

Building Sustainable Health Workforces in the WHO European Region

National Workforce Planning Conference
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About the WHO Regional Office for Europe



The Population Health Context

- Continuing challenges in tackling communicable diseases in some MS across the region
- Within the European Region the impact of the major NCDs accounts for an estimated 86% of the deaths and 77% of the disease burden.
- The population of the European Region is projected to increase only slightly by 2020 – from 894 million to 910 million – but then to return to current levels by 2050, but...
 - the number of working-age people is expected to decline steadily
 - the number of older people aged 85 years and older is projected to rise from 14 million to 40 million by 2050
 - Dementia prevalence is expected to double to around 20 million people by 2030
- Mental health disorders affect about 25% of the population every year and are more prevalent among the more vulnerable groups.

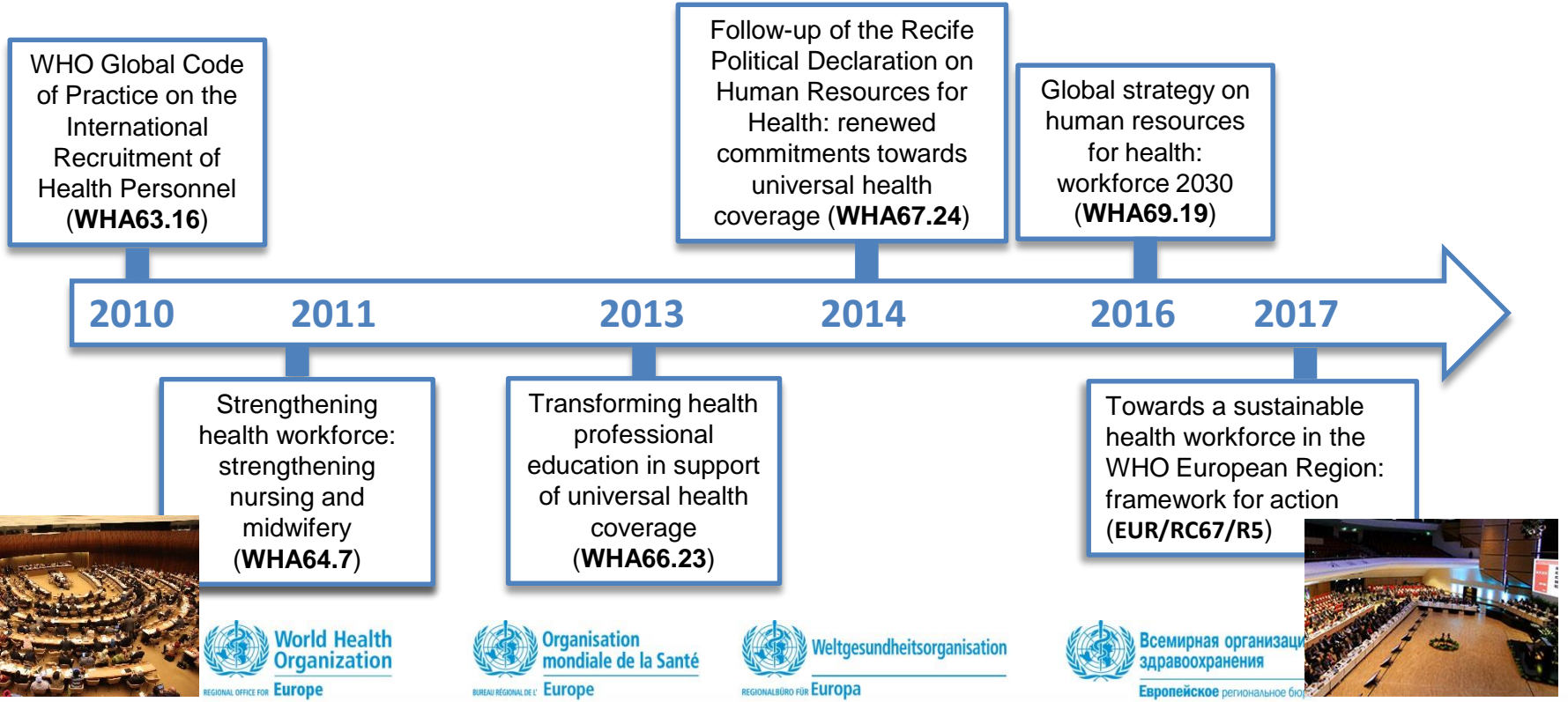
The HRH Context

- ‘Health systems can only operate if there is a health workforce’ (WHO/GHWA, 2013)
- The health and social care workforce is vital to provision of high quality services
- There is a worldwide shortage of health and social care workers and the situation is becoming more challenging globally and regionally
- WHO has forecast a worldwide 18 million shortfall by 2030, over twice the 7 million shortfall estimated in 2013
- Within the European Region there will be estimated (demand) shortage of 1.4m (WHO/GHO)

