

Think Tank



Five challenges in HRH for health care provision

Facing reality to find adequate responses

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The Five Challenges

1. The aging workforce
2. The push for increased training capacity
3. The revision of skill mix and task shifting
4. The importance of health professional mobility
5. Assuring access to care in deprive areas

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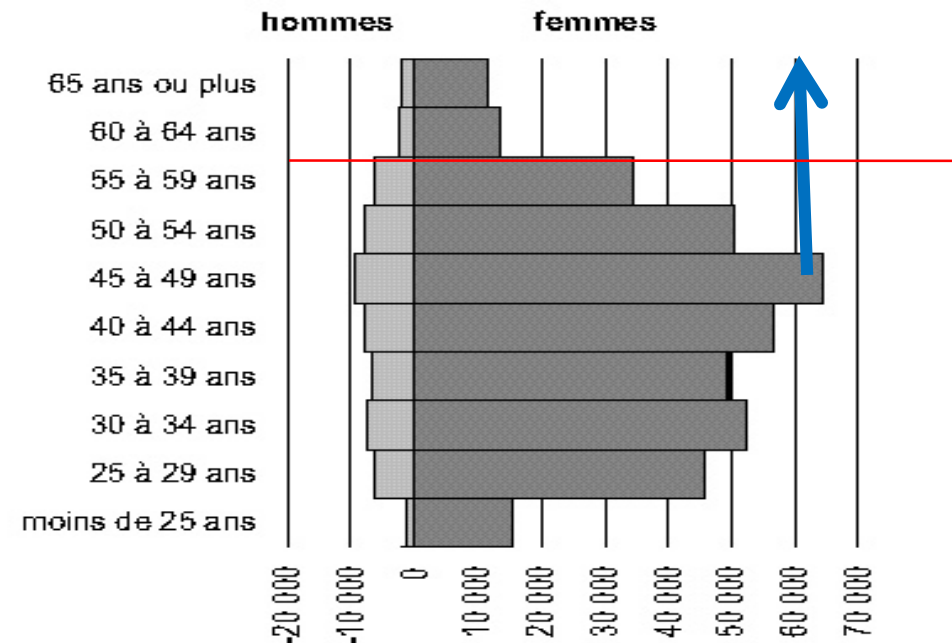
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1. Aging Workforce : facts

- An international trend for all professions
- More important for Nursing professions
- Not with same impact across countries and professions

pyramides des âges des infirmiers en 2005



Source : Répertoire Adeli au 1^{er} janvier 2005, Drees.

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1. Aging workforce : issues

- Short term : absenteeism and lower productivity with longer professional life span
 - Expected consequences but not well documented
- Mid and long term : difficulties to fill positions and know how gap
 - Uncertainty on the intensity of these consequences

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1. Aging workforce : solutions and precautions

- Increase Training capacities
 - Consider age pyramid for enrolment
 - Fill the gap in relation with length of education
- Playing on retirement age
 - Part time to limit absenteeism
 - Outsource to private providers
- Hiring on the global market
 - Ethical recruitment
 - Adaptation to countries need

A need to combine these three but who is ready to finance?

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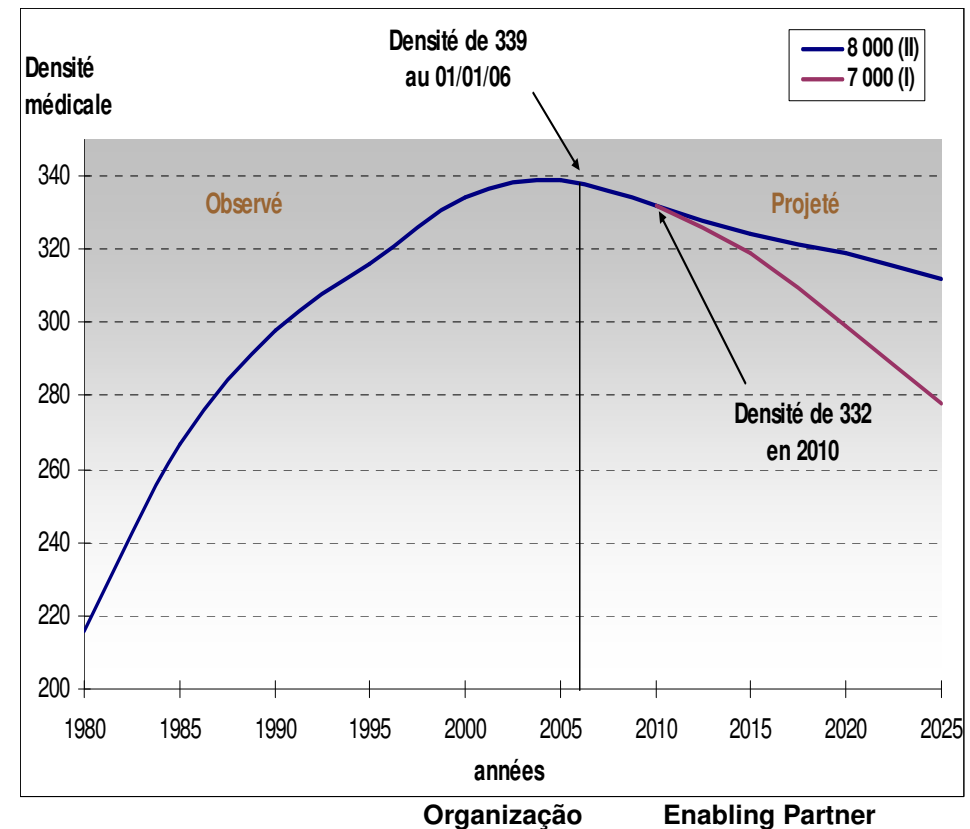


