TRACKING HUMAN RESOURCES FOR HEALTH COMMITMENTS: PROGRESS IN THE DOMINICAN REPUBLIC

November 2015

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BACKGROUND

The government of the Dominican Republic is steadfast in its commitment to improve the health and well-being of its population. Concentrated efforts over the past few decades to strengthen the implementation of national policies, health sector reform, integrated service delivery models, and a cross-sectoral approach have contributed to significant improvements in health indicators. The HIV incidence rate (the number of new HIV infections per year per 100 people aged 15–49) has witnessed a 92% decline in the last decade (from 0.12 in 2001 to 0.01 in 2012) (United Nations [UN] Statistics Division 2014). Access to universal reproductive health is increasing: contraceptive prevalence among married women aged 15–49 rose from 56.4% in 1991 to 71.9% in 2013 while unmet need for family planning declined from 19.4% to 10.8% during the same period (CESDEM and ICF International 2014; UN Statistics Division 2014). The under-five mortality rate and maternal mortality ratio decreased by about half from 1990–2013 (UN Statistics Division 2014).

While these trends point in a positive direction, the government recognizes that much more must be done to overcome challenges within service delivery. For example, despite the fact that 95% of pregnant women attend four or more antenatal visits and 99% have institutional deliveries, the country’s maternal mortality ratio (100 maternal deaths per 100,000 live births) is well above the regional average of 85 maternal deaths per 100,000 live births (UN Statistics Division 2014). One of the government’s critical pathways to pursue the nation’s health goals is, therefore, to improve the quality of the health service delivery system (Ministerio de Salud Pública 2013a). Central to the national policy on quality in health is a focus on strengthening the systems that govern human resources for health (HRH) to address health workforce challenges such as weak supervision, poor provider performance, inadequate clinical capacity, health worker absenteeism, and health worker maldistribution (Ministerio de Salud Pública 2010, 2013a; Rathe and Moliné 2011). To this end, the Ministry of Health is aggressively implementing its 2013–2017 HRH Strategic Plan, which emphasizes strengthening human resources management policies, systems, and practices. The purpose is to ensure availability of a workforce with the professional and ethical competence needed to carry out its responsibilities and create an enabling environment for health workers to perform effectively (Ministerio de Salud Pública 2013b). Given the critical linkages between a strong health workforce, quality of care, and service utilization for health impact, donors and partners such as the Pan American Health Organization (PAHO), World Bank, and the United States Agency for International Development (USAID) through its global CapacityPlus project (led by IntraHealth International) have assisted the Ministry in its comprehensive efforts to improve how HRH are planned, produced, deployed, supported, and retained.

It is against this backdrop and guided by a firm belief that “there is no health without a workforce” (Campbell et al. 2013) that the government, as represented by the three ministries that oversee and manage the health workforce (the Ministries of Health, Public Administration, and Higher Education), declared its country’s five HRH commitments to the global community at the World Health Organization/Global Health Workforce Alliance (WHO/GHWA) Third Global Forum on Human Resources for Health held in Recife, Brazil in November 2013 (see Table 1). This paper describes the political environment that enabled
the HRH commitments to be developed with stakeholder support, the actions taken to implement said commitments, and the progress achieved to date.
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<th>No.</th>
<th>Commitment</th>
<th>Indicator</th>
<th>Estimated Completion</th>
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<tr>
<td>1</td>
<td>Support measurement and monitoring of regional HRH goals 2007–2015 and study in-depth the areas where the country has achieved the most progress</td>
<td>Application of PAHO system to monitor regional HRH goals (PAHO 2013)</td>
<td>September 2014</td>
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<td>2</td>
<td>Develop processes for application of an effective HRH management model with emphasis on: · Promoting the Health Career Law · Institutionalizing an HRH management policy that impacts productivity, service quality, and universal coverage, such as policies for performance management, recruitment, and incentives</td>
<td>Reintroduction of the Health Career Law</td>
<td>June 2014</td>
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<td>No. working groups to develop the bylaws in the Health Career Law</td>
<td>September 2014</td>
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<td>Mapping of the HRH management processes</td>
<td>March 2014</td>
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<td>Existence of a policies and procedures manual for HRH management</td>
<td>December 2014</td>
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<td>3</td>
<td>Identify mechanisms to elevate the skills and professional level of the health workforce by 2015</td>
<td>Mapping of stakeholders involved in HRH training</td>
<td>December 2014</td>
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<td>Situational analysis of HRH training</td>
<td>March 2015</td>
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<td>4</td>
<td>Form a critical mass of leaders with specialized skills in HRH policy, planning, and management at the central, regional, and local levels</td>
<td>Numbers trained in HRH policy, planning, and management at the central, regional, and local levels</td>
<td>March 2015</td>
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<td>5</td>
<td>Strengthen the Ministry of Health’s strategic oversight over the health workforce through the advancement and convergence of policies related to health systems, services, and cross-sectoral coordination to revitalize primary health care and achieve universal health coverage</td>
<td>Existence of strategic plan for the Ministry of Health HR Directorate in its new oversight role</td>
<td>December 2015</td>
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<td>Availability of HRH policies and procedures manuals for the central, regional, and local levels</td>
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<td>Establishment of cross-sectoral coordination working group</td>
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1Translated from the original (Ministerio de Salud Pública 2013c).
2Due to a typographical error in the submitted commitments template, the date for completion was incorrectly listed as 2013.
METHODOLOGY

