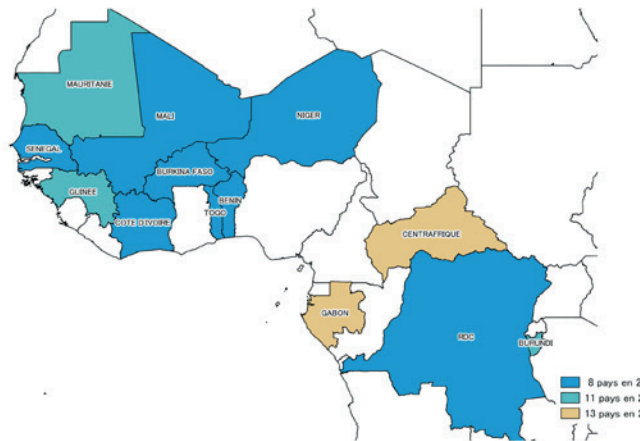**NETWORK « VISION TOKYO 2010 »**

FOR Human Resources for Health

Development in Africa

SUMMARY OF THE SITUATION ANALYSIS OF HUMAN RESOURCES FOR HEALTH OF MEMBER COUNTRIES OF THE NETWORK VISION TOKYO 2010

Pays membres de Réseau Vision Tokyo (RVT) 2010

- 8 pays en 2
- 11 pays en
- 13 pays en

AUGUST 2017

Summary

List of tables

Introduction

Human resources development for health is an indispensable condition for the improvement of Health systems. Thus, it is a national and international concern.

The health workforce crisis in Africa remains a reality in many countries. This crisis is, for the most part, linked to the poor distribution of health personnel, the existence of often outdated programs, low training and limited opportunities for career development, particularly in rural areas.

In addition, the demographic dynamics of Africa are generating additional needs in HRH, fundamental elements to improve the supply and quality of health care for the population.

Furthermore, West Africa population dynamic creates additional needs in human resources for health, basic elements for improving the supply and quantity of health care services to populations.

However, the Human Resources for Health management system (HRH) in the sub region is facing certain blocking factors with the consequences of a deficit, poorly motivated, poorly distributed and ageing staff, which impacts negatively on their performance.

Thanks to the Japan International Cooperation Agency (JICA) and the National Center for Global Health and Medicine (NCGM), 16 participants from 8 Francophone African Countries were trained in Japan in 2010 on the topic of Human Resources management.

The participants decided to create the network called "Tokyo Vision Network 2010" to share their experiences and visions to develop a common HRH approach and strategy. Currently we have thirteen (13) Francophone African Countries.

Thus, in light of these considerations, the Tokyo Vision Network 2010 (RVT), which priority is to act as a bridge between the different countries in order to document and share good practices for the development of the human resources for health (HRH), has decided to make the HHR situation across the network space to better understand the constraints and therefore acting in this field.

The document includes four major parts:

In the first part, generalities on the network space are presented with elements relating to the historical, geographical, political, demographic and economic context as well as the affiliation of the different countries were described.

The second part deals with the issue of the Organisation of the health system and governance of HRH. It informs that the health systems of the network's member countries have a coherent and relevant organizational structure with the existence of management structures at all levels, including at the community level. They are organized into a pyramid at three levels: the central or national level, the intermediate or regional level and finally the peripheral or operational level.

The third part deals with the situation of the HRH network member countries.

Finally, the fourth part deals with the analysis of training, recruitment, deployment and retention.

I-   **GENERAL PROFILE**

Table 1: General Information of RVT 2010 member states

Country (year of membership)	Population[1] 10,000	Area[1] (km²)	Population Growth[1]	Density[1] (/km²)	GDP/capita[2] (2016)	Part of the health sector in the state budget[3] (2014)
Benin (2012)	1,087	114,760	2,8	96.4	789.4	9.6
Burkina Faso (2012)	1,865	274,220	2,9	68.2	649.7	11.2
Burundi (2014)	1,052	27,830	3,1	409.8	285.7	13.2
Central Africa (2016)	459	622,980	1,1	7.4	382.2	14.2
Cote d'Ivoire (2012)	2,370	322,460	2,5	74.5	1526.2	7.3
Gabon (2016)	198	267,670	2,5	7.7	7179.3	7.4
Guinée (2014)	1,240	245,860	2,5	50.4	508.1	9.0
Mali (2012)	1,799	1,240,190	3	14.7	780.5	7.0
Mauritania (2014)	430	1,030,700	2.8	4.2	1077.6	6.0
Niger (2012)	2,067	1,267,000	3.8	16.3	363.2	5.6

