




WELCOME! Please introduce yourself in the chat: Name, Location & Favorite Movie

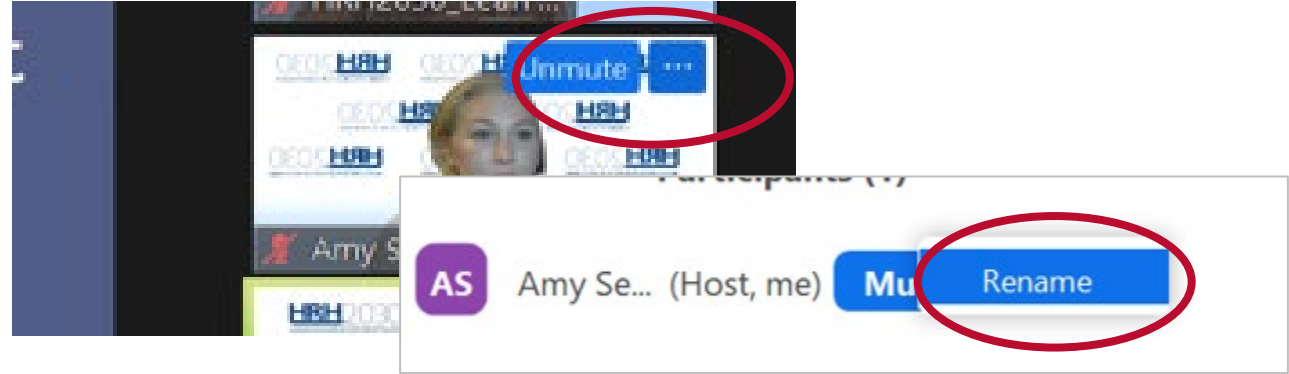
Health Workforce Management and Data Systems: A Focus on Pacific Island Countries and Health Systems Resilience

Rachel Deussom, HRH2030 Technical Director
Leah McManus, HRH2030 Technical Advisor
Amy Sedig, HRH2030 Senior Manager

Session 2
July 20, 2021

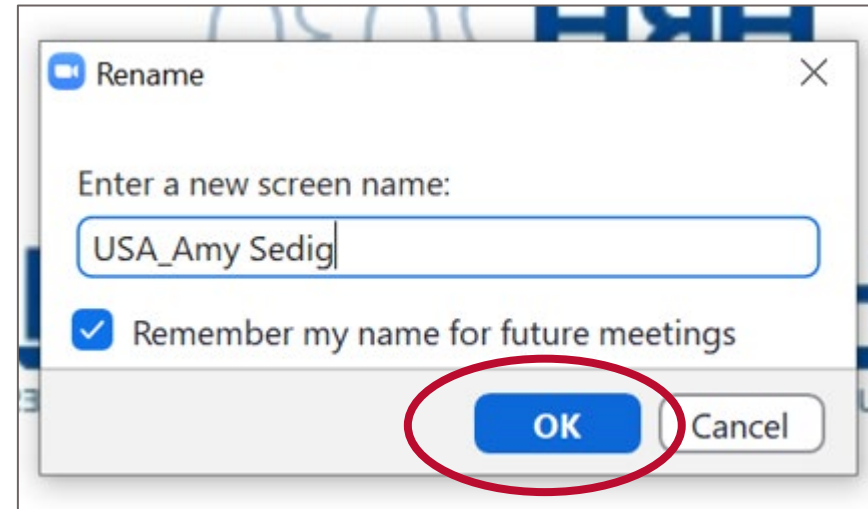
Zoom Renaming Instructions

1. Participants: Please click on the 3 dots  next to your name, on the list of options that pop up, click on “**Rename**”.



2. Update to this naming convention:
Country_Name
for example, **USA_Amy Sedig**

3. Click “**OK**”



This will help us place you in the appropriate breakout group discussion!

ASK QUESTIONS and CONTRIBUTE to discussions by “raising your hand” in Zoom or typing in the chat – we look forward to your questions and contributions!

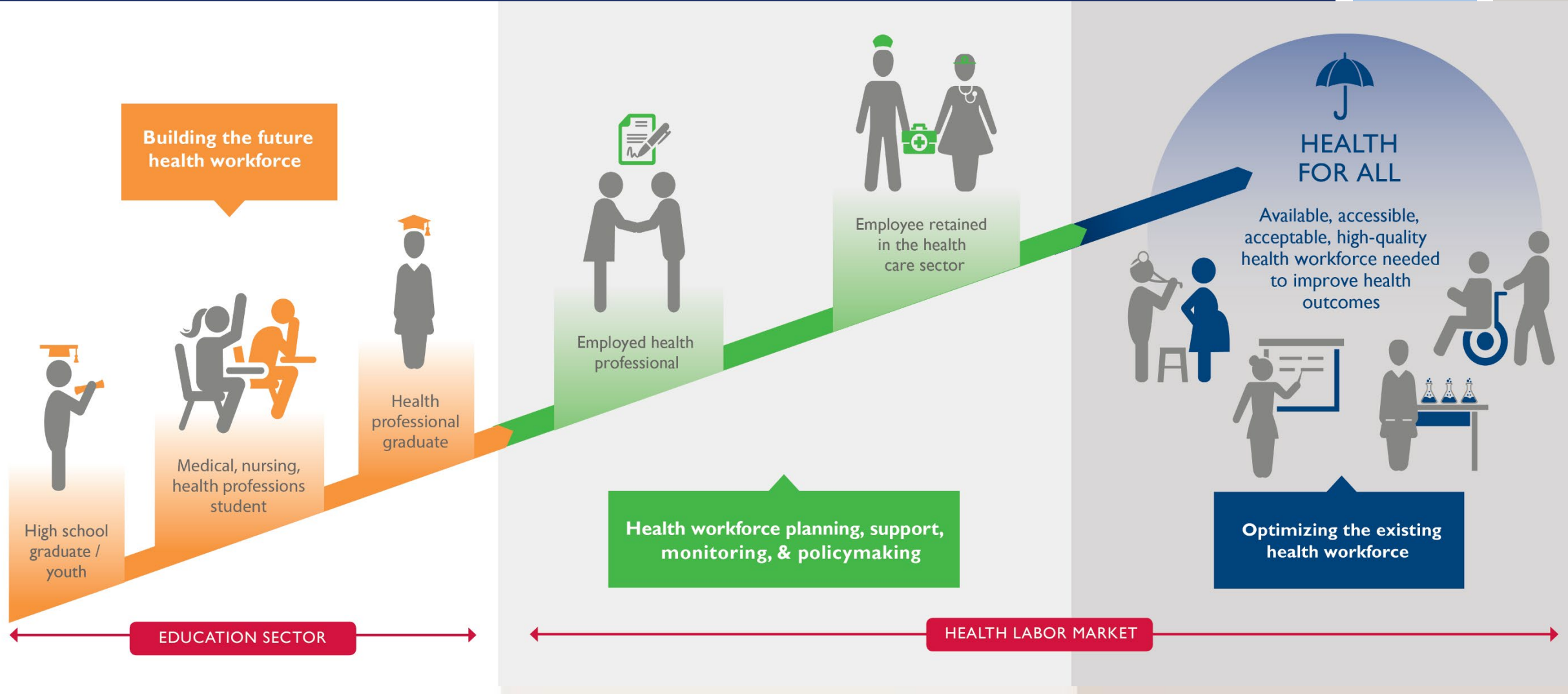
SESSION 2: Improving Availability and Quality of HRH Data to Support Health Systems Resilience



Key takeaways

- Health systems around the world, including in the Pacific Island region, could be more resilient with a stronger, better managed health workforce.
- Using high-quality, up-to-date HRH data helps improve decision-making to address health workforce challenges
- The data use cycle is a collaborative and progressive process involving diverse HRH stakeholders to continually improve how data are analyzed to improve HRH and health goals
- National Health Workforce Accounts (NHWA) and human resource information systems (HRIS) can improve the availability and use of quality HRH data

HRH2030 Health Worker Life Cycle Approach



SOURCE: HRH2030, 2018. Adapted from Sousa et al. 2013.



