Strengthening human resources

Rationale for including strengthening human resources in the proposal

In all settings, workers and volunteers working with people living with HIV and tuberculosis (TB) and with people from key populations must have knowledge, attitudes and skills to deal with HIV infection and people at risk of exposure to HIV and TB. Such workers' and volunteers' commitment to provide high-quality services needs to be supported by an enabling workplace environment that ensures their protection from occupational exposure. HIV- and TB-sensitive workplace policies and strategies need to be put in place to ensure the availability of sufficient numbers of skilled people to support service delivery for HIV and TB and other common types of exposure such as hepatitis. Well-negotiated workplace policies and programmes will contribute significantly towards protecting the health and rights of health workers and volunteers. This approach will help to reduce attrition among the health workforce.

In countries with significant HIV epidemics that do not have enough health care workers to provide even basic health services, such shortages are a major concern. The Global Health Workforce Alliance estimates that an additional 1.5 million trained workers are needed to address the health care shortfall in Africa alone. In areas with insufficient health care workers, expanding the health workforce and maximizing the productivity of existing workers are priorities. This expansion should consider the use of community-sourced health care workers to alleviate the pressure on workers with advanced health care skills. The health sector is not the only area where people work in the response to HIV and TB, however. Other sectors employing social workers, teachers and counsellors in community organizations as well as occupational health workers in industries or companies should also be considered in HIV- and TB-sensitive workplace policies and action plans.

Protecting workers in occupations that are particularly exposed to the risk of HIV transmission is one of the general principles of the first international labour standard on HIV and the world of work – International Labour Organization (ILO) Recommendation no. 200 Concerning HIV and AIDS and the World of Work. The ILO Recommendation mentions that safety and health measures to prevent workers' exposure to HIV at work should include universal precautions, accident and hazard prevention measures, such as organizational measures, engineering and work practice controls, personal protective equipment, as appropriate, environmental control measures and post-exposure prophylaxis and other safety measures to minimize the risk of contracting HIV and TB, especially in occupations with the highest risk, including in health care.

The cost of the workforce, including training, supervising and maintaining the human resources management system and providing adequate occupational safety and protection of these workers is one of the major financial requirements of the HIV programmes in resource-limited settings. Nevertheless, a strategy that deals with the human resources requirements of the response to HIV is needed everywhere.

Situation analysis

Addressing the workforce needs of the response to HIV requires that the situation analysis address workplace policies, the number of workers available, skills and attitudes of workers and workers' working conditions, including their safety and right to be protected against the health and social risks associated with their employment.

The situation analysis should consider not only the health workforce but also the workforce requirements of the response to HIV in other sectors. In particular, the situation analysis should consider:

◆ describing and assessing current workplace policies and working conditions and how they relate to education and incentive programmes for training, supervision for newly recruited staff, hours of work, remuneration and internal and external brain drain; as well as retaining and accommodating workers living with HIV who are fit to work;

◆ describing key constraints and barriers related to human resources for health and for the response to HIV in other sectors and how the proposal will address them;

◆ estimating the numbers and types of health workers and workers in other sectors needed to reach national targets for universal access to HIV services;

◆ describing the turnover and emigration rates of HIV-competent workers and the main reasons why workers choose to leave the health system or HIV-related work, if it is proposed to address these problems in the proposal;

◆ describing the implementation of occupational safety and health standards to reduce the risk of exposure to HIV and TB, if any and, if none, providing information on how this gap can be filled;

◆ describing the situation in underserved areas if the proposal specifically seeks to address needs in these areas; and

◆ taking into account the effect of HIV, including on health workers, on their workloads, on the need for chronic care, and on health workers' tasks.

Objectives for this area

The objective is to improve the ability of the workforce to contribute to the response to HIV and TB by alleviating the shortage of skilled and trained workers, improving their knowledge, skills and attitudes and protecting them against the health and social risks associated with their employment.

Focus populations

The focus populations may include working populations in health and associated sectors, including employers and health workers' unions; medical and nursing personnel; community health workers; public and private health care providers, including nongovernmental organizations; social workers; volunteers; teachers; and counsellors in community organizations.

Key activities to be considered

Major areas for action, with broad applicability across countries and sectors, include the following.

◆ Policy development should be supported, such as optimizing health care worker access to HIV and TB services or preventing and compensating for occupationally acquired HIV or TB infection, in accordance with World Health Organization (WHO), ILO and Joint United Nations Programme on HIV/AIDS (UNAIDS) joint policy guidelines and guidance notes on improving health workers' access to HIV and TB prevention, treatment, care and support services. The process of developing polices through consultation between management and workers is crucial for implementation and sustainability.

