Human Resources for Health
Observatories

Evidence-informed Human Resources for Health Policies: the contribution of HRH Observatories

Lisbon, 4–7 July 2011
Report of the Global Meeting of
Human Resources for Health Observatories

Evidence-informed Human Resources for Health policies:
the contribution of HRH Observatories
Contents

Executive summary ............................................................................................................. 1
1. Introduction ............................................................................................................... 2
2. What are the functions of an HRH observatory? ......................................................... 3
3. How are observatories organized? .............................................................................. 4
4. Priority agenda for HRH observatories .................................................................. 5
   Governance .................................................................................................................. 5
   Information .................................................................................................................. 6
   Research priorities ..................................................................................................... 8
5. What are the critical success factors for an observatory? ........................................... 9
6. HRH observatories: developing a Platform of Action .............................................. 9
   Agenda ....................................................................................................................... 12
   List of participants ................................................................................................... 14
Executive summary

This report summarizes the key conclusions of the Global Meeting of Human Resources for Health (HRH) Observatories: Evidence-informed Human Resources for Health policies – the contribution of HRH Observatories, which was held in Lisbon, Portugal, from 4 to 7 July 2011.

The participants identified that among the characteristics and potential benefits of the HRH observatories are that they:

- contribute to improving the information and evidence on human resources for health (HRH);
- inform, shape, validate and evaluate health and health workforce policies; and
- make the links between the health workforce, financing and organization of services and outcomes.

The meeting participants also stressed the capability of the HRH observatories to enable stakeholders to discuss and reach agreement in a neutral space, and contribute to policy development for more effective health services, and improved access and coverage.

The experiences presented at the meeting showed that the HRH observatories can maintain continuity in fragile, complex and changing policy environments. They can support sustainability in policy-making processes, and can coordinate and integrate (i.e. make sense of the data from different stakeholders and can serve a verification role), so that policy priorities are emphasized, policy approaches are appropriate and policy solutions work.

The meeting also developed a Plan of Action for HRH observatories, to be implemented by the stakeholders of the HRH observatories and focusing on three levels.

At country level, it is expected that the World Health Organization (WHO) and different partners could promote the HRH observatory approach and its core functions where they are not yet developed. It is also envisaged to scale up the HRH observatory capacity, investing in HRH information, information systems and technical skills. Finally, it is important, to demonstrate the HRH observatories’ contribution to policy development and improved health.

At regional and subregional levels, efforts should focus on the transfer of knowledge, standardization of tools, technical support and cooperation, comparative metrics and benchmarking, including examples to support and twin with ‘young’ observatories as part of HRH capacity development.

Finally, at global level, WHO and other international agencies and partners should focus on co-ordinating efforts by convening virtual and face-to-face meetings, networking, and by aligning donor support (aid effectiveness) and policy analysis, which focuses on priority countries, and priority inter-regional and global HRH issues. ‘High-level’ targeted advocacy and influence should demonstrate the link between improved HRH and better health.
1. Introduction

This report summarizes the key points and main conclusions of the Global Meeting of HRH Observatories: Evidence-informed HRH policies – the contribution of HRH Observatories, which was held in Lisbon, Portugal, from 4 to 7 July 2011.

It has long been recognized that the strengthening of the health workforce as a strategy in improving the performance of health-services is of critical importance. As part of this process, the need for better data and information to inform policy development has led to the creation of human resources for health (HRH) observatories in various countries and regions. These observatories collect and analyse data on the health workforce, and advocate and make proposals for more rational approaches to their development.

The meeting was the first opportunity for those involved in establishing HRH observatories around the world to come together and share experiences and ideas, and develop a common purpose in taking forward the utilization of HRH observatories as an effective way of informing and supporting health workforce policy. The time was opportune to take stock of the experience of observatories thus far, as the demand for the types of data analysis and policy support that such institutions can provide increases.

In order to achieve this common purpose, it was recognized that there was a need to develop a better understanding of how HRH observatories function, and how they differ in reality. The aim was to determine how effective they can be made in responding to the perceived needs of policy-makers and other stakeholders in terms of: access to quality data and information; evidence on interventions and policy options; and support to policy development. The meeting was organized as a series of plenary sessions, working sessions, panels and technical/skills workshops.

