

Addressing the human resources for health crisis: towards a common approach

The fact of the human resource for health (HRH) crisis and its potential to reverse the health gains of the past decade as well as contribute to the collapse of the health system in some countries is now well known and understood. What to do about it is the challenge. Much is at stake. The World Health Report, 2006, asks the question: "How can a country begin to solve the myriad and complex problems of human resources for health which confronts it? Is there a tool or a technical framework that will assist governments and national HR planners to develop and implement a comprehensive strategy in a systematic way?"

Towards a Common Approach

The World Health Report, 2006, shows that the Human Resources for Health (HRH) crisis limited access to health in the past and is the main challenge to overcome to reaching the Millennium Development goals. The Report presents an evolving Technical Framework to help countries to resolve the myriad and complex problems underlying the crisis. The framework was developed by a group of representatives of multilateral and bilateral agencies, donors, partner countries, NGOs and the academic community who came together at a technical consultation, sponsored by WHO and USAID in Washington, DC, in December, 2005. Their goal was to agree on the characteristics of a simple, but comprehensive technical framework that will enable countries to move forward to develop a concrete national HRH strategy that can be supported and implemented in a planned and systematic manner. The resulting HRH framework as shown in Figure 1 [\[Figure 1 link\]](#) presents six components of planning and managing the health workforce so that appropriately trained staff are available in the right places at the right time.

Following the meeting in December, 2005, a steering committee has been leading the further development of the HRH framework, involving the participants in the consultative meeting and other HR experts who have subsequently provided input into the definition on each of the 6 components of the HRH framework and their subcomponents, as shown in the Table 1 [\[Figure 2 link\]](#). Implicit in the subcomponents are actions that managers and policymakers can take to address issues in six areas: human resource management, policy, finance, education, partnerships and leadership. Human resource management systems are at the center of the framework because of their importance in integrating all the other components.

Benefits of the HRH Technical Framework

The benefits of a comprehensive technical framework to the development and implementation of a sustainable health workforce are many. They include:

- identification of the key dimensions of technical competence needed to develop and implement a strategy for human resources.
- informing the growing number of groups interested in this area about the complexities of the health workforce and preventing the spread of simplistic and limited views on what is involved

- providing a common reference point for all health workforce stakeholders and preventing that policy-makers, implementers, donors, academics and others “re-invent the wheel”.

Many actions can be taken to address each of the six components of the HRH Framework. Tools and guideline will be included to facilitate the implementation of the interventions of the six components of the HRH Framework. However, a fragmented approach to HRH may be counter-productive and will not result in sustainable change. While one may concentrate on one or two of the components initially, it is critical that a comprehensive plan should be developed to integrate challenges in all six components. For example, it is essential to address the policy and financial implications of the crisis but success in these components will not improve health services if the human resource managers in the health facilities cannot turn these policy changes into practices that create positive workplace conditions. Likewise, even a well-managed health facility will not be able to cope with the overwhelming demands related to HIV/AIDS if partnerships are not formed with the community. Finally, leadership at all levels is critical for each component, to develop human capacity that can be sustained.

Guiding principles

Table 2 [\[Figure 3 link\]](#) presents a set of ‘Guiding Principles’ developed to assist HRH planners and implementers in applying the Framework in a way that serves the needs of a particular country best.

Next steps:

Currently, as indicated above, the steering committee is further elaborating the Framework HRH, to include tools and guidelines, the value of which has been or will be assessed, to enhance its operational value for planning and implementing strategies and policies to strengthen the health workforce.

The final product will be a web-based version of framework by the end of this year, with versions on CD and as a written document to promote in-country use and ownership. As the HRH field is continuously evolving and changing this framework will not be set in stone but will be continuously adapted and upgraded. In this same spirit all HRH practitioners, experts and researchers are invited to respond, in an open and participatory way to this Editorial.

