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National Health Workforce Accounts – Implementation I

WORKSHOP ON INFORMATION SYSTEMS ON HUMAN RESOURCES FOR HEALTH (HRH), 15-17 October 2018

Health Workforce Department, WHO, Geneva

Challenges of HRH information systems

Governance and coordination lacking

Fragmentation of systems

Health only (often public only), as a by-product of HR

Accessibility, quality and use of data

Standards lacking or not used

Capacity

Tools

Situation analysis

HRH assessment to perform:

- Governance

- Funding

- Legal

- Gaps in sources of information

- Data flow

- Coverage (private sector for profit and not for profit)

- Completeness

Implementation of the NHWA

WHO has developed an **Implementation guide** to help countries run NHWA in a sustainable manner.

Target:

- Policy makers and programme managers involved in HRH and strategy at MoH

- Other policy makers in relevant areas (education, employment and labour, social affairs,…)

- Other organization involved in HRH

- Researchers

Guiding principles

- NHWA **terminology to adapt** – HRH registry, HWF observatory, other equivalent systems

- Collaborative activity, with **multiple stakeholders** and shared responsibility in a national structure

- **Do-no-harm** approach

- Proposed steps were defined to strengthen existing system not to replace or lead to additional organizational structure. => **Use existing frameworks**

- **Not sequential approach.** To adapt to country situation
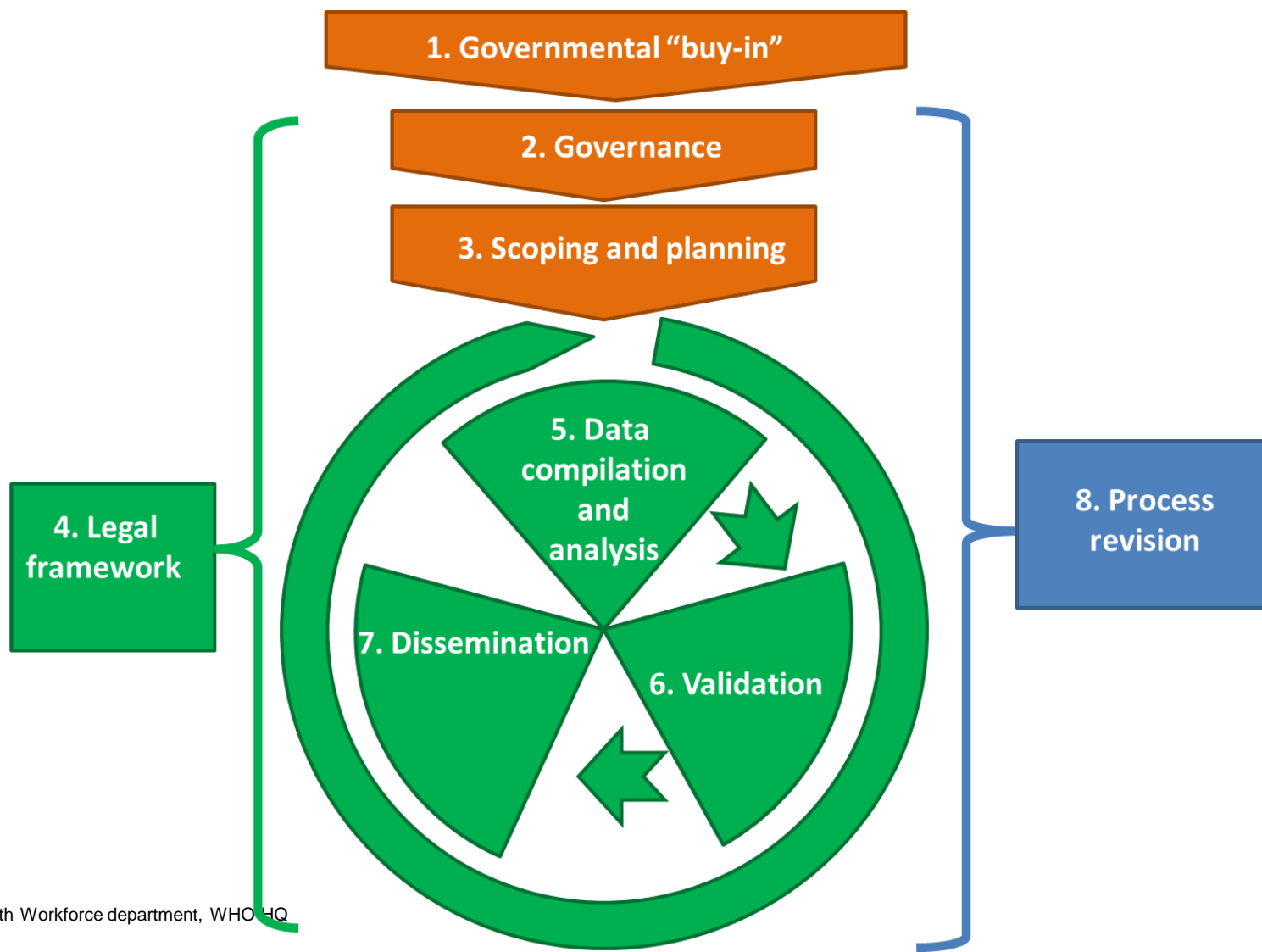
Implementation of the NHWA
Three phases

