



HRD in Motion: Suwit Wibulpolpresert, M.D.

Inter-Regional Consultation on Human Resources Policy Formulation and Implementation Methods

The WHO organized an inter-regional Consultation on Human Resources Policy Formulation Processes and Implementation Methods from 28 September to 2 October 1998, in Colombo, Sri Lanka. The Consultation brought together policy makers and analysts to examine approaches to the development, design and implementation of Human Resources for Health (HRH) policies.

The process of development of HRH policies is very complex, essentially because of the many actors involved. Often it is as much a political as a technical endeavour. It is essential, therefore, that existing mechanisms to better address the interests of the different actors be assessed and new methods developed where necessary.

The main objectives of this Consultation are to:

1. Develop a strategic approach to human resources for health policy development that is consistent with health care reform initiatives.
2. Provide a guideline to be used by policy analysis and human resources for health development officers in countries at the central and decentralized levels.
3. To develop an ongoing monitoring process of policy implementation and its impact on health personnel.

There were participants from 25 countries from all six Regions of the WHO. The Consultation used country case studies from 20 countries, and additional information from draft manuals, identifying commonalities and differences.

Quality of Medical Education

WHO Regional Office for South East Asia will be organizing a Conference on the subject of Quality of Medical Education to be held from 15-17 December, 1998 in Kandy, Sri Lanka.

The Objectives of this Conference are to:

1. Examine the different dimensions of quality in medical education as they apply to the countries of the South-East Asia region
2. Identify the ways of assessing the quality of medical education and the methodologies of undertaking such assessments at institutional, national, and Regional levels

3. Identify the possible mechanisms for quality assurance in medical education which could be promoted and supported in the countries
4. Determine the training needs that are required to improve the assessment, improvement and assurance of quality
5. Explore and foster national, regional and global partnerships that could support quality assurance in medical education in the South-East Asia Region.

The Conference will be attended by representatives of educational institutions, professional associations and the health services



in the countries of SEA Region. International agencies such as the Education Council for Foreign Medical Graduates (ECFMG), American Association of American Medical Colleges (AAMC), World Federation of Medical Education (WFME), and the General Medical Council (GMC) will also participate. Some of the eminent experts in medical education from around the world are expected to attend. The Conference will also commemorate 25 years of

continued WHO support to the Regional and National Medical Education Departments and Units in South East Asia. The two Regional Teacher Training Centres in the Region were established in Chulalongkorn University, Bangkok, Thailand (now a WHO Collaborating Centre), and in the University of Peradeniya, Sri Lanka in 1973. These have been pioneering the efforts for the development of similar units and departments in the countries of the Region.

Human resources performance indicators study

New pressures on health systems are emerging in most countries as public expectations and demands for health care increase. This has led to the recognition that health services must mobilize the resources available in a more effective and efficient manner. At the heart of this is how the human resources (HR) are managed, as they are the single most important and expensive component. This has highlighted the need to improve management practice and skills within health systems. As a response WHO sponsored an initiative to improve the efficient and effective use of HR based on the introduction and use of management performance indicators (HR indicators) with information drawn from readily available health service data.

Management indicators have been in use for over 20 years primarily in developed countries. It is these countries that began to realize that continued growth in effective health interventions combined with increasing public expectations of health care services was rapidly leading to a situation where expenditure would exceed available funds from the public budget.

The use of management indicators combined with reforms in the approach to the provision of public sector health care have produced reported gains of 20% to 30% in the use of existing resources.

In this background, a core set of indicators have been developed and identified by WHO, with technical assistance from the University of Keele, and it is thought that this could form the basis for individual countries to determine ways of improving efficiency. It was felt that countries could build on this core set of indicators through individual national initiatives to explore the feasibility and benefit of using performance indicators. Finally, it is hoped that the study will result in the WHO and the countries developing a methodology for monitoring and improving efficiency and effectiveness of human resources.

