

WP7 - SUSTAINABILITY

Vision Paper on the Sustainability of the Joint Action on Health Workforce Planning & Forecasting

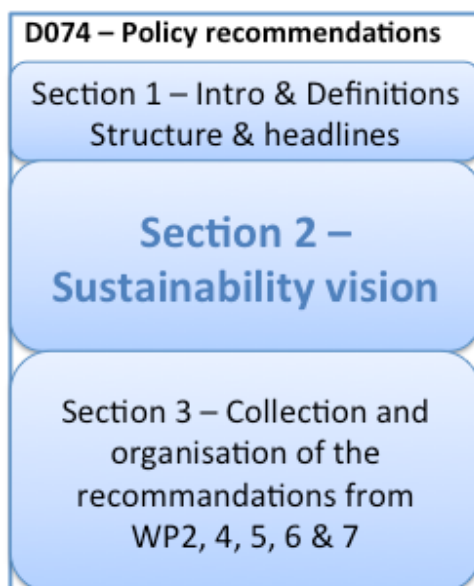
VERSION 8b – READING INSTRUCTIONS

The paper submitted to the Varna Workshop is a draft. It aims at promoting dialogue during the workshop. It is not to be considered as final for review.

After the workshop, the vision paper will be:

- 1. Integrated as prime chapter of the deliverable D074 – Policy Recommendation. During this integration to format will of course be adapted.**

The D074 document will be composed out as such:



⇒ Integrates the reference within the JA, reference to the strategy, acknowledgment and structure of the document

⇒ Would be derived from the draft vision paper after discussion during the Varna workshop

⇒ Would be the repository of the various recommendations by the JA Work Packages and literature studies – after grouping under the 5 policy headlines

- 2. Summarised in the format of the “one page” document, and included within the final (JA) guide.**

The format of this final guide is still in construction and on the agenda of the next JA Executive Board.

The current document is using the 5 policy headlines as they were after the first round of consultation. They have not been updated yet into new formulation, as the round 2 comments are not processed yet.

We already received comments on the drawing that supports the document. Indeed there are already published drawings at WHO level or in other studies that might better match our purpose. We may agree that it needs improvement, but this is part of the subject of our workshop.

The text has not been written by native English speakers. It fits the purpose of the workshop. As it needs to be integrated in D074 deliverable afterwards, the main concern is not the language. A professional editor will upgrade this afterwards. Suggestions are of course welcome, but we encourage you to focus mainly on the content.

The WP7 team is happy to host you soon in Varna and to start with you fruitful discussion.

WP7 - SUSTAINABILITY

Vision Paper on the Sustainability of the Joint Action on Health Workforce Planning & Forecasting

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Paper Status / Draft V8b – Input as pre-reading material for the Varna Workshop.

HWF policies are an essential component of health systems. To translate HWF policies into effective, accessible and resilient health systems is the ultimate goal. Health workforces and health systems do not function in isolation. While actions can and should be taken at national level, the efficiency of such policy is reduced if not coupled with action at European level. For developing sustainable health systems, Europe needs a plan with ambition, which interfaces with other relevant policies.

Health workforce shortages impact the access to healthcare we need to build a strong HWF planning. Planning should not only focus on number of HWF, but also on securing the best interests of the HWF by focusing on good working and living conditions, which are major determinants for mobility.

There is obviously a need for further investment in data management and many other domains related to HWF are still to be studied
HWF policy makers must pay attention to future trends and look beyond the horizon. Policy assessments are important to measure the public health objectives and check the reduction of inequities

European Member States and Stakeholders need a sufficient number of professionally skilled experts in health workforce planning and forecasting to support the improvement of their health workforce planning. Knowledge sharing is essential and cost effective. The JAHWF has demonstrated that there is a call for common work, that it pays off, and that results that were taught previously as impossible could be obtained. More important is the utility of knowledge sharing as preparatory input for policy dialogues both at national and European level.

Above the Health related objectives, Healthcare in the future could generate significant job opportunities, helping drastically to the major society level determinant. This opportunity is a major incentive for setting up professional HWF planning.

Note / Along this document, the reader must understand the term “national” as generic describing the appropriate country situation where other level of authorities might be in charge.

