Strengthening Investments in the Health Workforce

WHO GCM/NCD Working Group on health education and health literacy for NCDs
Third meeting

Chateau de Penthes, Geneva, 26 February 2018

Health Workforce Department, WHO
1. Health Workforce: An Overview
2. A Global Competency and Educational Standards Framework for UHC
Health Workforce Challenges

- Continuing and projected deficits
- Insufficient investment and demand, particularly in low-income countries
- Inequalities
- Outdated education model
- Poor data
- Resistance to new models of care

Source: Health in 2015 from MDGs to SDGs, WHO 2015
The changing global context: Challenges & opportunities

- SDGs
- Globalization
- Migration
- Ageing
- Multi-morbidity
- NCDs
- Climate change
- Urbanization
- Citizen voice
- Innovation
- Rising costs

Source: WHO Global Health Observatory Data Repository, 2015
The Global Strategy on HRH: Workforce 2030

1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)

2. **Anticipate and align investment in future workforce requirements** and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)

3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)

4. **Strengthen data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)
Health Labour Market Framework for UHC

Education sector
- High school
  - Education in health
  - Education in other fields

Labour market dynamics
- Pool of qualified health workers*
  - Employed
  - Unemployed
  - Out of labour force
- Health care sector**
  - Other sectors
  - Health workforce equipped to deliver quality health service

Policies on production
- on infrastructure and material
- on enrolment
- on selecting students
- on teaching staff

Policies to address inflows and outflows
- to address migration and emigration
- to attract unemployed health workers
- to bring health workers back into the health care sector

Policies to address maldistribution and inefficiencies
- to improve productivity and performance
- to improve skill mix composition
- to retain health workers in underserved areas

Policies to regulate the private sector
- to manage dual practice
- to improve quality of training
- to enhance service delivery

Economy, population and broader societal drivers

Universal health coverage with safe, effective, person-centred health services.
A GLOBAL SUPPLY AND DEMAND MISMATCH

Global economy is projected to create around 40 million new health and social sector jobs by 2030\textsuperscript{1}

- High income: ++
- Upper-middle income: +++
- Lower-middle income: +
- Low income: +

Projected shortfall of 18 million health workers to achieve and sustain the SDGs and UHC\textsuperscript{2}

\textsuperscript{1} World Bank.  \textsuperscript{2} World Health Organization
SKILLED HEALTH PROFESSIONALS DENSITY
(per 10 000 population, by WHO region, 2005-2015)

Source: World Health Statistics data visualizations dashboard, as of 13 Feb 2018
DENSITY OF PHYSICIANS
(total number per 1000 population, latest available year)

Source: Health Workforce, Global Health Observatory, as of 13 Feb 2018
DENSITY OF NURSING AND MIDWIFERY PERSONNEL
(total number per 1000 population, latest available year)

Source: Health Workforce, Global Health Observatory, as of 13 Feb 2018
GLOBAL BURDEN OF DISEASE: ALL CAUSES, BOTH SEXES, ALL AGES, DALYS PER 100,000 (2016)

High- and upper middle income countries:
¾ health worker education capacity

Low income countries:
Just over 25% of students will have completed upper secondary education by 2030

Africa: (2013)
• 24% disease burden
• 4% workforce
• Virtually unchanged over a decade

http://www.healthdata.org/data-visualization/
WORKING FOR HEALTH AND GROWTH

Investing in the health workforce

The Power of Health Workers video:
https://www.youtube.com/watch?v=TeP0aafYvH0
“New evidence shows that investment in the health workforce is of itself an extremely important engine for economic growth”

Richard Horton, Chair, Expert Group, High-Level Commission on Health Employment and Economic Growth
Editor-in-Chief, The Lancet

Pathways to economic growth

https://www.youtube.com/watch?v=TeP0aafYvH0
http://www.who.int/hrh/com-heeg/en
TEN RECOMMENDATIONS:

**EDUCATION, TRAINING AND SKILLS**

Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential.

**HEALTH SERVICE DELIVERY AND ORGANIZATION**

Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.

**TECHNOLOGY**

Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems.

**CRISSES AND HUMANITARIAN SETTINGS**

Ensure investment in the International Health Regulations core capacities, including skills development of national & international health workers in humanitarian settings & public health emergencies, both acute & protracted. Ensure the protection & security of all health workers & health facilities in all settings.

**FINANCING AND FISCAL SPACE**

Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers.

**PARTNERSHIP AND COOPERATION**

Promote intersectoral collaboration at national, regional & international levels; engage civil society, unions & other health workers’ organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health & education strategies & plans.

