Optimizing HRH Investment Using Evidence from Workload Indicators of Staffing Needs (WISN) and Health Labor Market Analysis (HLMA) in Ethiopia

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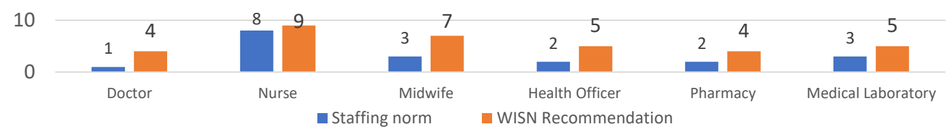
① Context

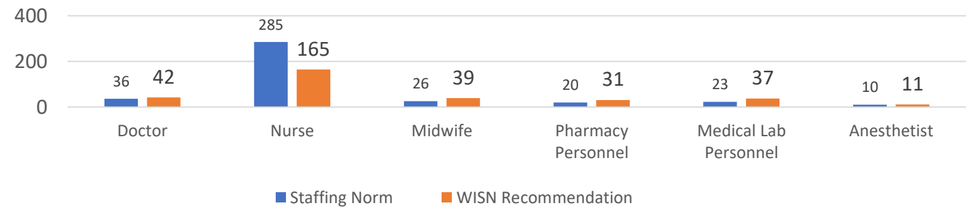
- Evidence-based workforce planning and deployment decisions can play an important role in addressing workforce shortage, maldistribution, and skill mix imbalance to ensure more equitable health workforce distribution.
- Root causes of inequitable health workforce coverage link both to persistent health workforce shortages and a lack of data on current distribution and coverage.
- The use of WISN and HLMA has developed national capacity for improving health workforce policies and actions, especially by generating evidence on workload, health workers demand and supply, and financial capability to improve health service access and quality.

② Activities

- Consultations were conducted with decision makers and stakeholders to accept the methodology and results.
- Technical task force and implementation group were established from MOH, professional associations, WHO and development partners and trained on WISN and HLMA methods in 2021.
- A WISN assessment was conducted to determine adequate staffing levels, identify staffing gaps and forecast required staffing numbers based on actual workload



Existing staffing norm and WISN recommendation analytical comparison for health center, June 2021



Existing staffing norm and WISN recommendation analytical staffing comparison for comprehensive specialized hospital June 2021

Health professionals	Existing staffing norm	Available staff (2019)	WISN recommended staffing norm	HLM Need based scenario
Anesthesia	1570	4296	1229	9,544
General practitioner	7557	5,867	24789	22,573
Health officer	9018	13771	20223	28,325
Medical Laboratory	15956	11122	22693	35,239
Midwife	15233	16,883	31608	27,897
Nurse	60714	61,772	58112	96,005
Pharmacy	11033	7,927	18844	32184
Density: (MD, HO, Nurse, Midwife) /10000 pop	9.2	9.8	13	17

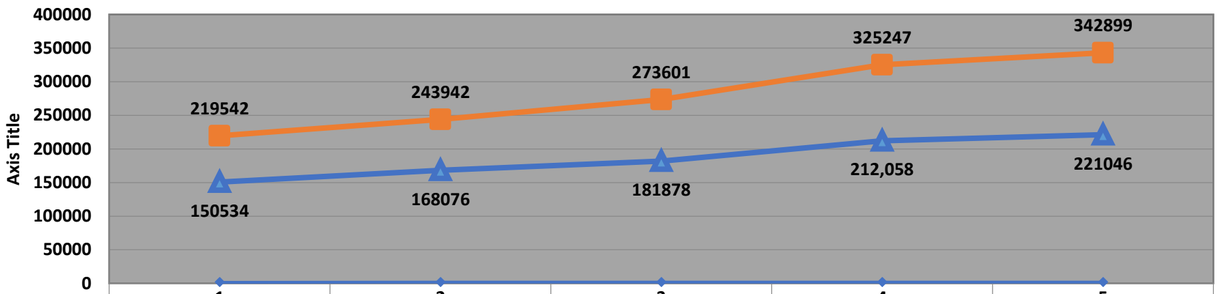
Analytical comparison of the required Health workers against existing staffing norm (SN), WISN recommendation and HLMA based on EHSP, June 2021

Staffing standard	Basic health post	Comprehensive health post	Health center	Primary hospital	Recommended total health workers
Existing staffing norm	31590	351	141,930	16,740	190,611
Revised staffing norm	47385	15795	212,895	19710	295,785
Difference	15795	15444	70965	2970	105,174
Improvement in percent	50	4400	50	18	55

Existing and revised staffing standard of health workers for health facilities, 2021

③ Impacts

- The WISN and HLMA assessments guided revision of national health facility standards, which will result in significant improvements in staffing, and more equitable health workforce distribution.
- The new staffing standards have the potential to create an additional 109,008 posts for the 7 major health cadres, representing a 50% increase from the current level.
- The additional posts require an extra budget of 12.6 Billion Ethiopian Birr (USD 378 Million) per year and the data is being used to advocate for increased HRH financing.
- Workload components and service standard were designed for medical doctors, nurses, midwives, medical laboratory professionals, health officers, pharmacy, and anesthesia professionals as a result of WISN assessment findings.



	1	2	3	4	5
Year	2016	2018	2019	2021	2022
NHWF	219542	243942	273601	325247	342899
HP	150534	168076	181878	212,058	221046

④ Evidence

- The USAID funded HWIP in collaboration with the MOH organized a high-level national advocacy meeting to disseminate revised health facility staffing standards and urge regional health leaders and managers to increase budget and hire additional health workers.
- As a result of revising health facility staffing standard and high-level national advocacy made to by-in the attention of health sector managers and regulatory bodies 8,988 health professionals are hired in 2023 that increases the number of total health workers from 212,058 to 221,046

⑤ Facilitators

- MOH took the leadership role and established national Steering Committee, Technical Task Force and Expert technical working group that comprised key partners
- HRH has been a key pillar in health sector transformation agenda of the country, and improving health workers planning, projection and budgeting has been a key focus of the health sector leadership
- Since the methodologies developed for WISN and HLMA in Ethiopia applied in consideration of the local contexts, its implementation has been promising for health workforce planning, budgeting and deployment.

⑥ Challenges

- The absence of approved national service standards for workload components
- Some data were not available at national level
- Difficulties with the use of the WISN software
- Incomplete financial data for staffing and training budget from the regions
- Private hospitals were not keen to share data on staff salary and fringe benefits

⑦ Lesson Learned

- The WISN tool helped to determine the number and type of health workers that are needed to appropriately manage the workload of a given health facility like health post, health center, or hospital, using actual data from the facility.
- The HLMA helped the Ethiopian health sector identify gaps in its HRH policies which affects the dynamics of labor market including policies related to wages and retention, training, geographic distribution, skill mix, unemployment and gender inequities
- HWIP collaborated with the MOH and WHO to establish the national technical working group for WISN and HLMA exercises. The technical working group developed and approved SOW and action plans for both assessments.
- Facilitated collaboration between different government sectors (MOH, RHBs, Standards Agency, Public Service Commission) and non-state actors (professional associations, private sector) and international organizations (WHO and Jhpiego)