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HEALTH AND MEDICINE DIVISION, BOARD ON GLOBAL HEALTH

EVALUATION OF PEPFAR'S CONTRIBUTION (2012-2017) TO RWANDA'S HUMAN RESOURCES FOR HEALTH PROGRAM

For report materials, go to www.nas.edu/hrhrwanda.

Webinar: Evaluation Overview

October 1, 2020

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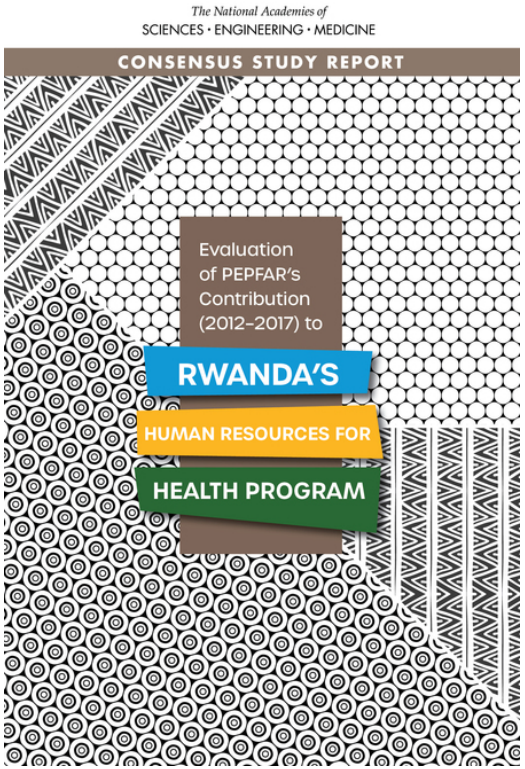
Webinar Agenda



- Presentation
  - Evaluation Scope and Approach
  - Conceptual Framework
  - Evaluation Findings
  - Committee Recommendations
- Comments and Questions

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Scope & Timeframe

- Rwanda's Human Resources for Health Program
- PEPFAR Contribution: 2012-2017
- Carried out as a NASEM consensus study with a volunteer committee and a staff/consultant team
- Evaluation report released February 2020

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Charge to the Committee:

