A guide to rapid assessment of human resources for health



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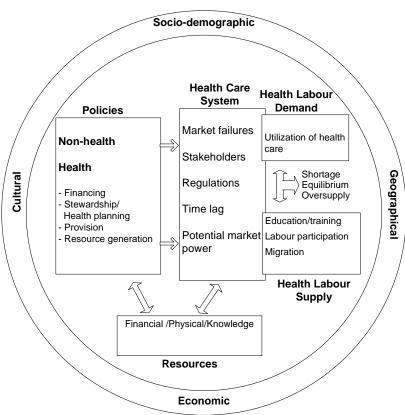
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A guide to rapid assessment of human resources for health

The World Health Organization, through its Department of Human Resources for Health (HRH) works with Member States to strengthen their capacity to educate, plan and manage their health workforce so that health services can meet health needs. The Department fosters HRH policies within each country's health policies in the context of the country's overall development policies. This involves forging a global consensus on HRH, by means of pursuing in-depth work in countries and building networks.

The Department has developed tools to analyse and address the various HRH issues to better assist countries. These tools lay out a general framework built in collaboration with partners, including staff of ministries of health, health training institutions, professional associations and bilateral and international partners.

HRH conceptual framework



This framework points out the importance of placing health workforce issues in a broad perspective that takes into account the influence of globalization and national and subnational factors. It includes cultural as well as political, sociodemographic, economic and geographical factors in health workforce issues. It is based on the premise that population health should drive the planning, actions and management of the health system. It emphasizes the importance of linking HRH with outcomes of the health system.

To translate this framework into a practical and operational tool for countries to use, the Department has developed a template of perspectives through which HRH should be assessed at the country level. This HRH lens cuts across the main HRH issues such as policy, education, recruitment and retention, migration, incentives and the various initiatives, mechanisms and developmental policies and plans being conducted at the country level such as MTEF, PRSP, SWAps¹ and priority health programmes (including HIV/AIDS, TB and malaria).

¹ MTEF: Medium-Term Expenditure Framework; PRSP: Poverty Reduction Strategy Paper; SWAps: Sector-Wide Approaches.

HRH lens

Interventions and process	HRH policy	Health labour market	Education/ training	Recruitment	Retention	Migration	Incentives	Regulation	Distribution/ equity
Development plan									
PRSP									
MTEF									
Public sector reform									
Civil service reform									
SWAps									
Health investment plan (CMH)									
Health policy									
Health information system									
Child survival									
MPR									
HIV/AIDS									
Malaria									
ТВ									
Other									

About this guide

This rapid-assessment guide is designed to help users arrive at a global overview of a country's HRH situation.

- It addresses only issues generally recognized as major challenges for most countries.
- It is intended to be user-friendly and applicable quickly: the data collection and analysis should not last more than four weeks.
- It will combine both quantitative and qualitative information and methods.
- It is neither a data-collection instrument nor a step-by-step guide to data analysis.
- Each section specifies the type of information to be elicited and why.

Included is a list of tools and sources of additional information for in-depth analysis of specific HRH issues.

The guide is designed to help users assess current HRH constraints and challenges to "scaling up" health interventions. Users include:

- health policy-makers
- planners
- national and local health managers
- those responsible for monitoring and evaluation
- researchers
- professional associations
- regulatory bodies
- training institutions and donors
- consultants in the preceding areas.

Not all the indicators and answers may be available or even necessary for a given country situation. But the issues and dimensions that follow show what kinds of information can be assembled regularly to track developments affecting human resources for health.

