



Strengthening national and subnational departments for human resources development



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Health Workforce Development Series 1



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Foreword

In 2006, WHO celebrated World Health Day by focusing on health workers worldwide and by publishing *Working together for health. The World Health Report 2006*. The celebration and report presented an opportunity to address vital issues in relation to the global health workforce, and paved the way, at global, regional and country level, to raise awareness and promote debate and discussion that could lead to change in policy decision-making. The celebration also marked the beginning of a decade 2006–2015, devoted to addressing human resources development as a pressing priority in WHO and Member States' strategies and actions across the globe.

Human resources for health include trained health professionals (doctors, nurses, midwives, pharmacists, dentists, laboratory and all other health-related technical assistants), as well as non-health professionals working in health systems (managers, economists, accountants, information technologists and all other administrative supporting workers). In addition, it includes those who have gained some caring knowledge and skills and volunteer to support health in families and communities. There is a growing health workforce crisis in many countries. Across the developing world, health workers are facing economic hardship, deteriorating health infrastructures and social unrest. In the industrialized world, with increase in lifespan and chronic diseases, there is a need for more health workers. This compounds the problem, with increasing health workforce migration from the developing countries. In the Eastern Mediterranean Region, the disparity in supply and demand, geographic maldistribution in urban and rural settings and imbalance in the number of different categories of professionals, represent further dimensions of the crisis facing health system development and its health workforce. Furthermore, even in countries where ratio of health workers to population is high, the number of expatriate workers often exceeds that of national workers. This situation deprives these countries of a sustainable national capacity and must eventually be addressed.

The development of human resources for health has consistently been a vital area for the collaborative work of WHO's Regional Office for the Eastern Mediterranean with Member States. Since it was established, more than half a century ago, the Regional Office has supported countries to develop capacities to produce health workers in priority areas through community-oriented education and strengthening of national planning and management. Human resources development covers planning for human resources, formulating policy, pre-service education and finally utilizing different categories of health professionals and other workers in balanced teams to equitably cover populations' health needs.

The Regional Office has produced a considerable number of documents and publications in support of countries to tackle all kinds of health problems. I am pleased, now, to introduce this series of publications on human resources development. It will surely promote national commitment, ownership and institutional leadership of the health workforce and its dynamics.

This practical user-friendly publication series covers almost all the interventions necessary to improve the performance of the health system as a whole, and health workforce in particular.

Special focus in this guide is given to strengthening national capacity on evidence-based planning and effective management of human resources for health. I would like to call upon all countries to invest more in this field and make effective use of global, regional and intercountry cooperation and support. Thus, through evidence-based planning, relevant community-based and quality-assured education, and rational and efficient management and retention of trained health workforce, important results that improve the status of that workforce can be achieved.

I am confident that this series will play an important role in supporting countries to achieve their national goals of healthy citizens and healthier societies.



Hussein A. Gezairy MD FRCS
Regional Director for the Eastern Mediterranean

Preface

Improving the performance of health systems is of central concern to the World Health Organization. Through its Division of Health Systems and Services Development, the WHO Regional Office for the Eastern Mediterranean supports Member States in: strengthening capacity to develop and use evidence-based policy-making strategies; improving the performance of health system functions; and promoting equity, quality and efficiency. The Regional Office is actively involved in improving the performance of health systems in Member States through country-specific technical support and capacity-building.

The capacity to undertake evidence-based and sound human resources development is still a significant area needing improvement. Almost all countries of the Region face a lack of institutional capacity and expertise to deal with human resources projections, production, optimum utilization and management systems. Their ability to regulate and support, build coalitions and partnerships with, and contract out services to the private sector has been limited. The capacity to formulate legislation and ensure enforcement is a function that ministries lack in many countries.

A key element of improved health systems is to involve decision-makers in debate and discussion around health system issues. This promotes better understanding and improved capacity to implement policies that help improve health system performance. Health systems around the world now face a triple crisis of workforce shortages, low morale and fading trust. WHO estimates the global health workforce to be around 60 million people. According to The World Health Report 2006 there is a global shortage of 4.3 million doctors, nurses and midwives. In the Eastern Mediterranean Region, there are more than 2 million health workers. However, in order to raise the regional average number of workers per 1000 population from 4.6 to the current global average of 9.3, over 2 million more health workers are necessary.

The purpose of this guide is to support Member States in strengthening existing, or establishing new, human resources for health development departments at the central and subnational levels. Thus, at the institutional level, any department or unit responsible for human resources for health development, management and training-related activities, such as human resources development departments in ministries of health or in other sectors, is urged to use this guide. Top policy-makers, directors of human resources development and health professionals are encouraged to use the guide to improve and sustain the human resources development function of health system development. However, country focus and local context should be taken into careful consideration. It is therefore important that each country adapt the models and tools provided in the guide to meet its own specific needs and expectations in human resources capacity development.

An important issue relating to investment in human resources for health is allocation by governments to the health sector of adequate funds, as an investment in overall development. Hence, after thorough consultation with Member States and surveys and studies in many countries, WHO produced a global report entitled *Tough choices: investing in health for development: lessons from developing countries*. There can be no doubt that the changing roles and functions of health

professionals in response to changing health systems and population health needs demand continuous review, support and reform of the human resources for health development process. With the publication of the global strategy *Everybody's business. Strengthening health systems to improve health outcomes*, human resources for health is finally being articulated, once again, as one of the core building blocks of the health system, and thus must be operationally linked to the national health planning processes.

It is hoped that the release of this publication series will support countries in improving institutional health system capacity development, in general, and addressing the strategic priorities pertaining to human resources for health, in particular. Human resources represent the most valuable asset of a health system and development of human resources is essential to ensure quality health care is delivered to all populations by well-trained and motivated health workers.

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**Part 1. Establishing, maintaining and monitoring human
resources development departments**



1. Introduction

1.1 Purpose

The purpose of this guide is to support Member States in strengthening existing or establishing new human resources for health development departments at the central and subnational levels. Thus at the institutional level, any department or unit responsible for human resources for health development, management and training related activities, such as human resources development departments in ministries of health or in other sectors, is urged to use this guide.

Today, the development of human resources for health is not a matter of choice but a real strategic necessity.

1.2 Target users

Top policy-makers, directors of human resources development and health professionals are encouraged to use the guide to improve and sustain the human resources development function of health system development. However, country focus and local context should be taken into careful consideration. It is therefore important that each country modifies and refines the guide to meet its own specific needs and expectations in seeking human resources capacity development.

1.3 Global and regional context

Today, for most countries, the development of human resources for health is not a matter of choice but a strategic necessity. WHO's drive to move the health workforce agenda forward is recognized by many countries as encouraging policy-makers to address the chronic shortage in health personnel that still characterizes the health workforce around the globe. As The World Health Report 2006 indicates, the workforce is the heartbeat of each and every health system and the availability of sufficient and competent workers is vital to the well-being of people and achievement of national, regional and global health goals, including the Millennium Development Goals. Figure 1 reflects the impact of the health workforce on health outcomes. Data collected from 117 countries around the world clearly show that low density of human resources for health is related to high mortality rates.

While progress in the field of human resources development has been made by some countries in the Eastern Mediterranean Region, the Region is characterized in general as follows:

- chronic imbalance, both in terms of shortage of human resources in certain categories, such as nurses, midwives and allied health personnel, and geographic maldistribution (see Table 1);

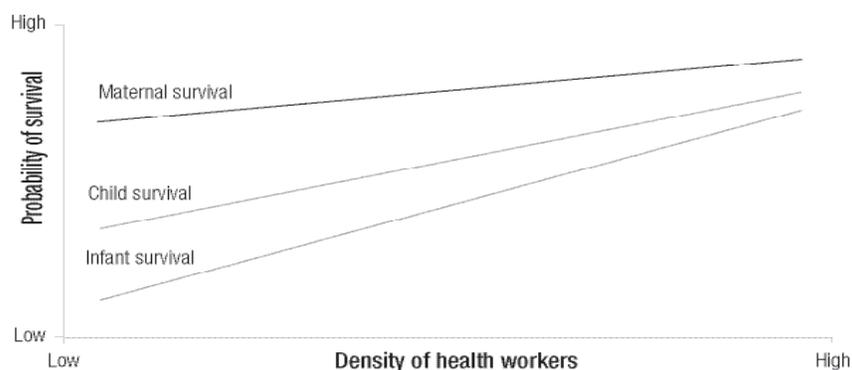


Figure 1. Linkage between health workforce density and mortality data

- explicit and evidence-based implementable and responsive human resources for health policies and plans that are either weak or absent;
- weak coordination and inability to address health system development related challenges;
- low institutional capacity, particularly in strategic planning and policy development, which has resulted in a huge disconnection between policy and practice;
- overlap between core functions of human resources for health development and personnel related administration that have led to informal and unnecessary recruitment practices, among other problems;

Table1. Maldistribution of health workforce in the Eastern Mediterranean Region

Ratio	Population per professional			
	Physician	Pharmacist	Dentist	Nurse
Low ratio	5 556	142 857	90 909	3 226
High ratio	362	725	1 020	136
Regional average	929	3 050	5 577	701

Source: *The Work of WHO in the Eastern Mediterranean Region, Annual Report of the Regional Director, 1 January–31 December 2007*, Cairo, WHO Regional Office for the Eastern Mediterranean, 2008.

