Transforming and scaling up health professional education and training: A survey of the views of civil society
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Executive summary
The health workforce is critical to achieving health outcomes. Shortages in health workforce have been well documented\(^1\). Current thinking highlights the importance of Availability, Accessibility, Acceptability and Quality of the health workforce.

The education of the health workforce at all levels (professional, mid-level and community-level) is central to this agenda. The World Health Organization (WHO) is leading an initiative on transformative education for health workers, to support the reform of health education as a key component of achieving the health MDGs and post-2015 health goals. Delivering relevant, quality health education that supports improved performance involves a complex set of processes. Civil Society Organisations (CSOs) have an important role to play as stakeholders in this process.

CHESTRAD was commissioned by WHO to conduct a survey exploring CSOs perspectives on the importance of health workforce education, and on governments’, CSOs’ and the WHO’s role in supporting the scale up of relevant health education. The survey was sent to 304 organisations (members of Global Health South, a network of southern CSOs), with a response rate of 64%. Findings from the survey are presented here, with observations and key advocacy messages to feed into this evolving agenda.

- Human resources are important to CSOs in order to achieve their objectives. Government’s primary role should be to provide political commitment and leadership on issues relating to Human Resources for Health (HRH). Part of this leadership is ensuring that there is collaboration and shared accountability between Ministry of Health, Ministry of Education and other related ministries.
- CSOs have a role to play in making health worker training more relevant, and in scaling up numbers of health workers. Two distinct functions were highlighted – 1) providing a link between users of health services and government; and 2) advocating for improvements in services.
- CSOs have a role to play in monitoring the education and training output of health professionals, including through their involvement in community-level processes that evaluate health services and in government processes that reform education and training of health workers.
- CSOs also feel that they have a role in contributing to more equitable distribution of health workers, including through supporting the development of cadres of community-based health workers and through their own programmes (e.g. through incentives to health workers). CSOs also have a role to play in supervision and accountability of health workers, as well as in supporting decentralised training.
- CSOs can play a role in calling for transforming and scaling up the education of health professionals, including through holding governments to account for implementing plans to increase the numbers of health workers and in setting priorities (reflecting priorities and needs of communities).
- The WHO has a key role to play in supporting the scale up of health workers, and in the education of health professionals. These roles include supporting CSOs to contribute in the ways that have been described in this survey, fostering accountability and supporting CSOs in their accountability functions. Across these three important areas of support, WHO should focus on facilitating CSOs engagement in relevant forums and processes; and on providing guidance, standards and norms\(^2\). The WHO should also emphasise capacity building for CSOs; surveillance, research, monitoring and evaluation.

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\(^1\) For example in the World Health Report (2006)

\(^2\) These priorities were the only two that featured in the top 5 priorities for all three of the questions relating to WHO’s role.
Observations and key advocacy messages

To advance the contributions of southern civil society to the transformational education initiative, the results of study form the basis for the following recommendations:

1. The critical issue of country ownership should be addressed consistently throughout the transformative process. Governments should provide strong leadership throughout the entirety of the scale-up process, and political will to develop and implement relevant national policies. Civil Society’s involvement, as an interface between users/communities and government, is essential for true country ownership.

2. Governments, with support from the WHO, should identify and develop strategies to facilitate the involvement of CSOs in strengthening the design, implementation and oversight of relevant, quality health workforce education. The inclusion of southern civil society perspectives should be a critical step in the process of improving and scaling up health professional education.

3. Governments, WHO and CSOs should ensure that scaling up of health workforce education is tailored to contextual circumstances, and delivery should be decentralized; civil society can play a key role in helping design relevant education to meet the needs of local communities.

4. CSOs role in monitoring and accountability is essential. CSOs need to prioritise this role and devote what resources they can to it. Governments and other stakeholders must enable CSOs to hold them to account for their commitments, including through making performance data transparently available and through participating in accountability mechanisms (involving CSOs) where performance is discussed and corrective actions agreed.

Key advocacy messages

1. Transformational education should take place in the context of broader human resources for health (HRH) management and coordination processes.
2. Transformational education can promote the retention and quality improvement of health professionals.
3. Social accountability should be a critical component in the training of health professionals.
4. Health systems and priority health needs should inform curricula design for health professional education.
5. Governments should remain the ultimate custodians for training, and that accreditation associations for training institutions fulfil their roles accordingly and efficiently.
Introduction
To improve population health and meet the challenges of the health related MDGs, fundamental reforms are required in both undergraduate and post-graduate education and training systems and institutions. There is a need to increase the numbers of adequately trained health professionals and to ensure that their training can address the country's health needs. Furthermore governments need to ensure that they are equitably distributed in urban, rural and remote areas and health services, from primary to tertiary levels, to provide high-quality care.

The transformation of health professional education puts population health needs and expectations at the centre of care and uses population health outcomes as crucial measures to assess the success of the educational process. Isolated improvements in individual educational institutions or narrowly defined health sector reforms will not be enough. The efforts of national education and health ministries will only be effective with simultaneous engagement of educational institutions, private sector providers, professional associations, civil society and communities.

