Human Resources and Sustainable Capacity Building for Health and Development

Report of a Meeting held in Stockholm
23rd – 24th January 2003

prepared by

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Human Resources and Sustainable Capacity Building for Health and Development
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The meeting opened over lunch with participant introductions and a sharing of expectations for the meeting. The meeting was an informal gathering of individuals interested in developing the human resource agenda and was intended to examine the review the progress that had been made in the last 12 months and to explore what now needs to be done to move the agenda forward.

A list of participants who attended this meeting is given in Annex 1. The agenda for the meeting is given in Annex 2.

Conclusions, Thoughts and Challenges arising from Previous Meetings

Brief summaries were given of the series of meetings that have been held on human resources since December 2000. Key issues and challenges arising from these meetings were reported as follows:

- There is a clear recognition that declining health indicators in the developing world are due in large part to human resource problems;
- Countries want to act, but don't know what to do. We know very little about human resources: there is little evidence to guide decision-making, there is no common vocabulary; and there is little capacity to deal with human resource issues;
- There is need to convince policy makers of the urgent need to tackle human resource problems. Important here is the need to link human resource issues to health outcomes, rather than trying to advocate for human resources in their own right;
- There is the need to involve stakeholders in decision-making on human resources, including those from the health professions and those responsible for professional training;
- The traditional supply focus in the area of human resources for health is insufficient: there is the need to take account of all the multiple and inter-related dimensions of human resources in the context of all sectors, both public and private;
- Whilst it can be said that Africa's human resources for health situation is in crisis, other parts of the world are not immune to the problems confronting Africa and their situation could deteriorate rapidly;
- Key strategies that have been identified include the need to form global partnerships to tackle human resource problems, the need to build understanding and capacity for human resources, the need to review the training of health professionals, and the need to assist countries to build an evidence base for human resources and to use this for policy development.

A brief overview was given of the Rockerfeller Foundation's "Joint Learning Initiative – Building Human Resources for Health Equity", explaining the formation of 7 working groups which would, over the next 12 months, be mobilising evidence that can be used for advocacy by examining the following areas:

History:	a critical review of the last 50 years on how human resources has been handled and to identify lessons that have been learned.
Supply:	a study of the mechanisms for educating health professionals and the development of frameworks to foster greater relevance, efficiency and equity in health systems.
Demand:	a study of the current problems and mechanisms of the demand side of human resource management to propose an evidence base and strategies for policy makers.
Africa:	a study of the current human resources for health situation in Africa to identify key issues and define strategies to address the current crisis.
Priority Diseases:	an analysis of the needs for human resources to fight selected diseases to identify new models for control within an integrated health system.
Innovations:	a study to identify innovative approaches to human resource capacity building.
Coordination:	to provide overall coordination for the Working Groups and for subsequent initiatives.

1. Knowledge Gaps and the Need for More Research and Evidence

Orville Adams opened this session by outlining 3 areas of knowledge gap:

a) the need to develop an informed understanding of the health workforce, including disparities between health professionals, how to achieve the right balance, how to ensure a focus on disadvantaged groups, the impact of labour adjustments (such as hospital closures), and the scale and impact of migration.

b) the need to explore the implications for human resources of the intended scaling up of health programmes to achieve particular health outcomes.

c) the need to strengthen capacity in the area of human resources to promote better coordination between donors and the impact of their investments on human resources and to better manage the politics of the human resource agenda.

Tim Evans explored the knowledge gap in terms of the concepts and values that shape the human resource situation, namely:

- The need to define what is meant by 'health workforce'
- The institutional dimensions human resources
- The public-private-NGO dynamics
- How human resource needs can be related to achieving desired health outcomes
- The need to develop a systems approach for understanding the dynamics of human resources
- The need to understand how different contexts influence human resource demand and supply

Tim Evans continued by outlining gaps in applied research in human resources:

- What works at country level in different health sectors (private, public and NGO)
- The need to increase the sample size of country studies
- Research aimed at demonstrating the impact of human resource interventions, for example, to increase coverage of DOTS,
- Research aimed at exploring the impact of different training models – in relation to content, educational format and educational media (such as distance learning)

Conclusions on Knowledge Gaps and the Need for Research

Carin Norberg summarised the points raised during the discussion as follows:

