

Policies and Plans for Human Resources for Health

Guidelines for Countries in the WHO African Region

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Foreword

The Regional Strategy for the Development of Human Resources for Health was adopted by the WHO Regional Committee for Africa at its forty-eighth session in 1998, while its acceleration document was adopted at the Committee's fifty-second session in 2002. These were concrete steps taken towards advocating for a comprehensive approach to the development and implementation of human resources for health in Member States. Interactions with countries have been continued in order to support a holistic approach. However, experience has shown that governments have different kinds of HRH policies, strategies and plans even when they are within the overall context of national health policies and strategies.

This document provides guidance on the process with proposals of content for three basic HRH documents: situation analysis, policy, and strategic plan.

These guidelines are intended for use by Ministry of Health officials responsible for human resources development as well as others in relevant ministries and agencies.

It is hoped that these guidelines will be used for the review and development of human resource situation analysis, policies and plans and will be adapted as necessary by each Member country in the WHO African Region. Further guidelines on other human resources management tools, including human resources information systems, will be shared with Member countries when ready.

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Abbreviations

HR	human resources
HRD	human resource development
HRH	human resources for health
HRHM	human resources for health management
HRM	human resource management
HRHSP	human resources for health strategic plan
HRIS	human resource information system
ICU	intensive care unit
MoH	Ministry of Health
MTEF	medium-term expenditure framework
NHIS	national health information system
NHP	national health policy
NHSP	national health strategic plan
PRSP	Poverty Reduction Strategy Paper
WHO	World Health Organization
WHO/HQ	World Health Organization, headquarters

INTRODUCTION

Human resource development issues

Health work is broadly defined to include not only technical skills and expertise directly responsible for creating and sustaining health but also the skills needed in support systems and the linkages that facilitate the application of technical skills¹. The health sector is not only labour-intensive but it also depends on a precise application of the knowledge and skills of its workforce to ensure patient security and health. The World Health Organization (WHO) continues to develop tools and guidelines to improve the development and management of human resources for health (HRH) in Member countries.

The crucial role of HRH in health systems has not been fully appreciated until recently. Many health programmes have consistently experienced shortages of suitable health personnel as one of the major constraints in not accomplishing intended objectives. This has been noted especially in developing countries which have the highest disease burden and where the Millennium Development Goals (MDGs) seem to be beyond reach. It is now accepted that HRH is not only strategic capital but also the most important resource for the performance of the health system. It is also recognized that HRH is an integral part of the health system linked with health services provision and performance of health service providers in a relationship of mutual dependence².

Challenges for the African Region

The WHO African Region seems to have the bulk of the problems in the way of HRH development and management. It faces extreme pressure in major areas such as producing the required number of key health cadres and utilizing them and managing them in such a way that they remain motivated to serve in their respective countries. The high turnover of skilled health personnel in the form of migration and brain drain is the order of the day in many African countries. Some of the pull factors encouraging migration of health workers from their countries include better remuneration, better working conditions, opportunities for postgraduate education and training, education for their children and better standards of living. The push factors are the absence of most or all of the aforementioned pull factors in their home countries. However, while all this is

¹ WHO (2003). *The People Who Work for Our Health: Placing Health Workers at the Heart of Health Services Delivery*. Division of Health Systems and Services Development, Regional Office for Africa.

² WHO (2002). *Human Resources for Health: Developing Policy Options for Change*. Discussion Paper. Draft. Geneva

generally known by most governments, an up-to-date, comprehensive HRH situation is rarely known and documented in these countries³.

While it is acknowledged that most of the problems faced by the countries are due to limited resources at their disposal, the lack of efficient management systems is also responsible for this situation. Thus, there are still many things that can be done to reverse the trend by using the available resources judiciously, such as making an accurate assessment of the HRH situation, policy development and drawing up a comprehensive plan for its implementation.

In an attempt to create a regional perspective on human resources for health development, Member States of the WHO African Region adopted the Regional Strategy for the Development of Human Resources for Health during the forty-eighth session of the WHO Regional Committee for Africa in 1998⁴. Meanwhile, concern about the slow implementation of this strategy was raised. As a result, the fifty-second session of the Regional Committee, in 2002, endorsed a document for accelerating the implementation of the strategy with: (i) greater emphasis on consistent implementation of policies and strategies; (ii) relevant education and training; and (iii) resolving management issues of brain drain and retention of professional personnel, among others, at country level⁵.

With human resource issues gaining momentum at the regional and international levels, increased activity is expected at country level. However, the challenges highlighted above as well as weak human resource development departments, high turnover and skeletal staff affects the strategic planning and implementation of HRH development.

Status of HRH policies and plans

Most Member countries have human resource policies and plans in one form or another, either as part of national health policy and strategies or as stand-alone documents. Their comprehensiveness varies, as many of these are not based on exhaustive situation analysis. About half of the countries in the WHO African Region are reviewing or developing their HRH policies, strategies and plans for more comprehensiveness and thoroughness in order to respond to current challenges.

Planning and implementation have had limited success due to several factors, which include: insufficient balance between the plan and the planning process

³ Awases M et al. (2004). Migration of Health Professionals in Six Countries: A Synthesis Report. WHO, Brazzaville.

⁴ WHO (1998) . Regional strategy for the development of human resources for health. Report of the Regional Director. AFR/RC/48/10.

⁵ WHO (2003). Human Resources for Health: Accelerating Implementation of the Regional Strategy. Report of the Regional Director. AFR/RC/52/13.

(i.e. how the plan was prepared); lack of access to and use of planning methods and tools suitable for solving problems found in many developing countries; lack of appropriate and accurate data and information such as that related to workforce supply, annual attrition rates, private sector data, service outputs and staff productivity; low levels of involvement of stakeholders in the planning process; and insufficient advocacy to attract resources for implementation. It is, therefore, critical that the situation of HRH development in a country is properly and thoroughly documented as the initial step before drawing up a policy and a plan.

Purpose of guidelines

The aim of these guidelines is to support Member countries in human resource development, assessment of HRH, the situation and policy and plan formulation with a view to achieving a level of comprehensiveness and consistency at country level. The guidelines will discuss the HRH process, make situation analysis and suggest policy and plan development in the context of overall national health policies and strategies. These guidelines explain how to formulate, develop and review the HRH situation, policies and plans with the flexibility necessary for each country. This may not be the only way to develop policies and plans, but a good way has been suggested as to how to proceed. Preparation of these guidelines has been influenced by country and regional experiences gained over a period of time.

The primary target group for these guidelines includes HRH managers in ministries of health and other ministries such as Education, Planning and Finance, health facilities, and civil or public service agencies dealing with HRH issues.

The three main outputs -- the situation, the policy and the plan -- though closely related are distinct so that they will be discussed in three separate sections for clarity.

PART ONE

Situation Analysis of Human Resources for Health

CHAPTER I

UNDERTAKING A SITUATION ANALYSIS

1.1 Background

In many African countries, the current status of health workers in terms of their numbers and categories, patterns of distribution, patterns of practice and attrition rates is not well-documented. Consequently, measures taken to improve the HRH situation are not necessarily responsive. For instance, it may be more prudent to reduce the number of certain basic cadres being trained and instead focus on reorienting the existing ones to improve their skill levels, increasing their remunerations and improving their motivation and retention.

Comprehensive identification, description and analysis of the HRH situation are essential. They form the basis upon which a policy or a plan can be developed or reviewed. They also provide a baseline from which measurements can be made as to whether the situation has improved or not.