WHO is committed to supporting countries, development partners and other stakeholders in efforts to expand the health workforce and improve the alignment between the education of health workers and population health needs. Efforts to date include a series of policy recommendations and guidelines concerned with the quantity, quality and relevance of health professional education and training that contributes to improving population health outcomes.

WHO is developing guidelines on transformational education which aim to reform the education and training of health professionals in order to improve health-care delivery through better preparing health workers in order to meet current and future health needs. The guidelines address issues relating to the global shortage of health workers, in five main areas:

1. Governance
2. Regulatory frameworks
3. Education and training institutions
4. Financing and sustainability
5. Planning, implementation and evaluation

CHESTRAD, as the convenor of Global Health South (a network of southern civil society organisations) was contracted by WHO to conduct a survey of civil society organisations focused on transformational education. The survey had the following objectives:

- Deepen the engagement of civil society as key stakeholders in the development of the guidelines.
- Identify the roles and contributions of civil society to developing, implementing and monitoring transformational education.
- Identify messages and advocacy around transformational education and scale-up, and explore related strategies and mechanisms for accountability.

The findings of this survey are presented below, with observations and key advocacy messages.

3 www.globalhealthsouth.org
Methodology

The survey was designed by CHESTRAD in consultation with the WHO HRH unit. It was designed around four key areas relating to transformational education and civil society’s role in relation to health workforce education:

1. Civil society perspectives on the importance of health workers
2. The role of government in relation to the health workforce
3. The role of civil society in supporting health workforce development
4. The role of the World Health Organization (WHO) in supporting CSO involvement in health workforce development

The survey was largely made up of questions with options for answers, each of which the respondents were asked to rank on the following scale: Not sure, not important, important, very important. Respondents were not asked to rank these questions in order of priority, but it is possible to establish a ranking based on average ratings. Other types of question were Yes/No – i.e. do you agree with the following statement. And all questions provided the opportunity for respondents to provide additional detail through an ‘other’ field.

They survey was sent to the 304 civil society organisations (CSOs) listed in the Global Health South (GHS) database. The survey was made available through Survey Monkey, in both English and French (see Annex 1 for a copy of the questionnaire). It was open from 9 January 2012 to 15 February 2012. 195 CSOs responded to the survey, a response rate of 64%. The largest number of respondents was from Africa (39.5%), the second largest number was from South East Asia (24.4%), and the smallest from Latin America (1.6%). This was representative of the GHS database at the time of the survey.

Respondents were asked to highlight the most important activity that their organisation was involved in. Capacity Building (37.3%), service delivery (30.5%) and policy dialogue & advocacy (25.2%) were the three most frequent responses (out of seven options), together making up over 90% of responses.

Responses were collated and analysed using average response rates as the basis for ranking the importance of multiple choice answers. Variations in regional responses were analysed and highlighted where trends or notable differences were evident. The graphs presented in this report present average ratings for each region. It is important to note that the number of respondents from each region varied considerably (75 from Africa, 23 from Europe, from Latin America, 21 from North America & Canada and 47 from South East Asia). A summary of responses was circulated to GHS database (the same organisations that received and completed the survey) for feedback, which affirmed the findings and helped refine the advocacy messages that are presented here.

These advocacy messages were further discussed and endorsed at the 2nd Health and Accountability Dialogue of Global Health South, in Accra in March 2012 and consequently presented at a meeting of the Reference Group on Transformational Education in March of the same year. Since this time, CSOs have been involved in reviewing the WHO’s draft guidelines on transformational education which has helped to highlight ways in which these can be strengthened. Furthermore, CSOs have contributed to deepening knowledge on countries perspectives on transformational education, including through conducting a survey

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4 The GHS database has since grown from 304 in 2011 to over 1300 CSOs on its open CS directory or list serve. It has also evolved into a membership organization with 190 active CSOs on its alliance.
in up to 4 countries (Ghana, Liberia, Malawi and Nigeria) which will help to identify preliminary commitments, including on transformational education, that can be presented at 3rd Global Forum on Human Resources for Health in Brazil in November 2013, and then as the basis for accountability mechanisms to ensure that commitments are monitored and implemented. Civil Society perspectives on transformational education will also be presented at the Prince Mahidol Award Conference (PMAC) in Thailand, in January 2014.
Key findings from the CS survey
A summary of the survey responses is presented below, following the structure of the survey.

Civil society perspectives on the importance of health workers
The survey started by asking which area of human resources for health (HRH) is most important to achieve your objectives. Respondents were asked to rank each of 4 options (listed below) using a scale of Not sure, Not Important, Important and Very Important. All four options were ranked as very important (each had an average rating of more than 3.5). Education and training ranked highest (4.41 average rating), with service delivery (4.27) and retaining health workers (3.85) ranked second and third respectively. Advocacy was ranked last (3.63). This split may be expected given the reported focus of respondents (reported on p5 above – e.g. monitoring, accountability and advocacy received much lower priority than service delivery and capacity building).

