

*Human resources for maternal, newborn and child health:
from global reporting to improved local performance and health outcomes*

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Human resources for maternal, newborn and child health: opportunities and constraints in the Countdown priority countries

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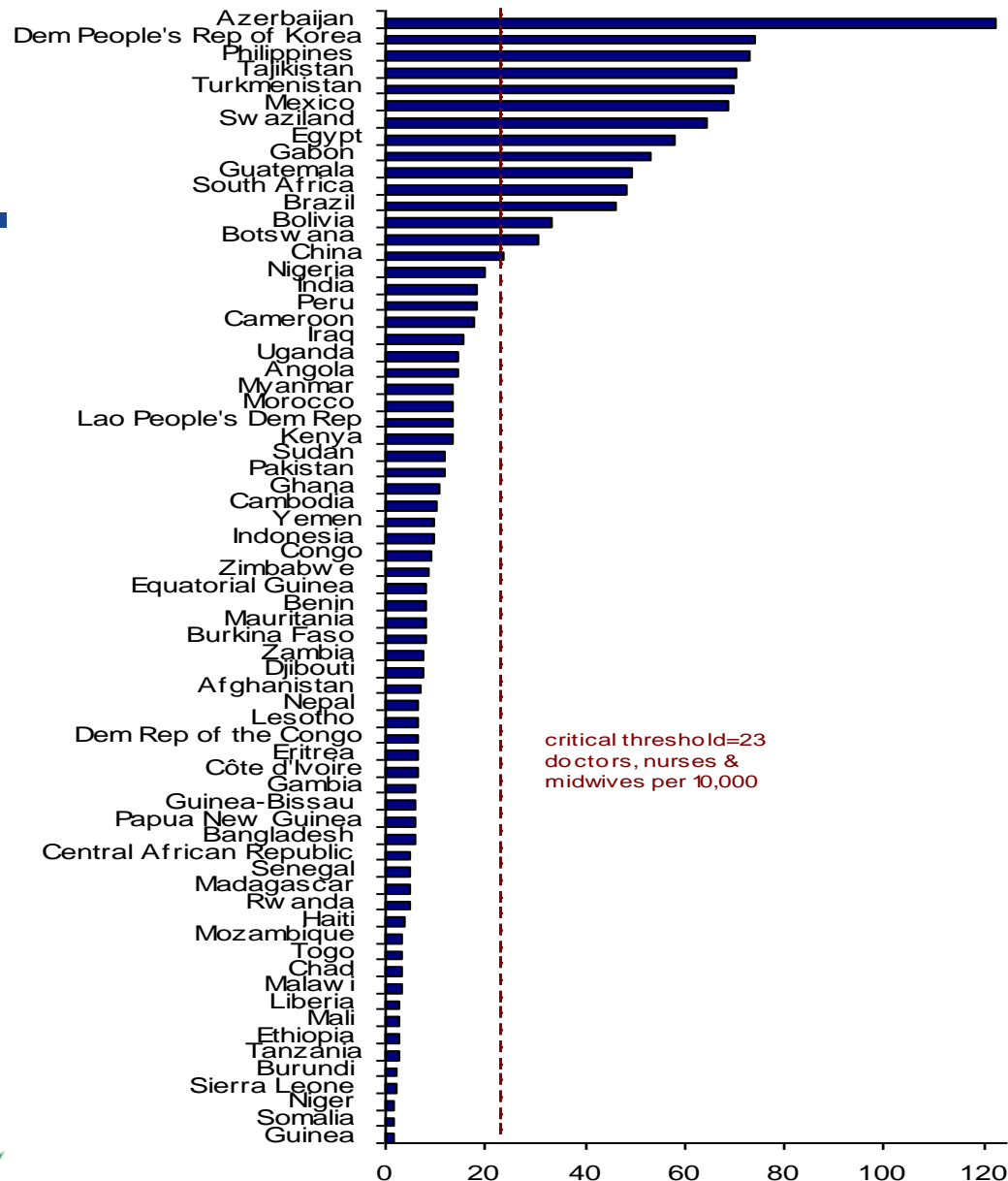
Monitoring human resources for improved MNCH outcomes