- There is now a window of opportunity to promote a focus on human resources for health. All of the major international objectives (MDGs, Global Fund, GAVI) desperately need effective human resource strategies. Politicians will be looking for answers to why achievement of the Millenium Development Goals is faltering. Evidence of the impact of human resource interventions and of the costs of inaction is essential to encourage action.
- The HIV/AIDS crisis also provides a window of opportunity for developing interest in human resources. The impact of the epidemic may encourage countries to re-examine traditional professional barriers to changes in who does what within the health sector.
- What is needed now is "improvement knowledge" research rather than academic research, research on what works or does not work rather than descriptive studies. "Good enough" research conducted by practitioners rather than researchers, clearly documenting the impact of an intervention, can be a very powerful tool both for influencing action and for advocacy. The focus of research at this stage should be on "low hanging fruit" or issues that are readily amenable to fairly rapid study.
- Human resource research must start at country level; there is no time for global research.
- Human resource research is not high on the priority agenda of research institutions, a fact compounded by a lack of capacity for such research.
- Possible priorities for research that were identified included:
  - testing of models of training that eliminate or reduce the current separation of pre-service and in-service training and examine the implications of the different responsibilities between health and education sectors on pre-service training at country level.
  - study of the impact of different forms of learning on health worker performance, such as the use of information technology, job aides (simple procedural guides for use at work),
  - research on the impact of different approaches to staff motivation, retention and distribution.
  - study of the impact of HIV/AIDS on human resources, in terms of retention and turnover, sickness and absenteeism and staff burn-out.

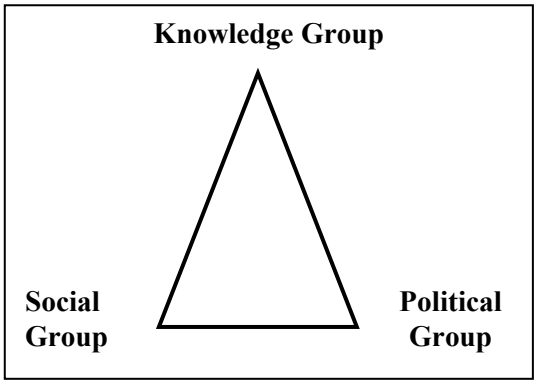
- However, the targets that research is intended to influence must be clearly defined when developing the research agenda. Is the target the Government, the IMF, The World Bank, donors or professional associations?

2. The Involvement of Key Policy Makers – Strategic Options

Setting out a framework of actors and interests, with service delivery, macroeconomy, value for money and human development interests around the circle (reproduced in Annex 3), Sigrun Mogedal described the different perspectives of stakeholders and interest groups that need to be understood and taken into account when determining how to influence policy makers. There is a need to understand the linkages between the different perspectives that have a bearing on Human Resource, and not see it only as a work force or service delivery issue. The human resource challenge is closely associated with the financial resource challenge, which needs to be understood in the context. of public sector reform and new opportunities associated with new resources and aid modalities.

She made the point that to get human resources on to the policy agenda will take similar level of planning and effort to that of the economic focus, except that managing human resources is more complex since humans, as opposed to financial resources, determine their own opinions and behaviours. The key issue here is that people, politics and donors can be encouraged to drive things or to create problems – depending on how they are engaged.

Suwit Wibulpolprasert then brought this framework to life by describing the steps that the government of Thailand has taken to involve health stakeholders in shaping the future of the Thai health system and stated that getting human resources onto the agenda will require similar strategies.



Using the diagram in the box, Suwit stated from experience that the combination of stakeholders from the knowledge, social and political groups can move mountains.

The National Health System Reform Committee in Thailand is chaired by the Deputy Prime Minister and has representation from all of the three groups.

National oversight agencies, politicians and employers represent the political group. Training institutions, health professionals and researchers represent the knowledge group. Representatives of the public and NGOs make up the social group. Generated knowledge provides the politicians with a peaceful channel for change and feeds the social group with the information it needs to pressurise for change. Therefore, successful advocacy for change in the human resource field needs to be based on careful analysis of interests.

