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# Human resources management and capacity development

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## SUMMARY

Human resources are central to planning, managing, and delivering health services, including pharmaceutical services. In most countries, personnel account for a high proportion of the national budget for the health sector—often 75 percent or more. Despite the critical importance of human resources to the functioning of pharmaceutical management programs, few concerted efforts have addressed the severe staff shortages facing the health sector in many countries. The HIV/AIDS pandemic has intensified this already serious situation.

In addition to staffing shortages, the health system faces many human resources challenges, including human resources planning, recruitment, deployment, training, staff motivation, and staff development. The root causes of these issues can be traced to years of neglect, low salaries, poor workplace climate, and limited capacity to train and update staff skills. Interventions needed to alleviate the human resources crisis include short-term actions, such as task shifting, while in the long term, countries need to expand their capacity to train enough staff to fill needs. Some issues need to be addressed at the national level (for example, compensation), but many can be addressed through better leadership and human resource management (HRM) at the facility level. In the pharmaceutical sector, the goal of HRM is to develop and sustain an adequate supply of skilled professionals who are motivated to provide a high level of pharmaceutical care.

Effectively addressing human resources challenges requires improved leadership and management at all levels. An expanded HRM role, especially at the facility level, is needed to transform the outdated view of human resources as mainly an administrative function to one where the human resources staff work closely with managers to support the health goals of the organization and to ensure that the right staff with the right skills are in place to meet these goals.

Managing people is an important and challenging task for any manager. Employees are motivated by many factors that can be affected by management. Receiving effective supervision, perceiving they are fairly treated, understanding their job priorities, getting feedback, feeling valued and appreciated, and having opportunities for professional development can all help staff perform better.

Developing and maintaining a fair, equitable, and effective HRM system can motivate staff and increase their level of job satisfaction and efficiency, which can result in improved service quality. An important part of a long-term strategy is creating an organizational and management structure for HRM that is implemented by managers and staff at all levels. A human resources partnership between senior managers, supervisors, human resources professionals, and individual staff members is what makes an HRM system work.

### 51.1 Recognizing the crisis in human resources for health

Countries throughout the world, especially developing countries, have long suffered from a severe lack of skilled health workers and managers. The delivery of health services is labor intensive, and the workforce is the primary determinant of health system effectiveness, yet strategies and systems for human capacity development in most ministries of health are inadequate to meet the needs of the population. In addition, the lack of health staff, including trained pharmacy staff, has compromised health care in rural areas. Moreover, the demands of scaling up antiretroviral treatment (ART) programs and the related time-consuming care have overburdened already weak systems for human resources development and management and drained personnel from other health services. Absenteeism and low morale are widespread, and work-related stress reduces health workers' productivity.

Countries with a high prevalence of HIV/AIDS that cannot address acute shortages in the short term are unable to

deliver effective services. In these countries, staff attrition rates are rising because of HIV infection, illness, and death as well as the migration of staff to urban areas or other countries. Vacancy rates in public-sector organizations are also rising, while the pool of skilled candidates to fill positions is still not deep enough. Results from a twelve-country survey showed that the problem is so serious that countries simply do not have the human resources capacity to absorb, deploy, and use additional funds that they are receiving to improve health (Kinfu et al. 2009). Estimates cited in the survey indicate that workforces in the most-affected countries would need to increase by up to 140 percent to attain health development targets.

The pharmaceutical personnel situation in many countries is dire; for example, countries such as Benin and Mali have less than one pharmaceutical worker for every 100,000 people, whereas France, in comparison, has more than 100 per 100,000 (Table 51-1). Uganda has an estimated 30 percent of the pharmacists it actually needs (Matsiko and Kiwanuka 2003). Some industrialized countries also have pharmacy staff shortages; many areas of the

**Table 51-1 Pharmaceutical personnel,<sup>a</sup> density per 100,000 population in selected countries, 2007–08**

Country	Density
Benin	< 1
Niger	< 1
Senegal	1
Burkina Faso	2
Malawi	2
Uzbekistan	3
Bhutan	4
Ghana	7
Liberia	8
Nigeria	13
Turkey	33
Albania	39
Israel	76
Bahrain	86
France	118

Source: WHO Department of Human Resources for Health 2008.

<sup>a</sup> Pharmaceutical personnel include pharmacists, pharmaceutical technicians, and pharmaceutical technologists.

United States have some difficulty filling pharmacist positions (FIP 2009).

The dynamics of entry and exit from the health workforce in many countries remains poorly understood, and many reasons—such as lack of investment in training, illness, and premature retirement and death—contribute to the shortage. This lack of understanding inhibits countries and development partners from developing and implementing appropriate interventions. Several factors, however, are recognized as important contributors to the shortage of trained pharmacy personnel and other health care workers, including—

*Migration of health personnel:* Migration contributes significantly to the loss of health workers from many countries. For example, almost two-thirds of Ghana's 140 pharmacy school graduates in 2003 migrated to a different country; between 2001 and 2004, Zimbabwe had about 150 new pharmacy graduates, while 100 Zimbabwean pharmacists registered to work in the United Kingdom during the same period (FIP 2006). Even relatively well-off countries like South Africa are losing trained health professionals to richer economies (FIP 2006).

*Staff leaving the public sector:* Health staff members leave the public sector to work for donor-funded projects that are flourishing from the large influx of money into Africa; in addition, health workers often choose to work in the private sector, where remuneration is often better.

For example, in Kenya, 58 percent of health facilities are in the public sector, whereas 86 percent of the pharmaceutical workforce is employed in the private sector (FIP 2009). Country Study 51-1 shows how a public-private partnership in Namibia, where pharmacists prefer private-sector employment, successfully recruited and pharmacy professionals into public-sector service.

*Poor distribution of staff:* The predominance of health workers is in urban areas—where they earn more and have access to better opportunities—meaning that rural areas often suffer from acute shortages of trained workers. Uganda is a country that has less than one pharmacist per 100,000 people in its population, but almost 90 percent of the existing pharmacists are located in the Central region, while the other 10 percent are divided among the other four regions in the country (FIP 2006).

*Insufficient preservice training:* Many countries lack the ability to train enough pharmaceutical professionals to fill their needs; they may have no or only one accredited school of pharmacy, for example. Increasing the number of skilled workers requires capacity in the educational system—enough teachers, updated curriculum, and adequate infrastructure—which takes time to build. Even when graduates are available, retention is difficult unless good management exists to absorb, train, and support them.

## 51.2 Addressing the crisis in the short and long terms

Global action is required not only to address high-priority infectious diseases but also to meet the long-term human resources needs of health systems in developing countries. The greatest challenge is to begin addressing shortages of health personnel in an integrated and comprehensive fashion. Responses to the challenge must meet both the short-term necessities of providing lifesaving treatment and the long-term human resources needs of the health sector (see Country Study 51-1).

Short-term responses include implementing aggressive retention policies, such as improving terms and conditions of service for health workers, providing ART to health workers who need it to preserve their health and productivity, and encouraging temporary regional migration of workers from countries with surplus workers to countries with deficits. For example, Kenya has bilateral agreements with Namibia, Southern Sudan, and Lesotho to send nurses to work on short-term contracts in those countries.

Task shifting has been used extensively and often effectively to fill gaps in health care worker shortages, including in pharmacies (WHO Maximizing Positive Synergies Collaborative Group 2009). Often, lower-level pharmacy workers, such as pharmacy technicians, or other cadres,

**Country Study 51-1****Using partnerships to improve human resources capacity to deliver pharmaceutical services in Namibia****Human resources crisis in pharmacy**

According to the World Health Organization's Global Atlas of the Health Workforce, in 2004, Namibia had fourteen pharmacists per 100,000 people, or half of South Africa's twenty-eight pharmacists per 100,000. Namibia's pharmacists are also poorly distributed—80 percent work in the private sector, leaving priority public health programs short of qualified staff. About half the pharmacists working in the public sector are located in Khomas region, particularly in Windhoek city, leaving the other twelve regions short of qualified personnel. Pharmacist assistants in most district hospitals occupy positions meant for more highly skilled pharmacists.

In 2006, of the forty-eight public-sector pharmacy posts available, only fourteen were filled—four of these were filled by Namibians.

**Challenges in filling positions in Namibia**

- Foreigners on two-to-three-year contracts fill 90 percent of pharmacist positions. Knowledge of local languages is critical; English speakers usually need translators to communicate with patients, while the many Cuban pharmacists have a hard time because of a lack of Spanish translators.
- No pharmacy school exists in Namibia, and an inadequate number of Namibian students pursue a pharmacy degree abroad. Those who do return from abroad choose careers in the private sector.
- Of 515 students pursuing health and social welfare training at the University of Namibia during 2003–04, only two were enrolled in the prepharmacy program.
- The Namibia National Health Training Center trained only about eight pharmacist assistants in a year.
- The public-sector recruitment process was time consuming; therefore, engaging pharmacists—particularly those from abroad—took a long time.

**A partnership to expedite the recruitment of pharmacy staff**

The Ministry of Health and Social Services (MoHSS) and the Rational Pharmaceutical Management Plus (RPM Plus) Program developed an intervention with the goal of increasing the number of facilities with qualified pharmaceutical staff. The partnership model comprised the following components—

- RPM Plus worked with the MoHSS to develop a mechanism to expedite the hire of pharmacists and pharmacist assistants for priority positions in the public sector; all target positions were identified and aligned with MoHSS priorities.
- Job descriptions for temporary staff were made commensurate with those in the public sector; work standards were set according to MoHSS policies.
- The MoHSS led the interview and selection process.
- Remuneration for recruited staff was set in accordance with the MoHSS scale.
- A local human resources company, Potentia Namibia Recruitment Consultancy, recruited successful personnel and managed their remuneration and benefits.
- The MoHSS directly supervised and evaluated the performance of recruited personnel.
- The MoHSS mobilized its own resources and systems to progressively absorb the newly appointed personnel into the government personnel structure.

**Results of the partnership**

In two years, twenty-eight pharmaceutical staff members (eleven pharmacists, one network administrator, and sixteen pharmacy assistants) were recruited; 64 percent of the staff positions have been absorbed into the public service (46 percent of the pharmacists and 81 percent of the pharmacy assistants). Despite Namibia's lucrative private sector, no pharmacist that the partnership recruited and supported has been lost to the private sector. Vacancy rates have been reduced by more than half, and evidence suggests that the quality of pharmaceutical care and services has improved. According to the Kunene regional director, "There is better ordering of pharmaceutical items and stock management has improved. The compilation of consumption pattern has been done, and it is easier to forecast needs of certain pharmaceutical items. The Regional and District Therapeutic Committees have been resuscitated and have begun to look more closely at pharmaceutical issues in the region and districts."

**Lessons learned**

The time and resources needed to manage staff before they were absorbed into the public sector proved higher than RPM Plus expected. Thus, contracting with a local human resources company to manage the seconded staff on behalf of the MoHSS and RPM Plus proved vital to the partnership's success. Additional steps that were critical to the process included working closely with the MoHSS

to identify its needs, complying with MoHSS policies and standards, and recruiting pharmacy assistants as they graduate and before they slip into the private sector.

Innovative partnerships between the public and private sectors can help national programs expand their human resources base more quickly; however, the success of such partnerships relies heavily on the explicit commitment of each partner, including the host government, the donor, and the technical assistance team. Human capac-

ity-building interventions should be based on existing government systems to ensure their eventual integration and sustainability. This innovative collaboration created a new mechanism for the government to fill priority pharmaceutical positions more quickly while allowing it to gradually absorb the positions into its existing structure—thereby addressing immediate program needs while ensuring long-term contributions.

Source: Tjipura-Tjiho et al. 2007.

such as nurses, are given the responsibility of running an entire dispensing site because no fully trained pharmacist is available to do so. Some countries are training community health workers to dispense certain medicines, especially for childhood illnesses. Country Study 51-2 illustrates how Kenya supported pharmaceutical management task shifting to support ART scale-up. The World Health Organization (WHO), the U.S. President's Emergency Plan for AIDS Relief, and the Joint United Nations Programme on HIV/AIDS (WHO, PEPFAR, and UNAIDS 2008) have also collaborated on guidelines for task shifting in the health sector.