- Core health workforce indicators being tracked by the Countdown initiative in 68 countries that account for over 90% of maternal & child deaths worldwide:
 - **Human resources availability:** numbers and distribution of physicians, nurses and midwives (WHO Global Atlas of the Health Workforce)
 - **Competencies and regulation:** midwives and other trained personnel authorized to perform signal functions of emergency obstetric care (special survey of ministries of health)
 - **Governance:** existence of a national HR strategic plan (special survey)

Human resources availability: selected findings

- 53 (78%) of 68 countries have a density of doctors, nurses & midwives below the critical threshold (23 per 10,000 population) established by WHO as generally necessary to obtain target coverage rates for priority MNCH interventions

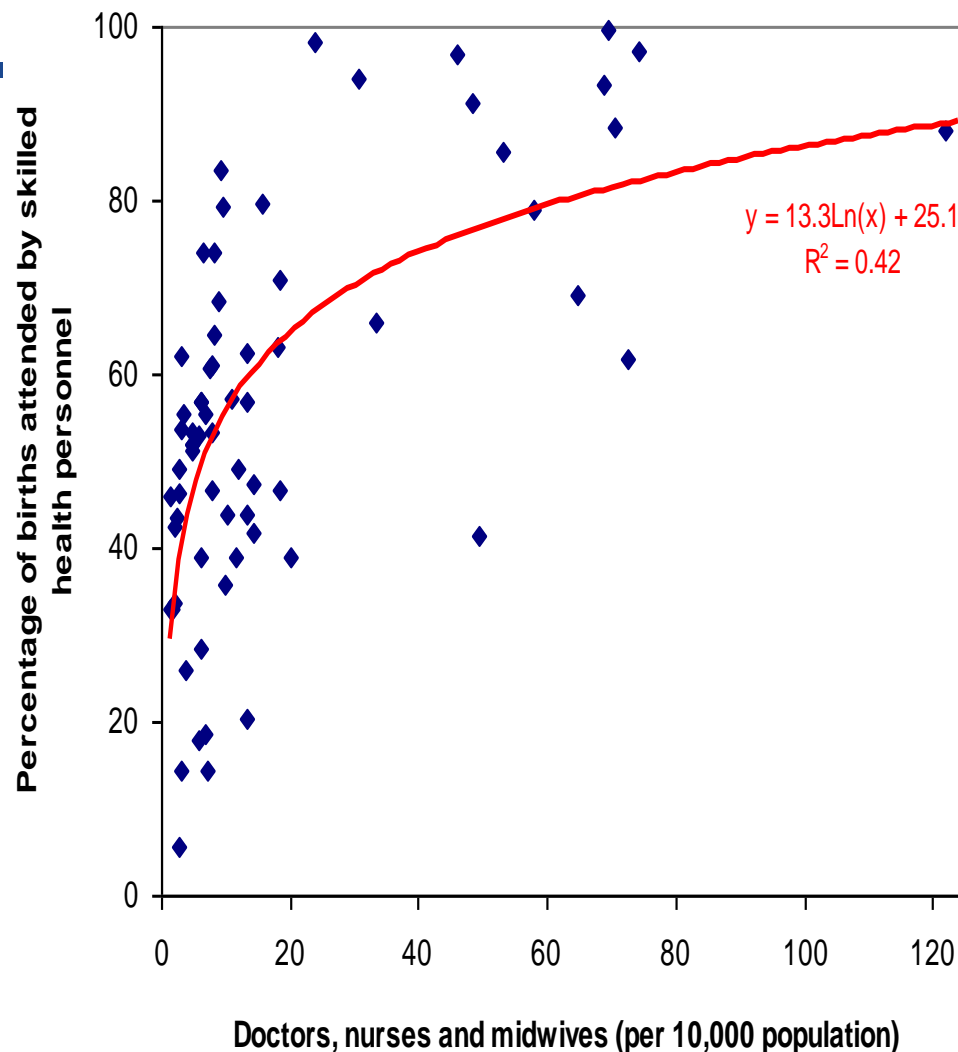
Density of doctors, nurses and midwives in the 68 Countdown priority countries



