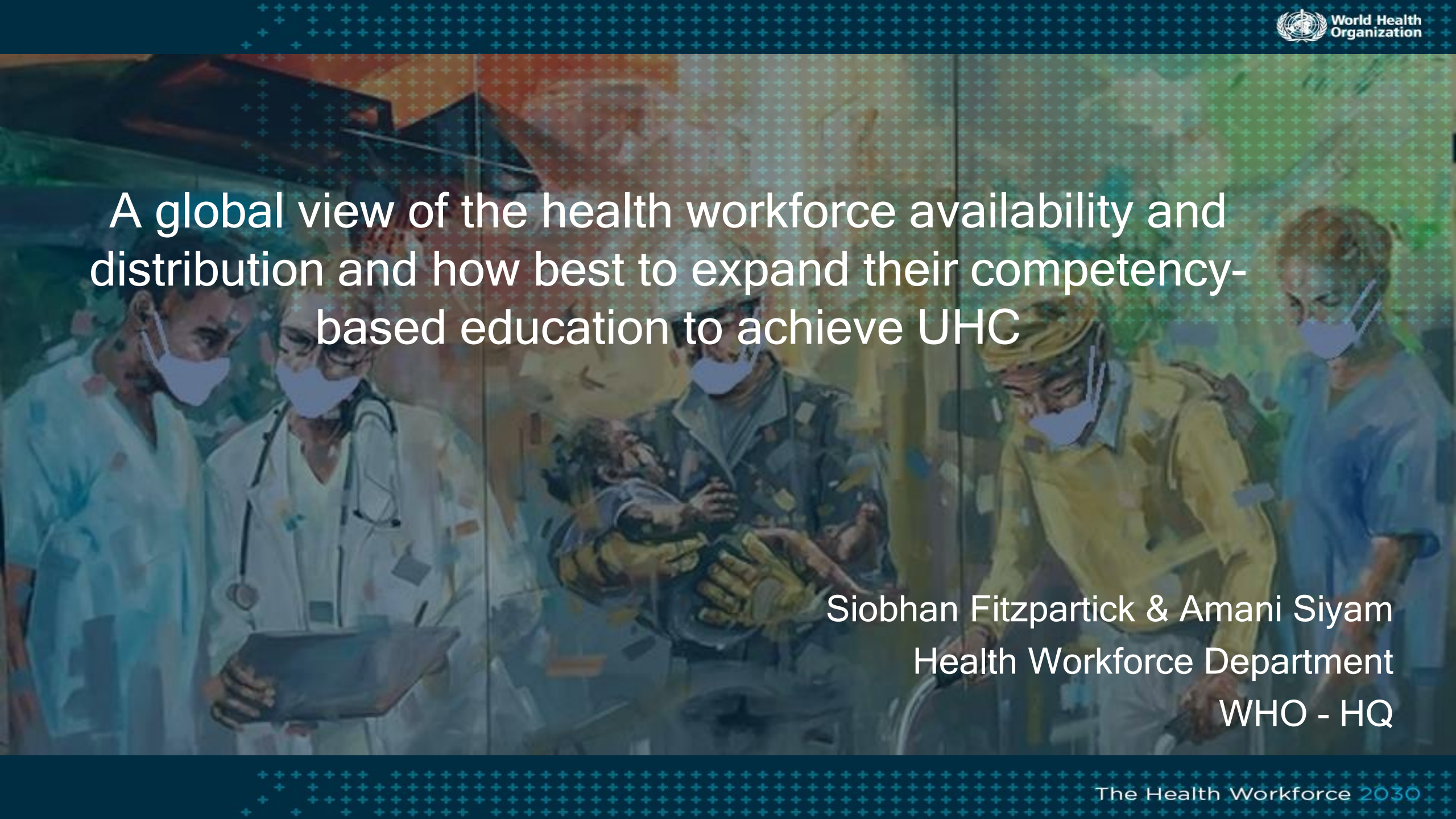

A global view of the health workforce availability and distribution and how best to expand their competency-based education to achieve UHC

