Human Resources for Health Effort Index

INSTRUCTIONS FOR COMPLETING THE SURVEY TOOL

The Human Resources for Health (HRH) Effort Index is designed to improve the measurement of inputs to and outcomes of national HRH programs. The Effort Index also monitors country progress and changes over time. The focus of the Index is on collective, national-level HRH efforts, as opposed to efforts made by individual projects, nongovernmental organizations, or other stakeholders. This survey is designed to collect information leading to the construction of such index.

You have been identified as a health workforce expert. For this reason, we are asking you and other experts to rate your country on items across seven HRH dimensions:

I. Leadership and advocacy	V. Distribution, recruitment, and retention
II. Policy and governance	VI. Human resources management
III. Finance	VII. Monitoring, evaluation and information systems
IV. Education and training	

Items within your particular area of expertise may appear in more than one dimension of the survey, so please read the complete survey carefully and rate all items for which you feel competent to make a judgment.

As you rate items, please focus on the status of your country's national HRH program over the past year. You will be asked to rate each item on a scale of 1 to 10 by circling the number that best represents the status of that item in your country. A rating of 1 indicates that a country is

extremely weak or has not made any national level of effort in that area. A rating of 10 indicates that a country is extremely strong or has made a high level of effort in that area and is performing at an optimal level.

Even if you are not completely sure about the country situation, please select the rating that reflects your best judgment—in other words, scores do not need to be "perfect" assessments. Check "I don't know" only if you have not had <u>any</u> experience or exposure to the particular issue or feel that you absolutely cannot make a judgment.

Each item consists of the core concept that we are asking you to rate (**a subtitle in bold**) followed by a description of the concept. For some items, we have added additional information in *italics* that you should consider when making your assessment. This additional italicized information outlines factors we consider to be optimal or to indicate very strong performance.

Finally, please add any comments that you may have on a particular dimension or item, using the comments area that is provided at the end of each of the seven HRH dimensions.

All responses will be kept confidential. Reports will aggregate responses and no individuals will be identified by name or position.

Thank you for participating in this important initiative.

Human Resources for Health (HRH) Effort Index

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:								Extremely strong/High-level national effort	I don't know
I.	**LEADERSHIP and ADVOCACY (5 items)**											
1.	**Human resources for health (HRH) prominence within the Ministry of Health** Extent to which there is a permanent HRH office or post within the Ministry of Health that develops and monitors HRH policies and strategies, that is well placed within the government, and staffed by adequately skilled personnel.	1	2	3	4	5	6	7	8	9	10	☐
2.	**Political support for HRH** Extent to which elected officials in the country prioritize meeting HRH needs to strengthen the workforce by passing laws and regulations and sponsoring actions and policies aimed at improving the health workforce.	1	2	3	4	5	6	7	8	9	10	☐
3.	**Influence of HRH leaders or champions** Extent to which the country has one or more clearly influential leaders or champions who successfully advocate for HRH needs (e.g., increasing funding for HRH) at high levels, promote HRH in the country by making positive public statements about HRH, and/or support actions and policies aimed at improving the health workforce.	1	2	3	4	5	6	7	8	9	10	☐
4.	**Strength of an HRH observatory/stakeholder/technical working group** Extent to which country-level HRH stakeholders (e.g., stakeholder leadership group, technical working group, HRH observatory, country coordination and facilitation group) exists, has representation from government sectors (e.g., ministries of finance, education, public service, local government, labor), preservice and in-service training institutions, civil society, nongovernmental and faith-based organizations, professional associations, the private sector, donors, etc., meets regularly, reports and recommends policy for senior management within the Ministry of Health, and makes an impact on HRH within the country.	1	2	3	4	5	6	7	8	9	10	☐
5.	**Media coverage for HRH** Extent and frequency with which national media cover/broadcast HRH topics (e.g., health workforce strikes, sufficiency of health workers, migration, distribution, training).	1	2	3	4	5	6	7	8	9	10	☐
	COMMENTS: Please use this section to provide any additional comments about the level of effort, challenges, or successes in the country around leadership and advocacy for HRH. If you marked "I don't know" for any of the questions, also use this section to explain why you gave that rating.											