Human resources availability: findings and implications

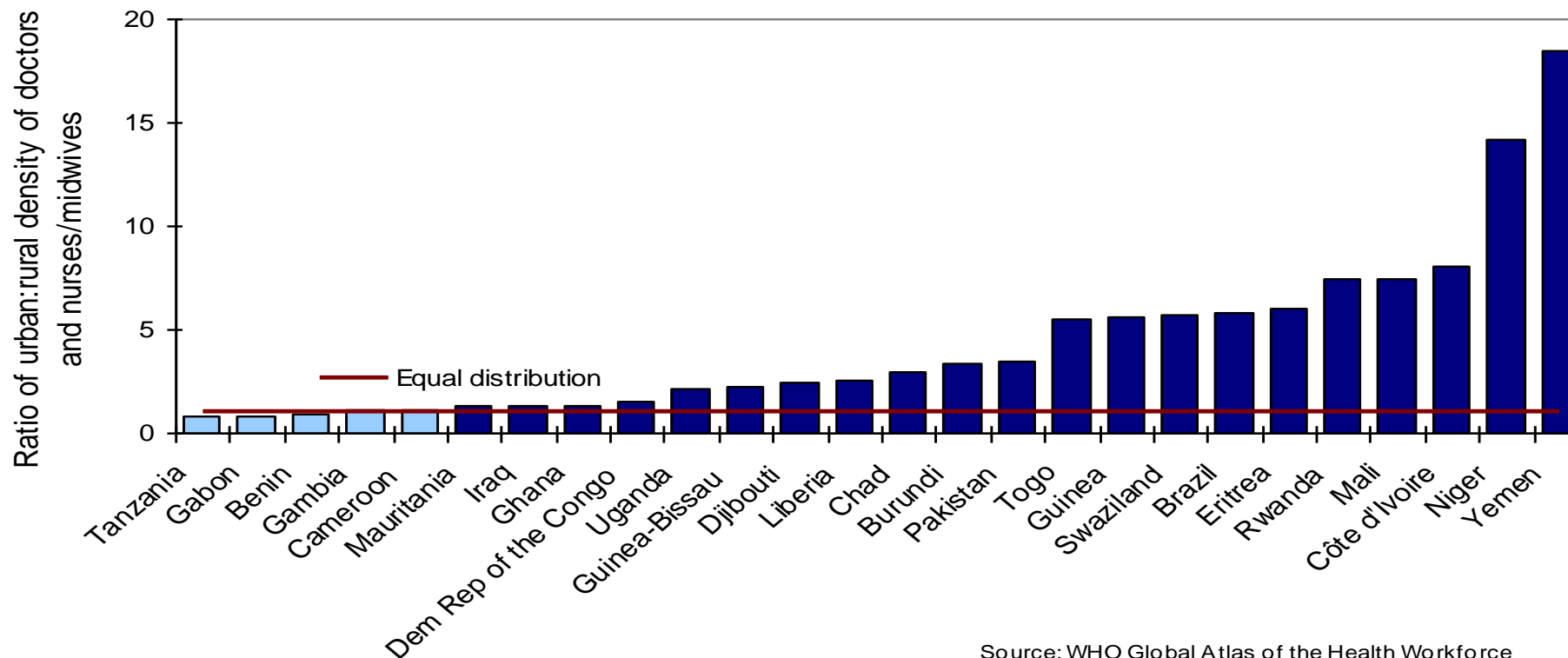
- Greater supply of doctors, nurses and midwives in countries **strongly and positively correlated** with improved coverage of deliveries by skilled health personnel
- ... but supply alone **not** necessarily the main limitation to improved MNCH outcomes

Density of doctors, nurses and midwives versus coverage of skilled birth attendance, 68 Countdown countries