◆ Health workforce studies need to be conducted and activities planned.

◆ The safety and health of the health workforce needs to be monitored at the workplace and remedial action provided as needed. One workplace assessment tool is HealthWISE, jointly developed by ILO and WHO.

◆ The current workforce needs training and building skills (in-service training), as does the future workforce (pre-service training);

◆ Time-limited support can be provided for expanding the current workforce (such as topping up salary for specific staff members in very short supply or introducing pay-for-performance remuneration), with a clear tapering strategy to ensure sustainability.

◆ The development of mentoring and supervision schemes needs to be supported.

◆ Human resources for health need to be more strongly emphasized for preventing HIV and HIV and TB coinfection. The prevention workforce is not always well defined and is frequently not adequately scaled and trained. The human resources for health issues facing prevention workers are similar to those facing treatment staff, including supervision, training, addressing commodity supply and health system strengthening and retention.

◆ The productivity of the existing workforce needs to be maximized, with support for task-shifting, staff participation in decision-making and work planning and improving the quality of communication among staff.

If the proposal intends to use community health workers as a way to address the gap in human resources for health, the following should be considered.

◆ Make sure there is a comprehensive community health worker policy and strategy and that it is integrated into the strategic plan for human resources for health and the national health system and coordinate with the national labour administration.

◆ Involve key stakeholders in human resources for health in the decision-making process, including relevant government bodies, community leaders, civil society, private not-for-profit organizations, occupational safety and health professionals and health professional groups.

◆ Ensure that any scaling up of the community health workers in the national health system or nongovernmental initiatives provides adequately for the additional costs and resources required for supporting the staff, including training, supervision, equipment, supplies and transport.

◆ Engage the labour inspectorate for monitoring compliance with safety and health standards, in terms of HIV and TB, for health workforce in their working environment. Ensure compliance with national labour laws and standards.

◆ Prepare and engage the community from the start of the initiative in planning, selecting, implementing, monitoring and supporting community health workers.

◆ Integrate the management and supervision of community health workers with other health workers, using a team approach. It should be developmental, systematic, planned and budgeted for accordingly to achieve the desired service delivery and health outcomes.

Workplace policies, programmes and training should include:

◆ ensuring regular workplace risk assessment to identify the risk of exposure to HIV and TB in specific settings and to proactively plan the necessary health surveillance to prevent exposure;

◆ providing occupational health services for the entire health workforce to achieve access to HIV and TB prevention, treatment and care;

◆ developing or strengthening existing infection-control programmes, especially those controlling TB and HIV infection, and collaborating with workplace health and safety programmes and the labour inspectorate to ensure a safer and healthier working environment;

◆ providing programmes for regular, free of charge, voluntary and confidential HIV counselling and testing and TB screening, including addressing reproductive health issues, and intensified case-finding in the families of health workers with TB;

◆ identifying, adapting and implementing good practices in occupational health and the management of HIV and TB in the workplace in public and private health care settings and in other sectors;

◆ providing information on the benefits and risks of post-exposure prophylaxis and timely post-exposure prophylaxis free of charge for all health workers at risk and ensuring the appropriate training of providers of post-exposure prophylaxis;

◆ providing HIV and TB treatment free of charge for health workers in need;

◆ providing a comprehensive package of prevention and care for all health workers living with HIV to prevent comorbidity; and

◆ providing training programmes for all health workers, including pre-service, in-service and continuing education on TB and HIV prevention, treatment, care and support and workers' rights and stigma reduction, integrated into existing training programmes.

For further guidance on workplace actions and actions related to policies, including rights, legislation and social protection schemes, and budget, monitoring and evaluation, see The joint ILO–WHO–UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services: a Guidance note (http://www.ilo.org/aids/Publications/lang--en/docName--WCMS_149714/index.htm) and the *ILO Recommendation Concerning HIV and AIDS and the World of Work* (No. 200) (http://www.ilo.org/aids/lang--en/docName--WCMS_142706/index.htm).

Suggested key indicators

The effects of any changes in the human resources plan on the quantity and quality of services rendered to the priority population should be documented. There is currently no universally accepted set of indicators to assess workforce requirements for the response to HIV. Indicators to assess the HIV sensitivity of workplace policies and actions can be derived from indicators proposed for the health workforce or the AIDS Accountability Workplace Scorecard on HIV workplace programmes (http://www.aawscorecard.org), WHO (http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_section2_web.pdf) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (http://www.theglobalfund.org/en/me/documents/toolkit).