Main issues and dimensions

HRH main issues

- 1. Policy, regulation and planning
- 2. Management and performance improvement
- 3. Labour market
- 4. Education, training and research
- 5. HRH and priority health programmes
- 6. Monitoring and evaluation

Dimensions

1. Policy, regulation and planning

Policy Legislation and regulation Planning Financing Stakeholders

2. Management and performance improvement

Motivation/incentives

Recruitment/retention

Imbalances in deployment and equity

Migration

Supervision, leadership and performance assessment

Job description

Working conditions

3. Labour market

Employment/employers

Wages/salaries

Workload

Sector of work (public/private)

Unions/ghost workers

4. Education, training and research

Health professions educational institutions

Health training programmes and institutions

Educational staff

Number of entrants and graduates

Continuous education

Research on HRH

5. HRH and priority health programmes

HIV/AIDS

TB

Malaria

Reproductive health/IMCI

Other national or regional priority programmes

6. Monitoring and evaluation

Information/data availability

Staffing numbers

Uses of the information

Monitoring methods

Sources

Questions

This section proposes crucial questions for each of the issues and dimensions.

	Policy, regulation and planning			
Dimension	Questions			
Policy	Q1. Is there a national health policy (or equivalent)? Briefly describe it, including the building process, content, last update and other relevant issues.			
	Q2. Does the country have an HRH policy (or equivalent)? Is it written down?			
	Q3. Is HRH acknowledged in broader development policies (PRSP, MEFF, etc.)?			
	Q4. Are there HRH policies at each level, from national to local (i.e. a decentralized HRH policy)?			
	Q5. Are there strategies to ensure that the most vulnerable populations receive services?			
Planning	Q1. Does the country have a strategy or plan for HRH? Is it periodically updated? Does it include staffing targets?			
	Q2. Does the existing staff correspond to the target staffing levels?			
	Q3. What tools/methods of planning are used in the country (WHO's Workload Indicators for Staffing Needs, etc.)?			
	Q4. Does the country have an HRH planning or management unit within the MoH?			
	Q5. In the planning units at national and local level, are there enough personnel with adequate HRH planning skills?			
	Q6. Does an established cycle exist for planning, implementation and evaluation in the health sector?			
Financing	Q1. Who are the main actors involved in funding HRH policies and plans?			
	Q2. What is the share of the government health expenditure (national, state, local and social security) in the total health expenditure?			
	Q3. What share of government health expenditure is devoted to health personnel?			
	Q5. Do HRH plans correspond to the available resources? If not, has the gap been measured?			
	Q6. What are the education costs of each of the main HRH categories?			
Regulations	Q1. What are the main regulatory bodies in the area of HRH?			
	Q2. What categories of HRH are required to be registered in order to practise?			
	Q3. What professional associations exist? What are their criteria for membership?			
	Q4. What authorization is required for private and traditional facilities? What authorization is required for private and traditional providers to practise?			
	Q5. Besides the national regulations, are there specific regulations at the local level?			
	Q6. What accreditation and licensing requirements and procedures now exist? Are they adhered to?			
Stakeholders	Q1. Who are the key national and external players in HRH?			
	Q2. What groups (MoH, other ministries, professional associations, universities, etc.) are involved in formulating and implementing national policies for HRH development?			
	Q3. On what basis do external partners support HRH activities? That is, do they base their support on the country's policy documents?			
	Q4. How do key national and international actors relate to each other?			
	Q5. Does a Country Cooperation Strategy exist? If yes, does it include HRH issues?			