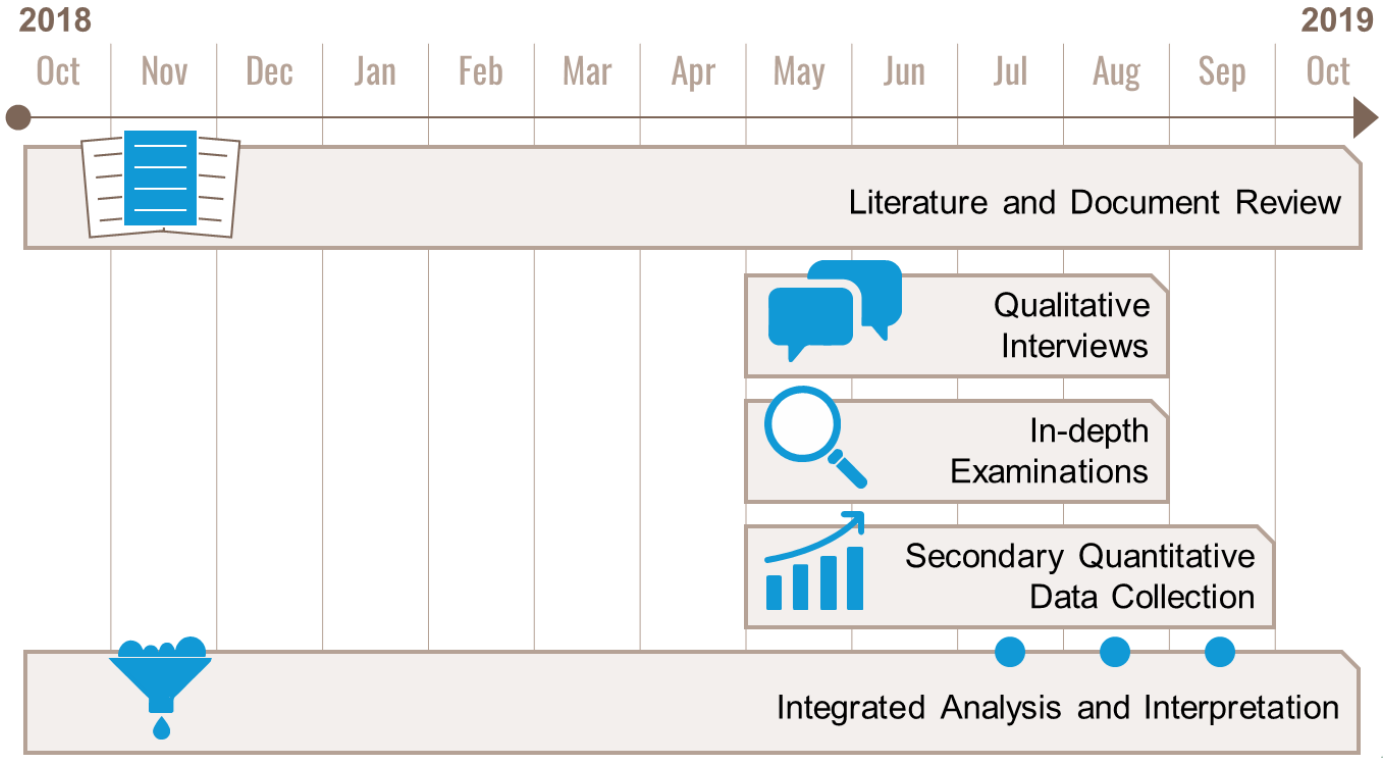
Objectives

1. Describe PEPFAR's investment in HRH in Rwanda
2. Describe PEPFAR supported HRH activities in Rwanda in relation to programmatic priorities, outputs, and outcomes
3. Examine the impact of PEPFAR funding for the HRH Program on HRH outcomes and patient- or population-level HIV-related outcomes
4. Provide recommendations to inform future HRH investment that support PLHIV and advance PEPFAR's mission

Design

- Retrospective
- Mixed-methods
- Contribution analysis

Data Collection



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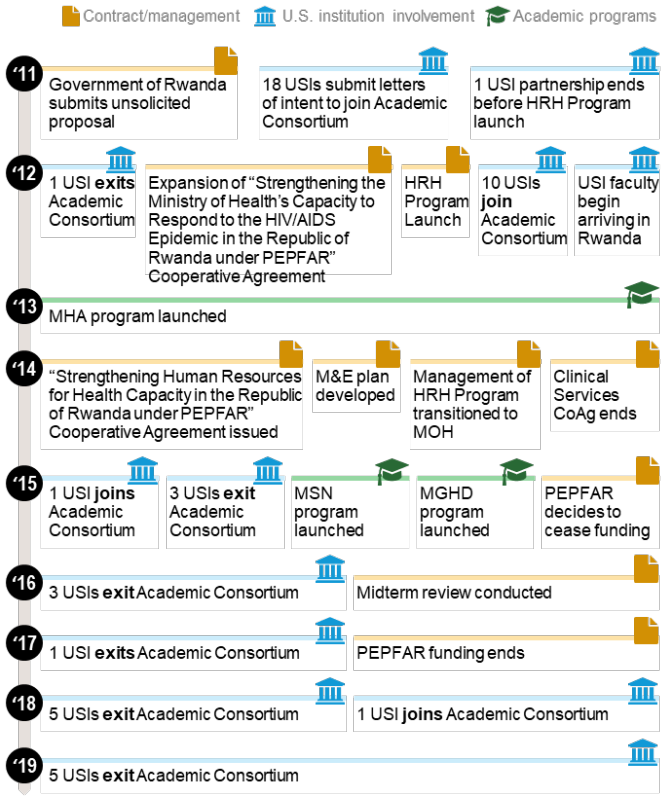
Program Timeline & Activities



- Led and managed by the government of Rwanda
- Partnerships with US health professional schools
- New training programs and curricula, faculty twinning, new equipment in teaching facilities
- Focus on hospital administration, nursing, midwifery, and several medical specialties

