STRENGTHENING HUMAN RESOURCES FOR HEALTH (HRH) IN NIGERIA

The Care and Treatment for Sustained Support (CaTSS) project is funded by the US Agency for International Development (USAID) and the President’s Emergency Plan for AIDS Relief (PEPFAR), and implemented by Management Sciences for Health (MSH). By providing technical assistance in close collaboration with the Nigerian government at national, state, and local levels, the CaTSS project strategically supports the maintenance and uninterrupted delivery of quality HIV and TB care and treatment services integrated into Nigeria’s health system in five PEPFAR sustained response states: Kebbi, Kwara, Niger, Sokoto, and Zamfara.

Human Resources for Health (HRH) challenges related to training, deploying, and sustaining an effective health workforce have remained a barrier to successful program implementation at different levels of the health system. As health facilities are now required to treat all identified HIV positive clients in line with the new Test and Treat guidelines for achieving the UNAIDS 90:90:90 goals, addressing these HRH gaps has become even more crucial. Management Science for Health (MSH) has deployed various strategies to overcome HRH challenges at all levels of the health system.

At the facility level, MSH has optimized provider performance efficiencies to identify, develop, prioritize, and monitor the progress of HRH interventions (Figure 1). These approaches have been integrated within the project’s Quality Improvement (QI) systems. Approaches utilized to optimize provider performance include facility peer to peer learning initiatives, recognition of high performing staff, and strategic engagement of facility volunteers.

In partnership with State Governments, MSH has worked to develop a Centres for Health Professional Continuing Education Program (CHPCE). These Centres are domiciled under the Director of Medical Services, and comprise of academics and specialized health care professionals from within each state who provide training, mentorship, and supportive supervision to healthcare workers within each state. They are critical to institutionalizing capacity building and sustaining the capacity of health workers.

MSH continues to engage with State Governments in all five supported states to advocate for increased mobilization of resources and improved budgetary allocations to reduce HRH shortages through the recruitment, training, and retraining of health care workers.

MSH has also provided support in the development of the national task shifting and task sharing policy focusing on Reproductive, Maternal, Newborn, and Child Health (RMNCH), HIV, Tuberculosis, and Malaria. Task shifting and task sharing remain key elements for achieving universal health coverage in Nigeria.

Figure 1. Process for optimizing care provider performance and efficiency to achieve UNAIDS 90:90:90 goals

(Adapted from the UNAIDS Optimizing Care Provider Performance and Efficiency to Achieving the 90:90:90 Goals Tool Kit)