

Workshop

on global health workforce strategy

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1. Introduction

This report summarizes the proceedings of the Global Health Workforce Strategy Workshop, organized by WHO and held in Annecy, France, from Saturday 9 December to Tuesday 12 December 2000.

WHO established the Global Health Workforce Strategy Group (GHWSG) in February 2000, to support its work in improving health services by improving the performance of the health workforce. The group met regularly through videoconferencing to start the process of developing a strategy and subsequently to plan a workshop.

The workshop was arranged to inform the work of the GHWSG and to ensure that other stakeholders could participate fully in identifying priority areas for coordinated action to improve human resources for health (HRH) policy and practice, based on a timetable for strategic work. Participants in the workshop included representatives of governments, bilateral and multilateral donors, international agencies, human resources specialists, health worker organizations and health professions organizations, the World Bank and WHO regional offices and headquarters.

Health workforce and HRH issues remain among the most complex and difficult areas to modify as countries strive to reform their health sectors and improve the performance of their health systems. Many governments, intergovernmental organizations, nongovernmental organizations (NGOs), academic institutions and researchers are examining new ideas and methods for addressing these health workforce issues. The workshop provided a forum to identify and assess these issues, ideas and methods.

Effective health service delivery requires the efficient use of the skills of a well-motivated health sector workforce. The health sector is labour-intensive. The delivery of care by its very nature involves personal interaction and effective teamwork. Staffing costs and wages usually represent a significant part of recurrent health expenditure in most countries.

The health sector workforce is complex, with several health-specific professional groups with distinct roles and their own educational and regulatory structures: doctors, nurses, dentists, pharmacists, etc. It is important also to mention that health occupations tend to have a strong distinctive culture and identity, which can complicate some changes, such as promoting teamwork or reviewing hierarchical structures.

Many of the main challenges facing health systems in developing countries therefore are directly or indirectly related to issues of HRH. These challenges include:

- Combating reduction in services due to staff shortages related to sub-optimal geographical distribution, migration and other factors.
- Identifying effective approaches to health system development and readjustment that improve health worker performance and cost-effectiveness and improve quality of care through new working patterns and changes in staffing and skill mix.
- Securing equal access to career-development opportunities for women health workers.
- Improving staff motivation and performance through effective use of pay and non-pay incentives, such as the provision of education and career development opportunities, flexibility in working schedules, a safe working environment and other factors.

In addition, HRH changes during health sector reform and health system reorganization have not always been initiated from a firm evidence base, or with coordinated action from stakeholders and donors, or with a clear understanding of the objectives or likely outcomes. At best, in some countries this has led to inefficiencies, reduced responsiveness and unattained targets. At worst, it has led to reductions in the quality and provision of health care.

The overall aim of the workshop was to identify and agree on priorities for coordinated action in improving human resources for health (HRH) policy and practice, based on a timetable for strategic work involving the agreed participation of different stakeholders. Specific objectives were to improve the performance of health workers/health workforce by:

- improving understanding of the determinants of successful approaches to workforce development and HRH;
- developing strategies and the evidence base in relation to the first point;
- achieving consensus among stakeholders on a strategy for research, development of knowledge tools, and implementation mechanisms for HRH.

The GHWS workshop organized by WHO is a critical step in the development of a more sustained and coordinated approach to addressing HR problems globally and securing sustained improvements in HRH. It marks the first stage in an ongoing process of action. It enabled different stakeholders to jointly identify and agree on priority areas for action to improve HRH.

The workshop is the beginning of a process of coordinated action among stakeholders to identify, prioritize and meet the main HRH challenges faced in health systems. As such, this report provides a summary of the first stage in a programme of sustained work, which is intended to support improvements in health system performance.

2. Taking stock: analysing the situation

One of the main purposes of the workshop was to take stock of the current situation in HRH in order to identify the knowledge base and knowledge gaps. As part of this process, WHO commissioned a series of background papers covering specific aspects of HRH. The authors were drawn from practitioners and experts in developing countries, policy analysts and academics, representatives of professional associations/trade unions and staff at WHO and the World Bank.

The objective for each paper was that it summarize the current state of knowledge and understanding in the theme area – taking stock of the current evidence base, in terms of what works, what does not, and why. Significant current gaps in the knowledge base were also to be identified.

The papers provided the background information for the workshop; after review, they were posted on the GHWSG web site in advance of the workshop. Participants at the workshop were able to use the papers in determining the priorities for future work on HR and health care. Revised versions and additional papers have been posted on the site since the workshop concluded in order to support continued networking and dissemination.

The papers examined ten aspects of HRH. Authors were commissioned to examine the evidence base and policy context within each of the aspects, and to take account of the overlaps and links with other papers. The template below sets out the scope of each of the ten areas:

1. Role definition, skill mix , multi-skilling and "new" workers	2. Assessing quality, outcome and performance management in HRH	3. Employee relations, staff involvement and partnership	4. Equity, equal opportunities, gender and organization performance	5. Pay, and non pay incentives, performance and motivation
6. Integrating workforce planning, HR, and service planning	7. HR and new approaches to public sector management : improving HRM capacity	8. Effective approaches to change management: health sector reorganization and labour adjustment	9. Models of effective education sector/ employer linkages in HRH	10. Lifelong learning, and continuing education- assessing its contribution to individual and organizational performance

Authors were also asked to take account of broader cross-cutting and contextual issues when considering the evidence base and the policy context. These issues included decentralization and de-linkage; social dialogue; equity; global markets; regulation; and labour migration.

