

Summary report on the

Meeting on health workforce observatories in the Eastern Mediterranean Region

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Cairo, Egypt
23–24 October 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Across the Eastern Mediterranean Region, almost all countries face challenges with regards to their health workforce. These include, but are not limited to, shortages of health workers, imbalances in their production and distribution, poor quality and performance, safety and security issues, and an overreliance on expatriate workers (for Gulf Cooperation Council countries) and migration. That two thirds of the Region's countries are affected by crises that have weakened or strained their health systems, has further exacerbated the problem.

Goal 3 of the Sustainable Development Goals (SDGs) highlights the need for a substantial increase in the recruitment, development, training and retention of the health workforce. To this end, the Sixty-ninth World Health Assembly endorsed the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH), and adopted a resolution (WHA69.19) in support of its implementation in May 2016. The WHO Regional Committee for the Eastern Mediterranean endorsed the Framework for Action for Health Workforce Development in the Eastern Mediterranean Region (2017–2030) in October 2017. Informed by the GSHRH, the Framework for Action seeks to accelerate action to address the health workforce challenges to progress towards universal health coverage and the SDGs.

One of the main pillars of both the GSHRH and Regional Framework for Action is strengthening the data, knowledge and evidence that are crucial for health workforce planning, implementation and monitoring. The lack of reliable and updated health workforce information to guide health workforce policies and plans is a key gap in the Region. The need for better data and information has long been acknowledged and led a decade ago to the creation of health workforce observatories as a mechanism to improve health workforce information availability, analysis and use for policy-making. Regional and national health

workforce observatories provide a platform for the sharing and dissemination of information, and for policy dialogue to strengthen health workforce capacities at the regional and country levels. However, after a decade, there is now a need to review the observatories, reorient their functions in a changing context, and to strengthen their role in improving health workforce information and evidence.

In the meantime, efforts are being made to improve health workforce information at the regional and global levels. At the global level, the National Health Workforce Accounts (NHWA) system has been introduced, offering a set of appropriate and feasible indicators that help countries monitor their health workforce. Some health workforce-related indicators are included in the regional core-indicators programme, reflecting their importance and priority. However, there are challenges in the application of the approach at the national level. While many countries report on the indicators, there are uncertainties about the validity of the reported data due to the inherent challenges in data collection at the national level, the reliability of data over time, the sensitivity of the indicators to changes in health workforce status, and the comparability of data across countries due to different methods of assessing or reporting data.

In response to this situation, WHO organized a meeting on health workforce observatories in the Eastern Mediterranean Region in Cairo, Egypt, on 23–24 October 2017 to discuss strategies for improving health workforce information and evidence in the Region. Participants attended from Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Morocco, Oman, Palestine, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and United Arab Emirates, as well as representatives from the Organisation for Economic Co-operation and Development (OECD) and the USAID-funded HRH2030 programme, and other leading experts.

The objectives of the meeting were to:

- review health workforce information challenges in the Region;
- discuss the NHWA as a tool and identify a priority set of indicators to be collected in countries;
- agree on the next steps to strengthen mechanisms, such as health workforce observatories, that ensure the collection of data for priority indicators and improve health workforce information; and
- review and agree on future directions for health workforce observatories in the Eastern Mediterranean Region.

The meeting was inaugurated by Dr Zafar Mirza, Director of Health Systems Development. Dr Mirza emphasized the need for national and regional commitment to strengthen health information systems, in order to ameliorate the problems in health workforce production, retention, quality, performance and distribution.

2. Summary of discussions

Health workforce information challenges and developments

Participants discussed their experiences on gathering health information and using health workforce observatories as mechanisms to strengthen information at national levels. Presentations focused on evaluating current health information systems, noting the effects of data limitations such as having incomplete, contradicting or outdated data on evidence-based policy planning.

Common challenges in countries include: the scarcity and incompleteness of data; variation in definitions of health workforce categories; a lack of data on registered and active workforce; weak data on attrition, international mobility and unemployment; an absence of information about private sector health workforce in most

countries; discrepancies between data producers and duplications in reported numbers; underdeveloped digitalized records and databases in some countries; and a lack of transparency between human resources for health (HRH) stakeholders and political divisions.

Positive developments include Afghanistan's policy development to address rural workforce retention, Islamic Republic of Iran's creation of a databank and centre for HRH research within the Ministry of Health and Medical Education to tackle structural problems in data collection, and Morocco's development of an evidence-based response to tackle an aging workforce.

Furthermore, health workforce data is fragmented across various databases in countries and different organizations gather similar data and information in different ways using different definitions and indicators. It was noted that Eurostat, OECD and WHO Regional Office for Europe have all made significant efforts in harmonizing data collection, including health workforce data.