To address the lack of pharmaceutical workers in rural or peri-urban areas, countries such as Vietnam require students receiving government scholarships to work in underserved areas upon graduation. Vietnam also allows pharmacy schools to accept students from underserved provinces and rural areas without a competitive examination (FIP 2009). Other countries use financial incentives to boost recruitment in rural areas, but this strategy may not be sustainable if it relies on outside funds. Australia is tackling its shortage of pharmacists through a series of strategies known as the Rural Pharmacy Program. The framework is based on the belief that a combination of incentives to address these multiple factors is more likely to be successful than a single intervention and that the synergy among the interventions can improve both recruitment and retention (FIP 2009). Table 51-2 shows examples of the types of strategies the program uses.

Countries are also enacting policies and incentives to recruit and retain more pharmaceutical personnel in the public sector. In Kenya, for example, improved policies and terms of service in the public sector have led to higher retention of pharmacy staff—from 433 in 2005 to 609 in 2008—and Sudan now requires pharmacist graduates to spend one year in government health institutions, which has increased the number of pharmacists in the public sector, particularly in rural areas (FIP 2009). Sudan has also created opportunities for postgraduate study to minimize attrition from the public sector (FIP 2009). WHO launched an initiative to increase access to health workers in remote and rural areas

through improved retention (see [http://www.who.int/hrh/migration/expert\\_meeting/en/index.html](http://www.who.int/hrh/migration/expert_meeting/en/index.html)).

Long-term solutions require national-level planning and strategies. Governments should work with professional organizations, regulatory bodies, training institutions, unions, and employers to develop long-term workforce plans. Strategies should strive for self-sufficiency rather than rely on foreign workers or educational institutions. Governments also need to ensure that legislation and regulations keep up with capacity-building strategies. For example, Sudan's Ribat University opened a new school and approved a three-year curriculum for pharmacy technicians; however, the pharmacy technician cadre was not defined in any policy or legislation, and how the cadre differs from that of pharmacy assistant or what its role is in pharmacy practice is unclear (FIP 2009).

More educational and preservice training opportunities are the key to solving long-term staffing problems. WHO and the International Pharmaceutical Federation (FIP) have established a task force to examine issues related to addressing pharmacy education as a means of increasing the number of pharmacists. Box 51-1 includes the task force's plan of action. Namibia addressed its lack of pharmaceutical training capacity by expanding the ability of the National Health Training Centre to train pharmacy assistants by renovating classrooms and offices, revising curriculum, and providing tutors and training consultants. As a result, the center increased its yield of pharmacy assistant graduates by 100 percent in one year—from nine in 2009 to eighteen in 2010, with sixty more in line to graduate by 2012. The 2010 graduates were all recruited into the public sector.

In addition to using public institutions to help build pharmaceutical sector human resources, providing technical assistance to academic institutions in resource-limited countries and fostering regional collaboration are efficient ways to build institutional capacity. The Regional Technical Resource Collaboration for Pharmaceutical Management, described in Country Study 51-3, is an example of such a regional approach to capacity building.

Box 51-2 presents a human resources for health (HRH) framework that promotes a comprehensive and integrated

### Country Study 51-2 Supporting task shifting to build HR capacity in pharmaceutical management in Kenya

Only 38 to 45 percent of those in need have access to ART in Kenya. Because of the severe shortage of pharmaceutical professionals, Kenya's adoption of decentralized ART has resulted in other health cadres being used to manage pharmaceuticals; however, these other health care providers lack skills in pharmaceutical management, thus limiting ART scale-up.

The Strengthening Pharmaceutical Systems (SPS) Program collaborated with the National AIDS and STI Control Programme (NAS COP), training institutions, and other government agencies to develop and implement short- and long-term measures that support decentralization and task shifting, thereby strengthening human resources capacity and sustainability. Key interventions included training more than 1,500 health providers in pharmaceutical management and implementing a mentorship program. Training of trainers increased the pool of regional experts and created a mechanism to provide ongoing supervision.

SPS developed eleven job aids and eleven pharmaceutical standard operating procedures (SOPs) and guidelines,

which NAS COP adopted and disseminated to more than 400 ART sites to improve services and standardize practices. Decentralization of ART pharmaceutical services has been implemented successfully in more than 300 satellite sites. In addition, more than 2,500 public and private practitioners attended continuing professional development courses in pharmaceutical management. Advocacy for incorporating pharmaceutical management into preservice curricula culminated in 162 students at middle- and tertiary-level educational institutions receiving training. SPS is developing a pharmaceutical management orientation package for new providers at all levels of care and working with institutions to include pretested pharmaceutical management modules in preservice training curricula to promote sustainability.

Systematically implemented task shifting strategies that combine pre- and in-service training programs, job aids, reference guides, and SOPs have alleviated human resources challenges in a context of decentralized ART.

Source: MSH/SPS-Kenya 2009.

**Table 51-2** Australia's rural pharmacy program strategies to increase pharmacy staff in underserved areas

Strategies	Type of disincentive addressed			
	Economic	Professional	Educational	Family
<b>Recruitment of pharmacists to rural areas</b>				
Undergraduate scholarship scheme	√		√	
Placement (internship) allowance	√		√	
Pharmacist academic positions at university departments of rural health		√	√	
Administrative support to pharmacy schools			√	
Rural pharmacy promotion campaign			√	
Rural pharmacist preregistration incentive allowance	√	√		
<b>Retention of pharmacists in rural areas</b>				
Emergency locum service	√	√		√
Continuing pharmacy education allowance	√	√	√	
Rural pharmacy newsletter		√		

Source: FIP 2009.

**Box 51-1****FIP, UNESCO, and WHO Pharmacy Education Taskforce Action Plan 2008–10**

- To define pharmacy service competencies across all settings and levels of the health system
- To set educational objectives aligned with competencies and develop a framework that considers the entire pharmacy education continuum from undergraduate education through to continuing professional development at the postgraduate level
- To develop a global framework for quality assurance and the development of accreditation systems (e.g., development of standards for educational institutions and programs) in pharmacy education
- To gather and analyze data on the academic/faculty workforce, and review and develop capacity development strategies that meet local, regional, or global needs
- To guide stakeholders toward an accepted holistic vision for the entire continuum of pharmacy education at the global, regional, and local levels
- To provide advocacy and technical guidance to country-level stakeholders and educational institutions
- To establish a global platform for ongoing dialogue; sharing of evidence, practices, lessons learned, resources, and tools for pharmacy education; and workforce planning

FIP = International Pharmaceutical Federation; UNESCO = United Nations Educational, Scientific and Cultural Organization; WHO = World Health Organization.

approach to developing strategies to tackle both immediate and longer-term HRM challenges. The framework examines six components of planning and managing the workforce so that appropriately trained personnel are available in the right places at the right time: HRM, policy, finance, education, partnerships, and leadership. HRM systems are at the center of the diagram because of their importance in integrating all the other components. Country Study 51-4 illustrates how the results of an HRM assessment of the pharmaceutical sector in Namibia were organized using the HRH framework.

### 51.3 Understanding the role of HRM at all levels of the health care system

*Human resources management* is the integrated use of systems, policies, and management practices to recruit, maintain, and develop employees so the organization can meet its desired goals (MSH 1999). Effective HRM should help managers make plans and hire trained staff, and help employees find meaningful work with avenues for career development. A comprehensive HRM system provides managers with a framework and tools to better plan, recruit, hire, deploy, motivate, and retain employees. At the national level, HRM involves developing health-sector strategies, policies, and practices to ensure a workforce that is balanced in numbers of staff, qualifications, and placement.

Initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief, while adding more financial resources, are also putting pressure on human resources. Sometimes such initiatives can be an opportunity to advocate for better

salaries and working conditions, but these benefits must be equitable for all staff.

Even as policy makers adjust policy and regulatory frameworks at the national level, managers of district health services, nongovernmental organizations, public hospitals, or pharmacies can still do much to strengthen the HRM system. At the organizational level, where most program managers function, HRM involves linking management and development of human resources to an organization's strategic plan, goals, and objectives. Establishing these links is an essential management strategy.

An essential part of the overall management strategy should be to consider how HRM can help the organization fulfill its goals. Often people view HRM as having a limited, administrative role focused on documenting staff personnel actions. Although this administrative role is very important, the role of human resources should not be limited to these activities. In light of the new global initiatives resulting in scaled-up public health treatment programs for diseases such as HIV/AIDS and malaria, human resources should—

- Be a strategic partner in developing and attaining the goals of global initiatives
- Align human resources needs with the demand for new and old services
- Assess the need for task shifting and new job descriptions
- Develop incentives for staffing hard-to-reach areas
- Keep all employees informed about the changes taking place
- Create opportunities for staff to contribute ideas
- Encourage teamwork and team spirit

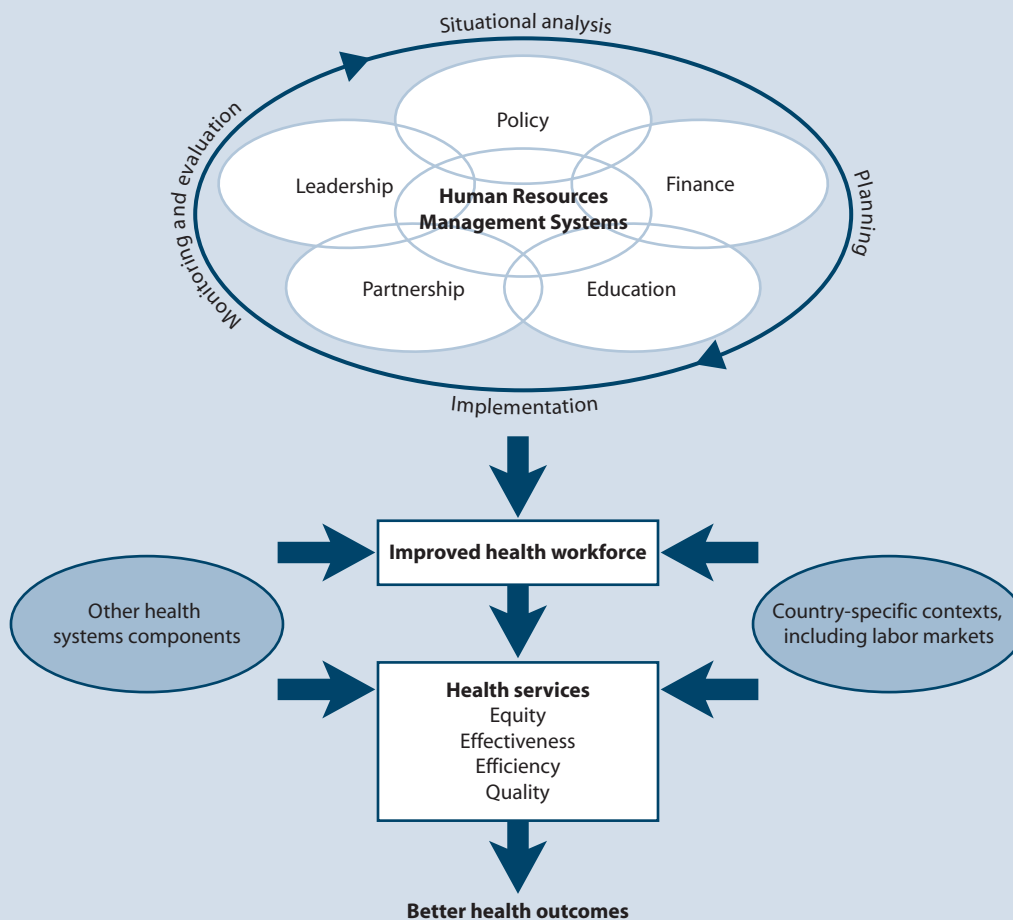
**Box 51-2**  
**The human resources for health framework**

The World Health Organization and the U.S. Agency for International Development invited thirty-five representatives from various agencies, donor countries, nongovernmental organizations, and academia to draft a common technical framework to help governments and national planners understand the complex problems of human resources for health.

Meeting participants agreed that the framework should be scientifically based, tested in the field, and useful in a multisectoral and multistakeholder context. It had to capture the content and processes involved in develop-

ing and implementing a national strategy for human resources for health; be simple but comprehensive; and show the interdependencies among the various players, institutions, and labor markets involved in the health workforce.

The following figure and table illustrate and explain the final framework. Additional information on the development of the framework and how it can be used to develop a national strategy can be found in the publication *Tools for Planning and Developing Human Resources for HIV/AIDS and Other Health Services* (MSH/WHO 2006).





