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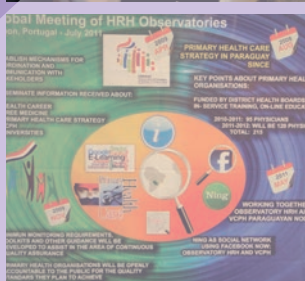
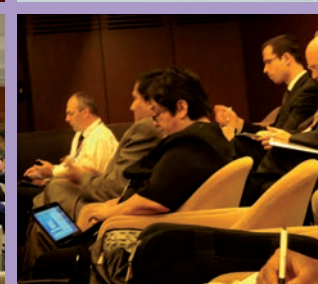
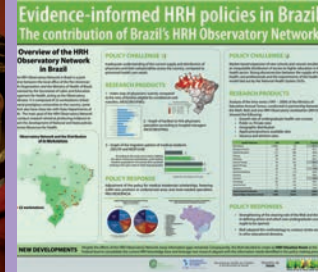
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Issue No. 10

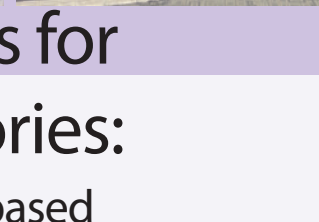
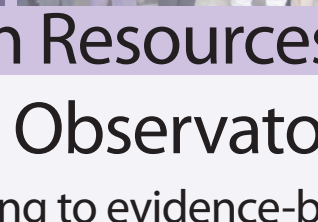
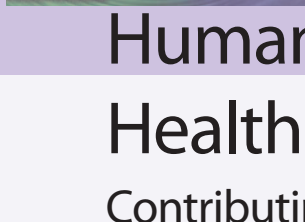
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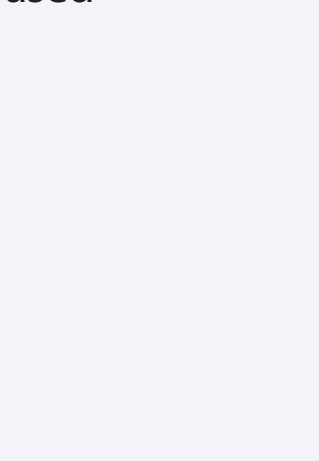
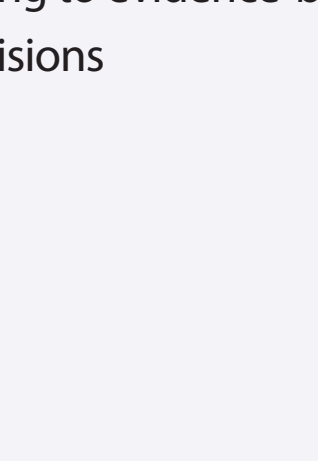
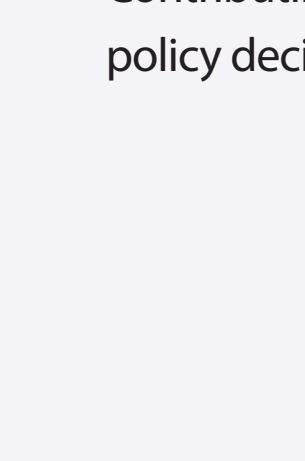
Human Resources for Health Observatories: Contributing to evidence-based policy decisions

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Regional Committee 62 adopts Road map on Human R
20 November 2012, Lomé, Benin. The 62nd Session of the
unanimously adopted the Road Map for scaling up the human
improve health service delivery in Africa. The Regional Com
Body for the African Region, composed of Ministers of Health
The Regional Road map proposes strategies and actions to c
challenges in Africa. The Road map proposed strategies and
1. Strengthening health workforce leadership and govern
2. Establishing or strengthening HRH regulatory capacity
3. Scaling up education and training of health workers with
4. Optimizing the utilization, retention and performance of
5. Improving health workforce information and generation



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Human Resources for Health Observatories:

Contributing to evidence-based
policy decisions

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Executive summary

The critical importance of strengthening the health workforce as a strategy to improve the performance of health services system has been widely recognized in recent years. The pressing need for better data and information to inform policy development led to the creation of observatories to collect and analyse data on the health workforce and to advocate and make proposals for more rational approaches to its development.

The objective of this paper is to take stock of the experience of Human Resources for Health (HRH) observatories. It presents a brief overview of the “movement” of HRH observatories, what they are, how they are organized, what is their intended and actual contribution to policy-making, and what lessons can be learned from experiences in the various regions. It discusses the conditions for their success, and the challenges they face in pursuing their objective of shaping national, regional, and global HRH agendas.

An HRH observatory is defined by its origin, governance and organizational arrangement, functions, resources, actions involved and tools developed, adapted and implemented. HRH observatories rapidly developed in Latin America, especially in Brazil (1999) and then expanded to the WHO regions in Africa (2005), Eastern Mediterranean (2006), and most recently to South-East Asia. There are no observatories in North America or in the WHO Western Pacific Region, but some institutions pursue objectives that are typical of observatories. These are to inform, and sometimes evaluate, policy-making.

In order to do this, observatories perform a number of functions. They collect, analyse and disseminate data and information on the health workforce and the labour market, conduct applied research and produce knowledge. They contribute to policy development and capacity-building and understanding of HRH issues and advocate or facilitate the dialogue between stakeholders. At present, not all observatories cover all these functions. To accomplish their objectives, observatories use a range of strategies and tools, such as dedicated websites, HRH databases, technical publications, discussion forums, technical meetings and policy dialogues.

Observatories vary greatly according to the volume and source(s) of funding and overall resources available. Their effectiveness is difficult

to assess, but there are indicators of impact and output that can be used (e.g. involvement in workforce planning mechanisms and approaches, commissioned work from key stakeholders, etc.). Some lessons can already be learned and are presented in this paper, with examples of the work, achievements and progress of the observatories in Africa, the Eastern Mediterranean, Latin America and South-East Asia.

There are various “types” of HRH observatory, which take different forms depending on when they were established, by whom, where they are located organizationally, what functions and activities they perform, which resources and funding sources they have, and on the actors involved in their development and management.

Support from government agencies, and political commitment to addressing HRH issues, is critical for the legitimacy of the work of an observatory. At the same time, protecting its independence is a continuing challenge; and as such it needs to maintain independent governance, so as to have the credibility to engage effectively with all relevant stakeholders.

To maintain credibility and to develop effectiveness in its role, the work of an observatory should be conducted in an open and transparent manner, with objective means of quality control.

“Success” criteria for an observatory should be linked to stated objectives, and defined in terms of analytical output, policy influence, planning effectiveness and broader advocacy and social impact.

Continuity of support for planning and policy-making is important, especially in a political context in which the turnover of senior level decision-makers is high; the observatory can ensure that the HRH agenda is maintained.

Linking with other observatories helps strengthen capacity, gives scope for comparative research and benchmarking, and provides access to good practices in data collection and analysis, stakeholders mobilization and advocacy, and in putting HRH issues on the agenda.

There are three challenges for HRH observatories in pursuing their objective of shaping country, region, and global HRH agendas: first, strengthening the information base – how best to

produce valid and reliable workforce data; second, producing and communicating evidence; and third, developing governance capacity and mechanisms.

Observatories do not make or implement policies; their role is to contribute to building capacity and partnership, at government and stakeholders' level in areas such as collection, processing, analysis, synthesis and use of HRH data and statistics to inform participatory decision-making processes.

This requires the development of training/learning activities and tools, and strategies to ensure that the right audiences are reached, and that capacity is concretely developed and used.

The table below summarizes the timelines and key characteristics of the three regional HRH observatories that have already been established. The objectives, functions and outputs/ products of HRH observatories are discussed in greater detail in the rest of this issue of the HRH Observer.

	Latin America and the Caribbean Regional Observatory	Africa Health Workforce Observatory	Eastern Mediterranean Region Observatory on Human Resources for Health
Date of creation	1998 – First Regional Observatory launched by PAHO, with a nucleus of nine countries. By 2011, there were 23 national observatories.	The AHWO was created in 2005, after several meetings and consultations with relevant partners, and with the support of international agencies and partners. It started as a regional secretariat with a focal point within the HRH team at the WHO Regional Office for Africa (AFRO). This initiative was strongly supported by WHO Headquarters. The Observatory website was launched in February 2007.	The EMRO HRH Observatory was established in 2006 as part of the EMRO health system observatory, designed to meet the growing demand for support to informed decision-making.
Purpose, objectives and goals	To produce information and knowledge to improve policy-making and contribute to HRH development through sharing of experiences among countries.	The overall objective is to contribute to HRH development in the region in order to strengthen national healthcare systems to provide more effective and efficient service delivery. Specific objectives are to: • develop national capacity for evaluation and monitoring of HRH situation and trends; provide information and evidence for the formulation of HRH development policies, strategies, plans and their implementation; • provide a forum for partnership, sharing of experience and advocacy in HRH development; • facilitate networking of expertise in HRH; and • serve as an early warning system and “whistle-blower” on HRH problems.	To assist Member States in using a proactive approach and sharing best innovative options to tackle HRH-related challenges. The observatory is an up-to-date regional resource on numbers, significant correlations between major HRH determinants, ratios with an operational and policy linkage to national benchmarks and regional targets. It is intended not only to disseminate information but also to facilitate continuous sharing of successful experiences in resolving HRH-related problems. Objectives are to: • generate evidence for informed decision-making and policy development; • initiate regional forums of discussion and networks for sharing concerns and lessons and examples in tackling HRH issues and challenges; • create in-country consensus and national synergy and engagement among stakeholders; • strengthen HRH governance and regulatory capacity at the country level; and • use indicators to monitor and evaluate performance of the health workforce.

	Latin America and the Caribbean Regional Observatory	Africa Health Workforce Observatory	Eastern Mediterranean Region Observatory on Human Resources for Health
Functions and activities	- Monitoring trends that have an impact HRH policies, in order to align priorities and values of the reform agenda with the interests of stakeholders, taking into account available evidence on population needs; - promoting creative use of available information by supporting the creation of national interinstitutional groups to collect and analyse the stock, imbalances and trends in HRH; - encouraging national forums for gathering, analysing and disseminating HRH information, to be used as a basis for developing policies and for strengthening the stewardship role of national health authorities; and - promoting annual meetings, consultancy from HRH policy-makers in other participating countries, and interchange of experiences.	- Country monitoring and information (harmonization of data collection methods and tools, development of HRH information systems and development of country profiles); - research and analysis; - sharing and disseminating evidence; - facilitate the building of national and intercountry networking; - capacity-building for HRH; and - contribute to health systems strengthening. Advocacy of benefits of establishing a national HW observatory is a permanent activity of the Regional Observatory.	The Regional observatory offers an analytical platform for evidence-based HRH planning with policy and regulatory implications. Two major functions are performed on an on-going basis, including regular meetings of the policy coordination forum and a continuous updating of HRH dynamics. This allows it to: - facilitate the formation of national observatories; - develop common guidelines and tools; - ensure and coordinate inter country studies; - ensure linkages with other health system interventions and disease-based activities; - ensure dissemination of inter country studies and sharing of national studies, and manage the website; - organize regional meetings and training programmes; - facilitate the work of the board and ensure the implementation of the board decisions; - coordinate and communicate with partners; - mobilize resources and undertake fund-raising efforts; and - act as a proactive tool that combines IT, statistical analysis and HRH issues and pressing priorities.
Funding	The observatory receives financial and technical support from various sources (PAHO, WHO, GHWA, USAID, and the World Bank). Financing mechanisms include cost-sharing arrangements between PAHO and country offices, as well as direct support from governments of participating countries. In addition, the Norwegian Agency for Development and Cooperation (NORAD), has contributed funds to support the exchange of national experiences.	Initial funding was provided by the European Commission, the Global Health Workforce Alliance, and AFRO.	EMRO provided limited seed funding which was primarily used to launch observatory operations, which were then expected to be self-financing.

