Regional Strategy on Human Resources for Health

2006–2015
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Preface

The past century has seen the most spectacular medical breakthroughs in history, but these advances are of little value without competent, productive and supported health workers. Health workers are important for advancing health and the quality of health care and achieving the health-related Millennium Development Goals. Despite their importance, the sad truth is that decades of cost cutting, poor salaries and under-investment in education and training have led to critical shortages of health workers in many countries, a situation that has displaced financial issues as the most serious obstacle to implementing health treatment plans.¹

Other workforce issues include imbalances in the skill mix and distribution of health workers, worsened by unplanned migration from rural to urban areas and overseas, poor work environments and remuneration, and the weak knowledge base of the health workforce. Despite these challenges, health gains made by many countries are due in part to dedicated health workers who demonstrated commitment far beyond the call of duty. It is people, not just vaccines and medicines, who prevent disease and deliver curative health services.²

In the future, powerful forces will exert pressure on health systems. Population ageing and epidemiological transitions will impose ever heavier burdens of chronic diseases at the same time new health threats emerge. The HIV/AIDS epidemic will increase workloads on health professionals, pose risks from blood-borne and other pathogens,³ and increase workplace stress. Careers in health will expand due to growing demand, consumer preferences, dynamic global labour markets and new technologies.

In 1984, the Regional Committee for the Western Pacific (resolution WPR/RC35.R4) urged Member States to set up and strengthen mechanisms for coordination, review and monitoring to ensure comprehensive human resources development, including policy formulation, planning, production and deployment. The Committee, in 1988 (resolution WPR/RC39.R9), also requested the Regional Director to cooperate with Member States in strengthening their health personnel systems, including planning,
training and management to ensure consistency within the strategies of health for all. The Fifty-fifth World Health Assembly (resolution WHA55.11) requested the Director-General to accelerate the 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 their training and management. The Fifty-seventh World Health Assembly (resolution WHA57.19) also requested the Director-General to declare human resources for health development as the theme of World Health Day 2006 and to include it as a top-priority programme in WHO’s General Programme of Work 2006–2015.

The Regional Strategy on Human Resources for Health 2006–2015 is intended to provide policy options and practical guidance to Member States in developing and sustaining health workforces that enhance health systems performance and service quality and improve health outcomes. Although this Strategy can serve as a user guide, it cannot and should not replace the need for country-based and country-specific health workforce strategies. Working together, with governments taking the lead and receiving support from partners, including WHO, I am confident that we can meet the challenges we face in the health workforce and realize our shared goal of good health for all.

Shigeru Omi, MD, Ph.D.
WHO Regional Director
for the Western Pacific
Background

The importance of health workers for health systems performance, quality of care, achieving the health-related Millennium Development Goals and for scaling up effective health interventions, is widely recognized. Despite this, support for human resources for health is often ranked low on the health policy agenda of many national governments and international agencies. Prospects for achieving 80% coverage of measles immunizations, skilled attendance at birth, and reducing maternal, infant and under-5 mortality rates are greatly enhanced when health worker density—mainly doctors, nurses and midwives—exceeds 2.5 per 1000 population.

Health workforces between and within countries and areas vary, due to factors like the prevailing economic, social and political situation. There is a global shortage of health workers estimated at more than 4 million doctors, nurses, midwives and others. Low numbers of health workers are invariably found where health needs are greatest, hence the need to frame policies and actions for human resources for health within the context of “equity and health”. Other health workforce challenges in the Region include: skill mix imbalances creating inefficiencies; an uneven distribution of workers worsened by unplanned migration from rural to urban areas and abroad; poor salaries and remuneration; poor work environments with inadequate facilities, medical supplies and equipment; and the weak knowledge base of the health workforce, which hampers planning, policy development and programme operations.

The health workforce crisis, affecting both rich and poor countries, will not simply fade away. Not only is urgent and concerted action needed, but at least a decade of sustained action and investment will also be crucial in building more robust workforces most national health systems require if they are to meet the health needs of their populations. While it is possible
for countries to tackle most problems and issues with strong political commitment, government leadership and the support of partners, some challenges can only be met with innovative solutions. Combating health workforce shortages, imbalances and poor work environments is critical, requiring the planning and implementation of comprehensive and integrated approaches without delay. Training, sustaining and retaining a motivated and supported workforce will require long-term commitment, structural and fiscal changes, and partnerships at country, regional and international levels.

The Regional Committee, in 1984 and 1988, urged Member States to set up and strengthen mechanisms for coordination, review and monitoring to ensure that comprehensive human resources for health policy formulation, planning, production and deployment are in place and that the development and utilization of human resources for health are skilfully managed. It also requested the Regional Director to study alternative ways of ensuring the comprehensive development of human resources for health policies and plans, and to cooperate with Member States in strengthening their health personnel systems, including planning, training and management, so that they are consistent with the strategies of health for all. The World Health Assembly urged Member States to frame and implement effective policies and strategies for the retention of health personnel, such as the review of salaries and implementation of incentive schemes and the strengthening of human resources planning and management. The World Health Assembly also requested the Director-General to accelerate development of an action plan to address the ethical recruitment and distribution of skilled health personnel, to declare human resources for health as the theme of The World Health Report 2006 and World Health Day 2006, and to make human resources a priority area of work for WHO in the next decade. The World Health Report 2006 stresses that new strategies are needed to enhance the effectiveness of the health workforce and that
governments must provide leadership in planning, formulating and implementing the required policies, with the support of partners.

The response to the human resources for health crisis at all levels—national, regional and global—appears to be gaining momentum as more stakeholders and partners have committed resources to support various platforms for action and as networks and alliances have been established to address specific human resource issues. Country-based and country-led responses with appropriate external support and partnership are producing early and encouraging results. However, more intensified and sustained efforts are needed over the long term to ensure the adequate, competent and responsive workforce needed to promote good health and confront the health crisis in each country and area.

The purpose of the Regional Strategy is to provide Member States with a range of policy options and strategic actions from which to choose. It must be emphasized, however, that the Regional Strategy cannot and should not replace the need for country-specific strategies aimed at building a competent and supported health workforce and promoting equitable access to quality health services. The Strategy’s framework for action is comprised of five interrelated strategic objectives organized around three key result areas, with suggested national actions to achieve them and WHO enabling responses. The key result areas are:

1. a health workforce that is responsive to population health needs, or demand;
2. effective and efficient workforce development, deployment and retention, or supply; and
3. workforce governance and management.

**Vision**

Achieve equitable access to quality health services for all and effective health system performance through a balanced distribution of a competent and supported health workforce.
Mission

Cognizant of the role of WHO in leadership and partnerships for health, the WHO in the Western Pacific Region supports its Member States in strengthening their capacity to plan, educate, manage and develop their health workforces to equitably meet their population health needs.

Goal

The health workforce in countries and areas will be responsive to population health needs and will promote equitable access to quality health services and improved health outcomes.

Strategic Objectives

Five strategic objectives are crucial to the achievement of the regional human resources for health goal. The five strategic objectives are to:

• Ensure that health workforce planning and development is an integral part of national policy and responsive to population and service needs.

• Enable the delivery of effective health services by addressing workforce size, distribution and skill mix.

• Address workforce needs, including workplace environment, to ensure optimal workforce retention and participation.

• Improve the quality of education and training to meet the skill and development needs of the workforce in changing service environments.

• Strengthen health workforce governance and management to ensure the delivery of cost-effective, evidence-based and safe programmes and services.

These five strategic objectives are organized around three Key Result Areas (KRA), crucial to strengthening the development and
management of the health workforce. The Key Result Areas are:

KRA 1. health workforce response to population health needs, or demand

KRA 2. health workforce development, deployment and retention, or supply

KRA 3. sound stewardship, good governance and effective health workforce management.

While issues identified within each of the three key result areas affect most countries in the Region, the extent of their impact on the health workforce varies between and within countries, depending on their level of economic development and the stage of development of the health system.

