



Health Workers Count: Advancing availability and use of health workforce data as we move toward health for all

Lessons from Ethiopia, Indonesia,
and the Philippines on
Implementing National Health
Workforce Accounts



WELCOME!



Leah McManus

Technical Advisor, HRH2030 Program
Moderator

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030

www.hrh2030program.org

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes.

Waiting to view Liz Davis's screen
Talking: Liz Davis

Webinar Housekeeping

Organizer: Liz Davis | Presenter: Liz Davis

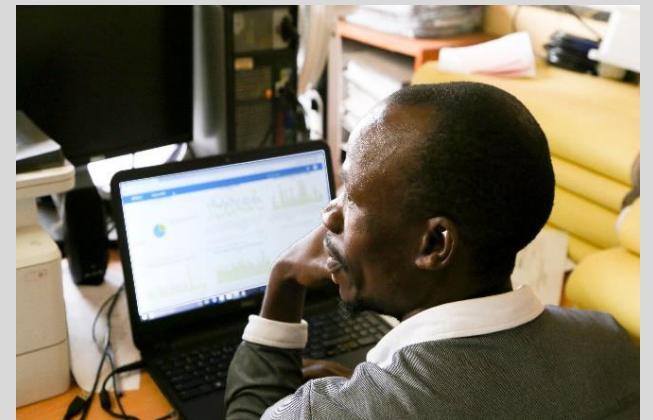
Audio: Use your microphone and speakers (VoIP) or call in using your telephone.

United States: +1 (951) 384-3421
Access Code: 400-696-084
Audio PIN: 19
[List Additional Conference Call Numbers](#)

File View Help
Audio
Sound Check
Computer audio
Phone call
MUTED
Transmit (Plantronics Savi 7xx-M)
Receive (Plantronics Savi 7xx-M)
Talking: Liz Davis
Questions
[Enter a question for staff]
Send
Webinar Housekeeping
Webinar ID: 608-865-371
GoToWebinar



What are we going to learn today?



OUR EXPERTS



Dr. Shinta Dewi

Human Resources
for Health
Empowerment and
Development
Agency
Ministry of Health
Indonesia



**Dr. Khassoum
Diallo**

Coordinator, Data,
Evidence and
Knowledge
Management
Department of
Health Workforce
WHO



Diana Frymus

Branch Chief,
Health Workforce
Office of HIV/AIDS
USAID
Washington



Kaycee Manuel

Health Human
Resources
Development
Bureau
Department of
Health
Philippines



Assegid Samuel

Human Resources
for Health
Directorate
Federal Ministry of
Health
Ethiopia

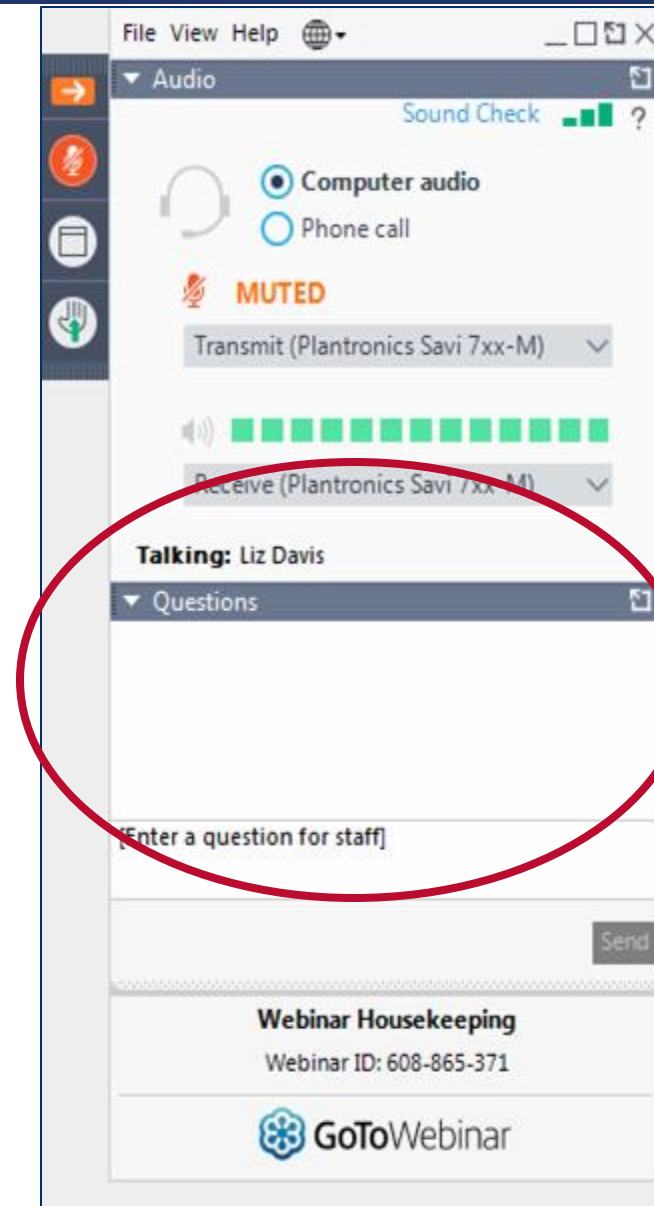
HOW IS THIS ALL GOING TO WORK?

	AGENDA	SPEAKER
Global Perspectives	Advancing Health Workforce Data: Reflections from USAID on HRH Priorities for HIV Epidemic Control	Diana Frymus USAID, Washington
	National Health Workforce Accounts (NHWA): A system for improving the generation and use of HRH data and evidence	Khassoum Diallo WHO, Geneva
	Discussion	Leah McManus Moderator
Country Lessons	Ethiopia: An Enabling Environment for NHWA Implementation	Assegid Samuel FMOH, Ethiopia
	Indonesia: Using Innovative Practices in Interoperability and Business Intelligence to Operationalize NHWA	Shinta Dewi MOH, Indonesia
	Philippines: NHWA in the Context of Universal Health Care	Kaycee Manuel DOH, Philippines
	Discussion	Leah McManus Moderator

HOW IS THIS ALL GOING TO WORK?

If you have any questions, please type them in the “Questions” box of GoTo Webinar.

We will make sure our speakers receive them for each discussion session.





GLOBAL PERSPECTIVES



ADVANCING HEALTH WORKFORCE DATA

*Reflections from USAID HRH Priorities for
HIV Epidemic Control*



Diana Frymus
Office of HIV/AIDS
Global Health Bureau
USAID



Coaches and health center staff in Kouremalé, Koulikoro, Mali. Photo credit: Aboubakar Koné, HRH2030

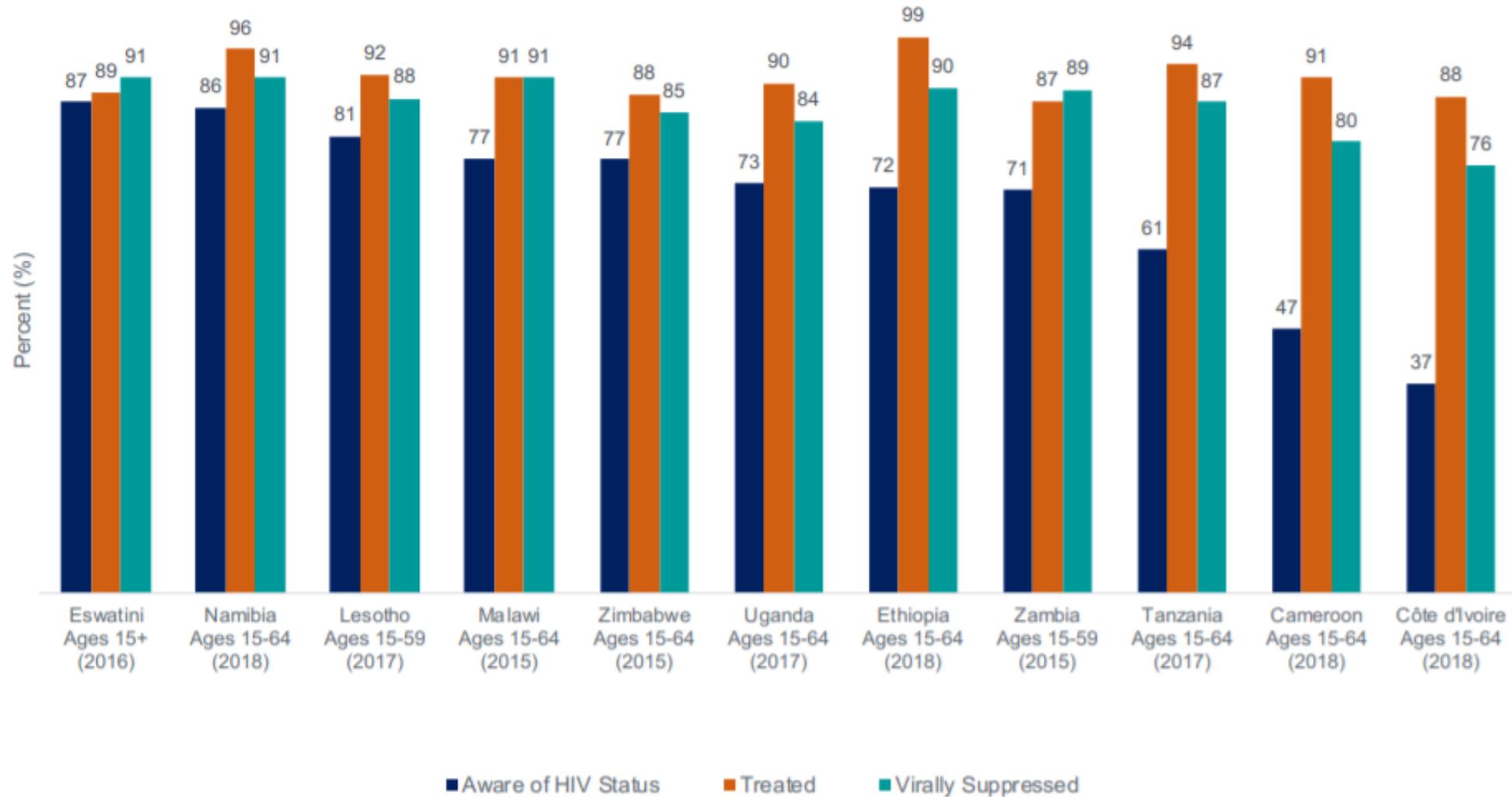


Advancing Health Workforce Data

*Reflections from USAID HRH Priorities for HIV
Epidemic Control*

Diana Frymus, USAID Office of HIV/AIDS
December 12, 2019

PATH TO EPIDEMIC CONTROL



15 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

#PEPFAR15

HRH CONTEXT FOR EPIDEMIC CONTROL & COP20

- Continued HRH staffing investments to fill workload gaps impeding scale of HIV services
- Continuous monitoring/ High Frequency Reporting environment to assess achievement of 95-95-95 target achievement
 - HRH a primary input to HIV service delivery, need for understanding facility level impact and continued need
- More robust HRH data critical to informing immediate and long-term planning needs to achieve and sustain epidemic control

Limited HRH data availability impedes evidence-based decision making and results

1st 95%

HEALTH WORKFORCE CHALLENGES

- Inadequate health worker skill mix and distribution for efficient targeted case finding
- Inefficient health worker teamwork and coordination to ensure adequate linkages or referrals

2nd 95%

HEALTH WORKFORCE CHALLENGES

- Inadequate skill mix and distribution for rapid scale of ART initiation & distribution through DSD
- Inefficient health worker teamwork and coordination to ensure retention on treatment
- Limited implementation of strategies to optimize use of available workers for ART initiation and differentiated service delivery, including MMD

3rd 95%

HEALTH WORKFORCE CHALLENGES

- Inadequate skill mix and distribution for viral load
- Inefficient health worker teamwork and coordination for viral load
- Inadequate consideration of health workforce skill requirements to provide long-term integrated HIV care including for managing comorbidities, including non-communicable diseases and mental health

DATA GAPS

- Incomplete and out of date information on HRH staffing across facilities and surrounding communities; HRIS data often aren't automated and at facility level
- Limited information on extensive community-based health workforce including location, roles and responsibilities
- Limited standard workload requirements for both community/facility-based case-finding and referral services, ART initiation & DSD, LTFU, VL

EVOLUTION TO DATA DRIVEN HRH RESPONSE FOR HIV

Advancing a data driven-HRH response with greater accountability and impact on HIV client-centered care

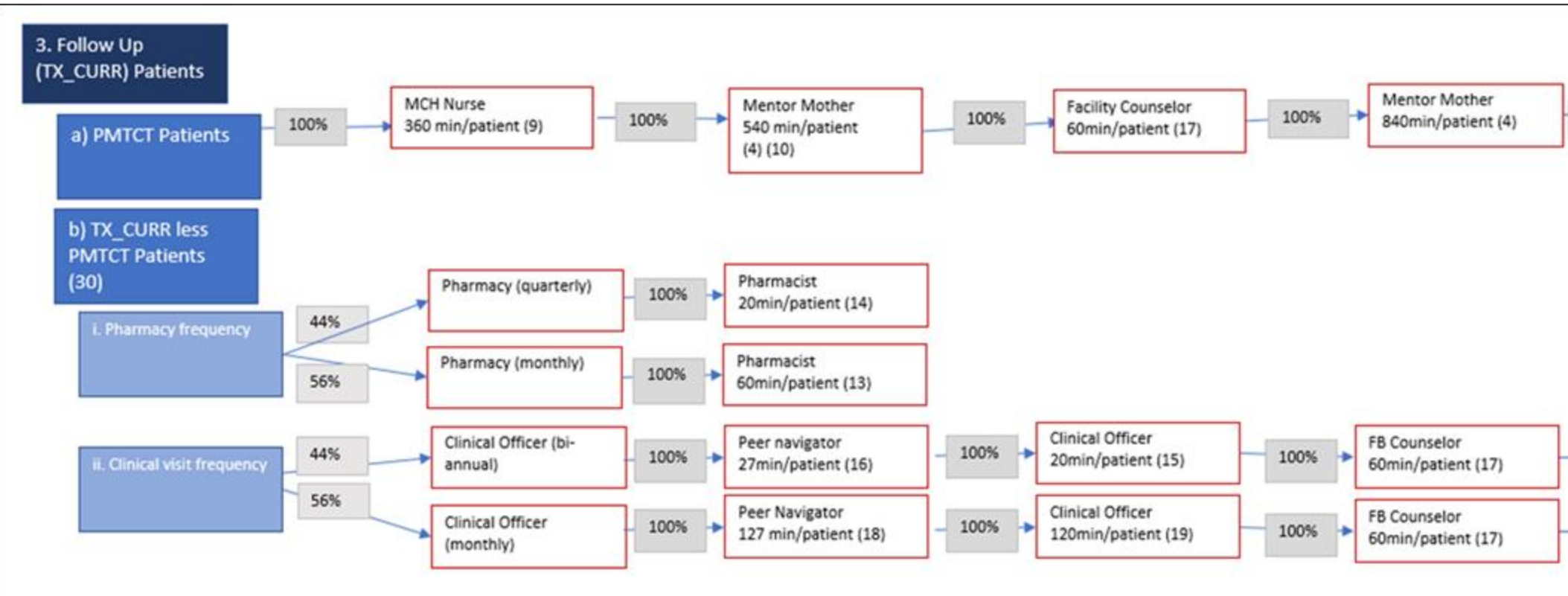
- Routine tracking of PEPFAR supported staffing data
- Routinized monitoring of PEPFAR-HRH performance to better understand contribution and impact
- Use of custom indicators to increase availability of HRH program data
- Data driven forecasting and hiring based on evidence-based approaches
- Focused use of data to optimize use of available workforce (public and private) to increase access to services and advance client-centered care (workflow, decanting)