What are we going to learn today?

AGENDA

- *Supporting health systems resilience*
- *Deep dive to improve HRH data quality*
- *Case studies*
- *Applying learnings*
- *Commitments to health workforce data strengthening and sustainability*

Session 2 Objectives:

- To increase knowledge on existing tools, approaches and investments needed to improve the availability and quality of HRH data
- To increase ability to use HRH data to support health system resilience for future emergency response

Using HRH data to support health systems resilience: why and how



What is a RESILIENT HEALTH SYSTEM?

- Increased ability for a health system to withstand and effectively respond to shocks and stressors
- Flexible to adjust resources, policy, and focus in response to constantly emerging challenges

RESILIENCE CAPACITY of Health Systems

Absorptive capacity: To take intentional protective action and maintain stability in the face of known shocks and stressors to prevent or limit negative impacts.

Adaptive capacity: To make incremental and flexible adjustments to better manage a changing environment while improving overall system performance.

Transformative capacity: To make fundamental functional and structural changes that address underlying challenges and contextual dynamics which impact performance and progress toward health outcomes.

What is a resilient health system?





Deep dive: Improving the availability of quality HRH data to promote health systems resilience

Leah McManus, HRH2030 Technical Advisor

1 Building & Strengthening HRIS: Requirements and HRIS Assessment Framework

2 Develop Governance Structures: SOPs, Data Flows, Roles & Responsibilities, MOUs

3 Establish data standards and interoperability: Data definitions and standards, mapping data, develop exchange of data between systems

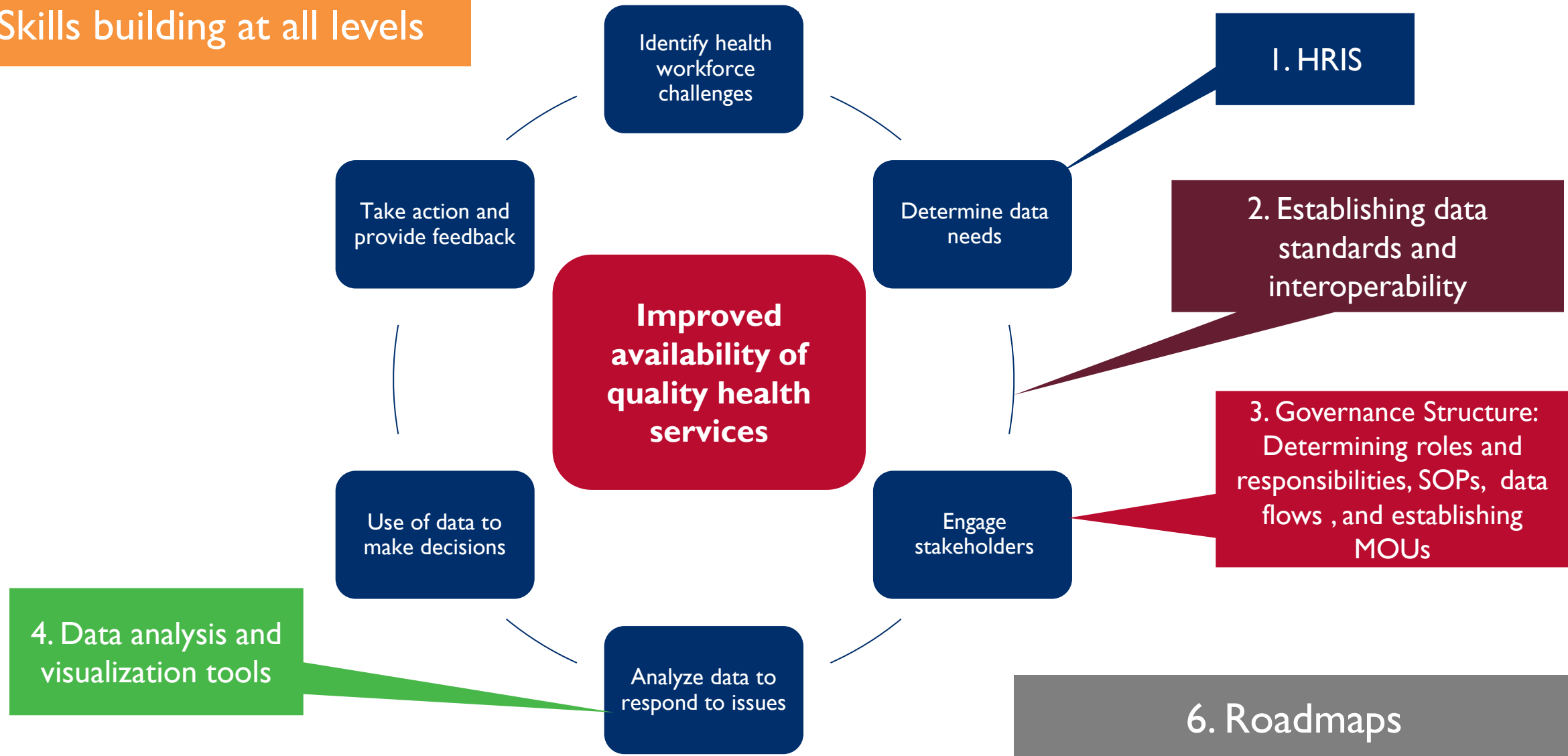
4 Data Analysis and Visualization: Use of tools for data analysis and visualization at the national and subnational level

5 Skills Building

6 Roadmaps and Plans

Taking Action Using Data Cycle

5. Skills building at all levels



Building or strengthening your HRIS



Building an HRIS: Requirements

Collaboratively define the what you need from an HRIS in terms of data and action, within the context of your technological infrastructure.

Strengthening Existing HRIS: HAF

Use of frameworks that assess the functionality and capacity of your HRIS to target and prioritize investments in strengthening your HRIS.