This report draws on the background reports prepared for the meeting, as well as on the participants’ contributions, to present an overview of past endeavours and future direction of the HRH observatories ‘movement’.

Full details of the agenda of the meeting and participants are in Annex 1.
2. What are the functions of an HRH observatory?

The core functions of HRH observatories are to inform, and sometimes to evaluate, HRH policy-making by ensuring that valid and reliable information and evidence is available, and that all relevant stakeholders are engaged in the process. Human resources for health observatories collect, analyse and disseminate data and information on the health workforce and labour market; conduct applied research and generate knowledge; contribute to policy development; contribute to building capacity and the understanding of HRH issues; and advocate and facilitate dialogue between stakeholders (not all observatories cover all these functions) (Box 1).

Observatories use a range of strategies and tools to achieve their objectives, such as dedicated web sites, HRH databases, technical publications, discussion forums, technical meetings, training activities and policy dialogues. The source(s) of funding and amount available to observatories vary greatly.

**Box 1. Summary of the core activities that an observatory may perform**

**Data and information gathering, analysis and dissemination.** The aim is to collate and synthesize data on the health workforce and health-care labour market in the country or region. This can involve: validating available data on education pipelines and health comparisons; analysing trends across time periods; developing information systems; identifying trends (ageing, feminization, specialization, mobility within countries and internationally) and problems (geographical and skills mix imbalances, policy gaps, future unmet needs, attrition, unemployment, dual practice, quality maintenance); scanning the environment; and informing stakeholders and the general public.

**Monitoring the health workforce and labour market.** The aim is to track and assess the dynamics of the workforce and the labour market, identifying changes and trends relevant to policy-making and planning. This can include monitoring the health labour market; the mobility of personnel; labour relations; productivity; working conditions and compensation; management practices; the impact of policies (including those originating from other sectors, such as education, finance, public administration, which have effects on the health sector); regulatory measures; and expenditures on the health workforce.

**Research and knowledge production.** The aim is to improve the evidence base by conducting new research, policy mapping and analysis, evaluating interventions, forecasting exercises to identify future needs, studying the satisfaction and expectations of health workers, costing policy options, and carrying out comparative studies (between occupational groups, sub-nationally and internationally).

**Policy development.** The aim is to support, inform, and perhaps direct policy and planning by identifying policy options; assessing the feasibility of interventions; planning scenarios; disseminating international good practices; and preparing policy briefs.

**Capacity development.** The aim is to improve and strengthen the capacity and understanding of senior policy-makers and planners, technical staff and HRH managers of HRH issues. This is achieved through technical training and leadership development activities; tools development (guidelines, handbooks, research protocols and instruments, planning strategies and models); the provision of support to communities of practice; and networking among HRH planners and analysts.

**Advocacy and the facilitation of policy dialogue between stakeholders.** The aim is to engage more directly in the process of policy and planning. Some observatories undertake interventions in the media, organize policy dialogues, participate in relevant events, and promote joint work between stakeholders.

Observatories do not make or implement policies; their role is to contribute to building capacity, at government and stakeholder levels in areas such as the collection, processing, analysis, synthesis and use of HRH data and statistics to inform decision-making processes. This requires the development of training/learning activities and tools, as well as strategies to ensure that the right audiences are reached, and that capacity is developed and used.
3. How are observatories organized?

The way that HRH observatories are organized varies depending on the regional and country context. Not all observatories are involved in all above activities and, in order to achieve their identified objectives and fulfil their functions, there is a significant continuum beginning from basic data analysis through to the more complex requirements of policy development and advocacy.

The variation in functions performed by different observatories is, in part, a reflection of their different levels of development and capacity. This was noted by the WHO Regional Office for the Eastern Mediterranean (EMRO) in its report, and re-emphasized by the WHO Regional Office for Africa (AFRO) group at the meeting: “Countries are at various levels in development of observatories – a number have been developed and launched; two are due to be launched in September 2011, and two are in earlier stages of engagement.”

There are also regional variations, reflecting different policy contexts and priorities. A human resources for health observatory is defined by its origin, governance and organizational arrangement, functions, resources, actions and tools. The rapid development of human resources for health observatories was first seen in Latin America, especially in Brazil (1999). More recently they have been developed in the African (2005), and Eastern Mediterranean regions (2006).