**INTERNATIONAL MIGRATION**

Advance international recognition of health workers’ qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants’ rights.

**DATA, INFORMATION AND ACCOUNTABILITY**

Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.
Reorienting Education

- Systemic mismatch across countries between competencies and need
- Occupational stratification (gender and SES)
- Economic incentives prioritizing narrow specialization and development of professional occupations
- Outdated, fragmented and static curricula
Rise of NCDs

• Importance of prevention and promotion at PHC level
• Shortages across countries at PHC level/community-based
• Multiple morbidities challenging specialist model
• ROI for specialization
Programme of International Assessment for Adult Competencies: Over and Under Skilling

Reported overskilling by physicians, nurses and other occupations, PIAAC survey, 2011/2012

Reported underskilling by physicians, nurses and other occupations, PIAAC survey, 2011/2012

GHWN Education Hub

• WHO collaborative platform for inter-sectoral and multi-stakeholder engagement
• Brings together core group of existing networks, agencies, academic institutions and individual experts to work towards the Global Strategy, Commission report and Five Year Action Plan
• Priorities:
  – Develop, disseminate and promote a Global Competency and Education Standards Framework
  – Strengthen evidence base for student selection
  – Strengthen evidence base in health personnel regulation
  – Conduct cost and value exercise to support implementation of the Global Competency and Education Standards Framework
Global Competency Framework for UHC

• **Vision:** to better align the education and training of health workers with health systems and population needs

• **Objective:** To support policy-makers in scaling up and optimizing the health workforce to meet escalating and changing population needs

• **Key principles:** socially accountable education, technical and vocational education and training (TVET), generalism, elasticity and life-long learning
Competencies
Specific, measurable objectives for knowledge, skills, attitudes and behaviours required for the delivery of essential UHC interventions.

Competency Framework
The knowledge, skills, attitudes and behaviors, including a strong focus on meta-competencies, to enable the health workforce to deliver essential interventions across the continuum of care for UHC, mapped as 12, 24, 36 and 48 months for pre-service training.
Traditional and competency-based education models

Traditional model

Curriculum → Educational objectives → Assessment

Competency-based education model

Health needs → Health systems → Competencies → Outcomes → Curriculum → Assessment

Proliferation of Competency Frameworks
Fragmentation

- Resulted from multi-step and multi-year processes
- Little coordination across health professions
- UHC Competency Framework aims to:
  - Respond to needs of populations
  - Encompass multiple disciplines
  - Encompass multiple levels of learning
  - Apply to all health workers
Meta Competencies

- Implications of the reductionist approach to existing competency frameworks has often given limited attention to the skills that fall between the competencies.
- The elaboration of competencies of a higher order as used to describe the general ability to learn and apply competencies in different activities, as well as social and cultural contexts is critical for the Framework.
- An example:
  - identify and perform learning activities that address gaps in knowledge, skills, and/or attitudes
Interprofessional approach

The diversity of roles and skills associated with professional titles across countries and jurisdictions makes them less helpful as a starting point to map out the range of required competencies.

Example: Accelerated Medically Trained Clinicians
• Working in 46 countries with 25 different titles
• Recognised professional abilities
• Training between 2-4 years
• Varied regulation and accreditation
Value of Adopt and Adapt Models
Illustrative Matrix, Global Competency Framework for UHC

<table>
<thead>
<tr>
<th>Essential Interventions for UHC</th>
<th>12 months</th>
<th>24 months</th>
<th>36 months</th>
<th>48 months</th>
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<tr>
<td>Non-Communicable Disease</td>
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<td>Environmental health</td>
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<td>Expanded Programme on Immunisation</td>
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<td>Neglected Tropical Diseases</td>
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<td>Mental Health and Substance Use</td>
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| Meta-competencies               |           |           |           |           |
|                                  |           |           |           |           |

Developing the UHC Competency Framework

- Meetings within WHO (Departments & Clusters)
- Literature review of existing competencies and frameworks
- Developing content of competency framework and iterative testing
- Test draft Competency Framework at Towards Unity for Health conference in August

Education Hub working group
Competency Based Education and Training for a fit for purpose health workforce

- Population needs
- Competences to meet population needs
- Development of competency based curriculum
- Assessment of learner outcomes and competence
- Resources and infrastructure
- Regulation and accreditation
THANK YOU.

who.int/hrh
#workforce2030
Mapping meta NCD competencies for the health workforce

1. What are the risks and opportunities of linking competencies to priority NCD interventions?
2. What are the meta competencies necessary to deliver priority NCD interventions?
3. How can prevention and treatment competencies better intersect?