Human Resources for Health leadership and management: a prototype curricula package

Prototype curriculum for an executive short course: facilitator’s guide
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations</td>
<td>iv</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Curricular Unit 1: HRH environment and introductory concepts</td>
<td>1</td>
</tr>
<tr>
<td>Curricular Unit 2: Principles, theories and practices of leadership and governance for HRH</td>
<td>6</td>
</tr>
<tr>
<td>Curricular Unit 3: Health Labour Market dynamics</td>
<td>12</td>
</tr>
<tr>
<td>Curricular Unit 4: HRH education</td>
<td>15</td>
</tr>
<tr>
<td>Curricular Unit 5: From HRH data to information and research systems: developing capacity to mobilize evidence</td>
<td>18</td>
</tr>
<tr>
<td>Curricular Unit 6: Evidence for policy: enabling a learning health system</td>
<td>21</td>
</tr>
</tbody>
</table>
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CU</td>
<td>curricular unit</td>
</tr>
<tr>
<td>GRIPP</td>
<td>Getting Research into Policy and Practice</td>
</tr>
<tr>
<td>GSHRH 2030</td>
<td>WHO Global strategy on human resources for health: Workforce 2030</td>
</tr>
<tr>
<td>HLM</td>
<td>health labour market</td>
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<tr>
<td>HRH</td>
<td>human resources for health</td>
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<td>HRIS</td>
<td>human resource information system</td>
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<td>NHWA</td>
<td>national health workforce accounts</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>UHC</td>
<td>universal health coverage</td>
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<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Introduction

This facilitator’s guide is intended to be used alongside the Prototype curriculum for an executive short course, and Case studies. It forms part of the resources to support delivery of courses in human resources for health (HRH) leadership and management.

Curricular Unit 1: HRH environment and introductory concepts

Learning objectives

- Discuss the role and scope of human resources for health (HRH) in the context of the global health agenda: Sustainable Development Goals (SDGs), universal health coverage (UHC) and the Global strategy on human resources for health: Workforce 2030 (GSHRH 2030).
- Identify and describe the different components of health systems and HRH.
- Differentiate between the components of developing and managing a sustainable health workforce (HWF).

Session 1.0 (40 minutes)
Course introduction and orientation

Participants introduce themselves, where they work, expectations of the course. This could involve ice-breakers as culturally appropriate.

Facilitators give an overview of the course.

Session 1.1 (30 minutes)
Introduction to the SDGs, UHC agenda, and national and global development priorities

This session aims to embed this course in the context of global debates around UHC and the SDGs, and to create a common frame of reference for all participants.

Suggested activities

1. Watch the following two short videos in class. The first gives an overview of what UHC is and aims to achieve. The second explains the links between UHC and the SDGs through the words of several world leaders (5 minutes):
   - Improving Health through Universal Health Coverage – UHC explained (3:30 minutes)
     https://www.youtube.com/watch?time_continue=162&v=SfKp-gg2m0g&feature=emb_logo.
   - Why is Universal Health Coverage vital to achieving the health SDG? (1:20 minutes)
2. Group discussion (25 minutes):
   - Using the AAAQ model (availability, accessibility, acceptability, quality) as a frame for reflection, what are the key challenges to ensure HRH provision of UHC?
   - What other factors – outside of the HWF – are necessary to enable UHC?
   - What is the state of health service coverage in your country?
   - How are health services paid for (health insurance, public funded, needs-based funding, out-of-pocket, a mixture)?
   - How do people access health services (pay for access, self-referral)?
   - Does coverage and access vary – for example city vs rural areas?

Session 1.2 (50 minutes)
Health systems and the role and rationale of HRH in the functioning of health systems

This session aims to familiarize participants with the concept of systems thinking and to apply this thinking to locate HRH development within health systems.

Suggested activities
1. Watch the following short video, which introduces participants to the concepts of systems thinking:
   - Infographic on Systems Thinking (5 minutes)
     https://www.youtube.com/watch?v=GPW0j2Bo_eY.

