Dossier "Human resources for health"

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Table of Contents

Scope

'We have to work together to ensure access to a motivated, skilled, and supported health worker by every person in every village.'

(Lee Jong-wook, former Director-General of the WHO)

This dossier is about Human Resources for Health (HRH). As HRH are an essential part of health systems, HRH policies cannot be successful without efforts to improve the overall functioning of the health system. The Royal Tropical Institute (KIT) is specialized in strategic planning and policy development in the area of HRH in low and middle income countries and it is a collaborating centre for the World Health Organization (WHO) for Human Resources for Health.

As a [collaborating centre](#) on HRH, KIT advises countries on policy, planning and capacity development. KIT also conducts research and develops innovative strategies to address HRH needs. Special attention is

paid to improving performance of staff, and to evaluating interventions to improve the HRH situation. This dossier aims to provide background information on HRH and on the involvement of KIT in this field.

If you would like to make any comments on this dossier or suggest additional resources, please contact the editor, Ilse Egers

In-Depth

Text by Marjolein Dieleman
Development, Policy and Practice (DEV), Royal Tropical Institute

Over the past decade, the human resources situation in the health sectors in 'developing' and 'transitional' countries has reached a point of severe crisis and inability to provide basic health services. The WHO estimates that one million more healthcare workers are needed in low-income countries if they are to meet basic health goals. UNAIDS estimates that an additional 3070 medical doctors, 5700 nurses and almost 106.000 community health professionals needed every year in low-income countries over and above what is currently available in the health sector in order to deal with and scale up present level of care to the HIV/AIDS sufferers.
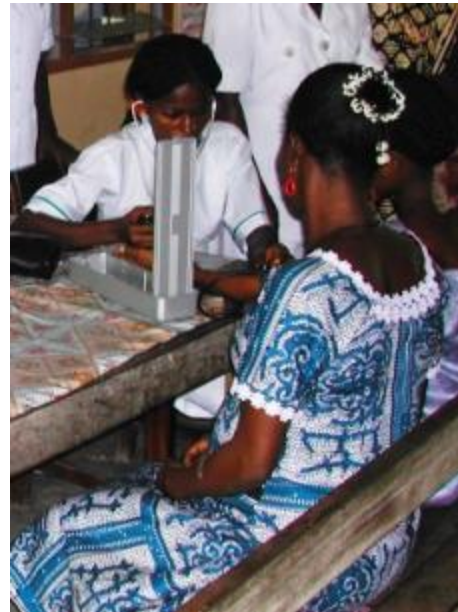
The Human Resources for Health (HRH) crisis in low and middle-income countries is currently receiving increased global attention, particularly the situation in Sub-Saharan Africa. At all levels, policy makers and planners are starting to realize that the achievement of the Millennium Development Goals is simply not possible if the HRH crisis is not more effectively addressed. HRH policies should accompany the increase in financing for healthcare through debt release, PRSP, fairer trade policies and specific programmes such as Global Alliance for Vaccines and Immunization and the Global Fund to fight AIDS, Tuberculosis and Malaria. As HRH are an essential part of health systems, HRH policies cannot be successful without efforts to improve the overall functioning of the health system.

HRH policies and strategies need to address health worker "production" (training appropriate numbers and having an appropriate skills mix), retention, migration and performance. To effectively address the HRH crisis policy makers and planners need to analyse and share experiences and develop effective approaches to:

Enhance health worker performance, especially in fragile states and rural remote and urban poor areas.

In general, analysis of HR plans and field experiences have demonstrated that HRH strategies are often not gender sensitive and that the impact of HIV/AIDS on health workers is not taken into consideration while both aspects are essential for retention and provision of quality care. The HRH crisis can only be solved if gender and social equity issues are consistently and comprehensively addressed in health systems development in general and in HRD policies and strategies in particular.
Moreover, in fragile states basic service delivery is either totally absent or organized without much

participation of the government. Key institutions that were originally present have been partially or totally destroyed, while new organizations and networks are being formed, for which support is required.

In rural remote and urban poor areas, attraction and retention of staff and provision of quality of care is particularly difficult.

Due to the paucity of documented experiences and operational research, it is not clear what works (including experiences in public, private and private-not for-profit sector), what does not and why; and what such interventions cost. Policy makers and planners need this information to develop and implement effective strategies and to decide which experiences are sufficiently "positive' for scaling up.

Enhance good governance

Issues with respect to good governance in HRH are effective partnerships between health service deliverers, users associations, and (local) governments that have to oversee performance of health service delivery, provide funding and even staff. Attitude and performance of staff are important issues for patients, and there is thus a need to better include client perspectives on health worker performance in HRH policy. Strengthening accountability mechanisms at all levels is another key aspect (staff performance, financial management, decision making on duty station, grading etc.). This also means that health workers are entitled to know their rights and that their rights should be promoted and protected. In addition, a functioning M&E systems in combination with operational research on HRH, and capacity strengthening on interpreting these results for HRH also contributes to improved governance and for HRH agenda setting. Apart from "technical information" on HRH, political analysis is required to assess the feasibility of HRH plans and to build strategic alliances to move the HRH agenda forwards considering the conditions and stakeholder interests at country level. Moreover, in order to ensure the sustainability of HRH, HRH plans need to be an integral part of Health Sector Strategies and medium term budget planning. This entails developing and costing plans, but also obtaining commitment for resource allocation

Manage internal and external migration

One of the factors contributing to the HRH crisis is exit of the health workforce from National health systems including emigration of skilled health professionals (medical brain drain). Research shows that international migration leads to internal migration: from rural to urban, public to private and from primary to specialist care. There is an urgent need of research on (i) labour market failure, including externalities and asymmetric information; (ii) role of remittances; (iii) global public goods; and (iv) political economy of migration and inequitable resource use as the consequences of emigration of health professionals. In order to get a holistic picture, there is also a need to include 'unquantifiable variables' by incorporating sociological and cultural theories of migration. This information will allow the formulation of international collective action to formulate new policies and institutions to manage migration including international financing of Global Public Goods for health and the role of recent GATS negotiations on further migration of health professionals.

Obtain and retain appropriate competencies to implement tasks

Traditional training approaches have proven to be successful in short term improvements in knowledge and skills but appear less successful in sustaining improved performance on the job. Evidently there is a need to develop and document effective systems for continuous learning that better assure sustained performance for all groups involved in the health system: service providers, managers but also local government and civil society. • Integrate HRH plans for priority program in HRH plans for health systems

Priority health programs, such as TB control programs, HIV/AIDS programs and Sexual and Reproductive Health Programs have come to realize that they need to develop HRH plans in order to achieve their targets. There is an on-going debate to what extent these "vertical" HRH plans and activities disrupt or strengthen the HRH plans and activities in the health system. There is a need to develop and improve upon approaches to integrate HRH plans developed for priority programs with HRH plans developed for the overall health system.

KIT's Involvement

Text by Marjolein Dieleman
Development, Policy and Practice (DEV), Royal Tropical Institute

KIT has a wealth of experience in strategic planning and policy development in the area of healthcare workers in developing countries. This is based on years of applied research in Africa, Asia and Latin America with local partners. The Institute develops practical policy tools and helps both the government and the private sector to implement and assess human resource management. It also has a lot of experience with bringing important players on board such as ministries, civil society organisations and professional bodies associated with the medical profession. The Institute provides support and training to healthcare managers at both the national and regional level in the area of formulating and implementing human resource management. KIT also gives advice to various training institutes in developing countries.