In the Americas, the Pan-American Health Organization (PAHO) has organized its observatory system at three levels: a Regional Observatory of Human Resources in Health, which corresponds to the regional level of coordination and which is administered by the regional PAHO team. The main functions at the regional level include: systematizing the policy and action priorities for HRH issues in accordance with country needs and areas of common interest; convening members and encouraging interaction through the organization of joint activities, especially the annual or biannual regional meetings; and maintaining a web page for the regional observatory, which connects the different nodes in the region and interacts with other networks at the global level to promote and facilitate integration between members and visitors.

The subregional observatories cover a specific group of countries. Their main functions include coordinating initiatives between the countries concerned; promoting the observatories in the countries of the subregion by developing information; monitoring regional goals; forming networks; creating research incentives; and supporting the countries in finding mechanisms for cooperating in the development of HRH. The national observatories: bring together all actors interested in HRH issues at country level. They formulate policy, and information and research priority guidance for HRH at country level. They contribute to the subregional and regional observatories by providing information and national analyses. The national observatories can be shaped in different ways. For example, the Brazilian HRH Observatory presents a fairly large network of 22 academic (universities) institutions and research centres coordinated by the Ministry of Health, looking at different HRH issues in the Brazilian health system. It has close ties with the health departments at municipal and state (provinces) levels. There are many ways in which the HRH Observatory Network is contributing to the policy-making process. Three of the most important ones for the government and other stakeholders are:

- develop research that may inform the analysis and development of HRH policies, including but not limited to labour and education management, professional regulation and workforce planning;
- monitor the demographic, social, economic and political aspirations of health-care professionals that may impact on the health-care system;
- monitor and evaluate past and present HRH policies, thereby identifying and documenting best practices.

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1 In the case of Brazil, the Brazilian HRH Observatory is a fairly large network of 22 academic (universities) institutions and research centres, called workstations, coordinated by the Ministry of Health.

In Africa, the Africa Health Workforce Observatory (AHWO) is a cooperative network comprised of national observatories, which bring together the country level stakeholders, and a regional secretariat with brings together different partners of the region as a steering group. The Observatory is hosted and promoted by the WHO Regional Office for Africa. It is reported that there are now 10 countries that officially have observatories, 18 are in the process of being set up and five have indicated some interest. The aim is that all 46 countries will eventually have national observatories. The national HRH observatory is not seen as an administrative structure but rather as a flexible and dynamic organization based on linkages. It is generally recommended that the HRH unit of the Ministry of Health host the national observatories to ensure ownership.

The Eastern Mediterranean Region (EMR) Observatory on Human Resources for Health is envisaged as an integral part of the regional health system (HS) observatory. It is a networking partnership that will be developed by involving national institutions, and multilateral and bilateral agencies. Regional coordination of the networks is planned in order to facilitate their functioning. It is planned that the EMR Observatory on HRH will comprise national observatories, a regional secretariat and an observatory board. National observatories have so far been established in four countries: Bahrain, Jordan, Oman and Sudan.

In other regions, where HRH observatories are not yet established, there exists a clearly expressed need to introduce the model, and to develop it in a way that meets country and regional contexts. As the South East Asia Region/Western Pacific Region work group noted:

The key point is that the critical functions associated with the Observatory are performed, rather than what it is called or how the mechanism is governed. In some countries this is done within MOH, some through the CCF approach, others through the Observatory model.

4. Priority agenda for HRH observatories

Based on the common objectives and functions, the emerging priority agenda for HRH observatories highlighted the following areas, and the discussions helped to elaborate the future agenda in these areas.

**Governance**

The meeting was informed of the need to understand clearly the contribution that observatories could make to overall HRH governance, and how they could engage effectively in developing and using HRH information, and contribute to identifying and meeting HRH research priorities.

Though there are various definitions, the operational definition of ‘governance’ presented for the meeting is quoted below and critical dimensions are summarized in Box 2.

HRH governance can be defined as the system of values, policies and institutions by which HRH development is furthered. It comprises (1) the mechanisms and processes through which HRH strategies are developed and implemented, (2) the capacities to effectively lead and implement policies, to address HRH issues, and to manage resources, (3) rules that distribute roles and responsibilities among stakeholders, (4) the institutions that govern HRH and interactions among them.