Harmonizing HRH indicators for increased programmatic monitoring

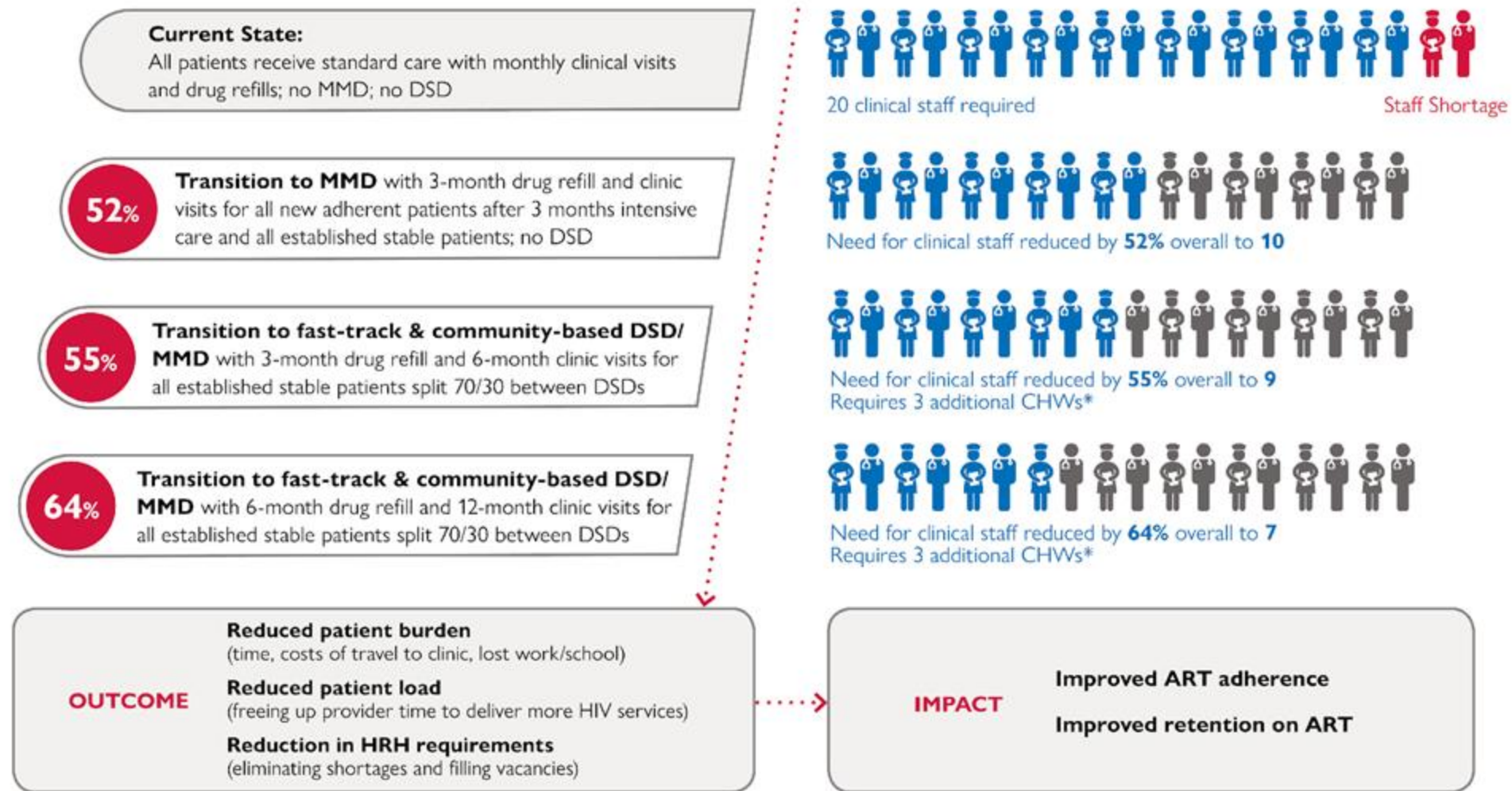
HRH_PRE (MER)	Number of new health workers who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre
HRH_CURR (MER)	Number of health workers who are working on HIV-related activities and are receiving any type of support from PEPFAR, as well as total spend on these workers
HRH_STAFF_NAT (MER)	Number of health workers who are working on any HIV-related activities (i.e., prevention, treatment and other HIV support) based out of PEPFAR-supported facility sites
HRH_TRANS	Number of PEPFAR supported countries with approved transition plan for HRH staff working in the area of HIV/AIDS
HRH_FTE	% of PEPFAR supported FTE staff transitioned to government supported staff positions
HRH_PMP	Number of PEPFAR supported countries with an approved HRH performance management process for health workers in the area of HIV/AIDS
HRH_GOVSTAFF	Percent of government staffing vacancies with HIV service requirements filled
HRH_INTERV	Percentage of facilities implementing interventions to improve health worker productivity and performance
HRH_DATA	Percentage of sites that share government HRH staffing data with the national level leadership
HRH_TRAIN	Number of health workers trained

USE OF REAL TIME HRH DATA TO MEET CLIENT NEEDS

Looking at HRH workflow and other barriers as part of root cause analysis to meet client needs

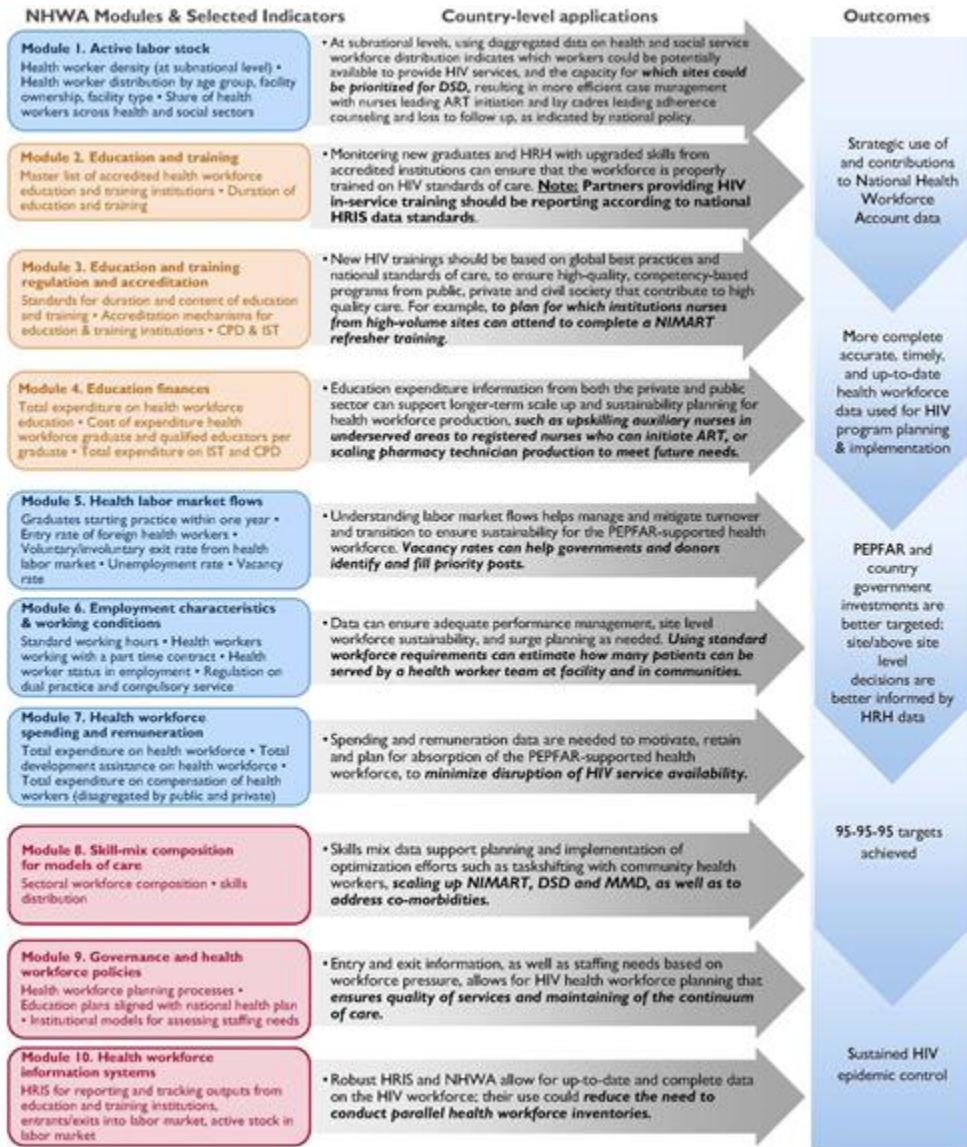


ANALYTICS FOR OPTIMIZED HRH: Up to 64% reduction in HRH requirements with roll out of MMD with DSD



* HRH estimates incorporate CHW time to educate, distribute drugs, follow up patients, and trace defaulters. Not considered are other tasks often conducted by CHWs such as linkage to care or referrals.

Opportunity for NHWA to fill critical HRH data gaps



Illustrative example of how NHWA reported data can be used to address country HIV workforce gaps for achieving and sustaining HIV epidemic control

NHWA is an opportunity to fill critical data gaps for workforce planning for HIV and other global health goals and ultimate advancement of UHC

THANK YOU!



USAID
FROM THE AMERICAN PEOPLE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

NATIONAL HEALTH WORKFORCE ACCOUNTS-NHWA:

*A system for improving the
generation and use of HRH
data and evidence*



Dr. Khassoun Diallo
Department of Health
Workforce
WHO



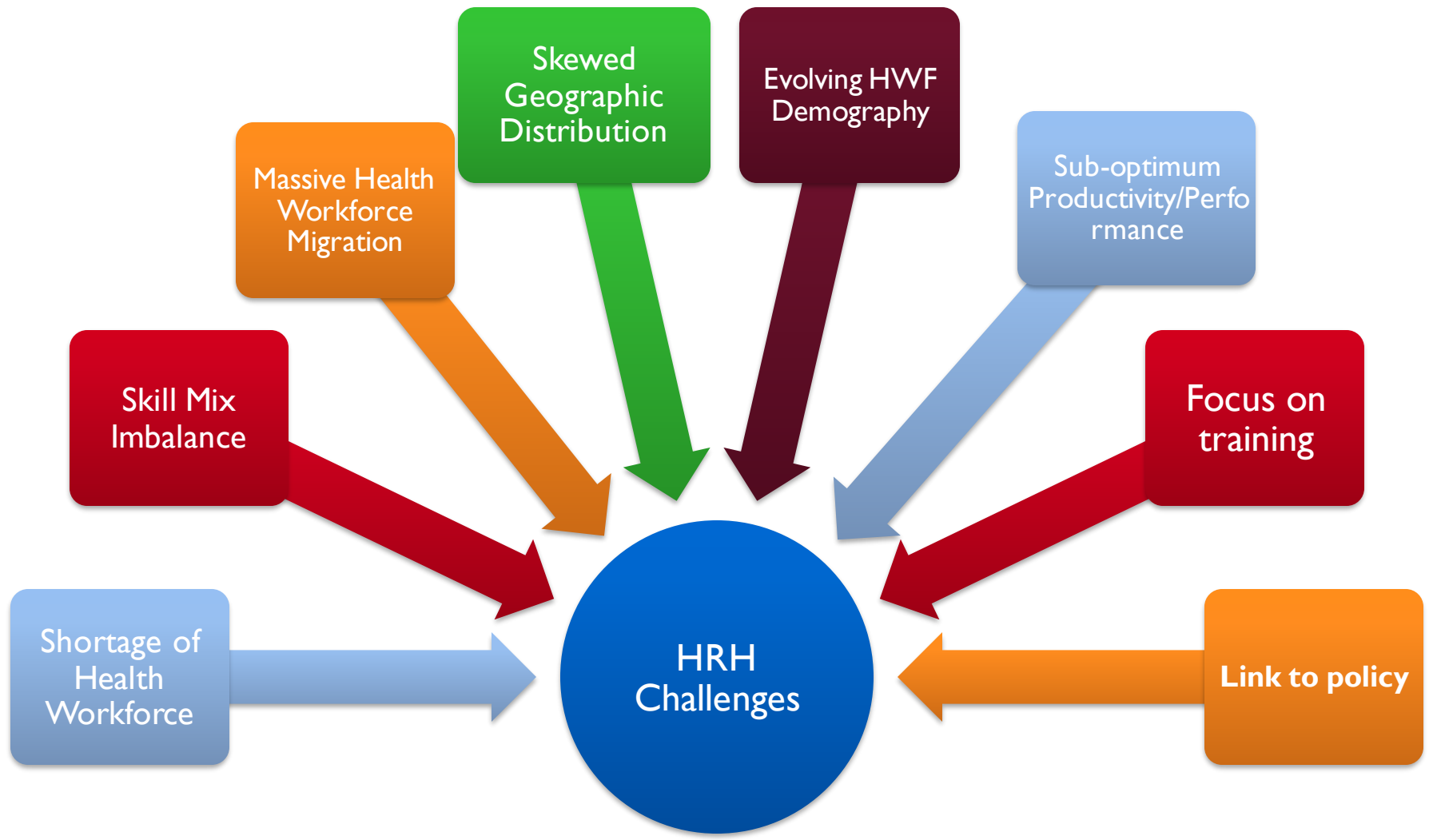
Woman and medical staff in a facility in Bafia district, Cameroon. Photo credit: Alain Ngann (2018)

National Health Workforce Accounts (NHWA): A system for improving the generation and use of HRH data and evidence

Data Evidence and Knowledge Management Unit
Health Workforce Department
UHC and Health Systems Cluster, WHO/HQ

