

FHWC Response to the Proposed Indicators for the GHI HSS Principle

May 2013

The Frontline Health Workers Coalition (FHWC) is an alliance of United States-based organizations working together to urge greater and more strategic U.S. investment in frontline health workers in the developing world as a cost-effective way to save lives and foster a healthier, safer, and more prosperous world. We have previously submitted our response to the draft results framework on the GHI HSS principle via the USAID Learning Lab website, under the HSS subgroup posting on the draft results framework. The response was drafted prior to the release of the proposed indicators for the framework. Therefore, this document is focused on providing FHWC feedback on those proposed indicators. As a coalition advocating on health workforce issues, our comments are focused on the section of the results framework on human resources for health.

Frontline Health Workers

Throughout the proposed indicators, it is important to include frontline health workers in the cadres which are being counted or considered. Frontline health workers are those directly providing services where they are most needed, especially in remote and rural areas. Many are community health workers and midwives, though they can also include local pharmacists, nurses and doctors who serve in community clinics near people in need. Often the only point of contact with the health system for many people, frontline health workers are an essential link to health services, facilitating improvement of access which leads to improvements in utilization.

To reach underserved populations and expand coverage of essential health services, many low- and middle-income countries are increasing their investment in community health worker programs.¹ While more research is needed to improve counting of these community health workers and measurement of their impacts, the Coalition proposes the addition of the following input indicator to measure how countries manage this cadre of health workers:

- % of reporting countries with policies recognizing community health workers

Availability of Data

Several of the proposed indicators from the framework require HRIS. However many developing countries do not have HRIS. Therefore data availability and reliability may be limited for some of these indicators. As Sara Pacqué-Margolis from IntraHealth International noted in her comments, it will be important to monitor and document changes in coverage and quality of HRIS systems to determine impacts on the data used for the proposed indicators.

¹ Final Report of the U.S. Government Evidence Summit on Community Health Worker Performance. <http://www.usaid.gov/sites/default/files/documents/1864/CHW-Evidence-Summit-Final-Report.pdf>

Feedback on Proposed Indicators

Output Indicator: Distribution of health workers (by selected cadres, region [urban versus rural], place of work and sex).

Rather than relying on data from household surveys or administrative records, the Coalition recommends the use of proxy indicators at the population coverage level to measure the distribution of health workers. Specifically, the following provides the most reliable measure of distribution of health workers because they are strong measures of access to and use of services provided by health workers at the population level:

- % births assisted by skilled birth attendant
- % of children receiving three doses of the DPT3 vaccine
- Modern method contraceptive use

Given the critical role that frontline health workers like community health workers and midwives play in providing access to essential health services, particularly in remote and hard to reach areas, the Coalition recommends that the cadres measured for this indicator include frontline health workers. It is also important that this indicator measure the distribution of health workers not only in rural areas but in underserved/at-risk areas since underserved populations are not isolated to rural areas only.

Output Indicator: Health worker vacancy in public health facilities: Percent of rural districts fully staffed based on local HRH plan.

To accurately measure this indicator, a national HRIS would be necessary. Given the constraint of the lack of HRIS in many developing countries, the feasibility of collecting this data and its reliability are limited. Also, while the proposed indicator is a measure of hiring and recruitment practices, it is not necessarily a measure of whether the health workers are actually present and delivering services.

Output Indicator: HRH production indicator: Number of people graduating from USG-supported training institutions by select cadre.

The Coalition recommends that the HRH production indicator not be limited to people who graduate from USG-supported training institutions. The Coalition recommends that this indicator be consistent with PEPFAR's guidance for indicator H2.1.D on how to count new health workers produced.

(<http://www.pepfar.gov/documents/organization/81097.pdf> & <http://www.pepfar.gov/documents/organization/128167.pdf>)

Input Indicator: Costed/prioritized HRH strategic plan.

The Coalition recommends that this indicator be revised to say:

- Costed/prioritized HRH implementation plan that includes an M&E plan with indicators and targets.

Input Indicator: HRH intake indicator: Number of people entering USG-supported training institutions, by select cadre.

As this indicator is currently written, the Coalition feels that this is not a particularly useful measure of HRH intake as it does not capture non-USG training programs and does not take into account issues of absorption of USG-supported graduates into the health workforce. If this indicator is used, it could be broadened to include non-USG training programs and then broken down by whether the programs receive USG funding.

Indicator on Leadership

The Coalition recommends that an indicator related to HRH managers be included in the section of the results framework related to leadership and governance.

A Strategic Approach to Health Workforce

The Coalition sees the development of the results framework on health systems strengthening as an important step towards articulating a more strategic and comprehensive approach to U.S. assistance for health workforce development. The creation and tracking of indicators for this framework will not only allow the U.S. government to monitor progress of its interventions, but it also will provide the information to effectively communicate the impacts of its assistance for strengthening health systems, including assistance to strengthen the health workforce. The Coalition looks forward to a continued dialogue with the U.S. government as it continues its work to finalize and implement the HSS framework.

This statement was issued on behalf of the Frontline Health Workers Coalition. It does not necessarily represent the views of any of the individual Coalition members or its donors.

For more information on the Frontline Health Workers Coalition, please visit frontlinehealthworkers.org.