

# Capacity Building of Frontline Health Workers

A summary of expert perspectives from the  
Johnson & Johnson-GlobeScan SDG Leadership  
Forum for Goal 3: Good Health and Well-Being

July 2018



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A summary of expert perspectives from the Johnson & Johnson-GlobeScan  
SDG Leadership Forum for Goal 3: Good Health and Well-Being

More than **200** attendees

from **34** countries

**4** hours of online, text discussion

## What we set out to do

On March 28, 2018, a diverse range of stakeholders from civil society, government, multi-lateral organizations, and the private sector joined hosts GlobeScan and Johnson & Johnson for the SDG Leadership Forum for Goal 3: Good Health and Well-Being. The Forum was a global, online and text-based discussion with participants from 34 countries. Over the course of two sessions, held at different points during the day, guest contributors from 18 organizations were invited as panelists to help seed the discussion.

Together, we explored how to build capacity among frontline health workers and the tactics needed to grow, train, and support workers, particularly women, in this sector. Women compose [70 percent of the health workforce globally](#) and face unique challenges in the healthcare workplace. The High-Level Commission on Health Employment and Economic Growth also predicts an 18 million health-worker shortage by 2030 without immediate and strategic investment.

This report summarizes the discussions and identifies key challenges and priorities for action. The report also shares results from a poll of Forum participants surveyed during the event. A notation on each poll chart identifies how many participants responded to specific polling questions.

A full list of the participating guest contributors is provided in the report's appendix.

For the purposes of this report, the definition of health workers includes formal and informal health workers.

The SDG Leadership Series is a set of 17 online discussions that bring together the world's leading thinkers to share and develop strategies for making progress on the Global Goals.

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## Introduction from Johnson & Johnson

Health is at the heart of all human development — it enables children to thrive, women to succeed, communities to prosper, and countries to rise from poverty. SDG 3: Good Health and Well-being is inextricably linked to, and critical for achieving, all 17 Global Goals by 2030.

Johnson & Johnson has committed to bringing our heart, science, and ingenuity to help achieve SDG 3 because we believe — for one human and all humankind — good health changes everything. But these goals are not designed to be solved alone. Through platforms like the SDG Leadership Forum, the global community is called to action to offer the most valuable contribution to the SDGs of all: new ideas that bubble up from local communities and global stakeholders.

Conversations in our Forum on SDG 3 unveiled creative thinking and reinforced best practices to accelerate health progress and empower healthcare workers, and particularly women, who are improving the lives of millions of people around the world. Through this digital exploration of capacity building approaches, we explored opportunities to grow, train, and champion frontline health workers to promote wellbeing at all ages.

A sincere thank you to all the participants for taking the time to join and share ideas that will move us closer to bringing good health and wellbeing for all. The dialogue must not end here.

We look forward to continuing this conversation and collaborating to build solutions that will forge a healthier, more equitable world by 2030.



**Lauren Moore**

Vice President, Global Community Impact  
Johnson & Johnson

## Introduction from GlobeScan

The Sustainable Development Goals (SDGs) provide a roadmap for the future we all want. However, while the initial launch of the Global Goals captured the imagination of businesses, governments, multilateral organizations, NGOs, and parts of the media, a great deal more engagement and awareness is required to deliver on the 2030 targets.

At GlobeScan, we believe more leadership is needed to inform, inspire, and catalyze collective action across the SDGs. One way to foster more leadership is to listen to and engage stakeholders worldwide.

To do this, we are hosting the SDG Leadership Series. This is a series of 17 open, online events — one for each of the 17 Global Goals — to foster discussions with thousands of influential stakeholders across the world.

We are delighted to have co-hosted the second of these forums with Johnson & Johnson on Goal 3: Good Health and Well-Being, on March 28, 2018. During the live online discussion, stakeholders explored what was needed to build capacity and empower women in the health workforce, particularly in low- and middle-income countries.

A focus on education and training — from curriculum standardization and knowledge-sharing models to improving access to fundamentally changing gendered societal norms — was highlighted as key to building the capacity of health workers, with many successful case studies shared. For large private sector and nonprofit organizations looking for ways to help, Forum participants pointed to the support required in building management capacity, developing effective partnerships, and assisting with advocacy.

These online conversations provide learnings, inspire fresh thinking, and share best practices, which we hope will help us all turn our ideas into actions.

The SDG Leadership Series is our opportunity to scale engagement and collective action around the Global Goals and bring us closer to a 2030 where we all live more sustainably and with dignity.



**Chris Coulter**  
CEO, GlobeScan

# Executive Summary

## There is widespread consensus that building health workers' capacity is critically important to improve frontline healthcare

Forum participants agreed that building the capacity of frontline health workers in lower- and middle-income countries is critical if public health in these countries is to be improved. Most see investment in people as critical to the achievement of SDG 3 — perhaps of even greater importance than investment in infrastructure, health technology, or medicine and supplies.

## But the context is challenging: Infrastructure and institutions can stand in the way of progress

However, these discussions also reveal daunting challenges. Resource-constrained governments, for example, often take a short-term view of health spending. Health workers in low- and middle-income countries migrate to higher-income countries where they can feel more effective. Local infrastructure and institutions may also be poorly equipped to train health professionals. And donor-funding regimes often fail to channel investment to the right priorities. In these environments, progress can be slow.

## Education and training are key priorities, including improvements to basic education, leadership training, standardized curricula, technology solutions, and access

Overwhelmingly, Forum experts see better education and training as the top priority for boosting the capacity of health workers in low- and middle-income countries. To be effective, health workers need to receive a thorough grounding in the basics, such as literacy, numeracy, and critical thinking skills. Health workers then need a coordinated, ongoing, and affordable program of professional training that allows them to address the complex challenges they will face in the field and effectively train others.

Experts identified several priorities for improving professional training for health workers:

- **Better access to professional training:** The training should be able to be undertaken alongside people's jobs so they can continue earning an income and remain in their communities while they learn. The cost should be set at a level that allows health workers with very low incomes to participate.
- **Technological innovation:** Technology, especially new tools for remote learning and information management, will also need to play a key role. Many case studies are available that detail how mobile technology, in particular, can connect health workers and provide timely advice to keep people healthy, especially in rural areas. But technology also needs to be complemented with one-on-one interactions and solutions that work at a local level.

- **Leadership training:** Building the capacity of health workers to manage and lead effectively within the complex systems in which they work is vitally important. Good management is essential to building systems that are responsive and effective at a local level.
- **Standardized curricula for training healthcare professionals:** A consistent and regularly updated body of knowledge and core competencies that can be transmitted to all health workers is crucial.

### Large organizations can lend support by helping build management capacity, developing partnerships, and assisting with advocacy

Securing these changes will be far from straightforward, but participants think that large private sector and nonprofit organizations can help by building leadership and management capacity within the healthcare system, partnering across sectors to boost impact, and helping healthcare stakeholders to advocate within government and elsewhere for needed changes and investment. Investment is particularly important because health workers need to be paid fair salaries so they can continue within the profession and, as one participant said, move beyond simply “existing.”

