The Situation

The Conventional Human Resources Development approach has not taken a planned route in most instances. In post Alma-Ata (1978) years, many countries produced new categories of health workers often in large numbers to supplement well established categories like doctors, nurses, and technicians. This was done in an effort to extend the limited reach of primary health care to cover a wider segment of the population. An appraisal of developments during the past two decades in particular shows that in spite of substantial extension of population coverage, sections of population remain without effective access to needed care of acceptable quality with convenience.

Well established health worker categories continue to be trained in an unplanned manner without strict accordance to the actual requirements. This predictably often results in an imbalance of numbers. In many instances, there has been a “surplus” of doctors compared to nurses and other supplementary categories of personnel. Apart from imbalance in numbers, in many instances, the distribution and availability of doctors, nurses, and other supplementary categories of personnel is uneven with concentrations in urban locations and paucity in the rural areas. The new categories are trained in an ad hoc manner; their numbers, deployment, and duration of training vary widely.

Utilisation of all types of health work forces are uneven often leaving gaps and raising issues of inappropriate and wasteful use of personnel with higher skills. Lack of research on the relevance and utilisation of available human resources in relation to the actual health needs and their performance characterises the management of human resources in many countries. Training and educational contents are not systematically and regularly tested for relevance to the changing requirements of the health situation and services.

The private health sector grew but the growth of demand of health personnel in that sector is not reflected in the planning and production of the training institutions. The cost of producing health workers continues to rise without a corresponding rise in investment in their production. As a result, resources available with the training institutions can not cope with the greater student load and standards have declined in many cases. The mechanism for regulating the standards and quality of education and training are not also very effectively applied and minimum standards are not always met.

Needed: a Relook and Revised Strategy

The above-mentioned problems and issues are calling for a revised and appropriate strategic approach to human resource development with a forward look to fit with the changing health situation and health needs of the population living and coping with changing social, economic and environmental conditions. Epidemiological and lifestyle changes result in new health problems and demand new approaches to health
services delivery. In many cases, human resources development does not keep pace with the rate and type of these changes.

Responses from health policy makers and planners are needed in two broad areas. These are:

1. Essential reforms are required in the health sector many of which will need to be radical. The new human resources development strategy will correspond to the sector reforms in general and conform to the balanced public-private mix of health services in particular.

2. A planning framework for human resources development has become an essential pre-requisite to secure a balanced and appropriate mix of health work force in the future that will rely more on health promotion, disease prevention, and health maintenance with community and consumer participation. This is in sharp contrast to the conventional methods of health care delivery with central planning and predetermined type of services delivered to people as passive beneficiaries.

The technological advancements that have taken place at a rapid pace have also changed the pattern and content of care for many. Pre-payment for care is more common now in both rural and urban communities. These have brought about changes in the organization of health teams, their composition and the roles of members of teams. Work load based staffing of health facilities in public and private sectors has become a necessity in view of the escalating cost of health care in which health workers account for the major share.

The tools and methods for HRH planning are in place that can be adapted for effective application in countries. Methods of estimating health needs and health demands of communities are also present though they may not be entirely predictive. Trend analysis is possible and can add to the planning tools and scenario building for the future. While the application of planning tools in human resources development may not be a difficult task, the process of health sector reform will no doubt be a more difficult task chiefly due to resistance to change by established systems and the conflict of interest within the sector itself. The interests of the public consumer (of health care), the private providers and the health care industry do not necessarily coincide. Added to that is the vested interest of the entrenched professional associations who will no doubt zealously guard their self-interest in any scheme of sector reforms that will inevitably affect them.

Yet policy making has to proceed in the best interest of the health sector which is increasingly coming under closer scrutiny as to the costs, access, and quality than ever before. Policy makers are required to make their best efforts at reconciling and resolving many conflicting interests. In doing so, there has to be open dialogue and debate with all partners and not merely the pressure groups in the professions. Because the success and outcome of planned and intelligent human resource development policy will largely depend on the soundness and consistency of the overall health sector reforms and policy directions driving those reforms, it is imperative that the new strategy for manpower development works in tandem with the process of health policy formulation. In fact, advanced thinking and actions in human resources planning and strategy development could well be a strong impetus to a forward looking health sector reform process. The cost of a drifting “Laissez Faire” approach may well be too high to bear. The health sector itself may well become an unworkable, inefficient, white elephant with all its attendant illnesses show in high cost, indifferent quality and relevance, abuse with under use, and insensitivity to the need of those who are in most need. The health sector may even collapse under its own weight.
Issues in Planning Approach

As to the HRH planning approach, a set of urgent issues stand out amongst many. These are to name a few:

1. How to restore a balance between actual determined needs (according to the health situation and health futures) and the social demand for doctors, nurses, and others. Usually, the demand for doctors and higher trained personnel is more without reference to their actual need on the basis of level of knowledge and skills to meet the health needs.

