

Evidence Based Planning and Management: Workload Indicators of Staffing Needs

Recommended Governance Structure for WISN in the Philippines

Introduction

The Philippines, like other countries is faced with human resources for health (HRH) challenges including shortages, inadequate skill mix and inequitable distribution of health workforce across levels of care. In attempts to address these issues in the Philippines, the Health Human Resource Development Bureau (HHRDB) of the Department of Health's (DOH), with the technical assistance from the United States Agency for International Development Human Resources for Health in 2030 Philippines Project, introduced the World Health Organization's Workload Indicators of Staffing Need (WISN) method to understand the current workload pressure of health workers, determine the staffing needs and set staffing standards to optimize management of the health workforce to achieve universal health coverage (UHC) in the country.

WISN is a planning and management tool which offers an objective and scientific method to estimate health workforce requirements based on actual workload.¹ The WISN tool helps determine the number and type of health workers that are needed to appropriately manage the workload of a given health facility, looking at both the health service and non-health service activities that are conducted by health workers, using actual data from the facility. Based on this analysis, managers and decisions makers will have the evidence they need to understand how to tackle inefficiencies, address trends in actual health worker activities, and identify true gaps in workforce availability. Overall, WISN takes account of the different health service packages and complexity of care in health facility settings.

The health workforce is a critical component to achieving UHC. The DOH will need to consider how to support national and local planning and management of the health workforce in order to ensure that quality health care services are available, accessible, affordable and reliable to meet the population's health needs. While WISN will be a key component to this support, a strong governance structure is needed to operationalize, institutionalize and sustain not only use of WISN as an evidence-based planning and management tool, but apply results that are rendered from implementation. Due to this

¹ World Health Organization. (2016). HRH Observer Series No. 15. WISN: Selected Country Implementation Experiences.

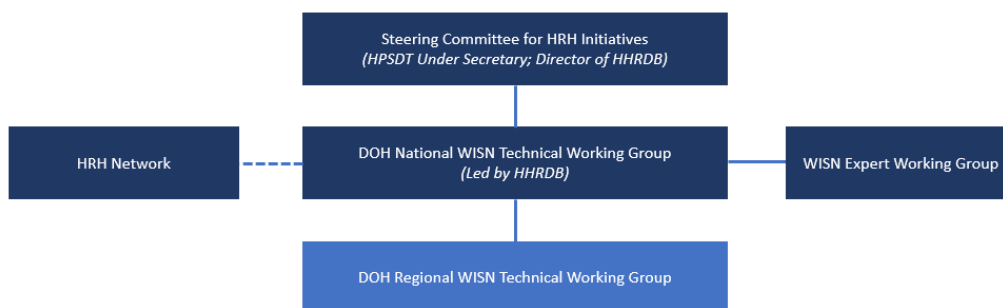
need, a recommended governance structure was developed in consultation with the HHRDB. The governance structure recommends two components: 1) National Government and 2) Local Government due to the devolved set up of health workforce planning and management in the Philippines. The WISN governance structure will establish defined roles and responsibilities of the concerned units for WISN implementation. This governance structure should be used as a reference and a resource for consideration by those in leadership at the DOH and for those at HHRDB who will work to operationalize, institutionalize and sustain use of WISN and WISN results.

Recommended Governance Structure

National Government WISN Governance Structure

The National Government WISN Governance Structure will set the strategic tone for implementation of WISN and use of results from WISN. This will include integration of WISN into the Steering Committee for HRH Initiatives and leveraging of the existing HRH Network, as well as the establishment of a WISN Technical Working Group at National and Regional levels, which is complemented by a National level WISN Expert Working Group. These groups, and their actors, will ultimately be responsible for supporting implementation of WISN and use of WISN results through the development of tools and approaches, building of capacity at all levels and dissemination of lessons learned.