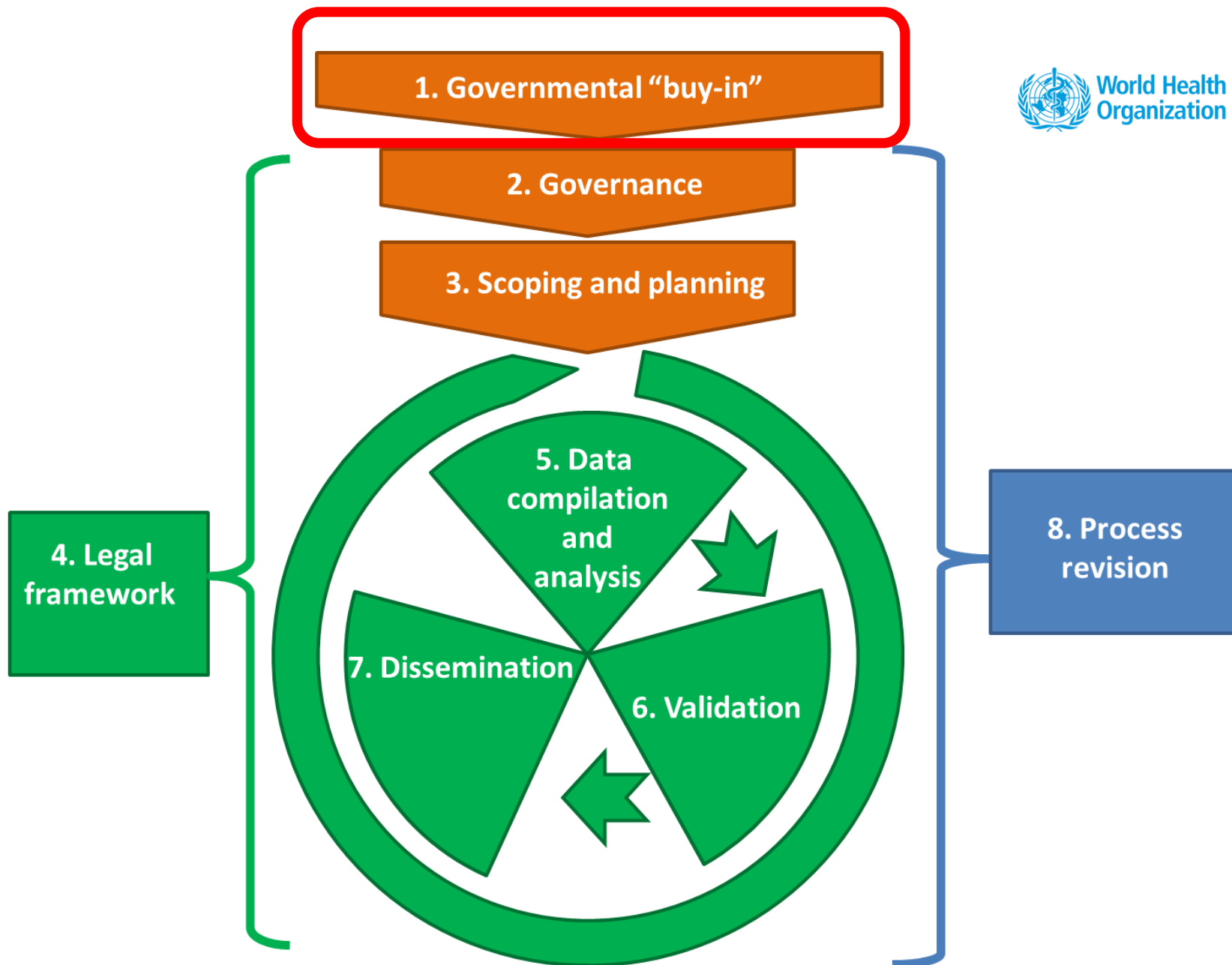WHO has developed an **Implementation guide** to help countries run NHWA in a sustainable manner.