	Management and performance improvement				
Dimension	Questions				
Motivation/ incentives	Q1. Are there any pay or non-pay incentive schemes to work in difficult/underserved locations or with particular patient groups or health needs?				
	Q2. What types of working environment incentives (flexible working hours, work autonomy, etc.) and other types of incentives exist in the country?				
	Q3. What is known about motivation levels? Have there been surveys? If yes, by whom?				
Recruitment/	Q1. What level (national, subnational) is in charge of recruitment of HRH?				
retention	Q2. What is the level of vacancy and absenteeism rates for the main HRH categories?				
	Q3. Is there a specific recruitment policy (such as zero-growth recruitment)?				
	Q4. What share of graduates is recruited each year?				
	Q4. Can you estimate the number of public HRH staff leaving for the private health or non-health sector?				
	Q5. What are the main reasons for leaving the public sector for the private or non-health sector?				
	Q6. Do current rules and procedures for hiring affect the ability to recruit and deploy staff where needed?				
	Q7. Is there a clear career structure for lower-level cadres?				
Imbalance/	Q1. Is there a national staff deployment strategy?				
equity	Q2. How does it fit with the needs of poor/vulnerable settings and people?				
	Q3. Is there a significant HRH distributional imbalance across settings?				
	Q4. Are there major segments of the population that are seriously underserved?				
	Q5. Are human resources distributed appropriately among the different types and levels of health services (hospital, ambulatory, home care, preventive care, etc.)?				
Migration	Q1. Is international migration perceived as a major problem in the country?				
	Q2. How do you count the health professional (physicians and nurses) who migrate overseas each year?				
	Q3. For the total health workforce in the country, what share of the main HRH categories (including physicians, nurses, midwives, dentists and pharmacists) are not nationals?				
	Q4. To what extent does internal migration of staff create distributional imbalance of HRH?				
	Q5. Does internal and international migration affect the decision to train new types of providers?				
	Q6. What are the main factors causing international migration?				
Supervision, leadership and	Q1. Is there any effort to set standards and supervise staff and monitor provider performance? By whom?				
performance	Q2. What management and supervision systems/mechanisms now exist? Are they adhered to?				
assessment	Q3. How are these mechanisms used to improve performance and optimize productivity?				
	Q4. Are there incentives based on staff performance?				
	Q5. Are there regular management meetings at the facility levels and follow-up procedures for decisions taken at these meetings?				
	Q6. Are programme managers themselves trained in leadership? Are needs identified in leadership training? Are there programmes to train health leaders and managers?				
Job description	Q1. Are there detailed job descriptions for the main categories of personnel at each level of the health care delivery system?				
	Q2. What categories of health workers do not have job descriptions?				
	Q3. Are job descriptions discussed by staff and periodically revised?				
	Q4. Are performance assessments based on job descriptions?				
	Q5. What is the share of administrative activities in the job descriptions of the main categories of HRH?				
	Q6. Are there procedures to improve the quality of care, including patient safety?				

	Management and performance improvement, continued
Dimension	Questions
Working conditions	Q1. Are the living and working conditions of health workers adequate to attract, retain and motivate them and for them to be used effectively?
	Q2. Did the staff experience delayed payment in the last 12 months?
	Q3. Did health workers go on strike in the last 12 months?
	Q4. What is the level (%) of job satisfaction?
	Labour market
Dimension	Questions
Employment	Q1. How many funded vacant posts are there?
	Q2. What is the unemployment rate for the main categories of HRH?
	Q3. What is the share of the staff working part-time in the main categories?
	Q4. Does the country have a "ghost workers" problem?
	Q5. What is the share of staff in the main HRH categories performing a second health care-related job?
Wages/ salaries	Q1. What are the average annual salaries of each category of HRH in comparison to salaries of comparable categories of other non-manual employees?
	Q2. Do other forms of income supplementation significantly increase HRH earnings?
	Q3. What methods are used for salary disbursement, and how efficient are they?
	Q4. What is the pay structure?
	Q5. Is there a zero-growth policy for health-sector wages?
Workload	Q1. How many hours per week do the main HRH categories work (including on-call hours)?
	Q2. How does this compare to the official number of hours per week?
	Q3. What are the trends in average numbers of patients seen weekly for each of the main HRH categories?
Sectors of activity/	Q1. What is the proportion of public government-employed health workers in each occupational category?
employers	Q2. Who are the main employers of HRH in the public sector? In the private sector?
	Q3. What is the share of self-employed workers for the main categories of HRH?
	Q4. What is the share of social-security workers among the general government employees?
Unions	Q1. What categories of HRH have their own unions?
	Q2. Is there a common union of all HRH?
	Q3. To what extent are these unions involved in developing policy and plans?
	Education, training and research
Dimension	Questions
Education and	Q1. Is there a national HRH education and training strategy?
Health training institutions	Q2. What mechanisms exist to link supply of trainees to demand (quantitative and qualitative) of the health sector?
	Q3. Does the country have education and training institutions for the main HRH cadres? How many? Where are they?
	Q4. What type of training activities for the health workforce predominate? Who organizes them? What is their coverage?
	Q5. What are the accreditation criteria for health schools?
	Q6. Do you have a unit working on education of non-professional HRH?

