This paper serves as a background report to inform the Global Strategy for Human Resources for Health. The development of this paper has been coordinated through a thematic working group (TWG), comprising of 2 co-chairs and a group of experts drawn from various Global Health Workforce Alliance (GHWA) constituencies, operating under the oversight of the GHWA Board working group. The views expressed in the paper, do not necessarily reflect the official position of GHWA. All reasonable precautions have been taken by the co-chairs to verify the information presented in the papers.
Gaps and recommendations on ‘Transformative Health Personnel Education’ to be included in the “Global HRH Strategies” – TWG 2

(Co chairs: Dr Suwit Wilbulpolpraset (IHPF, Thailand) and Dr Lincoln Chen (China Medical Board)

Background and rational

One hundred years ago, studies of health professional education, led by the 1910 Flexner report, sparked groundbreaking reforms towards science-based education. The reforms equipped health professionals with the knowledge that contributed to the doubling of life span in the 20th century 1.

At the beginning of the 21st century, however, several changes have occurred. Inequities in terms of access to quality healthcare underscore failure to share health gains across different population groups. Emerging and re-emerging infectious diseases, environmental degradation, behavioral risks, various social determinants that contribute to ill-health, including but not limited to ageing population and demands for long-term care, all have major ramifications on the appropriate profiles and skills of health personnel and their management. Healthcare cost, driven by ageing population, technology advancement and increased demands, becomes increasingly unaffordable and unsustainable. Universal health coverage (UHC) has been recommended by the World Health Organization and the World Bank to be the most important strategy for achieving health equity. Increasing access to information and expertise creates gap between providers and patients.

Health personnel education has not been well adapted to address these challenges. This is mainly due to outdated, static and fragmented, content oriented curricula, aggravated by poor teamwork, narrow contextual understanding, episodic encounters with patient illnesses rather than continuous health care, emphasizing treatment rather than disease prevention and health promotion, lack of understanding in social and cultural determinants of health and imbalance between health personnel and health needs. Additional challenges include appropriate measures to prepare students for deployment and retention where they are most needed, jobs availability for graduates within a reasonable amount of time and educating students in marginal clinical infrastructures. Collaboration between health personnel training institutes and health delivery systems is also inadequate. Fresh vision, revitalized energy, new actors and others have joined to tackle these problems. It started with the Joint Learning Initiative in 2004, the establishment of the Global Health Workforce Alliance (GHWA) and the Asia Pacific Alliance on HRH (AAAH), the World Health Report 2006, USAID CapacityPlus Project, PEPFAR’S MEPI-NEPI, Asian Network on Health Professional Education Reform (ANHER), the development of the WHO Global Code of practice on international recruitment of health personnel, the WHO Increasing access to health workers in remote and rural areas through improved retention guidelines, the WHO transforming and scaling up health professionals’ Guidelines, and others. 2-7 Three Global Forum on HRH that foster the global momentum, were conducted in 2007, 2011 and 2013 in Uganda, Thailand and Brazil respectively. 8-10 The movement finally achieved a WHO/SEAR Regional Committee (SEA/RC65/R7) and World Health Assembly (WHA 66.23) resolutions on Transforming Health Workforce Education in Support of UHC. 11,12 The Prince Mahidol Award Conference 2014 was held, in Thailand, aiming at identifying the current status, supporting the development of strategies and strengthening networks for transforming health personnel education. The theme was “Transformative Learning for Health Equity.” 13 It was co-hosted by the Prince Mahidol Award Foundation, the China Medical Board, the World Health Organization (WHO), the World Bank, U.S. Agency for International Development (USAID), Japan International Cooperation Agency (JICA) and the Rockefeller Foundation with the support from other key related partners. President of the World Bank, Dr. Jim Yong Kim, addressed the dinner session.
Gaps and Recommendations

Gaps

I. Overarching policy dimensions

- Increased demand for health services due to economic growth, ageing and UHC movements, etc
- Inadequate capacity to effectively plan and manage HRH which has resulted in inappropriate skill mix, inadequate number, quality/responsiveness, and distribution of HRH particularly from global and domestic migration of health workforce
- Inadequate evidence generation and communication to influence policies
- Lack of critical analysis on horizontal and vertical integration of training in favor of overspecialization and away from primary care health workers.