Three phases

Phase I	Phase II	Phase III
Conceptualization	Operationalization	Process revision and sustainability

Implementation of the NHWA 8 steps

1. Governmental "buy-in"

2. Governance

3. Scoping and planning

4. Legal framework

5. Data compilation and analysis

6. Validation

7. Dissemination

8. Process revision

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Step 1: Governmental "buy-in"

Objectives

Obtain political commitment to strengthen HRH data

Ensure adoption of the NHWA framework by the Ministry of Health

Fulfil initial steps to coordinate intersectoral health workforce agenda

Tasks and activities

A health workforce representative within the Ministry of Health is identified to become the NHWA focal point

All available support resources are grouped together for the NHWA

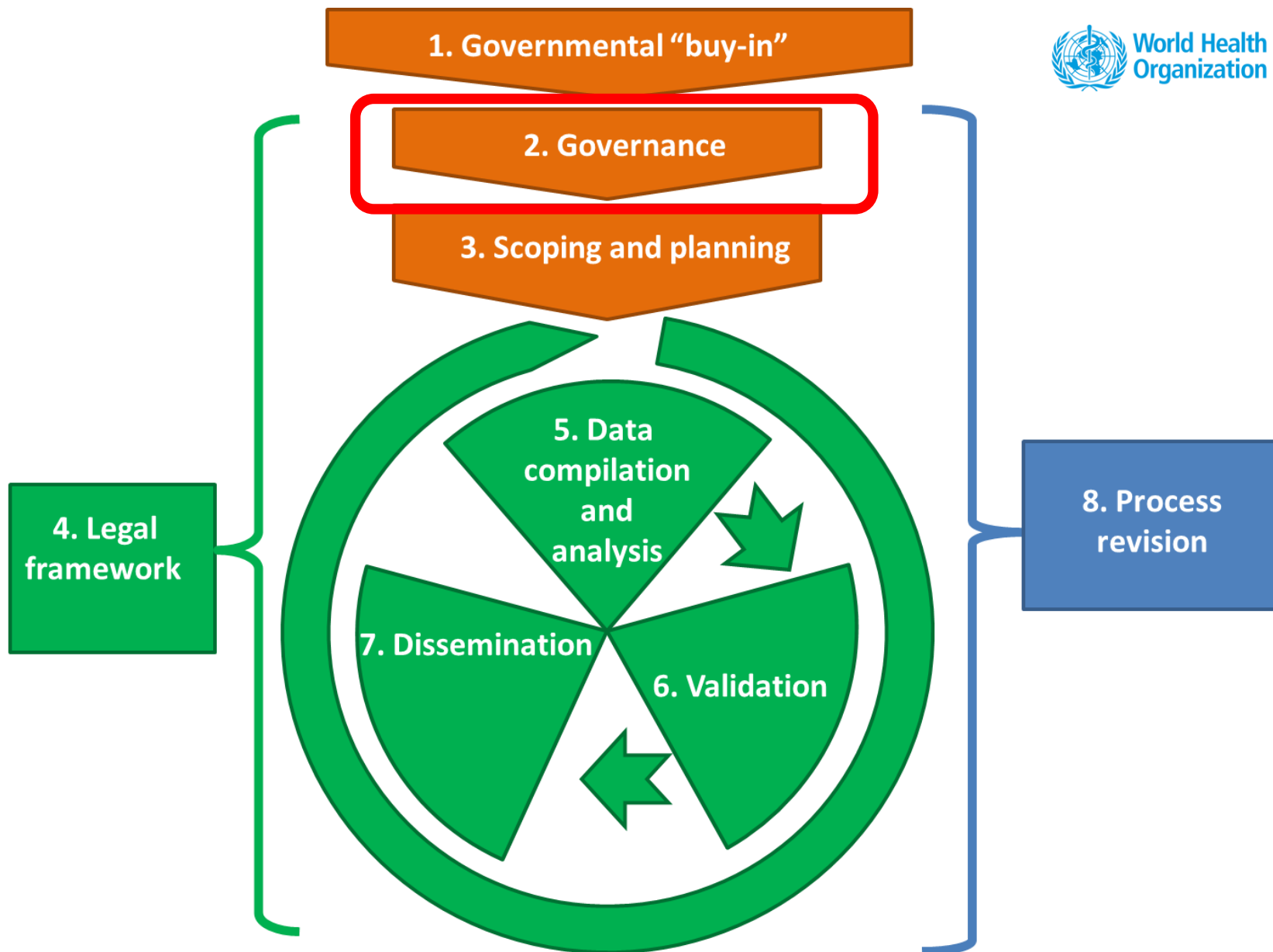A short paper (brief) is prepared to recapitulate the need for the NHWA

