



# Assessment and Capacity Building Report on HHRDB Values, Mission and Value Chain

HRH2030: Human Resources for Health in 2030



## Cooperative Agreement No. AID-OAA-A-15-00046

Cover photo: Jeremy Pintor, OD Adviser of HRH2030 Philippines, facilitates the strategic planning workshop of the team leaders of Health Human Resource Development Bureau in Iba, Zambales. Alignment of expectations and significant agreements were made during the activity. (Credit: Harold James Doroteo/HRH2030PH)

December 7, 2018

This publication was produced for review by the United States Agency for International Development. It was prepared by members of the HRH2030 consortium.

#### DISCLAIMER

This material is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-15-00046 (2015-2020). The contents are the responsibility of Chemonics International and do not necessarily reflect the views of USAID or the United States Government.

## Contents

Contents.....	ii
Acronyms.....	iii
Executive Summary.....	1
Context.....	3
Core Values.....	7
Mission Statement.....	9
Moonshot Goals to Bring Mission to Life.....	12
Value Chain.....	13
Value Chain-Based SWOT Analysis.....	18
Sectoral HRH 2018-2022 Goals and Commitments.....	22
Synthesis and Recommendations.....	23
Key Initiatives Moving Forward.....	288
References.....	311
<b>Annex 1: Evolution of HHRDB as an office</b>	
<b>Annex 2: Baseline Assessment Framework based on McKinsey 7S</b>	
<b>Annex 3: IDI Methodology</b>	
<b>Annex 4: Core Values Concept</b>	
<b>Annex 5: Core Values Selection Criteria</b>	
<b>Annex 6: The Mission Statement Concept</b>	
<b>Annex 7: Methods used in Crafting the Mission Statement</b>	
<b>Annex 8: The Moonshot Concept</b>	
<b>Annex 9: Moonshot Goals Methodology</b>	
<b>Annex 10: HHRDB 2022 “Moonshots”</b>	
<b>Annex 11: The Value Chain Concept</b>	
<b>Annex 12: Value Chain Processes for Building an Enabling Environment for HRH</b>	
<b>Annex 13: Value Chain Processes for Empowering HRH</b>	
<b>Annex 14: Methodology of Value Chain-Based SWOT Analysis</b>	
<b>Annex 15: Workshop Results on SWOT Analysis for Data Management</b>	
<b>Annex 16: Workshop Results on SWOT Analysis for Research</b>	
<b>Annex 17: Workshop Results on SWOT Analysis for Plans</b>	
<b>Annex 18: Workshop Results on SWOT Analysis for Policies</b>	
<b>Annex 19: Workshop Results on HRMD Standards</b>	
<b>Annex 20: Workshop Results on Advocacy and Partnerships</b>	
<b>Annex 21: Workshop Results on Career Development – Pre-Service Scholarship</b>	
<b>Annex 22: Workshop Results on Career Development and Retention</b>	
<b>Annex 23: Workshop Results on Learning &amp; Development – In-Service Training</b>	
<b>Annex 24: Strategic Issues on HHRDB’s Sectoral HR Role</b>	
<b>Annex 25: Strategic Issues</b>	
<b>Annex 26: HRH Commitments for 2018 to 2022</b>	

## Acronyms

CSC	Civil Service Commission
DOH	Department of Health
FI+	FOURmula One Plus Health Agenda
GIDA	Geographically Isolated and Disadvantaged Areas
HHRDB	Health Human Resources Development Bureau
HR	Human Resources
HRH	Human Resources for Health
HRMD	Human Resource Management and Development
ICB	Institutional Capacity Building
IDI	In-Depth Interview
OD	Organization Development
LGU	Local Government Unit
PAD	Personnel Administration Division
PAHRODF	Philippine Australia Human Resource and Organizational Development Facility
QMS	Quality Management System
UHC	Universal Health Care

## Executive Summary

In April 2018, HRH2030 started providing OD institutional capacity building interventions to Health Human Resources Development Bureau (HHRDB), which is the primary unit within the Department of Health (DOH) responsible for spearheading HR improvement initiatives at the sectoral level.

UPENN HBHE defined OD as “the process of continuous diagnosis, action planning, implementation and evaluation with the goal to improve capacity for solving problems and managing future change.” It is to HRH2030’s strategic benefit to equip HHRDB not only to effectively follow through on the desired outcomes but also enable it to pursue more systemic and long-term HRH solutions to achieve better TB and FP/MCH outcomes on its own.

“OD is the process of continuous diagnosis, action planning, implementation and evaluation with the goal... to improve capacity for solving problems and managing future change.”  
— UPENN HBHE

As specified in the approved Year I Work Plan, HRH2030 shall undertake institutional capacity building for HHRDB starting with a baseline assessment using a robust framework that includes, but are not limited to, the unit’s mandate, strategy, structure, processes and people. The gap between the desired and actual performance shall be identified and the necessary institutional capacity building initiatives shall be put in place. This report covers the assessment and capacity building interventions on values, mission and value chain of HHRDB.

*Individual Interviews with members of the HHRDB Management Committee was the starting point of institutional capacity-building interventions.* These one-on-one in-depth interviews revealed strategic issues centered on the need to clarify focus and bridge the gap between what DOH leaders expect with HHRDB and what the bureau is mandated to do. HHRDB is still expected to perform organizational HR whereas the office is mandated to handle sectoral HR, which explains why its accomplishments and key activities are organizational in nature. Furthermore, Management Committee members feel that it still needs to improve its processes and systems to enable strategic HRM to happen at the ground. Synergistic working relationship and distribution of work among divisions are items that can be explored further.

*Core Values were anchored on the Credo and was clarified in the process.* HHRDB defined its core values using a credo, which was affirmed in the Organizational Profile of its Quality Management System (QMS) Manual dated 2 May 2013. Ownership to this behavioral statement is weak. Technical Assistance was provided in this regard which resulted to a clarified set of core values, which now includes four: quality work, integrity, empowerment and team work. Definition and behavioral indicators were also captured in the process.

*Mission Statement was re-focused to look at outcomes on a clear and targeted set of beneficiaries.* Similarly, HRH2030 also provided technical assistance to refresh its mission statement. While the existing mission statement describes what the unit should be doing, the unit’s desired impact must be clarified to reflect the difference it can create to the sector. The updated mission statement reads “helping Filipino HRH attain competence and job satisfaction and ignite their passion to serve the country.” The team saw their new mission as “more responsive and inspiring.”

*There is no value chain that ties together the work done by all three divisions.* This does not mean that the bureau lacks defined processes. In fact, its QMS Manual contains 8 to 14 core processes from work instructions to the Management of the Deployment Program. These, however, should be elevated to a

more strategic level that demonstrate how the bureau creates value in pursuit of its ultimate outcome – its mission statement. Prior to the technical assistance provided by HRH2030, HHRDB does not have its value chain that defines how the bureau and its divisions cohesively delivers value to its defined beneficiaries. Six (6) core processes make up its value chain: 1) data management and research, 2) plans and policies, 3) HRMD standards, 4) advocacy and partnerships, 5) career development and retention, and 6) learning and development management.

These value chain core processes were also used as anchors in doing a SWOT Analysis to capture factors affecting the bureau's efficiency in carrying out its processes. The absence of routine data collection system, lack of internal research capacity, lack of standards for HRH staffing and competency, weak career development path for HRH and weak capacity of line managers on HRMD are among the strategic issues identified in the process.

The initial stage of doing baseline assessment and providing institutional capacity building revealed a clear need for OD-related technical assistance to help the bureau gear up for the enormous task of providing strategic HRMD solutions for the health sector. While a more comprehensive picture can be drawn from examining all the elements using the McKinsey 7S framework, the assessment thus far points to the need for the following:

- *Provision of capacity building for Personnel Administration Division (PAD):* one of the challenges affecting HHRDB's ability to carry out its mandate is the work that it shares with PAD. HHRDB is still tapped to carry out organizational HR work such as succession planning, which are important but affects the bureau's capacity to carry out its own sectoral HR work. The DOH must capacitate its primary unit in-charge of organizational HR.
- *Clarification of Mandate and Alignment of Expectations with DOH Leaders:* One-on-one executive interviews with DOH Executives – although not yet completed – revealed mixed opinions on whether PAD should be under the HHRDB umbrella or not. The lack of clarity on the direction and the current set-up does not enable HHRDB to focus.
- *Creation of the HHRDB Medium Term Strategic Plan:* the technical assistance provided to HHRDB thus far are good starting points that can be used in developing a medium-term strategic plan for HHRDB. These are crucial in allowing the bureau to be more focused in carrying out its mandate.
- *Job Responsibilities Mapping, Staffing and Organizational Re-Design:* a crucial activity that must be done is to re-examine HHRDB's capacity to effectively carry out its mandate, its value chain and, essentially, to support strategic sectoral HRMD work for HRH. The bureau should be equipped with the capacity to address its own issues of work distribution among divisions, right-sizing, succession planning, career coaching and staffing enrichment so it can effectively lead the sector to do the same. The full-range of job responsibilities and staffing pattern must be revisited.

All these initiatives are important to allow HHRDB to fulfill its important role of helping Filipino HRH attain competence and job satisfaction.

## Context

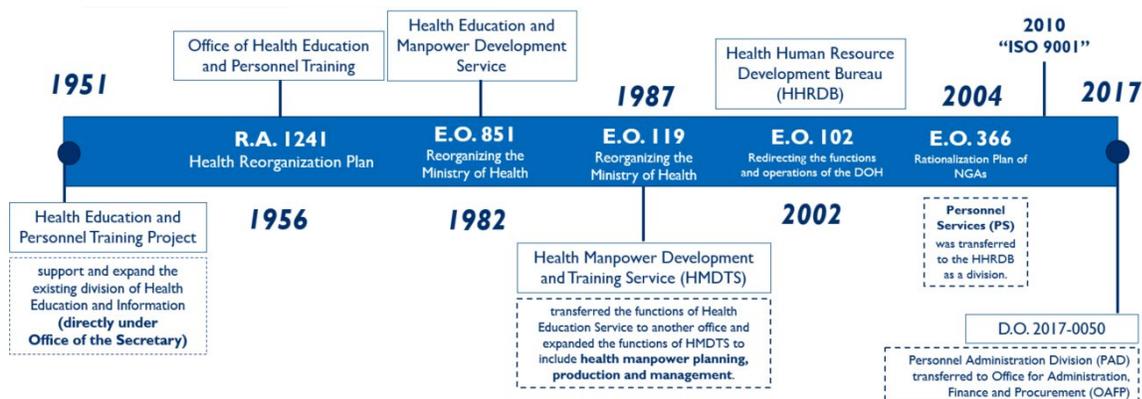
The context segment of the report covers a discussion about HHRDB, the original intervention design for HHRDB and the results of the in-depth interviews with the Management Committee.

### Health Human Resources Development Bureau

HHRDB is the core DOH unit responsible for spearheading HRH improvement initiatives at the sectoral level. As part of setting the context, the narrative will look at the evolution of HHRDB throughout the years. This is important to get a perspective on why the unit exists and its intended purpose. The HHRDB QMS Manual provided a comprehensive mandate and evolution of HHRDB:

*It is mandated to develop human resource for health and personnel administration related policies, programs, systems and standards to ensure adequate, competent, committed, effective and globally competitive human resource for health in collaboration with stakeholders, partners and other sectors. [Annex I: Evolution of HHRDB as an office]*

**Exhibit I: The Timeline of Evolution for HHRDB**



Throughout its 67 years and despite the changes in the unit’s mandate, the development of human resources for health remained at its core. HHRDB continues to be responsible for developing policies, programs, systems and standards; providing capacity-building interventions; and doing health manpower planning, production and management.

### Institutional Capacity Building for HHRDB

The work with HHRDB started in April 2018. The starting point was an HHRDB baseline assessment following a robust McKinsey 7S Framework that considers Strategy, Style, Structure, Staff, Skills and System. [Annex 2: Baseline Assessment Framework based on McKinsey 7S]

HRH2030 has been designing approaches to profile the different elements of HHRDB based on the framework. For an organization to perform well, these elements must mutually reinforce one another. As such, the assessment must map out gaps and inconsistencies on these elements, and use these as basis for more pointed capacity-building interventions. The report will cover elements on shared values/mandate, strategy and systems.

## In-Depth Interviews with HHRDB Management Committee

In-depth interviews (IDIs) with all four (4) HHRDB Management Committee members started the assessment and institutional capacity-building interventions for Year I. As a qualitative research technique, IDI included intensive individual interviews with selected respondents to explore their thoughts on specific ideas, programs or situations. In this case, the IDI focused on the views of the HHRDB Management Committee on its own bureau – its mandate, strategy, structure, processes and people. Detailed information related to perceptions and emerging issues were done utilizing these IDI inputs. Interestingly, the interviews did not only reveal inclinations and priorities but also became the vehicle to generate strong buy-in to the entire process. [Annex 3: IDI Methodology]

Highlights of the responses extracted from these in-depth interviews are as follows:

### I. Development and implementation of the HRH Master Plan was regarded as a core mandate

The HRH Master Plan is a crucial mandate for HHRDB. In a presentation delivered by then HHRDB Director, Dr. Kenneth Ronquillo in the Asia-Pacific Action Alliance on Human Resources for Health Conference in Lima Peru on November 2006, the HRH Master Plan is described.

*The Human Resources for Health Master Plan was crafted in 2004-2005 as a component of the WHO Biennium for the Philippines. This plan provides a framework for HRH operational planning. It is a 25-year plan that describes short, medium and long-term strategies. This is a dynamic plan that can be evaluated in between phases and thus can be refined and/or revised; it utilizes a handful of planning tools like SWOT Analysis, log frame analysis and workforce planning software. Furthermore, it allows customized responses from partner stakeholders.*

*The HRH Master Plan will ensure that the Philippine health services have an effective and well-motivated workforce and are appropriately managed. These health services should have: the right number of people, with the right category, having the right skills, and the right motivation and attitude, working in the right place, at the right time, under the right working conditions, doing the right work, at the right cost. It shall develop and install HRMD systems to support health sector reforms. The HRMD systems include HRH Planning, Job Analysis including organizational and job role competencies, career development and management, strategic capacity enhancement and HRH information system.<sup>1</sup>*

The HRH Master Plan, which was done through the concerted efforts of the HRH Network, outlined three phases containing the following goals:

**Exhibit 2. The HRH Master Plan by Phases<sup>2</sup>**

Phase 1 <i>Short term plan for 2005-2010</i>	Phase 2 <i>Medium term plan for 2011-2020</i>	Phase 3 <i>Long term plan for 2021-2030</i>
Implement Workforce Planning (redistribution and rationalization of health workers)	Institutionalize HRH Retention Schemes	Put in place functional HRH management systems to ensure productive and satisfied workforce
Manage HRH domestic deployment and international migration	Encourage public-private partnerships in increasing investments for health and health-related purposes	Use results of the monitoring and evaluation of the master plan to refine established HRH systems and transition into next HRH plan

<sup>1</sup> HRH Master Plan Presentation at the Asia-Pacific Action Alliance on HRH, Ronquillo, 2006, <ftp://ftp2.minsa.gob.pe/descargas/oggrh/observatorio.../LimaPeruNov202006.ppt>

<sup>2</sup> Reaction to Human Resources for Health Master Plan Reformulation, Nicolas, 2012 [http://cfo.gov.ph/~comfil/images/stories/pdf/hrh\\_speech\\_at\\_doh.pdf](http://cfo.gov.ph/~comfil/images/stories/pdf/hrh_speech_at_doh.pdf)

Phase I <i>Short term plan for 2005-2010</i>	Phase 2 <i>Medium term plan for 2011-2020</i>	Phase 3 <i>Long term plan for 2021-2030</i>
Institutionalize HRH Management Units	Generate critical HR information	
	Establish quality management systems for HRH	

All HHRDB Management Committee members said that the bureau should work on creating mechanisms to coordinate the efforts of the sector in implementing and achieving the goals of the HRH Master Plan.

## **2. Policy-making and standard-setting responsibilities must be strengthened**

The current needs of the sector may have inadvertently shifted the focus and thrusts of the bureau to management of programs instead of its policy-making and standards-setting roles. As mentioned above, the core functions of HHRDB must include: the development of policies, programs, systems and standards; provision of capacity-building interventions; and health manpower planning, production and management.

According to one of the leaders of the bureau, “for the past 5 years, we [HHRDB] have shifted our focus on the Deployment Program since it was a flagship program for HHRDB during the time of Kalusugang Pangkalahatan.” In a way this is understandable. Deployment Program accounts for the biggest share in the bureau’s budget.