Country (year of membership)	Population[1] 10,000	Area[1] (km²)	Population Growth[1]	Density[1] (/km²)	GDP/capita[2] (2016)	Part of the health sector in the state budget[3] (2014)
RDC (2012)	7,874	2,344,860	3.3	34,7	444.5	11.1
Sénégal (2012)	1,541	1,967,110	2.9	80	958.1	8.0
Togo (2012)	761	56,790	2.5	139.8	578.5	7.8
Total	22,565	9,782,430				

1)http://databank.worldbank.org/data/reports.aspx?source=2&country=BEN,GAB, BFA,CIV,GIN,MLI,MRT,NER,SEN,TGO,CAF,COD,BDI
2) https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?name_desc=false
3) World Health Statistics 2017 (WHO)

In the current situation, in August 2017, the West African Francophone area covered by the RVT 2010 covers a large continuous territory in the West, along Senegal Atlantic Ocean and in the East, in the Sahelian zone, Mauritania, Niger, through Mali and Burkina Faso. In the South, we have the coastal zone countries of the Gulf of Guinea that are Côte d'Ivoire, Togo, Gabon and Benin. To that block must be added Democratic Republic of Congo (DRC), large continental country of Central Africa with an area of more than 2,300,000 km², with a small opening of 30 to 40 km on the Atlantic Ocean to the south estuary of Congo River and Central African Republic. It includes also Burundi which is part of East Africa and this highlights the diversity within the space.

The space of the network is an integration zone of the Economic Community of West African States (ECOWAS) which health component is monitored by the West African Health Organisations (WAHO) stationed in Bobo Dioulasso in Burkina Faso. The presence of DRC and Central Africa offers a good prospect of openness to new spaces, of which that of Central African Economic and Monetary Community (CEMAC). However, the reference in terms of health for CEMAC is *Organisation for the Coordination of the Struggle against Endemics in Central Africa* (OCEAC) whose headquarters is in Yaounde, Cameroon. All these countries are signatories of the Declaration of Paris and endorsed Millennium Development Goals (MDGs) which after evaluation are aligned to Sustainable Development Goals (SDGs).

II- ORGANISATION OF THE HEALTH SYSTEM AND GOVERNANCE OF HRH

The examination of the different systems organising the health in the network reveals nearly similarity translated by a health pyramid at three levels. The table below describes the various levels and the related content.

Table 2: Organisation of health systems in the network

COUNTRY	National / central level	Intermediate / regional level	Peripheral / operational level
Benin	Cabinet of the Minister, Central and Technical Directions, University Teaching Hospitals	12 Departmental Health Directions (DDS), Departmental Hospitals	Health Zones, Hospitals for Health zone, Health Centres
Burkina Faso	Central Directorates and related organs, University Teaching Hospitals	13 regional health directorates, Regional Hospitals Centres	70 health districts, Districts Hospitals, Medical centres with chirurgical services, Health and Social Promotions Centres Medical Centres
Burundi	Cabinet of the Minister, Permanent Secretariat, 4 General Directorates , 3 Personalised institutions, 12 Directions, 10 health programs and attached services. 4 National hospitals	18 health province offices, 3 Regionals Hospitals	46 health districts, 40 District hospitals, 10 other hospitals, 699 health centres of which 564 public and 135 accredited
Central Africa	Cabinet of the Minister 3 General Directorates 36 Central Services, Health program and attached structures, 9 Central Hospitals, 8 Digastric Centres	7 Regional Health Directions 5 Regional Hospital	35 Health Districts, 27 District hospitals, Health Centres, Health Posts
Côte d'Ivoire	Cabinet of the Minister, Directorates , Central Services, Health programs,	20 Regional Health Directions 68 Regional Hospitals	83 Departmental Health Directorates, 1967 health Establishments for first