FIGURE I. NATIONAL GOVERNMENT WISN GOVERNANCE STRUCTURE



A. Steering Committee for HRH Initiatives

The Steering Committee for HRH Initiatives is chaired by the DOH Undersecretary of the Health Policy and Systems Development Team (HPSDT) and co-chaired by the Director of HHRDB. While the Steering Committee covers several different HRH areas beyond WISN, for WISN specifically, their role will be to:

1. Provide strategic direction for the application of WISN and serve as the national oversight for WISN implementation and use of results;
2. Review final technical outputs of the Technical Working Group for policy recommendation to the Secretary as needed;
3. Advocate for use of WISN for planning, budgeting, and management at all levels of the health system.

B. DOH National WISN Technical Working Group

The DOH National WISN Technical Working Group will be chaired by HHRDB, with the Bureau of Local Health Systems Development, Health Facility and Services Regulation Bureau, Health Facility Development Bureau as these are the actors needed to properly advise on inputs to WISN, how results of WISN can be used, and ensure institutionalization of the WISN process. A Support Team will also be developed as the technical and administrative secretariat. The TWG will perform the following functions:

B.1 General Functions:

1. Plan, coordinate and consult with relevant DOH Bureaus and other partners for the implementation of WISN including integrating WISN and use of results into workplans and expedite key policies/strategies;
2. Developing guidelines and tools for implementation and dissemination of results;
3. Oversee WISN implementation and use of results;
4. Conduct capacity building activities for DOH staff and other health workforce stakeholders;
5. Manage the resolution of issues, conflicts, risks, and challenges that may arise during implementation;
6. Perform other functions as may be assigned to effectively implement WISN and use of WISN results.

B.2 Specific Functions:

1. Develop national activity standards for primary health care cadres for the implementation of primary health care services;
2. Develop activity standards for general services in level 1, 2, and 3 hospitals; specialty services in hospitals and health care provider network;
3. Develop WISN implementation guidelines for adoption of the tool by the Center for Health Development and Local Government Units;
4. Organize National Expert Working Group and WISN Technical Working Group in regions through issuance of a personnel order;
5. Build capacity of all relevant stakeholders involved in WISN in the use of the WISN tool and analysis of results;
6. Monitor data collection, the use of WISN tool and analysis of results;
7. Identify challenges, gaps and/or risks, and propose corresponding solutions to the identified gaps and/or risks;
8. Consolidate WISN results and lessons for presentation to the Steering Committee;
9. Draft necessary policies for adoption or institutionalization of the WISN tool for approval of the Steering Committee;
10. Develop and update toolkit and oversee roll out of WISN at regional level;
11. Develop and update contents of the eLearning; and
12. Analyze WISN results and develop staffing norm recommendations for consideration by Steering Committee.

B.3 Support Team Functions:

1. Act as the technical and administrative secretariat to the Steering Committee, Technical and Expert Working Groups;
2. Convene meetings of the Steering Committee, Technical and Expert Working Groups in line with the specific tasks assigned;
3. Coordinate with various offices in the DOH, HRH Network and other stakeholders for submission of specific technical inputs or outputs for use of the Technical and Expert Working Groups, as may be assigned to participating agencies;
4. Document minutes of meeting of the Technical and Expert Working;
5. Issue Notice of Meetings to the Steering Committee, Technical and Expert Working Groups.

C. HRH Network

The HRH Network will serve as the multi-stakeholder group that will support advocacy efforts at institutionalizing use of WISN for health workforce planning and management. In addition, the Network

will provide a multi-sectoral lens to implementation of WISN and use of results. HRH Network member organizations are expected to:

1. Assign a permanent representative to attend consultation meetings and other activities of the National Technical Working Group as may be convened by the DOH;
2. Participate in the discussions of the National Technical Working Group related to the development and implementation;
3. Share with the National Technical Working Group, relevant, aggregated and anonymized health workforce data, studies, policy issuances, guidelines, training materials and other tools/information from their respective agencies as per the defined data sharing guidelines, which are relevant to the tasks;
4. Act as resource person/facilitator on specific activities of the National Technical Working Group as may be assigned by the DOH.

