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THE IMPACT OF HEALTH DETERMINANTS AND DEMOGRAPHIC FACTORS ON DISTRIBUTION OF HEALTH PROFESSIONALS

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Presentation Plan

- Global picture
- European HW issues
- Bulgarian case

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Background

- “The most critical issue facing health care systems is the shortage of people who make them work” *(WHO, 2003)*.
- *“Working together for Health” (WHO 2006)*
- *„Green paper on the European Workforce for* Health” 2008
- PROMeTHEUS

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Balance-sheet

A UNIVERSAL TRUTH:
NO HEALTH WITHOUT
A WORKFORCE

global health workforce alliance

World Health Organization

Increasing shortage of health workers

Same problems, no solutions!

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Distribution of health workforce

An added dimension to the shortage problem is the **geographic** and **organizational** maldistribution of the health workforce.

Both of them are due to the impact of *health determinants* and *demographic factors (aging)*.

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1) Geographic maldistribution of the health workforce

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- **Group 1**: density of skilled workforce lower than 22.8/10 000 population and a coverage of births attended by SBA less than 80%
- **Group 2**: density of skilled workforce lower than 22.8 /10 000 population and coverage of births attended by SBA greater than 80%
- **Group 3**: density of skilled workforce lower than 22.8/10 000 population but no recent data on coverage of births attended by SBA
- **Group 4**: density is equal or greater than 22.8/10 000 and smaller than 34.5/10 000
- **Group 5**: density is equal or greater than 34.5/10 000 and smaller than 59.4/10 000
- **Group 6**: density is equal or greater than 59.4/10 000

Source: WHO. Global Health Observatory Data Repository[23]

Global health workforce distribution

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Health workforce distribution problems

There are severe imbalances:

- between developed and developing countries, as well as
- among the regions within the countries.

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The Main Determinants of Health:

General socio-economic, cultural and environmental conditions

Living and working conditions

Work

Unemployment

Education

Water and sanitation

Health care services

Agriculture and food production

Housing

Social and community networks

Individual lifestyle factors

Age, sex and constitutional factors

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Factors for the geographic maldistribution of the health workforce

1) General socio-economic, cultural and environmental conditions have direct impact on health workforce distribution.

Main reasons for emigration:

- Better living and working conditions
- Better remuneration
- Better education and career opportunities

Developed countries meet all these requirements.

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Factors for the geographic maldistribution of the health workforce

2) Active *recruitment activities*

3) Raised life expectancy → increased number of elderly people with multiple chronic diseases → increased demand for health care

Stimulate the emigration flow from the east to the west and cause increased geographical imbalance between the developed countries and lower and middle income countries.

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Solutions

- Improvement of healthcare system organization and financing in lower and middle income countries
- Active HR strategies for retaining and attracting the qualified health workers back in their home countries.
- Ethical recruitment of health workers from developing countries

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Factors for the geographic maldistribution of the health workforce within the countries

There are severe imbalances also among the regions within the countries.
The availability of health workers in *rural and remote areas* is significantly lower compared to the cities.

Main impact → the socio-economic determinants of health, such as:

- **Urbanization**
- **Availability of resources to meet daily needs (educational and job opportunities, living wages etc.)**

Solutions

- Implementation of active HR strategies for retaining and attracting qualified health workers in rural and remote areas.

2) Organizational maldistribution of the health workforce

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Organizational maldistribution of the health workforce

There are also severe imbalances among the ***different levels of healthcare delivery system*** (primary, secondary, tertiary care) and among ***different health professions***.

They are more evident in the developed and developing countries with well organized hierarchical health care systems.

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Organizational maldistribution of the health workforce

- Concentration of health personnel in hospitals (clinical specialists – surgeons, gynecologists, orthopedists etc.)
- Shortage of health workforce in primary and continuing care
- Insufficient number of general practitioners, pathologic anatomists, anesthesiologists, community nurses etc.

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Organizational maldistribution of the health workforce

Main reasons:

- Better remunerations in hospitals
- Better educational and career opportunities in hospitals
- Long causal pathway between the intervention (prevention, health promotion) and impact, and many confounding factors that make the determination of a link difficult.

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Organizational maldistribution of the health workforce

- The effect of a surgical intervention is immediate and thus heroic (i.e. saved live)
- What about public health specialist's interventions?
- The more heroic the intervention, the more ready the society to finance it, and the more attracted the health professionals to practice it.

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Solutions

- Implementation of active HR strategies for retaining and attracting health workers in primary care, outpatient care, rehabilitation and continuing care.

