EXPERTS CONSULTATION ON THE DRAFT FRAMEWORK TO RESHAPE A HEALTH WORKFORCE FOR THE FUTURE OF THE WESTERN PACIFIC REGION

17-18 January 2023
Manila, Philippines
MEETING REPORT

EXPERTS CONSULTATION ON THE DRAFT FRAMEWORK TO RESHAPE A HEALTH WORKFORCE FOR THE FUTURE OF THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines (hybrid)
17–18 January 2023

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The views expressed in this report are those of the participants of the Experts Consultation on the Draft Framework to Reshape a Health Workforce for the Future of the Western Pacific Region and do not necessarily reflect the policies of the conveners.
SUMMARY

Health systems cannot exist without a health workforce. A motivated and competent health workforce, with adequate numbers of health workers, positioned in the right places, with the right skill mix, is central to providing person-centred care and achieving universal health coverage (UHC). It is vital for providing coordinated, people-centred care that can address the challenges facing the Western Pacific Region, such as health security, noncommunicable diseases, ageing, climate change and reaching the unreached – thematic priorities outlined in For the Future: Towards the healthiest and safest Region, the vision of the World Health Organization (WHO) Regional Office for the Western Pacific for its work with Member States and partners.

The Experts Consultation on the Draft Framework to Reshape a Health Workforce for the Future of the Western Pacific Region was convened in Manila in hybrid mode in January 2023. Building on the 2006 Regional Strategy on Human Resources for Health and 2016 Global Strategy on Human Resources for Health, Member States have strived to invest in the health workforce. However, the coronavirus disease 2019 (COVID-19) pandemic exposed many preexisting vulnerabilities in health systems.

The Consultation highlighted critical gaps in Member States’ health workforce on different fronts – not only in numbers but also in terms of distribution, quality, efficiency and protection, among others. Health needs are diversifying and expanding while new digital technology is emerging that can deliver health services and training in drastically different ways. Experts agreed that a health systems approach should be used to analyse the health workforce issues and that a service delivery model aligned with the goals of UHC should determine the required health workforce.

To address the current and future health challenges of people in the Western Pacific Region, the attributes of the health workforce should include being people-centred, inclusive, culturally sensitive, motivated and high-performing; it should have the ability to coordinate care, be committed to developing professionally, and adaptive to new values and emerging risks.

To achieve this, the roles of nursing and allied health professionals need to be strengthened to meet the health needs of future populations through the primary health care (PHC) workforce and teams. Regulation and licensing of health workers should also support innovations in the health workforce, especially in PHC. Inter-professional education and continuing professional development (CPD) need to be institutionalized and international collaborations for training should be strengthened. Health workforce stewardship needs to be strengthened, and the capacity to regulate and engage the private sector needs to be enhanced.

In developing the Framework, it is essential to be mindful of diversity within the Region, as well as countries’ limited resources, by considering the issue through the lens of efficiency and productivity of the existing workforce.
1. INTRODUCTION

1.1 Meeting organization

The Experts Consultation on the Draft Framework to Reshape a Health Workforce for the Future of the Western Pacific Region was held in hybrid mode from 17 to 18 January 2023, convened by the Health Policy and Service Design unit of the Division of Health Systems and Services. The meeting aimed to deliberate on the future health needs of people of the Western Pacific Region and how to strengthen the health workforce to meet these challenges. The Consultation sought technical inputs from experts to inform the development of the new Regional Framework to Reshape a Health Workforce for the Future of the Western Pacific Region.

In attendance were 12 experts from Australia, China, Japan, Lao People’s Democratic Republic, New Zealand, Papua New Guinea, Republic of Korea, Solomon Islands, Tonga and Viet Nam. Also participating were two observers/representatives and the Secretariat comprising members from the WHO Regional Office for the Western Pacific. The full list of participants is available in Annex 1 and the meeting programme in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to generate ideas on the main elements of the draft Regional Framework to Reshape a Health Workforce for the Future of the Western Pacific Region towards the achievement of UHC; and

(2) to elicit concrete technical feedback and recommendations to strengthen the quality of the draft Framework.

2. PROCEEDINGS

2.1 Opening session

Mr Lluis Vinals Torres, Coordinator, Health Policy and Service Design, opened the meeting and thanked the experts for their participation. A recorded message from Mr Martin Taylor, Director of Health Systems and Services, emphasized the importance of having a workforce that can meet the emerging challenges in the Region and the need to find practical ways to overcome the gaps that persist in the current health workforce.

