

Introduction

There is increasing concern that the importance of human resources, in particular the impact of human resources on health reform, continues to be underestimated internationally (Martineau & Buchan, 2000; Dussault & Dubois, 2003). The need to consider human resources is especially vital when re-establishing health services in countries after conflict, where the workforce has been severely affected and the context in which reconstruction is taking place is one of political and economic instability.

In order to capitalize realistically on the unique opportunity to start afresh, it is crucial to make efforts to ensure understanding – both at the highest political level in-country and among donors – of the importance of human resources in achieving appropriate and effective health sector redevelopment. This understanding can contribute to a commitment to a strong strategic approach, thus avoiding repetition of ineffective strategies and waste of limited resources. Donors have a major part to play in influencing fragile transitional administrations to address this area, since the level of importance donors attach to a matter is demonstrated by the level and orientation of their funding.

Setting up a dedicated focal unit for human resources development, within the ministry of health, closely linked to policy and planning activities and headed by a senior-level manager, is of vital importance in laying the foundations for a comprehensive approach to human resources development. Developing the capacity of the staff of this focal unit in the areas of human resources policy, planning and management is important in terms of strengthening their ability to coordinate donor support to capacity building in the post-conflict period. The focal unit provides a mechanism for addressing the tasks that newly-elected governments face as they move into the development phase, such as drawing up human resources regulations, setting educational standards and establishing accreditation procedures. The focal unit will work closely with other departments in the ministry of health to address workforce coverage issues, including attrition, deployment, retention and replacement, which are key to effective service delivery.

Situational analysis that takes a historical perspective of the impact of conflict, not only on the workforce but also on the educational system, can provide a basis on which to develop more innovative and appropriate strategies for using time-limited resources (including the diaspora) to lay the foundations upon which more effective human resources development can be built.

There is a dearth of information and user-friendly guidance available to staff in the human resources development focal unit to bridge the short-term gap between the point from which they start work in the immediate post-conflict period and the point at which they enter the long-term development phase, when they can use the excellent existing frameworks and tools that already exist. This document is an attempt to provide some of that information and guidance.

The examples given in this guide are based mainly on three post-conflict countries. There is a need to draw examples and lessons from other countries. In the immediate post-conflict period, members of interim administrations tend to reject the advice of aid workers who liken the situation to that in some other post-conflict country of which they have previous experience. The development of general and non-directive guidance on different aspects of human resources development, outlining the questions and issues that must be addressed, will constitute an important tool for use in the short-term post-conflict phase.

Linking this guidance to examples and lessons learnt (both successful and unsuccessful) from a variety of countries and regions will provide a basis on which de facto health authorities and donors can start to discuss short-term strategies to effectively ensure that short-term interventions in the area of human resources development ultimately contribute to establishing a well-structured and equitable foundation for human resources development. This in turn can contribute to more effective use of short-term financing and to reducing waste that arises because outcomes are inadequate.

Much has been written on different aspects of post-conflict reconstruction of health services in areas such as donor coordination (Macrae, 1995; Zwi & Macrae, 1994; WHO, 1998; Lanjouw, Macrae & Zwi, 1999; World Bank, 2002b, 2002c), but little attention has been given to the effects of conflict on the health workforce and its implications for post-conflict reconstruction of health services. In recent years, despite increasing recognition of the importance of human resources for health and participation of many agencies in the post-conflict reconstruction of countries, approaches and inputs in this area have rarely been documented. As a result, there has been virtually no use or dissemination of lessons learnt, leading to a perpetuation of ineffective approaches and missed opportunities to effect change.

Since the latter half of the 20th century there has been a rise in the number of countries experiencing conflict. Analysis of conflicts indicates that civil war is the most common form of conflict; 103 out of the 110 recorded conflicts between 1989 and 2000 were civil conflict (World Bank, 2002c). A number of these conflicts were protracted, with institutional collapse, violence directed towards civilians, and political manipulation of tribal, religious or ethnic groups, frequently resulting in complex political emergencies (Bornemisza & Sondorp, 2002). Poverty fuels conflict, and low-income countries are thus at higher risk of conflict than medium- or high-income countries (Collier et al., 2003). It has been estimated that there were approximately 30 active conflicts in 2000, almost all of which were in less-developed countries (Bornemisza & Sondorp, 2002). The United Nations Office for the Coordination of Humanitarian Affairs (2002) estimated that it had been involved in more than 25 complex emergencies in 2002, and the United Nations Consolidated Appeal (2003) covered 18 complex emergencies.

