Accelerate progress towards health MDGs, progressive realization of UHC Increased more equitable coverage of quality health services

Colour code Key Education pathway

Retention & incentives pathway Skills mix pathway Labor markets pathway Cross cutting actions

Ensure an adequate stock and equitable distribution of health workers, responsive to the population's socio-cultural needs

Availability Quality Accessibility Acceptability To supply %30 admissions to medical fields through To supply staffing needs with the priority of Developing the required new disciplines, and To review and update educational curriculums of recruiting qualified local HR absorbing local students, especially from balancing the entries to the majors with shortage or courses tailored to the needs of health system moderate the entries of excess majors. underserved areas To remunerate the salaries and other benefits of fulltime service of medical specialists passing their Providing all necessary resources for the affiliated To review and revise the accreditation framework Providing the necessary mechanisms to enhance obligations in underserved areas in form of a fixed universities and units of education system the role and status of the Central Headquarter of payment system MOHME. To ensure the continuity of training and recruiting frontline health workers 100% locally and upgrade Promoting the position pyramid of full-time faculty Estimating HR require mesnts in different To plan and implement continuous training at the of the knowledge and skills of current employees members geographic regions for a period of 10 years staff & managerial level Calculating and financing the cost per capita for training the demanded HR in annual operating Task shifting and continually revising the Formulating necessary protocols to provide Providing mechanisms for reviewing elites and budget. professional boundaries and the skill mix qualitative and quantitative HR enclosure for all specialist's outflows from public to private sector vertical projects and newly established units in To recruit and absorb medical graduates at least onehealth sector. To introduce surplus workforces, to the applicant half and at most three times of their study period countries for their recruitment, in compliance with the WHO code of practice Reviewing job classification schemes according to the needs of the health system. Absorbing GP and other health graduates for 2 years in return for their free training Not to absorb health workforces impoverished and low income countries. Recruiting the faculty members as full-time for at least 5 years Employing health care providers in underserved are as for at least 5-10 years To consider and pay extra amounts for severe weather conditions, hardship of job, shift working, being full-time and etc. Calculating the actual cost of diagnostic and medical services, tariffs and fees

Cross-cutting strategies:

- Establishing a "National Committee for Coordination, Policy Making and HRH Planning" in order to centralize and integrate HRH policies in public & private sectors
- Establishing and deploying "Health sector HR Observatory" (including health public & private sector) and provides its implementation mechanisms.
- Allo cating a suitable proportion of resources earned from "The Iranian Targeted Subsidy Plan" to HRH.
- Designing and deploying the comprehensive information system for HRH 0
- Delegating executive and outsourcing affairs to the private sector.