

**Terms of Reference of the Sub-Group on
Human Resource Development for
TB prevention, care, and control (HRD-TB) of
the DOTS Expansion Working Group of the
Stop TB Partnership.**

HRD Human Resource Development

1. Background

The Sub Group on Human Resource Development for TB prevention, care, and control (HRD-TB) of the DOTS Expansion Working Group (DEWG) of the Stop TB Partnership, was established in October 2009.

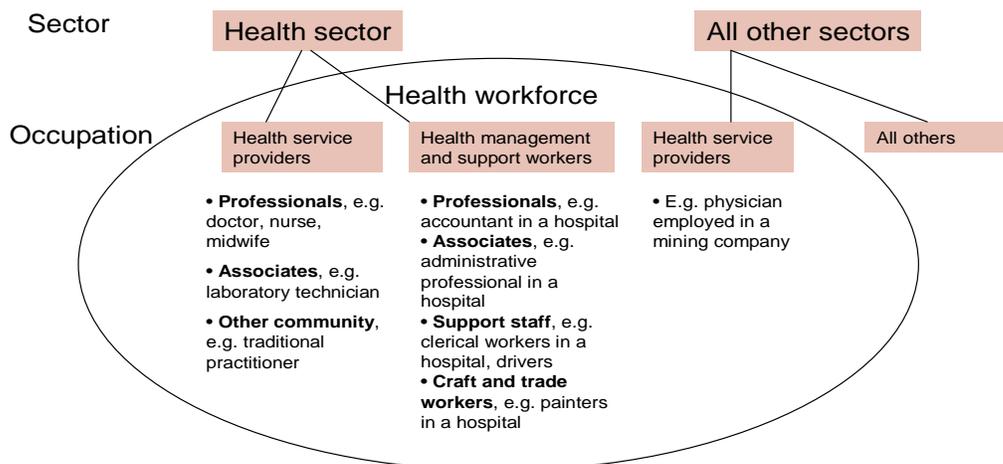
The establishment of this group was in response to recommendations made during the Joint Working Group meeting (TB/HIV, MDR-TB, DOTS Expansion, and Global Laboratory Initiative) at the Partners Forum, organized by the Stop TB Partnership, in Rio de Janeiro in March 2009. The work on HRD undertaken in TBCTA/TBCAP has also contributed to the establishment of the Sub Group.

The overall aim of the Sub Group is to coordinate, monitor, advice, collect, and share information around the global response to the health workforce crisis in the context of the implementation of the Stop TB Strategy.

HRD for the implementation of the Stop TB Strategy refers to the process of planning, managing, and supporting the health workforce involved in delivering comprehensive TB prevention, care, and control services, within the development of the overall health workforce.

The Sub Group will use the definition of the health workforce as outlined in the illustration below. Other sectors also include NGOs:

Health workers in all sectors



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization

All countries, rich or poor, need well trained and motivated health workers, sufficient in numbers, well distributed geographically, and by type and level of services to ensure that its health care system is performing well. Few countries, however, can claim to have successfully met that need. Even among rich countries few, if any, have been able to recruit and train a work force that adequately matches the needs and expectations of their population, or have achieved a distribution of health personnel that guarantees equitable access to health services.

The health workforce is one of the key building blocks of health systems. Not only do salaries represent up to two-thirds of recurrent health expenditure, but it is the performance and attitudes of health service providers that shape client perception of how well their health is being looked after and influence how well available resources for health are converted into effective health outcomes. In any country, a well performing workforce is one which is available, competent, responsive, and productive.

Despite the key role of human resources to the effectiveness of health programmes and interventions (such as the prevention, care and control of tuberculosis), little attention has been paid to adequately developing this area in the past. The efforts in human resource development in health have been traditionally restricted largely to the area of

training and, to a lesser degree, planning and personnel management. The areas of human resource policy, performance management, health worker motivation and retention, and personnel management as a whole have not been given due importance, partially because of their complexity. This, combined with effects of a global labour market, has led to what is now described as the global crisis in the health workforce. WHO estimates that 57 countries are facing a critical shortage of health service providers, and 15 of those countries are also in the group of the 22 TB High Burden Countries (HBC).