The methodology employed to review progress made on the country’s five HRH commitments was descriptive and qualitative in nature. Of great utility was the first-hand experience of many of the co-authors as key leaders, implementers, or contributing members to the processes and approaches involved in meeting the declared commitments. Key informant interviews and informal discussions with HRH stakeholders provided deeper understanding and description of the background, processes, and actions undertaken to implement the commitments. Although no formal desk review was written, the case study description was supported by the collection, review, and analysis of available documentation—including government and project plans, documents, and reports. The information presented in this article was also validated with national stakeholders in the relevant ministries or institutions.

CASE DESCRIPTION

The Ministry of Health has made substantial progress in meeting the country’s HRH commitments. Specific details on the policy processes, actions, stakeholders involved, and results of each of the HRH commitments are provided below.

Political Environment

In 2007, the government, along with other countries in the Latin American region, adopted a regional initiative in partnership with PAHO/WHO (2007) to strengthen human resources for health across the Americas for the period from 2007–2015. As part of that initiative, 20 goals were defined, which are organized according to five critical challenges identified in the Health Agenda for the Americas and the Toronto Call to Action (PAHO 2005). The goals encompass actions for long-range HRH policies and planning for the effective education, equitable distribution, retention, and motivation of the health workforce to meet the population’s health needs. The orientation around these goals and the political will behind this HRH initiative established an environment within the Dominican Republic that was favorable to human resources investment and poised to articulate commitments that would align existing goals and activities to specific commitments articulated toward the achievement of universal health coverage (UHC).

The systems needs and HRH gaps within the country were well understood, and the mechanisms were in place, resulting from government engagement in the Toronto Call to Action, for national and local leadership and stakeholder support, as well as for implementation of the Recife commitments. When the GHWA invited the government to submit commitments as part of the 2013 Global Forum, the country was able to join many others in committing to specific HRH accomplishments for which it was willing to be accountable. With the broader support of RESSCAD (Health Sector of Central America and the Dominican Republic) and COMISCA.
(Council of Central American Ministers of Health) behind HRH development, and a regional structure in place, the government was able not only to define commitments for Recife, but also to enter into those commitments with confidence that it would be able to sustain support and follow-through.

RESULTS

Commitment 1: Support measurement and monitoring of regional HRH goals

Despite advances in other areas of commitments made in Recife, a comprehensive process for monitoring and evaluation (M&E) of the health workforce has not been developed due to the lack of an effective process and national electronic information management system. PAHO is supporting the Ministry of Health’s Directorate of Human Resources to measure and monitor 20 regional goals for HRH, defining the national baseline in 2011, and completing an intermediate assessment in 2013. The Ministry is conducting the final evaluation of the regional HRH goals in 2015, with PAHO support (Dal Poz et al. 2015). The final evaluation will include key informant interviews and utilize the same instruments and methodology as used in the baseline and intermediate assessments.

The intermediate measurement of HRH indicators and progress toward achievement of the regional HRH goals, conducted in May 2013, identified critical challenges and goals to address them. It was this mid-term measurement that directly informed the development of the Recife HRH commitments. The Ministry of Health then developed a framework prioritizing the challenges, assigning responsible parties, and defining the deliverables needed to advance each goal. Achievements to date toward regional HRH goals 6, 7, and 8 include:

- Establishing, equipping, and deploying health workers in primary health care facilities
- Training teams of providers from primary health care facilities
- Obtaining participation of key individuals in PAHO’s virtual diploma course on health services management, although the Ministry of Health has not documented the specific number of health workers or teams who have completed training.

