National Health Workforce Accounts – Indicators and sources of HRH data

Health workforce reporting

SDG 3

Indicator 3.c.1: Health worker density and distribution

GSHRH Global Milestones' indicators

Milestones 2020: 6/7 milestone indicators from NHWA

e.g.   Health workforce registries to track stock, distribution, flows, demand, supply, capacity and remuneration

Milestones 2030: 4/6 milestone indicators from NHWA

e.g.   Density of health workers per 1000 population by cadre and by subnational level distribution

Working for health and growth: investing in the health workforce (ComHEEG)

Recommendation 10: Data, information and accountability (harmonization, analysis, strenghtened evidence)

Action C: Advance health labour market data, analysis and tracking in all countries

PAHO regional reporting

PAHO Plan of Action on HRH for universal access to heath and UHC 2018-2023

Other reporting:

The WHO Global Code of Practice on the International Recruitment of Health Personnel

State of the World's Nursing and State of the World's Midwifery

Country needs are the primary driver for the data collection

National Health Workforce Accounts

Indicators

NHWA Handbook defines both **numeric and 'capability' indicators** to support strategic workforce planning and global monitoring

The indicators feed into three labour market components: **education**, **labour force** and **serving population health needs**

Countries can select and prioritize NHWA indicators according to their specific needs and goals at a given time, and eventually work towards selecting and covering the entire NHWA with flexible approach → **Progressive implementation**

> The more indicators available at national and subnational level, the better the overview of the health workforce landscape will be, along with the potential for more sophisticated analyses, more efficient health workforce policies, and progress towards UHC.

National Health Workforce Accounts: Modular approach

The concept of the NHWA is closely aligned with the health labour market framework for UHC

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National Health Workforce Accounts – Indicators and sources of HRH data
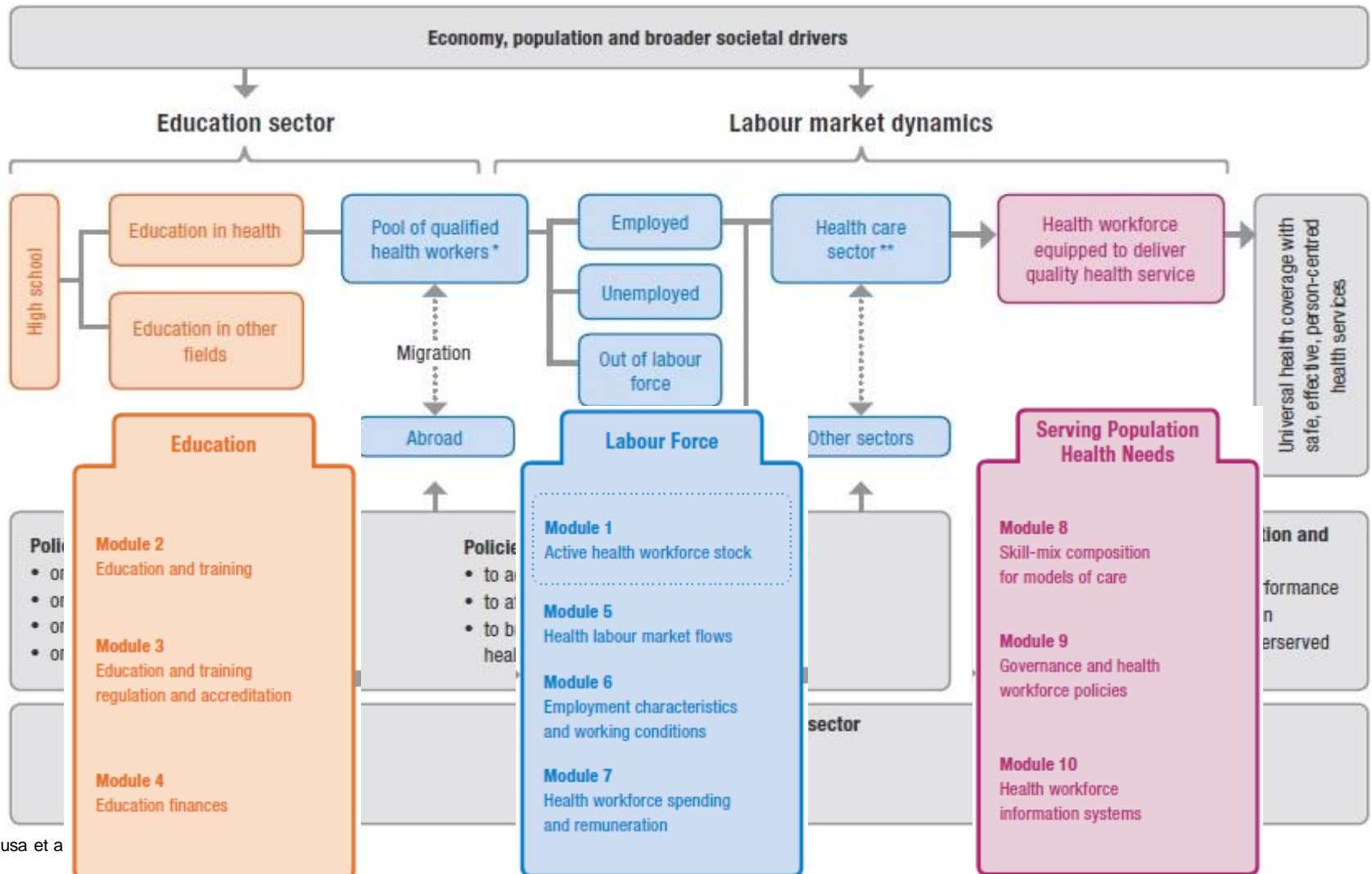
National Health Workforce Accounts: Modular overview