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Health Workforce Department
WHO - HQ

Our goal is to align the measurement, monitoring and evaluation mandate(s)

The Global Strategy on Oral Health

SO 3: Health workforce: Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs

- Aims to ensure that there is **an adequate number, availability and distribution of skilled health workers** to deliver an essential package of oral health services to meet population needs.
- More effective workforce models will likely involve **a new mix of dentists, mid-level oral health care providers** (such as dental assistants, dental nurses, dental prosthetists, dental therapists and dental hygienists), community-based health workers and other relevant health professionals who have not traditionally been involved in oral health care, such as primary care physicians and nurses.
- **Curricula and training programmes** need to adequately prepare health workers to manage and respond to the public health aspects of oral health and address the environmental impact of oral health services on planetary health. **Professional oral health education** must go beyond development of a clinical skill set……. Intra- and inter-professional education and collaborative practice will also be important to allow the full integration of oral health services in health systems and at the primary care level.

The Global Strategy on HRH: Workforce 2030

– The global implementation of the National Health Workforce Accounts (to monitor HRH availability and distribution) (**Objective 4**)

- Milestone 4.2 By 2020, all countries will have made progress on sharing HRH data through **national health workforce accounts** and submitting core indicators to the WHO Secretariat annually.

– expand their competency-based education to achieve UHC (**Objective 1**)

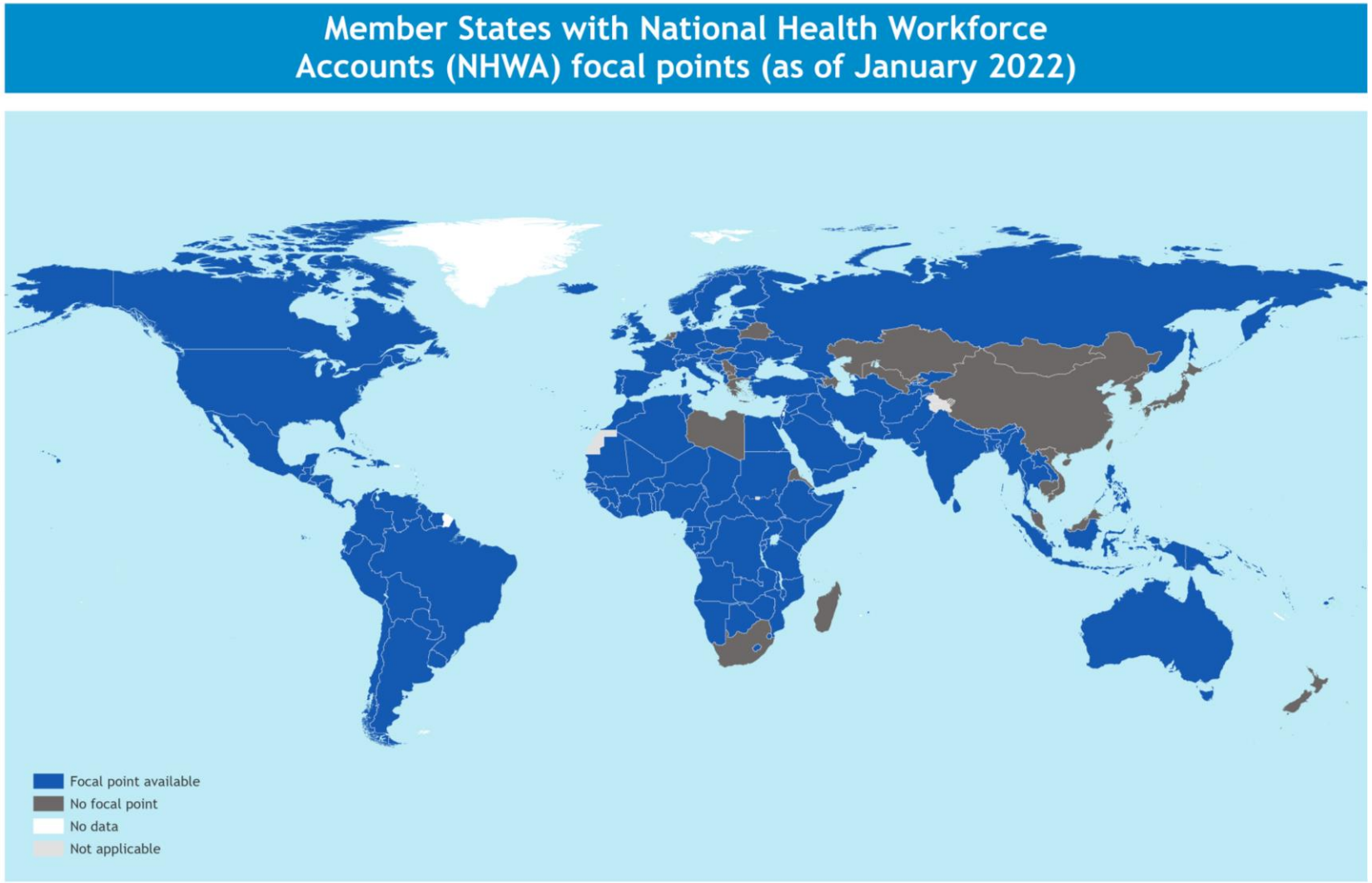
- Milestone 1.1 By 2020, all countries will have established accreditation mechanisms for health training institutions. → by adopting transformative strategies in the scale-up of health worker education

