



## Investing in Health Workers

### Summary of panel discussion, 4 December 2020

On Friday 4 December 2020, the Dutch Global Health Alliance organized an online panel discussion entitled 'Investing in Health Workers'. The aim was to provide the Dutch government with recommendations to further develop their investments in the health workforce.

The panel consisted of an interesting mix of professionals from different sectors, with a shared passion for the health workforce, namely: **Margaret Kilonzo** (community health worker in Africa's biggest slum: Kibera, Nairobi, Kenya), **Maisa Elfadul** (researcher and health systems analyst from Sudan), **Ghassan Karem** (physician and director of the Primary Health Care Institute in Libya) and **Noortje Verhart** (First Secretary SRHR at the Dutch Embassy in Bamako, Mali). They each brought in their valuable and complementary perspectives on health workforce strengthening and their perceptions on the role of donors, which resulted in a fruitful and lively debate. This document offers a summary of the discussion.

#### ***Quality training, education and continued professional development***

The importance of quality training and education provided by donors was of course broadly recognized by all panellists. Maisa, in addition, mentioned specifically her appreciation for the NUFFIC/KIT scholarship programme<sup>1</sup> that has allowed a number of Sudanese professionals access to advanced studies, all of whom returned to Sudan with the professional and leadership skills to plan and lead public health interventions.

But there were also some critical observations, for example about the focus on short-term training instead of long-term interventions; the lack of attention for organizing supportive supervision and tools so that health workers can continue to learn and grow professionally; the lack of institutionalization of training programmes and a similar lack of engagement with public as well as private training institutions, leading to reduced sense of ownership by the recipient government. Another comment was made on potential misalignment of donor priorities with the recipient countries' needs or priorities. Instead, donors wishing to fund health worker training and education, should base this on systematic and regularly updated assessments of training needs in each specific context.

Noortje added the element of the location where people are educated: if all educational institutes are situated in the capital, health workers are less inclined to go back to facilities in the periphery, resulting in mal-distribution of health workers in the country. This is a serious problem, and not only in a centralized country like Mali.

Margaret stressed how useful it was to receive the necessary information for her work through mobile phone. This proved especially helpful in the COVID-19 pandemic situation, where the need for information was extremely pressing, and travel opportunities limited. The other panelists recognized this.

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<sup>1</sup> Orange Knowledge Programme



## ***Remuneration and recognition***

As regards remuneration, panelists agreed that a salary is certainly not the only aspect of recognition for one's work. Other elements the panelists mentioned were: continuous professional education and supportive supervision (Ghassan, Maisa), investing in properly functioning health centers, with running water, equipment, commodities (Noortje, thus emphasizing the need to invest in other components of health systems). Margaret, on the other hand, even though she agreed on these points, also made a passionate plea for the need to convince governments to pay community health workers and have them recognized as key players in their communities. "We go out and support communities by providing them with essential health services, but when we come back to our own home, we don't find that same support from the government," she stated.

As with training and education, panelists stated that donors should provide sustained (financial) and programmatic support instead of only short term project-based funding. Also, the need for contextualized strategies instead of one-size-fits-all approaches, and country ownership instead of donor-driven initiatives was repeated.

## ***Key recommendation by panelists and participants***

- Replace donor-driven initiatives with national ownership and responsiveness to country needs
- Build capacity of national governments to do their own country needs assessments
- Invest in research to gather context-specific knowledge, so that we can develop evidence-based policies
- Place sustainability issues center stage in any intervention to invest in Health Workers, e.g. by working through national structures and investing in more long terms programmes
- Go for the long haul and pool money with other global health donors; build a global fund for health workforce employment
- Facilitate Dutch higher education institutes to (continue) to share knowledge

## ***Programme specific recommendations on Education and Remuneration:***

- Invest in scholarships to build public health leaders
- Support local education facilities and curricula development
- Advocate for fiscal space, to invest in proper remuneration and professional development for health workers, using the current context of COVID
- Support and recognize Community Health Workers to increase their performance. Support national governments to develop plans in this direction.
- Make equity issues a focus: think about health workers in remote and under-served areas first, not always focusing per definition on capital-based health workers

The webinar was attended by over 35 participants from Netherlands, Germany, Sweden, Libya, and Sudan. A quarter of them were salaried health care providers, two were volunteer community health workers, 39% were health researchers; and 32% health policymakers.