Human resources availability: geographical distribution within countries

Urban:rural distribution of doctors and nurses/midwives in 26 Countdown countries

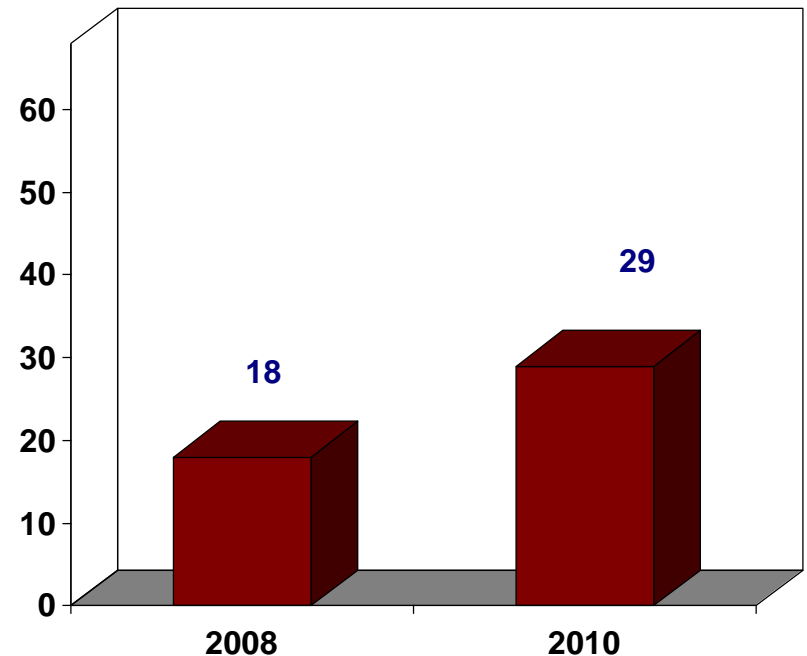


Source: WHO Global Atlas of the Health Workforce

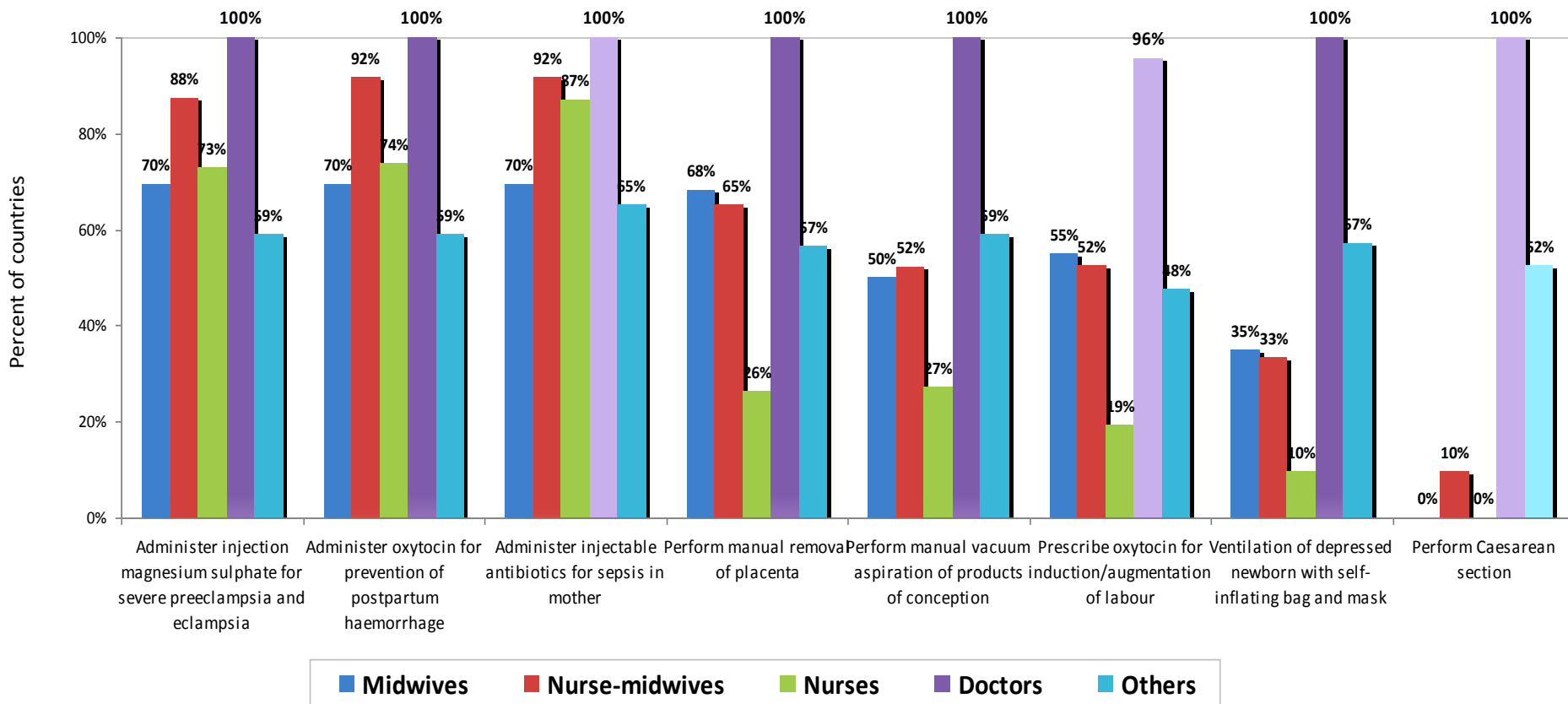
Monitoring human resources for improved MNCH outcomes

