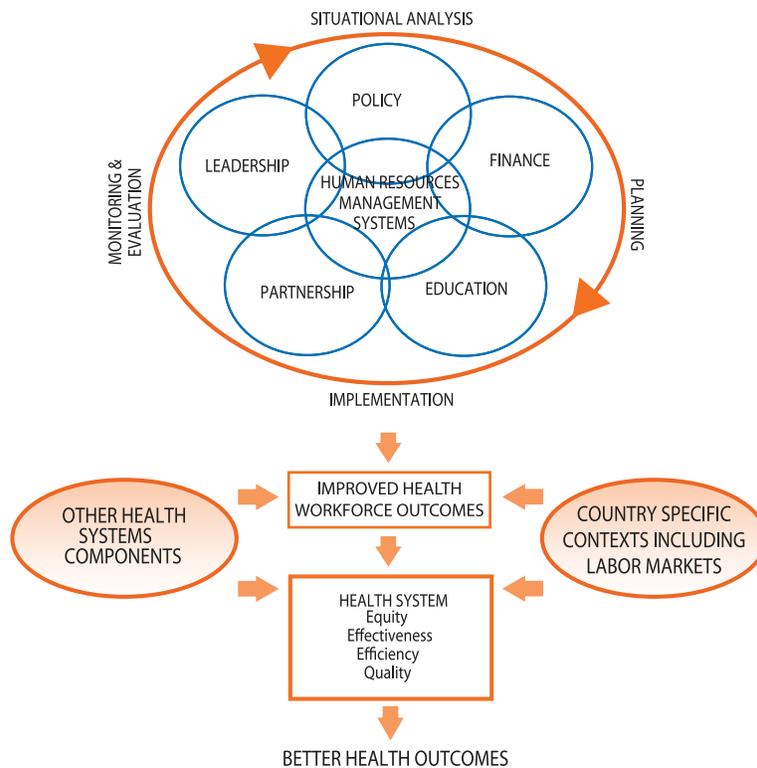


HRH

HUMAN RESOURCES FOR HEALTH ACTION FRAMEWORK (HAF)



A Guide to Develop and Implement
Strategies to Achieve an Effective and
Sustainable Health Workforce

HUMAN RESOURCE FOR HEALTH ACTION FRAMEWORK (HAF)

**Guide to Develop and Implement Strategies
to Achieve an Effective and
Sustainable Health Workforce**

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FOREWORD

The Human Resources for Health Action Framework (HAF) was developed by representatives of multilateral and bilateral agencies, donors, partner countries, NGOs, and the academic community at a technical consultation in Washington, DC, on December 14-15, 2005. WHO and USAID sponsored this meeting, the goal of which was to agree on a simple but comprehensive technical framework to assist governments and health managers to develop and implement strategies to achieve an effective and sustainable health workforce. Several existing frameworks were examined as part of the process.

Following the meeting in Washington, a steering group was formed, chaired by Manuel Dayrit, director of the Department of Human Resources for Health, WHO, to further define and develop the Framework. The steering group's membership derived from the Office of HIV/AIDS, USAID; the Department of Human Resources, WHO; Management Sciences for Health (MSH); and the Capacity Project, which supported members from IntraHealth, Liverpool Associates in Tropical Health and the Training Resources Group. The Global Health Workforce Alliance provided support to the work of the steering group. The steering group was also charged with identifying tools and resources to support the implementation of the HRH Action Framework and create a website for easy access for all members of the public health community: <http://www.capacityproject.org/framework/>.

Since that time, many people have visited and used the website and other activities have been undertaken to promote the use of the Framework. It has been applied in several countries, presented at HRH conferences in all regions of the world, described in articles and publications, and used to train officials and individuals involved in human resources for health (HRH) development activities. In May 2009, a meeting was held in Amsterdam to share country experiences using the HAF and to identify lessons learned. This Taking Stock meeting was attended by 40 HRH experts from all regions of the globe, and their combined knowledge is incorporated into this document. Examples of country experience using the HAF are included in the appendices. The document benefited from a peer review process involving various individuals.

While this document is focused on developing and implementing national HRH interventions and are of particular interest to governments, health organizations, and development partners, they are also practical and can be used by health managers at all levels to develop policy, set regional goals, guide a dialogue about HRH challenges, analyze specific components, and map out and implement an HRH plan for their organizations.

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INTRODUCTION

The HRH Action Framework (HAF) is designed to assist governments and health managers to develop and implement a comprehensive HRH strategy that will result in an effective and sustainable health workforce.

Purpose of the Guide

The purpose of this guide is to increase awareness of the HAF and stimulate more people to use the website <http://www.capacityproject.org/framework/>, which is the central repository of information, tools, resources, and up-to-date country experiences. The information found in this guide is based on the information on the website and is intended especially for those with limited access to the Internet and the tools and resources available on the website. The guide and website are intended to promote further use of the HAF by governments, health organizations, and development partners to develop a more effective and sustainable response to HR development within health systems.

With its comprehensive approach, the Framework helps address staff shortages, uneven distribution of staff, gaps in skills and competencies, low retention and poor motivation, among other HR challenges. The guide focuses on the Action Cycle, the four action phases—Situational Analysis, Planning, Implementation, and Monitoring and Evaluation (M&E)—that surround the six action fields on the HAF graphic. These four phases are a map through a process to develop and implement a comprehensive HRH plan that will result in an effective and sustainable health workforce. In countries where a national HR strategic plan already exists, the Framework can serve as a generic checklist against which to review the existing plan to ensure that the essential components of a comprehensive strategy have been addressed.