2. Group work: describe HRH development and its place and function within a health system (40 minutes):
   - Working in groups, participants imagine they are meeting a visitor from Mars, and together draw a visual to explain what HRH development within a health system is, and why it is important to society. Thinking about their different experiences, they seek to identify the common key features of HRH.
   - ‘Gallery walk’: if running this exercise in-person, the pictures are put up on the wall and the group moves from picture to picture for discussion; if running this exercise virtually, one visual at a time is displayed on the screen and a nominated speaker from each group presents a rationale and narrative for their visual: what were they seeking to reflect on in the picture? Why that set of issues? What sort of experiences/perspectives drove them?
   - Whole class discussion:
     i. What are the similarities and differences across the visual representations of HRH development and its place and function within a health system?
     ii. How can groups learn from any differences to add to their own understanding?
     iii. What are the takeaway lessons and key issues?
As facilitator, look for and comment on similarities and differences between groups. Get feedback from the whole class on what they are taking from the comparison among groups – and link that to your own comments, so that they can see connections between points. The key issues may include:

- The use of a building block approach, and the types of building blocks highlighted (specifically pick out not just service delivery, but funding, people, etc.).
- The use of a patient perspective (perhaps focused on service delivery in particular, with recognition of providers and referral systems, but not much acknowledgement of system functions such as funding, HRH, drug supply, etc.).
- The role of actors within health systems, and which stakeholders are identified as key actors.
- The importance of relationships among, for example, facilities and people.
- The hidden influence of context, and features of context.
- The use of mechanical/structured models in the visuals.
- The acknowledgement of complexity, and different kinds of complexity – perhaps reflected in people and relationships, various inputs combining in unclear ways, feedback loops, potential for unintended consequences, etc.
- The dynamism of systems and the extent to which that is reflected in the visuals, and what gives it dynamism (people and relationships).
- Identification of specific policy issues: theoretical frameworks, actors, health systems context, the nature of policy as a living process to inform ongoing practice, rather than just a document.
- The hidden influence of disciplinary perspectives on the visuals (e.g. an economics perspective, or economic issues vs a more sociological/anthropological vs a more political issue), reflecting the particular experiences and perspectives of the people in the group.

It is useful to note the very fact that similarities and differences between groups indicates the multiple perspectives on what health systems are, demonstrating that there are different ways of understanding health systems, and different experiences of them. Then link this point to the fact that these differences show the socially constructed nature of health systems, and have bearing on how to approach research on systems and system issues. This point can be picked up again in the discussion of different paradigms of knowledge and research strategies of preference.

3. Conclude the session by watching this video, which summarizes the experts’ views on health systems and their importance:

   Systems thinking for health systems strengthening (6 minutes)

   https://www.youtube.com/watch?v=ils6zQXUpAU.
Session 1.3 (1 hour 30 minutes)
The field of HRH: overview of the dimensions of HRH
The purpose of this session is to identify the main elements related to HRH that influence/contribute as determinants of health system performance.

Suggested activities
1. Lecture on introduction of HRH development, covering the following topics (25 minutes):
   - HRH development
   - Conditions to make HRH development effective (HRH action fields)
   - HRH development in policy-making (evolution of initiatives, global strategies)
   - Determinants of policy-making for HRH development: an overview (HRH supply, retention, management, governance and leadership).

2. Watch Health #Workforce2030 (5 minutes):
   https://www.youtube.com/watch?v=QXpp4kmUCLU.

3. Group discussion or case-based discussion (60 minutes).
   The facilitator may identify a particular HRH policy challenge for the context, and invite participants to think about the different policy interventions using the HRH Action Framework.
   - What are the policy interventions that enable HRH development?
   - What are the policy interventions that enable HRH management?
   - How are the different HRH action fields interrelated and interdependent?

Session 1.4 (1 hour 30 minutes)
Global strategies for HRH
The purpose of this session is to engage more closely with key international policy documents on human resource development, and to discuss them critically in the context of participants’ respective professional experiences. Participants should explore the relevance of international policy documents for their own context and their potential to guide strategic leadership in their countries. It also allows participants to share common and different dimensions of their country experiences.

