HRH capacity building training initiatives for human resources for health leadership

Iniciativas formativas de capacitação para liderança em recursos humanos da saúde

Cátia Sá Guerreiro
WHO Collaborating Centre on Workforce Policy and Planning, GHTM, IHMT, Universidade Nova de Lisboa, Portugal

Giorgio Cometto
WHO Headquarters, Geneva, Switzerland

Alicia Busto
Departamento de Medicina Preventiva, Complexo Hospitalar Universitário de Ourense Galiza, Spain

Zulmira M. A. Hartz
WHO Collaborating Centre on Workforce Policy and Planning, GHTM, IHMT, Universidade Nova de Lisboa, Portugal

James Campbell
WHO Headquarters, Geneva, Switzerland

Paulo Ferrinho
WHO Collaborating Centre on Workforce Policy and Planning, GHTM, IHMT, Universidade Nova de Lisboa, Portugal

Abstract

In the context of the Global Strategy on Human Resources for Health: Workforce 2030, WHO was given the responsibility to develop "an internationally recognized, postgraduate professional program on HRH policy and planning".
The objective of this survey was to identify and analyze existing human resources development (HRD) courses globally with a view to inform WHO's future efforts in this domain.
This was a descriptive study with a mixed methods approach. Data were collect from key informants, using a Survey Monkey-based questionnaire, and directly from internet sources.
The survey identified 107 training programs from 67 institutions in 28 countries. Plans for 26 new programs were identified.
The HRD training initiatives had a clear predominance of policy/strategic emphasis, about one third were conducive to a masters or PhD degree and the predominant language of teaching was English. Good practices were identified.
Lack of sustainability was mostly attributed to funding issues.
The data suggest that ex-novo programs should be considered for the Western Pacific, South East Asia and Eastern Mediterranean Regions.
When developing new programs, sustainability issues should be addressed from the beginning. These and existing HRD training programs should contribute to build an accredited tertiary education sector supportive of HRD capacity building.

Key Words:
Global strategy on human resources for health, human resources development (HRD), HRD capacity building, leadership training.

Resumo

No contexto da *Estratégia Global de Recursos Humanos para a Saúde: Força de Trabalho 2030*, a OMS recebeu a responsabilidade de desenvolver "um programa profissional de pós-graduação reconhecido internacionalmente sobre política e planeamento de RHS".
O objetivo desta pesquisa foi identificar e analisar os cursos de desenvolvimento de recursos humanos (DRH) existentes globalmente, com vista a fundamentar futuros trabalhos da OMS.
Efetuou-se um estudo descritivo de abordagem mista. Os dados foram obtidos de informadores-chave com recurso a um questionário aplicado por survey-monkey e diretamente de fontes da internet.
Identificaram-se 107 programas de formação de 67 instituições em 28 países, bem como planos para 26 novos programas.
As iniciativas de formação em DRH apresentavam um claro predomínio de ênfase política/estratégica, cerca de 1/3 concedia grau de mestrado/doutoramento e a língua predominante de ensino era o inglês. Foram identificadas boas práticas.
A falta de sustentabilidade foi principalmente atribuída a questões de financiamento.
Os dados sugerem a consideração de futuros programas para as regiões do Pacífico Ocidental, Sudeste Asiático e Mediterrâneo Oriental.
Ao desenvolver novos programas, a sustentabilidade deve ser abordada desde o início. Estes e outros programas de capacitação devem contribuir para a construção de um setor de ensino superior credenciado que apoie a capacitação em DRH.

Palavras Chave:
Estratégia global de recursos humanos para a saúde, desenvolvimento de recursos humanos (DRH), capacitação de DRH, treinamento de liderança.