### Public commitment is needed from a new generation of leaders to challenge cultural norms and champion women’s role in the healthcare sector

Many of the challenges faced by health workers in low- and middle-income countries are more acute for women, including low status, poor or non-existent pay, discrimination and harassment, and threats to their personal safety. Forum experts want to see greater investment in women health workers at all levels, including funding for leadership training and mentorship, promoting nursing and midwifery careers as vehicles to empower women, better pay, and safer working conditions. Participants also are encouraged by a new generation of leaders who challenge prevailing sociocultural norms about “women’s work” and help to provide women with safe, fulfilling, socially worthwhile, and adequately remunerated employment as health workers.

“ *By and large, countries, regions, and localities that have driven investment in strengthening their frontline health workforce where there is least access have seen major progress on key global health indicators.*

– Samantha Rick, Frontline Health Workers Coalition

“ *If we treat health as health alone, we will never solve the issue. It is also about women’s status in society, gender norms, infrastructure, and political will.*

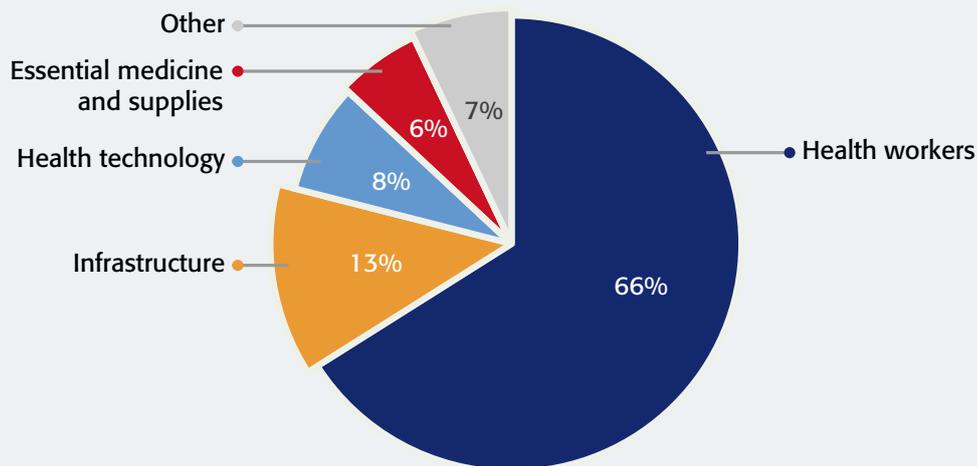
– Katja Iversen, Women Deliver

# Investing to Grow the Capacity of Health Workers

There was very broad consensus among Forum experts that investing in health workers should be a key priority when growing capacity in the healthcare systems of low- and middle-income countries. A poll of Forum participants showed that a clear majority (66%) see investment in health workers as most critical to delivering SDG 3 (Good Health and Well-Being), well ahead of spending on infrastructure, health technology, or essential medicine and supplies.

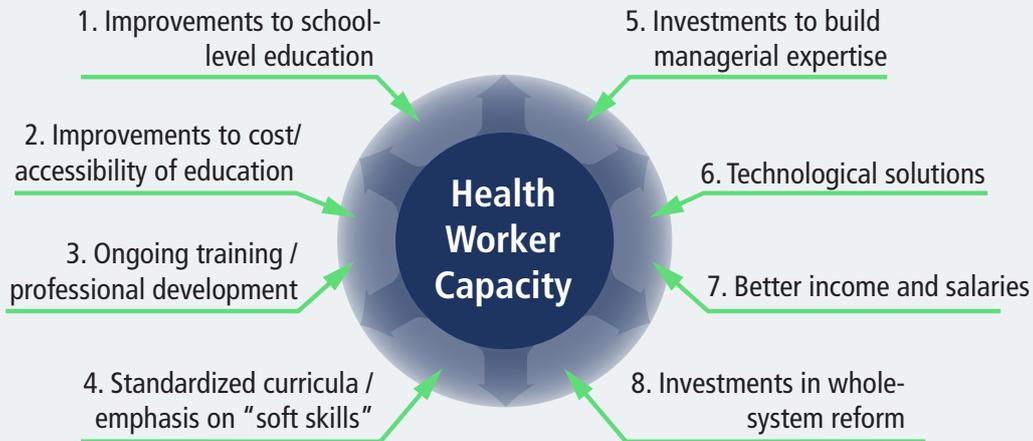
## POLL 1

What do you believe is the biggest challenge in addressing the shortfall of 18 million health workers in low- to middle-income countries? (n=101)



Participants were asked to reflect on what sort of investments were needed to grow the capacity of health workers. Overwhelmingly, Forum experts thought that investments aimed at improving access to education and training were likely to be most effective, although other themes emerged.

## Investments Required to Grow Health Worker Capacity



### Investment #1: Improvements to School-Level Education

Forum experts strongly felt that the school-level education system in low- and middle-income countries needs improvement. They believe that the foundational core skills learned in school — literacy, numeracy, and a thorough grounding in key areas and topics — are critical for health care workers' progress to specialist training and their ability to fulfill their potential and deliver high-quality care. Many participants felt that current school-level education often falls short; they noted that healthcare providers must frequently revisit areas during professional training that should have been adequately covered in school.

Poor school attendance is one factor here, especially in societies where many do not complete their high school education. Girls make up a high proportion of health workers but are often not encouraged to complete their secondary school education.

Several Forum participants criticized how school-level education is delivered in certain countries. They observed that in many countries, teaching styles focus on rote learning and memorization rather than on developing evaluative critical-thinking skills needed to solve the complex issues that health workers are likely to face. Today's health workers must be able to do much more than just follow instructions.

“ *Offsetting the costs of schooling — by covering school fees, books, and transport — as well as providing financial incentives and encouraging girls to complete their education can go a long way.*

– Megan O'Donnell, ONE Campaign

## Investment #2: Improvements to the cost and accessibility of workforce education

Forum experts believe more affordable and accessible workforce education is needed to maximize uptake. They commented that it was often not possible for health workers to leave their jobs to study, with their families depending on what may be the sole income. Course fees may be prohibitively expensive for those with very low salaries. In this context, participants recommended workforce education that includes blended learning and part-time approaches.

“ *Investments are needed in affordable and accessible programs for both the existing and the new workforce. Many cannot leave jobs to study, as their families depend upon what is often a sole income for the nurse or midwife. The first barrier is overcome by ensuring that educational providers can build programs on part-time and blended learning basis. The next barrier is the cost of fees, as the salaries of midwives and nurses are often so low that they cannot afford fees. This is where partnerships are so important to access scholarship funding.*

– Sharon Brownie, Aga Khan University

Accessibility is also a factor. Current donor practice means that attending training often requires workers to leave their communities, creating problems with family responsibilities and a loss of health services during their absence. Some Forum experts identified examples of organizations that champion health worker training within their own facilities as alternative models.