Suggested activities
1. Read the executive summary and/or introduction to following documents (30 minutes):
   - Global strategy on human resources for health: Workforce 2030
2. Group discussion on the UN High-Level Commission and the WHO GSRRH 2030 (1 hour). Discussion prompts may include:
   • How are the 10 goals of the UN High-Level Commission interrelated?
   • Why is the narrative around investment – rather than the HRH crisis – important?
   • What are the different factors to optimize health workforce performance?
   • In your country context, what are the key HRH challenges relating to education and employment of HRH? Think about migration, quality mechanisms (accreditation, licensing), the public and private sectors, and any over- or under-supply and the consequences on health care.
   • What are the steps and progress in your contexts in implementing the strategies discussed in the policy documents?

The discussion questions can be shared with participants to guide their readings and discussions. These questions should be tailored to the specific context and composition of participants. They should encourage self-reflection and sharing experiences. NB! Depending on local contexts it may be possible (and desirable) to prescribe these documents as prior reading, in which case participants could be encouraged to read the full reports. This would also enable more time for discussion, when participants could share (in groups and in plenary) the steps and progress in their respective countries in implementing the strategies discussed in the policy documents.

Session 1.5 (90 minutes)

Country case study: Good health at low cost in Thailand

The purpose of this session is to provide a ‘whole country’ case study of the role of human resource development in health systems strengthening, and to give participants an opportunity to reflect on and discuss their own country experiences in light of the case study presented.

Suggested activities
1. Watch Good Health at Low Cost – Thailand (20 minutes):
   Ask participants to consider the following questions while watching:
   • What are the key health systems challenges Thailand faces?
   • What ‘levers’ is Thailand using to gain traction on health systems strengthening?
   • What have been the most important human resource levers and interventions?
   • What are the contextual and substantive similarities and differences to participants’ own country contexts?

2. Small group and then plenary discussions building on the above questions, which will also (comparatively) draw on participants’ own experiences and expertise (1 hour 10 minutes). Additionally, encourage participants to reflect on which of the levers and interventions used in Thailand might be relevant – and why might these have different effects in their context?
Curricular Unit 2: Principles, theories and practices of leadership and governance for HRH

Learning objectives

- Describe the nature and role of leadership, governance and stewardship for different aspects of HRH.
- Characterize the role of policy, politics, stakeholder engagement and evidence-informed policy dialogue for shared decision-making.
- Describe the process to conduct a stakeholder analysis in HRH policy-making.
- Identify the considerations in developing and negotiating an HRH strategy/plan.

Session 2.1 (1 hour 10 minutes)

State of the art of leadership and governance – theory and practical examples

This session aims to familiarize participants with the latest thinking in the theory and practice of good leadership and governance in the health sector.

Suggested activities

1. Working in pairs, brainstorm: what is leadership/what is governance? Examples from participants’ own experience and practice (10 minutes).
2. Class discussion, starting to categorize principles and practices of leadership and governance (15 minutes).
3. Lecture covering the following topics: participatory leadership; what makes a good leader; governance/health governance, building blocks of governance, adaptive governance (15 minutes).
4. Class discussion (30 minutes):
   - What is meant by good governance?
   - Why is good governance important in the health sector?
   - What leadership skills are essential for complex health systems?
   - What leadership skills are essential for leading in times of uncertainty (e.g. risk and emergency situations)?
Session 2.2 (2 hours 20 minutes)

Power, politics and policy in HRH

This session aims to introduce participants to the complexities of navigating power and politics in HRH policy processes.

Suggested activities

1. Lecture focusing on understanding policy processes, and the role of politics and power in these processes. Lecture introduces stakeholder analysis (50 minutes).

2. Small group discussion of case studies (90 minutes).

   Five case studies have been provided as a basis for this session, although other local studies can be used as relevant. It is suggested that one of these case studies is distributed to participants at the end of the previous day to prepare, so that the contact time can focus on the group discussion. The following questions are provided as prompts for reflection whilst reviewing the case study, and for the subsequent group discussion:

   - What were the key contextual factors that impacted both policy agenda setting and implementation?
   - Identify the different spheres of HRH policy that impact on this policy’s design and implementation.
   - Identify the most important actors/groups in the case study. How would you characterize:
     - their leadership style?
     - the power they hold?
   - Discuss the most important disjunctures between policy intent and implementation, and what caused them.
   - Which policy decisions and actions in the case advanced or undermined the UHC agenda, and how?
   - Also drawing on your own experience, what might have been alternative strategic policy levers and courses of actions for policy-makers to generate better outcomes? Consider this question from the perspective of specific policy-makers (national or provincial/state/local) you identify in your discussion.
   - What stakeholder engagements would have been necessary to achieve these alternative strategic policy levers and courses of actions?
Session 2.3 (1 hour 30 minutes)
Stakeholder engagement, policy dialogue and multisectoral collaboration in HRH in the context of public service administration

This session aims to highlight the importance of stakeholder engagement in policy development and implementation, and the need to work across sectors, both within and beyond government. It will pay particular attention (through the different activities and discussions) to policy dialogue approaches in working as part of a wider public service, engaging professional bodies, trade unions, and community organizations.