Goal: Achieving a Sustainable Health Workforce

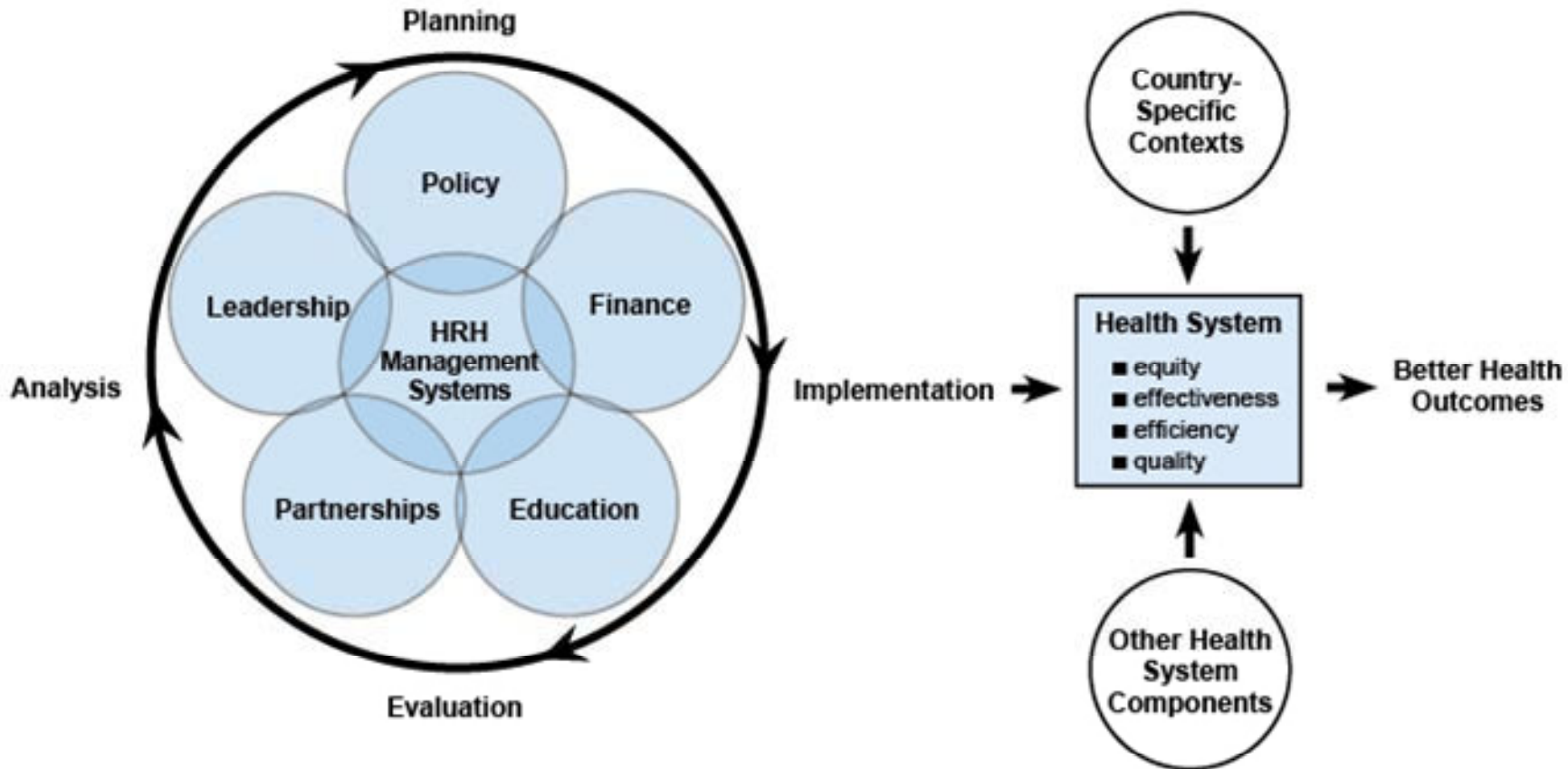


Table 1 The six components of the HRH framework, definitions thereof and the key elements in each

Component	Definition	Sub-Components
Policy	<i>Rules, regulations & legislation for conditions of employment,, work standards, and development of the health workforce.</i>	<ul style="list-style-type: none"> • Professional standards, licensing, accreditation • Authorized scopes of practice for health cadres • Political, social & financial decisions that impact HRH • Employment, law and rules for civil service
Human Resource Management	<i>Integrated use of data, policy, and practice to plan for necessary staff, recruit, hire, deploy and develop health workers</i>	<ul style="list-style-type: none"> • Personnel systems: workforce planning, recruitment, hiring, deployment. • Work environment & - conditions: employee relations, workplace safety, job satisfaction, career development. • HRH information system • Performance management: performance appraisal, supervision, productivity. • Staff retention: financial & non-financial incentives.
Finance	<i>Obtaining, allocating and dispersing adequate funding for human resources.</i>	<ul style="list-style-type: none"> • Salary and allowances • Budget for HRH • National HRH accounts with HRH information • Mobilizing financial resources (e.g, government, Global Fund, PEPFAR, donors)
Education	<i>Production and continuous development of an appropriately skilled workforce.</i>	<ul style="list-style-type: none"> • Pre-service education tied to health needs • In-service training (e.g., distance and blended, continuing education) • Capacity of training institutions • Training of community health workers and non-formal care providers
Partnerships	<i>Formal and informal linkages aligning key stakeholders ,e.g. service providers, sectors, donors, to maximize use of human resources.</i>	<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 (inter-ministerial committees, health worker advisory boards, donor coordination groups)
Leadership	<i>Capacity to provide direction, to align people, to mobilize resources and to reach goals.</i>	<ul style="list-style-type: none"> • Identify, select & support HRH champions and advocates • Leadership development for HRH managers at all levels • Capacity for multi-sector & sector-wide collaboration • Modernizing & strengthening associations

Table 2 The Guiding Principles for the use of the HRH Framework

Principle	Process Related	Principle	Content Related
Country led	<i>Initiatives to improve HRH are carried forward by the country rather than external partners.</i>	Results focused	<i>HRH strategies and actions are aimed at achieving measurable improvements</i>
Government supported	<i>Commitment by the government to support actions which contribute to a sustainable health workforce.</i>	System linked	<i>HRH strategies are harmonized with relevant components of the health system (e.g. M&E, supply chain, finance).</i>
Multisectoral	<i>Engagement by all sectors relevant to building the health workforce (e.g. finance, education, public-private providers, etc).</i>	Knowledge based	<i>Decisions are based on best available documented HRH experience.</i>
Multistakeholder	<i>Inclusion of interest groups relevant to particular actions (e.g. NGO's, patient groups, professional associations, donor coordinating committees, etc)</i>	Learning oriented	<i>Uses M&E to identify lessons learned and best practices to share in-country and globally.</i>
Donor alignment	<i>Donor support coordinated and aligned with country HRH plans</i>	Innovation prone	<i>Openness to exploring new solutions to overcome chronic HRH issues.</i>
Gender sensitive	<i>Gender differences accounted for in analysis and development of HRH strategies.</i>		