“ *The American College of Obstetricians and Gynecologists has trained providers in their facilities with supervision of interventions (cesarean deliveries, for example). It builds skills and strengthens facility-based care.*

– Elizabeth O’Connell, American College of Obstetricians and Gynecologists

### Investment #3: Ongoing training and professional development

Many participants argued against quick-fix approaches to training. Training, they argued, must be competency-based and move beyond one-off sessions. It must also include sufficient follow-up to ensure that it has a long-term and widespread effect. An ongoing approach to professional development, experts observed, is particularly important in an environment where healthcare practices evolve quickly.

Forum experts also highlighted the need for adequate mentoring to ensure that skills are retained. This is particularly important for healthcare practitioners in rural areas who may not be part of mentoring programs, and when training skills will not be put into practice immediately. Rural facilities may need to offer other incentives, notably resources and tools for low-resource settings, to retain health workers.

“ *MSH has found that support for mentoring between national midwifery associations, including rural midwives who might often not be connected to mentoring programs, is an effective practice to improve capacity. Mentoring and supportive supervision were crucial for our work to successfully roll out Helping Babies Breathe and Helping Mother Survive programs with 300 mid-level providers in the Sahel Region of Burkina Faso.*

– Amy Boldosser-Boesch, MSH

“ *Twinning arrangements between public health schools is an effective means of sharing information and providing best practices. Both sides win for this type of exchange. We participated in a program at USAID called Lessons Without Borders. We brought Kenyans to Baltimore to provide advice on how the Baltimore clinics could improve their immunization coverage rates. It was fascinating to see this type of international exchange and learning.*

– Robert Clay, Save the Children

## CASE STUDY 1

### Using technology to strengthen supervision and management in healthcare systems

In Burundi, FHI 360 is conducting the Integrated Health Project (IHP), a capacity-building exercise funded by USAID that strengthens integrated healthcare systems, services, and communications across facilities and communities. As part of IHP, they are trying to ensure that health systems managers can provide oversight and supervision in order to address facility and community health needs.

In line with the recommendation from Forum experts to explore technological innovations, FHI 360 has developed a 13-module tablet-based electronic supervision tool to help district supervisors better support health workers to deliver essential services, including reproductive, maternal, newborn and child health, curative, and antenatal care. Supervisors conduct an integrated supervision visit that helps them make joint improvement decisions with health workers.

The initiative is still being evaluated, but evidence so far suggests that supervisors are more systematic and thorough in their assessment. Health workers value the increased problem solving-oriented feedback that goes beyond what they received in training workshops.

Forum participants also made a strong case that healthcare leaders and managers should not overlook the issue of workforce motivation. This is particularly important in low-resource systems, where teams may be under enormous pressure to deliver in challenging circumstances. Some argued that the boost in morale from being recognized for excellent performance has a real impact on the care that patients receive.

“ *In low-resource settings, teams are often overwhelmed, and it is easy for a blame-culture to develop when things go wrong. Instead, we believe in highlighting the wins and celebrating team members who excel. It’s a simple change, but the boost in morale trickles down into the care patients receive.*

– Samantha Bossalini, Kupona Foundation

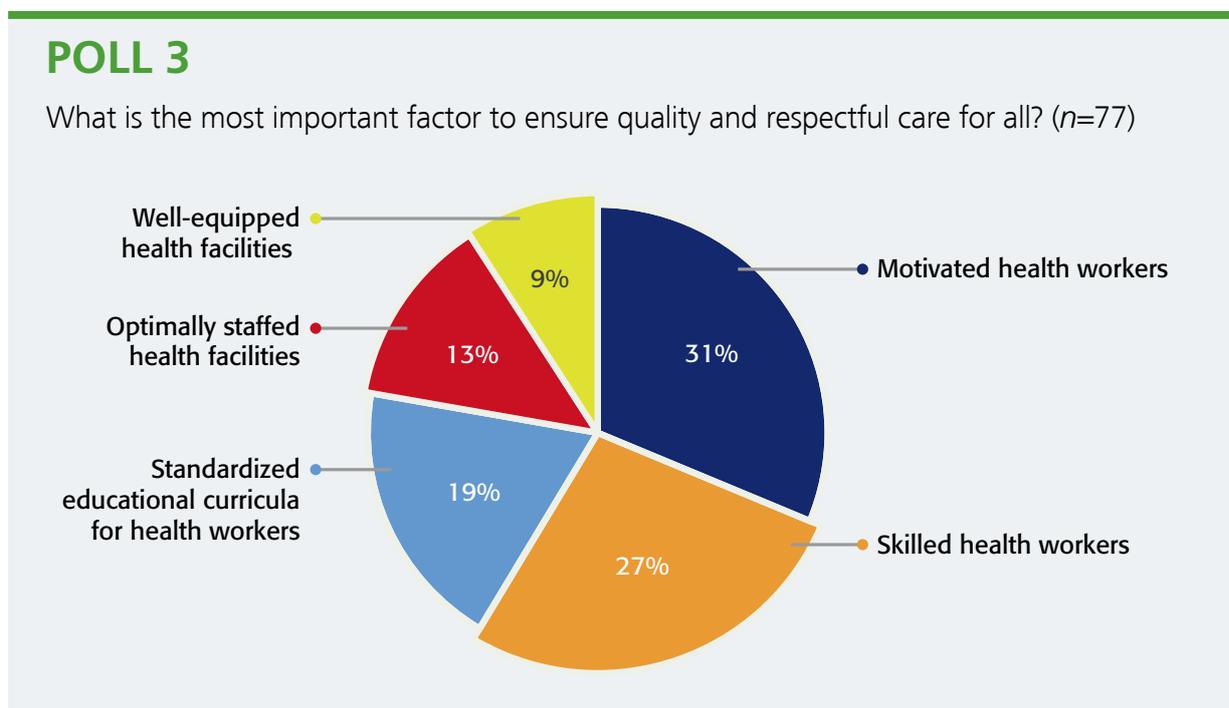
“ *We’ve found that supervision is key. People need to know that they have support, that someone is paying attention to what they are doing, and get positive reinforcement for good work and encouragement to take initiative.*

– Patrick Fine, FHI 360

“ Investments — many noneconomic — such as integrated in-service training, ensuring health workers have the equipment and connectivity they need, and meaningfully involving health workers in the policy-making process build up morale of frontline health workers and help them to feel supported.

– Samantha Rick, Frontline Health Workers Coalition

The importance of addressing health worker motivation is illustrated by a poll of Forum participants, where it emerged as the most commonly cited area (31%) to ensure quality and respectful healthcare for all.



#### Investment #4: Standardized curricula incorporating both practical training and an emphasis on “soft skills”

Standardized curricula are key to improving professional development and ensuring a consistent and high level of quality care nationally. However, Forum participants pointed out that enforcing curricula standardization across a country requires significant political will, which may not always be present.

Forum experts highlighted other innovations that could be integrated to make health worker training programs more effective. One is simulation training; Forum participants noted impressive results with the management of post-partum hemorrhaging, training in obstetric surgery, and creating more effective surgery ecosystems.

