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Planning, Developing & Supporting the Health Workforce

Human Resources for Health (HRH) Strategic Planning

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The consensus from recent debates about how to approach the current human resources (HR) challenges in the health sector is that it is important to have a national strategic HR plan. Perhaps this sounds obvious. However, a number of countries have no plans at all, some have plans that are not strategic and others have excellent plans that were developed but never used. So most have at least some work to do to improve their strategic HR planning processes.

Each country faces different HR challenges, and these will change from year to year. All strategic plans are likely to be different and evolving, and there is no single blueprint for their development. This technical brief provides some guidance on HRH strategic planning, illustrated with examples.

What Is HRH Strategic Planning?

First, it is important to distinguish between strategic and operational planning. Strategic planning helps an organization make fundamental decisions about its human resources by taking a long-range view of what it hopes to achieve and, in broad terms, how. For example, how are we going to improve the staffing of remote facilities? Operational planning is related to the implementation of the strategies on a day-to-day basis. For example, if training more staff is the strategy selected for improving staffing in remote facilities, the operational planning would include the start date for training courses and the number of tutors needed.

We also make a distinction between the strategic HR plan and the workforce plan (see King and Martineau, 2006). The latter is an integral part of the strategic plan, but is generally focused on deciding the numbers and types of staff needed over a longer timeframe than that of the strategic plan.

It can help to note that the core of the task is actually the strategic *thinking* that goes on during the development of the plan. If a critical mass of strategic HR thinkers is developed, then the planning process can be sustained, leading to improvements and updates in the plan. If it does not already exist, it is important to nurture this strategic thinking at least in a core group before writing the plan.

HR planning should be considered an ongoing and iterative cycle that includes situation analysis, planning, implementation and monitoring and evaluation (M&E). Due to time constraints, planners may have to rely on existing data that may be incomplete and outdated; thus certain assumptions might be made to fill the information gaps. In 2005, the President of Zambia gave the Ministry of Health just 60 days to develop a five-year strategic plan. As there was no time to collect additional data, further data collection activities were built into the plan, and the assumptions were highlighted and documented. This would allow for revisions of the plan and modifications or corrections of the assumptions as more information became available.

Depending on the complexity of the HRH challenges, there may be a wide variety of strategies included in the plan. These need to be coherent to ensure that they reinforce—and don't work against—each other. At the national level the overall HR strategic plan needs to be integrated with other plans, such as the Health Sector Strategic Plan, the Public Sector Reform Program or the National Economic and Development Plan.
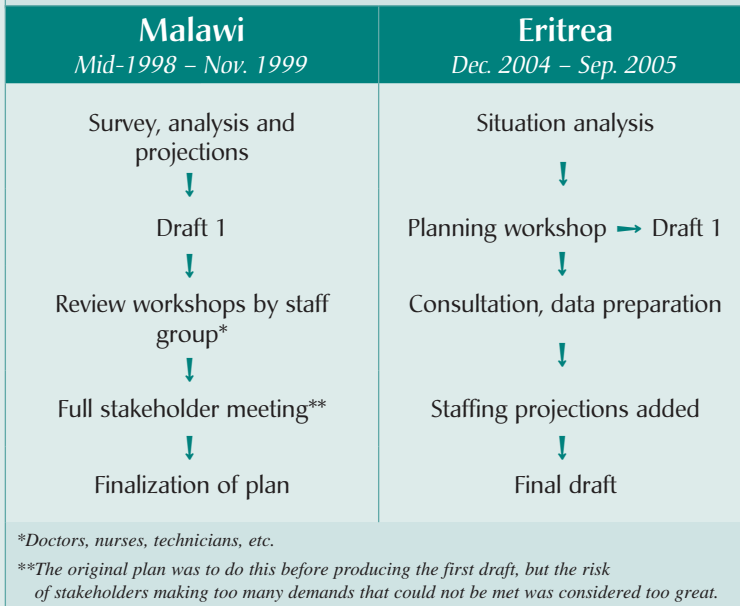
In the development of broader plans like the Health Sector Strategic Plan, there may be conflicting interests that need to be resolved. For example, it is possible that some of the strategies to be pursued may change the employment status of some staff and may therefore be resisted. These changes may be necessary for the achievement of national health sector goals and objectives, but the change management process should be managed sensitively. Change management strategies could therefore be incorporated into the HR strategic plan.