Linkage with other activities

Countries can request support for activities for human resources for health either as part of the HIV (or TB or malaria) proposal or as part of a cross-cutting proposal for health system strengthening.

Strengthening a skilled, trained and healthy workforce for health services is directly linked to prevention, treatment and care activities as the health workforce provides these services.

Human resources for health is one of the health system components interdependent on other parts of the health system, and strengthening it should therefore be linked to other work to strengthen the overall health system or the delivery of specific services.

Approach to costing

The general principles of costing in the WHO Work Planning and Budgeting Tool (http://www.who.int/hiv/topics/ppm/costing/en/index.html) apply to the development of proposals on human resources for health. The Tool contains a spreadsheet and a user's manual for help in preparing funding applications to the Global Fund, updated for Round 11.

Expenditure examples include salaries, wages and related costs (such as pensions, incentives and other employee benefits) for all employees (including field personnel); employee recruitment costs; stipends, expenses and related costs for non-employees such as volunteers; and human resources costs related to employee training.

Consider and be explicit about balancing short- and long-term investment. Short-term investment, for example, could include training and protecting health workers and hence retaining and optimizing the productivity of the current health workforce and more efforts at task-shifting. Long-term investment includes investing in training institutions that will continue to produce a high-quality deployable in-country workforce for health and improved working conditions and incentives to join the health workforce. Further, supportive policy frameworks

that focus on bringing together professional organizations, multilateral donors and government health and education sectors to promote the health, education, safety and well-being of health workers are critical.

Remember that donors seek sustainability: especially when activities include remuneration, include information on how the payments will be sustained beyond the period of the grant.

Sources of the technical assistance that may be required during implementation

Sources of the technical assistance that may be required during implementation include:

◆ the human resource divisions of the line ministries concerned;

◆ the country's labour inspectorate or labour administration;

◆ technical partners; and

◆ international organizations supporting government human resources work, such as WHO and ILO.

Key sources of further information

Strategic approach to health systems strengthening. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2007 (http://www.who.int/healthsystems/round9_11.pdf, accessed 26 September 2011). Decision point GF/B16/DP10.

Monitoring and evaluation toolkit. 3rd ed. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2009 (http://www.theglobalfund.org/en/me/documents/toolkit, accessed 26 September 2011).

Information note: the Global Fund's approach to HSS. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011 (http://www.who.int/workforcealliance/news/R11_HSS_InfoNote_en.pdf, accessed 26 September 2011).

Global Fund's support for cross-cutting health systems strengthening interventions: A reference guide. Bethesda, MD, Health Systems 20/20, 2011 (http://www.healthsystems2020.org/content/general/detail/2566, accessed 26 September 2011).

Guiding principles for national health workforce strategies. Geneva, Health Workforce Advocacy Initiative (http://www.who.int/healthsystems/round9_6.pdf, accessed 26 September 2011).

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Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection. Geneva, International Labour Organization and World Health Organization, 2008 (http://www.who.int/hiv/pub/guidelines/PEP/en, accessed 26 September 2011).

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Building leadership and management capacity in health. Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/round9_3.pdf, accessed 26 September 2011).

Community health workers: what do we know about them? Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/round9_7.pdf, accessed 26 September 2011).

Strengthening health systems to improve health outcomes. Geneva, World Health Organization, 2007 (http://www.who.int/healthsystems/round9_2.pdf, accessed 26 September 2011).

Planning human resources development to achieve priority health programme goals. Geneva, World Health Organization, 2008 (http://www.who.int/healthsystems/round9_5.pdf, accessed 26 September 2011).

Stop TB policy paper: contributing to health systems strengthening. Geneva, World Health Organization, 2008 (http://www.who.int/healthsystems/Stop_TB_HSS_policy_paper_EN.pdf, accessed 26 September 2011).

Task shifting: rational redistribution of tasks among health workforce teams – global recommendations and guidelines. Geneva, World Health Organization, 2008 (http://www.who.int/healthsystems/TTR-TaskShifting.pdf, accessed 26 September 2011).

Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Geneva, World Health Organization, 2010 (http://www.who.int/healthinfo/systems/monitoring/en/index.html, accessed 26 September 2011).

Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Section 2 – health workforce. Geneva, World Health Organization, 2010 (http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_section2_web.pdf, accessed 26 September 2011).