Participants argued that in addition to boosting medical knowledge and providing practical training opportunities, health worker training must develop “softer skills.” They observed that an empathetic and receptive healthcare professional is likely to be more effective in identifying issues that aren’t readily apparent and more successful in improving birth outcomes.

“ *Soft skills improvements are needed for women, not only technical aspects.*

– Sushanty, Project Hope Indonesia

“ *Education around respectful maternity care (is important). A healthcare professional who is considerate, open-minded, and receptive is one who will be more likely to identify issues that might not be immediately apparent, and mitigate risk to newborns and mothers alike.*

– Sally Pairman, International Confederation of Midwives

### Investment #5: Investments to build managerial expertise

The Forum discussion made it clear that effective healthcare does not exist in isolation, but is part of an ecosystem that includes supply chains, national government, provincial health authorities, local health providers, and other stakeholders. As such, delivering effective healthcare requires leaders and practitioners at all levels to plan for, manage, and implement health strategies by working with others and within organizations so they can adequately supervise and be responsive to their workforce. Managerial expertise is invaluable in this system.

To build the required management capacity among healthcare workers, Forum experts recommended that healthcare organizations work with local educational institutions that are building pipelines of leaders and managers. Management and business schools may have much to offer to the task of increasing health-worker availability and quality and strengthening healthcare systems. The objective should be for health workers to move through their organizational hierarchy, developing leadership skills as they go, and be well positioned to assume management roles and responsibilities as needed.

“ *The capacity to sustainably plan, manage, and implement these initiatives remains a constant challenge. What good is a vaccine without adequate cold-chain facilities and a reliable, functioning supply chain? What good is a workforce that is frequently absent or has low morale because salaries are never paid on time? What good is a national health strategy if provincial health authorities don’t have the capacity to translate that into their context and build and carry out operational plans effectively? These “managerial” shortfalls can really impact the ability for health systems to deliver healthcare for all.*

– Erika Willacy, Centers for Disease Control and Prevention

Forum experts argued that managers' professional development must be approached with a long-term perspective and take place at a community level. However, they cautioned that the kind of training that is most successful in developing effective managers takes a long time, and may not be compatible with quick-hit, mass approaches that are often preferred by donors to show impact.

“ *Imparting the competence to be an effective manager can take six months to two years, depending on previous experience. This is a big investment for any health system, and, frankly, the numbers don't look as impressive as you might be able to show by cramming a couple hundred healthcare workers together for a two-day training. But the long-term impact is far more worthwhile. If we look at how adults learn effectively or how you improve capacity of health-care workers, we know that they need to apply their learning and then be able to explain it back to others. Through the kinds of assignments, presentation opportunities, and dialectic with their mentors, we seek to achieve that optimal learning experience and thus capacity transformation.*

– Erika Willacy, Centers for Disease Control and Prevention

### Investment #6: Technological solutions, complemented with other approaches

Beyond the school environment and in-person training, several Forum experts wanted to see technological solutions play a greater role in the education of health workers. They observed that information and communication technology can cost-effectively enhance health education for workers. Examples given of how technology can be used in this way include:

- Online training modules
- Providing live access to experts for questions and referrals
- Supporting specific programs across remote areas or regions in crisis (e.g., childhood vaccination, outbreak response programs, etc.)

Some observed that technological innovations are particularly relevant in the context of low- and middle-income countries. An example of this is interactive voice response-enabled mobile phone technology, which can help deliver education if community health workers are not completely literate.

While there was broad consensus that technology has a significant role to play in health worker education, some stressed that it is not a panacea. It must be complemented with one-on-one approaches and behavioral strategies.

“ *Investments in smart programming and educational materials using digital technology and mobile phones with interactive voice response (IVR): Grameen Foundation is beginning to do this in Sierra Leone, working with community health workers in their local languages. Use of IVR is especially important if community health workers are not fully literate.*

– Bee Wuethrich, Grameen Foundation

## CASE STUDY 2

### Using technology to improve health workers' access to data and patients' engagement with healthcare services

The Mikolo Project in Madagascar, funded by USAID, aims to reduce maternal, infant, and child morbidity and mortality by increasing the use and quality of primary health services within communities and encouraging women and children to adopt healthy behaviors. It takes in community, civil society, and government partners and currently covers eight of Madagascar's 22 regions, focusing on communities located more than 5 kilometers from a health center. Notably, it has increased access to and availability of community-based primary health care, particularly for women of reproductive age, children under 5 and infants.

A key part of the project is building the capacity of community health workers to serve the women and children in these hard-to-reach locations through the use of mHealth tools, which work with mobile phone technology. By connecting frontline health workers digitally, the project has increased the availability of quality data to strengthen the health system through informed decision-making. For instance, a red notification pops up on the health worker's phone when a child's weight indicates severe malnutrition during a growth monitoring session.

The mHealth application is also available to patients. A recent evaluation revealed that patients who received smartphone notifications with referrals to a health center for more advanced treatment via the mHealth app were more likely to take it seriously and follow the instructions.

## CASE STUDY 3

### Improving public understanding of health advice and supporting health workers in patient outreach through mobile technology

In South Africa, 1.8 million pregnant women use MomConnect, a National Department of Health (NDoH) initiative to improve maternal and child health. Mothers receive stage-based health information and access to a help desk for queries and feedback. In 2017, MomConnect extended its service to the popular WhatsApp platform. This illustrates the potential for technological platforms to complement public health information, advice, and support that people receive through the usual person-to-person channels.

NurseConnect, a companion program for more than 20,000 nurses and midwives, is becoming NDoH's official communication channel for nursing staff. Using mobile technology, it helps nurses and midwives working in maternal health, child health, and family planning across South Africa by providing them with access to targeted support messages, advice, and in-depth information and advice on maternal and child health.

### Investment #7: Better income and salaries

Some areas for investment highlighted by Forum experts did not relate to education and training. One was the need for adequate remuneration for health workers. Forum experts noted that the constant worry about affording basic necessities for health workers with very low incomes could be why many leave their profession or are unwilling or unable to take on additional work.

This issue is acute in rural areas and disproportionately affects women, many of whom are recruited as unpaid volunteers. Some Forum experts felt that private-sector partnerships offer the scope to address this problem.