Respondents were also asked to highlight other areas in which HRH were important to achieve CSOs objectives. The following issues were highlighted by 10 respondents: regulation and welfare of health care workers; reform of education and training; policy and planning for HRH; the Quality of Health Workers; competency based service delivery and education; capacity building of community members, especially women; task shifting; political buy-in.

There were some minor regional variations when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia. The most notable is that the ‘southern’ regions ranked the available options in the same order of priority, whereas North America and Europe regions held different views on priorities. The main differences in priorities were that the ‘northern regions’ regions gave greater prominence to service delivery as the top ranked priority and advocacy as the third, and the ‘southern regions’ emphasised education and training as the top priority and retaining health workers HRH as the third.
The role of government in relation to the health workforce
Respondents were next asked about the importance of government and partner leadership in making health professional education more relevant to the needs of communities? Views were sought on ways in which this role should be played and rankings were provided for each option at both country- and regional-level.

At both country- and regional-level, respondents felt that governments primary role should be in providing political commitment and leadership. Average ratings for this option at country-level were 4.35 and at regional level were 4.32. Similar, but slightly weaker support was given to the role of formal collaboration and shared accountability between the Ministry of Health, Ministry of Education and other related Ministries (4.16 at country-level and 4.03 at regional level).

There was little variation in how different regions prioritised within the two available options, when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia. Four of these five regions were consistent with the overall average rating, with the exception of North America and Canada which gave higher priority to formal collaboration and shared accountability between the Ministry of Health, Ministry of Education and other related Ministries.

This suggests strong support for both options. Around 15 respondents provided alternative ideas on the role of government and partners at country level and stressed the following: making training relevant, including through regular review and systematic mechanisms for review of curricula, and ensuring that community development and rural settings are covered in training; providing adequate funding to health systems research, focused on regional disparities and high-need populations; increased funding, including for training; ensuring the right groups are involved, including traditional leaders, faith-based organisations, private sector, professional associations; ensuring that private education providers are not undervalued; ensuring adequate training for mid-level workforce; ensuring collaboration between CSOs and the state health service providers.

Views on governments and partners role in scaling up (increasing) the numbers of health workers were also sought. Again two options were presented, as above: political leadership and multisectoral action. Political leadership was again expressed as the priority role for governments at country-level (with an average score
of 4.17 compared with 3.93 for the role of formal collaboration and shared accountability between the Ministry of Health, Ministry of Education and other related Ministries.

The main regional variation, when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia, was the low scores recorded by Latin America – although their prioritisation of the available options was consistent with other regions.
The role of civil society in supporting health workforce development

Perhaps unsurprisingly, the CSOs that completed the survey were almost unanimous that civil society has a role to play in the issues identified for government action, as discussed above. 97.9% of respondents agreed that CS had a role to play in these issues. Those that felt that they did not have a role to play highlighted constraints to their engagement, such as (in order of priority) inadequate human resources (average rating 3.37), inadequate financial resources (3.32), and having an organisational focus that did not include HRH (2.69).

From the range of roles presented as options for respondents to choose, the top two responses highlighted different functions – providing information from service users to government on the quality and relevance of health service provision (4.34), and advocating for an increase in the numbers of health workforce (4.12) – but shared the view that these functions should be focused on sub-national and country-level processes (as opposed to regional and global ones). Global- and regional-level functions were given lowest priority (ranked 6th (3.71) and 7th (3.36) respectively. Fourth and fifth priorities focused on monitoring government policy on health worker education (3.98) and providing health services to local communities (3.84).

Thirty-eight respondents gave insight into why CSOs may feel that they do not have a role to play. These highlighted resources constraints ahead of issues concerning mandate and scope. The highest ranked constraint was lack of human resources (3.37) followed closely by lack of financial resources (3.32). Having an organisational focus on another health area was ranked third (2.69) and not being interested in health education fourth (2.19).

The prioritisation amongst the different regions showed considerable variation but with no discernible pattern, when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia.
In relation to the quality of health workforce education, 68.9% of respondents (n=148) agreed strongly with the statement that ‘My organization has concerns about the quality of the education of health professionals.’ The following sub-categories on the role of Civil Society give some insight into how CSOs support efforts to address these quality concerns:

**CSO roles in establishing basic regulatory frameworks for professional training and practice**

Three options were offered for this question, with the highest ranked being ‘Societal and patient participation in quality and responsiveness issues’ (4.16) followed by ‘Licensing, registration and accreditation actions that are part of health professions’ self-regulation’ (3.77) and ‘Government regulatory prerogatives’ (3.44).

In most cases, when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia, regional responses matched this prioritisation. The notable exception is that Latin America ranked ‘licensing, registration and accreditation...’ third with a very low score of 0.33 compared with the global average of 3.77. It is not clear from the qualitative responses why this option was not considered relevant in this region.

Seven respondents gave suggestions on other roles that CSOs can play including, capacity building (empowering patients, supporting community participation); and supporting continuous professional development, recertification of health workers. State regulation of professional associations was also highlighted.
**CSO roles in measuring and monitoring the education and training output of health professionals**

There was very strong support for CSOs to play a leading role in measuring and monitoring the education and training output of health professionals, with 55% very important, 42% important, 3% not important⁵.

