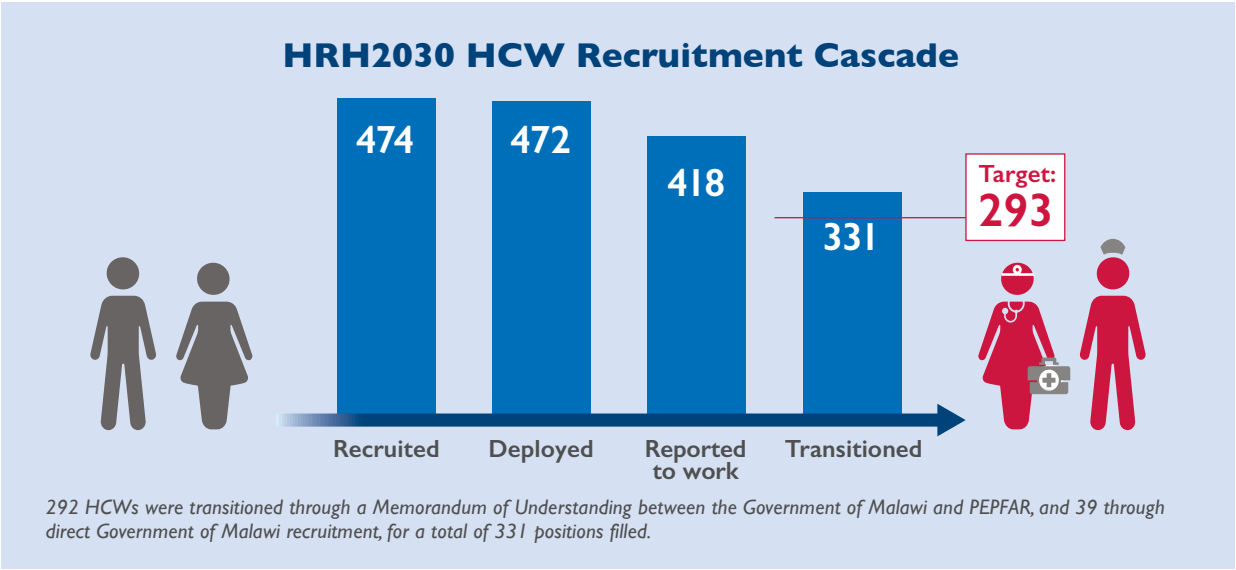
FIGURE 5a. Integrating HIV services into Botswana's community-based care



HRH2030 MILESTONES

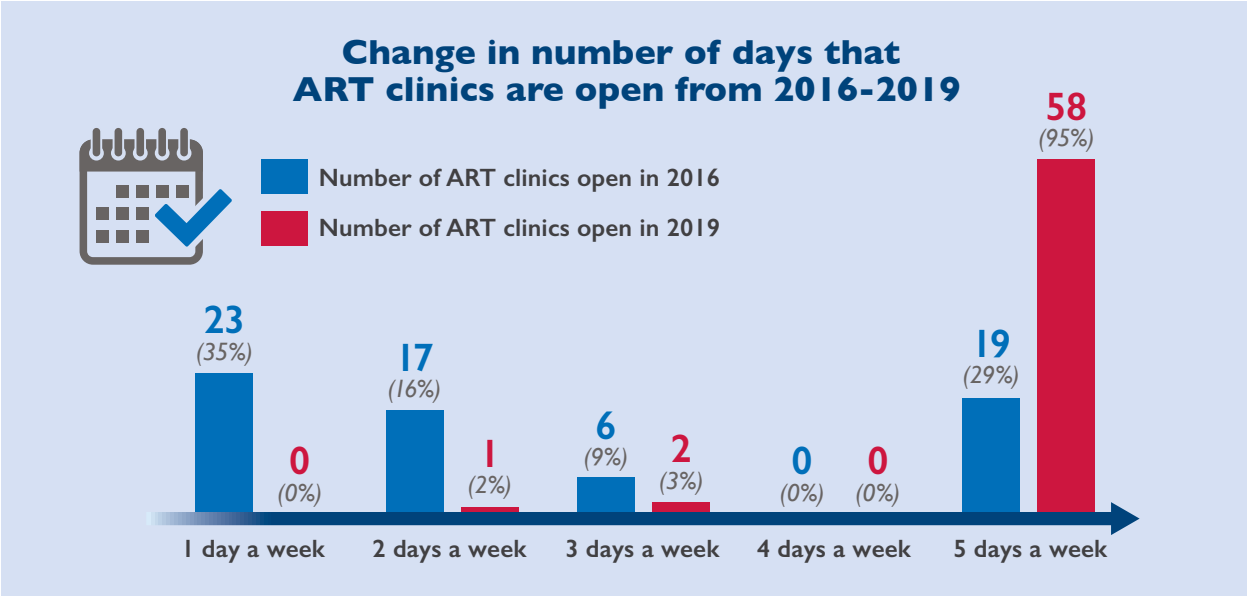
- Supporting national uptake of differentiated service delivery models of care through a DHMT-led process utilizing integrated health consisting of facility-based health workers, members of community health committees, patient representatives, community health workers, and non-governmental organizations.
- Supporting development of national integrated community-based service delivery guidelines and aligned HRH frameworks for community-based health work, including task sharing of HIV primary care with CHWs/HEAs.
- Supporting DHMTs to leverage health partnerships with NGOs/CBOs in implementation for sustainable low-cost community service delivery models through increased supervision and improved data transparency/increased evidence.
- Bolstering the ability of service providers to apply practical QI approaches to adapt and innovate around community-based HIV care and other services (e.g., community medication refill).

FIGURE 5b. HRH2030 supported salary support and transition of healthcare workers (HCWs) to the Malawi government, exceeding the project target of 293 HCWs transitioned.



292 HCWs were transitioned through a Memorandum of Understanding between the Government of Malawi and PEPFAR, and 39 through direct Government of Malawi recruitment, for a total of 331 positions filled.

FIGURE 5c. The increase in HCWs drastically increased the number of priority sites with ART clinics five days or more per week, increasing the availability and convenience of services for clients.



clinical technicians, and medical assistants), 22 percent testers (lab assistants and lab technicians), and 7 percent from pharmacy cadres.

As a result of the influx of additional support to these previously overburdened sites, health workers reported reduced work pressure, better service coverage, and enhanced teamwork. And the outcomes for clients visiting the sites were equally as impressive. An HRH2030-led impact assessment determined that in terms of service delivery, the quality, type, and availability of HIV/AIDS services improved as a result of this salary-support program. All eligible sites were staffed with personnel to provide the complete range of ART services; 92 percent of the sites held ART clinics 5 times a week or more; and more than 90 percent of priority sites provided services for adult ART, services for the prevention of mother-to-child transmission of HIV (PMTCT), and TB screening at least 5 times a week *(see Figure 5c)*.

This program was designed with an end-goal in mind: To ensure that the health workers supported by PEPFAR were transitioned to the Malawi government payroll. In July 2020, the program reached this milestone, with the government absorbing the health workers into their health system.

INDONESIA: ASSESSING HIV-HRH NEEDS

In 2018, Indonesia's Ministry of Health launched the "Test and Treat" policy, guaranteeing HIV-positive Indonesians the right to start immediate antiretroviral (ARV) treatments; however, the quality and distribution of the country's health workforce was not adequate to meet this promise. HRH2030 conducted a two-level HIV-HRH assessment to better understand the challenges and identify opportunities for scaling up the services. At the policy level, HRH2030

Male health worker with clients (2017)

analyzed HRH policies, protocols, and practices that were hindering or supporting Indonesia's ARV policies. At the site level, HRH2030 focused on a sample of 10 PEPFAR-supported sites to evaluate the availability and efficiency of the current workforce providing these services. The assessment identified several gaps in policy implementation and site-level management, and provided six main recommendations for building, managing, and optimizing Indonesia's HIV services.