The global implementation of the National Health Workforce Accounts

The **purpose** is to standardize the health workforce information architecture and interoperability (*the ability to exchange health workforce data within broader subnational or national health information systems, as well as within international information systems*).

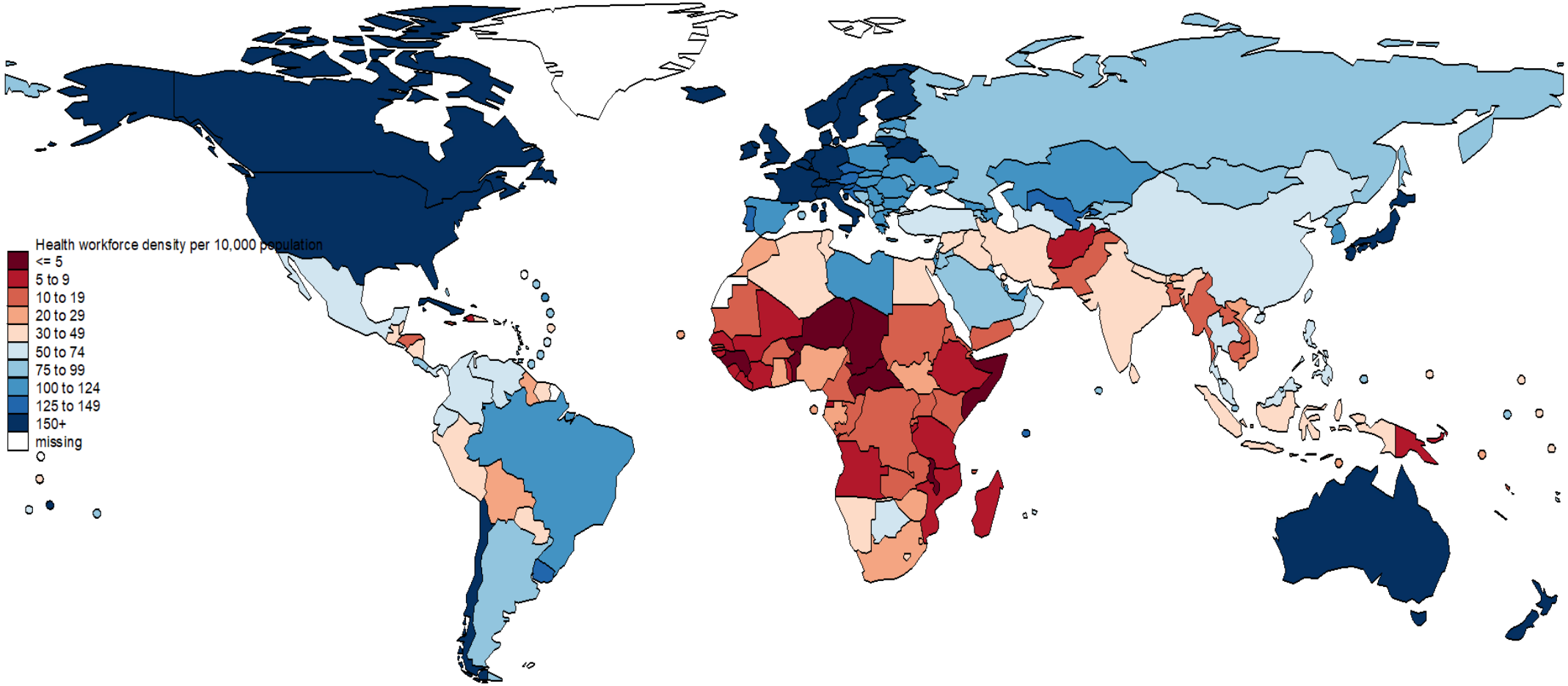
To support countries track HRH policy performance towards UHC and the health and health-related SDGs.

