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Summary of workshop outputs

What we have done

Thought about the future and uncertainty

Problems this causes for forecasting

Explained robust workforce planning

Identified problems and key factors

You have created plausible scenarios

Seen how we can model demand & supply

Elicited critical uncertainties

Have we met our objectives?

To update PAHO staff on the workforce context in England and Europe

To demonstrate techniques using exercises

To share knowledge about current and future challenges

To simulate debate about the application of systems thinking

Focal question

“Thinking up to the year 2040 for the PAHO region, what are the factors influencing the supply of and requirements for human resources for health?”

Topics of concern identified - 102

- **Misalignment** between current / proposed models of care with adequate supply of competent, qualified HRH
- **Narrow skill mix** of health workers (medicalised health care provision)
- **Lack of nurse leadership for planning (due to loss of senior nurses)**
- Inaccessibility of health care services in some countries
- **Curricula not adapted to country needs (NCDs)**
- **Inadequate / weak HRIS**
- Absence of HRH units / functions and lack of HRH plans
- **Migration of nurses**
- Lack of HRH planning in MoHs
- Lack of leadership in HRH
- Increased loss of experienced nurses
- Political timings
- Collapse of health systems; failed healthcare systems
- Resources, resources resources!
- **Overproduction in some professions, shortages in others**
- Disproportionate allocation or misallocation of resources
- **Under-investment in HRH**
- **Harmonization of training and education of HRH that is responsive to health needs / UHC**
- Implementation of a new model of health care
- **How to prove that planning is cost effective**
- Workforce change and views to the future are challenging to agree / implement
- **Lack of stewardship over educational programs**
- How to plan is highly fragmented and segmented health systems
- **To introduce a planning philosophy in HRH**
- Human resources education
- To plan HRH in countries with a chronic lack of planning
- **Short term view**

Factors from yesterday – approx 80

- Level of **political stability**
- Strength of **political will**
- Strength of **alliances between countries**
- Level of **collaboration between stakeholders**
- Degree of involvement of **non-health sectors**
- Impact of **current national policies** (health, education, etc.)
- Impact of **global economic situation**
- Allocation of **resources to HRH**
- Influence of **corporate interests** on population demand for health services
- Capacity of **labour market** for health workforce supply
- **Equity** of access to health services
- Fair **geographic distribution** of health services
- Effectiveness of **skill mix** policies
- Inclusion of **informal care** sector in policies
- Capacity of health system to address **change**
- Level of **health system integration**
- Access to **primary health care** services
- Level of **population migration**
- Impact of **environmental changes** on epidemics, food production and natural disasters
- Impact of **political instability**, unrest, war...
- Changing **epidemiological profile**
- Demand for right to **universal health**
- Impact of **age profile** of populations
- Level of **health literacy**
- Changes in **patient and public expectations**
- Level of population **self-care**
- Degree of **patient and public empowerment** in the health system
- Level of access to **health information**
- Impact of **health technology**
- Effectiveness of **health technology evaluation**
- Uptake of **innovative technologies**
- Level of **flexibility** of health professions
- Alignment of education and training with **future skills requirements**
- Effectiveness of **retention policies**
- Degree of **workforce motivation**
- Attractiveness of **health as a profession**
- Effectiveness of **incentives to work** in different settings
- Level of **workforce migration**

Factor voting

	IMPACT	UNCERTAINTY		
• Level of political			Alignment of training & education with future skill reqs.	epidemiological profile 2
② • Strength of political			Demand for rights to Universal Health	right to Universal Health 13 ✓
• Strength of alliances			Strength of political will	age profile of populations 3
• Level of collaboration between			Capacity of health system to address change	with literacy 1
• Degree of involvement of			Access to primary health services	patient and public expectations ✓
• Impact of current national			Allocation of resources to HRH	population self care 2
• Impact of global economic			Impact of health technology	patient and public empowerment in the health system 4
③ • Allocation of resources to			Changing epidemiological profile	access to health information 2
• Influence of corporate				health technology 7 ✓
• Capacity of labour market				of health technology evaluation 3
• Equity of access to health				innovative technologies 2
• Fair geographic distribution of health services				credibility of health professionals 1
• Effectiveness of skill mix policies 3				of education and training with future skills 11 ✓
• Inclusion of informal care sector in policies 1				of retention policies 2
④ • Capacity of health system to address change 11 ✓				workforce motivation 2
• Level of health system integration 1				loss of health as a profession 2
④ • Access to primary health services 11 ✓				effectiveness of incentives to work in different settings 4
				Level of workforce migration 7
				Level of population migration 2
				Impact of environmental changes on epidemics, food production & natural disasters
				Impact of political instability, unrest, war. 2

Factor voting

Alignment of education and training with future skills requirements

Demand for right to Universal Health

Strength of political will

Capacity of health system to address change

Access to primary health services

Allocation of resources to HRH

Impact of health technology

Changing epidemiological profile



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Extreme resolutions of the factors