1 Active health workforce stock

Stock
- Health worker density
- Health worker density at subnational level

Distribution
- Health worker distribution by age group
- Female health workforce
- Health worker distribution by facility ownership type
- Health worker distribution by facility type

Migration
- Share of foreign-born health workers
- Share of foreign-trained health workers

Distribution
- Share of workers across health and

6 Employment characteristics and working conditions

Working time
- Standard working hours
- Health workers with a part-time contract

Decent work
- Regulation on working hours and conditions

Labour market characteristics
- Health worker status in employment
- Regulation on dual practice
- Regulation on compulsory service

Working conditions
- Measures to prevent attacks on health workers
- Attacks on health-care system

2 Education and training

Applications
- Master list of accredited health workforce education and training institutions
- Duration of education and training
- Applications for education and training

Admissions
- Ratio of admissions to available places
- Ratio of students to qualified educators for education and training

Exit / drop out
- Exit / drop-out rate from education and training programmes

3 Education and training regulation and accreditation

Regulation
- Standards for the duration and content of education and training

Accreditation
- Accreditation mechanisms for education and training institutions and their programmes
- Standards for social accountability
- Standards for social accountability effectively implemented

4 Education finances

Financing of higher education
- Total expenditure on higher education
- Total expenditure on health workforce education
- Average tuition fee per student

Investment
- Adequate budgetary resources for investments in transformative education

Education expenditure
- Expenditure per graduate on health workforce education

5 Health labour market flows

Entry into labour market
- Graduates starting practice within one year
- Replenishment rate from domestic efforts
- Entry rate of foreign health workers

Exit from labour market
- Voluntary exit rate from health labour market
- Involuntary exit rate from health labour market

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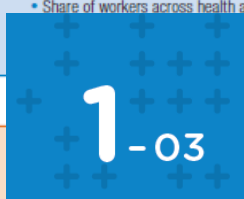
Abbreviated name

Health worker distribution by age group

Dimension: Distribution

Indicator name	Percentage of active health workers in different age groups
Numerator	Number of active health workers in a specific age group
Denominator	Total number of active health workers, defined in headcounts
Disaggregation	By occupation
Definition	Percentage of active health workers in the given age groups, by occupation. Age groups considered are the following: > 25, $25–34$, $35–44$, $45–54$, $55–64$, ≤ 65.
Glossary	• Active health worker • Age group • Occupation
Data reporting frequency	Annual
Potential data sources	• Health workforce registry or database • Aggregate data from health facilities (routine administrative records, Health Management Information System, District Health Information System census and/or survey) • Professional council/chamber/association registers • Labour force surveys • Population census data
Further information and related links	(WHO 2015c, OECD et al. 2016, WHO et al. 2009)
Additional references	(International Labour Organization 2013, USAID and CapacityPlus 2015)