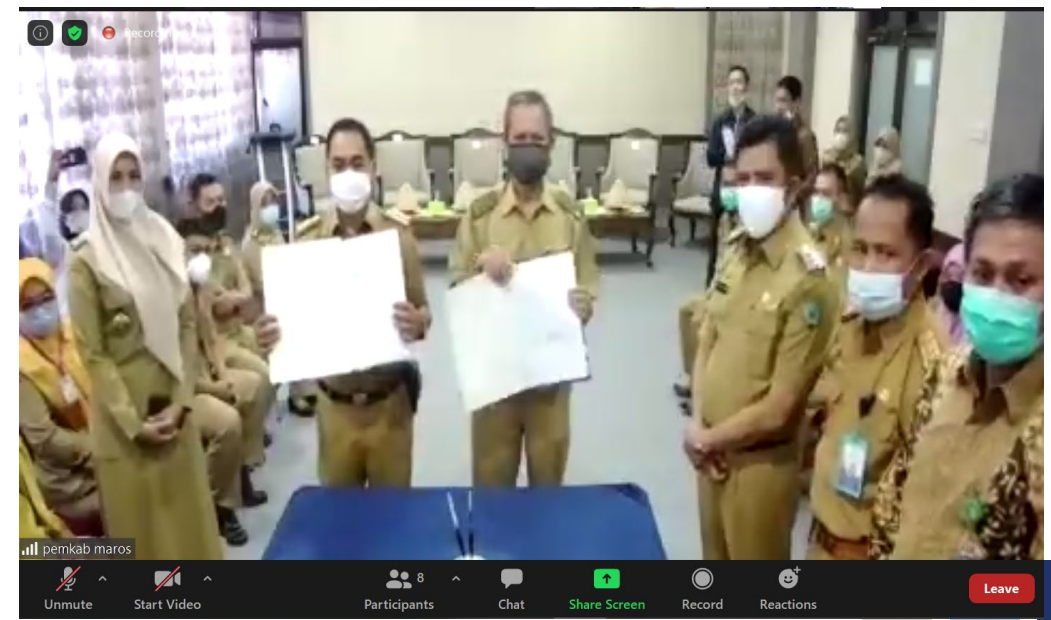
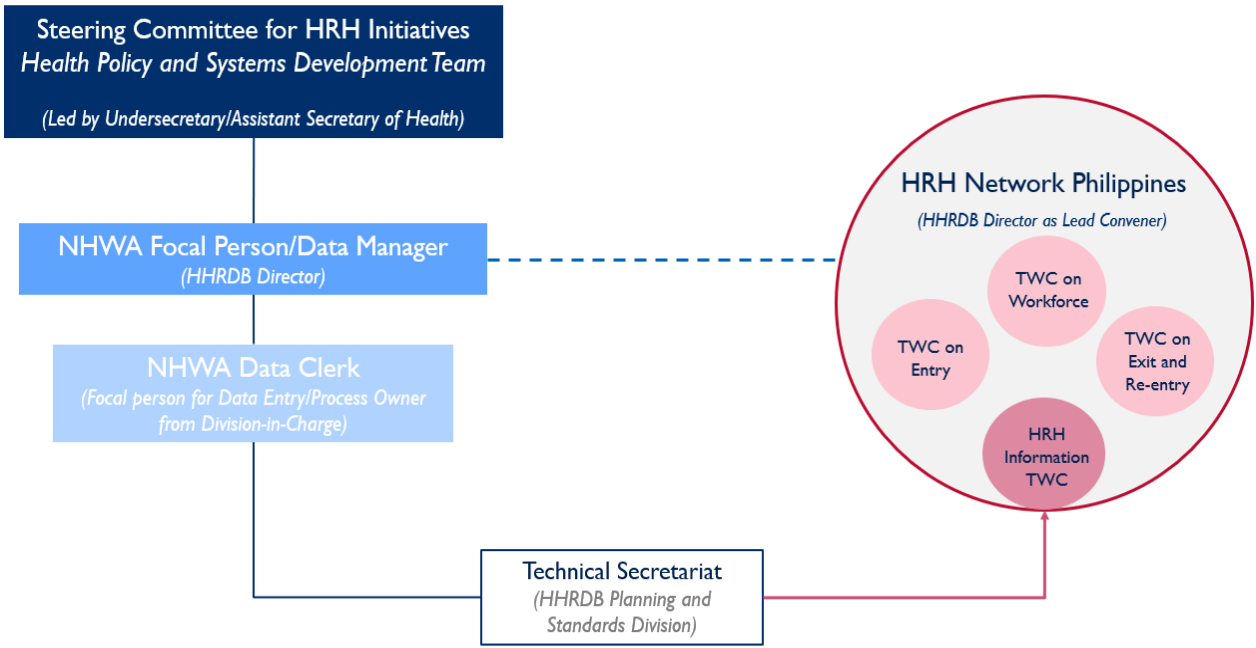
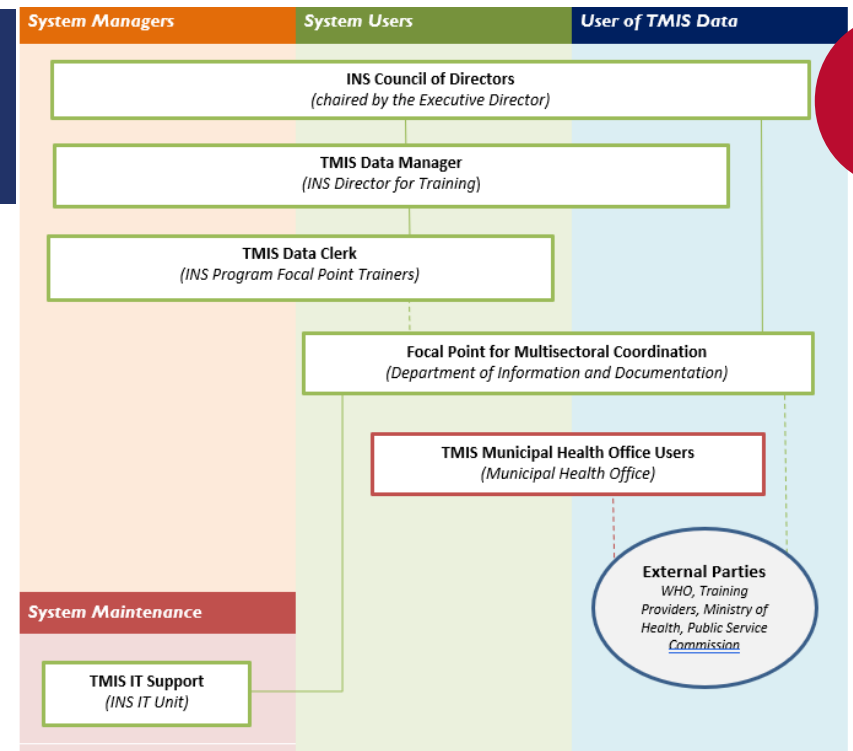
HRIS Assessment Framework

HRIS Functionality Domains	HRIS Capacity Domains
1. Pre-service education	1. Technology Infrastructure
2. Registration and licensure	2. Decentralization of Access
3. Staffing gaps and needs	3. Use of standards
4. Payroll information	4. Data quality
5. Personnel actions	5. Sustainable financing
6. In-service training	6. Human capacity
7. Workforce Exit/attrition	7. Interoperability
8. Health Worker Registry	8. Use of data

Developing governance structures

Engage Stakeholders to:

- Establish standard operating procedures
- Flows of data
- Roles and Responsibilities
- Legal agreements (MOUs)



