



# Towards more and better jobs in health

**A practitioners' review of German support for human resources in health**

Sector network health & social protection Africa  
February 2021

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### Impressum

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Bonn und Eschborn, 2021

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Cover Image: © Alexander Schücke,  
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## EXECUTIVE SUMMARY

### The global context

#### **The COVID-19 pandemic has pushed human resources in health to the top of the global health agenda**

Around the world the COVID-19 pandemic has highlighted and exacerbated health workforce challenges, ranging from systemic health worker shortages to skill-mix imbalances, geographical maldistribution, lack of specific sets of expertise and an exclusion of health workers' voices from the policy dialogue and decision-making. Health workers have been at the forefront of the response and faced shortages of much-needed supplies and equipment, including of personal protective equipment. This has exposed them to high risks of infection, illness and death as well as to severe stress that can result in burn-out or even post-traumatic stress disorder.

Overall, the pandemic has drawn unprecedented attention to the fact that health workers are the backbone of any functioning health system.

#### **A strong health workforce is a precondition for Universal Health Coverage (UHC) and global health objectives more broadly**

According to the vision of UHC all people and communities should have access to quality essential health services without suffering financial hardship. Enshrined within the stand-alone SDG target 3.8, this requires sustainable health financing and the planning, recruitment, deployment, education, training, regulation and retention of the health workforce. A skilled, qualified and motivated health workforce is a precondition for the achievement of other global health objectives such as health security, pandemic preparedness and sexual and reproductive health and rights.

#### ***More health (system) workers are needed, with the right skills, in the right place***

According to WHO (WHO, 2016), the world is short of 17.4 million health workers. Overall, 57 countries face a health workforce crisis and low- and lower middle-income countries in South-East Asia and Africa are particularly affected (ibidem). The uneven distribution of their educational institutions within and between countries further aggravates this problem. Midwives, nurses and physicians cannot run healthcare systems effectively on their own. Given the rise in infectious disease outbreaks and in antimicrobial resistance or the clinical problems caused by environmental toxins, the preventive and public response capacities of epidemiologists and public health experts and the diagnostic capacities of laboratory personnel play an increasingly important role in ensuring quality healthcare and health security.

## **Investments in the health workforce drive economic growth**

In 2018, the health and social sector was a source of employment for 130.2 million workers worldwide (ILO, 2018). Sustaining existing jobs in the health and social sector and creating new ones is not only key to the attainment of UHC. It promotes economic growth along the pathways of economic output, social protection and cohesion, innovation and health security (WHO, 2016b). It has been shown that the returns on investment in the health sector are considerable. They create dividends across health, employment, gender equality, youth and inclusive sustainable economic growth (e.g. Sousa, A. et.al., 2013).

## **The position of German Development Cooperation on human resources in health**

### **Germany is a firm supporter of global health and health systems strengthening**

As the second largest bilateral funder and development partner in global health, Germany plays a vital role in strengthening health systems in low-income countries. As of 2016, Germany contributed 1.03 billion EUR annual funding for global health, most of which is channelled through the Federal Ministry for Economic Cooperation and Development (BMZ). Currently, BMZ provides approximately equal amounts of its global health funding through bilateral cooperation programmes with African and Asian partner countries; and through multilateral organisations and global health initiatives. Human resources in health has long been a key area of German bilateral support for health systems strengthening. To this day it is part and parcel of German bilateral programming in health.

### **A strong health workforce is crucial for realising BMZ's new policy priorities**

BMZ's new health-related priorities, including pandemic preparedness, a One Health approach and sexual and reproductive health and rights, require sustained investments in human resources in health. These investments are likely to also generate returns in the fields of technical and vocational training, economic development, migration and gender equality – all priority areas for German Development Cooperation and areas of GIZ expertise. The recently published Global Health Strategy of the German Federal Government emphasises that support for the initial and ongoing education and training of health personnel and advice on job creation in the health sector' are essential for the attainment of UHC. The strategy acknowledges health workers' central role in guaranteeing basic health services also in humanitarian and fragile settings and the need to protect them in order to allow them to play that role.