Conclusions on the Involvement of Key Policy Makers – Strategic Options

Demisse Habte summarised the key points raised in discussion as follows:

- The MAP model for identifying the stakeholders in human resources and considering their interests and perspectives is powerful. It can help both in formulating advocacy strategies and in considering where and how different agencies can most effectively contribute.
- A consistent, meaningful (to the targets) and simple (understandable) message is needed in the area of human resources to grab the attention of stakeholders.
- The importance of the "targeted priority health interventions" perspective on the MAP model was reinforced in relation to the issue of human resources. Using the health needs context to raise human resource issues would be a powerful entry point.
- It will not be sufficient just to say that human resources are important. Learning from the work on AIDS, where effective interventions for use in settings which had different prevalence levels were mapped out to guide decision-makers, it might be important to try to develop a similar "intervention" menu for human resources.
- In countries where there are no obvious "windows of opportunity" in the field of human resources, there is the need to develop the knowledge base.
- There is the need to recognise that managing change in the area of human resources is complex in a politically-charged environment. Perhaps one key strategy would be to search for "early adaptors" at country level who have the courage to take risks in trying interventions and can act as 'pathfinders' for others to follow.

3. The Need for Immediate Action, Advocacy, Political Commitment and Policy Development

Both Martin Taylor and Marijke Wijnroks shared with participants their views on the priority needs for immediate action. Their combined priorities were given as follows:

Action

- Work on retention strategies
- The human resource implications of anti-retroviral treatment
- Exploring existing human resource management tools (for planning and more)
- Engaging the "disease specific mafia"
- Involving health workers and other stakeholders in human resource planning and health sector reform
- Exploring the dynamics and scale of migration
- Exploration of donor assistance to health training to identify issues, principles, approaches and implications
- The impact of corruption on human resource management
- Development of guidelines for ethical recruitment
- Exploration of the potential for distance learning

Advocacy

- Take early advantage of new appointments to the World Bank and WHO to gain commitment
- Try to ensure that the WHO World Health Report deals substantially with human resources
- Get human resources on the agenda for the World Bank meeting on accelerating progress towards the MDGs
- Seek opportunities to use the "voices of the poor (health workers)" heard

Policy Development

- Conduct country studies or establish observatories to guide policy development
- Priority to be given to retention strategies
- Conduct multi-disciplinary work on the linkages between human resources for health and public sector reform
- Enter into dialogue with the IMF on the human resource crisis
- Use work on ethical recruitment to influence recruitment practices
- Advocate for a set of human resource targets to be developed in parallel with the MDGs

Overarching Issues

- Identify countries which are ready to take early action
- Promote pooled funding and pooled technical assistance from donors for human resource support

This list of priorities was then converted by Anders Nordstrom into a conceptual model of actions that are being or need to be taken now This is given on the table overleaf.

The discussion on issues raised by the conceptual model and agreements to action focussed on the following:

- The importance of defining clearly the expected results of actions being taken in human resources.
- The need for coordination and communication between the those trying to push the human resource agenda forward. The proposed WHO website will contribute to this by documenting what actions are being taken, tools developed for human resources, and results.
- There needs to be a forum for coordinating and disseminating work on human resources for health.

Commitments to Action

- Tim Evans and Orville Adams agreed to work on the conceptual model presented at this meeting to cluster the actions that need to be taken into a number of key, related areas, with expected outcomes, timeframes, who is already involved or interested in

being involved, who could lead the efforts and the level of effort (global, regional, sub-regional or national).

- Martin Taylor and Anders Nordstrom will ensure that candidates for the WHO Executive Director position are interviewed about their commitment to and plans for work in the human resource area.
- Martin Taylor, Tim Evans and Anders Nordstrom will ensure that human resources issues are raised during the meeting on accelerating action towards the MDGs
- Orville Adams will encourage a focus on human resources among the WHO country strategy teams.
- Demisse will circulate two sets of documents to all participants: a) the country proposals resulting from the Addis Ababa meeting in February 2002 (for which funding has not yet been secured); b) The instrument developed to provide guidance on how to collect information on the current human resource situation at country level and to help identify issues.
- Members committed to a further meeting to be held in 6-8 months' time.

Closing Comments and Reflections

A common theme among participants was that this meeting was an opportunity to take stock of where things are, what is ongoing and to identify some gaps. Although no formal agreements were reached, there was consensus that the group would like to work together to advance the human resource agenda.