HRH2030 Global Webinar 12/12/2019

Policy Issues and Questions as Starting Point



A System Strengthening Approach: Strategic Actions for Implementation of NHWA

Policies

IT systems /Tools

Knowledge Management

Multisectoral Governance

Legal basis for data sharing

Indicators

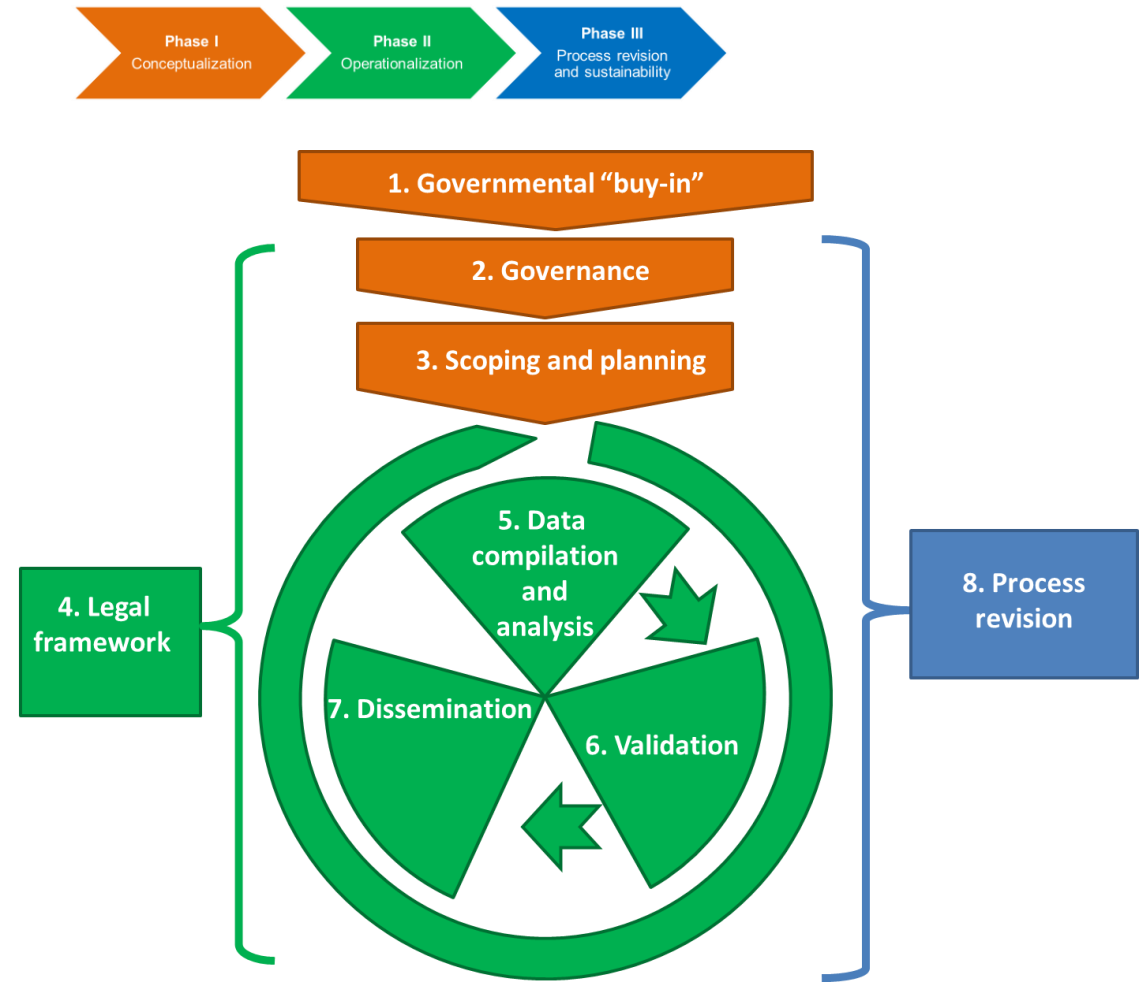
Data Flow

Data Sources

Data Dissemination & Use



Implementation of the NHWA 8 Steps

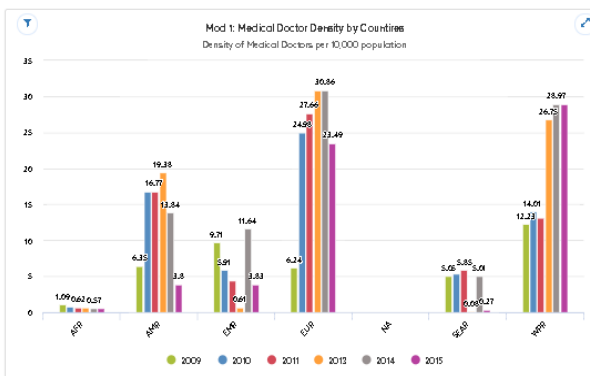
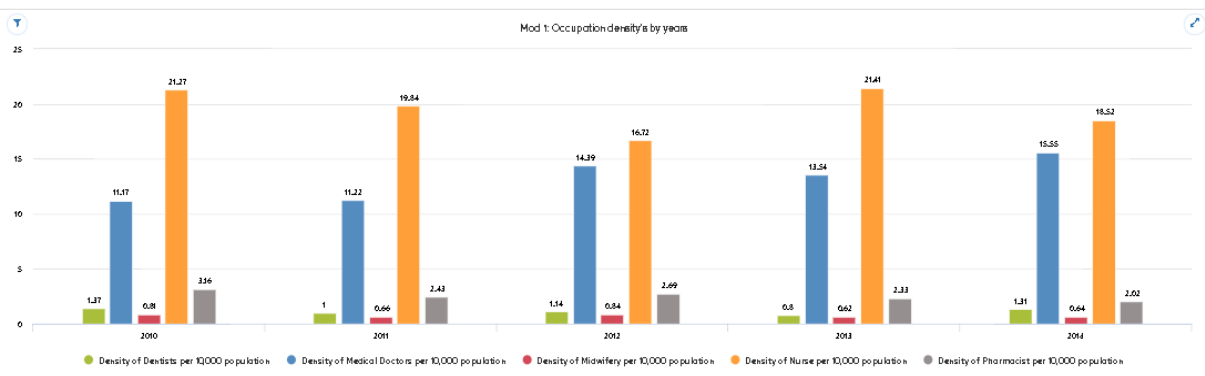
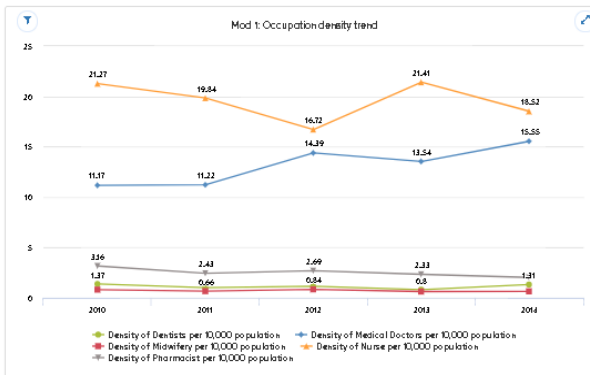
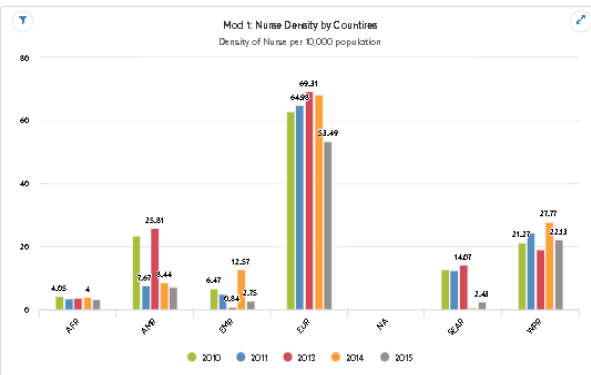
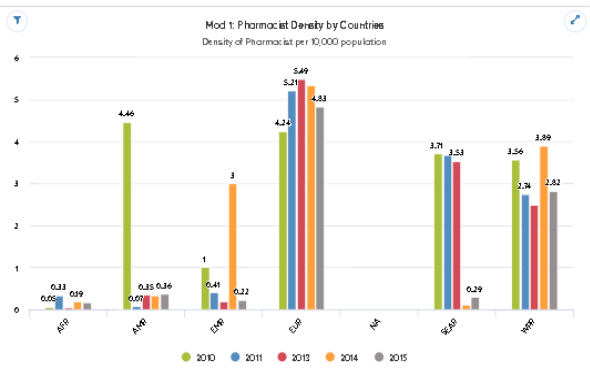


NHWA Web Platform and Portal

NATIONAL HEALTH WORKFORCE ACCOUNTS ONLINE PORTAL



HR Density 1



National & regional density table - doctors

Data	Density of Medical Doctors per 10,000 population					
Organisation unit / Period	2010	2011	2012	2013	2014	2015
Global	11.188	11.222	14.394	13.542	15.548	11.241
AFR	0.406	0.43	0.47	0.47	0.47	0.47

Country Technical Support on Data and Evidence for NHWA

- Assessing HRHIS
- Implementing NHWA roadmaps
- Setting up a multi-sectoral multi-stakeholder governance mechanism
- Assessing data quality and flows
- Support Health Labour Market Analyses and development of HRH investment plans



Approach to Address Data Challenges

- Paradigm shift:
 - System strengthening approach
 - From routine data to diversification of HRH data sources (LFS, censuses, etc.)
 - From MoH data to multi-partners (incl. private sector) data.
- Increase analytics and uses of HRH data for UHC

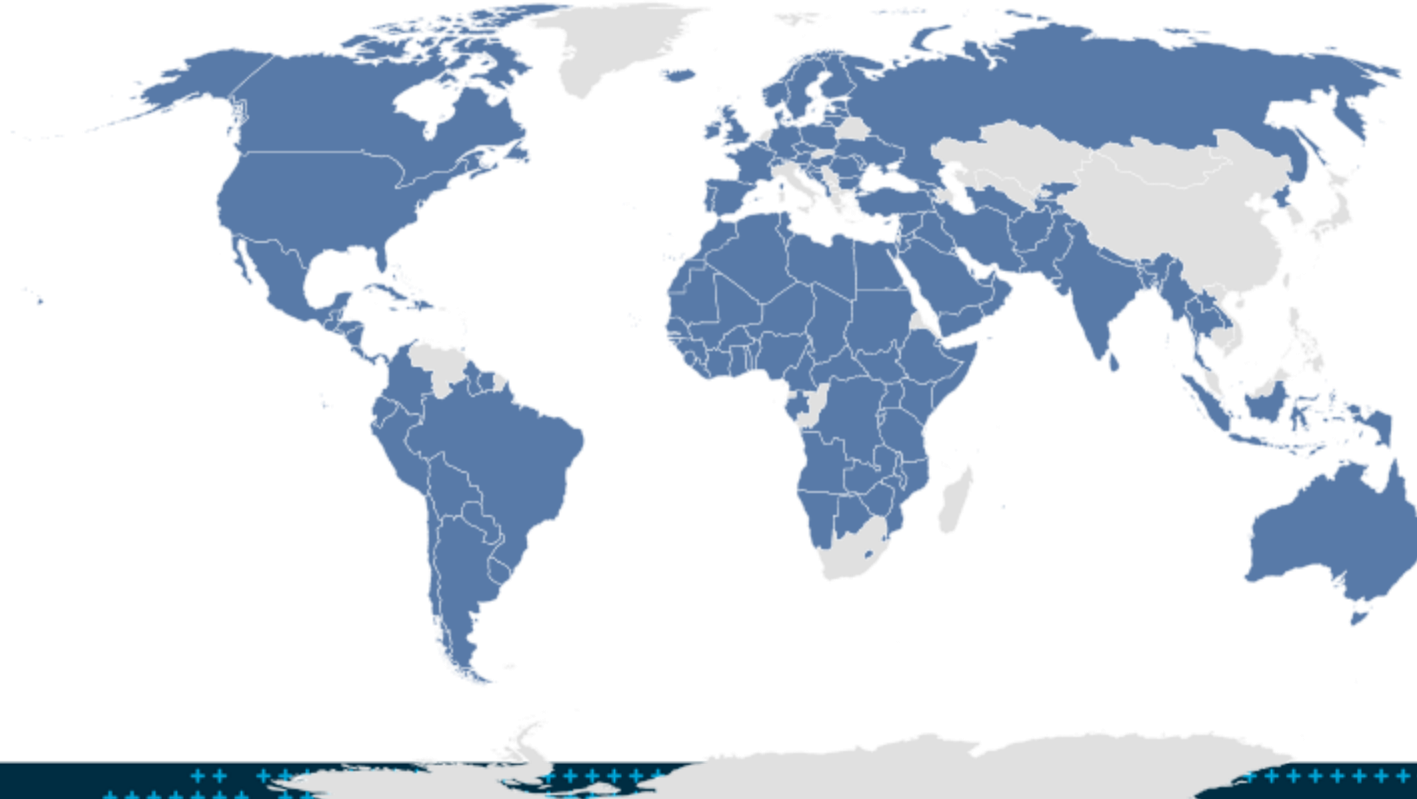




NHWA – Country Engagement

From 44 NHWA focal points in Oct 2018 to 156 (40 for SoWN) in Nov 2019

Map of countries with nominated focal point (in blue) on NHWA online platform as of Nov 2019





Improved Data Availability and Quality

Stock

Number of countries with data reported within last 5 years	Oct 2018	Nov 2019
Medical doctors	124	178
Nursing	124	191
Reporting all 5 SDG occupations (doctors, nurses, midwives, dentists, pharmacists)		100+
Reporting at least another occupation		141

Distribution

- 100 + countries with data on demographics (age and gender)
- Around 90 countries with data on HWF migration

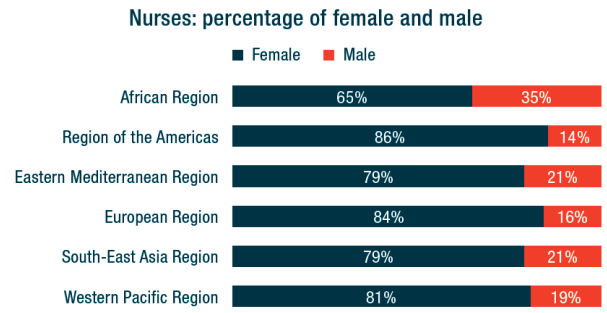
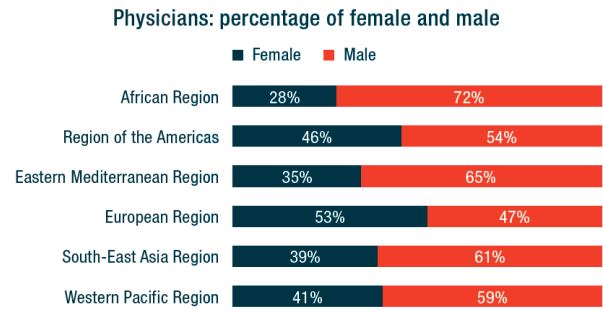
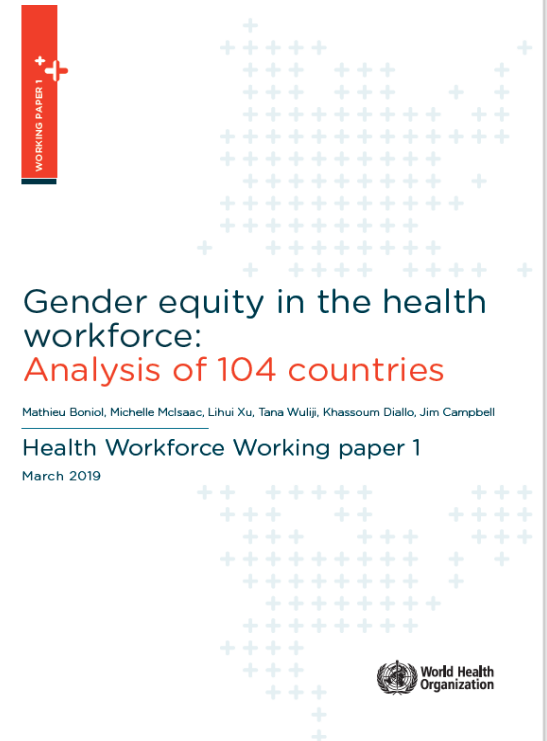
Regulation

150 + countries with data on HWF regulation reported



Example of Uses of NHWA Data

- The State of the World Nursing Report 2020
- HRH Gender report – 104 countries NHWA data
- SDG reporting for 3.c.1
- World Health Statistics



Source: Data from NHWA for 91 countries for physician data and 61 countries for nursing data.



USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

THANK YOU



Woman and medical staff in a facility in Bafia district, Cameroon. Photo credit: Alain Ngann (2018)

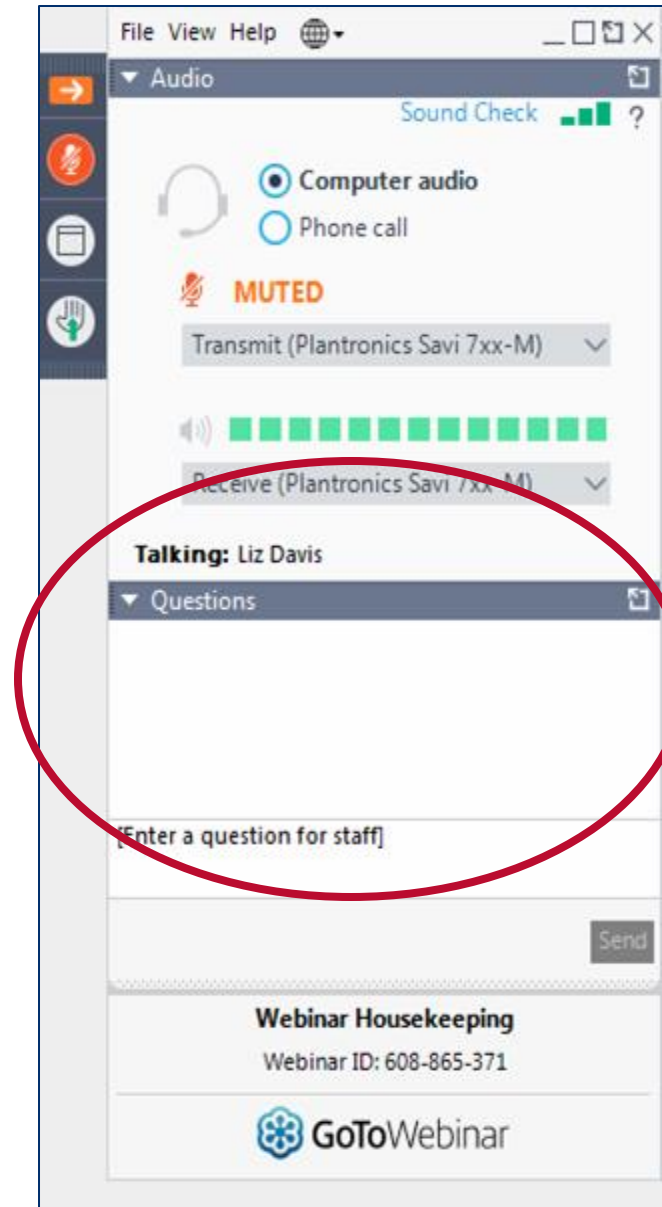
DISCUSSION



Diana Frymus
USAID, Washington



Dr. Khassoum Diallo
WHO



COUNTRY LESSONS





AN ENABLING ENVIRONMENT FOR NHWA IMPLEMENTATION IN ETHIOPIA



Assegid Samuel
Human Resources for Health
Directorate
Federal Ministry of Health



Photo credit: Cheryl...