Since the start of the pandemic, GIZ health and social protection programmes have supported COVID-19 related interventions including capacity development measures for health workers and laboratory technicians in many partner countries. The current heightened awareness of the important role health workers play for functioning health systems has created a window of opportunity to re-think and re-invigorate German Development Cooperation's support for effective and intersectoral health workforce policies.

### **German bilateral health programmes aim to strengthen partners' health workforce**

German Development Cooperation currently supports bilateral health programmes in 25 partner countries. In ten of them health is an agreed priority area of cooperation. All programmes pursue a health systems strengthening agenda tailored to the given national demographic and health profiles and partners' specific needs and demands. Support to the health workforce is a key component of the health systems strengthening and health workforce interventions that GIZ implements on behalf of BMZ. They encompass support to the curriculum development, implementation, accreditation and certification of education and training programmes as well as advice on the expansion of fiscal space for investments in the health workforce.

### **Practitioners' lessons learned and recommendations**

Reviewing and reflecting upon learnings from implementation to date, the GIZ Community of Practice on Health Workforce has formulated the following lessons and recommendations.

1. **German support for health worker education and training- and capacity building measures must take health workers' professional development- and career cycle as a whole into account.** Experiences of projects that supported distinct educational and training measures for health workers at different stages of their training- and career cycle show that these are less effective if participants come insufficiently prepared, be it due to poor secondary schooling or poor pre-service training. In the same vein, the effects of distinct capacity building measures will not be sustained if health workers lack opportunities to continuously update and complement their knowledge and skills throughout their working life. Capacity development for health workers needs to look at their schooling, vocational training and their professional development throughout health worker careers, e.g. through systems of professional registration, certification and obligatory periodic re-certification.
2. **German-supported health workforce interventions need to tackle gendered constraints and barriers** limiting women's chances to

succeed in their careers in the health sector. Interventions need to strengthen the gender-responsiveness of workforce planning, development and management systems in the health sector to create an environment that enables women to go further through gender-responsive workforce strategies, human resources (HR) data systems as well as coaching for key officials in ministries of health.

3. **Health workers in fragile settings and in countries dealing with public health emergencies must be protected:** Continued investments in the International Health Regulations core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted, are essential components of health workforce strengthening. German policy advice in fragile countries and in countries facing health emergencies should underscore that health workers and health facilities must be kept safe and that measures that ensure their physical and mental health must be put in place.
4. **German-supported capacity development measures for the health workforce need to consider all cadres and disciplines needed for a functioning health system.** Where measures narrowly target only one cadre the impact of capacity development measures will likely remain limited because health system effectiveness depends on the effective interplay between many different cadres/disciplines. To avoid creating imbalances, development cooperation should support partners a) in getting an overview of demand, supply and geographical distribution of different health system professionals; b) in setting up efficient digital real-time health worker registries that are interoperable with the health system's digital ecosystem; and, on that basis, in c) developing a health system-wide capacity development strategy that encompasses interrelated capacity development measures for all health system professions.
5. **German policy advice to partner governments should underscore the economic rationale for creating decent jobs in health and for paying health workers adequate salaries:** To motivate and retain human resources in national health systems, ministries need to take into account salary levels and working conditions in domestic public and private health facilities compared to jobs they can find abroad. Ministries of finance should consider the positive effect of a sufficient number of adequately paid health professionals on the population's state of health and, thus, on its productivity. In addition, functioning health systems create jobs and purchasing power for the local economy. Development cooperation can support the required research, policy development and inter-ministerial

consultations to promote investments in the health workforce based on macro-economic evidence.

6. **Health workforce strengthening requires long-term political commitment and leadership and governance capacities of national Ministries of Health:** Health workforce interventions supported by German development cooperation are based on innovative approaches requiring strong national leadership. Despite close alignment and harmonisation with national health strategies and policies, some interventions are jeopardized as soon as German development cooperation support ends. Building robust ownership and leadership among national partners to ensure tools are used continuously throughout national planning processes and policies will enable sustainability beyond the limited time frame of project support.

## I. INTRODUCTION: Why this Practitioners' Review?

The Sector Network Health and Social Protection in Africa (SN HeSPA) 2019 Regional Conference [‘Resilient Societies: Ready for the Future!’](#) in Malawi brought together health systems strengthening experts from GIZ projects in Africa and at head office to discuss promising approaches to strengthening human resources for health. Participants agreed that new health workforce strategies are needed to deliver on the multiple challenges facing health systems aiming to deliver on the vision of Universal Health Coverage (UHC) and on the many health-related aspects of the 2030 agenda.