Approach of KIT to HRH issues

KIT addresses Human Resources for Health issues internationally and at country level through policy advice and research, as well as capacity building, using a systems perspective.
KIT believes that HRH can only be appropriately addressed if the context within which health workers operate is taken into consideration. Our working principles are therefore to address HRH issues brought up by our southern partners in a multidisciplinary way, working with partners from the South and building on current experiences in the field. Our approach is rights-based, and gender and equity sensitive. We work in a participatory way, involving stakeholders within and beyond the health sector, and linking policy level with the operational level. We work especially to improve pro-poor services and therefore we focus on poverty pockets and fragile states. HIV/AIDS is considered as a specific factor in HRH issues. We assure that experiences in country support and research results are documented and shared.

Focal points

- Building evidence for human resources for health
- Developing policies and strategies for appropriate deployment and retention of staff, including managing exit from workforce
- Research on equity on distribution of health workers amongst and within countries
- Developing HR management systems focusing on individual countries
- Advising on an appropriate skills mix

- Developing strategies for stewardship in HR to enhance private-public partnership
- Assisting in planning human resource strategies for change management to accompany decentralization and other reforms in the health sector
- Institutional strengthening and capacity building of health institutes and individual health professionals
- Facilitating social dialogue for International Migration of health workers

Team members

- Yme van den Berg
- Ankie van den Broek
- Marjolein Dieleman
- Jurriaan Toonen
- Prisca Zwanikken

KIT Projects

- Towards evidence-based policy options in child survival planning: estimation of human resource requirements
- Workload indicators of staffing needs
- Health systems planning and human resource development in Bangladesh
- Strengthening the capacity of primary health care in Vietnam
- Capacity building for qualitative research in the health sector Vietnam
- Human resource development support to national tuberculosis control programme, Egypt
- Human resources development and tuberculosis control in Cambodia
- Replicability of service delivery modalities used for the eradication of poliomyelitis
- Training on human resources development in tuberculosis
- Strengthening human resource development for sexual and reproductive health

Publications

- Adjei, S. - Quest for quality
- Dieleman, M. - Human resource management interventions to improve health workers' performance in low and middle income countries: a realist review
- Dieleman, M. - 'I believe that the staff have reduced their closeness to patients'
- Dieleman, M. - Identifying factors for job motivation of rural health workers in North Viet Nam
- Dieleman, M. - Improving health worker performance: in search of promising practices
- Dieleman, M. - The match between motivation and performance management of health sector workers in Mali
- Dieleman, M. - Triggering meaningful change
- Dieleman, M. - 'We are also dying like any other people, we are also people': perceptions of the impact of HIV/AIDS on health workers in two districts in Zambia
- Elzinga, G. - Workers for priorities in health
- Joint Learning Initiative, - Specific programs and human resources: addressing a key implementation constraint
- Lehmann, U. - Staffing remote rural areas in middle- and low-income countries
- Rutten, M. - A comparative analysis of some policy options to reduce rationing in the UK's NHS
- Rutten, M. - The economic impact of medical migration: a receiving country's perspective
- Rutten, M. - The economic impact of medical migration: an overview of the literature

Resources

The predefined search **KIT Library Query** guides you to all resources on the main topics of the dossier available in the KIT Library.

Documents

- [Longitudinal study of rural health workforce in five counties in China: research design and baseline description](#)
  The village doctors have served rural residents for many decades in China, and their role in rural health system has been highly praised in the world; unfortunately, less attention has been paid to the health workforce during the ambitious healthcare reform in recent years. Therefore, we conducted a longitudinal study to explore the current situation and track the future evolution of the rural healthcare workforce. Village doctors in rural China are facing critical challenges, including aging, gender imbalance, low education, and a lack of social protection. This study may be beneficial for making better policies for the development of the health workforce and China's healthcare reform.
  Xu H., Zhang W., Zhang X. et al.
  Human Resources for Health | May 2013

- [A literature review: the role of the private sector in the production of nurses in India, Kenya, South Africa and Thailand](#)
  A scoping systematic review was undertaken to assess the evidence for the role of private sector involvement in the production of nurses in India, Kenya, South Africa, and Thailand.
  Strategies must be devised to ensure that private nursing graduates serve public health needs of their populations. There must be policy coherence between producing nurses for export and ensuring sufficient supply to meet domestic needs, in particular in under-served areas. This study points to the need for further research in particular assessing the contributions made by the private sector to nurse production, and to examine the variance in quality of nurses produced.
  Reynolds J., Wisaijohn T., Pudpong N., et al.
  Human Resources for Health | April 2013

- [Understanding the factors influencing health-worker employment decisions in South Africa](#)
  To minimize attrition from the overburdened public-sector workforce and the negative effects of the overall shortage of HWs, innovative efforts are required to address the causes of HWs dissatisfaction and to further identify the nonfinancial factors that influence work choices of HWs. The results highlight the importance of considering a broad range of nonfinancial incentives that encourage HWs to remain in the already overburdened public sector.
  George G., Gow J., Bachoo S.
  Human Resources for Health | April 2013

- [Aspirations for quality health care in Uganda: How do we get there?](#)
  To design an intervention to improve access and quality of health care at health facilities in eastern Uganda, the authors aimed to understand local priorities for qualities in health care, and factors that enable or prevent these qualities from being enacted.
  Achieving aspirations for qualities valued in health care will require a genuine reorientation of focus by health workers and their managers toward patients, through renewed respect and support for these providers as professionals.
  Chandler C., Kizito J., Taaka L., et al.
  Human Resources for Health | March 2013

- [Service delivery in Kenyan district hospitals – what can we learn from literature on mid-level managers?](#)
  This review highlights the possible significance of mid-level managers in achieving delivery of high-quality services in Kenyan public hospitals and strongly suggests that approaches to strengthen this level of management will be valuable. The findings from this review should also help inform empirical studies of the roles of mid-level managers in these settings.
  Nzinga J., Mbaabu L., English M.
  Human Resources for Health | February 2013
- [Cost-effectiveness analysis of human resources policy interventions to address the shortage of nurses in rural South Africa](#)
  Lagarde M., Blaauw D., Cairns J.
  This paper takes forward the recent use of Discrete Choice Experiments to assess the effects of potential incentives to attract nurses to rural areas. Measures involving the selection of more nursing students who are more likely to accept positions in rural areas are shown to be the most cost-effective interventions. If such policies could not be implemented, the next best options are to offer preferential access to specialist training to nurses willing to work in rural areas.
  Social Science & Medicine | 2012
- [A descriptive study on health workforce performance after decentralisation of health services in Uganda](#)
  Lutwama G., Roos J., Dolamo B.
  The purpose of this study was, therefore, to investigate the performance of health workers after decentralisation of the health services in Uganda in order to identify and suggest possible areas for improvement. Although Uganda is faced with a number of challenges as regards human resources for health, the findings show that the health workers that are currently working in the health facilities are enthusiastic to perform. This may serve as a motivator for the health workers to improve their performance and that of the health sector.
  Human Resources for Health | 2012
- [Managing health worker migration: a qualitative study of the Philippine response to nurse brain drain](#)
  Dimaya R., McEwen M., Curry L. et al.
  This study examines how the development of brain drain-responsive policies is driven by the effects of nurse migration and how such efforts aim to achieve mind-shifts among nurses, governing and regulatory bodies, and public and private institutions in the Philippines and worldwide.
  Human Resources for Health | 2012
- [Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting](#)
  Gulmezoglu A. et al.
  The objective of this guidance is to issue evidence-based recommendations to facilitate universal access to key, effective maternal and newborn interventions through the optimization of health worker roles.
  World Health Organization | 2012 | 98 pp.
- [Strengthening human resources for health in Cote d'Ivoire](#)
  This short video shares information about the Health Systems 20/20 assessment of the health system in Cote d'Ivoire. Based on the findings, the project worked with in-country partners to improve production of health workers, create incentives to motivate health workers to move to the underserved north, and build health management capacity.
  Health Systems 20/20 | 2012

