

Finalization of Regional Guidelines for Health Workforce (HWF) Strategic Planning and HWF Database

*Report of an Expert Group Meeting
Kathmandu, Nepal, 18–19 September 2008*



**World Health
Organization**

Regional Office for South-East Asia

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1. Introduction and background

Effective health systems are based on competent, motivated and committed human resources. Health systems strengthening is only possible in the presence of a functional health workforce planning, development and management. The *World Health Report 2006* titled “Working Together for Health” clearly reflects the pivotal role of the health workforce (HWF) in achieving positive health outcomes in the Member countries and regions of WHO.

The WHO South-East Asia (SEA) Region has faced emerging infectious diseases such as SARS and avian influenza as well as a litany of colossal natural disasters in the past two decades. The health workforce here faces considerable challenge to address the growing burden of both acute and chronic diseases which requires continuum of care as well as a high degree of preparedness for public health emergencies. Recent developments in biomedical technology have seen tremendous advances in diagnostic facilities which require labour intensive health services. Spiralling expectations from patients also lead to the creation of new demands on the health workforce.

Problems encountered by the HWF in most countries include incomplete information on the health workforce situation, lack of uniformity in classification and standardization of data which result in inability to use health workforce data for appropriate national HWF policy formulation and for making meaningful comparisons and sharing of HWF information between Member countries. Most countries have data for the public/state sector whereas there is inadequate data for the private sector, nongovernmental organizations, community-based health workers (CBHWs) and traditional medicine practitioners are lacking. In addition to these there are impediments such as imbalances in numerical and geographical distribution, lack of appropriate competencies, lack of any incentive to motivate the HWF to provide services in remote areas, and ineffective HWF management capacity among others.

Keeping in mind the problems faced by the health workforce the WHO Regional Office for South-East Asia (SEARO) had taken the initiative to develop the “Regional Strategic Plan for Health Workforce Development” which was endorsed by the governments of Member countries during the Fifty-ninth session of the Regional Committee for South-East Asia held in Dhaka in August 2006.

Based on the Regional Strategic Plan the **Regional Guidelines for Health Workforce Strategic Plan** was developed in the context of the current efforts at revitalizing primary health care. A two-day expert group meeting (EGM) organized to provide the best opportunity for experts in human resources for health from Member countries of the Region to meet and contribute towards finalizing the draft guidelines for developing country HWF strategic plans.

The greatest hindrance for strategic planning involving an evidence-based health workforce is the fact that in most countries in the Region data regarding education/training of different categories of the health workforce, its distribution, density, attrition and migration is fragmented and incomplete. A template and disaggregated dataset has been developed for the HWF database and an HWF survey has been conducted. Based on the findings of the survey the definitions of core categories of the health workforce were developed and the survey findings were shared during the meeting for harmonization, revision and finalization.

The output of the expert group meeting was the finalized Regional Guidelines for the Health Workforce Strategic Plan and Regional HWF dataset for countries of the South-East Asia Region to develop their national HWF Strategic Plans and database.

Objectives

- (1) To review and finalize the “Regional Guidelines for Health Workforce Strategic Planning”.
- (2) To share the findings of the preliminary health workforce survey of the Member countries and decide on the core dataset for the health workforce database in the Region, and
- (3) To discuss future directions for health workforce development in the SEA Region in line with health systems strengthening using the PHC approach.

The meeting brought together the HRH experts from the Ministries of Health of 10 out of 11 Member countries of the SEA Region. List of participants and the programme are at annexes 1 and 2.

2. Inaugural session

The meeting began with the welcome address by Dr Alexander Andjaparidze, WHO Representative Nepal, in which he mentioned the various challenges that regional countries are facing and the relation of the HWF problems and issues in combating these situations. The WR also mentioned the development of a Regional Strategic Plan for Health Workforce Development in the SEA Region by WHO/SEARO during 2006 which was endorsed by the governments of the 11 Member States during the 59th Session of the Regional Committee held in Dhaka in 2006. The WR in his welcome remarks also highlighted the need to consider the revitalization of PHC approach and to take into account the bottom-up approach in finalizing the **Regional Guidelines for Health Workforce (HWF) Strategic Planning and HWF Database**.