- absence of clear integrated strategy for coherent pre-service training and inadequate post-training follow-up to measure training outcome and impact on health system performance and health outcomes;
- ministry of health-based concentration of work, with either limited or absence of human resources development operations at the subnational level.

Human resources development is a comprehensive management area. It uses information systems to establish evidence-based plans based on sound policies, practices and administrative structures. Human resources development therefore comprises issues relating to leadership, finance, education, partnership and management. Today, most ministries of health, in spite of the traditional focus on infrastructure and expensive curative services, are more politically oriented to the need to address the pressing issues of sustainable long-term development of the health workforce. Priority areas needing immediate institutional capacity-building include the development and maintenance of sound policies, supported by long-term human resources for health plans and an integrated and reliable health management information system.

One of the main problems facing many countries is the severe shortage of health workforce at the global, regional and national levels. WHO estimates there are about 60 million health workers worldwide, with a density of 9.3 per 1000 population. In the Eastern Mediterranean Region, there are currently about two million health workers with a density of 4 workers per 1000 population. Compared with the global average, this represents a shortage of over 2 million workers. Countries have tough choices to make if they are to invest more in human resources for health, but all countries are urged to increase their levels of spending on health. Currently, in most countries of the Region, the average spending on health ranges from US\$ 10 to US\$ 30 per capita, including out-of-pocket and informal spending which is estimated in many countries to be as high as 70%. The Commission on Macroeconomics and Health recommended a minimum of US\$ 40 in order to meet minimum needs of the populations served.

It is crucial to distinguish between the role and mandate of the department for human resources development and those of the personnel department in the same institution. For example, in most ministries of health, there is a perception that both departments perform the same function. Accordingly, the presence of a personnel department in the ministry has often resulted in the misleading notion that it is responsible for strategy and policy pertaining to human resources development functions in the national

Shared vision for human resources development departments in many countries has not been clearly developed to address core issues characterizing human resources for health as a whole and its institutional establishment in particular

Table 2. Differences between departments of human resources development and personnel

Human resources development department	Personnel department
Scope: National health system Strategic planning and policy development, particularly setting rules, regulations and necessary management systems for the national health system	Scope: Ministry of Health Administrative and financial aspects of personnel utilization, including public service rules; post establishment; salaries /wages; payments etc. for Ministry of Health employees
Internal and external pre-service education and in-service training	Training record keeping
Performance improvement	Compliance check, including incentives tracking
Human resources for health analysis, standard criteria setting on production, distribution, and matching needs to demand	Administrative hiring and remuneration-related criteria and employment benefits
National and international coordination and collaboration	Institution-wide coordination and cooperation
Technical functions of information systems	Record keeping and staff databases
Training (within the health resources department) to train staff on human resources development policy, planning and overall modern management methods and techniques, including monitoring and evaluation	Staff development functions
Research, studies and publications	Routine personnel publications

health system. Table 2 illustrates key differences in terms of both structure and function of a human resources development department and that of a personnel department.

Best practice human resources development in some countries has show that while the two departments can function as separate entities, it is recommended that the personnel department operates under the department of human resources development. In cases where countries want to keep the personnel department as a separate entity, it is important to develop a clear-cut coordination mechanism with the human resources development department, so that the required policy and planning analysis is not overlooked.

Today, many countries believe that institutional departments for human resources development are a strategic necessity for the demanding and growing organizational culture of evidence-based health system planning and policy-making. Even so, little attention is given to human resources development, and its institutional location is not yet strategically positioned, particularly in low-

income countries. A shared vision for human resources development in many countries has not been clearly developed to address core issues characterizing human resources for health as a whole and its institutional establishment in particular. Therefore, one of the objectives of this guide is to examine the viability of establishing and maintaining a strong human resources development department, including its added value in boosting institutional capacity and overall performance of the health system.

While many experts today believe that a health system cannot function well without an effective, skilled and motivated health workforce, countries with limited resources remain sceptical about the feasibility of boosting human resources for health, particularly with respect to financial implications. This practical guide tackles human resources for health institutional establishments as one vital aspect of health system development. Therefore, it can be used as a capacity-building tool to improve and sustain organizational performance of ministries of health and national health system performance.

As countries try to follow global and regional guidelines to improve the health status of their populations, serious challenges still hinder progress towards achieving national health objectives and Millennium Development Goals, among others. Assessment and gap analysis carried out in some countries of the Region show that lack of institutional capacity, particularly in ministries of health, is preventing health systems from reaching their potential. This guide is therefore designed to support countries in improving the capacity of national and subnational departments for human resources development as an integral part of improving the performance of the health system as a whole.

2. Guiding principles

Central human resources development departments as well as subnational units are encouraged to use nontraditional, innovative and locally accepted approaches to increase both effectiveness and efficiency of their institutional capacity according to the following guiding principles.

1. Reorient systems, policies and management practices, so that the department is strategically re-positioned and capable of mobilizing, recruiting, deploying and retaining the best performing workforce.
2. Change the image of the department of human resources development through revision of its role and responsibilities. Countries are increasingly recognizing human resources development as a building block

essential to national health system development. Better system performance largely depends on institutional responsiveness in terms of how the health workforce is organized and managed and the level of competency required to deliver an acceptable degree of health care service. Specifically, the present capacity of the human resources development department to meet the complex demand for better health outcomes must be addressed.

3. Make a strategic decision to strengthen human resources development institutional capacity, both at central and subnational levels. This will ensure human resources development policies are more equitable and effective in matching the expectations and needs of the populations served.
4. Provide support to empower human resources development units at the subnational level as necessary. For example, in some countries it is highly recommended to encourage decentralized management of human resources for health at the subnational level. However, for other countries, it is more cost-effective to have one central human resources development department responsible for human resources for health-related issues in the entire country.

Recommended steps for rapid strengthening of human resource development departments:

- **Make political decision to place human resources development at the top of the national agenda**
- **Prepare enabling work environments**
- **Recruit and train a sufficient number of staff**
- **Involve all stakeholders**

5. Transform the central focus of human resources for health from day-to-day procedural and personnel-related duties to the two primary and strategic functions of human resources for health: evidence-based policy-making and long-term planning.
6. Gradually transfer and integrate the personnel departments, through placement and distribution, as well as civil service-related rules and regulations, into the department of human resources development. Nevertheless, skilled staffing is highly recommended to run the administrative and financial aspects of human resources. Additionally, a working relationship and effective coordination has to be established between the two aspects of human resources development. In many countries now, particularly with decentralized health systems, the two departments are merged into a single human resources development department.
7. Carry out an institutional capacity assessment using gap analysis of the existing state of the health workforce and of the central human resources development department. Gap analysis tackles the difference between what currently exists and what should exist as a minimum requirement. It reveals the steps needed to reach the desired state of human resources for health development. Tool 1 has been developed in the Region and is recommended for the assessment (see Part 2). Gap analysis can be used to rationally validate either the need for establishing a human resources development department or for strengthening an existing one. In some countries, such a gap analysis has raised a great deal of awareness and needed political commitment. It has triggered the process of reform to reorient the strategic direction for human resources for health, including the units within the human resources development directorate, and separation of policy and planning, as well as regulatory functions, from the day-to-day procedural duties.
8. Develop and adopt new strategies that address several the various of strained human resources development systems, both at the central and subnational levels. One such strategy will be the organizational restructuring of health-related education, both pre-service and in-service training, aimed at developing, maintaining and improving the clinical and managerial skills of the health workforce.

3. The human resources for health framework

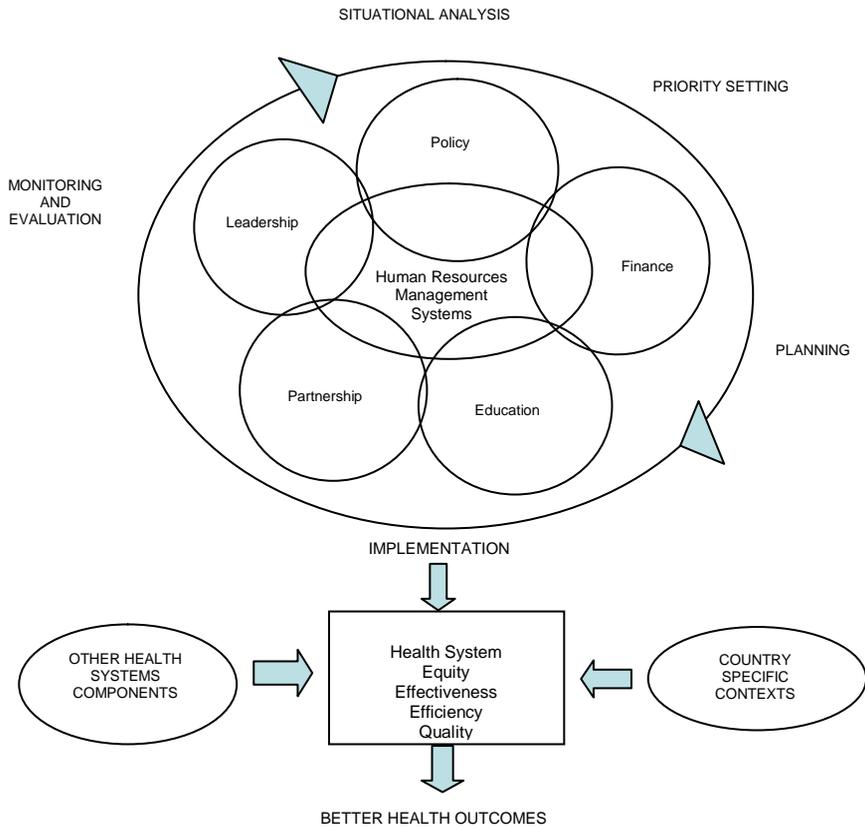
The human resources for health framework indicates how governments and health managers can develop a comprehensive plan to address the critical shortage of health workforce. The benefits of developing and implementing comprehensive human resources for health plans include:

- adequate supply and retention of well-trained health staff
- high levels of teamwork and staff performance
- savings in costs because of reduced absenteeism and staff turnover
- more motivated workforce
- healthier population
- improved health outcomes
- increased access to health care services
- enhanced health interventions and programme outcomes.

