

013 **WORKFORCE GOVERNANCE: REFLECTIONS ON THE
ROLE OF POSTINGS AND TRANSFERS AT THE PRIMARY
HEALTH CARE LEVEL**

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Background Workforce governance plays a pivotal role in determining the performance and level of functioning of the health service and posting and transfer (PT) a crucial aspect of this. PT policies are important elements of health workforce planning strategy towards achieving appropriate deployment and optimal utilization of existing human health resources, as well as in planning for the future. Yet the health services in many LMICs face the challenge of ensuring appropriate workforce deployment.

Objectives How do different groups cadres of health systems experience PT?

Methods A case study was conducted at a primary health care level in the state of Tamil Nadu, India. 13 in-depth interviews with administrators and health workers were conducted along with the analysis of existing counselling policy documents.

Result The results of the study suggest that informal negotiations, deputations and diversions are used as coping mechanisms to address shortage of staff and make centers functional. Though counselling is an acceptable mediating mechanism between the authorities and health worker, some of the respondents expressed presence of inconsistency in the process. The PT policy does not allow for mutual transfers but subversions do happen through the use of informal networking that leads to manipulation of policies and guidelines towards the attainment of personal benefits. Also very little is known and talked about the impact of PT practices on health system functioning. However, responses highlight that service quality, access, continuity breaks and morale linked to PT are adversely affectedly.

Conclusion PT emerges as a complex phenomenon, shaped partially by the laws of the state and partially as a parallel system of norms and incentives requiring consideration and coordination of the interests of different groups. PT is not merely a system dysfunction, but also a potential instrument of governance innovations, procedural justice and the accountability of health services to communities.

REFERENCES

- 1 Forgia G, Raha S, Shaik S, *et al.* Parallel Systems and Human Resource Management in India's Public Health Services: A view from the front lines. The World Bank. Policy Research Working Paper 6953, 2014.
- 2 Hjern B, Hull C. Implementation Research as Empirical Constitutionalism. *European Journal of Political Research* 1982;10:105–15.
- 3 Muraleedharan VR, Dash U, Gilson L. Tamil Nadu 1980s–2005: A Success Story in India. In Balabanova D, McKee M, Mills A. (eds). 'Good health at low cost' 25 years on. What makes a successful health system? London- London School of Hygiene Tropical Medicine 2011.
- 4 Rao KD, Ramani S, Murthy S, *et al.* Health Worker Attitudes towards Rural Service in India: Results from Qualitative Research, Health, Nutrition and Population Discussion Paper, World Bank, 2010.
- 5 Schaaf M, Freedman LP. Unmasking the open secret of posting and transfer practices in the health sector. *Health Policy and Planning* 2013:1–10.
- 6 Sheikh K, Ranson MK, Gilson L. Explorations on people centredness in health systems. *Health Policy and Planning* 2014;29:ii1–ii5.