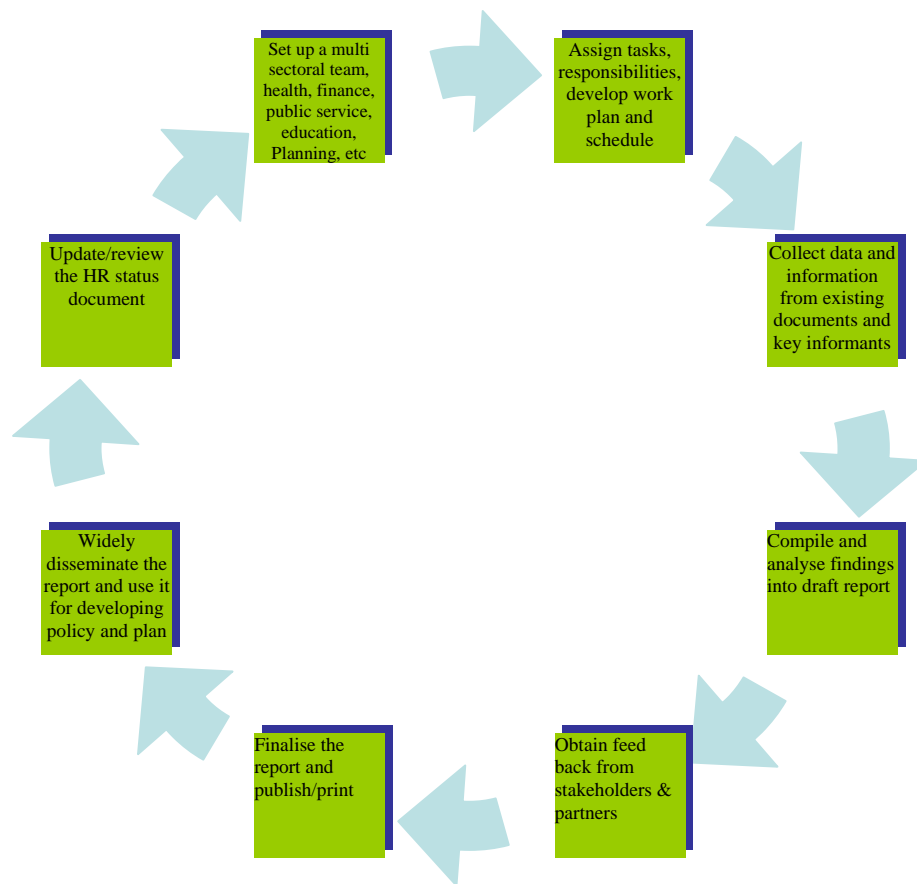
General health situation analyses do not always contain all the pertinent details of human resources for health. This is due to the fact that many health systems are still very weak and are yet to pay adequate attention to HRH development issues, especially the strategic management aspects⁶. However, the health-related Millennium Development Goals (MDGs) have acknowledged that unless something drastic is done to avert the HRH crisis in Africa, it is highly unlikely that these goals will be attained⁷. Even without accurate and updated information being available on health workers by country, what is evident is that there are absolute and relative shortages of health workers in places where they are needed the most. Whether it is scaling up the provision of antiretrovirals (ARVs) for HIV/AIDS treatment or providing skilled attendants for maternal services, the major challenge is making available suitably qualified staff in sufficient quantities to support these services.

Undertaking and documenting a comprehensive situation analysis for health workers within the context of service delivery will provide evidence on how the availability of appropriate quality and quantity of health workers can improve delivery of health services in the context of the targets set by national health programmes.

⁶ Martinez J and Martineau T. (1998). Rethinking human resources: an agenda for the millennium. *Health Policy and Planning Journal*. Volume 13 (4) page 345-348.

⁷ WHO (2005) *Health and the Millennium Development Goals: Keep the Promise*. page 34, Geneva.

Diagram 1: Process for undertaking HRH situation analysis



1.2 Process for conducting a situation analysis

There are some basic steps to be followed when conducting a situation analysis for human resources for health at country level. These are discussed below.

Set up a multidisciplinary team

The multidisciplinary team should be intersectoral and should include staff from the human resources department within MoH and other key stakeholders within

and outside the ministry. It should include staff from other ministries such as Education, Finance and Planning as well as accreditation and examination bodies, professional associations, public services and training institutions.

The chairperson of the team should be a senior person who can provide guidance on issues to be dealt with in this process. The chairperson should also have good contacts with relevant departments, ministries and institutions.

Assign tasks and responsibilities

The terms of reference for each task should be clarified and understood by all. What needs to be done and how and the estimated time frame are necessary to know. Preparatory steps should be discussed. Sufficient time and budget for the exercise need to be provided to allow for a smooth process and timely results. Adequate time and commitment by all team members is necessary to achieve good results.

The team will clarify further the terms of reference, assignment of tasks and deadlines to be set. A workplan and schedules are developed at this stage and suggestions sought and decisions taken on who else could be co-opted for specific tasks and assignments.

Collection of data

Identification of what data and information are to be collected and means of collection and analysis should be determined and agreed upon. At times there may be a need to conduct some rapid surveys due to lack of routine data and information. Some of the possible sources would include the national health information system, national staff databases of public service commission or Ministry of Planning, training institutions, accreditation or licensing authorities, survey reports and others. A generic tool for data collection is given at Annex 1, which can be adapted in order to generate specific questionnaires to expand on data collected, as explained below.

Data and information include:

- a) Demographic profile of the country, its geography, population, education levels, etc.
- b) Political profile on the level of commitment, valuing of HRH, security and stability, policies affecting human resource availability and performance.
- c) Economic profile on health financing such as proportion of the budget for health in general and HRH development in particular, including the concept of real wages, profile of salaries of health workers and pay-related issues, and macroeconomic profiles.

- d) Epidemiological profile listing priority health problems and issues to be tackled, including essential health packages, health priority programmes, MDGs, etc.
- e) Organization of health system, institutional capacity for development and management of health workers, employment status of trained health workers, including that of retired personnel in view of severe shortages of health workers.
- f) Structure of Ministry of Health, strategic planning and implementation of HRH issues, policy and planning, education, training, development, management of HR research and regulation of HRH professionals.
- g) Numbers and profiles of health workers available and gaps identified by category in the health sector (both public and private), status of the entire health sector by category: government, private, non-profit and for-profit organizations.
- h) Distribution profile of health workers by category, age, population, geographical area (region/province/district) and health facility vis-à-vis the set standards.
- i) Planning and production of staff (staff projections versus actual numbers trained, current staffing norms and standards practised) with reference to models of projecting staff requirements, and workload analysis providing a rationale and objective base for the estimated number.
- j) Attrition levels, brain drain, migration (public to private sector, those working outside the health sector though trained in health professions, etc.).
- k) Availability of education, training and professional development for key health cadres, public and private training institutions, teaching capacities, inservice training and development facilities, evaluation and relevance of training programmes etc. The basis on which graduates are trained, training needs assessment plans, health system requirements, etc.
- l) Availability of HRH information to help in decision-making: comprehensiveness of available human resource information system (HRIS), its accessibility to users for planning and decision-making and the technology used, i.e. computerized or largely manual and whether it is linked to the main health information system.

Review and analysis of data

Reviewing and analysing data are important steps for accessing documents available with various departments, government agencies as well as private institutions. The existing documentation should be assessed to confirm the HRH status in the country.

Some key documents to be looked for are:

- a) The national health policy document and national health strategic or development plan which provide the context of HRH (some countries have national development plans that contain portions on health);
- b) Specific documents on HRH policy and planning, including availability of database(s) on HRH;
- c) Documentation on projections of HRH requirements based on health system delivery needs;
- d) Capacities of institutions to train different cadres of health workers;
- e) Distribution patterns of all health and health-related cadres throughout the country;
- f) Attrition rates by cadre analysed by reason pattern or trends, including geographical biases prevailing in the country (such as rural versus urban);
- g) Remuneration packages in public and private sectors (due to the nature of the subject, specific names and sources may be omitted to protect confidentiality);
- h) Any other related documentation (e.g. motivation studies if available, brain drain studies, evaluation reports of training programmes, censuses, labour surveys, etc.).

The contents of the aforementioned documents need to be analysed and gaps if any in the information identified before going to the next step.

Focus group discussions and interviews with key informants

Key informants that need to be interviewed for obtaining further information should be identified to validate existing information and to complete missing information and data before analysis. A schedule of appointments with informants should be confirmed. Depending on the number of informants to be interviewed, there may be need to divide the group into smaller teams and strategize an approach to get maximum results. For example, some informants can be put on a panel to discuss specific topics. Key informants could include:

- (a) Senior policy-makers and decision-makers in Ministry of Health and other ministries relevant to health; trainers of various cadres; line managers at various levels of the health system, including health facilities, schools and training colleges (all these should include both public and private stakeholders including religious groups and NGOs);
- (b) Professional bodies (associations, councils, etc.) dealing with certification, examinations, licensing, ethics and standards;
- (c) Community leaders and consumers of services (mothers, youths, elderly, care-givers, etc.);
- (d) Health workers from different levels and areas of country.

It is advisable to develop a set of questions and key points for discussion and interviews that will solicit responses contributing to a comprehensive coverage of the information needed. Such information would provide consistency and easy summaries and analyses, especially for small teams of two or three interviewers.

Compilation and analysis of findings

This step involves synthesizing the available information, analysing the situation and drafting the findings. This process can sometimes be made easier if each section of the document is summarized separately.

Feedback from stakeholders

The draft report with an executive summary should be shared with relevant authorities and other stakeholders. This is an important step for validation, ownership and analysis of findings. Careful recording of feedback will assist in the revision of the document.

Sufficient advance notice should be given to stakeholders in order for them to participate in the discussion meaningfully. For instance, the invitation letter should be accompanied by a copy of the draft document along with its executive summary. In addition, proper facilitation for the stakeholders' meeting should be arranged.

Finalization of the report

The report should be finalized based on the feedback received and should be submitted by the head of the drafting team (if not different from the head of the HR department) to the Permanent Secretary, his/her equivalent or a higher authority or even the full senior management. The report should be addressed to Ministry of Health and other stakeholders with copies to other senior staff within MoH and other ministries as well as other stakeholders' representatives.