Framework components		
Component	Goal	Factors in achieving the goal
<b>HRM systems</b>	HRM systems are in place that result in adequate and timely staffing, staff retention, teamwork, effective planning, and good performance.	<ul style="list-style-type: none"> <li>• HRM capacity in health facilities, local governments, and local health offices</li> <li>• Effective personnel systems: planning, recruitment, hiring, transfer, promotion, firing</li> <li>• Staff retention strategies</li> <li>• Training aligned with job requirements</li> <li>• Human resources information systems</li> <li>• Workplace programs for HIV prevention</li> </ul>
<b>Policy</b>	Employment process in government is streamlined; appropriate HR policies are in place and enforced.	<ul style="list-style-type: none"> <li>• National civil service rules</li> <li>• Government policies and structure for HRM (such as centralized hiring and firing)</li> <li>• Authorized scopes of practice for health cadres</li> </ul>
<b>Finance</b>	Approved budget is adequate to sustain projected health workforce requirements. Allocation authority is aligned with technical and management planning and decision making.	<ul style="list-style-type: none"> <li>• Health expenditures</li> <li>• Salary structures</li> <li>• Incentives to prevent migration of health staff</li> <li>• Support for preservice and in-service training</li> <li>• Administrative costs for recruitment, hiring</li> <li>• Supervision</li> <li>• Accountability</li> </ul>
<b>Education</b>	Preservice training institutions have the capacity to meet demand for essential health workers and to adapt curricula as needed for new content requirements.	<ul style="list-style-type: none"> <li>• Enough institutions to train all required health cadres</li> <li>• Adequate number of lecturers and tutors who meet quality standards for both content and teaching capacity</li> <li>• Training programs that match demand for health cadres and include essential content (clinic management, health management information systems, etc.)</li> <li>• Availability of equipment and supplies needed for preservice training</li> </ul>
<b>Partnerships</b>	Planned links among sectors; districts; and nongovernmental, community, and religious organizations increase human capacity.	<ul style="list-style-type: none"> <li>• Effective links among public-sector, private-sector, and community networks</li> <li>• Collaboration between ministry of health and ministries of finance and education</li> </ul>
<b>Leadership</b>	Managers at all levels demonstrate that they value health workers and provide staff with leadership to face challenges and achieve results.	<ul style="list-style-type: none"> <li>• Visionary leadership</li> <li>• Advocacy for reform of human resources policies</li> <li>• Leadership development for managers at all levels</li> </ul>

Source: MSH/WHO 2006.

Furthermore, a strong and comprehensive HRM system has many benefits for managers and employees at all levels in both public- and private-sector organizations. Such a system can help ensure that staff members deliver quality health and pharmaceutical services to their client communities. Box 51-3 lists the benefits of establishing a strong HRM system.

#### 51.4 Assessing the strength of HRM in the organization

HRM is perhaps the most misunderstood and poorly used management system in the health sector. As a result, determining an organization's view of its human resources and how it should strengthen its systems can be a challenging task. One of the most important actions in establishing a

strong, comprehensive HRM system is gathering the information that will help plan for and implement the system. To do this, management needs to assess the organization's existing areas of strength and the areas that need strengthening. After it has identified the areas that require strengthening, management should prioritize them and develop an HRM action plan to address them.

By asking the following questions, a manager can begin to think about some of the issues involved and begin the process of establishing an HRM system that improves productivity and helps provide quality services—

- Do employees understand how their work specifically contributes to the mission and goals of the organization?
- Do employees view performance appraisals as an opportunity to learn about their skills and competencies and to discuss plans?

- Is the supervisor's role valued and supported by the organization?
- Are job descriptions up-to-date and readily available to all employees?
- Are employees routinely considered for job vacancies and other opportunities for promotion?
- Do employees understand the organization's policies on salaries and benefits and consider them fair and equitable?
- Can the organization engage in long-range planning, knowing it has or can develop the human resources required?
- Does the organization have strategies to provide meaningful jobs?
- Does the organization have a spirit of achievement and high performance?
- Do employees come to work on time and work productively for the full workday?
- Do managers spend less than 10 percent of their time dealing with grievances?
- Can the organization take on new objectives or tasks with cooperation from everyone?

Assuming the assessment identifies gaps that indicate the need to establish a stronger HRM system in the organization, several key issues should be considered, which include—

- Encouraging human resources leadership at the organizational level
- Assessing staffing requirements
- Developing and maintaining a performance management system
- Establishing a responsive supervisory system
- Improving staff motivation and performance through better human resources practices

### Country Study 51-3

#### Using a regional resource to build capacity in pharmaceutical management

In addition to helping public institutions build pharmaceutical-sector human resources, providing technical assistance to academic institutions in resource-limited countries and fostering regional collaboration are efficient ways to build institutional capacity. The Regional Technical Resource Collaboration (RTRC) for Pharmaceutical Management comprises groups from Makerere University in Uganda, Muhimbili College of Health Sciences in Tanzania, the University of Nairobi in Kenya, and the National University of Rwanda. These institutions are leading in-country initiatives for building the capacity of health care workers to manage medicines by developing and adapting training materials, training health care workers, and developing effective approaches for skills building in low-resource settings.

Over a period of two years, the RTRC assessed pharmaceutical supply management systems and practices in Kenya, Rwanda, Tanzania, and Uganda. In a 2006 workshop in Uganda, the RTRC contributed to the development of comprehensive HIV/AIDS pharmaceutical management training materials, which are now widely available in all four countries. In Tanzania and Uganda, the RTRC has been involved with the training of more than 100 health care workers in HIV/AIDS pharmaceutical management. In Kenya, Tanzania, and Uganda, the RTRC has been conducting operations research to find solutions to those countries' skills-shortage problems.

A number of junior members of the academic staff within the mentioned institutions were targeted for

capacity building. This training allowed the system to build a significant pool of professionals with skills and competences in pharmaceutical supply management. At Tanzania's Muhimbili University College of Health and Allied Health, ten members of the academic staff— three senior staff members and seven junior staff members— have developed competences and skills in pharmaceutical management. Makerere University in Uganda has thirteen staff members who have developed competences in pharmaceutical management.

Following the development of training materials and the training of a number of academic staff members in pharmaceutical supply management, Makerere University's Department of Pharmacy has now adapted various components into its preservice pharmacy curriculum. In addition, the schools of pharmacy in both Tanzania and Uganda have plans to develop master of science programs in pharmaceutical supply management that draw largely from the initiative. In Rwanda, the Department of Pharmacy at the National University has revised its preservice curriculum to include components of pharmaceutical supply management.

The skills acquired by local institutions can be incorporated into both preservice and in-service teaching curricula to ensure long-term availability of skills in-country. The ability of trained institutions to mobilize their own resources for skills-building activities is crucial for the success and sustainability of these programs.

Source: Matowe et al. 2004.

### Box 51-3 Benefits of establishing a strong HRM system

#### Benefits to the organization

- Increases the organization's capacity to achieve its goals
- Increases the level of employee performance
- Uses employee skills and knowledge efficiently
- Saves costs through the improved efficiency and productivity of workers
- Improves the organization's ability to manage change

#### Benefits to the employee

- Improves equity between employee compensation and level of responsibility
- Helps employees understand how their work relates to the mission and values of the organization
- Helps employees feel more highly motivated
- Increases employee job satisfaction

These HRM areas are relevant in any organization, regardless of its size, purpose, and degree of complexity, and whether it is public or private. Carrying out a comprehensive HRM assessment will help address policy, planning, training, and management in an integrated way.

## 51.5 Encouraging human resources leadership at the organizational level

Many organizations treat HRM in a piecemeal fashion. Human resources leaders link all components of human resources to create one, integrated HRM system. When an organization's leaders create this type of integrated system, the effect on organizational performance can be profound. In supporting human resources by giving it a prominent and strategic role, managers and leaders are also sending a message to all staff that the organization will treat them fairly and will respect their contribution to its success. Table 51-3 lists the components that contribute to developing a human resources system.

Every organization or program needs leadership at the highest level to support human resources. To take a leadership role in HRM, a manager should—

- Create a positive climate for human resources
- Create a management structure for human resources
- Define what needs to be done
- Forge new organizational arrangements that foster employee participation, teamwork, and growth
- Ensure that human resources activities are integrated throughout the organization
- Involve staff at all levels and from all departments in HRM
- Dedicate staff and budget to building human resources capacity within the organization
- Make learning an organizational priority
- Provide a link between internal HRM and external stakeholders

**Table 51-3** Human resources development components

Component	Sample elements
HRM capacity	<ul style="list-style-type: none"> <li>• HRM budget</li> <li>• HRM staff</li> </ul>
HRM planning	<ul style="list-style-type: none"> <li>• Organizational mission and goals</li> <li>• HRM planning</li> </ul>
Personnel policy and practice	<ul style="list-style-type: none"> <li>• Job classification system</li> <li>• Compensation and benefits system</li> <li>• Recruitment, hiring, transfer, and promotion</li> <li>• Orientation program</li> <li>• Policy manual</li> <li>• Discipline, termination, and grievance procedures</li> <li>• Relationships with unions</li> <li>• Labor law compliance</li> </ul>
HRM data	<ul style="list-style-type: none"> <li>• Employee data</li> <li>• Computerization of data</li> <li>• Personnel files</li> </ul>
Performance management	<ul style="list-style-type: none"> <li>• Job descriptions</li> <li>• Supervision</li> <li>• Work planning and performance review</li> </ul>
Training	<ul style="list-style-type: none"> <li>• Staff training</li> <li>• Management and leadership development</li> <li>• Links to external preservice training</li> </ul>

- Influence health policy makers
- Influence the curricula offered by preservice training organizations

## 51.6 Assessing staffing requirements

Determining the staffing requirements of a pharmaceutical program means taking into account factors such as the size of the program and its goals, its geographic location, and its place within the agency of which it is a part. Three inter-related questions can be used for an initial determination of staffing requirements—

**Country Study 51-4****Assessing Namibian pharmaceutical sector capacity to support the scale-up of HIV/AIDS programs**

The burden of HIV/AIDS on Namibia's health service delivery system and human resources is enormous. For example, in 2005, a referral hospital had 2,570 people on ART who must see the pharmacist every month. At that time, the ART pharmacy served approximately eighty people per day, staffed by one pharmacist and one pharmacist assistant. Staff had no computer system to track patients and no telephone or transport to find the patients who had started on ART but then stopped coming. Staff members at this hospital were barely coping with the demand; how they were going to be able to scale up ART services without additional pharmacy help was hard to imagine.

In 2005, an assessment in the Namibian pharmaceutical sector was the first step in identifying and implementing both short-term and long-term solutions to the shortage of pharmacists and pharmacist assistants in scaling up HIV/AIDS services in the national health system. The assessment and the resulting recommendations were seen as the first move toward strengthening the capacity of pharmaceutical personnel for the scale-up of HIV/AIDS as well as the delivery of health services in general.

**Assessment team activities**

- Reviewed all relevant human resources data and pre-service statistics
- Reviewed HIV/AIDS operational strategy, and identified the numbers and types of cadres required to implement it
- Conducted interviews with health staff, especially those linked to pharmacy, using a participatory tool and instrument with questions
- Held meetings and focus group discussions with a diverse range of human resources stakeholders in all sectors of the national health system
- Met with selected training institutions and interviewed managers and faculty
- Used the HRH framework to assess and analyze data collected in the assessment
- Formulated both short- and long-term recommendations and cost elements
- Debriefed stakeholders on draft findings and recommendations

**Assessment results**

Despite the different approaches used in establishing ART programs as rapidly as possible, the assessment showed that the pharmaceutical services in all of the hospitals had human resources constraints that compro-

mised their delivery of ART services. These constraints included—

- Vacant positions
- Reliance on foreign pharmacists, creating language barriers
- Small number of trained pharmacists and pharmacist assistants coming from the educational system
- Limited opportunities for in-service training and career mobility for pharmacists and pharmacist assistants
- Difficulty in retaining pharmacists and pharmacist assistants in the public sector
- Inability of pharmacists and pharmacist assistants to perform efficiently

**Short- and long-term recommendations**

The assessment team used the HRH framework as an approach to capture the recommendations made in their report (see Box 51-2). The HRH framework is based on the understanding that an integrated and comprehensive response is needed to address the global priority of scaling up HIV/AIDS treatment. Short-term solutions are needed to address emergency staffing issues, but longer-term strategies are critical to ensure an effective and sustainable health workforce over time.

**HRM systems**

In the short term—

- Contract a marketing firm to develop and implement a marketing campaign to recruit more candidates for the pharmacy program.
- Increase the number of pharmacist assistants being trained. Restart the program at another location.
- Contract with an outside recruitment firm to secure more foreign pharmacists. Provide a central-level monitoring mechanism.
- Implement the HIV/AIDS workplace program developed by the MoHSS.
- Use pharmacist assistants to counsel ART patients.
- Review the role pharmacists play in hospital pharmacy to make optimum use of the limited resources.
- Reconsider the staffing mix at medical stores to include more management skills.