Dr Hiromasa Okayasu, Director of Healthy Environments and Populations; Dr Kidong Park, Director of Data, Strategy and Innovation; and Dr Huong Tran, Director of Programmes for Disease Control from the WHO Regional Office for the Western Pacific, also welcomed the experts participating in the Consultation.
2.2 Introduction to the framework development process

Ms Eriko Anzai explained the steps followed to develop the draft outline of the HRH framework. The background of the framework was referenced, including existing WHO HRH frameworks at the global level and in the different regions, along with previous work on HRH in the Western Pacific. It was noted that the previous work had contributed to progress on developing the health workforce in the Region; however, further efforts are needed to develop HRH in line with the current health systems priorities of the Region. The rationale for developing a new framework was presented, along with the analytical approach proposed for examining the HRH issues. This was followed by a description of the steps envisaged to develop the complete draft of the framework by October 2023.

2.3 Where are we with HRH and what are the future challenges to address in the Region?

Dr Masahiro Zakoji presented on the current status of HRH in the Region, starting from shortages in the health workforce, limited education opportunities and the issues of variable availability of governance, regulation and data on HRH. It was noted that, although countries are striving to improve their current workforce and considering the introduction of new occupations, the existing health workforce is not adequately oriented towards PHC.

Challenges discussed included the persistent maldistribution of HRH, leading to chronic shortages of HRH in rural and remote geographical areas, including islands. The migration of health workers, especially nurses, from the Pacific island countries and areas (PICs) to high-income countries (HICs) was expressed as a concern as it can potentially impact service delivery. The main gaps affecting the productivity of existing HRH were identified as the low use of primary care facilities, absenteeism and dual practice in public services, poor enabling environment and mismatch in HRH skills. A need was expressed to have a more inclusive and gender-balanced HRH with equitable representation of different vulnerable populations and local communities.

The session concluded with valuable feedback on how the HRH issues should be approached. The need to apply a health systems–based approach was emphasized as it allows a focus on the final goals of population health when discussing HRH. It was agreed that the health systems objectives and service delivery models should determine the HRH requirements, and that the HRH framework should focus on the need to shift from the “grow and retain” approach to one that can “reshape” to fit future purpose. The need to look beyond the traditional HRH occupations was also expressed. The roles of health workers in health promotion, facilitating social and familial care, and working for social determinants of health were emphasized.

2.4 What are the key bottlenecks in HRH?

The session started with a presentation on some bottlenecks that have potentially contributed to the current gaps in HRH. It was followed by discussions in three breakout groups for in-depth exchanges – while one group carried out discussions in hybrid mode, the other two groups met in person. The discussions covered the themes of education of health workers, stewardship, and management of HRH in the public and private sectors. The key points that emerged are summarized below.

2.4.1 Education

The health systems are promoting specialist-led models of care whereby emphasis is often skewed towards specialization. Experts reconfirmed that there needs to be a shift of focus more to PHC, and that the health workforce needs to be trained accordingly. At the moment, there is little clarity in health systems on whether new occupations need to be created or if existing ones should be re-skilled. Concern was also expressed that the existing rigidity in regulations for occupational licensing has hindered innovations in HRH, including full use of the scope of practice by many occupations, especially in PHC.
settings. The existing dominance of medical professions was raised as one of the barriers in HRH reforms, including in the system-wide introduction of new occupations suited to the needs of PHC. Leadership of the nursing workforce – consisting of the majority of HRH in the Region – needs to be strengthened. In training, the current focus is on individual skills and not on working and learning in teams. Furthermore, training curricula are outdated in many countries, and inter-professional education (IPE) is poorly integrated into current curricula. There are not enough opportunities being created for CPD.

2.4.2 HRH stewardship
Concern was expressed regarding gaps in stewardship capacity for HRH. There are gaps in clarity on who is responsible for strategic planning and decision-making for HRH. Policy-making around HRH involves multiple sectors and ministries, including health, education, finance and civil services, but platforms are not available for intersectoral dialogue to solve HRH challenges in some settings. There are gaps in coordination between different levels of government. Many countries have chosen to decentralize health systems decision-making, but there are gaps in managing the transition and devising appropriate roles for central planning.

In examining HRH issues, a health systems–led approach is often missing. The health systems are not prioritizing PHC to the extent required. Donor policies with an emphasis on vertical programmes are contributing to the fragmentation of HRH. HRH information systems are functioning poorly and lack of data hinders analysis in identifying HRH issues. HRH aspects that are difficult to measure quantitatively tend to be neglected.

2.4.3 HRH in the public sector
The maldistribution of existing HRH is a key problem in the Region. While the PICs are particularly affected, rural and remote populations in most countries, including the HICs, do not have equitable access to HRH. The potential of telehealth in mitigating the impact of HRH maldistribution has not been fully explored. There is inadequate emphasis on promoting task sharing, and deployment of allied health workers tends to be neglected. Health systems are not clear about the occupations that need to be recruited apart from medical doctors and nurses, while at the same time the roles of key occupations such as community health workers are not being optimized. Rigid HRH norms based on population and not actual workload are contributing to inefficiency.