Following this, the opening address (Annex 3) was delivered by Dr Dirgh Singh Bam, Officiating Secretary, Ministry of Health and Population, Nepal, and he pointed out the importance of HWF migration, both internal and external, and recognizing the present reasons in the region and find out means and ways for these issues to be undertaken. He congratulated WHO/SEARO for organizing the expert group meeting and also for developing the guidelines for health workforce strategic planning. He said it is timely and appropriate to strengthen the health systems by strategically planning and developing human resources for health which is the most important asset of the country. Nepal has seen much suffering with the floods due to the breaching in the embankment of the Kosi river. He said the persons who respond most promptly to this natural disaster are the health workforce at the community level. He said that it is important for the health workforce to be strong in all levels of the health system and wished the meeting all success.

Dr Hla Hla Aye, Temporary International Professional, Human Resources for Health, WHO/SEARO, presented the objectives of the workshop to be: (1) to review and finalize the **Regional Guidelines for Health Workforce (HWF) Strategic Planning**, (2) to share the findings of

the preliminary health workforce survey of the Member countries and decide on the core data for HWF database in the Region, and (3) to discuss future directions for HWF development in the SEA Region in line with Health Systems Strengthening using the PHC approach.

3. Presentations and proceedings

3.1 Rationale for health workforce strategic planning

Dr Hla Hla Aye outlined the rationale behind health workforce strategic planning. She pointed out that in 2006 WHO estimated a global shortage of more than four million doctors, nurses and midwives, and others. On an average, countries with fewer than 2.5 health-care professionals (counting only doctors, nurses and midwives) per 1000 population failed to achieve an 80% coverage rate for deliveries by skilled birth attendants or for measles immunization. The 57 countries of the world that fall below this threshold and fail to attain 80% coverage are said to have critical shortage. 36 of them are in sub-Saharan Africa. Although in absolute terms the greatest shortage occurs in six countries of the South-East Asia Region, more predominantly in Bangladesh, India and Indonesia. In addition to overall shortages of health workforce there is also a maldistribution of health workers within each country with a propensity for higher density in urban than in rural areas. Lack of an incentive-based system, supportive supervision and working conditions conducive for optimal performance of the health workforce are some of the key issues that hinder appropriate distribution of the health workforce to reach the un-reached. The importance of sociocultural determinants of health has to be taken into account when policy-makers plan to strengthen health systems at the grass-root level.

The following issues were highlighted as the key reasons behind Member countries developing and implementing health workforce strategic planning:

- (1) *Coordinated, multifactorial involvement of many stakeholders:*
The attainment of the highest levels of health by the people requires different categories of HWF. Thus, it is imperative to strategize to deploy the right skill-mix and the right numbers in the right places. The required number and categories of HWF can only be projected and calculated by strategic planning.

Multi-stakeholder mechanism is required for holistic development of the national HWF corpus. Thus, strategic planning gives the opportunity for involvement of all stakeholders.

(2) *Time constraints and resource limitations:*

The health-related Millennium Development Goals (MDGs) with their measurable targets are required to be achieved by 2015. There is ample amount of evidence that reveals that shortage of HWF is the most conspicuous bottleneck that prevents countries from achieving the MDGs. Prioritizing on the problems identified and focusing coordinated efforts on strategic areas for HWF development is the key to overcome this constraint.

The majority of the 11 Member countries of the South-East Asia Region have limitations in the availability of human and financial resources. Thus, if strategically planned even within limited resources, "Working together for Health" can open up funding opportunities through global alliances and international funding mechanisms which further emphasizes the importance of health systems strengthening.

(3) *National HWF Policy approach:*

HWF strategic plan has to be developed with national ownership and national priorities in place. It needs to be aligned with national health needs according to the epidemiological and disease trend.

(4) *Medium-term or long-term vision to achieve targets:*

Emphasis on immediate action with long- to medium-term planning as health workforce development involves training and education of different types of health workers.

(5) *Partnership development:*

Developmental partners can form tangible partnerships only when they know where the needs are and how the issues and challenges of HWF are to be solved. Strategic planning is based on situational analysis, identification of problems, prioritization of problems and defining strategic key areas followed by an action plan which includes consideration of costs. Thus, strategic planning gives the opportunity for partnership building and

cooperate implementation of HWF development which will go beyond the limited capacity of the Member country.