Through its progressive ***(close to universal)*** implementation, NHWAs facilitates a harmonized, integrated approach for regular collection, analysis and use of quality and standardized health workforce information to inform evidence-based policy decisions.



NHWA data for global HRH monitoring, preparedness and planning

A global inequity in the distribution of health workers (2020)



* Latest available density as of 2020.

incl. medical doctors, nursing personnel, midwifery personnel, dentists, pharmacists

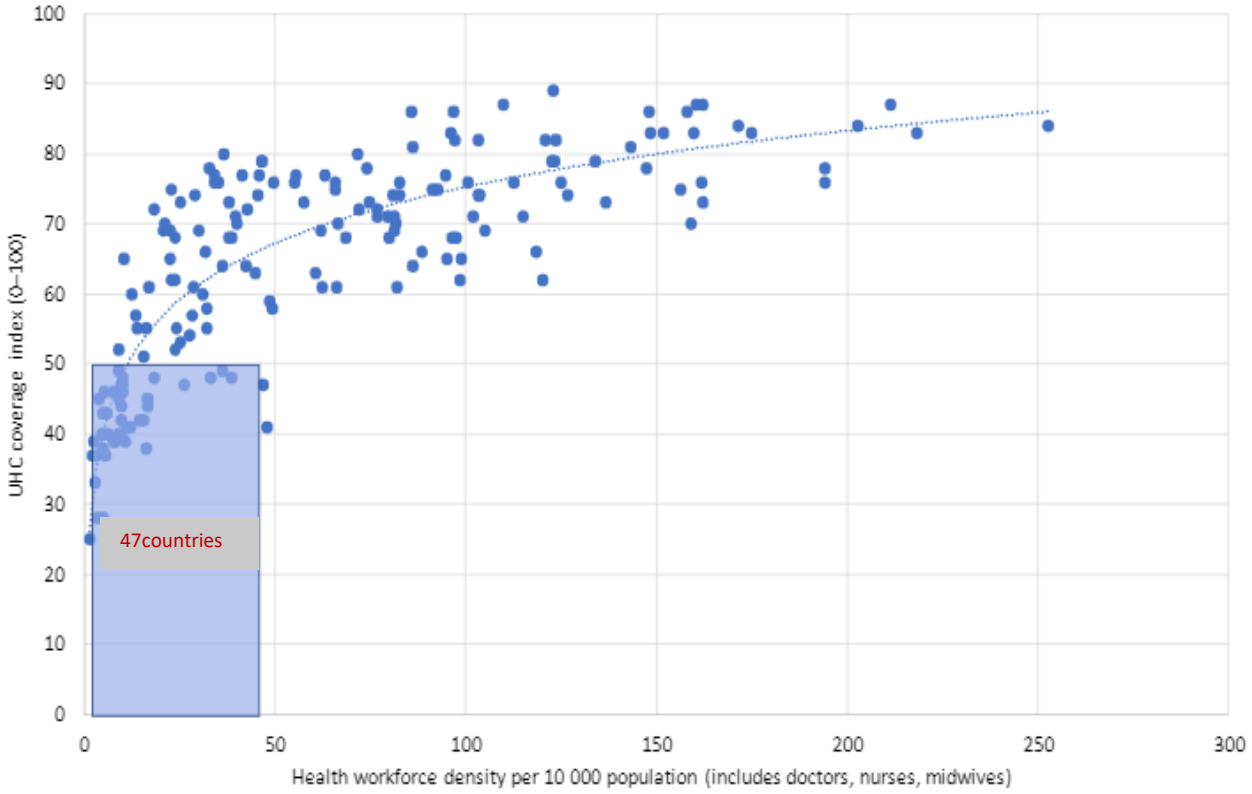
An example of an HRH monitor for UHC

Workforce Support and Safeguards List

The list replaced the old list of crisis countries with critical shortage of health workers (World Health Report 2006)

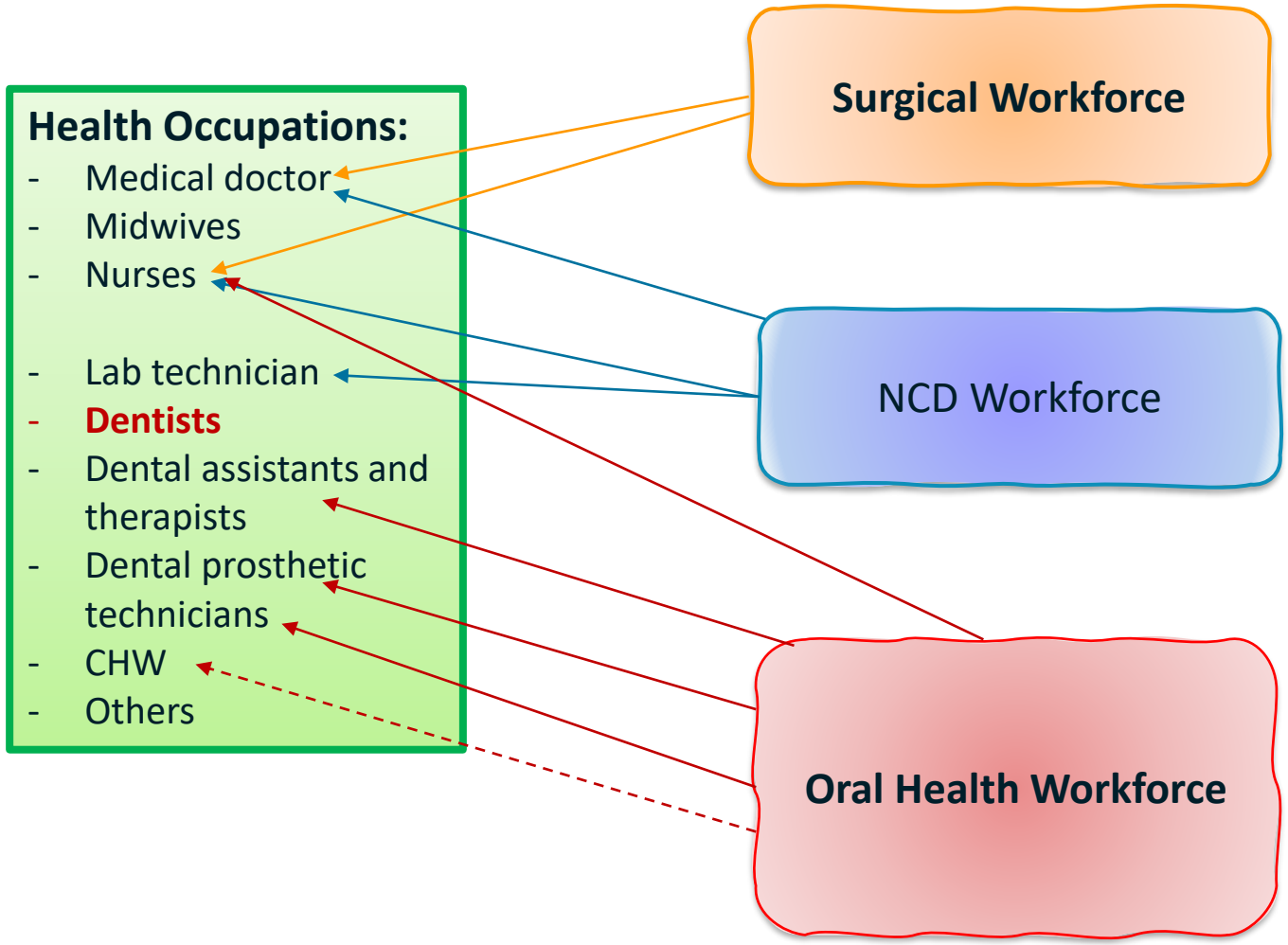
The **47 countries** in the list are facing the most pressing health workforce challenges related to UHC, and must be:

- **Prioritized for health personnel development & health system related support.**
- **Provided with safeguards that discourage active international recruitment of health personnel.**
- **Government-to-government agreement** on health worker mobility from these countries should:
  - i. Be informed by health labour market analysis to **ensure adequate domestic supply in countries.**
  - ii. Explicitly **engage health sector stakeholders**, including ministries of health.
  - **iii. Notify** the WHO Secretariat.



Region	AFRO	EMRO	PAHO	SEARO	WPRO
Countries	33	6	1	2	5

Measuring the “specialized” workforce



- Be aware that every “specialized” workforce group is targeting to measure a skill mix that are also potential members/ numbers of other specialized groups.
- There are usually variations across countries on which occupations and individual job titles are involved in delivery specific health care services (such as oral health care).
- The **NHWA implementation guidance** to countries is:
  1) To **map occupations** performing e.g. oral health care functions, to existing national level occupations;
  2) To **align the mapped occupations to existing international standards** of occupations (ISCO-08) to enable cross-country comparisons.

The Oral health workforce in NHWA

NHWA Stock data availability

	Stock data availability (data points 2016-2020)					
	Number of countries reporting (including non-MS)	2016	2017	2018	2019	2020
Dentists	194	87	92	133	90	46
Dental assistants and therapists	133	16	21	45	54	21
Dental prosthetic technicians	128	9	15	42	47	14

Stock (head count) data is increasingly available for the 3 occupations…in disaggregation by

- By **activity level** (practicing/ professionally active/ licensed to practice)
- By **gender** (male/ female)
- By **age** group (<25 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, >65 years)
- By **place of birth** (national-born/ foreign-born)
- By **place of training** (domestically-trained, foreign-trained, unknown place of training)
- By **health facility ownership** (public, private-not-for-profit, private-for-profit)
- By **working facility type** (hospitals, residential long term care facilities, providers of ambulatory health care, ancillary services, retailers, providers of preventive care)
- By **subnational unit** (e.g. by state/ province, or similar)
- Data on the number of graduates is available for Dentists only

