Summary report on the

Seventh meeting of the Regional Advisory Panel on Nursing and consultation on planning nursing human resources in the Eastern Mediterranean Region

Rabat, Morocco
28–30 November 2006
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1. Introduction

The seventh meeting of the Regional Advisory Panel on Nursing and Consultation on Planning Nursing Human Resources in the Eastern Mediterranean Region was held in Rabat, Morocco, from 28 to 30 November 2006. The objectives of the meeting were to:

- Review the current situation of nursing human resources planning in the Eastern Mediterranean Region;
- Discuss the models and tools used for planning for the nursing workforce; and
- Develop a policy framework for nursing workforce planning to assist Member States in this regard.

The meeting was inaugurated by Professor Raouf Benammar, WHO Representative, Morocco, who delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, and Dr Ali Belghithi, Representative of the Morocco Ministry of Health, Director of Hospitals and Primary Health Care.

In his message, Dr Gezairy reminded participants that, in 2006, WHO had celebrated the health workforce on World Health Day under the slogan “Working together for health to save lives and promote health”. Nurses and midwives constituted the largest component of the workforce in the countries of the Region and they faced economic hardships, deteriorating health infrastructures and social unrest. In the Region, the gap between supply and demand, the geographic maldistribution of urban and rural settings and imbalance in the number of different categories of professionals represented another dimension of the crisis. Furthermore, where the ratio of health workers to population was high, the number of expatriate workers exceeded that of nationals. This situation deprived those countries of sustainable national capacity, an issue which would have to be seriously addressed.
One of the major obstacles towards development of health workforce plans was lack of reliable and valid data on human resources. To avail such information, the Regional Office had started working with countries to develop their national health human resource observatories. In the next month, human resource experts from Member States would meet in Oman to move forwards with the human resources observatory agenda.

The current meeting would address an important issue in nursing human resources development by reviewing the situation of nursing workforce planning in the Region, examining health workforce planning models and coming up with a framework to assist Member States, especially the directors of nursing, human resources development managers and health professionals, in understanding their present and future nursing workforce requirements and in guiding their efforts towards nursing workforce planning.

He concluded by emphasizing that Member States were in great need of clear, practical and affordable strategies that they could adopt to plan their nursing workforce appropriately to ensure quality nursing and midwifery services, and he assured the participants of WHO’s assistance and support in making these strategies a reality.

The participants elected Dr Mohamed Jaribi (Morocco) Chair, Ibrahim Jabeal (Libyan Arab Jamahiriya) Co-Chair and Mrs Fowzia H. Youssef (Yemen) and Ms Atf Gherissi (Tunisia) Rapporteurs.

2. **Summary of discussions**

Health human resource planning is a major essential component of the health system. It comprises the stock of all individuals engaged in promoting, protecting or improving health both in the formal and informal health sector. Human resources for health range from workers in
some industries outside the conventional health sector to professionals directly involved in the provision health care.

There is a strong correlation between the availability of the human resources for health and the health outcomes but one should not forget the effects of the efficiency of the health system and other factors such as geographic distribution, skill mix and the quality of the workforce. The approach to date has been to respond to the problem of shortage only by training more. This has led to significant increase in the number of medical schools (and sometimes nursing schools) without integrated planning.

Planning for human resources for health should be integrated into the overall health planning in a country and should take into consideration the production and utilization of the workforce at the same time. The four main approaches to estimate human resources for health are: needs-based; demand-based; ratio of human resources for health/population; and target-setting.

There are obstacles to effective human resources for health planning that should be addressed and be taken into consideration. There might be lack of a national policy, ineffective structure, isolated education, lack of coordination within the ministries of health, higher education, civil service, planning commissions, and main educational institutions. Regional priorities in the area of human resources for health are development of guidelines and tools, human resources for health mapping, nursing leadership, public health and family practice education, integration of services with education, developing databases and national human resources for health observatories.

The major human resources development activities during 2006 were preparation of documents on human resource for health, establishment of websites, organizing three advisory meetings on nursing human resources
for health planning, human resources for health observatory and educational development centres. There have been country specific activities in Djibouti, Islamic Republic of Iran, Iraq, Somalia and Sudan regarding improvement of planning, production and management of human resources for health.

Core difficulties for human resource planning include:

- Lack of strategic direction: crises are reacted to and not planned for.
- Focus on individual professions within the health system: though healthcare is increasingly multidisciplinary, human resource planning is focused on individual professions, with separate planning units, budgets and education programs.
- Planning for the status quo: human resource planning is often based on the current situation, not on anticipated health needs, new treatments or technologies.
- Health lacks appeal as a profession: in many countries the low status and/or wages of health-care workers discourage potential applicants, especially when as a result of globalization there is competition and demand from other sectors (e.g. science, technology or business) for educated personnel.
- Poor commitment to human resources: the lack of good quality data often makes effective human resource planning difficult.

There is no one single ‘best practice’ for health human resource planning policy. A WHO survey of 18 countries health human resource strategies found that nearly all had been adapted to reflect the unique political and economic context, government administrative policies and national health policies or health reform policies of the respective nation. Countries emerging from, or prone to, frequent crises tend to take a short- to medium-term health human resource planning strategy, while stable nations adopt a long-term planning strategy.
The four critical components of health human resource policy-making processes (in addition to content of the policy) are: consultation with key stakeholders; ownership that is national rather than donor driven; sound evidence base; and support from adequate human and financial resources.

Improved human resource planning in the Eastern Mediterranean requires the identification of shortages and surpluses in specific groups of health workers, delineation of the necessary core skills and competencies of categories of health personnel, identification of health worker training needs and utilization of appropriate training methodologies, analysis of subsequent absorption and retention in the public and private sectors and the development of appropriate regulation. There is also a need to provide effective continuing education and clinical and administrative supervision of health workers. Another issue that arises when examining global health care systems is a country’s level of economic development. There is evidence of a significant positive correlation between the level of economic development in a country and its number of human resources for health.

The World Health Report 2006 presents an evolving technical framework to help countries resolve the problems underlying the crisis. The framework was developed by representatives of multilateral and bilateral agencies, donors, partner countries, nongovernmental organizations and the academic community who came together at an informal consultation sponsored by the World Health Organization and the United States Agency for International Development in Washington DC in December 2005. Their goal was to agree on the characteristics of a simple but comprehensive technical framework that would enable countries to develop a concrete national health workforce strategy that could be supported and implemented in a planned and systematic manner.

The resulting health workforce framework presents six components of planning and managing the health workforce so that appropriately trained
staff are available in the right places at the right time: health workforce management; policy; finance; education; partnerships; and leadership. Health workforce management systems are at the centre of the framework because of their importance in integrating all the other components.

3. **Recommendations**

*Member States*

1. Adapt mechanisms to ensure the involvement of major stakeholders, including the community, in human resource planning at national level.

2. Develop national standards and agree on minimum data requirements for nursing human resources development, and ensure that the nursing and midwifery minimum data requirements are incorporated in the human national resources plan/observatories.

3. Develop detailed human resource action plans based on the model/framework and outcomes of this meeting.

4. Document lessons learned in nursing human resources planning to facilitate communication and exchange of experiences among the countries of the Region through WHO facilitation.

*WHO*

5. Support the adoption of a model and framework for nursing human resources planning in the Region that integrates primary, secondary and tertiary health care services, taking into consideration the outcome of this meeting.
6. Provide technical support to countries in the Region to develop human resources plans in general and nursing human resources in particular.

7. Support countries to build their national capacities in human resources planning and emphasize networking among countries.