Suggested activities
   In the video Dr Jarno Habicht, WHO Country Representative in Kyrgyzstan, discusses options and approaches that may help ministries of health around the world to cope with the many significant governance challenges of today, and how to find ways to respond to turbulent times through policy dialogue processes.

2. Q&A and plenary discussion (25 minutes).

   Topics to be covered in the discussion include:
   • What is policy dialogue and what does it mean for HRH?
   • Possible entry points for policy dialogue processes and the HRH topics around which they can be organized.
   • Best practices for developing the content and managing the process of policy dialogue around HRH issues.
   • Role of HRH governance and different stakeholders in the policy dialogue process.
   • Challenges.

3. ‘Journal Club’ (60 minutes) on the application of policy dialogue and multisectoral collaboration in HRH in the participants’ own contexts based on 3–5 readings, which will have been distributed in class the previous day for evening reading. Key themes will be discussed first in small groups (30 minutes) and then in plenary (30 minutes).

   This session aims to provide illustrative examples of stakeholder engagement, policy dialogue and multisectoral collaboration in HRH in context to give participants a chance to explore applications of policy dialogue and leadership on HRH policy and planning processes. At least one of the papers distributed should be read by every participant, and each paper is read by 3–4 participants.
The initial list of articles below could be used in the Journal Club but, depending on the local context and the target audience, the facilitator might select particular papers. Participants will first discuss each paper in small groups, using the guiding questions below (30 minutes).

**Questions to guide small group readings**

- What are the key HRH policy issues of this document that lead to the policy dialogue?
- What was achieved and what was the contribution/participation of the different stakeholders?
- How did different stakeholders deal with the others' views?
- What was the approach of the policy-makers to address some of the HRH policy issues identified?
- What key lessons can be learnt?

4. In plenary, participants will then (15–20 minutes):
   - briefly summarize the paper, highlighting key findings, issues and themes raised in the small group discussion;
   - answer questions from other participants.

Key insights and lessons will be shared and discussed in plenary (10–15 minutes).

End the session by asking all participants to write some personal reflections on opportunities for stakeholder engagement in their own environment overnight.
Articles to be used in the Journal Club


Session 2.4 (1 hour 30 minutes)

Developing a national HRH strategic plan

This session will introduce participants to the process of developing HRH strategies and the role of stakeholder analyses in the process.

Suggested activities

1. Lecture on HRH strategy development processes and principles including the following topics: process of stakeholder analysis, stakeholder engagement and policy dialogue; considerations in developing and negotiating a national HRH strategy/plan (30 minutes).

2. Group and plenary discussion drawing on and sharing participants own experiences. Facilitators should guide groups to articulate and discuss questions raised by the presentation, review their own country practices and identify key insights of importance for their own strategic leadership roles (30 minutes). Prompt questions may include:
   - Why is HRH planning important? What problems might arise if market forces are the sole drivers?
   - Why is planning an iterative process?
   - How is the planning process shaped by context, actors, processes, interests, power, resources?
   - Why is multisectoral collaboration important?

3. Reflective individual writing to apply principles discussed to own practices (20 minutes).

4. Sharing reflections in small groups (10 minutes).

Materials the lecture and discussion can draw on

Curricular Unit 3: Health Labour Market dynamics

Learning objectives

- Recognize and explain the importance of the HLM to inform the HRH policy development process.
- Identify and describe the different components, dynamics and flows of the HLM.
- Interpret findings of the analysis of the dynamics of the HLM and articulate relevant policy options.

Session 3.1 (2 hours)

Introduction to HLM concepts, frameworks and policy issues

This session aims to familiarize participants with the key concepts and policy relevance of the HLM approach, and to highlight its importance for human resource forecasting and planning.