In addition, the HAF has also been effectively used to increase awareness about the need for a comprehensive approach to addressing the HR crisis and to guide discussion among policy makers from disparate sectors on necessary strategies and the need to collaborate. Information about various country applications appears on the HAF website.

The guidelines presented here are based on practical experience in using the HAF since it was developed in 2005. They demonstrate the value of the HAF not only in developing a results-focused strategy but also in promoting multi-sector involvement, donor alignment, and government support. The benefits of developing and implementing a comprehensive HRH plan can include

- An adequate supply of well-trained health staff
- High levels of teamwork and staff performance
- Cost savings because of reduced absenteeism and staff turnover
- A more motivated workforce
- A healthier population and the achievement of health targets, including the Millennium Development Goals (MDGs)

In developing and implementing a results-focused HRH strategy, it is important to be guided by known critical success factors (see page 8). Effectiveness will also be increased when there is awareness and advocacy among nationals and major stakeholders that HRH is a priority and should be placed on the national agenda for health within the context of health care reform or health system strengthening.

Audience

The target group for using the HAF includes policymakers, health managers, consultants, and technical advisors who are charged with developing, reviewing, or monitoring a strategy to address specific HR challenges in a particular country or health organization. It can also be used by directors of health programs. For example:

- Ministries of Health (MOHs), national or central level
- MOHs, provincial or district level
- health facilities (especially the large ones such as national referral or teaching hospitals)
- nongovernmental and faith-based organizations (NGOs and FBOs)
- national health programs

The Need for a Comprehensive Approach to Solving the HR Crisis

The HRH challenges many countries face—inadequate numbers of health care workers, high turnover and out-migration, poor distribution of staff, low job satisfaction, and ineffective workforce planning—can be solved only by using a holistic approach, as these aspects are interconnected and involve various sectors. The HAF is designed to assist health leaders and practitioners to develop and implement strategies to achieve an effective and sustainable health workforce. The Framework provides a comprehensive approach to help ensure success.

Implementation Challenges

Most countries have identified and documented the HRH challenges they face, and many have developed HR strategic plans, but these often stay on the shelf and are not implemented in a systematic way that will achieve the intended outcomes. Often the reason cited for this failure is lack of funding, but even with adequate funding, many plans will fail to achieve the hoped-for results because they are not grounded in a comprehensive framework. Implementation can also fail if it lacks multi-sector leadership and the long-term support of governments and donors that together may produce a larger impact. Other challenges to implementation include unrealistic time frames, limited national HRH capacity, and interventions that are not grounded in sustainable management systems and policy.

Influence of Country Context and Other Health System Components

While the HAF is applicable in all countries, its application will be influenced by the elements specific to the country context. For example, is health a priority for a government and its leaders? Are improvements in governance needed to ensure transparency? How strong is the economic environment? Does the labor market support an expansion of the health workforce? Is the infrastructure in place to expand access to rural communities?

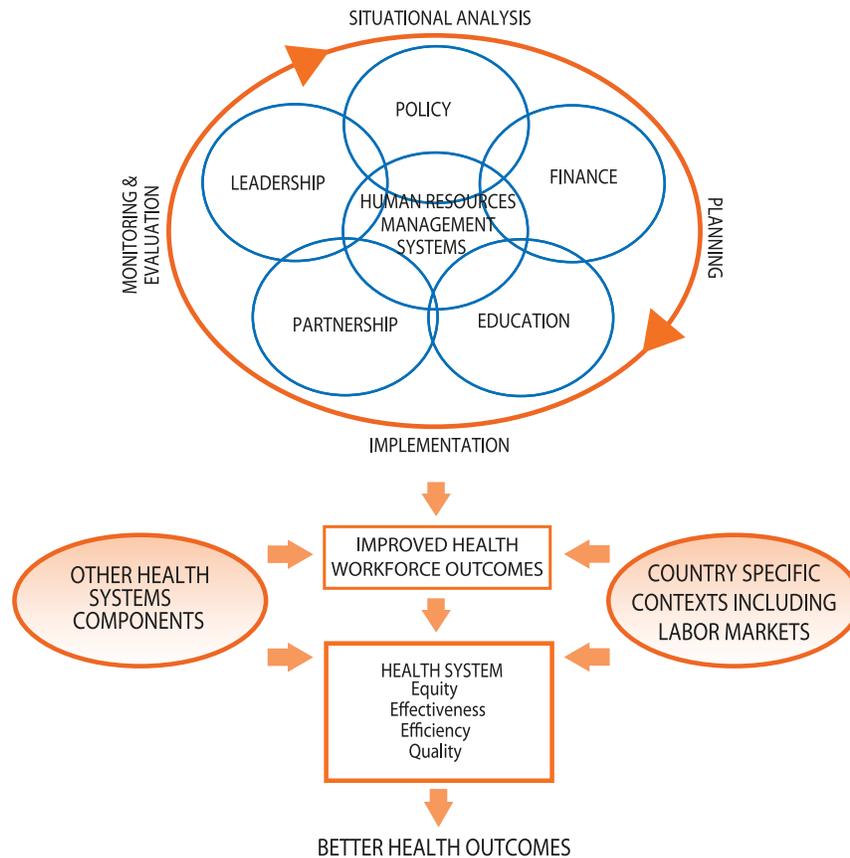


The outcome of an HR strategy will also be influenced by other health system components. For example, are sufficient supplies of drugs available? Are health facilities supplied with appropriate equipment? If not, does a reliable process exist to procure these needed supplies?

The absence of the factors described above should not inhibit an organization or a country from developing and implementing an HRH plan, but such a lack may be a limiting factor in achieving all the stated goals. However, even in a context where some health system components are weak, many improvements in HRH can be made to increase staff retention and performance.