When asked to indicate what role CSOs should play in measuring and monitoring the education and training output of health professionals, the highest ranked option was Involvement of CSOs in the processes that evaluate the health services provided at the community level (4.05) and the second highest was Involvement of CSOs in government processes/mechanisms that reform the education and training of health workers (3.98). Three options focused on CSO participation in the evaluation of health workers performance, with highest priority given to CSOs role at district/community level (3.83) followed by provincial/regional/state level (3.6) and lastly national/central level (3.41).

There were notable regional variations when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia. Latin America’s prioritisation differed markedly from the global average, with much lower priority given to ‘Involvement of CSOs in the processes that evaluate the health services provided at the community level’ (3.8) and to ‘Involvement of CSOs in government processes/mechanisms that reform the education and training of health workers’ (3) which were ranked as third and fourth priorities, compared with first and second in Africa, Europe and the global average. Latin American respondents highlighted ‘Participation in the evaluation of health workers performance at the district/community level’ as the top priority (5.0).

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⁵ These figures differ slightly from those shown in the survey monkey report, because 27 of 135 responses were providing additional detail on the three previous options. These 27 have therefore been removed from the calculation of % responses, leaving a denominator of 108.
**CSO roles in contributing more equitable distribution of health workers**

Of the three options provided, CSOs attached most importance to their role in developing or expanding cadres of community-based health workers (including nurses and community health workers) and other cadres most likely to practice in rural areas (4.06). The second most important option was CSOs role in incorporating measures to strengthen the health workforce in underserved areas, including through incentives (4.0). The least popular option (albeit it still with a high average rating of 3.72) was using the education system to enhance equity, such as through recruitment strategies, scholarships, and curricula (3.72).

There were regional variations, when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia, but no clear trends. All regions rated CSOs role in developing or expanding cadres of community-based health workers as important, with Latin America strongly favouring this option over the two alternatives. Africa (4.26) and South East Asia (4.19) marginally prioritised CSOs role in incorporating measures to strengthen the health workforce in underserved areas, whereas Latin America (1.67) gave weak support to this option.

One hundred and twenty-three organisations provided qualitative responses on how CSOs can support a distribution of health workers to support equity and delivery. The main themes emerging from an analysis of these responses are shown below⁶. The top three issues highlighted were: advocacy, supervision and accountability and training (including decentralised training).

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⁶ Note that not all respondents provided an answer that could be categorised. Some respondents highlighted more than one theme.
**CSO roles in advocating for transforming and scaling up the education of health professionals**

Of the 6 options offered to articulate CSOs roles in advocating for transforming and scaling up the education of health professionals, the highest priority was attached to holding government to account for implementing plans to increase numbers of health workers (4.0), followed by Participating as a committee member that meets with government to agree on local/national health priorities (3.88). The lowest priority was attached to service provision (3.34). Providing feedback from service users on district and national level services were ranked as third and fifth most important, and conducting surveys that examine surveys relating to health professionals was ranked as fourth most important.

The main regional variation of note, when comparing responses from Africa, Europe, Latin America, North America and Canada, and South East Asia, was the low ratings given by Latin American respondents (compared with other regions) on all options except for ‘Participating as a committee member that meets with government to agree on local/national health priorities’ which they scored as their highest priority (5.0).
The role of the World Health Organization (WHO) in supporting CSO involvement in health workforce development

259 qualitative responses were provided to questions 12.8 (148 responses) and 12.15 (111 response) both of which focused on what role the WHO should play in strengthening the capacity of civil society organizations (CSOs) to support the initiative to transform and scale-up the education of health professionals. The main themes emerging from an analysis of these responses are shown below. The top three issues highlighted were: capacity building, facilitation, and funding.

One hundred and eleven qualitative responses were provided for questions on WHO’s role in fostering accountability at the core of government and CS activity; and on WHO’s role in supporting CSOs in their accountability functions. Themes emerging on WHO’s role in fostering accountability are shown below. The top three issues highlighted included M&E and audit, advocacy and guidance.

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7 Note that not all respondents provided an answer that could be categorised. Some respondents highlighted more than one theme.
Themes emerging in WHO’s role in supporting CSOs in their accountability functions are shown below. The top three issues highlighted included capacity building, technical assistance and guidance.
CS support for the implementation platform

Civil Society has reviewed the WHO’s draft guidelines on transformational education and has helped to highlight ways in which these can be strengthened. For example,

- On governance and planning – CSOs have identified that more policy and advocacy is needed, and guidelines required for the mid-level and community-level workforce.
- On training and education, work is needed to linking training programs and units of training units in CS organizations and programmes; and that curricula need to be aligned with CSOs.
- On Accreditation and Regulation, career ladders need to be developed for mid-level professionals and community health workers to become health professionals; and accreditation of the curriculum of non-state training institutions is needed to support the implementation of both administrative and professional career ladders for the health workforce. CSOs and other non-state training and education providers need to think of self-regulation - working with training institutions on the curriculum used to train the mid-level professionals and community health workers such that it fits into the proposed career ladder structure of the professional regulatory bodies and also linked with administrative career ladders within service.
- On financing and sustainability, innovative financing for transformational education needs to be identified.
- On Performance Reviews and Accountability for Transformational Education of the Health Workforce, there is a need to focus on performance reviews, social and public accountability mechanisms.