- [Do health workers' preferences influence their practices? Assessment of providers' attitude and personal use of new treatment recommendations for management of uncomplicated malaria, Tanzania](#)
  Masanja I., Lutambi A., Khatib R.
  This study provided an opportunity to assess the influence of health workers' attitude to the usage of new malaria treatment recommendations. Overall, results showed variations in health workers attitudes and practices regarding new treatment recommendations in terms of type of health facility, ownership and type of health worker at six months post changes and two years later.
  BMC Public Health | 2012

- [Knowledge and performance of the Ethiopian health extension workers on antenatal and delivery care: A cross-sectional study](#)
  Medhanyie A., Apigt M., Dinant G., Blanco R.
  This study investigated the knowledge and performance of health extension workers (HEWs) on antenatal and delivery care. The study also explored the barriers and facilitators for HEWs in the provision of maternal health care.
  Human Resources for Health | 2012

- [Medicine sellers' perspectives on their role in providing health care in north-west Cameroon: A qualitative study](#)
  Hughes R., Chandler C., Mangham-Jefferies L., et al.
  This study aimed to contribute an understanding of medicine sellers' motivations and perceptions of roles in rural and urban North-West Cameroon as providers of first aid care, which is complementary rather than competitive to formal providers.
  Health Policy and Planning | 2012

- [Understanding the complex drivers of intrinsic motivation for health workers in Malawi](#)
  Goldberg A., Levey I.
  This report is a nationally representative study in Malawi that employed both qualitative and quantitative data collection methods to assess statistically significant drivers of intrinsic motivation for health workers of every cadre across the entire health system including public, private for-profit, and faith-based health workers.
  Health Systems 20/20 | 2012

- [Exit interviews: Determining why health staff leave](#)
  Doyle J., Roberts G.
  This study found that limited data collection systems and lack of exit interviews has meant that up-to-date, reliable and accurate data regarding all exiting health workers (HW) (not only those who intend to emigrate) are not readily available. Without such datasets, the dynamics of mobility and migration within the Pacific health workforce remain poorly understood and the development of strategies to retain HW severely hampered.
  Human Resources for Health Knowledge Hub | 2012

- [Role of health extension workers in improving utilization of maternal health services in rural areas in Ethiopia: a cross-sectional study](#)
  Medhanyie A., Spigt M., Kifle Y. et al.
  Ethiopia has been deploying specially trained cadres of community based health workers named health extension workers. This study investigates the role of these community health workers in improving utilization of maternal health services.
  BMC Health Services Research | 2012

- [Policy and programmatic implications of task shifting in Uganda: a case study](#)
  Dambisya Y., Matinhure S.
  There were positive and negative views on task shifting: the positive ones cast task shifting as one of the solutions to the dual problem of lack of skills and high demand for service, and as something that is already happening; while negative ones saw it as a quick fix intended for the poor, a threat to quality care and likely to compromise the health system. Conclusion: There were widespread examples of task in Uganda, and task shifting was mainly attributed to HRH shortages coupled with the high demand for healthcare services. There is need for clear policy and guidelines to regulate task shifting and protect those who undertake delegated tasks.
  BMC Health Services Research | 2012
- [Health worker satisfaction and motivation: an empirical study of incomes, allowances and working conditions in Zambia](#)
  Gow J., George G., Mwamba S. et al.
  In this study the authors examine the relationship between health worker incomes and their satisfaction and motivation.
  International Journal of Business and Management | 2012 | 12 pp.
- [Maternal and newborn healthcare providers in rural Tanzania: in-depth interviews exploring influences on motivation, performance and job satisfaction](#)
  Prytherch H., et al.
  This article describes an exploratory study that asked: what is understood by the term motivation; what encourages and discourages providers of maternal and newborn care in rural areas; and which factors influence their performance and job satisfaction.
  Rural and Remote Health | 2012
- [Keeping up to date: continuing professional development for health workers in developing countries](#)
  Giri K., Frankel N., Tulenko K. et al.
  This technical brief summarizes the literature concerning current best practices and innovative ideas in Continuing Professional Development (CPD). It is targeted toward people who run or advise Continuing Professional Development programs.
  Capacity Plus | Technical Brief | September 2012
- [Integrating family planning and HIV/AIDS services: Health workforce considerations](#)
  Ng C., Pacqué-Margolis S., Kotellos K. et al.
  This technical brief assesses the evidence on the role of health workers in the integration of family planning and HIV services and discusses key health worker considerations when integrating FP/HIV services, regardless of the integration model.
  Capacity Plus | Technical Brief | September 2012
- [Task-shifting: experiences and opinions of health workers in Mozambique and Zambia](#)
  Ferrinho P., Sidat M., Goma F. et al.
  This paper describes the task-shifting taking place in health centres and district hospitals in Mozambique and Zambia. The objectives of this study were to identify the perceived causes and factors facilitating or impeding task-shifting, and to determine both the positive and negative consequences of task-shifting for the service users, for the services and for health workers.
  Human Resources for Health | 2012
- [Improving CHW program functionality, performance and engagement: operations research results from Zambia](#)
  Crigler L., Furth R.
  The Community Health Worker Assessment and Improvement Matrix (CHW AIM) was designed to help assess communtiy health worker program functionality and to provide benchmarks against which to measure program improvements. This operations research activity was

designed as a field intervention study that applied the CHW AIM process.
USAID Health Care Improvement Project | 2012 | 66 pp.

- A study to evaluate the effectiveness of WHO tools
This report details findings from a study undertaken by ICRW with support from the World Health Organization (WHO). The study examines the effectiveness of a set of tools developed by WHO that aim to build the capacity of health workers globally to respond to adolescents' health needs effectively and with sensitivity. Specifically, ICRW evaluated whether the tools improved the quality of care young women received at primary health centers in two districts of Gujarat, India.
ICRW/FRHS/WHO | 2012 | 74 pp.

- Moving evidence into practice
Hart L., Harber L., Lee C. et al.
This brief summarizes evidence and best practices for making the most of health worker training interventions. It is designed to help program managers: identify when training is appropriate to introduce a new job responsibility or help improve performance, and ensure that training is effective.
Family Health International | 2012 | 4 pp.

- Experience of community health workers training in Iran: A Qualitative study
Javanparast S., Baum F., Labonte R. et al.
This study aimed to analyse the community health worker (CHW) training process in Iran and how different components of training have impact on CHW performance and satisfaction.
BMC Health Services Research | 2012 | 15 pp.