Suggested activities

1. Introductory lecture focusing on understanding HLM dimensions and dynamics, the concepts and the resulting supply and demand for health worker job and policy processes, implementation (1 hour).
2. Small group discussions and Q&A (1 hour). Prompt questions may include:
   - Why is the HLM important in the HRH policy development process?
   - What are the different components of the HLM?
   - How is the HLM approach perceived and applied in your country?
   - What key insights are important for your own strategic leadership roles?

Session 3.2 (1 hour 30 minutes)

Practical experiences of HLM analysis and policy

This session aims to provide illustrative examples of the application of HLM analysis for policy development and implementation, and to give participants a chance to explore the use of HLM analysis in their own contexts.

Suggested activities: Journal Club OR case study (HLM analysis)

- For the case narrative, please refer to the Criworkhea health labour market analysis and discussion questions provided in the Case studies.
- For the Journal Club on the application of HLM analysis for policy development and implementation, 3–5 readings, will have been distributed in advance. The aim is that each participant reads one paper, and each paper is read by 3–4 participants.
- In small groups, participants will discuss the papers, using the questions below to guide the discussion (30 minutes).
Questions to guide readings

- What are the key themes (political issues) and conclusions of the paper that triggered the HLM survey/analysis?
- What are the contextual features of this particular case and how did they, eventually, contribute to the policy issues identified?
- What methodological gap/problem draws your attention in this study? Data gaps? Problems in the method? Consequences for policy decisions?
- How do the findings relate to the challenges and recommendations highlighted by the GSHRH 2030? Which policy levers do they address?
- Do the papers raise important additional points?
- How do the findings relate to your own country experiences of HLM dynamics? What are key lessons relevant to this specific context?
- What can be expected from policy-makers at different levels of the health system to address some of the HLM issues identified?

4. In plenary, participants will then (30 minutes):
   - briefly summarize the papers, highlighting key findings; highlight key issues and themes raised in the group discussion;
   - answer questions from other participants.

Questions to guide the plenary discussion

- When interpreting the HLM analyses, did you find that you had enough information to make policy recommendations? What other information would you want?
- How can the written report of an HLM analysis influence HRH policy decision-making? How could bias or political persuasion be avoided?
- What are the policy options that might be considered? What are the factors you need to think about when proposing policy options (feasibility, cost, effectiveness, effect on other action fields, possible unintended consequences etc.)?
Below are suggestions for papers (all open access) to be used in the Journal Club. However, it is recommended that course convenors tailor readings to local contexts.


Curricular Unit 4: HRH education

Learning objectives

- Describe the characteristics of education systems in relation to labour market dynamics and challenges in ensuring adequacy of supply in relation to health system needs and HLM demands.
- Explain the strategic relationship, problems and bottlenecks between health worker education systems and accreditation, regulation and licensing mechanisms to ensure the quality of graduates.
- Identify key elements in the selection, training and socialization of students to ensure health worker education necessary to align education programmes with health system and population needs.

Session 4.1 (1 hour 30 minutes)

Key themes in health worker education for the 21st century

This session aims to provide participants with an overview of the most important developments, challenges and debates in health worker education, taking its departure from the 2010 Lancet Commission report on “Health professionals for a new century: transforming education to strengthen health systems in an interdependent world (https://pubmed.ncbi.nlm.nih.gov/21112623/)”.

Suggested activities

Participants will have received the short version of the Lancet report as prior reading.

1. Watch Professor Julio Frenk’s lecture on “Health Professionals for the 21st Century Report: 10 Years Later” from minute 18 to 37:40 (20 minutes):
   https://www.youtube.com/watch?v=4V_SCzAnf5Y.

2. Discuss both the initial Lancet Commission report (2010) and Professor Frenk’s 2020 reflections in small groups (20 minutes). Prompt questions may include:
   - Why do you think the key themes for educational reform have been prioritized (competency-based education, constructive alignment, population health needs, quality, interprofessional education, digital education, regulation, lifelong learning)?
   - Why do you think progress has or has not been made in these areas? Why is progress different in different countries, and for different occupational groups?

