

## HUMAN RESOURCES FOR HEALTH WORKERS

In order to effectively implement cost effective interventions, health workers must have the appropriate skills, competencies, training and motivation to do so. However, current evidence (MoH 2001, WHO 2002) suggests that health systems in developing countries are understaffed and exhibit mal-distribution of health workers. Demographic, epidemiological, technological, economic and political changes have created huge human resource challenges for such constrained health systems.

According to Republic of Uganda, *Annual Health Sector Performance Report, Financial Year 2007/08*, p. 113, Uganda's Ministry of Health has a strategic plan to enact health workforce policy reforms, requiring a thorough understanding of working conditions and health workers' attitudes. Reforms the ministry is tracking include increasing staffing levels, improving training, and creating an "enabling" environment by, for example, expecting managers to communicate effectively and align rewards with desired behavior.

Migration of health workers in Uganda. Audits of Human Resources carried out in Uganda (MOH, 2002) show movement of health workers, both within the districts and from Uganda to other countries. A study carried out by the Ministry of Health (2002), reveals that health workers migrate simply because of poor compensation, working and living conditions. The monthly pay for health workers across the board is low, lack of housing, transport and other social amenities such as good schools for their children particularly in rural areas. This has been a source of de-motivation on the part of the health personnel.

Other issues on Human Resources for Health Planned targets for achieving the minimum staffing norms are not being met and the conversion plan for multivalent nursing cadres is well behind schedule. Problems related to minimum entry requirements for admission into courses and inadequate management and funding of the nurse training institutions (both government and PNFP) since their transfer to the Ministry of Education and Sports, have severely limited the production of Comprehensive Enrolled Nurses for the country. Achieving the Health Sector Strategic Plan (HSSP) rollout targets seems increasingly improbable. It is recommended that management of the health training institutions be improved from what it is now.

Job satisfaction matters to health system managers because it is an important factor in predicting system stability (reduced turnover) and worker motivation. If *motivation* is defined as the willingness to exert and maintain effort toward attaining organizational goals, then well-functioning systems seek to boost factors (such as morale and satisfaction) that predict motivation. When working conditions are poor and workload is high, health workers are under motivated and frustrated. They are unable to satisfy their "professional conscience" and will distance themselves emotionally from their work, reducing their commitment and motivation. A modernized policy on health workforce performance, including an absence-management policy to address filling in for workers away on study leave, could address problems of supply and working conditions related to workforce retention. Given the sizable gap between salaries in Uganda and those abroad (salaries in the United Kingdom are approximately thirteen times higher), it seems critically important to begin to address compensation factors to avoid turnover and reduce incentives to leave the health sector or the country. Insufficient access to basic supplies and equipment, including water and electricity, which are discouraging. Many of these issues cannot be addressed at the facility level; they require the attention of the Ministry of Health. Policy strategies to strengthen human resources for health in Uganda should focus on salary and benefits (especially health

coverage), working conditions and workload, facility infrastructure (including water and electricity), management, and workforce camaraderie.