Key Global and Regional Developments and Frameworks



World Health Assembly Resolutions and Regional Committee Resolutions



Global Strategy on HRH: Workforce 2030



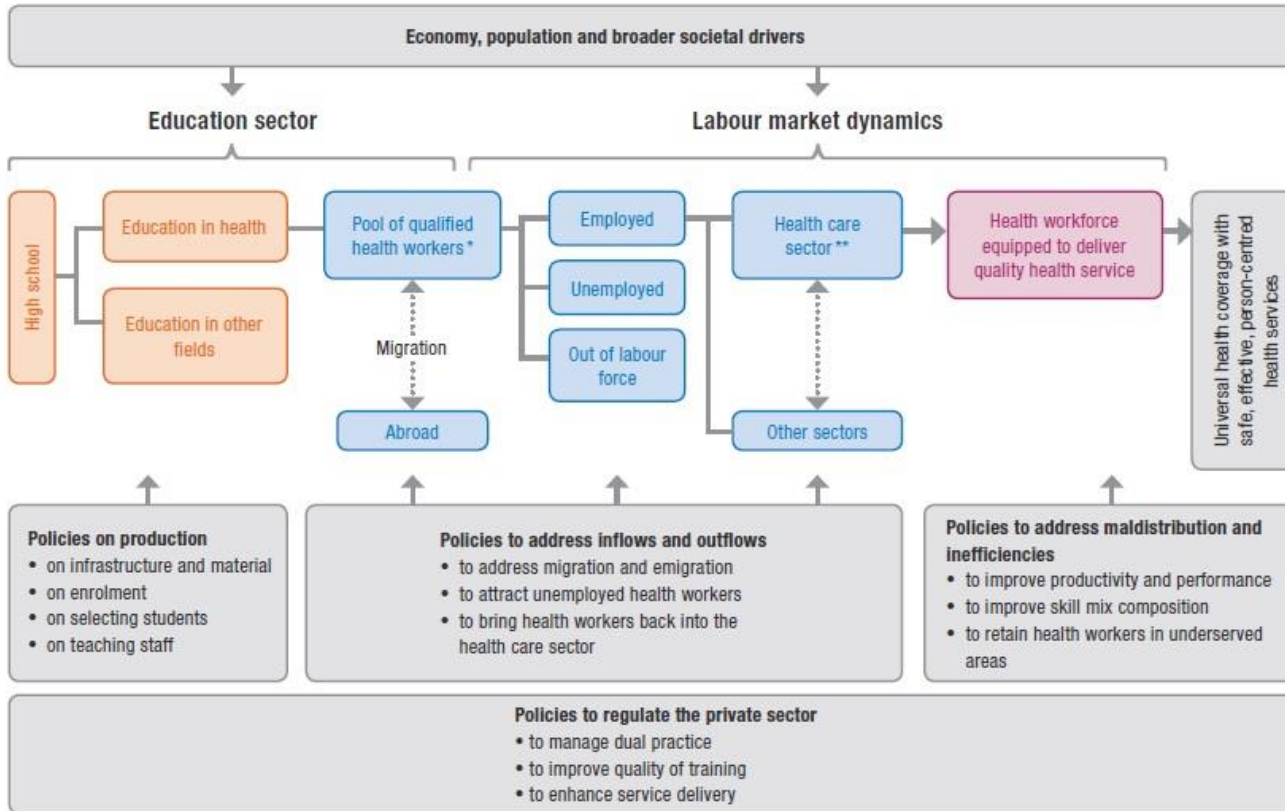
Vision: Accelerate progress towards universal health coverage and the SDGs by ensuring equitable access to health workers within strengthened health systems

4 Objectives:

1. Optimize performance, quality and impact of the health workforce through evidence informed policies on HRH
2. Align investment in HRH with the current and future needs of the population and of health systems
3. Build institutional capacity at all levels for effective public policy stewardship, leadership and governance of HRH actions
4. Strengthen data on HRH