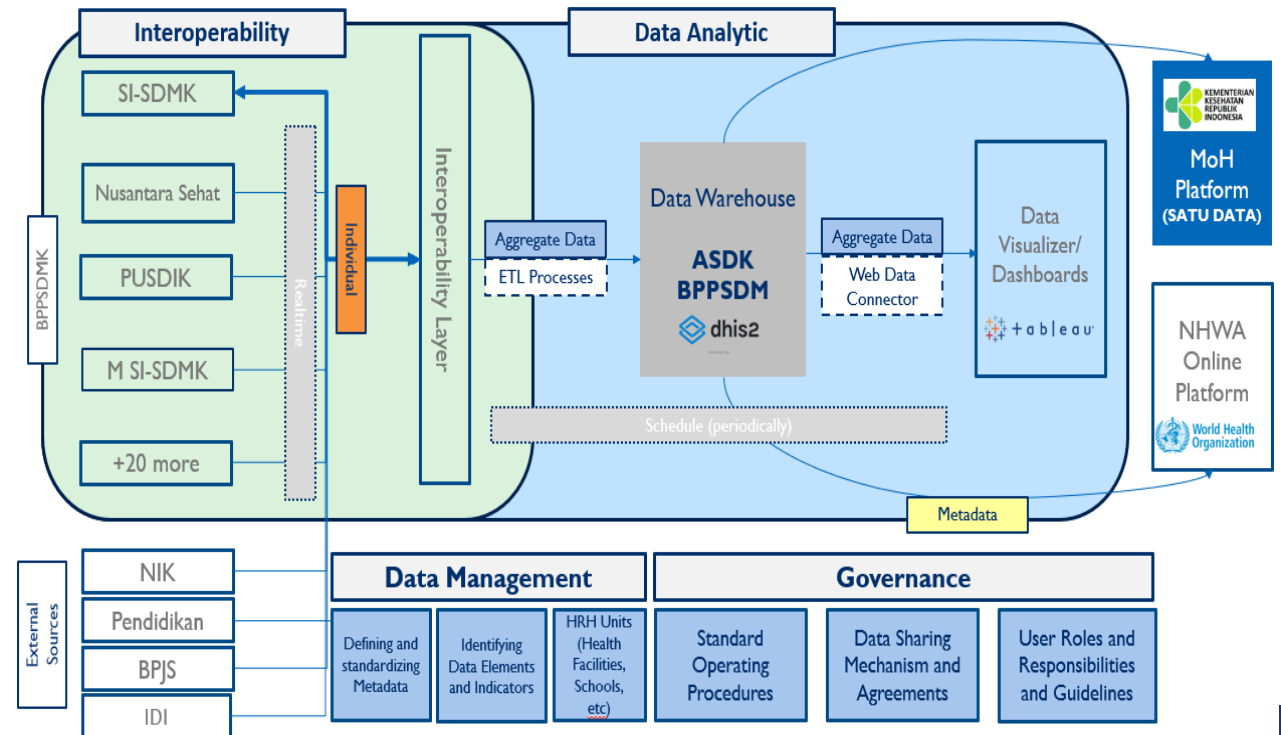
Establish data standards and interoperability

Mechanisms for exchange of data

- Defining and standardizing data and metadata
- Mapping data between systems
- Developing connections between systems for the exchange of data

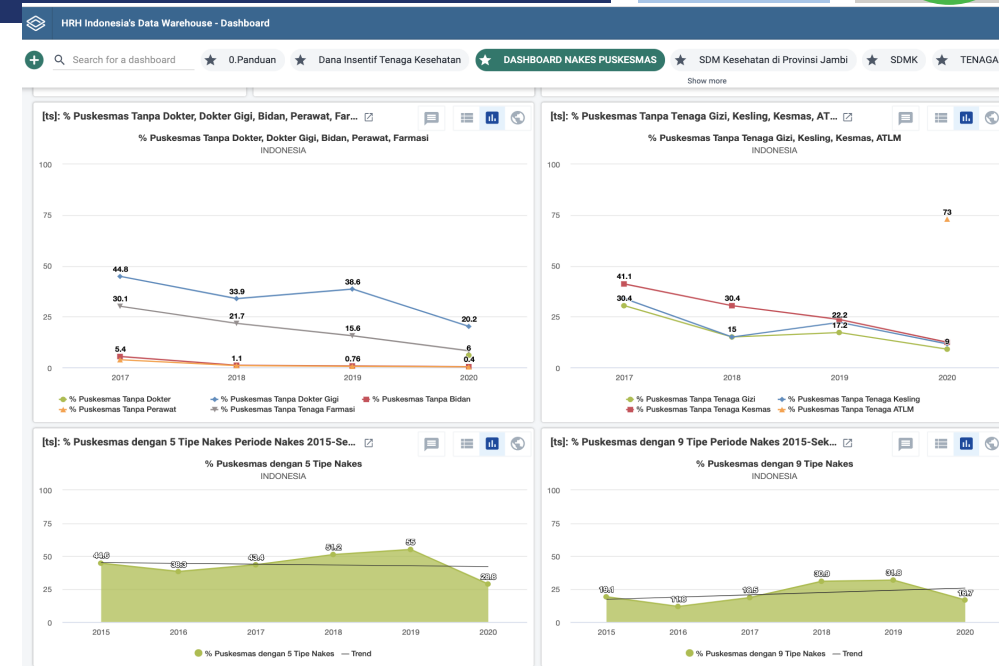
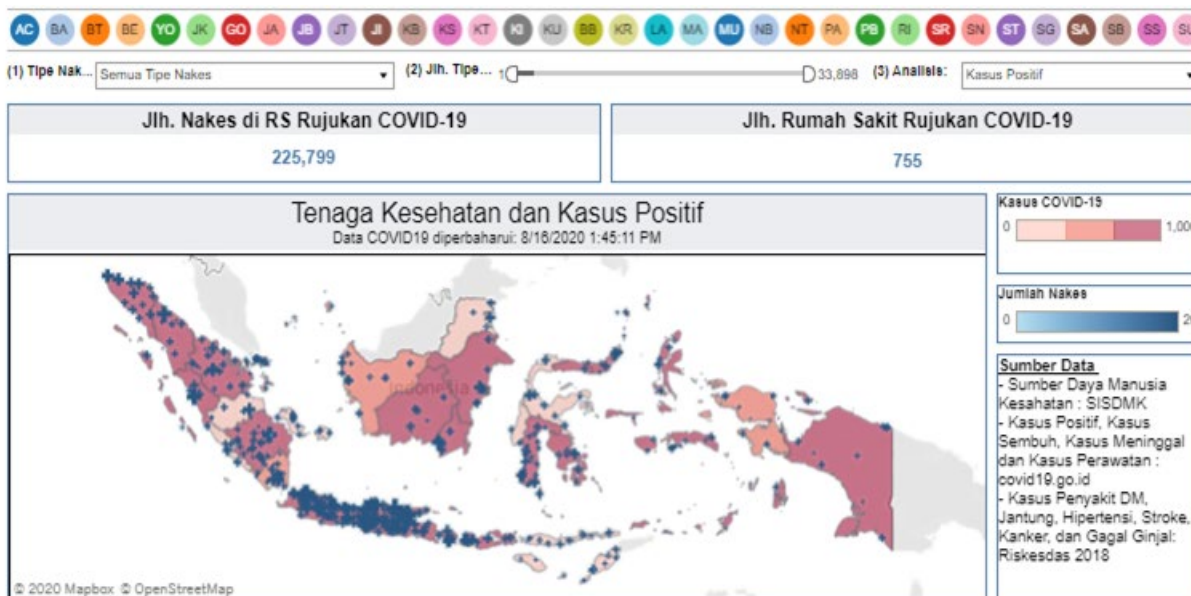
Variabel Data

