Building and sustaining the health workforce: the grand challenges

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Geneva, Switzerland
Vision

Equitable access for all people to an adequately trained, skilled and supported health workforce to contribute to attaining the highest possible level of health, in every village, everywhere

Mission

To enable Member States to provide equitable access to an adequately educated, skilled and supported health workforce to meet health needs
A complex issue in a complex environment

ENTRY: Preparing the workforce
- Planning
- Education
- Recruitment

EXIT: Managing attrition
- Migration
- Career choice
- Health and safety
- Retirement

WORKFORCE: Enhancing worker performance
- Supervision
- Compensation
- Systems support
- Lifelong learning

WORKFORCE PERFORMANCE
- Availability
- Competence
- Responsiveness
- Productivity

Ministry of finance
Ministry of health
Ministry of labour
Ministry of higher education
Civil service commission
Ministry of transport
Ministry of public administration
Development partners
World Bank
PEPFAR
WHO
GAVI
The Global Fund
Professional associations
Health workers
Populations/communities

A complex issue in a complex environment
**Critical success factors**

<table>
<thead>
<tr>
<th>Political commitment</th>
<th>Workforce planning</th>
<th>Enabling environment</th>
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<tbody>
<tr>
<td>▪ Sustained government involvement and support</td>
<td>▪ Commitment to short- and long-term workforce planning</td>
<td>▪ Good information systems for health workforce and education</td>
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<td>▪ Collaboration around country-led health plan</td>
<td>▪ Commitment to produce appropriately trained health workers to meet needs</td>
<td>▪ Effective management and leadership</td>
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<td>▪ Significant financial investment</td>
<td>▪ Significant expansion of pre-service education</td>
<td>▪ Labour market capacity and policy to absorb and sustain additional health workers</td>
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**Education and training**

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<th>Strategies</th>
<th>Quick wins</th>
<th>Medium term</th>
<th>Longer term</th>
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<td>More community health workers</td>
<td>E.g. systematic curriculum reform, use of improvement collaboratives, create regional resource centres, better public-private provider mix</td>
<td>E.g. integrated in-service education and training, build new educational institutions, better knowledge management, more regional partnerships</td>
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<td>More mid-level cadres</td>
<td>More high-level cadres</td>
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**Health outcomes**

- MDG 4
- MDG 5
- MDG 6
- Chronic disease management

*Source: Scaling Up, Saving Lives. World Health Organization and Global Health Workforce Alliance, 2008*
Countries expectations from the global community to be able respond to the crisis

- Tools for a correct diagnosis of the situation
  - HRH action framework and other assessment tools

- Policy options and sound technical advice
  - Evidence-based recommendations

- Effective and sustained technical support
  - Sustained and predictable financing

- Mutual learning and sharing
  - Documentation of innovations
Evidence, findings

• Developing retention policies
• Strengthening governance
• Improving educational system
• Defining strategic directions for health professions

Global & normative

Implementation

Country assessment

Country support

Impact at country level

Mutual reinforcement of knowledge transfer towards impact at country level
HRH Action Framework

Policy
Leadership
HRM Systems
Finance
Education
Partnership
M & E
Preparation & Planning
Critical Success Factors
Implementation

Situation analysis

country specific context including labour market

Improved Health Workforce Outcomes

BETTER HEALTH SERVICES
Equity
Effectiveness
Efficiency
Accessibility

other health system components

BETTER HEALTH OUTCOMES
## WHR2006: Ten-year plan of action

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**Crisis response**

- Finance national plans for 25% of crisis countries
- Expand financing to half of crisis countries
- Sustain financing of national plans for all countries in crisis

- Agree on best donor practices for human resources for health
- Adopt 50:50 investment guideline for priority programmes
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Considerations for joint plan of action

- An emergency plan and architecture for human resources for health – outline of a road map
- Long-term plans and actions
- Effective collaboration between partners through more clear understanding of roles and potentials
- High-level consultations on key policy issues (agree on 3 to 5 key issues)
WHO contributions and ongoing work

- Bring global awareness to the HRH crisis
  - bringing key partners together

- Normative work for countries' use for HWF policy development and implementation
  - National workforce planning – intersectoral collaboration for planning within a dynamic health labour market
  - Re-designing and structuring existing education and training programmes – what types of workers for specific contexts/needs; ensure quality of training and education through accreditation systems
  - Financing the scale up of the health workforce – how much it will cost to scale up
  - Organizing and retaining the health workforce for effective service delivery
  - Migration
WHO contributions and ongoing work

- **Capacity assessment**
  - What is the health workforce, where, and how effective (core indicators, global database, guidelines for monitoring and evaluation)

- **Expand the existing workforce**
  - Road map for scaling up education and training: what types of health workers, how many, what methods are most effective, how much it costs? (Taskforce)

- **Keep and support the workers we have**
  - Retention strategies, including managing international migration (migration policy council)
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maximizing positive synergies
between health systems and Global Health Initiatives
From here onwards - extra slides that may be used
Renewing PHC through four areas of reform

- **Universal Coverage Reforms**: to improve health equity
- **Service Delivery Reforms**: to make health systems people-centred
- **Leadership Reforms**: to make health authorities more reliable
- **Public Policy Reforms**: to promote and protect the health of communities
# HRH strategy and PHC/HSS strengthening strategy

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<th>Primary health care reform</th>
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<td>Norms</td>
<td>Observatoires/ Data</td>
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<td>Planning mechanisms</td>
<td>HRH Action Framework</td>
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<tr>
<td>Policies/ Plans to strengthen HRH in country</td>
<td>Code of international recruitment</td>
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<tr>
<td>Mechanisms to produce adequate HRH relevant to country needs</td>
<td>Health Professional Networks</td>
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Country priorities as reflected in 30 GFATM round 5 health system strengthening proposals

Human resources
- Information systems development
- Facility, lab and equipment upgrade
- Management strengthening
- Institutional strengthening
- Procurement and supply systems
- Improved access (non-financial)
- Private sector involvement
- Improved access (financial)
- Community capacity for care
- Transport/communications
- Behaviour change
Production of health workers: increasing demands and insufficient / inadequate supply
Inequitable distribution and imbalances

Rural/urban distribution of health workers

United Nations, *World Urbanization Prospects - The 2007 revision*

Inadequate protection and support for doing the work

Availability of soap

- Adequate: 53.2%
- Not adequate: 43.7%
- NA: 3.2%

Availability of running water

- Adequate: 44.9%
- Not adequate: 40.9%
- NA: 14.6%

WHO Treat Survey, 2007