

Public Health Workforce (WF) Development, Discussion Guide for Use with Partners											
Basic			Developing			Advanced			Leading Edge		
1	2	3	4	5	6	7	8	9	10	11	12
The country recognizes that the public health WF has many gaps, such as inadequate numbers and lack of skills. However, there is no underlying strategy or plan to address these. WF development efforts tend to be opportunistic and sporadic.			The country has identified many WF issues that hinder critical public health efforts, but it has not conducted a comprehensive assessment or set priorities. Some gaps, such as limited WF to conduct surveillance, have significant negative impacts on public health. Efforts are made to find training opportunities (such as from donors) to address some high-priority gaps.			Formal assessments of public health WF needs and priorities have been conducted in key areas. Collaborative efforts are addressing the most critical gaps, although the effectiveness varies. The public health WF is expanding to include workers with skills in new technologies and disciplines.			A comprehensive approach to WF development includes systematic assessment of the public health WF and critical needs, national and international partnerships, engagement of a wide range of disciplines, and use of technological and other innovations. The effectiveness and impact of WF development efforts are regularly evaluated and adjusted as needed.		
			WF gaps are generally recognized when problems occur, e.g., failures in surveillance or emergency response. Identification of gaps is not based on systematic assessment. Efforts to address gaps are often reactive and/or are not sustained. There are some limited systems that help ensure WF capacity during emergencies.			Well-established processes regularly assess the country's public health WF capacity in critical areas. Systems are in place to address some WF needs, for example, through FETP and partnerships among donors, government agencies, NGOs, and universities. Systems for surge capacity and ensuring a future worker pipeline for the public health WF are developing.			Systematic assessments guide WF development strategies for all levels of the public health system. WF development efforts strive for continuous improvement. Emphasis includes not only enhancing the current WF, but also increasing the pipeline of future public health workers. Systems are in place for multifaceted WF surges during major emergencies.		
There is little funding and human resources to assess WF needs or address gaps.			Resources are adequate to address some of the most critical gaps in high-priority areas. However, much of the funding is time-limited. Low salaries and poor working conditions make retention of workers difficult.			The country has resources for many WF assessment and training activities, including for less common specialties. However, more staff, technology, and other resources are needed to meet all but the most critical needs. Staff retention is better but remains an issue.			Specialized resources, including staff who specialize in WF development, allow for robust WF assessments and the capacity to address gaps. Resources are available to implement novel approaches for recruitment, training, retention, and other WF issues at all levels of the public health system.		
Knowledge of public health WF needs and the effectiveness of their PH work is based on personal experience and anecdotal information. Little WF training is being conducted, and the quality is often poor.			Recommendations for improving WF in some high-priority areas have been developed, but these are rarely used. Training and other WF development efforts are improving.			Comprehensive assessments in high-priority areas are used to guide efforts to fill WF gaps. Technical assistance, training materials, and trainers are generally excellent.			Routine assessments and forecasting of future WF needs guide WF development programs. Technological and other innovations increase the efficiency and effectiveness of WF development. Work from the country, such as curricula and training materials, are used by organizations outside the country.		
There is little coordination among groups working on WF development. Sources of funding for WF development are limited.			Collaboration among groups working on WF development is increasing, and sources of funding are diversifying.			Stakeholders often work together in WF assessments, and in prioritizing, developing, and implementing strategies to address WF gaps. Donors and other external groups are increasing their involvement in WF development efforts.			A robust partnership is committed to building the public health WF. The partnership includes government and non-government groups, national and subnational entities, clinical care, and pre-service training organizations.		
Few systematic efforts are made to address the country's public health WF gaps, leaving the public health WF inadequate to meet even the basic needs of the country.			A few specific WF development efforts have had a measurable impact on knowledge or performance, but the long-term impact on the public health system is likely limited. Serious failures of public health to identify or respond to issues are common.			WF assessments inform the country's WF development programs. Measures of WF capacity demonstrate progress, and indicators of public health system performance are improving.			The country has the WF to meet most international standards for public health performance, such as IHR. Measures of public health system performance, such as routine surveillance, show high quality and continuous improvement.		