Furthermore, CSOs have contributed to deepening knowledge on countries perspectives on transformational education, including through conducting a survey in up to 4 countries (Ghana, Liberia, Malawi and Nigeria). Through a desk research and semi-structured interviews with senior Ministry of Health staff in these countries, transformational education has been located within a broader context of reform for human resources for health (HRH) – as part of preparation for the 3rd Global Forum (3GF) on HRH to be held in Recife, Brazil in November 2013. Based on this work, preliminary commitments will be identified and proposed, including on transformational education, that can be presented at 3GF and then as the basis for accountability mechanisms to ensure that commitments are monitored and implemented.

Civil Society perspectives on transformational education will also be presented at the Prince Mahidol Award Conference (PMAC) in Thailand, in January 2014. This will focus on the importance of addressing the needs and career development of mid- and community-level health workers as well as professional cadres.

Civil Society will focus on the implementation of transformational education in three clear, distinct ways:

- Support advocacy and policy dialogue through various platforms, including Global Health South; Global Health Trio; the Global Health Workforce Advocacy Initiative and other CSO campaigns on HRH and Universal Health Coverage and Access.
- Advocate for the integration of mid-level workforce issues into existing guidelines.
- Promote mechanisms for social accountability of the health workforce, as a central part of improving the quality and effectiveness of existing and new health workers.
Key advocacy messages and observations

The following observations reflect on the findings presented above, and have informed the development of key advocacy messages – presented below. As highlighted in the preceding section, this survey has provided a useful basis on which to take action on strengthening health workforce education. It stresses that human resources are important to CSOs in order to achieve their objectives, and indeed that CSOs have a critical role to play in ensuring that guidelines on transformation education are relevant and implemented. This is an ongoing process, in which the following observations should be taken into account where possible. The resolution on transforming health workforce education in support of universal health coverage (WHA66.23) provides an important platform on which to build.

Government’s primary role should be to provide political commitment and leadership on issues relating to HRH (this was highlighted as a priority both for ensuring the relevance of health workers education, and for scaling up the numbers of health workers). Part of this leadership is ensuring that there is collaboration and shared accountability between Ministry of Health, Ministry of Education and other related ministries. This emphasis on multisectorality resonates with key messages in discussions on the post-2015 health agenda, and serves to add further strength to this important message in that high profile process.

Other important, issues that were highlighted included ensuring that community development, rural/remote settings are adequately addressed, as well as ensuring equity (regional, high need populations). The importance of participation of a broad range of stakeholders, including the private sector, was also highlighted.

CSOs have a role to play in making health worker training more relevant, and in scaling up numbers of health workers. Two distinct functions were highlighted – 1) providing a link between users of health services and government; and 2) advocating for improvements in services.

There is consistent emphasis on CSO engagement at national- and sub-national levels as opposed to regional- and global-levels. This may reflect the geographic focus of the respondent organisations, although the survey does not enable comment on this because it did not ask for details on whether organisations operated at sub-national levels (only the region in which each organisations headquarters is located). It does however suggest that Global Health South may be provide a valuable resource in capturing community- and sub-national level views on key health issues. Much less importance was attached to regional- and global-level working. This was the case across a range of questions, including on monitoring and evaluation, supporting health workforce development, scaling up health workers and making health education more relevant.

CSOs have a role to play in monitoring the education and training output of health professionals, including through their involvement in community-level processes that evaluate health services and in government processes that reform education and training of health workers.

CSOs also feel that they have a role in contributing to more equitable distribution of health workers, including through supporting the development of cadres of community-based health workers and through their own programmes (eg through incentives to health workers). A large number of qualitative responses highlighted key roles in advocacy for more health workers, better incentives and facilities. CSOs also have a role to play in supervision and accountability of health workers, as well as in supporting decentralised training.
CSOs can play a role in calling for transforming and scaling up the education of health professionals, including through holding governments to account for implementing plans to increase the numbers of health workers and in setting priorities (reflecting priorities and needs of communities).

The WHO has a key role to play in supporting the scale up of health workers, and in the education of health professionals. These roles include supporting CSOs to contribute in the ways that have been described in this survey, fostering accountability and supporting CSOs in their accountability functions. Across these three important areas of support, WHO should focus on facilitating CSOs engagement in relevant forums and processes; and on providing guidance, standards and norms. The WHO should also emphasise capacity building for CSOs; surveillance, research, monitoring and evaluation.

To advance the contributions of southern civil society to the transformational education initiative, the following issues need to be taken forward.

1. The critical issue of country ownership should be addressed consistently throughout the transformative process. Governments should provide strong leadership throughout the entirety of the scale-up process, and political will to develop and implement relevant national policies. Civil Society’s involvement, as an interface between users/communities and government, is essential for true country ownership.