Papers were summarized and presented at the workshop by members of the GHSWG. The workshop participants examined each of the ten theme areas in turn, in order to identify main aspects of current evidence and knowledge gaps.

From the papers, presentations and their own discussions, the workshop participants began to develop priority areas for coordinated action. Initial debate and discussion on this topic was also informed by feedback from designated representatives of the stakeholders participating in the workshop, who each presented their own perspective on the issues and reflected on the direction and content of the workshop.

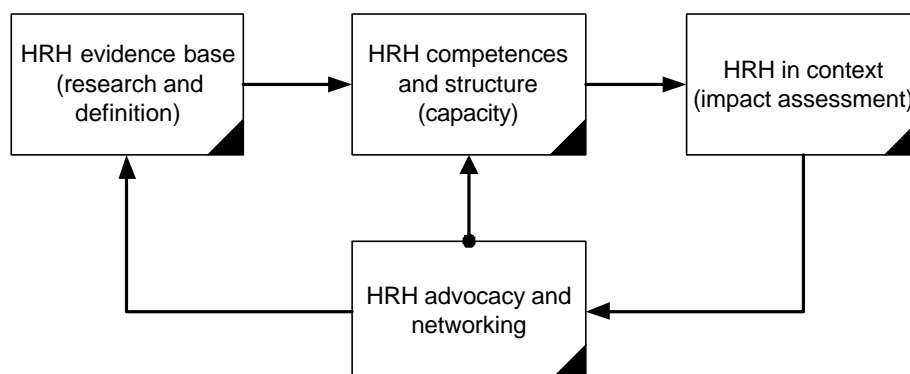
The next section presents the main areas of action and sets out the agreed agenda for initial action beyond the meeting itself.

3. Moving forward: identifying and agreeing on priorities for action

The stakeholders identified four main interlinked components of work for an agreed programme of priority action:

- Strengthening HRH in context, through the development of methods for HR impact assessment, and better integration of HR activities in other elements of health sector policy, planning and management. This would involve the development of frameworks and tools that will assist countries in assessing the impact of initiatives proposed for the health sector and other sectors that have implications for the health workforce (e.g. public sector reform).
- Developing HR competences and structures, through training and development of HR practitioners, the effective use of external "experts" and consultants, identification and application of appropriate knowledge tools, and improvements in HR information and performance management systems.
- Improving HR advocacy and networking by awareness-raising among stakeholders, sustained support of regional and country-level events, web sites, and other forms of networking.

- Enhancing the evidence base on HRH through coordinated support for research on the impact of HRH policy, practice and tools; a recognition of the need for country and context specificity; and improved collation and dissemination of available evidence.



These four component areas are interlinked and mutually supportive. For example, improved networking will assist in developing capacity and in disseminating research. Assessing HRH impact will provide more evidence and support for developing capacity. There was a consensus that an integrated approach is needed, and that key areas for priority actions must be identified.

Each area was examined in detail by the stakeholders, focusing on validating and developing the four component areas by checking against the following:

- Why is the component a priority area?
- What steps are required to move forward?
- Which stakeholders should be involved and how?
- What are the resource implications?

The results of the discussion are summarized below.

HR impact assessment (HRIA)

Two key assumptions underpin work in this area. First, there must be congruence between national agendas and responses to those agendas. Second, HRIA (HR impact assessments) must be similar to environmental impact assessments (EIA) and gender impact assessments (GIA) in terms of objectives, approach and methods.

The HR impact assessment was a priority area for two main reasons. First, HRH considerations are often overlooked and neglected, so health goals and objectives are not achieved and may even be undermined. Second, there is a need to demonstrate the cost of not integrating HRH interventions into the health strategies (and therefore a need to consider multiple HR interventions).

The key steps identified to enable work to move forward were as follows:

- Reach consensus on the definition of HRIA and initiate contact with EIA and GIA specialists.
- Develop tools, guidelines and protocols (such as a framework and indicators). Conduct case studies to implement tools.
- Establish demonstration projects.
- Establish a data base.

For these to be achieved, a balanced research team with varied expertise is needed, to collaborate with one or more host government(s) in association with other international agencies.

HR competencies and structures

The development of HR competences and structures is a priority because it is critical for health system performance that staff be motivated and managed to ensure best practises and be deployed effectively in order to deliver high-quality health services. Furthermore, workforce costs are such a large component of health costs that HR contributions to ensuring value for money and non-damaging staff cost reductions must be fully exploited.