The purpose of the framework is to identify and analyse human resources challenges and develop a comprehensive strategy for addressing human capacity development in response to the human resources crisis, especially as it relates to the pressing needs in many countries for scaling up service delivery. The framework is directed towards Ministry of Health department directors, health programme managers, programme directors of specific-disease programmes, such as HIV, malaria, tuberculosis and others, and health system decision-makers.

The framework was developed by representatives of multilateral and bilateral agencies, donors, partner countries, nongovernmental organizations and the academic community, at a technical consultation in Washington, DC, that took place on December 14 and 15, 2005. The meeting was sponsored by WHO and the United States Agency for International Development (USAID). The goal was to agree on a simple but comprehensive technical framework to help countries develop national human resources for health strategies that could be supported by donors and implemented in a systematic manner. Several existing frameworks were examined as part of the process, including the human resources for health development framework.

The framework (Figure 2) presents steps for developing a strategy that will help managers sustain a supply of adequately trained health staff. It examines six components for planning and managing the workforce so that appropriately trained staff are available in the right places at the right time. It also suggests actions that managers and policy-makers can take to address issues in six areas: human resources management, policy, finance, education, partnerships and leadership. Human resources management systems are at the centre of the diagram because of their importance in integrating all the other components. Table 3 is a glossary for the human resources for health action framework.



Source: *Working together for health. The World Health Report 2006*. Geneva, World Health Organization, 2006.

Figure 2. Human resources for health technical framework: achieving a sustainable health workforce

Table 3. Glossary of the human resources for health action framework

Component	Definition	Subcomponents
Policy	Policies, legislation and regulations for conditions of employment, work standards, and development of the health workforce	<ul style="list-style-type: none"> • Strategic directions for human resources for health production and development • Professional standards, licensing, accreditation • Authorized scopes of practice for health cadres • Political, social and financial choices that impact human resources for health • Employment and labour laws and rules for civil service
Human resources management	Integrated use of data, policy, and practice to plan for necessary staff, recruit, hire, deploy and develop health workers	<ul style="list-style-type: none"> • Effective personnel systems: workforce planning, recruitment, hiring, deployment • Work environment and conditions: workplace safety, job satisfaction, career development • Human resources for health information system • Performance management: performance appraisal, supervision, productivity • Staff retention: financial and non-financial incentives
Finance	Obtaining, allocating and dispersing adequate funding for human resources	<ul style="list-style-type: none"> • Salary structure • Budget for human resources for health • National human resources for health accounts • Mobilizing financial resources
Education	Production and continuous development of an appropriately skilled workforce	<ul style="list-style-type: none"> • Pre-service education tied to health needs • In-service training (distance-blended, continuing education) • Capacity of training institutions and training of trainers • Training of community health workers and non-formal care providers
Partnerships	Formal and informal linkages aligning key stakeholders, e.g. service providers, sectors, donors, to maximize use of human resources	<ul style="list-style-type: none"> • Community mobilization: supporting care and treatment, governance of health services • Public—private sector agreements • Mechanisms and processes for multi stakeholder cooperation
Leadership	The capacity to provide direction, align people, and mobilize resources to reach goals	<ul style="list-style-type: none"> • Identify, select and support human resources for health champions and advocates • Leadership development for human resources for health managers at all levels • Capacity for multi-sector and sector-wide collaboration • Modernizing and strengthening associations

4. Establishing national departments and subnational units

4.1 Evolving role of human resources development departments

Traditionally the administrative structure of health organizations around the world, primarily the Ministry of Health in most countries, includes institutional departments for preventive medicine, primary health care, curative care, planning and human resources. However, human resources development departments are often either too weak in terms of technical capability or marginalized and neglected, with limited authority and responsibilities. Nevertheless, policy-makers in most countries have begun to recognize the crucial role of the human resources development department in their ministries of health in implementing and monitoring national policies, and most importantly for the use of evidence-based strategic planning for human resources for health.

As for the subnational human resources development capacity, many countries have neither capacity nor structure, and thus cannot assume necessary responsibilities and tasks pertaining to human resources planning, policy development and management. Some countries have limited capacity, with organizational affiliation to a planning unit. Whatever the structure at the subnational level, the capacity and responsiveness of human resources for health is either absent or quite weak.

In recent years, WHO has been investing in human resources for health. It has worked closely with Member States to advocate and boost human resources for health, demonstrating the critical added value of improving institutional capacity. This has included the use of simple electronic observatories to monitor and match human resources for health needs with anticipated production and national absorptive capacity. Each country can use such a framework after appropriate methodology refinement and careful adaptation to meet the local context for health system development and human resources development needs.

Within the global framework for human resources development, it is recommended that a strong department for human resources development, with a national mandate and well-defined duties and responsibilities, be established centrally at the national level, with corresponding units at the subnational level. These departments and their subnational units can be either independent or part of planning departments, according to the organizational structure of the ministries of health. They should be the organizational base from which all the human resources functions are planned, directed, monitored and influenced. The size and staffing of human resources development departments will depend on the functions they perform, the nature of the health system and the extent to which responsibilities are centralized or decentralized.

At its core mandate, the department will be headed by a highly qualified full-time human resources director-general, director or manager. The selection for this position is extremely important. The

person selected must possess relevant qualifications, experience, administrative capabilities, and other mix of skills required to lead and facilitate the core functions of the department. He or she would normally be a health manager with training and experience in health planning, finance and human resources management.

Sections 4.2 to 4.12 provide guidance on establishing/strengthening national and subnational departments for human resources development.

4.2 Organization and structure

There is no standard organizational chart that can apply to all human resources departments. The department and its organization depend on each country's context for human resources for health, its size and the range of functions and responsibilities designated to it. The same applies to units at the subnational level. The organization of a human resources development department is usually structured to provide the necessary information and support to help in the administration and management of existing human resources and its required planning. The department also creates a spirit of coordination and cooperation with outside agencies and institutions. The department can be modified by the health authorities according to local conditions and the human resources policy in effect. In addition generic terms of reference are proposed.

Given the strategic role and responsibility pertaining to a human resources development department, the director of the department should report directly either to the minister of health or undersecretary. The composition of the department depends on the size and expected functions. Three main functions should always be included (see Figure 3): policy and planning; production (pre-service training); and management; with such supportive activities as advocacy, resource mobilization and engaging key partners, including the private sector.

It is important to point out, that there is no 'one size fits all' formula for the best organizational structure. However, one of the following five options for establishing human resources development departments may apply.

Option 1

The main characteristics of this option include:

- separate department for human resources development;
- decentralized authority;
- direct organizational link to top policy-makers.

This option has been successful in many countries for two primary reasons; first, it includes full authority to work with all partners involved in health sector development; second, there is a direct link to the minister of health or undersecretary.