Introduction

This paper aims at presenting a clear vision on the sustainability of the Joint Action on Health Workforce Planning and Forecasting (JAHWF), in other words a vision on the persistence of its results way after its official end. The current draft 8b is issued by the WP7 management team and presented to its partners¹ in order to gain their support. By consolidating and adding to the results of the JA, a higher impact of HWF planning and forecasting on policy decision making is pursued. Hence, the vision paper aims to be unambiguous, provide strategic guidance that is consistently based on and feeding back into the recommendation papers and be clearly applicable.

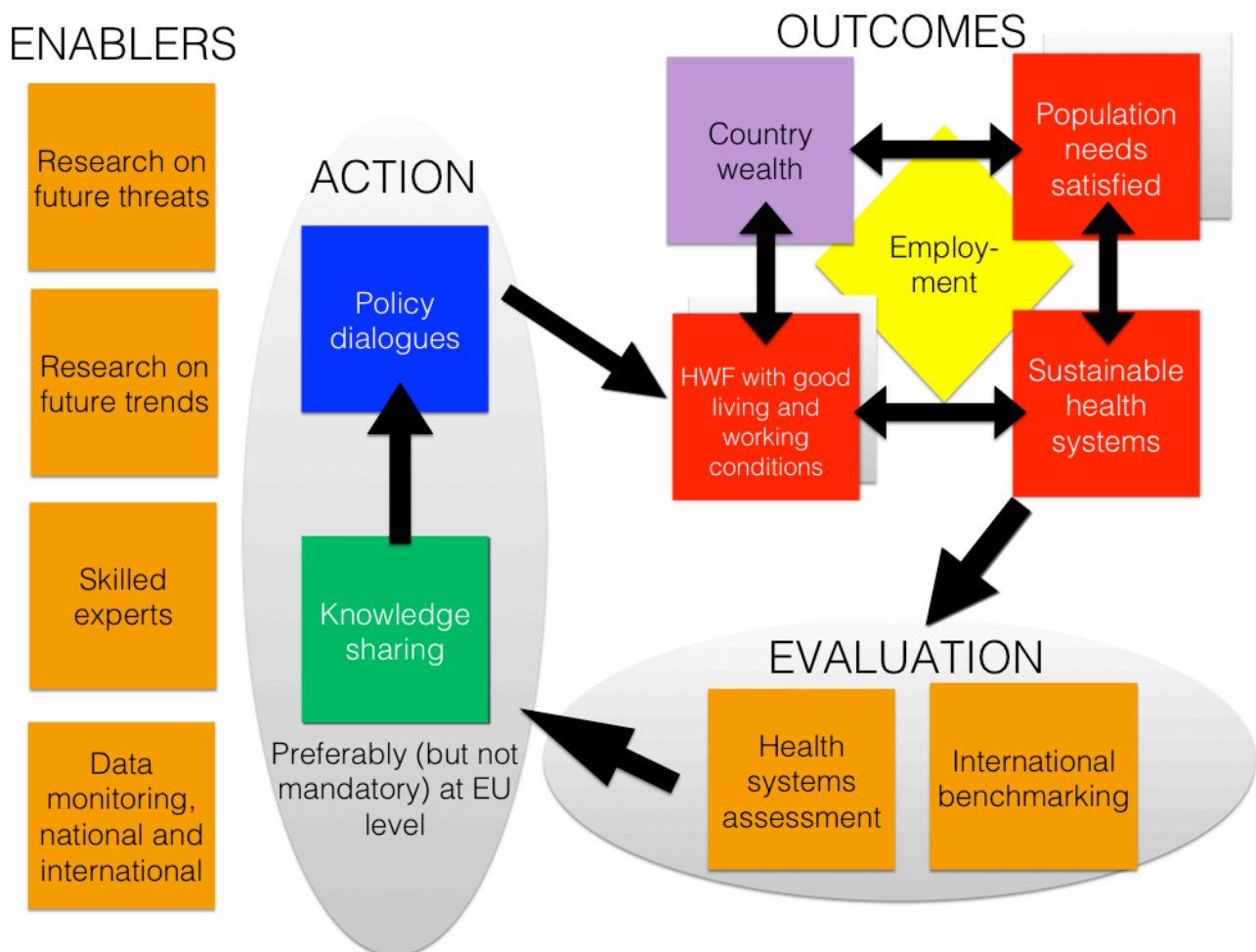
It is shared within the project, but being a proposition for policy makers, it needs additional policy nuances.

