

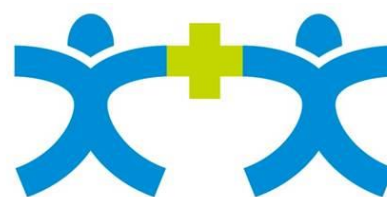
Joint Action Health Workforce
Planning and Forecasting



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WP5

Romania-Moldova Joint Feasibility Study on Health Workforce Planning



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1. Joint Action on European Health Workforce Planning and Forecasting

The Joint Action (JA) on European Health Workforce Planning and Forecasting is a three-year project (April 2013-June 2016), bringing together partners representing countries, regions and professional groups in Europe and beyond, including non-Eu countries and international organizations. The Joint Action is financed through the European Commission, as part of the European Action Plan for the Health Workforce, which draws attention to the risk of major deficits of health personnel in the near future.

The main objective of the Joint Action on European Health Workforce Planning and Forecasting is to provide a platform for collaboration and exchange between partners, in order to better prepare the European health workforce. The Joint Action aims to improve the planning and forecasting capacity for health workforce by fostering collaborations and exchanges between Member States and by providing high-quality evidence regarding quantitative and qualitative planning methods in human resources for health.

Through the participation in the Joint Action, it is expected that partners and national competent authorities to increase their knowledge, improve their tools and become more efficient in health workforce planning. The results of the Joint Action should contribute to the development of a sufficient number of healthcare workers, to reducing gaps between health workforce needs and the number of healthcare workers with the adequate skills, through forecasting of

health policies impact and rethinking educational capacity for the future.

2. Contributions and acknowledgements

This report was prepared by the team from Babeş-Bolyai University, Cluj-Napoca, Romania- BBU Cluj-Napoca. The team from BBU Cluj Napoca is also thankful for the the support it has received throughout the process. First of all, we would like to acknowledge the contribution brought by the participants at the Feasibility Study kick-off (6th of October 2015, Bucharest, Romania) and final (8th of February 2016, Bucharest, Romania). Secondly, we would like to acknowledge the substantial contribution made by the experts that have been interviewed as part of the Feasibility Study, whose answers constitute the basis for this material. Last but not least, an important contribution was made by the partners in the Joint Action, in particular Paolo Michelutti (the Ministry of Health-Italy, WP5 Project Manager), Tina Jacob (Ministry of Health-Belgium, WP1 leader) and Damien Rebella (Ministry of Health-Belgium). At the national level, the team from BBU Cluj-Napoca would like to express its gratitude to Ms. Adriana Galan (National Institute of Public Health, Bucharest), Ms. Dana Fărcăşanu (Center for Health Policies and Services, Bucharest), Dr. Victor Olsavszky (World Health Organization), Dr. Marius Pop (International Organization for Migration, Bucharest), Associate Professor Dr. Diana Loreta Păun (Presidential Administration, Bucharest), Dr. Nicolae Jelamschi (Ministry of Health, Chişinău), as well as Dr. Svetlana Nichita (National Center for Health Management, Chişinău).

3. Executive Summary

The Joint Romania-Moldova Feasibility Study on health workforce planning was organized as part of Work Package 5 in the Joint Action on European Health Workforce Planning and Forecasting. One major goal of the Italian-led Work Package 5 is to assess the feasibility of a minimum data set and minimum planning model for healthworkforce planning. These endeavours have resulted in a set of

documents, of which the most important one is a handbook reviewing actions that Member States can take to improve health workforce planning^{1,2}.

To achieve this objective, Babeş-Bolyai University was commissioned to coordinate the Joint Romania-Moldova Feasibility Study. The method for data collection included the review of existing documents that are relevant to the issue, as well as interviews that were carried out with stakeholders involved in the management of human resources for health in Romania and the Republic of Moldova. A total of 12 stakeholders were interviewed in Romania, and 5 stakeholders in the Republic of Moldova, respectively. Interviewees were representatives of central institutions with a role in the management of human resources for health, as well as independent experts in the field of health workforce.