Building on these recommendations, HRH2030 collaborated with several facilities in Jakarta and Papua to implement HIV-HRH assessment tools—including the HOT4ART—so that these facilities could work to optimize their ART service delivery through improved ART multi-month dispensing, task sharing, integration of community-based workers into the service delivery model, and increased capacity for using HRH data.

CONTRIBUTING TO THE KNOWLEDGE BASE ON TASK SHARING AND SELF-CARE

Meeting the global family planning goals set by Family Planning 2030 will not happen unless barriers to contraception access are reduced. Given current strains on countries' health systems, including poor infrastructure, HRH shortages, and poor commodity security, evidence-based and proven strategies need to be scaled to safely increase access to family planning in lower-level health facilities and other sites. Historically, family planning has been overly and unnecessarily medicalized, leading to numerous medical barriers. USAID and its partners have been researching and implementing ways to reduce unnecessary medical barriers, and the WHO has released a series of publications that provide guidance on task shifting, task sharing, and self-care approaches.

HRH2030 made its own contribution to the evidence base with the publication of a technical report: **National Family Planning Guidelines in 10 Countries: How they align with current evidence and WHO recommendations on task sharing and self-care**. Written by HRH Consortium Partner Palladium, the report explored the extent to which 10 countries have adopted policies, service delivery guidelines, or other government documents in-line with current scientific evidence and World Health Organization (WHO) guidelines on task sharing and self-care. Countries covered in the report included Burkina Faso, Côte d'Ivoire, Kenya, Madagascar, Malawi, Mali, Nigeria, Philippines, Uganda, and Zambia. The report concluded that while most of the countries analyzed were working towards reducing medical barriers for family planning in-line with most current evidence, the WHO guidance, and their own written national guidelines, opportunities remain to further increase access. For example, the countries reviewed seemed to be doing fairly well in establishing policies for task sharing clinical methods where appropriate cadres exist, and for promoting community-based provision of short-acting methods, including injectables. Self-injection is also working its way into recent government FP publications; and as countries update their guidelines, this trend will likely continue. However, while task sharing and self-care advocates may be claiming victory with updated FP guidelines, other regulatory barriers such the classification of hormonal contraceptives by the national drug authorities, or changes to provider scopes of practice or licensing, may block any advances achieved through updated FP guidelines. The report concluded with specific recommendations to further understand the challenges and opportunities.

Building on this report, HRH2030—through Palladium—then developed an **in-depth case study on the situation in Burkina Faso**, a country that has been proactive in addressing its family planning challenges over the last five years. This report further delved into additional policies that support or hamper task sharing, over-the-counter access to contraceptives, and self-care, looking specifically at these methods: voluntary surgical contraception; intrauterine devices; implants; injectables; and oral contraceptive pills, including emergency contraceptive pills. The report highlighted the importance of multiple actors in scaling up task sharing and self-care, the challenges of limited resources available to invest in this area, and specific issues regarding the availability and pricing of commodities and supplies. It concluded with specific recommendations for policy and regulatory revisions. In preparing this in-depth

report, HRH2030 noted that Burkina Faso's experience could serve as a model for other countries in West Africa that are striving to address HRH shortages at lower levels of their health pyramids and increase access for women/couples in more rural areas. The Burkina Faso experience may also serve as evidence for WHO when it next updates its task sharing guidance.

LESOTHO: ADVANCING HEALTH WORKFORCE PLANNING FOR OPTIMIZED HIV SERVICES

Through HRH2030 Consortium Partner Open Development and with PEPFAR and USAID support, the Lesotho Ministry of Health benefitted from the strategic counsel of an embedded HRH advisor, who advocated for and engaged stakeholders on the impact and benefits of HRH investments, and supported transformational change in policy and decision-making at the ministerial level. The advisor's mandate was to coordinate efforts to address health workforce coverage and distribution challenges while seeking to optimize performance of the existing health workforce to scale service delivery and care in all segments of the population. With the advisor's assistance, the MOH brought together disparate stakeholders into a multi-sectoral HRH Technical Working Group, which is now driving the broader HRH agenda, including HRH sustainability planning for HIV epidemic control. To address the challenge of inequitable distribution of health workers between urban and rural areas, HRH2030 assisted the MOH to develop a HRH deployment policy and its 2020 guidelines. These documents guide health leaders at central level programs and in the periphery on effective deployment practices of staff best suited to meet health needs in all segments of the population. The policy also guides health leaders on how to optimize existing staff during outbreaks and epidemics. It is anticipated that the morale and motivation of staff will improve in the future because of consistent deployment practices which are primed on fairness, transparency, and equity.

Another key outcome of the Lesotho work: the development of the HRH strategic plan 2020-2030 which seeks to optimize performance, quality, and impact of existing workforce to manage emergencies and broader health needs; improve governance structures, leadership, and management systems for HRH; and strengthen partnerships and coordination of HRH interventions among stakeholders.

ESWATINI: ASSISTING IN THE TRANSITION OF THE HIV HEALTH WORKFORCE

HRH2030 worked with Eswatini's Ministry of Public Service and the Ministry of Health to develop and implement a comprehensive plan for an effective transition of donor-funded health workers to the government payroll, through the support of an embedded advisor. This included defining the HRH needs to achieve epidemic control, identifying key policy areas that posed barriers to the absorption of donor-funded workers, and planning for the fiscal implications of the transition. The advisor worked to develop HRH transition pathways to support donor-funded cadres—including transitioning them to traditional civil service employment; a modified government service model, with the government partnering with private or NGO models to provide services; and market-based solutions that relied on private providers. At the conclusion of this activity, HRH2030 provided the Ministry of Public Service and the Ministry of Health with a Sustainability Roadmap to inform future investments in the health workforce to achieve and sustain HIV and TB control gains. ■

Khahliso Manyehelo, pharmacist at the Defence Force Clinic, Lesotho (2021)

Maximizing USAID's Investments in the Community Health Workforce

6

Photo credit: Alain Ngann (2018)

Strong and vibrant community health systems—including CHWs—are an essential component of primary healthcare, which fosters health for all and moves us closer to achieving global health goals. However, in many contexts, CHW programs are still working to professionalize, sustain, and integrate CHWs within the health workforce and health systems.

GLOBAL: STRENGTHENING COMMUNITY HEALTH PROGRAMS

After a series of convenings and reviews, HRH2030 launched the microsite **USAID Flagship CHW Resource Package**, compiling resources for strengthening CHW programs that were developed from USAID's Bureau for Global Health investments, as well as those that flagship implementing partners have produced and prioritized. A dynamic platform of tools, research, guides, approaches, and best practices recommended by USAID's flagship project community health experts, the site will be updated as emergent resources are recommended by experts. HRH2030 continued to support Integrating Community Health partners to finalize country case studies in Bangladesh, Kenya, and Uganda. In addition, the program initiated a collaboration with the Collectivity Community Health Community of Practice to provide ongoing support to stakeholders as they manage their COVID-19 response while seeking to strengthen their CHW programs.