	Education, training and research, continued
Dimension	Questions
Educational staff	Q1. Are there enough full-time-equivalent teachers for the main HRH categories?
	Q2. In which HRH disciplines are there shortages of teachers?
	Q3. Is the migration of HRH teachers a problem? In what sense?
	Q4. Is there a system for evaluating teachers' performance?
Graduates and	Q1. Are data for total entrants and graduates available for recent years? Can these data be
entrants	disaggregated by sex, age and citizenship?
	Q2. Does the current number of yearly graduates cover the needs for the main categories of HRH?
	Q4. What is the proportion of entrants who have successfully graduated, in recent years?
	Q5. What Is the policy for admission to health professions schools?
Continuous	Q1. Is there a strategy for providing continuous education?
education (CE)	Q2. Do CE programmes exist in all the major areas where they are needed?
	Q3. Are the education and training programmes designed to match national health needs?
	Q4. Does the current and projected capacity of the available CE programmes match projected needs?
	Q5. Are there recent evaluations of these training activities?
	Q6. What share of staff in the main HRH categories benefit from CE programmes?
Research	Q1. Have the planning units tried to identify their research needs?
	Q2. Are results of research used for policy development and planning?
	Q3. Who performs research on HRH issues in the country?
	HRH and priority health programmes
Dimension	Questions
HIV /AIDS	Q1. Is HIV/AIDS a big health concern in the country?
	Q2. Is there an HIV/AIDS programme in the country? Is HRH a specific issue in that programme?
	Q3. Are there enough trained HRH staff to treat people?
	Q4. If not, are training and other needs identified? Who does the training?
	Q5. What strategies now exist to meet these needs? Are they adhered to?
	Q6. To what extent are community health workers or new types of health workers being considered to improve the supply of HRH?
	Q7. What share of the main HRH categories' time is devoted to treating HIV?
ТВ	Q1. Is TB a major health concern in the country?
	Q2. Is there a TB programme in the country? Is HRH a specific issue in that programme?
	Q3. Are there enough trained HRH staff to treat people?
	Q4. If not, are training and other needs identified? Who does the training?
	Q5. What strategies exist to meet these needs? Are they adhered to?
	Q6. To what extent are community health workers or new types of health workers being considered to improve the supply of HRH?
	Q7. What share of the main HRH categories' time is devoted to treating TB?
Malaria	Q1. Is malaria a major health concern in the country?
	Q2. Is there a malaria programme in the country? Is HRH a specific issue in that programme?
	Q3. Are there enough trained HRH staff to treat people?
	Q4. If not, are training and other needs identified? Who does the training?
	Q5. What strategies exist to meet these needs? Are they adhered to?
	Q6. To what extent are community health workers or new types of health workers being considered to improve the supply of HRH?
	Q7. What share of the main HRH categories' time is devoted to treating malaria?