Human resources are particularly affected by prolonged war and conflict, the extent depending upon the duration and type of conflict experienced (Pavignani, 2003). The health workforce can be severely diminished, as in the case of Rwanda and Cambodia¹ (Sileap & Smith, 1996). Poorly planned emergency efforts to replace lost health workers can lead to severe overproduction of particular categories of professionals, as in the case of Afghanistan and Cambodia (Ministry of Health, Cambodia, 1993; Reid, 1994; Smith, 2002; King, 2003). Destruction or deprivation of training institutions result in poor training. Combined with a lack of supervision, inappropriate use of institutions and competing concerns for survival, this results in a degradation of professional skills.

The scenario is further complicated by ad hoc training of health workers to meet immediate needs by a variety of nongovernmental organizations and donors – in-country, cross-border and in refugee camps. This can result in a plethora of categories of health workers; for example, in the case of Cambodia, there were 59 different categories.

As countries work towards reform of their health services, they continuously face common problems that have an impact on the distribution and quality of health services. The majority of these problems can be directly or indirectly attributed to health workforce issues. Human resources consume the highest proportion of the recurrent health budget in salaries (Green, 1999; Dussault & Dubois, 2003), and have the most direct impact on the success of strategic approaches to health service delivery, such as decentralization. This factor continues to be underestimated internationally (Dussault & Dubois, 2003; Martineau & Buchan, 2000). This has resulted in limited success in implementing planned, equitable, efficient, acceptable, accessible and cost-effective health systems, thus jeopardizing poverty alleviation and the attainment of the Millennium Development Goals (United Nations, 2000).

The post-conflict reconstruction period offers a unique opportunity to start afresh. In order to maximize the short window of opportunity during which there is substantial donor support, ministries of health require evidence to contribute to their understanding of the key issues of human resources development in order to develop a strategic approach to human resources development, thus avoiding costly ad hoc approaches that generally contribute little to the development of sustainable systems.

¹ Crude estimates indicate losses to the health workforce of 75%–80%.

This guide is intended to stimulate interest, understanding, discussion and sharing of experiences, both successful and unsuccessful, of post-conflict situations. It is designed to act as a bridge between the post-conflict human resources development scenario and the more advanced workforce strategies and tools that can be used in the development phase.

The first part of the guidance, comprising sections 1 to 9, is intended to set the scene by introducing the reader to the importance and issues of human resources development in post-conflict country settings. It incorporates examples from a variety of countries.

The second part of the guidance, comprising sections 10 to 16, addresses the issue of how to start working towards achieving a balanced and comprehensive approach to human resources development within the context and constraints of post-conflict reconstruction. It covers the different components of human resources development, identifying the key steps and related questions that may need to be considered and addressed within the context of the individual country. It highlights opportunities and potential options, and gives examples of tools that have proved to be of use in different post-conflict situations. A brief checklist indicates how to get off to a quick start.

In comparison with other sectors, little is available in the public domain in relation to experiences and lessons learnt pertaining to human resources development in post-conflict and disrupted environments. There is, however, a wealth of undocumented knowledge held by individual health professionals or in the records of organizations.

The aim of this guide is to take the first steps in documenting relevant evidence, tools and experience of countries that have experienced conflict and disrupted environments over prolonged periods.

The objectives of the guide are:

- to draw attention to the crucial importance of human resources development for re-establishing health systems following prolonged periods of conflict and disruption;
- to provide evidence and tools to de facto health authorities and other actors in the field of human resources to support them in their difficult task of post-conflict reconstruction;
- to encourage de facto health authorities, donors and nongovernmental organizations to share knowledge and experience (both of what works and does not work), which can be widely disseminated and shared with others who are or will be working in this field.

In order to help expand the guidance provided here, and adapt it to continuously changing approaches to post-conflict redevelopment, please provide comments on the guidance and share your knowledge, by filling in the questionnaire at the end of the document.

Your help will be particularly valuable for those involved in human resources development during the post-conflict phase when, as Dr Gertrud Schmidt-Ehry has put it, human resources professionals are "sailing while building the boat" (personal communication).