Impact of health technology

IMPACT OF HEALTH TECHNOLOGY

- inappropriate &
ineffective tech/diagnosis

- inequality to access to
information

- increased cost / lack of
financing

- impersonal healthcare

- public's expectation

- overuse of tech

- development of innovative technologies that help improve early + effective diagnosis + treatment
- ↑ access to health information by health workers + population
- can ↑ coverage by ↓ inefficiencies + / or time spent on specific tasks
- Can reduce costs in long term
- free health workers to devote time to direct pt. care
- can reduce need for certain health profiles
- pt. empowerment + ↑ self-care

Strength of political will

Strong

- long term ^{HRH} planning
- implementing regional agreements/frameworks
- capacity to implement HRH plans
- Adequate supply of HRH linked to country needs
- strong intersectoral partnerships/collaboration

Strength
of
political
will

Weak

- non compliance with international/regional workforce agreements
- population health needs will not be addressed
- crisis in HRH
- lack of/short term planning
- fragmented health systems

Demand for right to universal health

Demand for right to Universal Health
STRONG

- = INCREASED ACCESS TO QUALITY CARE
- = POLITICAL WILL ↑
- = EMPOWERED POPULATION/ COMMUNITIES
- = MOTIVATED/EMPOWERED RESPONSIVE WORKFORCE
- = HEALTH CARE NEEDS WILL BE ADDRESSED

Demand for right to Universal Health
WEAK

- = LOW ^{IN THE} POLITICAL AGENDA
- = LACK OF RESOURCES FOR HCARE.
- = POOR HEALTH OUTCOMES
- = UNMOTIVATED WORKFORCE
↳ OUTMIGRATION ↑

Capacity of the health system to address change

• OPTIMAL CAPACITY (RESILIENCE) ↙

HRH: AVAILABILITY (SUFFICIENT)
DISTRIBUTION (ADEQUATE)
RETENTION (EQUITY)
COMPETENCES
SKILLS
~~FOR~~ LIFE-LONG LEARNING EDUCATION
FAIR / DECENT WORK

- IMPROVED HEALTH INDICATORS
IMPROVED PREPAREDNESS, RESPONSE
CAPACITY
- IMPROVED CAPACITY TO THINK
FUTURE SCENARIOS, AND
TO MOBILIZE RESOURCES
- & ECONOMIC IMPACT, INCLUSIVE SOCIAL DEVELOPMENT

• EVEN MORE LIMITED CAPACITY TO ADDRESS CHANGE

COLLAPSE OF SYSTEM

↓ LIFE-EXPECTANCY, QUALITY OF LIFE
↑ DISABILITY, MORBIDITY, MORTALITY
INCREASED RELIANCE ON INFORMAL CARE,
WITH IMPACT ON FAMILY, SOCIETY, ECONOMY
↑ CRISIS, CONFLICT, EXCLUSION
↑ POLITICAL PRESSURE INEQUITY

Alignment of education and training and with future skills requirements

High Alignment

High quality service
care.

Lower health care worker
migration

- Satisfied ~~with~~ health needs
- Better balance in labour market
- * STABILITY IN THE WORKPLACE
- Better efficiency in continuous training programs.
- Better use of financial resources on the health system.

Low Alignment

Low quality service
care

- High migration in HRH.
- Unsatisfied health needs
- Unbalanced labour market
- * INSTABILITY IN THE WORKPLACE
- * Worst efficiency in CT Programs.
- * Inefficiency in the allocation of financial resources on H.Syst.

Access to primary health services

HIGH ACCESS

- Better chronic condition control efficiency
- ~~High number~~ Enough quality and quantity of HRH at 1st level of attention
- Society empowerment
- Good balance between Primary healthcare team and ~~the~~ others. HRH (2nd/3rd level)
- Best practices in P&P
- Reallocation of resources focus on 1st. level.

Low Access

- Higher cost on chronic conditions control
- Overdemand of 2nd and 3rd level
- Low ~~quality~~ in the community perception about ~~the level~~ health services quality
- Hyperspecialization of HRH
- Focus on treatment.
- Insufficient financial resources

Allocation of resources to HRH

- ✓ ALLOCATION FOLLOWS PRIORITIES AND FIRM GAPS FOR ^{progressive} UNI. HEALTH.
- ✓ ENOUGH RESOURCES TO COVER THE PRIORITIES
- ✓ HIGH LEVEL OF EFFICIENCY AND PRODUCTIVITY.
- ✓ RESULTS BASED MANAGEMENT OF HRH (HEALTH GOALS)
- ✓ Good governance of the salaries/benefits definition ^{process} with results orientation. (fair conditions for all occupations and professions)
- ✓ Effective policies that assure equitable HRH distribution (urban/rural, specialized/first level of care, remote/conflict areas) and infrastructure