HRH PRIORITIES IN ETHIOPIA

The Ethiopia National HRH Strategic Plan has several priorities that require the availability of quality HRH data from a variety of stakeholders:

HRH Regulation,
planning and
partnership
strengthened

Health workforce
education and
training capacity
and regulation
improved

Leadership,
governance and
HRM capacity
and practices
strengthened

Availability,
retention, and
performance of
the health
workforce
optimized

With Guiding Principles of:

Country Commitment

Equity, Accessibility and
Accountability

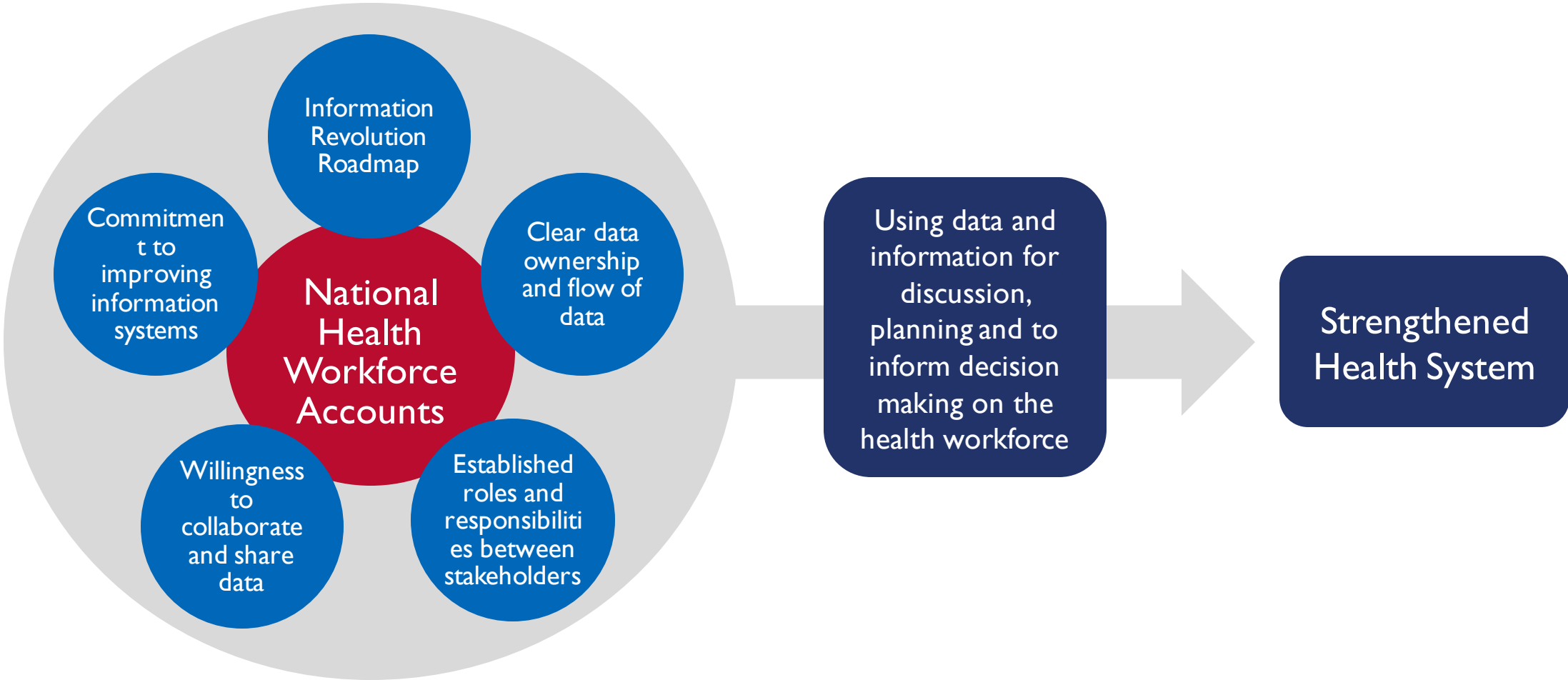
System Linkage

Donor Alignment

Results oriented

Multispectral engagement

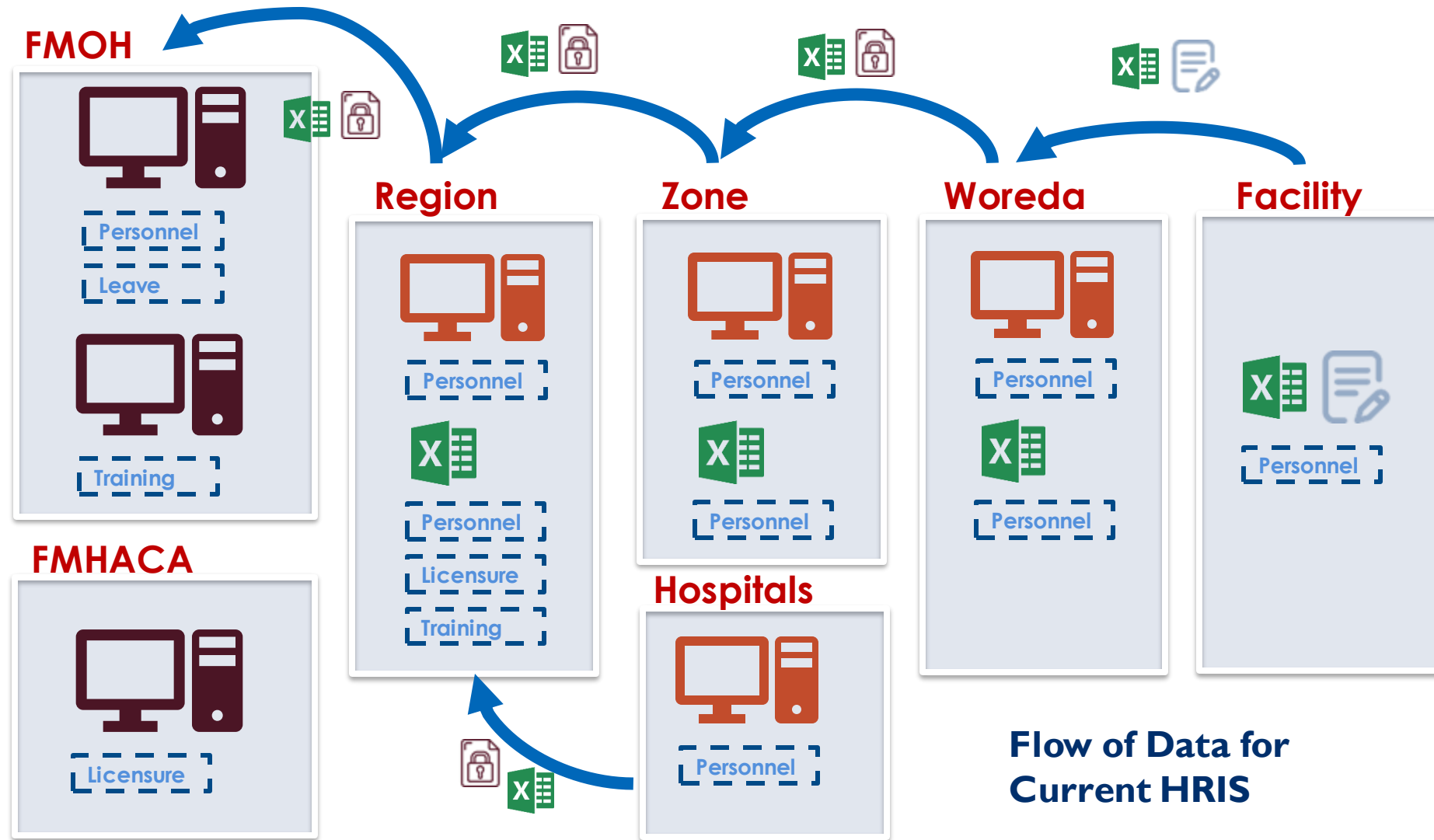
FACTORS FOR AN ENABLING ENVIRONMENT FOR NHWA



- **Health Sector Transformation Plan**
 - Focus on **addressing quality and equitable distribution** of health service delivery for all
 - One of Four Pillars is the **Information Revolution**

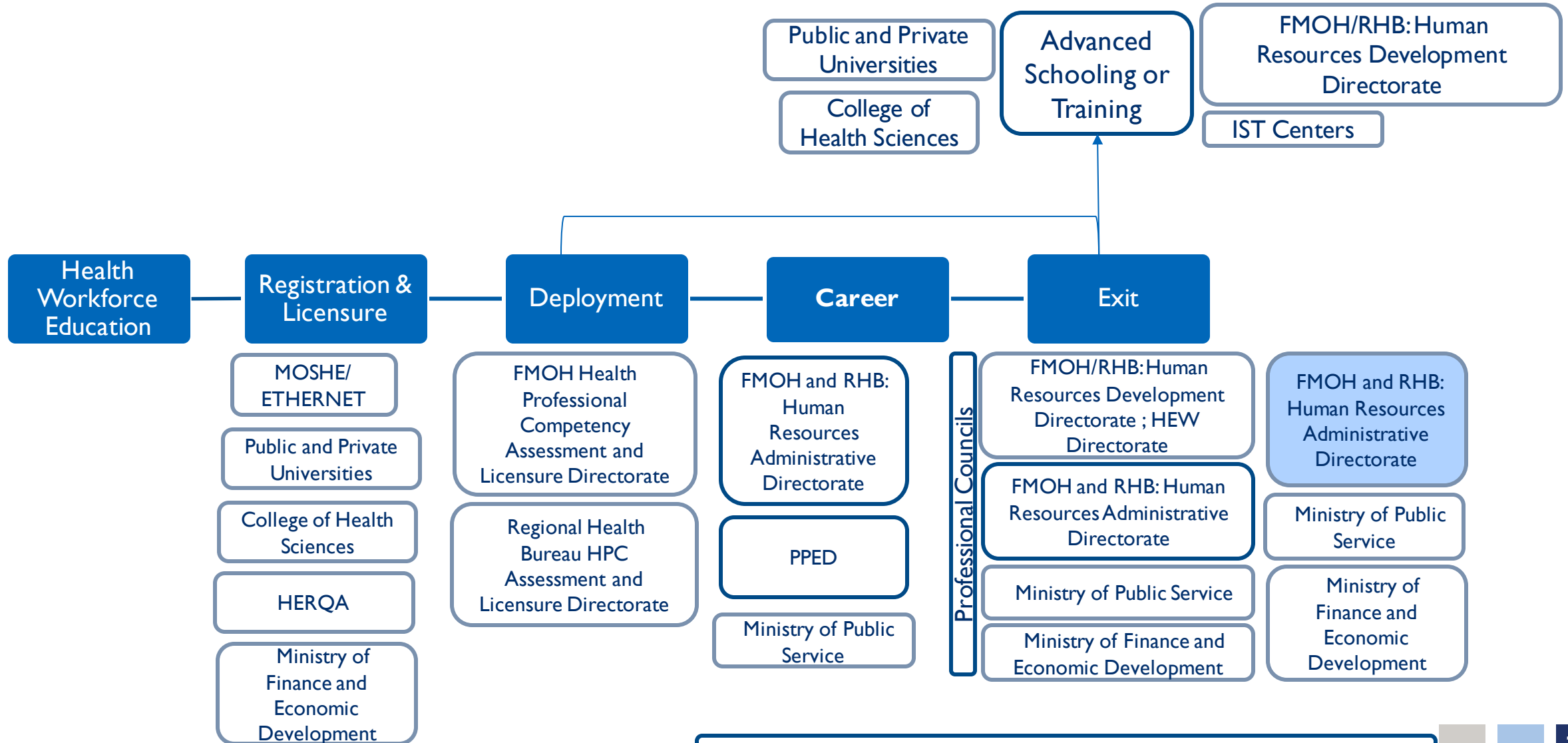
To maximize the **availability, accessibility, quality, and use** of **health information** for **decision making** processes to positively **impact** the **access, quality, and equity of healthcare delivery** at all levels

FLOW OF DATA FOR CURRENT HRIS

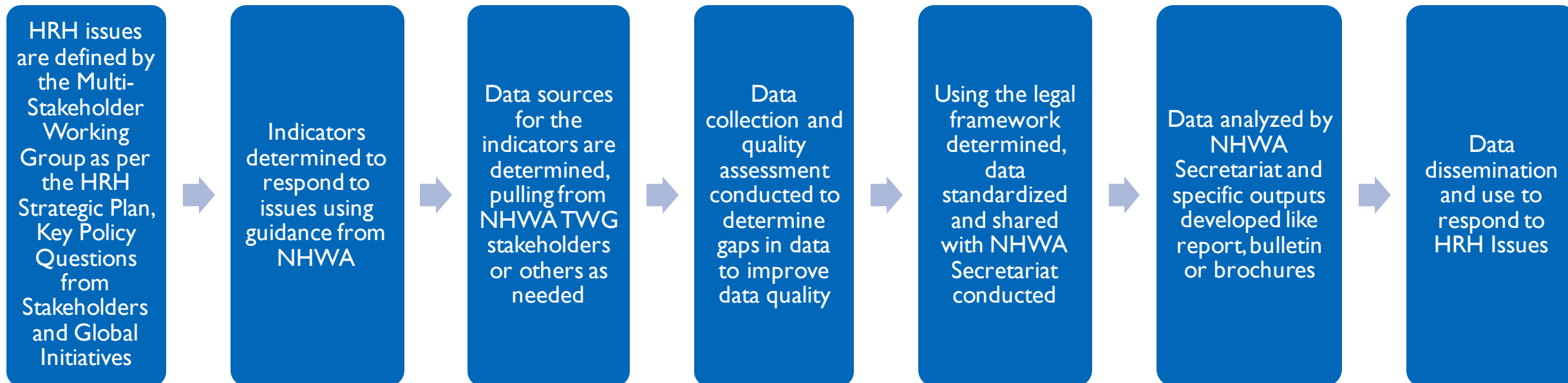


Flow of Data for Current HRIS

ROLES AND RESPONSIBILITIES BETWEEN STAKEHOLDERS

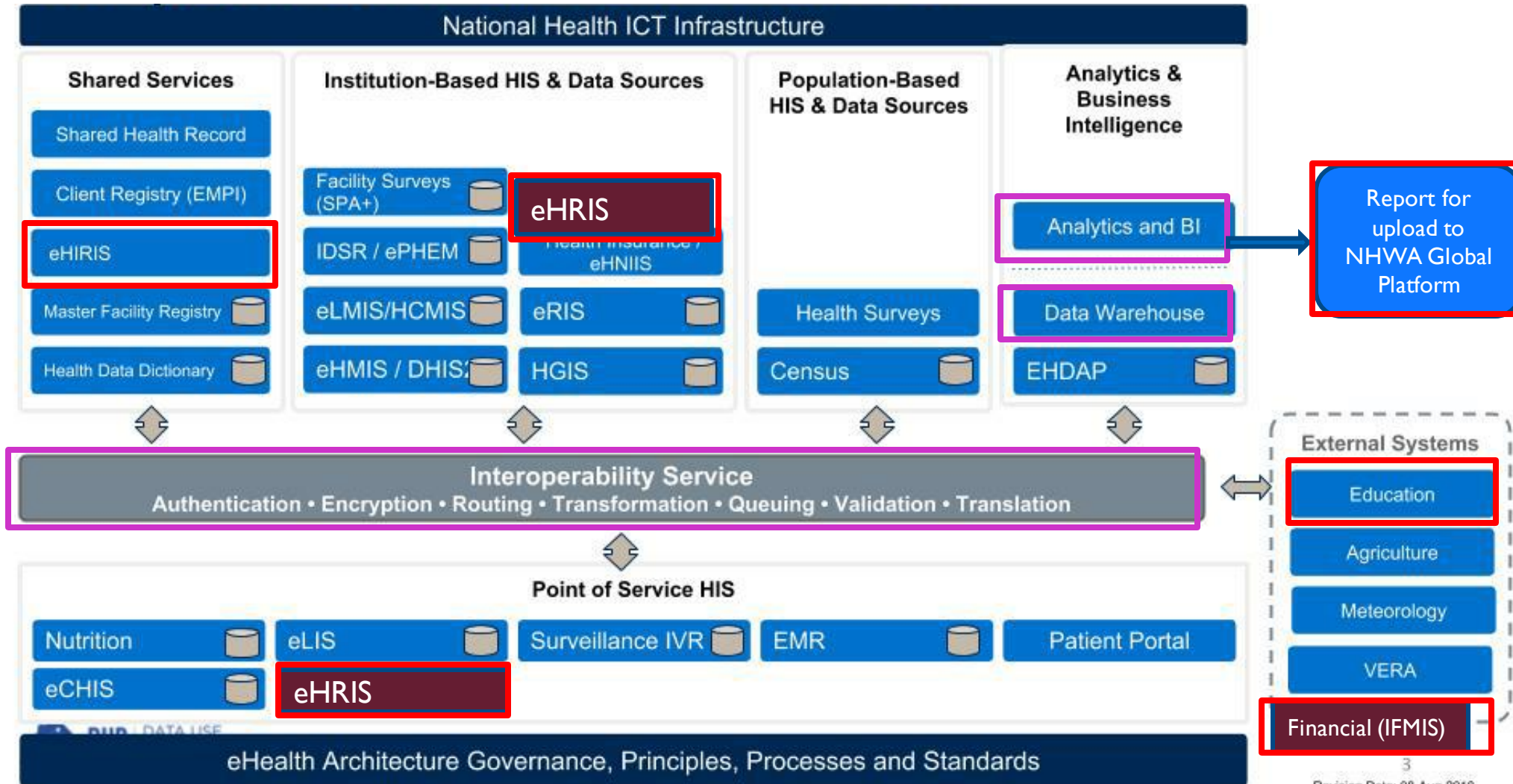


NHWA ETHIOPIA CONCEPTUAL FRAMEWORK: COLLABORATION AND SHARING OF DATA



COMMITTING TO IMPROVEMENTS IN HEALTH INFORMATION SYSTEMS

Committing to Improvements in Health Information Systems



PROGRESS ON NHWA: HIGH LEVEL ACTIVITIES

NHWA is fully integrated into the Directorate's Workplan and NHWA operationalization integrated into activities of the Directorate

Functioning NHWA TWG with Terms of Reference

Orientation workshops held for stakeholders internal and external to the FMOH, Regional Offices and Implementing Partners