3. Individual reflections on the state, challenges and key leverage points for change in health worker education in their own countries, drawing a mind map of rich picture (20 minutes).

4. These reflections will then be shared either in small groups or in a gallery walk in plenary, depending on time and the size of the group (30 minutes).
Session 4.2 (1 hour 30 minutes)
The role of HRH in ensuring good governance for quality, appropriateness, accessibility of health worker education

This session aims to familiarize participants with elements and examples of HRH leadership for good governance in health worker education, focusing, for example, on issues of licensing and accreditation, stakeholder engagement and multisectoral collaboration.

Suggested activities
1. Introductory lecture on elements and key themes of HRH leadership and governance for health worker education, focusing, for example, on policy dialogue and stakeholder engagement (with other sectors such as education, public service, public works, unions, professional bodies); accreditation and licensing (20 minutes).

2. Journal Club on health education policy reforms based on 3–5 readings, which will have been distributed in advance. The aim is that each participant reads one paper, and each paper is read by 3–4 participants. In the session, participants will first discuss each paper in small groups, using the guiding questions below (20–30 minutes).

3. In plenary, participants will then (20–30 minutes):
   • briefly summarize the papers, highlighting key findings;
   • highlight key issues and themes raised in the group discussion;
   • answer questions from other participants.

4. Plenary discussion to pull together key lessons and their policy implications from the session and the curricular unit (10–30 minutes). Prompt questions may include:
   • What are characteristics of health worker education that distinguish it from other post-secondary education and training?
     • Vocational?
     • Practical training?
     • High stakes progression decisions?
   • How do these findings relate to the challenges and recommendations highlighted by the Lancet Commission report and the WHO Transformative Education guidelines? Which policy levers do they address?
   • Do the papers raise important additional points?
   • How do the findings relate to your own country experience of health professions’ education? What are key lessons relevant to this specific context?

Questions to guide readings
- What are the key themes and findings of each paper?
- How do these findings relate to the challenges and recommendations highlighted by the Lancet Commission report and the WHO Transformative Education guidelines? Which policy levers do they address?
- Do the papers raise important additional points?
- How do the findings relate to your own country experience of health professions’ education? What are key lessons relevant to this specific context?
• How can competence be determined? Think about assessment systems.
• Why is it important to find a balance between pre-service and in-service education?
• How can population health needs be incorporated into health worker education approaches? For example:
  • Content and standards
  • Learning activities in communities
  • Rural recruitment and retention.

Below are suggestions for papers (all open access) to be used in the Journal Club. However, it is recommended that course convenors tailor readings to local contexts.


Curricular Unit 5: From HRH data to information and research systems: developing capacity to mobilize evidence

Learning objectives

- Identify the sources and types of evidence and data available for HRH decision-making.
- Describe the relevance and utility of evidence and data for HRH decision-making.
- Discuss the factors in the design and implementation of information, research and communication systems and projects to support HRH.
- Describe key concepts of national health workforce accounts (NHWA), their approach to implementation and how to use them to inform and monitor HRH policies.

Session 5.1 (2 hours)

Overview of HRH data and information sources and systems

This session aims to identify key resources and create common concepts and frame of reference for human resource information systems (HRIS) development for all participants.

Suggested activities

The recommended reading and additional bibliographic resources will be distributed to participants in advance of the session, as relevant. It may happen that the same bibliographical resource is allocated to more than one participant. Each resource will have a written guideline on the expected learning from the resources.

1. Introductory lecture on “Generation of HRH Intelligence” (30 minutes).
   The following topics should be covered: HRH information systems and research systems, including NHWA, national and regional observatories for evidence-based policy development and implementation, tools for HRH planning, monitoring, management and evaluation.

2. Watch the following short video, which introduces participants to the concepts of NHWA:
   WHO: Health workforce data platform – NHWA (4 minutes) [https://www.youtube.com/watch?v=N0Q5e5p00js&feature=youtu.be](https://www.youtube.com/watch?v=N0Q5e5p00js&feature=youtu.be).