Outcome: To date, despite Ministry of Health dedication to strengthening the health workforce, the only established process in place to track health workforce developments and improvements is the M&E framework developed for the 20 regional goals for HRH (PAHO/WHO 2007). This process is not an institutionalized information management system, but rather a process of interviewing key actors according to the M&E guidelines for measuring the 20 regional goals. However, to support progress toward reaching its HRH commitments, the Ministry’s HRH Management Unit developed a framework for measuring progress toward achieving the HRH commitments (Table 1), and aligned those indicators with the measurement
activities of the 20 regional goals.

**Commitment 2: Develop processes for application of an effective HRH management model**

A pivotal component of the Ministry of Health’s vision for strengthened HRH management was the ratification of the Health Career Law by Congress in June 2014 (Comisión Permanente de Salud 2014). The Health Career Law serves as a legal, regulatory, and administrative framework detailing the employment relationship between the government and health workers, and classifying and ranking salary and wage structure and job functions. As such, the Law provides a solid foundation and increased authority for the Ministry to press for needed policy changes and resource allocations to enable a more effective management system. This commitment aligned closely with the regional HRH goals under Challenge 4 of the Toronto Call to Action, “Create healthy work environments and encourage commitment to the mission to ensure the provision of quality services for all population.” The commitment leveraged additional support to a specific legal mechanism that the national government had designed to meet Challenge 4. Likewise, the political pressure to demonstrate progress toward Challenge 4 as well as resolve conflicts between the health care unions and the Ministry of Health enabled the national government to move the proposed legislation through the approval process.

To move the draft Health Career Law forward, the Minister of Health made an official request to Congress to expedite the process of enactment and public hearings on the bill. The Minister presented the bill for discussion at public hearings and later to the congressional committee for review (PAHO, Ministerio de Administración Pública, and Ministerio de Salud 2014). The bill was passed by the Executive Branch in November 2014, thus achieving the first indicator toward the second HRH commitment.

With support from PAHO and CapacityPlus, the Ministries of Health and Public Administration also spearheaded the development of bylaws to ensure successful implementation of the Health Career Law. The process included drafting a detailed action plan with roles and responsibilities for various stakeholders (such as training institutions, the Ministry of Higher Education, and health professional bodies), divided among seven working groups that meet regularly to continue development of the bylaws. Once fully implemented, the Health Career Law should result in greater job stability and improved working conditions for public sector health workers in the country.

A second component for developing and institutionalizing an effective HRH management model was the December 2014 launch of a policy and procedures manual for HRH managers, which clearly maps out the various HRH management processes to be followed. All departments within the central Ministry of Health have been implementing the manual. The Ministry’s HRH Directorate has applied the manual to guide recruitment, selection, and hiring processes, which has resulted in more transparency and fairness in HRH management practices at the national level.
Outcome: Fostering leadership in middle management has been key to creating demand for transparency and implementation that will lead to lasting change. With support from CapacityPlus, the HRH Directorate strove to create a cadre of trained and empowered human resources (HR) managers. This commitment has resulted in a critical mass of advocates for increased transparency, developers of HR management tools, and implementers of new or improved management processes. Implementation of these tools and processes is conducted with more ease and fewer obstacles as these managers will remain in their posts longer than high-level managers who are more likely to be reappointed or moved elsewhere.

Commitment 3: Identify mechanisms to elevate the skills and professional level of the health workforce by 2015

As part of this third commitment, the Ministry of Health is leading a continuing education program aimed at increasing the competencies of general practitioners and nurses. This online course, developed with financing from the International Development Bank (IDB) in partnership with the Autonomous University of Santo Domingo, is part of a regional continuing education plan.

With the continuing education effort, the Ministry has planned a mapping of stakeholders involved in HRH training. The proposed mapping of stakeholders and a situational analysis to identify HRH training opportunities and gaps across the nation are planned for late 2015 but have not yet been carried out, as the needed resource allocation has yet to be confirmed. The HRH Directorate is actively identifying the resources needed for the mapping and training needs assessment.

Outcome: More than 900 health workers have enrolled in the inaugural two-year course to specialize in primary health care, which began in April 2014. A group of 25 facilitators were formed to teach the continuing education program.

Commitment 4: Form critical mass of leaders with specialized skills in HRH policy, planning, and management at the central, regional, and local levels

As part of its commitment to form a critical mass of leaders with specialized skills in HRH at all levels, the Ministry of Health added a management course to its ongoing training initiatives in HRH policy, planning, and management for HR managers. The government established a diploma course in HRH management, provided through the National Institute of Public Administration, to professionalize the cadre of regional HR managers. The program empowers HR managers to change their role from administrators of personnel and paperwork to proactive managers who plan, deploy, support, and manage an effective workforce. Currently, the HRH management course is available to HRH managers from all hospitals in the country. The HRH
management training has become institutionalized and sustainable through the National Institute of Public Administration’s assignment of a budget of $16,000 per year and training of a government-supported team of facilitators to conduct training.