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II.	POLICY and GOVERNANCE (6 items)											
6.	**National HRH plan** Extent to which there is a current, comprehensive, strategic national HRH plan that outlines policies, laws, and regulations for the health workforce in alignment with country needs. *(In making this assessment, consider whether the plan defines a vision; includes multiyear strategies, annual timelines, and implementation plans; is evidence-based; has indicators to measure progress; and considers the labor market.)*	1	2	3	4	5	6	7	8	9	10	☐
7.	**Evidence-based national HRH strategies** Extent to which HRH strategies in the national HRH plan and/or other national documents are informed by country-level data sources, current research, literature,	1	2	3	4	5	6	7	8	9	10	☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:	Extremely strong/High-level national effort	I don't know
	and global best practices. *(In making this assessment, consider whether the plan prioritizes national population health needs and is aligned with multiyear strategic health plans, international and national human and labor rights covenants, and laws and policies [e.g., WHO guidelines, international labor standards, Universal Declaration of Human Rights, Convention on the Elimination of All Forms of Discrimination Against Women, employment laws].)*				
8.	**Recognized and defined health worker cadres and scopes of practice** Extent to which the national HRH plan and/or other national policy or strategy documents recognize and outline scopes of practice (including team-based task-sharing or task-shifting approaches) for a wide range of health worker cadres, including under-recognized cadres such as community health and other outreach workers.	1 2 3 4 5 6 7 8 9 10			☐
9.	**Inclusion of nongovernmental actors in the national HRH plan** Extent to which nongovernmental agencies, groups (e.g., from civil society), and health workers and stakeholders (e.g., from faith-based, nonprofit, and private-for-profit organizations) are included in the national HRH plan and/or other national documents outlining the country's strategies and systems related to planning, managing, and developing the health workforce.	1 2 3 4 5 6 7 8 9 10			☐
10.	**Health workforce remuneration** Extent to which the government has established and applied health worker remuneration guidelines and a budget that are competitive with other public and private sector jobs requiring similar levels of education, that offer health workers a living wage, and that are tied to scopes of practice. *(In making this assessment, consider whether the guidelines and budget address the following: workforce lifespan from recruitment to retirement; salary structures by cadre, specialization, location, and risk; benefits including health coverage, allowances, retirement, severance, and other financial and nonfinancial incentives; regulations for dual practice; adequate, timely pay; and equal pay for equal work.)*	1 2 3 4 5 6 7 8 9 10			☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:							Extremely strong/High-level national effort	I don't know
11.	**Gender and diversity inclusion in the HRH national plan** Extent to which the country's strategies and priorities regarding the health workforce account for gender and the country's diversity (e.g., ethnic, religious, cultural, linguistic, and socioeconomic). *(In making this assessment, consider whether the strategy: includes nondiscrimination and/or harassment policies; emphasizes safety and gender equity in the workplace; trains and recruits health workers from diverse backgrounds; and considers diversity in deployment, hiring, and promotion, including for female health workers.)*	1	2 3 4 5 6 7 8 9							10	☐

COMMENTS: Please use this section to provide any additional comments about the level of effort, challenges, or successes in the country around policy and governance for HRH. If you marked "I don't know" for any of the questions, also use this section to explain why you gave that rating.

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#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:								Extremely strong/High-level national effort	I don't know

