

A.4.2 Reflections on a Decade of Human Resources for Health

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Outline

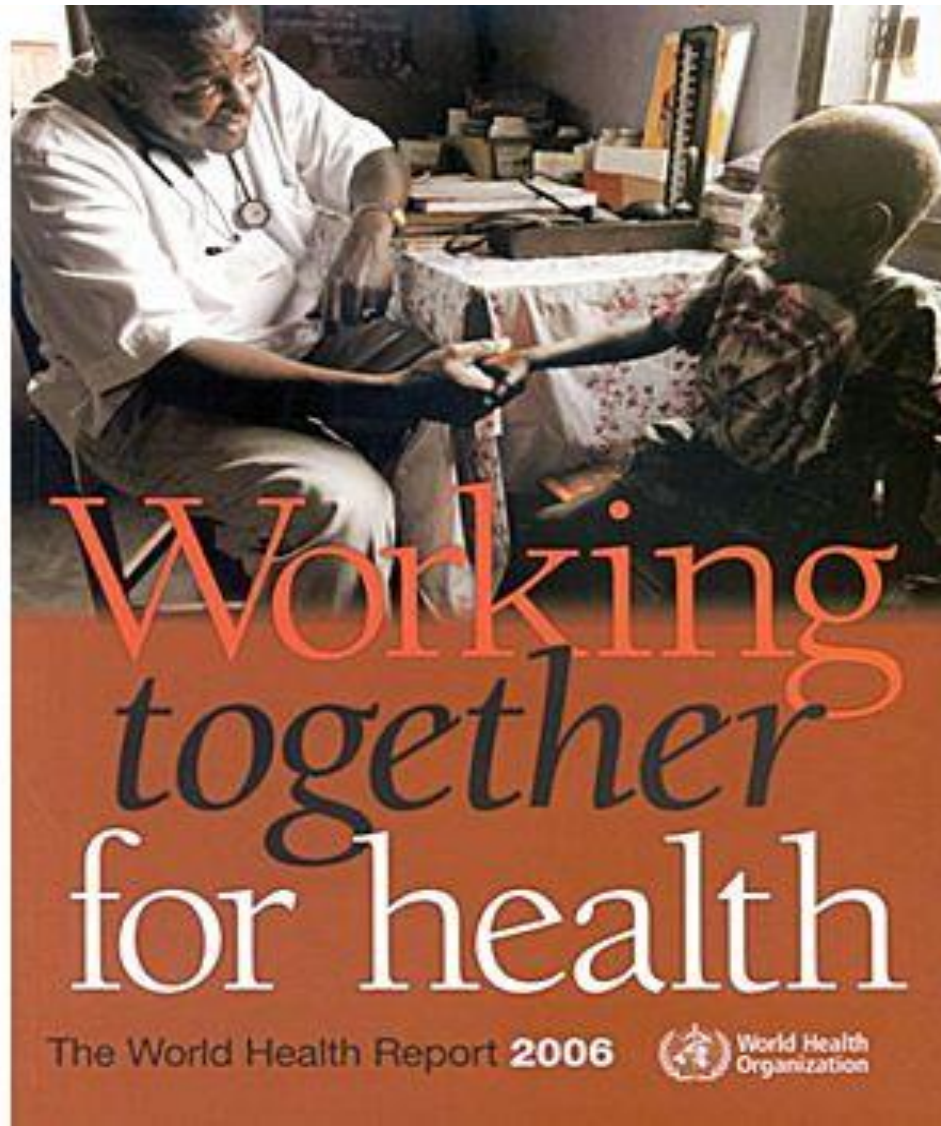
- Lead up to the Decade of HRH
- The WHO Report (2006)
- The WHO Code (2010)
- 'Destination' Country Perspectives
- The Global HRH Strategy (2016)



Lead up to the Decade of HRH

- International migration is commonly viewed as exacerbating shortages in source countries, particularly in Africa, where the WHO (2003) has stated that the
“shortage and migration of nurses and midwives continues to threaten the performance of health systems.”
– *“Fatal flows”* (Chen & Bufford NEJM 2005)
- *“Governments and employers tend to rely on international recruitment rather than focusing on the underlying problems leading to shortages”* Stephen Bach (2003)