While the need for augmentation remains, HHRDB should not lose sight of its core function and be more deliberate in pursuing initiatives that will lead to laying down strategic HRMD systems, policies and standards in the sector. Initiatives to strengthen back the bureau’s capacity to undertake policy-making and standard-setting responsibilities must be pursued.

## **3. The mindset for HRH capacity-building – going beyond competence**

Moving forward, HHRDB Management Committee sees its role as equipping HRH to have a wider perspective and mindset. The Management Committee hopes that the bureau will be instrumental in allowing HRH to view their work as a “calling” or a vocation of providing care especially to those who have difficulties accessing the needed care, and to recognize their role in nation-building. Improving the mindset of future HRH will encourage more to be in public health sector.

## **4. Achievement of the HHRDB Mission is challenged by the bureau’s limited influence on the private sector and local government units**

There appears to be insufficient intervention to influence HRH management at the sectoral level. Stronger and systematic link to LGUs and hospitals (down to the SDN level) through properly developed HRM and HRD policies coupled with systems is still something to be seen.

“We have very limited or no influence at all with HRMD of LGUs and the private sector,” this sentiment, shared by an HHRDB Management Committee member, is a potential stumbling block that will disable the bureau to institute reforms that trickle down to the primary level.

Laws have empowered local government units with local autonomy, and thus the lines defining how HHRDB could influence local HRMD systems are not clear. Furthermore, on matters concerning HRMD, the Civil Service Commission (CSC) has stronger and clearer jurisdiction recognized even at the local government unit level. Strategies to influence local HRMD practices for HRH, therefore, must be done in conjunction with CSC. As to the private sector, work must be coordinated with facilities regulation.

## **5. Unleveled expectation between the bureau's sectoral mandate and Executive Committee expectations can further challenge HHRDB's effectiveness as a unit**

The struggle of balancing sectoral and organizational HRMD concerns were evident throughout the IDI. The sectoral mission and mandate of HHRDB is challenged by short-term but important assignments from DOH leadership directing HHRDB to take an active role on organizational matters like succession planning and career management within DOH.

Supposedly, the separation of PAD from HHRDB delineated the accountability between sectoral and organizational HR roles. But while the split resulted to HHRDB losing some of its manpower count (these were detailed to PAD), leadership seems not confident with PAD's current capacity to spearhead strategic HRMD concerns.

There is a need to harmonize the mandate of HHRDB with what DOH leaders expect from the bureau. Defining the desired impact of HHRDB must have top-level concurrence and support.

## **6. Synergistic working relationship between divisions should be enhanced**

The interviews did not yield much information on how divisions within HHRDB are functionally working together and are creating synergies to meet shared goals. It is apparent that each of the divisions are pursuing their respective objectives and priorities – which are, often, independent and separate from one another. Likewise, as each division pursues their own respective goals and objectives, there were no also no evidences of strategies or initiatives to safeguard the potential of units working in silos.

## **7. Adequacy of HRH is a common aspired goal by the committee**

When asked about the end goal of the bureau, the Management Committee was one in saying that adequacy of HRH – equipped with the right competence – is the end goal and is critical in the health service delivery. One member even said, “while you may have the facility and the supplies [medical] but doesn't have manpower, access will still not be solved.”

Likewise, when all improvements are put in place, the Management Committee hopes that HHRDB will be strengthened to play a proactive role in intervening to address HRH issues.

## **8. Hopeful tone**

“Initiatives have just started; we are just starting.” Members of the HHRDB Management Committee said that they are optimistic of the future. While they have been working on improving systems and processes within HHRDB, there are still many changes and transformation that should occur to enable the Bureau to better respond to its mandates. The following are important things that were identified by the members of the Management Committee moving forward:

- Pursue career management and establish the Career Resource Center,
- Design the ideal organizational set-up and workload distribution among divisions to do sectoral work
- Pursue an integrated database system and establish the information management unit

Furthermore, the HHRDB Management Committee sees the OD initiative as timely. “The present OD initiative being lined up for HHRDB is timely. We hope to be given the right inputs that will help us prioritize what HHRDB should be doing.” I hope the OD interventions will help HHRDB have greater clarity on the strategic roles that the bureau and its three divisions must embrace to enable sectoral HRMD improvements.

## Core Values

HRH2030 Philippines provided technical assistance in conducting an assessment and review of the existing core values of HHRDB. A look at the bureau's core values was done as an entry point not only to have a deeper dive on the strategy but also get a deeper understanding on the emerging culture that can be seen at the bureau. [Annex 4: Core Values Concept]

### The Current HHRDB Core Values

In the strictest sense, there is no defined list of core values for HHRDB. The bureau uses its credo as its core values, which is written as:

*We are people and service oriented. We value equity in the provision of our services. We are visionary yet realistic. We value empowerment and participation. We are flexible and willing to take challenges. We move as a team. We strongly adhere to the highest professional and ethical standards and above all, we are committed men and women of integrity<sup>3</sup>.*

Eleven (11) core values can be extracted from the HHRDB Credo, namely:

People and service orientation	Empowerment and participation	Willingness to take challenges	Commitment
Equity	Realistic	Team	Integrity
Visionary	Flexibility	Adherence to highest professional and ethical standards	

While the credo was displayed in various areas of HHRDB office, there is generally low level of recall and introspection associated with this. During interviews and interactions with the bureau, most cannot name the core values but would point to the credo as its source. Likewise, there are also no institutionalized people and culture programs anchored on these core values. While employees, in general, are expected to act in a highly ethical and professional manner, there were no identified or observed mechanism to ground these values in HHRDB.

## Methodology

Document review was used as the starting point to determine the current set of core values. Interviews and observation were used to gauge the extent of how these were institutionalized within HHRDB. The need to re-affirm the core values was shared by the HHRDB Management Committee who saw the clarification of the Core Values and Mission Statements as critical starting points in laying down the bureau's medium-term strategic direction. HHRDB asked HRH2030 to provide technical assistance to review its core values. [Annex 5: Core Values Selection Criteria]

The Management Committee formed a 15-man committee tasked with the responsibility of reviewing the core values and mission statement and designing the bureau's strategy. Joining the HHRDB Management Committee in the committee are assistant division chiefs and team leaders. Equitable distribution of participant count per division was guaranteed. Workshop was used as the main methodology for validating the core values of HHRDB. Core Values identification was done in three levels – personal, small group and plenary. This is done to ensure that the identified and nominated core values are currently being exhibited and are not an aspired set. Personal core value entries were consolidated, refined and discussed in three smaller groups and were finalized through plenary discussions. Jim Collins Vision Framework tool was used as the starting point in extracting the core values criteria that was used to evaluate the nominated core values.

---

<sup>3</sup> Quality Management System Manual, HHRDB, 2013

The new list was placed side-by-side the Credo for final refinement. A maximum of four (4) core values were agreed upon. The accountability of getting the formal adoption of the new core values and updating the QMS Manual rests on HHRDB.

## The New HHRDB Core Values

HRH2030 provided technical assistance to HHRDB that led to an effective review and identification of its core values. Four (4) Core Values were identified. To ensure clarity, each of these core values were provided a slogan and observable behaviors. The new Core Values are:

### QUALITY WORK

Slogan	The quality of our work mirrors our commitment in serving Filipino HRH
Observable Behaviors	<ul style="list-style-type: none"><li>• We provide complete and well-prepared work not only to meet standards but more so to provide solutions to the needs of the sector we serve</li><li>• We collaborate to safeguard and enhance the quality of our outputs</li><li>• We constantly look for ways to improve how we do our work and challenge one another to raise the bar higher</li></ul>

### INTEGRITY

Slogan	From small to big things, we always go with what is right and good
Observable Behaviors	<ul style="list-style-type: none"><li>• We walk the talk. Corruption has no place in our organization</li><li>• We don't compromise our principles even when faced with all forms of pressure</li><li>• We take a stand, even if it is unpopular, and make a deliberate choice to do what is right</li></ul>

### EMPOWERMENT

Slogan	We empower our people to be active contributors in everything we do
Observable Behaviors	<ul style="list-style-type: none"><li>• We encourage everyone to share their views and opinions and to be involved in making key decisions</li><li>• We trust our people to make sound decisions, and we honor the commitments they make</li><li>• We do our best to provide development opportunities that will help team members achieve their potentials</li></ul>

### TEAMWORK

Slogan	We commit to build a solid team for "together, everyone achieves more"
Observable Behaviors	<ul style="list-style-type: none"><li>• We are sensitive to the needs of one another; we practice "malasakit"</li><li>• We go the extra mile to help our team mates, and the team as a whole, succeed</li><li>• We foster team-think co-learning and collaboration between people, teams and divisions</li></ul>

Post workshop meetings were done to refine slogans [which served as definitions] and finetune observable behaviors.

## Living the Core Values

HRH2030 provided technical assistance in defining the core values of HHRDB. The bigger challenge, however, lies on bringing the core values to life and weaving these at the bureau's culture. Members of the 15-man committee have committed to include initiatives and programs to strengthen the core values

of HHRDB as they develop and formalize the HHRDB Medium Term Strategic Plan. Preliminary ideas on programs and initiatives to explore include:

- Bureau-level employee recognition based on exemplary display of core values
- Monthly short bureau-wide open discussions and sharing to explore the core values
- Team building activities

## Mission Statement

Like the Core Values, HRH2030 provided technical assistance in reviewing the mission statement of HHRDB. As opposed to the old mission statement, the new mission is clear about the impact that HHRDB does to their main beneficiaries – the HRH. Likewise, the technical assistance has allowed the committee to be clear and explicit about who comprises their clients or beneficiaries, what services do the bureau provide and what desired impact do they hope to achieve as they continue to deliver these services. [Annex 6: The Mission Statement Concept]

Unfortunately, not too many organizations capitalize or even see the potential of mission statements to drive organizational growth. Understanding HHRDB’s mission statement is an important component of HRH2030’s assessments on the bureau’s mandate and strategy.

## The Current HHRDB Mission Statement

Similar to the core values component, HHRDB has an existing mission statement, which is stipulated in the bureau’s QMS Manual. The current mission statement is:

*“Being at the forefront of HRH management and development, engaged with stakeholders, for a responsive and equitable health workforce<sup>4</sup>.”*

The existing mission statement highlights the technical role of HHRDB in the sector – as the unit that is at the forefront of HRH management and development and primarily responsible for enabling responsive and equitable health workforce. Furthermore, the mission underscores the strategic role of stakeholder engagement in achieving better HRH results. In general, there is significant level of awareness on the mission statement. HHRDB Management Committee members have used and referred to the mission to explain its role in the sector. Rapid evaluation of the mission by the HHRDB Management Committee on the unit’s effectiveness to carry out the mission [done through individual interviews] revealed more challenges than positive remarks.

## Exhibit 3. Impressions of HHRDB Management Committee based on IDI Results

Mission Elements	Positive Remarks	Challenges Identified
HRH Management and Development	“On paper, we are by default responsible for HRMD of the sector. For the sector, we have no competition.”	<p>“For the longest time, we are one step ahead of CSC on HR development until Sec. Duque went there...we lost momentum since the priority shifted to deployment programs”</p> <p>“We have very limited or no influence at all with the HRM of the private sector”</p>

<sup>4</sup> Quality Management System Manual, HHRDB, 2013

Mission Elements	Positive Remarks	Challenges Identified
Engaged with Stakeholders	<p>“Stakeholders are the ones initiating engagements”</p> <p>“DOH being the convener of the HRH Network, enables us to relate well with our key stakeholders”</p>	<p>Even with stakeholder collaboration, the implementation of the HRH Master Plan was not in its ideal state</p> <p>Engagements are often reactive in nature. There is still the need to harness these engagements to create strategic reforms and HRMD processes for the health sector</p>
Responsive and Equitable Health Workforce	<p>“We contribute to equitable health force through scholarships and deployment”</p> <ul style="list-style-type: none"> <li>- Scholarships allow a greater stock of HRH that can be deployed</li> <li>- Deployment programs are, in general, biased towards GIDA and far-flung areas</li> <li>- Return service in DOH scholarships enable us to maximize talents</li> </ul>	<p>“The state of our health workforce is far from equitable”</p> <p>The evolution of the market for health professionals provided wider career opportunities for Filipino HRH</p> <p>There are even no standards localized to the Philippines that will identify really how do we account for a responsive and equitable health workforce</p>

Challenges outweigh positive remarks provided in each of the three mission elements. While the bureau apparently has “no direct competition” in doing HRH Management and Development, the bureau does not have any influence with HRM practices of local government units and the private sector. The bureau does not have a mechanism as well to influence direct processes at the sector level. Even at the aspect of stakeholder engagement, engagements are reactive in nature and partnerships have not been cultivated for clear and tangible strategic HRH reforms. And ultimately, the country is still faced with challenges of inequity and maldistribution.

The HHRDB leadership is of the impression that the bureau is still far from achieving its identified mission although the commitment to the general goals of improving HR practices for HRH is evident. Furthermore, it appears that while the mission statement captured the technical description of why the bureau exists, it failed to capture the heart of the organization – of why HHRDB do the things it does.

## Methodology

The need to re-affirm the mission statement of HHRDB was identified at the course of conducting the in-depth interviews with the bureau’s management team. This clarification is critical as the mission statement will lay down the bureau’s long-term strategic direction and present a clear picture of the difference the unit hopes to make for the sector.

The rapid assessment of the mission statement presented above was done through individual in-depth interviews with the bureau’s management committee. The actual review and revision of the mission statement was undertaken by the same 15-person committee who reviewed the core values. This team was organized by the bureau and is composed of the management team plus the team leaders. [\[Annex 7: Methods used in Crafting the Mission Statement\]](#)

## Our Cause / Beneficiaries

During the workshop, the 15-person team is one in agreement that the main beneficiary of all HHRDB services are HRH. Differences in the responses of ‘who comprises HRH?’ highlighted the need to discuss and agree on a common view and definition that will be adopted by the bureau. The team started by first defining who are HRH. HHRDB defined HRH as:

Public Institutions: Health professionals regulated by the Profession Regulation Commission

Employed health workers  
 Non-health workers  
 Rural Health Unit and Barangay Health Station Workers and Volunteers  
 Private Institutions: Health professionals regulated by the Profession Regulation Commission  
 Employed health workers  
 Overseas: Health Professionals working abroad

The group has varied opinions on whether the following groups are included:

- Non-health workers employed in private health facilities in the Philippines
- Overseas non-health workers employed in health facilities

Contentions were raised on the definition provided primarily because only the group of non-health workers from the public sector were considered as HRH. Their counterparts from the private sector – who may be performing the same functions and responsibilities – are not part of HHRDB’s HRH definition. But not all these HRH are beneficiaries of HHRDB. The 15-person team have only identified a segment of the HRH as their constituencies. The rest are managed by other DOH units.

#### Exhibit 4. HHRDB HRH Beneficiaries

HRH Constituencies of HHRDB	HRH Constituencies of Other Bureaus
<ul style="list-style-type: none"> <li>• All Filipino healthcare professionals in both public and private health facilities in the Philippines</li> <li>• Employed health and non-health workers in public health facilities in the Philippines</li> </ul>	<ul style="list-style-type: none"> <li>• Rural Health Unit and Barangay Health Stations Workers and Volunteers</li> <li>• Overseas Filipino Workers in health sector</li> <li>• Non-health workers in private health facilities in the Philippines</li> </ul>

### Our Actions and Impact

With HHRDB articulating their HRH beneficiaries, the team identified their desired impact and the corresponding actions that the bureau does to deliver on the desired impact. By asking the question ‘what impact does HHRDB hope to make to HRH?’, three were identified, namely:

- Enhanced competence while in practice
- Higher job satisfaction and motivation at work
- Better retention in the sector

A list of ten (10) specific actions/services were identified to deliver the desired outcomes to the HRH beneficiaries of HHRDB. These services range from information to provision of career development and leadership & development interventions. The following were identified as desired HHRDB actions and impact:

#### Exhibit 5. Mission Pillars

Our Cause <i>Who are our beneficiaries?</i>	Our Actions <i>What services do we provide?</i>	Our Impact <i>What difference do we make?</i>
HRH*  <i>*HRH in this context is limited to the HRH constituencies of HHRDB</i>	<ul style="list-style-type: none"> <li>• HR Information Systems</li> <li>• HRH Data and Projections</li> <li>• Partnerships</li> <li>• Competency Standards</li> <li>• HR Policies</li> <li>• HRMD Systems and Models</li> <li>• Pre-Service and In-Service Scholarships</li> <li>• Career Development</li> <li>• Learning and Development Solutions</li> <li>• Working Conditions</li> </ul>	Enhanced competence while in practice  Higher job satisfaction and motivation at work  Better retention in the sector

## The New Mission Statement

In consideration of these mission pillars identified, the team formulated a proposed mission:

<b>Current Mission</b>	<b>Proposed Mission</b>
Being at the forefront of HRH Management and Development, engaged with stakeholders, for a responsive and equitable health workforce	Helping the Filipino HRH attain competence and job satisfaction and ignite their passion to serve the country

The proposed mission statement is more direct and explicit in articulating the impact that it hopes to create for Filipino HRH, while being grounded on the services that HHRDB can deliver as a bureau. The ideas of ‘working to help Filipino HRH’ and ‘molding them to serve the country’ are the missing ideas that will capture the heart of what HHRDB stands for.