“ *Females are more frequently recruited as unpaid volunteer health workers, and while it can be a fantastic community health intervention, we need to adequately value womens’ time and create systems (private-sector partnerships are an interesting angle here) to ensure that health workers are appropriately compensated.*

– Cassie Dormond, Geneva Global

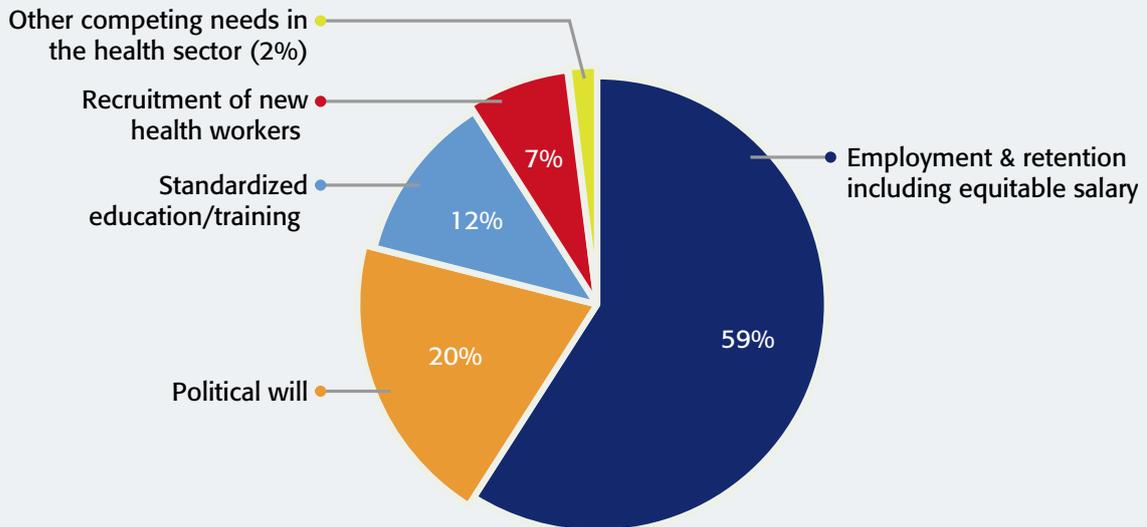
“ *Access to education, training, and certification is needed, but not commonly seen. More common is shifting from unpaid work as a community health volunteer to receiving an “allowance” or “honorarium” from local government that is still below the standard salary scale.*

– Mariella Castillo, UNICEF Philippines

The importance of improving pay and conditions was highlighted in a poll of Forum participants. A majority (59%) identified efforts to improve employment and retention of health workers, including equitable salary, as the area with the biggest challenge in addressing the shortfall of 18 million health workers in low- and middle-income countries.

## POLL 2

What do you believe is the biggest challenge in addressing the shortfall of 18 million health workers in low- and middle-income countries? ( $n=86$ )



### Investment #8: Investments in whole-system reform

More broadly — and underpinning all of the initiatives proposed — Forum experts felt that a necessary first step to increasing the capacity of low- to middle-income country health-care systems was a commitment from national governments to implementing a systemwide approach to reform and funding it adequately. In the absence of such a commitment, some argued that any individual initiatives risked being piecemeal and achieving limited success.

## CASE STUDY 4

### Focusing government healthcare investment on local communities

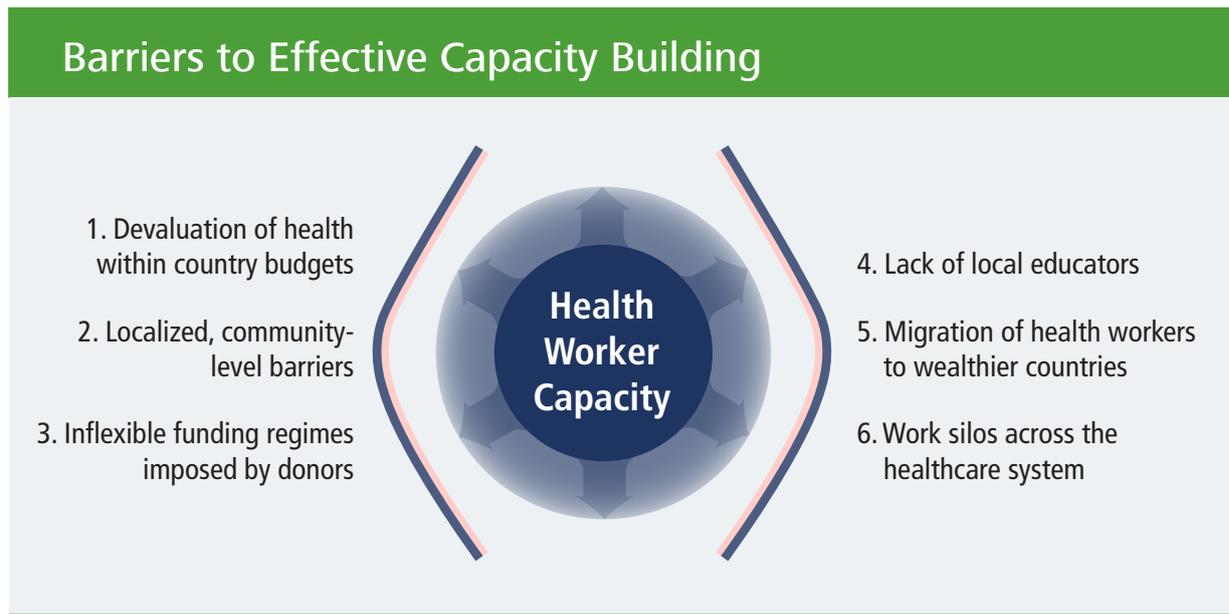
In 2004, the Ethiopian government decided to undertake an ambitious investment in primary healthcare known as the Ethiopian Health Extension Program, which has recorded some impressive gains across health outcomes. Notably, it involved training, supporting, and paying tens of thousands of frontline health workers in rural and neglected areas.

The initiative was a marked success and is credited with Ethiopia meeting the UN's Millennium Development Goal 4 to reduce child mortality by two-thirds two years before its 2015 target. It provides primary-level preventive activities to household members, including immunizations, injectable contraceptives, and limited basic curative services, such as first aid and treatment of malaria, internal parasites, and other ailments.

Despite the success of the program, performance within Ethiopia varied. [A 2016 study \(Fetene et al., 2016\)](#) examining the reasons for this variance found that use of data in problem solving, collaboration, and respectful relationships with the local community, along with strong support from zonal and regional health bureaus, contributed to higher performance in primary healthcare, highlighting the most promising ways of achieving higher performance in the future.

# Barriers to Effective Capacity Building

Forum participants were asked to identify obstacles to building capacity effectively in the healthcare sector in low- and middle-income countries. While there was little consensus about the most important barriers, Forum experts cited a wide range of potential impediments to progress.



## Barrier #1: Devaluation of health within country budgets

Some experts observed that governments tend to narrowly see health investments as a net cost to the country, and they are unwilling to prioritize spending on it. Forum experts argued that spending on the health sector should instead be seen as a cost-saving measure, given the lives saved, crises averted, and the well-being of productive workers in a properly funded healthcare system.

## Barrier #2: Localized, community-level barrier

Forum participants indicated that the barriers to effective healthcare are often specific to individual communities. They cited initiatives underway to help health workers identify and address these barriers at a local level, such as the barriers preventing women from attending reproductive health services.

### **Barrier #3: Inflexible funding regimes imposed by donors**

The conditions often attached to funding, particularly financing by international development agencies, were cited as an obstacle to capacity building among the health workforce. Major donors tend to tie funding for in-service training to major infectious diseases such as HIV, TB, and malaria. Forum experts called for additional funding for health workforce to also tackle the rise of noncommunicable diseases and other health issues.

