



USAID Health Workforce Improvement Program: Brief on Enhancing Human Resources for Health Management and Leadership Capacity

Implementers: Jhpiego, Amref, Ethiopian Medical Association, Ethiopian Nurses Association, Ethiopian Midwives Association, and Ethiopian Association of Anesthetists

Time Period: April 7, 2020–April 6, 2025

Goal: Ensure Ethiopia’s health workforce is better skilled, motivated, and managed to achieve health Sustainable Development Goal targets

Target: Ministry of Health (MOH), 14 regional health bureaus (RHBs) and 54 hospitals

Rationale: The Government of Ethiopia has made impressive progress in increasing the number of health workers thanks to a massive expansion in pre-service education capacity. However, poor motivation, distribution, performance, and retention of the health workforce present challenge to

Ethiopia's aspiration to achieve universal health coverage and the Sustainable Development Goals. Since 2020, the U.S. Agency for International Development's Health Workforce Improvement Program (HWIP) has been supporting health facilities, the MOH, and RHBs to improve human resources for health (HRH) management and leadership capacity.

Theory of Change: If the HRH management (HRM) and leadership, management, and governance (LMG) capacity of MOH, RHBs, and health facilities are built to improve HRH forecasting, planning, recruitment, deployment, motivation, performance, retention, management during emergencies, and multi-sectoral partnerships and coordination, **then** the availability, distribution, motivation, and performance of the health workforce will improve.

Major Achievements

- 1. Strengthened HRM and LMG Skills.** Building the skills of human resource (HR) managers and health leaders is key to address Ethiopia's critical workforce challenges. HWIP developed face-to-face and online HRM and LMG training packages and strengthened HRM and LMG skills of HRH managers, health leaders, and staff through training of 2,650 individuals, regular coaching and mentoring, and 32 hub-and-spoke virtual learning exchange sessions involving 194 health facilities. The sustainability of the training programs is ensured by working with local partners: MOH, International Institute of Primary Health Care, Ethiopian Public Health Association, Society for Human Resource Management Professionals in Ethiopia, and Bahir Dar University.
- 2. Improved HRH Forecasting and Planning.** HRH forecasting and planning enables the health sector to anticipate and meet their demands for talent and ensure the optimal balance of staff in terms of number, competencies, and skills mix. HWIP improved HRH forecasting and planning by supporting the MOH to conduct health labor market analysis and workload indicators of staffing needs assessments, and revise the health facility standards and the national HRH strategic plan (2024–2030), and supporting six RHBs and 15 hospitals to undertake an HRM rapid capacity assessment followed by development and implementation of an enhancement plan.
- 3. Increased HRH Recruitment and Deployment.** With a density of 0.87 doctors, nurses, and midwives per 1000 people, Ethiopia does not have enough health workers to achieve universal health coverage. HWIP supported target hospitals to analyze staffing gaps and hire 8,477 (50 % female) health workers.
- 4. Improved Motivation, Performance, and Retention.** The mere improvement in the number of health workers may not translate into improved quality and coverage of health care unless issues of low motivation, performance, and retention are meaningfully addressed. HWIP improved health workforce motivation, retention, and performance by supporting generation of research evidence on job satisfaction, motivation, and retention; revision of the incentive package for health workers, job evaluation, and grading for public servants; and improving accessibility and use of HR policies, building HRM capacity, conducting regular staff satisfaction survey, scaling up implementation of non-financial incentives, and strengthening staff absenteeism monitoring mechanisms.
- 5. Improved HRH Management during Emergencies.** Health workers play a central role in public health emergency preparedness and response. HWIP improved capacity for HRH management during emergencies by supporting surge capacity during the COVID-19 pandemic, deployment of 476 health workers, and training of 358 leaders on leadership, resilience, and HRM during crisis. In addition, 380

health workers were trained on gender-based violence and mental health psychosocial support in the post-conflict emergency response in Tigray, Amhara, and Afar regions.

6. **Promoted Gender Transformation.** Women are under-represented in health leadership and higher professional qualifications. HWIP promoted gender transformation in the health workforce by supporting gender analysis, workplace safety and gender-based violence workshop with HR managers, gender-transformative leadership training of 2,501 health leaders and HR managers, and advocacy to increase the number of women health leaders. As a result, the proportion of women health facility leaders rose from 33% to 39%.
7. **Strengthened Multi-Sectoral Partnership and Coordination.** Tackling systemic health workforce challenges such as low number, quality, motivation, and financing requires intersectoral collaboration. HWIP strengthened HRH multi-sectoral partnerships and coordination by establishing an HRH steering committee co-chaired by the MOH and Ministry of Education, strengthening the national HRH forum, and revitalizing the national health workforce account with the inclusion of different government entities, the private health sector, professional associations, and development partners.