To continue their exchange, the experts established a Community of Practice (CoP). The CoP agreed to conduct a practitioners' review, looking at German-supported health workforce interventions in low- and middle- income countries. In a series of remote meetings perspectives and experiences were gathered and a core group was then mandated to write the paper. Additional ideas were generated during an Open Space event of the Sector Network Health and Social Protection in November 2020. It was agreed to edit and widely share a first version of this review within GIZ, including a short version to be shared with the German Federal Ministry for Economic Cooperation and Development (BMZ). Yet, it was also agreed that the iterative learning and exchange should continue.

### A living document

Instead of finalising their work on the review, CoP members agreed that it should remain a living document. Some of the experiences mentioned in it call for further exploration and reflection, other approaches are only in their planning of early implementation stages. At the same time, the global context and BMZ's positioning in relation to global health are evolving fast and will require regular updating.

### Written to engage practitioners in different sectors

Recognizing the intersectoral nature of the challenges the health workforce is facing, and of possible ways forwards, the review takes the importance of policy coherence between governments' health, education and employment agendas as a starting point.

It wants to engage GDC practitioners and their partners working in health, education, employment, migration, governance, gender, and finance programmes in further discussion of policies aimed at strengthening the health workforce as one determinant of population health as well as economic and social development.

## II. The Global Context

The COVID-19 pandemic has pushed human resources in health to the top of the global health agenda

Around the world the COVID-19 pandemic has highlighted and exacerbated health system challenges, including challenges related to the health workforce. They range from overall health worker shortages to skill-mix imbalances, geographical maldistribution, lack of specific sets of expertise, be it in triaging, polymerase chain reaction (PCR) testing, intensive care medicine and nursing or in pulmonology, to name but a few. Likewise, health workers' voices in many places remain excluded from the policy dialogue and decision-making.

Given the urgency of the situation and the speed with which the pandemic has evolved, health workers have often had to cope without COVID-19 related extra training. In many countries, health workers at the forefront of the response have faced shortages of much-needed supplies and equipment, including of personal protective equipment, exposing them to high risks of infection, illness and death.

Overall, the COVID-19 pandemic has drawn unprecedented attention to the fact that health workers are the backbone of any functioning health system. According to [WHO's](#) webpage ([WHO](#)) improving health service coverage and realising individuals' right to the enjoyment of the highest attainable standard of health is dependent on the availability, accessibility, acceptability and quality of a capable and well-supported health workforce.

**Delivering Universal Health Coverage and global health objectives more broadly through a strong health workforce**

In 2015, world leaders pledged to 'leave no one behind' (LNOB) in adopting the 2030 Agenda for Sustainable Development. The LNOB principle cuts across all Sustainable Development Goals (SDGs) by tackling extreme poverty, inequality, discrimination and exclusion (UN, 2015). Health is a strong predictor of poverty, inequity, discrimination and exclusion: There are pronounced inequities in health outcomes, both within countries and between countries, when these are differentiated by income, age, sex, disability, economic, or migratory status.

According to the vision of Universal Health Coverage (UHC) all people and communities should have access to quality essential health services without suffering financial hardship. Enshrined within the stand-alone SDG target 3.8, UHC also requires sustainable health financing and the planning, recruitment,

deployment, education, training, regulation and retention of the health workforce (SDG target 3.c).

Beyond UHC a skilled, qualified and motivated health workforce is a precondition for the achievement of other global health objectives such as health security and pandemic preparedness and sexual and reproductive health and rights. Through the COVID-19 pandemic it has also become clear that health professionals need to be enabled to realise a One Health approach that takes account of the interlinkages between human, animal, and planetary health.