The data collected through the interviews were analyzed by the team responsible with the implementation of the Feasibility Study. The analysis yielded a set of recommendations that will contribute to improving human resources for health planning in the two countries, as well as strengthening the cooperation between the two countries in this area. These recommendations are:

Recommendation nr. 1 - Increase experience sharing

Romania and the Republic of Moldova should share experiences in the field of data collection and data analysis. This could take the form of site visits, to inform the processes involved, methods for improvement and further use of the collected data.

Recommendation nr. 2 - Exchange good practices

Romania and the Republic of Moldova should take into consideration collaborating on planning human resource needs; such a collaboration should be

¹ Minimum planning data requirements. Available at: http://healthworkforce.eu/wp-content/uploads/2015/09/140414_wp5_d051_minimum_planning_data_requirements_final.pdf

² Handbook on health workforce planning methodologies across EU. Available at: http://healthworkforce.eu/wp-content/uploads/2015/11/150306_WP5_D052-Handbook-on-HWF-Planning-Methodologies-across-EU-Countries_Release-1_Final-version.pdf

initiated through an inter-ministerial dialogue and pursued with the involvement of institutions with responsibilities in the area of health workforce management in the two countries.

Recommendation nr. 3 - Use available data for planning

Romania and the Republic of Moldova should focus on using the health workforce data currently available in order to inform the policies for health workforce planning.

Recommendation nr. 4 - Encourage circular migration

Romania and the Republic of Moldova should collaborate to encourage circular migration. Such an approach would benefit both Moldova, as source country, and Romania, as destination country, but could also be attractive for health professionals.

4. Study Limitations

The feasibility study aimed to consult stakeholders in Romania and the Republic of Moldova on the possibility of a collaboration between the two countries for health workforce planning. The respondents' ability to answer some questions was to a certain extent restricted due to the fact that they did not possess sufficient information regarding the overall system and main agents in the other country, so as to have a well-grounded opinion.

Because the study had a specific focus on international cooperation, primarily targeted were representatives of central national institutions and international organizations, who would have the possibility to initiate or to participate in a bilateral agreement. As a result, our study did not have a great emphasis on local and regional stakeholders' perspectives on the matter or on the way they could become involved in the planning process.

Another issue that was insufficiently addressed is the specifics of each category of medical personnel's situation, with the discussion most often centering on the case of physicians and nurses. This is most probably connected to the fact that physicians and nurses are the categories the most visibly mobile.

In order to strengthen the cooperation of the two countries in the area of human resources for health it is also necessary to pay greater attention to the current situation with respect to the actual process of recognition of training and qualifications for healthcare workers. Integration of healthcare professionals is made more difficult by the differences between regulatory frameworks for medical training in Romania and the Republic of Moldova.

5. Overview of the situation of health workforce planning in Romania and the Republic of Moldova

5.1. Romania

Human resources are one of the key elements in ensuring population access to quality healthcare services. Despite this fact, Romania has not yet developed an official strategy for the management of human resources for health, although the need for such a strategy is mentioned in some official documents, such as the National Healthcare Strategy for 2014-2010 (Ministry of Health, 2014), according to which “Personel training capacity will have to be adjusted to the health system’s need for professionals.” (p.51)

Given the absence of a vision in the area of human resources for health, the system for health workforce monitoring is also currently underdeveloped, and existent data underutilized. Data is collected by several institutions, for specific purposes. Data collection is, in fact, one of the weaknesses of the Romanian healthcare system, as it is most often disconnected from the actual decision-making process (Vlădescu, Scîntee, Olsavszky, 2008).