In 2019, HRH2030 played a pivotal technical role to coordinate an all-day meeting at the 2nd International Symposium on CHWs in Dhaka, Bangladesh: ***Advancing Primary Health Care at the Community Level: Integration, Quality, & Accountability***, working alongside the Community Health Impact Coalition (CHIC) and in consultation with USAID, WHO, UNICEF, BMGF and selected partners (Last Mile Health, Population Council, and USAID's Maternal and Child Survival Program). The event mobilized and harnessed the leadership of 11 country delegations, from Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Haiti, India, Kenya, Liberia, Nepal, Pakistan, and Uganda; it also included USAID missions, ministry of health representatives, implementing partners, community health investors, and other key stakeholders, as well as global collaborators and selected USAID flagship partners. At the closing plenary, keynote speaker Tim Evans **highlighted the HRH2030 lifecycle approach for the WHO CHW recommendations** as a valuable framework for their operationalization.

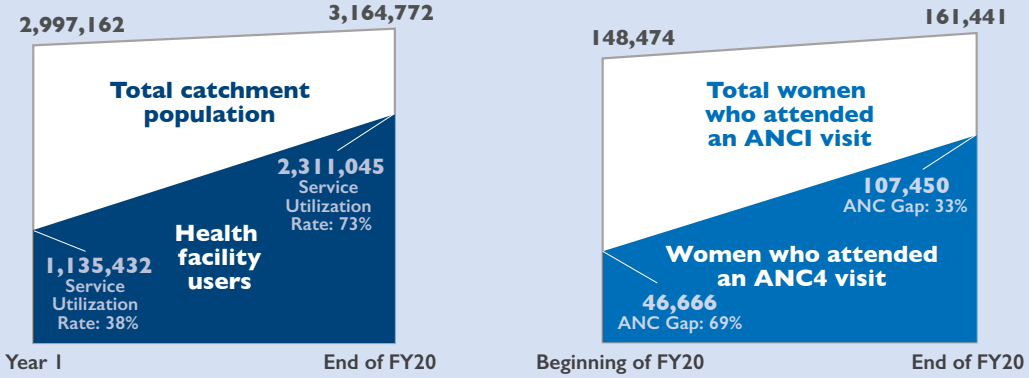
Finally, HRH2030 provided continued technical support to ongoing community health investments and measurement. Technical Director Rachel Deussom was a co-author of the November 2019 HRH Journal article ***A conceptual framework for measuring community health workforce performance within primary healthcare systems.***

MALI'S COMMUNITY APPROACH

HRH2030 Mali implemented an adaptive community strategy based on the quality improvement (QI) process to raise the quality of services available at the community level. The strategy used each region's existing community resources—women's groups, facility-based

FIGURE 6a. HRH2030's community approach has contributed to increased use of health services

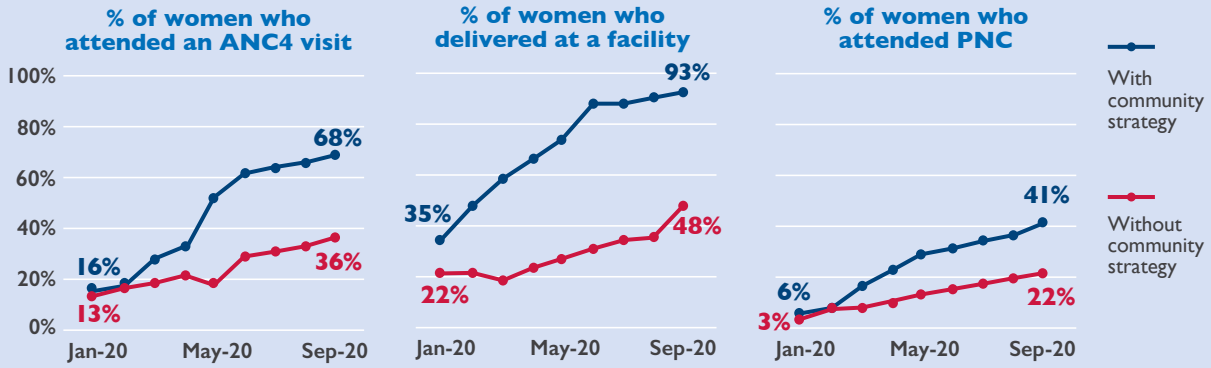
These efforts have increased the service utilization rate across the program's intervention regions, meaning that a larger proportion of the total catchment population are using facility services. Continuity of care has also improved; for example, more women who have begun antenatal care are now attending all four of the minimum recommended ANC visits.



Data source: DHIS2 data. Service utilization is calculatedas the total number of outpatient department visits among USAID-supported facilities implementing Q1 approaches over the total number of people residing in those facilites' catchment areas. ANC4 rates count the total number of pregnant women who received antenatal care 4 times or more.

FIGURE 6b. Of the women who sought MNCH care from January through September 2020, the HRH2030 community strategy contributed to an increase in women who received key MNCH services

These increases were larger in the 190 facilities of 18 districts in Segou, Sikasso, and Mopti where the community strategy was implemented than in the 442 facilities in the same districts where the community strategy was not implemented.



Data source: DHIS2. Calculated as the number of services in each category provided over the total number of women seeking MNCH care during the collection period.

rural matrons, community health workers, and others—enlisting their support to build capacity to address their own health needs with knowledge and confidence, participate in decision-making with service delivery providers, and promote greater independence for longer-term health and wellbeing. Specifically, HRH2030 focused on improving the quality of MNCH, FP, malaria, and nutrition care and services; increasing demand and access at care delivery points, rural maternities, and household levels; and strengthening community health cadres to improve community systems.

Over the course of two years, HRH2030 worked with 1,233 community groups from 23 districts—a total of 54,024 members—in Kayes, Koulikoro, Sikasso, Ségou, and Mopti. Partnering with the Malian government directorates charged with community health, social development, and the promotion of women, families, and children (*Direction Régionale de la Santé; Direction Régionale du Développement Social et de l'Economie Solidaire; Direction Régionale de la Promotion de la Femme, de l'Enfant et de la Famille*), HRH2030 trained 374 staff members as community coaches. Already known and respected in their communities, the new coaches were familiar with local cultures and traditions, and well positioned to promote positive health behaviors while also fostering mutual respect and trust between health service providers and community residents. With the community coaches in place, HRH2030 trained 687 community health workers including CHWs and hospital matrons who, in turn, trained 997 community committees. Together, committee members, CHWs, and matrons reached a total of 53,337 women of reproductive age and 34,151 pregnant women with key messages on critical health topics, including the risks of home births,

the importance of ANC visits, and the health benefits of exclusive breastfeeding. With these messages being delivered by trusted members of their own community—whether women's group leaders or CHWs—women were more likely to act upon their recommendations. *Figures 6a* and *6b* on the previous page show how HRH2030's community approach has led to increases in the number and percentage of women who are attending all four of the minimum recommended ANC visits, delivering their baby at a facility, and attending postnatal care.

CAMEROON LEADERSHIP & MANAGEMENT

Local leaders can provide a way to connect community members with the health information they are lacking. In Cameroon, despite the Ministry of Public Health's efforts to increase family planning service delivery points, the use of FP services remained low. HRH2030 with Consortium Partner Amref Health Africa piloted and evaluated a local leadership and management approach (LLMA) in Cameroon's Bafia district. The goal of the LLMA was to strengthen family planning services by engaging community leaders—teachers, shopkeepers, hairdressers, religious leaders—to build awareness, acceptance, and interest in these services. The approach included identifying priority issues hindering services and interest, building a shared vision of how to overcome these issues, learning how to create an action plan, mobilize resources, and monitor efforts. HRH2030 published a **final evaluation** as well as **implementation guidance** for applying the LLMA approach in other communities. The final evaluation showed that this approach can succeed with proper support. Of 120 clients surveyed who said they were aware of the local leaders' family planning advocacy efforts, the vast majority (84%) stated that they were motivated to visit the clinic for services because of the leaders' activities. At a time where new and different partnerships and strategies are needed to improve the acceptability and accessibility of family planning services, the LLMA approach shows how engaging community leaders beyond those working in health has the potential to sensitize and mobilize acceptance and use of these services.

