



Human Resources for Health Needs and Optimization Planning Solution

The Human Resources for Health (HRH) Needs and Optimization Planning Solution is an analytical and visualization tool to drive evidence-based planning and decision making for HIV human resources investments.

THE OPPORTUNITY

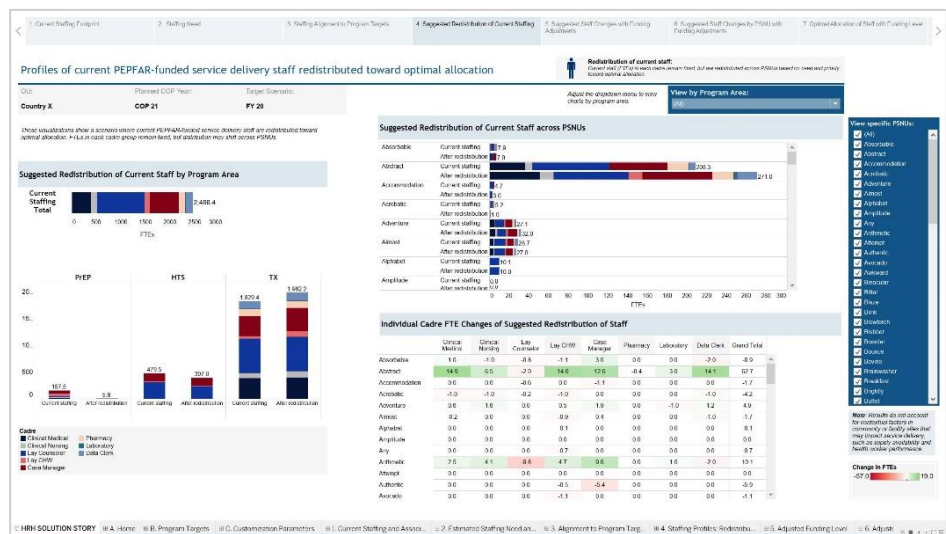
High-quality HIV services and attainment of global 95-95-95 targets rely on available and accessible healthcare workers at health facilities and within communities. Yet, HIV services often are understaffed, or staffing is misaligned with need. Funding to strengthen the workforce is limited and must be targeted to address the greatest gaps. Harnessing the power of data to identify the gaps and inform HRH investment strategies will advance global efforts to achieve and sustain epidemic control.

The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) uses an array of data for HRH planning and programming, and is currently expanding its HRH data platform. As part of these efforts, USAID identified the need for a user-friendly, analytic tool to link HRH and program data—one that could be used in a standardized way across operating units (OUs) to analyze HRH needs and PEPFAR HRH support, and to inform program and funding decisions.

THE DATA.FI SOLUTION

What the HRH Solution Does

The HRH Solution provides users with a wealth of data to inform workforce planning, directly guiding decision making and identifying areas for additional inquiry. It uses existing, readily available data—e.g., priority subnational unit (PSNU)-level program targets obtained from DATIM and staff PEPFAR currently supports obtained from PEPFAR staffing data bases, etc.—to estimate service delivery staffing needs as a function of program targets for pre-exposure prophylaxis (PrEP), HIV testing services (HTS), and care and treatment (TX); analyze current PEPFAR staffing, staffing gaps, and costs; and examine options for additional hiring or redistribution of existing staff toward more optimal health workforce allocation and investment to achieve epidemic control.

