WHO recommendations for transforming and scaling up health workforce education, and for retaining health workers in rural and remote areas

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WHO Headquarters, Geneva Switzerland 18th March 2014
The Purpose of the Presentation

1. To describe the context in which the policy recommendations were developed and the challenges faced

2. The WHO response (normative role)

3. Key policy issues and recommendations
Policy framework for adapting 2006 WHO Report pipeline for generating and recruiting the health workforce; *increasing complexity and interconnectedness*

**WHA 64.6: Health workforce strengthening**

**WHA 64.7: Strengthening nursing and midwifery**

**WHA 64.9: Sustainable health financing structures and universal coverage**

**WHA 66.23: Transforming health workforce education in support of universal health coverage**

**WHA 59.23: Rapid scaling up of health workforce production**

**WHA 65.8: prevention and control of noncommunicable Diseases (UN political declaration)**

**WHA 64.6: Health workforce strengthening**

**WHA 65.8: prevention and control of noncommunicable Diseases (UN political declaration)**

**WHA 66.23: Transforming health workforce education in support of universal health coverage**

**WHA 63.25 Improvement of health through safe and environmentally sound waste management**

**3rd Global Forum Recife Declaration**

**Rio +20 Political Declaration**

**WHA65.8 Outcome of the World Conference on Social Determinants of Health**

**UN resolution on Global Health and Foreign Policy**

**WHA62.12 Primary health care, including health system strengthening**

**WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel**

**UN platform Health in post 2015 development agenda**

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**Timeline:**

2006

- WHA 59.23: eHealth
- WHA62.12 Primary health care, including health system strengthening
- WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel

2011

- WHA63.25 Improvement of health through safe and environmentally sound waste management

2012

- WHA65.8 Outcome of the World Conference on Social Determinants of Health

2013

- UN resolution on Global Health and Foreign Policy
- UN platform Health in post 2015 development agenda
Education: Innovations along the education pipeline

Forces driving the workforce

**Driving forces**
- Health needs
  - Demographics
  - Disease burden
  - Epidemics
- Health systems
  - Financing
  - Technology
  - Consumer preferences
- Context
  - Labour and education
  - Public sector reforms
  - Globalization

**Workforce challenges**
- Numbers
  - Shortage/excess
- Skill mix
  - Health team balance
- Distribution
  - Internal (urban/rural)
  - International migration
- Working conditions
  - Compensation
  - Non-financial incentives
  - Workplace safety

### WHO Retention Recommendations (2010)

**Categories of intervention**

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<td>A</td>
<td>Education</td>
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<td>B</td>
<td>Regulatory</td>
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<td>C</td>
<td>Financial incentives</td>
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<td>D</td>
<td>Professional and personal support</td>
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# Education-related policy recommendations

<table>
<thead>
<tr>
<th>Category of intervention</th>
<th>Examples</th>
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<tr>
<td><strong>A. Education</strong></td>
<td>A1 Students from rural backgrounds</td>
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<td>A2 Health professional schools outside of major cities</td>
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<td>A3 Clinical rotations in rural areas during studies</td>
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<td>A4 Curricula that reflect rural health issues</td>
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<td>A5 Continuous professional development for rural health workers</td>
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<td><strong>B. Regulatory</strong></td>
<td>B1 Enhanced scope of practice</td>
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<td>B2 Different types of health workers</td>
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<td>B3 Compulsory service</td>
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<td>B4 Subsidized education for return of service</td>
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<td><strong>C. Financial incentives</strong></td>
<td>C1 Appropriate financial incentives</td>
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<td><strong>D. Professional and personal support</strong></td>
<td>D1 Better living conditions</td>
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<td>D2 Safe and supportive working environment</td>
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<td>D3 Outreach support</td>
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<td>D4 Career development programmes</td>
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<td>D5 Professional networks</td>
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<td>D6 Public recognition measures</td>
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Transforming and scaling up the education and training of health professionals recommendations: what is it?

- The expansion and reform of health professionals’ education and training to increase **the quantity, quality and relevance** of health professionals to:
  - meet population health needs and expectations
  - strengthen countries’ health systems and improve population health outcomes.
Consultations with beneficiaries: Surveys
WHO Recommendations (2013)

- Faculty development
- Curriculum development
- Simulation methods
- Direct entry of graduates
- Admission procedures
- Streamlined educational pathways and ladder programmes
- Inter-professional education
- Accreditation
- Continuous professional development
Recommendations: Quality of evidence and strength of recommendations

Quality of evidence

*Using the GRADE methodology* - reflects the level of confidence that the estimates of an effect are adequate to support a particular decision or recommendation.

Levels of evidence quality are:
- Very low
- Low
- Moderate
- High

Strength of recommendations

The guideline panel’s level of confidence that the desirable effects of a recommendation are greater than the potential undesirable effects.