**Guiding Principles**

Although individual health systems often require differing approaches, the following workforce and human resource development guiding principles are considered fundamental to the implementation of the strategic objectives:

**Workforce development:**

- is focused on primary health care, supported by appropriate levels of secondary and tertiary care, and responsive to population needs;
- contributes to the equitable delivery of effective, affordable, good-quality and safe health services;
- is based on agreed core competencies and professional standards;
- contributes positively to a balanced local, national, regional and international health workforce, with specific attention to developing country needs;
- supports the achievement of local and international goals and objectives such as the health-related Millennium Development Goals;
- is targeted first and foremost at the needs of vulnerable
population groups;
- recognizes local political, social, cultural and economic circumstances;
- enables occupational and professional advancement, which carries responsibilities in regard to health service improvement.

The integrated human resource development framework for action should be:
- country based and country led;
- carried out in partnership with planners and policy-makers; finance, trade, labour and educational institutions and sectors; professional organizations and other key stakeholders;
- based on best practices, to ensure optimal chances of success in human resources for health initiatives;
- formulated according to prioritized population health needs of the country;
- realistic and acceptable to the country’s culture, values and socioeconomic development;
- approached systematically and flexibly, enabling adaptation to changing circumstances;
- based on evidence and accurate national and regional human resources for health information systems, and national health and development processes.

Framework for action

The strategic framework for action provides an overview of critical human resources for health issues and challenges confronting health system performance; the overall structure under which the strategic objectives operate; and suggested actions to be undertaken to achieve the key outcomes of each strategic objective.
Key Result Area No. 1: Health workforce response to population health needs (demand)

ISSUES AND CHALLENGES

Demographic, epidemiological, social, political, economic and technological trends influence the constantly changing health workforce environment, in particular, the ageing of populations; the emerging and re-emergence of infectious diseases such as HIV/AIDS, tuberculosis (TB), malaria and avian influenza; increasing noncommunicable diseases, including chronic illness and conditions, injuries and disability; trade and migration leading to new populations with varying language and cultural dimensions; consumerism; conflicts and natural disasters; and new health technologies including information and communications technology. All generate different health service demands, volume and types of services required, and the specialty and skill requirements of the health workforce.

In most countries and areas, technical capacity in human resource management strategic planning and management is weak. The lack of accurate HRH information and data, including epidemiological, demographic, social and technological information, hampers health workforce planning and management capacity, often resulting in ineffective sectoral policies that do not support sustainable health workforce capacity. National health infrastructure developments rarely take into account health workforce requirements and their support needs. Trained and skilled personnel such as policy analysts, epidemiologists, planners and managers are few or lacking in some countries and areas. Inappropriate health care financing policies, combined with weak strategies to adequately support a health workforce with sufficient remuneration, resources and safe work environment, are pressing
issues. High out-of-pocket payments in some countries impose a major financial burden and barrier to utilization of health services, especially by the poor.

STRATEGIC RESPONSES

Workforce policies, when derived from an analysis of underlying demographic, disease, social, economic, health system and technological trends, serve to guide national governments and other health and development partners in ensuring that their workforces are responsive to population and service needs. Health service requirements—from health promotion and primary prevention, acute care, rehabilitative or palliative care and the continuum of care—as well as new technologies and alternative forms of treatment require changes in the numbers and types or skills of health workers. Optimal health workforce effectiveness necessitates that the required facilities, equipment, drugs and supplies are available, the workplace is safe, and technical supervision is provided. Where there is significant unmet need for health services and high demand for the few limited services that do receive funding, greater health workforce effectiveness could be achieved through restructuring and deployment of the workforce in services and areas that yield the greatest health benefit.

Strategic objective 1: Ensuring that health workforce planning and development is an integral part of the national development plan and responsive to population and service needs.

This objective addresses the underlying issues surrounding health workforce demand, including unmet needs for health services and future health needs of populations, and has four key outcomes or desired results.

1.1 The health workforce is responsive to changing growth, cultural diversity and emerging demographic and disease
patterns.

1.2 The health workforce meets the preventive and primary health care needs and respects the cultural diversity of the population;

1.3 The health workforce is structured and deployed based on evaluation and prioritization of policies to improve

Table 1: National actions, WHO enabling response and indicators for key outcomes 1.1- 1.4

Key outcome 1.1—The health workforce is responsive to changing growth, cultural diversity and emerging demographic and disease patterns.

<table>
<thead>
<tr>
<th>Suggested national actions</th>
<th>WHO enabling response</th>
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<tbody>
<tr>
<td><strong>Governance</strong></td>
<td><strong>Operations</strong></td>
</tr>
<tr>
<td>• Formulate policies and strategies to support the development and use of national workforce data and planning systems, which are also compatible with regional and global analyses of workforce data.</td>
<td>• Develop and implement systems and processes to support the collection and use of appropriate socio-demographic, epidemiological and workforce data.</td>
</tr>
<tr>
<td>• Engage stakeholders to ensure that sociodemographic, technological and epidemiological data are included, monitored and analysed as essential components of the national core database for HRH planning, production and deployment.</td>
<td>• Build capacities (staff, equipment, supplies) to support the undertaking of the listed governance actions.</td>
</tr>
<tr>
<td>• Correlate the determination of numbers, types and competencies of health workers to the population health service needs as well as health targets set forth by national and international goals and objectives such as the health-related Millennium Development Goals.</td>
<td>• Utilize HRH data systems which are compatible, enabling data analysis nationally, regionally and globally.</td>
</tr>
</tbody>
</table>

Key outcome 1.1 monitoring and evaluation indicators

• Existence of a national set of population demographic and health indicators, including rates/causes of mortality and morbidity, desegregated by sex, age group, ethnicity, geographical location and socioeconomic status/indirect indicators of vulnerability.

• Evidence of integration of socio-demographic and health data into workforce planning.

• Established national mechanism to set policies, formulate data sets and coordinate collection, analysis and use of data for HRH planning and management.
health and reduce inequalities.

1.4 Strategies are in place to ensure that the number, types and skills of the health workforce will be sufficient to sustain changing or newly adopted technology.

The suggested national governance and operational actions, WHO enabling response, and monitoring and evaluation indicators for each of the four key outcomes are listed in Table 1.

Key outcome 1.2—The health workforce meets population’s preventive and primary health care needs and respects their cultural diversity.

<table>
<thead>
<tr>
<th>Suggested national actions</th>
<th>Operations</th>
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<tbody>
<tr>
<td><strong>Governance</strong></td>
<td><strong>Prepare and implement action plans to strengthen workforce capacity (bridging the gaps) to meet population health needs in preventive and primary health care services.</strong></td>
</tr>
<tr>
<td>• Assess the workforce gaps in meeting the populations’ needs for health promotion, prevention and primary health care, as well as service provision needs related to cultural sensitivity and diversity.</td>
<td><strong>Incorporate health promotion and disease prevention skills and cultural sensitivity in health professional educational programmes, job descriptions and job performance evaluation, and in recruitment and appropriate deployment.</strong></td>
</tr>
<tr>
<td>• Develop and evaluate workforce policies that enable the effective delivery of primary, preventive and essential health services and public health services, including determination of the appropriate levels of training and core competencies and cultural sensitivity for inclusion into national health training plans and recruitment policies.</td>
<td><strong>Support primary health care teams in identifying ways in which to make their facilities and services more health promoting; accessible to communities served; and supportive of community’s cultures and values.</strong></td>
</tr>
<tr>
<td>• Provide management support and resources at all health system levels to facilitate the establishment and operation of primary health care facilities, community partnerships and the necessary capacity-building of health workers.</td>
<td><strong>Provide research tools and guidelines to enable countries to undertake workforce needs analysis and determine the needed skill mix and numbers to meet their preventive and primary health care needs</strong></td>
</tr>
<tr>
<td><strong>Operations</strong></td>
<td><strong>Disseminate appropriate technical information and best practice examples on workforce skill mix, functional roles and effective primary health care service delivery options.</strong></td>
</tr>
</tbody>
</table>

Key outcome 1.2 monitoring and evaluation indicators

• Existence of workforce assessments and analysis reports, and primary health care focused workforce policies and plans.
• Number of staff working in community and primary health care facilities by professional category versus total workforce numbers and professional categories.
• Percentage of population with access to primary health care services and providers.
Key outcome 1.3—The health workforce is structured and deployed based on evaluation and prioritization of policies to improve health and reduce inequalities.