	Latin America and the Caribbean Regional Observatory	Africa Health Workforce Observatory	Eastern Mediterranean Region Observatory on Human Resources for Health
Structure	National observatories, partners and contributors of the observatory including ministries of health, education, labour and finance, universities and research institutes, international organizations and donor agencies and providers and users in health systems, working in a network. National observatory groups convene and mobilize stakeholders, identify sources of information, prioritize the main issues, and build consensus over policy interventions.	This is a cooperative network comprising national observatories (which bring together the country level stakeholders) and a regional secretariat with brings in different partners of the Region as a steering group (Regional e-Communities of the African Union), New Partnership for Africa's Development (NEPAD), academic and training institutions, WHO, the World Bank, the European Union, and bilateral agencies (USAID).	The health system observatory and HRH observatory are part of the same initiative. There is a Regional coordination body and five national HRH observatories.
Resources	PAHO assists with the collection of core data on conditions of employment, education and basic training, productivity and quality of services, governance and labour relations, contributes to trend analysis and comparisons among countries, provides institutional support to the observatory groups and makes recommendations based on data collected and on the policy advice of WHO and the International Labour Organization (ILO).	The observatory is hosted and promoted by AFRO. It also has established collaboration with subregional institutions such as ECSA, OCEAC, SADC and WAHO to facilitate and follow up the process of national observatories and HRH data collection.	It uses the web site of EMRO. National observatories are hosted by the Ministry of Health or by a sister organization such as the High Health Council of Jordan. Regional and national focal points have been identified, a small secretariat established, and an annual plan developed.
Main products	• The HRH Data Management Project for the Countries of the Americas, which provides basic HRH information on each country of the Americas; • the Needs-Based Planning model, created by Dalhousie University WHO Collaborating Center for HRH Planning and Research, used in Jamaica and Brazil; • the Resource Requirement Tool, developed with the support from the Global Health Workforce Alliance, for budgeting and costing HRH plans and policies; and • the Health Action Framework, developed by the Capacity Project and USAID, to identify priority areas and to design targeted initiatives. All products are in the public domain and accessible through the Internet.	• HRH country profiles • Africa Health Workforce Atlas • publications (intercountry studies and case studies) • policy briefs • web page • supporting establishment of national observatory networks.	• HRH country profile; • HRH data and statistics; • web page with continuously updated HRH data, analysis and policy briefs; • publications of studies and operations research reports; and • reports on outcome of interventions to tackle HRH issues.

Introduction

This issue reports regional and national experiences of HRH observatories on contributing to and influencing HRH policies.

The critical importance of strengthening the health workforce as a strategy to improve the performance of health services system has been recognized. As part of this process, the need for better data and information to inform policy development has led to the creation of HRH observatories in various countries and regions to collect and analyse data on health workforce and to advocate and make proposals for more rational approaches to its development.

This HRH Observer issue is an opportunity to share the experience on establishing HRH observatories in different countries and regions. It is also a chance to reflect how this multi-pronged approach is contributing to developing regional and global networks as an effective way of informing and supporting health workforce policy. This is an appropriate time to take stock of the experience of observatories thus far, as there is increasing demand for the types of data analytical and policy support that such institutions can provide.

To achieve this common purpose, it was recognized that there was a need to develop a better understanding of how HRH observatories function, and how they differ in reality. This is in order to determine how effective they can be made in responding to the perceived needs of policy-makers and other stakeholders in terms of access to quality data, information, evidence on problems and policy options, and of support to policy development. This paper is organized in three sections: a global overview, including a review of the environment and literature; three regional experiences; and some national experiences.

This paper draws from background papers prepared for the Global Meeting of HRH Observatories,¹ as well as from the contributions made by participants, to present an overview of the past and prospective future of the “movement” of HRH observatories.

An overview

Gilles Dussault, James Buchan

During the past decade, the critical importance of strengthening the health workforce as a strategy to improve the performance of health services system has increasingly been recognized. The work of WHO² contributed significantly to raising the awareness of policy-makers of the need for a strong workforce in order to implement the interventions that address health challenges, such as those identified by the Millennium Development Goals (MDGs), and more generally to improve the equity of access to health services, their effectiveness and their efficiency. As a result, the need for better data and information to inform policy development was also recognized, and efforts to respond to that need were begun. These included support by WHO Regional Offices to the creation of institutions which took up the task of collecting and analysing data and of advocating for more rational approaches to health workforce development. PAHO pioneered a movement of support to the creation of Human Resources for Health Observatories (henceforth “Observatories”) in the late 1990s and two other Regional Offices (AFRO and EMRO) followed from 2005.

This section, which is based on available published and grey literature – including reports prepared for the Global Meeting of HRH observatories – presents a brief overview of the “movement” of HRH observatories, what they are, how they are organized, what is their intended and actual contribution to policy-making, what are the lessons learned – what to do, and whatnot to do – from experiences in the various regions, what are the conditions for success, and the challenges which observatories face in pursuing their objective of shaping country, regional, and global HRH agendas.

What are HRH observatories?

As Box 1 below highlights, the idea of the “observatory” in health policy terms has developed over the last 20 years to encompass a range of organizations and “think tanks” at national and regional level that are oriented towards policy and research, advocacy and data

¹ Evidence-informed Human Resources for Health policies: the contribution of HRH observatories. Report on the Global Meeting, 4–7 July 2011, Lisbon, Portugal.

² See Box 2 on milestones of the Observatory “movement”.

analysis. Observatories with a specific remit on human resources for health (HRH) have developed both as stand-alone institutions, and in some cases as identifiable components in broader-based health policy institutions.

The brief history of HRH observatories is one of a rapid development in Latin America, particularly in Brazil (from 1999), and then gradual implementation in the Africa (2005) and Eastern Mediterranean (2006) regions. As illustrated in Box 2, the other regions are in the process of joining. Brazil pioneered the movement and is still today the country where observatories are most developed. A major reform of the Brazilian health sector started in the late 1980s aimed at creating a unified system, providing access to health services to all citizens and managed at municipality level.

This policy was pursued by successive Brazilian governments and supported by powerful lobbies which ensured that the reform did not fall off the political agenda. Implementers and supporters of the reform rapidly became aware of the

significant gaps in health workforce profiles and policy-making: lack of management capacity, imbalances in the skills-mix and in the geographical distribution of providers, and over-specialization of the medical profession. This brought the Brazilian Ministry of Health to give priority to health workforce development and to mobilize professional organizations and training institutions in the process of creating the human capacity to deliver services according to the principles of the reform (Pierantoni, Garcia 2011; Buchan, Fronteira, Dussault 2011).

In this context the first observatory was created and gradually developed into 21 work-stations, spread across Brazil. The development of HRH-related observatories has now expanded to other regions of the world. In addition to the 23 countries in Latin America that have a national observatory, there are now 11 in sub-Saharan Africa³ (17 in preparation and 11 planned), and four in the WHO Eastern Mediterranean Region.⁴ In the WHO South-East Asia Region, a plan to launch observatories has been adopted and is awaiting implementation.

Box 1: The notion of "Observatory".

The term was first used at the time of Isaac Newton towards the end of 17th century, to describe "a place or making observations of natural phenomena". More recently, the term became popular to describe mechanisms or organizations that monitor events and trends in fields as diverse as education, security, justice, environment, economic development, and health. In the health sector, observatories initially targeted some diseases, conditions, or populations (the first regional public health observatory was created in France in 1974), and later organizational and policy issues (the European Observatory of Health Systems and Policies was created in 1998). Ten years ago, the first HRH observatory was launched by PAHO and gradually a movement developed, as similar observatories were created in other WHO regions.

There is no consensual definition of what an observatory is. There are various ways and means to achieve the same goals and objectives, and no blue-print or "best practice"

can be prescribed (Hemmings, Wilkinson 2003). In the social sector, these organizations go beyond observing and analysing; they also pro-actively intervene on the reality, which they monitor. The simple activity of data and information-gathering and dissemination has effects on the reality of the sector and on the actors' behaviours. HRH observatories are no exception, and in this sense they are rather more like independent policy think-tanks.

It is therefore important to note first that there are various "types" of HRH observatory, which take different forms depending on when they were established, by whom, where they are located organizationally, what functions and activities they perform, which resources and funding sources they have, and on the actors involved in their development and management. Table 1 presents that variety of types of observatories according to a number of significant dimensions.

³ Burkina Faso, Cameroon, Central African Republic, Ghana, Côte d'Ivoire, Kenya, Mauritania, Senegal, Tanzania, Uganda.

⁴ Bahrain, Jordan, Oman and Sudan.

Table 1: Dimensions on which HRH observatories vary

Dimension	Definition	Sub-dimension
Origin of initiative	Who took the initiative to launch the observatory?	☐ WHO regional office ☐ WHO national representation ☐ Professional organization ☐ Research group ☐ Mix of organizations
Governance and organizational arrangement	Where is the observatory organizationally located? Who is responsible? What is its degree of independence?	☐ WHO regional office ☐ Subregional organization ☐ Ministry of Health department or office ☐ Independent government office or agency ☐ Academic institution ☐ Professional organization ☐ Other
Functions	What does the observatory do or plan to do?	☐ Data collection and analysis ☐ Problems/needs identification ☐ Monitoring of HRH situation ☐ Forecasting future needs ☐ Research and knowledge generation and dissemination; policy analysis ☐ Documentation centre and clearing-house ☐ Advocacy ☐ Policy options and recommendations development ☐ Organization of policy dialogues (including mobilizing donors) ☐ Creating policy forum and partnership ☐ Coordination of stakeholders actions ☐ Other
Resources	How much funding is available, who contributes it, what type of staff is available?	☐ Source of funding: WHO, international organization, national stakeholders, self-generated ☐ Type of staff: full-time professionals (policy analysts, statisticians, demographers, etc.), voluntary contributors
Actors involved	Who are the actors actively involved in the functioning of observatories?	☐ Government (health, education, public administration, etc.) ☐ Academia ☐ NGOs ☐ Technical agencies ☐ Health sector employers/managers ☐ Professional regulatory bodies ☐ Professional associations, unions ☐ Development partners
Tools developed	What instruments and strategies have observatories developed to achieve their objectives?	☐ Database ☐ Networking mechanisms ☐ Newsletter, publications (research reports, policy briefs) ☐ Website ☐ Training programmes ☐ Analytical tools

In North America, there are no observatories as such. However, there are organizations which perform similar functions. These include the Canadian Institute for Health Information and the Canadian Health Services Research Foundation, and in the United States of America, the recently-established National Center for Workforce Analysis at the Department of Health and Human Services,

In the Western Pacific Region, no formal HRH observatory exists, but mechanisms have been created. One is the Asia Pacific Action Alliance on

Human Resources for Health, created in 2005 by ten countries and now with 15,⁵ which aims at HRH advocacy, information monitoring, capacity strengthening, knowledge generation, and technical coordination. It organizes conferences, publishes reports and supports training activities. Another example is the Human Resources for Health Knowledge Hub. This initiative is one of four “hubs” funded by the Australian Agency for International Development (AusAID) to provide improved health knowledge and expertise to policy-makers at national, regional and

⁵ Bangladesh, Cambodia, China, Indonesia, Lao PDR, Philippines, Myanmar, Sri Lanka, Thailand and Viet Nam were the original members; Fiji, India, Nepal, Papua New Guinea and Samoa joined in later.