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Background

As acknowledged in the WHO Global Strategy on Human Resources for Health (GSHRH): Workforce 2030, adopted by the 69th World Health Assembly in May 2016, effective human resources development (HRD) is a key priority for countries at all levels of socio-economic development. There is a recognition that health systems cannot function without health workers [1], that there is no health without a workforce". [2] Health workers' knowledge, skills and motivations determine the performance of health care systems [3] and are essential to translate the vision of universal health coverage into improved health care on the ground. [2]

GSHRH identifies as one of its four strategic objectives "To build the capacity for stewardship, leadership and governance of actions on Human Resources for health (HRH)". Among the responsibilities envisaged for WHO, the GSHRH includes the "development of an internationally recognized, postgraduate professional program on HRH policy and planning, with international mentoring and a professional network to support the implementation of workforce science". [1]

This study's focus is on identifying, scoping and analyzing HRD courses and training materials globally, collating information and consulting with key informants from HRH WHO Collaborating Centers (WHO CC) and training institutions that currently offer such courses.

Methods

The methodology followed is summarized in Figure 1. This was a descriptive study with a mixed methods approach. [4]

Data were collected from key informants and from internet sources; the online search was conducted in English, Portuguese, Spanish and French.

A first group of 39 key informants (institutional leaders, course administrators, teachers, members of WHO CC, WHO staff or others) was provided by WHO Headquarters (HQ), Regional WHO Offices, WHO CC on HRD and Academic Centers known to the authors to be or to have been associated with initiatives relevant to the scope of the current study. This initial pool included 6

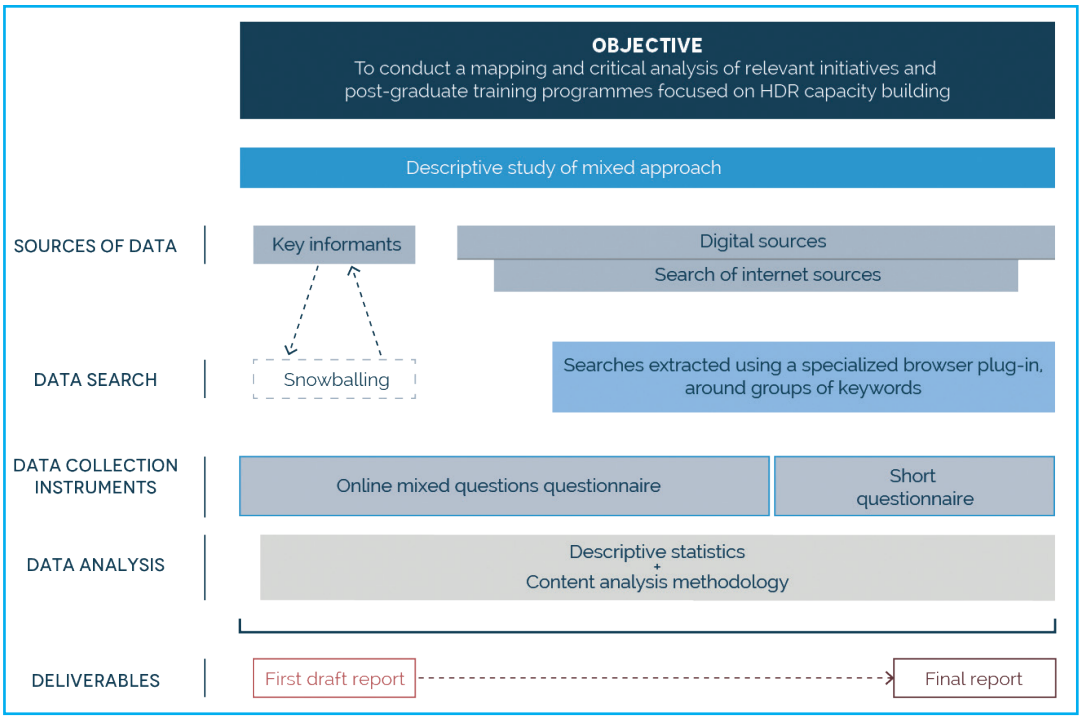

Figure 1 - Methodological map

Table 1 - Number of extracted internet search results and response rates

	Number of extracted internet search results	Number & rate of responses from selected entities		Number & rate of responses from selected training programs	
English	2200	166	6 (4%)	216	6 (3%)
French	1600	63	0 (0%)	93	0 (0%)
Portuguese	2400	108	11 (10%)	152	16 (11%)
Spanish	1800	156	12 (8%)	206	18 (9%)
Total	**8000**	**493**	**29 (6%)**	**667**	**40 (6%)**