<table>
<thead>
<tr>
<th>Suggested national actions</th>
<th>WHO enabling response</th>
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<tbody>
<tr>
<td><strong>Governance</strong></td>
<td><strong>Operations</strong></td>
</tr>
<tr>
<td>• Assess population health and health gains and the overall quality of services in the country, including the availability, accessibility and acceptability of services to poor and vulnerable population groups.</td>
<td>• Based on the outcomes of needs assessments, train and deploy adequate service providers to improve access to health services for those living in rural and remote areas and other vulnerable population groups.</td>
</tr>
<tr>
<td>• Develop an adequate and responsive workforce to support cost effective and equitable delivery of health services to the entire population, particularly to underserved populations.</td>
<td>• Health workers must have the competencies in basic public health services such as safe water and sanitation, nutrition, health promotion and protection, community participation, people skills and cultural sensitivity.</td>
</tr>
<tr>
<td>• Within the national health financing framework, ensure adequate budgetary provisions, incentives and resources to support the health workforce to better serve the unreached and vulnerable populations.</td>
<td>• Support health facility team members and communities in taking action to remove financial, geographical and social and cultural barriers to access of health services.</td>
</tr>
</tbody>
</table>

**Key outcome 1.3 monitoring and evaluation indicators**

- Existence of demographic and health data, desegregated by sex, ethnicity, socioeconomic status and/or other indirect measures of vulnerability.
- Existence of health workforce policies that includes skill mix, size and distribution to address health equity and reduce inequalities, including gender inequalities.
- Availability of data on core health indicators, desegregated by geographical region, socioeconomic or vulnerability index, including:
  - Births attended by trained health personnel/total births (including live and still births), desegregated by geographical region, ethnicity and socioeconomic or vulnerability status.
  - Percentage of vulnerable members of the population with access to health workers.

**Key Result Area No. 2: Health workforce development, deployment and retention (supply)**

**ISSUES AND CHALLENGES**

**Workforce size, distribution, age and gender**
There is wide variation in health workforce density in the Region, ranging from about 1 per 1000 population to about 15 per 1000 population. Health worker densities of less than 2.5 per 1000 population have been linked to poorer health outcomes. All countries and areas report staffing shortages to some extent, yet there are often public sector vacant posts, high turnover and workforce loss to the private sector or to emigration.

Geographical imbalances and uneven distributions are common, with problematic supply shortages in rural and/or remote areas, as well as in poor urban socioeconomic areas. Workforce supply and uneven distribution are worsened by poor planning and further exacerbated by unplanned migration, leading to a shortage of health professionals in key categories in many developing countries.

The health workforce in many countries and areas is ageing and projected increases in retirements and reduced productivity

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### Key outcome 1.4—Strategies are in place to ensure that the number, types and skills of the health workforce will be sufficient to sustain newly adopted or changes in technology.

<table>
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<tbody>
<tr>
<td><strong>Governance</strong></td>
<td></td>
</tr>
<tr>
<td>• Factor workforce needs into the decision-making analysis, policy decisions and regulatory framework for the adoption of new technologies.</td>
<td></td>
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<tr>
<td>• Establish a national protocol for introducing technology for HRH management, patient management and consumer education.</td>
<td>• Support countries in analysing the technical skills and workforce required to support the adopted technology.</td>
</tr>
<tr>
<td><strong>Operations</strong></td>
<td></td>
</tr>
<tr>
<td>• Establish policies and procedures for introducing and adequately training personnel in newly adopted or changes in technology.</td>
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</tr>
<tr>
<td>• Assess and ensure the mid- and long-term sustainability of the introduction of new technologies.</td>
<td>• Facilitate links between health services decision-makers and health professional educational institutions in the development and training of personnel to meet the skills related to use of new technologies.</td>
</tr>
</tbody>
</table>

### Key outcome 1.4 monitoring and evaluation indicators

- Existence of a policy or plan addressing workforce needs in the analysis, decisions and adoption of new or changes in technology.
- Existence of evidence of a policy defining minimum specifications for software, hardware and compatibility for HRH information management systems.
will intensify the impact of workforce shortages. Gender issues associated with the workforce involve a tendency for women to predominate in the nursing and allied health professions while the medical professions are mainly comprised of men. Gender also influences health workforce recruitment, migration and retention. While women usually represent a majority in the nursing and midwifery professions, they typically have lower status, lower salaries and fewer leadership opportunities than male physicians or administrators.

**Structural and skill imbalances**

Structural and skill imbalances, or the lack of appropriate skills to suit local conditions and changing circumstances, are common in the Region. These imbalances, though widely variable, create significant workforce inefficiencies. Even countries with an oversupply of doctors have specific medical specialty shortages. The nursing supply in many low- and high-income countries is failing to keep pace with rising demand. The Region has a general shortage of qualified nurses, with specialty shortages in areas such as cardiac care, emergency care, elder care and dialysis. The same situation for doctors and nurses also applies to other health cadres.

In the face of workforce shortages, many posts remain unfilled due to public sector spending caps stalling expansion of the health workforce. A lack of integrated service provision, as well as limited use of allied health personnel, support staff and informal and traditional healers, contributes to artificial workforce shortages and inefficient resource utilization. Efficient delivery of quality health services requires an interdisciplinary approach with optimal utilization of skills and appropriate task sharing among health workers.

Tertiary and highly specialized clinical care, often driven by technological advancement and consumer demand, is an emerging
market that is attracting health professionals at the expense of the public health and community-based continuum of care. A large number of medical graduates intend to pursue careers in clinical fields in spite of the importance of public health. A paradigm shift in health and HRH policies away from clinical health and curative medicine to health promotion, disease prevention and control is required to address the current skill imbalances.

Retention and workforce participation

Poor work environments and service conditions make retaining and motivating health workforces difficult. Problems include poor pay and incentives; lack of appropriate job descriptions, performance assessments and career paths; excessive workloads due to understaffing and ineffective staff roster systems and task allocations; inadequate supervision or managerial support; and poor facilities and lack of equipment and supplies. The lack of facilities at the workplace for workers with special needs and measures to ensure the safety of workers against “horizontal violence” within and between professional groups is also a source of dissatisfaction.

Other concerns involve skewed health service priorities, and lack of funding for needed positions. Frequent changes in staff organization and reporting lines can cause confusion and compound problems. In-service training, regular updating of clinical skills, clear and adequate staffing standards, gender equity, and some degree of professional autonomy and appropriate rules and regulations are all necessary for maintaining the motivation to achieve a professional image.

Education and training

Many countries and areas are not producing a sufficient supply of graduates to meet health service needs although
some generate an excess of graduates in certain specializations. While education and training problems vary across the Region, generally the institutional capacity, educational standards and overall quality are impacted by resource and budgetary constraints, outdated curricula focused on curative health services at the expense of population health needs, primary health care and prevention. The absence of an independent regulatory body to set educational standards and accredit courses and institutions is problematic in some countries.

Although considerable sums have been spent on education, training and staff development by governments, WHO, and by partner and donor agencies, and other sectors, return on these investments have not fully materialized. In-service training is not always based on performance appraisals and training needs analyses, and skill deficiencies can contribute to inefficient use of scarce resources and limited professional development of health workers. Peripheral health service provision can be compromised if health workers are frequently requested to attend off-site training workshops. A fundamental weakness in educational and training systems in many countries is the lack of effective coordination and integration between health and non-health sectors, educational institutes, employers and sponsored training activities.

Even if the education and training of HRH is of good quality, any contributions to health system performance and benefits to health services still depend on other factors, such as supportive environment, availability of supplies and equipment to practice the skills and knowledge acquired, and appropriate deployment. This reiterates the importance of links between all stakeholders and for effective HRH planning, deployment and management.
STRATEGIC RESPONSES

Workforce assessments and analyses are fundamental steps in human resource planning. A situational analysis should determine what existing policies and plans are in place; the currently available resources; the connections among stakeholders, including members of the public, educational and service institutions; service utilization; and the extent to which services delivered are effective, efficient, equitable and accessible. Sustained workforce strategies built on reliable and comprehensive information from an information management system, as well as subsequent data analysis and research, are needed to strengthen health system performance and efficiency. Workforce strategies and plans must address priority health needs and support adjustments in workforce size, composition and skill sets to meet service priorities. In order to be effective, health workers must have essential drugs and supplies and be sufficiently skilled, motivated and sustained.

