Assessing the health workforce implications of health policy and programming: a new ex-ante impact assessment tool

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The Health Workforce 2030
Why assess the health workforce implications of health policies and programmes?

WHA Resolution 69.19 (WHO Global Strategy on HRH) calls for:

- Coordination and alignment of investments in education, employment, health, gender and labour in support of domestic financing aimed at addressing national health workforce priorities
- Assessment of health workforce implications of all global health initiatives grants and technical resolutions brought before the WHA and WHO regional committees

Action on the above will help to:

- Ensure that HRH components of health policies or programmes are properly assessed and understood
- Help steer organizational and financing decisions to minimize negative effects and enhance positive ones
- Help build up documentation and evidence on how HRH are affected by new policy or programme initiatives
Ex-ante impact assessment tool and the health labour market approach
Health workforce challenges

Global economy is projected to create around 40 million new health sector jobs by 2030\(^1\)

High income

Upper-middle income

Lower-middle income

Low income

Projected shortage of 18 million health workers to achieve and sustain the SDGs\(^2\)

\(^1\) World Bank. \(^2\) WHO
Methodology: Process to the development of the tool

- There are currently no established tools and techniques for ex-ante health workforce impact assessment (HWIA)
- WHO commissioned the development of the ex-ante tool in 2017
- Initial search of grey literature yielded 72 examples of impact assessment guidance and tools: mostly from EU, OECD and UN agencies
- These were used to develop a draft ex-ante HWIA tool
- Target audience: technical, managerial, and political decision-makers representing development partners, global health initiatives and WHO secretariat

What are “health workforce implications”? 

They are the outcomes of health policy or programmatic interventions. They impact various levels of health systems and can vary in length of impact e.g. short, medium or long term.

- Examples include:
  - Creation of new jobs, preservation of existing jobs, job losses
  - Changes to the skill set of the workforce
  - Changes to the profile of the workforce
  - Changes to terms and conditions of employment
  - Displacement effects, e.g. migration, de-prioritisation existing tasks in favour of new ones supported by an initiative
  - Changes in levels of productivity, efficiency, absenteeism
  - Increased or decreased motivation to invest domestic resources in the health workforce
Structure and content of the ex-ante impact assessment tool

The tool contains two sections:
1. Part A: Screening module
2. Part B: Full assessment

<table>
<thead>
<tr>
<th>Part A: Screening</th>
<th>Part B: Full assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1: Details of the resolution or strategy being assessed</td>
<td>B1: Understanding the initiative’s dependency on the health workforce</td>
</tr>
<tr>
<td>A2: Contributors to the assessment</td>
<td>B2: Understanding the initiative’s impact on the health workforce</td>
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<tr>
<td>A3: Objectives of the resolution or strategy</td>
<td>B3: Equity analysis</td>
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<tr>
<td>A4: Extent to which successful implementation is dependent on the health workforce</td>
<td>B4: Stakeholder analysis</td>
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<tr>
<td>A5: Anticipated health workforce impacts</td>
<td>B5: Legal and political considerations</td>
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<td></td>
<td>B6: Next steps</td>
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<td>B7: Additional comments</td>
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Principle: start with a statement of the objectives

One of the first questions of the ex-ante tool establishes the statement of the objectives and throughout, the user is referred back to retain their focus.

<table>
<thead>
<tr>
<th>Section A3: Objectives of the resolution or strategy</th>
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<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>1</td>
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<td>2</td>
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</table>
Principle: consider risks as well as impacts

Impacts = the effects on the health workforce

Section A5: Anticipated health workforce impacts
In this section we ask you to anticipate possible direct and indirect impacts on the health workforce of the activities described at question A302. Impacts can be positive or negative, intended or unintended. They may affect the whole health workforce or just parts of it.

A direct impact occurs reasonably quickly after the action is taken, and it is clear that the action caused it to happen. An indirect impact may occur some time later, and may be caused by a direct impact of the action rather than by the action itself.