3.2 Sharing of country experiences

Dr Suvaj Siasiriwattana, Director, Praboromarajchanok Institute of Health Workforce Development, Office of the Permanent Secretary, Ministry of Public Health, Thailand, outlined the “The Strategic Plan for the Decade of National Human Resources for Health Development in Thailand (2007-2016)”. He explained that in Thailand the National Strategic Plan was developed by setting up the “National Human Resource for Health Strategic Plan Committee”. With full participation of stakeholders a draft plan was developed and presented to a consultation session. He explained that the plan has five strategies, and how each strategy was implemented. Interactive discussions followed his presentation especially on HRH management for retention of HRH in the system.

Mr Fathuhulla Naseem, Director, Department of Medical Services, Ministry of Health, Maldives, presented the Maldives Health Workforce Strategic Plan. He explained in detail how HRH was projected and developed and how external resources mobilized to have adequate HRH in the health system.

3.3 Group work-I

The document – Draft Regional Guidelines – which was distributed two months ahead of the expert group meeting was reviewed by the experts who were in two groups. Group work guidelines were given and the experts went through the draft assiduously giving their comments and recommendations for amendments. The document was reviewed in the context of relevance, process and content.

The group rapporteurs of two groups presented on the output of group work. Recommended amendments were discussed and final amendments recorded and the document was finalized on principle subject to changes recommended by the EGM.

3.4 Regional HWF Survey findings

Dr Muzaherul Huq, Regional Fellowships Officer, WHO/SEARO, presented the “Regional Health Workforce Development and findings of the health workforce survey”. He shared SEARO’s vision to develop the Health Workforce Observatory in the next biennium and said the Regional database is the first step towards it. He also shared the findings of the health workforce survey. The issues/problems faced by individual countries to have a workable authentic database were shared among the participants. He also provided the guidelines for group work on finalizing the core data set.

3.5 Group work-II

The experts divided into two groups and reviewed the definitions developed, based on the health workforce survey findings. Changes were proposed to harmonize the definitions reflecting the unique categories of the health workforce in the Member countries and reported to the plenary. Discussions on the definitions followed and finally the definitions were approved by the meeting (Annex 4).

3.6 HWF development in line with HSS by PHC approach

Dr Dirgh Singh Bam, Officiating Secretary, Ministry of Health and Population, Government of Nepal, made a presentation on the “Health Workforce Development in line with Health Systems Strengthening by the primary health care approach”. He shared Nepal’s experience in community health volunteer development and partnership-building with the health services in the TB programme. He explained the important role of community-based health workers and the community-based volunteers in successful implementation of the DOTS programme and successful cure rates in TB programme. He also reiterated the importance of the health workforce in disaster management and rehabilitation programmes. He urged Member countries to use the guidelines and develop their health workforce strategic plan to ensure that the country’s health needs can be met and people will receive better health care.

4. Meeting outcome

4.1 Regional Guidelines for HWF Strategic Planning and Database

The participants contributed to the finalization of the “Regional Guidelines for HWF Strategic Planning” recommended changes made and finalized the document.

4.2 Consensus on definition of categories

In order to develop the Regional health workforce data-base the expert group meeting finalized the definitions which reflects the unique categories of the health workforce in the region. A template with the harmonized definitions will be sent to the Member countries to establish a database on the health workforce.

5. Conclusions and recommendations

The following recommendations were arrived at:

- Member countries are to develop and implement the health workforce strategic plan which will address country-specific health workforce problems.
- Final definitions for Regional health workforce database were recommended.
- Training for HWF database establishment and maintenance needs to be conducted in the Region.
- WHO 2010-2011 planning has to reflect HWF database development in Member countries on agreed template and core data set.
- Allotment of WHO country funds for IT personnel for database management and consolidation of data, information sharing and updating.
- Member countries to be supported for HWF database development.

Annex 1

Agenda

- (1) Opening session.
- (2) Rationale for health workforce strategic planning.
- (3) Sharing of country experiences on HRH planning.
- (4) Review of "Regional Guidelines on HWF Strategic Planning".
- (5) HWF development in line with health systems strengthening by primary health care approach.
- (6) Regional HWF survey findings and development of data template.
- (7) Definitions of categories of HWF and minimal dataset for the Regional HWF database.
- (8) Conclusions and recommendations.
- (9) Closing session.

