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REGIONAL STRATEGIC PLAN FOR HUMAN RESOURCE DEVELOPMENT

Contents

Introduction

1. Competent, motivated staff are at the centre of a high-quality health system. This has been well illustrated by health system reform efforts of many countries, which have failed to generate the intended benefits in spite of significant investment in infrastructure and procedures. It has been realized that the reforms are only possible with effective human resource management, which ensures not only the more efficient use of human resources for health (HRH), but also an adequate number of competent and motivated staff.

2. The World Health Report 2006[1] clearly reflects the pivotal role played by the health workforce in achieving the health outcomes of countries and regions. It also highlights the close correlation that exists between qualified health workers and key health outcomes.

3. New pressures on the health workforce in countries of the South-East Asia (SEA) Region have emerged during the last two decades. They need to address the growing burden of chronic diseases which requires a continuum of care, in particular community-based care while maintaining the attention on communicable disease control. Outbreaks of emerging and re-emerging diseases such as SARS, avian influenza, and large-scale natural disasters have put to test the preparedness of the health workforce in the Region. The expanding technological advances and growing consumer expectations are also making new demands on the health workforce.

4. Almost all Member countries of the Region face several HRH-related problems and issues which are quite similar across boundaries. It is timely that the Regional Office is taking the initiative to develop a strategic plan for human resources development (HRD) which in turn will specify its action in the medium term, and would also provide strategic guidance to Member countries to address the country-specific HRH problems in a more holistic manner.

Scope of the problem

5. In most countries, information on the extent and nature of the national health workforce situation is incomplete. Lack of uniformity in the classification and lack of standardization of data prevent not only appropriate national policy actions, but

also meaningful comparisons across countries. Data in general are more complete for state sector health service providers than for health management and support workers and the non-state sector workers. Community health workers are often excluded from the head-count.

6. Countries encounter many problems in relation to HR development – problems that are dynamic and interrelated. Although they cannot be confined to sealed compartments, an attempt is made in this section to categorize these problems under four major headings: (i) Absolute shortages (imbalances in overall numbers); (ii) Lack of competency and passion (imbalances in skills); (iii) Maldistribution (imbalances in distribution), and (iv) Ineffective HRH management capacity.

Shortages

7. While there are no absolute norms on the right ratio of health workers to population, WHO has identified 2.28 per 1000 population as the 'threshold' density of doctors, nurses and midwives below which coverage of essential interventions, including those necessary to meet the health-related Millennium Development Goals (MDGs), is very unlikely[1]. In the SEA Region, based on Human Resource data of 2005, the average density of doctors, nurses and midwives is estimated to be 2.12 per 1000 population, ranging from 0.56 per 1000 population in Bangladesh to 7.43 in DPR Korea. Based on the "threshold" density, it is believed that the Region is experiencing a shortage of between 650 000 and 1 500 000 doctors, nurses and midwives.

8. The causes for these shortages vary from country to country. Some of these are: lack of HRH policies; lack of updated norms and standards for HR planning; insufficient capacity for HRH training; inadequate budgets for training; out-migration, and unjustified control of HRH production by professional organizations.

Lack of competency and passion

9. It has been shown that among the reasons for high maternal and infant mortality figures, the most important is lack of skilled birth attendants[2]. In order to provide good-quality health services it is important that all health care workers (HCWs) are exposed to need-based, job-oriented training before deployment.

Outdated teaching methods and materials, along with lack of mechanisms to maintain quality and standardization, have deteriorated the quality of pre-service training of HCWs in many countries. It is well documented that inadequate opportunities for all HCWs to undergo continuing education prevent them from acquiring new skills to keep pace with the rapidly-expanding technological advances. Lack of public health orientation and lack of adequate emphasis on attitude development have resulted in deterioration of health service responsiveness.[1]

Maldistribution

10. While Europe and North America together have only 21% of the world population, these continents command 45% of the doctors in the world and 61% of nurses. In contrast the SEA Region, with 26% of the world population has only 20.2% of the total allopathic doctors and 7.9% of the total nurses in the world, respectively.[1] These geographic imbalances are aggravated by imbalances within countries in terms of shortage of staff in rural areas as compared to urban areas[3] especially with shortages in the public health sector. Migration of skilled workers within as well as out of countries has led to brain drain[4] resulting in a net loss to the rural public health sector. The skill-mix imbalances due to emphasis on production of physicians and nurses at the expense of other public health and management cadres is clearly observed in some countries. Community health workers comprise the 'third workforce' that is largely untapped[5].