HUMAN RESOURCES FOR HEALTH ACTION FRAMEWORK (HAF)

The diagram below illustrates the elements of the HAF and how they link to better health outcomes. Tools and resources related to each element of the Framework can be found on the HAF website, <http://www.capacityproject.org/framework/>, and on other websites listed on page 16.



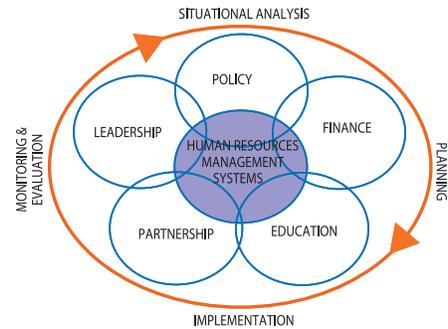
Six Action Fields

The HAF has six action fields, each of which has several areas of intervention. Each of the six action fields must be addressed to develop an effective response to an HRH crisis, but any field may be used as a starting point. The specific recommendations in each action field will differ from country to country, depending on the situational analysis.

HR Management Systems: integrated use of data, policy, and practice to plan for necessary staff, as well as recruit, hire, deploy, develop, and support health workers.

Areas of Intervention

- personnel systems: workforce planning (including staffing norms), recruitment, hiring, and deployment
- work environment and conditions: employee relations, workplace safety, job satisfaction, and career development
- HR information system integration of data sources to ensure timely availability of accurate data required for planning, training, appraising, and supporting the workforce
- performance management: performance appraisal, supervision, and productivity



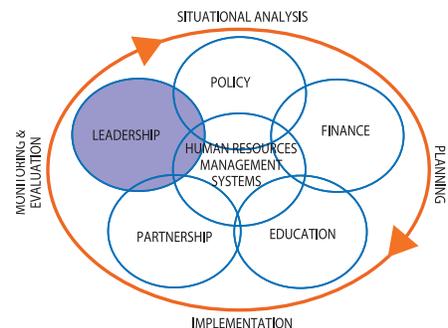
Indicators

- HR management units in place and strategically located at national and local levels
- HR information system in place and used for HRH planning at all levels
- performance management system in place

Leadership: the capacity to provide direction, align people, mobilize resources, and reach goals; management includes capacity to plan, budget, organize, and guide people to achieve results.

Areas of Intervention

- support for HRH champions and advocates
- capacity for leadership and management at all levels
- capacity to lead multi-sector and sectorwide collaboration
- strengthening professional associations to provide leadership among their constituencies



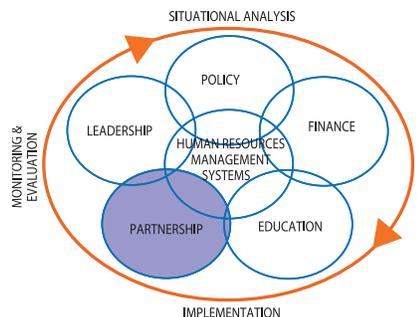
Indicators

- evidence of high-level advocacy to promote the implementation of the HRH plan
- leadership development program established for managers at all levels
- involvement of wide range of stakeholders in policy and decision-making processes (professional associations, researchers, unions, private sector, FBOs)

Partnership: formal and informal linkages aligning key stakeholders (e.g., service providers, sectors, donors, priority disease programs) to maximize use of resources for HRH.

Areas of Intervention

- mechanisms and processes for multi-stakeholder cooperation (inter-ministerial committees, health worker advisory groups, observatories, donor coordination groups)
- public-private sector agreements
- community involvement in care, treatment, and governance of health services



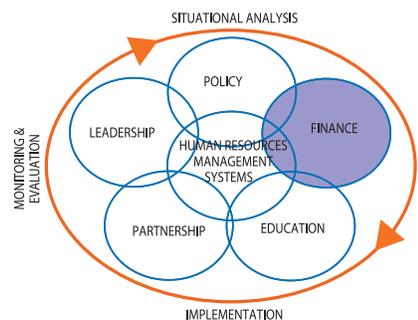
Indicators

- mechanisms in place for coordination (e.g., other key ministries, donors, service providers including private sector providers, professional associations, etc.)
- agreements in place between MOH and other health providers
- mechanisms in place to involve communities in health service

Finance: obtaining, allocating, and disbursing adequate funding for human resources.

Areas of Intervention

- setting levels of salaries and allowances
- budgeting and projections for HRH intervention resource requirements including salaries, allowances, education, incentive packages, etc.
- increasing fiscal space and mobilizing financial resources (e.g., government; Global Fund to Fight AIDS, Tuberculosis and Malaria; President's Emergency Plan for AIDS Relief [PEPFAR], donors)
- data on HRH expenditures (e.g., national health accounts, etc.)



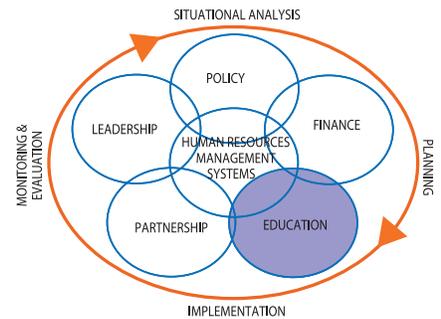
Indicators

- salaries and allowances competitive in local labor market
- salaries and allowances equitable between cadres of health workers
- national health accounts routinely collecting data on HRH expenditures

Education: production and maintenance of a skilled workforce.