#	DIMENSION AND ITEM	CIRCLE YOUR RATING										I don't know
III.	**FINANCE (7 items)**											
12.	**Costed national HRH plan** Extent to which the country government has a corresponding budget for the national HRH plan and strategies that is adequate, with clear costs by programmatic area and/or responsible party (e.g., Ministry of Health, Ministry of Education, nongovernmental and faith-based organizations, private-for-profit organizations, and professional councils and associations).	1	2	3	4	5	6	7	8	9	10	☐
13.	**Domestic funding of the national HRH plan** Extent to which the total budget allocations for the national HRH plan and strategies come from sustainable sources within the country (e.g., 1 for 10 percent, 5 for 50 percent, 10 for 100 percent).	1	2	3	4	5	6	7	8	9	10	☐
14.	**Funding for producing adequate numbers of qualified health workers** Extent to which financing for preservice education matches the production numbers in the national HRH plan. *(In making this assessment, consider whether the following exist: calculation of costs of producing/graduating one health worker by cadre; projections of number of health workers needed within the country by cadre; mix of sustainable funding sources identified.)*	1	2	3	4	5	6	7	8	9	10	☐
15.	**Access to and availability of funding for tuition for preservice education** Extent to which all students within the country have reasonable access to financing for preservice education for health-related fields through student loans from banks, student loans from the government, and/or government-financed tuition.	1	2	3	4	5	6	7	8	9	10	☐
16.	**Funding for in-service training and continuing professional development** Extent to which there is adequate financing for in-service training according to a coordinated plan for continuing professional development to meet health priorities and to develop and maintain a qualified health workforce.	1	2	3	4	5	6	7	8	9	10	☐
17.	**Government payroll system** Extent to which the government has a functioning mechanism to pay salaries for health workers in full and on time and collects and maintains data on public sector	1	2	3	4	5	6	7	8	9	10	☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:		Extremely strong/High-level national effort	I don't know
	health workforce payroll by source of funding (e.g., government sources, donors, national insurance schemes) and keeps it updated (e.g., to eliminate exits to the system). *(In making this assessment, consider whether national, regional, and local government agencies routinely pay health workers. Also consider whether payments are made efficiently or if health workers have to go through lengthy or cumbersome processes to get their salaries.)*					
18.	**Funding for human resources information systems (HRIS)** Extent to which there is adequate financing for HRIS that includes support for its development, hosting, maintenance, training, and the promotion of data use. *(In making this assessment, consider whether the following are included: funding for HRIS activities through the national annual budget; a long-term strategy for sustainable HRIS funding.)*		1 2 3 4 5 6 7 8 9 10			☐

COMMENTS: Please use this section to provide any additional comments about the level of effort, challenges, or successes in the country around finance for HRH. If you marked "I don't know" for any of the questions, also use this section to explain why you gave that rating.

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:								Extremely strong/High-level national effort	I don't know
IV.	**EDUCATION and TRAINING (10 items)**											
19.	**Health workforce education strategy** Extent to which the national HRH plan and/or other national documents include a comprehensive strategy/approach on health workforce education, shared among partners, that includes preservice education, in-service training, meeting educational targets, and career development according to country needs.	1	2	3	4	5	6	7	8	9	10	☐
20.	**Gender in preservice education (PSE) policy** Extent to which PSE policies, strategies, and plans account for gender. *(In making this assessment, consider whether there are policies to prevent excluding women from schools if they become pregnant; to enforce gender ratios in leadership and management and/or health worker cadres; to promote gender equity in the institution; and to make accommodations for educators and students with small children-e.g., crèches.)*	1	2	3	4	5	6	7	8	9	10	☐
21.	**Quality preservice health institutions and education** Extent to which the country has preservice education institutions that develop curricula that support the health system, use quality assurance through formal accreditation, support schools to comply with national standards (e.g., providing needed resources and incentives), and deliver high-quality instruction to students.	1	2	3	4	5	6	7	8	9	10	☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:							Extremely strong/High-level national effort	I don't know