National health workforce accounts

WHO has initiated the National Health Workforce Accounts (NHWA) as a tool to strengthen health workforce information through facilitating the standardization and comparability of health workforce information systems for interoperability and tracking health workforce policy and performance. To facilitate the implementation of the NHWA, WHO has developed a handbook that introduces 78 indicators in 10 modules, an implementation guide and an online platform. The strategic approach to implementing the NHWA at country level includes the standardization of indicators, capacity-building, guidelines and tools, technical support, promotion, the use of HRH data, and using networks and partnerships as building blocks to increase investment in the health workforce and

create better evidence. In addition, there needs to be a change in culture around the purpose of data collection from reporting towards building information systems and strengthening evidence-based policy.

What information is needed

Using the NHWA as a reference, the development of a commonly monitored priority set of health workforce indicators across the Region was discussed, building on the monitoring indicators in the regional Framework for Action. In addition, some disaggregates for certain indicators may be added, such as by gender, geographical distribution, expenditure on private education or resignation from the public sector. While most of the indicators are qualitative in nature, they must be translated into quantitative measures for data collection, monitoring and evaluation at the country level.

Where to get the data and information

A revised priority set of indicators was presented. These require significant data and it is important for countries to invest in data collection systems, data management standards, governance, infrastructure, support and dissemination for data use. Identifying partners and institutions that produce or use health workforce data, strengthening data generation and building capacity for data collection are all important in strengthening health workforce information.

As health workforce data is currently fragmented and comes from different sources, it is critical to make an assessment of data sources and their uses. Administrative data, population census data, labour force surveys and special studies can all be sources. Challenges in routine data collection and its feasibility, availability and use in policy-making were discussed.

The online NHTA data platform was introduced as a potential tool for databases in countries. The purpose is not to create an additional platform, but to provide support as needed. The components of the NHTA include a maturity assessment for existing observatories, in addition to entry and validation for nations that do not have an existing system for data collection.

How to get and maintain the data and information: Health workforce observatories as a mechanism

Health workforce observatories have been used globally over the last decade as a mechanism to improve health workforce information and evidence. Country experiences show that having strengthened health workforce information is an essential building block in developing evidence-based HRH policies on quality, performance, accessibility, acceptability and availability of information. The experiences and lessons learnt in different aspects of developing national health workforce observatories were shared by Oman, Palestine and Sudan.

Health workforce observatories enable improved, accurate and updated evidence and data, allow coordinated input from various data producers, and facilitate stakeholder involvement, the monitoring of HRH trends, and the use of information and evidence in addressing workforce distribution, retention, motivation and migration. They support addressing the gap between health worker supply and demand, and promote and build capacity for health workforce research.

Health workforce observatories can also contribute beyond strengthening information and evidence, playing a catalytic role in evidence-based policy dialogues and policy development. They serve as platforms for policy analysis, research, dialogue and advocacy, bringing together principles and values, stakeholder interests and,

most importantly, evidence and information for health workforce policy development. Having a strong foundation in data enables proper and comprehensive understanding, positioning and managing of HRH, which informs policies and plans to build strong health systems founded in health equity, administered through strong governance. However, commitment and sustainable funding are critical for the success of health workforce observatories.

Health workforce observatories: Future directions

Participants discussed and agreed on the objectives and roles of health workforce observatories, evaluating their function, impact, organization and regulation, suggesting the tools needed, and identifying the pre-conditions for successful national and regional observatories. In order to have effective and sustainable health workforce observatories, participants identified the importance of national champions, political commitment, stakeholder collaboration and sustainable financial resources.

With regards to leadership and coordination, a national forum or steering board, headed by the Ministry of Health, needs to be established to institutionalize the observatory and create sustainability. The purpose of the body would be the coordination of stakeholders (including the private sector), ensuring that rules and regulations are complied with, developing policies and procedures, and evaluating implementation. A secretariat/focal point is critical for managing the operational activities of the health workforce observatory. A technical support team is also needed to administer the effective functioning of the observatory. This should include, but not be limited to, information technology staff, administrators, statisticians, researchers and lawyers, with specific terms of reference on a full time, part time or ad hoc basis,

as required. Observatories can also benefit from an ethics committee to address issues such as data sharing, data protection and privacy.

3. Next steps

- Countries with functioning HRH observatories should evaluate their effectiveness and assess the possible expansion of datasets and indicators.
- All countries should perform the mapping and assessment of data sources and the use of health workforce information within the next four months.
- A stakeholder analysis should be undertaken in countries to build a basis for multi-stakeholder platforms.
- Academic institutions should be involved in establishing research agendas for the strengthening of health workforce observatories and for the use of information for decision-making and policy formulation.
- Countries should review the NHWA and identify further indicators specific to their context, if needed.
- WHO should establish a regional communication forum, undertake capacity-building activities in data analysis, research capacity and the development of policy briefs, and provide technical support on strengthening health workforce information through use of the NHWA.



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