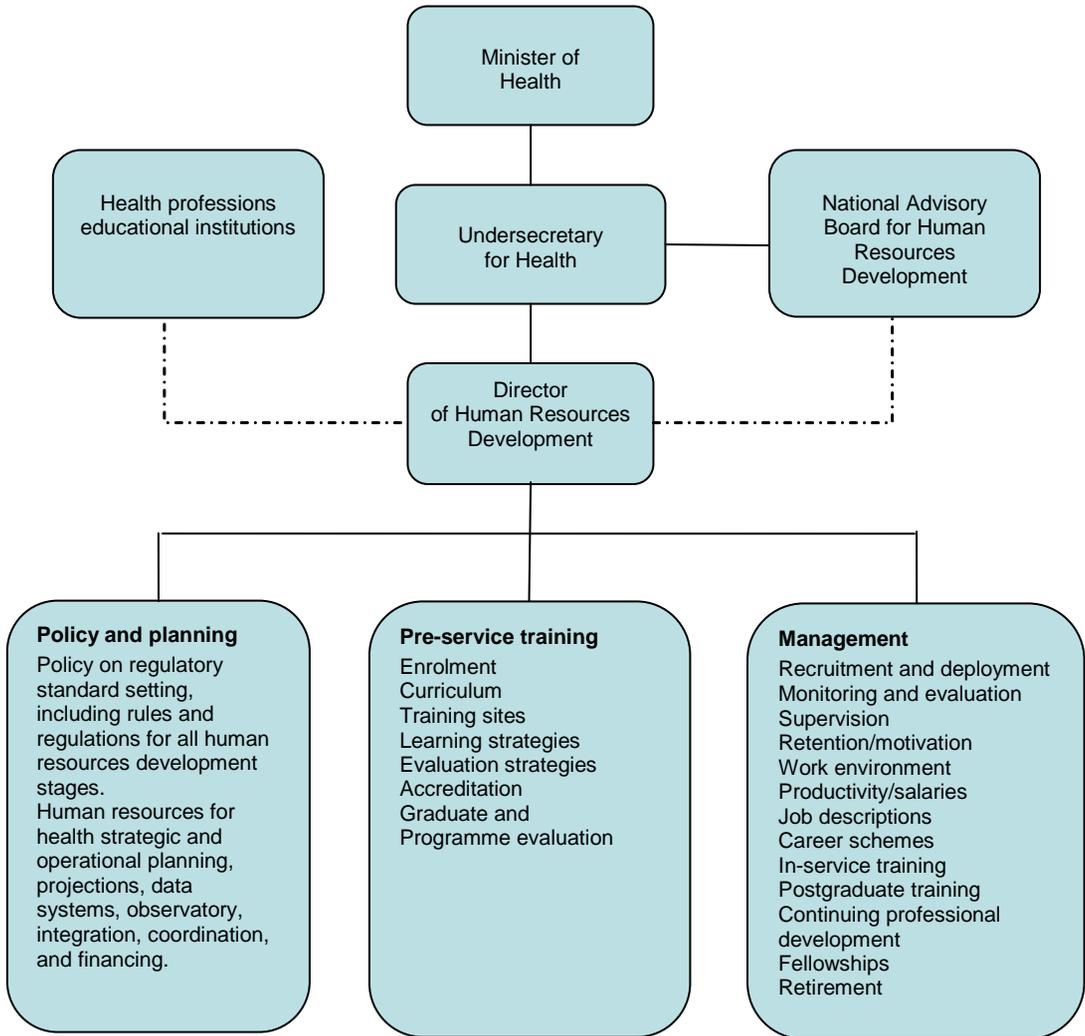


Figure 3. Generic organigram for human resources development department

Option 2

The human resources development department is part of the overall department of planning. This formula has worked in a limited number of countries but did not function well in other countries.

Option 3

The human resources development department is located either inside the ministry of health, or outside and led by an independent director who is elected by a national council for human resources for health. Little is known about this option and its cost-effectiveness.

Option 4

There are two departments: human resources development and personnel. The personnel department is under the human resources development department. This means that either human resources development is responsible for the department of personnel, or that human resources development is under the department of personnel.

Option 5

The departments of human resources development and personnel are combined. While this option is recommended by some countries there has been no evidence of its effective function. Leadership as well as ownership of the department should rely on human resources development functions. Accordingly, the personnel manager should report to the director of human resources development.

Proposed staffing and resources for a human resources development department are:

- a full-time director of human resources development;
- a part-time director of human resources development;
- a manager of each unit within the department;
- a deputy director of human resources development;
- a limited number of staff (1–3);
- an allocated budget;
- use of transport for the department including field supervisory visits.

Based on the organizational options and patterns of human resources for health staffing, five steps to assess staffing and resources are proposed. Additionally Tool 2 (see Part 2), a quick diagnostic worksheet, is suggested for directors of human resources development and their teams to determine the status of the existing human resources department. The five steps are as follows.

1. Review carefully the list of characteristics and identify those that exist or apply to the department.
2. Identify characteristics in the list that are missing or do not exist in the human resources development department

3. Conduct team analysis on the missing characteristics, and propose those characteristics considered appropriate to the revised strategy.
4. Identify actions for improvement.
5. Determine realistic subsequent measures aimed at upgrading institutional capacity of the department.

4.3 Functions

A human resources department has three core functions: human resources policy and planning, production, which includes any pre-service training of the health workforce; and management of human resources for health.

a) Policy and planning

For the first function, that of policy and planning, the following are recommended.

1. Specify the numbers, skills and utilization pattern of human resources needed to improve health up to the targeted level.
2. Formulate, update and monitor human resources for health plans and policies with ongoing analysis on matching human resources system to health trends and needs.
3. Involve all stakeholders in the planning process and policy development through consensus building and formal meetings and roundtables.
4. Develop an action-oriented plan of implementation to transform policies into practice with timetable, ownership for responsibility accountability and performance indicators.
5. Develop and update regulatory standards and rules with a measurable compliance system.
6. Initiate and carry out operational research and studies on human resources for health priority areas of the country.
7. Use the human resources for health observatory for evidence generation and rational decision-making.
8. Conduct mid-term evaluation to check policy implications and implementation of the human resources for health plans.

b) Production (pre-service training of health workforce)

For the function of production the following actions are recommended.

1. Build and sustain close institutional coordination and collaboration with all educational institutes outside the ministries of health.
2. Identify quantitative and qualitative pre-service education and training needs of specific categories of the health workforce.
3. Develop, facilitate, coordinate and implement training programmes and activities of the health workforce with focus on competence building for major health professionals, including skill mix, with a focus on nurses, midwives and frontline and outreach community health workers, aiming at scaling up rapid service delivery.

4. Monitor and evaluate quantitative and qualitative aspects of training activities and programmes, including compliance to pre-determined training needs.

c) Management

For the third of the core functions, that of human resources for health management, the following actions are recommended.

1. Develop and maintain reliable human resources for health data systems, both at the national and subnational levels, including establishing a functioning observatory to consolidate all activities pertaining to human resources for health data collection, analysis and overall management.
2. Develop a supportive and consolidated supervision and monitoring and evaluation system with baseline and benchmark measurable indicators to check implementation status of the endorsed plans and policies and compliance to the nationally approved standards and regulations (e.g. accreditation, licensing, and certification of both health institutions and its workforce).
3. Monitor compliance to recruitment policies and utilization of human resources for health, including career development systems, performance-based incentive schemes and overall progress of continuing profession development.

Other supportive functions of human resources development departments are:

- Formulation of evidence-based plans, policies, programmes and regulatory standards related to production, deployment, utilization and expert services, such as accreditation, licensing and certification among others;
- provision of relevant training programmes and activities for specific categories of the health workforce covering both quantitative as well as qualitative aspects of training and human resources capacity building;
- institutional performance-based monitoring and evaluation;
- intersectoral coordination and partnerships;
- conduct of studies and operational research on human resources for health to generate evidence and reliable data for decision- and policy-making;
- provision of policy advice to policy-makers and legislators;
- advocacy;
- resource mobilization;
- regulatory oversight.

4.4 Terms of reference for national units

These terms of reference are recommended as a generic description for a human resources development department. Based on the human resources development context of each country, further refinement of methodology and local adaptation might be needed.

Definition

The department of human resources development at the central level is an integral part of the organizational structure of the ministry of health. It has institutional mandate to maintain, improve and sustain key functions and activities pertaining to human resources for health. This includes planning, implementation of national policies, and overall management of the health workforce in accordance with endorsed rules and regulations. The subnational units of human resources development are operationally linked to the overall national structure and functions. Accordingly, such units should actively participate in all activities pertaining to the tasks and responsibilities of the human resources for health mandate, including planning and management. Based on the size and resources of a given country, a decision may be taken to establish a small subnational unit in each province or district with at least one manager, while sharing other functions with other units, e.g. planning, statistics, information technology, management information system and support services among others. Alternatively, the unit may become part of the planning unit with a clear description of role and functions and work plan for human resources development.

National mandate

The department of human resources development should serve as a national resource and reliable reference for strategic and operational issues pertaining to human resources for health planning, policies and related legislation and regulations. This should include the preparation and production of accurate, timely and up-to-date human resources for health data required for evidence-based decision-making and policy development and improvement.

Duties and responsibilities

The duties and responsibilities of the human resources development department are as follows.

- Prepare the human resources development annual work plan for the central department, and assist in the development of annual work plans for subnational units.
- Develop and maintain an electronic and dynamic human resources for health observatory containing detailed health workforce profiling, excluding non-essential workers, such as clerks, cleaners, guards, secretaries and others.
- Identify recruitment needs for key categories of the health workforce by a certain date of each year, based on the absorptive capacity and recruitment rate of the previous three years.
- Develop a special plan for needs-based recruitment countrywide, particularly in areas with proportional disparity and high shortages.
- Work closely with national, regional and international partners with formal and informal

coordination mechanisms. It is highly recommended that a human resources for health coherent coordination platform (human resources for health council) for national partners be established. Each country can draft its own terms of reference for such a council.