How to Develop the Plan

The process of developing and implementing a strategic HR plan can be lengthy and complex. It is therefore important to ensure that there is sufficient leadership and oversight. A high-level drafting team oversaw the development of the HRH strategic plan in Malawi. The multi-stakeholder group formed to draft the plan in Kenya included experts in financing and M&E. As many ministries of health do not have in-house expertise for managing the process, it may be an appropriate investment to use external technical assistance to facilitate the process and provide certain inputs. However, because of the need to sustain the iterative planning cycle, some kind of skills transfer or longer-term support will be needed.

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Figure 1: Key Steps in Developing the HR Strategic Plan in Malawi (1999) and Eritrea (2005)

| Malawi
Mid-1998 – Nov. 1999 | Eritrea
Dec. 2004 – Sep. 2005 |
|---|---|
| Survey, analysis and projections | Situation analysis |
| ↧ | ↧ |
| Draft 1 | Planning workshop ➡ Draft 1 |
| ↧ | ↧ |
| Review workshops by staff group* | Consultation, data preparation |
| ↧ | ↧ |
| Full stakeholder meeting** | Staffing projections added |
| ↧ | ↧ |
| Finalization of plan | Final draft |

*Doctors, nurses, technicians, etc.

**The original plan was to do this before producing the first draft, but the risk of stakeholders making too many demands that could not be met was considered too great.

Preparation for Planning

Whether you have 60 days or a year, it makes sense to prepare for the planning process itself. This groundwork includes mapping the key stages of the development process and the review steps during the implementation phase. Resource requirements should also be identified (e.g., surveys, workshops, consultants, computing facilities, printing and dissemination). Developing a mini–workplan and budget will help to mobilize resources and negotiate for sufficient time to produce a comprehensive, well-supported plan. This might include conducting the situation analysis, involving key stakeholders, selecting the drafting team, drafting the plan, getting approval and launching and disseminating the plan. Examples of two approaches are shown in Figure 1. The way in which the strategic plan is developed will depend on a number of factors, including the time, expertise and resources available, so these suggestions will need to be adapted to your situation. However, we recommend that the process be kept simple and not longer than about six months. Finally, the plan will need to be approved. The timing of submission for approval might be critical if it needs to be linked to other timetables.

Collecting and Analyzing Information

Start with the best available information about the current situation in order to identify what problems the plan needs to address. This information may be collected using a special staffing inventory (e.g., Malawi in 1999) or a review (as for Eritrea). In some cases the information may be available in personnel databases (e.g., in Zambia for the public sector), workforce reviews or studies or broader documents relating to the health sector.

Current information is also needed to identify opportunities and challenges in the future—this is sometimes referred to as environmental scanning. The scan could include future health service plans and factors that might affect employment (e.g., wider labor market, public service reform, health sector reform or decentralization). There will inevitably be gaps in the information available, in which case assumptions need to be made and noted in the plan. Further information-gathering can always be included in the plan.

The information needs to be analyzed to identify the key issues, root causes and gaps that will be addressed through the plan. In Malawi in 1999, the management of staff performance was identified as being weak. To address this, the plan called for the introduction of simple systems to monitor staff absence and later to introduce improved annual performance reviews. An analysis using a computer-based planning tool of the data on current staffing and attrition in Eritrea showed that training output—particularly for basic nurses—needed to be increased to meet service delivery needs.