In the long term—

- Provide a leadership development program for managers at all levels.
- Ensure that trained human resources professionals are in place throughout the health system.

### **Policy and financial**

In the short term—

- Establish a minimum of ten bursaries or grants for students pursuing a pharmacy degree and two for pharmacist assistants.
- Develop a two-year community service requirement, in lieu of bonding.
- Permit part-time employment for pharmacists.
- Create a new cadre of pharmaceutical technician as promotional step for pharmacist assistants.
- Finalize a policy to permit pharmacists to work in both the private and public sectors.
- Increase the number of pharmacist assistant students that a pharmacist may supervise.
- Install computer tracking systems at ART sites.

In the long term—

- Streamline the employment process, and improve human resources links between the central and regional levels.

### **Education**

In the short term—

- Install Internet facilities in all district hospitals to enhance learning.
- Review in-service training to improve availability and meet the needs of pharmacy staff.
- Introduce a best practices program for pharmacists and pharmacist assistants to share knowledge.

- Provide intensive English-language training for Cuban pharmacists.

In the long term—

- As a long-term measure, the MoHSS should introduce distance learning and computer-aided instruction to its in-service training capacity.

### **Leadership**

In the short term—

- Implement leadership development programs to create a climate of teamwork and support at all ART sites.

In the long term—

- Improve multisector collaboration for strengthening human resources capacity in all areas of health.

### **Partnerships**

In the short term—

- Partner with the Pharmaceutical Society of Namibia to market pharmacy and support more students in training.
- Enlist assistance of district councils to develop formal partnerships with community groups that can provide needed human capacity in ART.

In the long term—

- Work with the two education ministries and the University of Namibia to improve science education at the secondary level.

- What is the scope of the services to be offered in relation to the selection, procurement, distribution, and use of pharmaceuticals?
- What different types of workers are required at each level of the system?
- What is the optimal number of employees needed to deliver these services in the most efficient and effective manner?

Administrative arrangements can vary considerably, even within one agency or government. For example, medicine selection and use may fall under the purview of the ministry of health, whereas procurement and distribution may be handled by a different ministry, responsible for supplies. Also, many options exist in linking with pharmaceutical supply sources. If pharmaceutical procurement and distribution are provided directly by a government agency, then all jobs may be performed by government staff. If the central procurement office is limited to negotiating with commercial suppliers for direct delivery to health facilities, then

most of the importation, bulk inventory control, and bulk storage occur within the private sector.

An example of a large-scale human resources challenge is the integration of ART for HIV/AIDS into existing pharmacy services, which can easily double the volume of pharmaceutical products the staff handles and dramatically increase the number of patients served at the pharmacy. Pharmacy staff that dispenses antiretroviral drugs must spend more time counseling patients, especially new patients. In addition, because patients continue therapy for a lifetime, they need regular monitoring for treatment adherence, which adds to staff responsibility.

An analysis of information on human resources requirements for ART showed that the number of pharmacy staff needed depended on how dispensing and counseling activities were divided among different cadres; however, the average number of pharmacy staff was estimated at one to two per 1,000 ART patients (Hirschhorn et al. 2006). In Kenya, ART managers have addressed the shortage of pharmacists by developing a cluster of facilities that share the services

**Box 51-4****Recruitment action checklist****1. Review staff requirements**

Take a broad view of your staffing needs and consider whether you really have a vacancy. For example, if an employee is leaving a clinic that you feel is already over-staffed, review the workload at that facility and decide whether a full-time permanent replacement is needed or whether an alternative option would be more appropriate. For example, would a part-time or temporary worker be sufficient? Should the job be restructured? What would the staffing implications of a restructured position be?

**2. Consult with those involved**

Always be sure to take any organizational policies and procedures into account. Authorization for a replacement or a new appointment may be needed from senior management, or in the case of most health ministries, from another government agency. Consult with your personnel or human resources department if you have one, because they will have expertise in this area.

**3. Specify the sort of person you are looking for**

List the duties, responsibilities, and relationships involved in the job role, and define the level of authority the post holder will have. Decide what qualifications and skills are required, what type and length of experience are needed, and which personal attributes will be important. This information will enable you to create an up-to-date job description and role specification. State the geographic location of the vacancy (hospital, clinic, etc.) and set a target start date.

**4. Research the labor market**

Depending on the nature of the job, you may want to review the job description and role specification and ask yourself whether you are likely to find what you are looking for in one person. If so, undertake some research to gauge the pay and benefits package you will need to offer. Salary surveys are usually expensive, but they are often summarized in the press at the time of publication. Monitoring job advertisements and networking with employers in your area and sector can also give you an idea of current pay rates for certain common job categories.

**5. Comply with local labor laws and other legal requirements**

In most countries, recruitment activities are covered by a growing body of legislation and codes of practice

designed to exclude favoritism, discrimination, and unfair treatment. As such, the entire recruitment team needs to be aware of and keep up-to-date with the latest developments to ensure that they follow good practice and do not infringe on the regulations.

**6. Plan how to find and attract candidates**

Again, depending on the position you want to fill, you may want to start within your organization. Are any employees suitable for promotion or reassignment? Even if you are doubtful, advertising internally as a courtesy to staff who may wish to apply is important, and keep in mind that they may have friends or relations who will be interested in the position.

Refer to your existing database of previous applicants, whether unsolicited or otherwise. Draw on any appropriate contacts.

Decide whether to use the services of a recruitment agency to identify and short-list candidates for you, weighing the costs incurred against the time and expertise at your disposal.

Consider whether electronic recruitment techniques, using either a government website (as in Kenya) or an online recruitment service, would be appropriate.

**7. Decide where to advertise**

If you decide to advertise independently rather than use an agency, think through the options and decide which is most likely to reach the kinds of candidates you have in mind: local or national press, bulletin boards of professional associations, Internet recruitment sites, or mailing lists. Research the costs involved, and decide what you can afford.

**8. Write the advertisement**

Decide if you or other staff members have the skills and knowledge required to draft an advertisement. If your organization has a human resources department, they will probably take on this task, but ensure that you are involved throughout the process. In the case of a senior post, or if you are recruiting in large numbers, you may wish to hire an advertising agency to draft the advertisement and place it appropriately. Naming your organization in the advertisement is preferable to using a box number unless you have particular reasons for secrecy. Ensure that the advertisement provides the following details clearly and succinctly—

- Duties and responsibilities of the job
- Qualifications and experience required
- Personal qualities sought
- Location
- Some indication of the salary range
- Form of reply you require (i.e., CV and covering letter, copies of relevant certificates, and testimonials)
- Deadline for the submission of applications and where the application should be sent

If you are asking applicants to complete an application form, check that it requests all the details you will need to help you assess the candidates. Asking a colleague to complete the form from the perspective of a candidate can also be helpful to ensure that the form is clear.

Source: Society for Human Resources Management (<http://www.shrm.org>).

of one ART-trained pharmacist, who floats among the clustered sites, while technicians or nurses take care of the routine responsibilities.

Calculating and justifying the number of pharmaceutical management staff needed can be difficult. The *norms approach*, which specifies a standard staffing level, or norm, for each staff cadre, quickly breaks down in practice. For example, a norm that says that each regional store needs three supplies officers will result in overstaffing at small regional stores and understaffing at busier stores.

The *workload approach* to staffing is based on the activities, volume of work (workload), and activity standards for each type of staff at each level. This is known as the WISN, or workload indicator of staffing need, approach (Shipp 1998). The WISN method is generally a much more realistic approach for determining staffing needs than the norms approach. Because it is based on actual workload, results from the WISN method are more readily explained and defended.

No matter how the organizational structure and contractual arrangements are defined, all the tasks and related jobs must be performed if the pharmaceutical supply system is to operate reliably and expeditiously. An organizational chart describing the relationships among different staff positions is very useful.

### 51.7 Recruiting and hiring needed workers

Effective recruitment processes are vital in ensuring that a ministry of health or any other health organization has the people it needs to implement its strategy and meet its objectives. Recruitment can be expensive, but so too is the appointment of an employee who is inadequately qualified, fails to perform well, or leaves the organization before he or she has been able to make a significant contribution. The time and effort invested in planning the process of recruitment carefully can help get the right person for the job, reduce turnover, build a strong team, and enhance organizational performance.

*Recruitment* is the process of attracting, assessing, selecting, and employing people to carry out the work activities

required by a health facility or organization. Box 51-4 has a recruitment action checklist that focuses on planning and undertaking the initial stages of the process. In addition to assessing the need for additional or replacement staff, the process involves identifying the tasks to be carried out, specifying the kind of person needed, finding a pool of suitable candidates, drawing up a short list, conducting interviews, hiring, inducting the new hires, and deploying them.

Country Study 51-5 describes how implementing emergency administrative reform allowed Kenya to fast-track recruitment and hiring into the public-sector health services.

### 51.8 Developing and maintaining a performance management system

One of the most important tasks for a manager is to support the establishment of an organization-wide performance management system that connects strategic and operational plans with performance measures for organizational units and for individuals. This system helps employees understand how their work contributes to the success of the organization, which may make them feel more motivated and be more productive. When implemented in a systematic way, performance management has the potential to improve both group and individual performance and to make organizations more successful.

Human resources elements of a performance management system include—

- A written job description for each position in the organization
- Defined supervisory relationships
- Regular work-planning meetings between supervisors and their staff
- Periodic performance review meetings
- Opportunities for training and staff development

Regular work planning is a key element in an effective performance management system. To do work planning, the supervisor and the employee jointly develop the

employee's workplan objectives for a designated period, often six months. They derive these objectives in part from the organization's annual workplan objectives. They should write the employee's workplan down and sign it. At the end of the designated period, they meet again to review the employee's performance against his or her performance objectives and to develop a workplan for the next period.

Work planning helps the staff member understand his or her work objectives and understand that he or she is accountable for achieving them. If an employee is unable to perform at a satisfactory level, a good HRM system provides personnel procedures for the supervisor to follow in providing opportunities to learn needed skills or in taking corrective actions.

*Accountability*, or being responsible for achieving agreed-upon work objectives, is an important element in a performance management system. A core set of people-centered values does not mean a lack of employee accountability. A human resources leader shows respect for people by building a performance management system that provides for assessing employee performance in an objective and constructive way and holds employees accountable for workplanning objectives. (See References and Further Readings for a list of performance management tools.)

As a way to promote accountability and deter unethical behavior in public servants or employees, some countries and organizations establish codes of conduct based on moral values and ethical principles. As part of its Good Governance for Medicines program, WHO (2006) has laid

out the framework for a code of conduct for public-sector employees—

- A public service is a trust that requires a public servant to place faithfulness to his/her moral contract with society and obedience to the laws and ethical principles above private gain.
- A public servant shall fulfill his/her lawful obligations to the government and the public with professionalism and integrity.
- A public servant shall perform his/her official duties with justice, truthfulness and with a spirit of service to the common good (public interest).
- A public servant shall perform his/her official duties with honesty, transparency, and accountability.
- A public servant shall respect the rights of the public and of his/her colleagues.
- A public servant shall disclose unethical practice and corruption to appropriate authorities.
- A public servant shall avoid any actions that may create the appearance of violating the law or ethical principles promoted by this code of conduct.

In addition, codes of conduct can specify actions that the employee must avoid to adhere to the code, such as avoiding conflicts of interest, not giving preferential treatment to an organization or person, or not engaging in private activities that would reflect poorly on the government or organization of employment.

### Country Study 51-5

#### Instituting an emergency hiring plan in Kenya

Despite a large pool of unemployed health workers in Kenya, staffing levels at most facilities were only 50 percent, and poor geographic distribution of existing staff left many people without access to ART and other essential health services. Because filling vacant positions in the public sector can take one to two years, even when funding is available, an emergency approach was needed to fast-track the hiring and deployment process. Management Sciences for Health staff designed the Kenya Emergency Hiring Plan and led the difficult negotiations with senior health-sector leaders that eventually allowed the plan's successful implementation.

The emergency hiring plan incorporated a nongovernmental outsourcing mechanism to rapidly hire, train, and deploy workers on short-term contracts. Deloitte & Touche, Kenya, was selected to carry out most business functions, such as screening, recruitment, and benefits

management, while the African Medical and Research Foundation, the Kenya Medical Training College, and the Kenya Institute of Administration worked together to ensure that the newly hired health staff had the necessary knowledge and skills to provide appropriate services.