COUNTRY	National / central level	Intermediate / regional level	Peripheral / operational level
	4 University Teaching Hospital	17 Regional Centres, 2 Specialised Centres	contact
Gabon	Central directorates including health programs, institutes and organs for cares and reference diagnostic (4 University Hospital Centres recently established).	10 regional health directorates, 9 regional hospitals or regional hospitals, epidemiology stations established in chief towns of the region	34 medical centres or 47 departmental hospitals, district or urban health centres, 413 dispensaries, 157 health huts.
Guinea	NA	NA	NA
Mali	Cabinet of the Minister, General Secretariat, Directorates, Central Services, 5 Public Hospitals	11 regional health directorates, 7 Public Hospitals 64 Reference Health Centres	1357 Community health Centres(CSCom) of which 406 CS medicalised
Mauritania	NA	NA	NA
Niger	Cabinet of the Minister, Secretariat General, 3 General Directorates, 15 National Directorates and 12 Projects and programs	8 Public Health Regional Directorates, 6 Regional Hospital Centres, 7 Mother and Child Centres	72 health districts, District Hospitals, Integrated Health Centres, health huts
DRC	Cabinet of the Minister of Health, the Secretariat general, Directorates, specialised Programs,	26 Health medical inspections, 26 Health province divisions and province Coordination units of specialised Programs;	516 Health zones, General Hospitals, Health Centres
Senegal	Cabinet of the Minister of Health, the Secretariat general, Directorates,	14 Medical Regions, 35 Hospitals	75 health districts 98 Health Centres, 1257 Health Posts

COUNTRY	National / central level	Intermediate / regional level	Peripheral / operational level
Togo	Cabinet of the Minister of health and social protection, Secretariat general, Central directorates, University Teaching Hospitals	6 Regional Health Directorates,

6 Regional Hospitals | 40 Health districts; district reference hospitals, Peripheral health care Units |

The achievement of HRH strategic plans requires, not only a rational mobilization of HR but also and mainly good governance centred on following priority lines:
-An information system
-A management system
-An observatory on HRH

In addition, there is a Human Resources Department in the Ministries of Health, in the majority of countries. Also, all directions are subdivided into sub-directions depending on the country.

Out of the eleven countries surveyed, six (6) have human resources strategic plans (Burkina Faso, Burundi, Niger, Senegal, DRC, and Togo); four (4) countries are drafting it (Central Africa, Cote d'Ivoire, Gabon, and Mali). During the process of developing strategic plan at country level, exchanging ideas and information was conducted in the Network meetings and facilitate the country planning process.

As for HRH management tools, all countries have it except Central Africa and this is due to budget constraint and to the political crisis experienced by the country. Some tools (Job description template and a guide for health personnel mobility) are drafted during the Network meetings, shared among member countries and finalized in each country after adjusting to the country context.

Table 3 : HRH Governance

COUNTRY	HRH COORDINATING ORGANIZATIONS	TOOLS FOR HRH GOVERNANCE
Benin	- Traditional framework of the Ministry's executive committee - Observatory of HRH - Sectoral Council for Social Dialogue; National Commission for the Transfer of Health	- Manual for HR management procedure - Job description template for health personnel - Nomenclature of professions, geographic zones,

COUNTRY	HRH COORDINATING ORGANIZATIONS	TOOLS FOR HRH GOVERNANCE
	personnel;	- Operational guidebook for career management, - Compendium of texts for HR management, - HR information management software
Burkina Faso	Monitoring committee; A steering committee of the PNDES(National Plan for Economic and Social Development)	- Priority of the SIGASPE (Integrated System for Administrative and Salary Management of the State Personnel) - LoGRH (software for the management of the personnel), specific to the MoH - GA-DRHMS, files on the personnel and archives
Burundi	National Observatory of HRH of Burundi (ONRHSB)	- Description of positions and qualifications of the personnel - HR development policy; - Plan for the assignment of the personnel; - National Strategy for the training of health personnel - Operational plan for the training of health personnel - Strategy for the decentralisation of HR management - Template for monitoring health personnel mobility - Mapping of HRH (2016)
Central Africa	National Observatory of HRH (non-operational)	Directory of jobs (on-going) GIRAFE Software (Integrated management of Resources of public employees et agents) iRHIS and WISN((on-going)
Côte d'Ivoire	- Internal consultation framework within Ministry of Health and Public Hygiene(MSHP) - Union of professionals and health associations;	The directory of jobs and reference books of competences