Publication and dissemination of report

After printing of the final report, there is need to disseminate it to relevant stakeholders and partners. A dissemination process should be developed so that the report can be used as an advocacy tool to raise awareness of stakeholders, relevant authorities and partners for HRH implementation.

2.3 Proposed outline for a situation analysis report

The proposed outline for a situation analysis report is given in Annex 2, which can be adapted according to a particular situation.

A sound situation analysis can be used for developing or reviewing HRH policy and plans apart from providing information on the current status of health personnel in the country. The situation analysis should be updated from time to time as new data and information become available. This is important because of the dynamic nature of human resources.

PART TWO

Policy Development for Human Resources for Health

CHAPTER 2

POLICY FORMULATION FOR HUMAN RESOURCES FOR HEALTH

2.1 Defining a human resources for health policy

A national human resources for health policy is an expression of commitment to the HRH goals and a guide for action for health personnel. Such a policy describes the priorities that a country wants to achieve in the area of HRH as it responds to implementation of health priorities adopted by a country. It also identifies the main strategies for attaining those priorities. The policy also provides a framework within which human resource activities can be coordinated and implemented. Usually, the policy encompasses a country's vision for short-term, medium-term and long-term HRH development. The HRH policy should be within the context of and consistent with the overall national health policy.

2.2 Objectives and content

The main objective of an HRH policy is to ensure availability of health workers in sufficient quantity and quality at professional and technical levels, at the right place at the right time, and well-motivated to perform their functions. The more specific goals and objectives of an HRH policy will depend on a country-specific situation, overall national health policy, context of the health system and national development policy. Questions and principles of production, utilization and general management of HRH are considered in the policy.

The goals of the HRH policy should be consistent with the broader national health objectives. How the overall health goals will be achieved will depend on the availability of the required competencies in appropriate numbers where the service is being offered or supposed to be offered. This is the starting point for the policy, and this information should be contained in the HRH situation analysis.

2.3 Financing

Many of the HRH policies, strategies and plans have not been implemented due to lack of financial support and commitment from available resources. Sporadic and piecemeal support, mostly to training activities, is not uncommon; and sometimes, it is only given as a response to a particular crisis such as work stoppages by health workers for increase in remuneration. With approved plans and strategies, governments can begin to convince their development partners to

invest in HRH after providing proof of their own demonstrated commitment. The need for long-term investment from partners and the necessity of permanent dialogue for financing HRH entail putting into place mechanisms such as including a component for human resource development implementation in the design for national health development programme.

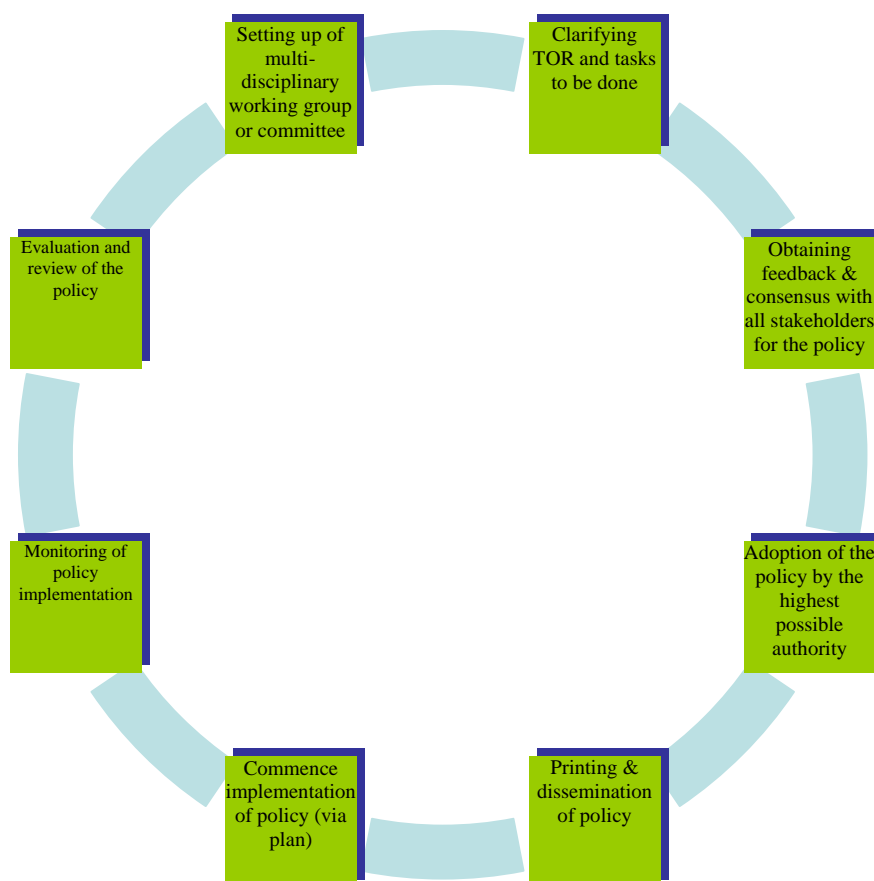
2.4 Policy content

The content of the HRH policy statement should contain what is given in Annex 3.

2.5 Proposed process of HRH policy formulation and development

The following diagram and summary outlines the process of HRH policy formulation:

Diagram 2: Process of HRH policy formulation and development



1. **Setting up a multidisciplinary committee or task group** guided by a senior authority (can be from health or any other sector depending on the set-up of a country on how health workers are developed and managed) that can provide policy direction and take on-the-spot decisions during the deliberations of the committee. The details are similar to those discussed in another part of the document.
2. From the **HRH situation analysis report, summarize the major findings** of the status of HRH and challenges to be met, focusing on those requiring policy direction. All policy implications emanating from each of the main components of human resources planning, education, training and skills development, institutional capacity building, management of HR in recruitment, deployment, utilization, HR information system, migration,

brain drain, motivation and retention, inservice training and its organization and HRH research should be discussed here.

3. **Establish the mission/vision of HRH** for the policy from the key elements of the national health vision, and the HRH vision should relate to and be within the context of the national health vision.
4. **Consensus for the HRH policy** should be achieved for ownership and commitment. The draft policy document developed at the technical level of the drafting committee should be shared with various stakeholders such as the sectors of education and vocational training, finance, public service, professional bodies such as associations and licensing councils, training institutions, universities, etc.
5. **Finalization and adoption of the HRH policy** should be formalized. The final policy document should reflect overall common inputs obtained while individual or pressure group ideas should be avoided. The adoption of the policy should be at the highest possible levels to obtain the best possible political and resource commitments to ensure its successful implementation. Depending on the authority structure of the country, at least cabinet, or even better, parliamentary approval, is recommended so that it is legally binding. If the policy is approved just at Ministry of Health level, then chances are that it will remain a technical internal document.
6. **Dissemination of the policy** should be planned and budgeted for. Wide dissemination of the policy to all relevant stakeholders is necessary, and an official launch is encouraged at various forums since it will form the basis upon which all strategies and plans will be formulated by training institutions, health facilities and health-related institutions and organizations.
7. **Development/review** of the strategic HRH plan should be consistent with the policy.
8. **Monitoring and evaluation** of the policy implementation should be carried out through the HR plan.
9. **Review of the policy** should be conducted as appropriate based on the evaluation of the plan.

2.6 Conclusion

A good policy should be valid for at least five years, with flexibility of a review even earlier if a major policy shift has occurred. A policy without being backed by a good strategy or plan will be of little value.

PART THREE

Developing a Plan for Human Resources for Health

CHAPTER 3

DEVELOPING A COMPREHENSIVE STRATEGIC PLAN FOR HRH

3.1 Introduction

This chapter explains what is a human resources for health plan, what are its objectives, the feasibility of its implementation and indicators for its monitoring and evaluation. It also explains why to develop a strategic plan and the process of its development, and suggests a prototype and a general plan outline.

3.2 What and why of an HRH strategic plan

An HRH strategic plan tries to elaborate on what the policy will achieve and how it will be implemented. A strategic HRH plan does the mapping for at least five years and contains a detailed situation analysis of human resources for health, the issues, the objectives and the strategies to solve the identified priority problems and challenges during the given period. The format of a strategic plan is country-specific and it contains the major elements described in this chapter.

The strategic plan is developed in order to operationalize the HRH policy and to determine what actions need to be taken to reach the goals set down in the policy document. In other words, the plan specifies and sets targets with expected results by providing sufficient detail of what is to be produced or achieved, why and at what cost. It also makes proposals for financing the implementation.

A good strategic plan also indicates what to observe if it is being implemented according to plan and provides the flexibility for amendment, review or adjustment. The HRH strategic plan also provides the basis on which a country or a group of countries can seek resources on relevant issues/problems from different partners, who can support the whole plan or some aspects of it. Since the plan is to be used as a resource mobilization tool, it should be properly costed.

The WHO Regional Office for Africa has in place an HRH strategy that was developed in consultation with Member States of the Region, which tried to respond to different issues, problems and challenges facing the countries in the area of HRH.