	HRH and priority health programmes, continued
Dimension	Questions
Reproductive	Q1. Are reproductive health or IMCI major health concerns in the country?
health and child health	Q2. Is there a reproductive health or IMCI programme in the country? Is HRH a specific issue in that programme?
	Q3. Are there enough trained HRH staff to treat people?
	Q4. If not, are training and other needs identified? Who does the training?
	Q5. What strategies exist to meet these needs? Are they adhered to?
	Q6. To what extent are community health workers or new types of health workers being considered to improve the supply of HRH?
	Q7. What share of the main HRH categories' time is devoted to treating reproductive health or IMCI diseases?
Other national or regional priority	Q1. Are there any regional or national priority programmes in addition to the above? (If so, describe it/them.)
health programmes	Q2. What are the specific needs for HRH posed by this programme/these programmes?
	Monitoring and evaluation
Dimension	Questions
Information/data	Q1. What HRH information/data is available?
availability	Q2. Is the available HRH information/data nationally representative? Does it cover the private sector?
	Q3. Is there information at the subnational level? If yes, specify at what level (e.g. province, district).
	Q4. Is there a problem of shortage or oversupply of HRH?
Staffing numbers	Q1. How many categories of HRH are there? How many workers are in each category? Please provide all that you have.
	Q2. With the available information/data is it possible to distinguish gender or levels of qualification?
	Q3. Does the country have staffing norms such as number of nurses per doctor or per facility type according to the levels of care?
Uses of	Q1. Is any office or body collecting this HRH information?
information	Q2. Is any office or body using this information for HRH planning? If yes, which body?
	Q3. Are HRH plans or policies based on evidence?
	Q4. Is there a network of HRH information users or providers?
	Q5. Are stakeholders basing their activities in HRH on collected evidence?
Monitor methods	Q1. Has the country identified core indicators in order to monitor and evaluate HRH? Are these written down?
	Q2. Does the country have core indicators for some specific occupations, especially nurses?
	Q3. Besides staffing numbers, does the country collect information on education, employment and migration? Please list what is available.
	Q4. Does the Ministry of Health conduct HRH surveys or health censuses? If yes, when was the last one?
	Q5. Do you have an HRH information system? Is it included in the health information system?
	Q6. Cite an example of a best practice in your country in collecting HRH information?
Sources	Q1. Do the central office of statistics or professional associations have information on HRH?
	Q2. Does the country have population censuses or labour-force surveys? Do these sources make it possible to analyse HRH information?
	Q3. Are there available administrative records for HRH?
	Q4. What mechanisms exist for the systematic collection, analysis and feedback of health personnel information?
	Q5.Is there a HRH evidence network?

The answers to these questions show the "state of health" of the workforce but provide only a global overview of the situation in the countries. For analysts who want more in-depth assessment tools, the following section provides tested and validated instruments on specific issues.

Basic documents/instruments for in-depth assessment of HRH

Policy and planning

Hall TL (1998). Guidelines for health workforce planners. Geneva, World Health Organization.

Hall TL (1994). *Health workforce supply and requirements projection models*. Geneva, World Health Organization (http://hrhtoolkit.forumone.com/sim_models/hrh_models_intro.html).

Sambo LG, Chatora RR, Goosen ESM (2003). *Tools for assessing the operationality of district health systems*. Brazzaville, World Health Organization Regional Office for Africa (AFRO/DHS/03.06).

Shipp PJ (1998). *Workload indicators for staffing needs (WISN): a manual for implementation*. Geneva, World Health Organization (WHO/HRB/98.2) (http://whqlibdoc.who.int/hq/1998/WHO_HRB_98.2.pdf).

WHO. HRH requirements for 3 by 5 strategy template. Geneva, World Health Organization (WHO/HQ, unpublished).

WHO (2001). *Human resources for health: a toolkit for planning, training and management*. Section on planning the health workforce. Geneva, World Health Organization (http://hrhtoolkit.forumone.com/, accessed 19 July 2004).

WHO. Service availability mapping questionnaire. Geneva, World Health Organization (Health Metrics Network team, Department of Measurement and Health Information Systems (MHI), unpublished).

Regulation

WFME (2003). *Postgraduate medical education. WFME global standards for quality improvement.* Copenhagen, World Federation for Medical Education (http://www.sund.ku.dk/wfme/Activities/WFME%20Postgraduate.pdf, accessed 19 July 2004).

WHO. *In-depth assessment of HRH instruments (6-country study questionnaire)*. Questionnaire on regulations. Geneva, World Health Organization (Department of Human Resources for Health, in press).

