

RESPONSIBLE GOVERNANCE FOR IMPROVED HUMAN RESOURCES FOR HEALTH

MAKING THE RIGHT CHOICES

Amsterdam, KIT, 15-16 March 2010

SESSION 1: DEVELOPING HRH POLICIES AND PLANS

Developing the HRH Policy and Plan in Mali

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Structure of presentation

A sunset scene over a city skyline. The sun is a bright orange orb on the horizon, partially obscured by a tall, dark, cylindrical tower. In the background, there are other buildings, including one labeled 'LITVA HOTEL'. The sky is a gradient of orange and yellow.

Context

Main objectives

Development process of the HRH Policy
and Plan

The HRH Policy

The HRH Plan

Perspectives

1. Context

Advantages: Numerous health professionals, community management of health facilities, ...

But – main problems:

- Not enough HRH with required qualifications
- Deficiencies in the quality of training
- Adverse distribution of existing resources countrywide, at the expense of poor and remote areas: (2008)
 - 1 physician/10.389 inhabitants in Mali vs. 1/24.831 in Mopti
 - 1 midwife/5.972 inhabitants in Bamako vs. 1/50.708 in Kayes
- Inappropriate institutional setting
- Inappropriate HRH and career management
- Insufficient motivation of HRH
- Lack of knowledge of private health service providers

HRH management: “dormant” issue for nearly a decade

2. Main objectives

The HRH Policy aims to define a coherent framework for the MoH and its partners in order to ensure the harmonious development, distribution, management and motivation of health staff, so as to ultimately improve health results

The Policy is translated into an operational plan dealing specifically with training, recruitment, motivation, and career management

Development process of the HRH Policy and Plan

The HRH Policy and Plan have been developed by a core team under the leadership of the Planning Department of the MoH (CPS-Santé)

Involvement from:

- Other departments of the MoH (HR unit, financial management, decentralisation unit, ...)
- Ministries in charge of finance (MoF), civil service (MoCS), education, labour, decentralisation; and finally the office of the Prime Minister
- Donors and a technical assistant

The process started in 2007 (even earlier for some aspects) and lasted over 2 years

Methodology

- **Situation analysis** – based on administrative data + various specific studies
- **Problem diagnosis** – through a participative process: workshop + recommendations from SWAp follow-up mechanism + key informant interviews + international experiences / literature review
- **Identification of policy orientation and strategies** – through the participative process + literature review and experience from other countries
- **Draft of the Policy document** – by the core team
- **Identification of interventions and their costs, and draft of the HRH Plan** – by the core team, with participation from key staff from different MoH departments + donors
- **Validation of the documents** – through a participative process (discussions with MoH Cabinet and donors + a validation workshop) + final discussions with key Ministries (MoF, MoCS, Office of the PM) → adoption by Cabinet (December 2009)

4. The HRH Policy

Strategic axes:

- Organising the HRH management function
- Strengthening capacities of HRH (initial and vocational training)
- Managing recruitments and postings
- Managing career path
- Motivating HRH

Advocates the implementation of the WHR 2006 recommendation:

- 50% of health ODA dedicated to HSS
- 50% of which dedicated to HRH development

5. The HRH Plan

Total cost: XOF 67,145 billion (EUR 102 million) over 7 years (2009-2015)

Strategic framework + 4 operational plans:

Training Plan:

- Aimed at improving health staff competences
- 2009–2012: 5264 health professionals to be trained (among which 4711 paramedics and 481 specialised physicians)

Recruitment Plan:

- Targeted on the availability of competent technical staff in 1st and 2nd contact facilities (CSCOMs & CSREFs) in poor and remote areas (defined countrywide out of objective criteria)
- Objective: by 2015, 50% of CSCOMs are staffed with at least 1 physician, 1 midwife and 1 nurse + support staff

Motivation Plan:

- Based on 2 logics: (i) incitation to work in difficult areas and stabilisation of health staff; (ii) promotion of performance to improve results
- Financial incentives :
 - Area premiums for technical staff (2/CSCOM; 6/CSREF): XOF 75.000 (EUR 115) or 50.000 (EUR 75) for (very) difficult areas
 - Installation premiums for technical staff: up to XOF 500.000 for new postings in very difficult areas (duration: at least 3 years)
 - Performance premiums:
 - Criteria: supervisions & monitoring made, objectives reached and reports transmitted on time
 - XOF 800.000 (EUR 1.220) for CSCOMs and 1.500.000 (EUR 2.285) for CSREFs
 - 70% of the premium for staff, 30% for the facility
- Non financial incentives (merit recognition, feedback and dialogue, etc. + appropriate sanctions)

Career Management Plan: to ensure career progression of staff

6. Perspectives

The inclusive development process has been necessary to move on with the complex and highly sensitive issue of HRH management (dormant for nearly a decade)

Now, wide political support by stakeholders: MoH, MoF, MoCS, office of the PM, donors, decentralised structures

Donors supposed to finance a part of HRH Plan, notably:

- Training (EUR 4.000 by Cuba, > 13.000 by other donors)
- Part of the motivation premiums initially financed by GAVI/RSS

Yet, implementation has been slightly delayed:

- HR Directorate legally created, but not functional yet
- GAVI/RSS premium already available at CSREF level
- Some management modalities at operational level still have to be agreed upon