The Pfizer Global Health Fellows Program is an international corporate volunteer program. Through the GHF program, Pfizer colleagues are paired with leading international development organizations in short-term assignments in key emerging markets designed to transfer their professional expertise in ways that promote access, quality and efficiency of health services for people in greatest need.

This annual essay collection illustrates how Pfizer’s Global Health Fellows are working together with partner organizations in underserved communities to solve global health challenges.

To learn more about the Pfizer Global Health Fellows Program please visit [www.pfizer.com/ghf](http://www.pfizer.com/ghf).

In my role as a Global Health Fellow in 2012 I spent four months on assignment working with IntraHealth International in Nairobi, Kenya to assist with initiatives focused on human resource and change management. I was selected for this role based on my change management, business process, project management skills and experience gained in various roles over eight years working in the financial shared services organization within Pfizer. IntraHealth International works to champion health workers by collaborating with various key stakeholders from the public and private sectors to jointly bring about changes that ultimately result in health workers being able to deliver quality health services to those in need. The main area of focus was to assist with the rollout of a Human Resource Information System (HRIS) at two health facilities. My primary responsibilities were to project manage system implementation activities between the technical team from Intrahealth International and HR and Information and communications technology (ICT) teams in the health facilities.

Background to Human Resources for Health (HRH)

The World Health Organization (WHO) identifies six building blocks of a health system in its Framework for Action [1], with a well performing health workforce being a key one of these. The aim of this framework is to promote a common understanding of what a health system is, and in turn what strengthening this means. HRH encompasses many interlinked areas relating to the health workforce. Efforts aimed at strengthening HRH ultimately aim to get the right health workers, in the right place, with the right skills, doing the right things.

Projects such as the IntraHealth led Capacity Project have helped achieve gains on having the right health workers in the right place. In response to critical resource shortages, where Kenya was among 57 countries in the world identified with a critical shortage of health workers, a Rapid Hiring Plan was initiated in 2005 and helped place over 800 workers into the sector. As part of my assignment I attended various HRH workshops and often heard first hand stories of how this project helped facilities hire much needed health professionals. The scope of the project I was involved in was to implement a Human Resource Information System (HRIS) to both track the health workforce and use this information to assist in tackling HRH challenges such as staff retention, highlighting shortages across cadres (doctors, nurses, midwives etc.), and identifying training needs.

Main Players in Kenyan Health Sector

To further understand some of the complexities around achieving optimal resource levels some background of the structure of the health sector as well as on impending political change is required.

The Kenyan health sector comprises of public / government and private health facilities. The private category can be further broken down into faith based organizations (FBO’s) and the for profit private sector. The primary player is the public sector accounting for almost fifty five percent of facilities followed closely by faith based facilities with forty percent. Many faith-based facilities operate in more rural remote areas providing much needed health services to poor communities. It is often the case
that they struggle to compete for workers with the public sector. The adoption of a new constitution in 2010 has paved the way for a devolved system of government at county level in Kenya. This will mean the way in which health service delivery is administered and powered on a national level will change following the general elections in March 2013.

A Snapshot of the Current Workforce

Taking into consideration the structure and change outlined above, a true understanding of the Kenyan health workforce and its disbursement across counties and cadres is vital in identifying any shortages. Accurate data is the key input to creating this snapshot. Within the public sector the Ministry of Health has rolled out a free open source Human Resource Information System, iHRIS [2] developed by IntraHealth International, to track its health workforce of over 42,000 workers. During my fellowship I worked at the Secretariat office of one of the main faith based organizations, the Christian Health Association of Kenya (CHAK), to begin the process of implementing this system in some of its larger facilities. Two hospitals with staff numbers ranging from three to six hundred were selected as pilot implementation sites. Over a three month period we assessed existing ICT infrastructure, gathered and prepared HR data to be loaded into the system and performed user training sessions on the system with staff in the hospitals. Technological change and ongoing rollout and use of such information systems is necessary across the entire faith based sector to ensure its workforce is accurately represented in decision making at all levels – facility, county and national.

Parallel Efforts at Tackling Human Resources Challenges

With an accurate snapshot of the workforce beginning to emerge parallel efforts are also underway to ensure the health workforce in place is retained. Faith based facilities have been one of the major victims dealing with the HRH issue of staff retention. Delivery of health services in remote areas often means salaries and working conditions are not comparable to urban areas or larger facilities, and so can become less attractive to potential and current workers. Improvements arising out of salary surveys and subsequent increments, facilities providing employees with accommodation, clean and safe working conditions, leisure facilities, development and implementation of Human resource policies and procedures are being implemented under various capacity building projects and initiatives to aid retention. Using a HRIS enables health facilities to capture and utilise this key information on its health workforce. Moreover investment in such systems also means investing in and understanding the many aspects about the workforce.

The final components for strengthening HRH are ensuring health workers have the right skills and are doing the right things. IntraHealth again leads one major project in this area which got underway in 2012, FUNZOKenya [3]. Over its five year life cycle the project will help transform education and training for health workers. Once again HIRS data is a vital input to this project. System implementations across public and private sectors will ensure facilities can provide human resource information in a timely fashion and are adequately represented.

Key Points

Efforts to tackle the complexity of HRH challenges in Kenya are taking place in an ever changing and evolving environment but vitally possess the strong spirit of collaboration and desire for change required across the public private partnership which is a very positive indicator. Availability of accurate data on all sectors of the health workforce is a valuable input into decisions on health sector policies and can help ensure all sectors are represented fairly. Advancing HRH challenges will in turn act as contributory factors toward achievement of the Millennium Development Goals (MDG’s) [4] related to health and realisation of health benefits envisioned in the national development blue print, Kenya Vision 2030 [5].
References