Box 1 - Inclusion criteria to send long questionnaire to key informants

Information about postgraduate training programs on HRD capacity building were eligible if they took place between January 2005 to November 2016 (this will be referred to as the study period), in a perspective of HRD, whose primary target audience are/were health professionals and focusing on HR governance, policy and planning, management and/or evaluation.

key informants from the African Region, 7 from the Western Pacific Region, 5 from the South East Asia Region, 10 from the European Region and 11 from the Region of the Americas. These sent us contacts of further 56 potential informers. An e-mail was sent to each key informant with the links of the questionnaire; additional contacts of potential informers were collected, applying a snowballing methodology. The total number of contacts after snowballing was 149.

Identification of HRD postgraduate training initiatives was done using an internet search strategy through the Google search engine using groups of keywords linked with Boolean operators (and their equivalents in Portuguese, French and Spanish).

The first 200 search results from each search for each group of keywords were extracted with SEOquake (https://addons.mozilla.org/en-US/firefox/addon/seoquake-seo-extension/), to a total of 8000 outputs. These were hand-searched one by one, and a total of 667 (Table 1) outputs were selected according to the inclusion criteria of Box 1.

The key informants were then contacted and referred to a Survey Monkey-based (https://www.surveymonkey.com/) questionnaire (available in English, French, Spanish and Portuguese), in order to obtain information on courses know to them or identified by the research team. One week after the initial e-mail contact, if no answer had been received, a reminder e-mail was sent. If needed, a second reminder was done one week later. A lack of response after this process was considered as a non-response. In order to maximize the collection of useful data, the Lisbon-based team went back to the sites of training programs focusing exclusively on HRD capacity building that remained without reply from the respondents and extracted the data available on the website.

The Survey Monkey-base allowed automation of quantitative outputs. For text answers to open ended questions a content analysis was carried out (Bardin 2008). [5]

The data collection and analysis was conducted between October and November 2016.

Results

Quantitative and qualitative data are presented for all eligible training courses/programs on HRD capacity building, on training courses/programs discontinued (subset of the previous set) and, lastly for training courses/programs envisaged for the near future. Because of the possibility of choosing more than one option for some of the questions, the totals may exceed the number of respondents.

We had low response rates from some of the WHO Regions, namely, from South East Asia, Eastern Mediterranean and Western Pacific Regions (table 2).

The response rates from key informants was also low and even the ones that responded had variable response rates for the different variables in the questionnaire (table 1).

Forty nine key informants answered the questionnaire and provided information on 86 programs. Of these, 17 focused exclusively on HRD capacity building. From their internet website, we further identified 21 training programs focusing exclusively on HRD capacity building. In total we analyzed 107 programs, 38 of them focused exclusively on HRD capacity building.

Notwithstanding the low response rates, we analyzed a total of 107 training programs from 67 institutions (49 from key informants and 18 directly from the programs' websites) in 28 countries. The overwhelming majority of responses were from tertiary education institutions (93%; 62/67). English was the most frequent language of teaching (Figure 2).