Areas of Intervention

- pre-service education tied to health needs
- in-service training (e.g., distance and blended, continuing education)
- capacity of training institutions
- training of community health workers and non-formal care providers



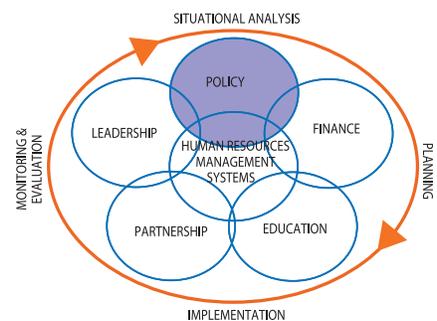
Indicators

- ratio of graduates of pre-service training programs to projected demand by type of health worker
- attrition of students in pre-service training programs
- pre-service curricula updated periodically (e.g., within last three years)
- in-service training coordination and evaluation mechanisms in place
- student/teacher ratios by pre-service institutions and cadres

Policy: legislation and regulations and guidelines for conditions of employment, work standards, and development of the health workforce.

Areas of Intervention

- professional standards, licensing, and accreditation
- authorized scopes of practice for health cadres
- political, social, and financial decisions and choices that impact HRH
- employment law and rules for civil service and other employers



Indicators

- HRH policies in place
- appropriate scopes of practice defined for all cadres

Critical Success Factors

The effectiveness of any tool or framework depends on how it is used. In the case of the HAF, several factors are critical to its successful application.

Content-Related Factors

Results-focused planning and practices

HRH strategies and actions aim at achieving measurable improvements.

System-linked alignment

HRH strategies are harmonized with relevant components of the health system (e.g., M&E, supply chain, finance).

Knowledge-based decision-making

Decision-making reflects the best available documented HRH experience.

Learning-oriented perspectives

Views indicate use of M&E to identify lessons learned and best practices to share in-country and globally.

Innovative solutions

There is openness to exploring new solutions to overcome chronic HRH issues.

Comprehensive and integrated approaches

HRH strategies and activities are informed by, interact with, and cut across health sector as a whole, using a holistic approach even if starting in one area.

Process-Related Factors

Country-led initiatives

HRH improvements are carried forward by the country rather than external partners.

Government-supported actions

There is a commitment by the government to support actions that contribute to a sustainable health workforce.

Multi-sector engagement

There is engagement by all sectors relevant to building the health workforce (e.g., finance, education, public-private providers, etc.).

Multi-stakeholder involvement

Interest groups relevant to particular actions are included (e.g., NGOs, patient groups, professional associations, donor coordinating committees, etc.).

Donor alignment

Donor support is coordinated and aligned with country HRH plans.

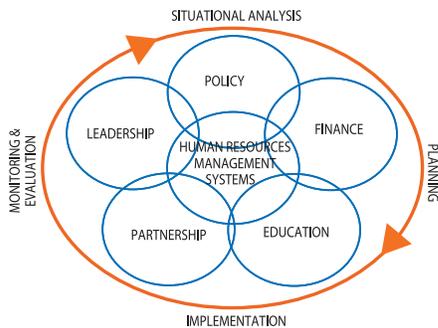
Gender sensitivity

Gender differences are accounted for in analysis and development of HRH strategies.

DEVELOPING A COMPREHENSIVE HRH PLAN

Getting Started

There are many ways to use the HAF, as reflected in the examples of country applications on pages 14 and 15. The section below will guide you to developing or revising a comprehensive HRH plan by using the four action phases described in the outer circle of the Framework: Situational Analysis, Planning, Implementation, and M&E.



Before starting on the Situational Analysis, several preparatory steps need to be taken:

1. *Gain agreement at the highest level of decision-makers.* The backing and approval of top leadership are necessary to undertake the development or review of an HR strategy. Gaining agreement will help to ensure the collaboration of multiple stakeholders and a commitment to achieving short-term and long-term goals.
2. *Identify key stakeholders and members of a leadership group.* It is critical that a leadership group be in place to support the whole process of developing and implementing an HRH strategic plan. (See Addendum 1, Establishing a Leadership Group, on page 17.)
3. *Orient the local members of the technical working group to the HAF process.* Assuming the HAF team will include one or two international or regional consultants experienced in using the HAF, the local team will be the most important resource on the ground for follow-up.

Resources Needed: Although variations will exist from country to country and from context to context, generally a technical working group of four to six people will be needed to carry out phases 1 and 2. If no local consultant or health manager is experienced in using the HAF, one or two international or regional HAF consultants who have used the HAF to develop a national HRH plan are strongly advised to carry out phases 1 and 2. In addition, it is essential that two to four local managers with some experience in HR be part of the team. Their role is to provide the local context, participate in the process, and follow up with implementation. This guide can be used to fully orient them to the use of the HAF.

PHASES IN APPLYING THE HRH ACTION FRAMEWORK

Once you have agreement from decision-makers, a leadership group identified, and a technical team in place, the four phases of the HRH Action Framework can be used to develop an HRH strategic plan or to review an existing plan:

1. Situational Analysis
2. Planning
3. Implementation
4. Monitoring and Evaluation

Phase 1: Situational Analysis

SITUATIONAL ANALYSIS



Purpose

The purpose of Phase 1 is to identify the root causes of the HRH crisis in a particular country or context using all components of the Framework. Input from key stakeholders as well as a careful review of existing HR documents, strategies, and reports will provide important information about root causes. Addendum 2, *Using the HRH Action Framework in a Situational Analysis*, suggests actions to address each of the six action fields.