After the statement was drafted, the seven-point criteria in Jim Collins Vision Framework was used as reference to refine and test the proposed mission statement. Apart from individual members claiming that the statement echoes their own individual professional missions, the proposed mission will push the organization to strongly consider pursuing initiatives like research, additional programs and HRMD systems strengthening to achieve competence and job satisfaction for Filipino HRH.

The new mission statement was also greeted with high level of enthusiasm by the rest of HHRDB.

## Moonshot Goals to Bring Mission to Life

Mission and core values statements exist to be used as anchors for defining strategy and unlocking the potential of organizations to achieve transformative results. Yet, many remain mere words without identified clear action steps moving forward. To ensure that this is not the case for HHRDB, HRH2030 challenged the bureau to brainstorm and pursue worthwhile goals by 2022 that will bring the organization closer to its desired mission. These initiatives were labeled moonshot goals. [Annex 8: The Moonshot Concept, Annex 9: Moonshot Goals Methodology]

### Moonshot 2022 Goals [Annex 10: HHRDB 2022 “Moonshots”]

The combination of the conservative and optimistic initiatives gave birth to moonshot 2022 initiatives. Four themes emerged during the discussions, and these were used as pillars where the different moonshot goals were classified and grouped. These themes are:

- Policies and standards
- Systems and Tools
- Partnerships
- Organizational Capacity

#### **POLICIES AND STANDARDS**

Responsive and relevant policies and standards are in-place

Salaries and welfare	<ul style="list-style-type: none"> <li>• Inter-agency policy for decent working conditions for HRH developed</li> <li>• Salaries and benefits are at par with national standards</li> <li>• Operations research on job satisfaction are completed</li> </ul>
----------------------	--

Staffing, Job Standards and Competencies	<ul style="list-style-type: none"> <li>Proposed standards for appropriate staffing at all levels of the healthcare system has been completed</li> <li>Job standards for all HRH position in public health are in place</li> <li>Three (3) centers of excellence created with practice-ready curriculum in three (3) professions</li> <li>All DOH training programs in public health are CPD-accredited</li> </ul>
Organizational	<ul style="list-style-type: none"> <li>Clear management direction for HHRDB and PAD</li> <li>Executive Committee gave their support for the new HHRDB Strategic Plan</li> </ul>
HRH Investment	<ul style="list-style-type: none"> <li>Increased investment and support for HRH</li> </ul>

## SYSTEMS AND TOOLS

Functional HR systems at all levels of healthcare

HRH Data	<ul style="list-style-type: none"> <li>HHRDB as the recognized single custodian of integrated HRH data</li> </ul>
Learning and Development	<ul style="list-style-type: none"> <li>At least 20 eLearning modules are available and accessible at the LGU level</li> <li>eLearning use and acceptability assessment completed</li> <li>All 17 standard modules for DOH designs are translated to courses or programs offered in all regions</li> </ul>
Communications	<ul style="list-style-type: none"> <li>Marketing and communications strategy for HHRDB programs are in place</li> </ul>
Career Development	<ul style="list-style-type: none"> <li>Three (3) pilot career resource centers – one for Luzon., Visayas and Mindanao</li> </ul>

## PARTNERSHIPS

Expanded and strengthened partnerships with stakeholders

HRH Network	<ul style="list-style-type: none"> <li>Institutionalized HRH Network Philippines with LGU Representatives</li> </ul>
Support from Stakeholders	<ul style="list-style-type: none"> <li>Presence of strong support of development partners, CSOs and Professional Organizations</li> </ul>

## ORGANIZATIONAL CAPACITY

Equipped to perform strategic HRMD

Regional office	<ul style="list-style-type: none"> <li>Capacitated regional offices to help enhance HRM practices of LGUs</li> <li>Rightsizing for regional offices undertaken, with at least 1 training and education partner per province</li> </ul>
Support to HHRDB	<ul style="list-style-type: none"> <li>Rightsizing for HHRDB undertaken</li> <li>Capability and competency enhancements for HHRDB and PAD pursued</li> </ul>

The discussions sparked stronger commitment from HHRDB to embrace their responsibilities for the sector. As they gear up to be the bureau they are hoping to become, HHRDB Management Committee reiterated their request for technical assistance anchored on organizational capacity building in order to expand the unit's capacity to champion and carry out transformation initiatives for HRH in the sector. Like the progress achieved in the development of values and mission statements, these Moonshot 2022 goals can also be used as starting points in articulating and developing the HHRDB Strategic Plan.

## Value Chain

Systems and processes provide the mechanism to implement strategy and achieve organizational mandates. As such, HRH2030 is interested with how systems and processes are configured to bring about the highest level of efficiencies and productivity possible, enable the bureau to respond to the changing requirements of its stakeholders, and make the bureau responsive to its mandate.

HRH2030 borrowed the business concept of “value chain” [Annex 11: The Value Chain Concept] not only to map out high level processes that will show how the bureau creates value to meet the desired outcomes for the bureau’s target beneficiaries but also how these processes – through their configuration and sequence – can build on one another to generate the highest possible value.

Likewise, these value chain processes were used as reference to draw up a preliminary Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis as part of the HHRDB Baseline Assessment.

### Analysis of the Current HHRDB Core Processes

The HHRDB QMS Manual presents and describes the bureau’s existing core processes. The manual offers three (3) definitions of core processes, namely:

#### Introduction to Quality Manual – Scope

“Core Processes – these are anchored with the DOH’s core processes such as: HRH policy formulation, systems/programs implementation, capability building, research, regulation and monitoring and evaluation<sup>5</sup>”

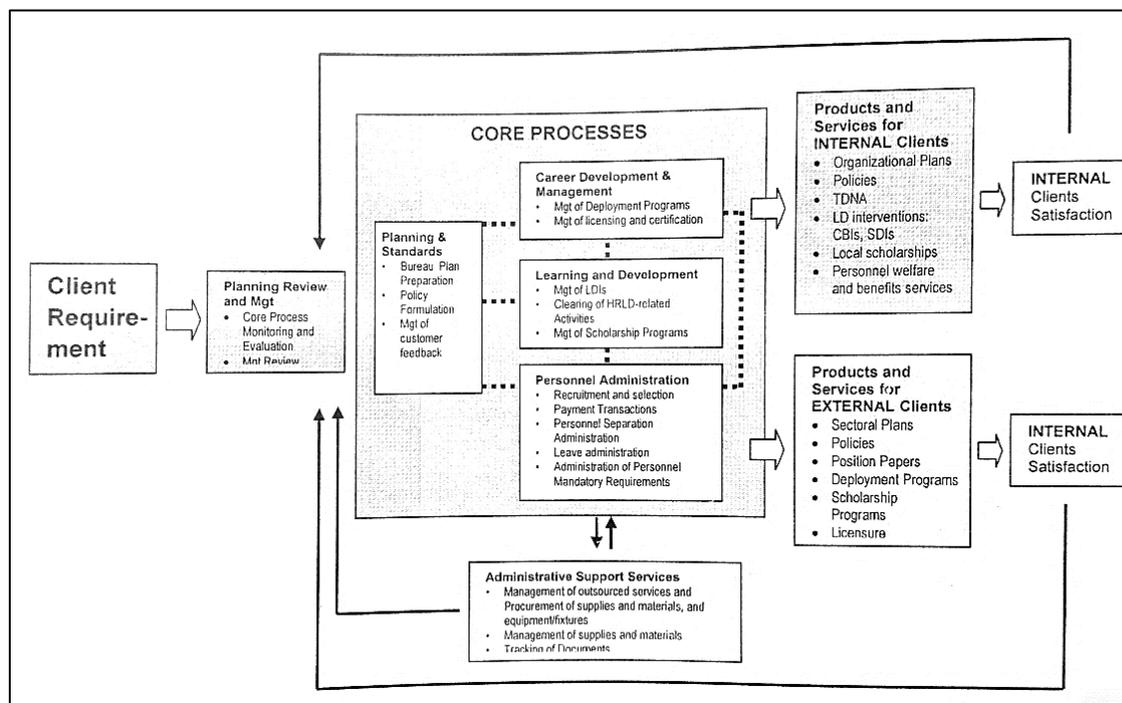
#### Introduction to Quality Manual – Definition of Terms

“Core Process – a set of processes with outcomes directly affecting the customer and has direct linkage to the organization’s key objectives<sup>6</sup>”

#### Quality Management System – General Requirements

“Core Processes are those that directly interact with the customers<sup>7</sup>”

**Exhibit 6. Current HHRDB Core Processes based on QMS**



<sup>5</sup> Quality Management System Manual, HHRDB, 2013

<sup>6</sup> Quality Management System Manual, HHRDB, 2013

<sup>7</sup> Quality Management System Manual, HHRDB, 2013

*The definition of core values is challenging.* The three views on core values must be harmonized to ensure that they reinforce one another. The first view contained in the scope section of introduction to quality manual highlights the fact that units within DOH must remain true to its core function of policy, systems strengthening, capacity building, regulation and monitoring and evaluation. The second view provides a more balanced view which considers both impact to customers and the organization’s key objectives. The third view, however, presents a limited view in which processes only cover those that directly interact with customers.

The third view presents both an advantage and a challenge. The advantage is, core processes are oriented to always consider those that benefit customers, the challenge, however, is it limits the intrinsic value of critical processes that are not essentially customer facing.

Applying this perspective to everyday situations, it can be inferred that:

- In the transportation sector, core processes may be limited to the act of actual driving and probably the handling of fares; critical core processes like vehicle maintenance can be excluded;
- In the printing sector, core processes may be limited to receiving of orders, and releasing of printed materials, while the core processes involved in the actual printing may be excluded;

Re-defining core process must be done. Core processes must take into account the unit’s mandate and must include high impact processes that enable the unit to deliver its desired impact.

*Different core process count and description on the same QMS document.* Similarly, the core processes listed on the same QMS Manual show different count. The 2013 list include eight core processes which has increased to 14 based on the 2017 version. Some of the items listed in the 2017 version, however, are work instructions as listed on the titles. Understanding whether they are indeed core processes or work instructions is something that should be pursued.

**Exhibit 7. Current HHRDB Core Processes based on QMS**

DOH-HHRDB-QMMS Effective 2 May 2013	DOH-HHRDB-PMTC Effective 4 Sept 2017
<ul style="list-style-type: none"> <li>• Bureau Plan Preparation</li> <li>• Policy Formulation</li> <li>• Management of Customer Feedback</li> <li>• Management of Learning and Development Interventions</li> <li>• Clearing of HRLD-related Activities</li> <li>• Management of Scholarship Program for the Production of HRH</li> <li>• Management of HRH Deployment Programs</li> <li>• Management of Licensing and Certification</li> </ul>	<ul style="list-style-type: none"> <li>• Management of Deployment Program</li> <li>• Prepare and Conduct Monitoring Activity</li> <li>• Prepare Abstract of Canvass</li> <li>• Prepare Contract of Service for Training Venue</li> <li>• Payment of Training Venue</li> <li>• Prepare a Department Personnel Order (DPO)</li> <li>• Management of Learning and Development Interventions</li> <li>• Conduct and Analyze Learning and Development Needs Assessment</li> <li>• Manage Actual Conduct of In-House Courses</li> <li>• Consolidate Training Calendar</li> <li>• Management of Scholarship Programs</li> <li>• Orientation of Scholars</li> <li>• Clearing of Human Resource Learning and Development of Related Activities</li> <li>• Management of Customer Feedback</li> </ul>

\*Core Processes under PAD were already excluded

While it is reasonable to expect that the 2017 version superseded the 2013 version, the earlier version seems more attuned and focused to the role of the bureau for sectoral HRH development.

*Core processes do not substantiate its sectoral HRMD mandate.* While it is good that the core processes provide detailed instructions on key activities done by the bureau, the list does not go in parallel with the extracted functions describing HHRDB and its desired outcomes.

For one, career management and development was limited to the management of the deployment program and the management of licensing and certification. There are no processes related to career mapping and coaching, succession planning, etc. which are well within the area of focus of career management and development.

Similarly, policy formulation is defined as the process related to developing a policy paper, position paper, and preparation of research topics while planning is limited to the preparation of bureau plans. No core processes were seen on the aspects of health manpower planning, HRMD systems development, data management, etc. which will allow the bureau to take the lead role in doing sectoral HRMD.

*No common view of how the divisions link with one another.* The likelihood of units operating in silos is strong without a common view of how processes build or add value with one another. This substantiates the emerging result of the in-depth interviews which showed the absence of clear evidences that show high level of collaboration of activities, roles and functions among the three divisions of the bureau.

Through all these, it is evident that HHRDB needs technical assistance and support in improving and updating its systems to correspond more and be consistent with its sectoral mandate. The current processes do not capture the full potential impact of the different divisions.

## Methodology

Workshop was used as the main methodology for validating core processes. The 15-man core team was asked to consider the mission statement and the organizational mandate as references in determining its core processes. The output of the team was also vetted against the existing core processes.

## Proposed Value Chain Design

The workshop with the 15-person team identified a value chain with six core processes.

**Exhibit 8. Proposed Value Chain**



Value Chain Process	Sub-Processes
<b>1. Data Management and Research</b> Having the right data and information to get a clear and complete view of HRH needs and challenges	<ul style="list-style-type: none"> <li>• Information Systems</li> <li>• Databases</li> <li>• Workforce Planning and Projections</li> <li>• Research Studies</li> </ul>
<b>2. Plans and Policies</b> Developing a clear plan for the sector coupled with responsive policies to create an enabling environment for HRH	<ul style="list-style-type: none"> <li>• HRH Master Plan [formulation and implementation]</li> <li>• Bureau-level Strategic Plan</li> <li>• Policy Papers</li> <li>• Program and Policy Reviews</li> <li>• Position Papers</li> </ul>
<b>3. HRMD Standards</b> Influencing the state of HRMD at all levels of the healthcare system – national, local, barangay – in both public and private settings	<ul style="list-style-type: none"> <li>• HRMD Systems – processes and models</li> <li>• Standards on (not limited to):               <ul style="list-style-type: none"> <li>- In-service</li> <li>- Recruitment and Selection</li> <li>- Competency</li> <li>- Job Analysis</li> <li>- Staffing and Placement</li> <li>- Education and Training</li> <li>- Performance Management</li> <li>- Compensation and Benefits</li> <li>- Welfare</li> <li>- HRH Financing</li> </ul> </li> </ul>
<b>4. Advocacy and Partnerships</b> Ensuring that plans and policies are effectively championed in the sector and implemented through strong partnerships with the HRH Network and other relevant stakeholders	<ul style="list-style-type: none"> <li>• Stakeholder Engagement</li> <li>• HRH Network</li> </ul>
<b>5. Career Development and Retention</b> Enabling better retention and ensuring rewarding career in the healthcare sector for HRH through the provision of career development interventions	<ul style="list-style-type: none"> <li>• Individual Development Plans</li> <li>• Career Maps</li> <li>• Career Coaching</li> <li>• Career Resource Center</li> <li>• Succession Planning</li> <li>• Attrition Management and Retention Strategies</li> <li>• Scholarships</li> </ul>
<b>6. Learning and Development Management</b> Empowering HRH to constantly improve their competence through relevant and progressive learning and development solutions	<ul style="list-style-type: none"> <li>• Needs Assessment</li> <li>• Training Needs Analysis</li> <li>• Learning and Development Plan</li> <li>• eLearning</li> <li>• Learning Solutions</li> </ul>

[Annex 12: Value Chain Processes for Building an Enabling Environment for HRH]

[Annex 13: Value Chain Processes for Empowering HRH]

## Comparison with the Existing

The developed value chain process was accepted and appreciated by the HHRDB Management Committee who saw the clear link between this and the desired outcomes of the bureau. .