Once finalised, it will be integrated as starting chapter of the Joint Action Deliverable D074 – Policy Recommendations. It will also be shortened in a ‘one page’ format and inserted in the Joint Action final guidelines.

¹ This will be checked during the WP7 Workshop in Varna – Nov. 11th, 2015

WP7 Vision on the Sustainability of the JAHWF

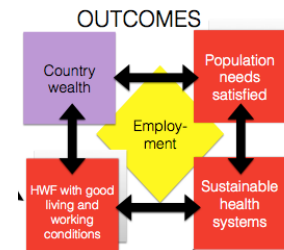
In order to support the sustainability of the Joint Action on Health Workforce Planning and Forecasting, a vision diagram was created indicating the priority action areas for consolidating its main results.



Ensuring Effective, Accessible and Resilient Health Systems

To improve health systems and address health inequities across Europe, it is useful for governments to cooperate at EU/EEA, European level (and international as far as is reasonably possible) so that EU/EEA governments can develop sustainable health systems including through effective health workforce planning.

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Sustainable health systems

In achieving the ultimate aim of effective, accessible and resilient health systems across Europe, a key role is played by a sufficient and adequately trained health workforce (HWF). After all, the health workforce is central to managing and delivering services within health systems. As such, HWF planning is critical as well for the development of sustainable health systems. Yet at the same time, planning addresses only one part of health workforce policies and **HWF policies** in their turn **are only one component of health systems**, acting in close interaction with other health system policies such as the planning of health facilities. These policies aim **to translate into effective, accessible and resilient health systems** which deliver high quality care, satisfying the needs of Europe's population while securing the best interests of the HWF through good working and living conditions.

Population needs satisfied

To enable countries to fulfil their national healthcare needs, the availability of a sufficient number of adequately trained health staff is indispensable. **Any shortage** of certain categories of health workers may create **access problems to healthcare**, while any surplus would involve a waste of human capital. Moreover, a HWF crisis risks is in the end paid for by Europe's population through patient outcomes, reflected in morbidity and mortality rates and overall level of population health and well-being. This was for example shown by findings of the European nursing workforce study (RN4CAST), where variations in hospital mortality were found to be associated with differences in nursing staff levels and nurses' educational qualifications.

Sufficient and adequately trained HWF with good working and living conditions

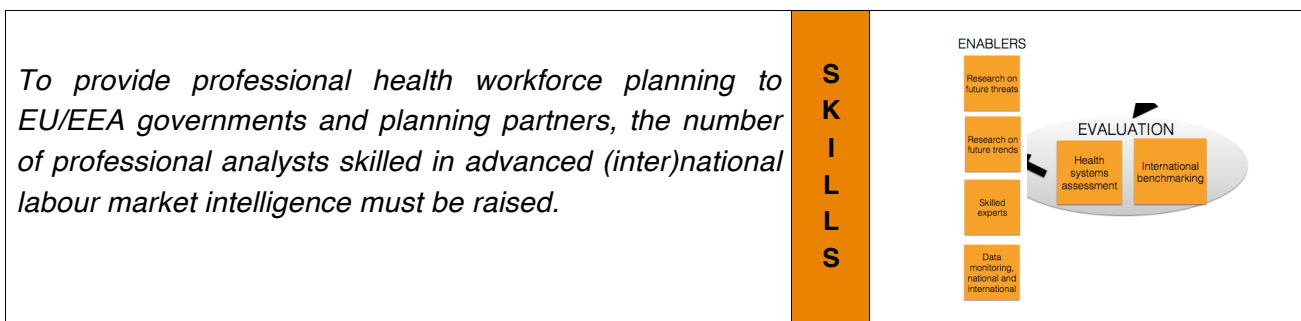
Without a health workforce, there would be no healthcare. In the process of HWF planning, the JA network believes that efforts should be made to **secure the best interests of the HWF by focusing on good working and living conditions**. Especially as these conditions play a significant role in health workers' decisions where to locate, and may affect mobility patterns and (inter)national inequities and hence have an impact on planning and forecasting processes. Policy strategies focusing on these factors should therefore be adopted. The EU Action Plan on Health Workforce and the exchange of information on recruitment and retention strategies already forms a good starting point for this and could be further developed to include other policy areas related to health and employment. European cooperation catalyzed through the current Action Plan and the

Joint Action has helped strengthen the evidence base and knowledge on some major HWF dimensions – such as data collection, skills, planning, retention, recruitment and CPD – however, **many other domains would benefit from continued analysis**. For example, the future health workforce will look very different from the one we know now. Task substitution, skill mix, technological innovations and new professional roles and professions alter the landscape in which HWF planning takes place. This has an impact upon health workers’ needs and working conditions and hence should be taken into account in HWF planning and policies.