SISDMK				IBI			
No	Variabel Data	Tipe	Keterangan	No	Variabel Data	Tipe	Keterangan
DATA FASYANKES				DATA PRIBADI			
1	Provinsi	String		1	Gelar Depan	String	
2	Kab/Kota	String		2	Nama	String	
3	Kode Unit	String	Pusdatin dan BPPSDMK	3	Gelar Belakang	String	
4	Nama Fasyankes	String		4	Tempat Lahir	String	
5	Kategori Rumpun	String		5	Tanggal Lahir	Date	
6	Rumpun SMDK	String		6	Agama	String	
7	Sub Rumpun SDMK	String		7	Gol Darah	String	
8	Group Status Kepegawaian	String		8	Email	String	
9	Status Kepegawaian SDMK	String		9	Alamat Domisili	String	
10	Jenis SDMK	String		10	Kode Wilayah Domisili	String	
11	Jenjang Jabatan Fungsional	String		11	No HP	String	
12	Tanggal Mulai	Date		12	NIK	String	
13	ID Pegawai/NIP	String		13	NIK Alamat	String	
PENDIDIKAN				14	NIK Kode Wilayah	String	
14	Sekolah/PT	String		STR dan SIB			
15	Program Studi	String		15	Nomer STR	String	
16	Sumber Dana	String		16	Tanggal STR	Date	
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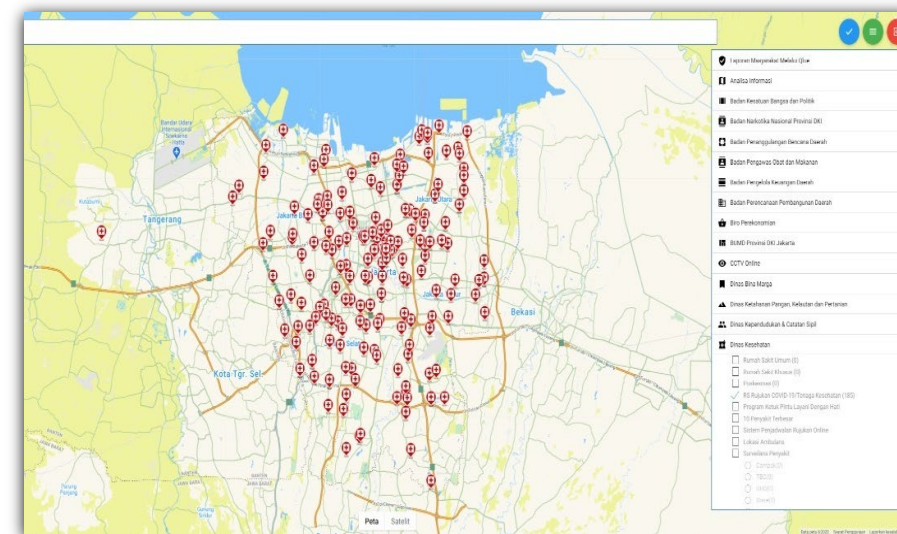
Utilize mechanisms for data analysis and visualization

4



Data Analysis and Visualization

- Tools for data analysis → DHIS2
- Tools for visualization → Tableau, Google Viz
- Consider the national and subnational level
- Consider the information needs of decision makers



Skills Building Areas:

- Information systems development/enhancement and maintenance
- Interoperability design, development and implementation of data standards, data integration and interoperability
- Use of tools and systems; integration into regular operations
- Data analysis, including dashboard conceptualization, design and development, design
- Explaining analysis
- Taking action using data



Cross Cutting: Develop plans and roadmaps

6



Peta Jalan Sistem Informasi SDM Kesehatan di Indonesia

Establishes mission, vision and goals and key actions for strengthening health workforce systems and decision making



Human Resources for Health 2030 | January 2021

Training Management Information System Sustainability Plan

Determines the key areas for investments needed to develop, maintain and sustain systems



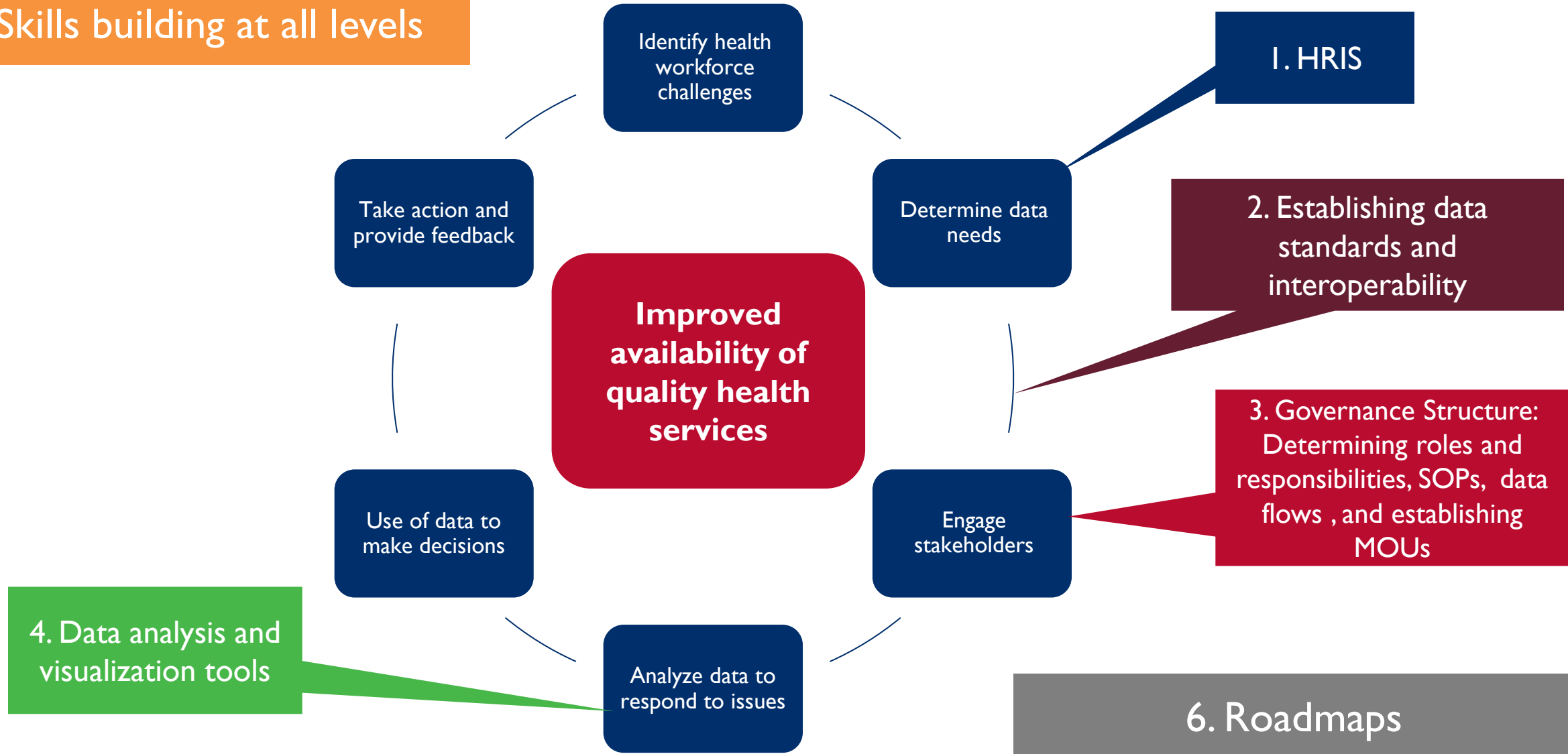
NHWA Implementation Roadmap | February 2020