Despite this, HRH2030 thinks that the new value chain core processes offer a more strategic view of how the bureau can better substantiate and live by its mission statement and mandate. Furthermore, HRH2030 is of the opinion that the initiatives, job assignments and sub-processes in HHRDB must be anchored on the value chain and not on the existing list of 14 core processes defined in the QMS Manual.

## Value Chain-Based SWOT Analysis

With a clearer reference on how HHRDB builds value to its target beneficiaries – the value chain – HRH2030 also provided technical assistance to allow HHRDB team to assess their strengths and risks. Each of the value chain was discussed to extract the relevant Strengths, Weaknesses, Opportunities and Threats (SWOT). [[Annex 14: Methodology of Value Chain-Based SWOT Analysis](#)]

### Data Management and Research

The first value chain process identified was data management and research. The bureau's starting point should be having the right data and information to get a clear and complete view of HRH needs and challenges. This value chain process has not configured in the list of existing HHRDB Core Processes despite its crucial role in being an important input for creating plans and policies.

At present, the bureau has existing databases that are capturing HRH data. While the bureau has identified the possibility of linking these, the clarity and plans on how to carry this out has not been fleshed out. The critical red flags associated with this process is low engagement of different organizations and agencies that collect or can collect HRH data. Even health facilities that are encoding in the NDHRHIS are low with only about 60% of health facilities reporting their data.

The challenge with data management is how to build strong stakeholder engagement within the HRH Network to where HRH data are sourced from. As the bureau works on building and strengthening stakeholder engagements, these should be cemented through renewed data sharing agreements. Ideally, an interoperable system linking the different databases within DOH and within the HRH Network will facilitate the data management work of the bureau. [[Annex 15: Workshop Results on SWOT Analysis for Data Management](#)]

HHRDB has identified the important role of research in creating meaningful plans and policies for the sector. Research exists to explore and prove theories, develop knowledge in a specific field, explore magnitude of issues and understand causes, and inform proposed action. The production and generation of research studies, however, remain slow.

There is a limited pool of partners for research projects and there is in general an absence of a dedicated research unit in HHRDB that looks at research and its possible utilization. A clearer process on how research findings are being referred, cited or used as inputs to policies, plans and systems must be mapped out. [[Annex 16: Workshop Results on SWOT Analysis for Research](#)]

### Plans and Policies

The second value chain process is plans and policies. This refers to the sub-processes and activities related to developing a clear plan for the sector coupled with responsive policies to create an enabling environment for HRH.

The bureau's planning process revealed significant risks and challenges. The QMS defined planning as the process that "refers to the preparation of Bureau Plans that consolidates all programs and activities implemented by all divisions with their corresponding budget allocations."<sup>8</sup> This definition is limited and showcases more of the unit's internal process rather than its sectoral role. [[Annex 17: Workshop Results on SWOT Analysis for Plans](#)]

The scope of planning being covered in HHRDB's value chain should go beyond bureau-level planning. The scope must be expanded to consider the bureau's role in the sector. As the lead convener and secretariat

---

<sup>8</sup> Quality Management System Manual, HHRDB, 2013

of the HRH Network, HHRDB is in the position to create systems and mechanisms that will equip the network to constantly develop, implement and update the HRH Master Plan – the 25-year HRH operational plan that describes short, medium and long-term strategies to build effective and well-motivated workforce that are appropriately managed.

Aside from the HRH Master Plan, HRH2030 worked with a smaller team from the Planning and Standards Division (PSD) of HHRDB to map out the country's other HRH commitments. The results of which are presented in the 'Sectoral HR 2018-2022 Goals' section of the report and captured under Exhibit 22. Like the HRH Master Plan, these goals and commitments are also not monitored and aligned with bureau plans unless these were tagged as priority issues or are incorporated in the DOH Strategic Plan [in this case, the FOURmula One Plus]. Developing a system to track and monitor these commitments must be pursued.

Strategies to manage supply and demand, skill mix, distribution and other critical aspects of HRMD management for HRH are all within the scope of sectoral planning.

At the bureau level, HHRDB does not have its formally-written strategic plan which should serve as the common reference for division plans, and work and financial plans. The bureau uses activity plans for budgetary purposes. It was also noted that these bureau plans are done without proper consultation or alignment with the plans of other DOH bureaus and units. This creates potential risk of non-implementation.

All-in-all, the whole strategic management framework of the bureau needs enhancement. The bureau-level strategic management and monitoring and evaluation system that goes beyond the Work and Financial Plan, and program and activity monitoring must be institutionalized. As the system matures, the bureau desires that it will also be capable of undertaking impact assessment to see how its programs and interventions are making a dent in addressing HRH challenges in the sector.

For policy, the team identified people-related challenges as the more pressing concerns to address. Insufficient staffing has limited the bureau's capacity to develop more policies. [[Annex 18: Workshop Results on SWOT Analysis for Policies](#)]

While staffing can be a valid concern, HRH2030 believes that the policy process itself has rooms for improvement. Starting from agenda building, the current policy agenda for HHRDB was described as 'issue-driven' or 'reactive'. Better and stronger stakeholder consultation will elevate the agenda to consider strategic concerns. Similarly, observations and discussions suggest that there are no deliberate activities assessing the level of implementation of formulated HRH policies.

Moving forward, the presence of conflicting policy provisions from the different policies set by various government agencies point to the need for HHRDB to collate and codify HRH policies. This can serve as the starting point for assessing the overall policy environment for HRH and determining appropriate strategies that can be pursued to ensure relevant policies.

## **HRMD Standards**

With strategies set in place and policy environment enhanced, HHRDB can work on improving HRMD standards for HRH. The biggest challenge is to ensure that HRMD standards are present. [[Annex 19: Workshop Results on HRMD Standards](#)]

The QMS Manual does not describe the process for how standards must be set or prescribe a list of standards that must be developed. To undertake this process, HHRDB must collate all existing standards and come up with the list of which standards must be developed or enhanced. Likewise, HHRDB must

define the appropriate champions and agency partners it must work with to develop and enforce standards.

### **Advocacy and Partnerships**

Equally, if not more, challenging than developing policies and standards is creating the mechanism to implement these policies and standards. This is what makes advocacy and partnerships very strategic. A clear shift in the mindset of the team who devised the value chain is the need to strengthen the bureau's capacity to do its advocacy work by educating and influencing the health sector, and LGU and private sector leaders to have a strong stake in taking care of our HRH. This is critical in getting their commitment to implement policies and meet standards on HRH. Similarly, the accomplishment of sectoral plans and strategies can only possible through strong and active partnerships with various stakeholders. [Annex 20: Workshop Results on Advocacy and Partnerships]

One thing going for HHRDB is the presence of the HRH Network as the mechanism for working with relevant stakeholders in the sector to gather and discuss common challenges. But there are reasons to be worried about the quality of participation of the network. While attendance in network meetings remain consistent, partner agencies have been sending junior (and even entry) level representatives who do not have the capability to commit their respective agencies to perform certain actions.

In addition, the bureau must see the scope of advocacy and partnerships to go beyond the HRH Network meeting. The bureau must have a clear stakeholder engagement plan in pushing for the implementation of existing policies and partnerships to improve the welfare of HRH. As a policy setting agency, these are critical in ensuring that standards and plans are being implemented across the different levels of the health system.

### **Career Development and Retention**

Career Development is an important factor for HRH. As in the case of planning, the scope of Career Development and Retention can be limited. While based on the Organizational Profile, Career Development and Management oversee “plans and programs on recruitment, selection, deployment and utilization of human resources for health; and institute career management and development systems in the health sector”<sup>9</sup>; the define core processes only include the Management of HRH Deployment Programs and the Management of Licensing and Certification primarily to embalmers and massage therapist. There were no evidence pointing to the presence of processes or systems that will institute career management and development.

Initial touch-basing at the division level through interviews reveal that the division's resources and manpower are funneled mostly to scholarship and deployment program.

The scholarship program is one of the career development interventions created to increase the pool of HRH workers in the country. While HRH2030 is still securing the official data on scholarship fill-up for the past years, uptake remains low. The bureau is suggesting increasing the number of educational partner institutions and to improving the advocacy and communications component of the project strategies to improve on the outcomes. [Annex 21: Workshop Results on Career Development – Pre-Service Scholarship]

One of the improvement component also identified on this regard is doing needs-based projection anchored on the identified priority health outcomes. At present, the count is still based on the HRH to population-based computation rather than actual workload.

---

<sup>9</sup> Quality Management System Manual, HHRDB, 2013

There is no career development framework developed established for the sector. Career development initiatives, if any, are institution-based and are set-up depending on how dynamic leaders in their respective health facilities are. Career pathing and coaching competencies must be enhanced, and career management systems must be developed to bring down career-related services in regional and grassroots level. [[Annex 22: Workshop Results on Career Development and Retention](#)]

What adds to the challenge is the “impression” on public health as a career path. In both instances when HRH2030 visited the Provinces of Bataan and Samar to get a feel of Tuberculosis and Family Planning Program implementation at the grass roots level, health workers at the public health sector are seen as “second tier” health professionals and public health practice is not valued as a specialty area of practice.

With all of these things said, to have a better shot at retaining key talents, HRH must be provided with informed choices on how they can bring their careers forward.

At present, career development initiatives of the bureau are geared towards supporting career initiatives within DOH. The Career Development and Management Division is partnering with the Personnel Administration Division to roll-out succession planning in DOH to deepen the pool of talents that can be groomed to take on senior positions within the next five (5) years. And while this developmental initiative is present, this was largely driven by an expected surge of retiring directors and DOH senior leaders who are fast approaching the retirement age. Furthermore, this intervention is more organization and there was no counterpart sectoral intervention being lined up in the pipeline.

While gaps are apparent, the bureau has identified the need to set-up Career Resource Centers in regions. This, coupled with expanded scholarship and deployment programs, send a strong signal that career development is a priority. However, there is still a need to check on the presence of resources and mechanisms that will support how these ideas will be executed.

## **Learning and Development Management**

Learning and Development ensures that HRH are provided with the mechanism to continuously enhance their competencies.

The Learning and Development functions of the bureau has had good gains, especially in standardizing the process for learning and development. Most of the training fund are pooled at HHRDB which gives the bureau with an opportunity to influence the learning and development plans of other bureaus. Similarly, initiatives to improve monitoring and learning outcomes have started. The Learning and Development Division is making progress in establishing level III evaluation tool for training activities. [[Annex 23: Workshop Results on Learning & Development – In-Service Training](#)]

While these gains are impressive, these are largely organizational and not sectoral. HHRDB must identify its role in enhancing competencies and developing a culture of learning at the sectoral level. One of the challenges for the bureau is on how it will define the role of DOH Academy for the sector. It also needs to evaluate the prevailing learning modalities that will enable HRH to constantly improve their competencies without taking a lot of time away from service delivery.

At present, the Learning and Development Division makes us of multiple training modalities – from formal classroom training to e-learning. While e-learning promises an innovative approach with potential rapid reach, the number of trainees that have availed e-learning has been significantly low. Furthermore, there is no unified HRH competency and training profile (health worker-based) that will map out competency gaps in the sector.

## Strategic Issues

Apart from identifying the strengths, weaknesses, opportunities and threats (SWOT) for each of the value processes, the HHRDB Management Committee and its key team leaders reconvened to sort out what are considered “strategic issues” (see Annex II). Strategic issues, in this context, were defined as fundamental challenges that must be addressed, and will enable the bureau to achieve significant gains and address the other strategic issues listed. [Annex 24: Strategic Issues on HHRDB’s Sectoral HR Role]

The team came up with a long list of 27 issues that are preventing HHRDB to achieve its desired impact for the sector. Given the bureau’s current resources, the team has decided to prioritize some issues and handpick those that the team will work on in the immediate term. Furthermore, the group also factored in the new strategic direction of DOH – the Fourmula One Plus – in prioritizing strategic issues. The alignment with FI+ was a good call as this ensures that any strategy pursued to fix these strategic issues will not only push sectoral reforms but also contribute towards achieving DOH outcomes. Five critical strategic issues were identified as the most critical to address within the next two (2) years. These are:

- Absence of routine data collection system for critical HRH data
- Absence of commissioned research on motivation and incentives
- Lack of standards for HRH staffing and competency
- Weak relationship with NEDA-Social Development Cluster (SDC) where HRH concerns can be advocated at a higher national level
- Absence of practice-ready LD assessment and intervention systems

Apart from these five, three (3) more were shortlisted as next tier issues to resolve.

- Weak capacity of HHRDB and DOH Regional Offices to manage sectoral HRH efforts
- No defined career path for HRH
- Absence of sectoral career development framework

## Sectoral HRH 2018-2022 Goals and Commitments

During the value chain process discussion on plans and policies, interactions with some leaders in HHRDB revealed the need to tighten the monitoring of HRH commitments especially those that are not part of the DOH Strategic Plan. As the unit responsible for sectoral HRMD of HRH, HRH2030 asked the bureau to consolidate all the different HRH deliverables identified by the sector and committed by the Government of the Philippines for 2018 to 2022.

The following were used as reference documents:

- Local:
- Fourmula One Plus (FI+) Health Agenda
  - National Objectives for Health (2016 to 2022)
  - Ambisyon 2040
  - HRH Master Plan
- International:
- WHO Global Workforce Strategy 2030
  - ASEAN MRAs
  - UN-SDG 2030 Agenda for Sustainable Development
  - Asia Pacific Action Alliance on Human Resources for Health (AAAH)
  - UN High Level Commission on Health Employment and Economic Growth

\* See [Annex 26: HRH Commitments for 2018 to 2022]

## Synthesis and Recommendations

Managing long term growth while addressing short term needs, this was the theme and insight generated with the work done as HRH2030 provided technical assistance to HHRDB.

Both the long-term and short-term requirements of an organization are important, and finding the right balance is key. Short-term requirements are critical to keep the organization stable while long-term requirements create the organization's future. Balancing both is crucial in steering the organization towards a better path moving forward. There is a need to strengthen that balance and ensure that this is not compromised as HHRDB manages its priorities.

During the first year of providing technical assistance to HHRDB, HRH2030 looked at and tied together the different elements that would provide the context on the bureau's current situation. But more than just conducting baseline assessment, HRH2030 provided interventions that resulted to the following:

- Articulation of HHRDB's Core Values
- Refinement of HHRDB's Mission
- Development of HHRDB's Value Chain
- Formulation of Value Chain-based SWOT Analysis and Strategic Issues [Annex 25]
- Compilation of Sectoral HRH 2018-2022 Goals and Commitments

The conclusion and recommendation section shall be organized using the baseline assessment framework of McKinsey 7S elements of shared values / mandate, strategy and systems where substantive work has been done.

### Shared Values / Mandate

Policies documenting how HHRDB started and evolved as a bureau was established through identifying several Executive Orders (EOs). These were documented in the timeline section of the report. Despite attempts to extract the HHRDB-specific provisions of these EOs, no progress was made on this regard. The bureau's QMS manual carried some discussions documenting how the bureau's creation in 1951 is an offshoot of a development assistance which highlighted the need for capacity building of human resources for health. Throughout the bureau's 67-year existence, HHRDB's role has always been primarily to address health sector challenges affecting HRH development. HHRDB continues to be responsible for developing policies, programs, systems and standards; providing capacity-building interventions; and undertaking health manpower planning, production and management.

While its mandate appears to be clear on paper, prevailing circumstances have affected the level of appreciation and recognition on this regard. It is apparent that the bureau must manage stakeholder expectations to cement the scope of HHRDB's role.

*While devolution has shifted the responsibility more to LGUs, it highlighted the bureau's responsibility to strengthen policies and systems to create a better enabling environment for HRH:* Devolution was a gamechanger for health service delivery and figured in several discussions with HHRDB. During pre-devolution, DOH managed a national service delivery structure that handled primary care and hospital facilities from the national down to the barangay levels, except for charter cities who had direct authority over their own health delivery systems. This was changed with the passage of the Local Government Code of 1991 which accorded LGUs the responsibility of supervising health service delivery and HRH, and DOH the responsibility for policy and regulations. While weighing the impact of devolution is a topic outside of the assessment scope, the LGC, in theory, magnified the importance of policy and systems strengthening work of DOH and its bureaus. HHRDB, therefore, is responsible for policies and systems strengthening that

enable good working environment for and competency enhancement of HRH. Likewise, the recent passage of the Universal Health Care Law opens up an opportunity to contextualize how HHRDB can strengthen HRH who play an important role in ensuring equality health access for all.