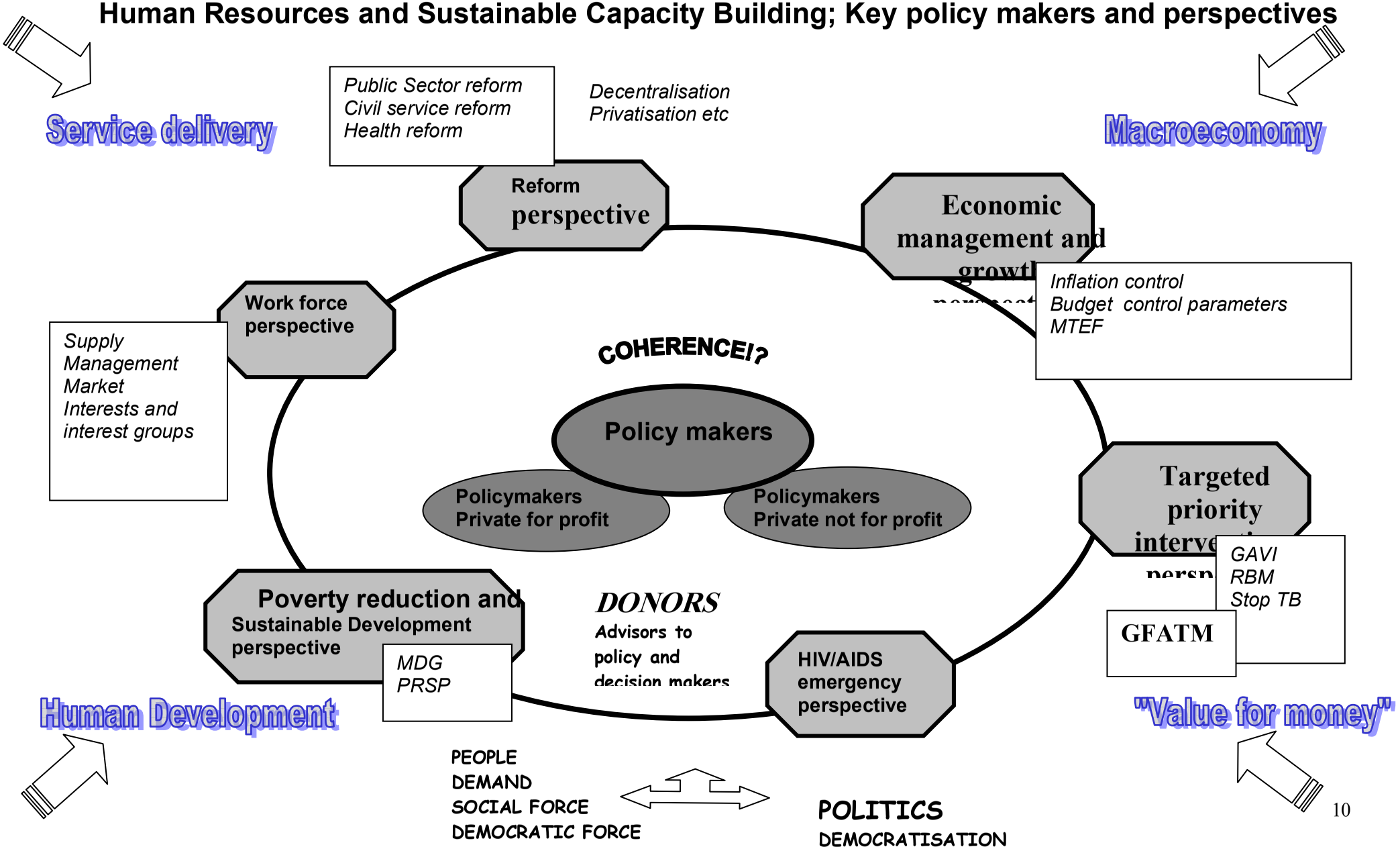
The work requirements are both immediate and long-term, with both the sequencing and pacing of high importance. Advocacy and strategy development will require an inclusive approach to an increasing array of stakeholders that will require capabilities in information sharing, coordination and advocacy.

There is the need to document why human resources needs attention in a way that can be used as an effective advocacy tool. There needs to be investment in coordination and dissemination of actions and results, and the need to recognise that results will be the most important tool to support advocacy.