Currently, health workforce planning is done on an ad hoc basis. The number of persons accepted to the specialist training program is decided by the Ministry of Health in cooperation with the Public Health District Authorities, which make an estimate of needs for 5-year timespans. In the case of nursing education, the Ministry of Education sets admission numbers in public institutions, but it does not control enrollment numbers in private nursing colleges, which has led to a surplus of nurses. A *numerus clausus* applies to pharmacists; density of pharmacists



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relative to population and density of pharmacies relative to area are regulated.

Health workforce mobility represents a major challenge for Romania (Galan, Olsavszky, Vlădescu, 2011). According to studies that have been conducted up to the present moment on medical personnel's motivation to work abroad, emmigration is the result of shortcomings in the medical system, such as inadequate pay and working conditions or the scarcity of professional development opportunities. The real scale of the issue can still, however, only be approximated with the data that are currently available. These data do not actually measure migration-related system exits, but only an intent to work abroad.

Moreover, for categories of medical personnel other than physicians, even such incomplete data are unavailable. As for the mobility flow from the Republic of Moldova to Romania, it is assumed that it might have decreased after Romania entered the European Union, as a result of the uptake of European regulations on recognition of qualifications and diplomas. Nonetheless, official data cannot be obtained, since the Romanian College of Physicians does not collect information about non-Romanian citizens' nationality.

Strengths of the health workforce management system in Romania:

- Centralized data sources;
- Databases organized by professional associations;
- High number of professionals trained.

Weaknesses of the health workforce management system in Romania:

- Poor reliability of data;
- Insufficient use of data for planning purposes;
- Lack of a human resources for health strategy.

5.2. Republic of Moldova

For the past 20 years, the Republic of Moldova has witnessed a massive workforce migration affecting various socioprofessional categories. It is estimated that around 40% of the active population is presently living outside Moldova's

borderers, with Romania being one of the main destination-countries for its medical personnel. Among the determining factors for choosing Romania as a destination country are pay, working conditions, professional development opportunities, as well as cultural similarities and the absence of linguistic barriers. In addition, ever since Romania has become an EU member state, some professionals from the Republic of Moldova choose to migrate to Romania, so that they can acquire the right to free movement and practice in other EU countries.

Despite a steady mobility flow between the two countries, there are no adequate data that can capture the scale of the phenomenon. Romania does not record data on country of origin for persons obtaining their training equivalence certificates, so that there is no centralized database to give us the number of Moldovan trained professionals working in the Romanian healthcare system. To this we must also add the fact that country of origin is no longer required once the person receives Romanian citizenship. Even so, there are some medical facilities where the number of professionals from the Republic of Moldova amounts to about 10-15% of the total number of employees.

For the Republic of Moldova, a more pressing issue than its total stock of medical personnel is constituted by its interregional and intersector imbalances. There is a major imbalance in human resources for health coverage between rural and urban areas, the majority of healthcare workers being drawn to the capital Chişinău. Primary care is also suffering from an acute shortage of staff. According to the strategy paper for 2011-2015, the density of familiar physicians is way below the European average.

The Republic of Moldova does not yet have a planning approach based on needs estimation. Determining the health workforce needs is at present a purely administrative decision, not based on a robust, scientific methodology. Admission numbers to undergraduate and specialist training programmes are set annually based on capacity of training institutions. Therefore, although the Republic of Moldova has made considerable progress in monitoring the health workforce by implementing the SIERUSS unified registry, the data is not yet used for developing a

strategy on healthcare workforce production. Developing a strategic planning mechanism that would take into account population change, morbidity trends, as well as training capacity is, however, one of the objectives listed in the the Strategy for the Development of Human Resources for Health (2011-2015).

Strengths of the health workforce management system in Moldova:

- Effective data collection tools and mechanisms;
- Data highly reliable
- Existence of a human resources for health strategy.

Weaknesses of the health workforce management system in Moldova:

- Rudimentary planning system;
- Poor use of data for planning purposes.

