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Report of the First Meeting of the Health Workforce Information Reference Group

MONTREUX, SWITZERLAND
10-12 MARCH 2010

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Abbreviations and acronyms

HIRG Health Workforce Information Reference Group
HRH Human resources for health
WHO World Health Organization

Acknowledgements

This publication contains the collective views of an international group of experts convened under the auspices of the World Health Organization's Department of Human Resources for Health, the Global Health Workforce Alliance and the Health Metrics Network. The views expressed in this publication do not necessarily represent the decisions or policies of the World Health Organization.

Executive summary

Governments, in cooperation with international organizations, academic institutions, civil society, the private sector, professional associations and other partners, are called upon « to create health workforce information systems, to improve research and to develop capacity for data management in order to institutionalize evidence-based decision-making and enhance shared learning ».

Declaration of the First Global Forum on Human Resources for Health
Kampala, Uganda, 2–7 March 2008

A technical meeting on strengthening health workforce information systems was held on 10–12 March 2010 in Montreux, Switzerland. The meeting was jointly convened by the World Health Organization's Department of Human Resources for Health, the Global Health Workforce Alliance and the Health Metrics Network, who have called for the establishment of a Health Workforce Information Reference Group (HIRG). The aim of this first meeting of HIRG members and stakeholders was to initiate discussion on how to promote a coordinated, harmonized and standardized approach to strengthening country health workforce information and monitoring systems to support policy, planning and research.

The meeting brought together 20 experts and leaders in health workforce information from Brazil, Kenya, Malawi, the Philippines, the Republic of the Congo, South Africa, Switzerland, Thailand and the United States of America, representing ministries of health, universities, global initiatives and partnerships, and United Nations agencies.

The meeting concentrated on building on evidence obtained and lessons learnt in order to strengthen health workforce information systems, focusing on the validity, sharing and use of different sources of data on human resources for health (HRH); the challenges of information systems strengthening from governance, human resource capacity and technical perspectives; and partnership opportunities for developing and implementing a global strategy for strengthening country information systems. There are many sources in countries that can potentially produce valuable data for HRH measurement and monitoring, including routine administrative records, population censuses and surveys, health facility assessments and other types of data collection exercises within and outside the formal health sector. One of the central concerns arising from the meeting was that strengthening health workforce information systems means not just the bringing together of different data, but more importantly the bringing together of different constituencies and stakeholders.

The results and ideas emanating from presentations and discussions were used to reach consensus on the terms of reference for the HIRG and its membership and to agree an action plan of work for the group for 2010 and beyond. Against a backdrop of increasing global demand for quality HRH data and information, the HIRG is seen to have an advocacy and convening role among data producers and users and to function as a knowledge broker. The group's action plan aims to take forward the initial ideas generated at the meeting into more that can be used to engage with key stakeholders at country, regional and international levels for dissemination and sharing of information.

Upcoming key activities of the reference group will focus on:

- collating, analysing, strengthening and disseminating guidance, tools, standards, best practices and lessons learnt;
- identifying and prioritizing gaps in developing new tools and advocating for research;
- facilitating knowledge exchange and building of technical capacity, especially in the context of regional and international forums focused on engaging with countries.

The conveners of the HIRG meeting will ensure effective communication among the members of the reference group, monitor the agreed action plan and assess the potential for mobilizing additional human and financial resources to support the group's activities through existing member institutions and other possible sources.

1. Background

Reliable data and evidence are required by countries and stakeholders to make informed decisions concerning human resources for health (HRH) policy and programme planning, management, monitoring and evaluation. Despite a prevailing view that statistics on the health workforce are scarce, diverse sources can potentially be used to produce relevant information even in low-income countries, including routine administrative records (e.g. health facility staffing records, civil service payroll records, registries of health professional regulatory bodies, records of health professions education and training institutions) as well as population censuses and surveys with questions on labour activity, health facility assessments with staffing modules, and other types of data collection exercises within and outside the formal health sector. The development of a comprehensive evidence base generally requires combining different types of information, which are frequently scattered across different sources.

Some of the priorities and challenges identified for improving health workforce information at the global, regional and national levels include:

- building capacity among national health ministries and other stakeholders in collection, processing, analysis, synthesis and use of HRH data and statistics to inform decision-making processes;
- optimizing dissemination and use of multiple data sources for HRH monitoring and analysis;
- standardization of definitions and classifications used in data collection, processing and dissemination for enhancing comparability across countries and over time, including use of international standard classifications relevant to health workforce statistics.

