

Can NGOs help build the public-sector health workforce? *Successes and challenges implementing the NGO Code of Conduct for Health Systems Strengthening*

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Executive Summary

The Non-Governmental Organization (NGO) Code of Conduct for Health Systems Strengthening was launched in 2008 to support public sector health systems by changing industry-wide human resources practices that routinely undermine Ministries of Health in low-income countries striving to meet the Millennium Development Goals. Health Alliance International interviewed signatories of the NGO Code of conduct as well as some organizations that did not sign to gauge the success of the Code in practice. In all, we conducted 29 key informant interviews in 2009.

We found that all organizations, signatories and non-signatories alike, are operating in a competitive marketplace for skilled human resources. Even when they are highly conscious of avoiding hiring practices harmful to the public sector, such as hiring health professionals away from public employment, international organizations seeking to meet their obligations to donors and demonstrate success feel they often cannot avoid selecting both clinical and programmatic personnel who could otherwise be working for Ministries of Health. A few signatories said they have made attempts to keep salaries closer to the ones offered by the public health sector, but most found it challenging because using such policies made it difficult to recruit or retain staff. While many signatory organizations, however, have identified other strategies to reduce the burden and contribute positively to the public sector, although they experience disadvantages because other organizations do not have the same restrictions. Most NGOs have not invested in pre-service training programs to generate new health professionals to help overcome these staffing obstacles.

One proposed strategy to level the playing field for NGOs seeking to support the public sector would be for donors and governments to create incentives for more comprehensive adoption of the NGO Code of Conduct principles. In the meantime, international NGOs and other stakeholders can move forward collectively to advocate for change, contribute to research and knowledge sharing, and build health workforce capacity.

Background

The last decade has seen an explosive growth in the number of international non-governmental organizations as public and private donors have mobilized to advance the health-related Millennium Development Goals (MDGs). Though work undertaken by NGOs is often valuable, they sometimes undermine the public sector, for instance by hiring government health workers and managers away from the Ministries of Health (MOH). While international NGOs could mitigate the impact of such hiring by contributing to the training of additional health workers, they rarely do so. These hiring practices mean NGOs often contribute to the human resource crisis that is seriously compromising the ability of low-income countries to meet the MDGs.



When NGOs lure health and managerial professionals away from the public sector, they are fueling an “internal brain drain,” exacerbating the very health problems they are attempting to solve.

In 2007, several health-focused NGOs¹ began drafting the “NGO Code of Conduct for Health Systems Strengthening” to serve as a guide for international NGOs seeking to limit their harmful effects on the public sector and maximize their contributions to strengthening health systems. The NGO Code of Conduct was officially launched in May 2008 at the Global Health Council meeting in Washington, DC.

The NGO Code of Conduct is composed of six articles that outline how nongovernmental organizations can best help strengthen health systems and support international health. It addresses hiring and compensation practices, training health workers and the management burden created by multiple NGO projects. It delineates the role of NGOs in advocacy, and in engaging communities to link themselves to formal health.

The NGO Code of Conduct serves as a guide to encourage human resources practices that contribute to building public-sector health systems. While close to 50 organizations from more than 14 countries are signatories (as of March 2010), challenges remain in “operationalizing” the NGO Code of Conduct in organizational policies and practices.

Our Assessment

We examined how the NGO Code of Conduct for Health Systems Strengthening has been implemented and what policies and monitoring mechanisms have been put in place by the signatories. We focused on three of the six articles in the NGO Code of Conduct that address human resources aspects of health systems strengthening not discussed in other codes: 1) international NGOs should engage in hiring practices that ensure long-term health system sustainability; 2) NGOs should enact employee compensation practices that strengthen the public sector; and 3) NGOs pledge to create and maintain human resources training and support systems that are good for the countries where they work.

In our 26 interviews with signatories we asked: how their organizations had operationalized the NGO Code of Conduct, how well their efforts had worked, and what challenges they faced in implementing the principles of the Code. We also interviewed 3 non-signatories to understand their practices and reasons for not signing the code. All interviews were completed and analyzed in 2009 by a University of Washington public health graduate student, Anjali Sakhuja. Further work has been conducted by another public health graduate student, Erin Hurley.

¹Included ActionAid, Health Alliance International (the convening organization), ActionAid, African Medical and Research Foundation (AMREF), Equinet, Health GAP, Partners In Health, Physicians for Human Rights, Oxfam GB, and the People’s Health Movement.



