

Planning the development of human resources for health for implementation of the Stop TB Strategy

A handbook



**World Health
Organization**



CENTERS FOR DISEASE™
CONTROL AND PREVENTION

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**World Health
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**Stop TB Department
Department of Human Resources
for Health**



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CONTROL AND PREVENTION

**United States Centers for
Disease Control and Prevention**
Division of Tuberculosis Elimination

WHO Library Cataloguing-in-Publication Data

Planning the development of human resources for health for implementation of the Stop TB Strategy : a handbook.

WHO/HTM/TB/2008.407

1.Health manpower. 2.Health personnel - administration and organization. 3.Tuberculosis - prevention and control. 4.Health policy. 5.Strategic planning. I.World Health Organization. Stop TB Dept. II.World Health Organization. Dept of Human Resources for Health. III.Centers for Disease Control (U.S.).

ISBN 978 92 4 159771 5 (NLM classification: WF 200)

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Designed by Creative Lynx, Geneva

Printed by the WHO Document Production Services, Geneva, Switzerland

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Abbreviations

DOT	directly observed therapy
DOTS	The internationally recommended strategy for TB control until 2005, and the foundation of the new Stop TB Strategy introduced in 2006
FBO	faith-based organizations
FTE	full-time equivalent
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	global health initiative
HBC	high-burden country (for tuberculosis, of which there are 22)
HR	human resources
HRD	human resource development
HRH	human resources for health
HRM	human resource management
MDG	Millennium Development Goal
MDR-TB	multidrug-resistant tuberculosis
MOH	Ministry of Health
NAP	national aids control programme
NGO	nongovernmental organization
NTP	national tuberculosis control programme
PAL	practical approach to lung health
SMART	specific, measurable, achievable, realistic, time-bound
SWOT	strengths, weaknesses, opportunities, threats
TB	tuberculosis
TBCAP	Tuberculosis Control Assistance Programme
TBCTA	Tuberculosis Coalition for Technical Assistance
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

Preface

Planning human resources to achieve the international goals and targets set for global control of tuberculosis (TB) is a complex and challenging management task. Furthermore, countries highly affected by the disease have the additional challenge of tackling a general workforce crisis, and managers of national TB control programmes are faced daily with the daunting tasks caused by this double crisis.

Managers of health systems are thus confronted by an enormous challenge, or double-bind: how to find the right balance between devoting sufficient staff time to specific diseases and meeting the general health needs of populations in a primary health-care environment. Health priorities compete for attention. Maximizing the quality and quantity of existing human resources to achieve one health goal without jeopardizing another is never an easy decision. Integrating human resources at all levels of the health system provides one way of serving the different needs for health care. To achieve such integration, close working ties between departments responsible for disease control, health planning, human resources, and health administration need to be established.

The central theme of this handbook points to the need for close collaboration between, and coordination among, national TB control programmes and the departments of health system management or human resources for health of the Ministry of Health and their respective partners. This is necessary to ensure that the health workforce is able to carry out the specific tasks necessary to implement the Stop TB Strategy.

By offering this practical guidance, we hope to fully equip managers of TB control programmes with the tools necessary for effective collaboration. This in turn will foster the development of integrated human resources equipped to deliver services for TB control within the context of primary health care to reach the TB-related Millennium Development Goals. This handbook offers an opportunity to help countries establish a balanced workforce that will respond to the gamut of primary health-care needs while rigorously pursuing the objective to stop TB.



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Preparation of this document

This handbook was prepared following a review of the available literature on TB control, human resource development, and health system structures and reforms. Key WHO documents included the 2006 World Health Report (Working Together for Health), the documentation of the HRH Action Framework (available at web site <http://www.who.int/hrh/tools/en/>) and the report of the Joint Learning Initiative (Human Resources for Health: Overcoming the Crisis). Other important literature in these areas was identified through a continuous review of the WHO web site as well as web-based searches of the available literature. Selected managers of national TB control programmes and focal points for human resource development were also consulted.

Valuable experience contributing to the development of this handbook was also gained during a series of regional and national workshops held in 2002–2005 on human resource development for TB control in high-burden countries of Asia and Africa. These workshops were supported by the United States Agency for International Development through the Tuberculosis Coalition for Technical Assistance. Additional experience in the strategic approach advocated in this handbook has been obtained through ongoing technical assistance to high-burden countries, in particular China, India, Indonesia, Myanmar, the Philippines and Thailand.

The handbook was drafted by Palitha Abeykoon, Karin Bergstrom and Wanda Walton. A draft version was presented at a postgraduate course during the World Lung Health Conference in Cape Town, South Africa in 2007 and to the meetings of managers of national TB control programme managers in the WHO African, Eastern Mediterranean, European and South-East Asia regions in 2007–2008. Staff of the WHO departments of Stop TB and Human Resources for Health provided valuable feedback on the draft, which was then circulated to all WHO regional TB advisers and selected country-based staff, to the TBCTA-TBCAP working group on Improved Human and Institutional Capacity, to selected experts on human resources for health, and to other individuals interested in human resource development and disease control. Significant contributions to the completion of the handbook were made by Carmelia Basri, Pierpaolo de Colombani, Norbert Dreesch, Suksont Jittimane, Virendersingh Salhotra, Asik Surya, Mukund Uplekar and Rosalyn Vianzon.

No relevant conflicts of interest were declared by the contributors.

It is intended that this document will be reviewed for possible revision in 2013.

预览已结束，完整报告链接和二维码如下：

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