There are no shortcuts to resolve this crisis and solutions are not straightforward. However, evidence shows that effective workforce strategies enhance the performance of health systems, even under difficult circumstances. Developing a workforce to meet national health needs will require sustained efforts over time, building coalitions among all stakeholders, including National Tuberculosis Control Programmes (NTPs).

Expansion of TB prevention, care and control has reached a critical level. In many countries the HRD needs are now exceeding central and peripheral level capacity to ensure service quality, expansion of services, including additional new interventions such as the management of M/XDR-TB. TB prevention, care and control services are provided within the framework of national health systems and the dire shortage of health workers in many

places is among the most significant constraints to achieving all health-related Millennium Development Goals (MDGs). Human resource development (HRD) for the implementation of the Stop TB Strategy is part and parcel of overall HRD in the health system.

2. Mission of the HRD-TB Sub Group

The Mission of the HRD-TB Sub Group is to contribute to the overall global vision and goals for HRD for implementation of the Stop TB strategy:

The vision for HRD for the implementation of the Stop TB Strategy:

Every person everywhere has access to a motivated and supported health worker who is skilled in TB prevention, care, and control based on the Stop TB Strategy.

The goals for HRD for implementation of the Stop TB strategy:

- Health workers at different levels of the health system have the skills, knowledge, and attitudes (professional competence) necessary to successfully implement and sustain comprehensive TB prevention, care, and control services based on the Stop TB Strategy.*

- A sufficient number of health workers of all categories involved in comprehensive TB prevention, care and control is available at all levels of the health system with the needed support systems to motivate staff to use their competencies to provide quality services for the entire population according to their needs.*

The Sub Group will fulfill its mission through advocacy, coordination, monitoring, advising, collecting, and sharing information around the global response to the health workforce crisis in the context of the implementation of the Stop TB Strategy.

3. Functions of the Sub Group

The Sub Group will, through the collaboration between Stop TB partners and other partners working in relevant fields (including overall Human Resources for Health (HRH); health system development; and the Global Health Workforce Alliance), promote global and national overall HRD, as well as HRD-TB research and policy development, the formulation and implementation of HRD-TB guidelines and other tools, and the mobilization of human and financial resources for HRD-TB within the context of renewed Primary Health Care (PHC).

More specifically, the Sub Group will have the following functions during the next five years (2010-2014):

1. Provide advice on global, regional, and national development and revision of evidence-based policy and program guidance to address HRD for the implementation of the Stop TB Strategy in support of universal access within the context of primary health care.
2. Promote the planning and implementation of NTP guidelines and strategic plans which include all aspects of human resource development (HRD) for the implementation of all components of the Stop TB Strategy as part of routine NTP activities.
3. Promote overall short and long term comprehensive planning of HRH including all intersectoral aspects of human resource development for the implementation of all components of the Stop TB Strategy.
4. Promote and encourage research in building a critical evidence base in the field of HRD for TB prevention, care, and control within overall health system development (including public, private, and non governmental organizations -NGOs) to enable an effective and responsive workforce to deliver quality TB prevention, care, and control services.
5. Increase the global, regional, and national visibility of HRD for the implementation of the Stop TB Strategy through advocacy and the mainstreaming of HRD activities in TB prevention, care, and control efforts.
6. Promote collaboration with technical and financial partners working in relevant fields (e.g., Human Resources for Health; Health System Development; the Global Health Workforce Alliance, other disease prevention and control specific areas such maternal and child health, the expanded programme on immunization, and HIV; professional organizations), communities, and people affected by TB.
7. Promote mobilization of resources for the implementation of the recommended integrated HRD TB strategic plans as part of routine NTP activities.
8. Document and promote the exchange of best practices and experiences in HRD-TB activities among members and other stakeholders in order to catalyse implementation.

By the end of the five years the Sub Group will revisit its performance and will revise its functions, unless there are unforeseen circumstances otherwise.

4. Structure and composition

The HRD-TB Sub Group is one of the Sub Groups of the DEWG of the Stop TB Partnership. The Partnership is established to eliminate tuberculosis as a public health problem and ultimately to realize a world free of TB. It comprises a network of more than 500 international organizations, countries, donors from the public and private sectors, and nongovernmental and governmental organizations that have expressed an interest in working together to achieve this goal. The Stop TB Partnership Coordinating Board provides leadership and direction, monitors the implementation of agreed policies, plans and implements activities of the Partnership, and ensures coordination among Stop TB Partnership components.