ETHIOPIA SOCIAL RETURN ON INVESTMENT (SROI)

The health benefits of investing in community healthcare are increasingly known, however, there has been little analysis about these investments' impact on inclusive economic growth. Traditional return on investment studies only show monetary returns from capital investments and their contributions to health service cost savings. HRH2030 undertook one of the **first studies to measure the social returns of a community health program, in Ethiopia,** looking at equity, empowerment, employment, and productivity.

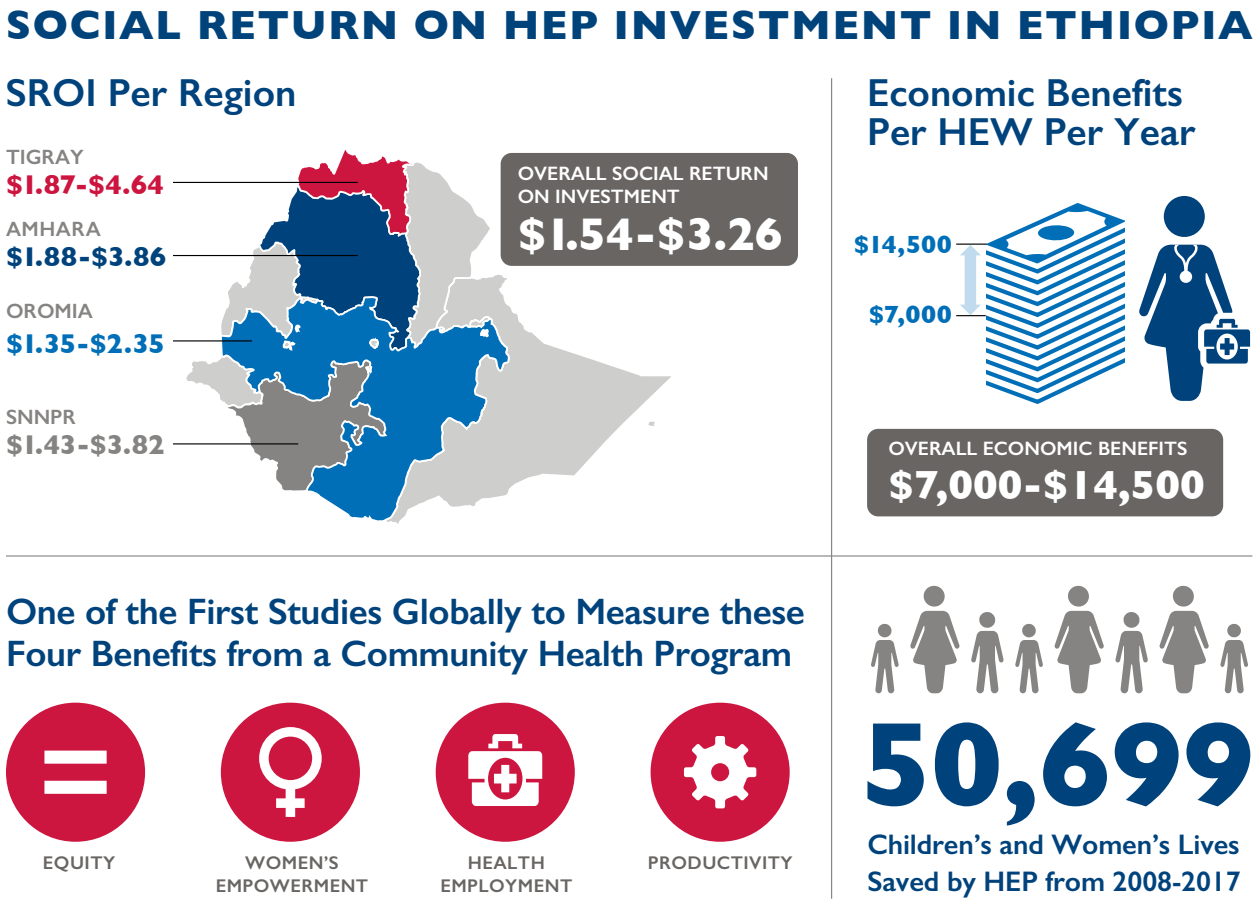
…the LLMA approach shows how engaging community leaders beyond those working in health has the potential to sensitize and mobilize acceptance and use of these services.

Ethiopia's community health extension program (HEP) was launched in 2004/2005 to improve access to health services, especially for those living in rural and medically underserved areas. The HEP selects community members, mostly women, to undergo training to become health extension workers (HEWs), who are then employed by the government to provide promotive, preventive, and selected curative services with special attention to women and children in rural areas. Through considerable investments, the HEP had grown to more than 42,000 HEWs deployed throughout the country by 2017, making it one of the world's largest community health programs.

Health workers and clients at a health clinic in Ombessa. Photo credit: Alain Ngann (2018)

The HRH2030 study focused on the regions of Tigray, Oromia, the Southern Nations, Nationalities, and People's Region (SNNPR), and Amhara, where the number of HEWs had grown from 1,289 at the program's start to 37,949 HEWs. HRH2030 developed six different interview tools to collect data to estimate the initial cost and implementation cost of the HEP. Personnel, recurrent, and capital costs were estimated for the initial investment in the HEP as well as over a 10-year span from 2008 to 2017. Twenty-three (23) clinical activities and six non-clinical activities including the prevention of mother-to-child transmission (PMTCT) of HIV were identified as part of the HEW package of services. The contribution for delivering these services was estimated for HEW as well as non-HEW service providers. Maternal, child, and newborn lives saved for the 23 clinical and six non-clinical services were estimated at the regional level for the period 2008 to 2017.

FIGURE 6c. Ethiopia's health extension program yields fourfold social returns



The study found that the HEP yielded a return of between $1.54 and $3.26 for every dollar invested, a return on investment that exceeded Ethiopia's investment in the program. The study also showed that across all categories of clinical and non-clinical services, a total of 50,699 maternal and child lives were saved by HEP between 2008 and 2017, including 2,500 lives saved by PMTCT services. These results indicate that the HEP, while producing substantial economic benefits in Ethiopia, is also having important impact on maternal and child health. More details can be found in *Figure 6c* on the left.

MALAWI LAY CADRE STANDARDIZATION

As Malawi nears HIV epidemic control, standardizing the roles and responsibilities for healthcare workers at the community and facility levels is a key step in maximizing the country's HIV efforts. Lay cadres—health workers who provide HIV/AIDS clinical support services and perform some of the same functions that professional healthcare workers do but who lack the same level of formal education and training as well as government registration—have contributed significantly to Malawi's epidemic control efforts. As of 2021, Malawi had 44 lay cadre titles, including community health workers, community health worker counselors, community mobilization assistants, expert clients, outreach workers, and peer mentors, to name just a few.

In June 2021, HRH2030 Malawi supported PEPFAR Malawi, the CDC, and USAID to lead a two-day workshop with PEPFAR's community-based and facility-based partners to start the lay cadre standardization process, which ultimately will ensure harmony among PEPFAR implementing partners, enhance efficiency of the PEPFAR program, and provide a pathway

Banana Dembele waiting her turn for prenatal care. Photo credit: Ibrahima Kamaté.

to formally transition the key lay cadres to the Government of Malawi's health system. The workshop which brought together 10 partner organizations and was attended by more than 21 participants, built on the HRH inventory analysis done in 2020 that examined the variation in lay cadres' roles and responsibilities, job titles, compensation, and requirements for recruitment and training. The key outcome of the meeting was consensus on standardizing the current 44 lay cadre job titles to seven titles; task force members also agreed on which cadres would need to be transitioned to government in the future and which will remain as project staff, based on their roles in HIV/AIDS services and epidemic control. The group also made progress on a draft HRH lay cadre standardization roadmap, which will guide the process toward the final implementation of the newly standardized cadres, expected to take place in 2022/23.