Objectives

1. *Conduct a stakeholder meeting.* A stakeholder meeting provides an opportunity to present the HAF and explain why it can provide added value and why it will result in useful and tangible results to improve HRH in the country. It is also an opportunity for the technical team to gain insight into HR practices that are working well, things that have been tried and are not working, and the HR challenges people see as most critical. The stakeholder meeting is a time for input and discussion, so the number of attendees should be limited.
2. *Review existing HR documents, strategies, and reports.* The HAF should build on what has already been accomplished. In some countries, for example, the team will find that HR strategies have been developed by one or more stakeholders, and data exist on the status of the workforce.
3. *Gather information.* The HAF team can gather additional information from focus groups and conduct interviews with key informants who are knowledgeable about each of the six action fields.
4. *Identify root causes.* With information from the above activities, use the Framework to identify root causes in all six action fields, understanding that root causes are often linked to more than one field.

Outcomes of carrying out Phase 1 successfully

- a list of key stakeholders and members of the leadership group
- HRH situational analysis report with root causes identified
- data on the quantity and composition of the existing health workforce and gaps identified
- information on influence of country context known (e.g., labor market, environment)

Phase 2: Planning

Purpose

The purpose of Phase 2 is to develop a set of recommendations, based on the key findings from the situational analysis in Phase 1, that includes short-term emergency and long-term actions that have been costed and vetted with the leadership group. The recommendations will be the basis of your implementation plan and should clearly prioritize the actions agreed to by the leadership group.

Objectives

1. *Develop a set of short- and long-term recommendations.* Using the key findings from Phase 1, draft a set of short- and long-term recommendations, being sure to consider each of the six action fields of the HRH.
2. *Calculate the cost to implement the recommendations.* Costing the implementation of a comprehensive HRH strategic plan can be daunting, and a smaller working group may be needed to develop even rough estimates. In countries with severe staffing shortages, the cost for replenishing staff will be unrealistic in light of government resources, so it may be better to focus on emergency measures for filling critical staffing gaps and introducing retention strategies while undertaking the longer-term process of increasing the capacity to train the needed numbers of new staff on a sustainable basis. This, in conjunction with improvements in management systems and employee incentives, can produce results in the short term. As donors and other global advocates become more committed to supporting five- to ten-year initiatives that strengthen the health system, and as they begin to understand the economic validity of their investments, the opportunity for gaining support for well-defined, comprehensive HRH plans increases.
3. *Review the recommendations with the leadership group.* Gaining the agreement of the leadership group about the recommendations, especially priority actions, is essential to successful implementation. Once there is agreement, the report can be finalized.



Outcomes of carrying out Phase 2 successfully

- HRH policy and plan
- short-term and long-term recommendations developed
- alignment of key stakeholders around the recommendations, with priority actions identified
- costs calculated for implementing the recommendations

Phase 3: Implementation

Purpose

The purpose of Phase 3 is to develop an implementation plan that is tied to the priority recommendations of the leadership group. As discussed in the introduction, implementation is where most plans fail, so the technical team must take its guidance from the leadership group about what is feasible. It is best to identify a small number of priorities to address at the beginning and be sure that leadership support, funding, and time exist to fully

address them. Following the principles of effective implementation planning, individuals or working groups need to be identified to take responsibility for specific recommendations. It is often helpful to write terms of reference, or scope of work, for these individuals or groups so they clearly understand what is to be achieved. The leadership group will monitor progress of the entire implementation plan.

Objectives

1. *Develop an implementation plan.* Tie the implementation of the recommendations to organizational management systems.
2. *Advocate for funding.* Enlist the support of the leadership group to secure funding for the various components of the implementation plan.
3. *Clarify roles and responsibilities.* Align people responsible for implementation and build in regular meetings to provide ongoing support and motivation.
4. *Establish a budget and mechanisms for distribution of the funding.* Funding may come from various sectors, each requiring different procurement procedures.

Outcomes of carrying out Phase 3 successfully

- a detailed implementation plan
- commitment of the leadership group to support and monitor progress
- adequate funding and resources procured



IMPLEMENTATION

Phase 4: Monitoring and Evaluation

Purpose

The purpose of Phase 4 is to establish a routine monitoring process that will provide information on the ongoing progress of each key element of your HRH strategic plan. It is also important to monitor the critical success factors, as these will ultimately guarantee the commitment and support necessary over time to solve the HRH crisis. The M&E plan must include process, outputs, and outcome indicators. The process indicators will provide ongoing monitoring of the progress on the four phases to develop an HRH plan. The output indicators will allow monitoring of progress on the recommendations (e.g., updated HR policies in place that support HRH), and the outcome indicators enable a measurement of the impact of implementing your plan on the health workforce (e.g., staff vacancy rate decreased). To measure progress, baseline data are required for outcome indicators. Developing measurable indicators requires special expertise, so it is suggested that a set of indicators be developed in draft form, after which the relevant stakeholders can finalize them and agree on the standards to be used to monitor them.

MONITORING &
EVALUATION



Objectives

1. *Identify relevant stakeholders to be involved in finalizing indicators for each component of the M&E plan.* Stakeholders from various sectors—e.g., Ministry of Education, Ministry of Finance, Civil Service Commission—should be consulted when finalizing indicators for the recommendations in each of the six action fields to accurately measure success.
2. *Identify output and outcome indicators and gain agreement from the leadership group on their definitions.* For example, what do you mean by an indicator such as “HRH policies in place that positively support HRH and standards for having achieved them”?
3. *Identify the sources of data.* What reports and data systems are available and reliable to track progress on the indicators?
4. *Clarify the roles and responsibilities of individuals for monitoring the M&E plan.* In addition to identifying who will be responsible for the different parts of the M&E plans, clarify the frequency of data collection and the overall time frame.