2. Governments, with support from the WHO, should identify and develop strategies to facilitate the involvement of CSOs in strengthening the design, implementation and oversight of relevant, quality health workforce education. The inclusion of southern civil society perspectives should be a critical step in the process of improving and scaling up health professional education.

3. Governments, WHO and CSOs should ensure that scaling up of health workforce education is tailored to contextual circumstances, and delivery should be decentralized; civil society can play a key role in helping design relevant education to meet the needs of local communities.

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*These priorities were the only two that featured in the top 5 priorities for all three of the questions relating to WHO’s role.*
4. CSOs role in monitoring and accountability is essential. CSOs need to prioritise this role and devote what resources they can to it. Governments and other stakeholders must enable CSOs to hold them to account for their commitments, including through making performance data transparently available and through participating in accountability mechanisms (involving CSOs) where performance is discussed and corrective actions agreed.

**Key advocacy messages**

Based on the findings and discussion presented above, the following key advocacy messages were developed. These were discussed at the 2nd Retreat and Dialogue of Southern Civil Society in Global Health South in Accra, February 2011:

1. Transformational education should take place in the context of broader human resources for health (HRH) management and coordination processes.
2. Transformational education can promote the retention and quality improvement of health professionals.
3. Social accountability should be a critical component in the training of health professionals.
4. Health systems and priority health needs should inform curricula design for health professional education.
5. Governments should remain the ultimate custodians for training, and that accreditation associations for training institutions fulfil their roles accordingly and efficiently. Other relevant stakeholders should be included in discussions.
Scaling up and Improving the Quality of Health Professional Education

Survey of civil society views

To improve population health and meet the challenges of the health related MDGs, fundamental reforms are required in both undergraduate and postgraduate education and training systems and institutions. There is a need to increase the numbers of adequately trained health professionals and to ensure that their training can address the country’s health needs. Furthermore governments need to ensure that they are equitably distributed in urban, rural and remote areas and health services, from primary to tertiary levels, to provide high-quality care.

This radical transformation of health professional education puts population health needs and expectations at the centre of care and uses population health outcomes as crucial measures to assess the success of the educational process. Isolated improvements in individual educational institutions or narrowly defined health sector reforms will not be enough. The efforts of national education and health ministries will only be effective with simultaneous engagement of educational institutions, private sector providers, professional associations, civil society and communities. The WHO Secretariat is working with civil society to obtain their views on how civil society sees its role.

To this end, we would sincerely appreciate your participation in the following survey which is voluntary and anonymous. Please complete the ratings based on your current professional capacity and taking into account your specific/local context. Your responses will be used to develop a report which will be taken to the Southern Civil Society meeting in Abuja, Nigeria in February or March 2012 and will be used as the basis for planning how CSOs and WHO can work together to implement this initiative from 2012 onwards. We therefore request that you submit your responses no later than 23rd December 2011.

Thank you for your time!
I. Scaling up health professional education

1. From the point-of-view of your organization, please tell us which area of human resources for health is the most critical to achieve your objectives:

Health service delivery?

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<th>Critical</th>
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Education and training?

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<td>1</td>
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</table>

Retaining health workers?

<table>
<thead>
<tr>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
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<tbody>
<tr>
<td>1</td>
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</table>

Advocating for an increase in the number of health workers?

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<th>Not important</th>
<th>Important</th>
<th>Critical</th>
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<tbody>
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</table>

Other? Please explain


2. In your opinion, how important is it that government and partners play a leading role in making health professional education more relevant to the needs of communities?

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<tr>
<th></th>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
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<tbody>
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<td>4</td>
<td>5</td>
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</tbody>
</table>

a. Please indicate which of the following forms you think this role should take and rate the relative importance of each on the scale provided. *(You may tick more than one response e.g. at both regional and country level)*

<table>
<thead>
<tr>
<th></th>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
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</thead>
<tbody>
<tr>
<td>(i) Political commitment and leadership</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(ii) Formal collaboration and shared accountability between the Ministry of Health, the Ministry of Education and other related ministries (e.g. finance, labour, public service)...</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>at the country level</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>at the regional level</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(iii) Other -- Please describe:</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td></td>
<td>_________________</td>
<td></td>
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</tbody>
</table>
3. In your opinion, how important is it that governments and partners play a leading role in scaling up (increasing) the numbers of health workers in your country?