It is in the context of this strategy that the following generic outline is being proposed covering the main components or categories of the plan. These components try to ensure that all aspects of HRH are covered even if country-specific emphasis heavily leans on one or more of these components. In addition, prioritizing the various components may differ from country to country based on the situation prevailing in a particular country.

The time frame of an HRH strategic plan can range from five to 20 years or even more in the case of some countries. The annual operational plans are the necessary tools as they take into account a country's capacity for implementation. The plan also has to have the flexibility for adjustments if necessary in accordance with the results of monitoring and evaluation during its implementation.

3.3 Human resources planning approaches (methods, models and scenarios)

This is one of the most important steps because it provides a rationale and objectivity in deciding on the manpower required for the services to be delivered. This involves the process of comprehensively establishing the required numbers, the competencies mix and the distribution of the defined competencies (i.e. health professionals) as required. Also, it involves the inclusion of all relevant stakeholders to obtain their commitment to the implementation. As O'Brien-Pallas has said, "The integrated human resource planning involves estimating the future requirements for HR and identifying efficient ways of providing those requirements. There is no unambiguous 'right' number and mix of health professionals"⁸. In other words, good HR planning produces appropriate numbers and mix of the workforce with the necessary knowledge, skills and abilities to be able to reach medium- and long-term goals. Workforce planning is also an effort to project a possible or probable future scenario, rather than an attempt to provide definitive forecasts as forecasting is influenced by internal and external factors⁹.

In order to establish the appropriate numbers, mix and distribution patterns, there is need to come up with projections for planning purposes. In this section, the intention is not to go into the complex details of the methods and models for making projections but rather to suggest or offer different options that experts have suggested to be used for medium- to long-term HR planning. This is advocated because models are useful for: (i) describing, viewing and communicating complex situations; (ii) providing options of possible solutions to

⁸ O'Brien-Pallas et al. (2001). Integrating Workforce Planning, Human Resources and Services Planning. Human Resources For Health Development Journal (HRDJ) Vol. 5 No 1-3.

⁹ Nel P S et al. (2004). Human Resources Management. 6th edition. Oxford University Press, South Africa.

problems and bottlenecks; and (iii) testing the effects of possible assumptions, among others.

While acknowledging the fact that there is no perfect way to model/project HR, the conceptual basis for planning depends on the following questions being asked:

- a) Do we want to know how many health workers are required to continue serving the population in the way it is currently being served (utilization-based approach)?
- b) How many are needed to support the services required to meet all or a proportion of the expected needs of the population (needs-based approach)?
- c) How many health workers are required to satisfy the expected demand for the future provision of the health care services ('effective demand'-based approach)?

The three approaches briefly entail the following:

The needs-based approach: This approach estimates the future requirements based on the estimated health priorities of the population as well as the potential for addressing these priorities using a mix of different health care human resources to provide effective service interventions in an efficient manner. The underlying assumptions for this approach are: (i) all health needs can and should be met; (ii) cost-effective methods of addressing the needs can be identified and implemented; and (iii) health care resources are utilized in accordance with relative levels and needs.

The utilization-based approach: The quantity, mix and population distribution of current health care resources are adopted as baseline estimates of future requirements under this approach. The level of the utilization of HRH services is reflected in relation to the demographic profile of the population to produce subgroup-specific average rates of provider utilization. Generally, the population characteristics used are confined to age and sex, based on evidence that health care needs vary systematically by these factors. Three broad assumptions underlie this approach in its simplest form: (i) the current level, mix and distribution of health worker services in the population are appropriate; (ii) the age- and sex-specific resource requirements remain constant in the future; and (iii) the size and the demographic profile of the population changes over time in ways predicted by the currently observed trends in age- and sex-specific rates of mortality, fertility and migration patterns.

The effective demand-based approach: This approach considers economic factors to complement the epidemiological principles of the needs-based approach. While most forecasting exercises make the assumption that resources will be found, this

approach factors in the fiscal implications while remaining interested in ensuring that human resources are deployed efficiently in ways that have the greatest impact on health needs. The approach focuses on the relative levels of needs within the entire population.

Tools and models available: Decisions should be made on which model (s) is/are preferred for use by the country. Technical assistance to process the models can be sought, but it is important for the country/institution to have the data and information required. One of these models has been laid out in a workbook developed by Dr John Dewdney of the University of South Wales in Australia, which provides a template and step-by-step process for developing different scenarios for the plan. The e-mail contact of the author of this planning approach is below.¹⁰ For those interested in the very comprehensive and more complex approach, the tools can be found on <http://hrhtoolkit.forumone.com/>.¹¹ The site also has a model called Workload Indicators of Staffing Needs (WISN) method developed by Peter Shipp for WHO on this site. This method bases the human resource requirements on workload assessments of activities for the various types of health services and facilities.

All the aforementioned approaches will provide a basis for several scenarios on the quantity and quality of health workers required. The stakeholder consultation process should be used to confirm the presentation of facts, figures and rationale behind the scenarios being proposed and a consensus reached and decision taken on which scenario(s) to adopt. New and simpler models keep coming up in this field as the need for inclusion of other health aspects such as HIV/AIDS and MDGs impact on the workforce. With the urgent need to scale up access to specific health intervention, an example of a planning process using the scaling up of antiretroviral therapy for HIV/AIDS was used as a context for human resource planning at Annex 5.

3.4 Education, training and development of HRH

In this section of the plan, the education, training and professional development of the cadres are elaborated for implementation during the plan period, e.g. the training intakes and outputs for different cadres to meet the projected requirements; institutional capacity building including building of new training schools or colleges or rehabilitating existing ones; provision of teaching and learning materials, library facilities, availability of tutors/lecturers, training of trainers (TOTs), etc.; evaluation of training programmes and curricula review; changes in the scope of practice as part of educational reforms; and continuing education and professional development programmes including inservice

¹⁰ Dewdney John (2001): *WPRO/RTC Health Workforce Planning Workbook*. University Of New South Wales, Sydney, Australia. J.Dewdney@unsw.edu.au

¹¹ WHO website

capacity development and distance learning. All these aspects would be implemented to meet the short-, medium- and long-term needs as revealed in the situation analysis and stated in the policy document.

3.5 HRH management

In this component of the plan, the HR management issues to be addressed during the plan period are many. This section will cover aspects of programming for institutional capacity strengthening for HR organization and management at all levels of the system and may include restructuring and knowledge and skills development of HR managers and teams; motivation and retention of health workers including assessment and documentation of the situation and implementation of different options available for staff incentives and benefits, remuneration and valuing of health workers; review of relevant legislation, regulations and procedures for health workers to be consistent with ongoing changes and being adapted for better performance; development and implementation of various HR management aspects such as career development, performance appraisal systems, recruitment, placement and utilization; and human resource information subsystems development and strengthening at all levels.

This management component also captures the overall macroeconomic framework that a country is operating in as well as the global trends on issues of remuneration, motivation, migration, brain drain, etc.

3.6 HRH research at country level

Applied research into various aspects of HRH development, documentation of best practices and lessons learnt are derived from the findings of the situation analysis and policy direction. This section can include the planned research agenda (or use the plan period to plan for one) such as testing out incentive packages for various health worker groups, different settings such as rural versus urban, hard-to-reach areas, teaching cadres, etc. Other research areas may include studies in monitoring migration and brain drain trends at intra-national and international levels, impact of HIV/AIDS on the workforce and effects or results of certain practices on the motivation and retention of the workforce. Lessons learnt from doing away with certain privileges such as institutional housing and allowances, provision of non-financial rewards and different modes of recruitment should be documented.

The research agenda for HRH in Africa, as outlined in the July 2005 regional consultation report¹², where some of the areas identified were focusing on priority evidence needs in health systems in general and HRH in particular,

¹² Regional Consultative Meeting: Taking the Human Resources for Health Agenda Forward at the Country Level in Africa, 18-20 July 2005. Final Report. Brazzaville, Congo.