Philippines National Health Workforce Accounts Implementation Roadmap

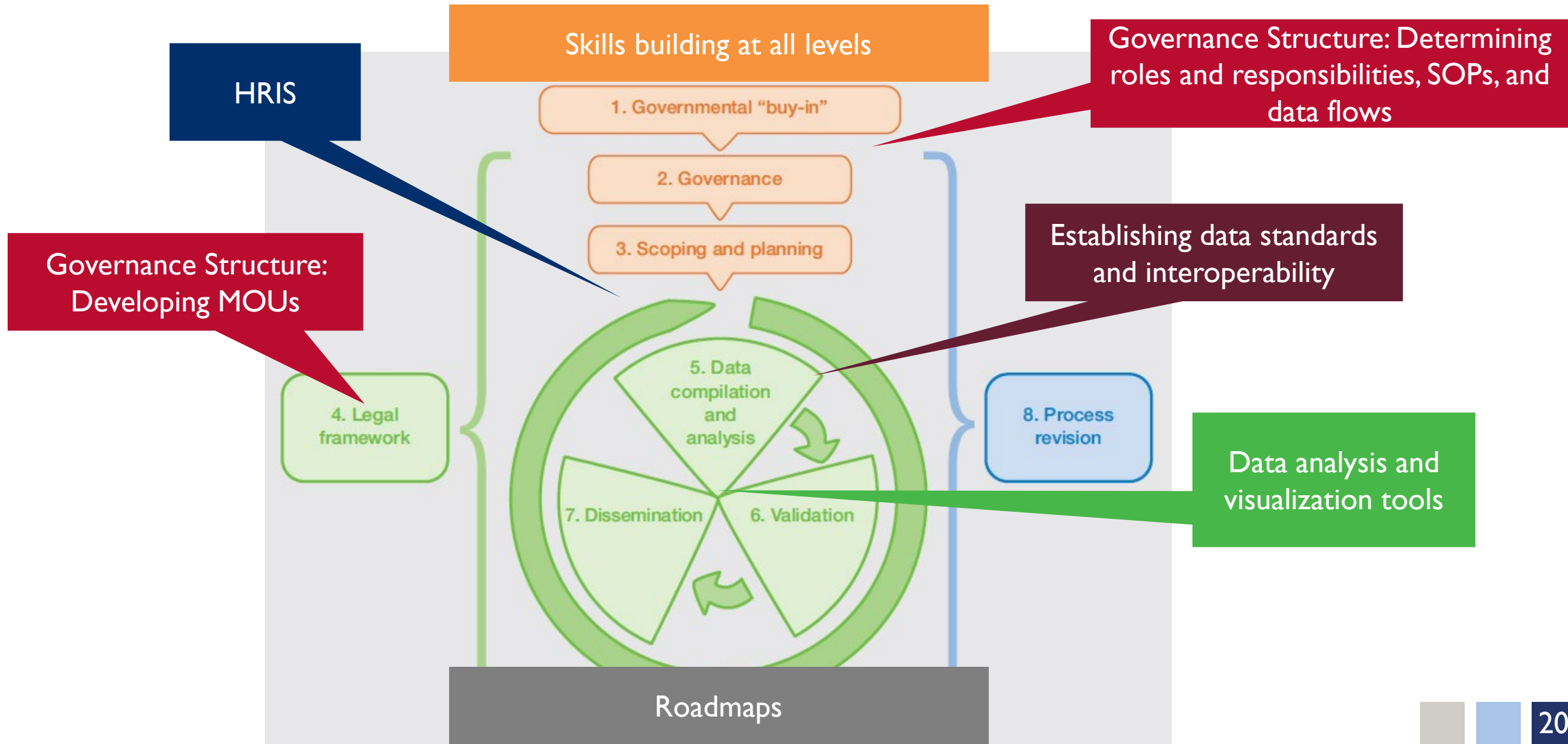
Describes processes, procedures, roles and responsibilities for carrying out activities

Taking Action Using Data Cycle

5. Skills building at all levels



National Health Workforce Accounts



CASE STUDIES: Applying tools to improve data for health systems resilience



Case Study I: Building national capacity to address health worker maldistribution in Senegal

Challenge

Most health workers reside in Senegal's urban areas, leaving many rural and remote communities without access to qualified health workers. The national health worker deployment/transfer policy was not always applied strategically to reduce health worker maldistribution at subnational levels, partly because health worker data were limited.

Approach

The Ministry of Health developed the “winning couple” health worker policy (1 nurse and 1 midwife per PHC facility) to address these challenges. They also revitalized the HRIS. Then, they planned to build the capacity of district health management teams to use HRIS and plan for strategic health worker deployment/ transfers.

Result

District and hospital focal points throughout the country were trained to use HRIS and HRIS data. The Ministry observes reduced gaps in paramedical and medical personal, improved control of salary costs, and better staff management.



Case Study 2: In-service training management for quality services in Timor-Leste

Challenge

Many health workers from Timor-Leste completed pre-service education at schools abroad. Then they receive in-service training and continuing professional development in the country, led by the National Institutes of Health (INS) and many external partners. The health worker training tracking system was paper-based, so it was challenging to coordinate, plan, and monitor skills development. In addition, critical information about these health workers was fragmented, lacking in standardization, and of poor quality, hindering health system leaders and managers from making informed, evidence-based decisions about training needs.

Approach

HRH2030 and the INS worked with partners to design a dynamic, web-based training management information system (TMIS) that met stakeholder needs and standardized health worker data. They developed and implemented a training module to build health system trainer manager capacity to use TMIS data for strategic decision making.

Result

Timor-Leste's is able to digitize the training data for 5,000 public sector and 2,000 private sector health workers, data which is now accessible to empower health system managers.