Existing information systems relevant for NHWA are identified

Documents and other requirements for obtaining Ministry of Health approval are prepared

Main outputs

Ministry of Health takes leadership to strengthen HRH data for the NHWA

Implementation is initiated, with a multiyear plan

1. Governmental "buy-in"

2. Governance

3. Scoping and planning

4. Legal framework

5. Data compilation and analysis

6. Validation

7. Dissemination

8. Process revision
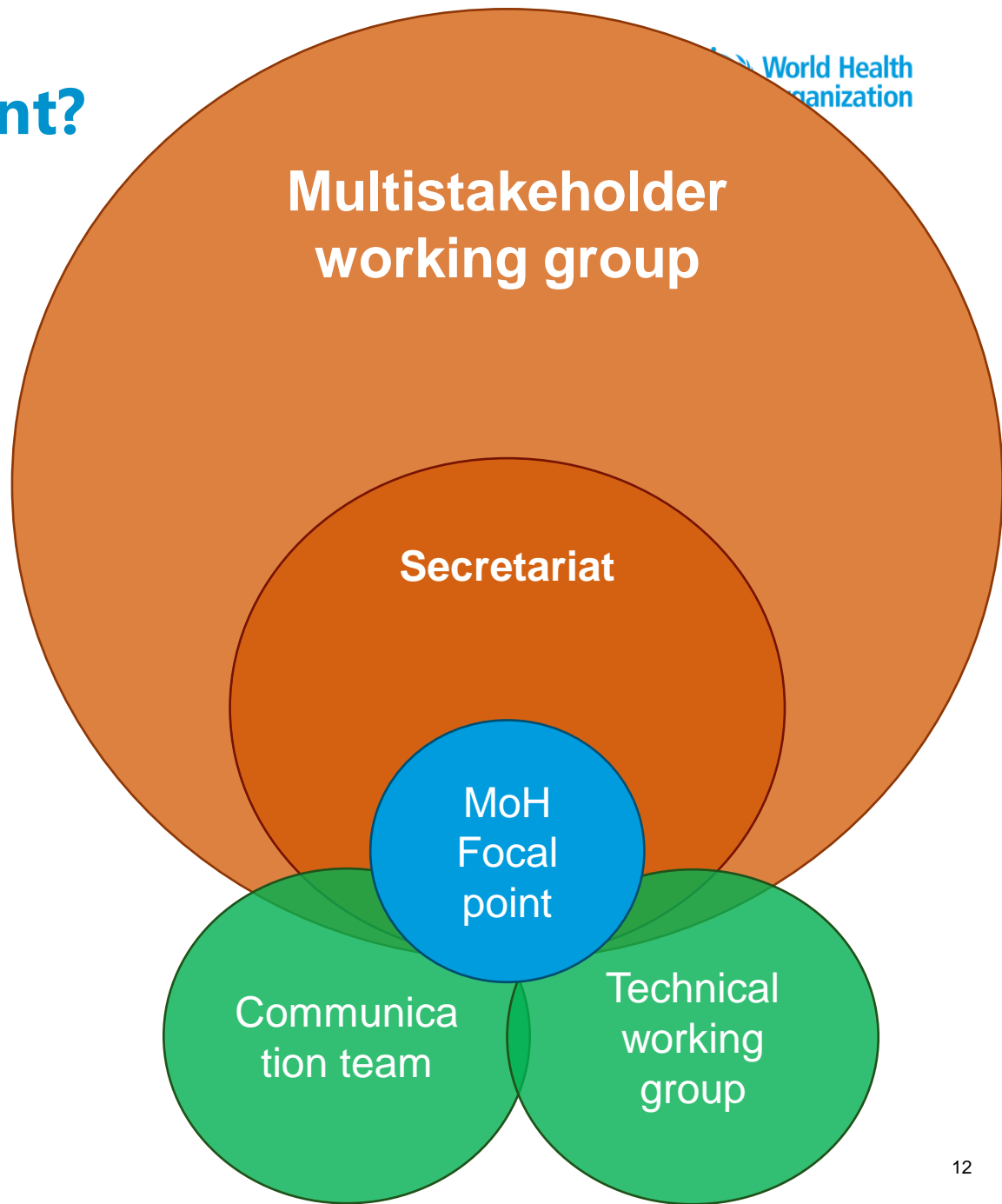
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Key stakeholders