- Health workforce governance e and leadership capacity in the African Region Review of human resources for health units in the ministries of health
This report on the functioning of HRH units or departments in the ministry of health offers a window into what is generally observed as capacity challenges of the health workforce governance.
WHO |2012 | 23 pp.

- Meeting the health information needs of health workers: what have we learned?
D'Adamo M., Fabic ., Ohkubo S.
This issue presents three studies of health information needs in India, Senegal, and Malawi that demonstrate the information challenges of health workers, provide additional insight, and describe innovative strategies to improve knowledge and information sharing.
Journal of Health Communication: International Perspectives | 2012

- Rural health workers and their work environment: the role of inter-personal factors on job satisfaction of nurses in rural Papua New Guinea
Jayasuriya R., Whittaker M., Halim G., et al.
This study examined inter-personal, intra-personal and extra-personal factors that influence job satisfaction among rural primary care nurses in a low and middle income country, Papua New Guinea.
BMC Health Services Research | 2012 | 23 pp.

- Wages and health worker retention in Ghana: evidence from public sector wage reforms
Antwi J., Phillips D.
This paper investigates whether governments in developing countries can retain skilled health workers by raising public sector wages using sudden, policy-induced wage variation, in which the Government of Ghana restructured the pay scale for government health workers.
World Bank | 2012 | 38 pp.

- How can countries scale up education of health workers to meet health care needs?
Capacity Plus | Issue Brief #6 | June 2012

- [Flexible work practices in nursing](#)
  Flexible working practices are being promoted by governments, employers and unions as an important element of efforts to recruit and retain skilled employees and to improve the deployment of available nursing skills. Retention strategies for mature, experienced nurses should be considered as an important human resource initiative.
  International Centre for Human Resources in Nursing | 2012 | 10 pp.
- [Listening to the rural health workers in Papua New Guinea – the social factors that influence their motivation to work](#)
  Razee H., Whittaker M., Jayasuriya J., et al.
  Despite rural health services being situated and integrated within communities in which people work and live, the complex interaction of the social environment on health worker motivation and performance in Low Middle Income Countries has been neglected in research. In this article the authors investigate how social factors impact on health worker motivation and performance in rural health services in Papua New Guinea. This study identified the importance of strong supportive communities on health worker motivation. These findings have implications for developing sustainable strategies for motivation and performance enhancement of rural health workers in resource poor settings.
  Social Science and Medicine | 2012 | 32 pp.
- [How does capacity building of health managers work? A realist evaluation study protocol](#)
  Prashanth N., Marchal B., Hoeree T., et al.
  There has been a lot of attention on the role of human resource management interventions to improve delivery of health services in low- and middle income countries. However, studies on this subject are few due to limited research on implementation of programmes and methodological difficulties in conducting experimental studies on human resource interventions. The authors present the protocol of an evaluation of a district-level capacity-building intervention to identify the determinants of performance of health workers in managerial positions and to understand how changes (if any) are brought about.
  BMJ Open | 2012 | 12 pp.
- [How can countries more rapidly increase their health workforce?](#)
  Issue Brief #5
  CapacityPlus | May 2012
- [West Africa's Regional Approach to Strengthening Health Workforce Information](#)
  Technical Brief 2
  CapacityPlus | April 2012
- [The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal](#)
  Rouleau D., Fournier P., Philibert A. et al.
  This study found that although midwives seem to be experiencing burnout and unhappiness with their working conditions, they retain a strong sense of confidence and accomplishment in their work. It also suggests that strategies to retain them in their positions and in the profession should emphasize continuing education.
  Human Resources for Health | 2012
- [Task shifting in HIV/AIDS service delivery: An exploratory study of expert patients in Uganda](#)
  Crigler L., Wendo D., Guyer A., Nabwire J.
  This study examines the issues, in the Ugandan context, with strategies to shift facility and community-based tasks to "expert patients," clients who are recruited and trained to provide support services for other clients in facilities and in communities.
  USAID Health Care Improvement Project | 2011 | 68 pp.

- [Factors influencing Ghanaian midwifery students willingness to work in rural areas: A computerized survey](#)
  Lori J. , Rominski S. et al.
  The conclusion of this article is that by better understanding the motivating factors for rural healthcare workers, specific policy interventions can be established to improve the distribution of midwives thereby decreasing the burden of maternal and infant mortality.
  International Journal of Nursing Studies | 2012 | 8 pp.
- [Human resources for health care delivery in Tanzania: a multifaceted problem](#)
  Manzi F., Schellenberg J., Hutton G. et al.
  This study documented inadequate staffing of health facilities, a high degree of absenteeism, low productivity of the staff who were present and inadequate supervision in peripheral Tanzanian health facilities. The implications of these findings are discussed in the context of decentralized health care in Tanzania.
  Human Resources for Health | 2012 | 29 pp.

2011

- [Community engagement in facility-based quality improvement in the Philippines: Lessons for service delivery and governance](#)
  Brinkerhoff D.
  This brief situates the Philippines demonstration within evolving perspectives on citizen engagement in service delivery and health governance. It summarizes the QAPC project, and explains how citizens were engaged at the facility level in improving health service quality, while also contributing to increased responsiveness and accountability on the part of health providers.
  USAID | 2011 | 12 pp.
- [The human resource for health situation in Zambia: deficit and maldistribution](#)
  Ferrinho P., Sisiya S. et al.
  This case study documents how a peaceful, politically stable African country with a longstanding tradition of strategic management of the health sector and with a track record of innovative approaches dealt with its HRH problems, but still remains with a major absolute and relative shortage of health workers.
  Human Resources for Health / 2011 | 28 pp.
- [Rebuilding human resources for health: a case study from Liberia](#)
  Varpilah S.
  This paper illustrates the process, successes, ongoing challenges and current strategies Liberia has used to increase and improve human resources for health (HRH) since 2006, particularly the nursing workforce. The methods used here and lessons learned might be applied in other similar settings.
  Human Resources for Health | 2011
- [The WHO Global Code of Practice on the international recruitment of health personnel: The evolution of global health diplomacy](#)
  Taylor A., Dhillon I.
  The article emphasizes the importance of political leadership, appropriate sequencing, and support for capacity building of developing countries' negotiating skills to successful global health negotiations. It also reflects on how the dynamics of the Code negotiation process evidence an evolution in global health negotiations amongst the WHO Secretariat, civil society, and WHO Member States.
  Global Health Governance | 2011