Through a partnership between the Ministry of Health and PAHO, a second course has been developed, which trains HRH managers in the Ministry to improve their competencies in primary health care planning. This online course is offered through the PAHO Virtual Campus for Public Health.

Additional data on the number and types of other HRH training courses and workshops being conducted at the national and local levels will be collected by the Ministry of Health as part of the training situational analysis planned for late 2015 (see Commitment 3).

**Outcome:** In less than two years since the HRH commitments were announced in Recife, the government has seen measurable achievements with regard to Commitment 4. Since the inception of the HRH management course in 2014, 69 regional HR managers have graduated from the National Institute of Public Administration program, thus building country capacity through a critical mass of leaders with specialized HRH management skills. The government has recently begun to enroll managers within the Ministry in PAHO’s Virtual Campus management course, with six managers having completed the training since 2014.

**Commitment 5: Strengthen strategic oversight of health workforce through policies for health systems, services, and cross-sectoral coordination**

The government has invested in strengthening the leadership role of the Ministry of Health in oversight of the health workforce through the development of a strategic HRH plan, dissemination of the newly finalized policies and procedures manual for HRH management to the regional and local levels, and establishment of a cross-sectoral coordination working group.

Immediately following the Global Forum in November 2013, the Ministry of Health and its HRH Directorate moved quickly in December 2013 to initiate development of a new strategic HRH plan, updating the previous 10-year-old strategic plan. The result—the Institutional Strategic Plan of the General Directorate for Human Resources (DGRH 2013–2017)—is a regulatory instrument intended to inform all actions and processes related to human resources management under the Ministry of Health. Upon return from Recife, the director of the HRH Directorate, who was designated by the Minister of Health to sign the country’s HRH commitments declaration, streamlined the process of finalizing the strategic plan by hosting a variety of planning workshops. The workshops included representatives from the nine regional health directorates, HR managers from the national hospitals, and technical staff from the national HRH Directorate and the General Directorate for Coordination of Public Health Care Services. The participants worked together to review and finalize the plan’s objectives and activities, which include HRH planning, financing, development, performance management, and
evaluation. The finalized strategic plan began to be implemented in January 2014. An annual operational plan, which is used as a tool to guide the day-to-day work of the HRH Directorate, was developed alongside the strategic plan and updated in January 2015.

The HRH management manual described under Commitment 2 is being used to align and coordinate health systems and service policies between the central Ministry of Health and the decentralized service delivery arms through the General Directorate for Coordination of Public Health Care Services. To support application of the manual at the regional and facility levels, a dissemination workshop was held in April 2015 for 35 regional HRH managers and HRH analysts and assistants from the country’s largest hospitals.

The Ministry of Public Administration has formed a cross-sectoral, coordinating working group to spur action, negotiation, and discussions related to HR planning. The working group has 20 members, including the Vice Minister of Planning and Development from the Ministry of Health, the Vice Minister of Quality from the Ministry of Public Administration, as well as other representatives from the respective HRH Directorates of the Ministries of Health and Public Administration, and the General Directorate for Coordination of Public Health Care Services. The group meets monthly to discuss all HRH initiatives and processes being undertaken by these agencies. A work plan developed to guide these discussions is reviewed and updated at each meeting. For example, the interagency working group is promoting the process for development of the bylaws guiding implementation of the Health Career Law and the definition of the organizational structure for the Ministry of Health and the national hospitals.

**Outcome:** The government was able to achieve a new strategic plan that for the first time has clearly delineated the roles and responsibilities of the two HRH regulatory bodies (of the national Ministry of Health and the service delivery arm). The HRH management manual advanced the application of the Law 123-15, which created the National Health System and established the separation of functions, conferring on the Ministry of Health regulatory oversight over HRH and defining the Ministry’s management processes.

**DISCUSSION**

Given the multisectoral nature of health systems and HRH, the government’s decision to send representatives from each of the three ministries (health, education, and public administration) that have oversight and management responsibilities over the health workforce to the Third Global Forum on HRH represented an impressive start to the country’s HRH commitment process. The three government representatives, already having a strong commitment to HRH development following the Toronto Call to Action, were highly motivated by their participation and the sharing of experiences and lessons learned at the Global Forum. Upon their return, each representative oriented other leaders within their respective ministries to the Recife Political Declaration on Human Resources for Health and the specific commitments presented by their government at the Forum. They aligned the commitments with ongoing strategies, leveraged
the influence of the commitments to move objectives forward, and successfully coordinated roles and activities, as demonstrated by the application of the various initiatives across more than one commitment.