Against a backdrop of increasing demand for quality data and information on HRH (1,2), combined with an increasingly crowded landscape of partners and initiatives with the purpose to improve health and strengthen health systems in low- and middle-income countries, an underlying challenge in each of these areas is optimizing use of available resources (human, financial and technical) and reducing overlap.

To promote a coordinated, harmonized and standardized approach to strengthening the global evidence base on HRH, the World Health Organization's Department of Human Resources for Health, the Global Health Workforce Alliance and the Health Metrics Network jointly called for the establishment of a Health Workforce Information Reference Group (HIRG). The role of the HIRG will be to provide technical advice for the construction of a global strategy for strengthening health workforce information and monitoring systems in countries and regions. It is composed of a small group of subject matter experts from a range of countries, institutions and agencies, representing both producers and users of health workforce information.

2. Purpose of the meeting

The first meeting of the HIRG was held on 10–12 March 2010 in Montreux, Switzerland. The meeting objectives were to:

- review the current strategies and methods at regional and country levels for enhancing availability and quality of data on HRH;
- learn and benefit from country experiences in good practices related to health workforce information systems;
- propose feasible and innovative strategies and methods to support the implementation of workforce information systems activities at national and sub-national levels;
- present suggestions on how to monitor and evaluate the implementation of workforce information activities proposed at country level;
- identify key stakeholders at country, regional and international levels and define their potential roles in scaling up recommended activities;
- design an action plan for the HIRG for the following year, including clear benchmarks for gauging the progress of proposed activities.

Expected meeting outputs:

- Update on recent activities and achievements related to health workforce information by various partners.
- Stocktaking of available tools and references on collation and analysis of HRH data and on methods for HRH information systems strengthening, including identification of important gaps in the available resources.
- Consensus on strategies to improve availability, quality and use of HRH data and statistics.
- Consensus on the terms of reference and action plan for the HIRG.

The meeting brought together 20 participants from Brazil, Kenya, Malawi, the Philippines, the Republic of the Congo, South Africa, Switzerland, Thailand and the United States of America, representing ministries of health, universities, global initiatives and partnerships, and United Nations agencies (see Annex A).

3. Key messages and lessons learnt

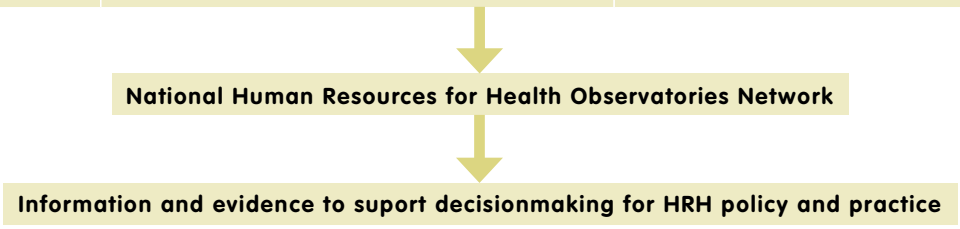
A wealth of information sharing about current initiatives for strengthening country health workforce information and monitoring systems, best practices and lessons learnt were presented and discussed over the two and a half days of the meeting. Country presentations from Brazil, Kenya, Malawi and South Africa focused on the opportunities and constraints of using different data sources to inform HRH policy, planning, monitoring and evaluation as well as the challenges in developing a functioning HRH information system at both national and sub-national levels (see Figure 1 for an illustrative example)[1].

Group work sessions concentrated on building on these lessons learnt at national, regional and international levels; analysing and using different sources of HRH data with attention to validity (or how well the data provide information that corresponds accurately to the real world), comparability (such as the use of common definitions and classifications[2]) and systems strengthening from governance, human information across different components of the overall system); and the challenges of informationinter-operability (the ability to exchange and use resource capacity and technical perspectives. A special thematic session looked at issues in monitoring trends in international migration of health personnel, centred on essential data requirements and the sharing of data between sending and receiving countries, especially in the context of the forthcoming World Health Assembly discussions on the adoption of a global code of practice in the international recruitment of health personnel.