Ineffective HRH management capacity

11. Weak administration of HRH has been especially identified as being another important factor that leads to many HRH problems. Weak incentive and management policies and practices; ineffective and inefficient HRH managers in adequate numbers; and insufficient incentive systems based on seniority and not on achievements have led to attrition and low productivity of the health workforce[6,7]. The dual employment mechanisms introduced by several countries in the Region to compensate the unrealistically low state sector salaries by combining salaried state sector jobs with private practice have witnessed a detrimental effect on the state health sector[8].

Countries' response

12. Most Member countries are well aware of the challenges they have to face in relation to HRH issues. The recent past has seen several progressive actions taken by Member countries to solve some of the important HRH problems besetting them. From the Region, Thailand has taken the leadership role in quality control activities in training and is in the process of assisting many other Member countries to establish quality control mechanisms in training. Sri Lanka has already developed a 10-year health sector master plan taking human resource development as an important pillar. Many other Member countries have taken initiatives to rectify human resource-related problems and issues. However it is believed that a regional strategic plan will provide the necessary guidance to Member countries to take a systematic approach in resolving human resource-related problems and issues while learning from each other.

WHO's response

13. For the past many years, WHO has been aware of the need to strengthen the development of HRH as an important mode of strengthening the health system. WHO's commitment to HR development is portrayed by the fact that the World Health Report 2006[1] was devoted to HRH development issues.

14. In 2002, the Fifty-fifth World Health Assembly requested the Secretariat "to accelerate development of an action plan to address the ethical recruitment and distribution of skilled health care personnel, and the need for sound national policies and strategies for training and management of human resources for health". In recent years, the World Health Assembly has endorsed a series of resolutions addressing different aspects of the health workforce crisis. These include: resolution WHA57.19 (2004) on the challenge posed by the international migration of health personnel; resolution WHA59.23 (2006) on rapid scaling up of health workforce production2006; and resolution WHA59.27 (2006) on strengthening nursing and midwifery.[9,10,11].

15. WHO launched the Global Health Workforce Alliance in May 2006 to draw together and mobilize key stakeholders engaged in global health to help countries improve the way they plan for, educate and employ health workers. The new global partnership aims to achieve a rapid increase in the number of qualified health

workers in countries experiencing shortages through: Mobilizing direct financial support for health training institutions; Developing training partnerships between schools in industrialized and developing countries; Nurturing a new generation of academic leaders in developing countries in clinical, public health and managerial sciences; Developing innovative approaches to teaching with state-of-the art teaching materials and continuing education through information and communications technology, and by Assisting the countries to develop planning teams for the development of comprehensive national health workforce strategies.

16. There are several global and regional networks and partnerships that are being created as it has become clear that the existing HRH-related problems and issues, especially those in developing countries need more coordinated action. The Asia-Pacific Action Alliance on Human Resources for Health (AAAH) is a response to the international recognition of the immediate need for global and regional actions to strengthen country capacities for health workforce planning and management.

17. WHO is working closely with Member States in the Region to build a regional health workforce that is prepared to face an ever-changing global scenario. This proposed strategic plan is one such attempt to demonstrate how the Regional Office would adjust its strategy to face ever-increasing HRH problems in the Region and will work together along with Member countries to overcome this regional problem.

Vision, mission, goals and strategic objectives

Vision

18. Member countries of the SEA Region to achieve optimum health outcomes by ensuring equitable access to effective health services through a balanced distribution of sufficient, competent, passionate, highly motivated health workforce.

Mission

19. Cognizant of its roles and responsibilities, WHO to support Member countries of the SEA Region to strengthen their capacity in planning, training, deployment and managing human resources to meet the increasing health demands.