- [Technical meeting on health workforce retention in countries of the South-eastern Europe Health Network](#)
  This report presents the proceedings and outcomes of the Technical Meeting on Health Workforce Retention in Countries of the South-eastern Europe Health Network (SEEHN) in March 2011, organized by the WHO Regional Office for Europe and the Executive Committee of SEEHN. The purpose of the meeting was to share experiences with interventions to improve the recruitment and retention of national health workforces in south-eastern Europe and to identify relevant policy options, and to thereby expand the evidence base for retention strategies in the area. This report includes an executive summary and a presentation of key messages.
  World Health Organization | 2011
- [Access to non-pecuniary benefits: does gender matter? Evidence from six low and middle-income countries](#)
  Gupta N., Alfano M.
  Gender issues remain a neglected area in most approaches to health workforce policy, planning and research. There is an accumulating body of evidence on gender differences in health workers' employment patterns and pay, but inequalities in access to non-pecuniary benefits between men and women have received little attention. This study investigates empirically whether gender differences can be observed in health workers' access to non-pecuniary benefits across six low- and middle-income countries.
  Human Resouces for Health | 2011
- [Paying health workers for performance in Battagram district, Pakistan.](#)
  Witter S., Zulfiqar T., Javeed S. et al.
  This article presents the results of an evaluation of a project managed by an international non-governmental organisation in one district of Pakistan. It aims to contribute to learning about the design and implementation of pay-for-performance systems and their impact on health worker motivation.
  Human Resources for Health | 2011
- [Overcoming the hurdle of implementation: putting human resources for health tools into action](#)
  McCaffery J.
  While chronic HRH problems still exist, progress has been made in some countries where innovative programs have been implemented that show promise, or specific initiatives have been scaled up. While many countries have HRH plans, this paper asserts that a major reason countries remain in crisis is the lack of sustained implementation to achieve concrete workforce strengthening results.
  Rev Peru Med Exp Salud Publica | 2011
- [Determining priority retention packages to attract and retain health workers in rural and remote areas in Uganda](#)
  Rockers P., Jaskiewicz W., Wurts L. et al.
  This report provides the results of a survey that was conducted among current students in health training programs as well as health workers practicing in rural districts to investigate preferences for potential attraction and retention strategies for postings in rural areas in Uganda.
  USAID, Capacity Plus | 2011
- [Interventions to reduce emigration of health care professionals from low- and middle-income countries.](#)
  Peñaloza B. Pantoja, T., Bastías G. et al.
  This Cochrane review focuses on policies that aim to reduce the permanent emigration of health professionals from low- or middle-income countries and the undesirable effects of such

emigration on the health system in low- or middle-income countries.
The Cochrane Collaboration | 2011

- Human resources productivity improvement in Zambia
  The study sought to address whether the interventions selected through the productivity improvement process were easy to implement and whether the selected interventions improved productivity.
  USAID | 2011

- Perceptions of per diems in the health sector: Evidence and implications
  Vian T., Miller C., Themba Z. et al.
  This study details the perceived benefits, problems, and risks of abuse of per diems and allowances in developing countries. Drawing on 41 interviews with government and nongovernmental officials in Malawi and Uganda the report highlights how practices to maximize per diems have become a defining characteristic of many public institutions and influence how employees carry out their work.
  Anti Corruption Resource Centre | 2011

  Retention in HIV care between testing and treatment in Sub-Saharan Africa: A systematic review
  Rosen S., Fox M.
  Improving the outcomes of HIV/AIDS treatment programs in resource-limited settings requires successful linkage of patients testing positive for HIV to pre–antiretroviral therapy (ART) care and retention in pre-ART care until ART initiation. The authors conducted a systematic review of pre-ART retention in care in Africa.
  PLoS Medicine | 2011

- Treatment outcomes and cost-effectiveness of shifting management of stable art patients to nurses in South Africa: an observational cohort
  Long L., Brennan A. Fox, M. et al.
  To address human resource and infrastructure shortages, resource-constrained countries are being encouraged to shift HIV care to lesser trained care providers and lower level health care facilities. This study evaluated the cost-effectiveness of down-referring stable antiretroviral therapy (ART) patients from a doctor-managed, hospital-based ART clinic to a nurse-managed primary health care facility in Johannesburg, South Africa.
  PLoS Medicine | 2011

- Workplace violence and gender discrimination in Rwanda's health workforce: increasing safety and gender equality
  Newman C., Vries de D., Kanakuze J. et al.
  This article reexamines a set of study findings that directly relate to the influence of gender on workplace violence, synthesizes these findings with other research from Rwanda, and examines the subsequent impact of the study on Rwanda's policy environment.
  Human Resources for Health | 2011

  A review of health leadership and management capacity in Solomon Islands
  Asante A., Roberts G., Hall J.
  This review describes the current state of health management and leadership capacity and issues that affect management performance in the Solomon Islands. The challenges facing health managers and leaders in the Solomon Islands are similar to those of many low- and middle-income countries; they relate both to the managerial competence of individual provincial health directors and the constraints of the national economy, organisational structures and the societies in which they operate.
  Human Resources for Health Knowledge Hub | 2011

- [Devolution and human resources in primary healthcare in rural Mali](#)
  Lodenstein E., Dao D.
  This article assesses the key advantages and dilemmas associated with devolution such as responsiveness to local needs, downward accountability and health worker retention. Challenges of politics and capacities are also addressed in relation to human resources for health at the local level. Examples are derived from experiences in Mali with a capacity development programme and from case studies of other countries. It is not research findings that are presented, but highlights of key issues at stake aimed at inspiring the debate in Mali and elsewhere.
  Human Resources for Health | 2011
- [Human resources for maternal, newborn and child health: from measurement and planning to performance for improved health outcomes.](#)
  Gupta N., Maliqi B., Franca A. et al.
  Findings from 68 countries demonstrate availability of doctors, nurses and midwives is positively correlated with coverage of skilled birth attendance. Most (78%) of the target countries face acute shortages of highly skilled health personnel, and large variations persist within and across countries in workforce distribution, skills mix and skills utilization.
  Human Resources for Health | 2011
- [High rates of burnout among maternal health staff at a referral hospital in Malawi: A cross-sectional study](#)
  Combs Thorsen V., Teten Tharp A., Meguid T.
  The aims of the study were to examine the prevalence and degree of burnout reported by healthcare workers who provide antenatal, intrapartum, and postnatal services in a district referral hospital in Malawi; and, to explore factors that may influence the level of burnout healthcare workers experience. Based on these findings, burnout appears to be common among participating maternal health staff and they experienced more burnout than their colleagues working in other medical settings and countries. Further research is needed to identify factors specific to Malawi that contribute to burnout in order to inform the development of prevention and treatment within the maternal health setting.
  BMC Nursing | 2011
- [Faith-Based Organizations: Using HR management to support health workers](#)
  This edition of CapacityPlus Voices highlights the role of human resources management for FBOs in the health sector.
  CapacityPlus Voices | 2011.