### **More health (system) workers are needed, with the right skills, in the right place**

According to WHO (WHO, 2016), the world is short of 17.4 million health workers. Overall, 57 countries face a health workforce crisis and low- and lower middle-income countries in South-East Asia and Africa are particularly affected (ibidem). The uneven distribution of their educational institutions within and between countries further aggravates this problem:

A Lancet commission ([Frenk, J. et al., 2010](#)) found that educational institutions for health professionals worldwide educate about 1 million new doctors, nurses, midwives, and public health professionals every year. However, the location, quality and curricula of these institutions and the accredited training programmes they deliver are in no way aligned to countries' population sizes or to their burden of disease. The global expenditure for health professional education stands at less than 2% of total health expenditures and shows similarly great disparities between countries. The commission points out that this is 'pitifully modest for a labour-intensive and talent-driven industry' (ibidem).

While data on numbers, distribution, and qualifications of health workers remains patchy, it shows that in many countries highly qualified health professionals remain unemployed or underemployed. The demand for nurses and midwives at primary care level significantly exceeds that for specialised physicians at secondary and tertiary care levels.

In 2019, the global nursing and midwifery workforce accounted for 27.9 million jobs and nearly two thirds of all direct health employment. However, the world would need another 5.9 million additional nurses and midwives to provide an adequate level of community health services ([WHO, 2020a](#)). According to WHO estimates (ibidem), an annual increase of 8% in the total number of graduates is needed to address current global nursing and midwifery workforce shortages and achieve UHC by 2030.

And yet, midwives, nurses and physicians cannot run healthcare systems effectively on their own. Given the rise in infectious disease outbreaks and in antimicrobial resistance or the clinical problems caused by environmental toxins, the preventive and public response capacities of epidemiologists and public health experts and the diagnostic capacities of laboratory personnel play an increasingly important role in ensuring quality healthcare and health security. Last not least, non-medical professionals, such as financial administrators, IT-specialists and human resource managers, maintenance experts who service high- and low-tech equipment, cleaners and healthcare waste workers are as essential as the clinical staff when it comes to ensuring the functioning of healthcare systems.

## In crisis contexts, safeguarding the health workforce is essential

Today, approximately two billion people live in states that are affected by fragility and conflict. 80% of epidemics, half of deaths under the age of five, and more than one third of maternal deaths occur in situations characterized by fragility and conflict (Martineau, T. et al., 2017). In these settings, the density of health personell is extremely low (WHO, 2020a). The delivery of services in fragile contexts depends on a health workforce, that is adequately supported and protected. In 2019 alone, [over 1000 confirmed attacks](#) on health care personnel took place in emergency-affected countries and fragile settings. These attacks deprive people of urgently needed care, endanger health care providers, and undermine health systems.

## Tackling gender inequities in the health workforce offers a 'triple dividend'

According to a WHO-commissioned review of 170 studies on the global health workforce ([WHO, 2019](#)) women account for 70% of the health and social care workforce and deliver care to around 5 billion people. Compared to male health professionals, however, they remain largely segregated into lower-status and lower-paid jobs and are often subject to discrimination. In the words of Dr Roopa Dhatt, Co-chair of WHO's Gender Equity Hub, 'global health is delivered by women and led by men, and that is neither fair nor smart' (ibidem).

In many instances, women provide their care work without pay. Globally, an estimated 57 million female 'volunteer' workers provide the bulk of long-term care work ([ILO, 2018](#)). The large majority of them are women who have renounced the options of employment, income and social protection to be able to provide informal care for family members. Of the estimated \$3 trillion USD

that women's work contributes to healthcare systems around the world, roughly half goes unpaid ([Langer, A. et. al., 2015](#)).

This could be different. According to the above-mentioned WHO review, investments in decent work for female health workers promises a triple dividend: Firstly, the creation of new jobs in healthcare enables governments to respond to the growing demand and demographic changes and to deliver universal health coverage by 2030. Secondly, investments in education and professional training of girls and young women paves their way to formal, paid work through which they gain income, social protection and autonomy. It is well known that investing in girls' and women's empowerment has a positive impact on their future families' education, nutrition, health, and other aspects of development. Thirdly, and as explained below, the newly created jobs will fuel economic growth.