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5 WHO Regional Office for the Western Pacific (WPRO)-WHO Regional Office for South-East Asia (SEARO) Regional Working Group – HRH observatories.
Box 2. Dimensions of governance

**Strategic vision.** Since the outcomes of HRH interventions are to be observed in the longer term, they should be based on a vision of future needs and planned accordingly.

**Governance and technical capacity.** Capacities to design, implement and monitor HRH policies and plans are critical.

**Participatory mechanisms, coalition building.** In a multi-stakeholder, pluralistic environment, HRH actions require a common understanding and agreement on what the issues are, and a commitment from all stakeholders to address them. The processes in formulating and implementing HRH strategies are critical. Mechanisms are needed to ensure the participation of all relevant stakeholders and adequate regulation of their relationships. These mechanisms should facilitate partnership and coalition building, and effective joint work.

**Knowledge and evidence.** Good HRH governance also requires good information, knowledge and evidence for formulating and monitoring the implementation of HRH interventions.

**Oversight, accountability and the rule of law.** All stakeholders should be accountable to each other and to citizens.

It was reported that HRH observatories could play a significant role in the process of supporting effective HRH governance. Observatories are good mechanisms for *brokering knowledge* for health policy-making, and for using different channels such as the Internet, communities of practices, newsletters, policy briefs, etc. They can also facilitate *partnerships* of national and regional governments, and international agencies. They serve as mechanisms to promote collaborative work among stakeholders, enhancing their role and contributing to HRH development. The information and evidence collated and analysed by the observatories can be instrumental in *policy dialogues* and *influencing policy decisions* in countries.

The observatories contribute to both institutional and individual capacity building through their various activities. Table 1 gives examples of HRH governance capacity activities.

### Table 1. Types of activities involved in strengthening HRH governance

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Research</th>
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<tr>
<td>Convening and networking opportunities</td>
<td>Strategic planning</td>
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<tr>
<td>Information sharing</td>
<td>Evaluation</td>
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<tr>
<td>Leadership and management development</td>
<td>Resource mobilization</td>
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<tr>
<td>Staff development</td>
<td>Peer learning</td>
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</tbody>
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One potential advantage of observatories is that they can be regarded as independent and neutral in terms of their work and output, and inhabit a ‘space’ where policy analysis and dialogue, planning support and evaluation can be conducted in a way that is critical and objective, so as to better inform current and future policies and practices. Maintaining this ‘neutrality’ can be challenging as there can be a tension between maintaining this critical independence, meeting the priorities of funders and sponsors, and maintaining good working relations with all relevant data and information providers, and stakeholders. In particular, if the observatory is funded by one source, it is important that there be some form of ‘arms length’ organizational relationship or independent governance to enable the observatory to be credible to all stakeholders.

**Information**

Identifying, analysing and developing HRH information is another key potential linkage between observatories and the broader HRH policy environment. The meeting was also informed by the report of the First Meeting of the Health Workforce Information Reference Group (HIRG), held in Montreux, Switzerland, from 10 to 12 March 2010.
The aim of the first HIRG meeting was to initiate discussion on how to promote a coordinated, harmonized and standardized approach to strengthening country health workforce information, and monitoring systems to support policy, planning and research. The meeting concentrated on building on evidence and lessons learnt in order to strengthen health workforce information systems, focusing on the validity, sharing and use of different sources of data on HRH; the challenges involved in strengthening information systems from governance, human resources capacity and technical perspectives; and partnership opportunities for developing and implementing a global strategy for strengthening country information systems. Building on the discussions of the HIRG, the meeting participants highlighted the following issues and the contribution of HRH observatories.

What are the main elements of HRH information?

- Adequate, consistent, well-integrated, timely and relevant information (i.e. to the needs of every stakeholder) with added attention to data on gender.
- Promotion of a unique identifier for each health professional shared with all HRH information producers and users.
- Clear agreement on the classification of health professionals (e.g. definitions of roles, which is more complex than the International Standard Classification of Occupations – ISCO – definitions); head counts in some settings either by number of positions or by professional registration numbers; issues of dual practice; issues concerning the health industry’s current active workforce versus the inactive workforce, or those working in another sector).
- Advocacy on the benefits of sharing data across different stakeholders with consideration of data confidentiality and security of access.
- Stakeholders’ agreement on the list of harmonized indicators to be monitored and evaluated for different purposes (at the sub-national, national, regional and global levels).
- The political clout to support HRIS development and long-range evolution.