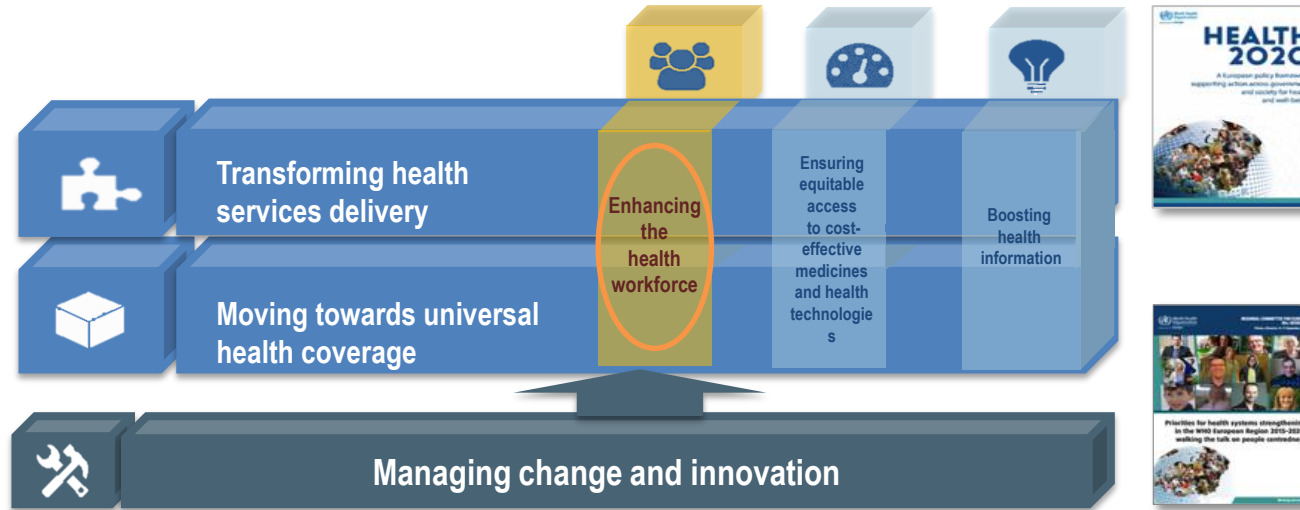
https://www.who.int/hrh/resources/global_strategy2030ru.pdf?ua=1

Health Labour Market Framework for UHC

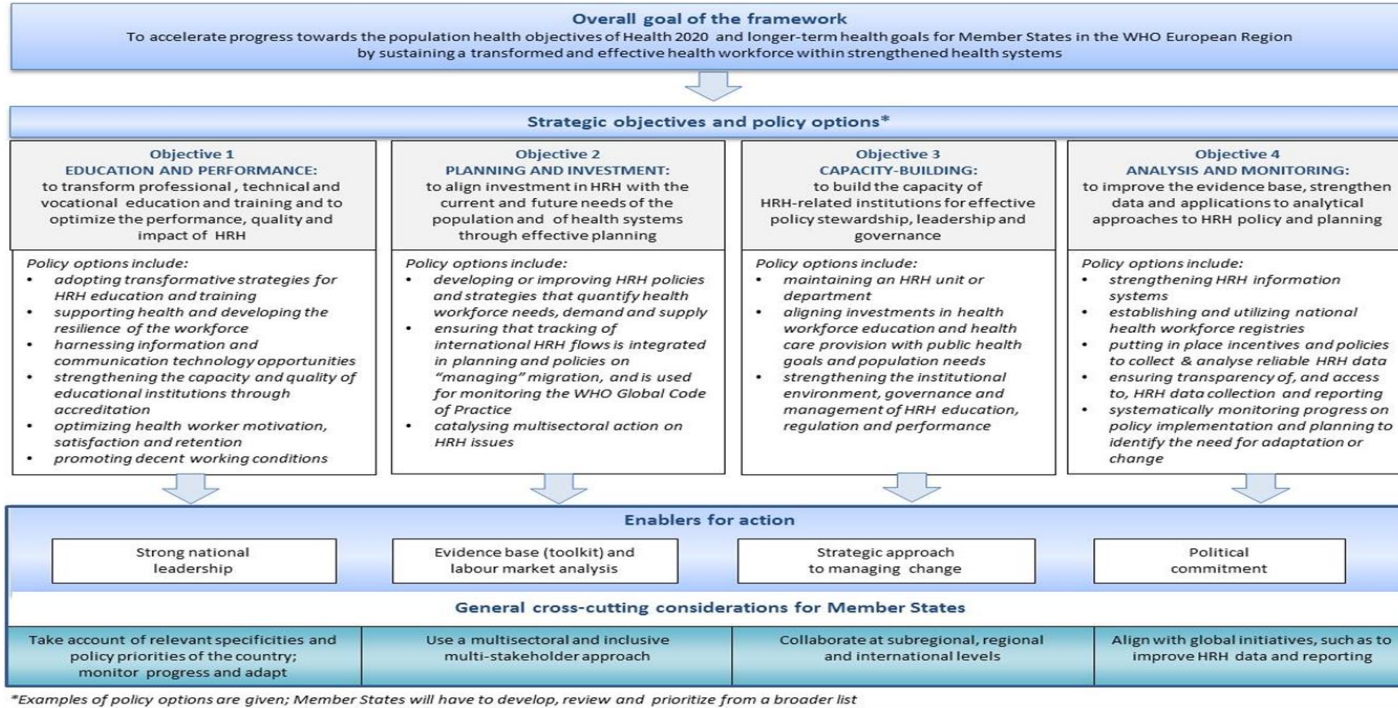


The Regional Context: Health 2020

Sustainable health systems require an enhanced and transformed health workforce




Overview of the Framework for Action



And a Resolution ... (EUR/RC67/R5)



