NON COMMUNICABLE DISEASES AND THE HEALTH WORKFORCE

Introduction

The ongoing increase in prevalence of non-communicable diseases adds further stress to already over-stretched health systems worldwide.

People with chronic non-communicable diseases need to be able to access appropriate, affordable, and high-quality services - both formal and informal - often over several years. Even in highly-developed countries, significant shortages among certain cadres of health workers have been cited as major impediments to providing effective prevention, treatment, and chronic care for.¹

Assess health workforce needs

This First Global Ministerial Meeting on NCDs and Healthy Lifestyles is a prompt to all ministers to re-assess the situation in their country, taking into account epidemiological profiles (and projections), demographic composition, urban-rural mix, under-served areas or subpopulations, and existing health system structures, resources and mechanisms.

At the same time, it is important to evaluate the very diverse health-care needs of people with non-communicable diseases. Not only do these wax and wane over the course of the condition, but individuals with chronic diseases may well have multiple conditions. It is therefore key to establish and maintain a workforce that can provide a mix of care settings. For example, community-based primary care has a central role to play - but it needs to be complemented by more specialized and intensive care settings.

Prevention, meanwhile, will require population-based strategies that are coordinated across sectors. Again, community-based health workers play a major role in supporting these.

Embed health workforce policies and plans into national health policies and plans

The health workforce needs of delivering NCD prevention and care should be factored in national health workforce planning and scale up efforts. Additional human resource requirements related to the delivery of NCD prevention, treatment and care should be reflected in the development and then implementation of evidence- and needs-based, comprehensive and costed health workforce development plans.

Health workforce strategies in turn need to be firmly integrated with wider national health strategies. Just as programmes to prevent and treat non-communicable diseases need to be integrated with other health services, health workforce planning and budgeting must be integrated with national health planning and budgeting processes. This is vital if investment in health workers is to be backed up by investment in essential infrastructure such as transport, buildings, electricity and water supply - as well as the medicines and technologies required to address NCDs.

Maintain a diverse workforce, with an emphasis on community care

Diverse health needs call for a diverse workforce. All countries need to ensure that they have sufficient numbers of motivated and responsive health workers, with a wide variety of skills.

These range from primary level health workers who bring care close to the community and can thus play a key role in early detection and in supporting long-term home-based care, through to public health specialists who can deliver intersectoral prevention strategies, all the way to highly specialist tertiary care professionals with clinical expertise in different conditions. It is important to recall that patients with chronic conditions have varying and complex needs, underscoring the need for multi-disciplinary teams with a wide range of knowledge and skills.

These health workers need to be efficiently organized into a workforce that is fully prepared to meet the needs of individual patients and communities, nationwide, including among rural and marginalized populations.

Chronic care models emphasize the importance of primary health workers within the overall mix of different professional groups. In an ideal scenario, the bulk of health workers would be located in communities and primary health centres, with relatively fewer workers spread across other settings. In reality, the picture is almost always reversed: health workers tend to be concentrated in urban areas and within specialty or tertiary care settings.
Suitable policies and strategies should be adopted to attract and retain health workers with appropriate skills mix to deliver NCD prevention, treatment and care services in rural and other underserved areas, including, where appropriate, the deployment of community-based and mid-level health providers with appropriate competencies. WHO's 2010 guidelines on increasing access to health workers in remote and rural areas emphasize the value of both financial and non-financial incentives in finding ways to distribute available health workers across chronic care settings in a more rational and equitable manner. Part of the answer lies with providing acceptable pay and working conditions in underserved areas, as well as well-functioning supervision and referral systems and a reliable supply of necessary supplies.²

### Invest in pre and in-service training

Health and education sectors need to work together to devise, implement, and fund training programmes that equip health workers to prevent and treat chronic conditions. The impact of investments could be maximized by planning for a rational and needs-based skills mix, and by ensuring that training programs achieve the right balance between in-service and pre-service training, and that they equip health workers with the required competencies.

Current training models for health workers were first developed in the early 1900s,³ when acute, infectious diseases were the world’s most prevalent health problems. As a result, health workers were trained primarily to identify and treat acute symptoms and conditions using a ‘find it and fix it’ approach. Today, the epidemiological profile has shifted considerably, but the training of the health workforce generally has not. And regardless of the training they receive, health workers usually end up working in health settings that are internally fragmented and that fail to promote good-quality interactions with patients and families. Pressures to see as many patients as possible within the shortest possible time further compound these problems.

Health workers require training on evidence-based care, and to learn how to develop a broad perspective of patient care across the continuum from clinical prevention to palliative care. This will involve learning new skills, such as negotiating individualized care plans with patients, taking into account their needs, values, and preferences, and learning to think beyond caring for one patient at a time to a population perspective.

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Invest in information technology

Health workers need to be supported by good systems to record patient details - either paper records, or, increasingly electronic ones. When health workers can access health records, computerized prompts, population management (including reports and feedback), specialized decision support, and electronic scheduling, they can deliver better care.4 5

Meanwhile, ever-increasing proportions of the world's population is connected to the internet and mobile phones. Serious investment in modern health information technology will enable health workers to support one another, and to communicate vital messages to their patients.

Leadership

Establishing a skilled, motivated and responsive workforce that to prevent and treat NCDs requires strong leadership at all levels - from the top national political echelons to local authorities, within and beyond government structures.

Leadership, in turn, requires a range of abilities. Strong leaders are able to influence others, including key stakeholders in the private sector, professional associations, civil society, and academia and create a collaborative environment in which effective policies can be developed and implemented. They are ready to work across sectors such as education, civil service, and finance, to develop, mobilize adequate resources for, and implement joint policies, plans and legislation. This, in turn, requires careful negotiation, the inclusive involvement of many stakeholders, and the ability to make visionary decisions on the allocation of funds, and manage processes of change. National health workforce coordination mechanisms should be established or strengthened to foster synergies among stakeholders,6 and ensure that NCD needs and their implications for health workforce development are adequately understood, and required actions are planned and implemented.


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