Overall, the Ministry of Health has made great progress toward its five declared HRH commitments, achieving many of the targets by the estimated completion date. These commitments energized ongoing system strengthening efforts, and helped build a strong foundation for a human resources management system that more effectively plans, recruits, deploys, and supports the health workforce to ensure equitable primary health services for the population.

One key example of how a stronger management system coupled with empowered HRH managers and leaders and renewed regulatory frameworks, policies, and procedures can make a difference is the Ministry of Health’s payroll cleaning process. To increase transparency in the health sector and productivity of the health workforce, the Ministry of Health, in collaboration with the Ministry of Public Administration, has continued to lead a payroll cleaning process to identify and eliminate “ghost workers”—individuals who receive a salary but are not actually working—to free up financing that can be better invested to hire and deploy health workers to provide services where they are needed. Analysis of the payroll system by the Ministry of Health revealed nearly 10,000 ghost workers (out of approximately 59,000 employees) along with over 2,200 workers who had been “in the process of retirement” for over three years. These inactive workers were preventing the Ministry from being able to fill service delivery positions with qualified candidates. Through January 2015, the Ministry eliminated 3,913 ghost workers, resulting in savings equivalent to $9.1 million per year. The Ministry also fully retired 2,241 staff, thus opening their posts to new hires. The Ministry of Health is reinvesting the savings to hire new health workers for primary care facilities, purchase medicines and supplies, and repair health facilities. These changes, coupled with the elimination of user fees and a rise in the number of subsidized members in the national health insurance plan, will be able to contribute to expanded coverage of primary health services.

This case study highlights three aspects that have been central to the Dominican Republic’s successful achievement of its HRH commitments. These features of success, which will help to ensure sustainability, include establishment of regulatory frameworks, HRH capacity building, and multisectoral coordination. With regard to the first element focusing on regulatory frameworks, ratification of the Health Career Law is a positive step but demands that the mandate to regulate and support the health workforce continue into the future. Second, the clear definition and institutionalization of policies and procedures and the training of HRH managers with necessary HR management skills and capacity establishes a sound environment in which the health workforce can perform its service delivery responsibilities. Finally, leveraging the momentum gained to date and taking the achievements even further will depend on the continued close involvement and dedication of the multisectoral actors who are directly and indirectly responsible for the health workforce.
CONCLUSION

The government is striving to improve the health and well-being of its population through a focus on improved primary health care services and universal health coverage. Paramount to this initiative is the strengthening of the health workforce and the management systems needed to create an enabling environment for effective performance and high-quality service provision. Recognizing the importance of HRH systems strengthening and having already laid the fundamental groundwork, the government was eager to declare its HRH commitments at the Third Global Forum on HRH in Recife.

To maximize the momentum gained from the Global Forum, the government immediately set to work on implementing its stated commitments. Through a clear focus on policies, processes, actions, and needed stakeholders, the government has remained relatively on-target to achieve its commitments by the estimated dates of completion. A critical component for countries to achieve their HRH commitments is to either develop a results framework that defines progress and results indicators associated with completion dates, or capitalize on existing HRH frameworks. Other countries may benefit from examining the successful experience of the Dominican Republic, which linked its HRH commitments to the existing framework for the 20 regional goals for HRH, using that framework to guide and facilitate its advancement toward the Recife commitments.

For future “lessons learned,” it should be noted that because the government used indicators derived from the 20 PAHO regional goals for HRH, the indicators did not specifically measure the achievement of the Recife commitments but rather have measured progress toward the PAHO goals. Some were process indicators and some were results indicators, and both types of indicators had varying degrees of clarity. It may be helpful for other countries to review indicators for clarity, specificity, and redundancy. It is also recommended that the Dominican Republic, and all countries pursuing HRH development and service delivery improvements, establish an M&E framework that tracks the impact of HRH improvements on service delivery quality and health outcomes. The ability to link investments in HRH to measurable improvements in quality services will advance the government’s intentions as outlined in the national policy for quality and will support negotiations for resources with evidence of return on investment. Overall, the progress demonstrated by the Dominican Republic in developing and implementing HRH policies, systems, and regulatory frameworks, building HRH capacity, and more broadly engaging other sectors has laid a solid foundation for the country to continue to advance its health goals through a well-placed, motivated, and skilled health workforce.

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