2.4.4 HRH in the private sector
Challenges were pointed out in the regulation of the private sector. Market forces are promoting specialist-led models of care. Countries with a weak public sector are also less likely to be able to regulate the private sector. Uncontrolled dual practice is also a major problem in some countries that have a poorly resourced public sector.

2.5 How can the HRH bottlenecks be addressed effectively?
The session focused on approaches that could address the key HRH bottlenecks more effectively. The discussions took place in three breakout groups – one group in hybrid mode, and the other two in person. The deliberations were focused on the questions below.

2.5.1 What will shape the attributes of the future health workforce?
In the discussion, factors were identified that will influence the health workforce required for the future. These included demographic and epidemiological changes; population movements; climate change; requirements of greater continuity of care for the elderly population and those with chronic diseases; shift in health systems approach to PHC-oriented models; increasing emphasis on patient-centredness; new social welfare mechanisms; growing patient awareness and needs; new service delivery models;
artificial intelligence; digital technology in health; shifts in training methods; characteristics of existing HRH, including ageing health workforce and local contexts; and evidence.

2.5.2 How can the health workforce transform and increase relevance to population needs?
There was a consensus that the transformation of HRH will depend upon the contestation between demand for more specialist-led care versus a PHC-led health system. The suggestions received from the experts were to focus on building multidisciplinary PHC teams to deliver services. Integrated care models should be built with PHC teams, which can provide outreach and community- and home-based care. An example shared was the Healthy Islands concept from the PICs that emphasizes environmental health alongside physical health and well-being. On the other hand, PHC teams should also have referral linkages with specialized care where needed.

In the domain of HRH education, there was a consensus that this should be aligned with PHC-oriented service delivery needs and values. There is a need to promote occupations to meet the demands of PHC. The importance of imparting skills in team-based service delivery and digital health was expressed, along with institutionalizing CPD. A shift towards competency-based curricula was suggested along with IPE. The HRH need to be trained in curricula updated to meet the latest health needs and service delivery models. In-service training and training in teams will be necessary to upskill HRH to effectively work in multidisciplinary teams to meet the future health needs of the population. The education of HRH should equip them with the capacity to understand population needs and behaviours, and should orient them towards building relationships of trust with the communities they serve.

A need was expressed for governments to allocate more resources to transform HRH – to invest in production, deployment and CPD. Apart from approving more positions, it is necessary to fill the existing vacancies. The rules should be amended and simplified where they act as a barrier to recruitment and deployment. Retention strategies should be tailored to meet the needs of different contexts.

2.5.3 What are the institutional and governance requirements to enable the policy implementation needed?
The discussions on this question were focused on stewardship for HRH. A key message was that HRH should not be seen in isolation but as an integral part of larger health systems. It was agreed that the main aim is achieving UHC, and HRH should be seen as a means to that.

It was observed that current efforts by Member States are more focused on national-level stewardship, but with moves towards decentralization, there is a need to develop capacity in governance mechanisms at subnational levels. Some countries do not have enough capacity, and there is a lack of clarity on which institutions should be responsible for strategic planning and oversight of HRH. The recommendation was that strategic decision-making on HRH should fall under the responsibility of a senior-level entity in governance structures. Capacity-building – including leadership training programmes – was recommended.

Intersectoral platforms were suggested as ways to enable different ministries and international partners to work together in solving HRH problems in multiple areas, including developing the HRH plans, education, resource mobilization, HRH information systems, national licensing examinations, health professional accreditation and quality.
2.6 How can we formulate a practical framework?

The final technical session was aimed at identifying the key themes for action on HRH and formulating a framework that can provide practical guidance to Member States. The main themes that emerged through discussions are described below.

2.6.1 Producing a fit-for-purpose and transformative workforce

Education should be aligned with health systems’ priorities and people-centred values. The occupations to focus on in production should be decided according to the objectives of the health system. Priority should be given by the public sector to the production of occupations suited for the rural health workforce and PHC teams. Competency-based education and digital methods should be used to ensure quality HRH. Team-based approaches like IPE should be applied, and training should contribute to the effectiveness of teams.

2.6.2 Improving HRH stewardship in health systems

Health systems–led thinking should be promoted at the leadership level, and health systems models that can work for the transition economies need to be worked out. Multisector mechanisms and stakeholder engagement need to be devised for strategizing actions on HRH using whole-of-government and whole-of-society approaches. Evidence-based planning, data availability and use have to be ensured for HRH. Guidance should be made available to Member States for developing national strategic plans on HRH, including through the provision of appropriate templates and tools. Capacities and mechanisms need to be built for strategic oversight on HRH, including the dimensions related to donor activities. For the above to happen, the institutional responsibility for strategic oversight and planning for HRH should be well defined.