### **Barrier #4: Lack of local educators**

Forum participants said that there are not enough educators at a local level with the skills and knowledge to prepare health professionals to manage and lead. Training programs that rely on “flying in” trainers and are based on short-term project grants are often unable to address systemic problems. Instead, Forum experts advocated embedding training programs within local institutions to strengthen these institutions and leverage regional resources; participants should also receive more contextualized training.

### **Barrier #5: Migration of health workers to wealthier countries**

An obstacle to improving the healthcare systems in low-income countries is health workers’ high rate of migration to wealthier countries. Health workers leave because they feel they can be more productive in richer nations, access better opportunities for career advancement, and, in some cases, have better security at work. Forum experts felt that this migration will likely continue until these factors are addressed.

### **Barrier #6: Work silos across the healthcare system**

Forum experts believe that it was necessary to go outside the health industry to identify key barriers to capacity, as it is embedded in a diverse and complex network of other partners — supply chain companies, pharmaceutical industries, and transportation and logistics. While currently these other partners are often working in isolation from the bigger picture, they need to be brought to the table when discussing improvements to quality of care, and the case needs to be made that improving access to health services benefits all sectors.

# How Large Organizations Can Contribute to Capacity Building

Forum participants reached some consensus on three of the most promising ways in which large organizations from the private or nonprofit sectors can contribute to the process of building capacity within the healthcare sector in low- and middle-income countries.

## How Large Private Sector and Nonprofit Organizations Can Best Contribute to Capacity Building



### Contribution #1: Help build leadership and management capacity

Forum experts observed that large organizations often make significant investments in building their own capacity for identifying and developing managers and leaders. They recognize the potential for the broader healthcare community to leverage those investments, including those made in digital and physical infrastructure, course content or cross-pollination, and opportunities for wider exposure to organizations' best practices.

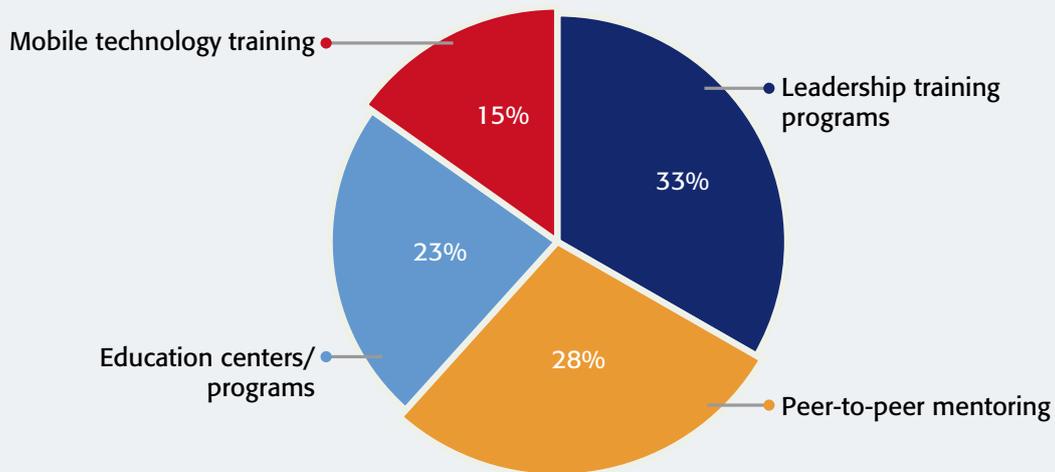
“ *The private sector has long invested in the development of leadership and management skills in their own organizations. In addition to supporting these investments in healthcare workers, as J&J has for many years, they have talented staff that can contribute their expertise to training, mentoring, and coaching.*

– Page Buchanan, Global Business School Network

Issues of leadership development are critical to a future training model for health workers in low- and middle-income countries. A poll of Forum attendees identified leadership training programs as the most important model, (33%), followed by peer-to-peer mentoring (28%).

## POLL 5

What do you believe is the most promising model for training future community health workers in low- to middle-income countries? (*n*=60)



## CASE STUDY 5

### Developing health workers' leadership skills

The Sigma Theta Tau is a professional association for baccalaureate and graduate nursing students and nurse leaders who show exceptional achievements in nursing. It has more than 135,000 active members across more than 90 countries.

Sigma Theta Tau offers grants through its partners, supports research conferences, and provides continuing nursing education online. It also supports nurses' career development and runs a range of leadership programs, including mentorship programs and global healthcare think tanks.

In collaboration with Johnson & Johnson, Sigma Theta Tau has set up the International Maternal-Child Health Nurse Leadership Academy (MCHNLA), notably in Africa, to develop the leadership skills of maternal and child health nurses and midwives who work in various healthcare settings. The academy prepares nurses to lead interprofessional teams effectively as they work to improve the quality of healthcare for childbearing women and children up to 5 years old. Program students are paired with a leadership mentor with whom they attend intensive workshops, create leadership development plans, and conduct site visits. At the end of the 18-month program, mentees have the skills to improve maternal-child health outcomes and introduce improvements in health systems or models of care.

## Contribution #2: Develop cross-sectoral partnerships to boost impact

There is, Forum experts felt, growing awareness of the value of formal partnerships with the private sector to find innovative solutions to entrenched healthcare challenges. This type of collaboration works best when local groups are also included so solutions can be tailored on the ground for maximum impact. This sort of partnership is critical to ensure sustainability in an environment where most funding is attached to time-limited programs.

“ *Public-private partnerships are important contributors. These partnerships bring the skills of varied stakeholders to the table, leading to better outcomes on the ground. Great PPPs must have clear and agreed-upon goals, transparency, trust, good governance structures, and planned investment.*

– Joy Marini, Johnson & Johnson

“ *Private sector commercial and not-for-profits need to collaborate to provide holistic solutions that are sustainable beyond program funding, where each partner provides complementary capabilities to enhance health worker capacity. A good example is the Unilever Transform project working with medicine vendors in Nigeria.*

– Frederick Rariewa, Johns Hopkins University, Center for Communication Programs

Furthermore, large organizations can and do act as powerful convenors to bring together important stakeholders. There are times when this sort of collaborative approach — combining multiple perspectives to identify solutions for complex issues — is clearly necessary.

“ *Recently in Uganda, a program sponsored by J&J, we (ACOG) convened university educators, professional associations, representatives from the Ministry of Health and EngenderHealth, and recent graduates to determine what kind of surgery training would be most beneficial and for whom. It was an exciting process to have stakeholders redefine what they wanted in a surgical curriculum and to add last-year interns into the educational mix. By training early and [with] pre-service, C-section surgical skills, we will be able to impact a number of safe birth outcomes. Let's not forget the academic institutions and the professional associations!*

– Carla Eckhardt, The American College of Obstetricians and Gynecologists

### Contribution #3: Support via advocacy

Forum experts feel that large private sector organizations and international nongovernmental organizations (INGOs) have relevant expertise for advocacy. The private sector could help in quantifying the impact of poorly functioning healthcare systems on the bottom line and capturing societal value, as many corporates now do in their own business planning. Nonprofits and government healthcare actors can benefit from companies' expertise when framing a message that will resonate with the private sector. INGOs, meanwhile, have expertise in advancing their agenda within global and national fora and ensuring that key perspectives and stories help shape policy. While other organizations cannot replace governments' role, organizations of all kinds can play a catalytic role, advocating for issues that suffer from a lack of government attention.