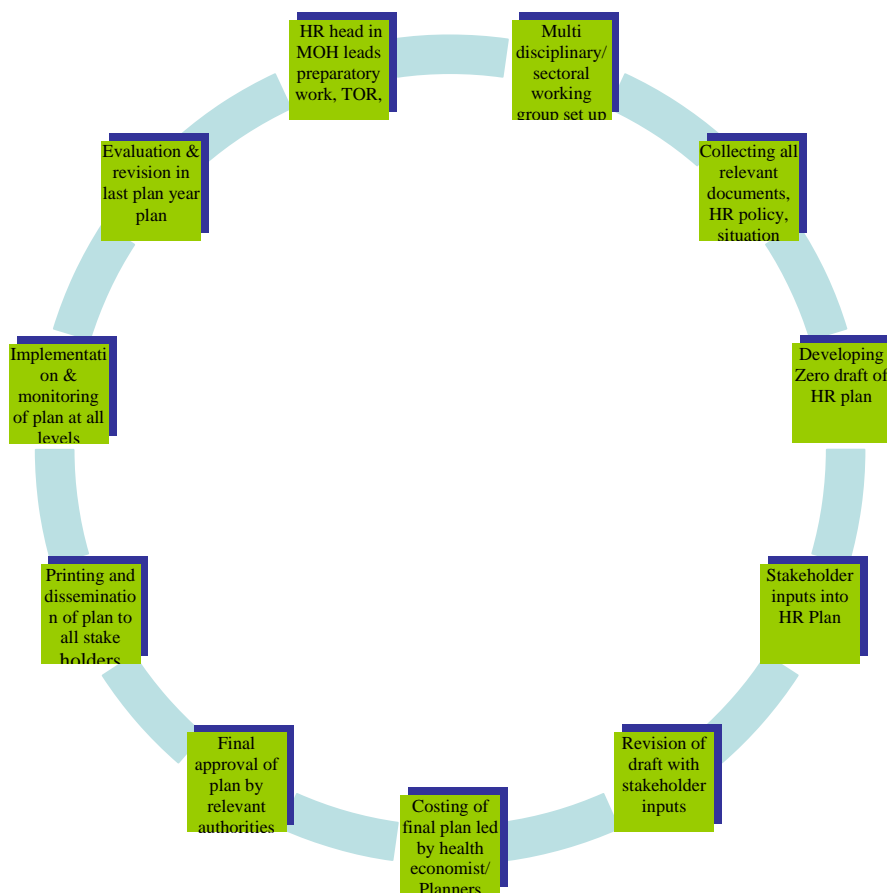
evaluation of HRH interventions such as the use of mid-level and other non-traditional cadres, and creating networks of researchers and research institutions who should also engage health managers and policy-makers to generate common country research aims and vision, could form part of this section as may be relevant to the country. Results from these studies and surveys could provide useful information on the content of the plan.

3.7 Components and content of HRH strategic plan

The outline proposed in Annex 4 provides the content that should go into each section of the strategic plan. It should be elaborated and for each section a summary table with inputs, targeted outputs, time period and costs should be developed. The strategic plan for the development of HRH can be prepared in several volumes for clarity and detail and can be adapted to country-specific situation.

3.8 Process for development of HRH strategic plan

Diagram 3: Process for developing the HRH strategic plan



The process for developing the plan is as important as the plan itself. This is because the implementation of the plan transcends the HR department and Ministry of Health. All relevant and key stakeholders need to have a sense of ownership and the necessary levels of commitment to the plan because after the plan is approved for implementation, all those involved in HRH development will be required to use it as the reference point. Even more important, the plan becomes a tool for resource mobilization for partners and other stakeholders to buy into. It is also important to note that the planning process is similar to that of the policy, the only difference being that of detail required and the competency for that.

The process mentioned below is by necessity generic and it is expected to be adapted to country-specific situations for relevance and effectiveness.

Process for developing the HRH plan¹³

As described in Diagram 3 above, the process is further explained below:

Preparatory steps

Internal decisions within Ministry of Health at the most senior level of management to commit themselves to the achievement of this task are important. The HR department should take the lead for the process (based on its capacity). Meanwhile, the process and selecting the team members (at least two), who will be part of the development process full time, and selecting a focal point for the process (possibly the most senior position in the HR department) needs to be undertaken.

Developing terms of reference and preparing relevant documentation

Developing the terms of reference for the task group, which will include representation from outside the HR department and Ministry of Health (e.g. Ministry of Education, public service commission, etc.), and sending out letters of invitation endorsed by the most senior member of MoH should be done well ahead of time. This will allow for proper representation by relevant stakeholders.

All relevant documents (HR policy, HR situation, Poverty Reduction Strategy Papers, national health plans, medium-term expenditure framework (MTEF), expired HR plans, etc.) should be collected and sufficient copies made for the task group to avoid waste of time by the working group.

Developing initial draft of the plan

The first session of the working group should adopt its terms of reference and a workplan before starting the drafting process. Its work should include an analysis and compilation of the information obtained from the documents and follow it up with interviews with key informants and hold focus group discussions with key stakeholders prior to developing the HR plan. The first draft of the policy/plan should be submitted to the pre-agreed authority in the health ministry¹⁴ and/or other sector representatives before holding broader consultations with stakeholders and partners. Revisions in the draft to incorporate comments/suggestions from different authorities/partners be made at this stage.

Consultation with stakeholders

¹³ The process for developing the plan is almost the same as for the policy in that there is need for proper representation and contributions by all. The plan development, however, is more elaborate and detailed and includes costing and modelling processes while the policy may require a more formalized adoption process.

¹⁴ This may preferably be the head of HR division because it is assumed that the document preparation is led by the head of HR from the ministry's side depending on a country-specific situation, one who is senior enough to have contacts with different government departments and the private sector for both documentation and interviews.

Preparations for consultation with stakeholders and their selection should be done carefully and broadly to allow for wider ownership. The stakeholders can include national-level directors of various government departments, regional management teams, mission institutions, district coordination committees, health-related NGOs, education and training institutions, consumers, the private sector and other partners interested in HRH development in the country. Copies of relevant documents should be circulated in advance and extra copies carried to the consultation, which should be held for one or two days depending on the size of the plan.

Costing of the final draft of strategic plan

The working group should incorporate comments/suggestions from stakeholders and submit the final draft to the supervising authority in the health ministry for review. Costing of the plan by a health economist and a financial expert should be done at this stage. Doing it earlier than this may mean double work.

Final editing and printing

A well-edited and printed plan is recommended for dissemination. An official launch of the plan should be organized and it should be disseminated to all relevant stakeholders for effective implementation and as a reference document for the preparation of operational plans at facility, institution and agency levels. Every opportunity should be taken to raise funds by preparing an implementation framework for the plan.

Developing annual action plan

Since an HR strategic plan is normally for at least five years, it is recommended to develop annual plans for feasibility as well as to address resource implications.

Monitoring and evaluation of plan

A multidisciplinary coordination committee for monitoring the implementation of the plan should be established. The terms of reference of the committee and the frequency of its sessions should also be decided. This process should include extracting the monitoring and evaluation indicators that are part of the plan.

CHAPTER 4

CONCLUSION

The development of policies and plans takes time if it is properly and systematically done with due consultations and approvals.

The main objectives of these guidelines are to share ideas with Member countries on how to develop basic plans for HRH development to encourage and promote their successful implementation and monitoring. They are not intended for use as a textbook on HRH development but as a practical guide with flexibility for adaptation to suit the context of individual user countries. The three documents - - the HR situation document, the HRH policy, and the HRH strategic plan -- described in these guidelines should be regarded as key documents for Ministry of Health to have for its HRH development.

The process and the steps needed for the development of situation analysis, policy and strategic plan for HRH development have been emphasized to ensure that these documents do not remain just documents but are treated as basic management tools for HRH policy and planning in Member countries.

The guidelines will keep evolving as other HRH management and development issues come up from time to time. Suggestions for the improvement of these guidelines are welcome and can be submitted to the Director, Division of Health Systems and Services Development in the WHO Regional Office for Africa.

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Generic tool for collecting data on HRH situation analysis

Introduction

The questions in this tool can further be broken down into simple statements and split by sections with `yes' and `no' responses, descriptions and statistics. The purpose is to give an idea of the different types of data and information to be included in the HRH situation analysis. This is not exhaustive but will assist in ensuring that key components are covered.

1. Demographic profile of the country: geography, population, education, etc., by region, province and district.
2. Political profile vis-à-vis HRH development, including demonstrable levels of commitment to HR issues, valuing of HRH, security and stability, and policies affecting human resource availability and performance.
3. Economic profile: Questions should be asked and answered which should include the following:
 - General economic profile of the country
 - What is the health financing status in the country, such as the proportion of the budget for health in general to the overall national budget, and that for HRH development component in relation to the health budget.
 - What are the real wages and remuneration profiles in the country of different types and categories of workers, including health workers.
 - Profile of health workers' remunerations and pay-related issues.

4. An epidemiological profile listing priority health problems and issues to be tackled, including national health priorities, essential health package, MDGs and other global health development targets.
5. How is the national health system organized? What are the institutional capacities for the development and management of health workers? Employment status of trained health workers, including those of the retired ones in the face of severe shortages (if applicable).
6. How is the Ministry of Health organized? Is it centralized or decentralized? How is the planning and implementation of HRH issues like policy and planning, education, training, development, management, research and regulation structured? Is it strategic or operational in nature? Is there a specific department or division which is in charge of HRH development? What is the profile of the department if it exists? If it does not exist, who is responsible for HRH management and development? Who plays what role and where are they placed in the national official set-up?
7. What are the numbers and the profiles of the health workers available? What are the gaps identified by category in the entire health sector (both public and private)? Give the status of the entire sector by category: government, private, non-profit and for-profit organizations.
8. What is the distribution profile of health workers by category, age, population, geographical area (region/province/district) and health facility? What are the prescribed standards in the country, either by policy or practice or both?
9. How is the planning and production of staff arranged? Are the staff projections versus the actual numbers trained, the current staffing norms and the standards practised in place? Is there a reference being made to models for projecting staff requirements and workload analysis to provide a rational and objective base for the estimated numbers?
10. What are the attrition levels (numbers and frequency of departures) and their causes by cadre/profession: natural (retirement, death), brain drain, migration (public to private sector), those working outside the health sector though trained in health professions, etc.
11. What education, training and professional development is available for all health cadres for both the public and private health sectors? How many and what types of training institutions exist in the country and

what is their teaching capacity? What inservice training programmes are available for whom and where? How are these organized? How often are the training programmes evaluated for relevance, efficiency, etc.?