Box 2: Milestones of the observatories movement

1998:	PAHO launches a HRH observatory with a nucleus of nine countries.
2000:	World Health Report: Health Systems: Improving Performance.
2004:	Human Resources for Health: Overcoming the crisis, Report of the Joint Learning Initiative (JLI), sponsored by the Rockefeller Foundation and supported by a number of international partners (including WHO).
2005:	Creation of the Africa Health Workforce Observatory, with the support of HQ with initial sponsorship by GHWA; creation of the Asia Pacific Action Alliance on Human Resources for Health.
2006:	EMRO sets the basis of a regional HRH observatories and supports the creation of national observatories in Oman, Jordan, Sudan and Bahrain); World Health Report 2006, Working together for Health; European Observatory on Health Systems and Policies publishes its first report on health workforce issues (the Observatory started publishing country profiles in 1999, in which some HRH issues were analysed).
2008:	The European Commission publishes a consultation document on The European Workforce for Health. Consultation follows in 2009 and Policy dialogues discuss its findings in 2010.
2009–2011:	AUSAID creates “Human Resources for Health Knowledge Hub” which performs functions typical of an observatory.
2010:	A Ministerial Conference on the health workforce in Europe, 2010 led to the adoption of “Conclusions on Investing in Europe’s Health Workforce for Tomorrow: Scope for Innovation and Collaboration” by the Council of Europe, a policy statement enabling the European Commission to initiate work on this topic. A review of health workforce planning strategies and tools in the European Union is planned.
2011:	WHO Regional Office for South-East Asia (SEARO) adopted a plan to develop HRH observatories in the Region

international levels in four key areas: human resources for health, health policy and health financing, health information systems, and women’s and children’s health.

In the WHO European Region, there have been calls in the last few years for the creation of a dedicated HRH observatory at regional level, through WHO Regional Assembly Resolutions and documents, the European Union Green Paper on the European Workforce for Health (2008), and the European Council Conclusions on Investing in Europe’s Health Workforce for Tomorrow: Scope for Innovation and Collaboration (2010). An observatory covering South-Eastern Europe countries is planned and will be set up in Moldova. The European Observatory on Health Systems and Policies, created in 1998 by a consortium of academic, technical and financial agencies, and governments,⁶ has been active in the field of health systems and HRH for many years, through publications and by conducting research and a series of policy dialogues on topics

such as future HRH needs, nursing and social care, creating better working environments, and the mobility of health professionals in the European Union. Some individual countries within Europe have also developed Observatory-like organizations. For example, the Department of Health in England established in 2010 the Centre for Workforce Intelligence as an independent organization that has functions similar to those of the Observatories; it is core funded by the Department and supports workforce planning and development through analysis, research and dissemination of evidence.

Most HRH observatories are based in the Ministry of Health or at least are supported financially and logistically by it. Whether they are organizationally independent or not, they present themselves as a platform where valid information is available and where policy discussion can be informed and conducted in a more neutral and objective manner. They aim to provide independent analysis and policy advice in this way, for example

⁶ The Observatory is a partnership between the World Health Organization Regional Office for Europe, the governments of Belgium, Finland, Ireland, the Netherlands, Norway, Slovenia, Spain, Sweden, and the Veneto Region of Italy, the European Commission, the European Investment Bank, the World Bank, UNCAM (French National Union of Health Insurance Funds), the London School of Economics and Political Science (LSE), and the London School of Hygiene and Tropical Medicine (LSHTM).

Figure 1: Continuum from observatory to think-tank



in identifying future HRH needs and designing strategies to meet them, or in documenting and analysing migratory flows of health workers. Their existence is not value-free; it is justified by the adherence of their leaders to objectives and goals, such as the search for more equity of access to health personnel and services, and the promotion of a more efficient utilization of the health workforce, seen as a prerequisite for the production of quality services and for meeting the needs and expectations of populations.

What do observatories do?

The general purpose of observatories is to inform policy-making by ensuring that valid and reliable information is available and that all relevant actors are engaged in the process. Some also evaluate the policy that has been implemented. This can be done through various strategies, which can be categorized as follows:

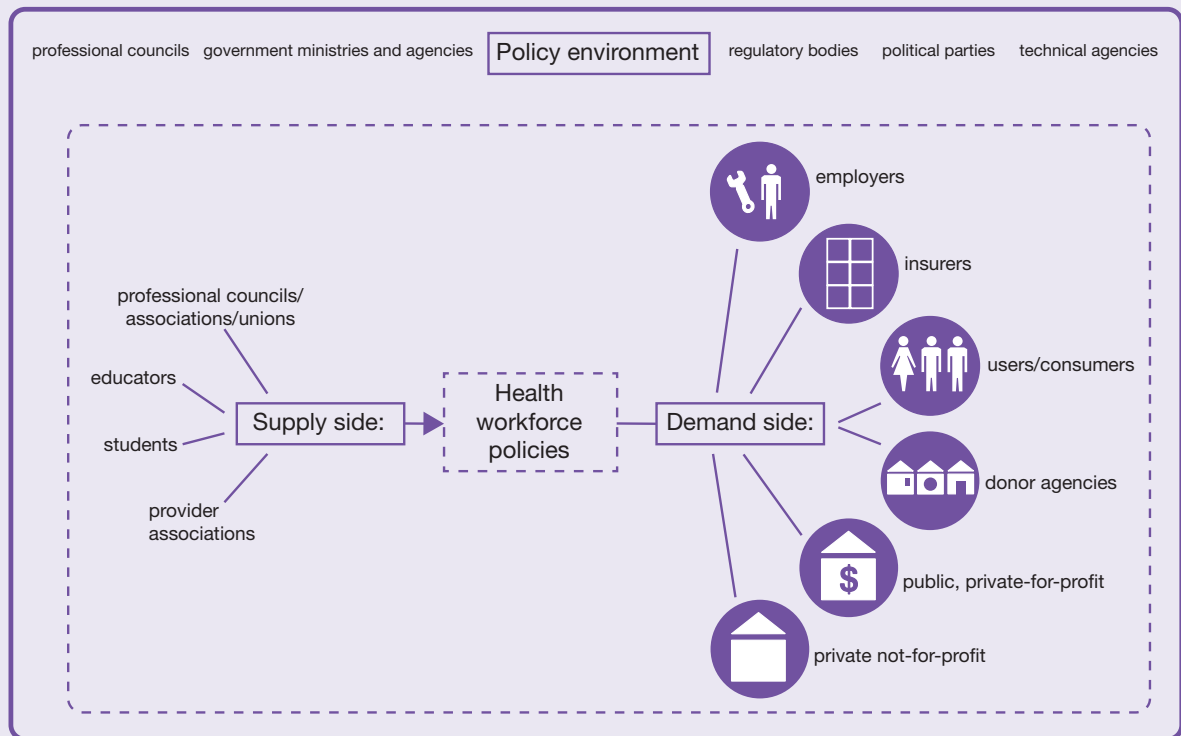
- **Data and information gathering, analysis and dissemination:** The aim is to collate and synthesize available data on the health workforce and health-care labour market in the country or region. This includes validating available data on education pipelines, on available stock of health comparisons and trend analysis across time periods, developing information systems, identifying trends (ageing, feminization, specialization, mobility in country and internationally) and problems (geographical and skills mix imbalances, policy gaps, future unmet needs, attrition, unemployment, dual practice, quality maintenance), environment scanning, and informing stakeholders and the general public.
- **Monitoring of the health workforce and labour market:** The aim is to track and assess the dynamics of the workforce and the labour market, identifying changes and trends that are relevant to informed policy and planning. This can include monitoring the health labour market, mobility of personnel, labour relations, productivity, of working conditions and compensation, management practices, the impact of policies (including those originating from other sectors, such as education, finance, public administration,

which have effects in the health sector) and regulatory measures, and expenditures on the health workforce.

- **Research and knowledge production:** The objective here is to improve the evidence base by conducting new research, policy mapping and analysis, evaluation of interventions, forecasting exercises to identify future needs, study of satisfaction and expectations of health workers, costing of policy options, and comparative studies (between occupational groups, subnational, and international).
- **Policy development:** The aim is to support, inform, and perhaps direct policy and planning, through identification of policy options, assessment of feasibility of interventions, scenario planning, dissemination of international good practices, and preparation of policy briefs.
- **Capacity development:** The intention is to improve the capacity and understanding on HRH issues of senior policy-makers and planners, of technical staff, and HRH managers, through technical training and leadership development activities, tools development (guidelines, handbooks, research protocols and instruments, planning strategies and models), support for communities of practice, and networking among HRH planners and analysts, in order to support strengthened capacities of stakeholders.
- **Advocacy and facilitation of dialogue between stakeholders:** Here, the objective is to engage more directly in the process of policy and planning. Some, but not all observatories undertake interventions in the media, organization of policy dialogues, participation in relevant events, and promotion of joint work between stakeholders (Box 3).

Not all observatories cover all these objectives, and there is a significant continuum beginning from basic data analysis through to the more complex requirements of policy development and advocacy. To achieve their identified objectives and fulfil their functions, observatories use a variety of strategies and tools, including: a dedicated a web site (often with a knowledge

Box 3: Who are the stakeholders in health workforce policies?



library or similar), maintaining HRH databases, producing technical publications (HRH country profiles, discussion papers, policy documents – summaries, briefs, recommendations – research reports, newsletters, and guidelines), organizing national conferences, policy dialogues and technical meetings.

One potential advantage of observatories is that they can be regarded as independent and neutral in terms of their work and their output, and inhabit a “space” where policy analysis and dialogue, planning support and evaluation can be conducted in a way that is critical and objective, so as to better inform future policies as well as current practices. Maintaining this “neutrality” can be challenging as there can be a tension between maintaining this critical independence, meeting the priorities of funders and sponsors, and maintaining good working relations with all relevant data and information providers and stakeholders. In particular, if the observatory is funded by one source, it is important to have some form of “arms length” organizational relationship or independent governance to enable the observatory to have credibility with all stakeholders.

In terms of resources at their disposal, observatories vary greatly according to the volume and source(s) of funding, and of personnel available. Some generate their own funds;

others depend on funding from government or some financial agency. In all cases, financial sustainability is seen as a major challenge, as funding is rarely guaranteed for the mid- or long-term. Many observatories have activities limited to maintaining a web site or collecting data and producing a country profile because resources are minimal. Some have their own staff, but most rely on seconded personnel or commissioned short term technical advice, which also raises the issue of sustainability.

How effective are observatories? What do they contribute to health workforce policy development?

It is easier to describe the results of the activities of observatories in terms of their products, such as national health workforce profiles, databases, reports, and so on, than to assess their impact on policy-making and on HRH management. Indicators of success in influencing policy agenda are not easy to define, and attribution to the work of observatories of positive changes in HRH may be difficult to make. Changes tend to occur over a period of time during which numerous other factors may have influenced the HRH situation.

In assessing the observatories’ effectiveness, there is a need to examine the extent to which their stated objectives are being met. While these will vary in detail and scope, most have a main

role in contributing to improved health workforce policy-making and planning. As such, one key indicator of effectiveness will be the extent to which their contribution is valued and used by other main stakeholders in the policy and planning process. If they are not well-connected to planning and policy-making they cannot aspire to be truly effective.

Given that effectiveness will be difficult to assess, there are nonetheless indicators of impact and output that can be used – such as involvement in workforce planning mechanisms and approaches, commissioned work from key stakeholders, adoption by stakeholders of tools and planning approaches developed or adapted by the observatory, and citation of observatory work as source material in plans, policies and legislation. Although evaluative research is almost non-existent on observatories' influence, there are examples of achievements that can reasonably be deemed to have added value to policy-making.

- In Brazil, observatories contributed to policy elaboration and implementation, to the creation of a permanent platform of permanent negotiation between different levels of the public administration and health workers, to advocacy for additional funding for professional training, to expanding training programmes for technicians and nurses, and to the development of new distance learning programmes.⁷ They had inputs in drafting laws and decrees, and in the introduction of new incentives for workers in rural areas.
- In Mexico, in collaboration with national federal entities, professional associations and universities, the observatory developed a national method for HRH planning, influencing the way they collaborate and work (taking in to account epidemiological transition, demographics and medical training centres profiles, number and distribution). (56th Regional Committee, 27 July 2004).
- In Ecuador, the Observatory Group was designated a formal advisory body of the National Health Council responsible for gathering consensus on health policies. The observatory has influenced the review of training programmes of nurses, which had been unchanged for 38 years. Also, it impacted the number of certified universities that offer medical training around the country

(El Talento Humano en los umbrales del Nuevo Milenio, CONASA-CONARHUS.ORHUS-ECU, Quito, 2006).