Table 1: Organizations interviewed for an assessment of the NGO Code of Conduct for Health Systems Strengthening

Informant for study	International NGO	In-country NGO			Others
		Africa	Asia	Latin Am.	
NGO signatory to Code of Conduct	12	6	5	1	2
Non-signatory organizations	3	-	-	-	-
Total (N=29)	15	6	5	1	2

Our Findings

HIRING PRACTICES

Challenges: *When trying to hire outside the public sector, NGOs struggle to meet donor deadlines, find qualified personnel and balance ethical responsibilities.*

Signatories reported that hiring from the public sector is a common practice among NGOs, United Nations (UN) agencies and donors in the countries where signatories are working. Increased donor presence and funding has resulted in a higher demand for trained personnel in the health sector. Respondents reported challenges in finding skilled workers as the number of medical colleges and nursing schools has not grown enough to meet the demand. NGOs are also often tempted to hire managers from the MOHs because they are under pressure from donors to get a project running quickly and do not have time to conduct a lengthy search or train new graduates. We found that most local NGOs, as compared with international ones, do not hire people from the public health sector as they cannot compete on salary. NGO representatives also face ethical dilemmas about not hiring MOH staff who apply for openly advertised positions. They reported it is difficult to reject an application solely on the grounds that the person is employed with the public sector. When respondents have expressed concerns about hiring from the public sector, some public-sector job seekers have argued that the NGO is stopping them from growing and fulfilling their ambitions.

“We look for expatriates when we need special expertise, which we may not be able to source locally. That is really an exception rather than the rule.”-Signatory to Code of Conduct

Solutions: *NGOs consult with MOHs when hiring staff, requesting permission when hiring “moonlighters” and public-sector workers.*

Most respondents said they have made efforts to avoid hiring people from the public sector. The situations in which they hired people from the public health sector are when someone has already resigned from the MOH or with the Ministry’s permission in a “moonlighting” situation, where physicians or others are hired to conduct after-hours work for the NGO. In certain cases when



they could not find a skill they needed in the private sector or had limited resources, they approached the government to ask permission to hire their doctors. Most NGOs did not hire expatriates when local personnel existed. Only one signatory to date has made specific changes in human resources policy to ensure compliance with the NGO Code of Conduct. Two other NGOs are in the process of aligning policies with the Code.

COMPENSATION AND SALARY

Challenges: NGOs have trouble attracting candidates in a competitive job market when offering salaries comparable to those of the MOH.

Respondents reported that the compensation paid by NGOs can be significantly higher than government salaries—ten times greater, or more. Despite a desire to keep salaries comparable to the public sector, signatories seem to be shifting towards the market trends in salary, which is largely driven by UN and donor agencies. NGOs that attempt to keep salaries closer to the ones offered by the public health sector report challenges such as being unable to recruit or retain skilled staff. Respondents reported it is not just money that drives people away from the public sector, but also poor working conditions, lack of opportunities and inability to use their knowledge and skills. Respondents suggested public sector salaries should be upgraded rather than lowering NGO salaries to match them.

Solutions: NGOs that compensate at the government pay scales hire people to support the public sector.

Some signatories said they do not pay more than indigenous government or university salaries to their staff. Two signatories and one non-signatory are following the government scales in most countries where they work. One respondent supports pre-service training in universities, and pays the university scale to trainees they hire. Another respondent said her organization trains and hires people largely to support the public health sector, so pay offered is similar to the government. Along with raising public sector salaries, respondents also recommended an investment by the public sector in career path opportunities, education and other similar retention incentives. The public sector should offer long-term career ladder opportunities for staff, resulting in higher relative earning or relative value of jobs. Unlike most NGOs, Ministry employees have many opportunities to make a significant difference by developing policy and implementing programs, which may be a good incentive for some staff.

PROVIDING SUPPORT TO GOVERNMENT SYSTEMS FOR TRAINING AND CAPACITY BUILDING

Challenges: NGOs usually focus on workshop-style training rather than pre-service training that creates new qualified health workers.

Most signatories, especially international NGOs, told us they were actively involved in training and capacity building for government health functionaries. After further questioning, we learned that most signatories, however, are engaged primarily in short-term workshop-style training rather than pre-service (college and university level) education. One of the respondents engaged in pre-service training spoke of the challenge that the government does not always hire the graduates they train, thus discouraging participation. These graduates may end up working for the private sector due to limited government hiring.