D. WISN Expert Working Group

The Expert Working Group will be established on an ad hoc basis and membership will be determined based on which cadre is the subject of the WISN study. Members of the WISN Expert Group should be mid-level, mid-career professionals, essentially those that are actually providing services and able to speak to the tasks and the time on task. The EWG will:

1. Define the main workload components and sets activity standards, or the amount of time it takes for a well-trained, well-motivated and well equipped professional to complete a task, per cadre;
2. Ensure that workloads are aligned with their respective professional policies and training specifications.

E. DOH Regional WISN Technical Working Group

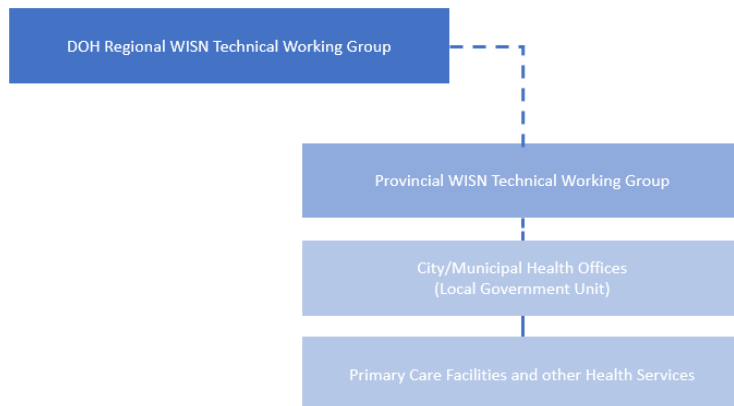
The Regional Technical Working Group will serve as the link between the local level and the national level. This will be led by a trained WISN Focal Point within the Regional Health Office. Their primary role will be to serve as advocates for use of WISN and WISN results, manage data collection, and build the capacity of Provincial and Local Governments . Specifically, they will :

1. Be responsible for implementing the overall WISN process such as advocacy, implementation cascade, monitoring and evaluation;
2. Liaise with local-level stakeholders during data collection and use of WISN results, ensuring tools, approaches and lessons learned are cascaded down to the local level for their use;
3. Ensure the cascade of tools, approaches and lessons learned from the national to provincial level and vice versa to guide the national policies;
4. Support integration of the WISN method into the routine management and budgeting procedures and act as a strong advocate with relevant officials.

Local Government WISN Governance Structure

Due to the devolved nature of the health system in the Philippines, a governance structure for implementation of WISN and use of results must be recommended for local governments. While the Regional WISN TWG will provide technical support, it is the Provincial TWG and Local Government Units that will manage implementation of WISN. This is solely a recommendation, should local government be interested in use of WISN as a planning and management tool.

FIGURE 2. LOCAL GOVERNMENT UNIT WISN ORGANIZATIONAL STRUCTURE



A. Provincial WISN Technical Working Groups

The Provincial TWG will be comprised of staff from the Provincial Health Office and serve as the main link between the Local Government Unit and the Regional WISN TWG, cascading technical support for implementation and use of WISN results. Though the Provincial TWG will only have “dotted line” supervision of the Local Government Units, they will be responsible for:

3. Serving as a strong advocate with relevant higher-level officials, recommending use of WISN for planning and management;
4. Supporting implementation of the overall WISN process, in particular providing technical assistance to Local Government Units in using the results of WISN for decision making;
5. Ensuring the cascade of tools, approaches and lessons learned from the national to local level and providing feedback to regional TWG for assistance or course correction.
6. Liaising with local government for data collection