- In El Salvador, the observatory initiative strengthened the action of a nongovernmental organization, the Interinstitutional Group on the Development of Human Resources, which joined the efforts of the Ministry of Public Health and Social Assistance and the main universities for better integration of training and services (PAHO Resolution CD4, 2004).
- The observatories of the Andean Network have a common dissemination policy, and the agreements among them go beyond health, through the involvement of ministries of external relations and others. These agreements are part of a country regional integration process, which, for example, gives workers the same rights and privileges in other countries as in their own.
- In Oman, the First National Consultative Meeting on HRH Observatory (2007) launched a process of mobilizing relevant stakeholders, identifying sources of information on the health workforce. This was the first initiative of its kind in the Sultanate.
- In Sudan, the observatory has shown how joint work potentially influences developing one national HRH strategic plan for the country as well as producing major research in HRH priority areas, such as retention, migration and gender. It has collaborated in the implementation of national tools for HRH, such as the second national survey-base for HRH projections.
- In Europe, the European Observatory on Health Systems and Policies has mobilized stakeholders from most countries of the European Union, as well as candidate countries, in discussions on issues raised by the EU Green Paper on the European Workforce for Health. In doing so, over the period of 2008–2010, it has helped to put HRH on the political and policy-making agenda at EU level. This is illustrated by its role in the organization of a Ministerial Conference on the health workforce in Europe, under the aegis of the Belgian Presidency of the European Council in September 2010, which led to the adoption of the Council's Conclusions, mentioned above, and to the recent Joint Action initiative on

⁷ CADRHU (*Capacitação em desenvolvimento de recursos humanos de saúde/Capacity development of HRH*), GERUS (*Desenvolvimento Gerencial de Unidades Básicas do SUS/Development of management capacity in health units in the Unified Health System*).

health workforce planning and policy. This political process has opened the door to EU interventions in HRH, starting in 2011, with a mapping of HRH planning strategies and mechanisms in the 27 Member States. The work of the Observatory on Health Systems and Policies has also brought countries such as Slovenia and Hungary to launch policy development processes to address HRH problems as well as policy dialogues on HRH, bringing various stakeholders in countries, including Albania, Serbia, Slovakia, and the Baltic countries.

Other achievements by observatory-like organizations include the HRH Hub in Australia, which has conducted health workforce mapping, and is publishing reports on front-line management and supervision in a range of Pacific countries. In England, the recently-established Centre for Workforce Intelligence has already done workforce modelling which is being used to improve NHS workforce planning. It includes the analysis of workforce implications of new care pathways and a review of the information architecture on which planning can be based, as well as a recently published scenario based assessment of future supply and demand for medical staff.

What are the lessons learned? What are the conditions for an observatory's success?

Despite the absence of evaluative studies and of the relative youth of the observatories movement, it is possible to suggest some lessons learned, on the basis of assessments by informants and of experiences in the various regions. We put forward a number of such lessons, which indicate some factors which are likely to improve the probability that an observatory achieves its intended objectives. These remain to be validated, but they have sufficient face validity to be submitted to consideration of policy-makers.

1. Not all observatories are the same, even though they tend to have common core characteristics and functions, and there is a broad continuum of possible areas for action, from data analysis through to policy-making and advocacy. It is important that their priority actions reflect country specificities in terms of the dynamics and actors of policy development, and that they avoid duplicating existing structures.
2. WHO leadership has been a determinant in launching most of existing observatories.
3. Support from government agencies, and political commitment to addressing HRH issues, is critical for the legitimacy of an observatory's work. At the same time, protecting its independence as an authoritative body is a continuing challenge; and as such an observatory needs to maintain independent governance, so as to have the credibility to engage effectively with all relevant stakeholders.
4. To maintain credibility and to develop effectiveness in its role, an observatory's work should be conducted in an open and transparent manner, with objective means of quality control.
5. "Success" criteria for an observatory should be linked to stated objectives, and defined in terms of analytical output, policy influence, planning effectiveness and broader advocacy and social impact.
6. Continuity of support for planning and policy-making is important, especially in a political context in which the turnover of senior level decision-makers is high, and where governments will change. When the same core of people remains involved, even if some move from one role or institution to another, the observatory can ensure that the HRH agenda is maintained.
7. Strong leadership in the form of "champions" or "policy entrepreneurs", combined with good technical capacity, is critical for an observatory's sustainability.
8. Success breeds success: being able to show results in terms of policy impact (this goes well beyond the production of reports and the organization of meetings), creates conditions for being more influential.
9. Linking with other observatories helps strengthen capacity, gives scope for comparative research and benchmarking, and provides access to good practices in data collection and analysis, stakeholders mobilization and advocacy, and in putting HRH issues on the agenda.

The question remains of how best to define and measure success, particularly in reference to policy impact.

Human Resources for Health Observatories in the Americas: Moving into a new era

Charles Godue, Hernan Sepulveda

The fundamental challenge in reaching the “health for all” mandate is to ensure the availability of the necessary human resources. Even within a well-financed health system, the availability of the “right people in the right places, with the appropriate competencies” is a major challenge. Ensuring that the appropriate health-care personnel are in place to meet the needs of the population requires solid, long-term policies, based on sound information and the political will of stakeholders and governments. The HRH observatory should be a means to support the use of information, evidence, and knowledge, for strategic decision-making in the HRH area. This can be accomplished through the coordinated and concerted work of all stakeholders.

The HRH observatories in the Americas have reached different levels of development and institutionalization. Their progress is closely associated with the governance capacity of the ministries of health and the characteristics of the health systems.

Some countries with highly-developed institutional capacities in HRH have included observatory functions within their own existing structures, eliminating the need to create a separate observatory. Others, however, have experienced barriers promoting this initiative due to a scarcity of technical and financial resources. Understanding this context is crucial to planning a renewed strategy, especially because now, 10 years after the implementation of the observatory, new challenges have emerged responding to the current realities of the public health systems in the Region.

One of the main goals of the HRH Observatory when launched at the end of the 1990s was to advocate for the inclusion of HR issues within the national and regional health policy agendas, as well as to strengthen the steering role of the ministries of health. However, in this decade, the observatories’ fundamental role should now focus on supporting countries in planning their HRH through knowledge and information management and the promotion of HRH policies oriented towards universal coverage and the development of health systems based on primary health care (PHC). Currently, the more developed

observatories or institutions can participate in the process of designing and implementing HRH policies and consider them within the wider context of health challenges.

The observatories for HRH can provide:

- a situational view of the health workforce;
- an historical map of trends and changes over time;
- relevant aspects related to health personnel, which form a basis for important discussion and debate;
- recommendations for action and intervention;
- forecasts and models to explore policy scenarios;
- guidance in areas of concern or immediate need;
- suggestions for a relevant research agenda;
- a space for coordination and collaboration between the different stakeholders; and
- the development of networks for collaboration at the international, national and subnational levels.

I. Conceptual framework

Definition

The Regional Observatory of Human Resources for Health is a regional network of governments, academic and service institutions and civil society organizations, supported by the Pan American Health Organization (PAHO), for the production, analysis, access and sharing of information, knowledge and experiences to support decision-making and the formulation and implementation of public policies, in response to national priorities and the regional goals of human resources for health.

Values

The observatory assumes a values framework that guides PAHO’s technical cooperation. These values are given below.

- **Equity.** Strives for equality and justice by eliminating unnecessary and avoidable health disparities.
- **Excellence.** Achieves the highest degree of work quality.
- **Solidarity.** Promotes shared responsibilities and interests, facilitating collective efforts to reach common goals.
- **Respect.** Accepts the dignity and diversity of individuals, groups and countries.
- **Integrity.** Ensures transparent, ethical and responsible performance.

Mission

The observatory's mission is to contribute to the production and analysis of information and knowledge, through collaborative networking; and to strengthen the governments' capacity to respond, formulate and manage HRH policies and plans guided towards universal coverage and the development of health systems based on PHC.

Vision

The vision is a Regional network composed of active and interconnected observatories at the national and subnational level. The network offers information and knowledge to monitor the HRH situation in the countries of the Region, and generates policies to address priority issues. The observatory offers a space for convening and defining the public policy agenda on HRH matters through the participation of institutions committed to the initiative of their countries.

Principles

The principles of the observatory are:

- centred on the development of HRH as a strategic factor in the development of health systems;
- founded on the principle of strengthening public policies and strategies to develop HRH, through the use of valid and updated information, evidence and the sharing of experiences between actors in the network;
- to promote continual improvement of the quality of information on HRH and the production of official standardized information for broader use by network members;
- to generate knowledge, experiences and information, considered shared public goods and actively disseminate these through the promotion of communications and exchange and proactive use of information and communication technologies (ICT);
- to serve as a space for solidarity and continuous strengthening of the network, bringing together, integrating and actively supporting the activities of its members, building agreements and implementing strategies to ensure the sustainability of the function and growing levels of institutionalization in the countries; and
- to serve as a space for collective identity that respects each country's unique characteristics.

Objectives

The objectives of the observatory are to:

- produce HRH evidence through critical and systematic analysis and from different perspectives, that responds to the health needs of the countries;
- generate standardized information in the area of HRH;
- evaluate and monitor human resource trends related to the Regional Goals for Human Resources and the Five Challenges of the Toronto Call to Action;
- improve the quality of information and strengthen information systems for human resources for health;
- identify knowledge gaps and research needs in the area of HRH;
- design communication and information dissemination strategies, evidence and concerted actions; and
- strengthen networks to exchange experiences and mechanisms for collaboration in the development of strategic information.

II. Components of the strategic model

The observatory integrates three components of the strategic model which operate simultaneously:

- governance
- information management
- technological

Governance

Definition

Governance refers to the design and organization of the observatory around common objectives, the relationship between its members and the mechanisms operating within these relationships. It is a dynamic process which guides, sets norms, and evaluates activities of the network's actors in reaching their mission. In practice, flexible mechanisms are necessary to adapt to the diverse realities within the subregions, countries and institutions. The governance model is primarily important for the regional structure of the observatory and serves as a reference point for activities at all levels. Within these common structures, the network members can define their activities according to their interests and specific contexts.

The mission, values and principles established in the strategic observatory model are essential points of reference for the governance model, which should also incorporate the basic organizational and normative elements that guide the role of the actors.

Services and contributions

The observatory network offers the following services:

- methodologies for information management;
- information analysis support to key actors in the countries;
- advocacy at the political level on the importance of HRH management;
- promotion of dialogue on HRH issues;
- dissemination of the network's products at a regional and global scale;
- promotion of joint meetings and activities;
- financing management for specific studies; and
- tools in Informatics technology.

Members contribute to the network as follows:

- providing databases with standardized information;
- orienting activities in line with Regional mandates such as the Toronto Call to Action and the Regional Human Resource Goals;
- actively participating in research and studies that follow common agenda priorities;
- producing high-quality research;
- willingly sharing information and activities with other network members;
- willingly promoting and supporting development activities of new observatories in other countries; and
- designing and maintaining websites as a means for communication and information dissemination

Levels

The observatory has three levels:

Regional observatory: this corresponds to the regional level of coordination which is administered by the regional PAHO team. The main functions at the regional level are the following:

- systematizing the policy and action priorities in HRH issues from the relationship with the countries and the areas of common interest;
- facilitating and generating joint policy agreements to develop HRH in the Region;
- convening members and encouraging interaction through the organization of joint

activities, especially the annual or biannual Regional meetings;

- promoting and establishing institutional alliances around the Regional HRH agenda – this support is particularly relevant for countries with weak HRH governance;
- informing governments in the Region (through the PAHO directing bodies) on the advances and setbacks in HRH policy issues in their countries;
- organizing the Partner Committee (cooperation agencies, international organizations, host countries, advising countries), which organizes the regional meetings of the HRH observatories; and
- maintaining a web site for the Regional observatory, which connects the different nodes in the region and interacts with other networks at the global level to promote and facilitate integration between the members and visitors.