#	DIMENSION AND ITEM	CIRCLE YOUR RATING	I don't know
	(In making this assessment, consider whether the following take place: education and training programs based on national health priorities; identification of standards for education and training including competency-based curricula; achievement and maintenance of accreditation; monitoring of graduate certification/licensing; engagement of quality assurance units to monitor pedagogy through student records/data.)		
22.	**Adequate faculty for PSE institutions** Extent to which the country has an adequate quantity of qualified classroom educators and clinical preceptors to staff preservice education institutions and clinical sites. *(In making this assessment, consider the following: use of innovative faculty models [e.g., service agreements with clinicians in health services, adjunct and visiting faculty] and development of career paths for female and male faculty [clinical and research].)*	1 2 3 4 5 6 7 8 9 10	☐
23.	**Diversity in student selection** Extent to which preservice education institutions promote and select students based not only on grades but also on other characteristics that reflect the needs of the country (e.g., geography, gender, ethnicity, language, and origin from underserved population).	1 2 3 4 5 6 7 8 9 10	☐
24.	**Preservice education student tracking** Extent to which preservice institutions are able to track students from enrollment through graduation (e.g., assessing needs, monitoring dropout rates) and take decisions to minimize attrition and keep stable numbers.	1 2 3 4 5 6 7 8 9 10	☐
25.	**High health worker graduation and certification rates (low dropout rates)** Extent to which students who enroll in preservice education institutions continue and finish their program (i.e., do not drop out) and qualify as health workers (e.g., graduate from institutions, pass national exams, and become licensed).	1 2 3 4 5 6 7 8 9 10	☐
26.	**Provision of career support to preservice education graduates** The extent to which institutions provide support to graduates as they attempt to secure employment within the health sector.	1 2 3 4 5 6 7 8 9 10	☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:							Extremely strong/High-level national effort	I don't know
	(In making this assessment, consider whether institutions provide: career counseling, coaching, mentoring, job search assistance before graduation; assistance toward passing certification or licensing exams and registering with national councils; incentives to practice in rural, remote, and underserved areas, such as scholarships for return of service after graduation [e.g., bonding].)										
27.	**Provision of relevant in-service training to health workers** Extent to which the country's in-service training and continuing professional development programs are informed by data, take into account preservice education, are competency-based, are based on periodic assessments of learning needs (e.g., performance assessments, task analysis), and assess their effectiveness.	1	2	3	4	5	6	7	8	9	10	☐
28.	**Links between in-service training and certification/relicensure** Extent to which in-service training and continuing professional development credits are used toward recertification or relicensure (through a subnational entity such as health professional councils/associations or Ministry of Health training units).	1	2	3	4	5	6	7	8	9	10	☐

COMMENTS: Please use this section to provide any additional comments about the level of effort, challenges, or successes in the country around education and training for HRH. If you marked "I don't know" for any of the questions, also use this section to explain why you gave that rating.

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:								Extremely strong/High-level national effort	I don't know
V.	**RECRUITMENT, DISTRIBUTION, AND RETENTION (5 items)**											
29.	**Health workforce analysis of shortages and labor market dynamics** Extent to which the national HRH plan and policies for recruitment and distribution are based on sound analyses of health workforce shortages—particularly in rural, remote, and underserved areas—and assess labor market trends and dynamics. *(In making this assessment, consider whether the national HRH plan and policies have been adapted to changes in the health labor market; the age, sex, and rate at which newly graduated health workers enter, stay, migrate, and exit the public health service; deployment systems and vacancy rates; and health worker job preferences.)*	1	2	3	4	5	6	7	8	9	10	☐
30.	**Absorption of preservice education graduates** Extent to which hiring practices within the country are efficient enough to absorb the bulk of newly graduated health workers into the health system labor market (public or private) within six months of graduation.	1	2	3	4	5	6	7	8	9	10	☐
31.	**Effectiveness (and transparency) of health workforce recruitment strategies** Extent to which health workforce recruitment strategies exist and are implemented to attract qualified graduates and professionals to fill vacant health worker positions (especially in rural, remote, and underserved areas) and utilize standard	1	2	3	4	5	6	7	8	9	10	☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:								Extremely strong/High-level national effort	I don't know
	and transparent practices including equal opportunity. *(In making this assessment, consider whether the strategies: are standardized (e.g., advertise publicly, are based on job descriptions, are merit-based with clear selection criteria, are not politically influenced); prioritize nondiscrimination; are efficient; and use evidence-based strategies such as a rural pipeline policy.)*												
32.	**Effectiveness of health worker deployment and distribution strategies** Extent to which a comprehensive health worker distribution strategy exists to deploy appropriate numbers and cadres of health workers according to the country's epidemiology and population density, and addresses any existing inequities, especially in the <u>country's rural, remote, and underserved populations</u>.	1	2	3	4	5	6	7	8	9	10	☐
33.	**Effectiveness of health worker retention strategies** Extent to which there are health worker retention strategies or policies based on data (e.g., high turnover positions), and extent to which financial and nonfinancial incentives are offered (e.g., hardship allowances/housing, promotions, public recognition, training, increased salary, career development) that encourage health workers to remain in their posts and keep turnover low, especially in rural areas.	1	2	3	4	5	6	7	8	9	10	☐