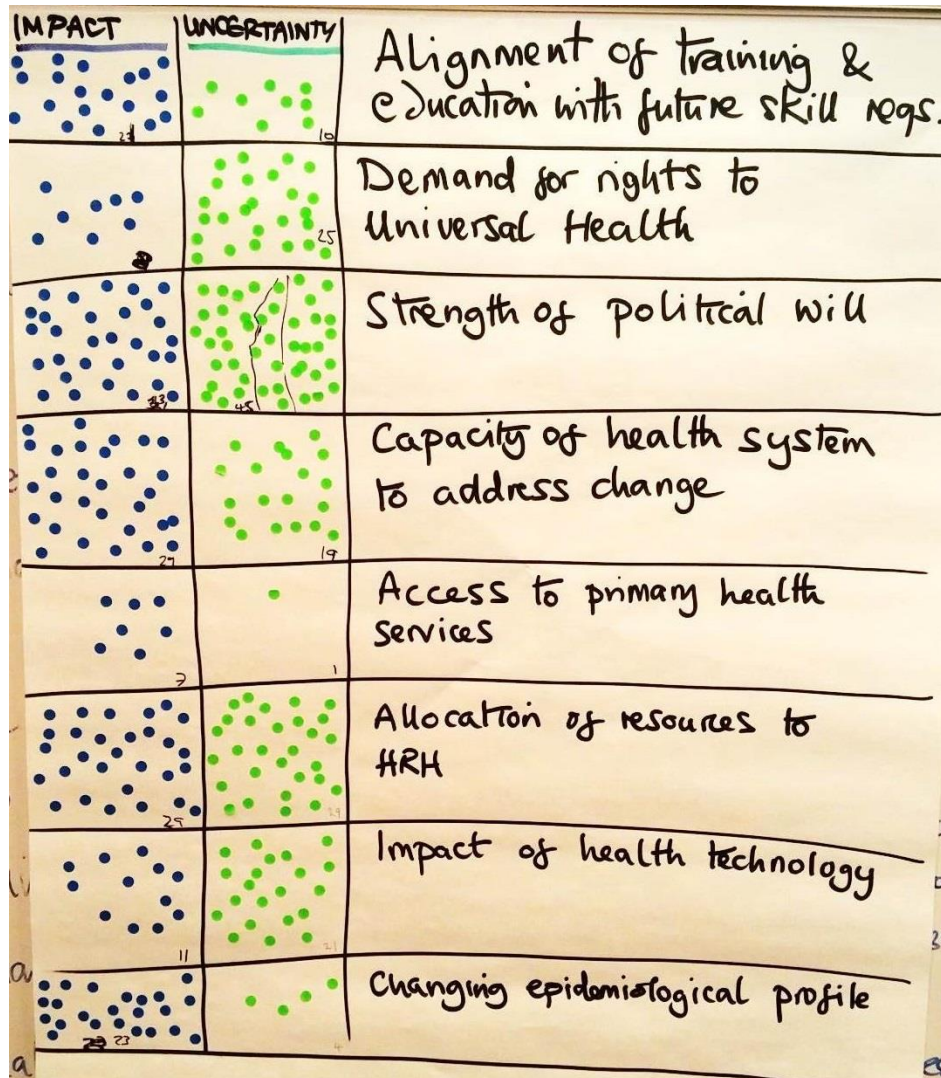
- ✓ ALLOCATION FOLLOWS HISTORICAL PATTERNS ESPECIALLY CARE AND INDIVIDUAL PRACTICES
- ✓ HIGH OUT OF POCKET EXPENDITURE
- ✓ INEFFICIENCIES / LOW PRODUCTIVITY
- ✓ INDIVIDUAL TASK COMPLIANCE GUIDES PERFORMANCE ASSESSMENT
- ✓ High influence of unions/professional associations on the use of funds for salaries and benefits not related with health results
- ✓ No policies, unequitable distribution of HRH and lack of infrastructure and personnel in rural, remote and conflict areas.

Changing epidemiological profile

- + +HRH directly
(use of survivors in HWF)
(protection HWF)
- ↑ immunity (eg: Ebola)
 - ↑ vaccine production, infection control
 - ↑ \$ for health systems (↑ allocation for HRH)
 - ↑ \$ for ^{health sys.} research
 - ↑ collaboration between ^{Orgs} ~~health~~ countries + regions (to address outbreak)
 - improved self-care (NCDs)
 - ↑ skills of HWF
 - closer collaboration between researchers + health workers
 - ↑ multi-~~disc~~ disciplinary (inter-profes.) collaboration
 - ↑ opportunities for S-S collaboration (+ US) (as health profiles become more similar)
 - more comprehensive + who listic ~~profile~~ profile of HRH
 - ↑ life expectancy of HRH

-
- uncontrolled outbreaks
 - new illnesses
 - increased costs, e.g. HRH, meds, vaccine dev
 - fear of health system
 - weak health system to face changing epi profile
 - increased inequalities to access health system
 - tech capacity of HRH to face epi change quickly
 - ↑ mortality, morbidity, disabilities