Subregional observatory: this corresponds to a specific group of countries at the subregional level of a region with administrative responsibility at PAHO's subregional level. The main functions at the subregional level are the following:

- relating the regional agenda to that of each country;
- promoting a common agenda which forms connections and promotes joint actions within countries of the subregion with common characteristics;
- coordinating initiatives with the territorial integration entities between the countries;
- promoting the HRH observatories in the countries of the subregion, through information development, monitoring regional goals, the formation of networks, and incentives to research;
- developing and maintain subregional web pages and promoting the development of individual web sites for each country;
- providing methodological support to standardize the concepts for measuring data and in research, to ensure comparable information between the countries and within the Region;
- supporting the countries to find cooperation mechanisms for the development of HRH.

National observatory: this corresponds to the coordination level in each country, established by the health authority, in coordination with the national PAHO country office. The National observatory brings together all actors interested in the topic of human resources. These

stakeholders can include training, research and service institutions, accredited by the national authority, which produce information and specific knowledge on HRH issues, and also social actors involved in the issue, who contribute to the analysis and generation of public policy proposals. The following functions occur at the national level:

The health authority:

- defines the coordination mechanism of the observatory network and organizes its work;
- formulates the policy and information and research priority guidance for human resources for health;
- contributes to the subregional and regional observatory by providing information and national analyses;
- informs the corresponding entities for participation in the subregional observatory.

The institutional and social actors:

- contribute with publications, research projects, and best practices;
- actively participate in the national observatory activities;
- contribute with information, analysis and opinions for decision-making in the HRH area;
- contribute to improving the information systems on HRH issues;
- maintain connections with the web page of the national observatory as a means for interaction with the Human Resources for Health Network.

- The national observatory is defined as a “meeting and consensus-building space for the partners, composed by the Ministry of Health and other stakeholders, destined towards generating and sharing relevant information on human resources for health, with the purpose of supporting decision-making on HRH policies and the formulation of plans, around the priorities defined by the country.”

Information management

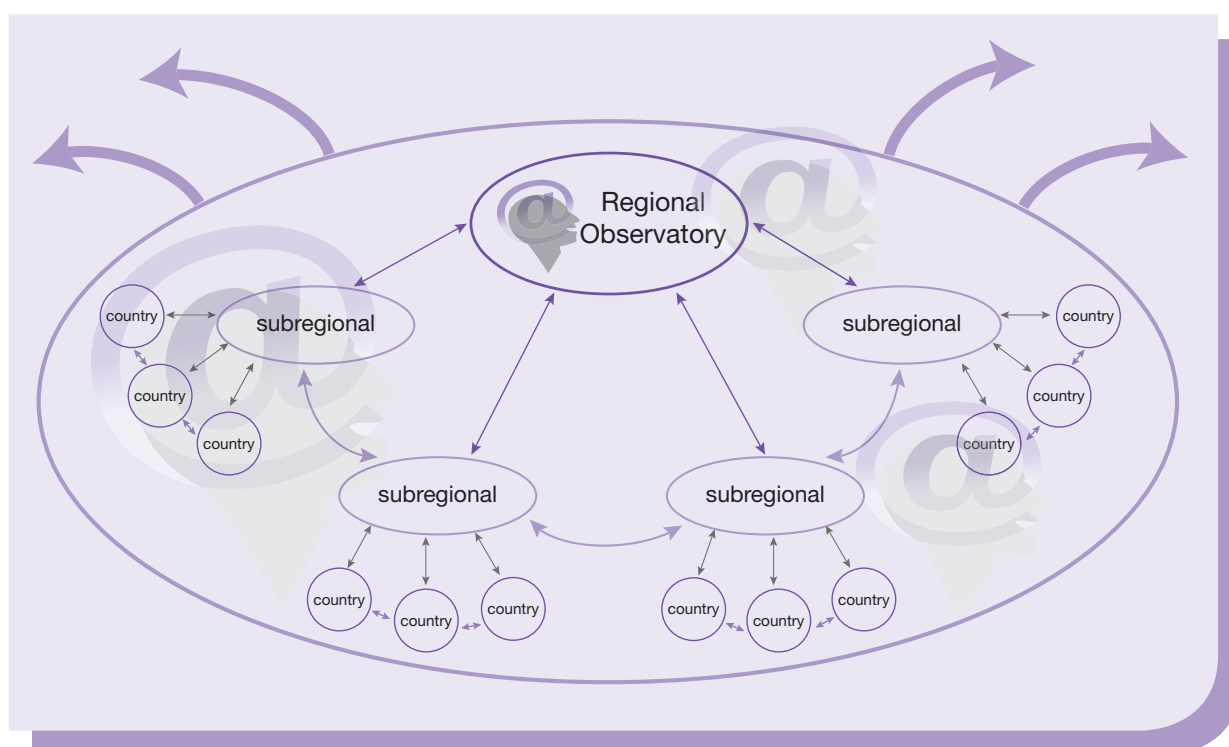
The observatory network functions as a system for content management, interoperable with the subregional and country observatories.

An essential element for the functioning of this network is the availability of basic information, the composition of which is proposed at the regional level, taking into consideration the different levels of development in the countries.

This information should be standardized, in order to permit the countries to understand, produce, and eventually share the required information under a common platform.

The responsibility of supplying the system with the core data falls on the governments, as entities which should officially endorse the data. Therefore, each health authority, under the framework of the national observatories, will have the privilege of including this information at the regional level.

Figure 2: Regional network for the HRH observatory



The challenge for the observatory, at all levels, is not the collection of core data, but the identification of standardized and applicable background information at the regional level. The need to collect this information from the countries requires coded systems for the database that can be shared and internalized by each country. It also requires efforts to ensure quality information, systematic data production, the strength of the units that lead the HRH policy and their relationship with the institutions that generate the national information.

Under the “continuous improvement” logic, we can establish a second level of information, above the core data level. This second-generation information can also be officially endorsed by each country. A medium level of reliability will be acceptable, under “progressive development” logic, as long as its publication is of general interest and can be partially or fully validated according to the level of development of the countries.

The 20 regional goals⁸ will also need to be included as part of the official information network.

The scale-up of information includes the following steps:

1. Obtaining, completing and validating the core data through the work with the HRH units, with the support of other country institutions.
2. Inputting the information into the Observatory Platform provided by PAHO.
3. Advances in obtaining the second-level information, gradually incorporating it in the platform and categorizing it according to its validity and reliability level. This categorization is the responsibility of the countries.
4. At the same time, maintaining the information that allows monitoring the 20 regional goals.

Furthermore, this proposal option allows:

1. Visualizing in a comprehensive manner the information system and linking it with the HRH planning challenges.
2. Guiding and directing the work in the countries.

3. Implementing staggered and flexible strategies so the countries advance towards a strategic HRH information system.
4. Presenting mid-term achievements to encourage the countries to promote the process of obtaining and systematizing the information.

The information system at the regional level should also consider the research and studies available. It is expected that there will be a distinction between the official ones, which are endorsed by their corresponding health authority and those from institutions or relevant stakeholders which should be endorsed by the national observatories.

The data model for the HRH observatory should be able to ascertain the main problems in the countries, especially, those aligned with regional trends. Monitoring trends will allow establishing priorities for action and feeding the decision-making in this area. In this sense, the Content Management System acquires great relevance because its interoperable character will allow the web sites of the national and subregional observatories to include their results and products, thus making it accessible to all other actors in the network. In this manner, the observatory becomes a resource and point of reference for the HRH managers in the region, as well as in the rest of the world.

The observatory, as a space for sharing and producing information, is a fundamental component for the development of public policies and strategic plans for human resources for health. Various institutional actors also contribute to this process, for example, from the areas of coordination and intersectoral negotiation.

Technological component

The technological component of the HRH Observatory Network responds to its strategic model and fulfils its mission by contributing to the generation and analysis of information through joint work and strengthening the response capacity of the governance body.

⁸ Pan American Health Organization. Regional Goals for Human Resources for Health 2007-2015 [Internet]. 27th Pan American Sanitary Conference of PAHO, 59th Session of the Regional Committee of WHO for the Americas; 2007 Oct 1-5; Washington (DC), US. Washington (DC): PAHO; 2009 (Resolution CSP27.R7) Available from: www.paho.org/english/gov/csp/csp27.r7-e.pdf

Table 2: Typology of information

Official information (Endorsed by the governments)	Core data
	2nd level information • medium reliability (in process) • validated
	Regional goals
Non-official information (research institutions and professional organizations)	Specific data provided by each institution or organization
Research and official studies	Conducted by public or government institutions, endorsed by the health authority
Research and independent studies	Conducted by institutions or private stakeholders, endorsed by the editorial committee of the national observatory

Based on the general observatory principles, this technological component has the following principles:

- the infrastructure and applications should respond to the observatory needs;
- the environment and information management should be sensitive to the user needs and implemented in a timely manner;
- the technological diversity is controlled to minimize non-trivial costs for maintenance and connectivity among different processing environments; and
- the software and hardware should be based on standards that allow for interoperability of data, applications and technologies.

The connectivity and functionality between the countries, institutions and people, will be ensured through operationalizing the interoperability strategy as well as self-management, which is why there will be dynamic and open platforms that can function in a network.

The technological basis of this project is based on utilizing advanced and recently-implemented technologies, for the interaction and joint work in networks, following international standards.

Each node of the observatory network should have the following resources, at a minimum:

- a web portal supported on a content management system (CMS) for information, news and events, which allows the inclusion of RSS channels. The portal will have a common basic design for all of the subregional, national and institutional nodes in the Observatory Network;
- institutional coordinators of the project for the management of different portal services and resources. Special priority will be given to updating and introducing the system of core HRH data; and

- specialized technical personnel to implement and ensure the functioning of the technological package which covers the functions of design, web server and content administrator.

In addition to the above resources, the regional observatory node, given its integrating function, should have:

- a system for the management of core HRH data which includes all of the nodes of the Observatory Network;
- integrating collaboration tools for communication between the Network nodes, especially the Elluminate tool;
- hosting capacity for the sections of the technological package that an integrating institution cannot fulfil; and
- conditions for the monitoring, support and training of participating nodes.

The information and communications component of the HRH observatory is developed through the network of portals, composed by each of the web sites, and the resources and functionalities of the nodes at the subregional, country or institutional level, under continuous interaction with the portal of the regional node which falls under PAHO's responsibility. This is where all of the tools, information, learning and research resources are permanently shared to promote their joint use.

Given the convergence of the strategic Observatory Models and the Virtual Campus for Public Health, the technological platforms and the main information and communication services of both projects are integrated towards strengthening a community of practice among both networks, which contributes to the development of the human resources for health and public health.

III. Regional challenges

Immediate tasks

At this time of re-launching the regional initiative of the observatory in the Americas, it is important to ask: what are the substantive elements that constitute an observatory, beyond its name?

The observatory:

- generates and shares relevant information for making policy decisions and HRH plans; and
- provides a meeting space for consultation between stakeholders, to share information, experiences and best practices on HRH matters, from a country needs' perspective.

Considering these factors, the regional network's efforts should focus on supporting countries to build capabilities to generate human resource information systems that are increasingly comprehensive and reliable and are a support for decision-making and policy formulation. This process should be developed through consultation with and agreement by the most important stakeholders, in particular, the training institutions and social organizations linked to the health sector. Also, the regional network should provide technical support for countries to reflect this work through a web page and, if deemed necessary, share information with other countries in the region through the regional observatory web page.

