



WHO Initiatives and tools to address HWF challenges

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- What >>> **HOW**, Theory >>> **PRACTICE**
- **NO HC** reforms, **NO** change without HRH management
- **HRH characteristics**
 - Female
 - „Multidisciplinarity” – multisectoral issue
 - Multiple stakeholders, some important ones out of the health sector!
 - Private sector, individual drivers, different time scope
- **HRH**
 - Human Resources **for Health DOES NOT MEAN** HR **for Healthcare**

- There is HRH knowledge & tools available
- **Sharing experiences and „benchlearning” is a must**
- No magic solution, prescription
- **Priorities** to be (well) identified – worth the time needed
 - Political Agenda
 - Global, regional, subregional, national, ...
 - CEE, SEE, EU, Europe ...

HWF (HRH) Critical role

- How to bridge the gap in human resources for health, *Lancet, 2004, Charles Hongoro, Barbara McPake*
- WHO: increased recognition of the **central role** of human resources for health (HRH) in the drive towards
 - the health MDGs and
 - Universal Health Coverage

The Millennium Development Goals

Eight Goals for 2015

- 1 Eradicate extreme poverty and hunger
- 2 Achieve universal primary education
- 3 Promote gender equality and empower women
- 4 Reduce child mortality**
- 5 Improve maternal health**
- 6 Combat HIV/AIDS, malaria and other diseases**
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development

Achieving the health-related MDGs: It takes a workforce!

- The WHO European Region has **one of the lowest average proportions in the world of children exclusively breastfed at 6 months of age**. Strong evidence shows that exclusive breastfeeding is the natural and most efficient method to ensure optimal child growth and development.
- The proportion of children **exclusively breastfed at 3 months of age was 50% or less in 24 out of 36 countries in the European Region** that participated in national surveys in 2005–2010. Only in 1 country in the Region were more than 50% of 6-month-olds exclusively breastfed.

- **Universal health coverage (UHC) is the goal that**
 - all people obtain the good quality health services they need
 - without the risks of financial hardship linked to paying for them
 - universality: coverage should be for everyone

- **Joint Learning Initiative (2004) & the World Health Report (2006)**
- **Global Health Workforce Alliance & two Global Forums on HRH (in 2008 and 2011) (*Third one is to be held in November 2013*)**

- **Adoption of**
 - **WHO Global Code of Practice** on International Recruitment of Health Personnel (the WHO Code)
 - **HRH-specific commitments** made in the context of the UN Global Strategy for Women's and Children's Health
 - **recognition of HRH** in a UN General Assembly resolution on Universal Health Coverage (UHC)

- Several HRH projects and activities, including regional and national ones (**HRH Observatories**, Policy Dialogues)
- Active participation in EU projects
- Publication of and free access to several HRH relating professional document, including tools to strengthen HRH capacities
 - Toolkit for Country Health Workforce Strengthening
 - WHO Country Assessment Tool on the uses and sources for HRH data
 - WHO Human Resources forHealth Minimum Data Set
- **Dissemination**



- After its launch, in **1999** in **Chile**, the initiative of the Human Resources for Health (HRH) Observatory continued to grow towards a **global initiative**, generating experiences in **America, Africa, Asia** and **Europe**.
- Global Meeting of HRH Observatories in July 2011 in **Lisbon**, Portugal.
- Sharing and evaluation of experiences, lessons, consequences to go on with



Priority Agenda for HRHOs

1 Governance

HRH governance can be defined as the **system of values, policies and institutions** by which HRH development is furthered.

- (1) the **mechanisms and processes** through which HRH strategies are developed and implemented,
- (2) the **capacities** to effectively lead and implement policies, to address HRH issues, and to manage resources,
- (3) **rules** that distribute roles and responsibilities among stakeholders,
- (4) **the institutions** that govern HRH and interactions among them.

Priority Agenda for HRHOs

2 Information

3 RESEARCH PRIORITIES 21 !!! Top 3

- To what extent do incentives work in attracting and retaining qualified health workers in under-serviced areas?
- What is the impact of dual practice and multiple employment?
- How can incentives be used to optimize the efficiency and quality of health care?

HRH WHO

<http://www.who.int/hrh/en/>

HRH Action Framework

<http://www.capacityproject.org/framework/>

Global Health Workforce
Alliance

<http://www.who.int/workforcealliance/en/index.html>

WHO Global Code of Practice

<http://www.who.int/hrh/migration/code/practice/en/index.html>

WHO Health Workforce

<http://www.who.int/hrh/governance/en>

HRH Observatories

http://www.who.int/hrh/resources/observatories_meeting_report.pdf

WHO HRH information

HRH WHO European Region	http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/health-workforce
Health-related MDGs	http://www.who.int/hrh/workforce_mdgs/en/
Migration WHO	http://www.wpro.who.int/hrh/about/migration/en/
Joint Learning Initiative Report (2004)	http://www.who.int/hrh/documents/JLi_hrh_report.pdf
Handbook on monitoring and evaluation of human resources for health	http://www.who.int/hrh/resources/handbook/en/

Thank You for your attention