Ranked factors and resolutions



Alignment of education and training with future skills requirements

Demand for right to Universal Health

Strength of political will

Capacity of health system to address change

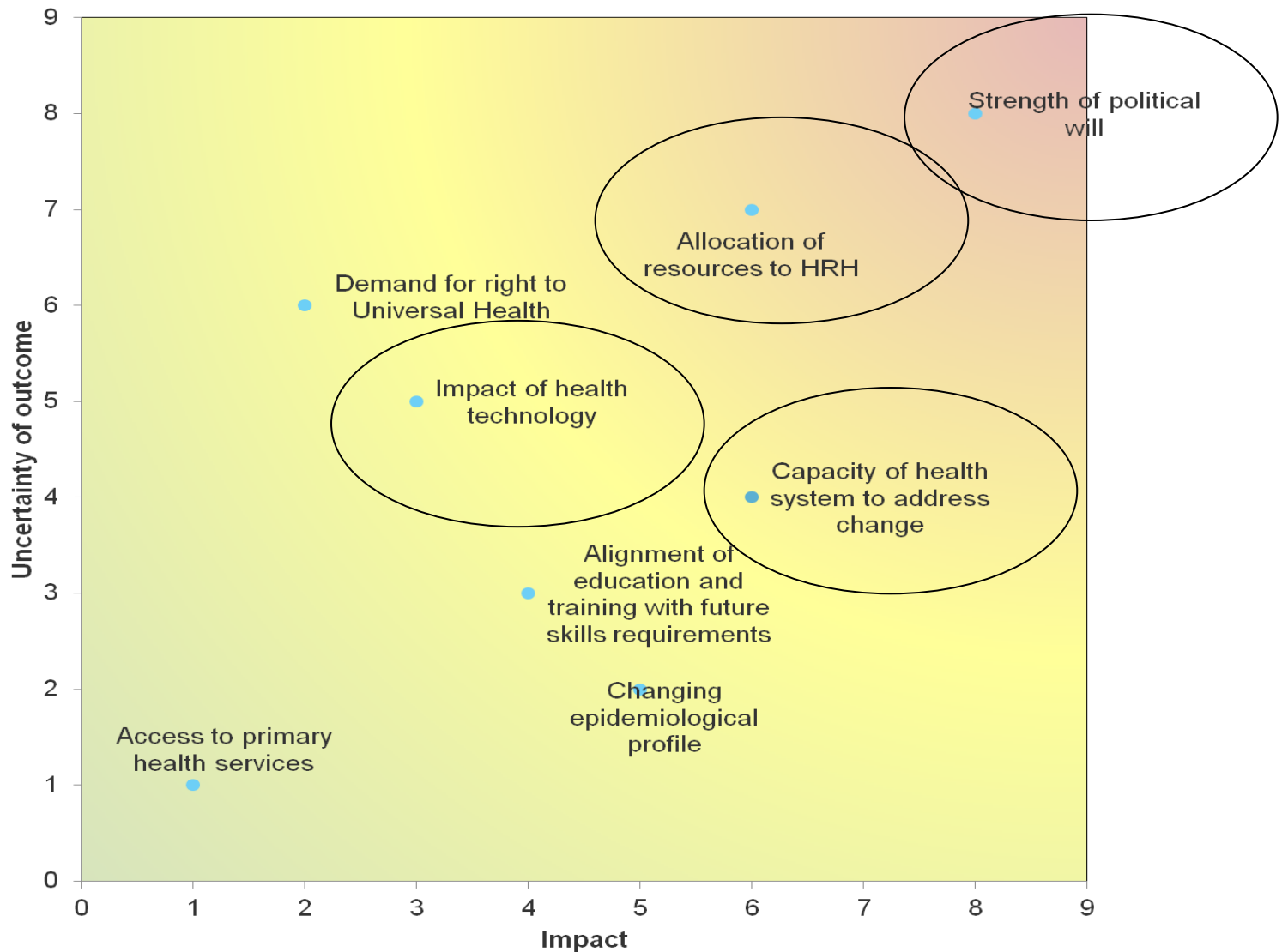
Access to primary health services

Allocation of resources to HRH

Impact of health technology

Changing epidemiological profile

