

Building institutional capacity for a future health workforce

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Who are the Health Workforce?

“...all workers in the health services, public health and in related areas, and workers who provide support to these activities. This ...usually includes, but is not limited to, health professionals, other health and social care workers, informal carers, support staff, administrators and managers. Such workers can be located in one or more environments, such as public health, primary and community care, long-term care, secondary and tertiary care, or in support functions.”

*Towards a sustainable health workforce in the WHO European Region: Framework For Action ,
2017*

Key Global and Regional Developments and Frameworks



World Health Assembly Resolutions and Regional Committee Resolutions

WHO Global Code of Practice on the International Recruitment of Health Personnel (WHA63.16)

2010

2011

Strengthening health workforce: strengthening nursing and midwifery (WHA64.7)

2013

Transforming health professional education in support of universal health coverage (WHA66.23)

Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage (WHA67.24)

2014

Global strategy on human resources for health: workforce 2030 (WHA69.19)

2016

Towards a sustainable health workforce in the WHO European Region: framework for action (EUR/RC67/R5)

2017



Global Strategy on HRH: Workforce 2030



Vision: Accelerate progress towards universal health coverage and the SDGs by ensuring equitable access to health workers within strengthened health systems

4 Objectives:

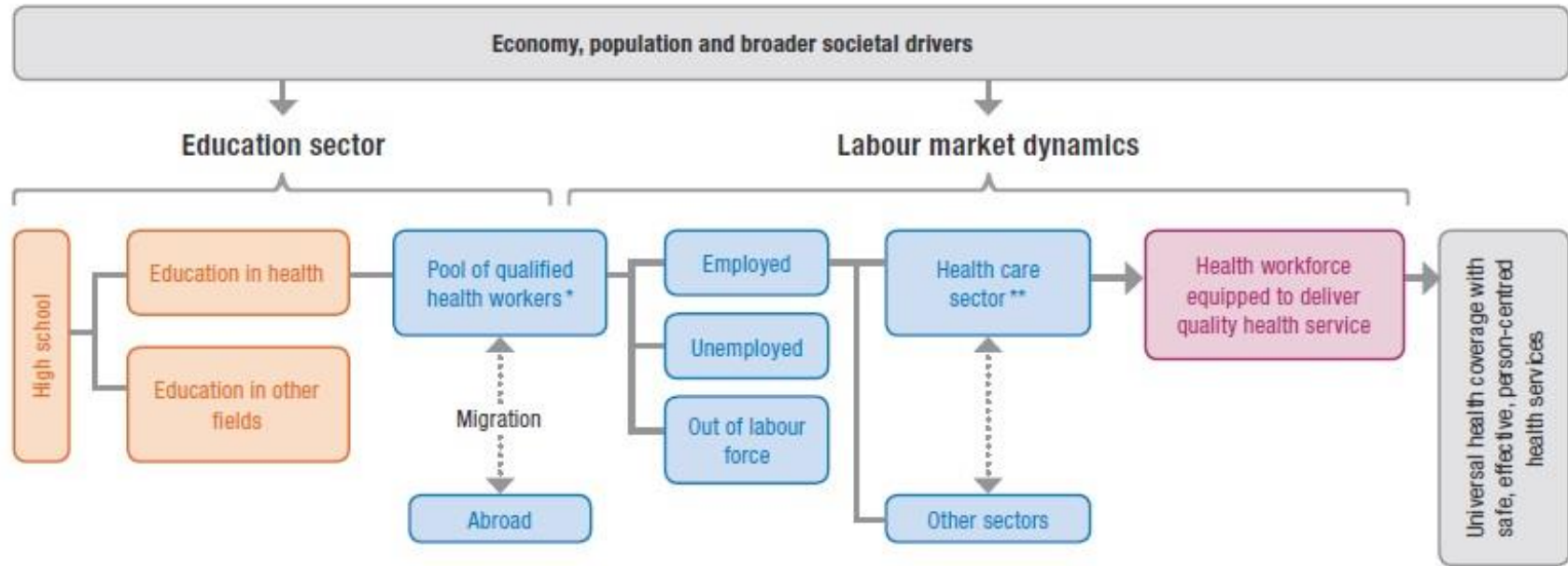
1. Optimize performance, quality and impact of the health workforce **through evidence informed policies on HRH**
2. **Align investment in HRH with the current and future needs of the population** and of health systems
3. Build **institutional capacity at all levels for effective public policy stewardship, leadership and governance of HRH actions**
4. **Strengthen data on HRH**

https://www.who.int/hrh/resources/global_strategy2030ru.pdf?ua=1

Global Strategy on HRH: 2020 Milestones

- (a) All countries have **inclusive institutional mechanisms** in place to coordinate an intersectoral health workforce agenda
- (b) All countries have a **HRH unit** with responsibility for the development and monitoring of policies and plans
- (c) All countries have **regulatory mechanisms to promote patient safety** and adequate oversight of the private sector
- (d) All countries have established **accreditation mechanisms** for health training institutions
- (e) All countries are making **progress on health workforce registries** to track health workforce stock, education, distribution, flows, demand, capacity and remuneration
- (f) All countries are making **progress on sharing HRH data** through national health workforce accounts and are submitting core indicators to the WHO Secretariat annually
- (g) All **bilateral and multilateral agencies** are strengthening health workforce assessment and information exchange

