Health workforce tools for planning and projections

Angelica Sousa

Human Resources for Health, Department for Health Systems Policies and Workforce, WHO, Geneva

Health workforce planning and management meeting
OECD Conference Centre, Paris
17 and 18 September 2012
Background

- The world is experiencing a shortage of 4 million health workers needed to achieve the Millennium Development Goals. One of the main reasons for this shortage is that the vast majority of countries are not training enough health workers to meet their needs.

- Several others factor aggravate the shortage of health workers within countries: migration, unequal distribution of health workers within countries, low productivity, and imbalances in skill mix composition.

- Problems not exclusive to developing countries; many developed countries are likely to face severe shortages of health workers as a consequence of the financial crisis.

- Emerging issues such as aging population and chronic conditions will be an additional pressure for a higher demand of health services in developed countries.
WHO agenda to paradigm change on HRH planning

- Producing and sharing knowledge and evidence/experiences

- Technical cooperation
  - Strengthening governance capacities for HRH planning and management
  - Supporting mechanisms and processes – HRH Observatories

- Development of tools and approaches
HRH planning and projections

The purpose of workforce planning projections is to

- contribute to evidence-based, rationalize decisions in the formulation of national HRH policies and strategies.
- rationalize policy options based on a (financially) feasible picture of the future in which the expected supply of HRH matches the requirements for staff within the overall health service plans
- identify short and longer term actions for achieving longer-term objectives.

Making projections is a policy-making necessity, and needs regular re-evaluation and adjustment.
Some tools to support HRH planning & projections

- The Workload Indicators of Staffing Need (WISN) method is a human resources management tool. It provides a systematic way to make staffing decisions in order to optimize the human resources.

- It is a software tool for recording, analyzing and reporting data related to staffing conditions at the health facility level.
Example:
WISN analysis as baseline for decision-making

<table>
<thead>
<tr>
<th>Staff category: Midwives in a health centre in Wisnela province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health centre</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
</tbody>
</table>
Objective: to develop alternative scenarios of how the health sector might, or could, develop. This tool enables to analyze the possible effects of different assumptions on HRH supply, requirements, training, costs, productivity, and distribution.

Two approaches are possible:
- Long-term (15-30 years)
- Short-term (5-15 years)
Building knowledge and skills on the analysis of health labour market and productivity in selected countries:

- Cameroon
- Kenya
- Zambia
- Sudan

Objectives:
- to provide an overview of health labour market
- to explore how productivity improvements in HRH can improve the supply of primary care in the public and private sector.

In collaboration with EC, AFRO, EMRO, and Berkeley University.
Shortage of health care workers in Zambia, 2011

Source: Ministry of Health, 2011
Benchmarks for planning midwifery services

Objective: to produce benchmarks for productivity in health care by measuring midwifery productivity in health facilities which are known and reputed to provide good quality care.

- First phase: measure midwifery productivity using secondary data (head-counts)

- Second phase: develop an instrument to collect primary data on hours worked to measure midwifery productivity in selected countries
Objective: to identify the most appropriate inequality indices to measure geographical inequalities in the health workforce and identify the sources of the inequalities.

Three inequality indices:
- Gini
- Theil L
- Theil T
Inequalities in the distribution of the health workforce in Brazil

Building capacity: Technical workshops on measuring health workforce inequalities

- First workshop (Geneva, 2010):
  - AMRO: Peru, Costa Rica and Brazil (observer)
  - WPRO: Malaysia and Philippines
  - AFRO: Ghana, Senegal and South Africa
  - EMRO: Jordan

- Regional workshop for WPRO (Philippines, 2012):
  - Cambodia, Vietnam, Laos, Mongolia, Australia, Malaysia and Philippines

- Next workshop to be held in Brazil (AMRO)
Thank you!

Angelica Sousa
sousaa@who.int