COMMENTS: Please use this section to provide any additional comments about the level of effort, challenges, or successes in the country around distribution, deployment, recruitment, and retention of health workers. If you marked "I don't know" for any of the questions, also use this section to explain why you gave that rating.

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:								Extremely strong/High-level national effort	I don't know
VI.	**HUMAN RESOURCES MANAGEMENT (9 items)**											
34.	**HRM leadership capacity and availability** Extent to which there are adequate numbers of trained and skilled human resources managers and practitioners to support health workforce planning, management, and development in the country (including at subnational levels).	1	2	3	4	5	6	7	8	9	10	☐
35.	**Strength of professional associations/councils and their licensing and certification** Extent to which health workforce professional associations and professional councils are involved in defining scopes of practice and setting professional standards, and have an effective licensing/certification program that requires newly graduated and practicing medical, nursing, and midwifery students to meet licensing/certification requirements (e.g., prerequisites for employment, frequency of licensure checks, requirements for recertification).	1	2	3	4	5	6	7	8	9	10	☐
36.	**Existence and availability of human resource manuals/guidelines** Extent to which the country has developed and health workers have access to documents outlining cadre-specific job descriptions, scopes of practice, and performance expectations, as well as staffing norms, career development pathways, policies regarding workplace violence and gender discrimination, policies regarding work-life integration, and terms of service and rights under the law.	1	2	3	4	5	6	7	8	9	10	☐

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#	DIMENSION AND ITEM	Extremely weak/ No national effort		CIRCLE YOUR RATING:						Extremely strong/High-level national effort	I don't know
37.	**Performance management practices** Extent to which there are effective performance management practices (including written job descriptions with clear expectations; supportive supervision and constructive feedback, recognition) for health workers at all levels on an ongoing basis.	1	2	3 4 5	6	7	8	9	10		☐
38.	**Performance evaluation and results** Extent to which health workers at all levels are evaluated on their performance (e.g., service delivery outputs, presence, punctuality, adherence to facility norms and standards of care, quality of care provided including client centeredness and patient satisfaction) on at least an annual basis, and extent to which these evaluations are used as a basis for financial and nonfinancial incentives, promotions, and other decisions about employees, including termination.	1	2	3 4 5	6	7	8	9	10		☐
39.	**Career development** Extent to which career development pathways and requirements for promotions are clearly outlined and disseminated across the health workforce sector by cadre, service level, and geographical distribution. *(In making this assessment, consider whether career pathways are linked to the country's health needs and priorities, and whether career development is merit-based and equitable [including geographically] and addresses work-life integration.)*	1	2	3 4 5	6	7	8	9	10		☐
40.	**Health workforce occupational safety and health (OSH) strategy** Extent to which there are provisions for protecting health workers' safety, health, and well-being at the workplace, including mechanisms to record and report occupational hazards, injuries, and grievances, and receive adequate care and compensation for them. *(In making this assessment, consider whether the strategy includes safety guidelines for health, infrastructure, and treatment of workers; universal precautions including for HIV/AIDS, immunizations, personal protective equipment, and waste management; and considerations for reasonable workloads and working hours.)*	1	2	3 4 5	6	7	8	9	10		☐

Human Resources for Health (HRH) Effort Index

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:							Extremely strong/High-level national effort	I don't know