Goal

20. To exert a coordinated effort to assist Member countries in human resource development for health with a view to develop a health workforce which will be responsive to the health needs of the population.

Strategic objectives

21. The strategic objectives are to:

(a) Ensure that health workforce planning and development based on sound evidence continue to be integral components of national development plans of Member countries;

(b) Support Member countries to scale up production of high-quality human resources to meet the skill and development needs of the workforce in changing service environments;

(c) Strengthen stewardship and management of health systems to ensure the delivery of cost-effective services through a highly motivated workforce, and

(d) Develop a platform where Member countries of the Region can share their experiences while assisting each other in HRH development.

Key result areas

22. The strategic objectives are organized around three key result areas which provide the foundation for the development of an effective health workforce in the Region. These are:

(a) **Need-based health workforce planning:** Health workforce planning is based on sound evidence that captures the changing health needs of the

population, socio-demographic context and the changing socio-cultural context of the population.

(b) **Need-based health workforce development:** Health workforce development is based on technological advancement, changing health needs of the population and on the increasing expectations of consumers.

(c) **Stewardship and management of the health workforce:** Sound stewardship and effective management of the health workforce, local recruitment, training and home-town placement, supervision and effective incentive systems will lead to a high level of motivation among HCWs thereby leading to their retention and committed performance.

Guiding principles

(a) At all stages of the planning process, it is recommended that decisions should be based on sound evidence, whenever available. This indicates the need to build up and strengthen national institutional capacity to generate evidence and translate it into sound policies, programmes and practices. HRH planning must comprise a comprehensive approach towards public and private sector HRH needs.

(b) The development mechanism will aim at minimizing the geographical imbalances of HRH distribution, in order to make their distribution equitable.

(c) The need to have adequate human resources to provide services targeted at the poor and the underprivileged will be placed at the centre of development plans as the poor shoulder most of the burden of diseases as well as are the key stakeholders in the achievement of health-related MDGs.

(d) Countries will be urged to consider the socio-cultural context with a view to recognizing the local political and economic circumstances.

(e) Utmost care will be taken to minimize gender imbalances during all stages of the planning and implementation process.

(f) Occupational and professional advancement of HCWs will be enhanced by providing them with healthy workplaces.

Strategies

Strategy 1

23. **Strengthening the collection, sharing, analysis and utilization of data at country and regional levels:** All HRH-related information, especially that which highlights iniquities and HR imbalances be collected in a timely and uniform manner with standardized definitions for different categories of health workforce. A regional information clearing house will facilitate the utilization of information.

Activities/Initiatives

(a) Develop and disseminate guidelines for the definition and classification of human resources and HRH data-base development in Member countries in order to facilitate local use and regional comparisons;

(b) Develop HRH-related minimum core dataset and data system which will be regionally and globally compatible;

(c) Develop and share among Member States a regional database of human resources;

(d) Facilitate the carrying out of periodic, in-depth and comprehensive assessment of HRH situation and its sub-systems in the Region as a whole and in Member countries;

(e) Develop and introduce a tool to measure geographical imbalances and inequities in human resources;

(f) Generate evidence on international and national migration of trained professionals, and

(g) Support of the regional partnership, especially the AAAH to serve as a regional platform for such sharing and learning from each other.

Strategy 2

24. **Policy development, regulation and legislation:** Upstream policy development based on sound evidence is critical for human resource development. Guidance in human resource policy development, regulation and legislation will be accorded

high priority. Countries will be guided to develop strategic plans for HR development.

Activities/Initiatives

(a) Support would be provided for the development of national policy and strategic plan for HRH, develop and disseminate evidence-based policy guidelines and tools to facilitate deployment and utilization of adequate workforce in Member countries, maintaining equity and efficiency;

(b) Organize an intercountry meeting to share HRH-related regulation and legislation and their effectiveness among Member countries;

(c) Develop a regional database of all HRH-related policies, legislation and regulations, and make it accessible to all Member countries;

(d) Provide tools, guidelines and technical support to facilitate strategic workforce planing;

(e) Support research in HRH-related areas and disseminate best practices among all Member countries;

(f) Provide and facilitate a regional forum for regular exchange of experiences in policy development, and of problems faced and lessons learnt among countries in the SEA Region, and

(g) Efforts would be directed towards the development of ethical guidelines on the recruitment of national and international health workforce in order to minimize the negative impact on the health systems of exporting countries.

