THE ‘DREAM TEAM’ METHOD OF ESTIMATING THE IDEAL MIX OF HEALTH CARE PROFESSIONALS TO COVER POPULATION NEED

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WHAT PROBLEM ARE WE TRYING TO SOLVE?
How does a country estimate how many health workers it needs?

• Many use global benchmarks:
  – 4.45 doctors/nurses/midwives per 1,000 population (Global Strategy on HRH)
  – 1 midwife per 175 births (2005 World Health Report)

• These have advantages, but:
  – they don’t reflect a country’s specific demography, epidemiology and geography
  – they say nothing about the skill mix
A NEW METHOD: THE ‘DREAM TEAM’ APPROACH
The research questions

Using the SRMNAH workforce for 6 countries as proof of concept:

• How many health workers are needed to meet the population need for SRMNAH services?

• What mix of different SRMNAH cadres is needed, assuming tasks are allocated only to those competent to perform them?
Method (1)

• Estimate the total number of FTEs needed to provide universal coverage of key interventions in a given year
  – How many people need the intervention per year?
  – How much health worker time is needed to provide it to one person?
  – Multiply the two and sum across all interventions
Method (2)

• Allocate the interventions to a cadre with the necessary competencies
  – Allocate the country’s SRMNAH workers to one of five groups: auxiliaries, midwives/nurse-midwives, medical officers/NPCs, GPs, ob/gyns
  – Allocate the working time needed to achieve 100% coverage to the least expensive competent cadre
  – Convert time needed to FTEs needed
RESULTS
FTE SRMNAH workers needed per 10,000 women aged 15-49, 2012

- Azerbaijan
- Uzbekistan
- Myanmar
- Peru
- Malawi
- Zambia

- Auxiliary nurses/midwives
- Midwives/nurses
- Medical officers
- Generalist doctors
- Obstetricians/gynaecologists
% of need for FTE SRMNAH workers that can be met by different cadres

<table>
<thead>
<tr>
<th>Country</th>
<th>Auxiliary nurses/midwives</th>
<th>Midwives/nurses</th>
<th>Medical officers</th>
<th>Generalist doctors</th>
<th>Obstetricians/gynaecologists</th>
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<tbody>
<tr>
<td>Azerbaijan</td>
<td>10%</td>
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Interpretation

• Demography – specifically fertility rates – largely determines the number of SRMNAH workers needed
  – High-fertility countries need more
• Most of the need can be met by midwives/nurse-midwives because they provide services across the full continuum of care
• Epidemiology determines the ideal mix of cadres, eg:
  – High HIV prevalence → proportionally more doctors
Future projections are possible

Number of full-time equivalent SRMNAH workers needed per 10,000 women aged 15-49

- Azerbaijan
- Uzbekistan
- Myanmar
- Peru
- Malawi
- Zambia

- Auxiliary nurses/midwives
- Midwives/nurses
- Medical officers
- Generalist doctors
- Obstetricians/gynaecologists
CONCLUSIONS
Conclusions

• There is a feasible alternative to ‘one size fits all’ benchmarks

• The ‘Dream Team’ method:
  – balances quality of care with economic efficiency
  – can help countries to ‘fine tune’ workforce planning to better meet the specific need
  – can project forward into the future
  – could be applied to other sections of the health workforce
Published paper

ANY QUESTIONS?