Risks = ways in which the health workforce could undermine successful implementation, e.g. by not having the requisite numbers, skills or motivation

Section A4: Extent to which successful implementation is dependent on the health workforce

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Is the successful achievement of the objectives listed at question A302 in any way dependent on ...</td>
<td>Yes (definitely or probably) No (definitely or probably not)</td>
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</table>
Principle: effort proportionate to likely impact

- Short screening module (3 pages) - checklists
- Full assessment only if the screening module highlights significant HRH implications
- Full assessment includes mix of checklists and open questions with prompts, and considers processes as well as outcomes:

<table>
<thead>
<tr>
<th>(b) Describe the <strong>nature</strong> of the impact(s), explain <strong>which types and cadres</strong> of health workers will or might be affected, and explain <strong>how and why</strong> these impacts will or might occur. Obtain supporting evidence.</th>
<th>(c) Are there plans to make positive impacts more likely or protect against negative impacts?</th>
<th>(d) If plans are in place, please describe these plans and obtain evidence. If not, what plans could be put in place to make positive impacts more likely and protect against negative impacts?</th>
</tr>
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<tbody>
<tr>
<td>(b) Describe <strong>how and why</strong> the initiative is dependent on this, and to <strong>which types and cadres</strong> of health workers it applies. Obtain evidence to support the response.</td>
<td>(c) Are there plans to address this issue?</td>
<td>(d) If plans are in place to address this issue, describe these plans and obtain evidence if available. If not, what plans could be put in place?</td>
</tr>
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## Principle: consider equity

### Section B3: Equity analysis

Is it possible that this initiative will affect some health workers more than others because of ...

1. ... their personal characteristics, e.g. sex, age, marital status, parental status, race, ethnic group, religion or belief, language?
   - [ ] Benefit
   - [ ] Be disadvantaged
   - [ ] Neither

2. ... their geographical location?
   - [ ] Benefit
   - [ ] Be disadvantaged
   - [ ] Neither

3. ... their employment status (e.g. permanent/temporary, full/part time)
   - [ ] Benefit
   - [ ] Be disadvantaged
   - [ ] Neither

4. ... their employer (e.g. public sector, private sector)
   - [ ] Benefit
   - [ ] Be disadvantaged
   - [ ] Neither

5. Other (specify)
   - [ ] Benefit
   - [ ] Be disadvantaged
   - [ ] Neither

(a) Because of this, some groups of health worker will or might... select all that apply

(b) Explain which groups will or might be affected, how and why. State what will or could be done to minimise the risk of creating or widening inequity. Obtain supporting evidence.
**Principle: Include a stakeholder analysis**

**Section B4: Stakeholder analysis**

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<tbody>
<tr>
<td><strong>B401</strong></td>
<td>In column (a), make a list of stakeholders, then for each one, answer the questions in columns (b), (c), (d) and (e). Please consider all health workforce stakeholders who will or might have an interest in this initiative. Stakeholders may include: national governments, local governments, individual parliamentarians, international organisations, professional associations, NGOs, private sector providers, donors, academics, technical experts, CSOs and others. There is space for four stakeholders; add more rows if needed.</td>
<td></td>
<td></td>
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<tr>
<td><strong>(a) Name of stakeholder</strong></td>
<td>(b) Nature of their interest (select all that apply)</td>
<td>(c) Likely attitude</td>
<td>(d) Level of influence</td>
<td>(e) Comments (highlight most important stakeholders, describe how relationships will be managed)</td>
</tr>
<tr>
<td>☐</td>
<td>They will or might be influential</td>
<td>☐ Positive</td>
<td>☐ High</td>
<td></td>
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<tr>
<td>☐</td>
<td>They will or might be affected</td>
<td>☐ Neutral</td>
<td>☐ Low</td>
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<tr>
<td>☐</td>
<td>Interested party</td>
<td>☐ Negative</td>
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How will the tool be used?

- The tool will help demonstrate transparency and ensure accountability and multi-sectororality with respect to HRH involvement.
- To be applied *ex ante* – most helpful during the design and definition of health policies and programmes.
- Provide clarity on the objectives of the initiative and what problem/issue it is designed to address.
- Ensure participatory involvement of all relevant stakeholders through a stakeholder mapping.
Conclusion

- The draft ex-ante tool is based on good practice principles from other fields
- Sets a precedence in global standards for HRH impact assessment
- Transparency in its use is important to minimise the risk of sidestepping or manipulating the process
- The ex-ante tool will add-value to WHO programmes and policies by providing comprehensive risk management overview from a HRH standpoint
- Supports Member States by contributing to the overall implementation of resolution WHA 69.19 and therefore the WHO Global strategy on human resources for health: workforce 2030
THANK YOU.

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