Improved management of workforce migration is essential, as are the delineation of policy options and the implementation of strategic actions, to retain health personnel, facilitate the return of migrants and recruit replacement workers. The aspirations of health workers for better living conditions, opportunities for themselves and their families should be recognized, including a long-term plan that gradually increases the pay of workers based on productivity and economic gains. The active engagement of development partners and donors in funding staff positions and salary supplementation on a long-term basis until government has the capacity to sustain the positions, is an important strategic intervention. Transparent and fair governance structures and procedures are required for promotions and training awards. Working environments must be adequately supplied and equipped and monetary and non-financial incentives established for retention.
and motivation, particularly for rural and remote postings and to ensure service provision to vulnerable populations.

Educational competency, including essential knowledge, attitudes, skills and service standards reflective of health priorities and professional registration or accreditation requirements, serve as the basis for curricular planning and evaluation. Education and training institutions require strengthening to build capacity to meet changing population and health service needs and national and regional requirements. Alliances between health and education sectors, institutions, governments, professional associations, nongovernmental organizations, development partners, communities and other stakeholders are essential to support efforts aimed at educating and training sufficient health personnel with appropriate knowledge, attitudes and skills. Effective strategies include greater investments in pre-service education and in training workers in sufficient numbers to meet national needs and ensuring that they are employed and adequately supported.

**Strategic objective 2.1: Enabling the delivery of effective health services by addressing workforce size and distribution.**

This objective deals with the size of the health workforce, particularly their availability to populations with greatest need, and has two key outcomes or desired results.

2.1.1 Effective strategies are in place to maximize the fit between the available workforce and population health needs.

2.1.2 Effective strategies are in place to minimize distribution imbalances.

The suggested national governance and operational actions, WHO enabling response, and monitoring and evaluation indicators for each of the two key outcomes are listed in Table 2.
### Key outcome 2.1.1—Effective strategies are in place to maximize the fit between the available workforce and the population health needs.

<table>
<thead>
<tr>
<th>Suggested national actions</th>
<th>WHO enabling response</th>
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<tbody>
<tr>
<td><strong>Governance</strong></td>
<td>• Support countries in assessing the impact of initiatives proposed for the health sector and other sectors that have implications for the workforce.</td>
</tr>
<tr>
<td>• Develop national HRH frameworks to guide health services planning and reforms in forecasting the necessary workforce sizes, types and skill mix needed to meet health goals and population demands, as well as to ensure that workforce considerations are integral components of national development and health sector planning and reforms.</td>
<td>• Disseminate tools and guidelines to support health workforce forecasting, policy analysis and planning.</td>
</tr>
<tr>
<td>• In collaboration with all stakeholders, develop medium- and long-term workforce plans that are balanced with regards to supply and demand, encompassing staff development and training; performance assessment; supportive personnel and workplace environment conditions and incentives.</td>
<td>• Facilitate stakeholder collaboration and networking, support research on the impacts of HRH policy and practice and innovative approaches aimed at using information and evidence to shape policies and disseminate lessons learnt and potential best practices.</td>
</tr>
<tr>
<td>• Establish a mechanism in national health accounts for the allocation of certain proportions of development partner funding to support and supplement the salaries and benefits of workers in underserved areas.</td>
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<td><strong>Operations</strong></td>
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<tr>
<td>• Prepare and implement action plans that apply and implement the national policy and planning processes to achieve a better fit between workforce size and population health needs.</td>
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<tr>
<td>• Develop, monitor and revise appropriate institutional/facility staffing plans and skill mixes and/or staff-to-population ratios, taking into account occupancy rate changes, seasonal fluctuations in service demands, staff and skills available, vacancy rates and working conditions.</td>
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<tr>
<td>• Review and update salaries and incentives based on performance evaluation.</td>
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### Key outcome 2.1.1 monitoring and evaluation indicators

- Existence of HRH data set that includes core indicators such as the stock of health personnel, disaggregated by category, age, sex.
- Future stock projections based on health and population needs; and public/private sector mix.
- Existence of national and health development plans that incorporate HRH requirements.
- Budget for HRH and the total annual investment in human resources as a percentage of total health expenditure.

### Table 2: National actions, WHO enabling response and indicators for key outcomes 2.1.1- 2.1.2

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Strategic objective 2.2: Addressing workforce needs, including the workforce environment, to ensure optimal workforce retention and participation.
This objective deals with the retention, optimal participation, structure and skill mix, and mobility of the health workforce to ensure a sustainable workforce supply and access to health services for the entire population, and has three key outcomes or desired results.

2.2.1 Workforce needs are addressed to ensure optimal workforce retention and participation.
Table 3: National actions, WHO enabling response and indicators for key outcomes 2.2.1 – 2.2.3

Key outcome 2.2.1—Effective strategies are in place to maximize the fit between the available workforce and the population health needs.

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<th>Suggested national actions</th>
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| • Develop participatory management processes, investment and incentive plans and policies to improve the retention, motivation and succession planning of health personnel, at levels sufficient to meet population health needs.  
• Establish flexible and supportive employment policies and plans, including arrangements for part-time employment and resource sharing contractual arrangements with the private sector and nongovernmental organizations.  
• Develop the health infrastructure and ensure quality service environments, in which health workers:  
  ▶ feel more valued, secure and involved in policy and decision making;  
  ▶ work in facilities which are adequately repaired and maintained, and  
  ▶ have essential equipment, drugs, supplies and logistics support  
• Institute systems and processes for the establishment and maintenance of career pathways and career opportunities for health workers, linked with performance evaluation and assessment. | • Facilitate the incorporation of health workforce retention contextual issues (such as working conditions; facility improvements; provision of essential supplies and equipment, incentives) into health reforms, decentralization, system-wide approaches (SWAPs) and poverty-reduction strategies (PRSPs).  
• Provide technical support, training and practical tools to support managers in improving the performance and motivation of front line health workers through priority setting, resource allocation and, participatory management, supervision, and monitoring and evaluation.  
• Support the monitoring, impact evaluation and dissemination of information about country experiences in using systems of donor financial support to raise health workers’ pay in deprived areas in which health worker salaries are insufficient as a living wage. |
| **Operations**             |                       |
| • Implement the national participatory management, investment and incentive plans and policies, including those related to appropriate staffing, supervision, training and technical support.  
• Implement health workforce recruitment, selection, promotion, transfer and salary policies, which are fair, meaningful and motivational, to empower, motivate and retain employees, such as:  
  ▶ flexible working hours, scheduling of work, including job-sharing arrangements;  
  ▶ paid maternity and paternity leave;  
  ▶ improved equipment, working conditions;  
  ▶ formal and informal recognition for good performance and achievements; and/or  
  ▶ additional fringe benefits.  
• Implement and review performance evaluation processes and procedures and career pathways to inform sound policy development, which also permit the termination of non-performing personnel.  
• Formulate workplace strategies and implement action plans to promote positive workplace cultures of excellence, including the safety and health of workers. | |
### Key outcome 2.2.2—There are links between workforce development and service development maximizing the flexibility of the workforce, including skill mix and new roles.

#### Suggested national actions

**Governance**
- Utilizing best practices, establish models of service provision and care, as well as health-care provider-to-patient/patient population ratios and skill mix sufficient to meet the needs of patients, families and community, consistent with health needs, patient complexity and acuity.
- Ensure that workforce planning takes into account trends in demand for various types of skills (such as health promotion, disease prevention, emerging diseases), as well as gender imbalance, profession/specialty imbalance and/or geographical imbalance.
- Develop policies, secure financing and support education aimed at maximum utilization of mid-level and nurse practitioners, community health workers and other cadres of health workers to fill gaps in health service delivery.
- Undertake workforce research and develop strategies and processes for upgrading skills of the health workforce.