Outcomes of carrying out Phase 4 successfully

- a clear, realistic M&E plan
- commitment of individuals to collect data and measure for results
- a plan and timetable to communicate results of M&E

SAMPLE COUNTRY APPLICATIONS OF THE HAF

Many countries and programs have used the HAF to guide their HRH strategies and plans. More detail on the examples below can be found on the HRH Action Framework website.

Uganda

Uganda began using the HAF in September 2007 with the support of the MOH and took approximately one year to complete. The Ugandan HRH Strategic Plan 2005–2020 (HSP) had just been published, but in spite of its comprehensive nature and the involvement of many stakeholders in its production, the plan did not propose interventions to resolve the major workforce problems. Key messages emerging from the ongoing application of the HAF provoked a response from the presidential level, which acknowledged the problem and provided seed funding. In the fall of 2008, Uganda and the World Bank agreed on a loan of \$100 million per year for five years to improve the health system, with health workforce strengthening at the center of the country's efforts.

North Eastern Province, Kenya

In November 2007, USAID and the MOH in Kenya requested a health workforce assessment in the North Eastern Province (NEP) of Kenya in anticipation of a large scaleup of HIV/AIDS and other health services. The goal of the HAF was to identify strategies that would lead to adequate numbers of skilled and motivated health workers, equitably distributed. The process followed four phases: (1) in-country leadership agreement, (2) work preparation, (3) situational analysis and planning, and (4) implementation. The NEP action plan is now incorporated into the national HR strategy, and the leadership group in NEP continues to champion the implementation plan. The strong presence of the AIDS, Population and Health Integrated Assistance (APHIA II) Project in the province is crucial supporting the leadership group and advocating for follow-up.

Peru

In October 2007, countries in the Americas Region committed to 20 goals for HRH in 2007–2015. These high-level, adaptable regional goals represent a renewed willingness and commitment from countries in the Americas to act and move collectively in addressing critical HRH challenges. The Pan American Health Organization (PAHO) joined with the Capacity Project to introduce the HAF as a resource to countries as they develop and implement their plans to achieve these goals. In September 2008, the HAF was introduced to the countries of the Andean region. Columbia, Chile, Ecuador, Venezuela, Peru, and Bolivia participated in an HAF workshop to learn how to use the Framework to support and improve their national HRH planning. As a result, HR professionals and HR financial analysts became skilled in using a major HRH budget and costing tool from the HAF Finance Action Field, and this tool is being used to cost Peru's new universal health insurance package. In addition, relationships between education and health authorities were strengthened.

Vietnam

In August 2007, the USAID-funded Capacity Project was asked to assist the Vietnam Administration of HIV/AIDS Control (VAAC), the public-sector focal point for coordination of all HIV/AIDS activities, and its partners in implementing HIV/AIDS prevention, care, and support and to identify specific actions to strengthen its HRH capacity for program management and coordination. Over 9–12 months, the Capacity team reached agreements regarding these issues, and a set of prioritized recommendations was provided for VAAC to make strategic planning decisions regarding HRH financing and workforce planning, development, and support specific to HIV/AIDS prevention and care. Specific tools have also been transferred to the VAAC to assist it and its partners in further developing a means for measuring progress from their investments in HRH.

National Tuberculosis Programs

The Tuberculosis Control Assistance Program (TB Cap), a global TB program, adopted the HAF as part of the strategic planning process for national tuberculosis programs (NTPs). Using the HAF and involving internal and external stakeholders, the NTPs developed HRH strategic plans. Various stakeholders' workshops have been organized to map the current HR situation in TB programs and define future ambitions and strategies. The HAF has been used to create a common understanding among stakeholders, to structure information, and to facilitate planning. It has also been used at different stages and with different purposes, for example, to create a common understanding of HRH in TB control, to identify the stakeholders in the planning and implementation of HRH policies, and to assess the current HR situation in TB control using an analysis of strengths, weaknesses, opportunities, and threats.

TOOLS AND RESOURCES

Proven tools and resources related to each of the six action fields of the HRH Framework can be found on the HRH Action Framework website along with up-to-date country experiences.

Click on each action field to see a drop-down menu with appropriate tools and resources and how to acquire them. Many of these resources can be directly downloaded from the website.

Links to Other Websites

Below is a list of other websites that contain HRH information and resources.

ELDIS HUMAN RESOURCES FOR HEALTH DOSSIER

<http://www.eldis.org/go/topics/dossiers/human-resources-for-health>

This HRH dossier offers practical information about how to address HR problems and issues, drawing upon evidence about what works and identifying innovations in approaches, policy, and practice.

GLOBAL HEALTH WORKFORCE ALLIANCE, KNOWLEDGE CENTER

<http://www.who.int/workforcealliance/knowledge/en/>

The Global Health Workforce Alliance is a partnership dedicated to identifying and implementing solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions, and professional associations.

HRH GLOBAL RESOURCE CENTER

<http://www.hrresourcecenter.org/>

A service of the Capacity Project, this digital library provides a web-based, searchable knowledge base of HRH resources and offers personalized support from an experienced knowledge management team.

HUMAN RESOURCES FOR HEALTH JOURNAL

<http://www.human-resources-health.com>

This open-access, peer-reviewed online journal covers all aspects of planning, producing, and managing the health workforce.

MANAGER'S ELECTRONIC RESOURCE CENTER

<http://erc.msh.org/toolkit/>

A service of MSH, the Health Manager's Toolkit, provides a wide range of tools and resources relevant to health managers, including resources on developing and managing HR and leadership.

WORLD HEALTH ORGANIZATION HEALTH WORKFORCE

<http://www.who.int/en/>

This website offers links to HRH information, publications, programs, and statistics.