- Provide leadership in implementing all tasks pertaining to human resources development key functions, including matching needs to needs-based distribution of the health workforce and monitoring all training activities throughout the country. This includes both governmental and nongovernmental training for internal as well as external training.
- Coordinate human resources capacity development with the subnational units, especially basic training and continuing professional development.
- Participate in the selection and advertisement required for recruitment of health workers, including compliance to pre-established requirements and equal employment criteria.
- Submit a quarterly follow up progress report on the status of human resources and training, which should:
 - make a short situation analysis on the status of human resources for health in the country with specific before and after comparison and updating of number and mobility, or redistribution of the health workforce nationwide with legitimate and approved justifications;
 - assess conditions of training sites;
 - make all necessary arrangements for training-related accommodation;
 - monitor the quality of training in accordance with pre-established quality standards for training of health personnel; for example, compliance to training guidelines for nurses and midwives;
- coordinate with the concerned governmental and nongovernmental agencies concerning rules and regulations for examinations and compliance to scientific, organizational and ethical requirements;
- monitor the actual conduct of training and compliance rate in the reports submitted quarterly from the subnational units;
- supervise and closely monitor implementation of contracts for specialist doctors in those countries in which doctors are required to spend a certain number of years outside urban areas, primarily in underserved locations; a report should be made immediately in case of any violation or contract break;
- coordinate and support activities of existing training institutions in accordance with national needs and requirements;
- deliver and participate in capacity-building efforts to improve staff and institutional development, including close coordination with the department of planning and any other governmental and nongovernmental organizations.

Staffing profile

The qualifications of people who run the department of human resources development, both at the central and subnational level, are crucial to the strategic role of human resources for health in the country. Therefore, qualified leadership should be selected based on merit and predetermined professional criteria. The same applies to other essential staff working in the department. Tool 3 (see Part 2) is a generic job description for the director of human resources development that could be used as a basis for staffing such a position.

Strengthening ownership and leadership allows focus on the macro level issues pertaining to human resources development policies, planning and the overall management of the health workforce in the country. This leaves the micromanagement, procedural and day-to-day duties to an administrative unit.

4.5 Governance of human resources development

One of the primary objectives of national human resources development for health departments in most countries is to use evidence-based and systemic approaches in responding to the challenges they face. This is particularly so in those countries with significant imbalances and regional disparities. It is expected therefore, that strengthening functions of central human resources development departments with subnational units will change the traditional governance role from merely procedural to strategic operations. This entails both short and long-term planning to determine numbers, skill mix, and balanced deployment of health workers in order to meet the needs and expectations of the population served, regardless of location and socioeconomic factors. Furthermore, the central directorate also covers education and training, incentives, working conditions and monitoring the performance of personnel. As such, a great deal of cooperation, coordination and national consensus among partners and key stakeholders of the health sector countrywide is required. In addition, leaders and high level managers in ministries of health, universities, the private sector and all other partners, in agreeing solutions together, need to take into account the multiple dimensions of the issues and challenges characterizing the health workforce in the Region as a whole.

4.6 Observatory-based data analysis

The establishment of a functioning human resources for health observatory is the first step that each country should undertake to boost the organizational culture of evidence-based planning and strategic thinking. Once countries make the commitment to launch an observatory, WHO can provide technical support to develop and sustain the functions, including training, production

of static and dynamic reports and linking to the regional and global networks. As previously mentioned, the need for accurate and timely information concerning human resources availability and utilization patterns is essential for rational planning, forecasting and evidence-based policy-making. Information routinely collected from various units of the health system countrywide should be analysed, tabulated and communicated to various units as an integrated and coherent system. This is usually done by the statistics unit within the overall guidance and monitoring of the human resources department and its subnational units.

4.7 Implementation and monitoring of national policy

Once a national policy for human resources is developed and adopted, the human resources development department becomes the national resource responsible for implementing and monitoring that policy. Suggestions for updating or changing any provision in policy pertaining to human resources for health usually comes from the department and is discussed and considered by the human resources for health national coordination council before being adopted or rejected.

4.8 Sustainable planning and programming capacity

Human resources planning and programming must address development of sustainable human resources planning capacity at the national and subnational levels. This capacity needs to be developed in line with the objectives of national health policies and priorities. A minimum capacity development package should be developed based on the context specific to the country. A generic model is provided in Tool 4 to improve planning and management of national human resources development departments and subnational units.

4.9 Coordination and cooperation

This function is vital to consolidate all efforts into one coherent strategy for human resources for health countrywide. One important reason why such close and integrated coordination is crucial is because outside agencies and institutions, with which coordination and cooperation are essential, are not controlled by the human resources development department and tend to operate quite independently. Therefore, coordination and cooperation are needed with all segments of the health system in order to clearly identify their human resources needs and goals, and with the producers of human resources to make sure that their products are educated and trained in a way that fits the needs of the health system in the entire country. Accordingly, coordination functions can be twofold: one internally with various segments of the health system, and the other externally with outside agencies and institutions.

4.10 Continuing professional development

The importance of continuing professional development cannot be overstated. It should be mandatory for all categories of health workers and should be linked with promotion and professional advancement. Whether this activity is the responsibility of the human resources

development department or perhaps an independent professional body, functioning continuing professional development schemes, such as the point system, should be created, implemented and monitored for all professional categories in the health sector. The overall volume of continuing professional development activities and its legal implications would probably be a decisive factor.

4.11 Terms of reference for subnational units

Definition

These terms of reference are only applicable to countries where a subnational structure for human resources for health exists or is viable. Such subnational units are integral to the organization of the Ministry of Health which has institutional mandate to maintain, improve and sustain key functions and activities pertaining to human resources for health. Such functions include planning, production, management and utilization of national policies and day-to-day performance of the health workforce.

Duties and responsibilities

The duties and responsibilities of a subnational human resources development unit are as follows.

- Prepare the human resources for health annual operational plan.
- Identify local needs for all human resources categories for the coming year by a specific date each year, based on the absorptive capacity and recruitment of the previous year.
- Develop a plan containing local needs for all categories of the health workforce, taking into account priority equitable deployment throughout the province and districts with the highest shortages.
- Provide leadership in implementing all tasks pertaining to human resources for health key functions, including matching needs to fair distribution of the health workforce and monitoring all training activities. This includes both governmental and nongovernmental training.
- Coordinate with the central national department of human resources development concerning pre and in-service training and other important areas needing continuous coordination and cooperation between national and subnational levels.
- Participate in the selection and advertisement required for the health workforce, including compliance to pre-established criteria.
- Submit a quarterly follow up progress report on the status of human resources and training. Include a short situation analysis on the status of human resources for health in a given province or governorate. This should contain specific before and after comparison and updating of number and mobility or redistribution of all categories of health personnel and allied health workers with legitimate and approved justification. It should also report on conditions of training sites.

- Make all necessary arrangements for training accommodation.
- Monitor the quality of training in accordance with pre-established quality standards for training of health personnel, e.g. compliance to training guidelines for nurses and midwives.
- Coordinate with the institutions involved with respect to rules and regulations for examinations and compliance to scientific, organizational and ethical requirements.
- Monitor the actual conduct of training and include the compliance rate in reports submitted quarterly to the national level.
- Supervise and closely monitor implementation of contracts for specialist doctors who are required to spend two years at a subnational level facility; a report should be made immediately in case of any violation or contract break.
- Coordinate and support activities of other training institutions in the given province or governorate, such as medical, nursing or continuing professional development settings in accordance with national requirements and guidelines.
- Deliver and participate in capacity-building efforts to improve staff and institutional development, including close coordination with the department of planning and any other governmental and nongovernmental organizations.

4.12 National advisory board for human resources development

In order to bring together all stakeholders from the different health care providers and sectors to actively participate in and contribute to the process of human resources development, it is recommended that a national advisory board be established and sustained. The Board is expected to play an advisory role in guiding the process of policy setting, planning and evaluation for national human resources development. The following terms of reference are relevant.

- Serve as a recognized consultative body to provide technical insight and advice on possible policies, scenarios and options pertaining to strengthening institutional capacity-building for human resources development.
- Coordinate major issues of national interest pertaining to human resources for health.
- Meet at least once a year.
- Assure wide national participation of key stakeholders, including government, private sector, academia, nongovernmental organizations, and other civil society organizations and international partners.
- Assist in design and protocol development of operational research and studies undertaken related to human resources for health.
- Advise on technical reports and other publications which the department should produce to address priority areas and issues in relation to national human resources development.
- Coordinate national activities pertaining to the planning, production and management of human resources for health.

5. Sustaining departments and units

Once the country has established fully functioning institutional capacity in the form of departments and units, the following sequential actions are proposed to maintain and continuously improve the strategic position of human resources development.

1. Long-term vision

Develop a long-term vision statement reflecting the benefits of human resources for health investment by ensuring political commitment and allocation of needed resources to the human resources development departments and units, including both human and non-human resources. It is highly advisable that each country, with the support of the WHO, develops a standard human resources development capacity package to serve as a minimum requirement.

2. Shared mission

Develop a shared mission statement to justify the purpose of establishing a strong human resources for health department and subnational units.

3. National scope

Include subnational and peripheral human resources development units for the continuous improvement of human resources for health.

4. Monitoring and evaluation and gap analysis

Use performance-based monitoring and evaluation to measure the quantity and quality of change and carry out regular gap analysis to determine existing versus required institutional capacity. Tool 5 is recommended for institutional assessment.

5. Staffing profile

Assess and determine staffing needs based on the terms of reference described and approved minimum credentials (this assessment should be case sensitive and conducted on a country-by-country basis).