Factors affecting recruitment and retention HWF

Health workforces and health systems are clearly interdependent and subject to external influences. Prime important non-healthcare related factors impacting on the HWF and health systems are country-level living and wage conditions. These can either threaten or support a country’s availability of health workers and access to healthcare, . **Living and working conditions are major determinants for mobility**– today, it is the migration of the HWF, and tomorrow the migration of patients, either in person or via telemedicine. This means that in an open European market, there is no future for isolated policies. The team of JA believes that a new short- and medium term EU HWF Action Plan , a policy dialogue leading to shared health system objectives and strategies has to take place. Such a dialogue would turn the “health in all policies” vision into a common transcendent cooperation of MSs on health systems, with an important place for HWF and patient dimensions.

Research, Data and Evaluation



The Policy cycle is support by a set of 3 essential enablers (Data, Skilled experts & Research) and by one activity (Policy Evaluation)

Data monitoring, national and international

It is impossible to study and evaluate HWF planning and forecasting without proper data collection and monitoring. WP7 believes **there is a need for further investment in data management**, especially in outcome indicators that are most relevant for supporting policy dialogues and evaluating HWF related policies and actions, especially related to the development of sustainable health systems. These data should be gathered, monitored and studied at both national and

international level, as the EU free market structure request focus on the complete picture. Data on HWF movements within national labour markets, for example, are equally important for HWF planning as data on cross-national mobility of health workers.

Skilled experts

Even more as important as having high quality data collection and monitoring, it is central having a **sufficient number of professionally skilled experts** to conduct studies, collate and interpret these data, model the systems and support the policy dialogues. To enhance the expertise **in health workforce planning and forecasting**, European partnerships could help train and equip future experts with the necessary knowledge and skills for effective health workforce policy making and planning.

Research on future trends and research on upcoming threats

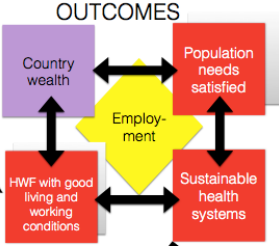
While it is important to further develop and expand the evidence available, the evidence also continuously needs to be adapted to a changing societal context and future trends and threats. Monitoring Health inequities cause by or related to health workforce challenges, for example, is top of the list among the 'to do's' in this matter. Additionally, in view of the altering landscape in which HWF planning takes place (including task substitution, skill mix, technological innovations and new professional roles), WP7 also strongly encourages **HWF policy makers to pay attention to future trends and look beyond the horizon** at health related evolutions and health determinants in general. Qualitative information, currently under-utilised in HWF planning, can be a valuable data source for this and should be maintained as precisely as quantitative information.

Additionally, Evaluation is within the policy cycle the essential source of lessons

Evaluation

Fed by improved data management and monitoring, supported by or through research, skilled experts should provide useful assessments of planning effectiveness, including for upcoming re-planning processes. Moreover, through **policy assessments** of health system outcomes and with support of international (at least EU) benchmarking, policy makers may **assess if** the policies and day to day health system administration reached their **objectives and** if the trend to **reduction of inequities** in health is **engaged**. Again, both EU and national level. Hence, the team of WP7 believes that to help build sustainable health systems, HWF planning should move from mere quantitative planning to incorporate elements of quality of care, patient outcomes and inequity indicators as effect measures.

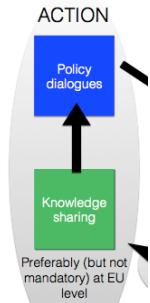
Employment

<p><i>To ensure the sustainability of the healthcare systems in Europe and proactively act on health risks and imbalances of the health workforce, addressing patient needs and safety, EU/EEA governments would benefit from improving their health workforce planning and forecasting to deliver high quality care, which is accessible, effective and affordable.</i></p>	I N C E N T I V E S	
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Health care is highly labour intensive and one of the largest economic sectors in the EU – accounting for around 17 million jobs² (8% of all jobs). With the ageing of the population and rising care demands, the health care sector is a key driver for jobs in the future. This means that an optimal HWF planning and forecasting system – i.e. the absence of over- and undersupply of health workers – can improve employment-to-population ratios within EU/EEA countries and spur economic growth.