<table>
<thead>
<tr>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

a. Please indicate which of the following forms you think this role should take and rate the relative importance of each on the scale provided. (You may tick more than one response e.g. at both regional and country level)

- (i) Political commitment and leadership
  - Not important
  - Important
  - Critical
  - 1 2 3 4 5

- (ii) Formal collaboration and shared accountability between the Ministry of Health, the Ministry of Education and other related ministries (e.g. finance, labour, public service)
  - Not important
  - Important
  - Critical
  - 1 2 3 4 5
  - at the country level
  - at the regional level
  - 1 2 3 4 5

- (iii) Other -- Please describe:
  - Not important
  - Important
  - Critical
  - 1 2 3 4 5

4. Within the roles you have identified for government, do you believe that civil society has a role to play?

- Yes
- No
- Don’t know
5. If Yes, what are these roles? Please tick one or more of the following responses, and rate the relative importance of the role on the scale provided. *(You may tick more than one response.)*

<table>
<thead>
<tr>
<th>Role</th>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Advocating for an increase in the numbers of health workers</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at the country level</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at the regional level</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at the global level</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Providing information from service users to government</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>on the quality and relevance of health service provision.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in the districts in which we operate</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at the national level</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Monitoring government policy on health worker education</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Providing health services to local communities</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tbody>
</table>
6. If No, or Don’t know, please choose from the options below to explain why your organization does not feel it has a role to play. Additionally, please rate the relative importance of the factor on the scale provided.

<table>
<thead>
<tr>
<th>(a) Inadequate financial resources</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Inadequate human resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(c) Organizational focus is on another area in health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(d) Organization is not interested in health professional education issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(e) Other -- Please describe:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

7. Please indicate your level of agreement with the following statement using the scale provided:

My organization has concerns about the quality of the education of health professionals.

<table>
<thead>
<tr>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
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<tr>
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<td>4</td>
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</table>
8. What should be the **role of WHO** in **strengthening the capacity of civil society organizations (CSOs) to support the initiative** to transform and scale-up the education of health professionals?

<table>
<thead>
<tr>
<th>Not important</th>
<th>1</th>
<th>2</th>
<th>Important</th>
<th>3</th>
<th>4</th>
<th>Critical</th>
<th>5</th>
</tr>
</thead>
</table>

**II. Production and training**

8. In your opinion, how important is it that CSOs who are service providers implement **ethical, legal, social or financial interventions** in order to establish **basic regulatory frameworks for professional training and practice**?
a. Please indicate which of the following forms you think these interventions could take and rate the relative important of each on the scale provided. *(You may tick more than one response.)*

<table>
<thead>
<tr>
<th></th>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Licensing, registration and accreditation actions that are part of health professions' self-regulation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(ii) Government regulatory prerogatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(iii) Societal and patient participation in quality and responsiveness issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

Other: Please specify

9. In your opinion, how important is it that CSOs play a **leading role in measuring and monitoring the education and training output of health professionals**, given their technical expertise?

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<th>Important</th>
<th>Critical</th>
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<tbody>
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</table>

Please explain your response_______________________________________________________________
a. Please indicate which of the following forms you think this role should take and rate the relative important of each on the scale provided. *(You may tick more than one response.)*

<table>
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<tr>
<th></th>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Involvement of CSOs in the processes that evaluate the health services provided at the community level</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(ii) Involvement of CSOs in government processes/mechanisms that reform the education and training of health workers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(iii) Participation in the evaluation of health workers performance at the</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>district/community level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provincial/regional/state level</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>national/central level</td>
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</tbody>
</table>
III. Distribution and linkage to service delivery

10. In your opinion, how important is it that CSOs contribute to affecting more equitable distribution of health workers?

<table>
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<tr>
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<th>Important</th>
<th>Critical</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
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<td>3</td>
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</table>

a. Please indicate how you think CSOs can best contribute to this end. For those interventions you have selected, please rate the relative importance on the scale provided. *(You may tick more than one response.)*

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<tr>
<th></th>
<th>Not important</th>
<th>Important</th>
<th>Critical</th>
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</table>

- (i) Incorporating measures to strengthen the health workforce in underserved areas, including through incentives
- (ii) Developing or expanding cadres of community-based health workers (including nurses and community health workers) and other cadres most likely to practice in rural areas (e.g., clinical officers, nurse practitioners)
- (iii) Using the education system to enhance equity, such as through recruitment strategies, scholarships, and curricula

11. How can CSOs promote a distribution of health workers among different levels of health facilities (health centers, district hospitals, referral hospitals, etc.) and professional practice areas (e.g., generalists, specialists) in ways that will enhance equity and delivery?

My organization proposes the following:

(a) 
(b) 
(c)
IV. Advocacy

12. The role of CSOs at the country level should be strengthened to enable them to advocate for transforming and scaling up the education of health professionals. Please choose one or more options from the following list and rate the relative importance for your organization on the scale provided. *(You may tick more than one response.)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Not Important</th>
<th>Important</th>
<th>Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Providing information from service users to government on the quality and relevance of health service provision in the districts in which we operate at the national level</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(b) Providing services that complement or support government health service provision</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(c) Participating as a committee member that meets with government to agree on local/national health priorities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(d) Conducting surveys that examine services received from health professionals (operational research)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(e) Holding governments accountable for the plans made to increase the numbers of health workers to address population needs</td>
<td></td>
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</table>
V. Accountability

13. What role can the WHO play in fostering and positioning Accountability at the core of Government and Civil Society financial and operational activity?

14. What do you think should be the role of WHO in strengthening the capacity of CSOs to be effective in their work on accountability?