ADDENDA

The following addenda have been adapted from a 2006 publication by Management Sciences for Health and the World Health Organization, “Tools for Planning and Developing Human Resources for HIV/AIDS and Other Health Services.”

ADDENDUM 1: ESTABLISHING A LEADERSHIP GROUP

A coordinated effort is essential to develop or review and implement an HRH strategic plan, and a multi-sector leadership group is needed to oversee this. It is suggested that this leadership group involve representatives from the ministries of health, education, and finance; the public service commission; provincial and local health commissions; and professional associations, labor unions, health training institutions, and the private sector. The role of the leadership group is to support the development and implementation of an HRH strategy that will produce streamlined HR management systems and strengthen links among stakeholders at all levels of the health system.

The leadership group should be small enough to allow for rapid decision making and also have the authority and support of the MOH. Ideally, the group should have administrative support to organize meetings and keep track of minutes and decisions throughout the whole process as well as a budget to support travel and per diem if needed. See the box below for criteria for choosing members of the leadership group.

Criteria for Choosing Members of an HRH Leadership Group

Seek team members who

- represent various sectors and institutions related to the six action fields of the HAF
- have the support of the MOH and are accountable to it
- have high level authority and demonstrated leadership
- have a history of successful collaboration
- are knowledgeable about HR policy and issues
- can think creatively and comprehensively

At the provincial or district level, the team should include representatives from these offices as well as from appropriate nongovernmental and community organizations and the local hiring authority.

ADDENDUM 2: USING THE HRH ACTION FRAMEWORK IN A SITUATIONAL ANALYSIS

While the components of the HAF are useful in many ways, they can be especially useful in analyzing the HRH challenges in a given country. This section provides more detailed thoughts and suggestions on how to use the HAF to carry out Phase 1, situational analysis.

To analyze the data collected in Phase 1, all six HAF action fields must be considered. The following section describes the purpose of addressing each action field, provides observations about why each action field is important to a comprehensive HRH plan, and lists illustrative actions to address each field. There is some overlap among the action fields, but focusing on the key area of intervention in each allows for a focus on the full situational analysis more specifically. This will result in concrete recommendations.

Action Field 1: Human Resource Management Systems

The objective is to make sure that trained HR managers are in place and have the systems, capacity, and authority to foster adequate staffing, retention, teamwork, and performance. The HR management system should integrate the use of data, policy, and good management practice to plan for necessary staff, as well as recruit, hire, deploy, develop, and support health workers.

Purpose

Two of the most critical barriers to achieving this action field are fragmented HR management systems and a lack of trained and experienced HR managers in place. Fragmented and weak HRM systems are ineffective and lead to lengthy delays in recruitment and hiring. In many countries, the MOH has no authority over these HR functions, which directly impact their ability to meet their goals. Health facilities do not have trained HR managers with decision-making authority. The current system of personnel administrators who keep track of administrative actions is inadequate because those staff have limited authority to address problems. Trained and experienced HR managers can play vital roles in translating HR solutions into organizational results.

Illustrative Actions Aligned with Human Resource Management Systems Interventions

- Designate a senior manager to be in charge of HR management (and provide training for her or him if needed).
- Streamline planning, recruitment, and hiring.
- Develop or improve the effectiveness of HR information systems.
- Address inequities in staff workload, salaries, and allowances.
- Create a positive workplace environment.

Action Field 2: Leadership

The objective is to increase the capacity in the health sector to provide direction, align stakeholders, and mobilize resources to reach health goals. Basic leadership skills need to be developed in managers at all levels. While visionary leaders are needed at the highest level to champion and advocate for HRH, managers at all levels who can effectively lead will result in better teamwork and problem solving.

Purpose

Visionary leaders are needed at the highest level in all sectors to advocate for HRH and HR reform and to coordinate national responses to high-priority health problems. Because people at the top set the tone and are watched by others, they have tremendous influence on the rest of the system and the work climate in which health care providers operate. At the same time, managers and staff at all levels must guide and support others to face challenges and make progress in improving health outcomes. The HR crisis is most keenly felt at the service delivery level. Managers at these sites must take the initiative to solve problems to the best of their abilities with the resources they have.

Illustrative Actions Aligned with Leadership Interventions

- Create a leadership development program for managers at all to identify and solve problems and to train local facilitators to carry out the program.
- Strengthen professional associations to provide leadership among their constituencies.
- Work with professional associations to incorporate management and leadership skills into institutional curricula.
- Align key leaders around planning and implementing a coordinated national (or regional, provincial, local, or community) HRH strategy.

Addendum 2 is intended to assist in carrying out a comprehensive situational analysis, or Phase 1 in these guidelines. A comprehensive analysis will inform the development of recommendations that get at the root cause of the HRH challenges in your organization. Once these recommendations have been reviewed and approved by the leadership group, work can proceed on phases 2, 3, and 4: planning, implementation, and M&E.

Action Field 3: Partnerships

The objective is to expand the capacity to deliver health services through formal and informal linkages among donors, sectors, professional associations, health programs, and the private sector. Below the national level, it is important to establish coordination and linkages among community-based organizations, NGOs, FBOs, and district health offices.

Purpose

Statistics alone cannot convey the magnitude of the HR crisis in health care and the burden of infectious and chronic diseases. Nurses are especially overloaded with duties that could be done by community caregivers. Partnerships with the private sector are critical, for example, to expand the capacity to provide laboratory services for HIV testing and diagnosis. In most

rural areas, where health services are provided by nurses, laboratory and pharmacy services are lacking except where private providers take part and clients have the ability to pay. Formal agreements between the health sector, community groups, and private providers can expand services for all.