3. Watch one of the following videos, which introduce participants to the concepts of national health workforce observatories:
   The Peruvian Human Resources for Health Observatory (17 minutes) [https://www.youtube.com/watch?v=UeADAfw5WYI](https://www.youtube.com/watch?v=UeADAfw5WYI).
4. Small group discussion (ideally 5–8 participants, reflecting the diversity of the participants) to reflect critically on their different experiences (direct or indirect; individual, institutional and national) with HRH-related information systems. Groups should seek to relate their experiences to the reading allocated to them and to the key messages of the lecture and videos. Groups should seek to identify constraints in the range of human resource management experiences and reflect critically on how to correct these in order to develop more effective and efficient HRIS. Groups should summarize their conclusions as a visual (for example a storyboard or flip sheet paper) (30 minutes).

5. Group presentations (40 minutes).
   The facilitator should challenge the participants to address the following issues:
   - Why have that set of gaps/issues been identified?
   - What sort of experiences/perspectives drove them? What is the balance of perspectives: individual, institutional, national, or other?
   - What solutions are identified? What is the conceptual framework used to propose the solutions identified?
   - Think about the similarities and differences across the group work and what can be learnt from other people’s summaries to add to their own understanding?
   - What further issues do you want to address with your peers? These will be discussed as part of the final activity of CU 6.

As mentioned in previous CUs, it is useful to note the very fact of similarities and differences between groups – indicating that there are multiple perspectives on what health systems are, demonstrating that we have different ways of understanding health systems, and different experiences of them. Then link this point to the fact that these differences show the socially constructed nature of HRIS, and have bearing on how to collect data, conduct research and build information systems to support evidence-informed decision making.

Session 5.2 (1 hour 30 minutes)
Overview and discussion of HRH research systems: approaches and initiatives
This session aims to identify key resources and create common concepts and a frame of reference for HRH research systems development for all participants.

Suggested activities
The recommended reading and additional bibliographic resources will be distributed to participants in advance of the session, as relevant. It may happen that the same bibliographical resource is allocated to more than one participant. Each resource will have a written guideline on the expected learning from the resources.

1. Watch the following short video, which introduces participants to the concepts of health policy and systems research: Implementing Health Policy and Systems Research – two case studies (2:37 minutes): https://www.youtube.com/watch?v=AiTfd7DidTM.

3. Individual reading of pages 11–18 (about the reader) and 129-133 (epilogue) of the HRH reader (20 minutes): [https://apo.who.int/publications/i/item/2017-11-15-a-health-policy-and-systems-research-reader-on-human-resources-for-health](https://apo.who.int/publications/i/item/2017-11-15-a-health-policy-and-systems-research-reader-on-human-resources-for-health)

4. Small group discussion (ideally 5–8 participants, reflecting the diversity of the participants), reflect critically about their different experiences (direct or indirect; individual, institutional and national) with HRH related information systems. Groups should seek to relate their experiences to the reading allocated to them and to the key messages of the materials. Groups should seek to identify constraints in the range of human resource management experiences and will reflect critically on how to correct those in order to develop more effective and efficient HRIS and HRH research systems. Groups should summarize their conclusions as a visual (for example a storyboard or flip sheet paper) (30 minutes).

5. Group presentations (40 minutes).
   The facilitator should challenge the participants to address the following issues:
   - Why have that set of gaps/issues been identified?
   - What sort of experiences/perspectives drove them? What is the balance of perspectives: individual, institutional and national, or other?
   - What solutions are identified? What is the conceptual framework used to propose the solutions identified?
   - Think about the similarities and differences across the group work and what can be learnt from other people’s summaries to add to their own understanding?
   - What further issues do you want to address with your peers? These will be discussed as part of the final activity of CU 6.

As mentioned in previous CUs, it is useful to note the very fact of similarities and differences between groups – indicating that there are multiple perspectives on what health systems are, demonstrating that we have different ways of understanding health systems, and different experiences of them. Then link this point to the fact that these differences show the socially constructed nature of health systems, and have bearing on how to formulate research questions, collect research data, conduct field work and build national health research systems to support evidence-informed decision-making.
Curricular Unit 6: Evidence for policy: enabling a learning health system

Learning objectives

- Develop capacity to Get Research into Policy and Practice (GRIPP).
- Develop technical and/or research questions related to HRH policy issues, drawing on themes, lessons and tools introduced in the module.
- Select appropriate strategies and methodologies to obtain answers to the questions.
- Plan relevant interventions to answer leadership and management questions.