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2. Increasing training: facts

- Commitment to increase school enrolment for professions with shortage
- Focused on training facilities and faculty availability
- In many countries division of responsibilities between MoHealth and MoEducation



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2. Increasing training: issues

- Faculty trade-off: In the classroom or in the hospital?
- Brutal student volume increase: Consequences on quality?
- Are specific training responses needed for each professions?
- How much up dating and reconsideration for Curricula?
- On site training must follow: more volume or new sites ?

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2. Increasing training: solutions and precautions

- Expand on site training
 - Strong criteria for site selection
- Revise criteria for hiring faculty
 - Linked with curricula revision
 - Reconsider academic/experience requirements
- More role of private sector for initial and on site training
 - Strong criteria for contracting
 - Develop accreditation of training

How does MoH work with other Ministries on these issues ?

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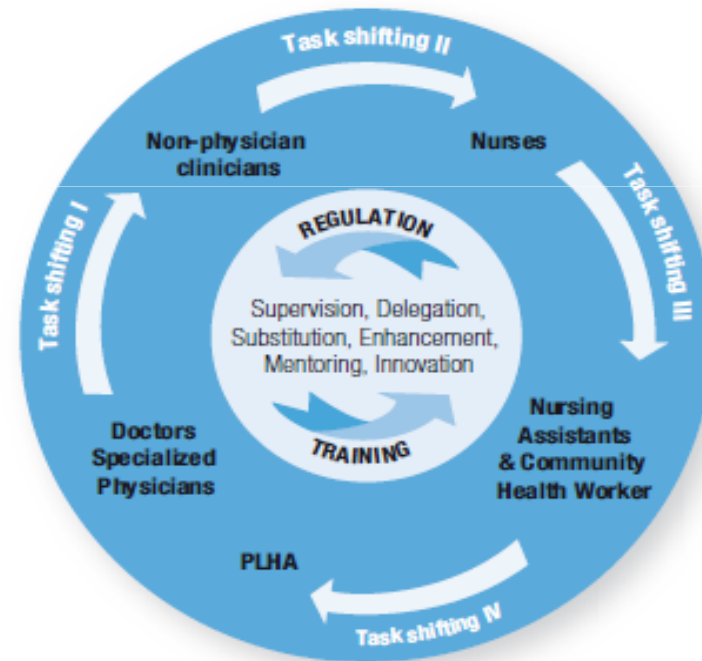
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3. Skill mix and task shifting: facts

- Different but complementing approaches
- International emphasis on task shifting: WHO 22 recommendations
http://www.who.int/healthsystems/task_shifting/en
- Strong positions from professions : 12 guiding principles on task shifting
http://www.wma.net/e/press/pdf/task_shifting_050308.pdf

Task shifting: expanding the pool of human resources for health



Source: WHO task shifting booklet

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3. Task shifting & skill mix: issues

- Revision of regulation for professions
- Importance of the dialogue with professional associations
- Reconsidering distribution of tasks : how much flexibility ?
- Linkages with service distribution re-ingeniring
- Combination with multi professional patient centered networking.

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3. Task shifting & skill mix : solutions and precautions

- Involve professions in a problem solving approach
 - Identify gains for each profession
 - Regulation changed only after having a good level of acceptance
- Create some overlaps to allow flexibility
 - task shifting included in the hospital strategic development plan
 - Avoid one size fits all both at local & system level
- Step by step approach with assessment and M&E
 - Experience but in a limited period
 - Benchmark results of different options

How to get all stakeholders on board in a positive mood ?