CONCEPTUAL MODEL OF ACTIONS NEEDED IN HUMAN RESOURCES FOR HEALTH (Linked to MDGs)

Evidence Base	**Advocacy**	**Action**
Joint Learning Initiative other (6 working groups + web page)	**Target WB, WHO leaders & others, inc. IMF)**	**Country focus** (use PRSP, SWAPs & broad development processes)
WHO (Agents for Action)	**Target the "disease mafia"**	**National Task Forces/Commissions**
HIV/AIDS & HR (UNAIDS and London School)	**The World Development Report**	**Africa – special case**
Listen to the health workers	**The World Health Report**	**Global Fund, GAVI & Accelarated Progress towards MDGs**
Retention (demand/supply and migration)		**Pilots and replication of studies**
Private Sector recruitment		**Guidelines for international**
Effectiveness of Development Assistance For Health (e.g. training)		
International/Regional Trade Agreements (HR interaction needed)		
ILO work on PSR and migration		
Knowledge translation for understanding		
Sharing of knowledge		

Human Resources and Sustainable Capacity Building; Key policy makers and perspectives



Human Resources and Sustainable Capacity Building for Health and Development

Over all goal;				
Shared Vision;				
Challenge;	**What is needed? – What is being done? – Gaps?**			**Comments**
	Additional knowledge/evidence	**Involvement of key policy makers – strategic options**	**Immediate Action – Political Commitment, Advocacy, Pilot activities**	
Incentives and motivation for the individual				
Effective systems for management and projection of human resource needs (supply & demand – push & pull)				
Right mix and distribution (incl. strategies for under served areas) of different staff categories				
Effective strategies for pre-service as well as in-service training (production)				
Linking the health sector's needs to Civil Service Reforms				

as well as to the Macroeconomic situation				
Capacity for Human Resource Reforms				
The impact of the HIV/AIDS epidemic on Human Resources				
Regional and global dynamics, labor markets and migration of workers				
Financing of Human Resources				
Strategies for the Human Resources needs in scaling up of interventions and programmes				
The effectiveness of Development Assistance				

LIST OF PARTICIPANTS

Orville Adams, WHO

Mario Roberto dal Poz, WHO

Lincoln Chen, Harvard University

Gijs Elzina, National Institute of Public Health and the Environment, Netherlands

Tim Evans, Rockerfeller Foundation

Demisse Habte, World Bank

Jim Heibe, USAID

Julian Lob-Levyt, DfID

Sigrun Mogedal, Norad

Carin Norberg, Transparency International

Anders Nordstrom, Sida

Nelson Sewankambo, Makerere University, Uganda

Giorgio Solimano, Universidad de Chile

Martin Taylor, DfID

Suwit Wibulpolprasert, Ministry of Health, Thailand

Marijke Wijnoks, The Netherlands

Jenny Huddart, consultant, Rapporteur

Annex 2

AGENDA

Thursday, 23rd January

12.00 – 13.30	Lunch	
	Presentation of participants and expectations Agenda and expected outcome Practicalities	
13.30 – 15.00	Chair: Anders Nordstrom	
	Conclusions, thoughts and challenges arising from previous meetings	
	Addis Ababa	Demisse Habte
	NYC	Tim Evans
	Sagreb	Gijs Elzina
	Arusha	Lincoln Chen
	Geneva	Orville Adams
	Discussion	
15.00	Coffee	
	Chair: Lincoln Chen	
	1. Knowledge gaps and the need for more research and evidence	
	Introduction: Tim Evans and Orville Adams Summary: Carin Norberg	
19.00	Dinner	

Friday 24th January

9.00 – 12.00	Chair: Lincoln Chen	
	2. The involvement of key policy makers – strategic options	
	Introduction: Martin Taylor and Marijke Wijnroks Summary: Demisse Habte	
12.00 – 13.30	Lunch Seminar with Sida staff (4-5 of the participants)	

13.30 – 17.00 Chair: Anders Nordstrom

3. The Need for immediate action, advocacy, political commitment and policy development

Introduction: Martin Taylor and Marijke Wijnroks

4. 2003: Planned activities and processes; options for joint action or collaboration

5. Concluding remarks