APPLYING THE WHO MONITORING AND ACCOUNTABILITY FRAMEWORK TO STRENGTHEN COMMUNITY HEALTH WORKER PROGRAMMING IN LIBERIA

In Liberia, community health assistants (CHAs) provide primary care to 70 percent of the country's rural populations who live further than five kilometers from health facilities. The country's National Community Health Assistant Program (NCHAP) leaders seek strategies to address last-mile supply chain gaps, irregular payment to CHAs, management and governance gaps, and concerns around the long-term sustainability of the program. In 2020 and 2021, looking ahead to the next five years of NCHAP, HRH2030—in partnership with Last Mile Health, the Liberian Ministry of Health, the World Health Organization (WHO) and other community health partners—applied the WHO Monitoring & Accountability (M&A) framework to help inform the future policy and strategic planning for the community health assistant workforce. The resulting **case study** provides short- and long-term recommendations for improving CHA management and data systems—including a CHA registry—to support a more effective, sustainable NCHAP. ■

A Midwife's Commitment to Her Community

Advancing quality health services and maternal care in rural Mali

AUGUST 1, 2019

A MOTHER, A MIDWIFE

It's 5 a.m. in Selingué, Mali, and Mama Diancoumba is beginning her day. Child care comes first. Her husband lives far away in another town where there's work, so she focuses on getting her three children, ranging in age from two to twelve, dressed, fed, and out the door to school.

But Mama's responsibilities extend far beyond taking care of her own family. As the midwife in charge of maternity services at the local health center, she is key to the welfare of hundreds of mothers and children in her community.

Mama Diancoumba speaking and explaining the benefits of prenatal visits to one of her patients. Photo credit: Ibrahima Kamaté.

Just 32 years old, Mama has been working at the Selingué Reference Health Center since 2013. In 2015, she became the midwife in charge of all maternity services, in recognition of her skills, her passion for the work, and her personal commitment to reducing maternal mortality.

With support from USAID's Human Resources for Health in 2030 (HRH2030) program, she has continued to grow professionally, and is now the quality improvement coach for the maternity service providers at the Selingué Health Center as well as 11 affiliated community health centers.

A FOCUS ON QUALITY CARE

Once at the health center, Mama convenes a meeting with the technical staff. She is always looking for ways to provide better patient care.

"To improve the quality of maternity services and client satisfaction, I set up regular meetings with my team," says Mama. "One of the gaps discussed during these meetings was the lack of systematic screening during prenatal consultations for preeclampsia and eclampsia. I proposed that we upgrade … routine screening of these conditions. The proposal was accepted and now the test is regularly available for all pregnant women."

Though she oversees the implementation of all services — including prenatal and post-natal consultations, childbirth, and family planning — Mama makes time to tend to all of her patients. Following the day's meeting, she visits all the women at the maternity center, to assess their health.

The patients look up to Mama, valuing her clinical expertise and her compassionate manner. Fatoumata Sidibe says, "I have known Mama for four years, and have had three successful deliveries with her. She knows how to do her job, she cares for a lot of clients, and speaks with them and reassures them."

Says Mama, "When you love your job and cultivate a good relationship with your clients, the care becomes very easy because the clients easily adhere to all the advice given."

COACHING HER TEAM FOR THE (HEALTHCARE) WIN

USAID has supported training to improve the quality of care and services of maternal, newborn and child health, family planning, and nutrition in Mali over the last several years. Mama has been able to apply her training in her day-to-day work to benefit not only her patients, but also her peers and colleagues.

"After my training, during the first performance evaluation conducted by the project, I scored 100 percent in my knowledge of delivery (childbirth) and 95 percent in prenatal consultation in accordance with Mali's service standards," says Mama. "With this high performance, I was appointed as quality improvement coach for the coaching and supervision of maternity service providers here and at eleven other community health centers."

Her peers value her supervision and her coaching. "It's fitting that Mama is in charge of the midwives, because she knows how to manage her staff, and is respectful and never angry with the staff or the patients," says midwife Fatoumata Tougouna Coulibaly, who is responsible for emergency neonatal obstetric care. "She is a leader. I always pray to be as good as she is."

Obstetric nurse Kanté Trena, who is also on Mama's team, echoes this praise, noting, "I appreciate Mama's commitment to the work."

Mama's coaching role has carried over outside the health center. On Monday and Friday afternoons, she teaches obstetrics and reproductive health classes at the local high school, Hypocrate School of Selingué. Here again, she focuses her students on quality care. "The quality of treatment is related to the quality of the provider," she adds. "This quality must be instilled in future health workers from the time of their theoretical training."

NEIGHBORHOOD CONFIDANTE

After work, Mama returns home to take over the housework and care for her children. However, her maternity expertise is still in demand.

"In my neighborhood, I am a counselor and the local women's confidante," says Mama. "My return from work is an opportunity for my neighbors to discuss the health issues that matter to them."

Neighbor Aichatou Tounkara, who has recently given birth to twins, relies on Mama. "For this pregnancy, I was very anxious, as it was very close to my previous pregnancy and especially then it turned out I was carrying twins. Mama is a confidante for me, due to her professionalism and discretion. I approached her to share my concerns. She gave me advice and supported me until I finally felt secure. She followed and supported me right until the delivery."

Rosalie Gomis, midwife in the health center's post-op unit. (2019)

Mother. Midwife. Coach. Confidante. Mama Diancoumba lives up to her many names, nurturing and making a difference in the health and welfare of her community.

Promoting Gender Equity and Women's Empowerment

7

Advancing knowledge of the critical juncture between gender and health workforce employment and leadership was a critical component of HRH2030 programming. Among the key achievements in this area:

