

CHAPTER 16

Human resources: training and staffing

16.1 Chapter objectives

This chapter considers the development of human resources for DR-TB control programmes within the national programme, addressing a broad agenda that includes the overall management of training and issues related to staffing.

16.2 General considerations

The development of human resources for DR-TB control programmes requires specific planning within the national TB control plan. A programme that correctly implements and manages Category IV regimens cannot simply be added to the responsibilities of staff currently implementing the DOTS strategy. As well as the organization of special training courses, the availability of sufficient staff in all categories of personnel involved in the programme at all levels (clinical, laboratory, pharmaceutical and managerial) must be ensured to reach a specific long-term goal for professional competence in programme implementation.

Ensuring competent and sufficient human resources for the implementation of a DR-TB control programme of high quality requires ongoing management. As programme implementation expands, the management of human resources will become more complex because of the continued and diversified demands on staff at all levels.

16.3 Human resources development plan for DR-TB control programmes

There are numerous constraints to the effective performance of the health workforce, as indicated in Table 16.1. In many instances, additional staff with appropriate expertise have to be recruited to manage the activities of the programme at the central and other levels. Central management should estimate staff requirements for the implementation of all aspects of the programme. Realistic projections, based on task analysis, revision of job descriptions and estimation of workloads for concerned staff form the basis of a plan for human resource development (HRD plan) to support the programme. Issues to be addressed include the level of effort and support systems (e.g. transportation)

required for prolonged DOT, for health-care worker visits, for social support and for clinical and laboratory personnel.

The HRD plan for the DR-TB control programme should be part of the national HRD plan. The plan should include all staff involved in the diagnosis and treatment of drug-resistant TB, patients and national authorities responsible for overseeing the programme, and include the proper regulatory documents.

The objectives of the human resource development component of the DR-TB control programme are twofold:

- To ensure the availability of sufficient staff (clinical and managerial) at all levels to implement the plan without detriment to other areas of work of the national TB control programme.
- To ensure that all staff involved in the programme (at all service levels, and both public or private) are competent (have the required knowledge, skills and attitudes) and motivated for implementation.

TABLE 16.1 Human resource constraints to programme implementation

| TRAINING/COMPETENCE | STAFFING/MOTIVATION |
|--|--|
| <ul style="list-style-type: none"> ■ Inadequate skills of existing staff: <ul style="list-style-type: none"> — Many staff involved in TB control in general are not trained — Suboptimal training (in-service training): lack of specific measurable learning objectives, lack of training materials, inadequate length of training, poor use of adequate training methodologies, lack of learning evaluation — An assumption by trainers and managers that everything taught is learnt and will lead to competent performance — Lack of attention to other factors influencing behaviour change of health-care providers — Training is seen as a time-limited activity that is no longer needed when the treatment strategy has reached 100% coverage – “all have been trained” — Inadequate pre-service training | <ul style="list-style-type: none"> ■ Imbalances in human resources for TB control: <ul style="list-style-type: none"> — Imbalances in overall numbers — Imbalances in distribution — Urban/rural imbalance — Imbalances in skills or skill-mix (a mismatch between the type or level of training and the skills required by the health system) ■ Shortages of human resources for TB control ■ Increased demand on existing staff – not only by national TB control programmes: <ul style="list-style-type: none"> — Impact of AIDS — Low staff retention — Low staff motivation <ul style="list-style-type: none"> • under-skilled (inadequate/ infrequent training) • unsupported/lack of supervision • poor work environment • poor career structure • underpaid • overburdened • morale problems • sick or caring for sick family members — Insufficient number of posts — Increased “brain drain” — High staff turnover |

To prepare the HRD plan for implementation by the DR-TB control programme, the following 10 steps are recommended:

1. Assign a focal point for human resources development for the DR-TB control programme within the national TB control programme.
2. Assess the human resource requirements of the DR-TB control programme and their implications for the existing workforce (clinical, managerial, laboratory, pharmaceutical):
 - Define tasks to be performed at each level of the system to implement the DR-TB control programme.
 - Assign tasks to specific categories of health workers.
 - Assess the time needed to implement those tasks, particularly at peripheral level (where changes in the number and type of cases diagnosed and treated have the most impact on the workload).
 - Assess how many staff of the respective categories are needed to maintain the current service delivery level and include treatment of drug-resistant TB.
3. Assess the current human resources situation of the national TB control programme/health system and determine the number of staff of the relevant categories available at each programme level.
4. Identify the gaps in human resources in terms of both the numbers required (increased numbers, additional roles and responsibilities, such as a coordinator for treatment of drug-resistant TB or a laboratory focal point) and the quality of staff (additional knowledge and skills needed) to implement the DR-TB control programme.
5. Prepare short- and medium-term plans including how to ensure adequate staffing and preparation of training programmes based on the task analysis. The following options can be considered:
 - In-service training (clinical and managerial):
 - initial training in basic implementation of treatment for drug-resistant TB,
 - retraining (major performance problems need more time than a supervisory visit to solve, e.g. a formal training course),
 - on-the-job training (refresher: small performance problems that can be addressed during a supervisory visit),
 - continuing training (to gain more skills and knowledge without repeating previous training).
 - Coordination with other in-service training programmes/training institutions and departments (in particular, measures to retain trained staff, interventions to stop unnecessary rotation of staff and support for career paths).

- Pre-service training (basic training in skills needed before entering in-service training).
6. Develop training programmes to ensure that:
 - Job descriptions are based on task analysis.
 - Training courses/programmes have learning objectives based on the task analysis and the job descriptions.
 - Training courses/programmes use methods and time allocation that allow participants to meet the learning objectives.
 - The participants:facilitators ratio in each course allows participants to meet the learning objectives.
 - The learning objectives have been met.
 7. Consider the following issues in planning and implementing evaluation:
 - Evaluation during training courses:
 - by participants to determine whether the course met their needs,
 - of participants to determine whether their skills met the learning objective(s).
 - Evaluation in the field:
 - supervision (post-training evaluation) to identify performance problems and determine whether problems are caused by “lack of skill or lack of will”,
 - specific follow-up immediately after training.
 8. Ensure monitoring and supervision to:
 - Detect performance deficiencies in newly trained staff.
 - Identify new staff in need of training (additional staff needs, staff vacancies).
 9. Carry out timely implementation of the HRD plan with regular monitoring of the implementation.
 10. Carry out periodic evaluation of the implementation of the HRD plan, with revision as necessary.

Note: More information on human resource development can be found in the WHO document *Training for better TB control. Human resource development for TB control: a strategic approach within country support (1)* and other sources (2–3).

References

1. *Training for better TB control. Human resource development for TB control: a strategic approach within country support.* Geneva, World Health Organization, 2002 (WHO/CDS/TB/2002.301).
2. *Human resources development for TB control. Report of a Consultation held on 27 and 28 August 2003.* Geneva, World Health Organization, 2003.
3. Harries AD et al. Human resources for control of tuberculosis and HIV-associated tuberculosis. *International Journal of Tuberculosis and Lung Disease*, 2005, 9(2):128–137.