Data mapping and maturity assessment completed

Requirements defined for a revitalized NHWA ready HRIS

**Staff of HRDD well capacitated on NHWA
Regular teaching forum on NHWA integrated into the Directorate**

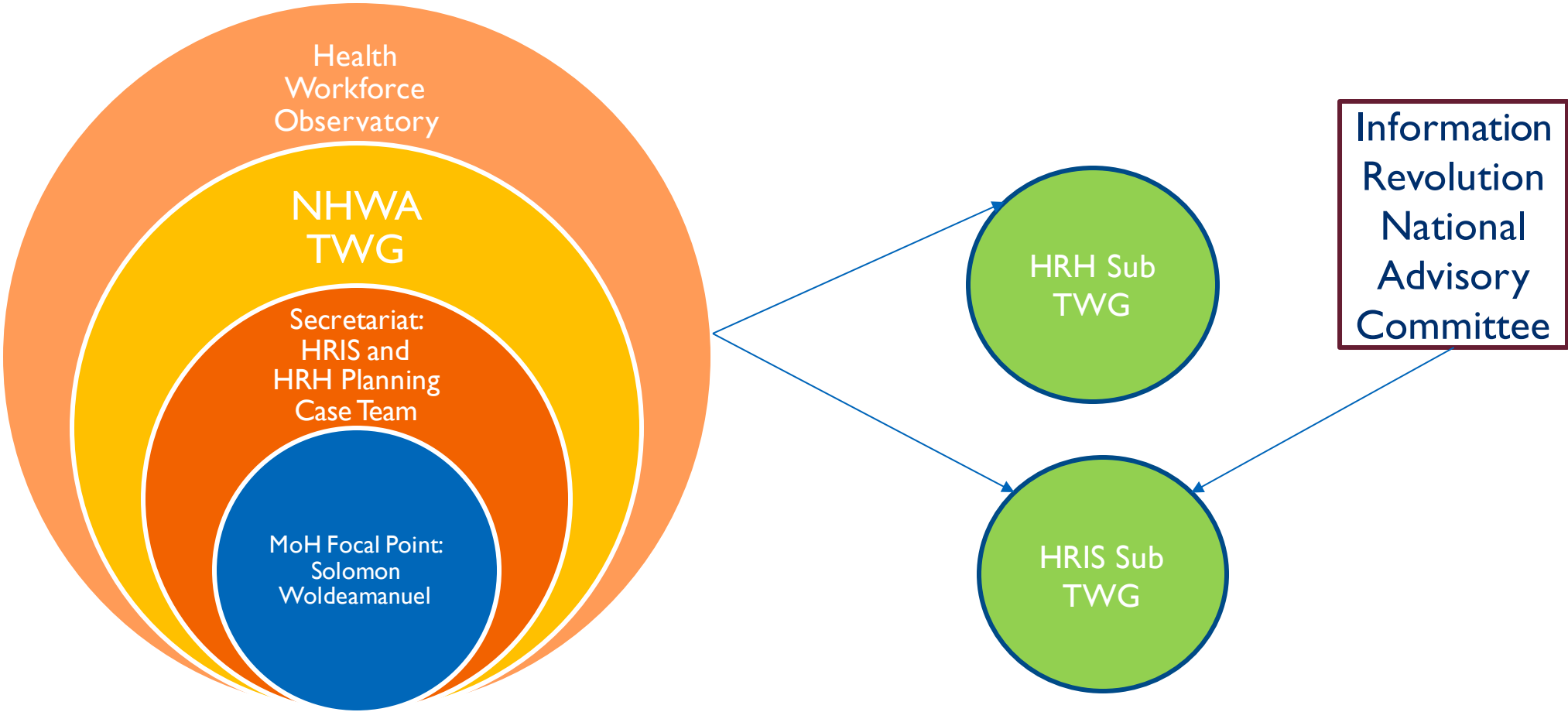
PROGRESS ON NHWA: NHWA IMPLEMENTATION PLAN

Implementation Plan

National Health Workforce Accounts in Ethiopia

	Activity	Output/Product/Result	Lead	Support	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
I	Governmental Buy In										
1.1	Prepare a short brief to summarize the need for the NHWA	NHWA Briefer	Fiseha	Solomon							
1.2	<i>Introduce the designated NHWA focal point from the Ministry of Health</i>										
1.3	Organize the available support resources for the NHWA										
a	Complete Joint Support Plan for WHO-USAID	Joint Support Plan	Solomon	HRH2030/WHO							
b	Develop activity budgets	Activity Budget	Solomon	HRH2030/WHO							
1.4	Update identification the existing information systems relevant for NHWA	Updated Stakeholder mapping slides	Fiseha/Solomon								
1.5	<i>Prepare documents and other requirements for obtaining approval by Ministry of Health</i>										
1.6	Prepare documents as needed to explain NHWA and continue to build Buy In	TBD	Solomon	Fiseha							
1.7	Conduct various meetings to promote Buy In										
a	Conduct briefing with the Minister of Health on NHWA	N/A	Assegid	Solomon/Fiseha/Leah/Sofonias							
b	Conduct meeting with Deliverology Team	N/A	Assegid	Solomon/Fiseha/Leah/Sofonias							
c	Hold High Level Multi-Stakeholder Workshop outside of Addis	Policy Questions; Data Sharing Agreement	Solomon	WHO/HRH2030							
d	Hold meeting with HITD and PPMED to present the NWA online platform	N/A	Solomon	Fiseha							

PROGRESS ON NHWA: NHWA GOVERNANCE



PROGRESS ON NHWA: INITIAL INDICATORS IDENTIFIED

The below table demonstrates the initial indicators identified by the FMOH of which data is readily available for input into the NHWA online platform.

Module	Indicator Name	Data reporting frequency	Data Source
01 Active health workforce stock	1 – 01 Health worker density	Annual	FMoH
	1 – 02 Health worker density at subnational level	Annual	FMoH
08 Skill-mix composition for models of care	8 – 01 Percentage of health workforce working in hospitals	Annual	FMoH
10 Health workforce information systems	10 – 01 HRHIS for reporting on International Health Regulations	Annual	FMoH
	10 – 03 HRHIS for reporting on skill attendance at birth requirements	Annual	FMoH
	10 – 08 HRHIS for producing the geocoded location of health facilities	Annual	FMoH

NHWA IMPLEMENTATION CHALLENGES AND DISCUSSED SOLUTIONS

Challenges	Solutions
<p>HRDD very stretched for time so unable to focus fully on NHWA</p> <p>HRH emergencies preoccupied the time of the HRDD</p>	<ul style="list-style-type: none">• Consultant hired to provide technical and coordination support the HRDD on implementation of NHWA• NHWA will be written into HRDD core workplan for the next fiscal year
<p>Engagement of key stakeholders</p>	<ul style="list-style-type: none">• More targeted approach to engage stakeholders, including using the HRH Strategic Plan as the input to identify stakeholders• NHWA TWG Workshop to define how members will work together (frequency of meetings, location ect). This will also support revitalization of the TWG.• Establishment of Health Workforce Observatory
<p>Availability of data</p>	<ul style="list-style-type: none">• Availability of data should increase after engagement of key stakeholders• Emphasis to FMOH that this progressive and you report on what you have• Preliminary requirements development workshop for HRIS



HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



THANK YOU



Photo credit: Cheryl...



HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



USING INNOVATIVE PRACTICES IN INTEROPERABILITY AND BUSINESS INTELLIGENCE TO OPERATIONALIZE NHWA IN INDONESIA



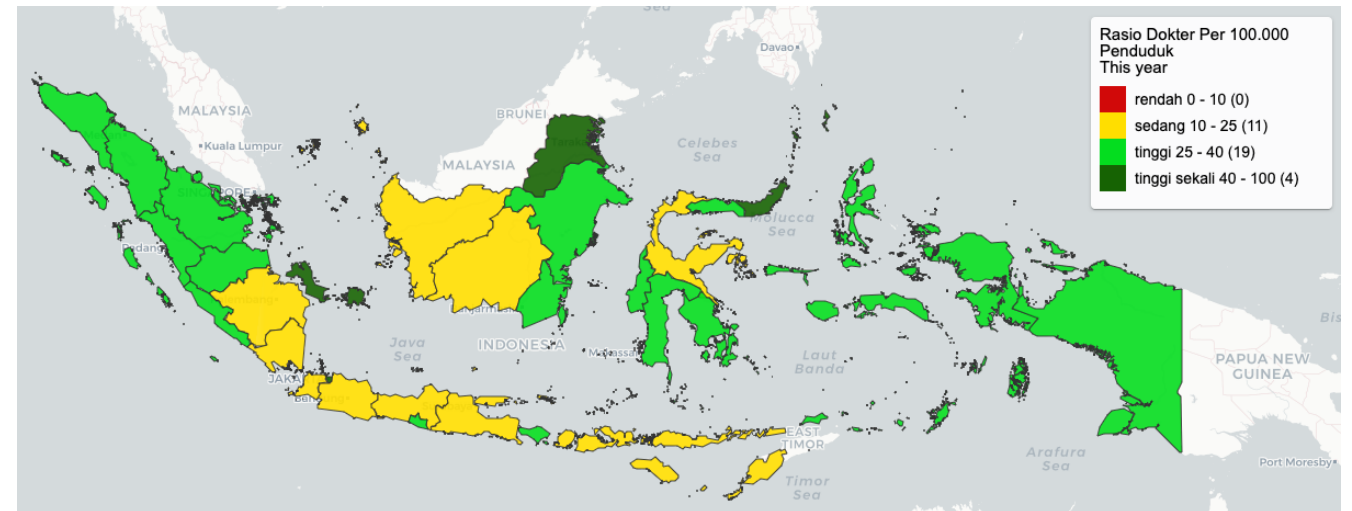
Dr. Shinta Dewi
HRH Empowerment & Development Office
Ministry of Health

INDONESIA'S HEALTH WORKFORCE

There is no health...

...without the health workforce

- 1.2 million health workers
- 2,823 Hospitals
- 9,993 Health centers
- 85,000 Clinics
- 38 MoH Health Vocational Schools
- Other Facilities



HRH CHALLENGES: Managing & Optimizing the Workforce

How to implement the blanket HRH and health policies for different contexts of local government?

- HRH Maldistribution
 - *Over-staffing in urban*
 - *Under-staffing in rural*
- Mal-alignment in production and utilization of HRH
- Fragmented HRH Information System



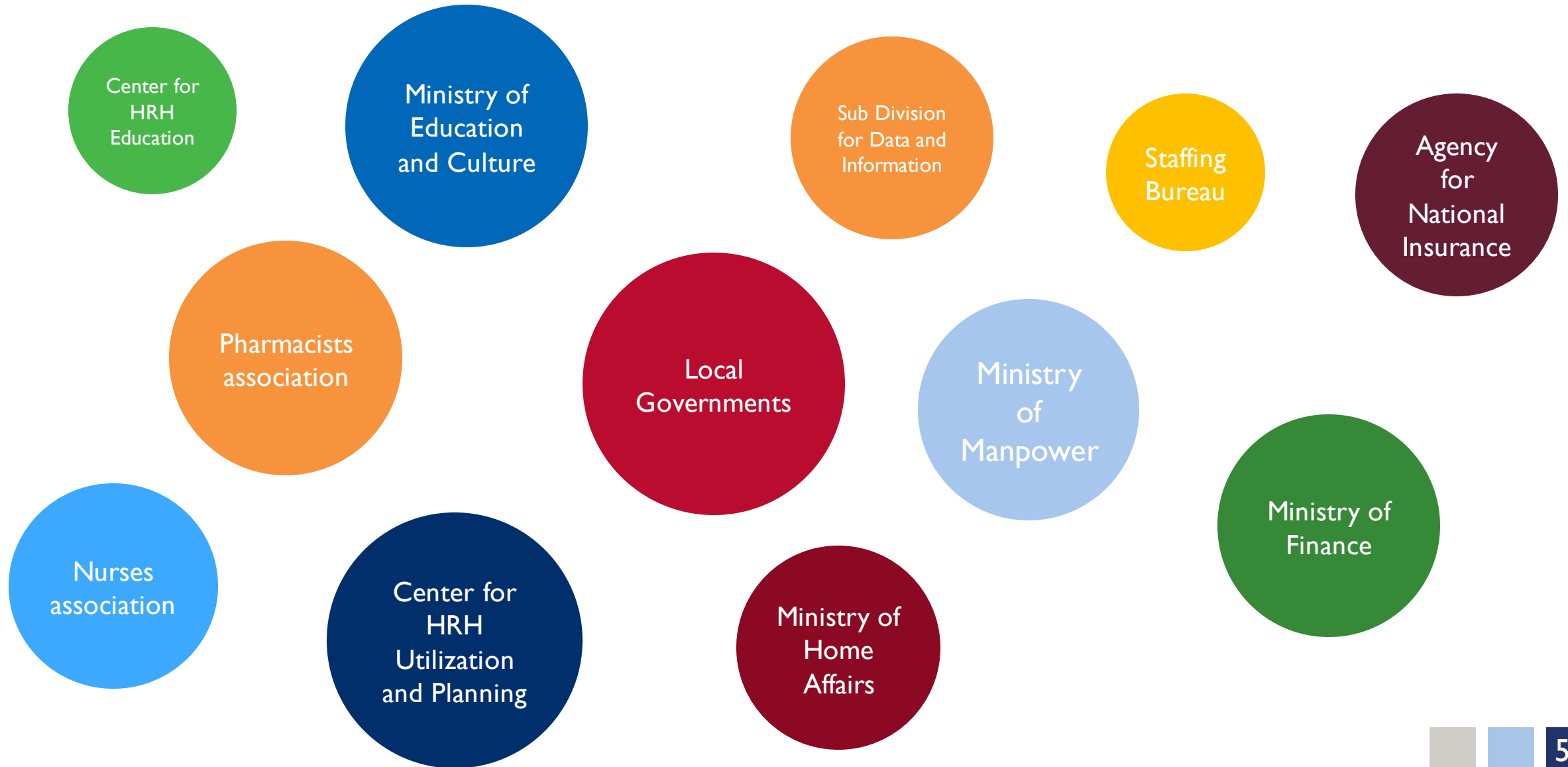
Tanjung Priok Health Center, Indonesia. Credit: Andi Gultom

WINDOW OF OPPORTUNITY FOR HRH DATA STRENGTHENING

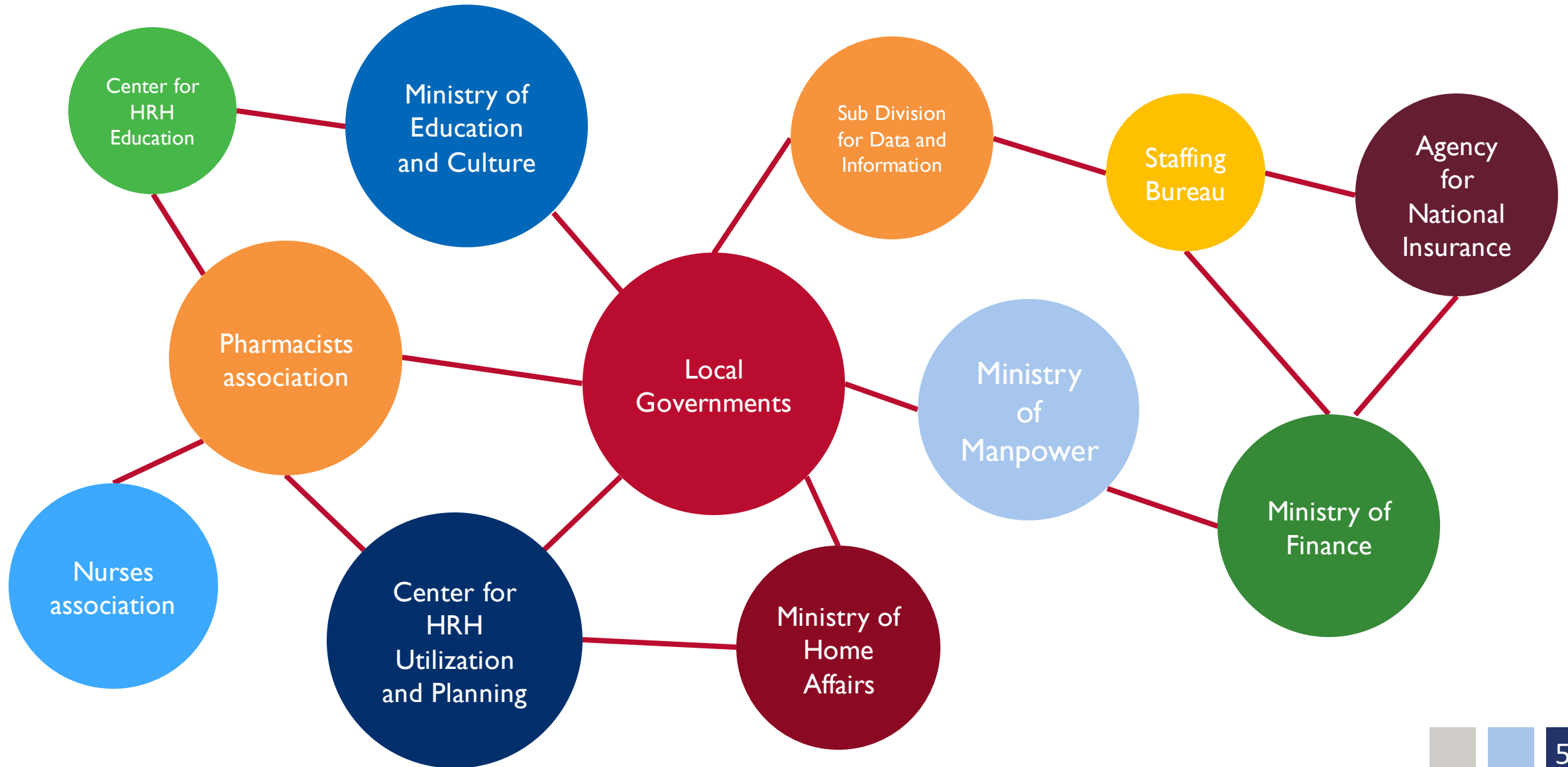


- Mid-Term National Development Plan (2020-2024): focus on **health workforce strengthening**
- Presidential Decree on **One Data**
- Government Regulation No 46/2014 on **Health Information Systems**
- Additional Presidential Decree focusing on **governance of electronic platforms**
- **World Health Assembly Resolutions** and **Global Strategy** on Human Resources for Health in 2030