**Operations**
- Implement and monitor staffing patterns in a manner that ensures effective care and meets the needs of patients, families and community consistent with health needs, patient complexity and acuity, and support staff qualifications and skill mix.
- Enable all categories of health workers to work to their full scope of practice through supportive systems.
- Develop/identify tools to be used for marketing health professions where shortages exist, especially with a focus on groups not equitably represented. This should include effective strategies in place to promote workforce composition that reflects the population served.
- Support new roles through the use of multidisciplinary teams and service network across programmes and geographical areas.
- Disseminate studies and evidence on different types of skill mixes, workloads and models of care, staffing ratios and their effects, including lessons learnt.
- Disseminate guidelines and potential best practices on the utilization of nurses, midwives, mid-level and nurse practitioners, primary health care and community health workers, other caregivers and volunteers to improve health outcomes in priority areas.
- Support research and replication of studies on skill mix, using standardized methodologies.

#### Key outcome 2.2.2 monitoring and evaluation indicators

- Existence of rational and objective process for allocating the number and types of staff positions, including how workload and staffing levels are benchmarked.
- Workforce skill mix supportive of maximal functional utilization of health workers and effectiveness, measured by proportions of different skill types, skills and grades.
- Existence of institutional models for projecting, monitoring and evaluating staffing requirements.
- Existence of policies addressing appropriate skill mix and new role development.

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2.2.2 Links exist between workforce development and service development maximizing the flexibility of the workforce, including skill mix and new roles.

2.2.3 Improvements are realized in self-sufficiency of workforce supply and sustainable management of workforce mobility.
The suggested national governance and operational actions, WHO enabling response, and monitoring and evaluation indicators for each of the three key outcomes are listed in Table 3.
Strategic objective 2.3: Improving the quality of education and training to meet the skill and development needs of the workforce in changing service environments.

This objective deals with health professional education and training, designed to fit the realities of health needs, the links between academic institutions and health service systems, and continuing education and in-service training to maintain technical capacities and to provide equitable and quality health services to everyone. It has two key outcomes indicating desired results.

2.3.1 The quality and quantity of pre-service education and training delivers: (1) a suitably qualified and effective health workforce; and (2) the skills and competencies appropriate and adaptable to country needs.

2.3.2 Continuing education and training supports an effective, adaptable and motivated health workforce at all levels of care.

The suggested national governance and operational actions, WHO enabling response, and monitoring and evaluation indicators for each of the two key outcomes are listed in Table 4.

Key Result Area No. 3: Health workforce governance and management

Workforce governance and management structures and functions serve to protect the public and promote population
Table 4: National actions, WHO enabling response and indicators for key outcomes 2.3.1 – 2.3.2

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<td><strong>Governance</strong></td>
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<tr>
<td>• Strengthen intersectoral planning and stakeholder partnerships to coordinate pre-service education and training of an adequate and quality workforce for population health needs and to ensure adequate and sustainable operating budgets for health professional educational institutions.</td>
<td>• Implement strategies to coordinate planning and stakeholder partnerships and to direct investment, including donor funding, into appropriate and financially sustainable education and training institutions/programmes.</td>
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<tr>
<td>• Establish, review and revise national health professional educational plans, competency and academic quality improvement frameworks and evaluation and accreditation measures in response to new models of service delivery and care, skill mix and workforce requirements, aligned with national, subregional, regional and international standards and Millennium Development Goals targets. 28,29,30</td>
<td>• Incorporate core concepts and skills into educational curricula which are inclusive of core health service and public health concepts and skills, responsive to service, skill mix and workforce requirements and aligned with national and international standards and Millennium Development Goals targets, ensuring ongoing curricular review, revision and</td>
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<td>• Support enhanced communication, collaboration and partnerships between education and health sectors and other stakeholders, as well as the establishment of inter-institutional partnerships, twinning arrangements and networks, aimed at enabling educational institutions to improve capacity and quality.</td>
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<tr>
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<td>• Facilitate consensus building in regard to the establishment of standards to guide health professional educational programmes and curricula including cross border recognition of prior learning and credit transfer</td>
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<td>• Collaborate in the</td>
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health through plans and policies aimed at ensuring adequate human resources for health and effective workforce performance.

ISSUES AND CHALLENGES

Policy development and regulatory frameworks

Health workforce policies and regulations tend to cover only issues related to the public sector, with minimal consideration given to the private sector. In some countries, the private sector has not yet been engaged in the policy and regulatory framework development processes. Most countries have regulatory frameworks for health
professionals and the provision of health services. In some cases, the definitions of roles and responsibilities are prescriptive to the extent that they do not support flexibility of professional practice within and between occupational groups. Yet, an efficient workforce skill mix, one that utilizes a variety of health workers, can be achieved through established competencies, task substitution and delegated authority,
thus enabling optimal utilization of various categories of workers, including mid-level and nurse practitioners, allied health workers, support staff, and community health workers. Except for the nursing profession, there is no current mechanism to allow for intercountry dialogue and agreement on appropriate policies for regional workforce development such as on the types and competencies of health workers. Such a mechanism would be a crucial guide to intercountry educational institutions responsible for health professions education in the development of appropriate curricula.

A fundamental issue in the Region with regard to HRH is a lack of strategic and implementation planning, inclusive

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### Key outcome 2.3.2—Continuing education and training supports an effective, adaptable and motivated health workforce at all levels of care.

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| + Establish a central mechanism linked to relevant regional and provincial bodies for planning, coordinating, implementing, monitoring and evaluating continuing education, professional development and training activities, based on a comprehensive education and training needs assessment and strategic plan. | + Implement in-service education and professional development activities supportive of lifelong professional learning and promote workplace learning environments, through:  
  - staff appraisal/performance evaluation processes to identify workforce skill building and training needs;  
  - supporting staff in formulating personal and professional development objectives, enabling them to take advantage of educational opportunities/educational leave, to maintain and strengthen professional and occupational competence;  
 + Develop policies to create effective links between performance evaluation, continuing education, career development and improved service delivery. | + Support policy development and frameworks linking educational programmes with core job functions, professional appraisal systems and career development pathways, to maximize the impact of training on clinical performance and overall health system performance, as well as to contribute to staff retention. |

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### Key outcome 2.3.2 monitoring and evaluation indicators

- Existence of national training/continuing education policy and plan
- Existence of budgetary provision for in-service/continuing education training
- Percentage of facility staff receiving in-service training/continuing education annually
- Number of training days or continuing education credits for each staff member
- Evidence of a link between continuing education, performance review and career development
of associated goals, objectives and targets for budgeting and management. In some countries, HRH planning is not integrated within the broader context of health services strategic planning, and the changes needed in HRH are tempered by the regulatory constraints on the number of positions that can be established within a public service system and the fact that the system is generally resistant to change.

Financing obstacles to health workforce sustainability and expansion include inadequate financial resources and investments, inefficient human resource utilization patterns and use of limited resources, and budgetary allocations dominated by hospital care and curative services.

Leadership and management

There is a crucial need for strategic and comprehensive workforce planning that is linked to budget and management planning cycles, as opposed to being mostly reactive to acute problems and emerging crises. The need to strengthen human resource management in most countries in the Region has been further highlighted by the reform of health systems, which has brought about significant changes in organizational structures and management functions, as well as reconfigured workforces.

Inflexible employment policies in a number of countries permit only full-time posts, without relief staffing options to cover planned or emergency staff absences or staff reallocations in the case of health emergencies. Job descriptions, roles and responsibilities, supervisory performance evaluation, and disciplinary activities need to be strengthened and formalized with functional links to compensation and career development paths. Strategies and actions to strengthen human resource leadership and management functions will contribute to increased staff motivation and improved performance and productivity.
STRATEGIC RESPONSES

There is a need for the strengthening of workforce policy development and regulatory frameworks including updates to existing legislation, improvements to private sector regulations, policy coverage and provision of equitable primary health care service to remote and vulnerable populations, and development of standards of practice. Development of a country-focused health workforce strategy with short-, medium- and long-term action plans based on a framework for planning, training and developing human resources for health is a key step in the continued development of a national health workforce.

A multi-stakeholder focused approach to workforce planning and management supports the development of coordinated and consistent policies and plans. The sectors and stakeholders would include the public and private sectors; the civil service; ministries of Health, Planning, Education and Finance; professional bodies or associations and nongovernmental organizations, academic institutions; communities and consumers; and health professionals and other health workers. Such an approach requires consultation, consensus-building and collaboration, all essential in coordinating the multiple sectors and stakeholders involved. External partner activities and donor responses should be supportive of and consistent with the health workforce strategy and action framework.