Across all discussions, the central concern was that strengthening health workforce information systems requires not just the bringing together of different data, but more importantly the bringing together of different stakeholders. Therefore, an important element is identifying and engaging key stakeholders in health workforce information, from the perspective of both users and producers of information – such as under the auspices of a national HRH observatory or other cooperative mechanism for sharing data, experiences, information and evidence to support decision-making.

Figure 1: OVERVIEW OF THE HEALTH WORKFORCE INFORMATION SYSTEM IN BRAZIL

DIMENSIONS	VARIABLES AND INDICATORS	SOURCES
Education • **Post-secondary** • **University**	Number of schools, places offered, applicants, enrolments, graduates; attrition rates; fees and costs for education - annually and by cadrre	Higher education census (ministry of education)
Labour activity • **Sector** • **Occupation**	First employment, current employment by sector (e.g. health services delivery or other); salaries and wages by occupation, age, sex, schooling, etc.; attrition by cause (retirement, death, dismissal, etc.)	Administrative records of the national business and employment & unemployment registers; household sample surveys (central statistics agency, ministry of labour)
Health sector employment	Workforce stock and flows (individuals, jobs, occupations); health services delivery indicators	Health facility registration system; health facility surveys (ministry of health)
Regulation	Legislation, policies and regulations on prefessional, education and labour standards and practices; stock and flows of regulated health professions	Administrative records of the national congress and health professional regulatory bodies



1 All presentations delivered at the meeting are available at: http://www.who.int/hrh/events/2010/health_workforce_information/en/index.html

2 A full list of international standard classifications relevant to health workforce analysis – including statistical references for health, labour, economics, demographics, education and other matters – is available at the United Nations Statistics Division web site (http://unstats.un.org/unsd/class/default.asp).

3.1
Measuring and monitoring human resources in health systems

Discussions centred on the wide range of potential sources for HRH data, including administrative records, health facility assessments and population-based censuses and surveys. Identified constraints related to:

- lack of timely data on each of the stages of the working lifespan (workforce entry, activity and exit);
- underuse of many statistical sources for HRH analysis and policy;
- lack of common standards for HRH data and metadata (or details on the definition, construction and coverage of each data point – literally: data about data);
- dearth of tools for assessing data quality and coverage;
- weak capacity in synthesis and analysis across multiple information sources;
- lack of benchmarks for assessing the comprehensiveness of HRH information systems, thus making comparability within and across countries and over time difficult.

Country experiences highlighted the potential for both underestimating and overestimating stocks and flows of HRH because of differing classifications of health worker categories, paucity of information relating to private sector workers, double counting of workers in dual practice, undercounting of skilled health workers outside the formal health services sector, updating of data on health workers who have exited the national health labour market for various reasons (e.g. international migration, retirement, career change) and unregulated workers. Technical issues presented related to limited capacity at sub-national level to maintain an HRH database information system and limited data flow between levels.

Clearly identifying existing data and tools, validating the data and ensuring accurate analysis, synthesis and use for decision-making present huge challenges in many low- and middle-income countries (see Box 1). These problems highlight the need not only for established standards but also to ensure consistent data validation across all sources. It will be important for decision-makers to recognize the limitations of different data sources and to look at HRH information with different lenses depending on its source.

Box 1: Key tools and references in HRH information and monitoring

Among the growing body of tools designed to meet the challenges of measuring and improving health workforce outcomes, strengthening health systems and, ultimately, improving population health, the following are currently being used in countries to assess and strengthen HRH information and monitoring:

- *Handbook on monitoring and evaluation of human resources for health, with special applications for low- and middle-income countries (3).*
- *Framework and standards for country health information systems (4).*
- *Human resources information systems strengthening implementation toolkit (5).*

3.2
Challenges for HRH information systems strengthening in low- and middle-income countries

Key issues for HRH information systems strengthening in low- and middle-income countries pertain to the health workforce crisis and critically low levels of workers with technical capacity working in HRH information systems. Coupled with this lack of human resources capacity is the inadequate and inconsistent political leadership at national and international levels and lack of coordination and communication among HRH information constituencies, thus leading to fragmented information demands. Key constraints to information systems strengthening relate to weak partnerships for HRH information systems development, lack of availability of globally applicable and validated tools, poor linkages between routine administrative data and population-based or facility-based information sources, and inadequate documentation and dissemination of experience in HRH information systems.