Table 2 - Distribution of responses by country and WHO Region

WHO Region	Country	Total responses	
		Institutions	Courses
African Region	Botswana	1	1
	Namibia	2	3
	Nigeria	2	3
	Senegal	1	4
	Uganda	1	1
	South Africa	2	2
	Sub-total	9	14
Western Pacific Region	Australia	1	1
	Japan	2	2
	Sub-total	3	3
South East Asia Region	Thailand	1	1
	Sub-total	1	1
Eastern Mediterranean Region	Pakistan	1	1
	Sub-total	1	1
European Region	France	1	1
	Hungary	1	10
	Ireland	1	2
	Netherlands	2	2
	Portugal	6	11
	Spain	8	11
	Switzerland	1	2
	UK	4	6
	Sub-total	24	45
Region of the Americas	Argentina	2	3
	Brazil	13	18
	Canada	1	1
	Chile	2	3
	Colombia	1	2
	El Salvador	1	3
	Honduras	1	4
	Mexico	1	2
	Peru	1	1
	USA	6	6
	Sub-total	29	43
Total		67	107

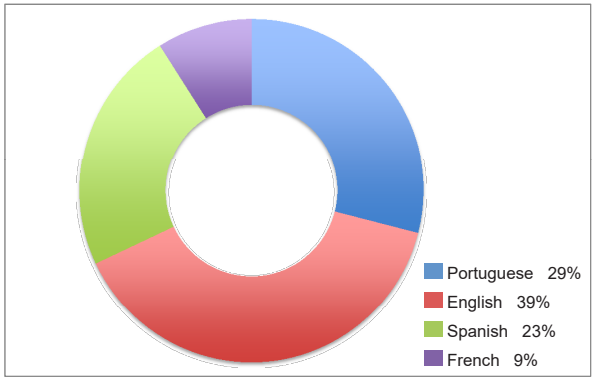

Figure 2 - Language of teaching (n=100)

The HRD training identified had a clear predominance of policy/strategic emphasis, with neglect of issues related to metrics and evaluation, with a significant academic focus (about one third were conducive to a masters or PhD degree) and a limited presence of MOOCS, emphasizing face-to-face classroom teaching and with a strong interest in innovative teaching methods, targeting equally all professional groups. Although about half had some level of self-financing, only 21 were exclusively self-financed and 14 were free to the participants. Regarding the 14 training programs in Africa blended learning and computer-mediated activities were very important delivery modalities.

Lack of sustainability led to the termination of 14 programs during the study period (2006-2015).

Lack of sustainability was attributed to: insufficient funding, end of external funding; lack of partnerships to sustain the training capacity; and lack of interest and emphasis of the country's health and educational policies. Frequent challenges mentioned by respondents included dispersion of students in the national territory, difficulty in using information and communication technology (ICT) and pedagogical aspects related to limited teaching capacity.

Offering training as part of a network was frequent and considered a good practice.

Other examples of good practices included development of HRD toolkits, courses demanding interdisciplinary professional collaborations, strong institutional involvement in international collaborations, focusing the training on specific HRD problem solving issues, training the trainers, and supporting them through adequate supervisory/mentoring/coaching mechanisms.

Discussion and conclusions

From a methodology point of view, key informants' surveys have a relatively low efficiency when compared with internet searches, but cover niches of information not easily accessible from the internet (future courses and terminated courses).

There are also limitations related to the low response rates from some of the WHO Regions, namely, from South East Asia, Eastern Mediterranean and Western Pacific Regions. The low response rate from the Eastern Mediterranean Region may reflect the low number of key informants in the initial pool that fed the snowballing process.

The response rates from key informants was also low and even the ones that responded had variable response rates for the different variables in the questionnaire. Some of questions with negligible response rates included questions on costs of training, graduation efficiency of the training and on the existence of alumni networks.

The hand search of the internet outputs suggested that HR programs were abundant, but that was not so for HRH programs. As an example, in the Spanish language there was a site (emagister) with 76 HR management training programs, none of which was about HRH. The development of skills in strategic management, where HR was one of the points, also appeared frequently - not specifying health.