6. Leadership and management

Define leadership and management training needs to develop and upgrade staff compatibility responsible for day-to-day operations of the human resources development department and its subnational units.

7. Policy briefings

Maintain regular contacts with policy-makers (either the minister or undersecretary of health) and two-way communication and documentation of the policy briefing results.

8. Rectification

Develop a plan to rectify differences between existing and needed capacity of the human resources development department and subnational units.

9. Human resources development skills

Develop, implement and maintain human resources development skills packages for national and subnational staff.

10. Institutional workplans

Develop well-defined institutional annual workplans for national and subnational level.

11. Individual staff workplans

Based on the departmental workplan, develop well-defined individual workplans for at least six months ahead, with performance-driven measurable indicators.

12. Group learning

Encourage a culture of group learning via internal capacity-building sessions.

13. Staff meetings

Conduct regular staff meetings, preferably on a weekly basis, with explicit agenda covering brief updating and staff sharing of progress made in accordance with the endorsed workplan.

14. Stakeholders' platform

Create a workable and coherent national platform for all human resources for health stakeholders, including community representatives.

15. Recruitment

Recruit and train highly qualified staff via transparent procedures at all levels of health-care delivery.

16. Electronic support

Use electronic means to automatically perform key functions of human resources for health. This should be done through the establishment of a human resources for health observatory in collaboration with WHO.

17. Evidence-based planning

Use measurable indicators and data of human resources for health mapping to set realistic targets pertaining to anticipated production and absorptive capacity for at least three years.

18. Research

Conduct statistical trend analysis and carry out operational research on high-risk, high-volume and problem issues, such as retention strategies, migration, brain drain and performance-based incentives.

19. Use of population-based data

Make use of available data from all sources in order to generate population-based ratios and comparisons countrywide. Use the results to improve decision-making on deployment of health

workers in an equitable manner, to target the most marginalized areas with severe workforce shortages, and to maintain a balanced skill mix.

20. Knowledge sharing

Develop an effective dissemination and reporting system to publish and share human research for health related issues at the country, regional and global levels.

21. Effective networking

Maintain a national, regional and global network to share information and best practices in the area of human resources for health.

22. Consensus building

Organize an annual conference to present human resources for health status. Use consensus building to improve coordination and collaboration for human resources for health at the country, regional and global levels.

23. Progress reports

Publish a newsletter outlining national health resources for strategic objectives, key achievements and prospects for continuous improvement.

6. Getting started: 8 practical steps in building sustainable capacity for human resources development departments

1. Form a national task force
2. Seek technical support needed
3. Develop and maintain consensus building
4. Review and improve implementation procedure
5. Establish legal framework
6. Develop a sustainability strategy
7. Develop and use monitoring and evaluation system
8. Produce strategy for continuous institutional improvement

Step 1: Form a national taskforce for human resources development with wide participation of partners and stakeholders

Membership should include:

- Ministries of health in a leadership and ownership role; responsible for drafting well-defined and coherent terms of reference reflecting the national mandate for human resources development within the context of sector-wide health system development.
- Universities (medical, pharmacy, dentistry, nursing, allied health personnel and other health education and training institutions).
- Other line ministries, particularly those of higher education, labour, planning, finance, social affairs, military sector, and civil services administration.
- Professional associations, syndicates and societies.
- Private sector.
- Civil society and nongovernmental organizations involved in health.
- Community representatives and advocates.
- International agencies, including the WHO.

Step 2: Seek technical support needed

- Conduct situation analysis using Tool 1 and Tool 2.
- Prepare a suitable profile for national human resources development departments with minimum organizational requirements, using Tool 1 and Tool 4.
- Prepare best profile for subnational units if needed, with minimum staffing and structural requirements using Tool 5.
- Develop manuals or standard operating procedures for the human resources development departments. Include the best appropriate structure and functions workable for the country's context for health system development and human resources development in particular.
- Develop a long-term sustainability plan for national (and subnational) human resources development departments with a plan of action consisting of a logical framework and results-based planning, including a monitoring and evaluation system.

Step 3: Develop and maintain consensus building

- Hold systematic and well-organized stakeholders, meetings and round table open discussions with partners.
- Present achievements against plans aiming at obtaining maximum involvement and feedback.
- Review results in terms of best practices in human resources development implementation and agree on what does and does not work for the country for further human resources for health strengthening.
- Review and determine the status of alliances with human resources for health regional and global partners.
- Review structure and functions of the national human resources development council.

Step 4: Review and improve implementation procedure

- Develop a standard and minimum capacity package for human resources development, including basic infrastructure requirements.
- Develop and agree on realistic mechanism for implementation, including timetable and measurable indicators.
- Use supportive supervision and monitoring and evaluation. Employ practical and straightforward systems to check progress against targets and achievements on a regular basis (at least quarterly).
- Develop a system for continuous human resources development training to rectify deficiencies and bottlenecks encountered during implementation.

Step 5: Establish legal framework in collaboration with relevant stakeholders

- Equity parameters for recruitment, deployment and transfer of health workers.
- Compliance to career pathways linked to realistic incentives to serve in disadvantaged areas;
- Licensing and re-licensing;
- Certification and re-certification;
- Accreditation of health institutions (both public and private);
- Ethics and legal actions against negligence and malpractice.

Step 6: Develop a sustainability strategy

- Develop and update a strategy for human resources for health and guide the department for human resources development in further strengthening.
- Review and rectify pending and anticipated human resources issues in terms of migration, brain drain, turnover among the public health workforce etc.
- Evaluate the balance between current and projected production with regard to needs and demands for the next five to ten years.

Step 7: Develop and use monitoring and evaluation system

- Develop an annual monitoring and evaluation plan for human resources with measurable and results-based indicators.
- Check progress against standards and target indicators pertaining to national, regional and global goals for human resources development and objectives for health.
- Develop baseline and benchmark indicators with well-defined indicators concerning production, absorptive capacity and anticipated needs nationwide and in each province or district.

Step 8: Produce strategy for continuous institutional improvement

- Review both quantitative and qualitative aspects pertaining to the health workforce in the country.
- Review and evaluate current production capacity of health education institutions and the quality of graduates.
- Review performance and achievements of continuing professional development and define core competencies needed that should be incorporated into national training plans.

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Part 2. Institutional strengthening tools

Tool 1. Organizational assessment tool for national human resources development department/unit

Human resources development department/unit					
Country: Department: Director: Location: Dates:					
Assessment component	Available/ number/date	Not available	Verification means	Status	Proposed rectification
1. Policies					
2. Plans					
3. Staffing					
3.1 Technical staff					
3.2. Support staff					
4. Systems:					
4.1 Management/organization					
4.1.1 Departmental workplans					
4.1.2 Individual workplans					
4.1.3 Standard operating procedure					
4.1.4 Staff attendance					
4.1.5 Regular staff meetings					
4.1.6 Monthly performance review meetings					
4.1.7 Staff performance appraisal system					
4.1.8 Documentation/record keeping					
4.1.9 Formal internal and external coordination					
4.2 Support systems					
4.2.1 Administration/secretarial					
4.2.2 Personnel					
4.2.3 Human resources for health observatory					
4.2.3.1 Information/ statistics department					
4.2.3.2 Outlook					
4.2.3.3 InternetS					
4.2.4 In-house training					
4.2.5 Supervision					
4.2.6 Monitoring and evaluation					
4.2.7 Logistics/science and engineering					
4.2.8 Finance					

Tool 2. Rapid diagnostic worksheet

No.	Characteristics	Present	Missing	Proposed	Action for improvement
1	Separate human resources development department				
2	Decentralized authority				
3	Direct organizational link to top policy-makers				
4	Human resources development is part of the planning department in the ministry of health				
5	Human resources development is not part of the planning department of ministry of health				
6	Human resources development is inside the ministry of health				
7	Human resources development is outside the ministry of health and led by an independent director who is elected by a national council for human resources for health				
8	Human resources development is responsible for the department of personnel				
9	Human resources development is under the department of personnel				
10	Combined department of human resources development and personnel				
11	Full-time director of human resources development				
12	Part-time director of human resources development				
13	Availability of full-time manager of each subunit of human resources development department				
14	Tools and guides for planning				
15	Technical profiles of staff including competencies, etc.				
16	Authoritative body such as a high level committee/ advisory group.				
17	Use of electronic procedures				
18	Allocated budget for human resources development department				
19	Working vehicles/cars for department use including field supervisory visits				

Tool 3. Staffing profile

Title: Director of human resources development

Organization:

Location: Central _____ Peripheral (specify) _____

Report to: Minister ___ Deputy/Undersecretary ___ Other _____

The director, general director or manager of human resources development has a primary responsibility for providing strategic direction and technical leadership pertaining to human resources for health countrywide. He/she is also responsible for providing an overall management of the department and its sub-national units (in provinces/governorates/states...etc).