Hence, the WP7 team believes that the important economic value of HWF planning and forecasting should be put more in the spotlight, for example by structurally including economic parameters in evaluations of HWF planning and forecasting. Employment being a key driver to living standard and satisfaction of population needs, WP7 sees here a major incentive to convince related policy areas of the merits of HWF planning and policies and of the desirability of incorporating ‘health in all policies’.

Knowledge Sharing

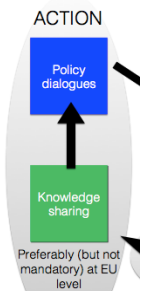
<p><i>To foster knowledge management and economy of scale in health workforce planning, EU/EEA governments, educational bodies, the civil society, employers and professional organisations would need to collaborate and sustain a global expertise. Further strategic networking on EU/ EEA level on new research is essential to continuously develop the existing knowledge base.</i></p>	R E S O U R C E S	
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² not yet taking into account the enlarged WHO definition of Health Workforce.

Knowledge sharing and the sharing of good practices at EU expert level are **essential** for further developing the existing knowledge base and consolidating the monitoring and analyses of HWF data which already take place. Over the last years, the **JAHWF** has **demonstrated** that European cooperation and knowledge-sharing **pays off**, symbolised by the European handbook on health workforce planning methodologies which is pilot tested in a number of countries. The JA's events, conferences and workshops attracted a significant participation, beyond the initial 55 partners, increasing the partnership to 91 organisations and governments. These results demonstrate a raising awareness and an eagerness to acquire and share the knowledge. Finally, the JA pilot projects showed that the impossible might be feasible and that experts could usefully share knowledge for mutual benefit. .

The network of experts, developed by the JAHWF, is an excellent way to continue collaboration and **knowledge sharing** after the official ending of the Joint Action. Moreover, by jointly analysing shared information and objectives, discussing policies **can serve as preparatory input for policy dialogues**. As the health policy is a national competence according to the EU treaty, the EU's role in this would be mainly subsidiary and should result in providing (technical) support to the exchange of good practices and coordination of policy dialogues.

Policy Dialogues

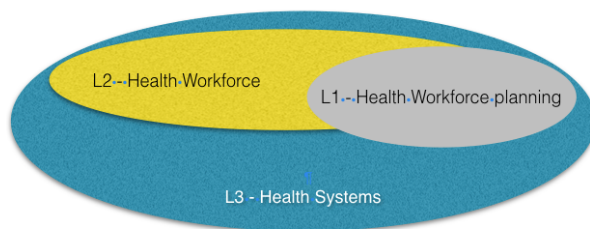
<p><i>EU/EEA governments would maximise the benefits of health workforce planning by incorporating health workforce dimensions in all policies impacting health, through development of specific action plans with systematic involvement of the relevant stakeholders, and usage of the available evidence.</i></p>	A C T I O N	
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Within the EU open market, **for developing sustainable health systems**, supported by accurate HWF, and address health inequities across Europe, EU/EEA countries need to agree to further walk along the road together, through all relevant health system policies and with involvement of all relevant partners. Hence, continuous policy dialogues leading to shared health system objectives and strategies has to take place. Such a dialogue would turn the “health in all policies” vision into a common transcendent cooperation of MSs on health systems, with an important place for the HWF and patient dimensions. A new EU Action Plan for the Health Workforce can play an important role in this. **Europe needs a plan with ambition, which interfaces with other relevant policies**, a plan that goes beyond the mere quantitative planning of HWF and penetrates into all HWF aspects. Moreover, policy dialogues at European level are needed to translate the solutions (related to various dimensions of health systems) supported by EU level experts into national policies as well.

Particular attention should be paid to the issues of HWF mobility and health inequities, as mobility raises a series of ethical conflicts in a context of equity among European patients and citizens. **While actions can and should be taken at national level**, as for example geographical inequities of accessing healthcare are situated at country level, **the fight will most certainly be lost if not coupled with action at European level**. Enhanced EU dialogues and policy agreements are needed to tackle the international drivers for health inequities; to reduce “push” factors in HWF migration and guarantee similar high quality care and equally good working conditions for the HWF across Europe. These are also important steps to be taken on a longer road of implementing the WHO Global Code of Practice and addressing the HWF crisis.