The following key steps towards moving forward were identified:

- Advocacy to promote HR thinking is required as a prerequisite in some countries.
- The strategic functions of HR must be clearly defined for each country. These are likely to include:
 - Promoting and sustaining lifelong learning;
 - Promoting professional and occupational competence and career systems as distinct from personal development;
 - Developing and maintaining information and data collection and analysis;
 - Liaison between the whole of government and other external institutions, NGOs and private sector;
 - The effective development of a national strategic overview and monitoring function as well as the provision of guidance and support to operational management;
 - Strategic planning and development at all levels.

A decision on the effective placement of the HR function within the health system and organization is a strategic requirement. The resources necessary and/or available for HR may determine where this function is placed. To suit country contexts, responsibility for HR may reside at the centre of government, the health ministry and/or in peripheral units.

For leadership in this area, two principal stakeholders were identified. First, government has the prime responsibility for HR functions, with a national interest implication. This is especially important as decentralization proceeds, and all stakeholders must assist in this development. Second, WHO and the other international agencies must work with the other stakeholders to identify and develop a critical mass of experts to assist countries in their HR work. There must also be active coordination and networking among all sites supported by WHO and other international stakeholders.

HR advocacy and networking

The main objectives of HR advocacy/networking are to raise awareness and commitments to action among the various stakeholders and to highlight the importance to HR (with the message being tailored for various audiences).

Earlier failures in HR advocacy/networking may have been due to factors such as the following:

- The importance of HR was assumed to be self-evident.

- HR practitioners have been too internally focused.
- There was no agreement on "who" is "HR".
- The target audiences have not been identified and prioritized.
- The messages and approaches have not been formulated in terms of needs, interests and values of specific audiences.
- HR development was not linked to system outcomes.

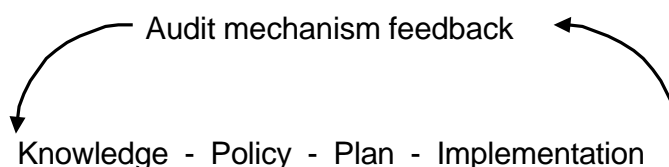
The group identified two main action steps for a working group to be set up under the auspices of the GHWSG. First, GHWSG must give priority to HR advocacy/networking and provide "templates" for national use. Second, GHWSG must help identify and coordinate resources and technical support for effective HR advocacy and networking.

The broader action steps for all stakeholders then to consider would have to include the following:

- Detailed definition of their needs and objectives in HR and the needs and objectives for HR advocacy/networking in relation to them.
- An explicit identification of what HR advocacy and networking will offer, such as looking at positive advocacy/networking experiences in other aspects of health systems (e.g. EPI, child survival, UNICEF, family planning) and in other areas of the public and private sectors.
- An identification of evidence-based messages and prioritized target audiences, based on the recognition that messages will vary by target audience and opportunity. For example, the Ministry of Finance will be interested in the fact that 73.53% of the MoH recurrent budget goes to HRH, but PHC clients will want someone to help ensure an appropriate HRH presence in health centres for the duration of their opening hours.
- Identification of media and "opportunities", varying by target audience. These audiences are likely to include senior policy people (politicians, senior technical staff and those influencing them); consumers/clients/pressure groups; the health workforce and their organizations; and donors.
- Securing resources, skills and financing for HR advocacy/networking activities.

Construction of an HR evidence base: strengthening research

The group identified strengthening of the HR evidence base as a priority area because of the identified need to improve health system performance through the use of appropriate audit and feedback mechanisms, in HR as in other aspects and components of health system development (see below).



The group argued that good evidence gives more credibility to HR practice and that good data will help to identify and focus on the priority issues within HR. But the group also cautioned that a focus on improving the evidence, while crucial, is not the whole solution.

The group identified three key steps to take work forward in this area:

- Create a demand for evidence.
- Develop a research package on HR that could be tailored to the needs of each country and stimulate and support HR-related research.
- Start building a good HR evidence base.

The group argued that all stakeholders (including donors) had to be centrally involved in this process. Resources required would vary in different countries.

These four components represent the foundations for a strategic and integrated approach to sustained improvement in HRH policy and practice. While each of the four areas for action is a priority and will require detailed attention, it was recognized that the real strength of the approach outlined at the workshop was the scope for coordinated action across the four components.

4. Summary and proposals for action

The key issues and the main points of action identified during the workshop and agreed on by stakeholders and participants were summarized at the closure. With a view towards a sustained development and implementation of the programme of action agreed on and outlined by the stakeholders at the workshop, five steps were identified to be taken immediately:

- Detailed draft proposals for work in the four component areas will be developed and circulated for comment. The proposals will include an emphasis on capacity building and application in countries.
- The Global Health Workforce Strategy Group (GHWSG) will continue to function as a coordinating body, but it is likely that its membership will be extended.
- The review of the workshop papers will be completed, and final versions of the papers will be posted on the web site. A report of the workshop will also be posted on the web site.
- Further dissemination of the findings of the workshop will be coordinated and planned with other stakeholders. This is likely to include regional events and follow-up workshops.
- The information base will be developed through support for further research activity, "twinning" of countries to provide more scope for examination and comparison of specific issues, and the development of a methodology for an approach similar to that of the HR "observatory" currently in operation in AMRO/PAHO.