Strategic financial investment in the health workforce requires financial accountability and transparency, in conjunction with policies that place emphasis on a long-term investment approach that makes financing for the health workforce a priority. Health and finance policy makers, donors and international financial institutions must work together to ensure that the fiscal environment supports workforce development and improvements. These coordinated approaches, to be effective, must address
preventive health and public health funding gaps and must develop strategies to overcome the problems associated with external funding of competing vertical programmes.

Leadership and management support the development of a motivated and efficient workforce, which in turn, increases retention. Targeted, mentored leadership and management training programmes build capacities to analyse and address important health workforce and health system issues and problems. There is a need to include processes for resolving staff grievances in health workforce management plans. Improving managerial competencies, establishing robust and appropriate management support systems, and enabling management policy frameworks are essential components of strengthening management capacity.

**Strategic Objective 3: Strengthening health workforce governance and management to ensure the delivery of cost-effective, evidence-based, quality and safe programmes and services**

This objective deals with workforce policy development, regulatory and quality improvement frameworks as well as appropriate health planning, management and leadership skill development to protect the public and to motivate and support the workforce in delivering quality health services. It has two key outcomes indicating desired results.

3.1 Effective strategies are in place to support sound stewardship and governance.

3.2 Effective and efficient health management and planning systems are in place or are being put in place.

The suggested national governance and operational actions, WHO enabling response, and monitoring and evaluation indicators for each of the two key outcomes are listed in Table 5.
Key outcome 3.1—Effective strategies are in place to support sound stewardship and governance.

**Suggested national actions**

**Governance**
- Develop policy, processes and sustainable programmes to strengthen leadership, advocacy, good governance roles and succession planning skills.
- Develop regulatory systems and processes for the accreditation, licensing and certification or credentialing of all categories of the health workforce, including professional codes of practice and cross border recognition of health worker competencies.
- Promote professional and regulatory body responsibility for self regulation and continuous quality improvement.
- Ensure that policies address the resolution of industrial issues and disputes in a transparent manner, through open dialogue.
- Establish policies and programmes aimed at maintaining the safety and security of the workforce, systems of work and the working environment (as well as access to adequate and appropriate supplies/equipment), including frameworks for quality improvement, inclusive of assessment criteria, standards, indicators and surveillance, monitoring, reporting and evaluation systems, which enable the monitoring of rates of illness, absenteeism and injury among health workers.

**Operations**
- Adhere to regulatory requirements.
- Ensure the dissemination of and orientation to professional scope of practice guidelines, ethical codes and standards, including mechanisms for requirements for licensure and re-licensure; competency maintenance and competency validation methods.
- Establish workplace policies and implement procedures and programmes that ensure the safety and security of employees and support facility quality improvement, as a component of overall national quality improvement and accreditation frameworks.
- Strengthen administrative and leadership development and capacities in advocacy, policy analysis and formulation, strategic and succession planning.

**WHO enabling response**
- Support the development and strengthening of health professional legal and regulatory frameworks and the use of internationally agreed upon definitions and categories of health workers.
- Provide technical guidance for the formulation of national health professional codes of practice and/or ethical codes.
- Provide technical guidelines and support in the development of professional credentialing frameworks and processes.
- Provide technical guidance and support and disseminate evidence-based guidelines for developing quality improvement frameworks, including evaluation and accrediting systems, and systems for reducing workplace hazards, provider errors and violence, aimed at improving occupational health and safety and patient outcomes.

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**Key outcome 1.3 monitoring and evaluation indicators**

- Existence of regulatory frameworks, health professional councils/boards, professional and ethical codes of practice, national professional standards or competencies.
- Use of processes for credentialing or certifying practitioners with achieved competencies.
- Existence of national quality improvement and/or accreditation framework.
- Existence of national occupational health and safety plans or programmes.
- Percentage of facilities with quality improvement initiatives and workplace safety initiatives.
- Number of staff sustaining work related injuries or accidents.
- Percentage of facilities with adequate supplies of essential equipment, supplies and drugs.
Strategy implementation

NATIONAL LEADERSHIPS AND COORDINATION

Strong country strategies require both solid technical content and a credible political process. Critical for effective country-based and country-led HRH strategies and actions is government’s power and responsibility to formulate policies, to secure financing, to

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**Key outcome 3.2— Effective and efficient health management and planning systems are in place or are being put in place.**

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<td><strong>Operations</strong></td>
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<tr>
<td>• Develop a master plan for the provision, development and maintenance of health management and planning systems, including a health management/planning workforce.</td>
<td>• Develop and implement action plans to ensure the ongoing provision of appropriate management, planning and evaluation systems.</td>
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<tr>
<td>• Establish HRH performance management policies, guidelines and data reporting, collection and analysis systems for HRH performance management, focused on results/outcomes, quality of services and patient/user satisfaction.</td>
<td>• Ensuring that senior and middle management officers at regional, provincial, district and facility levels in the health system are supported in developing and enhancing their HRH management knowledge and skills.</td>
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<tr>
<td>• Set an HRH research agenda and support the dissemination of research recommendations and their application to policy changes and practice.</td>
<td>• Delegate authority to ground-level managers in order to mobilize and deploy staff and optimally meet service needs within their area of jurisdiction.</td>
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**Key outcome 3.2 monitoring and evaluation indicators**

- Existence of rational and objective process for allocating the number and types of positions in management.
- Changes in management competencies.
- Changes in critical operational support systems: personnel management, financial management, drugs, equipment, vehicle maintenance.
- Leadership development training opportunities or programmes.
Regional Strategy on Human Resources for Health 2006–2015

invest in education and to establish regulatory frameworks for the public and private sectors, supported by development partners and organizations through a country coordination mechanism.

Effective strategies have five core elements: engaging leaders and stakeholders; planning human investments; managing for performance; developing enabling policies; and learning for improvement (building capacity while monitoring results). The process of adopting and implementing these elements is dependent on the support and participation of health workers, strong advocacy, political commitment, and coalition building among all stakeholders, including those beyond the health sector and government, such as finance and education ministries, the civil service, public and private health and academic institutions, health workers, professional associations, unions, nongovernmental organizations, communities and consumers.

CORE FUNCTIONS OF HUMAN RESOURCE MANAGEMENT UNITS

Strategic health workforce planning and management—a continuous process of planning, action-taking, monitoring and evaluating, and capacity-building through analysing and applying lessons learnt—is typically carried out under the auspices of a ministerial human resources for health unit or department. The coordinated production, deployment and retention of an appropriately trained health workforce with an appropriate skill mix involve five core functional domains of work: policy; planning; production and recruitment; management and performance; and financing.

FINANCING HUMAN RESOURCE MANAGEMENT

Development of a supportive, effective and efficient workforce environment requires broad-based
Regional Strategy on Human Resources for Health 2006–2015

macro-economic policy support and cooperation from the health sector as well as the finance, civil service, education, labour and planning sectors. Fiscal policies that ensure support for workforce development and sustainability are essential as human resource costs consume more than 50%, in most cases, of national health budgets.

It is imperative that sound fiscal policies and secure financing, including creating fiscal space, are in place to meet health workforce development and sustainability costs to provide populations with equitable access to well-trained, motivated and productive health workers. Some measures include country-level financial resource mobilization, use of donor/development partners funding for staff positions, the earmarking of sufficient funds from programmes for the strengthening of human resource capacities, and the agreement of international financial institutions to lift public expenditure ceilings on staffing, thereby enabling donor support for workforce mobilization. Such endeavours will require harmonized investment efforts among donors and close collaboration between global health initiatives and fiscal policy-makers to ensure that technical cooperation, financial support for priority health programmes, and policy formulation are supportive of national health workforce development plans and enable sustained workforce development.