B. Local Government Units

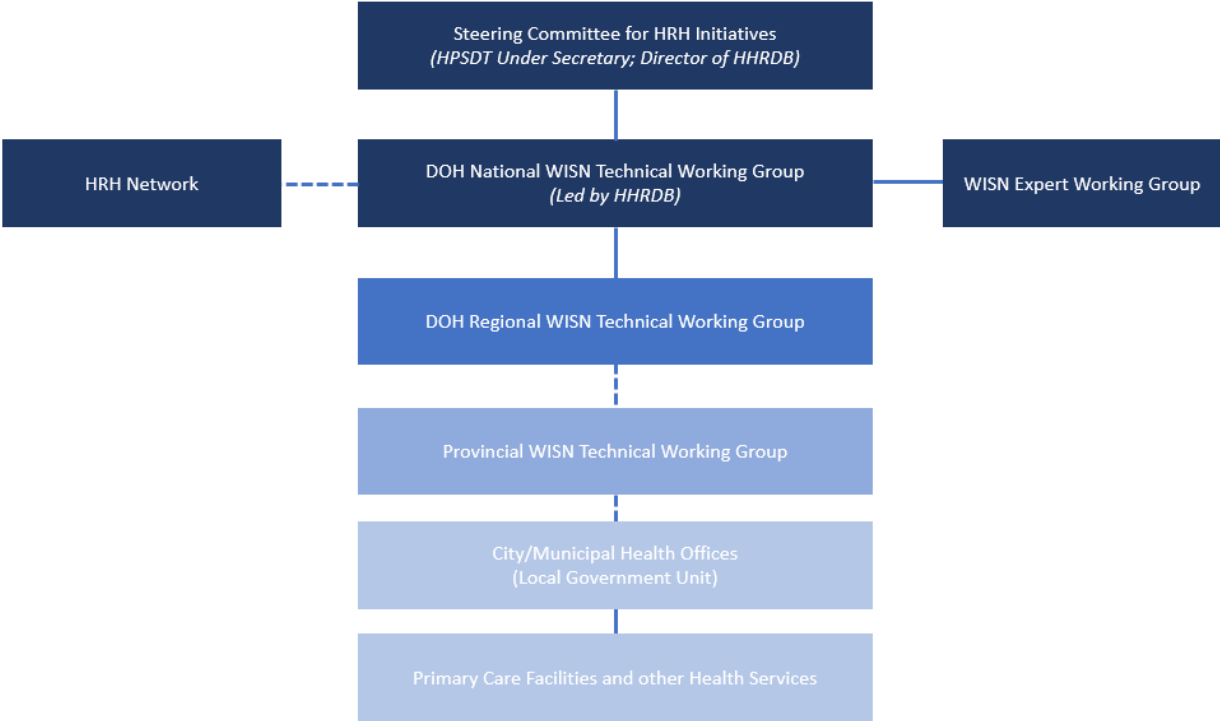
Local Government Units are managers of staffing decisions in their cities/municipalities, thus their role in implementation and use of WISN results is key. The following roles are recommended for the Local Government Unit:

1. Integrate WISN method into the routine management and budgeting procedures.
2. Strengthen health service documentation, reporting and safeguarding of the registers.
3. Use WISN results to reallocate or deploy staff from health facilities within the Health Care Provider Network with low workload areas and surpluses to high workload areas with shortages.
4. Strengthen the other health system building blocks such as information, medical products, financing and leadership and governance.

Conclusions and Next Steps

To achieve UHC, stronger national and local planning and management of the health workforce is needed in order to ensure that quality health care services are available, accessible, affordable and reliable to meet the population’s health needs. This recommended governance structure should allow actors at all levels of the health system to operationalize, institutionalize and sustain not only use of WISN as an evidence-based planning and management tool, but apply results that are rendered from implementation. These recommendations should be reviewed with leadership prior to adoption and the mechanisms needed to enforce this structure (at the National Level) should be identified (for example issuances of Department Orders, Department Personnel Orders, Administrative Orders). At the local government level, discussions should be held with Provinces and Local Government Units that have prioritized the health workforce to better understand if the recommended structure is feasible to implement. Overall, this recommended governance structure should be adjusted and responsive to changes in the policy and legal environment as UHC rolls out and gains in maturity in the Philippines.

FIGURE 3. COMPLETE WISN GOVERNANCE STRUCTURE



Annex A. WISN Governance Structure Framework

While frameworks can be found in Figures 1, 2 and 3 above, this document can be used to edit the above governance structure as WISN matures in implementation and use.

[WISN Governance Structure Framework](#)

Click above using Ctrl+Click to access the Frameworks for editing.

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