- Ministry of Health

- Ministry of Education

- Ministry of Employment and Labour

- Ministry of Social Affairs

- Ministry of Economy and Finance

- Civil service commissions

- Statistical organizations

- Institutes for health at the national level

- Academia

- Health worker organizations

- Health professional councils

- Public and private insurance representatives

- Other organizations involved in monitoring and use of HRH data at subnational, national, regional and international level

Who will implement?

Multistakeholder working group

Secretariat

MoH Focal point

Communication team

Technical working group

Step 2: Governance

Objective

Establish a governance structure for the NHWA with representatives from relevant sectors and stakeholders

Tasks and activities

Stakeholder mapping is conducted/updated by the Ministry of Health focal point

A focal point is nominated by each stakeholder

A multisector, multistakeholder coordination working group is set up and adopted with governance, coordination mechanisms and terms of reference

A secretariat is nominated in charge of centralizing summary data and organizing the preparation of documents and meetings

A technical working group is nominated by the multistakeholder working group be in charge of data gathering and analysis

A series of key policy questions is agreed upon by the multistakeholder working group

Main outputs

A multisector, multistakeholder coordination working group is established
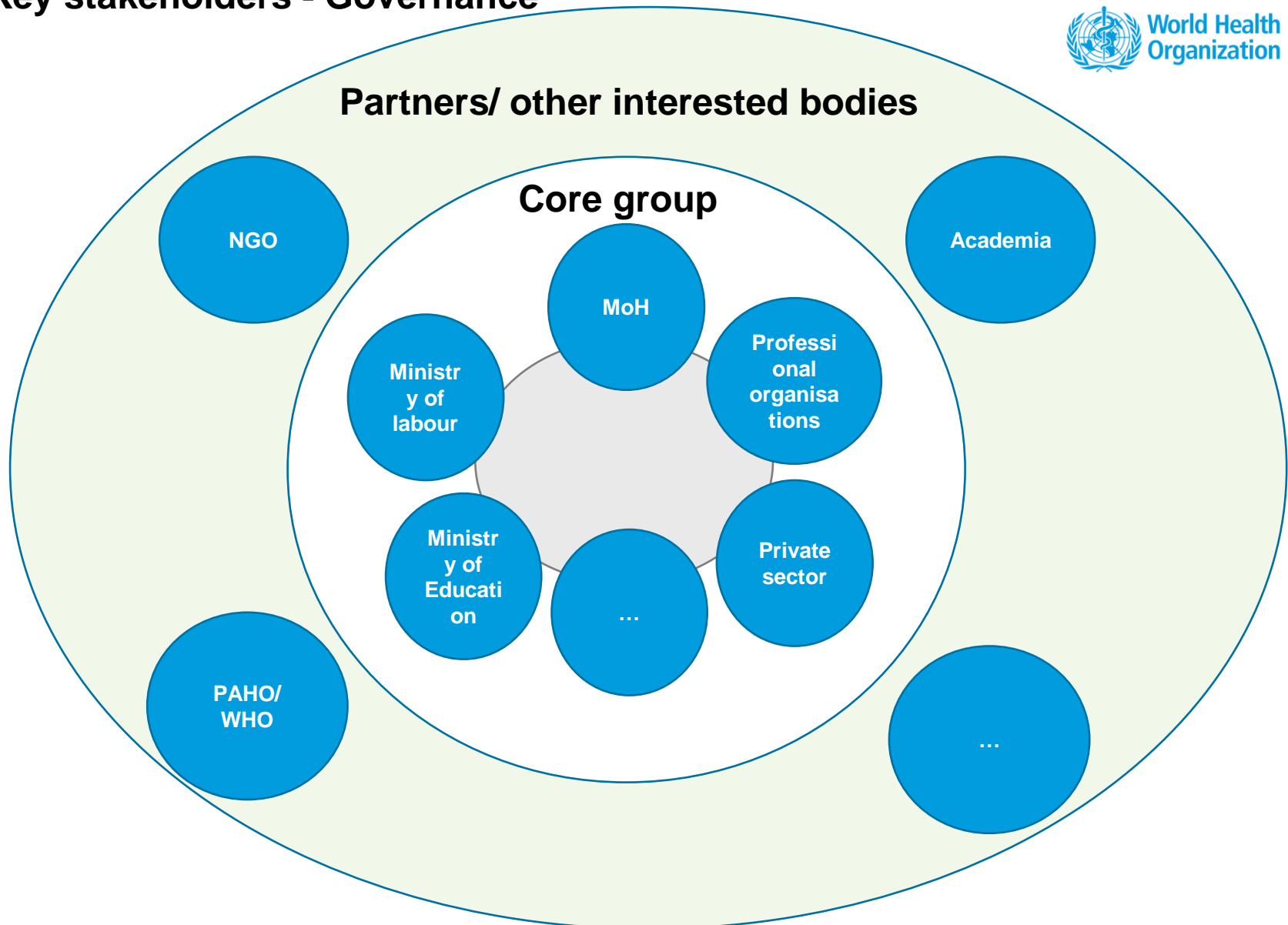
Governance and coordination mechanisms are defined

Key policy questions are adopted

A secretariat is established

A communications structure is set up

Key stakeholders - Governance

Partners/ other interested bodies

Core group

- NGO
- Academia
- MoH
- Professional organisations
- Ministry of labour
- Ministry of Education
- Private sector
- ...
- PAHO/WHO
- ...

!!! This network is indicative. It needs to be adapted to the country situation !!!