How much of a lead role can a national HRH observatory play?

- The stakeholders’ engagement – country experiences highlighted how national HRH observatories initiate open dialogue and catalyse the process to established stakeholders’ agreement and long-term commitment to the development of the HRIS.
- An HRH observatory can steer technical cooperation between national stakeholders, and stimulate regional cooperation to share knowledge and best practices.
- National HRH observatories can assess the quality, validity and relevance of HRIS data to identify the need for capacity building, whether it is for data entry, processing, synthesis or improved use.
- With regard to knowledge sharing, a national HRH observatory can enhance the HRH information flow between the demand and supply sectors, emphasising the need for effective reporting of data that are suited to each level of usage (e.g. avoiding complexity and technical jargon for policy-makers), and overseeing best approaches to knowledge management and international comparability.

How can HRH observatories contribute to appraising the performance of HRIS relative to a set of indicators?

- Human resources for health observatories can build on the stakeholders’ engagement to clearly identify and agree on a set of indicators to which each stakeholder makes a contribution and reaps a relative gain.

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• Indicators can be drawn up for the HRH lifespan (entry, in-service activity and exit).

• The work of the HRH observatory will also be shaped by the locality (size of the country, centralized vs. decentralized HRIS, etc.) and the level of preparedness in the country (such as the assessment of existing infrastructure, a process that may require starting with a shorter list of stakeholders and gradually adding on others, or simpler components of data followed by more detailed data collection and validation).

• Human resources for health observatories can be promoters of population density-based indicators, which would benefit from sub-national comparability of HRH inequalities, and also facilitate international comparability.

• Human resources for health observatories can have a role in identifying ‘missing knowledge’ on certain complex indicators, such as the necessary skill mix, absenteeism, workers, performance and motivations.

• These observatories should evaluate the use of the HRIS information in HRH planning, governance, finance and the critical associations to health outcomes.

Research priorities

The third linkage was with the support for HRH research. The meeting was informed by the report of an initiative to identify HRH research priorities in developing countries, based on a systematic literature review and consultative multinational workshop. Twenty-one key research questions emerged from the key informant interviews, many of which had received little or no attention in the reviewed literature. The questions ranked as most important are listed below.

(i) To what extent do incentives work in attracting and retaining qualified health workers in under-serviced areas?

(ii) What is the impact of dual practice and multiple employment?

(iii) How can incentives be used to optimize the efficiency and quality of health care?

This report had concluded that there was a clear consensus about the type of HRH policy problems faced by different countries and the nature of evidence needed to tackle them. Coordinated action to support and implement research into the highest priority questions identified here could have a major impact on health-worker policies and, ultimately, on the health of the poor.

Human resources for health observatories can play an important role by:

• empowering producers and users in research;
• identifying priorities for research agendas;
• promoting research;
• identifying best practices;
• utilizing existing capacities such as post graduate studies (masters, PhDs) for some research – by publishing and generating discussion;
• optimizing available financial resources – equity, best practices, training, use of available expertise;
• mobilizing resources for research/partnerships;
• disseminating and translating results into policy.

At regional and global levels, HRH observatories can promote and coordinate inter-country studies using standard protocols, track and monitor HRH progress across countries, and involve relevant stakeholders.

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5. What are the critical success factors for an observatory?

In most cases, the effectiveness of observatories is difficult to assess, given their variety and short lifespan. There is, however, impact and output indicators that have and can be used (e.g. involvement in workforce planning mechanisms and approaches, by commissioning work from key stakeholders, etc.). The participants at the meeting endorsed several of the following critical success factors that enabled observatories to be effective.

1) It is important that observatory priority actions reflect country specificities in terms of the dynamics and actors of policy development, and that they avoid duplicating existing structures.

2) World Health Organization leadership has been a determinant and a critical factor in launching most of the existing observatories, and in providing on-going funding to support the observatories’ core functions.

3) Support from government agencies and a political commitment to address HRH issues is essential for the legitimacy of the work of an observatory. At the same time, HRH observatories are even more relevant when political commitment is weak. Simultaneously, there is the sense that protecting the independence of an observatory is a continuing challenge and, as such, it needs to maintain independent governance. This gives it the necessary credibility to engage effectively with all relevant stakeholders.