Ranked by impact and uncertainty





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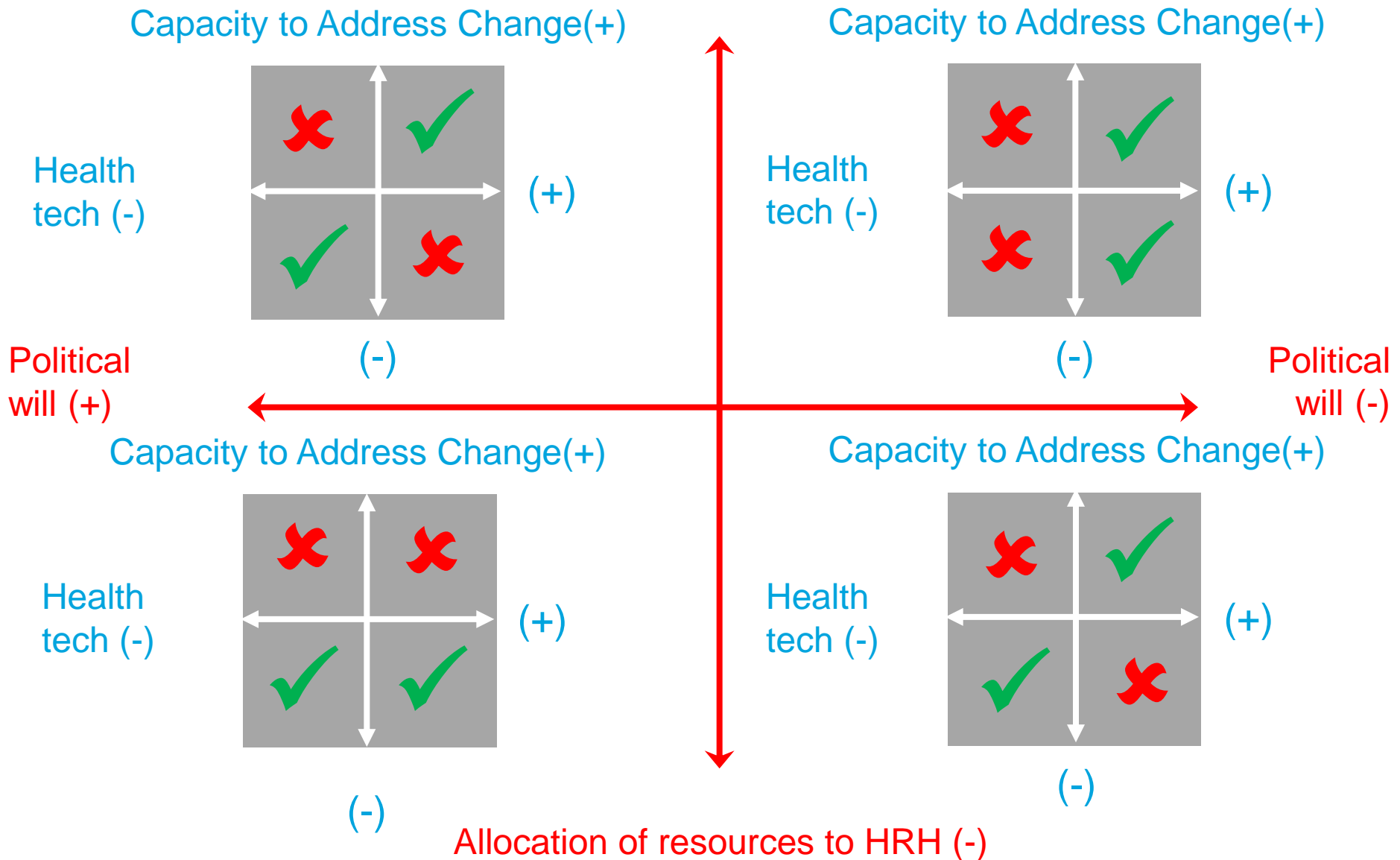


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Agreeing consistent scenarios

Allocation of resources to HRH (+)





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Four scenarios for the PAHO region

"Almost there" aka "Alice in Wonderland"