### Investments in the health workforce drive economic growth

In 2018, the health and social sector was a source of employment for 130.2 million workers worldwide (ILO, 2018). While in Africa and Asia, health workers only account for between 1.5 and 2.5% of countries' overall number of employees, in Europe and Central Asia their share is 9.6%. Even larger proportions in high income countries with aging and increasingly health-conscious populations point at the potential of the health sector to become a driver of economic growth. This is also true for low- and lower middle-income countries: Sustaining existing jobs in the health and social sector and creating new ones is not only key to the attainment of UHC. It promotes economic growth along the pathways of economic output, social protection and cohesion, innovation and health security ([WHO, 2016b](#)). It has been shown that the returns on investment in the health sector are considerable: For example, improved health services through a stronger health workforce have been shown to lead to an increase in the population's life expectancy. For every extra year, the GDP per capita rises by about 4% (ibidem). Today, it is broadly accepted that investing in the health workforce creates dividends across health, employment, gender equality, youth and inclusive sustainable economic growth (e.g. [Sousa, A. et.al., 2013](#)).

### III. German Development Cooperation's Position on Human Resources in Health

Germany is a firm supporter of global health and health systems strengthening

As the second largest bilateral funder and development partner in global health ([SEEK development, 2020](#)) Germany plays a vital role in strengthening health systems in low-income countries. The creation of a parliamentary subcommittee on global health and Chancellor Angela Merkel's repeated political commitments to global health, most recently demonstrated by initiating and supporting the development of the Global Action Plan for Healthy Lives and Well-being ([WHO, 2019b](#)), generates high expectations for Germany's engagement on global health on the part of development partners, the German parliament and civil society alike.

As of 2016, Germany contributed 1.03 billion EUR annual funding for global health, most of which is channelled through the Federal Ministry for Economic Cooperation and Development (BMZ). Currently, BMZ provides approximately equal amounts of its global health funding through bilateral cooperation programmes with African and Asian partner countries; and through multilateral organisations and global health initiatives. Human resources in health has long been a key area of German bilateral support for health systems strengthening. To this day it is part and parcel of German bilateral programming in health.

A strong health workforce is crucial for realising BMZ's new policy priorities

BMZ's strategic reform process - 'BMZ 2030' - which predates the COVID-19 pandemic envisions German development cooperation to reduce its bilateral technical programming in health whilst increasing its investments in global health at a multilateral level. In the course of 2020, however, the COVID-19 pandemic has drawn increased political attention to the importance of a knowledgeable, skilled and motivated health workforce for resilient health systems, health security and sustainable development. BMZ's new health-related priorities, including pandemic preparedness, a One Health approach and sexual and reproductive health and rights, require sustained investments in human resources in health. These investments are likely to also generate returns in the fields of technical and vocational training, economic development (see p. 7), migration, gender equality – all priority areas for German Development Cooperation and areas of GIZ expertise.

In the same vein the recently published Global Health Strategy of the German Federal Government ([BMG, 2020](#)) emphasises that support for the initial and ongoing education and training of health personnel and advice on job creation in the health sector' are essential for the attainment of Universal Health Coverage. The strategy acknowledges health workers' central role in guaranteeing basic health services also in humanitarian and fragile settings and the need to protect them in order to allow them to play that role.

Since the start of the pandemic, GIZ health and social protection programmes have supported [COVID-19 related interventions](#) and capacity development measures for health workers and laboratory technicians in many partner countries. BMZ's and partner governments' heightened awareness of the important role health workers play for functioning health systems has created a window of opportunity to re-think and re-invigorate German Development Cooperation's support for effective and intersectoral health workforce policies.

## German bilateral health programmes aim to strengthen partners' health workforce

German Development Cooperation currently supports bilateral health programmes in 25 partner countries. In ten of them health is an agreed priority area of cooperation. All programmes pursue a health systems strengthening agenda tailored to the given national demographic and health profiles and partners' specific needs and demands. Promoting sexual and reproductive health and rights, preventing and treating HIV infections, strengthening health security and epidemic preparedness and control, as well as support to national health financing strategies and health insurance programmes constitute the most prominent areas of German support.

Support to the health workforce is a key component of health systems strengthening ([Campbell, J. et al., 2014](#)) and bilateral health programmes tend to include support to education and continuous training of health and medical staff; or to their effective deployment and retainment. Health workforce interventions that GIZ implements on behalf of BMZ encompass support to the curriculum development, implementation, accreditation and certification of education and training programmes as well as advice on the expansion of fiscal space for investments in the health workforce.