Module 1:
Active health workforce stock

World Health Organization

1 **Active health workforce stock**

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Distribution
- Share of workers across health and social sectors

- Indicators on the **density and distribution of health workers** (geographical, by age and by sex, institutional sector and facility types), which allows monitoring progress towards halving inequalities in access to a health worker (Global milestone 1, by 2030)

Potential data sources?

- Health workforce registry or database
- Health facilities
- Professional council/chamber/ association registers
- Labour force surveys

Education:
potential sources of data

World Health Organization

2_3 Ratio of applications for education and training

Ministry of Education

Ministry of Higher Education

Databases on education and training statistics

Education and training institutions

3_2 Accreditation mechanisms for education and training institutions and their programmes

Ministry of Health

Ministries of Education, Higher Education or similar

National accreditation authorities

Legitimate bodies, statutory corporations

Professional council/chamber/ association registers

4_6 Cost per graduate of medical specialist education programmes

Ministry of Finance

Ministry of Education

Databases on education statistics

Education and training institutions

Labour force: potential data sources

5_5 Involuntary exit rate from health labour market

- Health workforce registry or database
- Professional council/chamber/association registers
- Aggregate data from health facilities
- Data from pension and/or retirement administration units
- Mortality records

6_6 Health worker status in employment

- Facility surveys
- Health worker registries
- Public service human resources and payroll administrations
- Labour force surveys

7_7 Gender wage gap

Wage and salaried workers (employees):
- Ministry of Health records
- Ministry of Finance records
- Payroll data
- Income tax data
- General labour force surveys
- Specific health worker surveys

Self-employed workers:
- Public/social health insurance
- Income tax data
- Specific health worker surveys

Serving population health needs: potential data sources

World Health Organization

8_4 Specialist surgical workforce

National labour force surveys

National health workforce registries or databases

National medical specialist registries or databases

Population census data

9_1 Mechanisms to coordinate an intersectoral health workforce agenda

Ministry of Health

Subnational level ministries of health

Institutions or units responsible for policies on health workforce

Relevant ministries according to the national government structure and constitutional arrangements/level of devolution