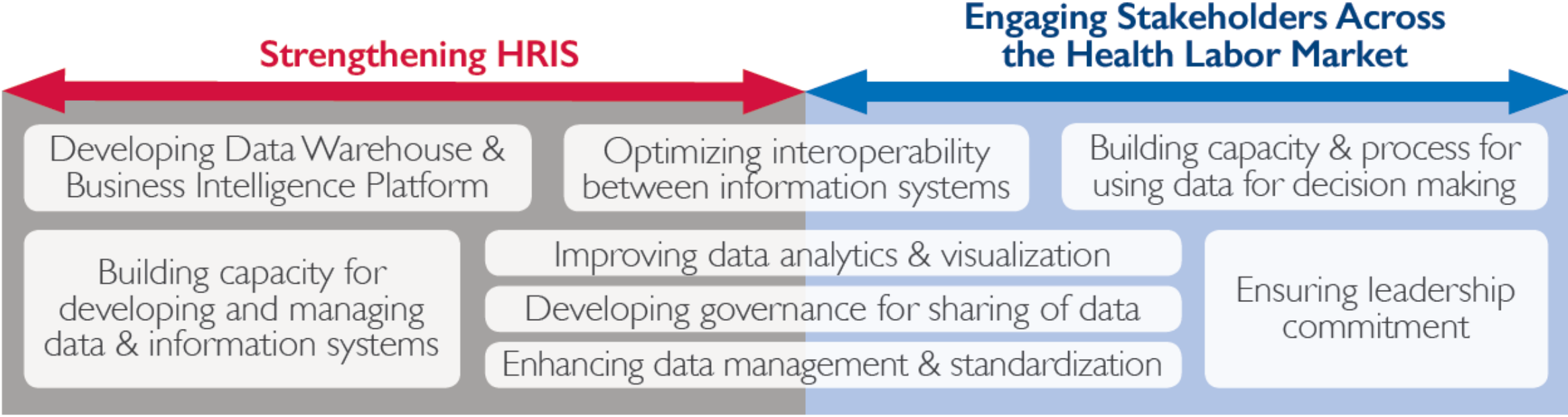
THE CHALLENGE: FROM SEVERAL ISLANDS OF INFORMATION...



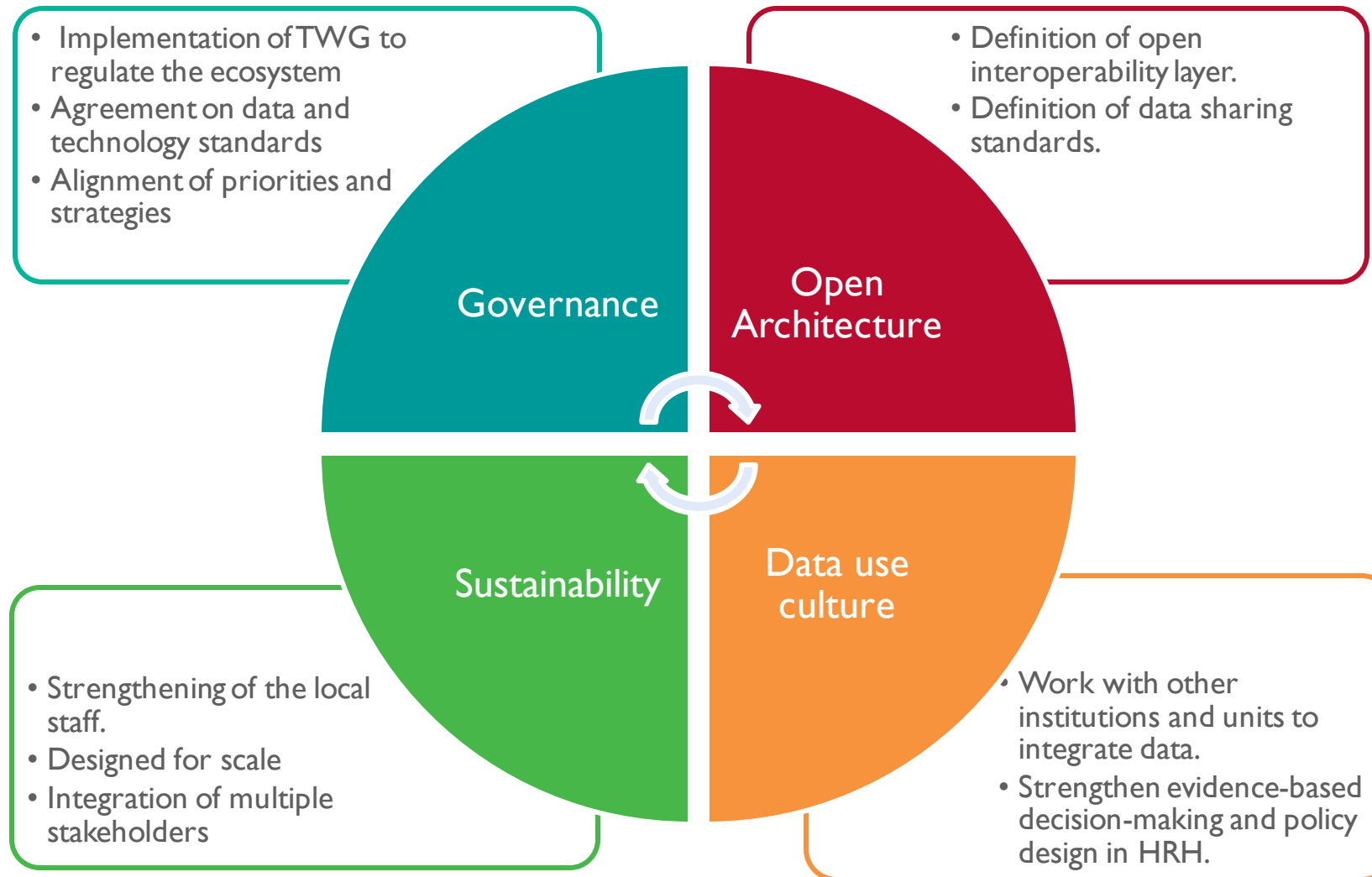
TO AN ECOSYSTEM...



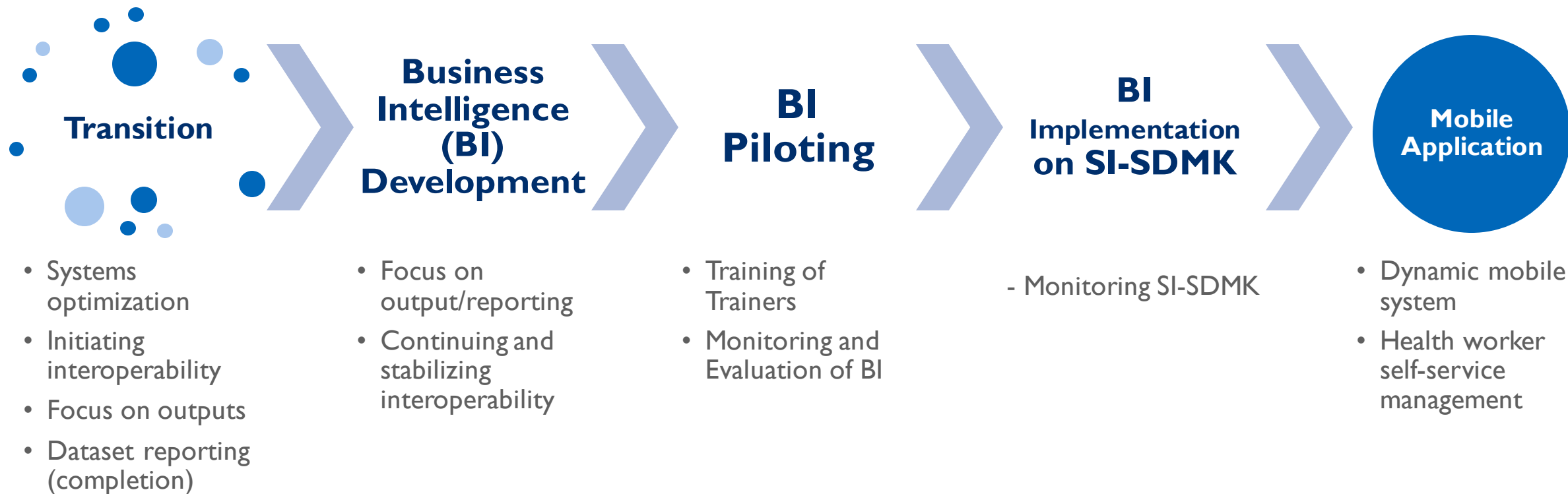
OVERALL STRATEGY FOR NHWA



DEEP DIVE: STRENGTHENING HRIS APPROACHES



DEEP DIVE: STRENGTHENING HRIS ROADMAP

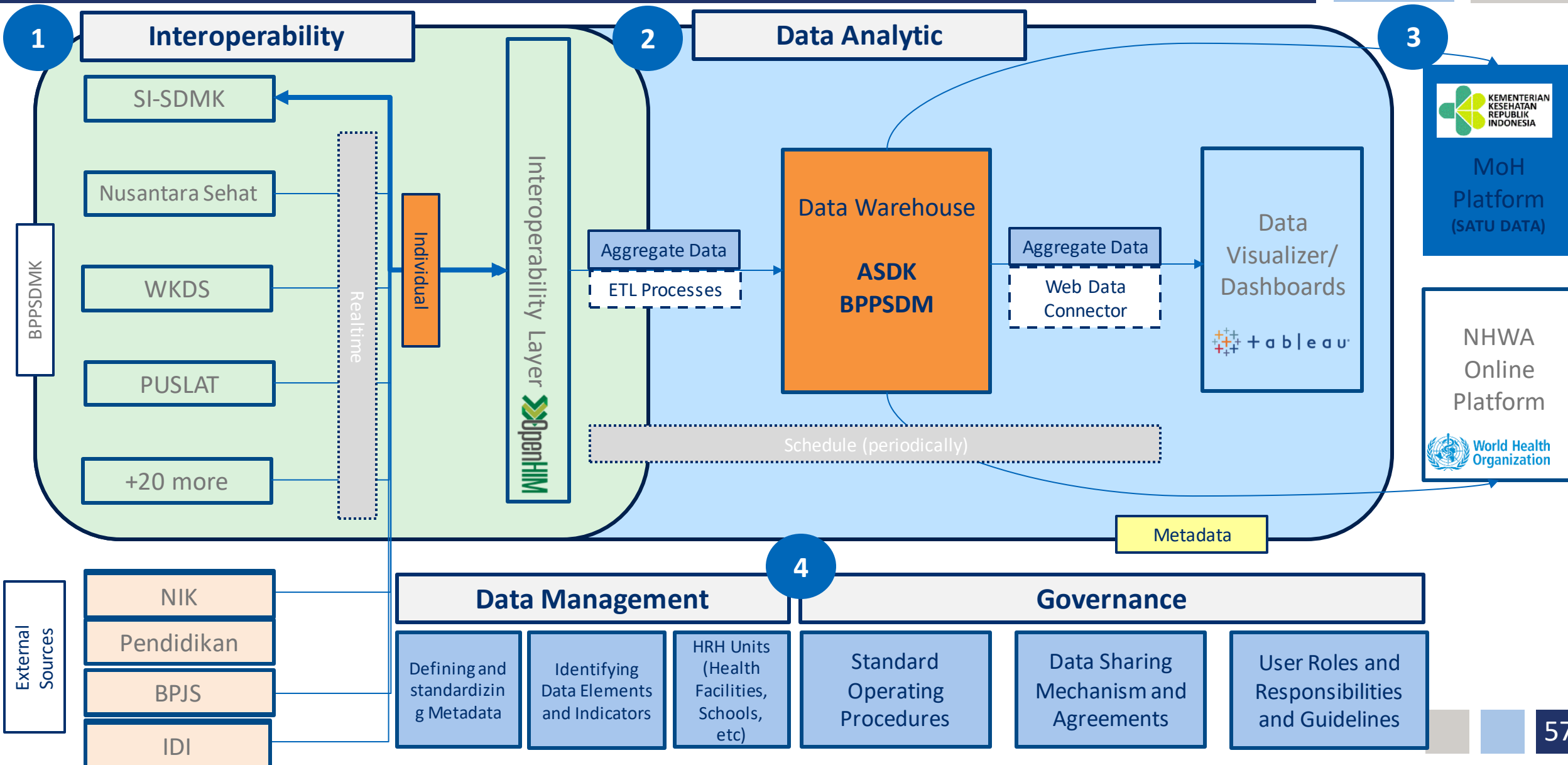


Development of regulation on the Health Worker Information System, including metadata

2018

2019

RESULTS: INTEROPERABILITY AND BUSINESS INTELLIGENCE ARCHITECTURE



RESULTS: NHWA PROGRESS

Strengthening of HRIS and business intelligence platform

Established Indonesia NHWA TWG and overall governance structure

Ongoing process and agreement for data harmonization for sharing

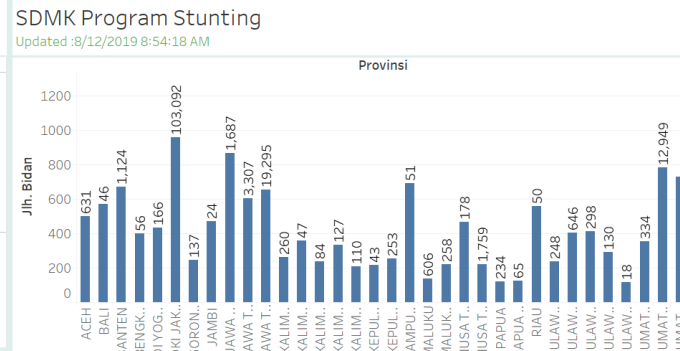
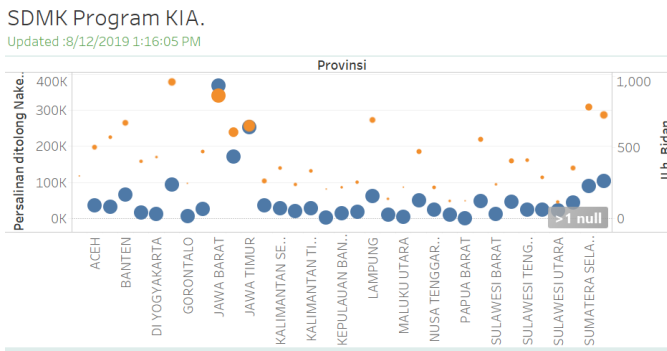
Engaged approx. 35 different stakeholder groups from across the health labor market

Available indicators reported to the WHO NHWA global platform



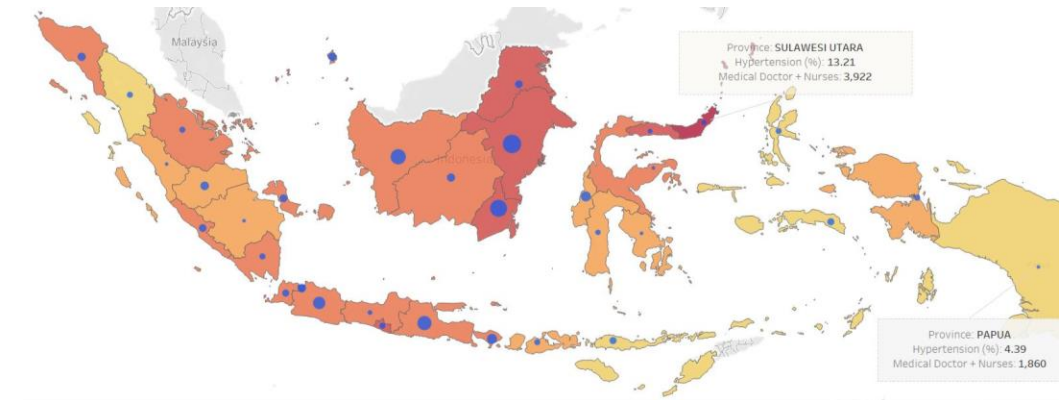
Tanjung Priok Health Center, Indonesia. Credit: Andi Gultom