  [Strengthening human resources for health to improve maternal care in Niger's Tahoua Region](#)
  This brief outlines a collaborative to improve health worker performance and improve the quality and efficiency of maternal care services by building the capacity of local management and health workers to implement sustainable improvements in maternal care provided in Tahoua.
  Health Care Improvement Project | 2011
- [Realist review and synthesis of retention studies for health workers in rural and remote areas](#)
  Dieleman M., Kane, S., Zwanikken P., Gerretsen B.
  This report uses a realist review, which is a theory-based method, to address the questions of "why" and "how" certain rural retention interventions work better in some contexts and fail in others. Through applying a realist perspective to the review of these retention studies, a greater understanding is gained of the contextual factors and the main mechanisms that triggered the effects of retention strategies. The report provides strong support for the assertion that a bundle of retention strategies should be used in order to successfully attract and retain health

workers in remote and rural areas.
WHO | 2011

- [Improving the implementation of health workforce policies through governance: a review of case studies](#)
  Dieleman M., Shaw D.M., Zwanikken P.
  This article aims to describe how governance issues have influenced HRH policy development and to identify governance strategies that have been used, successfully or not, to improve HRH policy implementation in low- and middle income countries.
  Human Resources for Health | 2011

- [A technical framework for costing health workforce retention schemes in remote and rural areas](#)
  Zurn P., Vujicic M., Lemiere C. et al.
  This paper proposes a framework for carrying out a costing analysis of interventions to increase the availability of health workers in rural and remote areas with the aim to help policy decision makers. It also underlines the importance of identifying key sources of financing and of assessing financial sustainability.
  Human Resources for Health | 2011

- [Health workforce skill mix and task shifting in low income countries: a review of recent evidence](#)
  Fulton B., Scheffler R., Sparkes S. et al.
  The studies used for this article provide substantial evidence that task shifting is an important policy option to help alleviate workforce shortages and skill mix imbalances. Task shifting is a promising policy option to increase the productive efficiency of the delivery of health care services, increasing the number of services provided at a given quality and cost. Future studies should examine the development of new professional cadres that evolve with technology and country-specific labour markets. To strengthen the evidence, skill mix changes need to be evaluated with a rigorous research design to estimate the effect on patient health outcomes, quality of care, and costs.
  Human Resources for Health | 2011

- [Tracking and monitoring the health workforce: a new human resources information system (HRIS) in Uganda](#)
  Spero J., McQuide P., Matte R.
  Health workforce planning is important in ensuring that the recruitment, training and deployment of health workers are conducted in the most efficient way possible. However, in many developing countries, human resources for health data are limited, inconsistent, out-dated, or unavailable. Consequently, policy-makers are unable to use reliable data to make informed decisions about the health workforce. Computerized human resources information systems (HRIS) enable countries to collect, maintain, and analyze health workforce data. The UNMC database is valuable in monitoring and reviewing information about nurses and midwives. However, information obtained from this system is also important in improving strategic planning for the greater health care system in Uganda.
  Human Resources for Health | 2011

- [Task shifting in maternal and newborn care: a non-inferiority study examining delegation of antenatal counseling to lay nurse aides supported by job aids in Benin](#)
  Jennings L., Yebadoko A., Affo J. et al.
  Shifting the role of counseling to less skilled workers may improve efficiency and coverage of health services, but evidence is needed on the impact of substitution on quality of care. This research explored the influence of delegating maternal and newborn counseling responsibilities to clinic-based lay nurse aides on the quality of counseling provided as part of a task shifting initiative to expand their role.
  Implementation Science | 2011

- [Recent trends in human resources for health at the district level in Indonesia: Evidence from 3 districts in Java](#)
  Heywood P., Harahap N., Aryani S.
  The conclusion of this article is that there has been a significant increase in the number of healthcare providers in the 3 districts surveyed. The changes have the effect of increasing the proportion of total public expenditure allocated to salaries and reducing the flexibility of the districts in managing their own budgets. There has also been an increase in the number of private practice facilities offering health care. These changes illustrate the need for a much improved human resources information system and a coherent policy to guide actions on human resources for health at the national, provincial and district levels.
  Human Resources for Health | 2011
- [The training and professional expectations of medical students in Angola, Guinea-Bissau and Mozambique](#)
  Ferrinho P., Sidat M., Fresta M.J. et al.
  The purpose of this paper is to describe and analyze the professional expectations of medical students during the 2007-2008 academic year at the public medical schools of Angola, Guinea-Bissau and Mozambique, and to identify their social and geographical origins, their professional expectations and difficulties relating to their education and professional future.
  Human Resources for Health | 2011
- [Reflections on the ethics of recruiting foreign-trained human resources for health](#)
  Runnels V., Labonté, R., Packer C.
  Developed countries' gains in health human resources (HHR) from developing countries with significantly lower ratios of health workers have raised questions about the ethics or fairness of recruitment from such countries. By attracting and/or facilitating migration for foreign-trained HHR, notably those from poorer, less well-resourced nations, recruitment practices and policies may be compromising the ability of developing countries to meet the health care needs of their own populations. Little is known, however, about actual recruitment practices. In this study we focus on Canada (a country with a long reliance on internationally trained HHR) and recruiters working for Canadian health authorities.
  Human Resources for Health | 2011
- [The health workforce crisis in Bangladesh: shortage, inappropriate skill-mix and inequitable distribution](#)
  Masud A.; Awlad H.; Chowdhurry M.
  Bangladesh is identified as one of the countries with severe health worker shortages. The country is suffering from a severe HRH crisis--in terms of a shortage of qualified providers, an inappropriate skills-mix and inequity in distribution--which requires immediate attention from policy makers.
  Human Resources for Health | 2011
- [Informal payments and the quality of health care: Mechanisms revealed by Tanzanian health workers](#)
  Mæstad O., Mwisongo A.
  The findings suggest that informal payments can impact negatively on the quality of health care through rent-seeking behaviours and through frustrations created by the unfair allocation of payments. Interestingly, the presence of corruption may also induce noncorrupt workers to reduce the quality of care. Positive impacts can occur because informal payments may induce health workers to increase their efforts, and maybe more so if there is competition among health workers about receiving the payments. Moreover, informal payments add to health workers' incomes and might thus contribute to retention of health workers within the health

sector.
Health Policy | 2011

2010

- [Getting health workers to rural areas: Innovative analytic work to inform policy making](#)
  Vujicic M., Alfano M., Shengelia B.
  The current paper presents results of an empirical study conducted in Liberia and Vietnam using a discrete choice experiment (DCE). The study's aim was to predict the likelihood of health workers taking up a rural area job under alternative incentive schemes.
  HNP & The World Bank | 2010
- [Human resources for health knowledge hub. Policy options for strengthening health leadership and management capacity in six Asia and Pacific Island Countries](#)
  Asante A., Hall J.
  Health systems need competent and effective managers and leaders to deliver services efficiently. For low and middle income countries confronting the multiple challenges of HIV/AIDS, high maternal and neonatal mortality, inequities in access to quality services, shortage and maldistribution of health personnel, effective management and leadership is particularly critical.
  The University of New South Wales | 2010
- [Planning, developing and supporting the health workforce. Results and lessons learned from the Capacity Project, 2004-2009.](#)
  The Capacity Project strengthened human resources to implement quality health programming in developing countries, focusing on: improving workforce planning and leadership; developing better education and training programs for health workers and strengthening systems to support workforce performance.
  USAID & Capacity Project | 2010
- [Systematic review on human resources for health interventions to improve maternal health outcomes: evidence from developing countries](#)
  Bhutta Z., Lassi Z., Mansoor N.
  This review will focus on the impact of human resources for health interventions on the health care professionals defined as Skilled Birth Attendants to decrease maternal mortality and morbidity.
  The Aga Khan University, Karachi, Pakistan | 2011
- [Health workforce skill mix and task shifting in low income countries: a review of recent evidence](#)
  Fulton, B.D.; Scheffler, R.M.; Sparkes, S.P. et al.
  This study uses an economics perspective to review the skill mix literature to determine its strength of the evidence, identify gaps in the evidence, and to propose a research agenda.
  Human Resources for Health | 2011
- [Indian approaches to retaining skilled health workers in rural areas](#)
  Sundararaman T., Gupta G.
  The lack of skilled service providers in rural areas of India has emerged as the most important constraint in achieving universal health care. India has about 1.4 million medical practitioners, 74% of whom live in urban areas where they serve only 28% of the population, while the rural population remains largely underserved. This paper describes initiatives to address this issue.
  Bulletin World Health Organization | 2011

  [The impact of ART scale up on health workers: evidence from two South African districts](#)
  George G., Atujuna M., Gentile J. et al.

