

Summary report on the

# Consultation on health workforce development in the Eastern Mediterranean Region

WHO-EM/HRH/633/E

Cairo, Egypt  
2–4 December 2014



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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Document WHO-EM/HRH/633/E

## Contents

1. Introduction .....	1
2. Summary of discussions .....	2
3. Action points.....	10

## **1. Introduction**

A consultation on health workforce development in the Eastern Mediterranean Region was organized by the WHO Regional Office for the Eastern Mediterranean in Cairo on 2–4 December 2014. The purpose of the consultation was to obtain input on the proposed strategic framework for health workforce development and on health workforce strengthening in the Region. The specific objectives of the consultation were to:

- review the situation of health workforce in the Eastern Mediterranean Region;
- present successful experiences and good practices in health workforce development from within and outside the Region;
- review and finalize the draft regional health workforce development strategic framework in line with global strategic directions;
- identify the next steps for strengthening health workforce development in the Region.

Forty-five participants attended the consultation representing health workforce managers from ministries of health, health planning policy-makers in Member States, leaders of regulatory agencies and professional organizations and councils, health professions education experts representing different disciplines, representatives of development partners and international health workforce experts.

The consultation was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who noted the importance of the health workforce and the global and regional momentum to address its challenges. He encouraged participants to provide candid, critical and constructive review and input to improve the strategic framework document with special focus on translating strategies into action oriented recommendations to support country efforts in strengthening the health workforce. Dr Alwan assured the participants that WHO would take the

document, once finalized, through to endorsement and implementation in coordination with Member States.

The presentation on the proposed strategic framework provided a summary region-wide situation analysis including main health workforce constraints and challenges. It also noted the diversity in the Region and introduced a three group country classification to approach health workforce development. Eight main strategies were proposed under four main domains: health workforce governance, entry stage, active workforce stage, and exit stage building on the health workforce life span and the action frameworks developed by WHO and partners over the last few years. A number of interventions and actions were proposed under each strategy and these were further tailored to the three groups of countries in the Region. The presentation concluded by delineating the implementation arrangements and introducing a monitoring and evaluation framework.

During the consultation, country representatives and experts delivered a number of presentations covering aspects such as health workforce planning, observatories, migration, development assistance, and health workforce issues in conflict and fragile situations. Dr Jim Campbell, Director of Health Workforce at WHO headquarters and Executive Director of the Global Health Workforce Alliance delivered two presentations (through videoconferencing) on the global health workforce strategy and the national health workforce registry.

## **2. Summary of discussions**

Over the three-day consultation, participants were actively engaged in plenary discussions and group work reflecting on the proposed strategic framework and other materials related to health workforce strengthening. Several themes and threads emerged from the discussion and were repeatedly raised in presentations, group work and panel discussions.

The proposed strategic framework with its eight main strategies falling under the four domains of governance, entry, active workforce and exit was endorsed by the participants. However, it was recognized that the strategies should align well with the proposed interventions and actions that should in turn be practical, implementable and meaningful for Member States. The monitoring and evaluation framework is to observe the order of priority regarding the proposed actions and outcome indicators should be stated where relevant. Means of verification need to be included and specified alongside the indicators and the aspect of evaluation should be strengthened. A toolkit containing practical guidance on specific issues pertaining to health workforce development is suggested to accompany the strategic framework document when it is finalized.

A number of comments and suggestions to enrich the contents of the document came up during the consultation. These are categorized and summarized as follows.

#### *Situation analysis of the health workforce in the Region*

The diversity of the Region should be mainstay in the analysis, and despite the overall relevance of the three group classification, the variations within each group and the “instability factor” consequent on conflicts should be taken into consideration. There is a need for more statistics to further delineate the situation and the current benchmark of 23 health workers per 10 000 population introduced within the context of MDGs might not be relevant for the post-2015 agenda focusing on universal health coverage. More numbers of health workers are needed in this context. In view of the multitude of health workforce constraints and challenges in the Region, the document should clearly define priorities as a basis for developing effective strategies to address priority challenges.