Principles of competency-based education

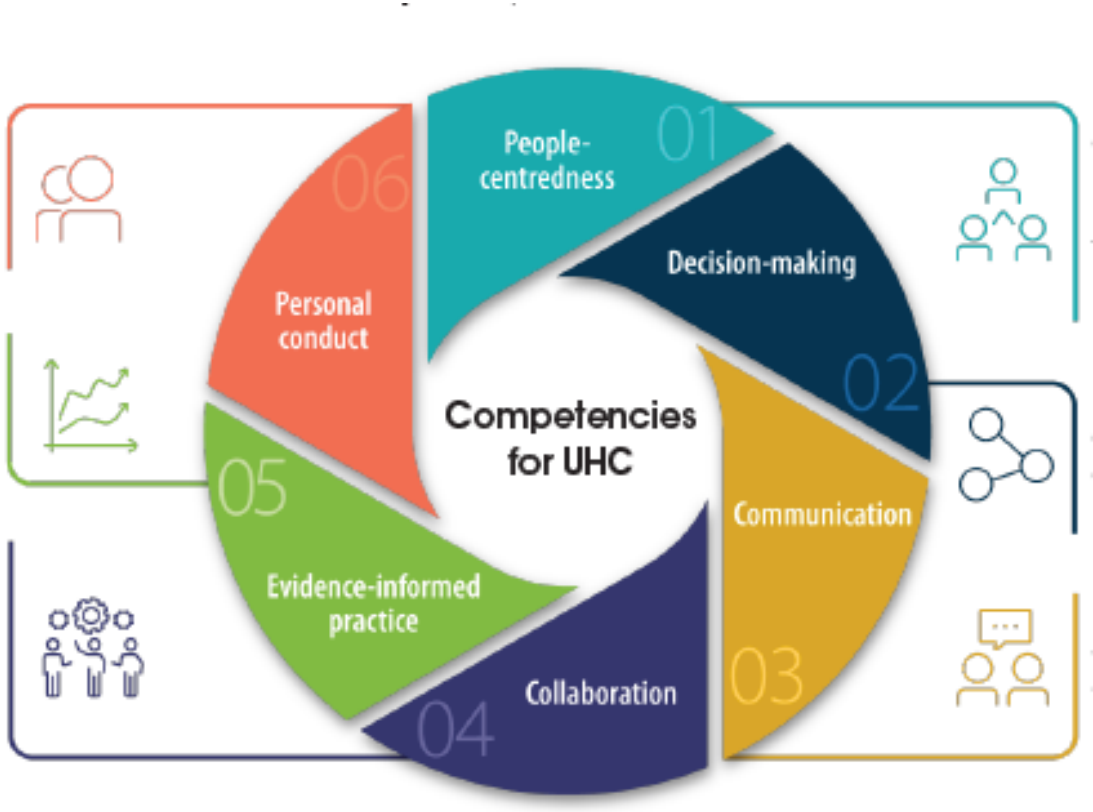
Source: Frenk, Chen et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010.

- Education outcomes aligned with requirements in practice
- Emphasis on application, not acquisition of, knowledge, skills and attitudes
- Authentic learning and assessment
- Modular, progressive sequencing

Source: World Health Organization (in press) Global Competency and Outcomes Framework for Universal Health Coverage