Levels of strength are:
- Strong
  - Can be adopted in most situations
- Conditional
  - Need for stakeholder involvement in deciding whether or not to adopt a recommendation
Recommendations: Faculty Development

Recommendation 1:
Health professionals’ education and training institutions should consider designing and implementing continuous development programmes for faculty and teaching staff relevant to the evolving health-care needs of their communities.

The quality of the evidence supporting these recommendations is moderate, and the strength of the recommendation is conditional.

Recommendation 2:
Governments, funders and accrediting bodies should consider supporting the implementation of higher education policies for mandatory faculty development programmes that are relevant to the evolving health care needs of their communities.

The quality of the evidence supporting these recommendations is low, and the strength of the recommendation is conditional.

Recommendation 3:
Health professionals’ education and training institutions should consider innovative expansion of faculty, through the recruitment of community-based clinicians and health workers as educators.

The quality of the evidence supporting this recommendation is low, and the strength of the recommendation is conditional.
Recommendations: Curriculum Development, Simulation Methods, and Direct Entry of Graduates

Curriculum Development
Recommendation 4:
Health professionals’ education and training institutions should consider adapting curricula to the evolving health-care needs of their communities.

The quality of the evidence supporting this recommendation is low, and the strength of the recommendation is conditional.

Simulation methods
Recommendation 5:
Health professionals’ education and training institutions should use simulation methods (high fidelity methods in settings with appropriate resources and lower fidelity methods in resource limited settings) of contextually appropriate fidelity levels in the education of health professionals.

The quality of the evidence supporting these recommendations is moderate, and the strength of the recommendation is strong.

Direct entry of graduates
Recommendation 6:
Health professionals’ education and training institutions should consider direct entry of graduates from relevant undergraduate, postgraduate or other educational programmes into different or other levels of professional studies.

The quality of the evidence supporting this recommendation is moderate, and the strength of the recommendation is conditional.
Recommendations: Admissions Procedures, Streamlined Education Pathways, Inter-Professional Education

Admission procedures
Recommendation 7:
Health professionals’ education and training institutions should consider using targeted admissions policies to increase the socio-economic, ethnic and geographical diversity of students.

The quality of the evidence supporting this recommendation is low, and the strength of the recommendation is conditional.

Streamlined educational pathways and ladder programmes
Recommendation 8:
Health professionals’ education and training institutions should consider using streamlined educational pathways, or ladder programmes, for the advancement of practising health professionals.

The quality of the evidence supporting this recommendation is low, and the strength of the recommendation is conditional.

Inter-professional education
Recommendation 9:
Health professionals’ education and training institutions should consider implementing inter-professional education (IPE) in both undergraduate and postgraduate programmes.

The quality of the evidence supporting this recommendation is low, and the strength of the recommendation is conditional.
Recommendations: Accreditation and Continuous Professional Development

Accreditation

Recommendation 10:
National governments should introduce accreditation of health professionals’ education where it does not exist and strengthen it where it does exist.

The quality of the evidence supporting this recommendation is low, and the strength of the recommendation is strong.

Continuous professional development (CPD) for health professionals

Recommendation 11:
Health professionals’ education and training institutions should consider implementing continuous professional development and in-service training of health professionals relevant to the evolving health-care needs of their communities.

The quality of the evidence is moderate, and the strength of this recommendation conditional.
Four good practice recommendations

- Government at the highest level demonstrates political commitment to reform and takes leadership of its implementation.

- There is formal collaboration and shared accountability between the ministry of health, the ministry of education, and other related ministries (e.g. finance, labour, public service), at national and/or sub-national level.
Good practice recommendations

- A national plan to produce and retain graduates is developed in consultation with stakeholders and aligned with the national health plan.

- The creation or strengthening of national or sub-national institutions, capacities or mechanisms to support the implementation of the reform and scale-up plan (e.g. legislation, policies, procedures).
Knowledge gaps and research agenda

Education and training institutions

- Do changes in recruitment practices have an impact on the retention of health workers in underserved poor, isolated or rural zones?
  - Longitudinal studies linking the retention of health workers trained in community and rural settings to changes in recruitment practices and in the curricula.

- What is the impact of decentralizing education and training programmes on rural recruitment and retention of health professionals?
  - Assessment of the impact of decentralizing education and training programmes on rural recruitment and retention of health professionals.
Implementation strategies: overview

- Raise awareness of the policy issues (e.g. interactive website, video clips, ePlatform)
- Form partnerships for implementation with existing transformative initiatives (e.g. MEPI, NEPI, ARC, THEnet, NOSM)
- Policy dialogues through regional WHO offices
- Link with other programmes within WHO
- Develop programmes of work with NGOs in official relations with WHO
- Integrate into Civil Society Organization commitments at the country level (e.g. Nigeria, Ghana, Malawi and Sierra Leone).
- Develop a research agenda with other relevant institutions with a focus on education/curriculum development and educational policy (e.g. universities, UNESCO)
Thank you!

http://whoeducationguidelines.org

http://www.who.int/hrh/resources/transf_scaling_hpet/en/