



Attracting and Retaining Human Resources for Health: What can be done?

OVERVIEW

Human resources are very important and pivotal for effective and efficient delivery of quality health services. The Government of Uganda (GoU) has made considerable progress in improving the quality and quantity of health infrastructure by constructing new medical facilities, rehabilitating dilapidated ones and procuring diagnostic equipment.

Since FY 2008/9, the Budget Monitoring and Accountability Unit (BMAU) monitoring reports have identified inadequate human resources for health as a key constraint for effective service delivery. The public has continued to decry poor service delivery ranging from absence of health workers to long waiting time.

Workforce shortages in the health sector limit general access to health services. However poor distribution and attrition of health staff limit access to services especially in rural Uganda and the hard to reach areas. This policy brief discusses the causes of understaffing in the public health services.

KEY ISSUES

- Poor motivation: The salaries are no longer attractive for people to join the health service.
- Selective motivation of health workers especially in local governments.
- Poor planning, where the increase in infrastructure is not matched with human resources.
- Inadequate wage bill which limits the recruitment of health workers.
- Lengthy recruitment processes which demoralises successful candidates.

BACKGROUND

The goal of the Health Sector Development Plan (2015/16-2019/20) is to accelerate movement towards universal health coverage with essential health and related services needed for promotion of a healthy and productive life. An equitable distribution of health workers with proper cadre mix is essential for the achievement of this goal. In the context of the sustainable development goals, human resources for health represent the most critical constraints in achieving the set targets.

The main challenges are: adequacy of numbers and skills, attraction, motivation and retention. There have been efforts by government and development partners to recruit the much needed staff, thus improving staffing levels from 56% in 2010 to 68% in 2014/15.¹ The most critically affected cadres are the anesthetists, theatre assistants, pharmacists and radiographers who all are filled below 40% of the establishment as shown in table 1.

¹ Annual health sector performance report FY 2014/15

Table 1: Staffing in the public sector by cadre by FY2014/15

Cadre	Norm	Actual	Filling rate
Medical Officers	849	536	63%
Clinical Officers	2538	2382	94%
Nursing Officers (N&MW)	2895	3029	105%
Enrolled Nurse	6961	5923	85%
Enrolled midwife	4918	3428	70%
Pharmacist/Dispenser/ Pharmacy Assistant.	307	115	37%
Dental: Surg/Asst/PHDO	354	45	13%
Laboratory Technologist / Technician/Assistant	2444	2066	85%
Ophthalmic	213	31	15%
Anesthetic	639	148	23%
Nursing Assistant	4421	4659	105%
Theatre Assistant	332	0	0%
Radiographer	94	33	35%
Orthopaedic / Physiotherapist	301	103	34%
Cold Chain Technicians	639	31	5%

Source: Ministry of Health -Annual Health Sector performance report FY 2014/15

Although medical officers, nurses and midwives appear to be relatively staffed, their distribution is skewed more in regional and national referral hospitals than the lower level health facilities and in rural areas where the majority of frontline health services are provided.

Causes of Inadequate Human Resources in the Health Sector

Poor motivation: Salary is the single factor that many health workers are looking for. The BMAU reports have shown that even if someone attains higher education the chances of getting promotion and therefore a higher pay are limited given the rigid staffing structures especially in local governments. Poor salaries continue to affect the attraction and retention of health workers in public facilities.

Selective motivation of health workers: has affected attraction of certain cadres in the health sector. For instance, in a bid to attract medical officers to HCIVs and operationalize the operating theatres, government offered medical officers a consolidated pay of Ug shs 2.5million. However, other cadres that play critical complementary roles in the theatre such as the anesthetic officers and theatre attendants did not get any increment. These cadres did not apply when recruitment adverts were ran. As a result many, of the medical officers have not been able to carry out surgical operations at HCIVs and instead refer patients to either the general or regional referral hospitals. Selective motivation of health workers creates a sense of inferiority among medical cadres.