WHO (2003). *Quality and accreditation in health care services. A global review*. Geneva, World Health Organization (WHO/EIP/OSD/2003.1) (http://whqlibdoc.who.int/hq/2003/WHO_EIP_OSD_2003.1.pdf, accessed 19 July 2004).

Management

MSH (2002). *Human resource management assessment tool for HIV/AIDS environments*. Boston, Management Sciences for Health (http://erc.msh.org/newpages/english/toolkit/hr_hiv_assessment_tool.pdf, accessed 19 July 2004).

WHO (2002). *Human resources for health: a toolkit for planning, training and management*. Section on management of the health workforce. Geneva, World Health Organization (http://hrhtoolkit.forumone.com/, accessed 19 July 2004).

Labour market issues

WHO. *In-depth assessment of HRH instruments* (6-country study questionnaire). Questionnaires on providers and facilities. Geneva, World Health Organization (Department of Human Resources for Health (HRH), in press).

Costing

Hsi CN, Edmond J, Comfort A (2002). *Preliminary review of community-based health financing schemes and their potential for addressing HIV/AIDS needs in sub-Saharan Africa*. Bethesda, PHRplus (http://www.phrplus.org/Pubs/Tech010 fin.pdf, accessed 19 July 2004).

WHO. CHOosing Interventions that are Cost Effective (CHOICE). Costing models. Geneva, World Health Organization (http://www3.who.int/whosis/menu.cfm?path=evidence,cea&language=english, accessed 21 July 2004).

Education and training

PRIME II, JHPIEGO (2002). General guidance on the design of training approaches is available at: *Transfer of learning*. A guide to strengthening the performance of health workers. Washington, DC, PRIME II and JHPIEGO (http://www.reproline.jhu.edu/english/6read/6training/tol/, accessed 19 July 2004).

WHO. *In-depth assessment of HRH instruments (6-country study questionnaire)*. Questionnaire on health training institutions. Geneva, World Health Organization (Department of Human Resources for Health (HRH), in press).

Priority health interventions

MSH (2002). *Human resource management assessment tool for HIV/AIDS environments*. Boston, Management Sciences for Health (http://erc.msh.org/newpages/english/toolkit/hr_hiv_assessment_tool.pdf, accessed 19 July 2004).

PHRplus instruments for maternal health can be found at: (http://www.phrplus.org/, accessed 19 July 2004).

WHO (2003). *Human capacity-building plan for scaling up HIV/AIDS treatment*. Geneva, World Health Organization (http://www.who.int/3by5/publications/documents/en/doc_capacity_building.pdf, accessed 19 July 2004).

WHO. Service availability mapping questionnaire. Geneva, World Health Organization (Health Metrics Network team, Department of Measurement and Health Information Systems (MHI), unpublished)

Country dialogue

WHO. Supporting countries for HRH development. From dialogue to action. Methodological note. Geneva, World Health Organization (Department of Human Resources for Health (HRH), unpublished).

Monitoring and evaluation

PAHO Observatory: information on core indicators and instruments: Washington, DC, Pan American Health Organization (http://www.paho.org/English/GOV/CE/SPP/spp38-05-e.pdf, accessed 19 July 2004) and (http://www.lachsr.org/observatorio/eng/index.html, accessed 21 July 2004).

WHO (2001). *Human resources for health: a toolkit for planning, training and management*. Section on performance indicators and workforce data. Geneva, World Health Organization (http://hrhtoolkit.forumone.com/, accessed 19 July 2004).

WHO. *In-depth assessment of HRH instruments (6-country study questionnaire)*. Geneva, World Health Organization (Department of Human Resources for Health (HRH), in press).

WHO. *Questionnaire for HRH estimation*. Brazzaville, World Health Organization Regional Office for Africa (unpublished).

WHO. Service availability mapping questionnaire. Geneva, World Health Organization (Health Metrics Network team, Department of Measurement and Health Information Systems (MHI), unpublished)