In the first six months, 890 health providers, including 129 pharmacy technologists, were hired for positions in critically underserved public-sector health facilities. The new hires were given three-year contracts after which they will become permanent government staff. After experiencing the initial success, the public health sector fully embraced the concept, and consequently, 3,000 health workers are working in rural health facilities on various kinds of contracts funded by both the government and donors.

Source: Adano 2008.



## 51.9 Establishing a responsive supervisory system

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The role of the supervisor in an effective human resources system is critical because he or she provides the bridge between the organization and the employee. The supervisor communicates the larger goals of the organization to the employee and, through the work-planning process, guides the work of the employee to directly support these goals. The supervisor needs to be aware of gaps in job readiness and to support the development of employee skills and capacity as needed. The supervisor must also be aware of problems in employee performance that cannot be solved through training or development activities and make decisions about how to address them in a positive and constructive manner.

Several characteristics are likely to define supervisors who are concerned about the developmental as well as the disciplinary aspects of supervision. These supervisors are—

- Knowledgeable and enthusiastic about the jobs they are supervising
- Sensitive to staff members' needs and feelings
- Capable of supporting and guiding without harassment
- Skilled in communication—good listeners, approachable, and open-minded about ideas that conflict with their own
- Ready to praise good work and quick to support their staff
- Willing, whenever possible and appropriate, to involve staff in making decisions, especially about matters directly affecting their own work
- Able to preserve harmony within the team and the workforce by minimizing personal jealousies and conflicts
- Able to organize effectively and to mobilize staff
- Able to allow staff to complete assigned duties without interference
- Willing to delegate tasks
- Scrupulous in making regular supervisory visits and punctual in keeping appointments
- Capable of appraising staff without bias and writing reports on the basis of work performance rather than hearsay or favoritism

Managers must allow supervisors adequate time to meet with and develop their supervisees for the supervisory process to be effective in meeting the needs of the staff and of the organization. In addition, the organization must fully integrate the supervisory process with other HRM components, such as performance management and personnel policy.

At all levels of the organization, supervisors in pharmaceutical management and other areas of the health sector

contribute to the delivery of high-quality health services to clients. They do so in two ways: through both individual and team supervision. For either supervisory approach, the role of the supervisor is to facilitate the work of individual employees or employee teams so they can effectively perform their job responsibilities. Staff members respond positively when they are given interesting and challenging work assignments by supervisors who are themselves clearly working hard toward fulfilling the organization's objectives.

Individual supervision involves supervising the performance of an individual employee on a one-to-one basis. It also involves periodic joint work planning and performance review meetings between the supervisor and the staff member. It can also involve day-to-day guidance, mentoring, and problem solving.

In team supervision, supervisors build and support a clinic team whose members work together to analyze and solve problems on an ongoing basis. A team approach to supervision emphasizes individual performance only as it relates to the ability of the team to achieve common goals. By using a team approach to supervision and by placing an emphasis on team problem solving, supervisors can overcome many of the shortcomings of traditional supervision, which can focus more narrowly on vertical programs or individual performance and may not be as supportive or facilitative (see MSH's *Improving Supervision: A Team Approach* in References and Further Readings).

An effective supervisory system—

- Describes all supervisory roles in writing
- Ensures that all supervisors and employees are aware of the system and the procedures
- Makes clear all individual performance objectives and also overall clinic objectives and desired results or outcomes
- Trains supervisors
- Provides adequate time and resources for supervisors and supervisees to meet and work together
- Fully integrates the supervisory system with the overall strategies and goals of the organization and the other components of the HRM system

## 51.10 Improving motivation, retention, and productivity through HRM

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If staff members were asked to brainstorm on all the factors that affect their attitudes about work, the resulting “pressure map” might look something like Figure 51-1. If staff members are then asked to say whether each of these pressures is positive or negative, they are likely to find more negatives than positives on the chart. Most will feel that they are poorly paid and are expected to handle heavy workloads with limited resources. Because advancement frequently

Figure 51-1 Staff pressure map



depends on formal educational qualifications or on “affiliations” rather than on the quality of work done, many may feel that they have low promotion prospects. Supervision is often constrained by lack of transport and other resources. If a staff member has extensive family responsibilities, he or she will be tempted to look outside the job for opportunities to increase income. In such circumstances, motivating staff members to perform their best may be difficult. Many of these factors are not within the control of individual managers. Some of these problems relate to a general lack of funds for running health services; other obstacles cannot easily be overcome within the constraints of typical budgeting and civil service procedures.

Conventional motivational approaches often rely on reward schemes, improved working conditions, or competition for promotions and pay increases. These approaches are not always easy to apply in resource-constrained settings. Although people need fair compensation, money alone does not improve performance. Meaningful work that is integral to the goals of the organization, has the respect of fellow employees, and provides opportunities to develop individual skills results in a more sustained level of employee performance. For example, senior staff from eleven pharmaceutical supply organizations in sub-Saharan Africa reported that the main factors contributing to staff motivation were team-building exercises, bonus schemes, staff appraisal systems, staff meetings, and church fellowship-related activities (WHO/EPN 2006).

As part of a joint initiative of several international health professional councils, including the FIP, the Global Health

Workforce Alliance (2008) commissioned a publication that extensively describes incentive plans for health workers. The guidelines include nonfinancial incentives, such as career development and positive working environments, as well as financial incentives, such as performance-linked payments. Such performance-based incentive plans are receiving increasing attention as successful mechanisms to improve service quality and worker satisfaction. Country Study 51-6 describes how a performance-based financing scheme has affected health services in Rwanda.

A human resources system that integrates performance management with organizational goals will ensure that employees understand how their work relates to and contributes to the mission of their organization.

A carefully planned and implemented human resources system addresses the kinds of employee concerns that can affect motivation. These concerns are reflected in questions that employees frequently ask about their workplace, including—

- Am I being treated fairly?
- What am I supposed to do?
- How well am I doing it?
- Does my work matter to the organization?
- How can I develop myself within the organization?

#### HRM responsibility for fairness in the workplace

A major factor in employee motivation is people’s perception of fairness, which is especially important regarding sal-

ary and compensation. An employee may begin to develop his or her perception of fairness in the organization starting with the hiring process. Perceptions of fairness relate to the day-to-day application of personnel policies, the distribution of tasks and responsibilities among employees, the organization's salary policies, and the organization's support for and recognition of employees.

One important managerial responsibility is making sure that all managers and staff apply personnel policies on a day-to-day basis and distribute tasks and responsibilities fairly and equitably among employees. When developing an integrated HRM system, a manager should review the organization's job classifications and related salary scales to ensure that salaries are appropriate to the level of responsibility and are competitive when compared with local economic conditions. In some cases, correcting salary imbalances may be difficult, but every effort should be made to take corrective action internally to ensure that all staff members receive fair and equitable compensation.

A manager should also review the organization's personnel policies, update them as needed, and make the updated information available to all staff. In addition, all supervisors and managers should be informed about the new personnel policy and apply the rules fairly and equitably to all employees.

### HRM responsibility for setting work priorities

People want to know exactly what is expected of them in their work. In many cases, job descriptions are not clear, supervisors have not specified their expectations, or man-

agers who have hired people for a specified job ask them to perform other duties. If employees do not understand their work priorities or if their supervisor changes their work priorities on a regular basis, employees find maintaining a consistent level of productivity and a sense of self-worth in the organization difficult.

One of the steps that can strengthen an HRM system is to make sure that all staff members have an up-to-date job description that provides them with information about their general duties and responsibilities. The description should clearly describe all job responsibilities and the supervisory relationship. The job description gives the supervisor a starting place in developing a workplan with the employee. See Section 51.12 for more detail on how to develop job descriptions.

Because the job description is general, it does not describe the specific responsibilities or performance objectives for which a supervisor may hold an employee accountable in a certain period. Most employees do not perform all the duties listed in their job description all the time, even if the job description is up-to-date, because work and organizational priorities change. As stated earlier, a supervisor and a staff member should conduct work-planning and performance review meetings on a semi-annual basis to allow them to jointly and systematically plan the specific performance objectives for which the employee will be responsible in a given six-month period. This joint work-planning process also helps the supervisor identify in a timely way the skills and resources that the employee needs to successfully perform the tasks required to meet his or her work objectives.

#### Country Study 51-6

#### Using performance-based financing to increase worker retention and service quality in Rwanda

Although most health workers recognize and appreciate the intrinsic rewards of providing quality services, historically, low wages and lack of resources have tended to make recruiting, retaining, and motivating health workers challenging. In Rwanda, Management Sciences for Health worked with health-sector leaders and the government of Rwanda to design and implement a groundbreaking performance-based financing (PBF) model. By decentralizing administrative structures and budgets and paying PBF funds directly into health facility accounts, facility directors and their teams at all levels of the system were empowered to improve performance. PBF starts with contracts that define the obligations of the government, development partners (the purchasers), and health care facilities (the providers). Health centers receive payment based on the number of health services they deliver, multiplied

by the fee set for those services, and adjusted by a quality score. Access to data monitoring and verification systems promotes accuracy, accountability, trust, and collaboration among all parties.

Since the introduction of PBF in 2005, the health workforce has grown by 250 percent and retention has improved. A World Bank evaluation of the scheme in 2008 showed that PBF also fostered teamwork and health worker participation in problem solving and improved quality of care. These improvements led to greater support from the community and increased use of health services. The result has been a self-sustaining process leading to improved health outcomes for the Rwandan people.

Source: Management Sciences for Health/Rwanda HIV/Performance-Based Financing Project 2009.

### HRM responsibility for providing feedback on performance

Employees need ongoing feedback about their job performance. Anxiety about not performing well can directly affect an employee's motivation and productivity. This anxiety often results in denial and avoidance of responsibilities and in other work behaviors that reduce productivity.

An important element of a work-planning and performance review system is holding work-planning and performance review meetings on a regular basis. As discussed, the supervisor and employee agree on specific performance objectives during these meetings. These agreed-upon objectives become the basis of the next performance review. This system allows both the supervisor and the employee to evaluate performance and to plan for training or other career development activities, if needed. A work-planning and performance review system can improve individual performance and increase staff motivation. If the system is used for creating a staff development plan, it will also help align staff development efforts more closely with the organization's goals. Ongoing supervision between the semi-annual work-planning and performance review meetings is also key.

### HRM responsibility for providing meaningful work

When employees feel that their work is meaningful to their organization and important to the people they serve, they work more productively. For many people, having skills and competencies and performing well is not motivating if the result does not contribute to the success of the organization. Therefore, communicating to employees that their work matters is an important element in an HRM strategy. Engaging in systematic planning and taking steps to make sure that people's day-to-day work directly supports the priorities of the organization is critical in meeting the organization's objectives. These objectives represent the strategic areas in which the organization has decided to focus in a given year, as identified during the organization's annual planning process. These objectives may vary on an annual basis, depending on changing organizational priorities.

A supervisor can link the work-planning and performance review process to the organization's annual work-planning cycle by using organization, department, or unit priorities as the basis of joint work planning with his or her staff. Such linkage will help ensure that the work of each person matters and that each person understands how his or her work is important to the organization.

### HRM responsibility for professional development of staff

People feel motivated and challenged when they have opportunities to learn, develop new competencies, and assume

new responsibilities, and when they believe that their efforts will strengthen their careers. Providing these opportunities can also be an important way to recognize employees. Participating in training and other activities where people share learning and value each other's experience increases staff collaboration and teamwork and can increase overall performance and productivity.

Health organizations devote a significant portion of their funds and staff time to training, with the goal of improving the effectiveness and efficiency of their staff and their programs. Often, however, health organizations have designed and implemented this training without adequately diagnosing or planning for the needs of the organization or their employees, who hope that training will further their career development and credentials. As a result, whether the training has either solved individual performance problems or contributed to improving the organization's performance overall is not always clear. Furthermore, many health organizations are becoming reluctant to pay for expensive training until they see more tangible benefits to employees, the organization, and the community.

Making staff development a priority is an important component of a comprehensive HRM system. Posting job opportunities within the organization and supporting internal candidates will send a signal that the current experience of the staff is valued. A well-managed program of training and staff development can broaden the skills and competencies of staff and reap many payoffs. Formal, organized training, which is discussed below, is only one vehicle for staff development. Other staff development strategies include—

- On-the-job learning through mentoring relationships
- Cross-functional assignments
- Membership in task forces and committees
- Additional job assignments
- Technical presentations and discussions at staff meetings

These strategies can all provide the challenge and opportunity needed for personal and professional growth, as well as increase the knowledge that people have in common and expose them to new ways of thinking and doing.