RESULTS: IMPROVING DATA USE

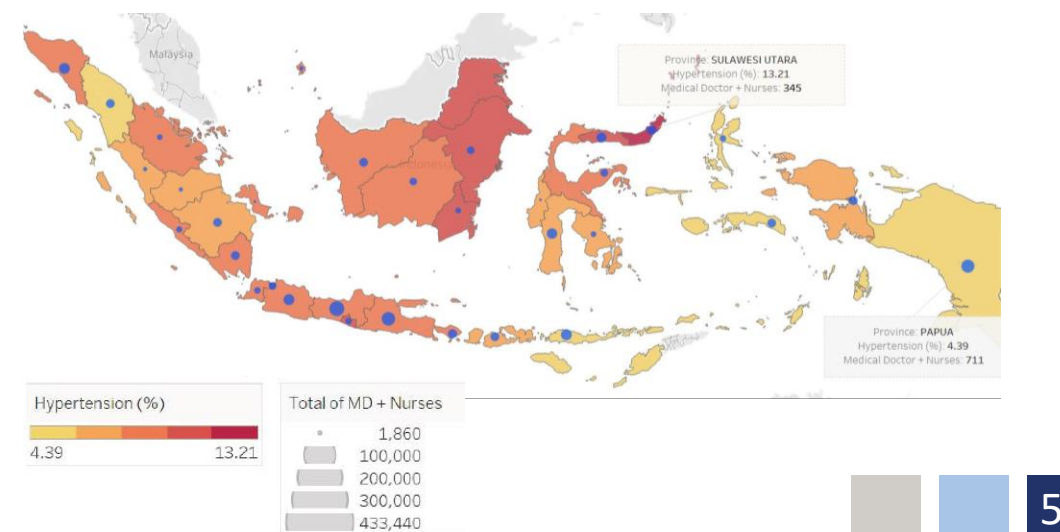


SDMK & Persalinan di Nakes | TotalSDMKByProvince | HrhType | MapOfSDMK | Jenis SDKM Lokus Stunting | TotalSDMKKesehatan | SDMK dan Program Kesehat... | SDMK dan Program Kesehata... | T

Active Health Workers and Hypertension



Graduated Nurses and Hypertension





TERIMA KASIH!

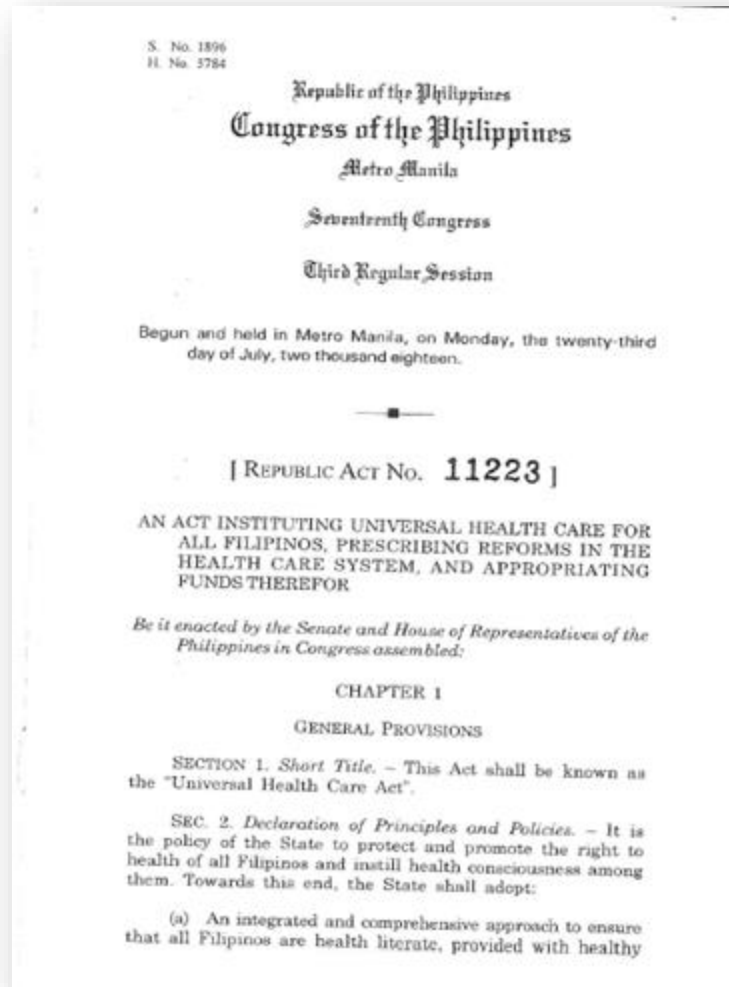


NATIONAL HEALTH WORKFORCE ACCOUNTS IN THE CONTEXT OF THE PHILIPPINES' UNIVERSAL HEALTH CARE



Kaycee Manuel
Health Human Resources
Development Bureau
Department of Health

THE PHILIPPINES' REPUBLIC ACT NO. 11223 UNIVERSAL HEALTH CARE ACT



Goals



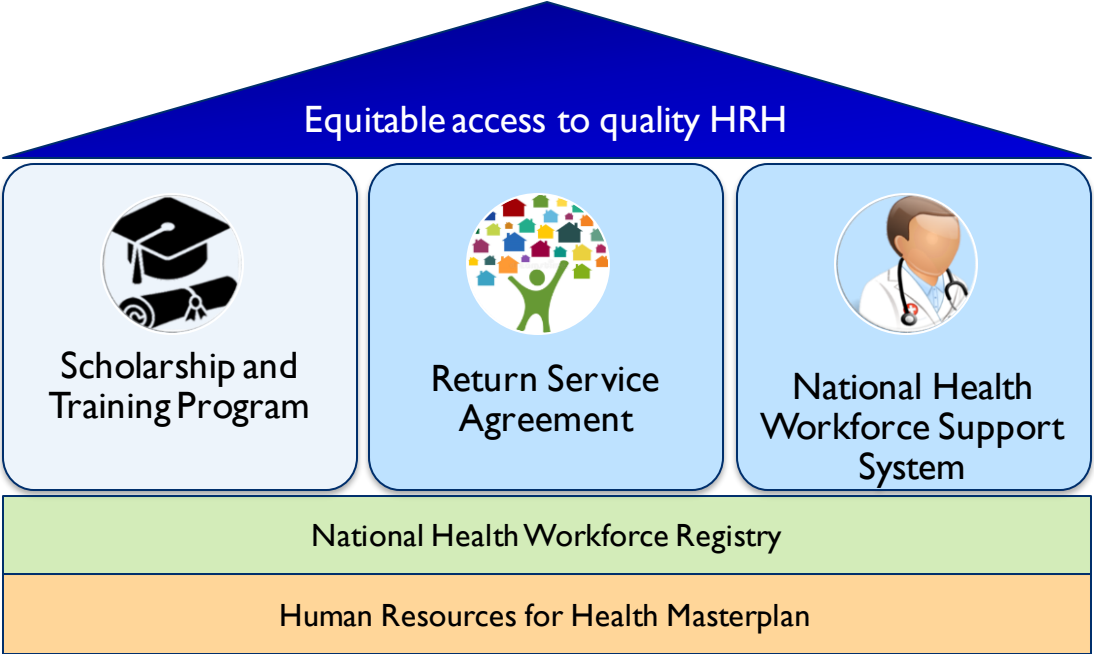
To progressively realize universal health care through **systemic approach** and **clear role delineation** of stakeholders



To ensure **equitable access** to quality and affordable health care and **protection against financial risk**

UNIVERSAL HEALTH CARE ACT

CHAPTER 6 - HUMAN RESOURCES FOR HEALTH



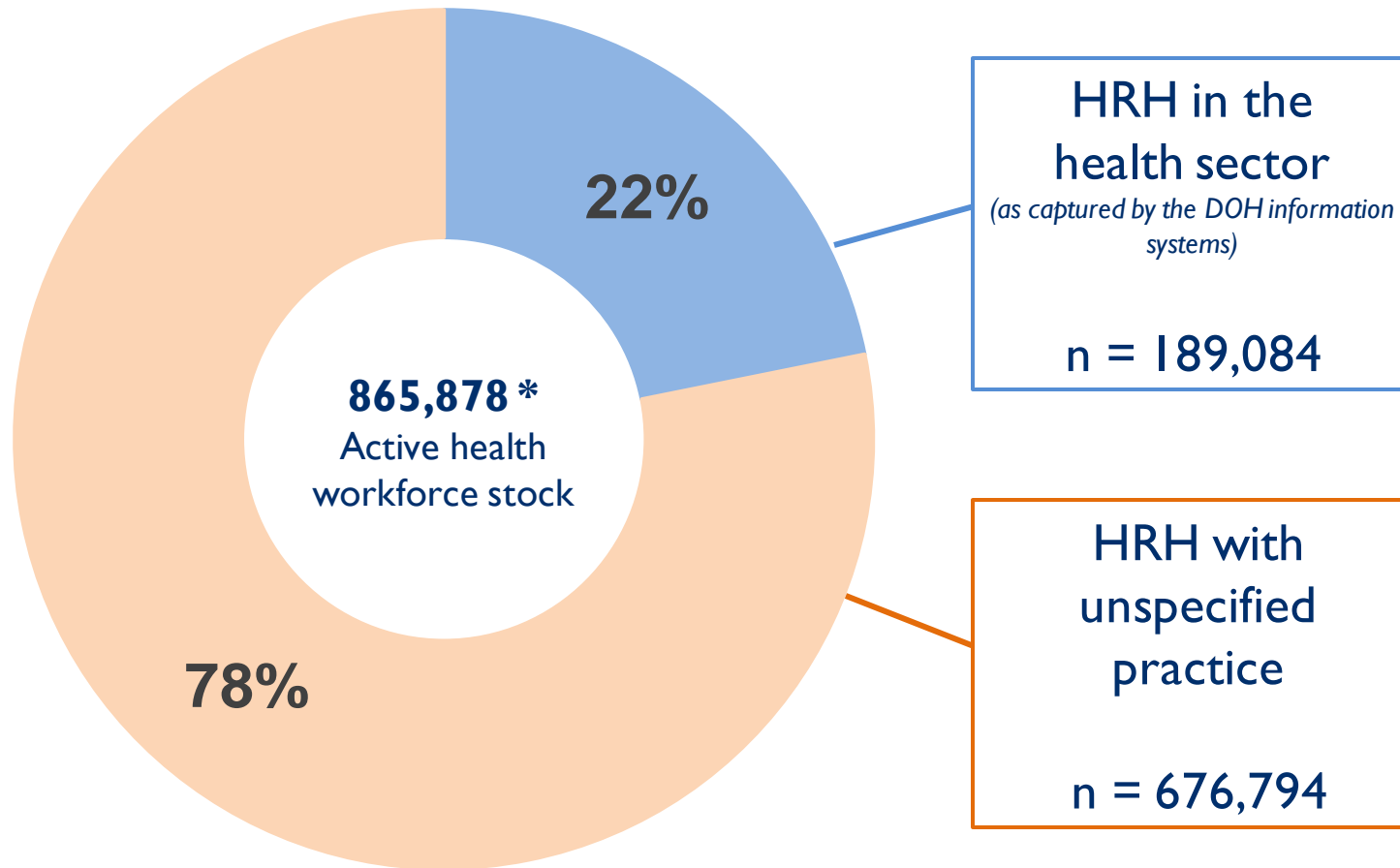
Evidence-informed policy and planning



Accurate, comprehensive and up-to-date HRH data

WHAT WE HAVE NOW?

- HRH DATA GAPS -



Issues
<ul style="list-style-type: none">• Limited scope of currently available HRH information systems• Gathered data are limited and does not provide comprehensive picture of the current HRH situation

Active Health Workforce Stock in the Philippines, 2018

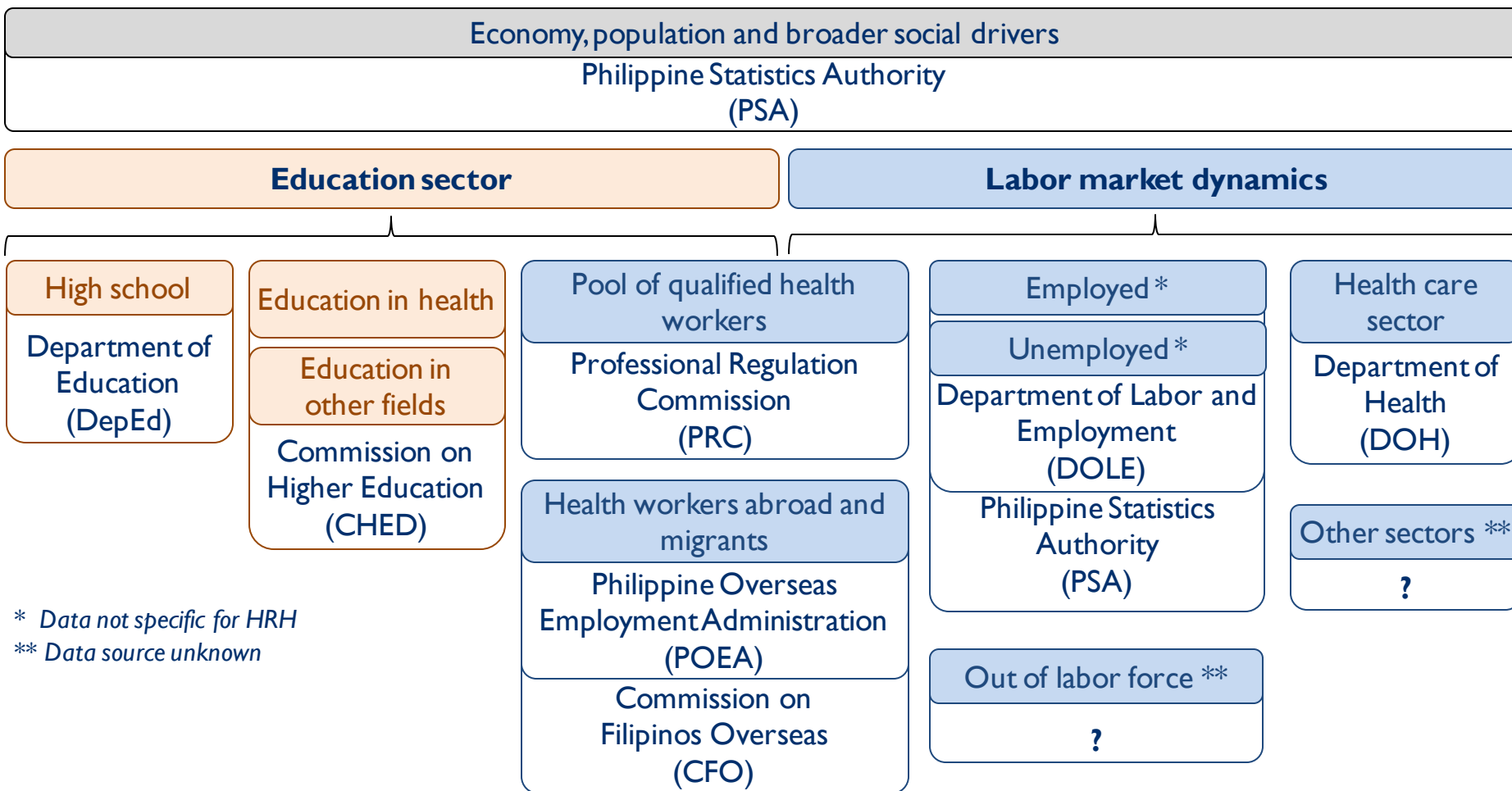
* Based on renewal of professional ID (PRC, 2018)

WHAT WE HAVE NOW?

