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Contents

Acronyms	ii
Acknowledgements	iii
Executive summary	iv
Introduction	1
1. Methodology	2
1.1 Study design and testing phase	2
1.2 Searching for information	2
1.3 Processing and analysing the data	2
1.4 Limitations	2
2. Findings	3
2.1 Strategic directions	3
2.2 Leadership/governance capacity within the ministry of health	6
2.3 Partnership	7
2.4 Commitment (investment)	9
2.5 Progress in the implementation of the Kampala Declaration	10
3. Policy discussion	12
Annex 1. Survey research template	13
Annex 2. Documents and web sites reviewed for the human resources for health tracking survey	17
Annex 3. Tables presenting qualitative and quantitative data from the HRH tracking survey	34
A. Strategic directions	34
Table 1 HRH policies and plans, and their comprehensiveness	34
Table 2 Top five topics found in HRH plans	34
Table 3 Content of the HRH plans	35
Table 4 Content of the HRH plans: implementation and M&E of the programme	35
B. Leadership/governance capacity	35
Table 5 Existence of HRH management units and their capacity	35
C. Partnerships	36
Table 6 Participation with stakeholders	36
Table 7 The presence of a SWAp mechanism	36
D. Commitment	37
Table 8 Commitment of national governments and the international donor community to implementation of the plan	37

Figures

Figure 2.1	Number of countries with a HRH plan and experiencing a HRH crisis, in WHO regions	3
Figure 2.2	Percentage of top five issues addressed in HRH plans of surveyed countries	4
Figure 2.3	Number of HRH plans that address the various types of incentives in surveyed countries	4
Figure 2.4	Proportion of countries where M&E of the programme is foreseen compared to the evidence that the HRH plan is implemented, in WHO regions and globally	5
Figure 2.5	Proportion of countries that developed HRH plans with stakeholders from the public sector, in WHO regions and globally	8
Figure 2.6	Involvement of private sector stakeholders in the development of HRH plans, in WHO regions and globally	8
Figure 2.7	Proportion of countries that developed HRH plans with various stakeholders from the international community, in WHO regions and globally	8
Figure 2.8	Proportion of costed HRH plans that receive donor funding compared to the commitment of countries to increase their budget allocation from national funds, in WHO regions and globally	9
Figure 2.9	Proportion of the type of HRH activities supported by development partners, in WHO regions and globally	10
Figure 2.10	Proportion of surveyed countries that have a costed HRH plan developed in participation with various stakeholders	11

Table

Table 1	List of countries with critical deficit of health workforce	1
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Acronyms

AFR	WHO African Region
AFRO	WHO Africa Regional Office
AMR	WHO Region of the Americas
AMRO	WHO Regional Office for the Americas
BLDP	Bilateral development partner
CCM	Country coordinating mechanism
CCS	Country Cooperation Strategy (WHO)
CSO	Civil society organization
EMR	WHO Eastern Mediterranean Region
EMRO	WHO Regional Office for the Eastern Mediterranean
GAVI	Global Alliance for Vaccines and Immunization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	Global health initiative
GHWA	Global Health Workforce Alliance
HR	Human resources
HRH	Human resources for health
KD	Kampala Declaration
KIT	Koninklijk Instituut voor de Tropen (Royal Tropical Institute), Amsterdam
MLDP	Multilateral development partner
MoH	Ministry of health
M&E	Monitoring and evaluation
MTEF	Medium-term expenditure framework
NGO	Nongovernmental organization
PAHO	Pan American Health Organization
PFP	Private for-profit
PNP	Private non-profit
PRSP	Poverty Reduction Strategy Paper (WHO)
SEAR	WHO South-East Asia Region
SEARO	WHO Regional Office for South-East Asia
SWAp	Sector-wide approach
WHO	World Health Organization
WPR	WHO Western Pacific Region
WPRO	WHO Regional Office for the Western Pacific

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^a WHO Collaborating Centre for Human Resources for Health, the Royal Tropical Institute, Amsterdam, the Netherlands.

^b World Health Organization Department of Human Resources for Health (HRH), Geneva, Switzerland.

^c World Health Organization Regional Office for Eastern Mediterranean.

^d World Health Organization Regional Office for Africa.

^e Queen Margaret University, Edinburgh, United Kingdom.

^f World Health Organization Department of Health Policy, Development and Services, Geneva, Switzerland.

^g Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Portugal.

^h World Health Organization Regional Office for Western Pacific.

ⁱ World Health Organization Regional Office for Americas.

^j World Health Organization Regional Office for South East Asia.

^k Global Health Workforce Alliance.

Executive summary

In 2006, The World Health Report¹ identified 57 countries with critical shortages of skilled health workers. Two years' later, the Kampala Declaration of the First Global Forum on Human Resources for Health (March 2008)² recognized the need for immediate action to resolve the accelerating crisis in the global health workforce and called on countries to take urgent, effective action to address human resources for health (HRH) challenges, and on the international community to support the countries in this endeavour.

The human resources for health crisis has now become a priority issue and, in the majority of the countries surveyed, policies and plans are being developed to address it. Documentation on HRH policies and plans, on the existence and capacity of governing and management bodies, and on implementation can improve our understanding of the status of implementation and the effect of these policies and practices on the HRH situation.

This desk review of HRH policies and practices in the 57 countries took place between June and December 2009. Human resources for health policies and plans, evaluation reports and other HRH-related documents of these countries were reviewed, entered into a database and categorized according to four dimensions: strategic directions, governance and leadership, partnerships and commitment.

The majority of countries (45 out of 57) were found to have HRH plans, but there is evidence that only 55% of them are being implemented. This slow implementation seems to imply that countries face major operational challenges.

The plans showed a variety of strategies to address HRH problems. Worldwide, education receives the most attention in national health policies and plans, while issues such as supervision and performance management are addressed relatively infrequently. The monitoring and evaluation (M&E) of implementation was addressed in 53% of the plans.

to strengthen information, and evidence-based participatory policy dialogue and decision-making.

Partnerships are important for the development and implementation of HRH plans. Countries that have mechanisms within their ministries of health to coordinate stakeholders' activities and policies are more likely to have a HRH plan. However, no information was found to confirm that implementation benefited from these partnerships.

In general, plans are developed in concert with various stakeholders. However, it was found that the involvement of the private sector, an important sector for the delivery of health care, is lower than that of the international donor community. This is mainly due to the low proportion of countries in the WHO African Region (AFR) that involve the private sector in the development of the plans. It was not possible to analyse the reasons for this low level of participation, as such information is not included in the HRH plans.

Government commitment to address the HRH crisis was assessed by counting the number of HRH plans that mentioned that the investment of the national government would be appropriate, or at least increased, to enable the plan's implementation. This was the case in only 42% of the countries. The fact that such a low proportion of the countries foresaw increased investment in HRH, when 71% of the plans had a budget, further explains why successful implementation of the plans appears to be so difficult.

Although there are no clearly defined indicators to monitor the action espoused in the Kampala Declaration, progress can be assessed on the basis of some pointers in each of its articles. It is proposed that the tracking survey and database set up for this survey be utilized to monitor the follow-up of the declaration at country, regional or global levels. This report, therefore, provides some highlights and a baseline for further monitoring of the Kampala Declaration.

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