



Facility Based Staffing Standards for Primary Care in the Philippines

Technical Briefer

Background

With the signing of Universal Health Care (UHC) Bill into law (Republic Act No. 11223), the health sector needs to re-align its policy and strategic direction to strengthen primary care services in order to ensure citizens have access to the full continuum of health services they need, while protecting them from enduring financial hardship.

Maximizing the potential of the health workforce is one of the policy orientations specified in the UHC law. Specifically, the sector intends to ensure there is adequate and equitable distribution of human resources for health (HRH) based on population health needs. To achieve this, the health sector has determined the need to identify evidence-based health workforce staffing standards for the different levels of care.

In line with the need to attain this intent, the Department of Health has prioritized the number of health workers at the primary care facilities based on expected services to be delivered as defined in the Manual of Standards for Primary Care Facilities¹. As such, a staffing standard has been defined for primary care facilities, mandating the minimum and maximum health workers needed per cadre to ensure provision of quality services to all citizens irrespective of any factors.

Rationale for the Facility Based Staffing Standards

The need for a rational and evidence-based method of setting the correct staffing levels has been a challenge for the Department of Health. In the past, staffing requirements were based on fixed patterns of staff for different levels of care and included population ratios for critical staff. These approaches have been quite useful in assessing overall staffing requirements at the various levels of care in the country. However, challenges have arisen in their adaptation.

The fixed patterns of staff and population-based staffing standards were based on what were determined as *critical staff*, mainly physicians, nurses and midwives, and *not all* staff required for service provision, which has resulted in no guidance in planning for their development. In addition, while the previous standards were based on health services, the workload used was for a minimum set of services, ignoring the totality of the services carried out in facilities. As well, staffing standards did not provide guidance to individual facilities on how to determine their specific needs, as country-wide standard workloads were not derived for the various health interventions. In actuality, staffing needs can vary widely across facilities of the same type.

As a result of these challenges, HRH planning and development throughout the Philippines has not been largely guided by the staffing standards. Local governments units have continued to develop and recruit health workers based on their perceptions of their relative needs and not guided by evidence.

However, in the advent of UHC, the comprehensive classification of primary care services and facilities has allowed the staffing standards to base their workload on a more realistic and standards-based expectation of service provision on the ground, not only on a select few interventions. As a result, they reflect the actual workload expected of the system. In using the comprehensive package of services in

¹ Department of Health. Manual of Standards for Primary Care Facilities. 2019.

primary care, the standards have incorporated current and expected interventions to derive the staffing needs. Thus, they are not just based on current workload, but on expected workloads at the primary care facilities. The standards provide staffing requirements information in a number of ways for various uses. They present staffing requirements based on staffing needs, population ratios, and fixed staff requirements per level of care based on regional peculiarities. The standards also provide standard workload components and available working times to guide local government units and facilities that want to derive their specific staffing need based on their peculiarities.

This Briefer will provide staffing standards for primary care designed to maintain the gains already achieved by the Department of Health's efforts while also addressing the deficiencies identified during the Workload Indicators of Staffing Need (WISN) study. Therefore, these staffing standards are a guide to the required staff in primary care facilities needed to work towards effective delivery of the primary health care services.

They have incorporated:

- i) Human Resources for Health standards for equitable and efficient primary care services
- ii) Minimum and maximum national staffing needs required for primary facilities to deliver primary care services
- iii) Workload components for different health worker cadres

These standards can therefore be used in guiding HRH investment decisions at the national government and local government levels. They are also useful for monitoring how close different implementation levels of HRH are attained for delivering UHC.

Methodology

The methodology used for setting these staffing standards for primary care in the Philippines was highly participatory with the involvement of a wide range of stakeholders. The evidence-based method took cognizance of the local context. The WISN methodology was adopted to rationally identify and define the workloads undertaken by primary care workers. Overall, the methodology considered the available working time that is, (possible working time minus time off duty for various reasons) as well as the standard workloads to derive required staffing numbers.