#	DIMENSION AND ITEM	CIRCLE YOUR RATING:	I don't know
41.	**Nondiscrimination, equal opportunity, and gender equality in the workplace** Extent to which there are gender and family-friendly policies and functioning mechanisms in place to reduce the impact of discrimination on health workers. *(In making this assessment, consider whether the country has implemented policies and systems that: support work-life integration; report sexual harassment and workplace violence, including zero-tolerance policies and employee education; promote female health workers' safety at work; and promote equal opportunity and access to top-level management and leadership positions.)*	1 2 3 4 5 6 7 8 9 10	☐
42.	**Assessment of health workforce productivity and quality** Extent to which there are functional mechanisms in place to continuously assess the quantity and quality of health services provided at the facility level and to act upon barriers to productivity (e.g., absenteeism, impunctuality, inefficiency, low outputs) and group performance (including quality circles and community representation/client feedback).	1 2 3 4 5 6 7 8 9 10	☐

COMMENTS: Please use this section to provide any additional comments about the level of effort, challenges, or successes in the country around human resources management. If you marked "I don't know" for any of the questions, also use this section to explain why you gave that rating.

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:		Extremely strong/High-level national effort	I don't know

VII. MONITORING, EVALUATION, and INFORMATION SYSTEMS (8 items)

In assessing the strength of the monitoring, evaluation, and information systems within the country, please consider that HRH and other information systems may exist in either a paper or electronic format; an electronic format is considered to be a stronger system. Additional indicators of a strong information system include:

- *Data are from both **public and private** institutions*
- ***Reports** are automated and generated regularly*
- *Data can be **analyzed** and **disaggregated** by age, sex, geography, education, cadre, type of training institution, sector, credentials, funding source/donor/insurance scheme, and/or facility, as necessary*
- *International **standards** are used for collecting data (e.g., ISCO codes for job disciplines) and data quality is routinely monitored*
- *There is evidence that data are being **used** by government and institutions for planning and policy-making as appropriate*
- *Information is **returned** to sources (i.e., two-way communication)*

#	DIMENSION AND ITEM		RATING			I don't know
43.	**Monitoring and evaluation of national HRH plan** Extent to which the national HRH plan outlines a comprehensive monitoring and evaluation strategy to track and measure accomplishments in the plan. *(In making this assessment, consider whether the monitoring and evaluation strategy includes: goals and objectives, a results framework, measurable indicators [e.g., "SMART": specific, measurable, attainable, relevant and time-bound]; and an actionable monitoring and evaluation implementation plan/timeline.)*		1 2 3 4 5 6 7 8 9 10			☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:								Extremely strong/High-level national effort	I don't know
44.	**Monitoring and evaluation implementation capacity** Extent to which there are well trained and qualified staff within the Ministry of Health to conduct HRH monitoring and evaluation activities at the central, regional and district levels, and their offices are well equipped (e.g., computers, connectivity).	1	2	3	4	5	6	7	8	9	10	☐
45.	**Use of data in HRH planning** Extent to which the Ministry of Health actively and regularly supports and uses key HRH data and reports to engage in health workforce planning (e.g., to forecast the number of new health workers needed, to develop strategies to fill vacant posts) and other decision-making among stakeholders. *(In making this assessment, consider whether the country uses labor market data, epidemiological and demographic profiles, service delivery needs, health indicators and targets, payroll information, HRIS, professional and regulatory body registries, international labor standards and policies, and whether it routinely shares reports among stakeholders.)*	1	2	3	4	5	6	7	8	9	10	☐
46.	**Staffing and employment information system (HR information system)** Extent to which the government has an information system that collects and maintains data on public sector staffing vacancies, staffing needs, and the employment actions (e.g., deployments, transfers, promotions, leave, disciplinary actions, performance evaluations, exits) and status of health workers within the country by cadre, region, and facility.	1	2	3	4	5	6	7	8	9	10	☐
47.	**Interoperability (compatibility)** Extent to which the health workforce information systems are interoperable (compatible) with each other and with external systems and repositories related to the health workforce (e.g., health management information systems, national health registries, mHealth tools, payroll and financial systems). *(In making this assessment, consider whether the country has a system that allows for: the ability to exchange information between the different information systems listed above; the use of open standards to exchange data with external systems; and*	1	2	3	4	5	6	7	8	9	10	☐