Conclusion

To preserve the results of the JAHWF programme after its official end, three levels of sustainability need to be addressed through actions plans and projects, building upon each other:



1. Towards a development of the HWF planning tools, evidence and successful implementations;
2. Towards a set of solutions to the HWF crisis;
3. Towards sustainable and evolving health systems.

The future focus of the JAHWF should be broadened and extend its focus from its current Level 1 to Level 2, with the ultimate target of contributing to Level 3. Current knowledge sharing will be secured and enriched with new evidence, implementations and studies. At the same time, to help build sustainable health systems, HWF planning should move from mere quantitative planning to incorporate elements of quality of care and patient outcomes as impact measures.

Yet, without more European efforts to tackle inequities related to health resources, health workforce planning at Member State level will have only limited impact. Enhanced dialogues and policy agreements at European level are needed to tackle international drivers for health inequities, especially as mobility raises a series of ethical conflicts in a context of equity among European patients and citizens. If we want a real sustained future for the JAHWF, EU partners need to agree to further walk along the road together through all relevant health system policies.



**Policy Headline 3 – Required skills
for HWF policy and planning**

**Medical University Varna – Bulgaria
Catholic University Leuven – Belgium**

Policy Headline 3:

Required skills for HWF policy and planning

**Pre-reading material for:
WP7 Expert Workshop
Varna, 11 November, 2015**



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Need for training in HWF policy and planning

The Joint Action on Health Workforce Planning and Forecasting (JAHWF) initiated in 2012 to ‘improve the capacity for health workforce planning and forecasting’. To achieve this aim, the JAHWF believes that the development of additional training in HWF policy and planning in Europe is essential, among others summarised in Policy Headline number 3.

JAHWF Policy Headline 3 (temporary formulation) :

To provide professional health workforce planning to EU/EEA governments and planning partners, the number of professional analysts skilled in advanced (inter)national labour market intelligence must be raised.

WP7 builds further on Policy Headline 3 and aims to translate this headline in concrete recommended actions. Therefore we aim to:

1. Discuss the identified gaps in skills for adequate HWF planning and policy
2. Establish which professional skills set is required to support effective HWF policy and planning
3. Propose various options to put into place the required skill set for HWF policy and planning across Europe

Identified knowledge and skills gaps for adequate HWF planning and policy

Based on a needs analysis undertaken through the various activities of the Joint Action, a first overview of identified gaps in skills and policy for adequate HWF planning and policy can be made. The following JAHWF materials served as input for this overview:

- WP4 second draft of Toolkit and Recommendations for delivering better quality HWF planning data
 - Tool 4: Optimal Skill List - core competences and fundamental skills desirable for professionals engaging in HWF planning to improve performance
 - Tool 6: Brief training outline/minimum modules for HWF Planning Committee - knowledge sharing and capacity building
 - Tool 9: Optimal Skill list for HWF Planning data specialists - minimum list of skills and competences required in HWF Planning (Internally or available externally if needed)
- WP5 Handbook on Health Workforce Planning Methodologies across EU countries (D052)
- Lessons learned from Pilot Studies: the identified knowledge gaps
- Approved List of Experts concept (D072 - version 1)

Based on this needs analysis, the following first summary profile of a required skill set for adequate HWF planning and policy was identified. This set would include skills on:

First summary profile of required skill set for adequate HWF planning and policy

- | | |
|---|---|
| <ul style="list-style-type: none"> • Health policy • Management • Leadership • Program planning | <ul style="list-style-type: none"> • Data collection and analysis • Statistics • Labour force intelligence • Technology and computers |
|---|---|

First summary profile of required skill set for adequate HWF planning and policy

- | | |
|---|---|
| <ul style="list-style-type: none"> • Communication • Cooperation (including stakeholder involvement and networking) | <ul style="list-style-type: none"> • Modelling • Epidemiology |
|---|---|

Who should obtain the required skill set for adequate HWF planning and policy?

In order to improve HWF policy and planning across the EU, WP7 believes at least the following groups of professionals to be the core target groups to obtain the required skill set for HWF policy and planning:

- policy makers, incl. professional organization representatives;
- stakeholder representatives;
- data experts and governmental staff;
- academic research staff

WP7 also supposes that the demand for training based on the JA outputs could be high the first three years and subsequently decrease and stabilize. The main rationale behind this assumption is that all EU MSs might be willing to have their administration staff obtaining the diploma / certification.