Case Study 3: Strengthening HRIS in Indonesia for improved health system responsiveness and resilience

Challenge

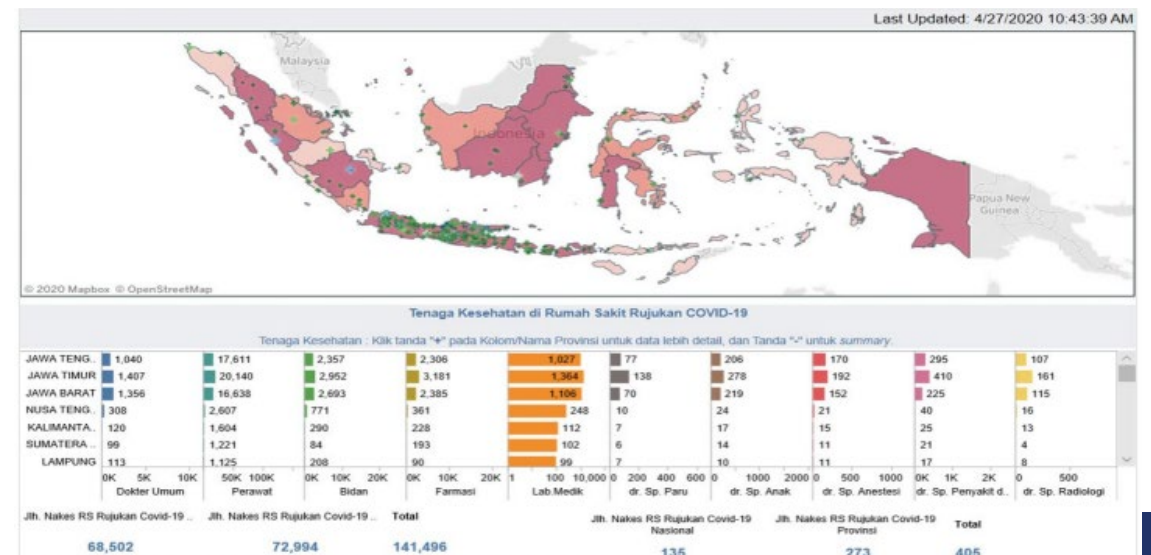
Wide ecosystem of health workforce stakeholders and related information systems. Health worker data are fragmented, making it difficult to capture a complete up-to-date picture of who was where, with which skills.

Approach

HRIS Assessment Framework was applied to map the Indonesian Ministry of Health's HRIS functionalities and capacities. This revealed specific recommendations to connect data exchange (interoperability) and improve data validation and quality for analysis and visualization. It also helped engage multi-sectoral stakeholders to identify priorities for WHO's National Health Workforce Accounts (NHWA) conceptualization and operationalization.

Result

Improved HRIS interoperability, data validation and quality supported robust health worker dashboards and capacity building for data use. When new health worker data points were needed to plan the COVID-19 response, the Ministry and stakeholders could rapidly compile, disseminate and use crucial health worker data to inform the pandemic response.



Source: Indonesia MOH BPPSDMK <http://bppsdmk.kemkes.go.id/web/content/113/informasi-sdmk-rs-covid-19>

Case Study 4: eLearning training alternatives to strengthen COVID19 response and promote UHC in the Philippines

Challenge

The COVID19 pandemic restricted health worker mobility, prevented in-service learning, and threatened training continuity needed to equip health workers for the pandemic response and improve service quality to meet UHC law requirements.

Approach

As a training alternative, HRH2030 supported the Philippines DoH to adapt and rapidly launch an eLearning continuing professional development platform. In partnership with the DoH, they created a customized and compatible learning management system. At the outset of COVID-19, the DoH assumed full ownership of the web portal and launched a change management and communications campaign for nationwide rollout of the training platform.

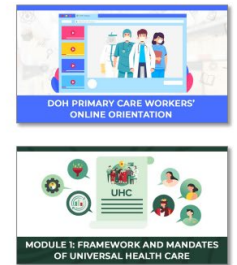
Result

The DoH developed and deployed over 13 online courses and plans to release two new courses monthly. Blended learning options for COVID19 vaccination course are available for health workers to access offline. The eLearning platform has reduced training costs, increased efficiency, increased accessibility to health worker education, improved health worker's capacity to provide COVID vaccinations, and improved local health units capacity to manage local health systems and implement UHC nationwide.

COVID-19 Vaccination Online Training (in-house)



UHC Implementation Courses





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Break

Applying Learnings: A case study on health systems resilience



1. Break up into groups
2. Discuss the [5 questions](#) and respond based on the scenario presented
3. Take notes during the process
4. Report back and reflect on other group responses

15 Minutes

The situation

Fourteen months after the first case of COVID-19 in the Durian Republic, **COVID-19 vaccination is underway** for the general population, however **cases are rising**. Health facilities are being **overwhelmed** with COVID-19 patients and between COVID-19 testing, and vaccination efforts, **essential services such as antenatal care are not being offered regularly**. In addition, **health workers are feeling burnt out**, many of whom have been on the front lines since the beginning of the pandemic.

The Durian Republic is **committed to delivering essential health care to all** its people. However, historically it has been challenged to **produce more health workers; equitably distribute and retain the existing health workforce; and expand decent paying health sector jobs**.

We need to **advise the Durian Republic how to use data and evidence to make decisions and take action to support the health workforce to maintain essential services while managing COVID-19 response**.

What health labor market data would you use to address these health workforce issues? *(Select one)*

- a. **Roster of health professional training institutions** and projected graduates by type
- b. **Human resource information system**, with real-time mapping on location of health workers
- c. **Registry of professional council/association members**, including data on the private sector
- d. **List of community health workers**, which is managed by local government
- e. **Other- *Explain more!***

What data analysis does the Durian Republic need to conduct to better understand how to take action? *(Select one)*

- a. **Dashboards** that **include maps of health workers** by type and education background as compared to population to understand health worker density to population.
- b. **Charts** that demonstrate **trends in health worker motivation and burn out** by location as compared to COVID-19 cases to understand impact of COVID-19 on health workers mental health.
- c. **Line graphs on historical trends** comparing COVID-19 cases and other essential services by region to understand population health needs.
- d. **Other-** explain more in the discussion forum!

Question Three

What priority strategy should the Durian Republic use to engage and train the most appropriate types of health workers to address COVID-19 response? *(Select one)*

- a. **eLearning platform**, to rapidly train frontline health workers on the campaign and to integrate vaccine in primary care
- b. **Smartphone application** for vaccinators to use to reporting on vaccination progress, as a job aid, and for supervisors to provide performance feedback
- c. **Incentive pay scheme**, to motivate private sector involvement in the vaccine campaign
- d. **Engagement of a Youth Brigade** of community-based vaccinators to support the roll out of the campaign
- e. **Other- Explain more!**

Question Four

How should the Durian Republic use the data to take action to support the health workforce to maintain essential services in COVID-19 response? *(Select one)*

- a. Work with local governments to **rapidly redistribute the health workers using maps on health worker density to population** to optimize COVID-19 response and essential services workload.
- b. **Deploy volunteers and enact incentive programs** to provide health workers with workload support and motivation in provision of COVID-19 and essential services.
- c. **Develop a long term strategic health workforce plan** that sets staffing standards based on population health trends per region.
- d. Other- Explain more!

What will be your main health workforce considerations in carrying out this campaign to ensure continuity of essential services?

(Select all that apply)

- a. **Workload pressure** of current primary health care staff for awareness on any capacity to absorb additional tasks
- b. **Optimizing task allocation at facility level** to be adaptative and support effective service integration, including at community level
- c. **Multi-sectoral networks, including the private sector** to diversify campaign approaches and sustain outreach
- d. **Routine performance support** to ensure quality campaign and services
- e. **Promoting women's leadership & gender equity** to bolster workforce diversity
- f. **Other- *Explain more!***



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Group Activity

Report back



Breakout Groups: Development of health workforce data strengthening and sustainability plans



When considering sustainability, we need to think of these phases and drivers...