“ *INGOs can help to amplify the voice and ensure meaningful participation of health workers, ensuring that their perspectives and stories help shape policy. We can also help support advocacy efforts, such as budget advocacy, to ensure that health workers have access to the resources and commodities they need to do their work. For example, as a midwife in one of MSH's programs said, “Access to family planning doesn't start with midwives or doctors. It starts with political will and with money.”*

– Amy Boldosser-Boesch, MSH

## Business-Specific Initiatives that Can Contribute to Capacity Building

Forum experts identified other areas where large private sector organizations could potentially contribute to capacity building:

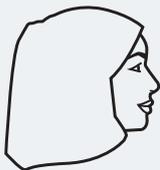
- Being a responsible corporate citizen and paying taxes in full to allow investment in healthcare delivery.
- Demonstrating the potential of different business models, such as social entrepreneurship.
- Engaging in responsible marketing, including abiding by international agreements that have relevance for healthcare (e.g., the marketing of breastmilk substitutes). There must be real consequences for violating these agreements.
- Enabling technology transfer to ensure that local providers get access to new innovations in technology. This can be invaluable in building a resilient system in some areas.

# Empowering Women through Opportunities in Healthcare

With gender inequality a major factor in the debate around improving healthcare in low- and middle-income countries, Forum experts were asked to reflect on what healthcare-related opportunities might help to empower women in these countries.

Several clear recommendations emerged. Some were directly related to healthcare, while other measures were broader societal changes that Forum participants felt would empower women working in the healthcare sector.

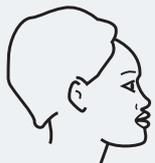
## Empowering Women through Opportunities in Healthcare



1. Target funding for leadership training and mentoring of women
2. Promote midwifery and nursing careers
3. Improve pay and working conditions of female health professionals



4. Be transparent about the path to promotion to avoid gender-role bias
5. Safeguard the workplace
6. Encourage female representation in senior healthcare roles



7. Address at the community level deeply ingrained cultural biases against women
8. Encourage girls to complete their education

“ *Investing in women in the health workforce — at all levels — will not only lead to improved health outcomes, but it will also increase women’s economic empowerment, both in terms of providing financial security and in legitimizing women’s leadership.*

– Katja Iversen, Women Deliver

## 1. Target funding for leadership training and mentoring of women

Of the healthcare-specific measures identified, the most frequently mentioned plea called for greater investment in women in the health workforce at all levels. Participants wanted to see funding targeted specifically at promoting women's leadership, mentoring women, and supporting women of color, in particular, from low- and middle-income countries. Forum participants felt that this would not only improve health outcomes, but lead to greater financial security and economic empowerment for women.

## 2. Promote midwifery and nursing careers

Forum experts also wanted to see nursing and midwifery careers promoted as a vehicle for female empowerment. They explained that these careers help women to not only be enablers of health improvement and economic advancement for their communities, but also achieve social mobility and empowerment for themselves within a generation. Successful nurses and midwives also become models of gender empowerment for others.

“ *The promotion of midwifery in particular as a valuable and vital profession will increase community uptake of midwifery services and, in turn, promote midwifery as a highly useful career for young jobseekers. It comes as no surprise that countries that value women more appropriately have better health outcomes because progress is measured not by what each gender supposedly deserves, but by the universal application of quality care.*

– Sally Pairman, Confederation of Midwives

## 3. Improve pay and working conditions of female health professionals

However, an essential part of promoting careers within healthcare, Forum experts noted, was to improve the pay and working conditions of women health professionals. Many female health workers in low- and middle-income countries are unpaid or paid very little, undervalued, or lack the resources to do their jobs effectively. Even when female health workers move out of unpaid work, their pay frequently remains inadequate, below standard salary scales. Women health professionals also need access to flexible work and care.

Forum experts believe that promoting women's sexual and reproductive health and rights is critical. This includes issues, such as contraception and child support, that, if addressed, would help women assume their rightful place in the labor market.

“ *From managing their menstrual cramps to strategic support in child rearing and managing multiple burdens, programs must be geared toward reproductive health and work support.*

– Jose Mateo Dela Cruz, UN Major Group for Children and Youth

#### 4. Be transparent about the path to promotion to avoid gender-role bias

Beyond the issue of pay, Forum experts argued, women health professionals need transparency from their employers about the path to promotion. Several participants contend that many existing inequities are grounded in deeply ingrained stereotypes about gender roles or the stigmatization of certain occupations within these societies. It is governments' responsibility, they said, to address this situation.

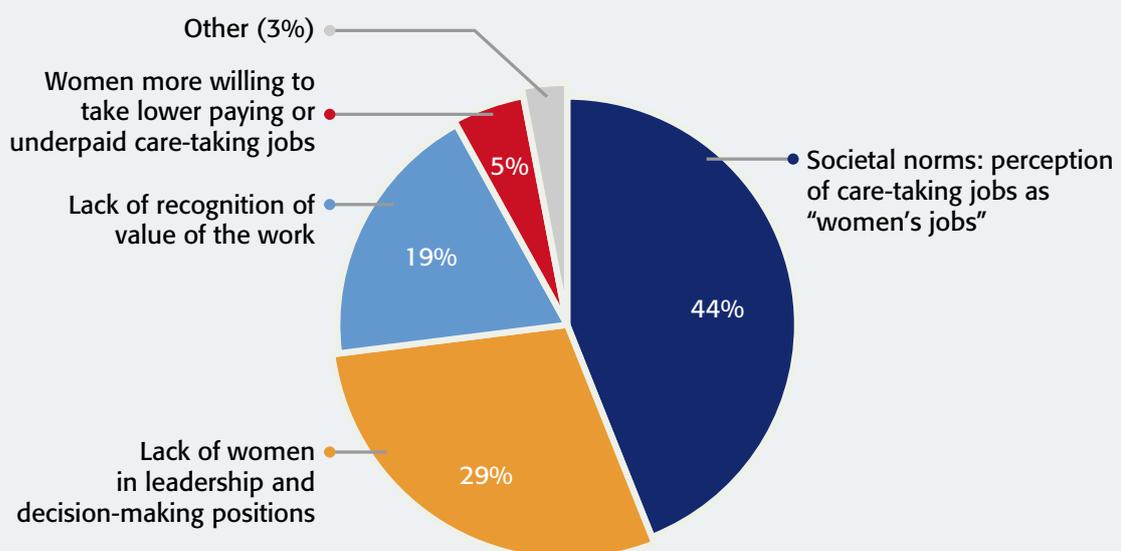
“ Generally, in the formal work force, deeply ingrained stereotypes about gender roles and differences in aptitudes or the stigmatization of certain occupations play an important part in shaping preferences and maintaining occupational segregation. The segregation can be explained by gender differences in education, training, and experience; discrimination; social norms and unequal distribution of unpaid care and domestic work.