We would like to discuss this further with the attendees of the WP7 Expert Workshop in Varna.

Potential routes to obtain the required skill set for HWF policy and planning

1. Master Classes and Seminars on HWF policy and planning

Based on the needs analysis undertaken and the required skill set that will be identified by WP7, among others through input from the WP Expert Workshop in Varna, **Master Classes and Seminars** may be organised around the main and most urgently needed skills for European policy makers, stakeholders, data experts and other (future) professionals dealing with HWF policy and planning. These Master classes and seminars will last from 1 to 4 days, depending on their topic, and will be taught by **experts in the field of HWF planning and policy**. Apart from a thorough introduction in the topic of the Master Class or Seminar, considerable time would be devoted to discussing good practice examples from Europe to make the discussed topics more concrete and inspire the learners.

2. Master Degree in Health Workforce Policy and Planning

The WP7 team believes that there is a target group for a full Master programme of 60 ECTS value.

Policy Headline 3 – Required skills for HWF policy and planning

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Such a Master in Health Workforce Policy and Planning could be summarized at a glance as follows:

Programme title:	Master in Health Workforce Policy and Planning
Degree:	MSc
Duration of study:	One year (60 ECTS)
Study format:	Full-time
Language of instruction:	English
Admission requirements:	Bachelor level or comparable degree from a relevant area, selection procedure
Target group:	Policy makers, stakeholders, data experts, governmental HWF analysts and other (future) professionals dealing with the HWF
Possibility for CPD:	Individual courses will also be open to persons not enrolled in the Master programme to serve as Continuing Professional Development

To finance education and training on HWF policy and planning on a structural and long-term basis, the WP7 team is inclined to develop a proposal for an **Erasmus Mundus Joint Master Degree (EMJMD) in Health Workforce Policy and Planning**, to be submitted under the Erasmus+ 2016 Call for Proposals (deadline: 4 March 2016). Selected EMJMD programmes will receive **high levels of funding for a period of 4 to 5 years** so as to allow them to increase their worldwide visibility and reinforce their sustainability prospects. This is an option, and sure not the only one.

Discussion points for WP7 Expert Workshop

The WP7 Team would like to discuss the required skill set for HWF policy and planning and the target group to obtain these skills with the experts present during the Workshop in Varna on the 11th of November. To start the discussion, we formulated the following questions and discussion points:

Discussion points in preparation of WP7 Expert Workshop

- What should the **required skill set** for adequate HWF planning and policy look like? What are **crucial elements and skills** which should be included?
- Who should obtain the required skill set for adequate HWF planning and policy, i.e. who are the main target groups? What are the **specific needs of Ministries**? What are the **specific needs of professional organisations**? Etc.
- How to achieve effective **interaction between education and training on HWF policy and planning and non-academic players** in HWF policy and planning? How to ensure commitment and active involvement?
- Based on the identified needs by the JAHWF would there be **sufficient added value in developing new master classes, seminars and a Master program** to the training related to HWF policy and planning which is already available? What would be this added value?

We look forward to welcoming you in Varna!



Unaddressed recommendations of
previous HWF related studies

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Catholic University Leuven – Belgium

Lessons from unaddressed recommendations of previous HWF related studies

Pre-reading material for:
WP7 Expert Workshop
Varna, 11 November, 2015



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Joint Action on Health Workforce Planning and Forecasting (JAHWF) Recommendations

Recommendations have been formulated by the JAHWF already and more are coming. The ultimate aim of the sustainability work package (WP7) is to ensure that these recommendations are being implemented and will contribute to increasing the effectiveness of HWF planning and policy.

The proposed structure of the JAHWF recommendations on sustainability is:

- All final Recommendations formulated by the individual JAHWF Deliverables will be brought together, analysed and grouped by WP7.
- Policy Recommendations will be grouped according to five Policy Headlines in the Policy Recommendations Document - so called D074 (see agenda point 1 of the Workshop), following a vision chapter (see agenda point 2 of the Workshop).
- Technical Recommendations will be grouped in the Technical Recommendations Document - so called D073.