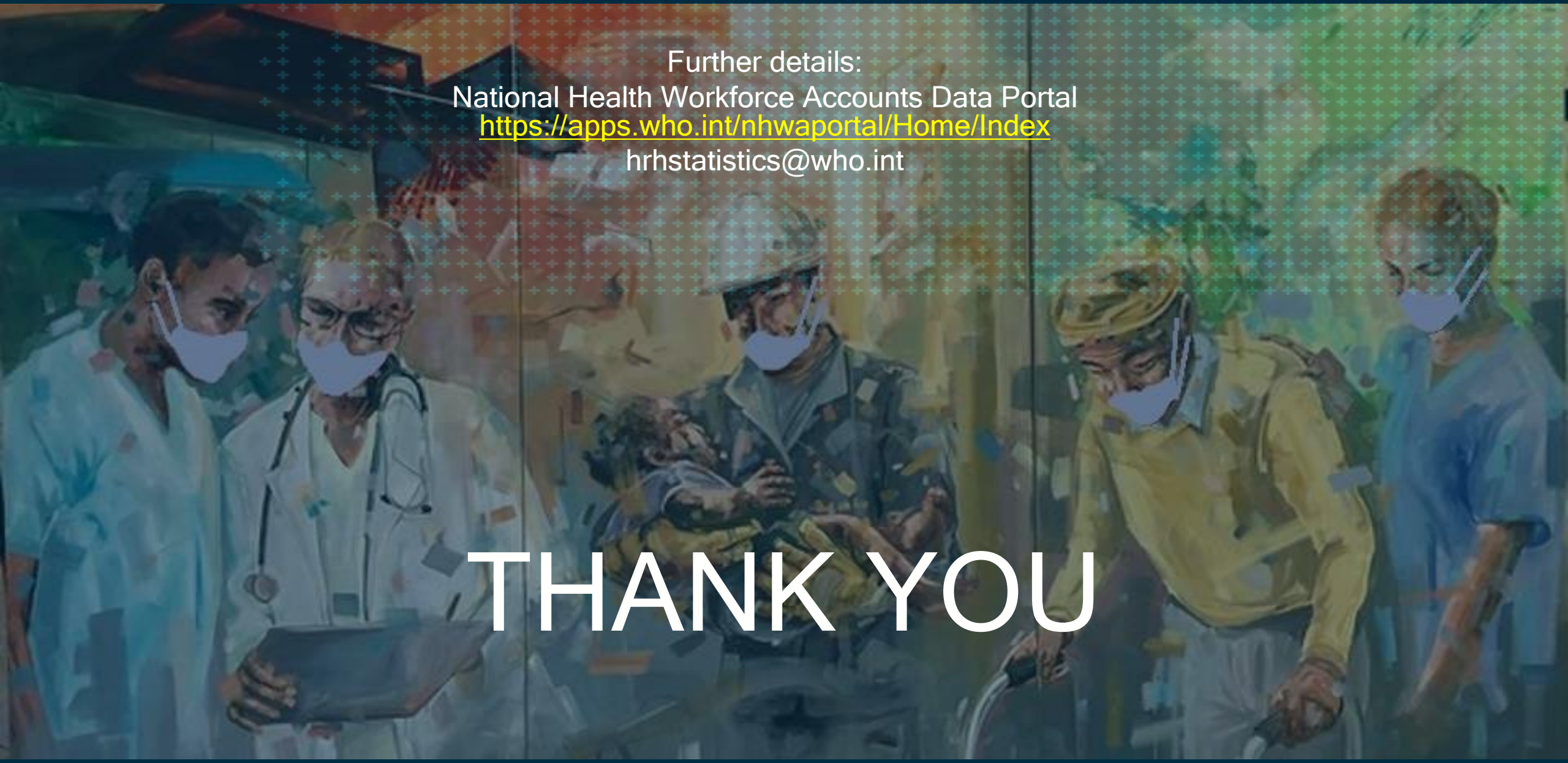
Global Competency and Outcomes Framework for UHC

- Holistic approach to competence – combined focus on what is done, and the competencies of the person who does it
- Emphasis on what is done (practice activities), not who does it
- Outcomes related to individual health, population health and management and organisation activities
- 24 competencies relevant for all health workers across six domains



Strengthening competency-based education

- Constructive alignment: education outcomes, assessment, learning experiences
- Curriculum design and delivery – population health needs, rural recruitment and retention
- Clinical experience during the programme
- Interprofessional education and collaborative practice
- Faculty training and support for competency-based education
- Supportive supervision, particularly around transition from education to practice



Further details:
National Health Workforce Accounts Data Portal
https://apps.who.int/nhwaportal/Home/Index
hrhstatistics@who.int

THANK YOU