*Health workforce governance*

The observatory model for strengthening health workforce information and coordination seems to be effective. Countries are encouraged to establish/promote observatories and address challenges of funding and sustainability. Stakeholder coordination with specific focus on the synergy between health professions education and the health system should be an area for support with particular attention to coordination mechanisms. Factors associated with low implementation of health workforce strategies and plans should be identified and addressed within the regional strategies and the associated guidance for countries. Expertise on planning should be one important dimension in efforts aimed at building technical capacity for health workforce development. Health workforce financing is a gap in the Region and there is a need to further delineate this dimension in a comprehensive manner addressing not only health workforce remuneration but also cost of training and other interventions.

*Health workforce entry*

There are several challenges related to health professions education in the Region; what works now may not be optimum in the future. There is a need to take a long-term perspective and adopt innovative ways to prepare graduates for the unexpected. More investment should be made in the education of nurses, midwives and allied health professions as these cadres are critical for universal health coverage. Inter-professional education should be promoted as a strategy for instilling team work and team building to contribute to collaborative practice. There should be more attention to the rising feminization trends in health professions education in terms of analysis and adoption of suitable and effective strategies.

A diminishing pool of applicants for health professions education is observed in some countries due to factors relating to the labour market, in particular payment and working conditions. Some countries such as Oman have managed to address this limitation through political commitment, leadership and coordination, leading to reliable measures in improving the prospects of the health professionals. There is a learning point in this for other Member States in terms of developing the national health workforce.

There are concerns about the quality and relevance of health professions education in the Region and these have been highlighted by the recent survey on medical education conducted by the Regional Office. The Region will need to scale up its efforts on educational and curricular reform and strengthen accreditation programmes for all types of educational institutions. There are some promising practices in the Region that can form basis for effective and sustainable interventions to address relevance and quality of health professions education.

#### *Active workforce stage*

Working conditions and work environments are major challenges facing the health workforce in the Region. There should be a focus on improving pay level and promoting positive practice environments to retain and sustain health workers for effective coverage and quality improvement in health services. The health workforce should be motivated and well prepared to cope with the unexpected.

While the satisfaction of health workers is vital for their stability and performance improvement, the framework should also focus on the consumer dimension in terms of patient and community satisfaction with health worker attitude and output. In this regards, quality of the health workforce matters and attention should not be only on numbers and shortages.

Issues pertaining to the wider group of health professions are not adequately addressed in the Region. Nursing shortage is adversely affecting health care in several countries and this needs appropriate strategies to educate and retain the right number and mix of nursing cadres relevant to specific country context. Issues related to working conditions and career paths for the allied health professions also deserve more attention.

The experience on health workforce regulation is diverse among countries of the Eastern Mediterranean Region. Regulatory bodies range from governmental to nongovernmental and from single profession bodies to umbrella regulatory authorities covering the full range of the health professions. Internal systems and organizational capacity of the regulatory bodies in the Region is a challenge especially for authorities dealing with nurses, midwives and allied health professions. Regulation represents a pillar together with education and practice; hence licensing, relicensing, credentialing, certification and continuous professional development for relicensing should be adopted as appropriate strategies to improve and maintain quality of the health workforce. A regional effort is needed to strengthen capacity of regulatory bodies and enable networking and sharing of experiences among them.

#### *Exit stage*

There is a general lack of attention to migration dynamics and challenges in the Region and the uptake of the WHO Global Code of Practice on the International Recruitment of Health Personnel is weak. This must be addressed through focus on information, reporting, and cooperation between source and destination countries in addition to appropriate policies addressing ethical recruitment and health workforce sustainability. The role of WHO and relevant partners should be enhanced in relation to assessment, advocacy and promotion of the Code.

Despite their stock of long-term expatriate health workers, countries of the Gulf Cooperation Council (GCC) witness another form of migration represented by those who come to the area as temporary destination in their journey towards western countries. This should be considered when devising migration management strategies. Countries depending heavily on expatriate health workers are encouraged to promote self-reliance through long-term plans for national health workforce development.