Specifically, as a facility-based tool, WISN captures the effort (i.e. time) from specific health care workers to carry out the particular activities a staff category is expected to carry out, and it uses activity standards and annual statistics to derive standard workload due to the given activity. The methodology estimates the standard workload for a facility by adding the total time required for carrying out the different activities. This is then supplemented by a category allowance factor which is the additional time spent on non-direct health activities to clients, such as health education and home visits, plus individual allowance factor, which is time spent on activities by specific individuals in a staff grouping (e.g. a nurse who is in a supervisory role and must attend management meetings).

In the Philippines, the traditional WISN approach was followed but with some modifications and adaptations to allow for derivation of standards. These included:

- Activities carried out based on service package not solely on staff cadres due to overlapping roles amongst cadres. The WISN approach uses staff cadres to derive activities. As the primary care services have been revised and now comprehensively defined, it is necessary to use the services to determine what activities are to be carried out in the primary care facilities.
- Annual workloads for activities were based on estimated national targets for achievement of the different interventions, not on current statistics. For some activities, there were no current statistics. In addition, as the standards are forward looking, expected services were incorporated. Where no data existed, best estimates were used.

Facility Based Staffing Standards Results Based on Facility Workload

Using the WISN methodology, the following minimum and maximum staffing standards were determined per cadre based on workloads. The minimum staffing standards represent the minimum amount of each primary care health worker type to address the standard workload of the cadre regarding solely clinical care. The maximum staffing standards represent the maximum amount of each primary care health worker type needed to address the standard workload of the cadre in regard to clinical care, as well as category and individual workloads. See *Annex A for calculations*.

Barangay Health Station		
Health Worker Type	Average of Minimum Staffing Requirement	Average of Maximum Staffing Requirement
Midwife	1	2
Nurse	2	3
Rural Health Unit		
Health Worker Type	Average of Minimum Staffing Requirement	Average of Maximum Staffing Requirement
Med Tech	1	2
Midwife	2	4
Nurse	2	4
Physician	1	2

Limitations

The following limitations were identified in the development of the staffing standards:

- Data completeness and accuracy was a challenge. Information from available literature provided the estimations and modifications were used depending on the situation. Overall, these results were developed based on a representative sample.
- These National HRH Staffing Standards do not cover the entirety of primary care cadres. Further review of full workloads should be conducted when WISN is implemented for the various other primary care cadres, to ensure that the most efficient workloads are taken into account as per the scopes of practice of these health workers, as well as the standard package of services.

Recommendations for Application of Results

- The National HRH Staffing Standards require certain enabling institutional and the legal instruments to operationalize the broad guideline objectives into law, regulations, and activities.
- Once the Health Care Provider Network framework has been identified, and WISN conducted on the various other cadres, network specific recommendations, that include the private sector, should be developed based on the National Staffing Standards.
- Overall, the National HRH Staffing Standards should be included in the Manual of Standards on Primary Care to guide decision makers and health care managers on both service provision and planning for primary care facilities on the health workforce. The national staffing standards for the Health Care Providers Network is till under development.

Annex A. Staffing Standards Calculations

Average Minimum Staffing Requirements

The average minimum staffing requirement was determined by totalling the standard workload (health services only) for each cadre in all Barangay Health Stations and Rural Health Units respectively. Then, the average was determined, with subsequent rounding up to the nearest whole number. The minimum staffing requirement represents the number of health workers needed for health service delivery alone.

Average Maximum Staffing Requirements

The average maximum staffing requirement was determined by adding following the same process for each cadre in Barangay Health Stations and Rural Health Units respectively. First totalling the categorical allowance factors (support activities) and the individual allowance factors (additional activities) and identifying the average for each. These two factors were then added to the standard workload identified above, with subsequent rounded up to the nearest whole number to identify the maximum staffing requirement. The maximum staffing requirement represents the number of health workers needed for all health service, support, and additional activities.

Database for Staffing Standards Calculations

This database holds the raw data that was utilized when developing the staffing standards