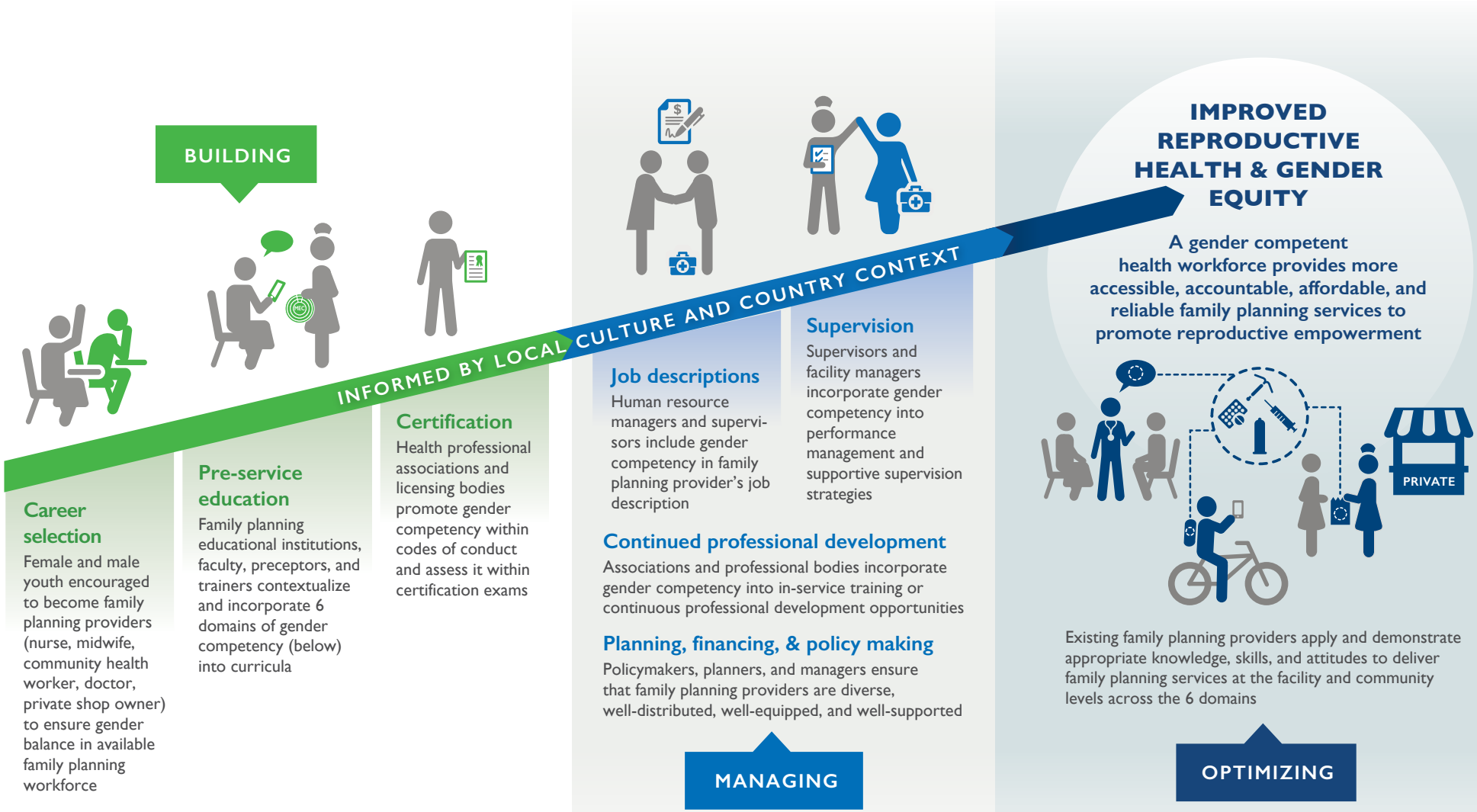
GENDER COMPETENCY IN FAMILY PLANNING

A first milestone in the program's gender work was reached when HRH2030 published, "**Defining and Advancing Gender-Competent Family Planning Service Providers: A Competency Framework and Technical Brief**." Geared to elevate health workers' understanding of gender and the power dynamics which can influence the provision of services—particularly in family planning, where access to care can often be affected, even unintentionally, by provider biases—the publication was widely shared in 2018 and 2019. Dissemination efforts included a presentation at the International Conference on Family Planning (ICFP); a feature as a resource in FP2020's pre-ICFP newsletter; inclusion on the Knowledge for Health (K4Health) website (K4Health was the flagship USAID knowledge management project that ran through 2019); and a spotlight during Population Reference Bureau's 16 Days of Activism Against Gender-Based Violence (2018).

Building on the initial release, HRH2030 field tested the gender competency framework with family planning service providers in Ethiopia and the Philippines, updated it based on this input,

Community members gathering at a health clinic in Ombessa. Photo credit: Alain Ngann (2018)

FIGURE 7a. Advancing Gender Competency for Family Planning Service Providers Using a Lifecycle Approach



SOURCE: HRH2030, 2019. Adapted from Sousa et al. 2013.

and in 2020, released the **2nd edition of the Gender Competency Framework for Family Planning Service Providers**. This edition also adapted the HRH2030 health worker lifecycle, to show where gender competencies can be inserted throughout the lifecycle *(see Figure 7a)*.

As an indication of the sustainability and replicability of this work, several adaptations of the gender competencies for family planning providers followed the release of the second edition. First, extending the basic concepts of gender competency beyond family planning services, HRH2030 Philippines developed a gender competency framework for tuberculosis (TB). The new framework establishes five domains of gender competency in TB service provision. Second, the gender competencies were incorporated into the Gender Responsive Checklist for Service Delivery Points by another USAID implementing partner, reinforcing the competencies by ensuring facility staff are responsive to gender issues and challenges. Third, USAID's Data for Impact (D4I) project embarked on developing a tool to assess the gender competency of FP service providers based on the HRH2030 framework.

Finally, building on the success of the gender competency framework, HRH2030 launched a new e-Learning course, **Gender Competency for Family Planning Providers**, in 2021. Incorporating the concepts and practices from the technical brief, the course was designed for health workers, policymakers, and program planners at ministries of health and their local partners, to reduce provider bias and facilitate the provision of gender-sensitive, transformative services to help improve gender equality and reproductive health outcomes. While the HRH2030 team originally conceptualized the training as an in-person course to be delivered by a skilled facilitator, the team pivoted at the onset of COVID-19 to embrace an online design. The training course includes seven modules covering all the main concepts, complemented by interactive exercises and evaluations to measure learning.

Health clinic staffer Anggi (right) use the upgraded HRIS system to help Dr. Astrid (left) maintain the licensure requirements. Des Syafrizal for USAID.

GENDER INTEGRATION INTO HRH THOUGHT LEADERSHIP

HRH2030 further promoted gender equity and women's empowerment through ongoing collaboration with the WHO Gender Equity Hub, a sub-group of the Global Health Workforce Network (GHWN), and with the Women in Global Health movement to promote gender integration in HRH thought leadership. Most notably, HRH2030 contributed to the **publication** "Delivered by Women, Led by Men:

A Gender and Equity Analysis of the Global Health and Social Workforce," which was launched at the UN Commission on the Status of Women in 2018. The report is the first to look at issues of leadership; decent work free from all forms of discrimination and harassment; gender pay gap; and occupational segregation. That same year, HRH2030 collaborated with the Gender Equity Hub and Women in Global Health during the Fifth Global Symposium on Health Systems Research, to host a side session, "Deconstructing Gender Bias in the Health Workforce: why few women attain leadership positions," exploring barriers and enablers to women's career progression, methodological challenges to conducting research on women's leadership, and future research needs and questions. More recently, HRH2030 participated in the launch event of the Gender Equity Hub-Women in Global Health policy action paper, Closing the Leadership Gap: Gender Equity and Leadership in the Global Health and Care Workforce, in 2021, sharing results from our work in Jordan, Senegal, and Madagascar.

Health worker at the Balqa Health Directorate (2018)

WOMEN IN HEALTH LEADERSHIP

Women, who make up 70 percent of the global health workforce and are on the frontlines of service delivery, are underrepresented in health leadership. While barriers to female leadership have been widely documented, significant knowledge gaps remain on what works to remedy the gender imbalance at the leadership level. HRH2030 added to the evidence base on what works in creating gender parity in leadership, publishing studies in three countries: **Evidence-based Interventions to Promote Women in Health Management** (in Jordan); **Rise of Women in Leadership in Senegal's Health and Social Action Sector**; and **Trends of Women in Leadership in Madagascar's Health and Social Service Sectors**. This research showed that implementing parity policies and gender strategies can help move the needle on women progressing into leadership positions (Senegal); however, many policies are strongly driven by donor funding (as noted in Madagascar), or by having females in elected leadership positions (Senegal), which means that gains can be fragile when funding and leaders change. Women interviewed in all three countries underscored the need for continuous training to enhance their skills and legitimize their leadership roles. In Jordan, where women make up 50 percent the health workforce, the findings of the HRH2030 research led to the creation of the Women Leaders in Health Forum, a group that developed a strategy to promote women's leadership in health. ■

Women, who make up 70 percent of the global health workforce and are on the frontlines of service delivery, are underrepresented in health leadership.

