WORKLOAD INDICATORS OF STAFFING NEED (WISN) METHOD

for HIV Treatment Program in the Context of Transition

Context

The onset of the HIV epidemic in Vietnam in the 1990s evoked an emergency response. Extensive external funding was invested to bring the epidemic under control. Vietnam recently achieved low-middle income status, which has led to an anticipated reduction in external donor funding. The objective of the Leadership, Management and Governance - Transition Support Program (LMG-TSP) is to support Vietnam's HIV response in transitioning to greater country ownership and sustainability in the health system. In 2012, the Government of Vietnam (GVN) issued Decree 41/2012/ND-CP (Decree 41) which mandated the use of workload indicators to define civil service staffing requirements across all ministries. It was stipulated that this analysis of workload should also define activities and produce detailed job descriptions. However, guidance on specific methodologies to use was not provided. Currently, the health sector needs a tool that can provide evidence-based Human Resources for Health (HRH) planning. The WISN method uses simple principles to determine staff requirements based on actual workload, not on the number of beds or on population ratio. The WISN method sets activity (time) standards for health professionals and translates these into workloads as a rational method of setting staffing levels in health facilities. The WISN method results provide clear targets for budgeting and resource allocation.

Approach

The Workload Indicators of Staffing Need (WISN) method was initially developed in 1998 by the World Health Organization (WHO), and used a “top down” approach that led to many challenges and ultimately the rejection of results by health professionals. It has been extensively revised and the current WISN Toolkit finalized in 2010 uses a “bottom up” approach, meaning that the method now involves the staff that do the work. It is increasingly being used internationally because it addresses workload-based Human Resources for Health (HRH) planning. The WISN method uses simple principles to determine staff requirements based on actual workload, not on the number of beds or on population ratio. The WISN method sets activity (time) standards for health professionals and translates these into workloads as a rational method of setting staffing levels in health facilities. The WISN method results provide clear targets for budgeting and resource allocation.

Hai Phong is a port and industrial city in northern Vietnam. In 2013, it reported 7,098 people living with HIV. Despite the dramatic reduction of newly detected HIV cases in the recent years, Hai Phong still ranked fourth among the 10 provinces having the highest number of PLHIV in the country. It is estimated and projected that by 2015, Hai Phong will have over 11,000 people living with HIV. The City has 12 OPCs in 10 districts providing ARV treatment to over 4,000 patients. These OPCs received funding from four different donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) project, VAAC-CDC project (the former LifeGAP project), FHI360 (the SMART TA project) and the AIDS Healthcare Foundation (AHF). In this transition context, as with many other provinces, Hai Phong was facing challenges in identifying the staffing need to secure HIV services when these are integrated into the mainstream health system, and to develop a sustainable human resource (HR) plan that is based on evidence and workload analysis as required by the Decree 41.

Based on Hai Phong’s need, LMG-TSP assisted Hai Phong to successfully pilot the WISN method from December 2013 to May 2014 in all 12 OPCs in Hai Phong and used the outputs to develop a human resource transition plan for the HIV treatment service in the City. This pilot strictly followed the “bottom up” approach using the process and steps outlined in the 2010 WISN user’s manual. To ease the implementation and manual calculation, eight original WISN tables were adapted into two consolidated tables in an excel format. The user’s manual was translated into Vietnamese and a short guidance accompanied the two consolidated forms.

1. Countries that have used WISN include Indonesia, Namibia, Somaliland, Uganda, Mozambique, Afghanistan and Yemen.
Results

- WISN provided reliable results that were accepted by all stakeholders involved in the process or introduced with the process and steps.
- There is no workload pressure for HIV services among all staff categories in the 12 OPCs, except one pharmacist category in a high patient volume hospital with almost 500 patients.
- WISN results show exactly what staffing is required for the HIV treatment services. Where health workers provide other health services, the staffing required for these services can also be easily calculated.
- For staff working in more than one position, WISN helps identify which position requires more time and consider it a key position.
- WISN is simple to use and easily understandable. It is a transparent process with clear steps—anyone can review the results.

Challenges and Gaps

The WISN method was designed for and has only been applied to the horizontal health programs. The Hai Phong pilot was the first time this tool been applied to a vertical program. Thus, the challenges this pilot faced during the implementation process were unique and presented many anomalies, however, they were manageable:

- Generally there was only one staff person for each staff category. Thus, issues arose in identifying how to categorize these staff’s activities (“Support Activities” versus “Additional Activities”). These issues were managed by formulating one critical question to be asked when being encountered: “If there is one more staff in this category, will this person have to perform this activity?”
- The pilot was done only with OPC staff, while many of them also worked for the DHC or hospital. Thus only a portion of staff in a facility or department participated in the application of WISN. This has implications when making decisions on task shifting beyond OPCs. It will be more effective if provincial health authorities apply the WISN tool to other health services provided in the facilities or departments where OPCs are located.

Lessons Learned

- The WISN method has to be guided by a person experienced in using it, and who trusts and follows the methodology with a “bottom up” approach.
- It is crucial to define workload components and set activity standards right. These steps should be reviewed and repeated several times, if necessary.
- It is very important to get consensus of an expert panel on workload components and activity standards as it has implications on approval of results by both staff and experts and managers.
- WISN is linked to the GVN Health Information System as it uses annual statistics. It can be easily recalculated given changes in morbidity and in service delivery.
- The WISN method helps improve communication among staff and between employees and managers within a facility about their work and workload.
- Health staff who have experience in using WISN can easily teach others on how to use it, so it can be used not just for HIV, but also for other services.
- WISN has potential for improving data reporting as staff see that health service data have impact on their WISN results.

Recommendations

- Hai Phong should apply WISN to other relevant services provided in health facilities where OPCs are situated to have a more comprehensive evaluation of staff workload within the facility.
- Donors and GVN should support the scale up of WISN in other provinces/health services.
- Provinces undergoing a transition in human resources should apply WISN with technical support from Hai Phong staff that now have experience with implementing it and can teach others.
- The GVN should collaborate with other government agencies to develop standard job descriptions using WISN information, and that are in line with Decree 41.

Conclusion

WISN results are the only source of evidence currently available in Viet Nam on staffing need based on workload. In the transition context, the application of WISN in a vertical program such as HIV is essential to determine the staffing need to secure services as they are integrated into the mainstream health system. WISN is relevant Viet Nam because it is compatible with the requirements of Decree 41; it provides a detailed analysis of workload and workload components, and can be used to develop job descriptions. This tool brief provides a valuable resource for Viet Nam and other countries undergoing similar vertical health program transition.

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4. The ratio of the actual to the required number of staff is a measure of the workload pressure with which the staff is coping.