Technology is also opening up a range of new ways to transfer knowledge. If staff have access to computers and the Internet, a variety of electronic training and educational resources is available that employees can use to develop skills without leaving their work site. Although these technologies have the potential to increase staff competency in some areas, how staff members can use these technologies in a productive and cost-efficient way is not always clear. As with traditional training programs, a manager should first determine the training needs and integrate training planning into the overall HRM system. Doing so will allow the effective use of electronic training to solve individual perfor-

Table 51-4 Comparison of communication channels

Channel	Examples	Positive aspects	Negative aspects
<b>Controlling</b> —used when telling someone what to do, giving an order, or making a criticism	“Do it this way.” “No, not that way, silly!”	Can provide necessary direction	Can result in inflexible dictating
<b>Caring</b> —used when expressing concern for someone’s welfare	“How are you today, Aziz?” “Don’t worry—it will be OK.”	Can be nurturing	May become smothering
<b>Computing</b> —used when giving, processing, or exchanging information; when reasoning, measuring, calculating; when thinking as opposed to feeling	“If we allow too many exemptions, the revolving drug fund will collapse.” “On average, how many patients attend this health center per day?”	Necessary calculations may provide an objective viewpoint	May come across as thoughtless lack of feeling or compassion
<b>Complying</b> —used in “editing” what we say; when conforming to the wishes of another person; when adapting our behavior in light of the likely reactions of the other person	“Would you mind if I . . . ?” “I’m sorry, I won’t do it again.”	May be polite accommodation	May be undignified subservience
<b>Expressing</b> —used when spontaneously expressing feelings of pleasure or pain; having fun, expressing humor, sharing a joke	“Great—that was really great!” “Ouch!”	Displays honest emotions	May result in selfishness and egotistical behavior

mance problems and contribute to improving the organization’s performance.

### 51.11 Using channels of communication

The previous sections on management and leadership imply that effective managers have good communication skills, but no set formula will work every time. Five main channels used in interpersonal communication are set out, with their positive and negative aspects, in Table 51-4.

#### Choosing the channel

The key factor in communication is deciding which of the five channels should be used in any given situation. Two basic skills help in communicating with others: the ability to use all five channels and the sensitivity to choose the most appropriate channel on any particular occasion.

#### Nonverbal communication

Effective communicators have the ability to alternate among the five channels like nimble telephone switchboard operators. However, unlike using the telephone, where only the voice is important, interpersonal communication involves both words and body language. Therefore, a good manager must be aware of factors such as posture, gestures, and facial expressions.

#### Improving communication

A manager can improve communication with staff in a number of ways—

#### *Clarify ideas before attempting to communicate them:*

Good communication depends on clear thinking. Think about how best to express the idea and what format to use (for example, a formal circular, an informal memo, or a talk), and try to assess its likely impact.

*Follow up on any communication:* Good communication depends on feedback. Ask questions and encourage reactions.

*Be a good listener:* Good communication also depends on good listening. Careful attention to what people say helps one know what is best to say to them.

#### Feedback skills

Good managers try to provide feedback as a regular feature of the work experience. Done well, feedback both enhances individual performance and improves teamwork.

When giving feedback, consider the following recommendations—

- Deal only with what is known for certain.
- Describe actual behavior (“You did not attend the last two meetings”) rather than making judgmental comments (“You are irresponsible”).
- Start with positive feedback before giving negative feedback.
- Do not exaggerate.
- Listen as well as talk.

Techniques found to be successful in prompting discussion of problem areas include the following—

- Ask open rather than closed questions, avoiding those that can be answered with a simple yes or no. (“What is

your experience in this matter?”)

- Present possible scenarios that encourage concrete descriptions. (“If you were faced with such a problem, how would you tackle it?”)
- Rephrase the speaker’s words. (“You are saying that you feel that you are not trusted, because you are not allowed to handle the finances for the workshops—am I right?”)
- Acknowledge the other person’s feelings. (“You seem to be very worried about this matter—am I right?”)
- Concentrate on what is being implied as well as what is being said. People are much more willing to talk if they are convinced that they are really being heard.

Clearly, such techniques go well beyond simple criticism or interrogation.

The rest of this chapter addresses some of the common functions of human resources management—developing job descriptions, disciplining staff, resolving conflict, and conducting meetings—in light of what has been said about leadership and communication.

## 51.12 Preparing job descriptions

One of the most important functions of a pharmaceutical supplies manager is to ensure that the tasks of the organization are distributed equitably. This involves matching the jobs that need to be done with the skills and abilities of the individuals who make up the workforce. Each position should have a written job description and a summary of duties and responsibilities.

Job descriptions are important management tools. They are helpful in—

- Determining job qualifications, because the tasks to be performed in a particular job determine the necessary skills and experience
- Orienting new employees, because the written job description explains basic duties to new employees
- Establishing performance expectations and supervising staff

Job descriptions have no fixed format, but most have five distinct sections—

**Job title:** The title gives only the briefest information needed to identify the job, for example, “director of pharmaceutical services” or “chief supplies officer.”

**Job summary:** A brief paragraph summarizes the main responsibilities of the job.

**Duties and responsibilities:** The core of the job description is a more detailed description of the work to be performed and the activities for which the employee is responsible.

**Qualifications:** This section comprises a statement of the qualifications and requirements necessary for satisfactory job performance, including education, experience, knowledge, skills, and abilities.

**Reporting relationship:** The person’s supervisor should be listed. Adding a chart that indicates the structure of the organization can be useful, particularly if it shows reporting relationships.

### Developing a job description

When a job description is outdated or nonexistent, the situation can be remedied by compiling and analyzing information, writing a job description, assigning time allocations, and obtaining agreement on the job description among the employee doing the job, the supervisor, and others who may have a say, such as the human resources manager.

**Compile information.** The information needed to build a job description can be obtained in several ways—

- Having the employee complete a questionnaire about key aspects of the job
- Observing and interviewing the employee while various tasks are being performed
- Conducting a group interview when a number of employees perform the same job
- Having the employee keep a daily record of work done, in the form of a log or diary

**Analyze information.** Identify the major tasks and related clusters of minor ones. Review each cluster to ensure that it accurately represents the tasks to be performed. Arrange the main tasks and related minor ones in a logical sequence, to give a clear overview of the job.

**Write the job description.** Group activities related to one duty, such as planning, budgeting, or supervising. In writing the descriptive statements, use active verbs and be concise. Try to avoid any ambiguity or vagueness. If someone is responsible for signing the pharmaceutical supplies order, state “signs the supply order” rather than “approves the supplies order.”

Each statement should describe one functional element of the job and be able to stand by itself. Normally, duties should be arranged in order of priority.

**Obtain agreement.** In updating a current employee job description, as part of good management practice, the immediate supervisor should review the job description with the employee to ensure that the listed duties and responsibilities are mutually understood and accepted. The job description form should include space for both the supervisor’s and the employee’s signatures to formalize this process.

An example of a job description for a chief pharmaceutical supplies officer is presented in Figure 51-2.

## Staff orientation

Every organization has its own culture; set of goals and expectations, policies and procedures; and norms and standards. Sometimes these are not made explicit, and a written job description alone can never convey all the nuances of a job. It is only one tool in the broader process of orientation and training.

New managers especially need to become familiar with the organization they have joined. Three essential steps help accomplish this—

1. Explore the new work environment. This step means getting acquainted with staff members (both senior and junior) as well as the physical location of job sites, outreach services, and training facilities.
2. Review the mission and strategy of the organization. This step involves acquiring a sound understanding of the long- and short-term goals; the organizational structure and general mode of operation; and the roles, responsibilities, and functions of the individual members of the workforce.
3. Identify training needs and opportunities. Managers need to do this for themselves and for their subordinates.

Before questioning others, good managers need to ask the following questions of themselves—

- Do I have a job description?
- Have I discussed it with my supervisor?
- Am I clear about the objectives of the organization? Can I explain them to others?
- How does my department relate to other departments? Can I explain how they relate to mine?
- What resources do I have at my disposal to achieve the organizational objectives? Consider buildings, facilities, transport, utilities, medical supplies, finances, and personnel.
- Do I have a staff development plan and a personal development plan?

## Staff procedures handbook

The regulations and rules governing work should be gathered in a staff handbook that is regularly updated and includes information on—

- Organizational purpose and objectives
- Organizational structure
- Activities
- Address and telephone lists
- Safety and health policies
- Personnel classifications
- Hours of work

- Personnel policies, including recruitment, performance planning, and review of records
- Ethical standards
- Grievance, disciplinary, and termination policies
- Salary policies, including overtime
- Vacation, holidays, and other leave
- Pension and insurance benefits
- Administrative procedures, including communication, travel, procurement, and parking

Producing a handbook takes time and effort, but both supervisors and staff need to know the policies and procedures of the organization, and the handbook may be essential backup when disputes arise.

## 51.13 Disciplining staff

A good manager should not shirk the responsibility of disciplining staff when necessary. However, in a pharmaceutical supply program within a ministry of health or as part of a larger nongovernmental organization or private operation, a manager may be able to do little beyond submitting a report to higher authorities recommending disciplinary action. Measures such as indictment, suspension, transfer, or dismissal are normally outside the powers of a program manager. Nevertheless, maintaining fairness and dignity is important in coping with situations that might lead to making disciplinary recommendations. The following guidelines are suggested—

- If taking disciplinary action is necessary (whether a verbal warning, a written warning, or a report to higher authorities), the action should be immediate. Discipline that follows soon after the offense is more likely to be associated with the offense itself than with the manager. A delayed action can lead to resentment and a lack of trust.
- Advance warning should be given. Unexpected discipline is usually regarded as unfair. Staff members are more likely to understand and accept the need for disciplinary action if they are given a clear presentation of the rules, followed by a warning that disciplinary measures will be taken if the rules are infringed.
- Discipline should be consistent. If it is imposed differently under the same conditions, staff will be confused or frustrated, and the manager will quickly lose staff respect.
- Discipline should be impartial. It should be clear that a particular behavior is being challenged and not the personality of the individual staff member.

Of course, dealing with problematic situations before they become crises that call for formal disciplinary proce-

Figure 51-2 Sample job description for a chief pharmaceutical supplies officer

<b>JOB DESCRIPTION</b>	
<b>JOB TITLE:</b>	Chief pharmaceutical supplies officer, Pharmaceutical Service, Ministry of Health
<b>JOB SUMMARY:</b>	Responsible for the overall operation of the central medical stores unit; ordering and distributing medicines, medical supplies, and other related products; supervising stock control; providing technical inputs to the national formulary committee and tender board; and preparing reports on all aspects of the operation of the service
<b>DUTIES AND RESPONSIBILITIES:</b> (In order of priority)	<ol style="list-style-type: none"> <li>1. Provide medicines, medical supplies, and other products to all government health institutions by                             <ul style="list-style-type: none"> <li>• Estimating requirements for medicine and nonmedicine products</li> <li>• Supervising preparation of medicine orders</li> <li>• Monitoring distribution of medicines and other supplies</li> <li>• Preparing monthly, quarterly, and annual reports on the status of the service</li> </ul> </li> <li>2. Supervise the control of medicines and other supplies to ensure continuous availability by                             <ul style="list-style-type: none"> <li>• Maintaining an up-to-date inventory-control system</li> <li>• Continually evaluating the logistics management system</li> <li>• Implementing stock management guidelines and procedures</li> <li>• Liaising with a drug testing laboratory to monitor medicine quality</li> </ul> </li> <li>3. Provide technical inputs to management, as well as other agencies involved in monitoring the supply of medicines and other products, by                             <ul style="list-style-type: none"> <li>• Functioning as a standing representative of the central traders' committee</li> <li>• Serving as a member of the national formulary committee</li> <li>• Providing technical information to these committees as required</li> </ul> </li> <li>4. Administer the dangerous drug component of the pharmaceutical supplies program by                             <ul style="list-style-type: none"> <li>• Issuing import certificates covering dangerous drugs</li> <li>• Ordering, distributing, and monitoring psychotropic and narcotic drugs for government institutions</li> <li>• Preparing monthly, quarterly, and annual reports on the use of these medicines</li> </ul> </li> </ol>
<b>QUALIFICATIONS:</b>	<p>Education:</p> <ul style="list-style-type: none"> <li>• Pharmacy degree</li> <li>• Certificate in management</li> </ul> <p>Knowledge and experience required:</p> <ul style="list-style-type: none"> <li>• Pharmaceutical principles and practices</li> <li>• Pharmaceutical supplies management</li> <li>• Sources of supply for medical and nonmedical drugs</li> <li>• Procedures for the estimation and importation of narcotic drugs</li> </ul> <p>Abilities required:</p> <ul style="list-style-type: none"> <li>• Forecasting pharmaceutical supply requirements</li> <li>• Coordinating pharmaceutical supply services</li> <li>• Monitoring the quality of work of others</li> <li>• Using computers</li> </ul> <p>Working conditions:</p> <ul style="list-style-type: none"> <li>• Work is performed at the central medical stores department.</li> </ul>
<b>REPORTING RELATIONSHIP:</b>	Responsible to the director of pharmaceutical services
<b>SIGNATURES:</b>	
Incumbent: _____	Date: _____
Director of pharmaceutical services: _____	Date: _____



dures is always preferable. If someone is making mistakes, a good manager takes that person aside for a talk. Criticizing someone's behavior is perhaps one of the most difficult tasks a manager faces. The challenge is to remain objective and avoid blaming. The manager must—

- Present the perceived problem clearly
- Ask for the other person's point of view and listen when it is given
- Avoid expressing anger or frustration and remain calm and firm
- Focus on possible solutions rather than dwell on mistakes
- Discuss ways to resolve the issue and how such problems might be avoided in the future

### 51.14 Handling conflict

Conflicts can occur when employees feel that their needs are not being met or their concerns are being ignored. Conflicts inevitably occur in the struggle to secure adequate resources for effective pharmaceutical supply systems. This section reviews conflict resolution strategies that harmonize with the consultative, participatory approaches emphasized in this chapter.

