



REGIONAL COMMITTEE  
Forty-fifth session

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**BALANCE AND RELEVANCE OF HUMAN RESOURCES FOR  
HEALTH (HRH) FOR HFA/2000**

**Annotated Agenda**

1. Introduction
2. Definitions and Consequences of Imbalance and Relevance
- 2.1 Working definitions of "imbalance" and "relevance"

Imbalance

A mismatch or discrepancy between the numbers, types, and distribution of one or several categories of health personnel on the one hand, and the country's needs for their services and its capacity to employ, support and maintain them, on the other.

Relevance

Relevance relates to the harmony of education and training programmes of health personnel and the actual needs of the community and the roles and responsibilities of health workers.

- 2.2 Consequences of imbalance and lack of relevance of HRH for HFA/2000
  - Negative and positive consequences of oversupply
  - Negative consequences of undersupply
  - Cost due to inappropriate skill mix of health personnel
  - Cost related to inappropriate use of human resources for health and irrelevance of the training.
3. Criteria and Indicators of imbalance and relevance
- 3.1 Imbalance

Numerical imbalance

- Total numbers in each category of health personnel in relation to service targets, community health needs, and community health demands or its proportion to the population.

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- Rate of production of each category in relation to service workload, health needs, demands or its proportion to the population.
- Unemployment or underemployment rates of health personnel.

Distributional imbalance

- Comparison of manpower category/population ratios (over a 5-10 year period with percentage growth of ratio) between regions/states, rural and urban areas, and between different areas of large cities, in terms of public and private sectors.
- Proportion of institutions with positions for one or more categories of health personnel which are difficult to fill or remain unfilled, in terms of public and private sectors.

Imbalance in HRH skill mix

- Imbalance between categories
  - Composite ratios of:
    - nurses to doctors
    - allied health workers to doctors, nurses and dentists
  - Ratio of PHC workers to all health workers employed in direct patient care
  - Proportion of the total budget allocated to salaries of non-medical workers.
- Imbalance within the same category
  - Proportion of generalists to specialist health professionals
  - Proportion of professional health personnel in the curative field to those in the preventive field
  - Proportion of professional health personnel in the different specialities.

3.2 Relevance

- Number of schools (for established health professionals) that have revised their curriculum towards primary health care
- Proportion of curriculum devoted to primary health care and to community-based training
- Quality of performance of expected tasks

- Number of referrals made which should have been addressed at that level, and
- Number of continuing education programmes (both formal and in-service) for various categories of health workers particularly designed to maintain, upgrade and supplement skills and knowledge.

More detailed indicators include:

- Student selection criteria and procedures
- Changes in curriculum reflecting:
  - relationship to job description
  - learning activities relevant to HFA/2000
  - educational processes
- Student assessment procedures and criteria
- Administrative mechanisms and structures of schools of health personnel to support curricular reform
- Mechanism at the national level for coordination.

#### 4. Current Situation and Factors Influencing Balance and Relevance of HRH for HFA/2000

##### 4.1 Current situation regarding imbalance and relevance of HRH for HFA/2000 in the countries of the South-East Asia Region

###### Imbalance

Numerical imbalance:

- Physicians
- Nurses
- Dentists
- Paramedical personnel
- Primary health care workers

Distributional imbalance

Imbalance in HRH skill mix.

###### Relevance of HRH to HFA/2000

Reorientation of medical education, nursing education

Reorientation of curricula of other health workers.

##### 4.2 Factors influencing balance and relevance of HRH

- Socio-political forces
- Economic factors

- Factors relating to policies and mechanisms for HRH development, viz.
  - lack of adequate HRH information base
  - lack of clear-cut HRH policy
  - lack of inadequate HRH plans
  - lack of coordination between education and health sectors
  - poor management and utilization of HRH
  - unsystematic, ad hoc attempts at reorienting the curricula of HRH.

## 5. Strategies for Intervention and their Implementation

### 5.1 Strategies for intervention

- Development of appropriate HRH policies and legislation as tools to achieve balance and relevance of HRH development.
- Development of realistic HRH plans based on economic reality, and appropriate skill mix of health workers.
- Development of an HRH information base to improve the quality of decision-making and promotion of decision-linked HRH research.
- Strengthening coordination of health services and HRH development (COHHRD) to ensure that HRH production meets the needs of the health services, both quantitatively and qualitatively.
- Strengthening HRH management and improving the utilization of health personnel.
- Reorientation of the curricula of all categories of health workers.

### 5.2 Implementation of the Strategies

## 6. Suggestions