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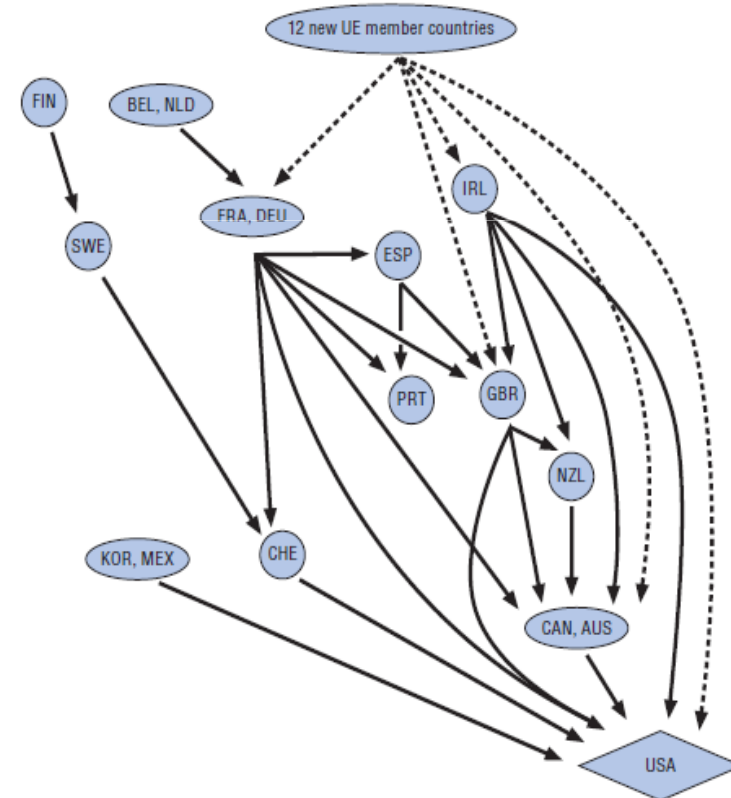
4. Health professional mobility: facts

- international and national cascade of different magnitude (rural/urban, public/private)
- Specific EU situation with free movement (green paper 2008)
- Two major research projects Mohprof and Euro observatory
- WHO code of conduct initiative
- GHWA working group on health workers migration
- Professional organisations initiative on PPE to limit attrition

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Figure 4.2. Intra-OECD migration of nurses: a cascade-type pattern
Net stocks, circa 2000



Arrows represent a positive difference between the stocks of nurses in origin and receiving countries.!

4. Health professional mobility: issues

- Shortage for certain professions due to brain drain
- Increased turn over in facilities with gaps in position filling
- Potential shortcoming in competency and heterogeneous professional culture
- Pressure on wages : domino effect and civil service constrains
- Ethical issues for recruitment from deprived area/countries

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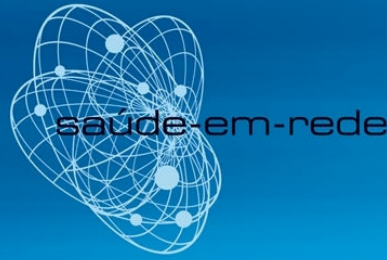
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4. Health professional mobility : solutions and precautions

- Retention is critical
 - Test incentives before implementing
 - Realistic and coherent package
- Ethical recruitment
 - Measure real benefit of compensation response
 - All players must adopt similar rules
- Redistribution of activities among providers
 - Technology can help but not solve all
 - Align health care financing to service distribution

How to avoid competition and restore general interest ?

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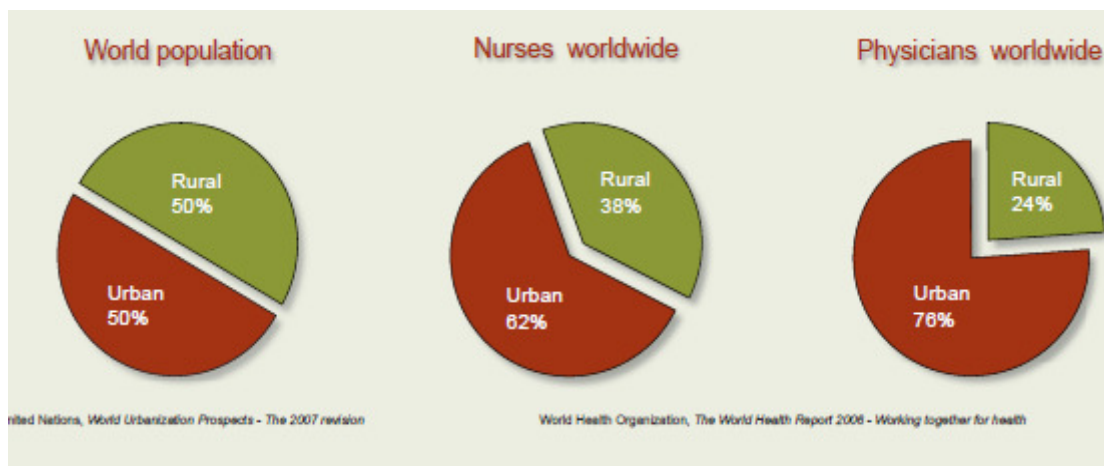


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5. Access to care in deprived areas: facts

- All countries have their healthcare deserts.
- Nature of shortage varies within countries
- Deprive areas go beyond rural versus urban divide
- A major WHO initiative has been launched to improve access to care
- Revival of Primary health care is a major priority: WHR 2008



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5. Access to care in deprived areas: issues

- Impact on health care and on health outcomes
- Social justice and equity for the population
- Cost of coverage in remote areas and efficiency concerns
- Factors outside the health sector (education, services,...)

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5. Access to care in deprive areas: solutions and precautions

- Attract and retain
 - Long term incentives versus short term fix
 - Effectiveness of interventions : environment, incentives & management
- Rural development projects
 - Interface between national priorities and decentralization
 - Agree on package of care
- Innovation in service delivery to reach out
 - Financing the outreach activities
 - Social and professional recognition of activities

How to draw the line between improved equity and efficiency ?

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