Installation



Institutionalization



Sustainability

Achieving Critical Mass

Maintain Continuity of Change Agenda

Establish Accountability Mechanism

Operationalize the System

Building awareness, acceptance, and engagement of stakeholders

When developing a plan to strengthen or sustain health workforce data improvements, consider...

Actions to Strengthen Quality of Data	Stakeholder Engagement	Areas to Invest in
Apply tools such as the HRIS Assessment Framework and develop, update or align with strategic plans to include data management	Governance structure for the management of systems and data (including legal framework and roles and responsibilities)	Continuously invest in reviewing, revising and updating systems
Integrate use of health workforce information systems into regular processes	Engage all, from decision makers and data managers, in use and management of the HRIS and HRIS data	Ensure budget for sustaining information systems
Revise staffing and job descriptions to incorporate data management and use	Hold (or integrate into) regular coordination meetings on data management and use	Establish data standards and SOPs, as well as architecture for interoperability
		Build capacity of staff on data quality, management and use

1. What action needs to take place to strengthen the availability and quality of data?
2. What stakeholders do you need to engage to strengthen data?
3. Areas for Investment: What do you have and what do you need?

[Participant responses were captured on this Jamboard](#)

Closing Remarks

*Mr. Sean Callahan
USAID/Philippines Acting Mission Director
for the Pacific Islands and Mongolia*





Closing Remarks

*Dr. Pai-Po Lee
Deputy Secretary General
Taiwan ICDF*

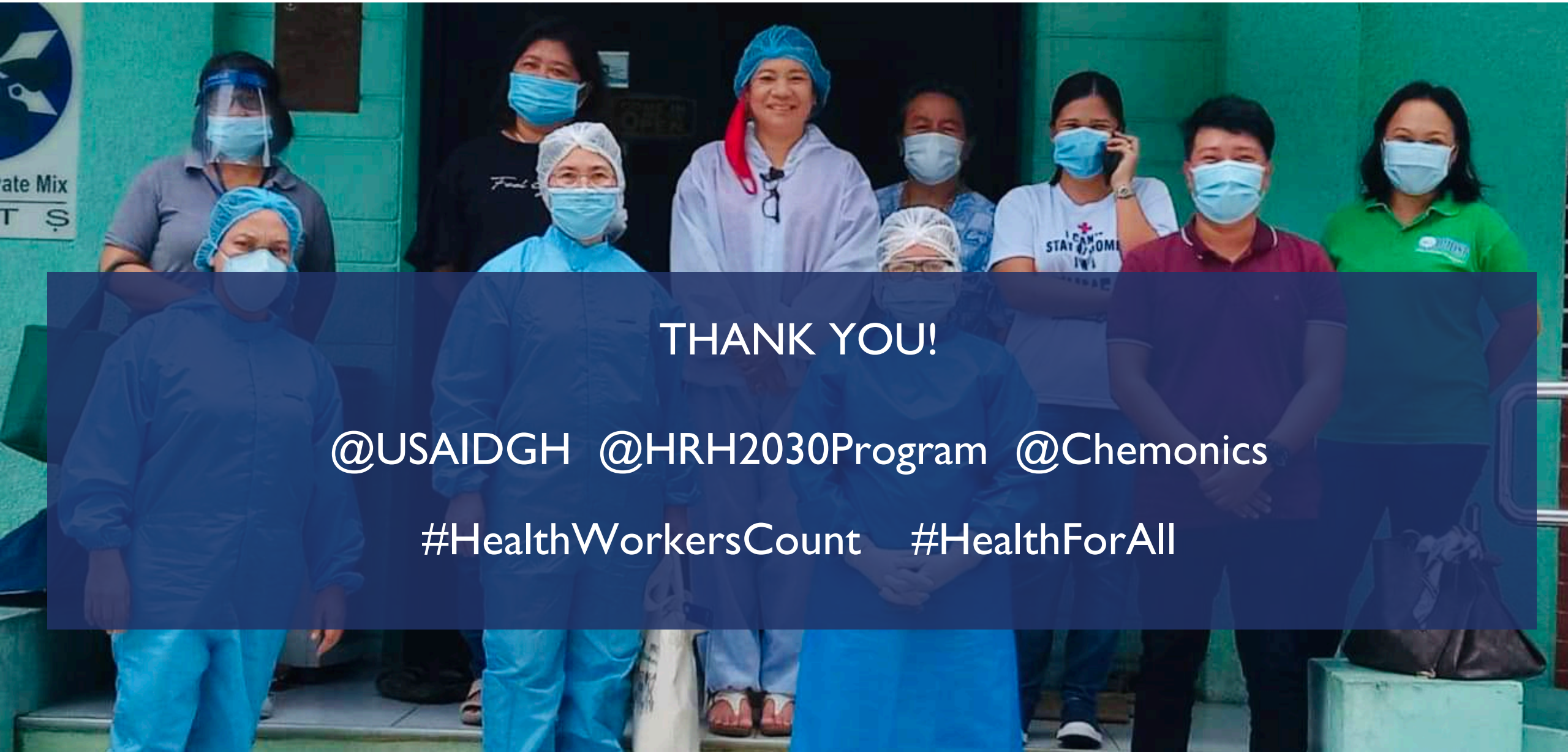


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ANNEX I: Tools & Resources for Strengthening HRH Management & Information Systems

Tools & Resources

- Human Resources Information Systems (HRIS) Assessment Framework (“HAF”)
 - PEFPAR HAF Tool [Excel]
 - Philippines HAF Report
 - Indonesia HAF Report
- Case Study Series: Supporting National Health Workforce Accounts
 - Ethiopia: Building an Enabling Environment for Strengthening Health Workforce Data and Decision Making in Ethiopia
 - Indonesia: Optimizing Health Workforce Information Systems and Data Analytics to Improve Decision Making in Indonesia
 - The Philippines: On the Road to Universal Health Care: Improving Use of Health Workforce Data in the Philippines
- Related news and resources from HRH2030 Program-supported work in: Indonesia, the Philippines, Senegal, and Timor-Leste
- All HRH2030 Program resources

<https://hrh2030program.org/>

Presentations

- [Webinar: On the Road to One Global Human Resources for Health Data Platform](#) — Lessons from Ethiopia, Indonesia, and the Philippines on Implementing National Health Workforce Accounts *[December 2019]*
- [Global Digital Development Forum Presentation: Reinforcing Indonesia's COVID-19 Response with Health Workforce Data](#) *[May 2020]*
- [Global Digital Development Forum Presentation: Building a Dynamic Ecosystem of Health Workforce Data to Achieve the SDGs](#) *[May 2020]*
- The [AAAH Plenary Series: Addressing Health Care Workers' Challenges in Response to COVID-19](#)
 - [Webinar 1: Mobilizing surge capacity of health care workers in response to COVID-19 pandemic](#) *[Aug 2020]*
 - [Webinar 2: Occupational risk protection of health care workers](#) *[Sept 2020]*
 - [Webinar 3: Health professional training and education in the context of COVID-19 pandemic](#)