In this context, we envision two immediate tasks at the regional level:

1. the development of a virtual platform that allows all stakeholders in the region, primarily through the country, to share and exchange information, experiences and studies in a defined space for interaction; and
2. the development of a proposal for standardized basic HRH data and a guide with the methodology for collecting such data.

Moving towards accreditation

A reliable HRH information system, agreed upon by the stakeholders, is vital to the sustainability of HRH policies. An additional advantage is to be part of a regional network that allows each country to share information, studies, and success stories.

This raises attention to the need to develop a strategy for "accreditation" of national observatories to join PAHO's regional network of HRH observatories. An "accredited country," will be part of the network and can receive all the benefits associated with membership. The region's advances in this process stimulate us to build towards a global network.

Accreditation should be an objective and standardized process, but one which provides the necessary flexibility to allow for the diverse realities of the countries. Outcome and process indicators must be developed to determine a country's progress and the political will to move forward.

For accreditation of countries, three areas are proposed to be evaluated:

- information systems;
- institutionalization of human resources; and
- capacity to communicate with stakeholders.

These areas can be part of an evaluation matrix with indicators that reflect the different levels of development. Developing the matrix will be a primary task.

In addition to supporting the accreditation process of the observatories, evaluation of these proposed areas will allow us to appreciate the full reality of each country's development. The accreditation process will serve as both an assessment and diagnostic tool.

Africa Health Workforce Observatory: Experiences and perspectives

Jennifer Nyoni, Adam Ahmat

The health workforce as a critical and integral component of health systems still faces challenges including imbalances in distribution of health workers, weak intersectoral collaboration and leadership in the African Region. Countries are required to accelerate actions to address HRH challenges to enable the achievement of the objectives of the national health goals, the MDGs and other global and regional initiatives.

The region's health workforce shortage of qualified health workers is the worst compared to other regions of the world. The World Health Report 2006⁹ indicated that of 57 countries globally that have a health workforce crisis, 36 are in the African Region. Furthermore, the following challenges persist in most of the countries of the Region:

- information and data on numbers required versus numbers available is unreliable and inconclusive in many countries;
- migration and brain-drain of qualified health personnel remains a key concern in many countries with rural and remote areas suffering the most;
- weak intersectoral collaboration and leadership coordination, including the need to move beyond the traditional health sector for improved addressing of health workforce challenges remain serious issues; and
- health managers' capacity is generally inadequate to enable them to function effectively, even though HRH is recognized as a critical and integral component of the health system.

Given the benefits and experiences of the health systems observatory in Europe and HRH observatories in the Americas, AFRO recognized the potential of an African observatory to contribute towards improving evidence generation, analysis, access and use and implementation of the health workforce agenda for quality delivery of health services.

The region has come a long way in establishing the Africa health workforce observatory. Initial discussions on how to establish it were held

during the Oslo consultation in February 2005, based on a working document. In March 2005, WHO Headquarters, the Regional Office for the Americas, the Division of Health Systems and Services Development, and the Regional Office for Africa further developed a concept document and a draft workplan on the Africa Health Workforce Observatory.

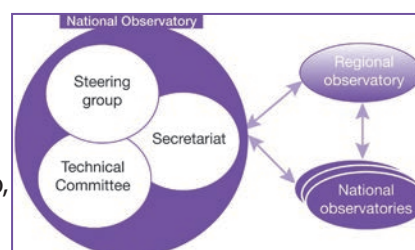
The concept was then presented to an HRH meeting held in April 2005 by the West African Health Organization (WAHO/ECOWAS), which supported it and expressed willingness to participate in the new observatory's work. Since then joint efforts have progressed through subregional consultations, resulting in country commitments and work to establish the observatory.

The draft concept document was shared during the regional consultation on taking the HRH agenda forward in Africa, in Brazzaville in July 2005, hosted by WHO, the New Partnership for Africa's Development (NEPAD), and the African Council for Sustainable Health Development (ACOSHED), a civil society organization. The Africa Health Workforce Observatory was agreed as a strategy to move forward.

Subsequently, other high-level forums also advocated also for the HRH observatory in Africa at national and regional levels. These included the Botswana continental meeting in March 2007, the African Union Conference of Ministers of Health in April 2007, and the Douala meeting in June 2007 for francophone Africa.

What is Africa Health Workforce Observatory?

The Africa Health Workforce Observatory (AHWO) is a cooperative network comprised of national observatories (which brings together the country level stakeholders) and a regional secretariat which brings different partners of the Region together as a steering group, and is hosted and promoted



by the Regional Office. The AHWO network allows definition of priorities and promotes strategies for producing better information, consolidating databases, tracking progress and promoting action. It is also seen as a strong vehicle

⁹ World Health Report 2006: Working together. World Health Organization, Geneva, 2006. Available at www.who.int/entity/hrh/whr06/en/index.html

to share information and capacity-building. The members of the national observatory can undertake studies to contribute to the policy-making process, both at national and regional level.

The institutional arrangements for the HRH observatory are envisaged as a partnership of individual experts and resource institutions based on networking. The partnership is developed involving national institutions and multilateral and bilateral agencies, and regional coordination of the networks is established to facilitate their functioning.

Initiation of AHWO

The regional secretariat of AHWO was established within the HRH team at the Regional Office, routinely supported by HQ counterparts and a small team of partners as a working group. The technical working group has provided guidance and advice to the secretariat as well as ensuring the involvement of different partners. A steering group was created in 2008 and its first face-to-face meeting was held in October 2009 in Cotonou where its proposed terms of reference were adopted. The steering group is expected to:

- advise on the observatory's priorities;
- discuss the workplans and contribute to their implementation;
- advise and contribute to the planning of the activities in the workplans;
- advise on an editorial committee for observatory publications;
- advise on observatory resource mobilization; and
- discuss the observatory's general progress.

Each steering group member was asked to confirm continued involvement in the observatory and to agree to the use of their institutional logos on the observatory web site, as a way of acknowledging their partnership in the process.

Even with a somewhat slow gestation period, the observatory already has the potential to contribute towards addressing challenges encountered in countries individually and as a region. These contributions include:

- producing better information and knowledge for evidence-based policy dialogue;
- keeping track of progress and fostering HRH action;
- sharing information and country experiences;
- contributing to capacity-building; and
- mobilizing resources and partnership.

Progress of AHWO

Two main functions of the AHWO have been to consolidate regional-level coordination and country-level support to establish observatories. The activities include continued sensitization for the concept and benefits for establishing a health workforce (HW) observatory through using available forums and holding regional consultations.

Web site

The AHWO web site is instrumental in strengthening the regional HRH database, redesigning and populating it with data and information on a continual basis. The development of the web site was a milestone leading to the official launch of the AHWO by the Regional Director in June 2007. The site (in English, French and Portuguese) was upgraded in 2010 to conform to the emerging health observatory in 2010. The first main products on the site were the Africa Health Workforce Atlas, country fact sheets and all available documents on HRH. The web site continues to be enriched by information and is linked to the Global Health Workforce Atlas and to national networks that have established web sites such as in Ghana, Cameroon and Mauritania.

Figure 3: AHWO website



Comprehensive HRH country profiles

Other important progress has been achieved in helping countries to develop their first comprehensive HRH country profiles, by using a standard template to allow for intercountry analysis that was previously not possible. The first HRH country profile was developed by Uganda in 2007 followed by Nigeria, Gambia and Malawi. There are now 24 country profiles completed, two in final draft and five being drafted (as of May 2012).

Regional consultations

AHWO organized three main regional consultations. The first was held in September 2006 in Arusha, Tanzania,

with 14 countries participating. It focused mainly on sensitization, clarifying the concept and obtaining buy-in from countries. This meeting was jointly organized by WHO, the Capacity Project, the World Bank and the East Central and South of African Health Community (ECSA-HC).

The second consultation was held in October 2009 in Cotonou, Benin, in partnership with the European Commission, and with about 100 participants from 37 African countries, health training institutions and interested partners. The overall aim was to mobilize further the national, regional and global stakeholders and partners of the observatory and thereby accelerate its expansion. Progress was reviewed and experiences shared among countries on the role of HRH national observatories in generating and using evidence for HR policy planning, implementation and monitoring. Strategies were explored for promoting the establishment of national observatories and further strengthening the observatory at regional and national levels.

The third consultation was held in Pretoria, South Africa, in October 2011 and focused on the scaling-up of the health workforce for improved service delivery in the region. More than 145 stakeholders and partners attended and reached consensus on the need for a regional roadmap containing actions for addressing specific health workforce needs and capacity gaps, and to be implemented between 2012–2025. The roadmap is based on recognition that sustained political, institutional and financial commitments are needed. So too is the involvement of different critical stakeholders and partners in health workers development that influence their availability and performance. The roadmap is seen as a consolidated and collective engagement to push forward the agenda of HRH in the African Region, and as an example of how AHWO observatories contribute to shaping the regional HRH agenda.

Research studies

The area of research, policy briefs and publications is still in its infancy for the AHWO. The first publication under its auspices was published in 2009 with as the first issue of the HRH Observer series published at global level.

National HRH observatories

The AHWO team has played a decisive role in the formalization of the AHWO concept and expansion of the network, particularly at country level, sensitizing countries to the benefits and

added value of national observatories and gaining their support in the start-up process. With the principle of country interest and commitment, individual country requests have been steadily reaching the regional secretariat in three main contexts – strengthening the HRIS; developing or revising their HRH policy or plan; or specifically requesting the establishment of an observatory.

The response of the secretariat is characterized by the provision of guidance on how to set up a national observatory in the context of the regional network. In partnership with the European Commission and Global Health Workforce Alliance, the secretariat has provided seed funding to countries for a variety of activities under the national observatories. The aim is to create an opportunity for national stakeholders and partners to stimulate policy dialogue through exchanges of experiences and evidence. The secretariat has played a supportive and a proactive role by targeting institutional support to strengthen the ongoing network process.

In 2006, Ethiopia was the first African country to launch officially the process of establishing a national health workforce observatory. Today, 11 African countries have observatories, and another 17 are in the process of being established. The ultimate goal is that all 46 countries in the African Region have a national HRH observatory.

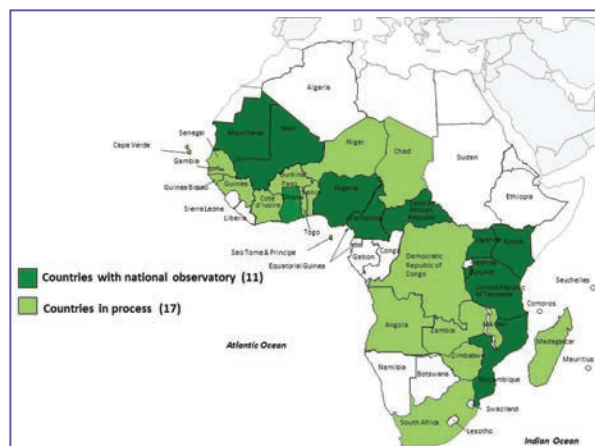
Such an observatory is seen as a flexible and dynamic mechanism based on linkages, rather than a merely administrative structure. The usual recommendation is that it is hosted by the HRH unit of the Ministry of Health for ownership. These principles are easy to implement for many countries but they have some limitations in terms of their national visibility and sustainability.

There are some examples of successful experiences in terms of the dynamics that the national observatories have started to acquire. In Cameroon, the observatory is developing rapidly since it was officially launched in March 2010, and is one of the best examples in the Region. The Ministry of Health uses the observatory web site to manage its personnel through the website.