**World Health Organization**
REGIONAL OFFICE FOR Europe

Regional Committee for Europe
67th session
Budapest, Hungary, 11–14 September 2017

EUR/RC67/R5
13 September 2017
170891
ORIGINAL: ENGLISH

Resolution

Towards a sustainable health workforce in the WHO European Region: framework for action

The Regional Committee,

Recalling World Health Assembly resolution WHA69.19 on the Global Strategy on Human Resources for Health: Workforce 2030,¹ including its key strategic objectives and urgent appeal to engage across sectors to coordinate an intersectoral health workforce agenda;

Recalling the report of the United Nations High-Level Commission on Health Employment and Economic Growth,² setting out 10 recommendations and five immediate actions on transforming the health workforce for the achievement of the Sustainable Development Goals (SDGs);

Reaffirming the Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021),³ which serves as a mechanism to coordinate and to advance the implementation of the High-Level Commission's recommendations, in line with the Global Strategy and with the support of WHO, the International Labour Organization and the Organisation for Economic Co-operation and Development;

¹ Document A69.28.
² Working for health and growth: investing in the health workforce. Geneva: World Health Organization, 2016 (<http://www.who.int/health-topics/health-workforce/Commission/ical>), accessed 17 August 2017.
³ See document A70/18, Annex, adopted in resolution WHA70.6.

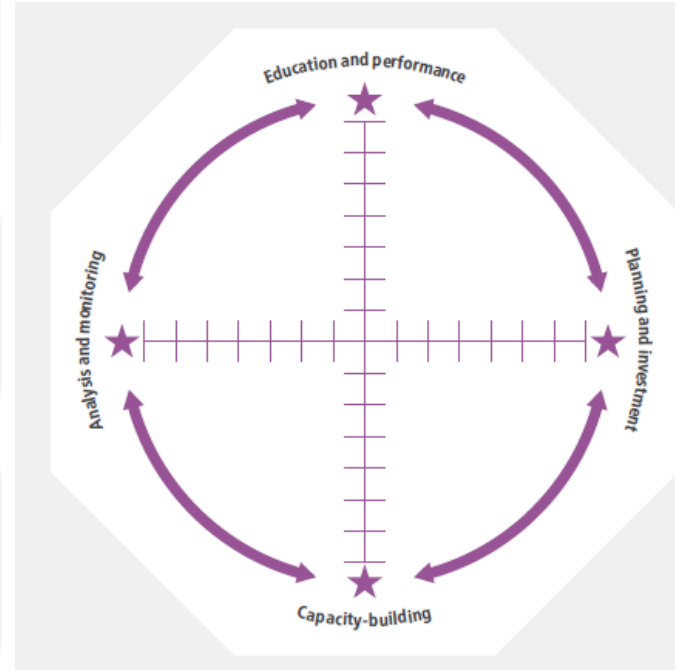
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The Toolkit

Supports Member States to assess their policies for health workforces within a local context

Signposts tools to aid progress and implementation of policies based around four Strategic Objectives

“Makes it Real” by using case study examples from the WHO European Region



4 Key Domains of the Toolkit

Education and Performance

- Skill-mix
- Transformative learning
- CPD
- Regulation & accreditation

Planning and Investment

- Investment in health systems
- Finance governance
- Investing in the workforce

Capacity building

- Stewardship, leadership and governance
- Improving HRH function
- Certifying and registering health professionals

Analysis and monitoring

- HRH assessment
- Monitoring
- Workforce planning

Education and Performance

- Skill mix
- Transformative learning
- CPD
- Regulation and accreditation

To transform professional, technical and vocational education and training and to optimize the performance, quality and impact of HRH through evidence-informed policies contributing to healthy lives and well-being, effective universal health coverage, and resilient and strengthened health systems at all levels.

Planning and Investment

- Investment in health systems
- Finance governance
- Investing in the workforce

To align investment in HRH with the current and future needs of the population and of health systems through effective planning.

This must take account of the **dynamics of the health labour market** and give consideration to **approaches to better align planning and investment in the workforce with service delivery priorities**. It will also necessitate using planning approaches to address identified shortages and to improve the distribution of health workers and skills mix.

Capacity building

- Stewardship, leadership and governance
- Improving HRH function
- Certifying and registering health professionals

To build the capacity of HRH-related institutions for effective policy stewardship, leadership and governance of actions in order to develop and to maintain a sustainable health workforce.