4) To maintain credibility and develop effectiveness, the work of an observatory should be conducted in a transparent manner with objective means of quality control.

5) ‘Success’ criteria for an observatory should be linked to stated objectives, and defined in terms of analytical output, policy influence, planning effectiveness and broader advocacy and social impact.

6) Continuity in support for planning and policy-making is important, especially in a political context in which the turnover of senior level decision-makers is high. When the same core of people remains involved, even if they move from one institution to another, the observatory’s HRH agenda is maintained.

7) Strong governance and leadership, combined with good technical capacity from a core team, is critical for the sustainability of an observatory.

8) Success breeds success: being able to show results in terms of policy impact, which goes well beyond the production of reports and the organization of meetings, creates conditions that increase an observatory’s influence.

Participants were also clear that an observatory should not be developed as a ‘parallel system’; it should not replace government functions, nor should it divert scarce resources away from government and ministries. It should build on existing systems and structures as opposed to creating new stand-alone ones. Furthermore, it should not be designed for perpetuity. It is intended to support other stakeholders to fully develop their roles in HRH policy and planning, not to replace those who have legitimate roles and duties.

6. HRH observatories: developing a Platform of Action

The meeting endorsed three main areas of action for HRH observatories in pursuing their objective of shaping national, regional and global HRH agendas.

**Strengthening the information base.** The challenge here is to produce valid and reliable workforce data covering all categories of health workers in the public and private sectors, and to inform on their personal and professional profiles, on working conditions and, more generally, on the dynamics of the labour market, including migratory flows.
In most countries, data tend to be scattered among a number of sources (health facility records, payroll records, registries of professional councils, records of education and training institutions), are of unequal quality, and are subject to varying degrees of accessibility. The report of the First Meeting of the Health Workforce Information Reference Group (2010) recommended that country HRH information systems be developed as a sub-component of the national health information system. Important tasks include standardizing definitions and developing a common minimum HRH dataset. At the same time, in order to guarantee the proper use of this tool, continuous technical capacity building is required to ensure adequate utilization of these systems.

**Producing and communicating evidence.** This can be done by conducting, commissioning or stimulating relevant research and analysis. Reaching out to stakeholders and decision-makers requires the translation of technical data and terminology into common, user-friendly vocabulary and, especially, the synthesis of these data into policy implications and options (policy briefs). In concrete terms, this may mean that, in addition to developing HRH information systems and undertaking research, observatories could act as clearinghouses and perform environment scanning to better inform policy development.

**Developing governance capacity.** By definition, observatories cannot work in isolation and be mere depositories of data and information. They need to show leadership in triggering and supporting the policy dialogue among the main stakeholders in order to ensure that critical HRH issues are on the public and the political agendas. This implies that they have to develop their capacity at the technical level (data collection and analysis, synthesis and dissemination of evidence, research, organization of meetings, workshops and training activities, communication), and at the ‘political’ level (mobilization of and coordination with stakeholders, participation in the policy process). Leaders also need managerial capacities to ensure the smooth functioning of the observatory and to mobilize resources to sustain it. Human resources for health observatories also contribute to strengthening HRH governance capacities.

In order to meet these challenges, participants expressed their conviction that there was a need for: sustained investments in HRH to achieve better performing, equitable health systems; HRH and health policies to be informed by best available information (which would also fill critical gaps); HRIS/HRH research to be strengthened; and for efficiently connecting diverse data and information sources to support effective policy-making. They were also convinced that there were significant benefits to networking, sharing and exchanging experiences in HRH information analysis.

As such they argued strongly that the observatory was (one) relevant mechanism to meeting these goals.

The meeting developed an action plan covering national, regional and global levels, which are summarized below.

**Action at country level**

Some of the HRH observatories are ‘maturing’ which gives scope for lessons to be networked to those that are more recently established through a support network, therefore, there will be opportunities for:

- promoting the HRH observatory approach and core functions in countries where they are not yet developed;
- scaling up HRH observatories’ capacities by investing in HRH information, strengthening information systems, and technical skills;
- demonstrating HRH observatories’ contribution to policy development and to improved health.
**Action at regional and subregional level**

Real and virtual networks can provide economies of scope when involving other partners and, therefore, the priorities are:
- the transfer of knowledge and preparation of standard tools, and technical support and cooperation;
- development of comparative metrics and benchmarking;
- the use examples to support ‘young’ HRH observatories through mechanisms such as ‘twinning’;
- strengthening of HRH capacity and development.