The initiative has allowed a number of stockholders meetings, studies and research with academic groups to be located within the observatory. In turn, this has helped the dissemination of information by making evidence easily accessible through its web site and the observatory has also collected a lot of information

on training and employment that is currently used by the stakeholders. The Ministry of Health in Nigeria has set up its own steering group for the observatory, in collaboration with its Federal States, professional associations, and universities, in order to share information. Similar approaches have been seen in Ghana, the Central African Republic and Mauritania.

Figure 4: Status of National HRH Observatories



In Zimbabwe, the Health Service Board acts as the steering committee of the national observatory in order to identify its policy directions. The functions include advising on priorities and allocations; validating the observatory's annual work plan; engaging in the policy dialogue; overseeing the work of the secretariat; and participating in fund-raising.

In Côte d'Ivoire and Senegal, the observatory is part of the mechanism for monitoring and evaluation of the implementation of the strategic HRH plan.

All countries involved have included the observatory as a regular activity of their human resources units, giving official status to the national groups.

Subregional economic groupings

Subregional economic groupings involving the health community secretariat for East, Central and Southern Africa (ECSA), OCEAC, the Southern Africa Development Community (SADC) and the West African Health Organization (WAHO/ECOWAS), have partnered in advocating for the HRH observatory. Together with WHO, all of them are involved in engaging countries in the start-up process. For example, ECSA adopted a resolution on the establishment of the observatory in 2006 and 2008; the WAHO held two subregional meetings in 2008 in Niamey (Niger) and in 2010 in Monrovia (Liberia) on

how to accelerate the establishment of national observatories in West Africa. These subregional economic groupings have also been involved from the beginning as members of the working and steering group of AHWO.

Challenges ahead

On the basis of the experience so far, the key elements are in the establishment of a functional national observatory. These elements include:

- government leadership and political commitment;
- the involvement of "champions";
- building on existing systems and structures as opposed to those that stand alone;
- active involvement of all relevant stakeholders in both public and private sectors;
- identifying and demonstrating benefits and impact;
- linking the observatory activities to the national agenda;
- availability of country profiles and national HRH strategic plans;
- a core team to run the observatory;
- using evidence to access more resources; and
- getting research evidence into policy and practice.

The high turnover of authorities at political level in countries of the Region is a challenging factor in affecting continuity and functionality for the initiative (e.g. the national observatory in Chad, Ethiopia and Kenya).

There are still difficulties in advocating the need for information on sensitive issues such as the regulation of professions or the redeployment of the health workforce. In many cases the vested interests of the government and health professional associations or councils do not provide the appropriate climate for discussions based on evidence.

Experience from many countries shows the need to integrate relevant stakeholders, such as universities and professional associations, in more active and permanent ways, because their involvement may increase the observatory's sustainability.

Where there has not been enough sensitization of authorities and stakeholders on the concept of the observatory, or where the process of setting it up through participatory methods has not been well applied, the established observatory has become weak with risks to its sustainability.

Weak capacity and leadership in the HRH unit of Ministry of Health is also an obstacle towards implementing the initiative in some countries.

The observatory has made important contributions to strengthening the steering role of ministries of health and to maintaining the themes of human resources within the political agenda.

The strategic partnerships of AHWO at regional level and its national networks need to be highlighted in order to make it clear to potential donors and to observatory users the institutional relationship that AHWO has with WHO as its secretariat and the role of other partners. A communication strategy needs to be developed to include the following:

- establishing contact and regular communication with regional academic or operational institutions or organizations with HRH expertise, to draw upon their expertise, commission work, or to connect them with national observatories for the purpose of capacity building;
- strengthening communication with and among its national observatory networks at the country level;
- actively using the steering group in developing links at international level to ensure international advocacy on the HRH crisis in Africa, using evidence from the region as part of supporting health system strengthening; and
- improving coordination between agencies supporting the HRH agenda in the region, and jointly developing a HRH events calendar in order to avoid duplication or overlap of activities and to ensure coherent and coordinated support on HRH in the region. It will be particularly important to strengthen coordination with GHWA, as the AHWO and GHWA should be completely aligned in the support that they provide at the national, subregional and regional levels.

Countries

The momentum gained has to be increased to accelerate the process of establishing functional observatories. The widened partnerships and stakeholders involved in these processes provide an opportunity for policy dialogue and involvement to contribute beyond the usual internal Ministry of Health.

Countries are encouraged to define milestones for activities in the process of establishing and strengthening their observatories. Countries should plan for activities such as supporting the documentation of experiences on implementation of HRH observatories, disseminating existing research evidence and strengthening local resource mobilization. Inter-country exchanges should also be promoted.

Partners

WHO, RECs, other partners and stakeholders should continue actively to support and advocate AHWO and mobilize resources for it.

Eastern Mediterranean Region Human Resources for Health Observatory: Effectiveness and sustainability of HRH observatories

Walid Abubaker

Introduction

This section describes the experience of the Eastern Mediterranean Region (EMR) of WHO in which the HRH observatory was established and used effectively as a forum for evidence-based policy-making. One of its most useful features has been that it gives access to up-to-date information and data pertaining to HRH. A second added value has been that under the umbrella of the observatory, a coherent coordination policy forum was formed collectively to address and solve HRH-related problems and challenges.

Today, in many countries, human resources development as a whole and HRH in particular is being viewed as one of the most valuable strategic assets, and for some as a survival tool for economic development. The Eastern Mediterranean Region is quite diverse and can be divided into three main categories.

1. Countries with HRH crisis: this is a group of eight countries in EMR with a critical shortage of health workers, based on the WHO benchmark of 2.3 health workers per 1000 population. The countries in this group are Afghanistan, Djibouti, Iraq, Morocco, Pakistan, Somalia, Sudan and Yemen. They share one or more of the following:
 - a health workforce density ratio of less than 2.3 per 1 000 population health workforce (as classified by the World Health Report 2006);
 - insufficient capacity for HRH production of most countries in this group; and
 - lack of retention of migrating health personnel, maldistribution and urban–rural imbalances, with proportional underfunding for health and complex emergency situations.
2. Countries with deployment challenges: these countries have no HRH crisis and share a fairly good level of health workforce production, but they face challenges in recruitment, deployment and retention. The countries in this group are Egypt, Iran, Jordan, Lebanon, Libya, Palestine, Syria and Tunisia, and they share the following HRH characteristics:
 - sufficiency or over-production of the health workforce with a density over 2.3 per 1000 population;
 - inadequate investment in health systems;
 - issues related to the effective utilization and retention of health workers; and
 - unplanned recruitment and migration to Gulf States and other destinations.
3. Importing countries: countries here are economically advanced with high spending on health among other sectors. This group includes six Gulf States: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates, and have the following commonalities:
 - inadequate HRH production capacity due to rather scarce numbers of educational institutions or low enrolment capacity;
 - high rates of foreign expatriates and migrant health workforce; and
 - an expanding health care infrastructure that requires more health workers.

Figure 5: Density of health care providers (doctors, nurses and midwives)



Despite the diversities among the EMR countries, all of them have committed themselves to establish HRH observatories and the three groups of countries described above each now has at least one HRH observatory, as in Jordan, Oman and Sudan

Initiation of HRH observatories in EMR

Soon after the publication of the World Health Report 2006: Working together for health, EMRO organized a regional consultation for Member States in Muscat, Oman, in December, 2006, to explore the potential and feasibility of HRH observatories in the Region. As a result, the regional HRH observatory was established and a number of countries signed on to establish national HRH observatories. The EMR observatory's purpose is to assist Member States in using a proactive approach and sharing the best and most innovative options to tackle HRH-related challenges. Hence, the observatory is not a static database or merely a collection of health workforce statistics, but an up-to-date regional resource on information as well as evidence for policy dialogue. The scope of the HRH observatory in EMR is summarized below:

Strengthening HRH data and trend analysis at the country level.

Despite the undoubted importance of human resources to the functioning of health systems, there is little consistency between countries as to how HRH strategies are monitored and evaluated. Another issue of importance is the harmonization of data collection mechanisms and tools. Developing and strengthening HRH information systems at country and regional level is therefore one of the crucial functions of the observatories. This involves identifying a core data set; developing guidelines for monitoring and evaluating HRH at national and subnational levels; building and strengthening HRH analysis capacity; and supporting in-depth HRH assessment in countries.

Using HRH country profiles as a tool to present and share country HRH information and analysis.

HRH country profiles serve as a tool for systematically presenting the HRH situation, policies and management. A standard template has been developed and has already been used in some countries recently.

Generating evidence for informed decision-making and policy development.

Research and analysis have both national and regional components. Studies are carried out according to the research priorities of the country

concerned. These studies are undertaken by the relevant and interested members of the national network. At regional level, the studies are undertaken on common issues for all countries or a group of countries.

Creating forum for sharing, dissemination and policy dialogue.

Various means are used to communicate the research and analysis of the HRH observatories to policy-makers, such as regional forum, policy briefs, position papers and meetings. Regional and national meetings provide opportunities to share information and to engage with policy-makers, create in-country consensus and national synergy and engagement among stakeholders as well as national and intercountry networking.

Strengthening HRH governance and regulatory capacity at the country level.

Capacity-building is seen not only in the narrow sense of formal training sessions, but also as including many types of activities inherent in the functioning of the observatory. The HRH observatory contributes to both institutional capacity and individual capacity-building for HRH through its activities. Because sustainability of these activities is considered crucial, strengthening national institutions and developing follow-up mechanisms for the formal training sessions are emphasized.

Governance of the EMR HRH observatory

The EMR observatory on HRH is an integral part of the Regional Health Systems Observatory. It is a partnership based on networking with national institutions and multilateral and bilateral agencies. The EMR observatory on HRH is comprised of regional and national observatories.

National observatories

National observatories have been established in four countries: Bahrain, Jordan, Oman and Sudan. Other countries have either expressed interest or begun to establish an observatory. In the four countries mentioned above, task force or action teams were set up. The efforts built on the country existing partnerships and involved other HRH constituencies such as Ministry of Health (MOH), Ministry of Education (MOE) Ministry of Labour (MOL) academia, NGOs, the private sector, civil recruitment agencies, professional associations and other stakeholders. These national observatories have been working within a well-established coordination policy forum in which partners meet on a regular basis to address and tackle HRH-related issues and challenges.

The national observatory is tasked to:

- continuously monitor trends that have an impact on HRH policies as a shared agenda;
- document research/studies;
- share information to contribute to policy development;
- engage in policy dialogue; and
- contribute to capacity-building.

The national observatories have been used to promote the HRH agenda through national meetings as well as other means of communication. They have also been supported by international and bilateral agencies.

A national focal point is appointed to facilitate planning and coordinating the work of the national observatory. This person can be based in the Ministry of Health or one of the member institutions of the coordination policy forum, and it is envisaged that his or her role is supported by the country HRH task force or action team.

The national focal point facilitates:

- the work of the national observatory by identifying activity areas and responsible group members;
- ensuring dissemination of the results such as statistical reports and policy briefs;
- organizing the national meetings and training activities;
- undertaking advocacy activities; and
- linking with the regional secretariat of HRH regional observatory.

National observatories are envisaged to start in the countries where intensified country efforts are pursued by different agencies to form country action partnerships in a form of coordination policy forums. Based on the experience of the first group of countries, observatories will gradually be developed in other countries.

The initial common activities can include identification and adoption of a set of core indicators and development of guidelines for monitoring and evaluating HRH at national and subnational levels. Efforts should be made to build, improve and harmonize the available classification of health occupations, based on the International Standard Classification of Occupations. The priority study areas for management of HRH (i.e. recruitment, retention and motivation) will be another aspect of the work plans.

Simultaneously, the regional secretariat provides support to the national observatories. It ensures

communication with the joint HRH working group in planning intercountry activities with the participation of national observatories.