15. Suggest methods by which WHO can further contribute to strengthening CSO capacity to support the initiative to transform and scale-up the education of health professionals.
Annex 2: WHA resolution

WHA66.23

SIXTY-SIXTH WORLD HEALTH ASSEMBLY

Agenda item 17.3

Transforming health workforce education in support of universal health coverage

The Sixty-sixth World Health Assembly,

Recalling resolution WHA59.23 urging Member States to scale up health workforce production in response to the shortages of health workers that hamper the achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Recognizing that a functioning health system with an adequate number and equitable distribution of committed and competent health workers at the primary health care level is fundamental to equitable access to health services as an important objective of universal health coverage, and was highlighted in *The world health report 2006*;\(^9\)

Recognizing also the need to provide adequate and reliable financial and non-financial incentives and an enabling and safe working environment for the retention of health workers in areas where they are most needed, especially in remote, hard-to-reach areas and urban slums, as recommended by WHO global guidelines;\(^{10}\)

Recalling resolution WHA64.9 on sustainable health financing structures and universal coverage, which, inter alia, urged Member States to continue, as appropriate, to invest in and strengthen the health delivery systems, in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

Concerned that in many countries, notably those in sub-Saharan Africa, there is inadequate capacity to train a sufficient number of health workers to provide the population with adequate service coverage;

Recognizing the specific challenges of some Member States that have limited economy of scale in local health workforce education, their special needs, and the potential partnerships and collaboration with other Member States;

Concerned also that the health workforce education challenge is global;

WHA66.23

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\(^{10}\) *Increasing access to health workers in remote and rural areas through improved retention, global policy recommendations*, Geneva, World Health Organization, 2010.
Concerned further that demographic projections highlight the supply and distribution of the health workforce as issues of concern in the coming decades, irrespective of countries’ development status;

Recognizing also the need for intersectoral collaboration among the Ministry of Health, the Ministry of Education, public and private training institutions, and health professional organizations in strengthening the health workforce education system so as to produce competent health workforces that support universal health coverage;

Concerned also that many countries lack sufficient financial means, facilities and number of educators to train an adequate, competent health workforce; and that there is a need to improve the health workforce education and training system in response to countries’ health needs;

Mindful of the need for Member States to develop comprehensive policies and plans on human resources for health, including health workforce education as one of the elements;

Recalling resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel, in which Code, inter alia, Member States agreed to strive to create a sustainable health workforce and establish effective health workforce planning, education and training, as well as retention strategies;11

Recognizing the Dhaka Declaration on strengthening the health workforce in the countries of the South-East Asia Region and resolution SEA/RC65/R7 adopted by the Regional Committee for South-East Asia on strengthening health workforce education and training in the Region, which urged Member States, inter alia, conduct comprehensive assessments of the current situation of health workforce education and training, based on an agreed regional common protocol, as a foundation for evidence-based policy formulation and implementation;

Recognizing also the recommendations contained in the Global Independent Commission report on health professionals for a new century: transforming education to strengthen health systems in an interdependent world;12

Appreciating the ongoing initiatives to strengthen health workforce education and training in various regions; including but not limited to the Medical and Nursing Education Partnership Initiative, in-service training of health workers in sub-Saharan Africa supported by Japan in line with the G8 Hokkaido Toyako Summit Leaders Declaration, and the Asia Pacific Network for Health Professional Education Reform,

1. URGES Member States:13

   (1) to further strengthen policies, strategies and plans as appropriate, through intersectoral policy dialogue among the relevant ministries that may include ministries of education, health and finance, in order to ensure that health workforce education and training contribute to achieving universal health coverage;

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11 Article 3 – Guiding principles, paragraph 3.6.
13 And, where applicable, regional economic integration organizations.
(2) to consider conducting comprehensive assessments of the current situation of health workforce education with the application of, as appropriate, standard protocols and tools, once developed by WHO;

(3) to consider formulating and implementing evidence-based policies and strategies, taking into account the findings from the assessment in the previous paragraph, to strengthen and transform the health workforce education and training, including but not limited to the promotion of inter-professional, community-based and health systems-based education, linkages of pre-service education to continuous professional development, and an accreditation system to ensure quality of training institutes and competency of health workforces; with a view to better responding to the health needs of people, taking into account the special needs of some Member States that have limited economy of scale in local training;

(4) to provide adequate resources and political support for the implementation of policies and strategies as appropriate for the strengthening and transformation of health workforce education;

(5) to share best practices and experiences on health workforce education;

2. REQUESTS the Director-General:

(1) to develop a standard protocol and tool for assessment, which may be adapted to country context;

(2) to support Member States as appropriate in using the protocol to conduct comprehensive assessments of the current situation of health workforce education;

(3) to provide technical support to Member States in formulating and implementing evidence-based policies and strategies in order to strengthen and transform their health workforce education;

(4) to consult regionally in order to review the country assessment findings and submit a report providing clear conclusions and recommendations, through the Executive Board, to the Sixty-ninth World Health Assembly;

(5) to develop, based on the report, global and regional approaches, which may include strategies to transform health workforce education, submitting these, through the Executive Board, for consideration by the Seventieth World Health Assembly.

Ninth plenary meeting, 27 May 2013

A66/VR/9