2.6.3 Managing workforce in the systems

Performance management of HRH needs to be made a key priority. Performance of teams needs to be emphasized apart from individual-level outputs and appropriate skill mix should be planned within teams. Other aspects of this issue that require further development include defining the roles of different kinds of health workers, career progression, succession planning and CPD.

2.6.4 Investing strategically

Investments in health systems that bring health care closer to community should be a key priority. Public sector investments should be focused on production of priority occupations for PHC teams. The strategic plans for HRH should include the financial requirement estimation and funding scheme. Convergence with other ministries and professional associations should be done to utilize any available funding that might be available. An important area of investment will be in improving living conditions and providing an enabling work environment in rural and remote areas. Improving the quality of pre-service education and CPD will require increasing investments.

2.7 Closing session

The Consultation provided an opportunity for different experts with a range of experiences across the Western Pacific Region and other parts of the world to reflect on future health workforce needs and how to achieve that in practice. The experts were thanked for their time and valuable input, which would continue as the Framework is developed over the coming months.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

A major takeaway from the Consultation was the consensus on using a health systems–led approach to examine HRH issues. The deliberations highlighted the necessity of having a health workforce that can meet the health needs of the population and is well aligned with a PHC-oriented approach to health systems. Institutionalizing working and learning in teams emerged as a key lesson, as was addressing the maldistribution of existing HRH. Another key issue identified was the greater need to recognize the presence of a diverse private sector and to clarify its role within health systems. It was agreed that while there are common principles that can help to strengthen HRH, the specific solutions will vary according to diverse contexts in the Region.

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

(1) Commit to a transformative health workforce to address expanding population health needs.
(2) Work with WHO to develop a framework for action to strengthen the health workforce for the future.

3.2.2 Recommendations for WHO

In developing the regional framework, WHO is requested to consider the following:

(1) Solicit evidence-based and forward-looking perspectives to inform the development of the regional health workforce framework.
(2) Support countries in implementing the proposed actions for strengthening the health workforce.
(3) Continue to provide advice and technical support to Member States.
ANNEXES

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Annex 2. Meeting Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday, 17 January 2023</th>
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<tbody>
<tr>
<td>08:30</td>
<td>Registration of participants</td>
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<tr>
<td>09:00 to 10:00</td>
<td>1. Opening of the session</td>
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<td>- Welcome</td>
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<td>10:00</td>
<td>- Opening remarks</td>
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<td>- Meeting objectives</td>
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<td>- Introduction of participants</td>
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<td>- Group photo</td>
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<td>- Administrative announcements</td>
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<td>10:00 to 10:15</td>
<td>Mobility break</td>
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<td>10:30 to 12:30</td>
<td>2. Introduction of the development process</td>
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<td>Presentation: Development process and timeline of the draft regional action framework</td>
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<td>12:30 to 14:00</td>
<td>Lunch</td>
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<td>14:00 to 16:00</td>
<td>3. Where are we with Human Resource for Health (HRH) and what are the future challenges to address in the Region?</td>
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<td>Presentation: Current situation in the Western Pacific Region (WPR)/Future challenges and context for HRH in the Region.</td>
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<td>• Who are the future health and care workforce and what will they look like?</td>
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<td>• What are the priority challenges that we need concerted efforts on?</td>
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<td>• What are the new opportunities we can build on?</td>
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<td>14:00 to 16:00</td>
<td>4. What worked well and what worked less well, and why?</td>
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<td>Presentation: enablers, bottlenecks, and policy levers</td>
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<td>• Stock and distribution</td>
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<td>• Motivation and satisfaction</td>
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<td>09:00 to 10:30</td>
<td>5. How can we address the bottlenecks differently?</td>
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<td>Presentation: Recap of Day 1</td>
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<td>• How can the system better manage and retain the workforce, provide them with a decent work environment and optimize their performance?</td>
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<td>• How can the health workforce transform and remain relevant to population needs?</td>
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<td>• What are the HRH institutional and governance requirements to enable the policy implementation needed?</td>
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<td>Mobility break</td>
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<td>10:45 to 12:30</td>
<td>Lunch</td>
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<td>12:30 to 14:00</td>
<td>6. How can we formulate a practical framework?</td>
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<td>• What would be the strategic actions?</td>
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<td>• How can this framework be useful to WPR countries and areas with great diversity?</td>
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<td>• How can we support and monitor the progress of its implementation?</td>
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<td>14:00 to 15:30</td>
<td>7. Closure of consultation</td>
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<td>Key messages and next steps for the development of the regional framework</td>
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