Illustrative Actions Aligned with Partnership Interventions

- Create structures, such as hospital boards and community health committees for clinics, to allow community representation in health services.
- Develop mechanisms for multi-sector collaboration among inter-ministerial committees, health worker advisory groups, observatories, and donors.
- Increase the participation of groups and departments concerned with education, social development, agriculture, finance, youth, and women’s issues to expand resources for and the reach of activities related to health.

Action Field 4: Finance

The objective is to obtain, allocate, and disburse adequate funding for HR that is in line with the expenditures needed to develop, deploy, and sustain an adequate health workforce. The budget should include expenses for salaries, allowances and benefits, in-service training, and staff development. Funding is also required to support incentive programs, such as rural posting packages, and to support basic management functions, such as planning, recruitment, hiring, and HR information systems.

Purpose

Even the most talented and motivated staff are likely to become demoralized when they are poorly paid, and they will seek opportunities elsewhere. As low salaries are tied to poor economic conditions, this situation is difficult to change, but good leadership can promote more equitable distribution of salaries and allowances. With the increasing toll of migration on the health sector, funding for training health workers must be reassessed to train needed cadres who are more likely to stay in-country. Pilot programs are showing that incentive packages for rural postings can be effective in maintaining the delivery of health services to these areas. When linked to productivity targets, well-designed incentive programs can lower costs in relation to desired results. It is important for health managers to clearly understand the costs and benefits associated with these issues in order to advocate effectively for additional funding.

Illustrative Actions Aligned with Finance Interventions

- Undertake a salary survey to determine what levels of salary will meet all basic living requirements and contribute to attracting and retaining quality staff.
- Budget for projected interventions in HRH, including salaries, allowances, education, and incentive packages.
- Assess existing compensation packages to determine inequities in salaries and allowances.
- Identify and work with suitable development partners that support HRH initiatives (e.g., the Global Fund, PEPFAR, and donors).

Action Field 5: Education

The objective is to ensure that pre-service and in-service training will result in the production and maintenance of a skilled workforce that will meet the health needs of the population. In order to ensure that pre-service training institutions have the capacity to meet the demand for health services, HR managers and policymakers will need to work with the Ministry of Education and health managers to understand the critical gaps in the supply of health cadres, including determining which cadres are migrating in greater numbers to other countries. It is not good practice to continue spending the limited resources available on health workers for whom there are no jobs in the system or for health workers who leave the country soon after graduating. The cadres may not be defined in ways that meet current health system goals and requirements. Given the fact that donors and organizations devote a significant portion of their funds and staff time to in-service training with the expectation of improving the effectiveness and efficiency of their programs, it is important to clarify the role of in-service training and its direct link to improved organizational performance.

Purpose

As a measure of the importance of this action field, the World Health Assembly has adopted a resolution on scaling up the health workforce. Leaders of pre-service institutions can be influential in leveraging changes in service systems if they are brought into policy discussions early. Curricula must include essential elements that lead to effective service delivery (such as clinic management skills, supportive supervision, community outreach, and methodologies for M&E and quality assurance). Often, pre-service training institutions are unable to meet the demand for health workers because of a shortage of qualified, effective lecturers and tutors and of equipment (e.g., laboratory equipment to train laboratory technicians). Given the importance of on-the-job learning to maintain a skilled workforce and contribute to the development of staff, in-service training is an essential component of human resource management.

Illustrative Actions Aligned with Education Interventions

- Examine existing training programs to determine if they are training a critical mass of needed health staff.
- Explore new models of in-service training, e.g., distance and blended learning, for their fit with the needs of staff.
- Assess the capacity of training institutions to provide needed programs.
- Support initiatives to increase the numbers and skills of community health workers and non-formal care providers.

Action Field 6: Policy

The objective is to ensure that rules, regulations, and legislation for conditions of employment positively support the development of the health workforce. Some areas for consideration are how to deal with detrimental personnel policies, inequities in compensation and allowances, and barriers posed by national civil service rules.

Purpose

Many countries have unknowingly made staff attrition worse by ignoring detrimental personnel policies, such as mandatory retirement ages and a lack of safety regulations, health insurance, and clear policies on career paths or promotion opportunities. Often, government policies do not fully provide managers with the authority to carry out important HR functions or with budget funds to carry out those functions. For example, in many countries, the central level must approve all promotion and hiring decisions, causing long delays in promotions for health workers. In most countries, the health facility must request positions and wait for them to be established and funded by the Ministry of Finance. Then the health facility may have no influence over who is hired.

Illustrative Actions Aligned with Policy Interventions

- Address constraints in national civil services rules and decentralization to managing HR more effectively throughout the health system.
- Analyze barriers in personnel policies that contribute to staff shortages and turnover.
- Realign scopes of practice to more effectively use the skills of various cadres.
- Update standards, licensing, accreditation policies.

ADDENDUM 3: CHECKLIST FOR DEVELOPING OR REVIEWING AN HRH STRATEGIC PLAN

Use this checklist to keep on track in applying the HAF.

- Agreement gained from highest levels of leadership to develop or review HRH strategic plan.
- Stakeholders identified who will inform and support the process.
- Technical team organized, including local team members who have been oriented to the HAF.
- Stakeholder meeting conducted.
- Data gathered and analyzed relevant to the six field actions of the HAF.
- Short-term and long-term recommendations developed with input from the leadership group.
- Implementation costs of the recommendations calculated.
- Groups identified that can help with particular recommendations, and a mechanism developed to coordinate the individual efforts.
- Advocacy conducted for support and leadership to implement recommendations.
- Progress tracked and monitored, and results reported to stakeholders.

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