Country experiences highlighted both achievements and challenges in developing and sustaining HRH information systems, including the need to overcome coordination and communication problems within and across sectors (e.g. public, parapublic, private for-profit and private not-for-profit health sectors, education and finance sectors), and the lessons learnt of how data and information can be better used for policy decision-making. The importance of connecting data across different platforms (e.g. staffing records of ministries of health, health professional regulatory bodies, health professions education and training programmes) was highlighted, notably in terms of standards and protocols for inter-operability so that different types of data can «talk to each other» and be shared and used.

The main findings and lessons learnt from countries and stakeholders arising from the meeting discussions on health workforce information matters include the following:

- HRH data collection is often disjointed, and information systems tend to be unreliable with very poor linkages between data on public health sector staffing versus other data sources (except sometimes payroll systems).
- Continuous capacity building is required to implement and use HRH information systems at all levels to be useful for HRH planning, management and research.
- Computer-based information systems are usually viewed as a solution, but can also create considerable problems unless there is consensus-driven strategic planning at all levels.
- Effective HRH data management and analysis require the translation of technical data and terminology into common, user-friendly vocabulary and especially the synthesis into policy implications and options for decision-makers.
- Disaggregation of HRH data allows a more rational approach to decision-making (e.g. moving away from national averages to figures in line with boundaries of decentralized health services authorities).
- Empowering managers in data use and creating a culture of managing by data remains a huge challenge.

3.3 Monitoring trends in international migration of health personnel

Discussions on the specialized theme of international migration of health workers highlighted the constraints experienced by global, regional and national mechanisms to monitor such trends. These constraints include lack of information on international health migrants, limited sharing of data between sending (source) and receiving (destination) countries and lack of harmonization of data from different sources. Most of the available potential sources of statistics on international migration of health personnel (e.g. population censuses and surveys with questions on occupation and migration status, registries of health professional regulatory bodies including verifications and recognitions of foreign credentials, immigration and work permits, records of health professions education institutions and scholarship boards) were not developed specifically with workers' mobility in mind. Demand for quality and timely data on international migration of health workers is already exceeding supply; demand is likely to increase in the near future as in May 2010 the 63rd World Health Assembly will deliberate a global code of practice in the international recruitment of health personnel, the draft of which calls for better national and international data, research, and sharing of information on this topic (6).

The main lessons learnt arising from the meeting discussions on monitoring trends in the international migration of health personnel include the following:

- Monitoring trends in international migration of health personnel is complex, involving different definitions (e.g. foreign-born, foreign-trained, foreign national), different types of indicators (e.g. stocks versus flows, economically active versus inactive) and different data sources.
- There is growing demand for the development of a core data set on HRH migration at the international level, for which internationally accepted standards are required.
- The importance of harmonization in data collection and dissemination (e.g. across sending and receiving countries) is recognized.
- Advocacy for improved data can be channelled through global, regional and national tools such as codes of practice on international recruitment of health personnel.

3.4 Stakeholder engagement and leadership for HRH information system strengthening

Country ownership, with a consistent national strategy, capacity building and sharing of information between key stakeholders, is critical for HRH information strengthening. At country level, a stakeholder leadership group (sometimes called a task force, technical working group or advisory group) is required to drive this agenda, consisting of a group of authoritative, empowered representatives of producers and consumers of HRH information. Potential constraints to successful leadership are ensuring the right people are involved, with a clear scope of work and an expressed commitment; it is important to keep them engaged against the backdrop of competing priorities.

The main recommendations and lessons learnt from the meeting discussions on ensuring and sustaining stakeholder engagement in country health workforce information and monitoring systems include the following:

- Agreement on terms of reference for the stakeholder leadership group in HRH information (including composition, mandate and activities).
- The HRH information stakeholder group should be a component of a broader HRH leadership group (e.g. national HRH observatory).
- Comprehensive and coherent technical guidance is provided from international cooperation mechanisms to countries for building and sustaining effective stakeholder leadership in HRH information, including guidance on effective management and communication of the stakeholder group activities.
- In countries with highly decentralized health systems, multiple stakeholder groups should exist at sub-national levels as components of the broader leadership group.

4. Overall recommendations from the meeting

A coordinated, harmonized and standardized approach to strengthening country health workforce information systems to support decision-making was agreed. The key recommendations are summarized below.