5.3. The necessity of a Romania-Moldova Feasibility Study

The Executive Board of the European Joint Action on Health Workforce Planning and Forecasting decided to carry out this Feasibility Study in Romania and the Republic of Moldova based on the fact that both countries face the problems of health workforce mobility. In addition, as a report issued by the Republic of Moldova WHO country office suggests, part of health personnel from the Republic of Moldova covers health personnel deficits in Romania. What is more, both Romania and the Republic of Moldova are Joint Action partners and share the same language, which greatly facilitates communication.

In the handbook developed as part of Work Package 5, the first steps in implementing a planning methodology for human resources for health are (1) assessing the current stock of human resources for health; (2) assessing the current situations of human resources for health; (3) assessing the involvement of stakeholders; (4) developing a forecast of the health workforce needs.

In order to contribute to improving health workforce planning in Romania and the Republic of Moldova, the Feasibility Study aimed to assess the actions being carried out to take the aforementioned steps.



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6. Methodology

The Joint Feasibility Study kicked off with a meeting in Bucharest, where participants were presented the objectives and activities of the Joint Feasibility Study. Also, the meeting allowed for a preliminary exploration of the topics included in the interviews with the stakeholders.

The interview guide used in the process of qualitative data collection in Romania and Moldova focused on 5 main topics, that were intended to address the research objectives set out by the Joint Feasibility Study. The 5 topics and their respective subtopics are shown in **Table 1**. Each respondent was asked to express their opinion regarding each of the topics, which aimed to assess the feasibility of and possible challenges to a collaboration between Romania and the Republic of Moldova on health workforce planning.

Table 1. Topics and subtopics included in the interview guide

Health Workforce: data collection and cross-country communication	Assessment of collected data from a quantitative and qualitative point of view
	Methods for improving cooperation and communication between data-holding institutions in Romania and the Republic of Moldova
	Identifying the levels where communication can be initiated
	The utility of data concerning the production and demand of health workforce in Moldova for health workforce planning in Romania
Improving the data collection process	Lessons that Romania can offer/learn from Moldova with regards to data collection on health workforce
	Methods for implementing the interoperability of health workforce databases in Romania and Moldova
Minimum Data Set	Feasibility of joint data collection and access to data from the Minimum Data Set
	Complexity of estimation of health workforce demand: type of required data, current availability of data
Health	Methods of coordinating health workforce planning:

Workforce Planning in Romania and Moldova	stakeholders and their roles
	Identifying a possible joint Romania-Moldova health workforce planning objective
	The benefit of a bilateral dialogue for a joint planning process
	Identifying policies that could result from a cooperation between Romania and Moldova on health workforce planning
Health Workforce Forecasting in Romania and Moldova	The benefits and challenges of forecasting the workforce needed in 5-10 years

Content analysis was performed on the interviews held with stakeholders from Romania and the Republic of Moldova in order to identify stakeholders' position regarding the feasibility of health workforce planning in Romania and the Republic of Moldova. By way of qualitative analysis, the stakeholders' main ideas and opinions on the topic were identified, which gives us a general image of the comparative situation in the two countries. The main results of the analysis are presented in the following section.

After data has been collected and analysed, a final meeting of the Joint Feasibility Study was convened in Bucharest. The aim of the meeting was to validate the data collected and to get an agreement and commitment for the next steps.

7. Results

7.1. Health Workforce: communication between Romania and the Republic of Moldova and data collection

A first level of analysis concerns stakeholders' opinion regarding the quantity and quality of data collected in Romania and the Republic of Moldova, respectively. In the case of the Republic of Moldova, opinions are relatively diverse. The answers vary on a spectrum ranging from a high degree of satisfaction with the quantity and

quality of the gathered data to a low degree of satisfaction in respondents that identified issues with the process of data collection and data storage.