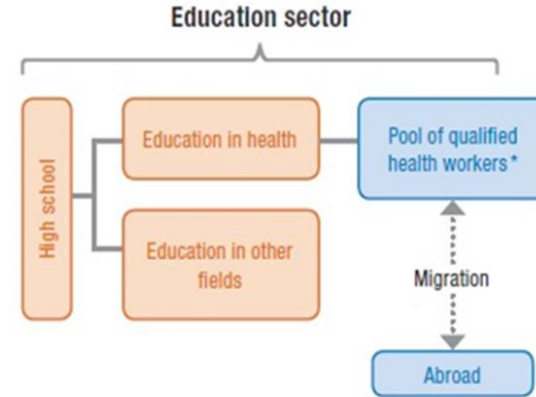
Health Labour Market Framework for UHC



The Future Health Workforce

Policies relating to production of the future health workforce:

- Infrastructure and materials
- Enrolment of students
- Selection of students
- Teaching staff



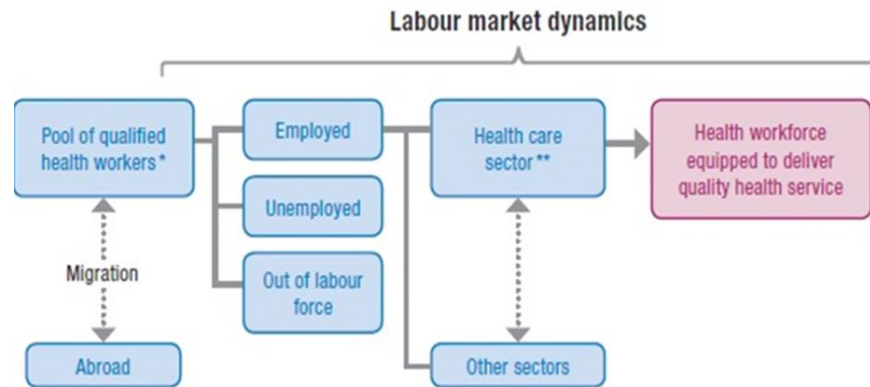
Some of the factors to be considered:

- Alignment of education and training with population health needs
- Attraction of second level students to third level programmes
- Attrition rates at undergraduate and postgraduate levels
- Attraction, recruitment and retention of clinicians to teaching roles and posts
- Management of clinical placements

The Current Health Workforce

Policies relating to the current workforce:

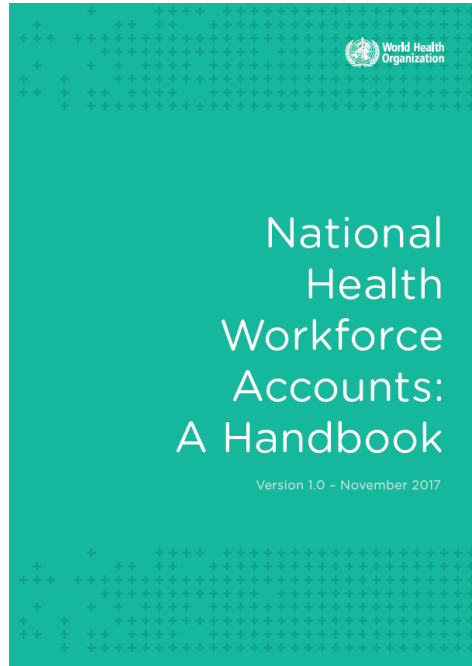
- Inflows and outflows
- Migration and emigration
- Attracting unemployed health workers
- Bringing health workers back into the health sector
- Measures to address maldistribution and inefficiencies
- Measures to improve productivity and performance
- Skill mix composition
- Retaining health workers in underserved areas



Some of the factors to be considered:

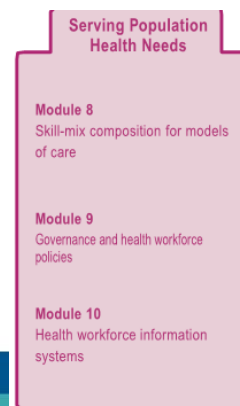
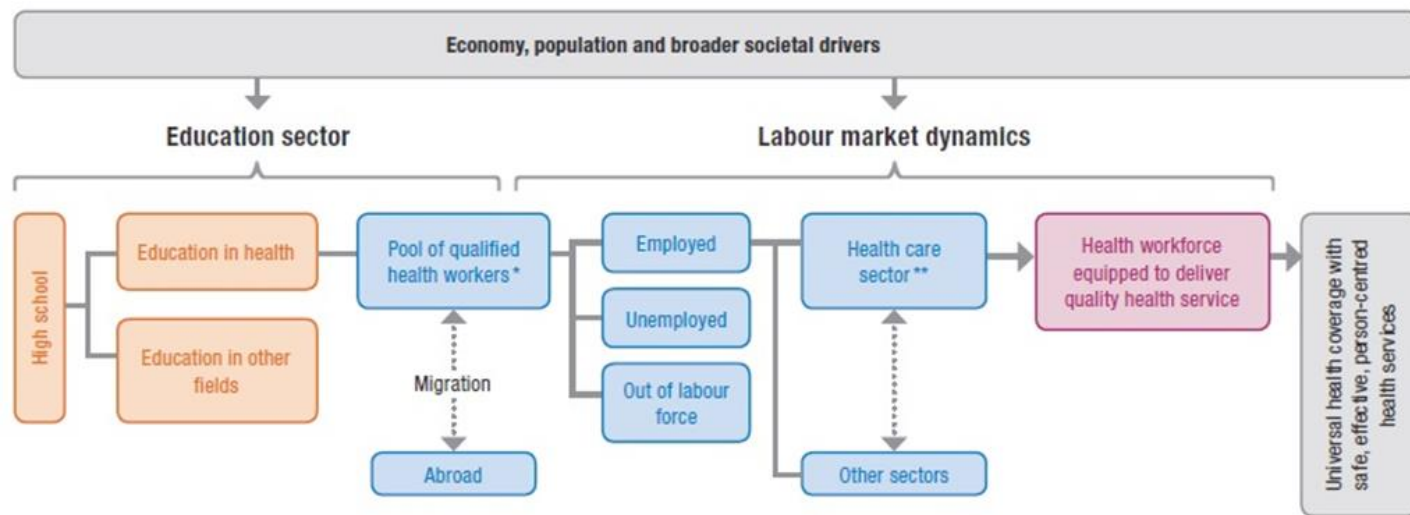
- Attraction, recruitment and retention strategies
- Continuous professional development
- Working environment
- Career pathways

The National Health Workforce Accounts – A Tool to Assist



- A **modular approach** aligned with health labour market framework
- **78 Indicators** covering **10 modules** to obtain comprehensive data on all aspects of health workforce and support HRH policy-making
- Modules are focused on: education and training; labour force; serving population health needs
- Supports sectoral and intersectoral **health workforce governance**
- Assists HRH policy makers to develop appropriate **HRH policy responses** to health workforce challenges
- Progressive implementation approach advocated by WHO

Supports the Health Labour Market Framework Approach



Responding to key policy questions in the WHO European Region

HOW CAN WE ENABLE THE WORKFORCE TO DELIVER MORE EFFECTIVE PRIMARY CARE?

WHY ARE OUR DOCTORS LEAVING AND WHAT CAN WE DO TO KEEP THEM?

HOW CAN WE MITIGATE OUR URGENT HEALTH WORKFORCE GAPS?

ARE WE PRODUCING ENOUGH HEALTH WORKERS TO DELIVER EFFECTIVE PRIMARY HEALTHCARE? IF NOT, WHAT CAN WE DO?

HOW DO WE EQUIP OUR NURSES TO CONTINUOUSLY RESPOND TO PEOPLE'S CHANGING HEALTH NEEDS?

HOW CAN WE ENABLE EFFECTIVE MULTI-DISCIPLINARY TEAMS (MDTs) FOR PRIMARY CARE?

Step 1: Understanding the health workforce

1 – 01 Health worker density	Stock
1 – 02 Health worker density at subnational level	
1 – 03 Health worker distribution by age group	Distribution
1 – 04 Female health workforce	
1 – 05 Health worker distribution by facility ownership	
1 – 06 Health worker distribution by facility type	
1 – 07 Share of foreign-born health workers	Migration
1 – 08 Share of foreign-trained health workers	
1 – 09 Share of workers across health and social sectors	Distribution



NB: Highlighted indicators map to the Eurostat/OECD/WHO EURO Joint Data Collection on Non-Monetary Health Care Statistics for occupations: physicians; nurses; midwives; dentists; pharmacists; physiotherapists

Step 2: Understanding the health workforce policy question and designing a policy response