Analysis and monitoring

- HRH assessment
- Monitoring
- Workforce planning

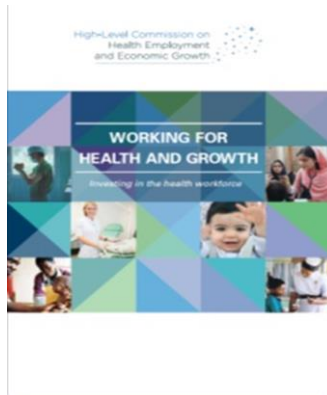
To improve the evidence base and to strengthen the data and applications that support analytical approaches to HRH policy and planning.

The *Global Strategy* sets out policy options for Member States on approaches to improve HRH data collection, reporting and analysis.

A Global Call for Strengthening HRH Data



1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and universal health coverage (e.g. education, employment, retention)
2. **Anticipate and align investment in future workforce requirements** and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)
3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)
4. **Strengthen data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)



One vision:

Accelerate progress towards universal health coverage and the 2030 Agenda for Sustainable Development by ensuring equitable access to health workers within strengthened health systems

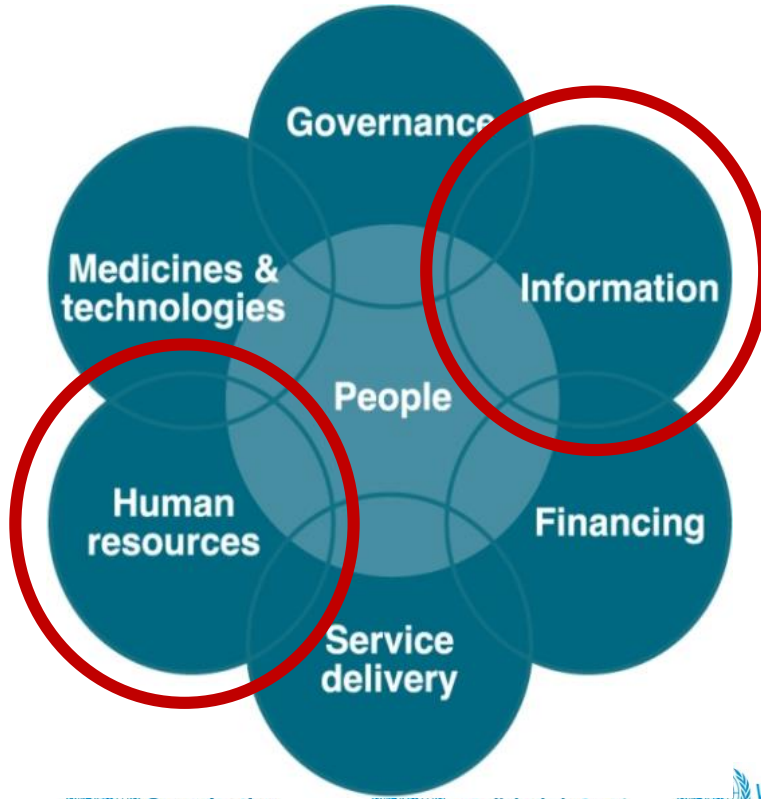
Two goals:

Invest in both the expansion and transformation of the global health and social workforce

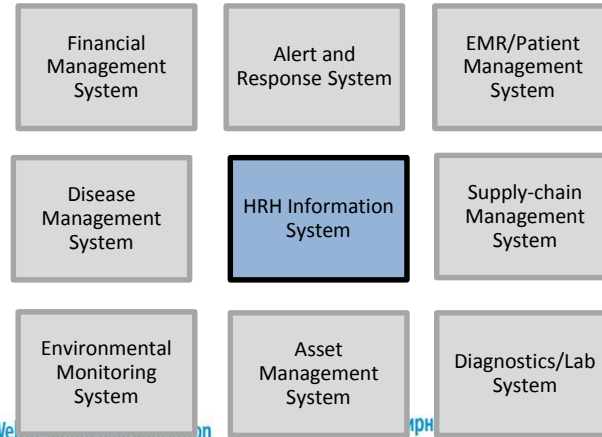
Five workstreams:

To facilitate the implementation of intersectoral approaches and country-driven action and catalyse sustainable investments, capacity-building and policy action: (1) advocacy, social dialogue and policy dialogue; (2) **data, evidence and accountability**; (3) education, skills and jobs; (4) financing and investments; and (5) international labour mobility.