This study explores the effects of antiretroviral treatment (ART) programmes on health-care human resources in South Africa. Contrary to what has been presented in literature, the survey showed that health workers in ART programmes experienced higher levels of morale, lower stress, lower sickness absenteeism and higher levels of job satisfaction. This paper uses qualitative data to provide insights into the working environment of ART workers and examines some possible explanations for our survey findings. The key factors that contribute to the different perception of working environment by ART workers identified in this study include bringing hope to patients, delaying deaths, acquiring training and the ability to better manage and monitor the disease.
AIDS Care | 2010

- Bulletin of the World Health Organization, Volume 88, Issue 5, 2010
  This special issue addresses the theme of retaining health workers in remote and rural areas.

- Positive practice environments in Uganda: Enhancing health worker and health system performance
  Matsiko C.W.
  This paper aims to explore the current key issues facing Uganda's health human resource climate with particular attention to practice environments including recruitment, retention and productivity of its health workforce, to identify the HR solutions that are being or have been employed to address these main challenges.
  Positive Practice Environments Campaign | 2010

  Essential nursing competencies related to HIV and AIDS: executive summary
  Relf M.V., Mekwa J.; Chasokela C.
  With the recent increase in global funding to expand access to antiretroviral therapy, there have been considerable efforts to improve the capacity of nurses to initiate and maintain antiretroviral therapy while evaluating its effectiveness, monitoring for side effects, reducing the incidence of drug–drug interactions (including drug interactions related to therapies provided by traditional healers), promoting adherence to therapies, and providing management of symptoms. Therefore, using a participatory action approach, nursing leaders from six sub-Saharan African countries collaborated to develop the essential nursing competencies related to HIV and AIDS.
  Journal of the Association of Nurses in AIDS Care | 2011

- Maternal health care professionals' perspectives on the provision and use of antenatal and delivery care: a qualitative descriptive study in rural Vietnam
  Graner S.; Mogren I.; Q Duong L. et al.
  Contextual conditions strongly influenced the performance and interaction between pregnant women and health care professionals within antenatal care and delivery care in a rural district of Vietnam. Although Vietnam is performing comparatively well in terms of low maternal and child mortality figures, this study revealed midwives' and other health care professionals' perceived difficulties in their daily work. It seemed maternal health care was under-resourced in terms of staff, equipment and continuing education activities.
  BMC Public Health | 2010

- Worth more than any money: building local capacity in health worker information systems
  Dwyer S.
  To make the best use of current resources and plan for the future, national leaders need to know how many health workers the country has, what their qualifications and skills are, where they are posted, and how many new workers are likely to join them.
  IntraHealth International | 2010

- [Increasing health worker capacity through distance learning: a comprehensive review of programmes in Tanzania](#)
  Nartker A.J.; Stevens L.; Shumays A. et al.
  The government of Tanzania has looked for ways to increase the number and skills of health workers, including using distance learning in their training. In 2008, the authors reviewed and assessed the country's current distance learning programmes for health care workers, as well as those in countries with similar human resource challenges, to determine the feasibility of distance learning to meet the need of an increased and more skilled health workforce.
  Human Resources for Health | 2010

  [Reviewing the benefits of health workforce stability](#)
  Buchan J.
  This paper examines the issue of workforce stability and turnover in the context of policy attempts to improve retention of health workers. The paper argues that there are significant benefits to supporting policy makers and managers to develop a broader perspective of workforce stability and methods of monitoring it. The objective of the paper is to contribute to developing a better understanding of workforce stability as a major aspect of the overall policy goal of improved retention of health workers.
  Human Resources for Health | 2010

- [Task shifting in Mozambique: cross-sectional evaluation of non-physician clinicians' performance in HIV/AIDS care](#)
  Brentlinger P., Assan A., Mudender F. et al.
  Many resource-constrained countries now train non-physician clinicians in HIV/AIDS care, a strategy known as 'task-shifting.' There is as yet no evidence-based international standard for training these cadres. In Mozambique, the in-service ART training was suspended. MOH subsequently revised the TMs' scope of work in HIV/AIDS care, defined new clinical guidelines, and initiated a nationwide re-training and clinical mentoring program for these health professionals. Further research is required to define clinically effective methods of health-worker training to support HIV/AIDS care in Mozambique and similarly resource-constrained environments.
  Human Resources for Health | 2010

- [A realist synthesis of randomised control trials involving use of community health workers for delivering child health interventions in low and middle income countries](#)
  Kane S., Gerretsen B., Scherpbier R. et al.
  The aim of this review was to explore if randomized controlled trials (RCTs) could yield insight into the working of the interventions, when examined from a different, a realist perspective. We found that RCTs did yield some insight, but the hypotheses generated were very general and not well refined. These hypotheses need to be tested and refined in further studies.
  BMC Health Services Research | 2010

- [Costing the scaling-up of human resources for health: lessons from Mozambique and Guinea Bissau](#)
  Tyrrell A.; Russo G.; Dussault G. et al.
  The authors conclude that bottom-up and country-specific costing methodologies have the potential to serve adequately the multi-faceted purpose of the exercise. It is recognised that standardised tools and methodologies may help reduce local governments' dependency on foreign expertise to conduct the human resource development plans costing and facilitate regional and international comparisons.
  Human Resources for Health | 2010

- [Task sharing in Zambia: HIV service scale-up compounds the human resource crisis](#)
  Walsh A., Ndubani P., Simbaya P. et al.
  This study analyses and reports trends in HIV and non-HIV ambulatory service workloads on clinical staff in urban and rural district level facilities.
  BMC Health Services Research | 2010
- [Doubling the number of health graduates in Zambia: estimating feasibility and costs](#)
  Tjoa A; Kapihya M. et al.
  The Ministry of Health (MoH) in Zambia is operating with fewer than half of the human resources for health (HRH) necessary to meet basic population health needs. Responding urgently to address this HRH crisis, the MoH plans to double the annual number of health training graduates in the next five years to increase the supply of health workers.
  Human Resources for Health | 2010
- [Human Resource Development in Health: System for the Development of Competencies in Peru](#)
  The system for the development of competencies, presented in this report, seeks to articulate the processes and resources needed to develop and strengthen labor skills for the health workers of the regional health authorities.
  USAID | 2010
- [Per diems undermining health care interventions in Africa](#)
  Ridde V.
  In an editorial in the "Tropical Medicine and International Health" journal the author analyses how per diems have negatively impacted on health care interventions, health research and contributed to health care systems dysfunctions in Africa.
  Tropical Medicine and International Health | 2010
- [Creating an enabling environment for task shifting in HIV and AIDS services: Recommendations based on two African country case studies](#)
  Conclusions from the report: For task shifting to be sustainable, it will be important for health workers who are providing essential health services to receive adequate wages and/or other appropriate and commensurate compensation. Continuing education and training programs should also be made available to health workers as a means to recognize their increased responsibility.
  USAID | 2010
- [Task shifting in Uganda: Case study](#)
  This case study gathered a range of views from various stakeholders, including policymakers, healthcare managers, frontline health workers, and health students in training. Most participants readily accepted task shifting as a strategy to scale up HIV services.
  USAID | 2010
- [Attracting and retaining health workers in rural areas: investigating nurses' views on rural posts and policy interventions](#)
  Mullei K., Mudhune S., Wafula J. et al.
  This study identified a range of potential interventions to increase rural recruitment and retention, with those most favored by nursing students being additional rural allowances, and allowing choice of rural location. Greater investment is needed in information systems to evaluate the impact of such policies.
  BMC Health Services Research | 2010
- [Scaling up health policies and services in low- and middle-income settings.](#)
  Hanson K., Cleary S., Schneider H., et al.
  The eight papers in this supplement represent a selection of the papers presented at a workshop. Together, they contribute a rich set of new evidence about the barriers to scaling up, the opportunities for overcoming these through changes in financing arrangements and service