The WHO Report (2006)



The WHO Report (2006)

Figure 1.2 Distribution of health workers by level of health expenditure and burden of disease, by WHO region



WHO Global Code of Practice on the International Recruitment of Health Personnel (2010)

- Seeks to establish and promote principles and practices for the ethical international recruitment of health personnel, as a core component of national, regional and global responses to the challenges of health personnel migration and health systems strengthening.
- The Code includes articles advocating **the establishment or strengthening of health personnel information systems**, including health personnel migration and its impact on health systems, and **the collection, analysis and translation of data into effective health workforce policies and planning in countries**.
- The full text of the Code is available under Resolution "WHA63.16" in the six official languages of WHO at:
http://apps.who.int/gb/e/e_wha63.html

INTERNATIONAL ACTIVITIES

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International Health Workforce Context: National Observatories/Agencies

- Most countries have created health workforce agencies or observatories as a strategy to improve the performance of their health systems.

(2011 WHO Background Paper *Human Resources for Health
Observatories: An Overview*, p. 2)

International Health Workforce Context: National Observatories/Agencies

- These observatories, according to a 2011 review by the WHO,
- ***“collect, analyze and disseminate data and information on the health workforce and the labor market, conduct applied research and produce knowledge, contribute to policy development, contribute to building capacity and understanding of HRH issues and advocate/facilitate the dialogue between stakeholders. ...***

(2011 WHO Background Paper *Human Resources for Health Observatories: An Overview*, p. 2)

International Health Workforce Context: National Observatories/Agencies

- *... To accomplish their objectives, observatories use a range of strategies and tools, such as **dedicated websites, HRH databases, technical publications, discussion fora, technical meetings and policy dialogues.***” (p.2).

(2011 WHO Background Paper *Human Resources for Health
Observatories: An Overview*, p. 2)

International Health Workforce Context: National Observatories/Agencies

- **New Zealand**
 - *Health Workforce New Zealand (HWNZ)*
- **United Kingdom (England)**
 - *Centre for Health Workforce Intelligence (CfWI)*
- **Australia**
 - *Health Workforce Australia (HWA)*
- **United States**
 - *National Center for Health Workforce Analysis*

International Health Workforce Context: Health Workforce New Zealand

- Health Workforce New Zealand (HWNZ) was set up in 2009 to provide national leadership on the development of the country's health and disability workforce.
 - *It is a business unit of the National Health Board and its work is overseen by an independent board with members from business and across the health sector.*
- It collaborates with educational bodies and employers to ensure that workforce planning and postgraduate training aligns with the needs of current and future service delivery.

International Health Workforce Context: Health Workforce New Zealand

- It developed an approach to healthcare and workforce planning that better accommodates **uncertainty**.
- Its approach starts with the premise that healthcare planning is most reliable when it is **based on service aggregates**, such as aged care and mental health, rather than on singular professions.
- It also found that the “**credibility of the scenarios is enhanced if clinical subject matter experts and opinion leaders generate them.**”
- The end result is a suite of possible models of care and service configurations which are then ‘tested’ by asking to what extent current plans could accommodate the various scenarios.

International Health Workforce Context: Centre for Health Workforce Intelligence

- The **Centre for Workforce Intelligence** was established in 2010 as an arm's length national organization contracted to be "a consistent source of information and analysis, informing and informed by all levels of the system" across England^[2]
- It supports long-term and strategic scenario planning for the whole health and social care workforce, based on research, evidence and analysis, in order to build strong leadership and capability in workforce planning.
- **Horizon 2035 - Future demand for skills**

International Health Workforce Context: Centre for Health Workforce Intelligence

The steps Horizon 2035 is taking

Understanding the context

We set up this 20-year view by telling the story of the last 20 years through workforce numbers, policy, the external environment, and events (CfWI, 2014c).

Mapping the present system

We have, with experts, considered the factors at play in the health, public health and social care workforce system, how they interact, and their size and shape.

Considering plausible futures

We prioritised and combined the factors at play in the system to generate scenarios 20 years in the future.