**Action at global level**

- Co-ordination of efforts.
- Alignment of donor support to increase aid effectiveness.
- Convening virtual and face-to-face meetings and creating networks.
- Policy analysis focusing on priority countries and priority inter-regional and global HRH issues.
- ‘High level’ targeted advocacy and influence to reinforce links between improved HRH and better health.
Monday, 4 July

Venue: Gulbenkian Foundation
Av. de Berna 45A
1067-001 Lisboa Codex
Conference room: Auditorium 2

What contribution HRH Observatories bring to policy-making processes?

08:30–09:00  Registration

09:00–09:30  Opening
Gilles Dussault, IHMT, Portugal
Jason Lane, European Commission
Manuel Dayrit, WHO

09:30–10:30  An overview of HRH observatories
Mario Dal Poz, WHO/HQ
Respondents:
Adam Ahmat, WHO/AFRO
Charles Godue, WHO/AMRO
Walid Abubaker, WHO/EMRO

10:30–11:00  Break

11:00–12:30  Progress, achievements and contribution of national HRH observatories
Panelists:
Sudan HRH Observatory
Ghana HRH Observatory
Peru HRH Observatory
Moderator: Manuel Dayrit

12:30–14:00  Lunch

14:00–16:00  How to make HRH observatories more responsive to policy-making processes?
Dr Miklós Szócska, Minister of State for Health, Hungary
Mr Andre Mama Fouda, Minister of Public Health, Cameroon
Mr Sosthene Hicuburundi, Directeur Général des Ressources au Ministère de la Santé Publique et de la lutte contre le Sida, Burundi
Dr Ali Jaffer Mohamed, Advisor to Minister of Health, Oman
Dr Ana Estella Haddad, Deputy Secretary of Labour and Education Management for Health, Ministry of Health, Brazil
Moderator: Charles Godue and Walid Abubaker

16:00–16:30  Break

16:30–17:30  How to make HRH Observatories more responsive to policy-making processes? (cont'd)
Discussion
Tuesday, 5 July
Venue: Sana Malhoa Hotel

**Strategic functions and agenda of HRH observatories**

09:00–10:30  Strengthening HRH information
            Group work
            Moderator: GalinaPerfilieva

10:30–11:00  Break

11:00–12:30  Strengthening HRH Governance
            Group work
            Moderator: Ibrahim Abdel Rahim

12:30–13:30  Lunch

13:30–15:00  HRH knowledge gap and research priorities
            Group work
            Moderator: Jennifer Nyoni

15:00–15:30  Break

15:30–17:30  Feedback to plenary
            Discussion and conclusions/recommendations

Wednesday, 6 July
Venue: Sana Malhoa Hotel

**Shaping HRH agenda**

09:00–10:30  Shaping the regional agenda
            Regional working groups

10:30–11:00  Break

11:00–12:30  Shaping the regional agenda (cont'd)
            Regional working groups

12:30–13:30  Lunch

13:30–15:00  Shaping the global agenda: sharing mechanisms
            Panel discussion
            Moderator: Gülin Gedik

15:00–15:30  Break

15:30–17:00  Shaping the global agenda: conclusions
            Closure of the meeting
            Moderator: Manuel Dayrit

Thursday, 7 July
Venue: Sana Malhoa Hotel

**Communicating evidence**

09:00–10:30
- From evidence to policy (Ulysses Panisset)
- Workload Indicators of Staff Need (WISN) (Norbert Dreesch/Gülin Gedik)
- Stakeholder leadership groups (Jim McCaffery)
Skills building workshops

10:30–11:00  Break

11:00–12:30
- From evidence to policy (Ulysses Panisset)
- WISN (Norbert Dreesch/Gülin Gedik)
- Stakeholder leadership groups (Jim McCaffery)
Skills building workshops

12:30  Lunch
## List of participants

### Country representatives

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position / Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahrain</td>
<td>AHMED, Fatima</td>
<td>Director Human Resources, Ministry of Health, Manama</td>
</tr>
<tr>
<td>Brazil</td>
<td>ESTEVES, Roberto</td>
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