


First Meeting of the Health workforce Information Reference Group  
10-12 March 2010 / Montreux, Switzerland



# Identifying and integrating potential data sources of a comprehensive health workforce information system

---

Neeru Gupta  
Demographer-Statistician,  
Department of Human Resources for Health  
World Health Organization  
Geneva

*Towards a global strategy for strengthening health workforce information systems*



# What are the issues?

---

- **Many potential HRH data sources:**
  - **administrative sources** — e.g. facility staffing returns, civil service payroll, professional licensing registries, records of health professions education & training programmes, work permits
  - **health facility assessments**
  - **population censuses and surveys** with questions on labour force activity (occupation, place of work)
  - **special HRH studies** (quantitative & qualitative)
- **Technical issues:**
  - evaluating data quality & coverage
  - synthesis & analysis across multiple information sources
  - data paucity in some areas — e.g. public health workforce, labour productivity, gender equity, international migration
  - metadata standards
  - enhancing comparability — e.g. International Standard Classification of Occupations, 2008 revision



# What are the constraints?

---

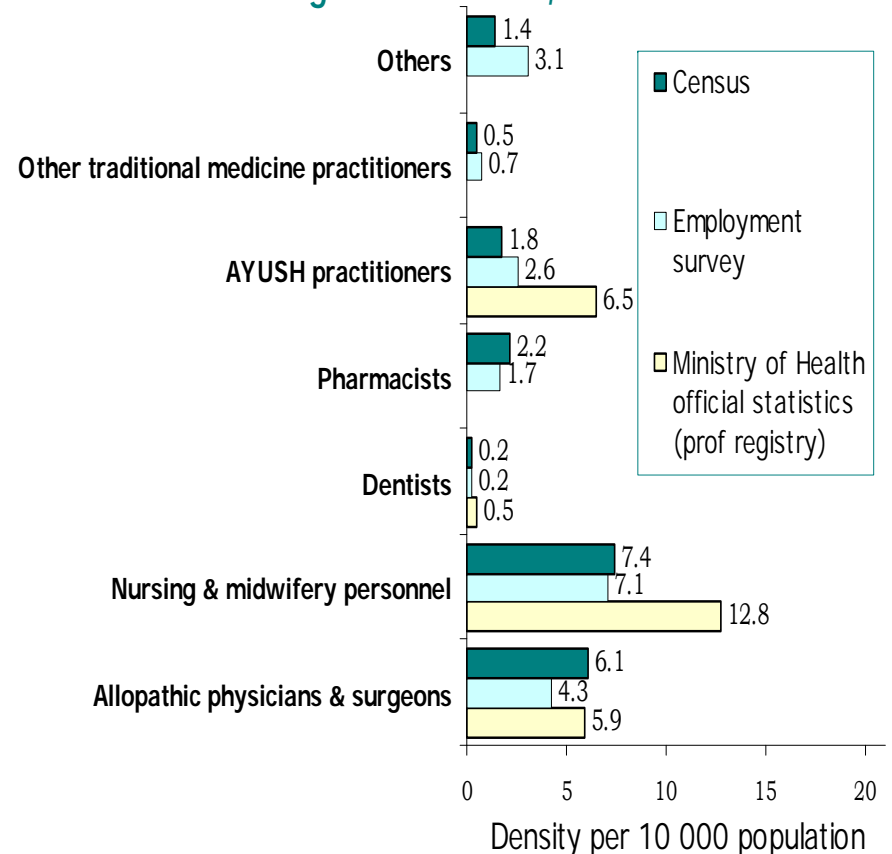
- Many potential sources of HRH data in countries remain underused
- Lack of tools for assessing quality and coverage of HRH data
- Lack of standards/benchmarks for assessing comprehensiveness of HRH information systems
- Lack of "gold standard" for official reporting of HRH statistics

# Illustrative example

## Potential underestimates or overestimates:

- definition/classification of health worker categories
- workers in the private sector
- double-counts of workers in dual practice
- unpaid or unregulated workers
- unemployed or not participating in the national health labour market

Density of the health workforce by cadre, according to data source, India 2005



Source: *Handbook on monitoring and evaluation of human resources for health* (2009)

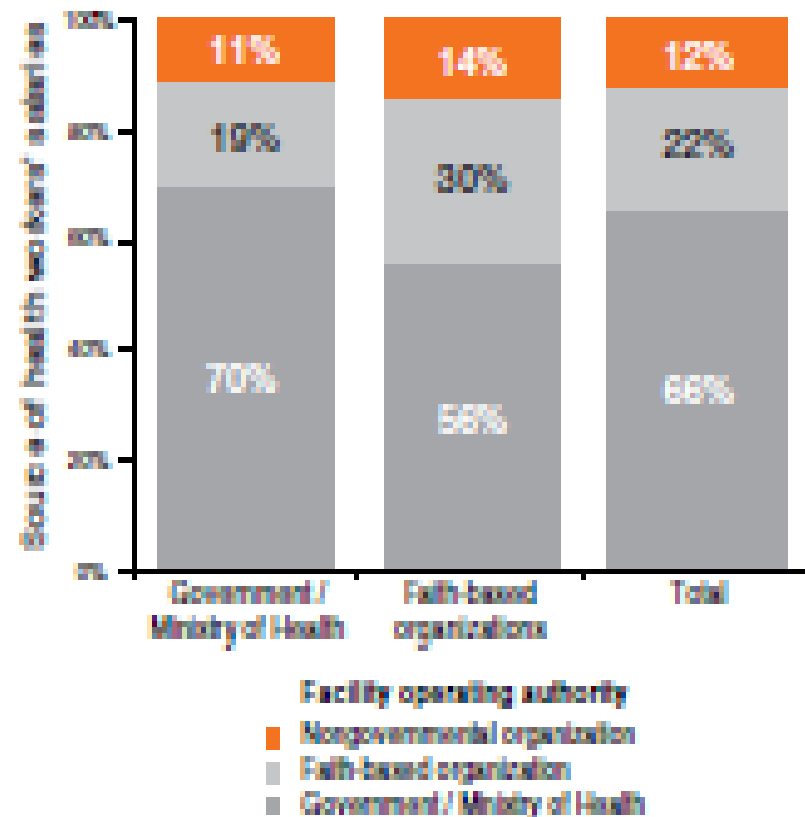
***Towards a global strategy for strengthening health workforce information systems***

# Illustrative example

## Potential underestimate or overestimates:

- source of data: staffing *versus* payroll records
- skilled health workers outside the health care sector

Source of health workers' salaries by facility ownership, Rwanda HFA 2006



Source: *Handbook on monitoring and evaluation of human resources for health* (2009)

***Towards a global strategy for strengthening health workforce information systems***



# What are the lessons learnt?

---

- Support for a centralized national HRH information system (within national health information system)
- Need for standards for HRH data and metadata
- Criteria for assessing performance of health workforce information systems and the quality of the underlying data are rarely defined, let alone implemented



# Building a comprehensive health workforce information system: Questions for the working groups

---

- What do we recommend are the essential (minimum) data for a central health workforce information system or database?
- How to ensure HRH data from different sources can be fully integrated within the central HRH information system?
- What are the tools available (needed) to evaluate the quality, completeness and comparability of HRH data from different sources?
- What do we recommend as benchmarks for comprehensiveness of national health workforce information systems?