Results

HWIP has strengthened HRH management leadership capacity of 54 hospitals, the MOH, RHBs, and local sustainability partners. Importantly, the density of health professionals has increased from 1.66 to 3.13 per 1000 people. Health professionals' job satisfaction, intention to leave, and turnover have also improved (Figure 1 and 2).

Figure 1. Health Professionals Job Satisfaction in 2014 vs. 2022

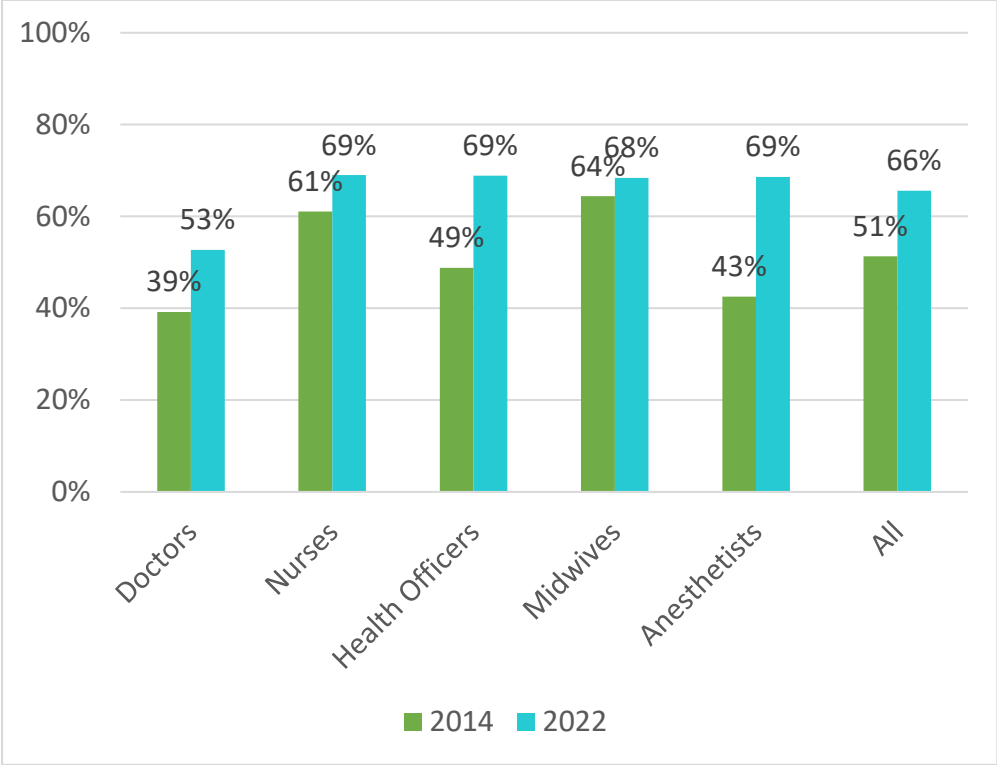
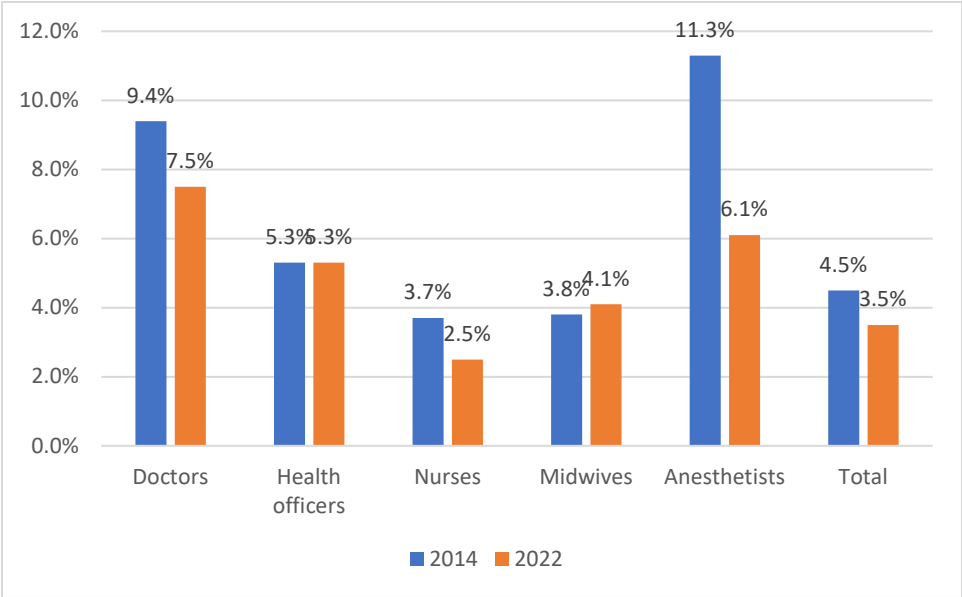


Figure 2: Staff Turnover in 2014 vs. 2022



Major Challenges

The COVID-19 pandemic, armed conflict and insecurity presented major challenges to effective and efficient implementation of HWIP interventions.