1. Country HRH information systems should be a sub-component of the national health information system.
2. It is important to look at HRH data with different lenses depending upon the source – administrative records, facility-based data and population-based data – and to be transparent about the coverage, definitions and limitations for each.
3. Baseline data on the current HRH situation need to be identified and validated among key stakeholders to be useful and accepted for decision-making and to strengthen the existing HRH information system.
4. Consistent assessment and validation is required of the status and results of the HRH information system; an independent technical body could take on this role.
5. Agreed standards and protocols are necessary for disseminating, sharing and using different types of data sources within the overall HRH information system.
6. Harmonization and alignment of HRH classifications and definitions with other frameworks and classifications for social and economic data and statistics is important; this includes international standard classifications for occupation, education and industry statistics (and their national equivalents).
7. Harmonization and alignment of HRH indicators and information with other population and development monitoring and evaluation frameworks is important.
8. Capacity building of health system personnel in collection, management, analysis, interpretation and use of HRH data and information is required at every level of the system.
9. Routine administrative data should use unique identifiers that correspond to individual health workers within the overall information system.
10. While many existing data sources can be used for monitoring the health labour and educational system in countries, they may occasionally need to be supplemented with ad hoc surveys and complementary research.

While it was recognized that there are many international and regional benchmarks and targets for health outcomes and intervention coverage (e.g. the health-related Millennium Development Goals (7)), as well as human resources for health (e.g. threshold of 23 physicians, nurses and midwives per 10 000 population generally needed to meet these goals (8)) and selected other building blocks of health systems (e.g. the Abuja Declaration targeting 15% of government expenditure on health (9); the health information benchmark of 90% of births and deaths recorded in vital registration systems (4)), there are as yet no established benchmarks for HRH information systems.

The main suggestions arising from the meeting discussions for benchmarks of a well-functioning country health workforce information and monitoring system are summarized in Box 2.

BOX 2: SUGGESTED BENCHMARKS OF A WELL-FUNCTIONING HRH INFORMATION SYSTEM

1. Minimum data requirements and standards for the HRH information and monitoring system have been established and consensus exists among all key stakeholders.
2. Commitment has been demonstrated and leadership is in place to develop a sustainable HRH information system (e.g. budget line).
3. The HRH information system covers the three stages of the working lifespan: workforce entry, activity and exit (the specific indicators and measurements for each stage may be covered across different components of the overall system).
4. Standards and protocols exist for disseminating, sharing and using data across the different components of the overall HRH information system (the components may be managed by different stakeholders).
5. Incentives and motivations are in place for all key stakeholders to share data and develop systems.
6. Minimum human resource and technical capacity have been identified to maintain and use the HRH information system (e.g. up-to-date job descriptions for health workforce information personnel at different levels, linked to defined competencies and skills).
7. Low attrition rates are recorded among health workforce information personnel.
8. Unique identifiers for individual health workers are used across the different components of administrative data within the overall HRH information system (e.g. consolidation of full-time equivalents, account taken for potential ghost workers and workers in dual practice).
9. Common definitions and classifications for health worker employment and education are used across all the components of the overall HRH information system (based on standard statistical classifications).
10. Data from the HRH information system are analysed and used to inform workforce planning and projections (e.g. analysis of workforce stock and utilization versus needs and requirements).

5. Moving ahead

Participants discussed the key interventions that are needed to deal with the main challenges to HRH information systems strengthening and to strengthen the overall capacity of health ministries and other stakeholders. An overriding message derived from presentations and discussions focused on the need to find ways to help countries to manage intelligently their health workforce and their health workforce information; it was agreed that the following are required:

- one country health workforce information system linked to the national health information system, with widespread sharing and use of different types of data across all key stakeholders;
- established standards and protocols for the HRH information system, including agreed classifications, taxonomies and protocols for data and metadata exchange;
- partnership and execution.

The participants identified a set of recommendations to countries, international organizations and other stakeholders on the development and implementation of a global strategy to improve health workforce information and monitoring systems, especially in low- and middle-income countries. It was agreed that efforts to scale up, strengthen and sustain health workforce information systems must entail:

- building capacity among national health ministries and other stakeholders in collection, processing, analysis, synthesis and use of HRH data and statistics to inform decision-making processes;
- optimizing dissemination, sharing and use of multiple data sources for HRH monitoring and analysis;
- standardization of definitions and classifications used in data collection, processing and dissemination for enhancing comparability across countries and over time, including use of international standard classifications relevant to health workforce statistics.