Strategy 3

25. **Scaling up human resource production:** Countries will be encouraged to scale up human resource production without compromising the quality of training. They will also be encouraged to share resources and technical know-how with other Member countries. Evidences on task-shifting and different skill-mix are needed for an effective scale-up of HR production. Different cadres of CHWs would be considered as policy options for rural health workforce.

Activities/Initiatives

(a) Provide research tools and guidelines to enable countries to undertake workforce needs analysis and to determine the needed skill-mix and numbers to meet the health challenges including the role of different cadres of CHWs;

(b) Develop and disseminate guidelines to encourage countries to develop norms for HRH planning;

(c) Assist countries to develop comprehensive plans for upgrading existing training institutions/establish new training institutions, and

(d) Facilitate linkages between health service decision-makers and health professional training institutions to ensure that the content of training matches the needs, and is relevant to health systems and the local context.

Strategy 4

26. **Knowledge generation and management:** The pursuit of knowledge, understanding and personal development will be encouraged across all stages of an HCW's career. This includes strengthening of regional and national capacity In knowledge generation and management. Quality improvement of pre-service training will be encouraged while ensuring adequate opportunities for systematic in-service training.

Activities/Initiatives

(a) Provide tools, guidelines and technical support to assist countries to take a stock of existing training facilities;

(b) Develop a mechanism which will enable sharing of health learning materials within and across countries, and thereby enable them to introduce standardized training programmes;

(c) Promote systematic continuing education programmes in Member countries towards enhancing opportunities for in-service training of all HCWs, and

(d) Organize an intercountry meeting to share experiences on continuing education among Member countries.

Strategy 5

27. **Capacity building on HRH management:** Member countries will be supported to build capacity in relation to HR management in terms of human resource policy analysis, development and implementation, as well as in monitoring and evaluation.

Activities/Initiatives

(a) Arrange for training in HR policy analysis, development and implementation for national focal points of Member countries;

(b) Assist all Member countries to develop need-based job descriptions/duty lists for each HR category, and

(c) Facilitate the incorporation of contextual issues pertaining to health workforce retention into existing policies and regulations.

Strategy 6

28. **Regional partnership building:** Sharing of best practices will be supported through multi-stakeholder partnerships in the Region and with other regions. Collaboration with the existing networks, such as Global Health Workforce Alliance (GHWA), Asia-Pacific Action Alliance on Human Resources for Health (AAAH) and the African Platform on HRH will be promoted and supported to ensure that Member countries of the SEA Region benefit most from such partnerships.

Activities/Initiatives

(a) Develop the capacity at the Regional Office to expand HRH development networks;

(b) Develop capacity of countries to proactively get involved in regional and extra-regional partnerships;

(c) Organize intercountry meetings to develop partnerships in the Region and with other regions, and

(d) Foster the role of regional partnership such as AAAH.

Strategy 7

29. **Quality assurance of training:** The capacity of countries will be enhanced to adopt quality control measures in training of Human Resources through the introduction of accreditation mechanisms, and ensure that training curriculum as well as on-the-job training are relevant to the existing health systems and prevailing local and national scenarios.

Activities/Initiatives

(a) Develop guidelines to facilitate introducing quality control mechanisms in HR development, and

(b) Organize an intercountry meeting on accreditation of training institutions.

Strategy 8

30. **Increasing HRD investment:** Member countries will be encouraged to increase investment on HRD in terms of finances, trainers and other physical resources.

Activities/Initiatives

(a) Carry out health accounts studies for HR development in Member countries, as an integral part of National Health Accounts;

(b) Assist Member countries to take stock of all existing resources for HR development, and

(c) Develop and disseminate tools and guidelines to advocate the need to have sufficient budgetary allocation for HRD.

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