## IV. Practitioners' Lessons Learned and Recommendations

As the examples in the final chapter of this paper illustrate, German Development Cooperation supports a broad range of interventions to strengthen the health workforce. While health worker education and training has long been a key focus of German support, interventions now also address the imbalances in the geographical distribution of human resources in health and in the mix of their professions and skills; on measures to enhance staff performance and staff retention; and on capacity development to enable health workers to realise major health sector reforms and to respond to health emergencies.

Reviewing and reflecting upon learnings from implementation to date, the Community of Practice formulated the following lessons learned and recommendations for future work.

1. German support for health worker education, training- and capacity building measures must take **health workers' professional development- and career cycle as a whole** into account. Experiences of projects that supported distinct educational and training measures for health workers at different stages of their training- and career cycle show that these are less effective if participants come insufficiently prepared, be it due to poor secondary schooling or poor pre-service training. In the same vein, the effects of distinct capacity building measures will not be sustained if health workers lack opportunities to continuously update and complement their knowledge and skills throughout their working life. Capacity development for health workers needs to look at their schooling, vocational training and their professional development throughout health worker careers, e.g. through systems of professional registration, certification and obligatory periodic re-certification.
2. German-supported health workforce interventions need to **tackle gendered constraints and barriers** limiting women's chances to succeed in their careers in the health sector. Interventions need to strengthen the gender-responsiveness of workforce planning, development and management systems in the health sector to create an environment that enables women to go further through gender-responsive workforce strategies, human resources (HR) data systems as well as coaching for key officials in ministries of health.

- 3. Health workers in fragile settings and in countries dealing with public health emergencies must be protected:** Continued investments in the International Health Regulations core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted, are essential components of health workforce strengthening. German policy advice in fragile countries and in countries facing health emergencies should underscore that health workers and health facilities must be kept safe.
- 4. German-supported capacity development measures for the health workforce need to consider all cadres and disciplines needed for a functioning health system.** Where measures narrowly target only one cadre the impact of capacity development measures will likely remain limited because health system effectiveness depends on the effective interplay between many different cadres/disciplines. To avoid creating imbalances, development cooperation should support partners a) in getting an overview of its demand, supply and geographical distribution of different health system professionals; b) in setting up efficient real-time digital health worker registries that are interoperable with the health system's digital ecosystem; and, on that basis, in c) developing a health system-wide capacity development strategy that encompasses interrelated capacity development measures for all required professions.
- 5. German policy advice to partner governments should underscore the economic rationale for creating decent jobs in health and for paying health workers adequate salaries:** To motivate and retain human resources in national health systems, ministries need to take into account salary levels and working conditions in their domestic public and private health facilities compared to jobs they can find abroad. Ministries of finance should consider the positive effect of a sufficient number of adequately paid health professionals on the population's state of health and, based on this, on its productivity. In addition, functioning health systems create jobs and purchasing power for the local economy. Development cooperation can support the required research, policy development and inter-ministerial consultations to promote investments in the health workforce based on macro-economic evidence.

6. Health workforce strengthening requires **long-term political commitment and leadership and governance capacities of national Ministries of Health**: Health workforce interventions supported by German development cooperation are based on innovative approaches requiring strong national leadership. Despite close alignment and harmonisation with national health strategies and policies, some interventions are jeopardized as soon as German development cooperation support ends. Building robust ownership and leadership among national partners to ensure tools are used continuously throughout national planning processes and policies will enable sustainability beyond the limited time frame of project support.

## V. German-supported Health Workforce Interventions: Examples to date

This chapter presents examples of German-supported workforce interventions and insights generated in the course of their implementation. Each subsection begins with one or more examples of work that has been written up for external audiences and can be shared widely. In a second part of each subsection GIZ colleagues share insights meant for their colleagues only which allows them to also highlight weaknesses and shortcomings and what has been learnt from them.

The CoP health workforce hopes that this chapter will continually grow and invite their colleagues to add examples and insights from their projects.

### 4.1 Strengthening human resources in nursing and midwifery

#### [Implementing the WHO Safe Childbirth Checklist in Pakistan](#)

With the introduction of the WHO Safe Childbirth Checklist to health facilities in two districts of a German-supported project aims to reduce the maternal and newborn mortality in Pakistan's Khyber Pakhtunkhwa province.