Two forces determine how conflicts play out—

1. *Assertiveness*: the extent to which a person attempts to satisfy his or her own needs
2. *Cooperation*: the extent to which a person attempts to satisfy the needs of others

Individuals or groups manage conflict using a number of styles, but each can be understood as an interplay between these two driving forces. The two dimensions of assertiveness and cooperation define a model that provides a framework for describing various styles of conflict management and for assessing their relative strengths and weaknesses.

#### Competing style

The competing style involves maximum assertiveness and minimum cooperation. Competitors try to satisfy their own needs at the expense of other parties, using whatever powers are at their disposal. They try to gain power through direct confrontation or manipulation. A competitive style is not necessarily bad; it depends on the circumstances. In situations where life is threatened (an outbreak of cholera, for example, where quick decision making can save lives), a manager might need to take quick and decisive action, even if it means riding roughshod over those who challenge his or her policies.

**Strengths.** A competitive strategy might be appropriate when—

- Quick, decisive action is vital
- An unpopular decision needs to be made
- No doubt exists about the right course of action
- Defensive measures are urgently required

**Weaknesses.** A competitive strategy can lead to—

- Lost opportunities for collaboration or compromise
- Degeneration into stubborn opposition
- Low morale among employees, who may feel they have no input in decision making

#### Accommodating style

Accommodation is at the opposite pole from competition; it is characterized by unassertive and totally cooperative behavior. Accommodation means putting the other party's needs above one's own.

**Strengths.** Accommodation is an appropriate strategy when—

- The other party is clearly in the right
- Preserving harmony is the most important consideration
- Gaining goodwill is the most important outcome

**Weaknesses.** Too much accommodation can lead to—

- Reduced influence, respect, and recognition (someone who earns the label “accommodator” will always be expected to give in)
- People taking advantage of a perceived weakness

#### Avoiding style

Avoiding is characterized by zero assertiveness and zero cooperation—it means choosing not to engage. The avoider evades the issue, withdraws from the discussion, and never bothers to press for a resolution. Avoiding can sometimes be used effectively as an interim strategy.

**Strengths.** Avoidance may be appropriate when—

- Discussions become overheated and a cooling-off period is advisable
- A conflict should be delayed until more information is gathered or a closer analysis can be made
- The issue is relatively unimportant
- There is not enough time to come to a resolution
- The issue is identified as only a symptom of a substantial and extensive problem that needs to be dealt with later

**Weaknesses.** An inappropriate use of avoidance procedures can lead to—

- Communication breakdown, as when staff “left in the dark” stop taking initiatives
- Reduced effectiveness, as decisions are made by default
- Conflicts persisting and then flaring up later

### Collaborating style

In the collaborating style, maximum use is made of both assertiveness and cooperation. Those using this style seek to satisfy the needs of all parties concerned. Collaboration is the best way to develop consensus solutions to problems and achieve a commitment to those solutions. Neither side feels that it has lost out in any way, so this is an ideal management style.

**Strengths.** The collaborating style is most effectively used when—

- The needs and concerns of the parties are sufficiently important to warrant the time and energy it takes to collaborate properly
- All parties agree to combine resources and efforts for a more effective outcome

**Weaknesses.** This is the most time-consuming and energy-sapping style. It can result in—

- Relatively unimportant matters getting too much attention
- The establishment of cumbersome procedures, which may lead to frustrating delays in making decisions and taking action

### Compromising style

Compromise is an intermediate strategy, midway between competition and collaboration, avoidance and accommodation. The objective is to find a solution that partly satisfies both parties—by “splitting the difference.”

**Strengths.** Compromise solutions are appropriate when—

- The parties are strongly committed to mutually exclusive goals, and it is clear that no solution will be wholly satisfactory to both of them
- The goals of both parties are important but not worth the effort needed for collaboration
- Temporary solutions are sought for complex issues because the time for decision making is short

**Weaknesses.** If compromises are made too readily or casually—

- Important principles may be disregarded
- The value of the enterprise may be diminished

In conflict situations, the best approach to take depends on the circumstances. A good manager is in command of all the channels of communication, is sensitive to the needs of the situation, and can select the correct approach. Unfortunately, what tends to happen is that individual managers and groups become locked into one preferred style of conflict management and use it in almost every situation.

Collaboration and compromise are the styles that match the consulting, all-channels-open, problem-solving management approaches explored in this chapter.

### 51.15 Delegating

Effective delegation enables managers to become much more productive and, therefore, more successful. Unfortunately, many managers have never learned how to delegate effectively. A sure sign of trust between manager and staff is the manager’s willingness to delegate responsibilities. If delegation happens consistently and properly, the effectiveness of a team can be greatly enhanced.

Delegation is more than simply assigning tasks to subordinates. Delegation skills involve the following steps—

1. *Selecting the right person for the job.* Delegation works well only when the person to whom work is being delegated is capable of handling the task. Delegating to the wrong person invites failure.
2. *Clearly specifying the assignment being delegated.* Unless the assignment is clear, the staff member may do too much or too little.
3. *Defining the level of authority being delegated.* Is the staff member being asked to investigate a problem and then report back to the manager for a decision and action? Is the staff member to investigate, see the manager for a decision, and then act? Or is the staff member to investigate, decide, and act—informing the manager afterward? Both manager and staff member risk anger or frustration if the level of authority is not made clear.
4. *Informing concerned parties.* Unless other staff members are informed of what assignments have been delegated and to whom, they may feel that a staff member’s actions are inappropriate. They may think that the staff member is trying to take over the manager’s job rather than acting on the manager’s behalf.
5. *Monitoring without meddling.* Once an assignment has been delegated, monitoring progress is important. The manager may need to advise the staff member of possible problems. But if the manager intrudes, short-circuits, undercuts, goes around, or otherwise

meddles in the assignment, the staff member will lose interest in doing a good job. Accepting that the assignment will probably be done differently from the way the manager would have done it is part of delegating. Different is not necessarily worse. Staff members often have more time or other insights that allow them to do the task better than the manager would have.

6. *Completing the delegation neatly.* When the assignment has been completed, the staff member should brief the manager. Necessary follow-up actions should be identified. Most important, the staff member should receive positive feedback if the assignment went well and clear and direct negative feedback if the assignment did not turn out well. The manager should suggest specific corrective action.

When these basic steps are not followed, the result is often confusion, poor decision making, mistrust, and frustration. Managers are afraid to delegate because “the staff will mess it up,” and staff are afraid to take the initiative because “the boss will tell me I messed up.”

Directing managers have trouble delegating because they do not like to give up control. Avoiding managers have trouble delegating because they do not provide clear guidance and feedback. Consulting managers generally do the best job of delegating.

Delegation has three main benefits. First, it provides subordinates with the opportunity to accumulate valuable experience and develop new skills. Second, delegation prevents managers from being overworked, a condition that can cause delays in decision making. Finally, delegation frees senior managers to concentrate on long-term planning activities.

## 51.16 Conducting meetings

Properly run meetings can be vital to the effectiveness of an organization: they are forums for gathering information, reviewing progress, discussing ideas, planning actions, and resolving conflicts. Improperly run meetings can be a colossal waste of time.

Meetings are appropriate if—

- An issue affecting the work team needs to be clarified
- Concerns should be shared with a group
- The group needs to be involved in a problem-solving and decision-making activity
- A group has asked for a meeting

Meetings are inappropriate if—

- The decisions have already been made

- The calendar says that a meeting is due, but no urgent matters need discussion

### Conditions for effective meetings

However informal and lively the interaction, effective meetings are usually the result of careful planning. The following are some of the most important factors that contribute to a meeting’s success—

*Purpose:* The objectives of the meeting should be clear to all participants.

*Preparation:* The members should be knowledgeable about the topics under discussion. Relevant papers may need to be circulated beforehand.

*Control:* The chairperson should be in authority but not *the* authority and responsible for the conduct of the meeting but not the only decision maker in the group.

*Size:* The group should be small enough for everyone to make a contribution, unless the meeting is merely a gathering for dispensing information.

*Setting:* The seating should be arranged so that everyone has eye contact with everyone else.

*Atmosphere:* The climate should be such that participants feel free to offer ideas and to challenge and be challenged.

*Summary:* The meeting should end with a statement of what has been achieved.

*Record:* Taking accurate minutes of the meeting is important so that efficient monitoring can take place and those responsible for arranged actions can be held accountable.

*Time:* The meeting should begin on time and last for a predetermined length of time.

### Skills of chairing

The success of meetings depends on the kind of control exercised by the chairperson. Some of the main techniques used to facilitate open and purposeful discussion and decision making are—

*Initiating:* Start by ensuring that all members know the objectives and agenda of the meeting.

*Seeking opinions:* Invite participation by bringing members in when you know that they will have something to contribute.

*Clarifying:* Rephrase or illustrate points so they can be understood by all members.

*Steering:* Bring the discussion back on track when it veers off course.

*Summarizing:* Pull together the ideas that have been expressed and sum up the conclusions that have been reached.

*Keeping time:* End the meeting on time.

## ASSESSMENT GUIDE

In addition to the HRM system assessment questions in Section 51.4, the following questions can be used to assess an organization's human resources components—

- Do experienced HRM staff in your organization maintain human resources functions?
- Does an annual human resources plan exist? Is it monitored?
- Is a human resources information system in place to gather employee data that can be used in human resources planning and forecasting?
- Do personnel files exist for all staff? Do staff members have access to these files?
- Is a job classification system in place?
- Is a system in place to determine salaries and to determine upgrades and merit awards?
- Is orientation offered to all new employees?
- Does an updated personnel policy manual exist? Is it used by managers and supervisors to address employment questions?
- Are formal procedures in place for addressing discipline and termination issues?
- Does an organizational chart of staffing positions and relationships exist? When was it last revised?
- Do job descriptions exist for these positions? When were they last revised? Does each staff member have a copy of his or her job description?
- Is a training plan in place? Does it include a plan for management and leadership development?
- Does the organization have links to preservice training institutions?

Finally, the conclusions of most meetings can be encapsulated in a brief plan of action, recording what is to be done, by whom, and by when. ■

## References and further readings

★ = Key readings.