COUNTRY	HRH COORDINATING ORGANIZATIONS	TOOLS FOR HRH GOVERNANCE
	- Platform for discussion MSHP - Unions of professionals and Prime Minister - Framework for discussion of the MSHP and Donors (PTF)	
Gabon	Central Human Resource Directorate (DCRH)	HRM procedure manual, job description template
Guinea	NA	NA
Mali	Health and Social Development Program(PRODESS) Monitoring committee, Thematic Group, the thematic department	Guidebook for the management of financing health personnel mobility
Mauritania	NA	NA
Niger	- Human resource Directorate (DRH) - National Observatory of HRH (ONRHS)	The software package for HRM, "la Navette", job descriptions, quality reference, iHRIS software package
DRC	- National Steering Committee of the Health Sector (CNP-SS) - Technical Coordination Committee (CCT) - HRH Commission and Work groups in province	Procedure manual nomenclature of professions nomenclature of jobs directories of HRH
Senegal	None	- Job descriptions - the manual of processes and procedures of the HRD - Guidebook for the management of mobility; - Directory of health professions; - Social dashboards - Regional plans for upgrading training - Guidebook for social intervention in health milieu - Yearly statistical book of HRH

COUNTRY	HRH COORDINATING ORGANIZATIONS	TOOLS FOR HRH GOVERNANCE
Togo	Observatory of HRH with a technical committee that meets twice a year	- Procedure manual and management tools of HRH - Document on human resources management standards - Job description template - Package software for the management of HRH (iHRIS)

III- CONDITION OF HUMAN RESOURCES FOR HEALTH IN MEMBER COUNTRIES OF THE NETWORK

Table 4 : Number of health personnel under MoH from 2012 to 2016

COUNTRY	2012	2013	2014	2015	2016
Benin	13,095	13,064	13,362	14,587	14,532
Burkina Faso	ND	ND	23,834	25,625	26,712
Burundi	17,116	17,857	18,328	18,165	18,334
Central Africa	2,522	2,410	2,284	2,271	2,068
Côte d'Ivoire	19,993	19,993	23,999	26,871	31,827
Gabon	8,200	8,900	8,900	9,100	9,376
Guinea	NA	NA	NA	NA	NA
Mali	14,656	15,204	15,636	15,867	16,325
Mauritania	5,294	3,966	4,662	5,022	5,294
Niger	8,910	8,910	8,910	9,640	9,640
DRC	108,432	127,716	ND	147,129	147,129
Senegal	6,630	9,035	12,120	13,044	14,253
Togo	9,982	9,667	10,391	10,249	10,188

Table 5: Recruitment made over the last five years

COUNTRY	2012	2013	2014	2015	2016
Benin	NA	NA	1154	NA	NA
Burkina Faso	NA	2,938	2,948	2,887	NA
Burundi	570	385	436	329	0
Central Africa	0	78	0	0	0

COUNTRY	2012	2013	2014	2015	2016
Côte d'Ivoire	3,722	ND	4,006	2,808	2,940
Gabon	15	750	15	250	30
Guinea	NA	NA	NA	NA	NA
Mali	436	411	432	243	231
Mauritania	NA	NA	NA	NA	NA
Niger	1,728	676	0	0	730
DRC	11,568	7,716	0	19,413	0
Senegal	439	473	1,000	0	950
Togo	0	1,107	0	0	1,049

This table informs us on the condition of health personnel in the Network. Comparing the previous country profiles by the network in 2013, more member countries reported the trend in the number of HRH over the recent years. This is a result by the improved HRH data base system put in place through network activities.