**SCENARIO:
A NEW NATIONAL PRIMARY
HEALTHCARE STRATEGY HAS
BEEN AGREED.**

**HOW CAN WE ENABLE
THE WORKFORCE TO
DELIVER MORE EFFECTIVE
PRIMARY CARE?**



Education

- 2 – 02 Duration of education and training
- 2 – 04 Ratio of admissions to available places
- 2 – 05 Ratio of students to qualified educators for education and training
- 2 – 06 Exit / drop-out rate from education and training programmes
- 2 – 07 Graduation rate from education and training programmes
- 3 – 01 Standards for the duration and content of education and training
- 3 – 02 Accreditation mechanisms for education and training institutions and their programmes
- 3 – 06 Standards for interprofessional education
- 3 – 08 Continuing professional development
- 3 – 09 In-service training
- 4 – 03 Average tuition fee per student
- 4 – 04 Investment in transformative education and training
- 4 – 05 Expenditure per graduate on health workforce education
- 4 – 07 Cost of qualified educators per graduate
- 4 – 08 Total expenditure on in-service training and continuing professional development

Labour force

- 5 – 01 Graduates starting practice within one year
- 5 – 02 Replenishment rate from domestic efforts
- 5 – 04 Voluntary exit rate from health labour market
- 5 – 05 Involuntary exit rate from health labour market
- 5 – 06 Unemployment rate
- 5 – 07 Vacancy rate
- 6 – 02 Health workers with a part-time contract
- 6 – 06 Health worker status in employment
- 6 – 07 Regulation on dual practice
- 6 – 09 Measures to prevent attacks on health workers
- 6 – 10 Attacks on health-care system
- 7 – 05 Entry-level wages and salaries

Serving population health needs

- 8 – 06 Existence of advanced nursing roles

Step 2: Understanding the health workforce policy question and designing a policy response

Relevant qualitative and contextual information

- + What do health workers think about the new primary care model?
- + What kind of education and training is already available to support the new primary care model and how effective is the approach and content?

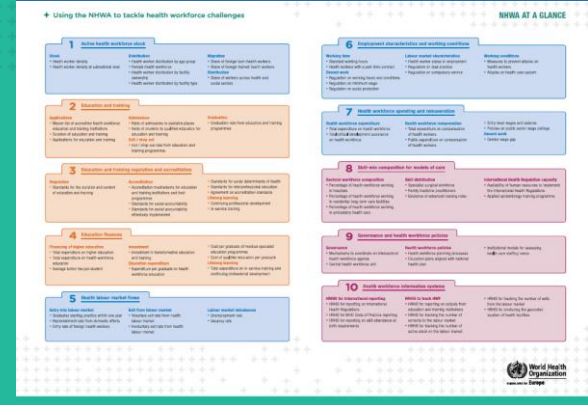
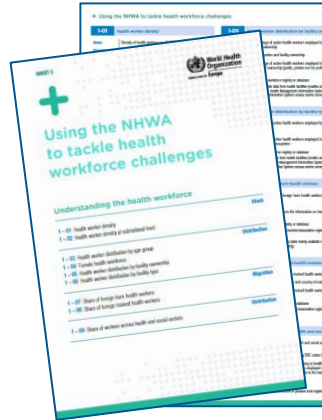
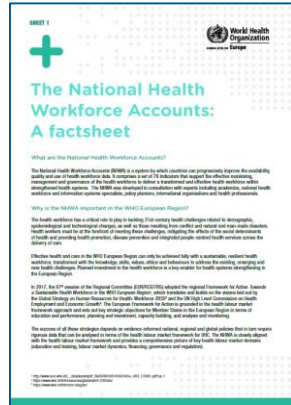


Step 3: Mobilizing policy options

- Policies that align education and training of staff, standards and accreditation with new patient pathways defined by the new model of care.
- Policies that prepare, attract and retain a workforce with the required competencies.
- Policies that support the transition of existing staff into new roles.
- Policies that secure funds to pay for any new equipment and infrastructure that the workforce will need to work in new model of care.
- Health workforce governance arrangements that support long-term sustainable planning for appropriate workforce.



NHWA resource pack for the WHO European Region



(More to come...)

Links

WHO Global

- <https://www.who.int/hrh/resources/globstrathrh-2030/en/>
- <https://www.who.int/hrh/statistics/nhwa/en/>
- https://www.who.int/hrh/resources/transf_scaling_hpet/en/
- https://www.who.int/hrh/resources/wisn_user_manual/en/

WHO EURO

- http://www.euro.who.int/data/assets/pdf_file/0011/343946/67wd10e_HRH_Framework_170677.pdf
- <http://www.euro.who.int/en/health-topics/Health-systems/health-workforce/publications/2018/the-toolkit-for-a-sustainable-health-workforce-in-the-who-european-region-2018>
- <http://www.euro.who.int/en/health-topics/Health-systems/health-workforce/towards-a-sustainable-health-workforce-in-the-who-european-region-framework-for-action/national-health-workforce-accounts-nhwa-resource-pack-for-the-who-european-region-2019>