#	DIMENSION AND ITEM	Extremely weak/ No national effort	CIRCLE YOUR RATING:							Extremely strong/High-level national effort	I don't know
	clear evidence of data use from automated exchanges between the health workforce information systems and external systems.)										
48.	**National health workforce registry** Extent to which the country government has an integrated national health workforce registry that contains a defined set of data elements from <u>all</u> of the country's health workforce information systems.	1	2	3	4	5	6	7	8	9 10	☐
49.	**Health worker licensure and registration system** Extent to which the regulatory boards and councils in the country have an information system that collects and maintains data on all health workers registered, licensed, and relicensed within the country by cadre, region, and facility.	1	2	3	4	5	6	7	8	9 10	☐
50.	**Information and communications technology infrastructure and capacity** Extent to which there are adequate infrastructure components *(*e.g., computers, servers, printers, a local area network, Internet connectivity, and reliable electric power) as well as human resources (e.g., for maintenance and support) at the national and subnational levels to support the functioning of the information systems. *(In making this assessment, consider whether the country conducts at least annual assessments of its information systems; has training curricula that cover data entry, use, software administration, and development; and continuously trains staff from key stakeholder institutions [e.g., Ministry of Health, Ministry of Education, regulatory agencies, training institutions].)*	1	2	3	4	5	6	7	8	9 10	☐

COMMENTS: Please use this section to provide any additional comments about the level of effort, challenges, or successes in the country around monitoring, evaluation, data, and information systems for HRH. If you marked "I don't know" for any of the questions, also use this section to explain why you gave that rating.

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Respondent Information

We would like to ask you to provide some basic information about yourself and your professional experience.

D1. Sex   [　] 1. Male   [　] 2. Female

D2. Where do you work?

[　] 1. National government

[　] 2. State/local government

[　] 3. Professional association/council/union/society

[　] 4. Health professional school

[　] 5. Nongovernmental agency

[　] 6. Civil society organization

[　] 7. Donor agency

[　] 8. Multilateral agency

[　] 9. Health facility/clinical services

[　] 10. Private, for-profit agency

[　] 11. Other (please specify):

　　11.a _____

D3. What is your position in this job? (Check *only one, the most important*)

[　] 1. Manager, Director, Head, CEO

[　] 2. Academic, Researcher

[　] 3. Clinician

[　] 4. Program Officer, consultant

[　] 5. Other (specify) _____

D4. What are your areas of expertise related to human resources for health?   *(Check a maximum of 4)*

[　] 1. Policy

[　] 2. Planning

[　] 3. Advocacy

[　] 4. Coordination

[　] 5. Finance

[　] 6. Service delivery

[　] 7. Preservice education of health professionals

[　] 8. In-service training/continuing professional development

[　] 9. Licensure and registration

[　] 10. Recruitment/retention/distribution

[　] 11. Human resources management

[　] 12. Performance, productivity, and/or quality improvement

[　] 13. Monitoring and evaluation

[　] 14. Information systems

[　] 15. Occupational safety

[　] 16. Gender and/or diversity

[　] 17. Other (please specify):

　　17.a_____

D5. How many years of professional experience do you have? _____ years

D6. Did you complete this survey on your own or consulting with others? _____ on my own

_____ **consulting with others How many?** _____ **people**

Human Resources for Health (HRH) Effort Index

Feedback on HRH Effort Index
F1. How clear were the questions in this survey?   [ ] 1. Very clear   [ ] 2. Clear   [ ] 3. Unclear   [ ] 4. Very unclear
F2. If you answered "unclear" or "very unclear" above, please explain.
F3. Do you have any feedback regarding the HRH Effort Index or suggestions for improvement?
Date (dd/mm/yyyy): ___/___/_____

Thank you very much for taking the time to answer these questions. Your responses will contribute to the improvement of human resources for health around the world.