12. What is the basis on which graduates are trained? Is there a training needs assessment process in place?
13. What are the outputs of the health sciences training institutions by year?
14. Availability of HRH information for decision-making: Is there a human resource information system (HRIS) in place? How comprehensive is the HRIS database covering all cadres (by level) at national level? How accessible is it to users for planning and decision-making? What technology is used, i.e. computerized or manual? Is it linked to the main health information system? If so, how?
15. What policy documents exist that influence directly or indirectly the HRH management and development in the country? List all those documents and indicate their source.
16. What planning documents, if any, are in place to influence the implementation of HRH policy and plan and where are they located and managed?
17. List all other documents that exist that contribute to the management and development of HRH in the country.
18. Develop a sample questionnaire for the key informant interviews to validate existing information or provide the information gaps identified.

Proposed outline for a situation analysis report

Introduction and background

- Rationale and objective for undertaking situation analysis of HRH

Status of HRH policy and planning

- General country profile (geographical, socio-political, economic, epidemiological, health system)
- HRH policy status in the context of national development policy, national health policy, national health strategy, main HRH policy priorities including skill mix and key competencies
- Numbers available by cadre; doctor/patient ratio; nurse/patient ratio - normal ward, ICU and emergency; area (urban versus rural); public or private
- Staff distribution profile
- Needs versus staff availability using models of looking at workload analysis and staff projections as a basis for establishing the numbers and quality required
- Norms and standards for HRH key cadres by policy and practice
- Resources available for implementation of HRH development and management plans
- Analysis of MDGs vis-a-vis HRH requirements

Status of education, training and skills development for HRH personnel

- Current training policy and practice, including key stakeholders such as Ministry of Education
- Training institutions' output by cadres trained, status, capacity, etc. at basic, post-basic, graduate and postgraduate levels, including numbers trained outside the country by cadre and main areas of study
- Capacities of training institutions
- Continuing education and inservice training status: policy and practice, organizational arrangements, fellowships, tutors, lecturers, recognition of qualifications, supervision, study visits, field visits, etc.
- Management of training, formal education and staff development including inservice programmes.

HRH management status

- Organizational structures in place and functionality of managing HRH function at all levels

- Capacity of the HRH department in MoH, staffing profile of HRH staff in the department, status of the department, equipment, etc.
- Description of the decentralization process such as delegation of authority at local level and their capacity
- Modalities of distribution of health workers
- Policy and practice on recruitment: placement, promotion, discipline, retirement, continuing education, etc., of health personnel
- Career progression of key cadres
- Incentives and benefits in place for staff
- Brain drain and migration of key health professionals -- from rural to urban areas, and from country to abroad, including reasons.
- Status of HRH database (human resource information system) and linkage to NHIS

HRH research status

- Tools and training available, documentation and implementation of HRH problem-solving options, best practices and lessons learned

Monitoring and evaluation of HRH implementation status

- Availability and use of indicators to monitor progress of HRH development and management implementation
- Main issues and challenges in the HRH situation

Recommendations

- Proposals on immediate, short-term, medium-term and long-term solutions for main HRH issues, including main emerging policy and practice issues

Conclusion

- A summary of main highlights of situation analysis, especially the findings, issues raised and the way forward

References

- Documents consulted during the situation analysis process

Annexes

Details of staff projections, statistical analysis, HRH organogram, persons and organizations consulted, etc.

CONTENT OF HRH POLICY STATEMENT

Foreword/preamble

A suitable authority should sign the foreword because it is very important that the highest possible authority endorses this policy so that it is recognized and carries weight. An explanation of its context within the national health policy should be included.

Background to the policy

The background should begin with an introduction that summarizes the situation analysis. This should highlight the main findings and key recommendations requiring policy direction. It should be clear as to whether it is the first policy document to be formally developed or is a review of the previous policy document. The summary can include achievements, constraints, challenges, processes involved in developing the policy and the consultations.

Statements of mission, vision and policy objectives

The HRH vision may be formulated within the context of the national health vision. The aspiration of HRH development and management as a key resource for the achievement of health service delivery should be elaborated. The values and principles of the HRH policy may include realistic expectations, equity and gender considerations, as well as ethics. The content of the policy document should reflect what the country's aspirations are in addressing the major issues of HRH raised in the situation analysis.

HRH policy is the production and supply of HRH

One of the key components of the policy is a statement on the availability of appropriate quality and quantity of HRH for every level of health care, which is a major concern for every country. Many countries have set for themselves a lot of health development goals, objectives and targets, but they rarely achieve them. The policy should also state the structural or organizational arrangements for HRH management. There is need to define staff norms and standards for key

cadres within the context of health care delivery (health worker/patient ratio for clinical services and public health services, distribution profiles, etc.). Setting of targets for the required numbers and competencies depends on professional and ethical norms and standards (below which no acceptable health service delivery can take place). While global norms and standards may exist as guides, each country can develop its own rules.

Policy statement on competency needs

Once the competencies required are determined, the policy describes the professional education and training of HRH and how these will be attained. The competencies generally include specific medical and health professional, technical and support cadres. The policy should consider the types of cadres required by the country, their basic training, post-basic training, graduate-level training, postgraduate training and specializations. There should be statements on continuing education and professional development such as distance education policy, inservice organization and management. The policy should call for a review of training institutions' capacity in terms of training of key competencies, curricula, evaluation of health programmes, physical capacities, teaching and learning materials, library services, etc. Licensing and accreditation should also be considered.

Management and utilization of HRH

The policy should describe how human resources would be managed and utilized and what motivation and retention strategies will be in place. Employment, recruitment, placement, transfer, separation and remuneration policies, to name a few, are part of this component. The issues of professional standards, ethics and legislation should be considered.

Other HRH elements to be considered in this section include:

- a) Organizational structures to be advocated in the policy such as the HRH department and its staffing profile among others;
- b) Policy and practice on recruitment, placement and distribution, transfers, promotion, discipline and administration of staff disciplinary code, retirement, continuing education, etc. (recruitment/employment policy statements);
- c) Career progression of various health cadres available in the country;
- d) Human resource information system as a subsystem in the national health information system;
- e) Continuing education/in-service training policy and practice, organizational arrangements, fellowships, tutors, lecturers, recognition of qualifications;
- f) Remuneration (wages and salaries, allowances, etc.);

g) The motivation and retention policy and strategy to manage migration and brain drain; the role of incentives and benefits for staff; staff housing, transport, rural service incentives, etc.

h) Professional standards, legislation, regulation, accreditation, licensing, ethics, etc.

Research into HRH development

The policy should outline in this section the types of HRH research to be prioritized. Some of the aspects considered here include best practices, lessons learnt and experimentation or studies into innovative interventions. These include promotion of HRH problem-solving skills and research, documentation of best practices and of lessons learnt through policy and practice, studies of various aspects including migration and brain drain, motivation and retention, and new curricula. Encouragement to experimentation of HRH interventions in health service delivery such as meeting the health MDGs are described in this section.

Main assumptions for success of policy

The main assumptions and the challenges or threats anticipated to influence the implementation of the policy should be stated in the policy document. Some examples include political commitment and resource availability.

Implementation framework

The implementation framework will define the process of developing a long-term comprehensive national HRH plan (including projections of health worker requirements) as the main instrument for implementation, with strategic and operational short- and medium-term plans. The development of the HRH strategic plan as the tool for implementation of the policy is indicated here, and is normally for at least five years up to as many as 30 years, with shorter term of annual operational plans. These annual plans take into account the availability of resources and general capacity for implementation.

Institutional mechanisms for achieving policy objectives

It is important for the policy to broadly outline what institutional mechanisms should be in place to ensure its successful implementation.

Monitoring and evaluation include stating the development or adoption of indicators for monitoring and evaluation in the short, medium and long term.

Funding mechanisms involve stating the principle and policy commitment for funding for plan implementation, including national budget and commitment from development partners.

Components and contents of HRH strategic plan

- Contents
- Foreword (to be signed by the highest possible relevant authority in the country)
- Acknowledgements of those who contributed to the development of the plan
- Executive summary highlighting the key elements for an overview of the plan
- Abbreviations used in the document explained

1. Introduction/Background

(a) *Rationale and objectives of the plan*

This section provides the rationale behind the plan, i.e. why the plan, its objectives, etc. A reference to the HRH policy is given in this section and it is explained here how developing and implementing the plan will fulfil the policy objectives and goals. The country's socioeconomic, demographic and epidemiological profiles provide the health system context of the plan and are described here.