– Nazneen Damji, UN Women

There was a substantial consensus among Forum participants about the significance of these social norms around “women’s jobs” as a factor in female health workers remaining underpaid. Nearly half (44%) identified this as the primary driver of gender disparity.

#### POLL 7

Women make up over 70% of the health workforce. Most of them are underpaid or in volunteer-based jobs (e.g., community health workers). In your opinion, what is driving this gender disparity? ( $n=62$ )



## 5. Safeguard the workplace

Safeguarding the workplace is also seen as a critical issue. Women health workers are at risk of aggression at their jobs, particularly in remote areas and at night. This is a key factor that can leave women feeling unsupported in their work, and Forum experts wanted to see an open debate about how to address the issue.

“ *We must pay attention to safeguarding the workplace. Women health workers are feeling unsafe at their workplace, and this needs to be openly discussed and resolved if we are to support women in the health workforce.*

– Evanson Githinji Gitahi, Amref Health Africa

### Protecting Women Health Workers in the Field

Workplace safety emerged as one of the factors holding back women health workers. Forum experts advocated a range of measures that could protect female health workers in the field; some fall within the remit of employers, others of government or other social actors. These include:

1. Delivering messaging from the top of organizations that discrimination and harassment are unacceptable. Organizations must take a zero-tolerance position.
2. Creating structures that allow the disclosure of harassment, without fear of repercussions.
3. Punishing harassment and discrimination against women, with credible, serious, and visible enforcement.
4. Encouraging changes in social norms and gender assumptions by discussing issues of female safety openly and publicly and identifying solutions at a community level.
5. Promoting leaders who do not have ingrained gender biases and take women's interests seriously

“ *We need to have open and safe communication to discuss harassment and discrimination issues. There needs to be a network of support for women workers and awareness of where to go for assistance when needed. Transparent standards of behavior are essential for all staff. Effective training and supervision is a must. In front line situations, having safe housing and bathrooms are important as well.*

– Robert Clay, Save the Children

“ *The norm change, which is the most difficult part of this, is the most important, and policies and guidelines, while helpful, are the easy way out. They must be accompanied by the hard work of community dialogues.*

– Evanson Githinji Gitahi, Amref Health Africa

## 6. Encourage female representation in senior healthcare roles

Beyond the general issue of women's pay and working conditions within healthcare, Forum experts wanted to see a greater focus on addressing the underrepresentation of women in key healthcare roles and the presence of the "glass ceiling." Addressing this issue, participants felt, requires long-term planning to ensure that qualified women candidates are in a position to secure top jobs when they become available. However, some participants noted that this was a particularly intractable problem, with discrimination against women in senior roles persisting even in institutions such as the United Nations, where highly qualified women still fail to secure senior roles, and progress in tackling ingrained discrimination is slow.

“ *Women not being in leadership positions is not based on choice. Due to their large numbers and the democratic principles of healthcare, women need to be there. We need to plan well for it, so that the correct names are there when appointments are made and their appointment is well justified, not based on favor.*

– Friday Nwaigwe, UNICEF Vietnam

## 7. Address at the community level deeply ingrained cultural biases against women

More broadly, Forum experts identified a pressing need to address deeply ingrained cultural biases against women at the community level. There are sanctioned sociocultural traditions — such as female genital mutilation — that entrench women in an inferior position in the social hierarchy and prevent their empowerment. In some cases local laws proscribe these practices, but Forum experts argued that work at the ground level with communities was a better path to cultural change.

“ *Most of the discrimination is socioculturally engraved in the DNA of the community and orchestrated through practices that affirm women's second-level position, such as female genital mutilation (FGM), child marriage, denial of land ownership, etc. Many countries have enacted laws against some of these practices, and this gives a good policy environment for advocacy, but we have also learned that culture cannot be changed through national laws. Working with communities to generate community-led solutions is what leads to cultural change. A good example is the alternative rites of passage that Amref has used in preventing FGM.*

– Evanson Githinji Gitahi, Amref Health Africa

## 8. Encourage girls to complete their education

Finally, encouraging girls to complete their education was seen as a vital element of the path to female economic empowerment over the long term, within the healthcare sector, and elsewhere. This may involve targeting the family and community systems that pressure girls to abandon their education and get married early.

Forum experts also wanted to see improved financial literacy among women, including health workers. This would go a long way to helping women become financially independent.

“ *Keeping girls in primary and secondary schools, targeting family and community systems to delay marriage and to value girls’ and women’s education, and ultimately their paid workforce participation, (can bring much benefit to health systems overall).*

– Constance Newman, IntraHealth

“ *I think financial literacy and options to create a credit history (are important). Please see BanQu and co-founder Ashish Gadnis, who is using his commitment to the SDGs to deliver a secure platform on blockchain for women to create a history of all their data in one repository, including cash transactions. This means if any women want to work for themselves, be financially independent, or get a loan, all their data is secure, not sold or monetized, and they have created a credit history and a financial identity.*

– Dipika Rathod, Capital Employed Consulting Ltd

## CASE STUDY 6

### Case study: Promoting women’s reproductive health and helping girls stay in school

The Kisumu Medical and Education Trust (K-MET) is an example of an initiative, developed and led by women, that promotes innovative and sustainable health and education programs among underserved communities in Kenya. K-MET provides health worker training in Kenya and East Africa and has built a network of 200 community-based clinics that provide women and children with health services in remote areas without public health facilities. K-MET strengthens the capacity of these clinics to access additional capital to grow and increase quality of service.

There are concrete examples of how K-MET has improved women’s health and education. K-MET learned that poor adolescent girls in Western Kenya did not attend school during menstruation, for example, because they could not afford disposable sanitary towels; their academic performance suffered as a result of these missed days. KMET started Sisterhood for Change, a program to manufacture reusable sanitary pads and sell them at a fraction of the cost of others on the market. K-MET plans to distribute free sanitary pads to 900 disadvantaged girls aged 12–16 in schools in western Kenya, helping to keep them in school.

## List of Expert Guest Contributors

Thank you to the 18 guest contributors who joined us and shared invaluable ideas and experiences from a wide range of backgrounds and geographies:

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- Robert Clay, Vice President, Save the Children
- Nazneen Damji, Policy Advisor, Gender Equality, HIV and Health, UN Women
- Patrick Fine, CEO, FHI 360
- Evanson Githinji Gitahi, Group CEO, Amref Health Africa
- Katja Iversen, CEO, Women Deliver
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- Constance Newman, Senior Team Leader, Gender Equality and Health, IntraHealth
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- Samantha Rick, Deputy Director, Frontline Health Workers Coalition
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- Ian Walker, Senior Director, Global Community Impact, Johnson & Johnson
- Erika Willacy, IMPACT Program Lead, Centers for Disease Control & Prevention

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- ONE
- Women Deliver
- Women in Global Health



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