*Perspective of who comprises HRH is not inclusive:* The technical assistance provided by HRH2030 has led HHRDB to discuss its beneficiaries. While everyone in HHRDB agrees that the bureau exists to support HRH, the existing view of some leaders in the bureau to consider only the non-health workers in public health setting [and not the non-health workers who work in private or overseas health-related institutions] appear to be limited and non-inclusive. HRH2030 believes that the nature of work responsibilities and its intended impact must be the criteria for deciding who comprises the HRH and not the area/place of practice.

*Mandate is challenged by short term needs and different stakeholder expectations:* The timeline on HHRDB's evolution have shown that the bureau is primarily created to address health sector HRMD challenges affecting HRH. The devolution of health services to LGUs [through the Local Government Code of 1991] and the separation of PAD to HHRDB [through Department Order 2017-0050], in principle, ought to have strengthened HHRDB's focus, but this was not the case.

More substantively, the sectoral mission and mandate of HHRDB is challenged by short-term but important assignments from DOH leadership. Even with limited manpower resources, HHRDB is still expected to perform and take an active role in some organizational HR initiatives such as succession planning, career development and learning and development initiatives. Ongoing individual interviews with DOH leadership also showed different views on what the bureau should prioritize in the short term with some alluding to the above-mentioned organizational HR issues and concerns.

*Conflicting policies on the separation between HHRDB and PAD:* Adding to the complexity of the situation is the policy environment surrounding the separation. Executive Order No. 366 or the Rationalization Plan for NGAs is the current policy in circulation that placed PAD as a division in HHRDB. The prevailing order that transferred PAD to the Office for Administration, Finance and Procurement (OAFP) is governed only by a Department Order [DO 2017-0050] which, technically, does not supersede an EO. Furthermore, not all organizational HR functions have been transferred to PAD. Cross referencing to the PRIME HRM Framework of the Civil Service Commission, the major HR subsystem on Learning and Development [even for organizational DOH L&D concerns] are with HHRDB's Learning and Development Division despite the intended principle that organizational HR concerns should be under PAD's purview.

#### *Recommendations:*

- **Clarifying management's plans, mandate and direction [whether for these units to split or be joined together] for both HHRDB and PAD must be pursued and supported with appropriate policy instruments. Providing technical assistance to capacitate both must be pursued. On HHRDB's end, strengthening the capacity to perform its sectoral mandate must be undertaken.**

## **Strategy**

The strategy segment revealed the challenge of properly articulating and formalizing what the bureau opts to pursue at least for the balance of the current administration – 2019 to 2022. The presence of a defined and documented strategy is important to allow HHRDB to properly assess whether the bureau continues to deliver its desired impact to its intended stakeholders.

*A formal HHRDB Medium-Term Plan is not available:* Technically, HHRDB is not guided by a Strategic Plan. Informant interviews reveal that its most recent Strategic Plan was done in 2011 covering the period that has elapsed before the current administration. This vacuum may have affected how the bureau prioritized the activities it will undertake and the agenda it will push within DOH and in the HRH Network. In the absence of a strategic plan, the bureau prepared Annual Financial Plan and budget covering the set of activities that HHRDB will undertake for the specified period.

*Evidence of translation of DOH Medium Term Plans to Bureau-level Plans is absent:* Corollary to the above-mentioned finding, the translation of DOH Medium Term Plans to the bureau-level plan was also not established. The assumption of Secretary Ubial as DOH Secretary led the agency to adopt a new National Health Agenda called “Achieve” with the battle cry “All for Health towards Health for All”, there were no evidence of actual translation to bureau-level goals. When Secretary Duque assumed the health department’s top spot, his team enhanced the strategy to focus on Universal Health Care and called his agenda “Fourmula One Plus”, HHRDB is still at the process of articulating its translation at the bureau level.

*Evidence supporting the translation of national HRH agenda to HHRDB Strategies [and the subsequent monitoring of progress, thereof] was also not established:* Apart from the DOH Agenda, HHRDB’s sectoral mandate must also take into account the various national commitments made by the country on HRH [and other labor-related provisions affecting HRH]. HRH2030 was not able to find substantial evidence pointing to the mechanism by which HHRDB tracked these commitments and harmonized these to the bureau’s strategy. At the course of providing technical assistance, the bureau’s working team consolidated HRH-related provisions from nine (9) references; these commitments must be translated to strategies and clear actionable items – policies, programs or systems – that benefit the sector.

*Reactive prioritization has affected the bureau’s focus:* The current needs of the sector may have inadvertently shifted the focus and thrusts of the bureau to management of programs instead of their policy-making and standards-setting roles. For the past years, the bureau has shifted its focus on the Deployment Program. This accounts for the biggest share in the bureau’s budget and planned activities. While the need for augmentation remains, HHRDB should not lose sight of its core functions.

The prevalence of these circumstances may help explain why it appears that:

- HHRDB does not have short-term and medium-term goals that are cascaded to the entire bureau and advocated to other DOH units
- HHRDB priorities are set periodically and are based on the assignments provided by the DOH Executive Committee
- Existing plans, if any, are activity-focused which has affected the quality of indicators and performance commitments made in its Office Performance Commitment and Review (OPCR), Division Performance Commitment and Review (DPCR) and Individual Performance Commitment and Review (IPCR) documents

*Evidence of periodic reviews of strategies was also not established:* Developing strategies accounts for probably a third of the actual component on strategy; the harder part is execution where most of the organizations globally are failing. While it appears that HHRDB has elements of the system in place through policies and systems for planning, budget and performance commitments through DPCR, OPCR and IPCR; the critical systems of monitoring and reviews were not evident. While budget tracking is in place, the perspective taken is mostly to ensure healthy budget utilization levels and not directly on the bureau’s progress in so far as implementing its strategies.

The continued occurrence of these findings may put HHRDB at risk of not being able to deliver on its mandate since the role of strategy is to keep the organization focused.

*Recommendations:*

- 1. HHRDB needs to be more deliberate in pursuing initiatives and devising strategies that will lead to laying down strategic HRMD systems, policies and standards in the sector.**
- 2. HHRDB to take a step back, develop its medium-term plans and properly set-up its strategic management processes.**

## **Systems**

Systems exist to create mechanisms that will enable the effective implementation of strategies and proper attainment of its shared values/mandate. At the course of providing technical assistance in designing the bureau's value chain, HRH2030 felt that existing core systems are not supportive of the extracted mandate. Existing systems must be elevated to higher and more strategic level and new systems must be put in place to support key sectoral outcomes being pursued by HHRDB.

As mentioned in the other segments, the current needs of the sector may have inadvertently shifted the focus and thrusts of the bureau to management of programs instead of its policy-making and standards-setting roles. This, too, has affected even the existing systems in HHRDB.

*Existing core systems contain customer-facing processes and program-level instructions:* The HHRDB QMS Manual listed 8 to 14 core processes from several work instructions to the management of deployment program. Some of these core processes are also programmatic in scope, e.g. deployment and scholarship programs. The provisions and steps identified in its QMS has been guiding HHRDB in handling program-level concerns. While no impact-assessment has been done yet on the scholarship and deployment programs, informants suggested that improvements have already been made on these based on annual program reviews done on these.

*Core processes do not substantiate its sectoral HRMD mandate:* While it is good that core processes provide detailed instructions on key activities done by the bureau, the list does not go in parallel with the extracted functions describing HHRDB and its desired outcomes.

For one, career management and development was limited to the management of the deployment program and the management of licensing and certification. There are no processes related to career mapping and coaching, succession planning, etc. which are well within the area of focus of career management and development.

Similarly, policy formulation is defined as the process related to formulation of policy paper, formulation of position paper and preparation of research topics while planning is limited to the preparation of bureau plans. No core processes were seen on the aspects of health manpower planning, HRMD systems development, data management, etc. which will allow the bureau to take the lead role in doing sectoral HRMD.

The apparent limited definition of systems may have also limited the mindset on the scope of work that has to be done and delivered by the bureau through its divisions. As there were no systems, sub-systems and work instructions to guide how the other functions would be delivered, these functions were not institutionalized.

*Insufficient intervention to influence HRH management at the sectoral level:* Furthermore, HHRDB systems appear to have limited or no influence with HRMD practices of LGUs and the private sector. This can be

a potential stumbling block that will disable the bureau to institute reforms that will trickle down to the primary level.

Local autonomy and devolution [as discussed also in the Shared Values section] contributed to this. Laws have empowered local government units with local autonomy which blurred the lines defining how HHRDB could influence local HRMD systems. No specific HRH strategies are championed down to the local level and HRH concerns are often treated alongside other general HRMD issues and concerns applicable to other civil servants. Thus, on matters concerning HRMD at the LGU level (and even to public health institutions), the Civil Service Commission (CSC) appears to have stronger and clearer jurisdiction that are recognized by these units. Strategies to influence local HRMD practices for HRH, therefore, must be done in conjunction with CSC. As to the private sector, work must be handled in close coordination with other DOH units especially those who are in-charge of facility licensing and regulation.

*Level of stakeholder engagement must be enhanced to yield strategic results:* In addition, while HHRDB has a promising opening on how it can partner with the sector to institute reforms – through the HRH Network – the nature of stakeholder engagements appeared reactive in nature with discussions centered more on prevailing issues instead of pushing a clear reform agenda. The challenge, therefore, is on how these partnerships can be cultivated to produce clear outcomes.

*Existing core systems must be elevated to a more strategic level and reflect how the work of the three divisions are tied together:* In conjunction with the above-mentioned findings, the identification and design of core systems must be elevated to a more strategic level. A tighter inventory and a clear delineation must be made of what really makes up and separates core processes, sub-processes and work instructions. Given the role of systems in organizations, HHRDB's mandate and mission must serve as the rightful anchors to define core processes.

This makes the proposed value chain developed by the team through HRH2030's technical assistance a good starting point for defining the final set of core processes. The following was identified and proposed: 1) data management and research, 2) plans and policies, 3) HRMD standards, 4) advocacy and partnerships, 5) career development and retention, and 6) learning and development management. Furthermore, the value chain has also defined how the divisions can work together and cohesively deliver value to its beneficiaries.

*Other process-related challenges emanating from the Value Chain:* Putting the value chain list side by side existing written core processes point to challenges pertaining to the absence of routine data collection system, lack of internal research capacity, lack of standards for HRH staffing and competency, weak career development path for HRH and weak capacity of line managers on HRMD among others.

Recommendations;

- 1. HHRDB to harness its core functions : the development of policies, programs, systems and standards; provision of capacity-building interventions; and health manpower planning, production and management.**
- 2. Allocate resources that will aid in the delivery of essential processes aligned with the performance of core functions. . Revisit the organogram with its corresponding functions.**

## Key Initiatives Moving Forward

The baseline assessment work done by HRH2030 in HHRDB led to the identification of challenges and risks for the bureau's consideration. Although the work done covered only three of the seven aspects of the McKinsey 7S, the three components – Shared Values/Mandate, Strategy and Systems – are foundational components that go directly at the heart of an organization. The findings and conclusions drawn and discussed on the Synthesis Section expounded on fundamental issues and concerns that must be given prompt and proper attention.

Subject to the availability of time and resources, there is still merit to examining the other four (4) components of the McKinsey framework – Style, Structure, Skills and Staff – which cover people-related aspects. Doing so completes the assessment perspective and makes the risks and challenges holistic.

As to the challenges and risks that have already been committed in this report, the following are the **recommended initiatives moving forward**:

- Comprehensive mapping of stakeholder expectations
- Clarified position on HHRDB-PAD working relationship
- Well-defined HHRDB Medium-Term Strategic Plan
- Strengthened system for monitoring and reviewing strategy execution
- Completed mapping of HHRDB systems, processes and procedures, and enhanced HHRDB structure and staffing

### Comprehensive Mapping of Stakeholder Expectations

HRH2030 is advocating for mandates that exists not just on paper but more so applied and consistent with what stakeholders expect. While the assessment was able to document some degree of incongruence between the written mandate and what some leaders expect, the full magnitude of this should be done. It will be helpful to the bureau to map out its key stakeholders and do interviews to extract expectations of its relevant stakeholders. The following are proposed stakeholders that must be included in the mapping of stakeholder expectations:

Within DOH:

DOH Executive Committee  
DOH Central Office Bureau Directors  
HHRDB Personnel – Regular and JOs  
Regional Directors

Outside DOH:

HRH Network Principals  
LGU Beneficiaries of Deployment Program  
Private Sector Health Institutions

This exercise, too, will provide an opportunity for HHRDB to do a 360-degree feedback on its effectiveness.

### Clarified Position on HHRDB-PAD Working Relationship

Clarity on the working relationship between HHRDB and PAD must be established and the decision on whether to join these units together or separate them must be made and cemented with the right policy provisions. Such arrangement must also be properly communicated to all stakeholders, especially those within the DOH Central Office to ensure proper focus.

Different schools of thought on the matter present possible benefits on keeping them together or separated. Those who favor that these units be joined together espouse the idea that DOH personnel are

also part of the HRH and that those who systems that will be championed to the sector must first be demonstrated and tested at the Central Office level. Doing so enhances the credibility to implement reforms and that DOH will always become the “live model” and “proof of concept.” Those who are for separation adhere to the notion of specialization considering the volume of administrative-related transactions being facilitated by PAD.

Regardless of whether PAD and HHRDB will be joined together or separated, HRH2030 believes that both must be organized under the same cluster/team at the very least to ensure consistency of direction and, hopefully, better coordination with one another. This is because the extent of the “DOH Organization” in technical terms cover even the DOH-retained hospitals and facilities that are situated in strategic districts and locales and are often the apex health institutions of various service delivery networks in the country.

It is of extreme importance that the mandate and scope of both these institutions be finalized and affirmed.

### **Well-Defined HHRDB Medium Term Strategic Plan**

The bureau must work on articulating its Medium-Term Strategic Plan to cover at least the balance of the current administration (2019 to 2022). HHRDB’s Strategic Plan must consider the following:

- DOH’s FOURmula One Plus Strategy, which is the Health Department’s strategy that has been aligned even with the proposed Universal Health Care Bill
- The HRH Master Plan which is the sectoral plan that was put together by key HRH Network members
- The different HRH-related commitments made by the country (Exhibit 22)

Apart from these inputs, the medium-term strategy should also consider strategies on how to mainstream practices and tools that will be developed as HRH2030 continues to provide technical assistance to the bureau and to the sector. Provisions on how to bridge the gaps identified on competency assessment, follow-through on policy reforms identified through the upcoming Health Labor Market Analysis (HLMA), mainstream the use of Workload Indicator for Staffing Needs (WISN) to those outside of the pilot sites, strengthen HRH data standards and data collection mechanisms, and mainstream the use of the proposed e-learning portal.

Furthermore, to ensure that the strategy will be balanced, it must also include provisions that will take of the bureau’s organizational needs and capacity.

All these must be supported by clearly articulated performance metrics with targets, and strategic initiatives/projects to make these happen. In addition, the Medium-Term Strategic Plan can be brought to life by aligning these to the Annual Implementation Plan for 2020 so that strategies will be properly aligned to the bureau’s budget.

### **Strengthened System for Monitoring and Reviewing Strategy Execution**

After the strategy has been put in place, the governance mechanism that will ensure that HHRDB will be focused on achieving its goals and targets must be put in place. Strengthening the system for monitoring and reviewing strategy execution will be the critical follow-through. Apart from keeping the organization focused on its strategy, this will also allow enable HHRDB to harness lessons and insights generated as it executes the strategy. Proper monitoring, reviewing and documenting learning as sources for improvement can also make HHRDB a high-performing learning organization.

To put the strategy execution in motion, the following mechanisms are being proposed:

- Weekly division-level review of division strategies – performance outcomes and division-level projects
- Monthly bureau-level review of strategic initiatives (high level projects and programs) and budget utilization, and reporting of division-level progress
- Every other month review of performance commitments and indicators

To further institutionalize the strategy, performance commitments and outcomes must be aligned with existing performance management systems. This aligns the personnel to the strategy and ensures enhanced accountability for achieving performance commitments. Accomplishments on bureau-level performance indicators and strategic initiatives – the high-level projects and programs that the bureau will pursue – must be harmonized and included to HHRDB’s OPCR; division-level performance outcomes and strategic initiatives must be linked with its DPCR; and individual IPCR of HHRDB must not only include typical work efficiency measures but also their personal contributions on division-level and bureau-level strategies.