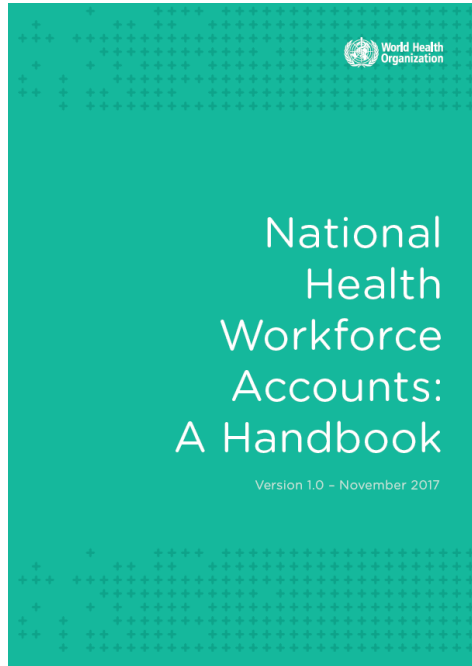
Health systems building blocks



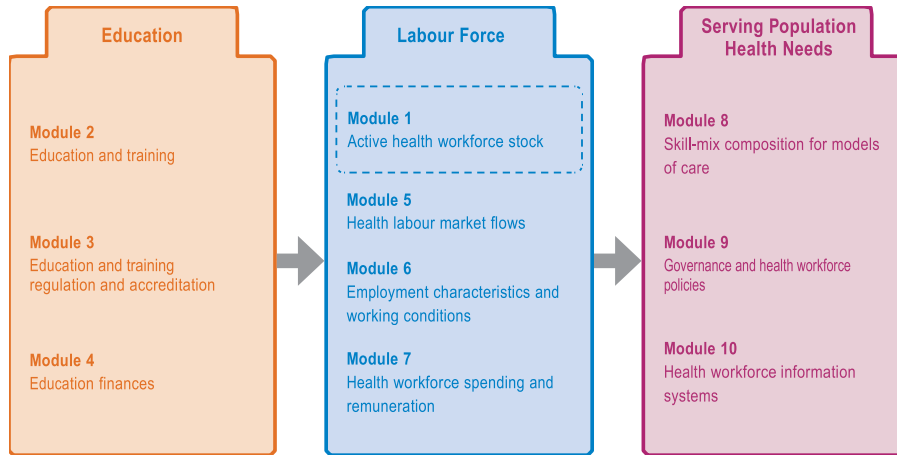
HRHIS: a subsystem of HIS



National Health Workforce Accounts

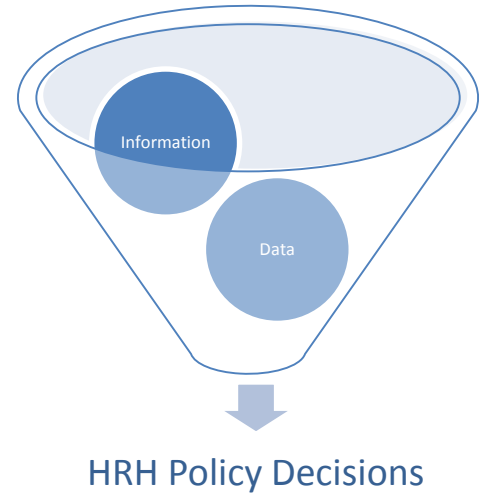


- A modular approach aligned with health labour market framework
- **78 Indicators** covering **10 modules** to obtain comprehensive data on all aspects of health workforce and support health workforce governance and stewardship
- Different domains => different stakeholders required

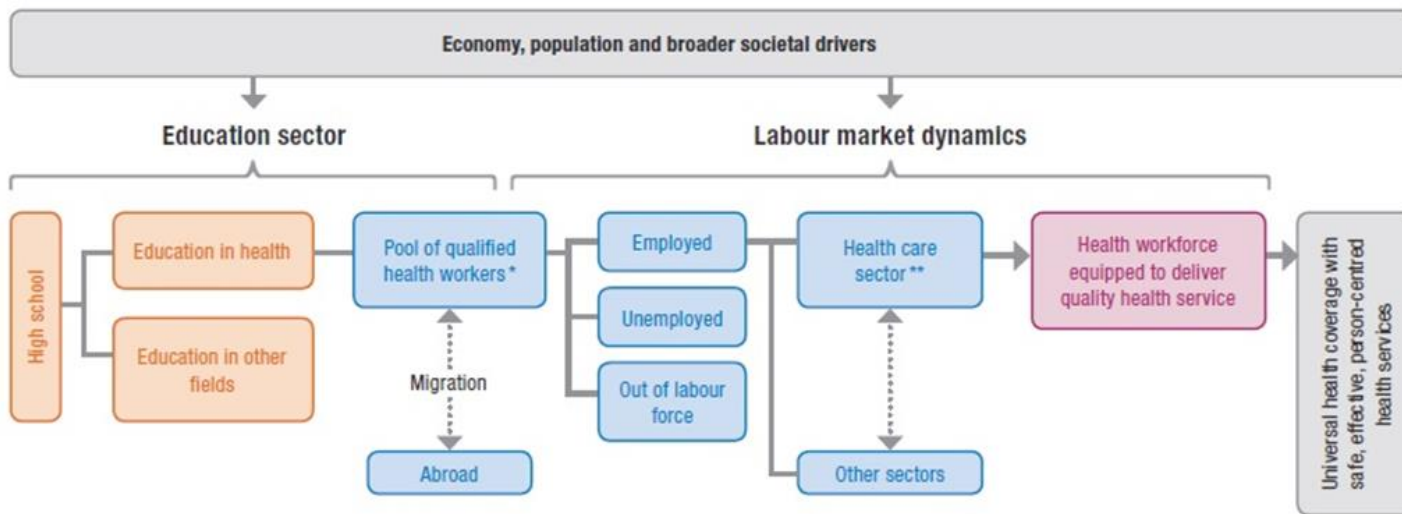


NHWA: Why?