#### [Marked rise in survival rates for mothers and babies in Tanzania](#)

A package of in-house training and mentoring at dispensaries, health centres and hospitals helped save lives.

#### [Introducing the safe motherhood app in Kyrgyzstan](#)

A smartphone app provides midwives with direct and instant access to evidence-based and up-to-date clinical guidelines on Basic Emergency Obstetric and Neonatal Care. The app is already being used in more than 40 countries as a training tool for pre- and in-service training and as a pocket-sized reference for midwives working in even the most remote areas.

### 4.2 Building a health workforce prepared for pandemics

From the 2014 Ebola crisis onwards German Development Cooperation has undertaken considerable investments in partner countries' pandemic preparedness and in the health workforce capacities needed for it. This included training in laboratory testing techniques and laboratory maintenance, training in hygiene and infection control as well as capacity development in surveillance, outbreak detection and outbreak management for cadres from the community to the ministerial level. In many cases this included the development and use of specialised software applications and the training measures needed for it.

### [Liberia: Capacity development for pandemic preparedness](#)

Since 2016 the Liberian-German Health Programme has worked to strengthen systems for disease surveillance and response at the national, county and community levels. With the arrival of the novel coronavirus, years of preparation are now being put into practice. The quick activation of the epidemic preparedness and response system shows the progress that has been made.

### [Liberia: Investing in laboratories is investing in Liberia's future](#)

Few laboratories in the Liberian health system meet basic international quality standards. The Liberian-German Health Programme aims to change this by investing in the people, systems, equipment and infrastructure that are needed for labs to perform their core functions.

### [Nigeria and Ghana: Introducing a digital outbreak surveillance and management tool](#)

How the health workforce in Nigeria and Ghana learned to use a software for disease surveillance and outbreak response: A case study presents insights from implementing SORMAS in Nigeria and Ghana

### [Northern Iraq, Kyrgyzstan and Cambodia: Strengthening responses to COVID-19](#)

As the pandemic spreads across countries in the Middle East, Central and South-East Asia, German-supported health projects refocus their activities to help partners rise to this unprecedented challenge. Contributions range from health worker trainings to setting up digital case reporting systems and devising social media campaigns.

### [Libya: Collective efforts to curb the spread of COVID-19 continue amid ongoing conflicts](#)

Libya is facing enormous challenges, ranging from brutal fighting to attacks on hospitals. Close to 400,000 Libyans have been displaced since the start of the conflict– around half of them within the past year. And now there is also the COVID-19 pandemic. Jointly funded by the EU and Germany's Federal Ministry for Economic Cooperation and Development (BMZ), the GIZ Libya programme is supporting Libya's efforts to curb the spread of the pandemic.

## 4.3 Improving career opportunities for women in the health workforce

Although women make up two thirds of the global health workforce it is men who hold most management and leadership positions in the health sector. In

addition, about 57 million individuals, mostly women, are engaged in unpaid care work, e.g. for elderly or chronically ill family members. The health and social care sectors could foster economic development and women's participation by transforming unpaid care work into decent employment, and by creating framework conditions that make it easier for women to enter and be successful in technical and in management professions.

#### [Liberia: Working together for gender equality in the health workforce](#)

The project "Employment-oriented support to Women in the Health sector" (EWH) was a joint Liberian-German initiative implemented over three years, from 2017 to 2019, with a focus on five counties in southeast Liberia (population 500,000). It was part of the Liberian-German Health Programme which aimed to strengthen health systems after the Ebola outbreak.<sup>1</sup> The project's objective was to improve career opportunities for women in Liberia's health workforce by bringing more women into 'technical' professions currently dominated by men (addressing horizontal occupational segregation) and by supporting women's career advancement into (higher-paid) leadership positions in the sector (addressing vertical occupational segregation).

The interventions followed a health worker career life cycle approach by supporting women at different stages of their careers and addressing relevant systems and norms, starting with career choice and pre-service education through recruitment, employment and retention to career development and growth. Tailored interventions sought to tackle gender-related barriers at each of these career stages. This holistic approach was designed to achieve short-term results in terms of developing women's individual capacities, as well as to create momentum for longer-term institutional and social change in terms of strengthening the gender responsiveness of relevant systems and influencing gender norms in society.