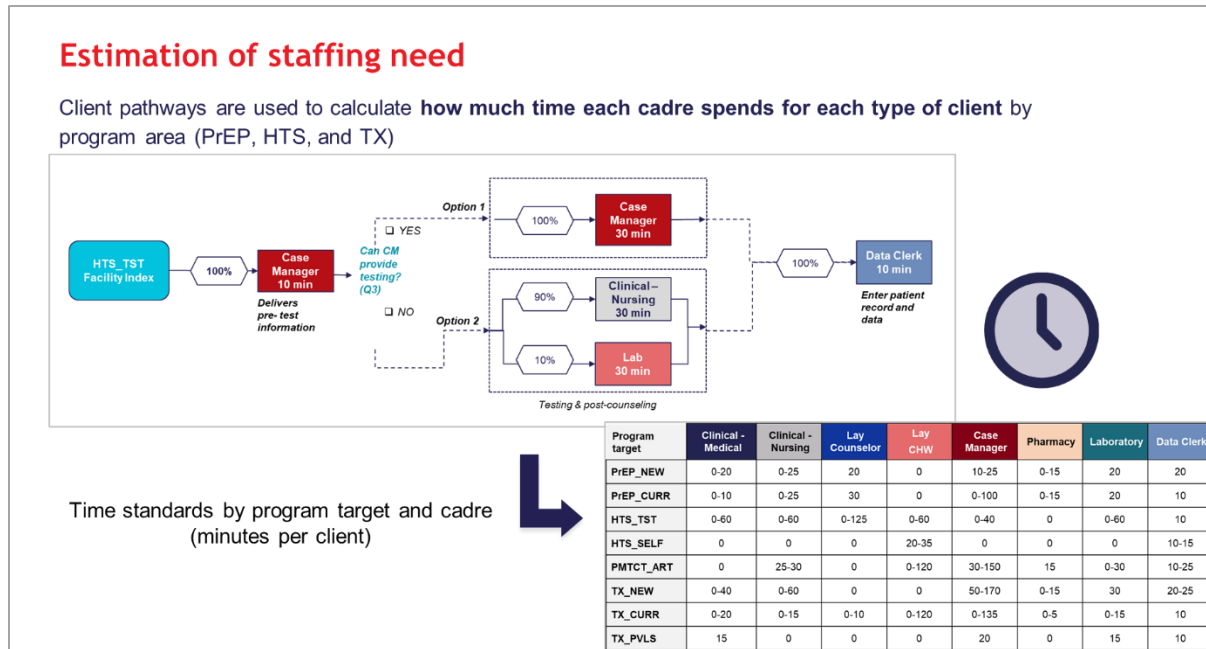


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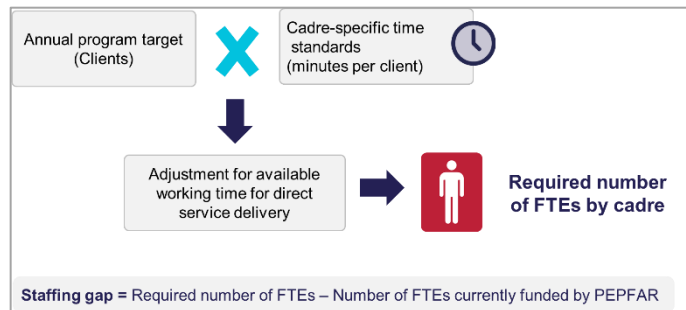
Data.FI
Data for Implementation

HRH Solution Methods

The HRH Solution builds on the methods of the World Health Organization's Workload Indicators of Staffing Needs and Touch Foundation's Prioritization and Optimization Analysis to estimate staffing need based on the time required for health workers to deliver specific HIV clinical services. Data.FI worked with Touch Foundation and USAID program specialists to develop standardized client pathways that specify these requirements for eight program targets.



Based on the client pathways, the total number of minutes per cadre group is calculated and then multiplied by the corresponding program target to give the total number of minutes needed per year to meet a given annual target. To convert minutes to full-time equivalents (FTEs), adjustments are made to reflect available clinical working time.



The Solution assigns a Priority Ranking Index (PRI) score to each required FTE based on workload pressure, i.e., level of workload required and the staffing gap. FTEs are ranked by PRI score and the PRI list is used to determine optimal allocation and redistribution of FTEs.