Poor planning: The ministry has costed plans for the health infrastructure, with no corresponding plans for the required human resources. For instance, in the Health Sector Development Plan (HSDP) FY2015/16-2019/20, government plans to consolidate service delivery at HCIIIs which will require upgrading 225 HCIIIs to HCIIIs. The infrastructure required is estimated to cost Ug shs 482billion over the HSDP FY 2015/16-2019/20. However, there are no clear complementary plans for the human resources that will be needed to optimally run these upgraded HCIIIs. Similarly under the Uganda Health Systems Strengthening Project, government rehabilitated and expanded eight general hospitals and one regional referral hospital. Some of the facilities constructed included: a second outpatient department, additional theatre and a fully-fledged casualty unit. However; there was no provision for the health workers that will work in these new facilities.

Inadequate wage bill: This has limited the recruitment of new health workers especially in Local Governments (LGs). Most LGs are understaffed because they do not have funds to recruit or fill the vacant positions. This results in poor performance of the LGs as reflected in the district league table.²

² An annual assessment by MoH of the performance of the districts in provision of health services

Table 2: Staffing in the five top and bottom performing districts in Uganda

District	Rank	Approved posts filled
Gulu	1	126.9
Kampala	2	302
Kabarole	3	86.8
Jinja	4	94.7
Rukungiri	5	118.4
Nakapiripirit	108	60.5
Kotido	109	64.9
Buvuma	110	62.7
Bulambuli	111	57.1
Amudat	112	36

Source: MoH- Annual Health Sector Performance Report FY 2014/15

The top five districts are better staffed than the bottom five districts. There is a positive correlation between the district performance and staffing.

Poor social services in rural areas: Lack of social services such as good schools, water, and recreation facilities in rural areas where the majority of the public health facilities are located. This affects attraction of health workers. In absence of such social services, health workers will seek employment opportunities elsewhere. This greatly explains why most district/general hospitals are under staffed and why the referral system in Uganda has been abused as patients throng regional and national referral facilities for health care causing congestion, long waiting hours and sometimes death.

Lengthy recruitment processes: The delays in accessing the payroll, has led to some prospective applicants withdrawing before taking up the positions. Referral hospitals have continued to complain of lengthy recruitment process by Health Service Commission (HSC). For example Mbale Regional Referral Hospital forwarded successful candidates to the HSC for appointment in April 2015, but by January 2016, these had not been appointed by the commission. This demoralizes successful candidates who seek employment elsewhere.

Conclusion

It will not be possible to improve health outcomes in Uganda unless there is an even distribution of health workers in Uganda. There is need to link the sector policy goals to human resource planning. Attraction and retention of health workers requires multi-faceted approaches combining both financial and non-financial incentives.

Policy recommendations

Increase the wage bill: Government must reconsider improving the health sector wage bill to enable hospitals and LGs recruit more health workers and also enable the Ministry of Health improve on the consolidated allowance of all medical workers. MoH should plan and cost the staffing gaps and plan to cover them over the HSDP period.

Improve motivation: Government should improve the salaries of all health workers, and offer higher rewards to make alternative employment less attractive. In addition government should provide accommodation facilities with power in the rural areas. There is also need to provide professional and personal support interventions such as the cheap loans that are given to teachers. Other incentives could be in form of recognition, career development, and bonuses for the excellent performers (districts and hospitals that emerge as top performers should get some bonuses) this will encourage competitions amongst services providers.

Ensure proper planning: The Ministry of Health should plan for human resources to man the new infrastructure (health facilities and equipment) that have been constructed including reviewing the staffing structure to include biomedical engineers in the structure of hospitals. Local governments should recruit new staff before new facilities are commissioned.

Provide good working conditions. Health workers like other professionals, value good working conditions which may include appropriate infrastructure, water, electricity/lighting, equipment, and communication among others these should be provided in the remote areas. In addition, service commissions should consider recruitment of professionals from the rural areas since these are more likely to cope up with the remote conditions. Health training institutions should prepare their students for rural postings and provide significant field practice in rural areas for their students, not only periods in hospital wards.

Implement outcome based budgeting:

To keep health workers in post and improve the quality of services provided, there is need to shift the sector financing modality from an input-based financing to a performance based financing. This is because performance based financing provides an approach that places greater importance on individual performance and institutional achievements.

Expedite the recruitment process: The Health Service Commission should expedite the appointment of health workers. This will help improve staffing among the regional and national referral hospitals.

REFERENCES

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MoH: Ministerial Policy Statement FY 2015/16

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