Solutions: NGOs are working with universities to train doctors and nurses as public health providers.

A small number of signatories are collaborating with universities to train doctors and nurses and prepare them for their role as public health providers. Three respondents spoke about their involvement in pre-service training. Another respondent suggested that government buy-in was essential to the establishment of new training programs, particularly if graduates are expected to work for the government.

Moving forward collectively

Beyond actions by individual organizations, much still must be done to change the current environment and consequent NGO practices that undermine the public sector. Since signatories to the NGO Code of Conduct are diverse in their missions and capacities (e.g., advocacy, research, implementation and training) there is an opportunity for each to act according to their skills to effect systemic change.

ADVOCACY

We recommend signatories become advocates for change. Government leaders should be supported to provide the stewardship to resolve the health worker crisis. The signatories can support Ministries of Health in developing robust and realistic health workforce plans, policies, and country-led milestones. The signatories should advocate with their governments to increase their country's capacity to finance their public sector health workforce. Signatories should also advocate with more donors and ministries to help them recognize the importance of augmenting salaries. The Dutch organization Wemos, for example, is encouraging its government to invest in human resources in the countries where the government is directly funding programs in health. Additionally, Wemos pushes the Dutch government and other donors to contribute directly to MOHs in developing countries so that the respective ministries themselves could (for example) recruit additional staff or pay better salaries to their national public health staff.

RESEARCH AND KNOWLEDGE SHARING

We believe there is a great potential for harnessing the transnational flow of knowledge for the NGO Code of Conduct's implementation, which is so far largely untapped. Through systematic and planned research and documentation, the signatories can bridge the knowledge-action gap, promote the sharing of information, and strengthen the knowledge base of workforce research. They can support the creation of health workforce information systems by Ministries of Health to improve research and develop a capacity for data management. Policy-relevant health workforce research can also be undertaken. Additionally, it would be beneficial to investigate the factors that cause certain people to stay in their public sector jobs and create retention plans for human resources in public sector.

*“In South Africa we are working with the university on pre-service training to increase the number of graduates.”-
Signatory to Code of Conduct*

CAPACITY BUILDING AND TRAINING

Signatories can work to strengthen the capacity of countries to plan, implement, and assess health workforce programs so they can more effectively use the existing health workforce. The



training should be a mix of clinical and management skills. They should advocate for and support international networks of higher education institutions to provide access to health and medical education in areas with few resources. Signatories should explore twinning opportunities to develop low-cost, locally relevant curricula for different cadres of health workers. They can also design and perform training on policy development activities for mid-career Ministry of Health officials, university faculty, clinicians, and health development professionals. Finally, signatories can work toward building the capacity of health professional associations or similar forums to recruit and engage members in an effort to strengthen professionalism in all the cadres.

Conclusion

The strong faith expressed by signatories in the principles and the initial trends in the implementation of the NGO Code of Conduct are very promising. The challenge is to transform pledges into action within the context of the local realities. The NGO Code of Conduct provides a setting of personal engagement by national and international organizations that can support and shape policy responses to tackle crucial problems. Though the signatories have not found ways to resolve the various challenges involved in implementing the Code, there was a clear message that it is necessary and useful to continue to develop practical ways to do so. While most NGOs are not following practices that support the public sector, NGOs that do so face competitive disadvantage in the human resources marketplace. The organizations we interviewed suggested that in a competitive labor market, a fairer environment could be created if governments, donors and NGOs all agreed on a uniform set of principles and aligned incentives accordingly. It is an opportune time for signatories and like-minded NGOs to engage in collective efforts to gain greater support for public-sector health workforce and systems.

References

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About Health Alliance International

Health Alliance International (HAI) is a nonprofit that works to strengthen public-sector health systems to ensure equitable health care for all, especially the poor and vulnerable. Founded in 1987, HAI partners with governments in developing countries to incorporate key health services (such as HIV treatment and maternal and child care) into the primary health care system. HAI currently has programs in Mozambique, Timor-Leste, Côte d'Ivoire and Sudan. HAI also advocates for U.S. and international policies that support health around the world. HAI is one of the organizations that developed the NGO Code of Conduct for Health Systems Strengthening. www.healthallianceinternational.org

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