Goal of WP7 Workshop for the JAHWF Sustainability Recommendations

The next step for the JAHWF recommendations is to ensure that they are implemented, adopted and sustained into the future. To achieve this, the goal of the 4th part of the Expert Workshop is:

“To identify the reasons - including those related to formulation, dissemination, actors, etc. - why recommendations from previous HWF related studies were not (fully) implemented and what actions are required to get these type of recommendations implemented, adopted and sustained into the future”

Purpose of this Pre-Reading Material for the WP7 Workshop

With this Pre-Reading Material we want to start a thinking process and offer some food for thought amongst our participants on *how* and *what* we can learn from the (lack of) uptake of recommendations from previous HWF related studies? Which of these lessons are applicable to the JAHWF recommendations? What actions can the JAHWF take in the months that are left until its ending to ensure the uptake and implementation of the JAHWF recommendations? Which actors should be involved in this? How should we monitor the uptake of recommendations and their implementation? When should we consider the dissemination and implementation of the JAHWF recommendations to be a ‘success’?

Lessons to be learned from recommendations by previous HWF related studies

To reach the goal of the WP7 Workshop, we will focus our attention on recommendations by previous HWF related studies, more specifically the recommendations formulated by:

- MoHProf (2011) - www.mohprof.eu
- RN4CAST (2011) - www.rn4cast.eu
- CPD Study (2014) - www.ec.europa.eu/health/workforce/key_documents/continuous_professional_development/index_en.htm

Unaddressed recommendations of previous HWF related studies

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- Recruitment and Retention of the HWF in Europe (2015) - www.ec.europa.eu/health/workforce/key_documents/recruitment_retention/index_en.htm

We will critically reflect on these recommendations, study to what extent they have been implemented and see what lessons can be learned, so as to improve the impact of the JAHWF recommendations.

Please note that we shall not address the Prometheus study, as WP4 already discussed this study in its deliverable D042, related to mobility data.

There are several ways to learn lessons from previous recommendations:

Compliance of recommendations of previous HWF related studies with SMART criteria

The SMART criteria give guidance in formulating applied recommendations.

Recommendations should be:

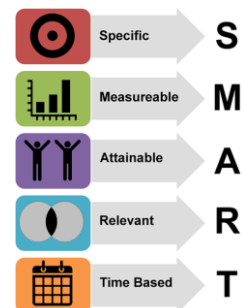
Specific - target a specific area for improvement

Measurable - quantify or at least suggest an indicator of progress

Assignable - specify who will do it

Realistic - state what results can realistically be achieved

Time-related - specify when the result(s) can be achieved



Establish level of implementation by expert views

For recommendations that were not designed on the basis of SMART criteria, it is more difficult to evaluate to what extent they have been implemented and adopted, what their impact has been and what facilitators and barriers throughout the process were. Yet expert views can provide valuable insights into these topics. While the JAHWF itself houses a sheer number of experts in this field, **we hope to add to these expert views through the WP7 Workshop and benefit from the specific knowledge and experience that participants have on this topic and the recommendations from previous studies that we'll discuss.**

Recommendations from previous HWF related studies

The Recommendations that will be discussed during the WP7 Workshop come from four previous HWF related studies. We will not discuss all individual recommendations from these studies, but rather focus on a number of shared characteristics, which may be important in terms of implementation, adoption and sustainability of recommendations. Examples include the level at which recommendations have been formulated by previous studies (from general to very specific), the number of recommendations that were formulated (is there an ideal number?), the extent to which actors are explicitly addressed in the recommendations, and so on.

Discussion points for WP7 Expert Workshop

The WP7 Team would like to discuss and critically reflect on the recommendations by previous HWF related studies, study to what extent they have been implemented and see what lessons can be learned, so as not to fall into the same pitfalls. To start the discussion, we formulated the following questions and discussion points:

Unaddressed recommendations of previous HWF related studies

Medical University Varna – Bulgaria
Catholic University Leuven – Belgium

Discussion points in preparation of WP7 Expert Workshop

- What are the **reasons** why certain recommendations from previous HWF related studies were not (fully) implemented?
- What role do the **formulations** of recommendations play?
- What role does the **number** of recommendations play?
- What role does the **level** (from generic to applied) of recommendations play?
- What role does the choice of **dissemination strategy** play?
- What role do the various **actors** in this process play?
- To what extent are **SMART criteria** helpful in formulating HWF related policy recommendations?
- What other approaches are needed to get the **JAHWF recommendations implemented, adopted and sustained into the future?**

We look forward to welcoming you in Varna!