Session 6.1 (1 hour 30 minutes)

Evidence for policy: enabling a learning health system

This session aims to develop an understanding of the fundamentals of "Getting Research into Policy and Practice" (GRIPP) for HRH leadership.

Suggested activities

One title from the list of recommended reading and additional bibliographic resources will be distributed to participants at the end of day 4, according to their profile. It may happen that the same bibliographical resource is allocated to more than one course participant.

1. Introductory lecture on “Getting Research into Policy and Practice” (30 minutes).

2. Watch the following videos (10–15 minutes):
   - Optional: Engage end-users in the research from the beginning (0:44 minutes) https://www.youtube.com/watch?v=sH-1TWaXJRU.
   - Optional: Implementing evidence-based care practices in health care organizations (2:10 minutes) https://www.youtube.com/watch?v=gciSmD0s5nw.
3. Small group discussion (20 minutes). Groups are invited to reflect aloud and critically about their different experiences (direct or indirect; individual, institutional and national) on the following:

- the development of technical and/or research questions related to HRH policy issues;
- the selection of appropriate strategies and methodologies to review existing evidence and apply research methods to obtain answers to the policy questions;
- following through with the implementation of the solutions “discovered”.

During the discussion the participants will endeavour to relate these experiences to the overnight readings allocated to them and to the key messages of activities 6.1 and 6.2. Groups summarize the key messages and conclusions of their discussions as a visual, for example using flip chart paper.

4. Plenary discussion (25 minutes). Each group presents their conclusions of the discussion (5 minutes per group). This is followed by discussion and identification of further HRH issues they want to address. These will be discussed as part of the final activity of CU 6.

**Session 6.2 (3 hours 30 minutes)**

**Group work to discuss and prepare presentations on case studies**

This session aims to apply lessons learnt during the week to selected real-life case studies.

**Suggested activities**

Participants are divided into groups; during activity 1 each group will be responsible for discussion of one of the case studies to present/debate with the class. The number of case studies debated will depend on the number and characteristics of the participants.

1. Group discussions on one of the three case studies (1 hour 30 minutes):

   - Case study 1: Making HRH policy in the dark – coping with HRH data deficit
   - Case study 2: Lessons from the implementation of a service availability and readiness tool in a fragile health system
   - Case study 3: The Making HRH policy in the dark – coping with HRH data deficit

   As a group, reflect on the prompt questions provided for the case studies. Using these insights, make a proposal to improve data relevance, completeness and accuracy for HRIS in your country(ies).

2. Plenary presentation and discussion of case studies (1 hour 30 minutes). Each group presents the summary of their discussions and conclusions (10 minutes per group followed by 10-15 minutes discussion).

3. Plenary discussion (30 minutes) to identify further HRH issues to address with peers as part of the final activity of CU 6.
Session 6.3 (3 hours)

Presentation of participants’ projects and discussions

This session aims to identify take-home key themes, questions and challenges that the participants may take as development or research projects.

Suggested activities

1. Summaries of participant research project proposals are shared. Participants review all summaries (30 minutes).

2. Each participant presents 3 PowerPoint slides (2 hours):
   - key themes, questions and/or challenges that they take from the course;
   - how they want to address these challenges – as development or research projects;
   - how conducting the projects will make them better HRH leaders.

3. Whole group discussion at the end (30 minutes).

Wrap-up and course evaluation (1 hour 30 minutes)

Facilitators and participants will share key insights and reflections on the course in small groups and/or in plenary, depending on group size and context. If culturally appropriate this can be done in “thinking pairs” and then a “round”:

1. Participants will be paired up in twos; each person will have 3 minutes to share his/her reflections and key insights with the partner, without being interrupted; then the other person gets a turn.

2. This is followed by every person in the room getting a turn to speak in plenary to share their “freshest thinking” about the course.

This session will be recorded and analysed as a first step of the course evaluation and can, if feasible, be followed by a brief questionnaire to be completed by participants three to six months after course completion. The latter should be tailored to local context and feasibility with regard to the evaluation tool (e.g. survey monkey, google form, email, etc.) and content. It should explore intermediary impact, i.e. which concepts and sessions were most beneficial for participants’ practice, examples of actions taken as a result of the course, and the role and relevance of the peer network created during the course.

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