Quantifying these futures

We are applying system dynamics modelling to consider tangible effects of the scenarios on the workforce system.

Assessing the workforce implications

We are now drawing all activity together to identify the workforce planning areas of the highest concern for the Department of Health in the future.

International Health Workforce Context: Health Workforce Australia

- In 2010, Australia adopted and launched a national health workforce agency, Health Workforce Australia,
 - *“to help guide nationally coordinated action towards strategic long-term healthcare reform and innovation, in order to address the challenges of providing a skilled, flexible, and innovative health workforce that meets the healthcare needs of all Australians”*
- HWA released **Health Workforce 2025** to provide national projections of the health workforce numbers, as well as models to determine the effects of different policy scenarios for a range of health professions.
 - *Australia’s first major, long-term, national projections for doctors, nurses, and midwives*

International Health Workforce Context: Australia Health Practitioner Regulation Agency

- In 2010, Australia also moved to a national system of registration with the creation of the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA is the single separate body that administers regulatory governance for first nine and now 14 National Boards
- The impetus for the creation of AHPRA was a Productivity Commission report in 2006 which examined issues impacting on the health workforce and proposed a number of solutions to ensure the continued delivery of quality healthcare.

International Health Workforce Context: National Center for Health Workforce Analysis

- Operates out of the US Dept. of Health and Human Services, Health Resources and Services Administration (HRSA) Health Workforce Division
- The National Center for Health Workforce Analysis helps to build a body of knowledge by **estimating the supply and demand** for health workers in the U.S. and **developing tools and resources to inform decision-making** on health care workforce investments.

International Health Workforce Context: National Center for Health Workforce Analysis

- The Health Workforce Research Center grant program provides funds to workforce research centers at six universities:
 1. [University of California at San Francisco](#): *focus on long-term care*
 2. [George Washington University, Washington, DC](#): *focus on flexible use of workers to improve health care delivery and efficiency*
 3. [University of North Carolina at Chapel Hill](#): *focus on flexible use of workers to improve health care delivery and efficiency*
 4. [State University of New York at Albany, Center for Health Workforce Studies](#): *focus on technical assistance and oral health*
 5. [University of Washington](#): *focus on Allied Health.*
 6. [University of Michigan](#): *focus on Behavioral Health*

International Health Workforce Context: National Observatories/Agencies

- New Zealand
 - *Health Workforce New Zealand (HWNZ)*
- United Kingdom (England)

The functions carried out by the CfWI, including Horizon Scanning, are now being delivered by the Department of Health and Health Education England.

- Australia

Similarly, the functions carried out by HWA were also reintegrated back the Department of Health and Aging

- United States
 - *National Center for Health Workforce Analysis*

CANADA

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Health Workforce Issues in Canada

- Previously, the predecessor to the **FPT Advisory Committee on the Health Workforce** made a case in **2005** that a more collaborative, pan-Canadian approach to health workforce planning and research would have immediate benefits

Health Workforce Issues in Canada

- One of the key recommendations from the **2010 Parliamentary Standing Committee on Health** addressing innovation in the health workforce called for the establishment of a pan-Canadian health workforce agency to support the dissemination and uptake of knowledge and evidence.

Health Workforce Issues in Canada

- The **2015** Naylor report on health innovations makes it clear that *there is a need to create effective, collaborative linkages amongst health workforce stakeholders*
 - It called for “the development of a **pan-Canadian mechanism** to assess the value of healthcare services in terms of cost, **provider role**, and **patient outcomes**.”

The Canadian Health Workforce Context

- The health workforce landscape in Canada presently includes a number and range of organizations and stakeholder groups undertaking some of the activities of a health workforce agency but they are often working in either ***professional or jurisdictional isolation***.
- ***There is a need to coordinate and create effective collaborative linkages amongst these groups.***

Global Strategy on HRH (2016)

- **3.1.** All countries: by 2030, 80% of all countries have institutional mechanisms in place to effectively steer and coordinate an inter-sectoral health workforce agenda.
- **4.1.** All countries: by 2030, 90% of countries have established mechanisms for HRH data sharing through national health workforce accounts, and report on a yearly basis core HRH indicators to WHO Secretariat and publish them.

Thank You

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