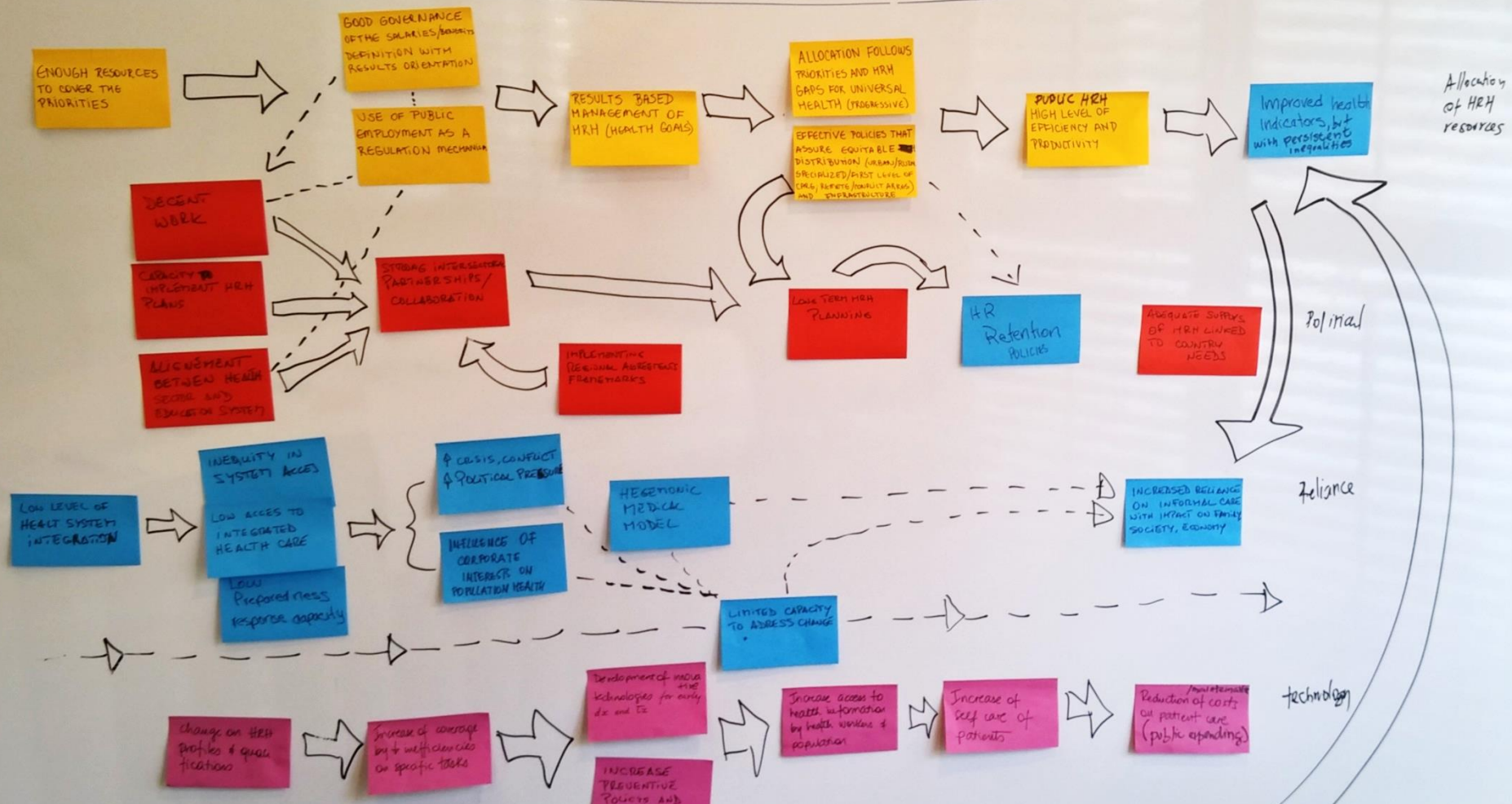
ALMOST THERE ?!