- how to assess **capacity of health systems** in making efficient use of human resources?
- **roles of different categories of health workers** in relation to regulation of provision of MNCH interventions
 - **signal functions** for basic and comprehensive emergency obstetric care and post-natal care for newborns
 - **community-based** management of pneumonia with antibiotics

Countries with policy allowing community-based health workers to manage pneumonia with antibiotics

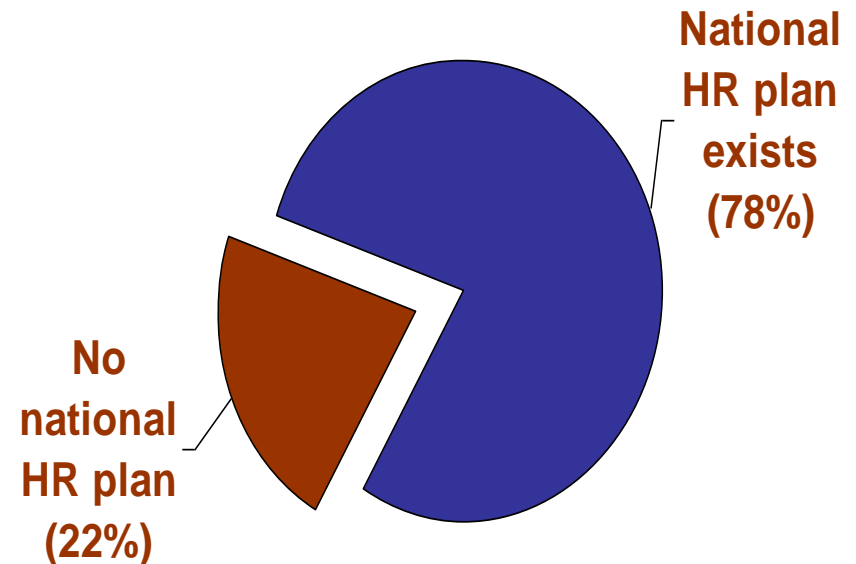


Human resources competency frameworks: who is independently performing signal functions of emergency obstetric & post-natal care