Groups identified

Multistakeholder working group

Secretariat

MoH Focal point

Communication team

Technical working group
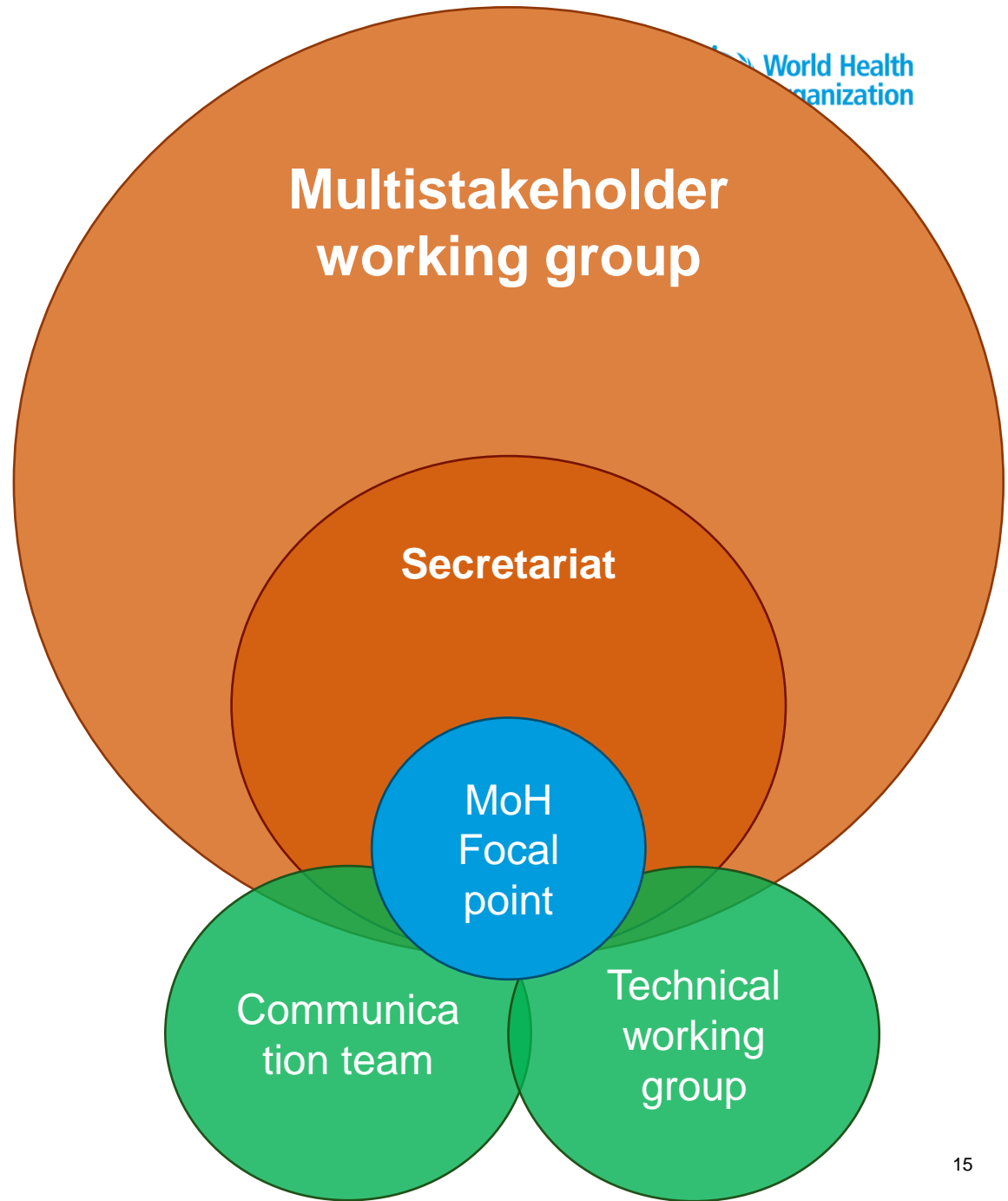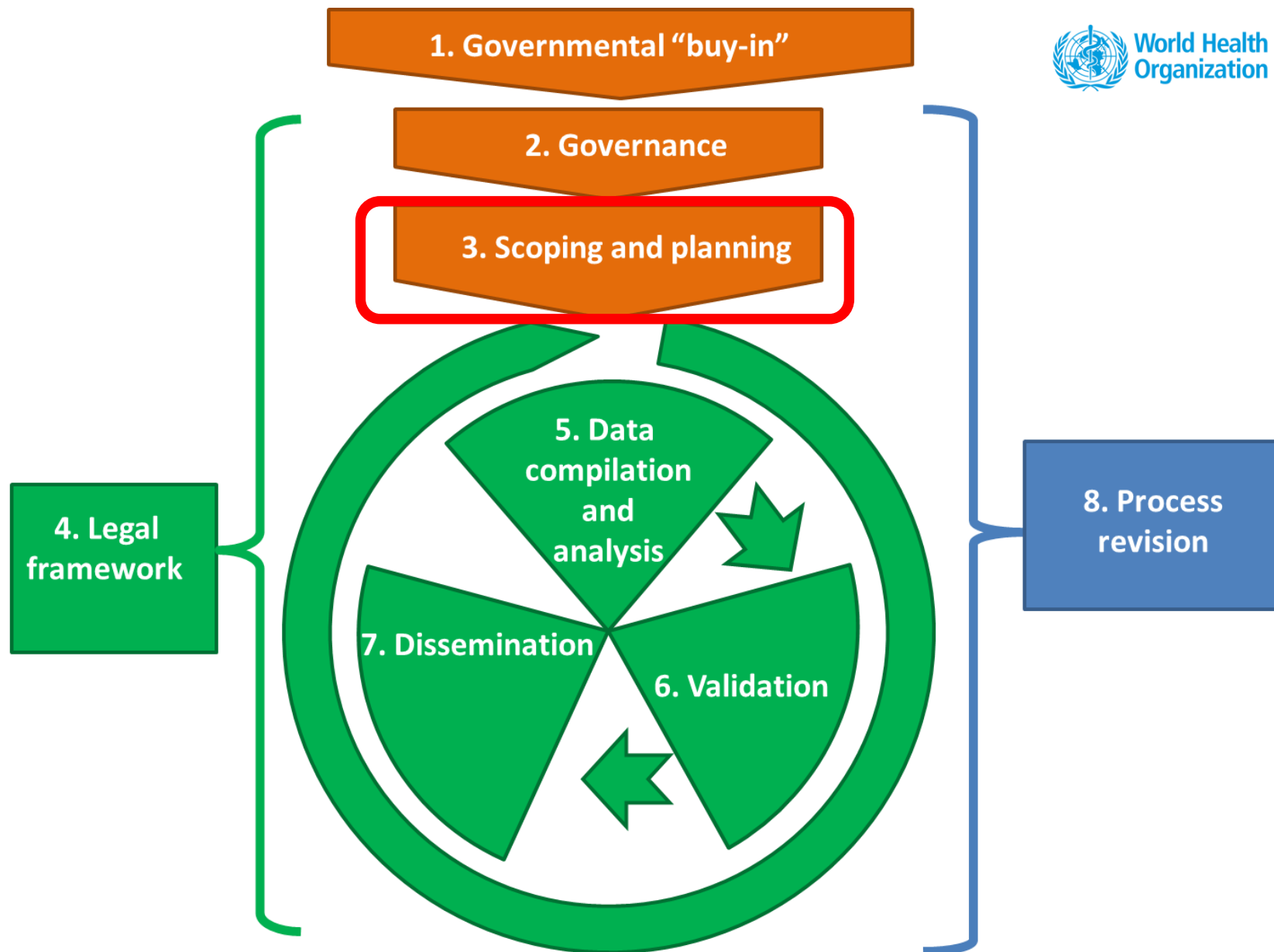
Step 3: Scoping and planning

