

# HRH CORE INDICATORS

## Strengthening human resources for health in the Caribbean



## Overview

The COVID-19 pandemic called attention to the challenges of human resources for health (HRH) and highlighted the need for the Caribbean region to implement evidence-based interventions supported by policy action at the highest level. The new permanent HRH Caribbean Commission attests to the commitment of Caribbean countries to have a united course of action to address these challenges.

The Pan American Health Organization (PAHO) supported the development of the policy brief *Strengthening Human Resources for Health (HRH) to respond to COVID-19 and other emerging pandemics in the Caribbean*. It recommends that Member States enhance supply, capacity, training, and development within HRH. The policy brief includes four policy actions, the first of which is specifically related to the strengthening of health information systems for “planning and forecasting of HRH staffing needs to respond to COVID-19 and other emerging pandemics.” Identifying a set of indicators that support decisionmaking is one of the most important elements to achieve this.

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## Importance of HRH indicators

The identification of indicators for monitoring the status of HRH in the Caribbean represents a key step toward curtailing some of the issues: the migration of health workers; financial and human resource limitations; and ineffective distribution of staff within the health systems. It is an opportunity for ministries of health within the region to have accurate and up-to-date data to guide policy actions at the national and regional levels.

HRH indicators provide tangible goals for countries to work toward that can benefit knowledge of HRH planning and forecasting.

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## HRH core indicators for the Caribbean region

HRH core indicators were identified through collaborative agreement by members of a technical working group representing experts and delegates from within the Caribbean region. These indicators were grouped into three levels corresponding to their proposed level of difficulty in implementation, the number of actors involved for the accomplishment of the indicator, and the importance of the proposed indicator within the Caribbean region.

The following represents a list of core indicators deemed necessary for planning and forecasting HRH staffing needs in the Caribbean region. They have been selected from the World Health Organization (WHO) National Health Workforce Accounts (NHWA), which represents an opportunity for standardisation and interoperability of health information. The NHWA defines standardised indicators for generating reliable evidence regarding HRH to guide planning efforts and policy development and will enable the comparison of health workforce information nationally, regionally, and globally.

After categorising, a total of 30 core indicators and sub-indicators were proposed.

## Level 1 HRH core indicators for the Caribbean

Level 1 indicators are the base target every country should work to achieve. Indicators at this level were selected based on the number of factors involved in achieving the indicator and its potential feasibility.

- 1 Health worker density

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- 2 Health worker distribution by age group

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- 3 Health worker distribution by sex

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- 4 Health worker distribution by place of birth

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- 5 Health worker distribution by place of training

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- 6 Ratio of graduates to stock

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- 7 Labour regulations and policies for health workforce
  - Existence of national/subnational policies/laws regulating compulsory service
  - Existence of advanced nursing roles

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- 8 Health workforce governance and leadership capacity
  - Existence of institutional mechanisms or bodies to coordinate an intersectoral health workforce agenda
  - Existence of a health workforce unit in the Ministry of Health responsible for developing and monitoring policies and plans on health workforce
  - Existence of mechanisms and models for health workforce planning

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- 9 National capacity to monitor key metrics for health workforce planning and global monitoring frameworks
  - Ability of human resources for health information systems (HRHIS) to generate information to track active stock on the labour market
  - Ability of HRHIS to generate geocoded information on the location of health facilities

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## Level 2 HRH core supplementary indicators

Once countries have achieved the indicators at level 1, they can work toward indicators at level 2. If deemed a priority for the country, the level 2 indicator can be set as an earlier target.

- 1 Health worker density at subnational level
- 2 Health worker distribution by facility ownership
- 3 Health worker distribution by facility type
- 4 Annual inflows of health workers
  - Entry rate for foreign health workers
- 5 Duration of education and training
- 6 Accreditation mechanisms for education and training institutions and their programmes
- 7 Health worker density
  - Family medicine practitioners
- 8 Standards for education and training programmes
  - Existence of national and/or subnational standards for interprofessional education in accreditation mechanisms of training programmes
  - Existence of cooperation between health workforce education and training institutions and regulatory bodies to agree on accreditation standards
  - Existence of national systems for continuing professional development
- 9 National capacity to monitor key metrics for health workforce planning and global monitoring frameworks
  - Ability of HRHIS to monitor gender pay gap
  - Ability of HRHIS to generate information for reporting on outputs from education and training institutions
  - Ability of HRHIS to generate information to track entrants to the labour market
  - Ability of HRHIS to generate information to track exits from the labour market

## Level 3 HRH core supplementary indicators

Countries can work toward indicators at this level provided that they have achieved the indicators at Level 1 and Level 2. If deemed a priority for the country, these indicators can be set as earlier targets.

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Vacancy rate

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Annual outflows of health workers

- Active health workers who became inactive in the health labour market due to voluntary reason
  - Active health workers who became inactive in the health labour market due to involuntary reason
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Further details can be found at this link: <https://www.paho.org/en/publications>