Annex 2

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Annex 3

Definition of HWF Categories

Health Workforce – Regional Definitions (on the basis of educational qualifications)

Category	S. No.	Sub-category	Definition
Physicians/ Doctors/ Medical Practitioners	1	Medical Doctor	Professionals with at least 4 years of university education in the field of medicine with minimum 1 year of internship
	2	Medical Doctor with speciality	Medical Doctor min 1 year of an Accredited specialized/advanced training leading to diploma/ degree/ fellowship degree/PhD. (Physiology, Plastic Surgery, Tropical Medicines, Anatomy, Anesthesiology, Biochemistry, Cardiology, Cytology, Dermatology, Ear, Nose and Laryngology, Endocrinology, Forensic Medicine, Gastroenterology, Immunology and immunoaematology, Medical Oncology, Medicine, Microbiologist, Neurology, Obstetrics and gynecology, Ophthalmology, Orthopedic, Pathology, Pediatrics, Physiotherapy, Psychiatry, Public Health, Epidemiologist, Radiation Oncology, Radiology, Surgery, Urology, Virology, and other specializations)
Dental Practitioners	3.1	Dentist	Professional with at least 4 years of Accredited university education leading to a dentistry degree
	3.2	Dental Specialist	Dentists with post graduate degree in dental speciality
Nursing & Midwifery	4.1	Nurse	Min. of 3 years of Accredited education in the field of nursing (In case of DPR Korea, min. 2 years of training)
	4.2	Nurse Midwives	Nurse having min 1 year of Accredited education in the field of midwifery
	4.3	Specialist Nurses	Nurses with minimum 1 year of Accredited training in any speciality in nursing (Eg. Pediatric, Neonatal, Cardiac etc)
	5	Midwives	Minimum 1.5 years of Accredited training in Midwifery (minimum 6 months for Maldives)
	6	Auxiliary Nurse Midwives	Minimum 18 months of education in the field of nursing & midwifery
	7	Auxiliary Nurse/Nurse Aid	Min. of 1 year of education/training in the field of nursing
	8	Dental Technicians/ Assistants	Minimum 1 year training in dental skills
	9	Public Health Generalist	Non-medical Public Health bachelors degree graduates

Category	S. No.	Sub-category	Definition
Non-Medical PH prof.	10	Public Health Specialist	Non-medical Public Health professionals with PG degree in public health specialties (Epidemiology, Entomology, Health Economics, Health statistics, Health Education etc)
	11	Pharmacists	Non-medical professionals with min. 4 years of university education in pharmacy and internship
Other Health Professionals	12	Physiotherapists	Non-medical professionals with min. 2 years of education in physiotherapy
	13	Nutritionists/ Dieticians	Non-medical professionals with min. 3 years of university education in Nutrition/Dietetics
	14	Medical Technologists	Min 2 years of Accredited education/training on any field of medical technology (eg. Laboratory, Radiography,
	15	Health Technicians	Min. of 1 year Accredited training in any Health Technicians' course. (eg. Laboratory, Dental, Physiotherapy, pharmacy
	16	Community Health Volunteers	People chosen by the community and trained to deal with health problems of individuals and the community.
	17	Community Based Health Workers	Health workers not involved in the above types & categories but work at the district level and below in the health system.
	18	Traditional Medicine Practitioner	Homeopathic/ Oriental Medicine /Complementary Medicine: Minimum of 4 years degree + 1 year internship
	19	Medical Assistants	Assistant to the medical doctors with min. 3 years of Accredited education/training
	20	Non-medical Teaching staff	Teachers, demonstrators, non-medical teaching staff
	21	Other support staff	Non-Medical managers, Clerical, Accounting, and other support staff

Comments on template

1. Rural HWF: HWF engaged under the MoH and below district level
2. Urban HWF: HWF engaged under MoH at or above district level and under other Ministries working in the urban area and municipalities.
3. Public & Private Sector

The Fifty-ninth session of the WHO Regional Committee for South-East Asia, held in Dhaka, Bangladesh in August 2006, endorsed the "Regional Strategic Plan for Health Workforce Development".

To implement the strategic plan, it is necessary that countries develop plans for development of their health workforce, based on the standard guidelines developed by the WHO Regional Office for South-East Asia.

A meeting of experts from Member countries of the South-East Asia (SEA) Region, organized in Kathmandu, Nepal in September 2008 adopted a scientific approach to formulate the Regional Guidelines for Health Workforce Strategic Planning and HWF Database.

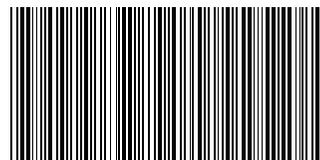
It is hoped that the guidelines will help Member States of the SEA Region in drawing up their respective strategic plans for HWF development.



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