Regional secretariat

For the overall planning and coordination of the EMR observatory on HRH and to facilitate intercountry activities, a regional HRH observatory focal point has been appointed. Support is provided by the regional secretariat from the Regional Office, including the HRH team and the Evidence-based Health Situations and Trends team that has been instrumental in providing country support to establish national observatories, especially in Sudan. The regional secretariat's role is to:

- facilitate the formation of national observatories;
- develop common guidelines and tools;
- ensure and coordinate intercountry studies;
- ensure linkages with other health system interventions and disease-based activities;
- ensure dissemination of intercountry studies and sharing of national studies, and manage the web site;
- organize regional meetings and training programmes;
- facilitate the work of the board and ensure the implementation of its decisions;
- coordinate and communicate with partners; and
- mobilize resources and undertake fund-raising efforts.

Mechanisms are established for sharing and disseminating the information. A regional web site is maintained by the regional secretariat. At the regional level, it is part of the web site of EMRO while at the country level; it is either being hosted either by the Ministry of Health, as in Bahrain, Oman and Sudan, or by another sister organization such as High Health Council of Jordan. Annual national and regional meetings provide for wider sharing, as well as fostering expansion of the national observatories. A regional meeting on the EMR HRH Observatory was held in Tunis in September 2010 with the purpose of developing a regional HRH strategy that serves as a guide for developing country specific HRH strategic plans.

The three pillars of HRH observatories

1. Making HRH information available, with frequent updating. This aspect appeals to many countries because it keeps the HRH data up-to-date and eliminates conducting costly and time-consuming surveys.

2. Using the HRH observatory as a platform for key partners, which has been viewed as an effective mechanism for systematic coordination and cooperation.
3. Using the observatory as an evidence-generating tool to strengthen data for decision-making and the concept of rational planning and policy formation.

Sustainability challenges

- **Funding:** some external seed funding has been instrumental in launching national HRH observatories operations. Domestic resources have then been secured (in Bahrain, Jordan, Oman and Sudan) when the observatory was used by stakeholders, particularly policy-makers. The cost of maintaining the functions of the HRH observatory may not be very high. A full-time focal point is preferable, but the functions can also be performed by a part-time staff member with some additional incentives such as participating in regional and international activities, capacity-building in data analysis, and information technology (IT).
- **Advocacy:** getting a strong and convincing message across to senior policy-makers has been the most crucial factor to ensure buy-in to the HRH observatory concept. In some countries, real champions preferably at the senior executive level such as the MOH or MOHE ensured the commitment. Operations then were smooth and effective. In countries where there were no high-level champions, the inception phase was slow with minimal activities. The observatory has even been even more sustainable when the partners in the first stakeholder's coordination meeting committed to the idea and saw some outcome-based benefit in it for them. For example, a representative of the professional syndicates in one country felt such a national policy forum could contribute to solving the chronic and almost futile demand to provide performance-based incentives to health workers working in rural and underserved areas. Private sector representatives were also cooperative because they felt that having such a participatory forum could assist in getting delayed payments from the government. The potential of improved HRH information and better understanding of dynamics has been recognized. The observatory could eliminate the common problem of conflicting data reporting about HRH figures and

dynamics. Thus, it is vital to develop and agree on an effective advocacy strategy in accordance with the specific country context.

- **Proactive IT solutions and tools:** by combining IT, statistical analysis and HRH issues, it can be possible to address and monitor pressing priorities, if the observatory can provide the following services:
 - updating HRH dynamics instantly throughout the country, with an easy access by the policy-makers and stakeholders, including improving the way that the data and information are presented;
 - disseminating good practices through web sites and other means such as policy briefs on the issues to address collectively;
 - ensuring continuous feedback and input from all participating stakeholders about the observatory's activities and plans; and
 - having a proactive secretariat.
- **Capacity-building:** to run and manage HRH observatories effectively: Experience shows that the capacity and skills to perform the functions of HRH observatory may not exist in the countries or in the appointed secretariat. Capacity-building in the secretariat and stakeholders is critical for effectiveness and sustainability.

Lessons, results, constraints and challenges

The efforts in establishing the HRH observatory have led to a number of strategic improvements in the HRH area. Most crucial has been the creation of well-structured and functioning national coordination policy forums, which were sustained by some countries. The observatory is currently being used by all stakeholders as a national reference for up-to-date data, information and knowledge about HRH issues. Other effective outcomes with considerable implications include:

- development of a web page for the HRH observatory with continuously updated HRH data, analysis and policy briefs;
- documented results in solving HRH issues by the national policy forum such as urban-rural imbalances, close coordination between professional associations and the MOH and innovative performance-based incentive schemes, among others;
- publication of studies and operations research; and
- e-reports by the HRH observatory on outcome measurements to tackle and improve HRH over time.

The way forward

This report has explained that the shape of individual HRH observatories depends on factors such as how, when, where and why they were established, the functions and activities they perform, their resources and funding sources, and on the actors involved in their development and management. Despite these variations, the participants of the Global Meeting of HRH Observatories¹⁰ unanimously identified the characteristics and potential benefits of that all HRH observatories should share. They should:

- contribute to improving the information and evidence on human resources for health (HRH);
- inform, shape, validate and evaluate health and health workforce policies; and
- make the links between the health workforce, financing and organization of services and outcomes.

The meeting participants also stressed the capability of the HRH observatories to enable stakeholders to discuss and reach agreement in a neutral space, and contribute to policy development for more effective health services, and improved access and coverage. The experiences presented at the meeting showed that the HRH observatories can maintain continuity in fragile, complex and changing policy environments. They can support sustainability in policy-making processes, and can coordinate and integrate (i.e. make sense of the data from different stakeholders and serve a verification role), so that policy priorities are emphasized, policy approaches are appropriate and policy solutions work.

The way forward involves addressing three main challenges for HRH observatories in pursuing their objective of shaping country, regional, and global HRH agendas. These are outlined below.

- Strengthening the information base: the challenge here is to produce valid and reliable workforce data covering both the public and the private sector, all categories of health workers, and informing on their personal and professional profiles, on the working conditions, and more generally on the dynamics of the labour market, including migratory flows. In most countries, data tend

to be scattered among a number of sources (such as health facility records, payroll records, registries of professional councils, records of education and training institutions). Data are of unequal quality, and of varying degree of accessibility. The Report of the First Meeting of the Health Workforce Information Reference Group (2010) recommends that country HRH information systems be developed as a sub-component of the national health information system. Important tasks include standardizing definitions and developing a common minimum HRH dataset. At the same time, in order to guarantee the proper use of this tool, continuous technical capacity building is required to ensure adequate utilization of these systems.

- Producing and communicating evidence: this can be done by conducting, commissioning, or stimulating relevant research and analysis. Reaching out to stakeholders and decision-makers requires the translation of technical data and terminology into common, user-friendly vocabulary and especially the synthesis into policy implications and options for decision-makers (policy briefs). In concrete terms, this may mean that in addition to developing HRH information systems and research, observatories could act as a clearing-house and perform environment scanning to better inform policy development.
- Developing governance capacity: by definition, observatories cannot work in isolation and be mere depositories of data and information. They need to show leadership in triggering and supporting the policy dialogue among the main stakeholders, in order to ensure that critical HRH issues are on the public and the political agendas. This implies that they have to develop their capacity at various levels: technical (data collection and analysis, synthesis and dissemination of evidence, research, organization of meetings, workshops and training activities, communication); and “political” (mobilization of and coordination with stakeholders, participation in the policy process). Leaders also need managerial capacities to ensure the smooth function of the observatory and to mobilize resources to sustain it. As they do not make nor implement policies, their role is to contribute to building

¹⁰ WHO. *The report of the Global Meeting of Human Resources for Health (HRH) Observatories*. Evidence-informed Human Resources for Health policies – the contribution of HRH observatories, which was held in Lisbon, Portugal, from 4 to 7 July 2011. Available at www.who.int/hrh/resources/observatories/en/index.html

capacity, at government and stakeholders level in areas such as collection, processing, analysis, synthesis and use of HRH data and statistics to inform the decision-making processes. This requires the development of training/ learning activities and tools, as well as of strategies to ensure that the right audiences are reached, and that capacity is concretely developed and used.

Apart from the three challenges set out above, the global meeting of HRH observatories also identified some actions at different levels to take this movement forward.

At country level, it is expected that WHO and different partners could promote the HRH observatory approach and its core functions where they are not yet developed. It is also envisaged to scale up the HRH observatory capacity, investing in HRH information, information systems and technical skills. Finally, it is important, to demonstrate the HRH observatories' contribution to policy development and improved health.

At regional and subregional levels, efforts should focus on the transfer of knowledge, testing and standardization of tools, technical support and cooperation, comparative metrics and benchmarking, including examples to support and twin with 'young' observatories as part of HRH capacity development.

Finally, at global level, WHO and other international agencies and partners should focus on co-coordinating efforts by convening virtual and face-to-face meetings, networking, and by aligning donor support (aid effectiveness) and policy analysis, which focuses on priority countries, and priority interregional and global HRH issues. "High-level" targeted advocacy and influence should demonstrate the link between improved HRH and better health.

Conclusion

The HRH observatories movement is young, but growing fast. This is a good time to reflect on its first years, and to adjust and learn from the various experiences. The development of an observatory is a work in progress, as new and more complex functions are added and capacity is strengthened. Observatories can learn from each other,

hence the importance of sharing experiences. Regional observatories can and do play a significant role in bringing national observatories together in networks that can be loose or more formal. The role of WHO is likely to remain critical for a number of years, in supporting the launch and observatories' early development and to sustain global networks. On the other hand, its objective should be gradually to become a partner in coalitions which have independent leadership. WHO can and should ensure that health workforce issues remain on the global and regional and political agendas.

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Annex

Useful links

Useful websites

Regional observatories	Some national observatories and networks
Africa Health Workforce Observatory www.hrh-observatory.afro.who.int	Congo: rhs-congo.org Cameron: www.cm-minsante-drh.com Ghana: www.ghanahrhobservatory.org
Eastern Mediterranean Region www.emro.who.int/hrh-obs/index.htm	Jordan: www.hhc.gov.jo/NHRHO%5Cindex.asp?it=1 Sudan: www.hrhobservatory.sd Oman: www.emro.who.int/hrh-obs
Latin American Region and the Caribbean www.observatoriorh.org Subregionals Andean: www.observatoriorh.org/andino Caribe: www.observatoriorh.org/caribe Central America: www.observatoriorh.org/centro South: www.observatoriorh.org/sur	Brazil: www.observarh.org.br El Salvador: www.rrhh.salud.gob.sv Peru: www.observarh.org/andino/index.php?nodo=2&opcion=1 Paraguay: www.observatorioparaguayorhus.com
European Observatory on Health Systems and Policies http://www.euro.who.int/en/home/projects/observatory	

Other useful links

Asia Pacific Action Alliance on Human Resources for Health (www.aaahrh.org)

Canadian Health Services Research Foundation (www.chsrf.ca/Home.aspx)

Canadian Institute for Health Information (www.cihi.ca)

Easter Mediterranean Health System Observatory (gis.emro.who.int/healthsystemobservatory)

Human Resources for Health Knowledge Hub (www.med.unsw.edu.au/HRHweb.nsf)

US National Center for Workforce Analysis, Department of Health and Human Services (bhpr.hrsa.gov/healthworkforce/index.html)

Centre for Workforce Intelligence (www.cfwl.org.uk)

Health Workforce Information Center (www.hwic.org)

This issue reports regional and national experiences of HRH observatories on contributing to and influencing HRH policies in order to share the experience on establishing HRH observatories in different countries and regions.

The shape of individual HRH observatories depends on factors such as how, when, where and why they were established, the functions and activities they perform, their resources and funding sources, and on the actors involved in their development and management. This issue presents an overview of the past and prospective future of the “movement” of HRH observatories. It discusses the conditions for their success, and the challenges they face in pursuing their objective of shaping national, regional, and global HRH agendas.