The results and subsequent ideas emanating from presentations, discussion and group works were used to reach consensus on the terms of reference for the HIRG and its membership (Annex B) and agree on an action plan of work for the group for 2010 and beyond (Annex C). The HIRG is seen to have an essential advocacy and convening role, with a brokering knowledge function. The group should act as a «think tank», which would collate and disseminate information on standards, best practices and lessons learnt in technical matters related to HRH data and information.

The group's action plan aims to take forward the initial ideas generated at the meeting into more substantive outputs that can be used to engage with key stakeholders at country, regional and international levels for dissemination and sharing of information. Key activities of the reference group in 2010–2011 will focus on:

- collating, analysing, strengthening and disseminating guidance, tools, standards, best practices and lessons learnt;
- identifying and prioritizing gaps for developing new tools and advocating for research;
- facilitating knowledge exchange and building of technical capacity, especially in the context of regional and international forums focusing on engaging with countries – notably, the forthcoming First Global Symposium on Health Systems Research (10) and the Second Global Forum on Human Resources for Health (11).

The HIRG Secretariat – initially composed of representatives of the WHO Department of Human Resources for Health, the Health Metrics Network and the Global Health Workforce Alliance – will ensure effective communication between members, monitor the agreed action plan and assess the potential for mobilizing additional human and financial resources to support the group's activities through existing member institutions and other possible sources.

Health Workforce Information Reference Group

Participants welcomed the first meeting as «an opportunity to share experiences, promote global awareness, collaborate with colleagues, share documentation, discuss technical aspects of human resources information systems, and learn and contribute» (comments from the meeting evaluation forms).

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Annex A
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Annex B
Terms of reference for the Health Workforce Information Reference Group (HIRG)

The Health Workforce Information Reference Group (HIRG) will act as a «think tank» that collates and disseminates information on standards, best practices and lessons learnt for strengthening country health workforce information and monitoring systems, aimed at fostering investment and promoting innovative and sustainable approaches for information systems planning, development and management leading to improved health workforce policy decisions, strengthened health systems and, ultimately, improved population health outcomes.

HIRG members will:

- document current and planned health workforce information strategies and activities as a group, with a common objective to harmonize approaches and reduce overlap;
- assist in accessing and disseminating information on existing high quality workforce information system models, in particular those in low- and middle-income countries;
- provide technical recommendations and facilitate dialogue among partners for supporting health workforce information systems strengthening activities at country level in a way that is consistent with international standards for health labour data and statistics, such as those outlined in the Handbook on monitoring and evaluation of human resources for health, published jointly by WHO, the World Bank and the United States Agency for International Development;
- review and endorse key products related to workforce information systems that can be used at country level;
- identify workforce information system gaps and propose feasible and innovative strategies to the various partners and stakeholders;
- encourage discussions with key actors at country, regional and international levels on how to implement the recommendations of the group to strengthen health workforce information systems based on country needs and priorities;
- contribute to securing funding for implementation of the HIRG action plan.

The HIRG is composed of a limited number of identified technical experts in health workforce information from various countries, institutions and agencies. The distribution of members should be balanced across developed countries and developing or transitional countries. Members are not compensated for their role, though limited resources may be allocated to support travel, teleconference and other expenses that will allow members to meet in person and/or communicate regularly.

Operating deliverables

1. Annual action plan of work, including a results-based management framework for the group activities and expected outcomes.
2. Annual progress reports.

Annex C
Overview of the HIRG's first annual plan of action
(March 2010– February 2011)