Specifically, the director:

- Carries full authority and accountability for human resources development operations
- Facilitates drafting human resources development related policies
- Coordinates and facilitates dialogue, partnerships, synergy and catalytic collaboration among partners and key stakeholders
- Sets and pursue results-based plans to implement national human resources for health policies.
- Monitors closely performance and results achieved by the department in accordance with agreed upon plans
- Develops and implements an effective feedback system for policy making.
- Prepares regular progress reports and policy briefs.
- Represents human resources for health in national, regional and international meetings and consultations.
- Coordinates closely with partners and stakeholders, including health education institutions and universities, professional associations, private sector, other governmental agencies, international agencies active in the health sector and community representatives, including civil society and nongovernmental organizations.
- Develops annual plan for human resources development with projections for at least five years or longer

In addition, it is highly recommended that an authorized **deputy director** for human resources development is appointed and empowered to act accordingly in the absence of the director.

Managers of the main units have to be also recruited to manage the related functions and subfunctions of the human resources development department.

Sample of common qualifications and minimum credentials

- The director of human resources development department should have a university degree in health related fields or management preferably with public health background.
- Experience in human resources development or training in management is highly recommended.
- If experience in human resources development is not available, the newly appointed or current director shall undergo a comprehensive and thorough orientation and training on the modern management skills and competencies required for such critical post.
- Managers of sudepartments or subnational units preferred to have exposure to management/administration with degree in health or management.
- Competent IT/MIS technician, preferably with orientation in health related fields. This technician will be also responsible for the human resources for health observatory operations.

Tool 4. Semi-structured questionnaire to assess the national human resources development

1. General data

1. Name of the unit of human resources:
2. Country: Date:
3. Name of the person that answers the questionnaire:.....
4. Position of the person that answers the questionnaire:

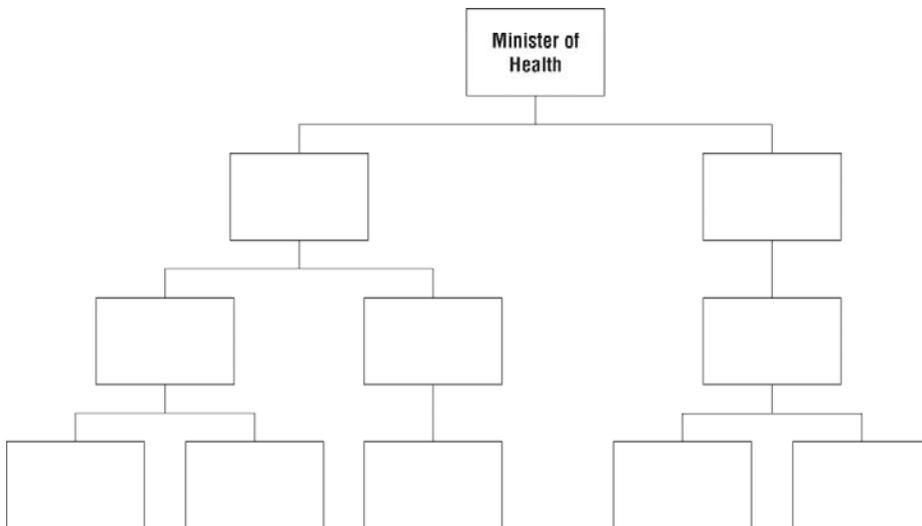
2. Structure

Organizational history

5. In what year did this unit begin to function?

Complexity

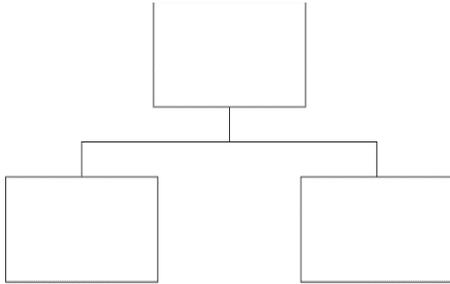
6. How many units or structures of human resources has the ministry in order to serve health sector needs?.....
7. Please identify the position of the human resources development unit(s) in the organizational structure of the Ministry of Health



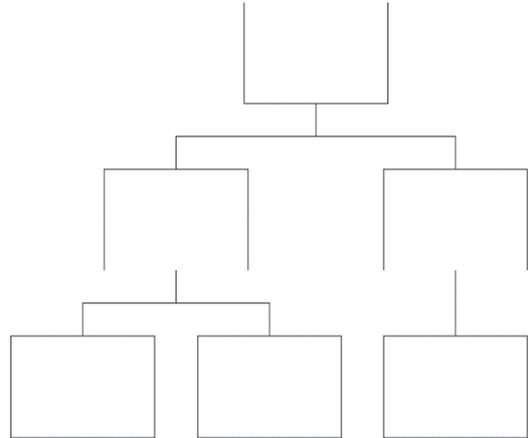
8. Does the unit have an organization chart? Yes () No ()

9. Which of the following organization charts reflects better the existing decision-making levels? (Mark with X the option that resembles more the reality of the unit—the top box shows the head of the unit)

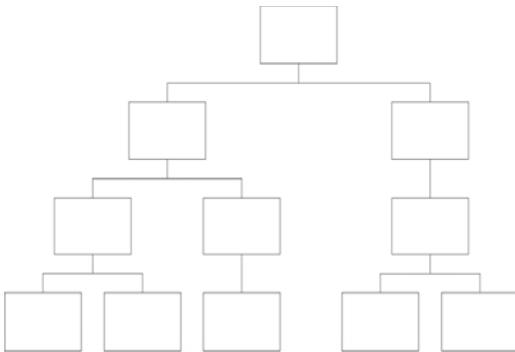
a. One level



b. Two levels



c. Three levels



d. Others (to specify):

10. How many areas or divisions or departments does the unit comprise?

11. Which areas does this unit deal with?

- a.
 - b.
 - c.
 - d.
- Others:

Structuring

12. Does the unit have a document which defines the organization and functions of the unit?

Yes ()

No ()

If yes: What is the name of the document?

13. When was the document issued?(year)

14. Has it been updated? Yes () No ()

15. If yes, when was it updated for the last time? (year)

3. Human resources

16. How many staff work in the unit?*		17. How many of them have contracts (...)?			
Type of staff	Number of staff	a. For indefinite time and social benefits (name two)	b. For limited time (fixed term contracts, by non-personal services)	c. Others	d. Observations
a. Professionals					
b. Technical personnel					
c. Administrative					
d. Others (specify)					
e. Total of workers in the unit					

18. Among the personnel of the Unit:	19. How many have postgraduate training (please specify human resources development (HRD) related and others):								20. Total
	a. Doctorate		b. Masters		c. Diploma		d. Specializations/ graduates		
	HRD related	Other	HRD related	Other	HRD related	Other	HRD related	Other	
a. Professionals									
b. Technical personnel									
c. Administrative									
d. Total									

With respect to the director

21. How many directors have occupied the post in the unit in the last 5 years?
22. How many years has the current director been working in the unit?
23. How many months of experience has the director of the unit working in human resources? (e.g. If worked a year and three months, allocate 15 months)

With respect to staff training

24. How many training courses in HRD have been organized or proposed for your implementation by the unit in the last two years?
25. Did staff of the unit receive at least one training course in technical subjects related to your work last year?
Yes () No ()

4. Infrastructure and equipment

26. How many offices does the unit have?
27. Has the unit always functioned in the current site? Yes () No ()
If no, what reasons led to the change of site?.....
.....
28. Is the physical space for the units sufficient for the personnel to fulfill their tasks? Yes () No () If no, why?.....
29. How many people can the conference room accommodate?
30. How many meeting rooms does the unit have?

31. How many computers in <i>functioning</i> order are available at your insitution according to type? (Multiple response)	
Type of equipment	Number of equipment
1. PC Pentium IV or equivalent	
2. Laptop	
3. Servers	
4. Others (to specify)	

32. Does the unit have Internet connection? Yes () No ()
If yes, do all staff of the unit have a connection? Yes () No ()
33. Is the telephone access sufficient for the operations of the unit? Yes () No ()
34. What are the available multimedia (i.e. overhead projector, LCD, photocopier, etc.) equipment in the Unit?

5. Financial resources

35. What budget is available at the unit for your intervention in the years 2005, 2006 and 2007?						
	2005		2006		2007	
	Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
Total budget of the unit (in US dollars)						

36. Currently the unit has signed agreements with international cooperation? Yes () No ()

37. What are these agreements?

- a.
- b.
- c.
- d.
- e.

38. With what institutions are there signed agreements?

- a.
- b.
- c.
- d.
- e.

6. Management

Functions and scope of management

39. Which of the following functions does the unit carry out?

- a. Policy-making ()
- b. Preparation of standards, regulations, directives ()
- c. Regulation of the education and training of human resources ()
- d. Administration of ministry of health staff (i.e. recruitment, deployment, etc) ()
- e. Payroll management ()
- f. Administration of leaves and pension issues of the personnel of the institution ()

40. What is the scope of the actions and management that the unit carries out?
- a. Institutional (involves only at the level of Human Resources of the Ministry of Health) ()
 - b. Sectoral (involves at the level of all the health sector) ()
 - c. Extra-sectoral (involves other ministries or sectors) ()

Coordination and consensus-building

41. Does the unit participate in coordination and/or interinstitutional consensus-building between the State and private sector/civil society in subjects related to the education and the management of the work?

Yes () No ()

If it participates: In which way do you participate?

- a.
- b.