- HRH DATA SOURCES -

Issues

- Various sources of information on HRH data with different:
 - Data indicators or variables
 - Data interpretation
- HRH information systems are not interoperable causing delays in processing of needed data
- Misinterpretation of data privacy policies



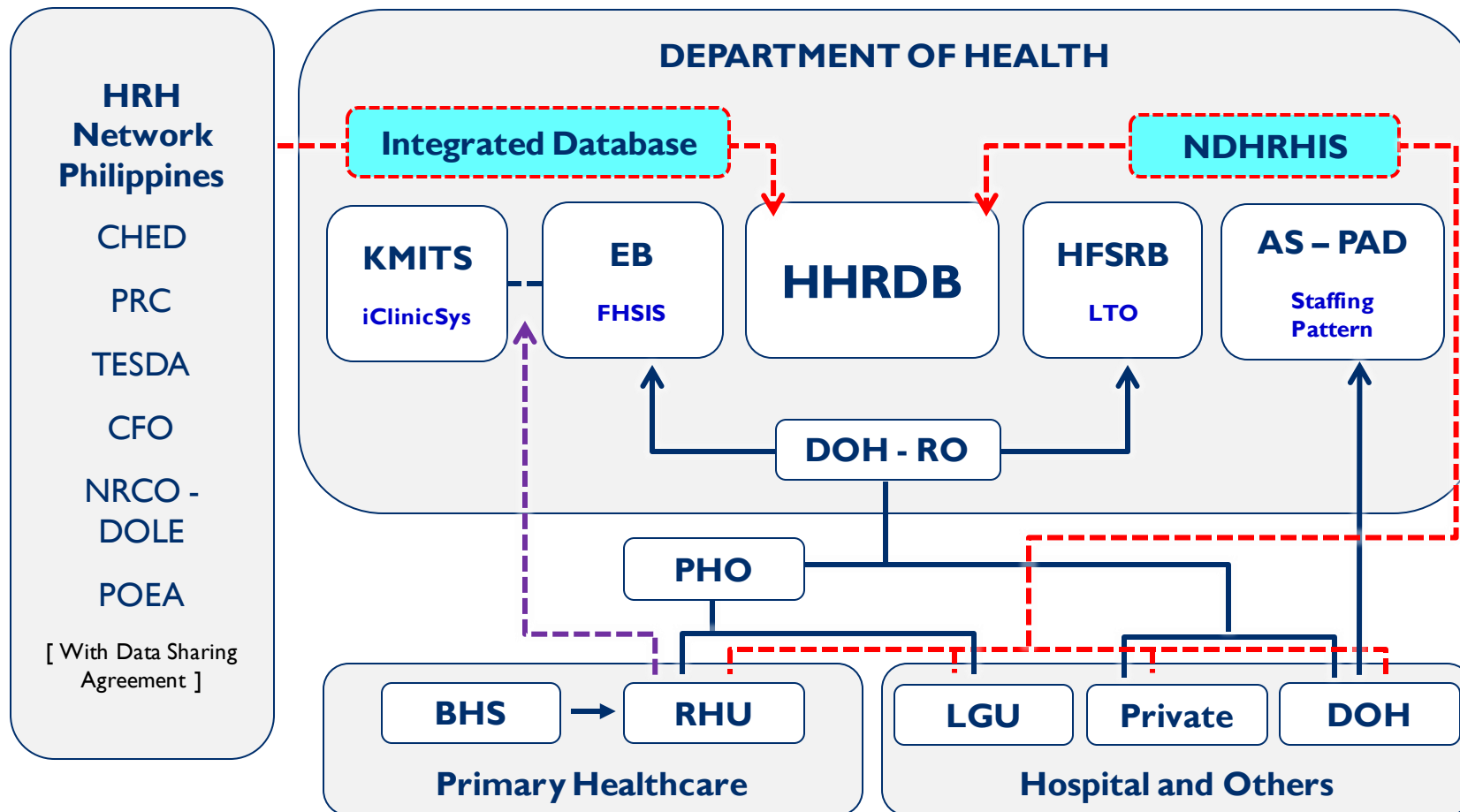
* Data not specific for HRH

** Data source unknown

Sources of HRH Data and Information in the Philippines
(using the WHO Health Labour Market Framework)

WHAT WE HAVE NOW?

- HRH DATA GAPS -



Current HRH Data Flow in the Philippines

Issues

- DOH has no mandate to collect HRH data
- Lack of governance structure
- Lack of policy to share/collect data

Legend:

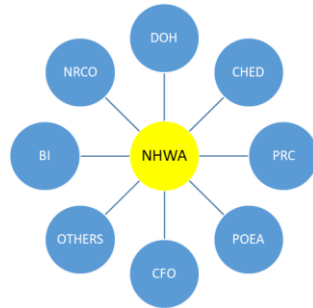
- consolidated reports (non-electronic data)
- - - electronic data (iClinicSys or eFHSIS)
- - - electronic data through HRH Information

Systems

Acronyms

- BHS – Barangay Health Station
- RHU – Rural Health Unit
- LGU – Local Government Unit
- PHO – Provincial Health Office
- DOH-RO – DOH Regional Office
- KMITs – Knowledge Management and Information Technology Service
- EB – Epidemiology Bureau
- HHRDB – Health Human Resource Development Bureau
- HFSRB – Health Facilities Services and Regulatory Bureau
- AS-PAD – Administrative Service - Personnel Administration Division

MOONSHOT FOR THE PHILIPPINES' HRH INFORMATION SYSTEM



We want a **functional, efficient, self-sustaining, progressively improving, harmonized and interoperable HRH information systems...**



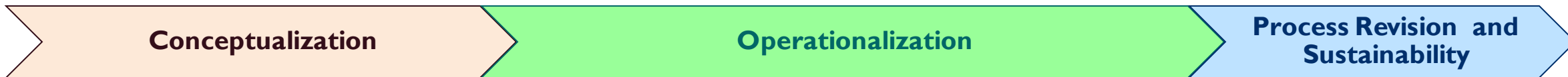
to get **accurate, comprehensive and up-to-date HRH data...**



that would be translated into **meaningful information** for:

- * Health labor market analysis
- * HRH Masterplan
- * HRH policies





Policy priorities identified		NHWA roadmap drafted	
Governance structure designed with TORs	Stakeholders identified and engaged	NHWA meetings conducted	
NHWA indicators identified and prioritized		Data sources mapped and gaps identified	
Monitoring and evaluation standards developed			

Partial
Done

Data dictionary updated	Data sharing standards defined	Data sharing agreements updated	Data collection tools developed
Minimum data set for HWR defined			
Data quality improved and information systems strengthened			
Data submitted by stakeholders to the NHWA focal point		Data quality checked and consolidated	
Data analysis and validation			
Use of NHWA data for HRH Country Profile	Use of NHWA data for HRH planning	Use of NHWA data for HRH policies	
Continuous identification of policy directions			

Implementation for successes and challenges reviewed
Governance and institutionalization reviewed
Standards, guidelines and SOPs updated

NHWA ACTIVITIES WITH PARTICIPATION FROM STAKEHOLDERS

OCT
2018

DOH-WHO-HRH2030 Mission Week for implementation of NHWA in the Philippines

DEC
2018

NHWA Data Mapping Workshop Part I

JAN
2019

NHWA Data Mapping Workshop Part 2

APR
2019

Draft outline of Philippine Country Profile

AUG
2019

NHWA Data Dictionary Workshop Part I

NOV
2019

NHWA Data Dictionary Workshop Part 2

KEY PRIORITIES BASED ON INITIAL NHWA ACTIVITIES

Policy Directions	Policy Questions
<ul style="list-style-type: none">▪ Mandatory return service for HRH▪ Redistribution of health workforce▪ Improve working conditions▪ Strengthen leadership and management capacities▪ Strengthen HR data and information systems	<ul style="list-style-type: none">▪ How do we improve equitable access to health workers to advance Universal Health Care?▪ What are the cost implications (investment cost) and fund sources of the HRH component in the Universal Health Care?▪ What is a sustainable international migration policy for the Philippines?▪ How should health facilities be staffed to ensure UHC goals are attained?▪ What are the workload components per facility?

RESULTS OF THE DATA MAPPING WORKSHOP



78

Total number of NHWA indicators



33

Priority indicators based on policy questions and policy directions

22 indicators need quantifiable data

11 capability indicators (answerable by yes or no)



19

Priority indicators based on available data sources

Education	Labour Force	Serving Population Health Needs
<p>Module 2 - Education and Training (1 indicator)</p> <ul style="list-style-type: none"> Graduate rate 	<p>Module 1 - Active Health Workforce Stock (6 indicators)</p> <ul style="list-style-type: none"> Health worker density Health worker distribution 	<p>Module 8 - Skill-mix Composition for Models of Care (2 indicators)</p> <ul style="list-style-type: none"> Sectoral workforce composition
<p>Module 3 - Education and Training Regulation and Accreditation</p>	<p>Module 5 - Health Labour Market Flows (5 indicators)</p> <ul style="list-style-type: none"> Entry and exit Labour market imbalances 	<p>Module 9 - Governance and Health Workforce Policies (4 indicators)</p> <ul style="list-style-type: none"> Health workforce policies and governance
<p>Module 4 - Education Finances (5 indicators)</p> <ul style="list-style-type: none"> Financing of higher education Education expenditure 	<p>Module 6 - Employment Characteristics and Working Conditions (5 indicators)</p> <ul style="list-style-type: none"> Regulation on working hours, minimum wage, social protection Health worker status in employment <p>Module 7 - Health Workforce Spending and Remuneration (3 indicators)</p> <ul style="list-style-type: none"> Health workforce expenditure and remuneration 	<p>Module 10 - Health Workforce Information Systems (2 indicators)</p> <ul style="list-style-type: none"> HRHIS for tracking number of active stock and exits



Issues

- Definitions of HRH-related data terminologies varies among different agencies
- Inclusion and exclusion criteria of some HRH-related data terminologies are not clear
- Agencies have different dynamics of collection, processing, analysis and dissemination of data

LESSONS LEARNED IN THE INITIAL IMPLEMENTATION OF NHWA

Why

- Have a vision
- Translate the vision into an action plan or work plan
- Know your purpose

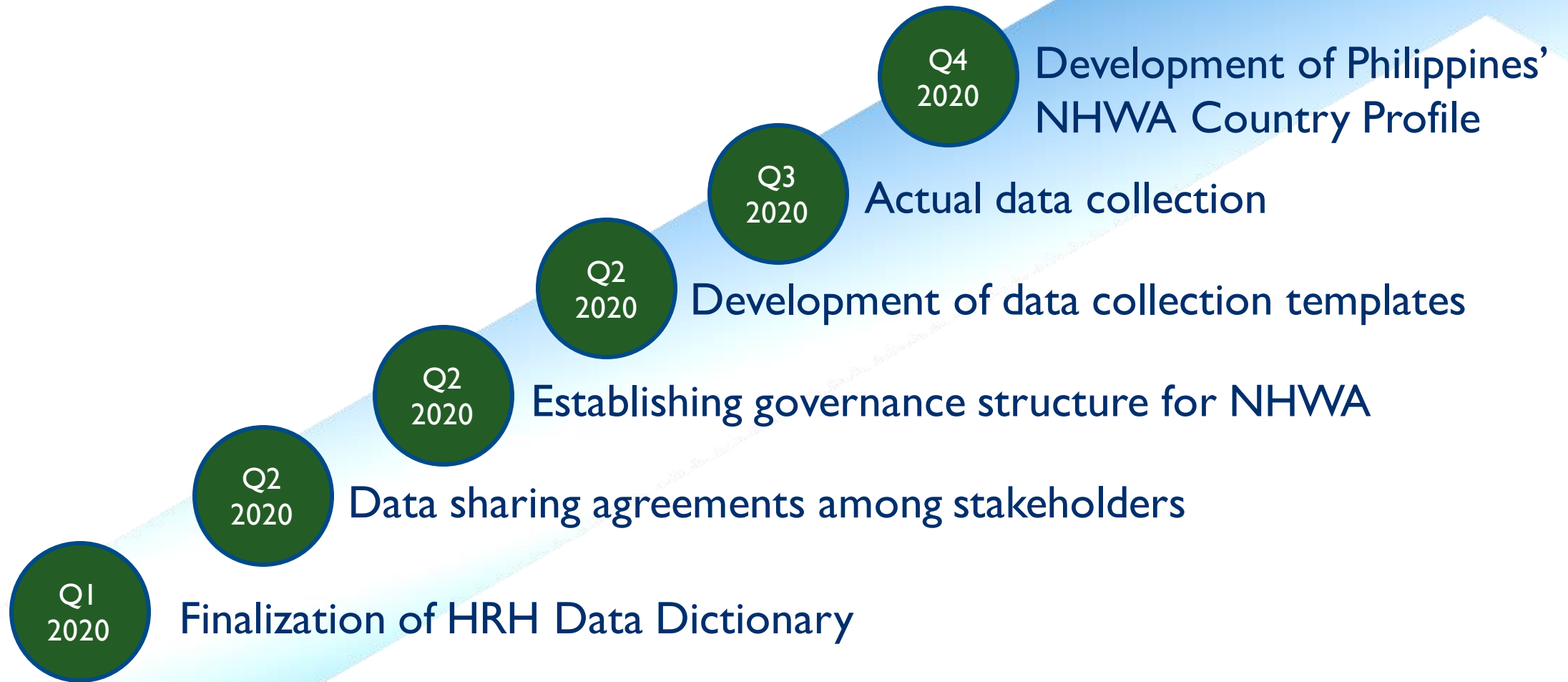
What

- Know your priorities
- Have a common understanding of data definitions and variables
- Determine sources of truths

How

- Engage stakeholders as early as possible
- Maintain constant communication with stakeholders
- Create opportunities for collective discussion

NEXT STEPS ON THE IMPLEMENTATION OF NHWA



KEY POINTS IN STRENGTHENING HRH INFORMATION SYSTEMS

Plan

- Develop an HRH Masterplan that will serve as the country's blueprint for holistic management of HRH
- Align HRH information systems with the directions, needs and strategies indicated in the HRH Masterplan

Policy

- Develop a governance structure with defined roles and responsibilities of key stakeholders
- Formulate a policy that would support the development, implementation, monitoring, evaluation and sustainability of HRH information systems – including the mandate as repository and custodian of HRH data

Partnerships

- Involve key stakeholders in all processes – from the planning to monitoring and evaluation



HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



DISCUSSION



Dr. Shinta Dewi
Indonesia Ministry of Health



Kaycee Manuel
Philippines Department of Health



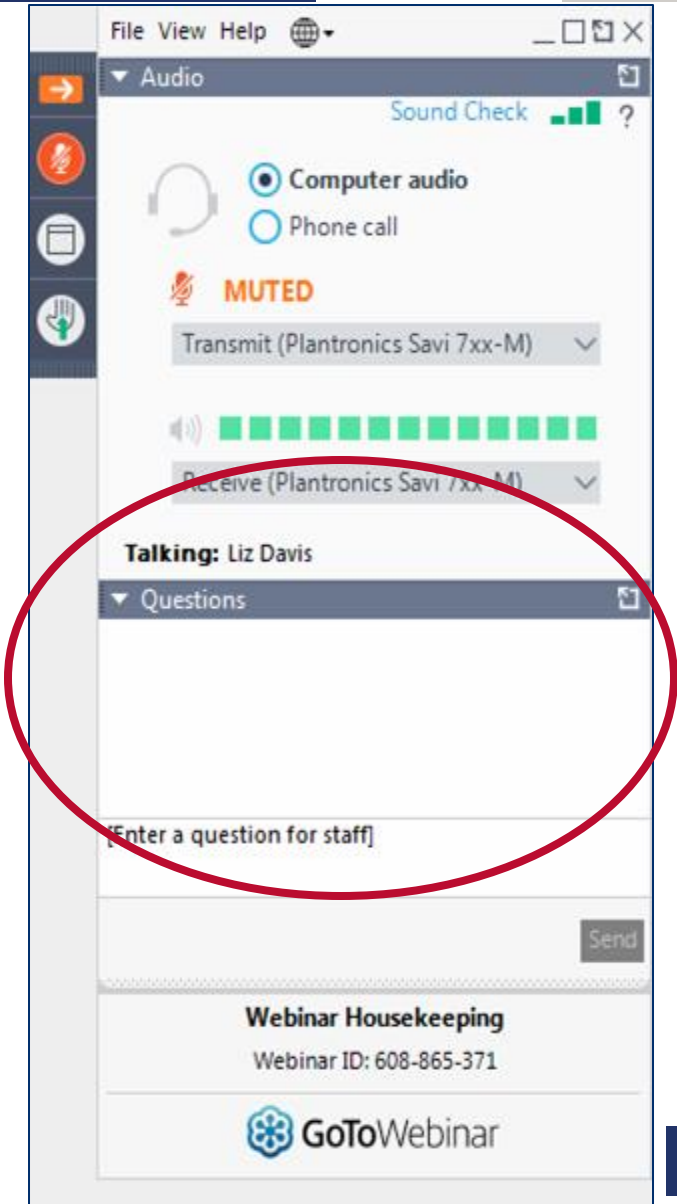
Dr. Khassoum Diallo
Department of Health Workforce, WHO



Assegid Samuel
Ethiopia Federal Ministry of Health



Diana Frymus
Office of HIV/AIDS, USAID





THANK YOU!



@HRH2030Program



HRH2030



info@hrh2030program.org