STRATEGIC AREA	ACTIVITIES	TARGET	TIMELINE	FOLLOW-UP
Tools, standards and research	1.1. Identification and review of tools, guidelines and frameworks on HRH information being widely used at national and sub-national levels	Collation of a compendium of tools	First draft of the compendium to be available by December 2010	Public dissemination and ongoing updating of the compendium; identification and analysis of important gaps in the available tools and research
	1.2. Systematic review of national assessment reports and publications on HRH information systems	Publication of a review paper	Review paper to be drafted by July 2010	Dissemination of the review findings and advocacy for building on the lessons learnt
Knowledge exchange	1.2. Systematic review of national assessment reports and publications on HRH information systems	Online community established on the Implementing Best Practices (IBP) Knowledge Gateway communication tool (www.ibpinitiative.org/knowledge_gateway.php)	Community initiated in March 2010	Ongoing engagement with stakeholders from around the world to join the community and share tools, resources and best practices in strengthening HRH information systems
	2.2. Leadership and moderation of thematic "global discussion forums" on priority HRH information issues	At least two global discussion forums initiated and moderated on the IBP Knowledge Gateway on selected priority themes in HRH information	Discussion forums to be held between April 2010 and February 2011	Synthesis and dissemination of findings from the global discussions; analysis of lessons learnt
Technical cooperation and capacity building	3.1. Organization of a session and dissemination of findings on HRH information for policy and practice at the First Global Symposium on Health Systems Research	At least one session organized under the HIRG umbrella at the Global Symposium	Symposium to be held 16–19 November 2010 (Montreux, Switzerland)	Synthesis and dissemination of findings from the global discussions; analysis of lessons learnt
	3.2. Organization of a session on HRH information and monitoring at the Second Global Forum on Human Resources for Health	At least one session organized under the HIRG umbrella at the Global Forum	Global Forum to be held 25–29 January 2011 (Bangkok, Thailand)	Synthesis and dissemination of the discussions on HRH information at the Global Forum
	3.3. Mapping of potential mentors and reviewers to support researchers from low- and middle-income countries to publish their work on HRH information systems strengthening and evaluation	Collation of a peer reviewers mapping template	First draft of the mapping template to be available by August 2010	Advocacy and technical support for more and better quality research publications on HRH information, especially from low- and middle-income countries; ongoing updating of the reviewers mapping; launch of a "call for papers" in a scientific forum on HRH information systems strengthening and evaluation

STRATEGIC AREA	ACTIVITIES	TARGET	TIMELINE	FOLLOW-UP
Technical cooperation and capacity building	3.4. Mapping of trainings and skills building sessions on HRH information being delivered at global, regional and national levels under the auspices of different stakeholder groups	Collation of a trainings mapping template	First draft of the mapping template to be available by November 2010	Advocacy and technical support for trainings and other knowledge exchange forums in HRH information and monitoring, especially among low- and middle-income countries
Coordination, stakeholder engagement and resource mobilization	4.1. Marketing of the establishment of the Health Workforce Information Reference Group (HIRG)	Publication of the report of the first meeting of the HIRG (10–12 March 2010, Montreux, Switzerland)	Report to be published by end May 2010	Dissemination of the report as a tool to draw stakeholder support and engagement for the group's activities and products
	4.2. Mapping of key stakeholders (current and potential) in HRH information systems strengthening at global, regional and national levels	Collation of a stakeholders mapping template	First draft of the mapping template to be available by end May 2010	Dissemination of the HIRG meeting report and invitations to join the online community of practice among identified stakeholders; ongoing updating of the mapping for continuous stakeholder engagement
	4.3. Organization of internal communication mechanisms and meetings among the HIRG technical advisers	Ongoing electronic communication and two face-to-face meetings between March 2010 and February 2011	Second meeting of the HIRG planned to be held in November 2010	Explore mechanisms and potential sources of funding among different partners and stakeholders to ensure sustainability of HIRG activities

National leadership and global solidarity, working together through inclusive stakeholder alliances, can result in accelerated progress in health workforce development in all countries through "catalysing knowledge and learning [based on] low-cost but significant investments in the development of better metrics for the workforce, agreement on common technical frameworks, and the identification of and support for priority research... Effective pooling of the diverse technical expertise and breadth of experiences can assist countries in accessing the best talent and practices".

The world health report 2006: working together for health.
Geneva, World Health Organization, 2006.

A technical meeting on strengthening health workforce information systems was held on 10–12 March 2010 in Montreux, Switzerland. The meeting was jointly convened by the World Health Organization's Department of Human Resources for Health, the Global Health Workforce Alliance and the Health Metrics Network, who have called for the establishment of a Health Workforce Information Reference Group. The meeting brought together experts and leaders in health workforce information from around the world with the aim to promote a coordinated, harmonized and standardized approach to strengthening the evidence base on human resources for health at country, regional and international levels to support policy, planning and research.