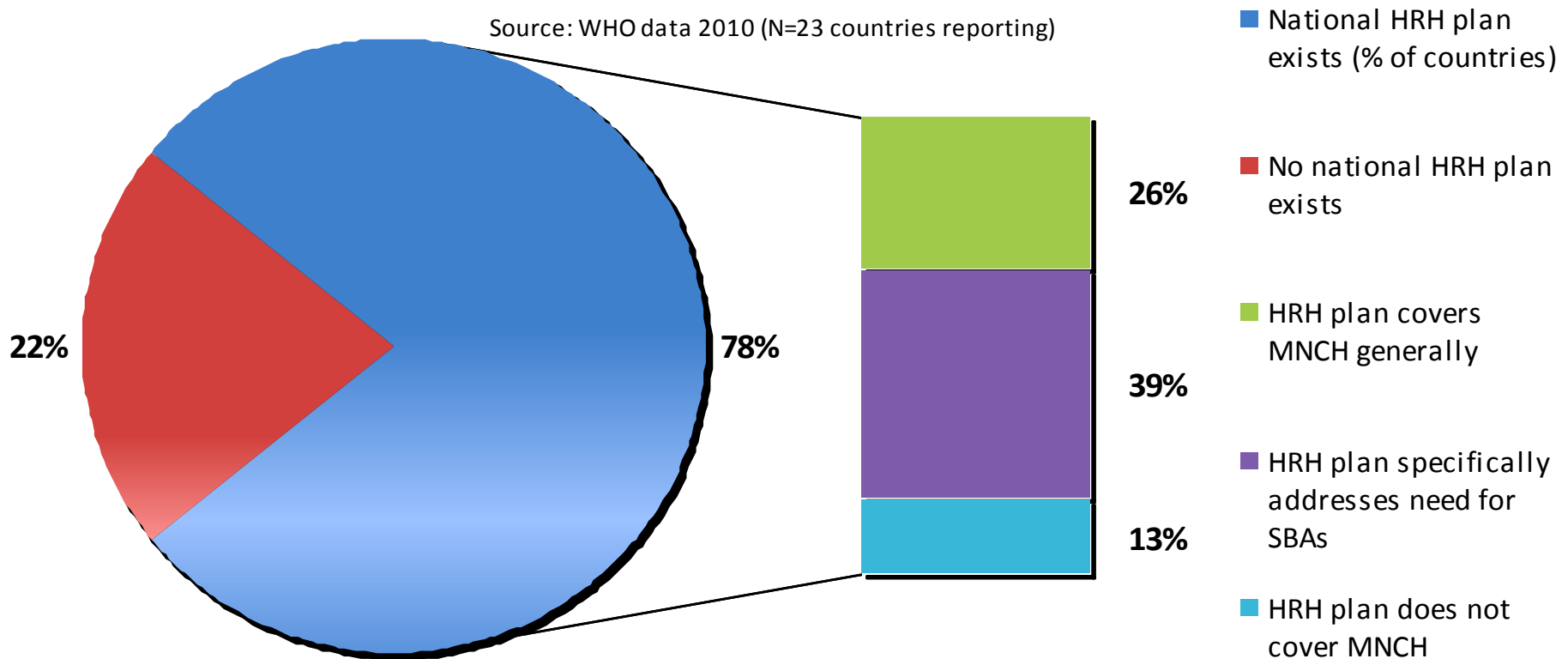
Monitoring human resources for improved MNCH outcomes

- **governance and leadership:** how to assess technical and institutional capacity of ministries of health to design and lead the implementation of HR policies?
- existence of a **documented plan** for HR management and development



Human resources planning for MNCH in Countdown priority countries

Source: WHO data 2010 (N=23 countries reporting)



Summary and conclusions

- In the overall context of the Countdown countries, **key priorities** for developing human resources for improved MNCH outcomes may include:
 - **rapidly increasing the outputs** of health professions education programmes in countries with critical shortage
 - measures to improve the **overall quality and technical capacity** of health workers
 - strategies to address **imbalances** in workforce distribution and skills mix, including improving **retention** of workers in rural and underserved areas
 - strengthened **HR information and monitoring systems** to support evidence-based decision making
- Execution of HR strategies requires **partnership and stakeholder engagement**