### *Cross-cutting issues*

Some important aspects pertaining to the health workforce such as migration carry global ramifications. The strategic framework should clearly address this globalized dimension and should be aligned with the current discussion on the global health workforce strategy. Learning from the international experience in health workforce development should be encouraged and lessons derived. The global health workforce strategy to be prepared should not be prescriptive; it should rather provide a framework for regional and country actions.

Health workforce issues in conflict-affected and fragile states are highly pertinent for the Region as over half of its Member States are in a situation of instability and civil unrest. Lessons should be derived from experience elsewhere to analyse the situation and devise effective strategies and interventions relevant to conflict affected and fragile settings. Post-conflict environments offer great opportunities for change and for effective health workforce planning; this could also be a lesson for strategic health workforce planning in the Region.

Development assistance for health system and workforce strengthening is an important dimension in several countries of the Region. The recent years witnessed a move from disease focus to system wide issues including the health workforce. Despite its positive effects, development assistance also witnesses some bottlenecks and challenges. Donors spend

a lot on in-service training while its impact is usually not measured with general lack of evidence on its effectiveness. In contrast, there is less spending by donors on pre-service education and training which is a critical component of health workforce development.

Development assistance can be effective if well-coordinated and aligned with national priorities and planning; the European Union experience in Yemen offers learning in this aspect. The Regional Office is encouraged to document the experience of its Member States in relation to development assistance for health workforce strengthening to derive lessons and improve effectiveness and efficiency.

The situation in the Region is rather weak in the aspects of family practice, family physicians and public health professionals. Such cadres prove to be instrumental for health improvement and efforts should be exerted to rectify the situation in the Region. Some initiatives are emerging and those need to be supported and further promoted.

The role of the private sector is growing in terms of both health professions education and health care provision. The private sector carries huge potential but it is also associated with several challenges in the current situation of the Region. Oversight, regulation and initiatives towards public–private partnerships are some of the interventions that can rationalize the role of private sector in health workforce strengthening and health care improvement.

Information technology offers great opportunities for health workforce strengthening. Lessons from international experience are readily available in this domain and those should be utilized for addressing the health workforce challenges in the Region. Pre-service education, in-service training and health worker performance and productivity could be significantly enhanced through information technology including e-learning, web applications and software solutions.

The idea of developing a health workforce science is impressive and could bring more focus on the health workforce as a field of knowledge and an area needing technical expertise and competency. The notion should be based on robust human resource information systems and countries are encouraged to develop national health workforce registries within their functioning platforms such as health workforce observatories.

The health labour market is a critical component throughout the stages of the health workforce. Several countries in the Region experience the challenges of underemployment, unemployment and mismatches in the labour market with effects on the attraction to the health professions and staff stability. The labour market for health workers should figure out as an important dimension for analysis and rationalization through effective strategies and solutions backed by political commitment and economic arrangements.

The gender dimension is of paramount importance in the health workforce sector. The situation in the Region is challenging both in terms of trends towards greater employment of women in some places and professions and the lack of critical female health workers in some other settings. Gender analysis should be one vital dimension for health workforce strengthening and evidence-based approaches should be adopted to address the issue and its implications.

The consultation concluded by endorsing the overall structure of the strategic framework with its eight strategies under the four domains of governance, entry, active workforce and exit. Participants recognized that the strategies need to be translated into more specific, relevant and implementable interventions and actions to address the constraints and challenges facing health workforce development in countries of the Region.

### **3. Action points**

*For Member States*

1. Develop/revise national health workforce strategic plans to align with the regional strategic framework.

*For WHO*

2. Revise and modify the strategic framework document for health workforce development based on the input provided in the consultation.
3. Circulate the revised strategic framework document to the participants for further review.
4. Convene a small working group of experts to work on finalizing the strategic framework document and align it with the directions and ongoing work on the global health workforce strategy.
5. Consider the finalized strategic framework document as a subject for discussion at a future session of the Regional Committee for the Eastern Mediterranean.



World Health Organization  
Regional Office for the Eastern Mediterranean  
P.O. Box 7608, Nasr City 11371  
Cairo, Egypt  
[www.emro.who.int](http://www.emro.who.int)