- Strengthen HRH information systems in countries
- Bringing together and establishing linkages between various indicators and HRH data collected by different stakeholders and sectors
- Support evidence informed decision making by providing quality and timely data and information for:
 - Answering policy questions
 - Informing development of national and sub-national health plans and strategies
 - Standardizing tools and methodologies across various stakeholders and data collections



Supports a Health Labour Market Framework Approach



Education

- Module 2
Education and training
- Module 3
Education and training regulation and accreditation
- Module 4
Education finances

Labour Force

- Module 1
Active health workforce stock
- Module 5
Health labour market flows
- Module 6
Employment characteristics and working conditions
- Module 7
Health workforce spending and remuneration

Serving Population Health Needs

- Module 8
Skill-mix composition for models of care
- Module 9
Governance and health workforce policies
- Module 10
Health workforce information systems

Joint Data Collection Already Mapped to NHWA

| OECD/Eurostat/WHO Europe Joint Data Collection on Non-Monetary Health Care Statistics | |
|---|----|
| List of common variables related to Health Employment and Education | |
| Check list | |
| Physicians (Head Count) | Qa |
| Practising physicians | |
| Professionally active physicians | |
| Physicians licensed to practice | |
| Physicians by age group and gender | Qa |
| Physicians by age group (less than 35, 35-44, 45-54, 55-64, 65-74, 75+) and by gender | |
| Physicians by categories | Qa |
| Generalist medical practitioners | |
| - General practitioners | |
| - Other generalist (non-associate) medical practitioners | |
| Specialist medical practitioners | |
| - General cardiologists | |
| - Otolaryngologists and ophthalmologists | |
| - Psychiatrists | |
| - Medical group of specialists | |
| - Surgical group of specialists | |
| - Other specialists not elsewhere classified | |
| Medical doctors not further defined | |
| Midwives (Head Count) | Qa |
| Practising midwives | |
| Professionally active midwives | |
| Midwives licensed to practice | |
| Nurses (Head Count) | Qa |
| Practising nurses | |
| - Professional nurses, practising | |
| - Associate professional nurses, practising | |
| Professionally active nurses | |
| - Professional nurses, professionally active | |
| - Associate professional nurses, professionally active | |
| Nurses licensed to practice | |
| - Professional nurses, licensed to practice | |
| - Associate professional nurses, licensed to practice | |
| Caring personnel (Personal care workers) (Head Count) | Qa |
| Practising caring personnel (personal care workers) | |
| Professionally active caring personnel (personal care workers) | |
| Dentists (Head Count) | Qa |
| Practising dentists | |
| Professionally active dentists | |
| Dentists licensed to practice | |
| Pharmacists (Head Count) | Qa |
| Practising pharmacists | |
| Professionally active pharmacists | |
| Pharmacists licensed to practice | |
| Physiotherapists (Head Count) | Qa |
| Practising physiotherapists | |



1 Active health workforce stock

Stock

- Health worker density
- Health worker density at subnational level

Distribution

- Health worker distribution by age group
- Female health workforce
- Health worker distribution by facility ownership

Migration

- Share of foreign-born health workers
- Share of foreign-trained health workers

Distribution

- Share of workers across health and

2 Education and training

Applications

- Master list of accredited health workforce education and training institutions
- Duration of education and training
- Applications for education and training

Admissions

- Ratio of admissions to available places
- Ratio of students to qualified educators for education and training
- Exit / drop out**
- Exit / drop-out rate from education and training programmes

Graduation

- Graduation rate from education and training programmes

5 Health labour market flows

Entry into labour market

- Graduates starting practice within one year
- Replenishment rate from domestic efforts
- Entry rate of foreign health workers

Exit from labour market

- Voluntary exit rate from health labour market
- Involuntary exit rate from health

Labour market imbalances

- Unemployment rate
- Vacancy rate

8 Skill-mix composition for models of care

Sectoral workforce composition

- Percentage of health workforce working in hospitals
- Percentage of health workforce working in residential long-term care facilities
- Percentage of health workforce working in ambulatory health care

Skill distribution

- Specialist surgical workforce
- Family medicine practitioners
- Existence of advanced nursing roles