- Adano, U. 2008. The Health Worker Recruitment and Deployment Process in Kenya: An Emergency Hiring Program. *Human Resources for Health* 6:19. <<http://www.human-resources-health.com/content/6/1/19>>
- Adano, U., J. McCaffery, P. Ruwoldt, and B. Stilwell. 2008. Human Resources for Health: Tackling the Human Resource Management Piece of the Puzzle. Technical Brief 14. Chapel Hill, N.C.: Capacity Project. <[http://www.capacityproject.org/images/stories/files/techbrief\\_14.pdf](http://www.capacityproject.org/images/stories/files/techbrief_14.pdf)>
- Anello, E. 2008. *A Framework for Good Governance in the Pharmaceutical Sector*. [Working draft for field testing and revision, October.] Geneva: World Health Organization. <<http://www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf>>
- Chen, L. C. 2010. Striking the Right Balance: Health Workforce Retention in Remote and Rural Areas. *Bulletin of the World Health Organization* 88:321–400. <<http://www.who.int/bulletin/volumes/88/5/10-078477/en/index.html>>
- Dambisya, Y. M. 2007. *A Review of Non-financial Incentives for Health Worker Retention in East and Southern Africa*. Regional Network for Equity in Health in East and Southern Africa Discussion Paper No. 44. Harare: EQUINET (Network on Equity in Health in Southern Africa). <<http://www.equinet.org/bibl/docs/DIS44HRdambisya.pdf>>
- FIP (International Pharmaceutical Federation). 2006. *Global Pharmacy Workforce and Migration Report: A Call for Action*. The Hague: FIP.
- ★ ———. 2009. *2009 FIP Global Pharmacy Workforce Report*. The Hague: FIP. <[http://www.fip.org/www/index.php?page=programmesandprojects\\_pharmacyeducationtaskforce\\_human-resources](http://www.fip.org/www/index.php?page=programmesandprojects_pharmacyeducationtaskforce_human-resources)>
- ★ Global Health Workforce Alliance (International Council of Nurses, International Hospital Federation, International Pharmaceutical Federation, World Confederation for Physical Therapy, World Dental Federation, World Medical Association). 2008. *Guidelines: Incentives for Health Professionals*. Geneva: World Health Organization. <[http://www.who.int/workforcealliance/knowledge/publications/alliance/Incentives\\_Guidelines%20ENG%20low.pdf](http://www.who.int/workforcealliance/knowledge/publications/alliance/Incentives_Guidelines%20ENG%20low.pdf)>
- Hawthorne, N., and C. Anderson. 2009. The Global Pharmacy Workforce: A Systematic Review of the Literature. *Human Resources for Health* 7:48. <<http://www.human-resources-health.com/content/7/1/48>>
- Helfenbein, S., and C. A. Severo. 2004. *Scaling Up HIV/AIDS Programs: A Manual for Multisectoral Planning*. Boston, Mass.: Management Sciences for Health. <[http://erc.msh.org/newpages/english/health/Scaling\\_Up\\_HIV\\_AIDS\\_Programs.pdf](http://erc.msh.org/newpages/english/health/Scaling_Up_HIV_AIDS_Programs.pdf)>
- Hirschhorn, L. R., L. Oguda, A. Fullem, N. Dreesch, and P. Wilson. 2006. Estimating Health Workforce Needs for Antiretroviral Therapy in Resource-limited Settings. *Human Resources for Health* 26(4):1. <<http://www.human-resources-health.com/content/4/1/1>>
- Hongoro, C., and C. Normand. 2006. “Health Workers: Building and Motivating the Workforce.” In *Disease Control Priorities in Developing Countries*, 2nd ed. D. T. Jamison, J. G. Breman, A. R. Measham, G. Alleyne, M. Claeson, D. B. Evans, P. Jha, A. Mills, and P. Musgrove (eds). New York: Oxford University Press. <<http://www.dcp2.org/pubs/DCP/71/>>
- ★ Joint Learning Initiative. 2004. *Human Resources for Health: Overcoming the Crisis*. Cambridge, Mass.: The President and Fellows of Harvard College. <[http://www.healthgap.org/camp/hcw\\_docs/JLi\\_Human\\_Resources\\_for\\_Health.pdf](http://www.healthgap.org/camp/hcw_docs/JLi_Human_Resources_for_Health.pdf)>
- Kinfu, Y., M. R. Dal Poz, H. Mercer, and D. B. Evans. 2009. The Health Worker Shortage in Africa: Are Enough Physicians and Nurses Being Trained? *Bulletin of the World Health Association* 87(3):161–244.
- Management Sciences for Health/Rwanda HIV/Performance-Based Financing Project. 2009. *A Vision for Health: Performance-Based Financing in Rwanda*. Cambridge, Mass.: MSH. <[http://www.msh.org/resource-center/publications/upload/Rwanda-EOP-11-10-09\\_spreads.pdf](http://www.msh.org/resource-center/publications/upload/Rwanda-EOP-11-10-09_spreads.pdf)>
- Marchal, B., G. Kegels, and V. De Brouwere. 2004. Human Resources in Scaling Up HIV/AIDS Programmes: Just a Killer Assumption or

- Need of New Paradigms? *AIDS* 18:2103–5.
- Matowe, L., M. Duwiefua, and P. Norris. 2004. Is There a Solution to the Pharmacist Brain Drain from Poor to Rich Countries? *Pharmaceutical Journal* 272(7283):98–9.
- Matsiko, C. W., and J. Kiwanuka. 2003. A Review of Human Resources for Health in Uganda. *Health Policy and Development* 1(1):15–20.
- McCaffery, J. A., and U. Adano. 2009. *Strengthening Human Resources Management: Knowledge, Skills and Leadership*. Capacity Project Knowledge Sharing Legacy Series no. 11. <[http://www.capacityproject.org/images/stories/files/legacyseries\\_11.pdf](http://www.capacityproject.org/images/stories/files/legacyseries_11.pdf)>
- MSH (Management Sciences for Health). 1999. Human Resources: Managing and Developing Your Most Important Asset. *The Manager* 8(1). <[http://erc.msh.org/TheManager/English/V8\\_N1\\_En\\_Issue.pdf](http://erc.msh.org/TheManager/English/V8_N1_En_Issue.pdf)>
- . 1998. *Developing a Performance Planning and Review System*. Cambridge, Mass.: MSH. <<http://erc.msh.org/mainpage.cfm?file=2.8.0.htm&module=hr&language=English#toptop>>
- . Various. *The Manager: Management Strategies for Improving Health Services*. <<http://erc.msh.org/TheManager/index.cfm>>
- Assessing the Impact of Training on Staff Performance
  - Creating a Work Climate That Motivates Staff and Improves Performance
  - Developing Managers Who Lead
  - Exercising Leadership to Make Decentralization Work
  - Human Resources: Managing and Developing Your Most Important Asset
  - Improving Supervision: A Team Approach
  - Leading Changes in Practices to Improve Health
  - Managing Performance Improvement of Decentralized Health Services
  - Planning for Leadership Transition
  - Tackling the Crisis in Human Capacity Development for Health Services
  - Using Evaluation as a Management Tool
  - Strengthening Human Resources to Improve Health Outcomes
- MSH/SPS (Management Sciences for Health/Strengthening Pharmaceutical Systems Program)—Kenya. 2009. *SPS Info Kenya: Strengthening Pharmaceutical and Supply Systems Newsletter* 1 (January–July). Arlington, Va.: MSH/SPS.
- MSH/WHO (Management Sciences for Health/World Health Organization). 2006. *Tools for Planning and Developing Human Resources for HIV/AIDS and Other Health Services*. Cambridge, Mass.: MSH.
- Pedler, M., J. Burgoyne, and T. Boydell. 2002. *A Manager's Guide to Self-Development*. 4th ed. New York: McGraw-Hill.
- Shipp, P. J. 1998. *Workload Indicators of Staffing Need (WISN): A Manual for Implementation*. Geneva: World Health Organization/Division of Human Resources Development and Capacity Building. <[http://whqlibdoc.who.int/hq/1998/WHO\\_HRB\\_98.2.pdf](http://whqlibdoc.who.int/hq/1998/WHO_HRB_98.2.pdf)>
- Tjipura-Tjiho, D., D. Mbirizi, K. Lazell, J. Nwokike, S. Saleeb, and C. Dennis. 2007. *A Partnership Model to Improve Human Resource Capacity to Deliver Pharmaceutical Services in Namibia*. Poster presented at HIV/AIDS Implementers Meeting, June 16–19, Kigali, Rwanda.
- Viberg, N., G. Tomson, P. Mujinja, and C. S. Lundborg. 2007. The Role of the Pharmacist—Voices from Nine African Countries. *Pharmacy World & Science* 29:25–33.
- WHO (World Health Organization). 1997. *The Role of the Pharmacist in the Health Care System: Preparing for the Future Pharmacist*. Vancouver: WHO Consultative Group on the Role of the Pharmacist in the Health Care System. <[http://whqlibdoc.who.int/hq/1997/WHO\\_PHARM\\_97\\_599.pdf](http://whqlibdoc.who.int/hq/1997/WHO_PHARM_97_599.pdf)>
- . 2006. *The World Health Report 2006—Working Together for Health*. Geneva: WHO. <<http://www.who.int/whr/2006/en/index.html>>
- WHO (World Health Organization) Department of Human Resources for Health. 2008. *Global Atlas of the Health Workforce*. <<http://apps.who.int/globalatlas/default.asp>>
- WHO/EPN (World Health Organization and Ecumenical Pharmaceutical Network). 2006. *Multi-Country Study of Medicine Supply and Distribution Activities of Faith-Based Organizations in Sub-Saharan African Countries*. Geneva: WHO and EPN. <[http://whqlibdoc.who.int/hq/2006/WHO\\_PSM\\_PAR\\_2006.2\\_eng.pdf](http://whqlibdoc.who.int/hq/2006/WHO_PSM_PAR_2006.2_eng.pdf)>
- WHO/FIP (World Health Organization and International Pharmaceutical Federation). 2006. *Developing Pharmacy Practice: A Focus on Patient Care*. WHO/PSM/PAR/2006.5. Geneva: WHO and FIP. <[http://www.who.int/medicines/publications/WHO\\_PSM\\_PAR\\_2006.5.pdf](http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf)>
- WHO (World Health Organization) Maximizing Positive Synergies Collaborative Group. 2009. An Assessment of Interactions between Global Health Initiatives and Country Health Systems. *Lancet* 373:2137–69.
- WHO, PEPFAR, and UNAIDS (World Health Organization, U.S. President's Emergency Plan for AIDS Relief, and Joint United Nations Programme on HIV/AIDS). 2008. *Task Shifting: Rational Redistribution of Tasks among Health Workforce Teams: Global Recommendations and Guidelines*. Geneva: WHO.
- Yumkella, F. 2009. Worker Retention in Human Resources for Health: Catalysing and Tracking Change. Technical Brief 15. <[http://www.capacityproject.org/images/stories/files/techbrief\\_15.pdf](http://www.capacityproject.org/images/stories/files/techbrief_15.pdf)>

## HRM online tools and resources

- HRH (Human Resources for Health) Global Resources Center <<http://www.hrhresourcecenter.org/>>
- HRM Resources Kit <<http://erc.msh.org/mainpage.cfm?file=2.8.0.htm&module=hr&language=English>>
- Organizing and Staffing the HRM Office
  - Developing a Job Classification System
  - Developing a Salary Policy
  - Guidelines on Recruitment and Hiring
  - Guidelines on Staff Orientation
  - Developing a Personnel Policy Manual
  - Developing a Workplace Prevention Program (HIV/AIDS)
  - Developing a Performance Planning and Review System
  - Supervisory Competency Self-Assessment Inventory
  - Supervision Manual
  - Conducting a Training Needs Assessment
  - Developing an Annual Training Plan
  - Assessing Trainer Competency
  - Contracting Out for Training
- Human Resources Management Rapid Assessment Tool for HIV/AIDS Environments: A Guide for Strengthening HRM Systems* <[http://erc.msh.org/newpages/english/toolkit/hr\\_hiv\\_assessment\\_tool.pdf](http://erc.msh.org/newpages/english/toolkit/hr_hiv_assessment_tool.pdf)>
- Human Resources Management Rapid Assessment Tool for Private- and Public-Sector Health Organizations: A Guide for Strengthening HRM Systems* <<http://erc.msh.org/newpages/english/toolkit/hrd.pdf>>
- Human Resources for Health* journal <<http://www.human-resources-health.com>>
- Performance Management Tool* <<http://erc.msh.org/newpages/english/toolkit/pmt.pdf>>
- Supervisor Competency Self-Assessment Inventory <<http://erc.msh.org/newpages/english/toolkit/supervis.pdf>>
- Workgroup Climate Assessment (WCA) Tool and Guide for Facilitators* <<http://www.msh.org/resource-center/workgroup-climate-assessment-tool-and-guide-for-facilitators.cfm>>
- World Health Organization Tools and guidelines for human resources for health <<http://www.who.int/hrh/tools/en/>>