(b) *HRH situation and policy*

(i) *Situation analysis summary* *

This section contains a summary of the existing situation of health human resources in the country and how their numbers and profiles meet or fall short of current and future requirements. It analyses in detail each priority issue/problem of HRH identified in the HRH policy document and provides factual evidence in the form of data and information on the quality and quantity of HRH available, how they are trained, distributed and utilized.

*The main document of the situation analysis can be part of the annex of the plan as a separate volume or in annexes providing the findings, analysis and recommendations sections and avoiding unnecessary repetitions.

The section starts with a general country profile which contains the socioeconomic, demographic, epidemiological and health system context and the main inputs for the national health strategic/development plan. The overall country HR situation analysis – summary of the HRH profile highlights:

- Policy and planning of human resources (statistics, policy development and planning, norms and standards);
- Education, training and skills development (levels of training and training institutions);
- HR management in recruitment and utilization of personnel -placements, distribution, employment/labour policies, personnel, remuneration, financing, regulation, legislation;
- Research and development (best practices, lessons learnt, experimentation of innovations and interventions);
- Section on analysis of the situation, i.e. main issues to be addressed.

(ii) *HRH policy highlights**

This component quotes the vision and mission statements of the policy and summarizes the main policy statements and targets set in the policy.

2. Main strategic interventions and targets

This forms a part of the plan as it encompasses all the main interventions that the plan intends to implement in order to respond to the situation. These interventions should demonstrate that once implemented, they would address the issues raised in the situation analysis and, more importantly, accomplish the policy expectations and aspirations. The proposed sections and their content are described below.

(a) HRH policy and planning strategies and targets

Policy interventions, planning, staff projections, staffing norms and standard skill mix, levels of care, service delivery that will respond to the negative situation described above or maintain/accelerate the positive. Maintaining or even scaling up positive activities need to be included in the plan as well.

*Some may put the policy document as an annex of the strategic plan.

Some of the elements in this component are:

- Staffing norms and standard skill mix
- Levels of care and service delivery issues such as essential health package referrals
- Staff projections and scenarios, cost projections
- Policy interventions affecting HRH performance
- Planning interventions
- Human resource information system and HRH database.

(b) Education, training and skill development of HRH

The basic, post-basic, graduate and post-graduate training to take place during the planned period will be elaborated in this section. Inservice training, its management and the capacity of training institutions are also defined in this section. All these aspects need to have targets set and realized during the plan period for:

- Basic education and training for all categories of HWs
- Post-basic education and training for all categories of HWs
- Graduate education and training for all categories of HWs
- Postgraduate education and training for all categories of HWs
- Inservice training and skills development, its management and organization
- Capacity building of training institutions: physical capacity, evaluation of health training programmes, curricula review, infrastructure, education and learning materials, lecturers/tutors including the capacity of hospitals or whichever they have to practice are defined here
- Distance learning programmes to be developed for different health cadres.

(c) HRH management

The policy and practices of recruitment and utilization of health personnel, their motivation and retention, organizational and structural capacity, legislation and regulation, professionalism and human resource information system are discussed here. Targets need to be set for each of these aspects on what will be done during the plan period:

- Recruitment and utilization of personnel
- Motivation and retention strategies

- Management of migration and brain drain
- Organization and structural capacity
- Legislation and regulation, professionalism, standards and ethics to be reviewed or strengthened
- Human resource information system to be strengthened for improved decision-making
- Staff performance and productivity.

(d) HRH research and development

This component focuses on practical HRH innovations to be implemented during the plan period. Some of the elements included here are:

- Documentation and dissemination of existing best practices
- Documentation and dissemination of innovative interventions for replication elsewhere
- Documentation and dissemination of lessons learnt
- Research and study into HRH issues needing answers such as migration, brain drain, effectiveness of incentive packages for health workers and innovative teaching practices.

3. Financing the plan

This aspect is very important though often it is neglected in many of the HRH plans. Without proper costing and a well-defined financial plan, it is difficult to implement the plan. The assistance of a health economist and a financial expert needs to be solicited. In fact, it is advisable that these professionals should be included in the development process so that they can participate from the very beginning. Particular attention should be given to involve the private sector as well as the non-profit sector. The following steps need to be taken if the plan is to be successfully implemented. It will also allow partners to commit themselves to sponsoring the implementation of the plan if they can clearly see its financial implications.

Costing should be done of each component and then an overall figure should be arrived at. Operational plans need even more specific and detailed costing. Main financial arrangements and sources of funding for the plan should be indicated as well as how further funding sources would be sought to fill any gaps. Advocacy and a communication strategy to sell the plan is also important.

4. Implementation plan

Institutional arrangements include the organizational framework of key actors involved in the implementation of the plan and the coordinating department or

ministry because it is assumed that some of the components of the HRH plan will require intersectoral participation and commitment. While the time frame or phasing of implementation includes indicating the total plan period and its annual plans based on the financial cycle, the feasibility and capacity for implementation also needs to be clearly spelt out.

5. Monitoring and evaluation

There is need to establish from the very beginning the means by which the rate of implementation of the HRH plan will be measured. This has also to be consistent with the aspirations of the HRH policy that mandates the development of the plan. The process and the output indicators need to be determined at this stage and documented here. The issue of monitoring and evaluation of plan implementation should be addressed here so that should there be a need to revise the plan, that could be done with the help of the findings of this monitoring and evaluation process undertaken both internally and externally. The steps involved would be the following:

Indicators' identification

Mid-term review/monitoring in addition to annual or periodic assessments

Final evaluation normally done by a combined team with external participation.

6. Strengths, weaknesses, opportunities and threats (SWOT) analysis

The strengths of the country situation that will facilitate the smooth implementation of the policy and plan, the weak situation that could jeopardize the implementation, the opportunities available, especially those not yet utilized and which can make a difference if they were taken into consideration, and the existing and potential threats that may hamper the implementation of the plan are analysed here.

7. Conclusion

- Main assumptions/challenges for the success of the plan may be elaborated here.
- Emphasis should be put on strengths and opportunities.

8. References

Main documents referred to during the development of the plan should be listed here.

9. Annexes

Some of the annexes may prove to be too bulky and may be issued as separate documents or as a volume and part of the overall plan. The following are some of the documentation that could be part of a plan: relevant aspects of the national health strategic plan; current HRH policy; statistical tables, other relevant data and information; the process followed in plan development; and a list of the main stakeholders involved and consulted.

Example of a human resources for health planning process using the scaling up of antiretroviral therapy for HIV/AIDS as context

National human resource for health development plan: Guidance for processes leading to completion*

Context

The country's human resources development plan for the health sector expires at the end of (year). There is thus an urgent need to establish a new plan to be in line with the health objectives of the next national development plan/national health strategic plan. The new plan would need to take into account a number of national developments which evolved over the past years of implementation of the previous plan:

- a) Fiscal constraints and budget adjustments affecting the rhythm of expansion of the public sector, including health services.
- b) HIV/AIDS reaching levels threatening national security with more than % of the population affected at the end of (year) and an estimated people in need of access to antiretroviral care.
- c) In response to the evolving HIV/AIDS crisis, the creation of departments dealing with several aspects of HIV/AIDS programme implementation (PMTCT, ARV, etc.) with the goal of offering preventive and care services within a continuum of care approach. The approaches should include goals for access to ART with all the necessary service delivery and training needs for different staff types and community members, redistribution of tasks between service providers and different provider levels, etc.
- d) The arrival of nongovernmental contributors to health care in the wake of HIV/ART, private practice taking on a share of the ART workload, albeit in an unregulated and informal manner.

*This process was developed while on mission in one of the countries in the Region and is adapted here as an example.

- e) The expansion of technical support by different partners from multilateral and bilateral agencies, including the recruitment of highly qualified national professional staff.
- f) The redefinition of priorities within the health system making an impact on human resources.
- g) The lack of involvement of the HRH department at an early stage when decisions on acceptance of large-scale external contributions to the health sector are taken without due regard to the resulting demands for human resources.
- h) Unplanned implementation of large-scale external contributions to the health sector leading to duplication of services and inefficiencies in HR utilization.
- i) At the international level of priorities, planning for health and its accompanying human resources would need to take into account:
 - The UN Millennium Development Goals (MDGs) with the stated health goals of substantial reductions in maternal and infant mortality, and a stronger fight against HIV/AIDS, malaria and other diseases. This undoubtedly has consequences for both the volume of services and the amount of human resources needed to achieve the goals.
 - The recognition of the human resource crisis in the African continent, most notably in sub-Saharan Africa, at different international forums (such as World Health Assembly, High-Level Forum on Health and MDGs), resulting in resolutions and commitments of support by various agencies and international bodies to attain the MDGs.
 - The creation of the Global Fund to Fight AIDS, TB and Malaria (GFATM) raising substantial resources.
 - The declaration of HIV/AIDS as a Global Health Emergency by UNAIDS and WHO;
 - The announcement of the '3 by 5' strategy by UNAIDS and WHO on the occasion of World AIDS Day (December 2003) setting the target of giving access to three million people in need of ART by 2005.
 - The likely announcement of a donor government to commit US \$ million to the fight against HIV/AIDS and provision of ART with the country itself being among the recipient countries.