Developing Strategies

Objectives may often be developed by re-writing a problem statement as a desired outcome—"inequitable staff distribution" becomes "staff equitably distributed." The factors contributing to the problem then need to be identified. The staff distribution problem might be due to poor working conditions in some locations, lack of access to quality education for children and more attractive financial incentives to work in other areas. Some problems—perhaps the children's education—may be beyond the scope of the plan. Others may need to be prioritized or tackled in the latter years of the plan. We found in Eritrea and Kenya that in a workshop setting the drafting teams identified and agreed upon the objectives, and then developed strategies and activities to achieve them. These can be improved through presentation to the larger group and form the basis of the strategic plan that can later be refined, scheduled and costed. There will inevitably be a trade-off between the technical qualities of the inputs—unless all workshop participants are experts—and eventual ownership of the plan.

Stakeholder Involvement

It is important to identify the key stakeholders (see Figure 2) and manage their involvement carefully. This will usually involve a compromise between the desire for a rapidly produced plan and the need for a longer, more complex process to accommodate stakeholder interests. But a more comprehensive process is likely to result in greater ownership, and therefore a greater chance that the plan will actually get implemented. Consultation might occur at different points of the process. In Eritrea the HR

team decided it would develop the first draft to ensure sufficient strategic thinking and analysis and then seek views on it at a stakeholder consultation workshop. Starting the process with a large stakeholder workshop may run the risk of people making inappropriate demands without reference to a situation analysis or more rigorous strategy development. Stakeholder involvement can be achieved through individual meetings or seeking comments on early drafts. If not everyone has been consulted before the first version is produced, they can be involved later.

What Might Be Included in the Plan?

At an early stage, try to clarify the scope and the type of components that will be included, though modifications may need to be made later on. One of the initial tasks will be reaching agreement on the plan's timeframe. To be strategic, a plan needs to cover three years or more. It may make sense—or even be a requirement—to fit in with other planning cycles: in Kenya the HR strategic plan was designed to align with the three-year planning cycle of the sector-wide approach; in Malawi (1999) it had to fit in with a broader five-year program of work. While these strategic plans may include staff projections for ten or even 20 years, the strategies are limited to the plan period.

How much of the health sector will the plan cover? It may only apply to government health workers. Larger faith-based organizations (FBOs) may make their own strategic HR plans, though ideally these should be linked to wider plans for the sector—especially for training. Recent strategic plans in Kenya and Malawi have covered the entire sector—government, nongovernmental organizations (NGOs), FBOs and the private sector. This is helpful for planning training for the whole sector, and also provides information for the whole of the labor market. In many countries this is in keeping with moves toward developing a sector-wide approach.

Figure 2: Possible Stakeholders to Be Involved in Development of a Strategic HRH Plan

- Central government departments or bodies concerned with employment (e.g., Cabinet Office, Public Service Commission)
- Other employers (local government, FBOs, NGOs, private sector, large development projects)
- Regulatory bodies (e.g., Nursing Council)
- Representative bodies (e.g., medical association, public service union)
- Financers (e.g., Ministry of Finance, donors, lending agencies)
- Training institutes (pre-service and in-service)

Source: Based on the authors' experience and on Martineau and Martinez, 1997

The next step is to agree upon a wider aim for the plan that links to broader health service plans. A typical broad aim is to increase the number of skilled, motivated and equitably distributed health workers in the country. An agreed-upon aim provides focus for the development of the strategies and may help to establish some principles to guide the process and content. One of the planning principles used in Kenya was "start from where we are now" to avoid including overambitious strategies. The Zambian team wanted to ensure that its plan "tackled the root causes rather than the symptoms" so that problems did not simply re-emerge.

The plan will be more useful and have more credibility if there is a clear rationale supporting its strategies. The document will therefore often start with an analysis of current circumstances—both the wider context and more specifically related to the HR situation—and may include "what if" projections of future staffing conditions in order to identify key issues and inform training requirements.

The analysis may suggest that many strategies are needed to improve the staffing situation. However, since resources are likely to be limited, these strategies must be prioritized. Otherwise the plan simply becomes a list of unachievable activities. For example, given limited resources, should the focus be on getting more staff or improving the quality, productivity and performance of existing staff? Prioritization could mean that a strategy discussed in the early stages of the process is not included in the plan at all, or that it is postponed to the latter part of the plan period. The main guidance on prioritization will be the best way to achieve the aim of the plan, but inevitably there will be compromises.