8 Positioning Youth as the Future of the Health Workforce

Patients receive medical care at Canossa Health and Social Center, a health facility in the Philippines that treats patients with tuberculosis. Photo credit: Alan Blue Motus, HRH2030/Chemonics (2020)

Comparing the global estimate of 63 million unemployed youth to the health workforce shortage of 18 million professionals, reveals a "win-win" opportunity: With specialized training, well-skilled youth are a potential solution to fill the health workforce shortage.

Technical and vocational education and training institutions (TVETs) offer certification in paraprofessional health cadres as alternatives to four-year institutions, and confer specific, marketable skills, often in shorter periods and at lower costs.

HRH2030 developed the "Youth Employment in Health Framework" to illustrate a vision for optimal partnerships in engaging young people in health workforce careers *(see Figure 8a on the next page)*. The framework includes recommendations as to how TVETs can collaborate with local employers to develop the skills that youth need to be fully prepared to enter the health workforce; how to engage young people to contribute to their own professional development; and ways to support youth on their professional paths and promote continual learning.

The framework was applied in Indonesia, where 1.7 million youth enter the workforce each year and youth unemployment is high, even while the health sector continues to grow. HRH2030 solicited input from educators, employers, and youth to identify specific opportunities within the Indonesian context. Among the findings: both educators and employers emphasized the need for more accurate data from across the labor market; youth described an informal recruitment approach by employers that means limited job vacancies when they are searching for jobs; and successful models do exist that can be replicated for internships and on-the-job training.

HRH2030 published two technical briefs, one looking at the global case for TVETs, **Technical and Vocational Education and Training (TVET) Institutions: Best Practices and Opportunities to Increase Youth Employment and Health**, and a case study: **Opportunities for Increasing Youth Employment in Health in Indonesia**.

HELPING ADOLESCENTS FULFILL THEIR REPRODUCTIVE AND LIFE GOALS

To take advantage of the "win-win" opportunity of addressing the global health worker shortage through jobs in the health sector for the millions of unemployed youth, it's critical that the 1.2 billion adolescents (10-19 years of age) in the world—the vast majority of whom live in sub-Saharan Africa and South Asia—are able to meet their reproductive and life goals. Many countries in these regions have been anticipating the economic benefits associated with these young populations, known as the demographic dividend. However, these countries have yet to achieve most economic benefits, in part due to high fertility rates among adolescents. Unfortunately, family planning (FP) services in many of these countries do not meet adolescents' needs. Much of this is due to inadequate provider pre- and in-service training, lack of supportive supervision, social norms, and individual provider bias, as well

FIGURE 8a: Youth Employment in Health Framework

OPTIMAL PARTNERSHIPS AND OPPORTUNITIES FOR POSITIVE YOUTH DEVELOPMENT AND HEALTH FOR ALL

High school | **Training in health** | **Pool of qualified health workers** | **Employed** | **Healthcare sector** | **Available, accessible, and acceptable health workforce that delivers quality services**

HEALTH FOR ALL

CONTRIBUTION: Youth engagement and vocation for a career in health

ENABLING ENVIRONMENT: Support, value, and recognition, physical and psychological safety; inclusivity; opportunities for community/prosocial engagement

POSITIVE YOUTH DEVELOPMENT

ASSETS & AGENCY: Potential and demonstrated interpersonal & STEMM (Science, Technology, Engineering, Math, and Medicine) skills; formal education and training; perseverance and goal-setting; positive identity & self efficacy

ASSETS & AGENCY: Refined interpersonal & STEMM skills; continued professional development and career opportunity; positive identity & self efficacy

EDUCATION SECTOR

Best Practices to Build a Youth Health Workforce

- Recruit high-potential students committed to their communities
- Provide opportunities for professional preparedness
- Further develop interpersonal & STEMM skills
- Invest in faculty skills and as mentors
- Engage employers to develop relevant, practical curricula

EMPLOYMENT IN HEALTH

Best Practices for Optimizing and Sustaining the Health Workforce

- Focus on "private-for-public-purpose" sector jobs
- Establish career development paths in emerging areas
- Provide mentoring and continued professional development
- Promote decent work and cadre professionalization

Adapted from Sousa et al. 2013 and Hinson et al. 2016.

as issues with contraceptive commodity supply and cost of commodities, particularly in the private sector. Power dynamics between providers and adolescents due to differences in age, status, caste, class, religion, tribe, and social determinants of health also play a role in hindering adolescents' access to accurate information and voluntary choice from a wide range of contraceptive options.

To address this, HRH2030 developed a framework to provide guidance for FP service providers to enhance their adolescent competencies and ensure that contraceptive services meet the needs of this demographic. Structured by the six domains shown in the shortened version of the tool in *Figure 8b*, the **Adolescent Competencies for Family Planning Service Providers Technical Brief** promotes respectful care and incorporates a wider perspective on provider approaches and improved health systems for adolescent-responsive sexual and reproductive health and rights (ASRHR). We have drawn upon the recent expansion of inclusive approaches and emerging issues such as engaging boys and men, recognizing and responding to adolescent violence, and addressing mental health and wellbeing, which has become urgent during the COVID-19 pandemic. Our intention was to develop a concise job aid to make it easier for providers to positively interact with adolescents and respond to their needs. As many of the domains and competencies are also relevant beyond the adolescent years, FP service providers should consider applying the competencies with older youth, 20-29 years. We hope these resources will equip providers to respond to adolescents' specific needs with confidence and empathy, and increase adolescent engagement, empowerment, and utilization of ASRHR services. ■

Figure 8b. Adolescent Competencies for Family Planning Service Providers (short version)

1. Building Trust for Effective Communication

- Creates a safe space, asks questions, listens, has empathy, no judgment or bias.
- Asks about life goals: education/employment & SRH goals: delay marriage/childbearing.
- Accepts **all** adolescents equally (age, status, physical abilities, ethnicity, LGBTQI, etc.)
- Recognizes one's influence and doesn't interfere with informed and voluntary choices.

2. Fostering Early ASRHR Empowerment According to Age & Stage

- Prepares girls for menses/bleeding i.e., keep clean, cope w/symptoms, when to seek care.
- Prepares boys for ejaculations/wet dreams/erections by assuring that it is normal.
- Explains to **all** how periods relate to fertility, how to have safe sex, & **all** contraceptives.
- Discusses how delay of sex prevents pregnancy/STIs/HIV and links to achieving life goals.

3. Applying Comprehensive Contraceptive Knowledge

- Encourages dual protection & informs on the risks of having sex with multiple partners.
- Describes side effects i.e., menstrual management, when to get help, method options.
- Asks about & corrects myths related to ASRHR truthfully, not making them feel foolish.
- Describes emergency contraception to all and provides it to those who want it.

4. Engaging Adolescent Boys in ASRHR

- Describes benefits and proper use of condoms and provides them to boys.
- Explores beliefs/behaviors on masculinity & helps recognize and correct harmful beliefs.
- Encourages couple communication, while preserving a girl's right to make her choice.
- Helps boys to understand, respect, and promote girls' and women's ASRHR.

5. Responding to Gender-Based Violence Among Adolescents

- Ensures adolescents know where to find resources and support for abuse/violence.
- Asks routinely about intimate relationships & looks for signs of fear or anxiety.
- Recognizes injuries consistent with abuse: multiple, frequent, patterned injuries.
- Learns/applies strict confidentiality & local/national safety protocols for survivors.

6. Supporting Adolescent Mental Health and Wellbeing

- Observes behavior for signs of apathy, depression, worry, or emotional distress.
- Demonstrates support by listening carefully and with empathy to adolescents.
- Looks for hopelessness, depression, lack of interest in activities previously enjoyed.
- Refers adolescents to local psychosocial services and/or support as needed.