2. How to establish effective and appropriate “health teams” with the right mix of skills and types and how to use available health work-force to produce maximum health outcomes at least cost.

3. How to select priority HRH research agenda that are most relevant to the priority issues in the health sector, and to feed research findings into policy and practice.

4. How to harmonise health sector reforms and human resource development considering that human resources in health represent the most valuable and expensive component.

5. How to establish accepted and agreed roles of different health care providers using scientific and rational criteria.

6. How to establish well trained health workers at all levels to carry out the essential public health functions of the 21st century.

Discussion:

A clear policy guide will be essential to correct imbalances that have crept into the health work-force pyramid over the past decades. In most cases, these has been too many doctors and relatively fewer nurses and para-medicals. This is particularly true in case of Bangladesh where nurses are fewer than doctors. In many cases, the imbalance results in inappropriate use of skills for procedures that call for lower level of knowledge and skills. In many cases, doctors are performing tasks that could well be performed by nurses and other health workers. It is common knowledge that it costs several times more to train a doctor than to train a nurse.

It may be possible to establish demand and supply projections using alternative scenarios and tools of projections. It must be understood that these are not predictions of what will happen in the future; these are useful working guides to consider the path to take by the policy makers with the help of the information they have. When climate for change is conducive, this will mean freezing certain enrollments and increasing others, eliminating obsolete training and introducing new or revised training; using specific incentives such as employment, emoluments, career paths, advancement, and other benefits. It is perhaps true in many instances that the pare-medical and auxiliary workers have received little attention in terms of their roles and status. Also, their education and training have been neglected in some cases.

Health team establishment is a concept that requires sustained field application using alternate mixes and evaluating the outcomes. This research will have to be carried out in multiple locations with many different populations and team compositions. There will be no fixed composition appropriate for the whole country. Team work will depend also on working conditions on site and research must take account of this variable.

For HRH research, perhaps a commissioned research approach is needed. But before that, it will be necessary to establish an agreed agenda consulting all concerned parties. Link mechanisms may be useful for bringing administrators and researchers together early and on a continuing basis.
Health sector reform is a continuing process as is the HRH strategy formulation and implementation. These two have very important links and should proceed together to bring about the mutual relevance and benefits. The committee engaged in one should meet and see the results of the work of the other and vice versa.

Restructuring the health sector will mean changes in the distribution and functions of health facilities at different levels. This will inevitably mean changes in the training and utilisation of health personnel. The restructuring process will affect the public sector and bring the private sector in health in a complementary (not competitive) relationship with the public sector. Much of the government efforts and resources may be invested in the maintenance of essential public health functions in the future and the assurance of a package of basic health services for the entire population. More and more medical care services will be provided by the private sector. All of this will change the demand patterns of health personnel. Planning to meet these requirements and setting up standards of training and competence will be essential functions of HRH planners and educators.

The Likely Future Challenges

The pattern of likely development in the future and the trends already established strongly suggest a comprehensive strategic planning and action approach to the subject of human resource development for health. It should not be limited to the government health service needs alone. A growing and important private sector will make demands and these will have to be planned and met both in numbers and quality of production. New concepts such as health team training and deployment will have to be developed and applied to find better ways of utilisation of health personnel.

Cost and economic considerations will be important issues and will have to be accommodated in HRH planning and production. It is envisioned that the future of public health will be fiddled with complex inter-twining problems demanding new and different approaches. Alliances will be essential to project evolving health futures and perform many public health functions that are still undefined and not fully understood. The Human resources pyramid will include new categories of personnel not entirely identified as conventional health workers. Their training will need involvement of disciplines and institutions in a wider spectrum than is currently the case. Schools of public health in particular will have a very great and difficult task in bringing together these to focus upon and design human resources development for emerging public health functions. Partnerships and collaboration will take new forms hitherto unexplored. Will the health professions rise to these upcoming challenges?

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