delivery innovations, and the critical importance of the processes of managing change in order to realise the promise of scaled up programmes and interventions.
BMC Health Services Research | 2010

- Meeting human resources for health staffing goals by 2018: a quantitative analysis of policy options in Zambia
Tjoa A., Kapihya M., Libetwa M. et al.
With no changes to current training, hiring, and attrition conditions, the total number of doctors, clinical officers, nurses, and midwives will increase from 44% to 59% of the minimum necessary staff by 2018. No combination of changes in staff retention, graduation rates, and public sector entry rates of graduates by 2010, without including training expansion, is sufficient to meet staffing targets by 2018 for any cadre except midwives.
Human Resources for Health | 2010
- A systematic review of task shifting for HIV treatment and care in Africa
Callaghan M., Ford N., Schneider H.
Human Resources for Health | 2010
- A realist evaluation of the management of a well performing regional hospital in Ghana
Marchal B. et al.
BMC Health Services Research | 2010

2009

- 10 Best resources on health workers in developing countries.
- Framework for assessing governance of the health system in developing countries: Gateway to good governance
- From staff-mix to skill-mix and beyond: towards a systemic approach to health workforce management
- Quest for quality: interventions to improve human resources for health among faith-based organisations
- Human resource management interventions to improve health workers' performance in low and middle income countries: a realist review
- Programme evaluation training for health professionals in Francophone Africa: process, competence acquisition and use
- Human Resources for Health. Fact Sheet
- What Countries can do now: Twenty-nine actions to scale-up and improve the health workforce
- The decentralisation-centralisation dilemma: recruitment and distribution of health workers in remote districts of Tanzania

2008

- Task Shifting: rational redistribution of tasks among health workforce teams
- Staffing remote rural areas in middle- and low-income countries: A literature review of attraction and retention
- Human Resources for Health: Overview
- Mozambique: Taking forward action on Human Resources for Health with DFID/OGAC and other partners
- Should active recruitment of health workers from sub-Saharan Africa be viewed as a crime?

2007

- ['I believe that the staff have reduced their closeness to patients': An exploratory study on the impact of HIV/AIDS on staff in four rural hospitals in Uganda](#)
- [The economic impact of medical migration: An overview of the literature](#)
- ['We are also dying like any other people, we are also people': perceptions of the impact of HIV/AIDS on health workers in two districts in Zambia](#)

Websites

- [WHO Human resources for health](#)
- [Human resources for health](#)
- [WHO Collaborating Centres Global Database. Collaborating Centres dealing with Human Resources for Health Development](#)
- [Eldis Human Resources for Health Dossier](#)
- [HRH Global Resource Center: A global library of human resources for health](#)
- [Management Sciences for Health (MSH)](#)
- [Global Health Workforce Alliance](#)
- [Capacity Plus. Serving health workers, saving lives](#)

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Glossary

Human resource management
Is the development of policies for effective utilization of human resources in an organization. Traditional personnel management is mostly concerned with recruitment, payment and discipline at operational level and is mainly an administrative function. HRM has a broader, more strategic and 'people' focus.
(source: EM Berman, JS Bowman, JP West et al, Human Resources Management in Public Service, paradoxes, processes and problems, 2006)

Human resources for health
Human resources for health or health workers are all people whose main activities are aimed at enhancing health. They include the people who provide health services -- such as doctors, nurses, pharmacists, laboratory technicians -- and management and support workers such as financial officers, cooks, drivers and cleaners.
(source: WHO Fact sheet No. 302, 2006)
Human resources for health (HRH) are the core of health systems, as the performance of these systems depends to a large extent on the knowledge, skills and motivation of its providers.
(source: G Dussault & CA Dubois, 2003. J Buchan, 2004)

Incentive
In economics and sociology, an incentive is any factor (financial or non-financial) that enables or motivates a particular course of action, or counts as a reason for preferring one choice to the alternatives. It is an expectation that encourages people to behave in a certain way. The Guidelines on Incentives for Health Professionals describe different approaches taken by a number of countries. Examples of financial incentives cited include tax waivers, allowances (e.g. - housing, clothing, child care, remote location weighting etc.), insurance, and performance payments. Examples of non financial

incentives include ensuring positive work environments, flexibility in employment arrangements and support for career development. The report underlines how incentives are important levers that organizations can use to attract, retain, motivate and improve the performance of their staff in all professions and walks of life, This is especially and urgently needed in the health care sector, it states, where the growing gap between the supply of health care professionals and the demand for their services is reaching crisis levels in many countries.
(source: Guidelines: Incentives for Health Professionals. WHO, 2008)

Motivation
Motivation is defined as 'an individual's degree of willingness to exert and maintain an effort towards organizational goals.
(source: LM Franco, S Bennett & R Kanfer, Health sector reform and public sector health worker motivation: a conceptual framework, Social Science and Medicine, 2002)

Remuneration
Is pay or salary, typically a monetary payment for services rendered, as in an employment. Remuneration is traditionally seen as the total income of an individual and may comprise a range of separate payments determined according to different rules. For example, the total remuneration of medical staff may comprise a capitation fee and a fee for services, or it may include a salary and shared financial risk. A remuneration strategy, therefore, is the particular configuration or bundling of payments that go to make up an individual's total income.
(source: Health workforce incentive and remuneration strategies. Discussion paper 4, WHO)

Retention
Maintenance of personnel by having policies and practices in place that address their diverse needs
(source: Employee Retention Working Group, 2002)

Skills mix
Refers to the mix of posts in the organization, the mix of employees in a post, the combination of skills available at a specific time, or it may also refer to the combinations of activities that comprise each role, rather than the combination of different job titles. Skill mix is a strategy used to ensure the most cost-effective combination of roles and staff.
(source: J Buchan, J Ball & F O'May. Determining skill mix in the health workforce: Guidelines for managers and health professionals. Discussion Paper. WHO, 2000)

Task shifting
Task shifting is the name given to a process of delegation whereby tasks are moved, where appropriate, to less specialized health workers. By reorganizing the workforce in this way, task shifting presents a viable solution for improving health care coverage by making more efficient use of the human resources already available and by quickly increasing capacity while training and retention programmes are expanded.
(source: Task Shifting: rational redistribution of tasks among health workforce teams. WHO, 2008)