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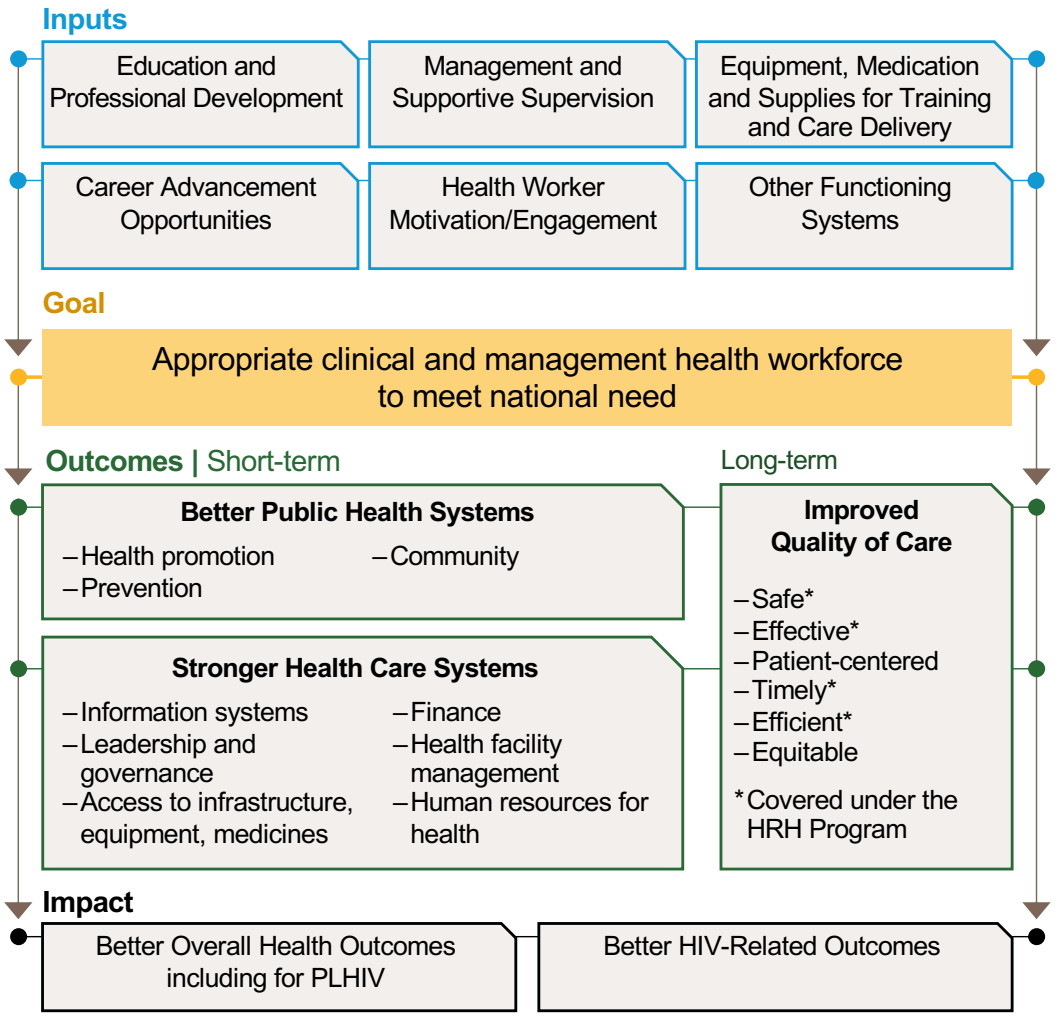
Theoretical Pathway to Impact



Conclusions: Program Successes

- ✓ Program led and managed by the government of Rwanda
- ✓ Expanded quantity and quality of the health workforce, especially midwives, nurses with upgraded skills, and advanced practice nurses and physicians in some specialties
- ✓ Exposure to high-quality teaching laid the groundwork for trainees to provide high-quality care, take on leadership roles, and train the next generation of health professionals

Conclusions: Program Successes

- ✓ Improved overall quality of professional preparation as a result of institutional capacity outcomes, such as new programs and new or upgraded curricula
- ✓ Increased research capacity and professional development opportunities
- ✓ Increased trainee motivation as they entered the health workforce
- ✓ Strengthened relationship between the MOH and Ministry of Education