A.K.A

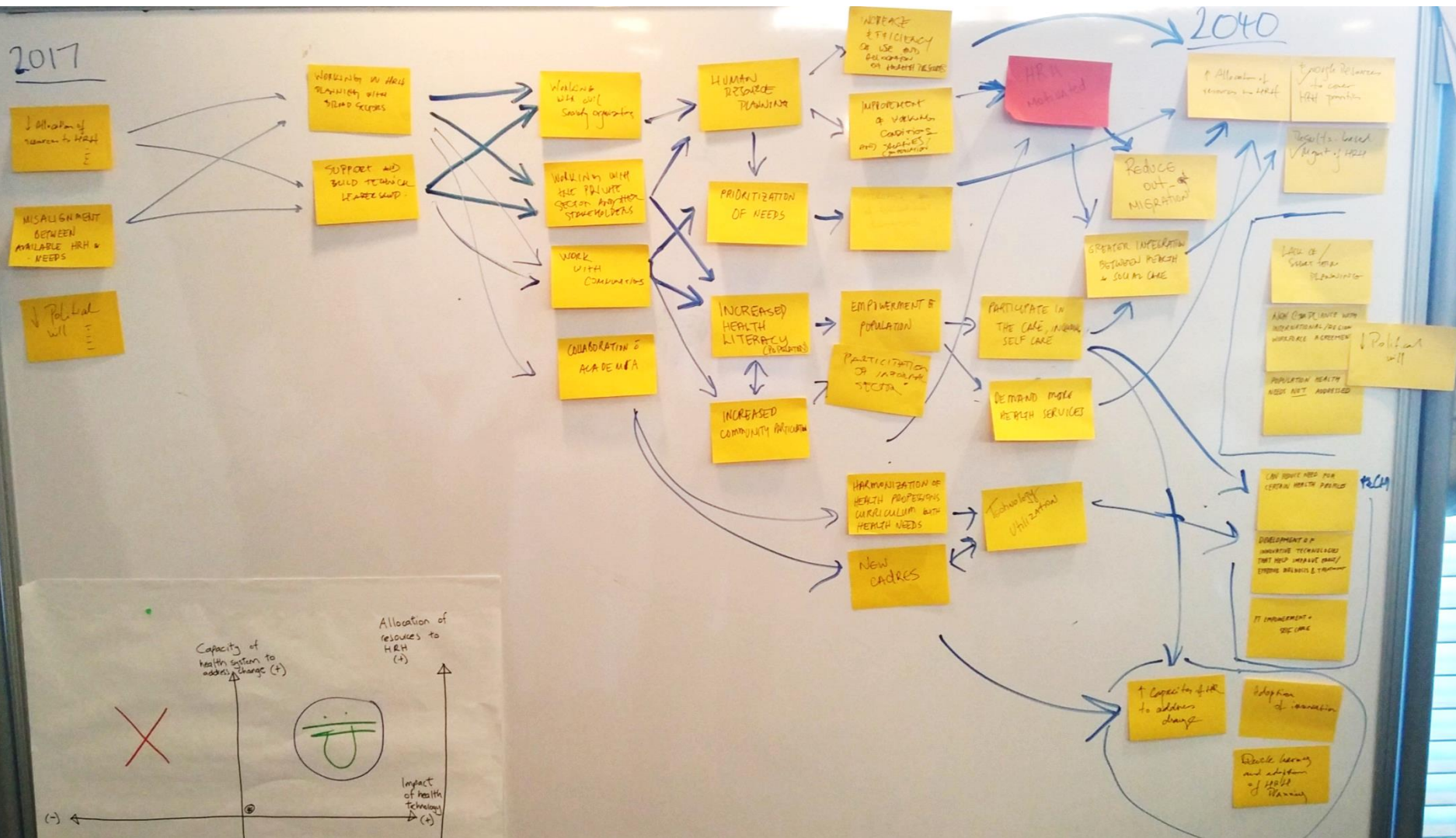
Alice in Wonderland

2017

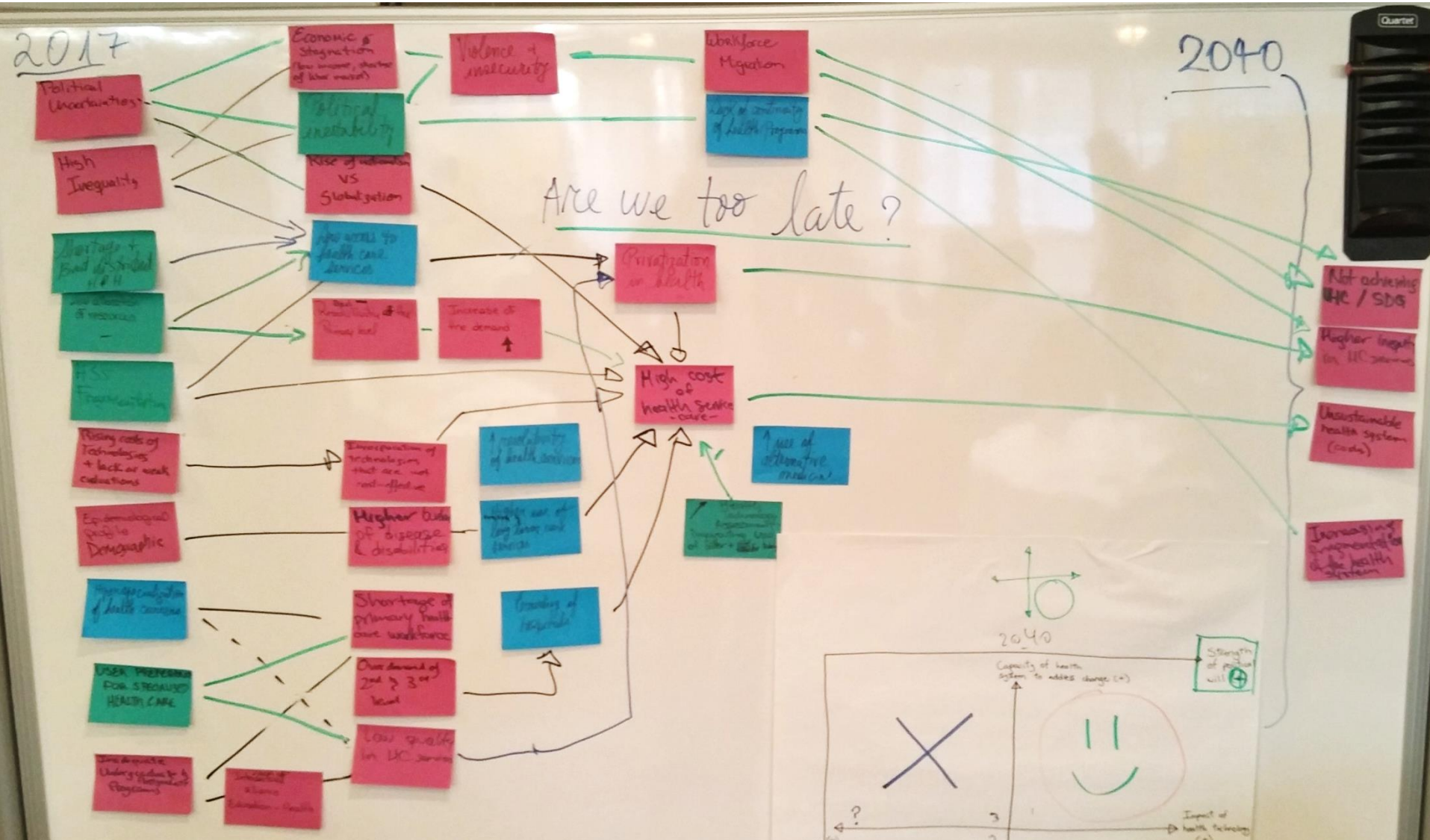
2040



“From confusion to unison”



"Are we too late?"