ADVOCACY FOR MOBILIZING POLITICAL COMMITMENT AND RESOURCES

A key element in overcoming the health workforce crisis and improving the situation across the Western Pacific Region is the commitment and determination of the political leaders and stakeholders, both within and outside the health sector, countries, and the region, to address the structural problems, the long-term challenges and the resource implications of the crisis. Effective advocacy to mobilize and sustain such commitment often depends on many factors, such as having credible information and evidence, including the views and perceptions of the leaders, policy- and
decision-makers; forming a coalition of partners and champions, who have the drive and political savvy to focus the attention of decision-makers and the public; ensuring that all the partners know what the goals, objectives and expected outcomes are, including key messages; planning out the options for engagement in dialogue; having alternative options outlined and available to pursue if the others have not worked; and striving for persistence in efforts and pressure. Pressure from the international community can help, but it is never a substitute for the pressure that comes from national events driven by national champions and coalitions.

Convincing key messages or arguments should be used in advocating for commitment of resources and support for HRH programmes. These may include: health outcomes and lives under threat from lack of skilled workers; the economic, social and political costs and consequences of inaction; and shortages of health workers limiting access to health care and compromising the right to accessible quality health care.

PARTNERSHIPS AND COORDINATION

HRH planning and management are complex processes that cannot be done by, or within, the health sector alone as the authority and responsibilities for other dimensions and contextual factors that must be considered are outside the health sector’s jurisdiction. Thus, the need for partnerships and coordination among all stakeholders such as education, finance, employment, labour and trade, regulatory authorities and professional associations, and educational institutions for effective HRH planning and management.

The responsibility for developing, educating, deploying and retaining health workers is a shared regional and global responsibility, given that national workforce strategic development is influenced by transnational financial knowledge and labour
exchanges, development assistance and economic and trade agreements. Increased coordination among governments, development partners, multilateral institutions and international agencies will promote knowledge and technical exchange, collaboration, resource generation and financing to enable workforce mobilization and the strengthening required for sustainable, efficient and effective HRH systems.

For effective coordination, there should be one focal point for coordination and this should be at national level. Furthermore, the key factors that will enhance effective engagement of all the partners are shared goals and commitment for working together; accountability by all; transparency of policies and actions; mutual respect for different yet complementary ways of working together; and communications and consensus with respect to information and actions.

**WHO ROLE**

Human resources for health is a priority area of work for the WHO Western Pacific Region. The enabling responses of WHO to the actions proposed for each of the HRH priority areas in this Strategy will be reflected in its workplans. Apart from providing technical support to the needs of Member States and on agreed collaborative work programmes, such as country cooperation strategies, the other roles that WHO can play include: the strengthening of regional and global partnerships and networks to support and disseminate human resource research methods and findings; to apply evidence; to implement and evaluate strategies; and to promote innovative human resource development approaches. In addition, WHO can facilitate dialogue among partners and countries for better coordinated responses to HRH issues and to maximize the use of existing and future resources and support the development of evidence-based policy guides, HRH planning and management tools, standards of practice and facilitate knowledge generation and sharing.
At country, regional and international levels, WHO will continue to focus on working in collaboration with governments and other partners in mobilizing collective action towards more equitable and efficient human resource development and management across and within countries and in providing an evidence base to support the efforts of countries to improve health workforce capacity and responsiveness.

**Monitoring and evaluation**

Monitoring and evaluation are integral components of any operation or implementation plan so that problems and performance gaps can be identified, activity implementation monitored and progress towards the key outcomes and results tracked and measured. In this regard, sets of monitoring and evaluation indicators for the strategic objectives and associated key outcomes of the regional Strategy have been incorporated to measure progress. Some of the Strategy indicators are closely aligned with those of the global nursing performance indicators.37

Other mechanisms to monitor and assess progress and achievement include consultations, country health information profiles, regional and global HRH and nursing data banks, documents, reports and publications, and periodic surveys.
Annex 1: Glossary of terms

Accreditation: Approval or formal recognition of an institution or educational programme by an authoritative governmental or professional body, through a systematic assessment against established, explicit standards.

Acute care services: Health services in which the patient is treated for an acute episode of illness, accident or other trauma or during recovery for surgery, usually in a hospital. It may involve intensive care and is often necessary for only a short period of time.

Balance: Effective deployment and distribution of health personnel by geography, among levels of care, and among types of services for the equitable provision of quality health services.

Brain drain: Outflow of health professionals to other countries, from the public to the private sector, or out of the health sector.

Civil society: Full scope of association and civic practices that comprise activities of a society, separate from state and market institutions. Civil society includes nongovernmental organizations, religious institutions, foundations, guilds, professional associations, labour unions, academic institutions, media, public interest groups and political parties.

Community financing: A wide spectrum of health financing instruments including micro-insurance, community health funds, mutual health organizations, rural health insurance, revolving drug funds, and community involvement in user fee management—these have all been loosely referred to as community-based health financing.

Competencies: Knowledge, understanding, skills and attitudes that an individual develops or acquires through education, training and work experience, which can be used to describe particular occupational roles or functions, against which individual performance may be judged.

Continuing professional development: Process of systematic learning that allows health professionals to update and enhance their skills and address their career and educational aspirations, while continuing to meet the needs of the populations they serve.

Curative model of health services: In this model, the focus is on fixing people’s health problems rather than preventing ill health or disability and maintaining good health.

Deployment: Process of assigning personnel among areas or regions, or types and levels of services.
**Discretionary consumption**: Choices consumers make to purchase certain types of services, including health services.

**Education**: Preparing students for practice in the health system by equipping them or enabling them to develop the knowledge, attitudes and skills necessary to practice in the health system.

**Effectiveness**: Producing services that are successful in preventing or treating disease and promoting health.

**Efficiency**: Producing the maximum amount of health care with a fixed amount of resources such as personnel.

**Elective services**: Services offered to, and choices made by, consumers to utilize such health services, which are not considered to be immediately or urgently necessary for the maintenance or improvement of health status.

**Employment**: Condition in which personnel available for work in the labour market are utilized. Employment can be full-time or part-time, permanent or fixed-term.

**Equity**: Fairness in the allocation of resources or outcomes among individuals or groups.

**Full-time equivalent**: A standardized measure of the numbers of working hours used as the equivalent of one full-time health worker’s normal working schedule.

**Gender**: Gender refers to the socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for men and women. Sex refers to the biological and physiological characteristics that define men and women. Aspects of sex will not vary substantially between different human societies, while aspects of gender may vary greatly.40

**Governance**: The different ways that organizations, institutions, businesses and governments manage their affairs, involving the application of laws and regulations, customs, ethical standards and norms. Good governance means that affairs are managed well, not that the laws, regulations or norms are themselves necessarily good.40

**Health financing**: Health financing is the system of fund generation or credit, the accumulation, allocation, expenditure and flow of funds to support the health services delivery system. Finances may be generated from foreign or domestic sources and may be private or public in origin.41

**Health planning**: Planning for the optimal use of available resources for improvement of health services or health status over a given period.
**Health policy:** A formal government statement or procedure, enacted through legislation or other forms of rule-making, which defines priorities and parameters for action in response to health needs, available resources and political perspectives.

**Health promotion:** Health promotion is the process of enabling people to increase control over, and to improve, their health.\(^2^\)

**Health sector:** The health sector includes all the policies, programmes and stakeholders, both governmental and private, and all associated financial, technical and regulatory support institutions, personnel and activities whose efforts are aimed at improving people’s health status. The agricultural, labour, educational, financial, social welfare and other sectors are also involved in the promotion, restoration and/or maintenance of health.

**Health sector reform:** Changes to the health sector, generally to improve cost effectiveness for example, through rationalization or reduction in personnel, the changing of roles and services and/or the focus of health programmes to adapt to changing needs and priorities.

**Health services:** Services, including goods, resources and facilities, specifically aimed at protecting or improving health.

**Health system:** All activities whose primary purpose is to promote, restore or maintain health.

**Health workforce:** Personnel involved in the provision of health services, with the goal of improving the health of populations they serve. This may include the professional workforce (i.e. doctors, nurses, midwives, dentists and other personnel), allied health workers, as well as traditional medicine practitioners, community health workers, pharmacists, support staff and planning, management and administrative staff.

**Horizontal violence:** Horizontal violence is harmful behaviour, including actions, attitudes, words and other behaviours between colleagues and peers.\(^3^\)

**Human resources for health:** An alternative term for health workforce or briefly defined as the stock of all individuals in the formal and informal health sector engaged in the promotion, protection or improvement of population health.