In addition, engagement must be built on this regard. Other organizations are using “gamified” approaches, internal competitions and alignment of incentives and rewards as mechanisms to build strong engagement in support of strategy execution.

### **Completed Mapping of HHRDB Systems, Processes and Procedures and Enhanced HHRDB Structure and Staffing**

The report highlighted the need to map out HHRDB systems, processes and procedures. This is important in ensuring that core processes are supportive of the mandate. The proposed value chain can be used as the starting point to clarify core processes. The definition of core processes must be enhanced and checked vis-à-vis the mandate and priorities of the bureau. Proper segregation must be done on what compromises core processes, sub-processes and work instructions.

The work can start by identifying and documenting existing work accountabilities, responsibilities and job standards performed by each HHRDB personnel – whether by their regular and job order personnel. The inventory will be vetted versus the bureau’s mandate to make sure that they are geared towards fulfilling HHRDB’s mandate. The result shall be used to rationalize systems, processes and procedures and will serve as the basis for discussions geared to better understand who will take on specific functions and units.

Furthermore, staffing and structure must be aligned to support the mapping of HHRDB systems, processes and procedures.

## References

- Castro-Palaganas E, Spitzer D, Kabamalan MM, Sanchez M, Caricativo R, Runnels V, et al. An Examination of the Causes, Consequences, and Policy Responses to the Migration of Highly Trained Health Personnel from the Philippines: The High Cost of Living/Leaving – a Mixed Method Study. HRH. 2017 Mar 31; 2017 (15:25).
- Collins, J. It's Not What You Make, It's What You Stand For [Internet]. 1997 09 [cited 2018 Dec 11]. Available from [https://www.jimcollins.com/article\\_topics/articles/its-not-what-you-make.html](https://www.jimcollins.com/article_topics/articles/its-not-what-you-make.html)
- Collins, J, Porras, J. Building Your Company's Vision. HBR [Internet]. 1996 10 [cited 2018 Dec 07]; September-October 1996 Issue: 65. Available from: <https://hbr.org/1996/09/building-your-companys-vision>.
- Collins, J. Vision Framework [Internet]. 2001 [cited 2018 Dec 12]. Available from <https://www.jimcollins.com/tools/vision-framework.pdf>.
- Hardy II L. Remarks on the Launch of the Human Resources for Health (HRH) 2030/Philippines [Internet]. 2018 05 [cited 2018 Dec 14]. Available from <https://www.usaid.gov/philippines/speeches/may-29-2018-lawrence-hardy-ii-mission-director-launch-human-resources-health>.
- Henderson L, Tulloch J. Incentives for Retaining and Motivating Health Workers in Pacific and Asian Countries. HRH. 2008 Sep 15; 2008 (6:18).
- HHRDB. Quality Management System Manual. Manila: DOH; 2013.
- Nicolas, I. Reaction to Human Resources for Health Master Plan Reformulation. Manila; 2012, Available from: [http://cfo.gov.ph/~comfil/images/stories/pdf/hrh\\_speech\\_at\\_doh.pdf](http://cfo.gov.ph/~comfil/images/stories/pdf/hrh_speech_at_doh.pdf).
- NonProfit Hub. A Step-by-Step Exercise for Creating a Mission Statement [Internet]. 2016 10 [cited 2018 Dec 12]. Available from <http://www.jeffersonawards.org/wp-content/uploads/2016/10/Mission-Statement-Exercise.pdf>.
- Recklies, D. The Value Chain [Internet]. Italy: Food and Agriculture Organization of the United Nations; 2001 [cited 2018 Dec 18]; Available from [http://www.fao.org/fileadmin/user\\_upload/fisheries/docs/ValueChain.pdf](http://www.fao.org/fileadmin/user_upload/fisheries/docs/ValueChain.pdf).
- Ronquillo, K. HRH Master Plan Presentation at the Asia-Pacific Action Alliance on HRH; 2006, Available from: <ftp://ftp2.minsa.gob.pe/descargas/oggrh/observatorio.../LimaPeruNov202006.ppt>.
- Sanchez, J. Moonshots: Ideas That Will Change the World [Internet]. 2016 08 [cited 2018 Dec 13]. Available from <https://www.bbva.com/en/moonshots-ideas-will-change-world/>.
- Smith, G. 7 Reasons Your Company Needs a Clear, Written Mission Statement [Internet]. 2016 03 [cited 2018 Dec 11]. Available from <https://www.glennsmithcoaching.com/7-reasons-your-company-needs-clear-written-mission-statement/>.
- Van Vliet, V. Porter's Value Chain Analysis [Internet]. 2010 [cited 2018 Dec 11]. Available from <https://www.toolshero.com/management/value-chain-analysis-porter/>.
- X. What is Moonshot Thinking? By X, the Moonshot Factory [web streaming video]. California (USA): X; 2017 [cited 2018 Dec 13]. Available from [https://www.youtube.com/watch?v=DeKZxd6\\_Hsk](https://www.youtube.com/watch?v=DeKZxd6_Hsk).

## Annex I: Evolution of HHRDB as an office

*HHRDB began as a Health Education and Personnel Training Project in 1951 with support from the International Cooperation Administration Philippine Council for United States Agency for International Development. It was established to support and expand the existing Division of Health Education and Information which was directly under the Office of the Secretary. It provided training to the different human resources for health in the Rural Health Units as mandated Rural Health Acts namely, Republic Act Nos. 1082 and 1891. Aside from providing training to personnel of the DOH, it was also responsible for developing and implementing health education and information programs.*

*The Project underwent several changes through the years. In February 1956, it became the Office of Health Education and Personnel Training by virtue of Republic Act No. 1241 or Health Reorganization Plan. In 1985, it was replaced with Health Education and Manpower Development Service by virtue of Executive Order No. 851. It was further reorganized into Health Development and Training Service by virtue of EO No. 119 dated January 30, 1987. This organization transferred the functions of Health Education Service to another office and expanded the functions of HMDTS to include health manpower planning, production and management. Through Executive Order 102 in 2000, it became the Health Human Resource Development Bureau<sup>10</sup>.*

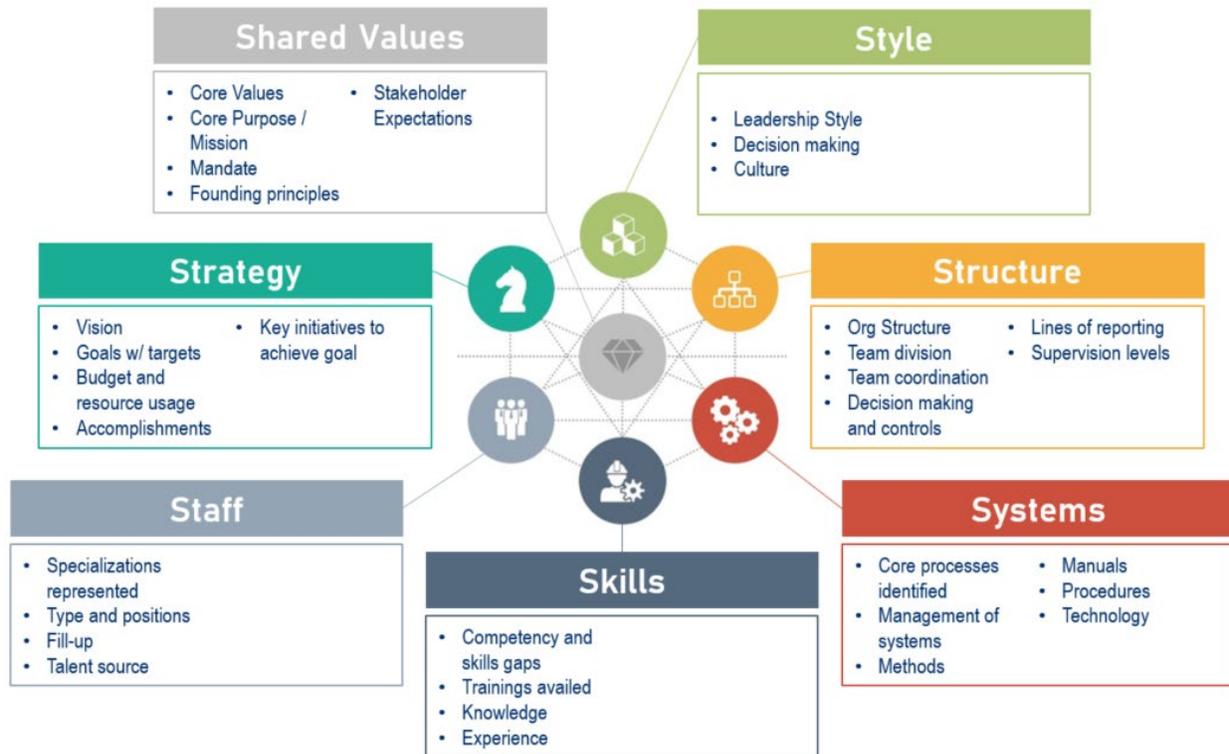
In 2004, Executive Order No. 366 or the Rationalization Plan for NGAs directed agencies to do a strategic review of its operations and organizations to “institute reforms that would transform the bureaucracy into an efficient and results-oriented structure<sup>11</sup>.” Personnel Services (PS) became Personnel Administration Division (PAD) and was transferred to HHRDB as a division to consolidate and coordinate strategies and programs for both organizational and sectoral HRMD. In 2017, through Department Order 2017-0050, PAD was transferred to the Office for Administration, Finance and Procurement (OAFP) to allow HHRDB to focus on its sectoral HR role. Despite this, PAD’s operating budget still rests on HHRDB.

---

<sup>10</sup> Quality Management System Manual, HHRDB, 2013

<sup>11</sup> EO. 366, s. 2004 or the Rationalization Plan for NGAs, <https://www.officialgazette.gov.ph/2004/10/04/executive-order-no-366-s-2004/>

## Annex 2: Baseline Assessment Framework based on McKinsey 7S



## **Annex 3: IDI Methodology**

Informed consent was given through the meeting arrangements. Likewise, proceedings of the interviews were recorded accordingly. Semi-structured interview guides were developed for the facilitation of the entire interview process. Descriptions of mandates and functions of the division were referred using the document obtained from the official DOH Manual and HHRDB's QMS Manual. To protect the anonymity of responses, division-level responses were elevated back to the defined bureau-level functions.

## Annex 4: Core Values Concept

Management thought leader Jim Collins proposed one of the most widely cited definitions of core values. “Core values are the essential and enduring tenets of an organization. A small set of timeless guiding principles, core values require no external justification they have intrinsic value and importance to those inside the organization.<sup>12</sup>” It can be likened to an organization’s DNA.

These statements go beyond words emblazoned on walls, they are guiding principles that speak of what the organization holds as dear. Thus, core values must be woven at the inner most fabric of the organization – its culture – and are often manifested through the following:

- They are accepted and shared by the members, and demonstrated by its leaders
- They are preserved and nurtured in various people programs
- They are exemplified in work standards, which determines what is and is not acceptable
- They are manifested in decisions – especially the big and crucial ones
- They become unspoken norms but constantly enriched through discussions
- They are considered as the behavioral components when making hiring decisions

---

<sup>12</sup> Building Your Company’s Vision, Collins and Porras, 1996. <https://hbr.org/1996/09/building-your-companys-vision>

## Annex 5: Core Values Selection Criteria

<b>First Level Criteria</b> <i>For Nominating Core Values</i>	<b>Second Level Criteria</b> <i>For Short-listing Core Values</i>
<ul style="list-style-type: none"> <li>• What beliefs define our culture?</li> <li>• What values do you hold constant?</li> <li>• What do clients believe about us?</li> <li>• What values guide our dealings?</li> </ul>	<ul style="list-style-type: none"> <li>• Are these values present and practiced (not aspired)?</li> <li>• Are these shared within HHRDB and practiced at all levels (from entry level staff to leaders)?</li> <li>• Would you want your organization to stand for this core value no matter what changes occur?</li> <li>• Would your organization stand for this core value even at some point it becomes disadvantageous or environment penalizes the organization for living by this value?</li> <li>• Would you personally continue to hold this core value even if you were not rewarded for holding it?</li> </ul>

## Annex 6: The Mission Statement Concept

“Concentrating on products – or services, if that’s what you sell – is a trap. It’s not that what a company makes is irrelevant; only that we’ll see more and more companies framing their identify in terms of their core purpose rather than in terms of their products or services.<sup>13</sup>”

The “busyness” of work routines have led some organizations to lose sight on the big picture – the reason why an organization exists. Like the Core Values, the Mission Statement is not a string of nice words placed on a wall or a manual. It is a strategic directional statement that describes where organizations stand. It explains the unit’s reason for being and captures the difference a unit makes as it attempts to address specific challenges felt by its desired beneficiaries. It is the organization’s ‘heart.’ In the same article, Jim Collins further explains its importance.

*You hang on to the idea of who you are as a company, and you focus not on what you do but on what you could do. By being really clear about what you stand for and why you exist, you can see what you could do with a much more open mind. You enhance your ability to adopt to change.<sup>14</sup>*

Glenn Smith<sup>15</sup> gave seven (7) reasons for a clear and written mission statement, namely:

1. It determines the company’s direction
2. It focuses the company’s future
3. It provides a template for decision-making
4. It forms the basis for alignment
5. It welcomes helpful change
6. It shapes strategy
7. It facilitates evaluation and improvement

---

<sup>13</sup> It’s Not What You Make, It’s What You Stand For, Collins, 1997.

[https://www.jimcollins.com/article\\_topics/articles/its-not-what-you-make.html](https://www.jimcollins.com/article_topics/articles/its-not-what-you-make.html)

<sup>14</sup> It’s Not What You Make, It’s What You Stand For, Collins, 1997.

[https://www.jimcollins.com/article\\_topics/articles/its-not-what-you-make.html](https://www.jimcollins.com/article_topics/articles/its-not-what-you-make.html)

<sup>15</sup> 7 Reasons Your Company Needs a Clear, Written Mission Statement, Smith, 2016.

<https://www.glennsmithcoaching.com/7-reasons-your-company-needs-clear-written-mission-statement/>

## Annex 7: Methods used in Crafting the Mission Statement

Workshop was also used as the main methodology for validating the mission statement. Content from Nonprofit Hub, Philippine Australia Human Resource and Organisational Development Facility (PAHRODF) and Jim Collins were used as references in designing the workshop, developing the criteria for assessing content, and guiding workshop discussions.

The workshop started with each identifying their individual high impact stories. This is relevant to set the context that mission statement is all about the impact. According to Non Profit Hub, “by itself, your mission statement doesn’t mean much. It’s just words on a page. But if it’s supported by a group of people who care about making a difference in the world, that’s something else. Few things are as powerful as a shared mission.”<sup>16</sup>

To enable more efficient drafting of the mission statement, the “mission pillars” were identified:

Our Cause	Who are our beneficiaries? What? Where?
Our Actions	What service do we provide?
Our Impact	What difference do we make? Changes for the better

Jim Collins Vision Framework tool<sup>17</sup> was used in extracting the mission statement criteria that was used to evaluate the nominated core values. The criteria used in evaluating the mission are:

- Do you find this purpose/mission personally inspiring?
- Will this purpose/mission be valid 100 years from now as it is today?
- Does the purpose/mission help you think expansively about the long-term possibilities and range of activities the organization can consider over the next 100 years, beyond its current products, services, markets, industries and strategies?
- Does this purpose/mission help you to decide what activities to not pursue, to eliminate from consideration? Similar to giving you ideas of what can be done, does it help you also decide what not to do?
- Is this purpose authentic – something true to what the organization is all about?
- Would this purpose be greeted with enthusiasm rather than cynicism by a broad base of people in the organization?
- When telling your children and or other loved ones what you do for a living, would you feel proud in describing your work in terms of this purpose?

---

<sup>16</sup> Step-by-Step Exercise for Creating a Mission Statement, NonProfit Hub, 2016. <http://www.jeffersonawards.org/wp-content/uploads/2016/10/Mission-Statement-Exercise.pdf>

<sup>17</sup> Vision Framework, Collins, 2001. <https://www.jimcollins.com/tools/vision-framework.pdf>.