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The demography issues

Aging population has dual impact on the health workforce:

- ***aging health workforce***
- increase of elderly people with multiple chronic conditions and disabilities in need of long-term care resulting in increased ***demand*** for health personnel

Feminization of health professions – 3/4 of all health workers are women

Aging health workforce

- Increased work lifecycle (postponed retirement, hiring of pensioners)
- High levels of burn-out (early retirement)
- Insufficient numbers of younger people coming to replace those who leave
- Difficult health professions – not attractive to new generations

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Solutions

- Maintaining a sufficient workforce, in the face of the impending retirements, through education, recruitment and retaining of young practitioners while reinvesting in mature workforce.
- Promotion of gender equality in human resource strategies

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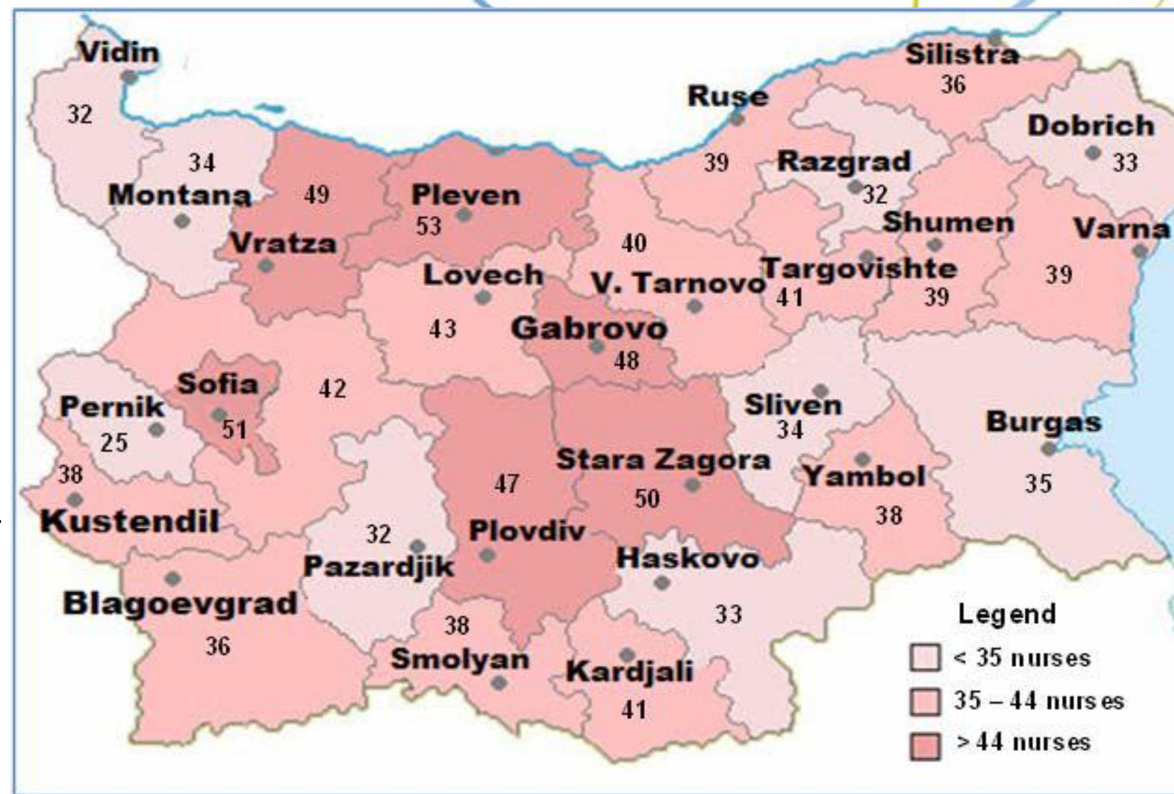
Bulgarian case



Nurses per 10 000 population by regions in Bulgaria in 2014

- Shortage of health workforce
- High emigration levels
- Geographical and organizational maldistribution
- Aging health workforce
- Lack of strategic planning based on profound market research and elaboration of evidence-based forecast further deteriorate the current health workforce market disequilibrium.

Bulgarian case with general practitioners

- ***rapidly decreasing number of GPs*** which in contrast to other medical specialties is not due to emigration but natural causes as ***aging*** and ***death***.
- ***educational*** and ***qualification problems unattractiveness of general practice for young doctors*** due to ***high workload*** and ***low remuneration***.

With the mean age of 56 severe GP workforce deficit is expected in 10 years due to retirement.

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Solutions

- *Investments in training* of primary health care personnel (physicians and nurses)
- *Motivation and retention of the current workforce*.
- Health workforce planning (project of

Bulgarian Health Map, 2016)

Conclusion

- Socio-economic determinants of health are shaped by the distribution of money, power, and resources throughout the local communities, nations, and the world, hence their impact on the distribution of health workforce.

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Conclusion

The traditional models of education, deployment and management of the health workforce don't work.

Only long term action, backed up by political commitment and adequate investments will lead to the transformative changes required to attain sustainable results.

WE SHOULD CONSIDER HEALTH WORKERS A GLOBAL WEALTH AND CARE FOR RESPECTIVELY!

THANK YOU!