**Human resource management:** Process of creating an appropriate organizational environment and ensuring that personnel perform adequately using strategies to identify and achieve the optimal number, mix, and distribution of personnel in a cost-effective manner. The goal is to have the right number of people, in the right place, at the right time, doing the right work, supported in the right way, and at the right cost.
Imbalance: Shortage or surplus of health personnel as a result of disequilibrium between demand and supply for labour. Disparities in worker profession or specialty, geographic location, institutional facility, public or private allocation, and gender representation all cause imbalances.

Incentives: Financial and non-financial benefits designed to improve staff performance and motivation.

Innovation: The transition of ideas into new or improved services, processes or systems.

Indicator: A measurement or variable that points at a specific situation or condition and measures changes in a health condition or situation over time. Indicators, either quantitative or qualitative, enable direct or indirect assessment of the extent to which the objectives and targets of an initiative, programme or action are being attained.

Labour market: Institutions and processes affecting the supply and demand for labour, through which employment and wages are determined.

Licensing: Governmental authorization of a person to engage in a health occupation.

Migration: The flow of people from one place to another. Internal migration includes the movement of skilled health workers from rural to urban areas; and external migration means that skilled workers cross national borders, generally from developing countries to more developed ones.

Operations/operational: The management and implementation of processes, people, technology and other resources in the production and delivery of health services.

Optimum skill mix: The composition of skills within the workforce, which best meets the objectives and agenda of the health system.

Over-specialization: A situation in which there is a greater degree of specialization in the health workforce than is required.

Over-supply: A situation in which there is more than the required number of a type of service or service provider.

Private sector: In health care delivery, it refers to nongovernmental ownership or control and includes for-profit and nonprofit agencies.

Preventive health services: Health services designed to prevent the development of disease in an individual or a population. The term
can also be used for services rendered to an existing patient designed to prevent a condition from worsening and/or returning.

**Primary health care:** The principal vehicle for the delivery of health services at the most local level of a country’s health system. It represents the first level of service delivery—essential services made accessible at a cost the country and community can afford, and using methods that are practical, scientifically sound and socially acceptable. Everyone in the community should have access to it and everyone should be involved in it. The current paradigm shift seeks to extend this first level of the health system beyond a focus on illnesses to developing health. A broader definition is emerging that goes beyond the provision of appropriate treatment of common diseases and injuries, essential drugs, maternal and child health, and the prevention and control of locally endemic diseases and immunization – to include community education and awareness-raising on prevalent health problems and methods for their prevention, alongside promotion of proper nutrition, safe water and sanitation.

**Privately funded health services:** Private providers and private health services which fall outside the direct control of government, include privately owned and/or operated for-profit and non-profit providers and agencies. For example, private ownership would include health service facilities owned by individuals who seek to earn profits; clinics and hospitals owned by private employers; and those operated by religious missions and other nongovernmental organizations (NGO).

**Productivity:** Outputs extracted from given inputs, such as patients seen per worker or number of procedures per provider.

**Publicly funded health services:** Publicly funded health services are those paid wholly or in majority part by public funds.

**Recruitment:** Process of searching for personnel to enter a particular job or position.

**Registration:** Official recording of the names of persons who have certain qualifications to practice a profession or occupation.

**Remuneration:** Payment to a person for a service or expense.

**Retention:** Maintaining personnel within the health system. This is often done by offering adequate monetary and/or non-monetary incentives.

**Skill mix:** The mix of posts, grades, or occupations in an organization. It may also refer to the combinations of activities or skills needed to perform or complete each job or task within the organization.
**Stewardship:** This involves three aspects: setting, implementing and monitoring the rules for the health system; assuring a level playing field for all actors in the system (particularly purchasers, providers and patients); and defining strategic directions for the health system as a whole.

**Teamwork:** Work done by a group formed by associates with different skills and backgrounds, with each doing a part to contribute to the efficiency of the whole.

**Training:** Process of developing competencies and skills in the provision of health services. Pre-service training takes place prior to employment; existing personnel benefit from in-service or on-the-job training.

**Workforce environment:** Characteristics of the environment in which a person is expected to work, including terms of employment, benefits, and physical and social climate.

**Workload:** The amount of work expected of or assigned to a specific position or individual.

**Workforce planning:** Process to provide a framework for staffing decision-making based on a strategic health plan, budgetary resources, and a set of desired workforce competencies. It incorporates an analysis of the present and future workforce needs, possible gaps and surpluses.
Annex 2: Resolution

REGIONAL STRATEGY ON HUMAN RESOURCES FOR HEALTH 2006–2015

The Regional Committee,

Recalling resolutions WPR/RC35.R4 on health manpower development and WPR/RC39.R9 on the reorientation of health personnel, both intended to support the attainment of the goal of health for all, including primary health care;

Further recalling resolutions WHA57.19 and WHA58.17 on the international migration of health personnel, and resolutions WHA59.23 on the rapid scaling up of health workforce production and WHA59.27 on the strengthening of nursing and midwifery;

Noting that an adequate, competent, productive, responsive and supported health workforce is critical for advancing health, for effective and efficient health system performance, and the quality of care, as well as for achieving health-related United Nations Millennium Development Goals and for scaling up effective health interventions;

Recognizing that many countries and areas need immediate and sustained long-term action to address such problems as workforce shortages; low salaries; poor working conditions; a lack of adequate incentives; skill mix and distribution imbalances; a weak health workforce knowledge base; and a lack of expertise that hampers planning, policy development and management;

Acknowledging The World Health Report 2006: Working together for health key messages that educated and well-trained health workers save lives; that workers must be supported and protected; that new strategies are needed to enhance the effectiveness of the health workforce; and that national leadership and global solidarity can result in significant improvements in all countries,

1. ENDORSES the Regional Strategy on Human Resources for Health 2006–2015, as a guide for policy development and implementation according to national contexts;

2. URGES Member States:
   (1) to establish or strengthen national governance and management mechanisms to develop reliable workforce data and evidence for policy-making, planning, monitoring and evaluation purposes, and ensure that health workforce planning and development are integral parts of national development and health sector planning;
(2) to use the Strategy as a framework for developing and strengthening country-specific human resources for health policies, approaches and strategic actions where appropriate;

(3) to improve retention and motivation of health workers to respond to national needs through intersectoral collaboration and support from development partners by providing adequate remuneration, appropriate incentives, better workplace environments, regular supervision, increased training and education, and sufficient supplies and logistical support;

(4) to explore and use, in collaboration with partners and regional and global alliances, feasible innovative approaches to address national, subregional and regional human resources for health issues;

3. REQUESTS the Regional Director:

(1) to support Member States in strengthening their human resources for health capacity using the Regional Strategy as a guide where appropriate and to provide needed technical support in policy options, tools and guidelines;

(2) to ensure that human resources for health remains a priority programme of WHO in the Region within the context of overall health systems strengthening, and that health interventions and specific disease control programmes such as EPI, HIV/AIDS, malaria and TB contribute towards the strengthening of national health workforce capacity;

(3) to facilitate the exchange of knowledge, information, experience and evidence in effective health workforce development and management among Member States and partners, and to strengthen the knowledge base and national capacity for workforce policy development, planning and management;

(4) to advocate with national stakeholders, development partners, international agencies and all relevant programmes within WHO for more effective investments in health workforce development and better resource coordination, and to facilitate the implementation of the Regional Strategy on Human Resources for Health 2006–2015;

(5) to report back to the Regional Committee on the implementation of the Strategy.

Eighth meeting, 22 September 2006
WPR/RC57/SR/8
Endnotes

9 Resolution WHA57.19.
22 McGillis Hall, L. et al. A study of the impact of nursing staff mix models and organizational change strategies on patient, system and nurse outcomes. Toronto, ON, Faculty of Nursing, University of Toronto and Canadian Health Services Research Foundation/Ontario Council of Teaching Hospitals, 2001.
23 Ibid.
26 An action plan to prevent brain drain: Building equitable health systems in Africa. Op cit. Ref. 19


35 Fiscal space is defined as availability of budgetary room that allows a government to provide resources for a desired purpose without any prejudice to the sustainability of a government’s financial position.