Thus, from 2012 to 2016 we note a fractuation of the number of personnel recruited. If we refer to Cote d'Ivoire, from 2012 to 2014, there is an increase of 284 persons, that is 3,722 recruited in 2012 and 4,006 recruited in 2013 and 2015 to 2016 the number of personnel has completely shifted with a decrease of the number of personnel, that is 2,808 recruited in 2015 and 2,940 recruited in 2016.

For example, in case of DRC, we note an important number of recruitment over the last five years with 19,413 health workers recruited in 2016.

In Central Africa, recruitment is quite non-existent and this is due to budget constraints and to political instability experienced by the country over the last years.

IV-   **ANALYSIS OF THE SITUATION OF HUMAN RESOURCES FOR HEALTH**

Under the establishment of harmonised curricula, most countries validated and adopted the "Licence – Master – Doctor (LMD)" system; in some countries like Burkina and Central Africa, the establishment of "LMD" is made gradually, through the revision of training programs of the National Public Health School. It is at the Red Cross Paramedical Training University institute in Central Africa that the "LMD" system is applied.

PROBLEMS RELATED TO HRH management:
Followings are common problems across the network member countries.

✦ TRAINING

Production of HRH
- Absence/Non-compliance of accreditation standards of schools and training sites
- Shortage of sites and management of clinical training
- Insufficiency of financial, material, logistic, human and infrastructure resources
- Needs competency-based training curricula
- Lack of qualified teachers (especially in paramedical sections)
- Needs monitoring and support to schools and institutes for students training
- Needs framework for formal discussion between related ministries
- Insufficiency of the production compared to the needs (especially specialists)

Continuous training
- Lack of Policy on continuous training
- Poor management of upgrading training
- Needs institutional supervision of the training
- Lack of identification and planning of real training needs, that is resulted to an imbalance between the development of staff competences and needs of services.
- Weakness of management process related to the lack of national policy for the health personnel upgrading training

✦ RECRUITMENT

- Licencing mechanism for health professionals is not established
- Lack of legal framework establishing a national competition for the recruitment of some health profiles
- Needs future projection of human resources, to reduce unpredictability, irregularity or non-compliance of health workers
- Needs job description for some levels of the health pyramid
- Delay/limited availability of resources
- Insufficient positions at public sector for newly graduated HRH
- Needs coordination among Ministries or NGOs

- Non-respect of texts ruling the recruitment and assignment of the health personnel at all levels;
- Delay in the planning, in assigning the recruited personnel, in replacing the withdrawn personnel (due to deaths/retirement)

Others

- Feminization of the health personnel
- Difficulties related to political interferences, social and cultural constraints
- Political and socio-cultural interferences;

✚ DEPLOYMENT/ DISTRIBUTION

- Unequal distribution of the personnel on the whole territory or category, needs developing health workforce database in order to solve it.
- Difficulty in assigning adequate qualified health personnel to each position
- Needs more supervision activities for deployment of staff.
- Needs documents on ruling the deployment or procedure manual, to avoid frequent transfer, develop and utilize "the guide of movement"
- Difficulties in remoted areas, deficit of skilled personnel.
- Feminization of the health personnel is one of the reason to make deployment difficult in the remote area.

✚ ROYALTY/RETENTION

- Needs more incentive measures to compensate or mitigate constraints due to the exercise of health professions especially in difficult zones
- Needs financial and non-financial motivation for health personnel's motivation
- Lack of policy for basic salary scheme in rural area, consideration of continuous professional development, consideration of basic life support in rural area (access, transport)
- Brain drain (mainly of specialised personnel)

CONCLUSION

The situation analysis of human resources management (HRM) in the member countries of the network is a fundamental element to implement a better HRM policy. Political commitment, strong governance and good collaboration of organizations concerned (inter-ministerial and partners) are also essential to improve HRM

In fact, RVT 2010 is a framework for exchange and sharing experiences that enables developing reliable mechanisms, in order to solve all problems related - among others - to the acquisition, development, rational utilisation of HRH in member countries of the network.

The enhancement and development of HRH are major challenges that all African countries must take up in order for achieving UHC.

http:rvt2000.com

Summary of the situation analysis of HRH of members countries of the RVT 2010