PRI List

FTE Ranking	PRI score	PSNU	Cadre	Remuneration	Cumulative Cost
1	7.48	PSNU J	Laboratory	\$ 12,000	\$ 12,000
2		PSNU B	Lay-Counselor	\$ 6,500	\$ 18,500
3	7.12	PSNU E	Clinical-Nursing	\$ 11,000	\$ 29,500
4	6.98	PSNU A	Laboratory	\$ 12,000	\$ 41,500
5	6.48	PSNU D	Laboratory	\$ 12,000	\$ 53,500
6	6.23	PSNU H	Clinical-Medical	\$ 16,000	\$ 69,500
7	5.99	PSNU A	Laboratory	\$ 12,000	\$ 81,500
8	5.72	PSNU D	Lay-CHW	\$ 5,000	\$ 86,500
9	5.55	PSNU J	Pharmacy	\$ 12,000	\$ 98,500
10	5.50	PSNU G	Laboratory	\$ 12,000	\$ 110,500
11	5.02	PSNU E	Laboratory	\$ 12,000	\$ 122,500
12	4.80	PSNU G	Data Clerk	\$ 13,000	\$ 135,500
13	4.62	PSNU R	Case Manager	\$ 5,500	\$ 141,000
14	4.55	PSNU F	Laboratory	\$ 12,000	\$ 153,000
15	4.07	PSNU H	Laboratory	\$ 12,000	\$ 165,000
16	3.60	PSNU B	Laboratory	\$ 12,000	\$ 177,000
17	3.32	PSNU S	Lay-CHW	\$ 5,000	\$ 182,000
18	3.14	PSNU D	Laboratory	\$ 12,000	\$ 194,000
19	2.68	PSNU E	Laboratory	\$ 12,000	\$ 206,000
20	2.54	PSNU D	Lay-Counselor	\$ 6,500	\$ 212,500
21	2.53	PSNU A	Clinical-Medical	\$ 16,000	\$ 228,500
22	2.32	PSNU C	Data Clerk	\$ 3,000	\$ 241,500
23	2.22	PSNU E	Laboratory	\$ 12,000	\$ 253,500
24	1.77	PSNU T	Laboratory	\$ 12,000	\$ 265,500
25	1.60	PSNU H	Lay-CHW	\$ 5,000	\$ 270,500

Funding envelope: \$210K

Optimal allocation: Available funding met -- no further FTE allocation

Redistribution: Current FTEs are prioritized and moved across PSNUs

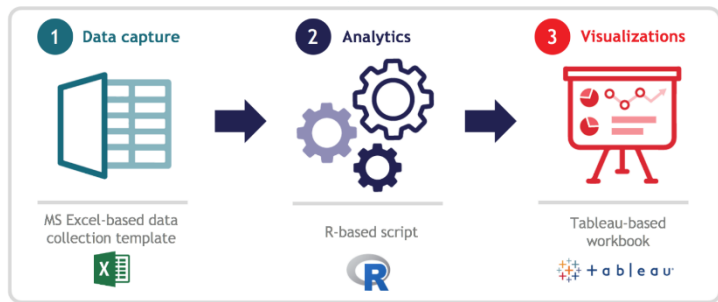
Implementing the HRH Solution

Implementation includes three steps:

Step 1: Data Capture. Users populate the Data Collection Template (DCT) with OU data on program targets, current staffing, staff remuneration, and parameters that allow customization to the country context.

Step 2: Analytics. Users run an R-based script that reads the DCT, performs the analytics and data transformations, and produces a set of results files that feed the visualizations.

Step 3: Visualizations. Users prepare and view a Tableau workbook that reads the results files. The workbook consists of 12 preconfigured dashboards that include more than 25 visualizations and other results. Users can save the populated workbook in various formats for dissemination.



PUTTING THE SOLUTION INTO ACTION

To date, USAID/Office of HIV/AIDS Health Workforce Branch has developed HRH Solution applications for 10 countries and is working with field teams to review findings and develop recommendations for annual country operational plans. The Branch will continue to use the HRH Solution to analyze evolving HRH issues and support field teams to routinely incorporate its use into their planning activities. A detailed User Guide and training video are available.

Human Resources for Health Needs and Optimization Planning Solution

Estimating Staffing Needs and Optimizing Staff Allocation for PEPFAR COP Planning

PEPFAR USAID Data.FI

SB-20-04

Data for Implementation (Data.FI) is a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development under Agreement No. 7200AA19CA0004, beginning April 15, 2019. It is implemented by Palladium, in partnership with JSI Research & Training Institute (JSI), Johns Hopkins University (JHU) Department of Epidemiology, Right to Care (RTC), Cooper/Smith, IMC Worldwide, Jembi Health Systems, and Macro-Eyes, and supported by expert local resource partners.

This publication was produced for review by the U.S. President's Emergency Plan for AIDS Relief through the United States Agency for International Development. It was prepared by Data.FI. The information provided is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. President's Emergency Plan for AIDS Relief, U.S. Agency for International Development, or the United States Government.

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