Topics such as leadership of healthcare organizations, healthcare management, healthcare administration and public health dominated the supply of training programs with a HRH component. In these HRH appeared as a module or sub-topic – hence the links appeared in our internet search process. Interestingly, the topic of leadership was apparently the most prevalent, followed by healthcare management, healthcare administration and training in public health. Important areas, such as analysis of health labour market dynamics, financing for HRH, HRH metrics and evaluation, appear to be absent from existing courses. In the Spanish sites health administration was usually found as a theme of public administration and HRH management as a theme of health administration.

It turned out that there was a not negligible offer of online training or through blended learning. Little appeared in the internet search referring to programs with exclusive classroom teaching. This was particularly true in Western Europe and the USA. Exclusive classroom teaching emerged particularly in key informants' replies to the questionnaire.

We could also verify that a significant proportion of the training identified conferred postgraduate diplomas or a master's degree. Few relevant PhD programs were identified.

Above all in the Brazilian links, but also in the French ones, there were many references to training in (clinical) teamwork, sometimes referring to it as a human resources management issue. These were not selected for analysis.

Lastly, it is curious to note that the Brazilian training offer on the internet was vast but unclear in terms methods of teaching and the academic degree conferred. Visiting the websites of the institutions (and not just the programs) we verified that much of the training offered was not accredited, a quite different situation from the courses offered in English, French and Spanish.

Despite the limitations and considering the results achieved with the research approach adopted, this study still provides a range of leads useful for the "development of an internationally recognized, postgraduate professional program on HRH policy and planning, with international mentoring and a professional network to support" the development of a WHO strategic and sustainable approach to build countries' and stakeholders' capacity in HRH governance, policy and planning, management, metrics and evaluation, contributing to develop a more harmonized and visible platform of courses for general and specialized topics in the field of HRD improvement. This will be an important step to achieve Universal Health Coverage (UHC).

A preliminary step in the organization and delivery of such post-graduate education activities should be the development of a core syllabus, to be subsequently adopted by existing accredited education institutions.

These educational programs should be developed based on the following assumptions and principles:

- Complexity of healthcare policy development and implementation requires strong leadership;
- Not recognizing and addressing this complexity is a major hurdle in the path to UHC;
- The syllabus should address skills needed/lacking for effective leadership, stewardship, planning, governance and management of HRH, including aspects currently under-emphasized by existing courses (such as health labour economics and health workforce metrics/ evaluation);
- Focus on developing flexible syllabus that can be: either included on a modular basis in longer programs (public health or health sector management course); or a generic core syllabus that could be adopted for short HRH courses directed at institutional leaders (managers or hospitals or health centers) and HRH policy makers, or expanded into a one year course entirely dedicated to HRH from a health systems perspective;
- Encourage the adoption of relevant andragogic approaches including problem based learning and relevant cases for the students' professional context;
- This focus on human resources development provides leads for relevant leadership action;
- Hence, training methods for leadership must be adapted to managers at all levels of the health system

and to the context in which they perform, making use of adequate technologies, such as virtual libraries, decision-support systems and data platforms;

- Teaching & learning must be practice-oriented and context sensitive, and create opportunities for continuing communication, including the development of peer networks and other group dynamics for sharing HRH management "good practices" and must make full use of information technology;
- Focus on project management is a key tool to deal with change implementation and efficient use of resources.

Abbreviations

CC – Collaborating Center
ECTS – European Credit Transfer System
GSHRH - Global Strategy on Human Resources for Health
HRH – human resources for health
HRD – human resources development
ICT – information and communication technology
LMICs – low and middle income countries
WHO – World Health Organization

Declarations

Availability of data and material

The datasets used analysed during the current study are available from the corresponding author on reasonable request.

Competing interest

GC and JC for the functions performed at WHO.

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Authors' contributions

PF, GC and JC contributed to the conception of the project. CSG coordinated the data collection. GC, AB and ZH contributed to the data collection. PF & CG drafted the different versions of the manuscript. All the authors helped revise the manuscript

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