## Annex 8: The Moonshot Concept

“Apollo 11 was a milestone for solving complex problems. Hence the name moonshots: projects that propose radical ideas for tackling major problems by using futuristic technology.<sup>18</sup>” Less than a decade after US President John F. Kennedy announced the man on the moon mission, the National Aeronautics and Space Administration (NASA) successfully landed Apollo 11 on the moon on July 20, 1969. More than the act of landing a man on the moon, it represented human being’s capacity to push boundaries and achieve what has not been achieved before. This is the essence of moonshot. In the words of US President Kennedy himself, “we choose to go to the moon and do the other things not because they are easy, but because they are hard. Because that goal will serve to organize and measure the best of our energies and skills.”

Richard DeVaul, rapid prototyping specialist at X [Google’s Innovation Company] said, “everyone else in the world is working on the next ten percent, if you can be the one to deliver that ten times improvement, you have a chance to really change things.<sup>19</sup>”

Moonshots, therefore, are the incredible, seemingly impossible ideas that can address complex challenges, in this case, HRH challenges.

---

<sup>18</sup> Moonshots: Ideas That Will Change the World, Sanchez, 2016. <https://www.bbva.com/en/moonshots-ideas-will-change-world/>

<sup>19</sup> What is Moonshot Thinking? X, the Moonshot Factory, [https://www.youtube.com/watch?v=DeKZxd6\\_Hsk](https://www.youtube.com/watch?v=DeKZxd6_Hsk)

## Annex 9: Moonshot Goals Methodology

Workshop was also used as the main methodology to draw out moonshot goals. Prior to agreeing on the final moonshots, the 15-person team was divided into two teams – the ‘Conservative’ team and the ‘Optimistic’ team, who each worked on answering the following questions:

Conservative            What moonshot goals can HHRDB deliver by 2022 considering our current state of resources?

Optimistic              What moonshot goals can HHRDB deliver by 2022 if the future and resources are favorable?

The final moonshot 2022 goals are made up of the “in-between” scenarios of conservative and optimistic stages. To ensure that these goals are developmental in nature, the essence of the moonshot extracted from the discussions above were used as criteria for the team to assess what they will commit as moonshot goals. The criteria include:

- Will it contribute to addressing complex HRH issues?
- Will it provide long term impact (10x concept) and not just incremental growth (10%)?
- Will it challenge the organization to innovate and be creative?
- Will it serve to organize and measure the best of HHRDB’s energies and skills?

# Annex 10: HHRDB 2022 “Moonshots”

## Identified Priorities for 2022 by Themes

**Exhibit 23. Identified Priorities for 2022 by Themes**

<b>Policies and Standards</b> <i>Responsive and relevant policies and standards are in place</i>	<b>Systems and Tools</b> <i>Functional HR systems at all levels of healthcare</i>	<b>Partnerships</b> <i>Expanded and strengthened partnerships with stakeholders</i>	<b>Organizational Capacity</b> <i>Equipped to perform strategic HRMD</i>
Inter-agency policy for decent working conditions for public and private HRH developed	HHRDB as the recognized single custodian of integrated HRH data	Institutionalized HRH Network Philippines with LGU representatives	Three pilot career resource centers (Luzon-Visayas-Mindanao)
Salaries and benefits are at par with national standards	At least 20 eLearning modules are available and accessible at the LGU level	Support of development partners, Civil Society Organizations and Professional Organizations	Regional Offices are capacitated to help enhance HRM of LGUs
Proposed standards for appropriate staffing at levels of the health care system is completed	eLearning use and acceptability assessment completed	Increase investments and support for HRH	Rightsizing for Regional Offices (with at least 1 training and education partner per province)
Job standards for all HRH positions in public health	All 17 standard modules for DOH designs are translated to courses or programs offered in all regions		Rightsizing for HHRDB
Clear management direction for HHRDB and PAD	Marketing and communications strategy for HHRDB		Capability and competency enhancement for HHRDB and PAD
Executive committee support for new HHRDB Strategic Plan			
Three centers of excellence created with practice-ready curriculum in 3 professions			
All DOH training programs in public health are CPD accredited			
Operations research on job satisfaction completed			

## Annex II: The Value Chain Concept

Management Guru Michael Porter is credited to invent the concept of value chain which he first explained in his 1985 book entitled *Competitive Advantage: Creating and Sustaining Superior Performance*. Van Vliet simplified Michael Porter's explanation of value chain which he defined as "a collection of activities that are performed by a company to create value for its customers. Value creation creates added value which leads to competitive advantage."<sup>20</sup> The tangible value that can be extracted from performing a particular activity, system or process, and its contribution to the succeeding process are the criteria for identifying value chain processes.

The arrangement of these processes must be strategic. Recklies exposition on the value chain explains why this is the case.

*"The idea is built upon the insight that an organization is more than a random compilation of machinery, equipment, people and money. Only if these things are arranged into systems and systematic activities it will become possible to produce something for which customers are willing to pay a price [or ascribe value]. Porter argues that the ability to perform particular activities and to manage the linkages between these activities is a source of competitive advantage."<sup>21</sup>*

While the concept is borrowed from corporate, its premises describe any organization especially when the idea of 'willingness to pay' is taken to a broader sense of 'value ascribed for any work, outcome or output that is delivered by any organization.'

---

<sup>20</sup> Porter's Value Chain Analysis, Van Vliet, 2010. <https://www.toolshero.com/management/value-chain-analysis-porter/>

<sup>21</sup> The Value Chain, Recklies, 2001. [http://www.fao.org/fileadmin/user\\_upload/fisheries/docs/ValueChain.pdf](http://www.fao.org/fileadmin/user_upload/fisheries/docs/ValueChain.pdf)

## Annex 12: Value Chain Processes for Building an Enabling Environment for HRH

The proposed value chain emphasized the strategic role of *data and research* as starting points for having right and responsive HRMD systems. Access to right, complete and accurate data are important for HHRDB to keep count on the size of the sector and determine where these HRH are placed. Data are also essential to make quality recommendations on factors affecting HRH productivity and staffing, and undertake meaningful research studies on prevailing HRH issues such as welfare, compensation, staffing, etc.

Succeeding discussions with the HHRDB team uncovered multiple data systems with data that are challenging to integrate. Furthermore, there is also limited internal capacity to undertake research studies (more details will be mentioned in the Value-Chain Based SWOT Assessment).

The information generated in the first value chain process are important inputs in designing quality *sectoral plans and responsive policies* – the second value chain core process. The bureau should lead efforts in making sure that the sectoral plan for HRH – which is captured in the HRH Master Plan for the Philippines – is not only sound and relevant but is also supported with the proper mechanisms that will ensure quality implementation. Sectoral planning must go hand-in-hand with responsive policies. The prevailing policy environment will influence whether plans and initiatives in the masterplan can be implemented sustainably.

To further influence reforms in HRH, the bureau must be equipped to influence *HRMD standards and processes*. Policies and plans are substantiated and institutionalized through standards. The bureau must ensure that relevant standards are put in place on critical HRMD systems covering areas like recruitment and selection, competency development, staffing and placement, continuing education, performance management, compensation and benefits, and welfare among others.

These standards must be present and applied from the national, to regional and down to local and barangay levels in both private and public settings. Likewise, models capturing the special needs of GIDA areas must also be considered in the process. At present, these standards must still be codified and assessed in terms of their level of implementation.

One of the strongest improvement points identified by the team is the need to strengthen *advocacy and partnership* work done by the bureau. As a policy setting body, partnering with agencies and organizations are critical in ensuring that plans and policies are effectively championed and cascaded in the sector and implemented through strong partnerships with the HRH Network and other relevant stakeholders.

## Annex 13: Value Chain Processes for Empowering HRH

To meet the desired purpose of “helping the Filipino HRH attain competence and job satisfaction and ignite their passion to serve the country,” the bureau must also provide interventions that go beyond creating an enabling environment for HRH to thrive. Outcomes on competence and job satisfaction can be supported by relevant and quality career development and retention and learning and development management interventions.

Career Development and Retention must be pursued. In a study examining the causes for the migration of highly trained health personnel from the Philippines, Castro-Palaganas, Spitzer, Kabamalan, Sanchez, Caricativo, Runnels et al cited that “underfunding of the health system and un- or underemployment were push factors for migration, as were concerns for security in the Philippines, the ability to practice to full scope or to have opportunities for career advancement.”<sup>22</sup>

Provision of career advancement opportunities must go beyond mere identification of possible career path. This must be seen within the full extent of a cohesive system.

*“The study showed that management tools to motivate health workers were not optimally implemented...human resource management tools comprise the policies, practices and activities at the disposal of managers to obtain, develop, use, evaluate, maintain and retain the appropriate number, skills mix and motivation of employees to accomplish the organization’s objectives. These tools form the basis for improving management, together with monitoring and evaluation systems that link health worker performance to supportive supervision and appraisal. Ultimately these systems should be linked to criteria for promotion and career development.”<sup>23</sup>*

Clear career path coupled with a working system on performance management is a strong motivator for retention in HRH. The bureau can create models for implementing better *career development and retention* strategies for HRH. Prevailing challenges on succession and the inability to retain key talents in the country magnify the need for work to be done primarily on this space.

Learning and development is also important in making sure that we have competent HRH. This makes *learning and development management* – the sixth value chain process – strategic. Proper L&D can bridge HRH challenges linked to having “widely divergent varying skills and motivation.”<sup>24</sup> Learning must not stop, this is key in creating HRH that are abreast with the latest developments and equipped with the right tools. Likewise, the competition for talent continues to grow. Providing learning and development opportunities can also be a good way to help retain and even grow key talents for the sector.

---

<sup>22</sup> An Examination of the Causes, Consequences and Policy Responses to the Migration of Highly-Trained Health Personnel From the Philippines: The High Cost of Living/Leaving – a Mixed Method Study, Castro-Palaganas, Spitzer, Kabamalan, Sanchez, Caricativo, Runnels et al, 2017.

<sup>23</sup> Incentives for Retaining and Motivating Health Workers in Pacific and Asian Countries, Henderson, Tulloch, 2008.

<sup>24</sup> Remarks on the Launch of the Human Resources for Health (HRH) 2030/Philippines, Hardy, 2018.

## Annex 14: Methodology of Value Chain-Based SWOT Analysis

Workshop was used as the primary methodology for extracting inputs from participants. A smaller composite group of eight (8) from the 15 were tasked to flesh out the SWOT based on the value-chain. HRH2030 used the matrix on Exhibit 11 to get inputs. The results generated by the smaller group were later presented to the bigger group for refinement. This was also used as a vehicle to identify the core strategic issues.

**Discussion Matrix for Value Chain-Based SWOT Analysis**

<b>PROCESS</b>	<b>Strength</b>	<b>Weakness</b>	<b>Opportunity</b>	<b>Threat</b>
<b>Resource</b>				
<b>Process</b>				
<b>People</b>				

## Annex 15: Workshop Results on SWOT Analysis for Data Management

	Strength	Weakness	Opportunity	Threat
Resource	<ul style="list-style-type: none"> <li>• Presence of NDHRHIS and IDSHRH as platforms to store data</li> <li>• Resource to do research on Workforce Projection allocated</li> </ul>	<ul style="list-style-type: none"> <li>• IDSHRH is underutilized and not updated</li> <li>• IDSHRH not prioritized</li> </ul>		<ul style="list-style-type: none"> <li>• Input data: Quality and recency of source data (FHSIS, NDHRHIS) remains a challenge</li> <li>• Absence of standard Philippine HRH to population ratio</li> </ul>
Process	<ul style="list-style-type: none"> <li>• Link of NDHRHIS to other DOH Info Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Limitation of the data sharing agreement</li> <li>• Incomplete data [even those internally sourced]</li> <li>• Policy and data sharing agreement among sector players were not translated to clear processes</li> <li>• Processed data is not readily available</li> <li>• Absence of data and proper tracking of HRH and health facilities</li> <li>• Absence of routine data collection system for critical HRH data</li> <li>• Delayed research implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Presence of data sharing agreement between agencies</li> <li>• Improvement of HRH data is made a national commitment</li> <li>• eHealth Philippines initiative can be tapped to facilitate standardization and exchange of data</li> </ul>	<ul style="list-style-type: none"> <li>• Low participation rate (60%) of health facilities in NDHRHIS encoding (RHUs and private clinics are not included)</li> <li>• Partner agencies do not regularly contribute data and has limited appreciation of IDSHRH</li> <li>• Presence of different info systems and processes across partners</li> <li>• Data Privacy Act is being used by partners as an excuse not to share data</li> </ul>
People		<ul style="list-style-type: none"> <li>• Lack of staff/unit with capacity to centralize and process information within the bureau and network</li> <li>• Difficulty in responding to stakeholders who are raising concerns about FOI</li> </ul>		<ul style="list-style-type: none"> <li>• Lack of mandate to serve as central repository and manager of HRH data</li> </ul>

## Annex 16: Workshop Results on SWOT Analysis for Research

	Strength	Weakness	Opportunity	Threat
Resource	<ul style="list-style-type: none"> <li>• Research is a priority with annual allocation of budget at HHRDB</li> </ul>		<ul style="list-style-type: none"> <li>• Pooled funds for research is present through PCHRD</li> <li>• PNHRS (Phil. National Health Research System) Law encourages and funds health research across regions</li> </ul>	<ul style="list-style-type: none"> <li>• Cash-based budgeting of DBM may create risks of funding sustainability</li> <li>• Low takers/partners of published research projects</li> </ul>
Process	<ul style="list-style-type: none"> <li>• Process governing ways to manage research is well in place</li> </ul>	<ul style="list-style-type: none"> <li>• Reactive research agenda, there is no clear process for research prioritization</li> <li>• Utilization of research outputs is low</li> </ul>		<ul style="list-style-type: none"> <li>• Procurement process of PCHRD is slow</li> </ul>
People		<ul style="list-style-type: none"> <li>• Absence of core team or dedicated unit for research in HHRDB</li> <li>• Low internal competency for doing research</li> </ul>		

## Annex 17: Workshop Results on SWOT Analysis for Plans

	Strength	Weakness	Opportunity	Threat
Resource	<ul style="list-style-type: none"> <li>• Strong allocation of funds from the DOH budget</li> </ul>	<ul style="list-style-type: none"> <li>• Low Budget Utilization (19% disbursement level of funds as of June 2018)</li> <li>• Tools for HRH Sectoral Planning is limited</li> </ul>		<ul style="list-style-type: none"> <li>• Cash-based budgeting of DBM may create risks of funding sustainability</li> </ul>
Process	<ul style="list-style-type: none"> <li>• There is a system for expenditure monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of Strat Plan as basis for budget</li> <li>• Absence of system to regularly report progress affects the disbursement level</li> <li>• No venue to calibrate activities and programs across division among technical staff</li> <li>• HRH Masterplan and other HRH commitments outside of the DOH plan is not deliberately being considered in HHRDB planning</li> <li>• Plans are not being aligned with other bureaus and network</li> <li>• Absence of high level technical body to discuss and manage HRH distribution (from production to deployment)</li> </ul>	<ul style="list-style-type: none"> <li>• Cash-based budgeting from DBM encourages responsible planning of activities</li> <li>• Pooling of staff dev't. funds at HHRDB creates an opportunity to influence the overall direction for L&amp;D</li> </ul>	<ul style="list-style-type: none"> <li>• Political interventions alters plans</li> <li>• Plans of other DOH units and bureaus are sometimes unsupported by other bureaus</li> <li>• Weak policies on supporting investment for HRH at the local level</li> </ul>
People		<ul style="list-style-type: none"> <li>• Financial planning competency is weak</li> <li>• Strategic management [to go beyond planning] can still be enhanced</li> </ul>		

## Annex 18: Workshop Results on SWOT Analysis for Policies

	Strength	Weakness	Opportunity	Threat
Resource				
Process		<ul style="list-style-type: none"> <li>• Issue-driven/reactive policy agenda</li> <li>• No sectoral policy agenda for HRH</li> <li>• Stakeholder consultation in policy development needs enhancement</li> </ul>		<ul style="list-style-type: none"> <li>• Presence of conflicting policies and limitations set by other government agencies</li> </ul>
People	<ul style="list-style-type: none"> <li>• Competent Technical Writers</li> <li>• Ability to develop policies even without consultation</li> <li>• High adoption rate on policy recommendations and position papers</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient human resource to support data gathering requirements of policy</li> </ul>		