10_4 HRHIS for reporting on outputs from education and training institutions

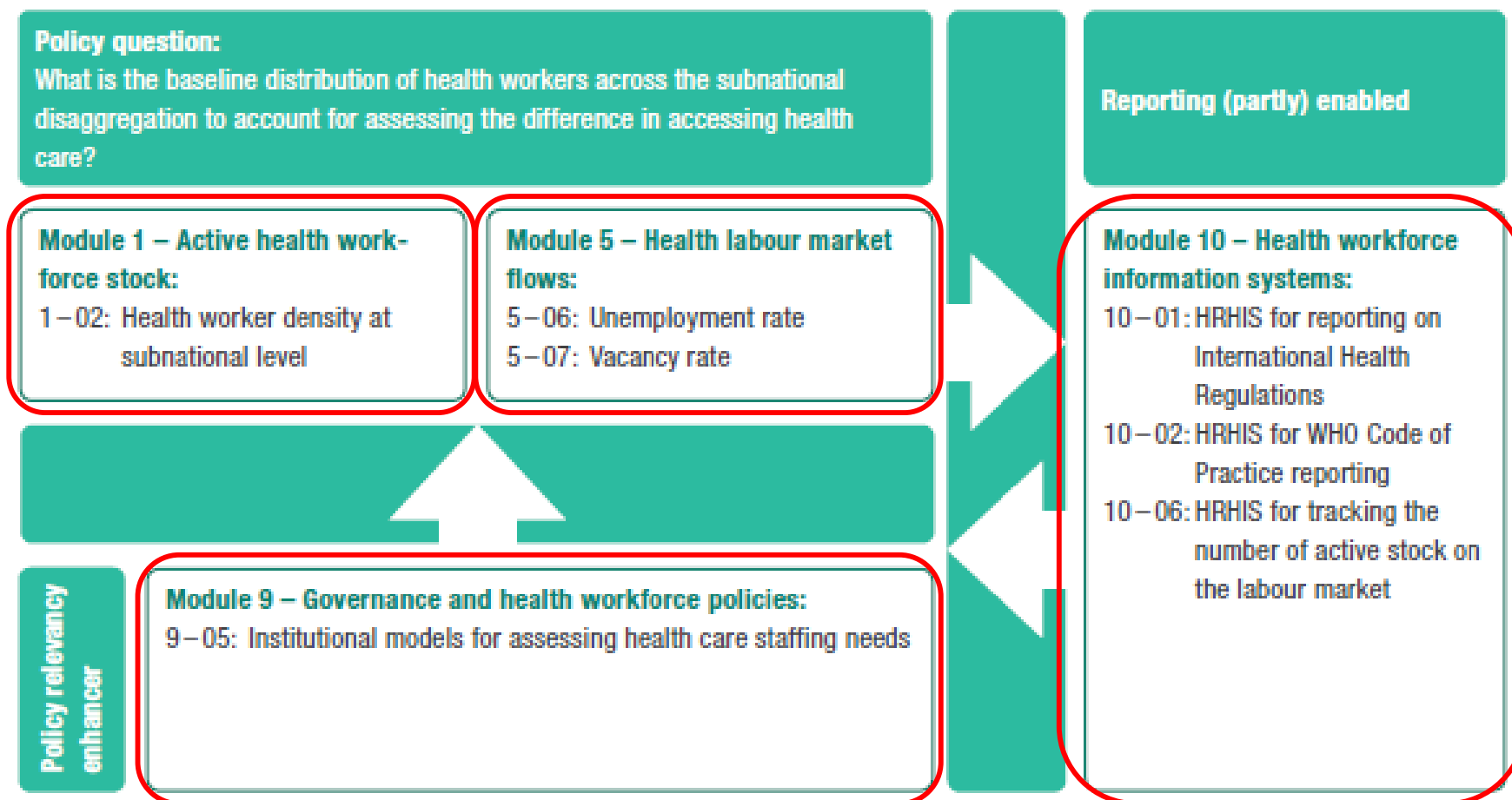Ministry of Health and regional ministries of health

Professional chambers

Institutions or units responsible for monitoring, or for policies on health workforce

Ministry of Labour

National Statistical Office

National Health Workforce Accounts – Indicators and sources of HRH data

Possible supporting indicators for geographical distribution of the health workforce

World Health Organization

Policy question:
What is the baseline distribution of health workers across the subnational disaggregation to account for assessing the difference in accessing health care?

Reporting (partly) enabled

Module 1 – Active health workforce stock:
1–02: Health worker density at subnational level

Module 5 – Health labour market flows:
5–06: Unemployment rate
5–07: Vacancy rate

Module 10 – Health workforce information systems:
10–01: HRHIS for reporting on International Health Regulations
10–02: HRHIS for WHO Code of Practice reporting
10–06: HRHIS for tracking the number of active stock on the labour market

Policy relevancy enhancer

Module 9 – Governance and health workforce policies:
9–05: Institutional models for assessing health care staffing needs

HRHIS: human resource health information system; IHR: International Health Regulations (2005).

National Health Workforce Accounts – Indicators and sources of HRH data

Key attributes of data sources

Attribute	Census	Labour Force Surveys	Health Facility Surveys	Routine administrative Sources (payrolls, HRH registries)
Complete count of health workforce	***	***	**	**
Across sectors coverage (public, private)	***	***	*	**
Disaggregated data (Age, Sex, Geographical)	***	**	**	**
Capturing unemployment	*	***	-	*
Rigorous data collection / management	***	***	**	**
Periodicity and regular updating	*	**	**	**
Occupational data coding	*	**	**	**
Sampling errors	***	**	*	**
Tracking of workforce entry-to-exit	*	**	-	*
Tracking of in-service Training / Productivity)	-		***	*
Accessibility to micro-data	**	***	**	*
Relative cost	*	**	***	**

Thank you.

World Health Organization

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