Adapting to Program Challenges

The overarching challenge HRH2030 faced in the life of the program came in Year 5, with the onset of the global COVID-19 pandemic in March 2020. The pandemic impacted HRH2030 teams in headquarters and around the world.

To manage this crisis, HRH2030 kept abreast of COVID-19 disease burdens as well as local government protocols and recommendations, and adjusted activity implementation accordingly. In all of our field-based offices, declarations of a state of emergency were followed by restrictions on in-person convenings and, in some places, travel. Many countries outside the US, were not practiced in instituting a remote work environment, and HRH2030 home office staff provided targeted training and support to first equip staff with the skills and resources they needed, and then, work to persuade ministerial and directorate partners that work could go on over virtual platforms. HRH2030 trained government counterparts how to use virtual platforms to host meetings and work planning sessions. As the pandemic continued, virtual meetings, workshops, conferences, and trainings became the 'new normal.' HRH2030 designed and facilitated virtual events that met their original objectives. For example, the semi-annual CBM all-advisors meetings in 2020 and 2021 were transformed from multi-day, in

person events, to virtual gatherings that took place over consecutive days in shorter sessions. For another example, the Third Global Flagship Convening on CHWs held in December 2020 achieved its objective of gathering robust feedback and input on the latest USAID programming, with all attendees participating across a virtual platform. HRH2030 also successfully closed one of its largest field support activities – Mali – in late 2020, despite the challenge of restricted travel. Typically, a field office of the size and aggressive closeout timeline such as Mali would rely on short term technical assistance from the home office. Because travel was not an option, the team enhanced its distance management and supervision, relying on detailed trackers to share information and daily check-in calls between the home and field offices. This process was repeated for closings of two other major field support activities, Senegal and Indonesia.

Other activities had to be taken in a different direction, or delayed, because of the pandemic. The training package designed to complement the Gender Competencies for Family Planning Service Providers Framework was originally conceptualized as an in-person training. When it became clear that all in-person trainings were postponed indefinitely, HRH2030 changed gears to focus on developing a free, online training based on the gender competencies framework. The silver lining in this pivot: the training now has the potential to reach thousands of learners who otherwise might not have had the resources or opportunity to attend.

Similarly, the Asia Pacific Action Alliance on Human Resources for Health (AAAH) bi-annual convening, originally scheduled for the fall of 2020, was transitioned to a series of webinars that took place over the same time period. HRH2030 participated in the first webinar of the series, moderating an expert panel and recapping the learning in a **blog**. Later, HRH2030 promoted the final event in another blog, **The AAAH Plenary Series: Addressing Health Care Workers' Challenges in Response to COVID-19**.

Apart from COVID, HRH2030 faced challenges in the implementation of the enhanced supervision activity. As mentioned previously, HRH2030 completed a global landscape analysis that identified and categorized approaches known to enhance the effectiveness of health worker supervision. In Year 4, HRH2030 began conducting quasi-experimental and experimental research in Mali and the Philippines to assess specific supervision enhancements (i.e., digital supervision support and distance supervision approaches) and initiated research protocol development. The team encountered continual challenges in Mali, including implementation delays due to COVID-19 restrictions, insecurity in certain districts within the study's geographic zones, and unforeseen data gaps. After rounds of troubleshooting discussions and identifying stopgap measures, HRH2030 and USAID concluded that any solution to overcome these challenges would be outside the time and resources available. To wrap up this activity, HRH2030 developed a "lessons learned" document, shared with USAID Mali and USAID Washington, to inform future supervision research, design, and implementation challenges. ■

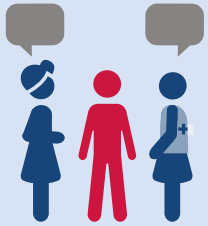
HRH2030 Mali team during a supervision pilot (2019)

Conclusion and Way Forward

With the anticipated world shortage of 18 million health workers by 2030, further exacerbated by the ongoing effects of the COVID-19 pandemic, it is critical to ensure that countries have a well-trained and well-equipped health workforce to improve health outcomes. Over the past six years, HRH2030 has worked with partners to help more than 30 low- and middle-income countries support workforce development and assist governments in developing a sustainable approach to continued investments in health workers.

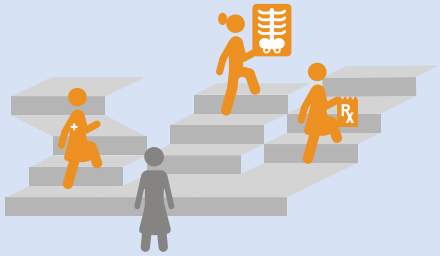
Having just completed the **Year of Health and Care Workers**, the lessons emerging from COVID-19 are continuing to shape thoughts on the future investments needed for a better protected, supported, and prepared health workforce. Our team at HRH2030 believes that some of the most critical areas that present the biggest opportunities include prioritizing health worker mental health and wellbeing; integrating community health into the overall health system; ensuring pathways to health workforce careers for women and youth; driving health workforce decisions with data and harnessing the power of the private sector and digital innovations – all areas that will also help build a resilient health workforce.

All of these investment areas reflect a whole-of-society approach to optimizing the health workforce and achieving greater health systems resiliency. Let us work together to turn words into actions and invest in the future of the health workforce.



Prioritize health worker mental health and wellness

Integrate community health into the overall health system



Ensure pathways to health workforce careers for women and youth

Drive health workforce decisions with data

Harness the power of the private sector

Digital innovations

Photo Captions

Cover — ***Top (left):*** *Anita is examined by Dr. Dewi at the Puskesmas Tanjung Priok in Jakarta, Indonesia. (2018);* ***(middle):*** *A family poses for a photo in Ticunas, Amazonas Department, Colombia. Photo credit: ICBF (2019);* ***(right):*** *Women and their children at a health clinic in Ombessa. Photo credit: Alain Ngann (2018).* ***Bottom****: Health worker with a patient at the Balqa Health Directorate (2018)*

p. 3 — *Health worker at the Balqa Health Directorate. Photo credit: Mohammad Maghaydah (2018)*

p. 4 — *Health worker provides injectable contraception.*

p. 11 — *A nurse cares for a patient at a health facility in Tawi Tawi, the southernmost province in the Philippines. Photo credit: Alan Blue Motus, HRH2030/Chemonics (2019)*

p. 19 — *Eka Febrianto, an officer in Indonesia's Human Resources for Health Directorate's Data and Information Unit attending a training on business intelligence (2020)*

p. 24 — *Nurses Jacqueline Nkomba (left) and Edda Shanice pose together at the Nkhoma Hospital in Malawi. Photo credit: HRH2030/Chemonics (2019)*

p. 28 — *Dr. Camara in his office at the Kadiolo Referral Health Center. Photo credit: Ibrahima Kamaté.*

p. 33 — *HRH Training in Lagos (2016)*

p. 42 — *Women in Kolosso pour rubbish in the compost pit during Public Health Day in the village. Photo credit: Ibrahima Kamaté.*

p. 50 — *Community leader Elisabeth Tchoulegoum in Bafia, Cameroon. Photo credit: Alain Ngann (2018)*

p. 55 — *Nurse Jacqueline Nkomba working at the Nkhoma Hospital in Malawi. Photo credit: HRH2030/Chemonics (2019)*

p. 59 — *Pharmacist Nthabiseng Hlongwane wearing a mask at Lesotho Defence Force Clinic (2021)*

p. 63 — ***Left:*** *Brenda Stafford and Anitta Kamara discussing the malaria case data tracking form with a pharmacist in Freetown, Sierra Leone. Photo credit: Mohmaed Tucker for ZOOM Creative Media.* ***Right:*** *One Health simulation exercise conducted at the Kenya-Tanzania border. (2019)*

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