International Health Regulation capacity

- Availability of human resources to implement the International Health Regulations
- Applied epidemiology training programme

| OECD/Eurostat/WHO Europe Joint Data Collection on Non-Monetary Health Care Statistics | |
|---|----|
| List of common variables related to Foreign-trained Doctors and Nurses | |
| Check list | |
| Hospital employ | |
| Total hospital | |
| - Physicians | |
| - Associate | |
| - Health care | |
| - Other staff | |
| Foreign-trained doctors: number (stock) | Qa |
| Aggregated data | |
| Data by country of first qualification | |
| Foreign-trained doctors: annual inflow | Qa |
| Aggregated data | |
| Data by country of first qualification | |
| Foreign-trained nurses: number (stock) | Qa |
| Aggregated data | |
| Data by country of first qualification | |
| Foreign-trained nurses: annual inflow | Qa |
| Aggregated data | |
| Data by country of first qualification | |

NHWA – Selection of Indicators

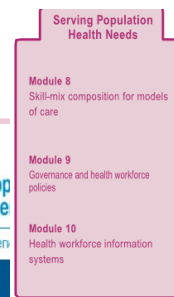
- Applications for education and training (2-03)
- Exit / drop out rate from education/ training programmes (2-06)
- CPD (3-08)
- Education financing (4-01 to 4-08)



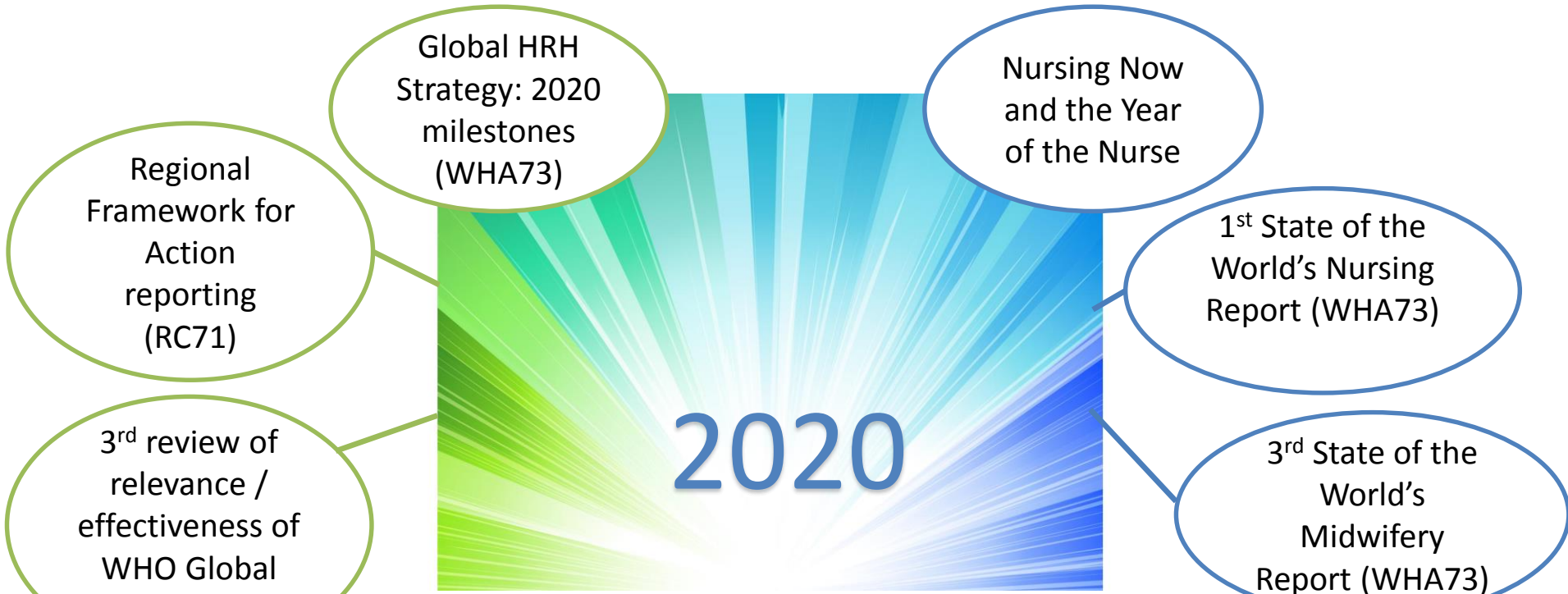
- Graduates starting practice within 1 year (5-01)
- Entry rate of foreign workers (5-03)
- Measures to prevent attacks on health workers (6-09)
- Health workforce expenditure (7-01 to 7-07)



- Mechanisms to coordinate intersectoral wf agenda (9-01)
- Health wf planning processes (9-03)
- Education plans aligned with health plan (9-04)
- HRHIS (10-01 to 10-08)



2020 - a milestone year for the HRH policy agenda



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