The different tools and approaches developed and tested by this project can be found at the bottom of the article in footnote 25.

#### [Liberia: Career guidance for girls and young women to enter traditionally male health professions](#)

Liberia's health workforce is maldistributed across professional cadres, levels of care and geographical regions. To enable it to deliver quality health services to all Liberians, the Liberian-German Health Programme is addressing these imbalances through a life cycle approach that includes the introduction of schoolgirls from remote areas to careers they may never have heard of.

## 4.4 Strengthening the health workforce in fragile settings

### [Supporting healthcare in Libya: Curbing the spread of COVID-19 amid ongoing conflicts](#)

GIZ supported Libya's National Center for Disease Control (NCDC) in organising webinar-based trainings as part of NCDC's 'Back to Zero' campaign. All 16 Municipal Coordination Committees took part in these webinars. The 175 participants learned which steps they have to take to track and reduce COVID-19 transmission.

### [Enabling Kurdish health workers in Northern Iraq to provide health services in times of COVID-19](#)

Dohuk's large camps house large numbers of Kurdish refugees from Syria and Internally Displaced from other parts of Iraq. 'Comprehensive risk communication and prevention measures to slow down the spread of the virus are highly relevant for everyone – the Kurdish and the camp populations, as well as the health workers who serve them,' says Dr Gunnar Strote, head of the CONNEX health component. This is why the project entered into cooperation with the Italian non-governmental organisation AISPO, which specialises in strengthening health services in regions affected by conflicts. AISPO has already trained 239 Kurdish doctors and nurses in COVID-19 prevention and management.

## 4.5 Towards effective human resource management in the health sector

### [SRMNAH workforce planning and development in Nepal with focus on midwives 2019](#)

The overall objective of this study was to inform the plans for the Sexual, Reproductive, Maternal, Neonatal and Adolescent Health (SRMNAH) workforce in Nepal.

The specific objectives of the study were:

1. To estimate the number of healthcare professionals that are required to deliver the SRMNAH services and to meet 100% of the population need.
2. To propose a mix of different cadres of healthcare professionals that would ideally enable the country to meet the need for SRMNAH services, if tasks were to be allocated according to competencies.
3. To find out the ideal configuration of the SRMNAH team at different stages of the continuum of care (pre-pregnancy, pregnancy, labour/birth and postnatal) and at different levels of the health system (primary, secondary, tertiary).

The study focused on the districts within Bagmati Province and produced insights and statistics that can be applied throughout Nepal.

## 4.7 Managing health workforce migration

With the globalisation of the health labour market and health education, policy makers need to address human resource inflows and outflows to/from national health systems. Some high- income countries increasingly rely on foreign trained health workers to staff their national health systems, thereby draining low-income countries' limited human resources for health and jeopardising their health workforce investments. However, the migration of health workers also has positive effects for their home countries: They contribute approximately US\$ 400 billion in annual remittances to their economies. Besides south-north migration of health workers, there is also substantial north-south, south-south, circular and intra-regional migration.

The Code of Practice on the International Recruitment of Health Personnel seeks to lower the shortage of health workers in low-income countries. However, a decade into its existence, the voluntary nature of the Code leaves it vulnerable to dilution and some countries question its credibility due to its insufficient data sources. The German government and Federal Employment Agency set up an alternative system to assess potential risks and potentials for recruiting health personnel from countries with critical health workforce shortages.

### [Malawi: Reintegrating highly qualified medical staff into Malawi's health sector](#)

It is often said that more Malawian doctors work in Manchester than in Malawi itself. In actual fact, nobody really knows how many Malawian medical employees work abroad. Now a new initiative is reaching out to the Malawian medical diaspora, encouraging them to engage with the health system back home. 'MedNet' is Malawi's first online network for medical professionals.

### [Triple Win: Sustainable recruitment of nurses](#)

The programme 'Triple Win' organises the recruitment of qualified nurses from Bosnia and Herzegovina, Serbia and the Philippines to alleviate the nursing shortage in Germany and to reduce nurses' unemployment in their countries of origin. The migrants' remittances and the transfer of know-how contribute to development in the countries of origin.

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