“BB” aka “Bad Bad”





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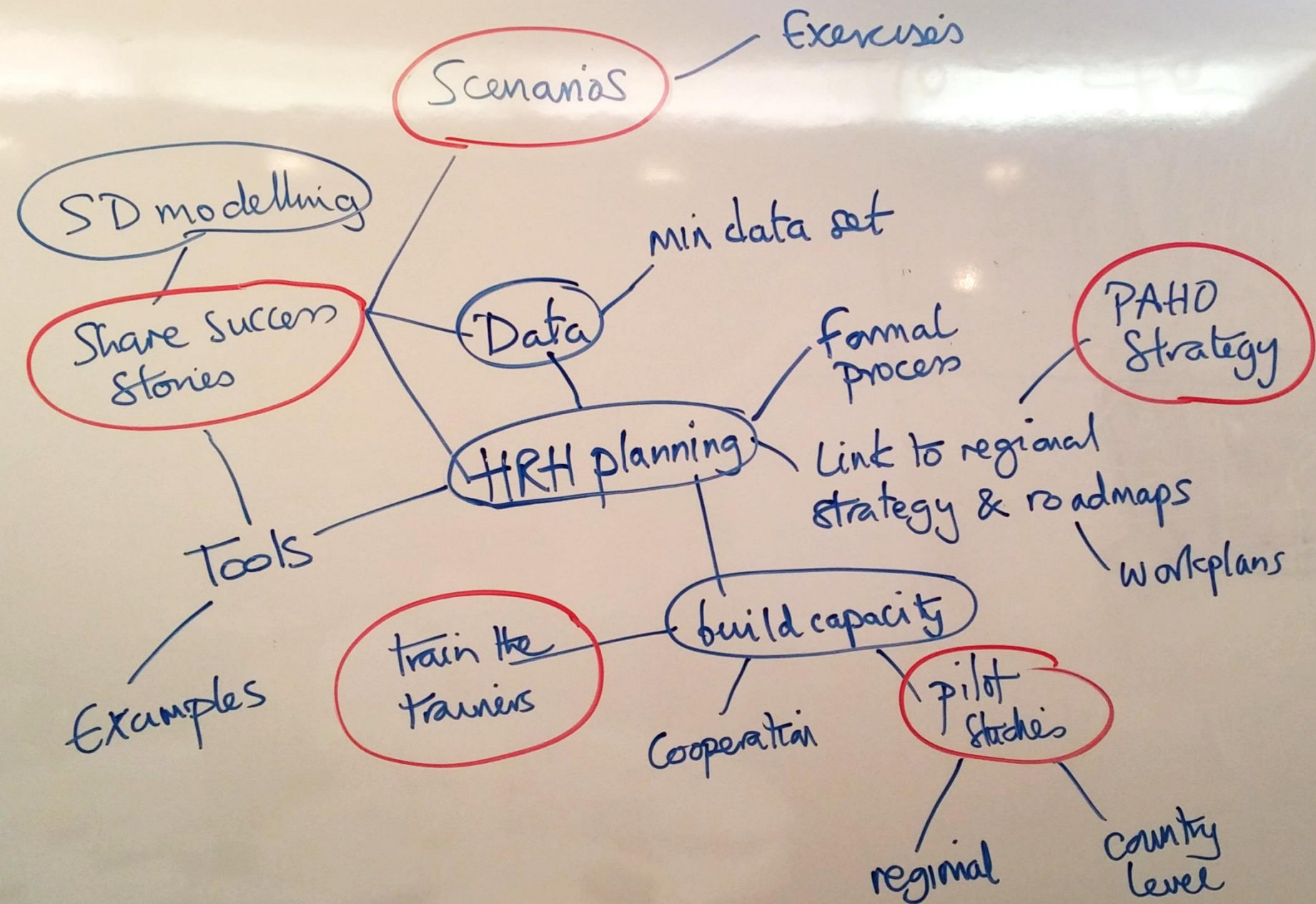
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Next steps summary



Ideas for going forward

Enhanced PAHO-wide scenarios?

Country-level scenarios and pilots with stakeholders?

What drives your demand today?

How might it change in the future?

Knowledge sharing on data, tools and approaches

What skills does you have today?

What might you need in future?

Further technical assistance

This is all semi-quantitative – no modelling required – but can go forward and add to this.



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Thank you for your efforts and collaboration!

matt.edwards@dh.gsi.gov.uk

graham.willis@dh.gsi.gov.uk

john.fellows@dh.gsi.gov.uk

andrew.woodward@dh.gsi.gov.uk