A challenge is to find the balance between short- and longer-term strategies. Many staffing problems have been caused by the absence or failure of effective systems for HR planning, management and development. But the development, testing and rolling out of these systems takes at least two to three years. Many stakeholders want to see change faster than that, and some rapid results may boost morale and build confidence that the strategies are achievable and can make a difference. So it may be desirable to have a mixture of longer-term strategies to develop or strengthen the system and "quick wins" with rapid impact on the HR situation.

Ensuring that the health service has a sufficient number of skilled and motivated staff requires a complex set of HR strategies covering planning, management and development. Thankfully, there is generally recognition now that HR is about more than just providing training. Nevertheless, there is a need to ensure that the plan includes

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Checklist for Developing an HRH Strategic Plan

- *Is this going to be a broad HRH strategic plan or a narrower workforce plan?*
- *Is there a clear demand for an HRH strategic plan? Will it have an influential person or group act as a champion or advocate for it?*
- *Is this going to involve real strategic thinking, or is it just a paper exercise?*
- *Is there strong and effective leadership for both the development and the implementation of the plan?*
- *Is there a team with an appropriate mix of skills to develop the plan?*
- *Which stakeholders should be involved in the development of the plan and which ones should be consulted?*
- *Is there a budgeted workplan for developing the plan? How complex is it? How long will it take to finish the plan?*
- *How will the HRH strategic plan be approved and by whom?*
- *What data do you have now? Has an "environmental scan" been done? What can be collected before developing the plan? What data collection should be included as part of the plan?*
- *What is the scope of the plan?*
- *What is the broad aim?*
- *What are the key strategies for achieving the aim? Are these based on the problem analysis?*
- *What funds are already available? What is the funding gap?*
- *Does the plan include strategies for the management of change?*
- *How will implementation of the plan be monitored and how will the plan be regularly updated?*

Keep in mind:
- *Strategic planning is an iterative process, not a single event*
- *The emphasis should be on strategic thinking rather than the document*
- *Get the right stakeholders involved, but keep the process simple and not too lengthy*
- *Ensure that the strategies address the root causes and are feasible to implement.*

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a comprehensive, coherent set of strategies. The strategies must be broken down into specific activities or tasks in order for them to be translated into reality. Thus decisions need to be made regarding the person responsible for each task, the resources needed and the timing. We suggest that this level of detail be planned for each year, though an estimate for the whole planned period may also be needed. To ensure that the strategic plan actually gets implemented, it is important to develop a detailed, costed operational plan for the first year. This exercise should be repeated annually. Plans for Year Two and beyond will depend on what has been achieved and what is appropriate at the time.

Without at least an indicative budget, it will be impossible to sell the plan to funders such as the treasury or donors. It may help to include a table with funds that will be used to implement strategies that have already been committed as projects by government or donors in order to identify the funding gaps.

Because of the uncertainty at the planning stage of what will work and what the future need will be, a process of M&E for the outcomes and impact of the strategies is vital. Indicators and the means of measuring them need to be identified, and where possible, integrated

into existing health system M&E plans. The information needs to be fed into the annual planning process to help improve the plan at the strategic level and inform the operational plans. It is this plan-do-review cycle that ensures that the overall plan remains flexible and appropriate, but also that lessons are learned and experience leads to better HR planning and management. One of the principles of the Zambian plan is institutional learning, explained as the "Ministry of Health learning to solve its own problems through analysis and action."

Implementation: A Word of Caution

A final point is that despite best efforts, *the plans may not be implemented,* or at least not immediately. For example, the Zambian plan took over nine months to get approved, but now it is being used. In Kenya the plan has not actually been launched, but many of the strategies are finding their way into annual workplans. Even if no part of the plan is taken up, chances are that after a few years there will be another demand for a strategic HR plan. If the original plan is good enough, it can be dusted off and may only need minor adjustments to bring it up to date to meet the current challenges.

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Additional Resources

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