Data on human resources indicate the rapid response of the country to the challenges posed by HIV/AIDS when treatment became available. In the year, new positions were created to join in the fight against HIV. The roll-out of the antiretroviral programme started in the year, accompanied by service delivery designs and norms for staffing the newly-created ART units and satellite clinics. A total of ... out of ... health facilities in the country were equipped with ART services by (year), and the demand for authorizing increased human resources continue to be received by the Health Resources department. While the fight against HIV has been joined, the situation will need to be rectified within the framework of the next HR development plan so that the responses are coordinated and are in line with the overall health development goals set out in the next national development plan.

With HIV/AIDS as widespread as it is, the HR development plan faces a number of challenges; which include:

- a) Planning for an unstable HR environment;
- b) The need to anticipate the impact of HIV/AIDS on service delivery and the possible scenario changes when ARVs are widely accepted by affected health service staff. (Currently, with the HIV prevalence of ...%, in all likelihood everyth person in the reproductive age group, who also form the bulk of HRH staff, can be considered as infected with HIV);
- c) The impact of migration on the replacement needs;
- d) The evolving private sector in terms of distribution of tasks and responsibilities;
- e) Evolving private/public task-sharing for parts of HIV care (contracting in/out arrangements);
- f) The need for expansion of regulatory/inspection capacity to ensure quality standards at private/public health care settings;
- g) The issue of salary disparities between the public and the competitive private/NGO sector, and questions of motivation and incentives;
- h) Questions of productivity at various levels of service outlets;
- i) Coordination tasks in a health system having different levels of regulatory authority vested at central, provincial and local government levels.

Objective

To create a new human resources development plan in line with national development plan or strategic plan allowing for a flexible response to various health system development scenarios during the implementation period of ... years.

Expected results

1. Analysis and outcome evaluation of the achievements of the human resources development plan which comes to its end in the year;
2. Creation of scenarios and projections of HR needs bearing in mind the impact of different factors (demography, macroeconomic framework assumptions for the plan period, impact of diseases e.g. HIV/AIDS, TB, malaria on health development) and health priorities of the next national development plan;
3. Proposals for pre-service and postgraduate training for the next 5–10 years;
4. Proposals for corresponding development of training institutions (basic and postgraduate);
5. Proposals for absorption of human resources anticipating possible institutional and other reforms affecting HR in the country;
6. Proposals for the reduction of the impact of staff losses due to migration (both internal and external) and attrition;
7. Proposals for introducing an incentive mechanism and motivation in the public sector;
8. Estimates of the implementation costs of the plan in the short, medium and long term, including possible sources and funding mechanisms.

Tasks to be accomplished

1. Establishment of a working group which includes central and local government representatives and a health economist;
2. Establishment of a task force to advise on plan development consisting of:
 - a) Directorate of Human Resources for Health and other relevant directorates
 - b) Ministry of Education and Ministry of Finance
 - c) Professional associations representing the public and private sectors
 - d) NGOs
 - e) Representatives of bilateral and multilateral agencies supporting HR development
 - f) The University of
 - g) Other relevant actors
3. Tasks of the working group
 - a) Revision and adjustment of tasks and timetable for implementation, and identification of support needs;
 - b) Desk review and meta analysis (see preliminary list of documents to be completed for review with further documentation available);
 - c) Review and harmonization of data sources;
 - d) Consolidation of data and available information concerning:
 - i. the macroeconomic framework and projections for the plan period;
 - ii. the size, composition and estimated HIV status of the total human resources for health in the country;
 - iii. its distribution between different service levels and facilities;

- iv. rules and regulatory framework governing education and professional practice;
 - v. general parameters of working conditions, incentive systems, functioning of salary systems and working relations between employers/employees, labour market forces and dynamics;
 - vi. internal flow of the workforce between the public and private sectors, immigration and emigration of health cadres and other staff;
 - vii. current capacity analysis of pre-service and inservice training and education by areas and specialities, including postgraduate education.
- e) Review of the targets and implementation rates of the previous human resources development plan;
 - f) Identification of the strengths and weaknesses of implementation, including budget development analysis and total resources for health from all sources;
 - g) Review of staffing norms and staff-time utilization for all staff types using a representative sample of national and district facilities, and comparisons between previous and evolved workloads using the Workload Indicator of Staffing Norms method (reference methodology: Peter Shipp/WHO);
 - h) Analysis of specific problems identified, if necessary, and development of training or other options;
 - i) Establishment of different scenarios which influence HR development (for example, the introduction of ARVs, or HR needs analysis at, for example, decentralized level);
 - j) Consensus building on the most appropriate options which should be included in the HR development plan;
 - k) Calculation of projections for pre-service training and possible needs for external hiring by cadre for the next 5–10 years;
 - l) Development of proposals for the strengthening of training institutions in the country, including postgraduate needs if feasible and cost-effective;
 - m) Development of absorption schemes for human resources within the decentralized system structure;
 - n) Creation of proposals for incentives and motivation for the public sector;
 - o) Calculation of implementation costs for the short-, medium-, and long-term implementation of the plan;
 - p) Identification of funding sources for the plan (both internal and external);
 - q) Editing and presentation/distribution of the final document.

The tabular presentation below gives an overview of the contribution of the listed tasks to the expected results leading to the creation of a new human resources development plan. It needs to be pointed out, however, that some of the tasks span across various expected results due to their mutual dependency:

Expected results	Principal tasks
1. Analysis and outcome evaluation of the previous human resources development plan which ended in 2003.	<ul style="list-style-type: none"> ○ Review of results and implementation rates achieved ○ Identification of the strengths and weaknesses of the previous approach to HR planning and its implementation
2. Scenarios and needs analysis for human resources for health	<ul style="list-style-type: none"> ○ Review of staffing norms and possible adjustments on the basis of workload indicators ○ Analysis of specific issues if necessary
3. Training proposals	<ul style="list-style-type: none"> ○ Preparation of different training scenarios for human resources for health ○ Consensus building and collective vision on HR development needs ○ Detailed calculation of HR training and development needs for all cadres and levels of the health services delivery system
4. Proposals for corresponding development of training institutions (basic and postgraduate)	<ul style="list-style-type: none"> ○ Development of proposals for education and training institutions including postgraduate needs
5. Proposals for absorption of human resources	<ul style="list-style-type: none"> ○ Review of mechanisms for selection and recruitment ○ Analysis of the labour market for health and its regulation ○ Elaboration of proposals for absorption of HR in the public sector ○ Development of proposals for public/private sector partnerships for health human resources
6. Proposals for mechanisms which reduce the loss of technically qualified staff at national level	<ul style="list-style-type: none"> ○ Elaboration of normative instruments for public/private/corporate sector relationships in the area of human resources
7. Proposals for incentives and	<ul style="list-style-type: none"> ○ Review of current incentive and

motivation measures	motivation systems (which ones work, which ones do not)
	o Proposals for incentive systems for working in disadvantaged rural areas
8. Cost estimates for the implementation of the plan in the short, medium and long term, with identification of possible sources of funding	o Costing of the implementation of the plan for the short, medium and long term
	o Sources and mechanism of funding

Schedule of implementation (from (year) to) according to working group task list

ACTIVITIES	July-August	September-October	November-December	January-February	March
a)	X				
b)	XXXX				
c)	XXXX				
d)	XXXX				
e)		XX			
f)		XX			
g)		XXXX			
h)		XXXX	XXX		
i)			XXXX		
j)			XXXXR		
k)			XXXX		
l)			XXXX		
m)			XX	XX	
n)				XXX	
o)				XXX	
p)				XXX	
q)					XX

R = Review meeting of the proposed plan and its directions with task force members

Reference documents

1. WHO/Regional Office for Africa. Guidelines for Human Resources for Health Policy and Plan Development at Country Level. Draft. Brazzaville, 2004.
2. Compile a list of all relevant HR development documents currently available.
3. Country's last/next national development plan.
4. K. Diallo, P. Zurn, N. Gupta and M. Dal Poz. Monitoring and evaluation of human resources for health: an international perspective. *Human Resources for Health* 2003, 1:3 [available at: <http://www.human-resources-health.com/content/1/1/3>].
5. Country HIV/AIDS operational strategy document.
6. WHO Country Cooperation Strategy (country).
7. WHO methodological note on support to countries for HRH development: dialogue for action. Geneva, April 2004.