Objectives

Produce evidence of the state of HRH in the country as the foundation to the NHWA

Develop a national and global dissemination plan

Define the business plan of NHWA implementation, including gathering of catalytic funding for the initial phase

Tasks and activities

The technical working group is complemented, if necessary, by co-opted external experts

A scoping analysis is conducted, NHWA indicators are reviewed, and a maturity model assessment is carried out on the NHWA online platform

A data analysis and dissemination plan is prepared in line with the key policy questions defined in step 2

A meeting of the multistakeholder working group is held to cost the first year and plan for a rolling budget for the NHWA

Main outputs

A scoping analysis is conducted and the status of HRH provided

Costing of first year of NHWA is prepared with a plan for a rolling budget

An analysis plan is prepared

Scoping analysis

Used in evidence mapping

- Map **rapidly** the **key concepts**, **sources** and types of evidence available (Arksey and O'Malley, 2005)

- **Synthesis** and analysis of a wide range of research and non-research material to provide greater **conceptual** clarity about a specific topic or field of evidence (Davis et al, 2009)

- **Contextualize** knowledge by identifying **what we know and do not know**, and then setting this within policy and practice contexts (Anderson et al, 2008)

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	*	**	***	**

NHWA maturity assessment

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Capacity of information system to generate NHWA indicators

Yes/No questions for each indicators

Organisation Unit	France
Data Set	NHWA Maturity assessment
Period	2016 ⇕ Prev year
Filter on section	Show all sections

M01 - Active health workforce stock

Does your country have data on

Filter in section	Value
Health occupations at national level ?	○ No value ○ Yes ○ No 💬
Health occupations by activity level data ?	○ No value ○ Yes ○ No 💬
Health occupations at subnational level ?	○ No value ○ Yes ○ No 💬
Health occupations by age group ?	○ No value ○ Yes ○ No 💬
Health occupations by sex ?	○ No value ○ Yes ○ No 💬
Health occupations by facility ownership?	○ No value ○ Yes ○ No 💬
Health occupations by facility type?	○ No value ○ Yes ○ No 💬
Health occupations by foreign-born ?	○ No value ○ Yes ○ No 💬
Health occupations by foreign-trained?	○ No value ○ Yes ○ No 💬
Health and social sector employment ?	○ No value ○ Yes ○ No 💬

See presentation on data platform for more details

Thank you

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