II. Instructional dimensions

- Outdated curriculum, not responsive to health needs and national health systems; inadequate attention on social justice, health equity, and human right; and not focusing on community based learning, multidisciplinary and multi-professional team work and competency based skill,
- The attempts at moving towards global standards beyond the resource constraints at local settings in LMICs, which create more social inequity.
- Lack of adequate quality assurance of health professional education, e.g., sustainable accreditation systems, and validated national licensing examination, equally enforced to public and private training institutes,
- Inadequate evidence generation and communication to support transformative education.

III. Institutional dimensions

- Educational institutes lie mainly in big cities and based on the facilities of the tertiary care health facilities,
- Inadequate evidences on the positive impact of transformative education on health and health systems outcomes,
- Inadequate infrastructure, teaching and learning materials and financial resource to support faculty members and students, especially in resource poor settings,
- Inadequate number, qualification, incentive/motivation and career path, and continuous professional development program, especially post-graduate training, for faculty members especially those in public health, social science and community development;
- Questionable quality of training institutes, inadequate accreditation and reaccreditation.
- Inadequate leadership and management capacity of academic institution and professional bodies

IV. Coordination

- Inadequate collaboration between ministries involved in education, regulators and users of HRH, often conflicts and rivalry and competitive relationship across health professional groups and education institutes;
- inadequate coordination between public and private health sectors, competing for scarce clinical placements and HRH

Recommendations
I. Overarching policy dimension

- Declare a national health personnel agenda, policies and strategies, including but not limited to:
  - Produce adequate and appropriate number of quality and committed HRH with the appropriate skill mix, and introduce policies and strategies
  - Build and strengthen multi-sectoral leadership capacity, at all level, to catalyze, share accountability, steer cross-sectoral action and task shifting in the education and training of health professionals
  - Manage the dynamic of public and private production and employment market of health professionals,
  - Foster the social recognition of committed health workers, role model, career development, continuing education, and financial and other incentives
  - Recruit students, based on appropriate criteria, who reflect the socio-demographic characteristics of the populations they serve especially underserved and disadvantaged populations,
  - Monitoring and evaluate progress, based on appropriate indicators, to meet local population health need,

- Strengthening, scaling up the implementation of WHO recommendations on rural retention[^14,15] and WHO guideline on Transformative Education for HRH education reform and WHO Global Code of practice on international recruitment of health personnel,
- Formulate and implement plan for development of sustainable capacity for HRH planning, development, and management, including leadership capacity inclusive of difference cadres,
- Develop and support regulatory systems responsible for sustainable models to ensure academic quality standards (accreditation) and individual fitness to practice (licensure).
- Expand the Global HRH Agenda beyond the WHO global health universe to other global and regional public and private fora

II. Instructional dimension

- Advocate for nationwide movements among educational institutes and development towards transformative learning including competency based learning, inter- and trans-professional learning and team building, and community based learning with community and student engagement, and the application of IT
- Policies to reform post-graduate training to achieve an appropriate balance of generalists and specialists,
- Recruit and train community-based practitioners as teachers and mentors. Shift locus of responsibility for learning from the teacher to student,
- Redesign pedagogy with the inclusion of the learning on social accountability, health and gender equity, social justice and human rights, and to generate leadership and change agent for transformation on health care system.

III. Institutional dimension

- Invest in establishing more HRH education institutes in the rural areas based on rural primary health care facilities,
- Formulate good governance in institutional management and financial reform with continued faculty development and build up competency and attitude towards transformative learning, focusing in LMICs,
- Monitor and assess institutional progress and Institutionalize gains so that they become sustainable,
- Accreditation and reaccreditation across public and private institutions that is achievable, credible and supported by legislation and linked with regulation for regulated health care provider groups,
• Develop and implement valid and competency based national licensing assessment as well as relicensing measures including requirements related to continuing competence for graduates from all institutions, public and private,
• Encourage interdisciplinary learning environments in health educational institutions to promote teamwork and positive attitude towards other health professions.

IV. Coordination

• Establish a National coordinating mechanism between producers and users of HRH in public and private sectors, with the active participation of professional associations and regulatory agencies, donor agencies, civil society organizations, patient groups, and community,
• Create and strengthen regional and global coordinating mechanism among donors, philanthropic organizations, governmental and multilateral agencies, and non-state actors, to agree on a strategic approach to support the transformative education agenda,

References