## Annex 19: Workshop Results on HRMD Standards

	Strength	Weakness	Opportunity	Threat
Resource	•	•	•	•
Process	•	<ul style="list-style-type: none"> <li>• Not all facets of HR have existing standards</li> <li>• Lack of standards for HRH staffing and competency</li> <li>• Poor enforcement of existing HRMD standards</li> </ul>	<ul style="list-style-type: none"> <li>• CSC has an existing competency framework that can be used as an anchor</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in coming up with competency standards due to frequent changes in organizational structure</li> <li>• No clear mechanism that will allow HHRDB to influence HRH policies at the ground</li> <li>• No clear mandate for HHRDB to set HRH standard for the sector</li> </ul>
Process	•	•	•	<ul style="list-style-type: none"> <li>• Devolved set-up affects the implementation of HRMD standards and systems</li> </ul>
People	•	<ul style="list-style-type: none"> <li>• No capacity (skills and personnel in HHRDB) to conduct Job Analysis and Competency modeling activities</li> <li>• Lack of personnel to assist in developing standards</li> </ul>	<ul style="list-style-type: none"> <li>• Experts to do competency modelling are available locally</li> </ul>	<ul style="list-style-type: none"> <li>• No capacity (skills and personnel in RO, TRC, Hospital, LGU) to conduct Job Analysis and Competency modeling activities</li> </ul>

## Annex 20: Workshop Results on Advocacy and Partnerships

	Strength	Weakness	Opportunity	Threat
Resource	<ul style="list-style-type: none"> <li>• Presence of the HRH Network</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
Process	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• No dedicated Public Relations Unit to do advocacy and partnering</li> <li>• Other relevant government agencies are not members of the network (e.g. DILG)</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance in HRH Meetings is somehow consistent but the quality of attendees has reduced</li> </ul>
Process	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Reactive agenda on stakeholder engagement and partnerships</li> <li>• Partnerships with HRH Network is not maximized</li> <li>• Weak relationship with NEDA-Social Development Cluster where HRH concerns can be advocated at a higher national level</li> <li>• Partnership in the network is not translated to clear policy actions and standards</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
People	<ul style="list-style-type: none"> <li>• Good rapport with the members of the HRH Network</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## Annex 2I: Workshop Results on Career Development – Pre-Service Scholarship

	Strength	Weakness	Opportunity	Threat
Resource	<ul style="list-style-type: none"> <li>Allocated funds for scholarship</li> </ul>	<ul style="list-style-type: none"> <li>Limited number of partner schools (in various regions) for pre-service scholarship program</li> </ul>	<ul style="list-style-type: none"> <li>Existing partnership with CHED and other partner schools</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Process	<ul style="list-style-type: none"> <li>Existing mechanism to undertake the scholarship program</li> </ul>	<ul style="list-style-type: none"> <li>Needs-based projection based on identified priority health outcome is not present</li> <li>Advocacy of scholarship program is limited to partner schools and DOH-RO</li> <li>Low uptake of scholarship</li> </ul>	<ul style="list-style-type: none"> <li>Link between the scholarship program and the deployment program is being strengthened</li> </ul>	<ul style="list-style-type: none"> <li>Low absorption rate of graduates may discourage applicants</li> </ul>
People	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

## Annex 22: Workshop Results on Career Development and Retention

	Strength	Weakness	Opportunity	Threat
Resource	<ul style="list-style-type: none"> <li>Available research studies on retention and skill mix (Dr. Tejero and Dones)</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Retention study results showed that existing plantilla items are not sufficient to meet population needs</li> </ul>	<ul style="list-style-type: none"> <li>Limited opportunities for career dev't.</li> <li>There is limited number of positions to absorb deployed HRH</li> </ul>
Process	<ul style="list-style-type: none"> <li>Presence of career development initiatives like scholarship and deployment</li> </ul>	<ul style="list-style-type: none"> <li>Outdated HRMD policy as basis for career development</li> <li>Absence of CDM Framework at the sector level</li> <li>Absence of retention program</li> <li>Absence of succession planning framework</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Education system is more inclined towards clinical practice while a path for public health is not developed</li> </ul>
People	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Career development and retention competencies needs to be enhanced</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

## Annex 23: Workshop Results on Learning & Development – In-Service Training

	Strength	Weakness	Opportunity	Threat
Resource	<ul style="list-style-type: none"> <li>• Availability of eLearning platform</li> <li>• Database for monitoring of competency levels</li> </ul>	<ul style="list-style-type: none"> <li>• Not all DOH funds for training are centralized to HHRDB</li> </ul>	<ul style="list-style-type: none"> <li>• New laws and policies that support LD management efforts (CPD Act, Ladderized education, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainability factor for existing eLearning platform</li> </ul>
Process	<ul style="list-style-type: none"> <li>• Attendance to LDIs are based on LDNA results</li> </ul>	<ul style="list-style-type: none"> <li>• Level III evaluation is not yet established</li> <li>• Unclear function of DOH Academy vis-à-vis LDD</li> <li>• Weak enforcement of standard guidelines on LD Processes</li> <li>• Absence of database on HRH competency and training profiles (health-worker based)</li> <li>• Absence of practice-ready LD assessment and intervention system</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing development of DOH competency framework with which future LDNAs will be based on</li> <li>• Ongoing development of DOH CPD policy</li> <li>• DOH application as CPD provider for Central Office and Regional Offices</li> </ul>	<ul style="list-style-type: none"> <li>• Low buy-in of program managers to use eLearning as mode of delivery</li> <li>• Not all providers are CPD accredited</li> <li>• Low compliance of other DOH offices</li> <li>• Weak capacity of line managers on HRMD and are not fully embracing their HRMD roles</li> </ul>
People	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient number and capacity of human resource to perform L&amp;D Management</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## Annex 24: Strategic Issues on HHRDB’s Sectoral HR Role

Theme	Strategic Issues
Data Management and Research	<ul style="list-style-type: none"> <li>• Absence of data and proper tracking of HRH and health facilities</li> <li>• Delayed research implementation which are normally coursed through DOH traditional research procurement routes – involve academic institutions in the network for HRH research studies</li> <li>• Absence of database on HRH competency and training profiles</li> <li>• <b>Absence of routine data collection system for critical HRH data</b></li> <li>• <b>Absence of commissioned research on motivation and incentives</b></li> <li>• Lack of mandate to serve as central repository and manager of HRH data</li> <li>• Need for research on financial requirements for LGUs to sustain equitable HR distribution</li> </ul>
Plans and Policies	<ul style="list-style-type: none"> <li>• Absence of workforce planning in DOH and in the sector</li> <li>• Absence of high level technical body to discuss and manage HRH distribution (from production to deployment)</li> <li>• Reactive policies and strategies</li> <li>• Presence of conflicting HRH policies on distribution between LGU and the national government (e.g. PS cap)</li> <li>• Weak policies on supporting investments for HRH at the local level</li> <li>• Current master plan is not linked to current sectoral evidences</li> <li>• Policies must be evaluated to consider the effects of the Universal Health Care Law</li> </ul>
HRMD Standards	<ul style="list-style-type: none"> <li>• No clear mandate for HHRDB to set HRH standards</li> <li>• <b>Weak capacity of HHRDB and DOH Regional Offices to manage sectoral HRH efforts</b></li> <li>• <b>Lack of standards for HRH staffing and competency</b></li> <li>• Poor enforcement of existing HRMD standards</li> <li>• Codified standards that will serve as reference for HRMD standards at different levels is not in place</li> <li>• Devolved set-up affects the implementation of the HRMD standards / systems</li> </ul>
Advocacy and Partnerships	<ul style="list-style-type: none"> <li>• Weak relationship of HHRDB to other offices and bureaus, especially to data sources and regulatory offices</li> <li>• <b>Weak relationship with NEDA-Social Development Cluster (SDC) where HRH concerns can be advocated at a higher national level</b></li> <li>• Partnership in the network is not translated to clear policy actions and plans</li> </ul>
Career Development and Retention	<ul style="list-style-type: none"> <li>• <b>No defined career path for HRH</b></li> <li>• <b>Absence of sectoral career development framework</b></li> </ul>
Learning and Development Mgt.	<ul style="list-style-type: none"> <li>• Line managers are not fully embracing their HRMD roles</li> <li>• Weak capacity of line managers on HRMD</li> <li>• <b>Absence of practice-ready LD assessment and intervention systems</b></li> </ul>

Inputs were extracted primarily by the Technical Working Group from the Health Human Resources Development Bureau and presented to the HHRDB Management Team for concurrence and prioritization

## Annex 25: Strategic Issues

### Identified Fourmula One Plus-related Strategic Issues to Address Moving Forward

Data Management and Research	Plans and Policies	HRMD Standards	Advocacy and Partnership	Learning and Development Mgt.	Career Development and Retention
<b>Improve sectoral organizational development and management</b>					
Responsive organizational structure, staffing pattern and skill mix; competency-based learning and succession planning					
Absence of database on HRH competency and training profiles	Absence of workforce planning in DOH	Non-uniform standards for HRH staffing and competency	Inefficient communication amongst offices and bureaus	Line managers are not fully embracing their HRMD roles	No defined career path for HRH (succession plan)
	Reactive policies and strategies are prioritized by top management	No clear mandate for HHRDB to set HRH standards	No HRH champion in top management	Weak capacity of line managers on HRMD	PRIME-HRM is not yet institutionalized in DOH
		Outdated index of occupational position; DBM prevents a responsive HR structure	Weak relationship with data sources and regulatory offices		Absence of organizational career development framework
		Weak capacity of DOH-RO HR units to manage organizational and sectoral efforts			

Sectoral					
Delayed research implementation which are normally coursed through DOH traditional research procurement routes – involve academic institutions in the network for HRH research studies	Absence of high level technical body to discuss and manage HRH distribution (from production to deployment)	Lack of standards for HRH staffing and competency	Weak relationship with NEDA-Social Development Cluster (SDC) where HRH concerns can be advocated at a higher national level	Line managers are not fully embracing their HRMD roles	No defined career path for HRH
Absence of database on HRH competency and training profiles	Conflicting policies on HRH distribution between LGU and national government	Poor enforcement of existing HRMD standards	Partnership in the network is not translated to clear policy actions and plans	Weak capacity of line managers on HRMD	Absence of sectoral career development framework
Absence of routine data collection system for critical HRH data (immediate need)	Weak policies on supporting investment for HRH at the local level	No clear mandate for HHRDB to set HRH standards		Absence of practice-ready LD assessment and intervention systems	
Absence of commissioned research on motivation and incentives	Current masterplan is not linked to current sectoral evidences	Developed set-up affects the implementation of the HRMD standards / systems			
Lack of mandate to serve as central repository and manager of HRH data					
Absence of data and proper tracking of HRH and health facilities					
Need for research for financial requirements of LGU to sustain equitable HR distribution					

Items in red were selected by the HHRDB Management Committee as critical moving forward

## Annex 26: HRH Commitments for 2018 to 2022

Theme	Commitment
<b>Fourmula One Plus</b>	
HRH Production	Engage other NGAs to ensure adequate production and quality HRH
Equitable Distribution	Ensure equitable distribution of HRH aligned with health facilities expansion Pursue equitable distribution through higher compensation in GIDA
HRH Regulation	Pursue innovative regulatory mechanisms for regulation-specific capacity building; national fee schedule; network licensing; risk and outcome-based regulation; HRH production and distribution
Culture	Ensure generation and use of evidence in health policy development and decision making Promote culture of research and evidence use; improve access to data
<b>National Objectives for Health (2016 to 2022)</b>	
HRH Production	Achieve HRH (doctors, nurses and midwives) to population ratio – 22:10,000
HRH Plan	Develop of a Strategic Human Resource Development Plan
Capacity Building	Pursue capacity building of HRH to respond to the particular needs of clients
<b>Ambisyon 2040</b>	
Systems	Strengthen Civil service Improve Human Resource Management (HRM) systems and processes
Culture	Ensure People-Centered, Clean and Efficient Governance
Capacity Building	Accelerate Human Capital Development Upgrade and equip health facilities and improve human resources for health (HRH)
HRH Investment	Develop and invest in human resource
Service Delivery	Achieve seamless service delivery Adopt a whole-of-government approach in delivery of key services Ensure access through functional service delivery networks Ensure functional and efficient networks of health care providers
<b>HRH Master Plan</b>	
HRH Retention	Develop a retention program
PPP	Establish public-private partnerships
HRH Production and Count	Promote the development of quality schools and health facilities Rationalize the workforce in 146 expansion areas Improve the current HRH workforce planning system
Positive Practice Environment	Promote quality HRH working environment in health facilities
Data and Info Systems	Establish and maintain an HRHIS Create and maintain an HRH Network Philippines Database Develop an HRH Registration System
Systems	Conduct situational analysis in 146 expansion areas of 6 HRH management functions Determine four (4) HRH management functions appropriate to the level and organization

Theme	Commitment
Organization Development	Implement the required program and organizational changes
Monitoring	Conduct regular monitoring and evaluation of goals and outputs Ensure implementation of HRH Strategic Plans by generating funds and monitoring
Research	Conduct research and policy development Conduct Operations Research on local and global best practices; and evaluate assessment of interventions which have observable impact
Policies	Evaluate HRH-related policies and crafting corresponding policies, if needed
HRH Plans	Implement and institutionalize Human Resource Management strategy, policies and plans; and design or re-design interventions if necessary
Capacity Building	Improve HRH entry interventions such as Transformative Education and Continuing Competence program
HRH Network	Continue maintaining, sustaining and expanding Leadership and Partnership through the HRH Network Philippines and mobilize community support Maintain the HRH Implementing Organization
<b>WHO Global Workforce Strategy 2030</b>	
Policies	Optimize performance, quality and impact of health workforce through evidence-informed policies on human resources for health
Accreditation	All countries have established accreditation mechanisms for health training institutions
Capacity Building	Build the capacity of institutions at subnational, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health
<b>ASEAN Mutual Recognition Agreements</b>	
HRH Network	All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda
Organization	All countries have human resources for health unit with responsibility for development and monitoring of policies and plans
Regulation	All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector
Data and Info Systems	Strengthen data on human resources for health for monitoring and accountability of national and regional strategies, and the global strategy All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to WHO Secretariat annually All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange
<b>UN-SDG 2030 Agenda for Sustainable Development</b>	
HRH Production and Count	Substantially increase health financing and recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states
<b>Asia Pacific Action Alliance on Human Resources for Health (AAAH) Conference</b>	
General priority areas	(1) HRH advocacy; (2) Information Monitoring; (3) Capacity Strengthening; (4) Knowledge Generation, and (5) Technical Coordination

Theme	Commitment
Policies	Include mapping of policies on rural retention; critical assessment of key policy on rural retention; scaling up effective policies; resolving weakness of unsuccessful policy implementation Do policy analysis in mushrooming of private health professional education institutes; regulatory environment; quality of professionals; responsiveness to country health needs
Data and Info Systems	Include critical assessment of the bottlenecks of HRH Information Systems and cross country sharing of experiences of success/failure
Production	Strategic Planning in HRH Production
Capacity Building	Application of 5C for national level assessment; institutional level assessment of nurse, doctors, public health schools; student assessment of those who are about to leave school Health professional reform – prioritizing the most feasible paths
Stakeholder support	Build-up momentum, bind-in support from key stakeholders
Migration	International flows of patients and international migration of health professionals In light of private health sector growth – domestic migration from public to private, rural to urban
<b>UN High Level Commission on Health Employment and Economic Growth</b>	
Investment in HRH	Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills in the right numbers and in the right places Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and appropriate number of health workers Align international cooperation to support investments in the health workforce
HRH Production and Count	Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places
Gender	Address gender bias and inequities in education and the health labor market, and tackling gender reforms in health reform processes
Capacity Building	Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential Ensure investment in International Health Regulations core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted
Health Service Delivery	Reform service models concentrated on hospital care and focus instead on prevention and the efficient provision of high quality, affordable, integrated, community-based, people-centered primary and ambulatory care, paying special attention to underserved areas.
Technology	Harness the power of cost-effective information and communication technologies to enhance health education, people-centered health services and health information system
Welfare	Ensure the protection and security of all health workers and health facilities in all settings
PPP	Promote intersectoral collaboration at national, regional and international levels Engage civil society unions and other health workers' organizations and the private sector
Migration	Advance international recognition of health workers' qualifications to optimize better skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrant's rights
Research	Undertake robust research and analysis of health labor markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action

Inputs were extracted primarily by the Technical Working Group from the Health Human Resources Development Bureau

**These commitments must be translated to clear actionable items that benefits the sector.**

**U.S. Agency for International Development**

1300 Pennsylvania Avenue, NW

Washington, D.C. 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

[www.usaid.gov](http://www.usaid.gov)