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Workshop on WHO Approaches and Tools Useful for HRH Planning and Policy, Modra, Slovak Republic

During the week of 5 - 10 October 1998 WHO sponsored a workshop of 18 persons

involved in HRH planning and development. Representing all six of WHO's regions and drawn

from ministries, universities and the World Bank, they were there to learn more about the various tools available to help countries plan and manage their health workforce. With many of the participants already very experienced, the objective was to provide them with new or improved resources which they could use in their work, consultation and training programmes. Among the HRD tools discussed were:

- WHO ToolKit, soon to be placed on the WHO internet and provided on CD-ROM. This compendium of a wide variety of topics and documents on HRD, will be easily accessible through the usual search and hyperlink features of the web. New or coming additions to the ToolKit will include a complete Nursing Personnel ToolKit, detailed manuals on the Workload Indicators of Staffing Needs, and on Functional Job Analysis, and guidelines on HRH policy analysis and implementation.
- WPRO/Regional Training Centre planning model, developed in Sydney, Australia. This model, available in MS Word and Excel, leads planners through a step-by-step process that will result in a complete HRH plan. Well organized illustrative text, template data tables, and a clear analytical sequence is provided to help facilitate the planning process.
- WHO HRH Planning Scenario models. The HRHLong model is useful for longer term (15-30 years) planning scenarios and is now available in Spanish and French as well as English. The recently completed HRHShort model is a simplified version of

HRHLong and is suitable for projections of 5-15 years; it offers two methods for projecting supply and three methods for requirements. Both models allow users to develop, analyze and compare alternative scenarios of how the entire health sector might develop, their economic feasibility, and their HRH supply and requirements.

- Workload Indicators of Staffing Needs (WISN). This method can help planners and managers develop staffing norms, compare workloads across a range of facilities, and to identify those facilities that either have too many or too few staff for their workloads.
- HRH and Management Information Systems. Two systems, both developed and field-tested with WHO assistance, are now available for use. They are designed to help all those concerned with HRH to store, manipulate and access data on staff characteristics, location, type of work, qualifications, etc.

In addition to presenting, demonstrating and reviewing country experience with these and other HRD tools, the participants discussed the urgent need to develop an internet-based network for persons involved in HRH planning and policy. This could facilitate the exchange of information, experiences, and help with the consultation process. Specific recommendations were made to WHO regarding network location, management and funding, and the participants considered ways in which the network could be established rapidly on an interim basis pending resolution of the more complex issues involved.

Regional Conference on Health Implications of Economic Crisis in the South-East Asia Region

The recent economic crisis in Asia necessitated a review of possible health implications. In order to review and discuss the

evidence, and exchange ideas relating to managerial measures that have been, or are being planned to address the crisis, a Regional

Consultation was organized by the WHO Regional Office for South-East Asia (WHO/SEARO), at the Central Plaza Hotel, Bangkok, Thailand, from 23-25 March 1998. 52 participants from 16 countries in Asia, Europe, Latin America and the USA, as well as representatives from UN Agencies and Financial Institutions, joined in the conference. Country presentations from Indonesia, Thailand, Eastern Europe, Latin America, and East Asia were discussed, with responses from ADB and the Rand Corporation. Four main issues were discussed in group discussions, i.e., pharmaceutical and medical supplies, health status and safety net for the poor, financial risk protection, and **human resources for health redeployment and management.**

Several recommendations were drawn, e.g.,

(1) Adopt and apply policy actions, monitoring indicators, research priorities and managerial mechanisms to cope with the crisis, with support from WHO and donor agencies.

(2) WHO should publish and disseminate the documents from the conference, organize a series of follow up meetings on key specific issues, availing on-line internet information, and create an efficient mechanism to play an active role to mitigate health impacts of the economic crisis.

The MoPH, Thailand, has established a Health Intelligence Unit in Response to Economic Crisis with an internet homepage at <http://www.moph.go.th/hecon/>.

Multilateral Conference on World Health Cooperation Beyond 2000

Beyond the year 2000, world health cooperation will become increasingly central to solving globally interrelated health problems. There is widespread agreement that the multilateral institutions and cooperation mechanisms formed half a century ago must be reformed to meet the World's health needs of the next century. The reform process must be led by open discussion of what goals should be achieved, before consensus can be reached on what specific reforms are needed. A set of global health functions that must be performed by international institutions must be developed.

A Multilateral Conference on World Health Cooperation beyond 2000 was thus convened at Funsalud, Mexico City, between 29 March-1 April, 1998. The conference intended to facilitate the reform process by establishing an unofficial process to promote informal discussions, and to

bring together a small group of governmental and non-state actors from different regions that reflect the wide array of global health stakeholders. It also helped shape the reform agenda by focussing on issues regarding a) the role and essential function of global health institutions, b) the mechanisms to enhance coordination of those functions, and c) the implications to existing institutions (WHO, UNICEF, World Bank, - etc.). Twenty-Six participants presented and actively discussed these issues.

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