The HRD-TB Sub Group will collaborate and coordinate with other Working Groups and Sub Groups of the Stop TB Partnership to fulfill its mission and carry out its functions.

Membership:

The HRD-TB Sub Group is comprised of the representatives of the member countries, Stop TB partner institutions, financial and technical agencies (TB and HRH), the Global Health Workforce Alliance (GWA), representatives of affected communities and patients and other providers and NGOs serving these communities and patients. The institutions and their representatives participating in this initiative, as well as the experts invited in their

personal capacity, will provide the HRD-TB Sub Group with technical advice and input on HRD for the implementation of all components of the Stop TB Strategy.

Membership is open to any institution or agency supporting the goals of the HRD-TB Sub Group. Additional members may be invited based on their willingness to collaborate and the potential of contribution to the initiative. Membership is free of charge and can be individual or organizational.

The Core Group of the HRD-TB Sub Group:

The Core Group aims to facilitate and accelerate decision making and guide the strategic direction of the Sub Group. The Core Group will have a membership of not more than 15, equally distributed between HRD and TB expertise and organizational representation.

Standing members of the Core Group:

Standing members of the Core Group are organizations with:

- a track record of demonstrable global commitment to overall HRH and/or HRD for TB prevention, care and control;
- ongoing global policy and implementation work on overall HRH and/or HRD for TB prevention, care and control; and
- available resources for HRD-TB.

The Chair and the Secretariat hold the prerogative of deciding which organizations qualify as such. Exceptionally the representation for

the standing community post will be rotating.

In order to keep continuity, it is desirable that the organizations with standing membership in the Core Group will have a permanent representative. However, if need arises, the organizational representatives can be rotated after serving as members for at least three years. WHO as the Secretariat of the Sub Group and a representative of the Human Resources for Health Department of WHO HQ will be standing members of the Core Group.

Members will be requested to allocate time for their function in the Core Group at their discretion, and expected to serve as spokespersons for the HRD-TB cause and the work of the Sub Group in their routine professional work. Members who miss two consecutive face-to-face meetings primarily for lack of time will be requested to reconsider their membership so as to allow room for new active members.

The Meetings of the HRD-TB Sub Group and Core Group:

The Sub Group meets once a year, depending on availability of resources, to review progress, determine priorities, share experiences and to outline specific actions that will promote implementation of HRD-TB activities. Decisions will be taken by consensus, otherwise by majority vote. If members cannot agree, the report of the meeting will reflect the diversity of views on the scientific question concerned.

The Core Group will meet regularly through telephone or video conferencing as deemed necessary, and depending on available resources, with a maximum of two face to face meetings annually. Speakers and observers can be invited to address specific areas during the meetings of the Core Group. The site of the meeting is not fixed: rotation between countries and other members is desirable.

The background and working documents will be prepared by the secretariat as will the notes for the record.

The cost members of the Sub Group and Core Group of attending meetings should be covered either by their organizations or themselves. The Secretariat will solicit funding to cover the travel cost of members from resource-limited countries.

The Chair of the HRD-TB Sub Group

The Chair serves for a period of two years and will be eligible for re-election for a second consecutive term only once. A nominating committee will be set up prior to the election. Its aim is to re-examine the selection criteria and review the nominations for the chair in order to shortlist the candidates. The members of the HRD-TB Sub Group will elect the chair following the recommendations of the committee.

- The Chair of the HRD-TB Sub Group will oversee the functions of the Sub Group and its associated bodies and will ensure monitoring of the

- The Chair of the HRD-TB Sub Group will chair the Sub Group and Core Group meetings.
- The Chair will coordinate the activities of the Sub Group with the Chairs of the DEWG and other Working Groups and Sub Groups.

5. Secretariat

The Sub Group Secretariat is hosted by the World Health Organization, is answerable to the HRD-TB Sub Group, and operates under the WHO system within the Stop TB Department.

For additional information please write to:

hrdtbsubgroup@who.int

Background photo: TB Control in Uttarakhand. India. RNTCP Joint Monitoring Mission, April 2009