Conclusions: Program Challenges

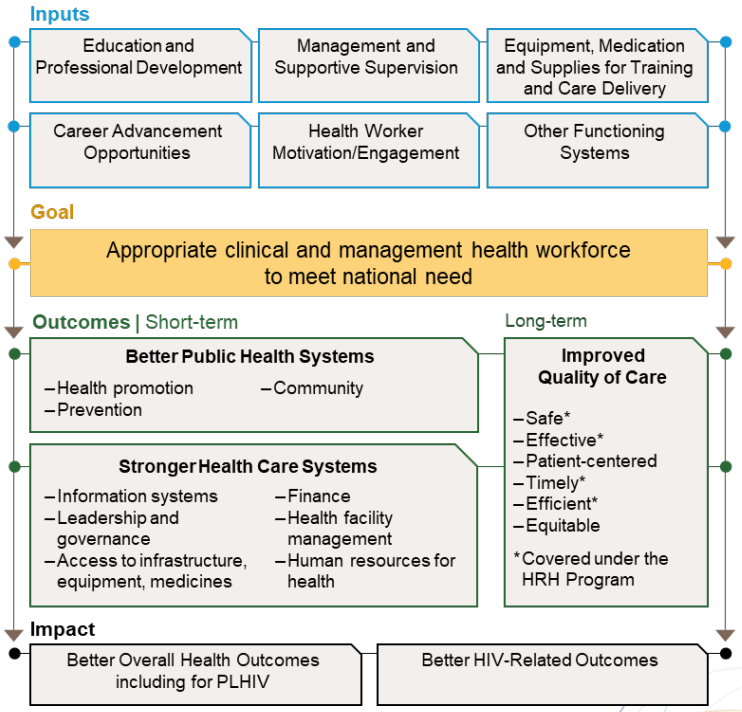
- Insufficient design and communication around mechanisms through which twinning was intended to achieve the vision for institutional capacity; this led to variable implementation
- Inadequate planning for the complexity of structural changes needed to achieve and sustain improvements in health professional education
- Tension between perceived need for specialized care and perceived need for greater primary care
- Operational issues with management and administrative policies

Conclusions: Program Challenges

- Sustainability and institutionalization needed greater attention in design and implementation, and were further hampered by changes in PEPFAR funding priorities
  - Insufficient time for Program to adapt in response to midterm review findings
- Missed opportunity to systematically learn from the ambitious efforts of the Program
- Unmet HRH needs remain

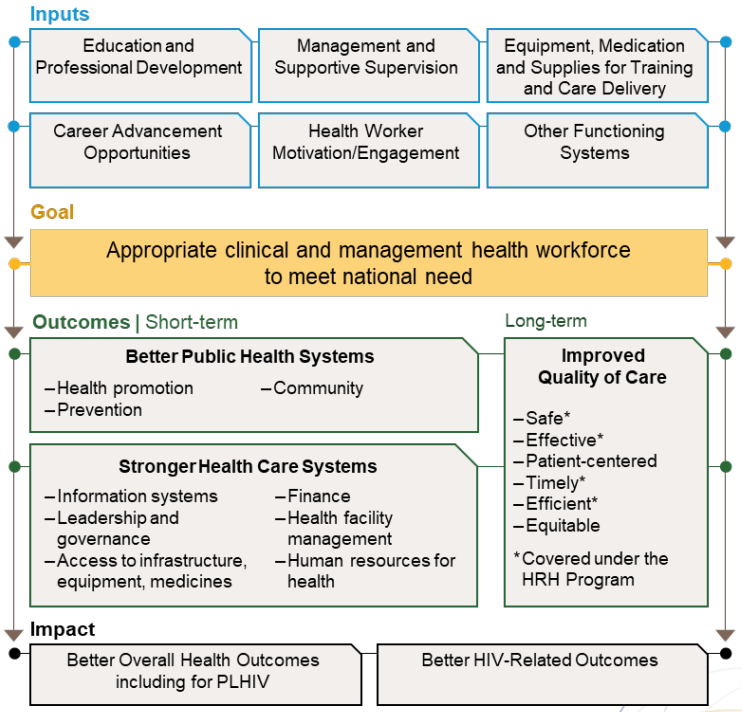
Conclusions: HIV Outcomes

- Improved quality of care links Program activities to improved care, including for HIV
  - Program was perceived as improving quality of care, including for PLHIV, through direct and indirect pathways, such as greater availability of providers, improved skills for basic and HIV-specific care, and improved skills to address HIV-related complications
  - Program was described as having a positive effect on the safety, effectiveness, timeliness, and accessibility of services for PLHIV
- Plausible to conclude that improvements in quality and availability of care contributed to concurrent improvements in HIV-specific as well as other health outcomes



Limitations to Expectations for HIV and Other Health Impact

- The potential for health professional education and increased providers to improve quality of care is limited by co-existing factors, such as infrastructure, equipment, diagnostics, and geographic distribution of referral services
- It is not plausible to expect long-term capacity building to result in large, short-term, attributable changes to HIV-specific, population-level outcomes



Implications

As successes in the response to HIV lead to PLHIV living longer, the health system needs to:

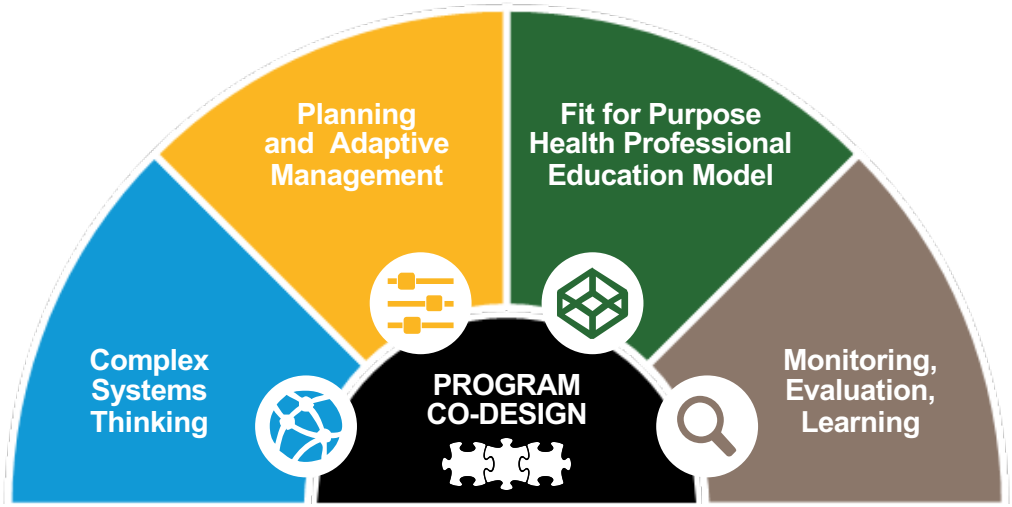
- Manage HIV and its complications
- Manage comorbid conditions
- Attend to quality of life

Implications

- Comprehensive support for the needs of PLHIV depends on the strength of the entire health system
- Advancing an HIV-specific mission benefits from investments in health system strengthening through long-term strategies that are well coordinated with other donor and government investments
- To be most effective, such investments would not be designed around a specific disease
- It is feasible for investments in broader efforts to also contribute to disease-focused outcomes

Recommendations

An integrated framework for designing and implementing future efforts to strengthen the health workforce, balancing general systems strengthening and disease-specific needs.



HPE Considerations

- ✓ Consider designs for twinning or other partnerships that integrate institutional and individual levels
- ✓ Clarify roles, provide robust preparation, and continually attend to partnership relationships
- ✓ Focus on institutionalization for the long term
  - ✓ Structural support for faculty in the short and long term (account for time required for new educational models, integrate new initiatives into career progression pathways)
  - ✓ Invest in improving systems beyond teaching (accreditation, research infrastructure)
  - ✓ Integrate HPE with national and regional HRH considerations

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COMMENTS? QUESTIONS?

Please submit to the event host using the chat.

All comments and questions, even those we do not have time to answer today, will inform ongoing discussions about the evaluation and its implications.

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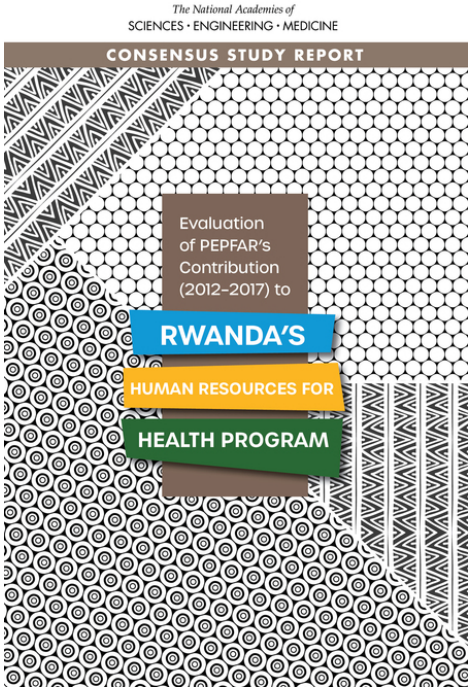

THANK YOU!

Building the Health Workforce in Rwanda: October 6
United States Universities in Global Partnerships: October 9
HRH Policy and Strategy in Rwanda: October 13
Multi-Stakeholder Culminating Discussion: October 22, 2020

All at 10:00-11:30 ET/16:00-17:30 CAT

Look for a follow up email with links to register.

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