42. Does the unit participate in coordination and/or consensus-building between the state and the professional associations and trade unions in health on the subject of human resources?

Yes () No ()

43. Does the unit involve in dialogue with other providers of services (i.e. mutuality funds, social insurance, private, etc.)?

Yes () No ()

Planning and strategic tools

44. Does the unit have some of the following management tools? (Please collect a copy of the available ones)

45. Is this instrument currently applied? (Please collect a copy of the available ones)

- | | | |
|---|---------|--------|
| a. Vision of the unit | Yes () | No () |
| b. Mission of the unit | Yes () | No () |
| c. Strategic plan of human resources development | Yes () | No () |
| d. Plans of operation or annual programming | Yes () | No () |
| e. Planning of demand and supply for human resources development in the country | Yes () | No () |
| f. Priorities for training | Yes () | No () |
| h. Annual budget | Yes () | No () |
| i. Monitoring and evaluation system | Yes () | No () |

On the *priority subjects of human resources* in the health sector and the agenda of the unit:

46. What were the issues discussed in human resources development policies during the last year in the health sector?

- a.
- b.
- c.
- d.
- e.

47. What were the subjects prioritized during the last year for the work of the unit?

- a.
- b.
- c.
- d.
- e.

On the design of policies and standards for human resources for health and the contribution of the unit in your formulation:

48. Does a national policy of human resources development exist? (Mark with X) Yes () No ()

49. Are there advances on the issue of incentives for staff of the human resources development unit? Mark with a cross as the case may be.

	Little progress				Advanced pointed out
<i>Incentive systems</i>	1	2	3	4	5
a. Existence of incentives in order to promote continuing education					
b. Existence of incentives in order to promote specialization					
c. Existence of incentives in order to reward the performance					
d. Others (to specify)					
	Limited promotion				Great promotion
e. To what degree has the unit promoted systems of incentives?	1	2	3	4	5

50. Is there an information system on human resources? (Mark with X) Yes () No ()

51. If yes, is it separate or integrated? Yes () No ()

Tool 5. Minimum capacity package recommended for strengthening subnational human resources

1. Structure related requirements	Minimum standard	Existing	Difference	Rectifying measures for improvement	Remarks
1.1 Human resources					
1.1.1 Director	Preferred to have exposure to management/ administration with degree in health or management public health				
1.1.2 Manager of basic and in-service training: <ul style="list-style-type: none"> • Internship and other trainees and students • Registrars • Other internal and external training and fellowships 	Health officer with successful completion of the endorsed management package training and orientation at the central directorate of human resources for health development				
1.1.3 Statistician/IT technician and data analyst	Bachelor of Science or health officer				
1.1.4 Administrative assistant					
1.2 Non-human resources					
1.2.1 Organizational chart, including director and: <ul style="list-style-type: none"> • IT/MIS/ human resources for health observatory • Academic coordination (education, continuing professional development and other training activities) 	At least one approved and displayed per directorate and programme				

1. Structure related requirements (cont.)	Minimum standard	Existing	Difference	Rectifying measures for improvement	Remarks
1.2.2 Job descriptions • Director • IT office	1 approved and displayed per each technical/essential staff				
1.2.3 Policies	Each department has copies of human resources for health policies available, accessible, understandable and followed with documentation				
1.2.4 Plans	Each department has its own plan of work for one year				
1.2.5 Systems: • Monitoring and evaluation/supervision • Continuing professional development • Electronic system (human resources for health observatory, connectivity, web application, telemedicine etc.) • Support systems (logistics, transport, storage, S&E.) • Office keeping/filing/record system • Coordination system (local and regional, e.g., academic/teaching affairs and national)	Each system shall have explicit standard operating procedure with responsibilities and duties				
1.2.6 Space/offices	As appropriate				
1.2.7 Furniture	As appropriate				
1.2.8 Databases	At least one database per human resources for health department				
1.2.9 Computers	One set per director, one per essential staff and one per support staff				

1. Structure related requirements (cont.)	Minimum standard	Existing	Difference	Rectifying measures for improvement	Remarks
1.2.10 Printers	One per department				
1.2.11 Fax machines	One per department				
1.2.12 Photocopiers	One per department				
1.2.13 Scanner	One per department				
1.2.14 Telephones	At least one line per department				
1.2.15 Connectivity	DSL or at least dial up shall be available				
1.2.16 Transport	Vehicle/s or/and allocated funds				
2. Process related requirements	Minimum standard	Existing	Differences	Rectifying measures for improvement	Remarks
2.1 Functioning mechanism in place to continuously monitor and document implementation of planned activities and assigned tasks	Special forms in accordance with the approved framework				
2.2 Daily attendance sheet	Each subnational unit shall maintain staff attendance record and submit it to the director				
2.3 Staff (in/out) attendance	Each subnational unit shall maintain staff attendance record and submit it to the director				
2.4 Regular staff meetings	Directors of subnational units shall participate in all the meetings associated with health systems and services development in a given province and or governorate				

2. Process related requirements (cont.)	Minimum standard	Existing	Differences	Rectifying measures for improvement	Remarks
2.5 Quarterly Performance Review and Priority Setting Meetings (PRPSM)	Each subnational unit shall maintain quarterly record on results of (PRPSM)				
2.6 Annual review meetings	Directors of subnational units shall participate in the annual review meeting called by director of health in the province and or governorate				
2.7 Supportive field supervision visits (with or without other departments and programmes)	Monthly to localities				
2.8 Staff orientation and coaching	One orientation per each newly hired staff. At least one training participation per year				
2.9 Internal review of human resources for health data based, including branch observatory on existing versus targeted goals	Directors of subnational units shall review status of health workforce and submit quarterly reports to the national human resources development department				Reports shall contain key dynamics of health workforce, including any changes (number/ ratio) of human resources for health per population and in accordance to each category with documented compliance rates to the endorsed national and State policies
2.10 Internal continuing professional development	In accordance with the nationally approved criteria (point system requirements)				
2.11 External continuing professional development	In accordance with the nationally approved selection criteria				

3. Outcome related requirements	Minimum standard	Existing	Differences	Rectifying measures for improvement	Remarks
3.1 Record of implementation rate of human resources development plan	Monthly record shall be maintained by director of sub-national unit, reviewed and signed by director of health				
3.2 Record regarding compliance rates to monitoring and evaluation indicators and reporting requirements	Quarterly report shall be prepared, discussed and documented				
3.3 Record of rates regarding weekly, quarterly and annual meetings	Quarterly report shall be maintained, discussed, stored and signed by director of health				
3.4 Record containing percentage of staff performance appraisal with progress rates overtime	Annual record shall be maintained and used for promotions, educational opportunities and other related incentives				
3.5 Record of staff incentive implementation associated with results of 3.4	Annual record shall be prepared for review regarding recipients of any incentives supported by justification and signed by director of health				
3.6 Record of daily update for human resources development dynamics, including recruitment, deployment and transfer via human resources for health database or observatory	Quarterly report shall be prepared, maintained and sent to director of national human resources development department				

3. Outcome related requirements (cont.)	Minimum standard	Existing	Differences	Rectifying measures for improvement	Remarks
3.7 Compliance rates of health workforce per approved standards (ratios per population)	Report shall be prepared annually with statistical variation and staffing trends, including retention rates and other key human resources development functions				
3.8 Record of health facilities and up-to-date status report per approved standards (ratios per population)	Report shall be prepared, reviewed, signed director of health and sent to central Ministry of Health				
3.9 Record of main infectious diseases with quarterly report regarding statistical-epidemiological trends throughout the province and or governorate	Monthly report shall be prepared, reviewed at the staff meeting, certified with the minister of health's signature and sent to the central Ministry of Health				
3.10 Record containing annual human resources for health absorption rates (actual recruitment per requested needs)	Bi-annual report prepared and sent to director of national human resources development department				
3.11 Record of public complaints (box/surveys)	Monthly report prepared and discussed with rectified problem-solving actions				
3.12 Record of employee satisfactor (box/surveys)	Biannual report prepared, discussed and filed with problem-solving actions				

There is a growing health workforce crisis in many countries. In the WHO Eastern Mediterranean Region, the disparity in supply and demand, geographic maldistribution in urban and rural settings and imbalance in the number of different categories of professionals, represent further dimensions of the crisis facing health system development and its health workforce. Human resources for health include trained health professionals as well as non-health professionals working in health systems and those who have gained some caring knowledge and skills and volunteer to support health in families and communities. The Health Workforce Development Series represents a major contribution on the part of the WHO Regional Office for the Eastern Mediterranean to the Human Resources for Health Decade 2006–2015. It is aimed at supporting Member States of the Region in improving health system performance in general, and the health workforce in particular through boosting institutional capacity building for human resources development. The series is generic, user-friendly and has been specifically designed to meet the special needs of different countries in the Region for rapid yet sustainable health system improvement. Each country can select actions applicable to its own context for health system strengthening.

For further information contact:
Human Resources Development Department
Division of Health Systems and Services Development
WHO Regional Office for the Eastern Mediterranean
PO Box 7608 Nasr City
Cairo 11371, Egypt
email: hrd@emro.who.int
www.emro.who.int/hrh-obs