Apart from the lack of a centralized institutions that would coordinate planning efforts within the countries and establish links for certain joint planning objectives, another issue is the difference in institutional structure that could be related to planning. This is the case, for instance, with the professional associations. Whereas in Romania the College of Physicians is an institution with a mandate to defend its members' professional interests, there is no homologous institution in the Republic of Moldova. Even though professional associations exist, their role is merely that of holding regular meetings, where members of the profession have the chance to discuss different clinical cases, as well as organizing conferences.

When it comes to the improvements that can be made to the data collection process in the Republic of Moldova, the main issue that comes up in the interviews refers to perfecting the information system, with a special emphasis on constructing indicators and increasing the quality of data analysis. Another area in need of improvement mentioned by the respondents would be the training of staff regarding the data collection process. It was also stressed that data collection is a complex process that requires the active involvement of the entire network of stakeholders, even if under the supervision of a specialized central institution.

Respondents tend to generally agree that data collection has made visible progress, both from a quantitative and a qualitative perspective.

This initiative was viewed as a positive step forward for data collection that could also lead to an increase in the quality of data analysis:

As for the situation in Romania, respondents consider the quantity of data to be sufficient to yield information on the characteristics of the health workforce, both at the local or national level

Although the situation is positive from a quantitative perspective, the same cannot be said when it comes to assessing the quality of the collected data. Respondents have identified a set of issues that need to be addressed, such as:

the lack of a unified format of the data collection instruments: *“Unfortunately, except for the format used by the National Institute of Statistics, that I am aware of, and except for the data that are sent to the National Institute of Statistics, which also contain data on income, there are no other unified formats through which those data can be collected.”*

The lack of correlation is also due to the lack of an unanimously held definition. The situation is even worse when it comes to nurses: *“ Because of this, nurses, midwives, physiotherapists and other categories are all lumped together in the medium level healthcare staff category, so it’s clear that the data do not match, the ones held by the O.A.N.M.R. and what is reported by the Ministry of Health and there is a big difference between what Romania reports about nurses to the WHO in the Health4All database and what the Order of Nurses has, so I think that things should be put in more order as far as nurses and midwives are concerned, and there should be a registry working with clear, unified definitions.”*

The main solution that was suggested refers to creating a unified registry of the healthcare staff in Romania. The benefit of such a registry would be a unique reporting procedure, based on unanimously agreed definitions. Moreover, it would be the information source for policies. For the unified registry to be operational, each stakeholder institution would need to report accurate data (for example, the medical universities should report their student numbers, the College of Physicians should provide information concerning the number of physicians with the right to practice, even though it is not equal to actually practicing medicine).

“Data collection is somewhat fragmented. There are some institutions with responsibilities in data collection. The College of Physicians, which registers physicians, the Ministry of Health, which counts the conformity certificates it issues. But the data presently collected do not give us the picture when it comes to migration. It does not even give us the whole picture regarding the current stock of health workers in Romania.”

Our analysis then looked at ways in which cooperation and communication between data-holding institutions in Romania and the Republic of Moldova can be



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improved, while at the same time inquiring about the levels at which communication can be initiated.

The respondents from the Republic of Moldova consider that cooperation and communication between institutions from Romania and the Republic of Moldova in the area of health workforce can be made more efficient by involving the main actors who are responsible with planning, training and recruiting professionals. Among these actors are the Ministry of Health, educational institutions and economic agents in the health industry, professional associations and various working groups.

Romanian stakeholders also share the view that **a better communication and cooperation between the two countries can be reached through a high-level political agreement between the two Governments, the Ministry of Health in Romania and the Ministry of Health in the Republic of Moldova.** The issue that could arise in Romania is that of multiple data sources.

The top priority at the moment is, in stakeholders' view, the creation of a unified registry on health workforce in Romania, so that a cooperation could be initiated afterwards. This, once again, points to the fact that stakeholders consider that their countries still have to better organize their data collection and planning systems internally, before any coordination can take place. **Once a coherent institutional structure is established, cooperation should first and foremost take place between agencies within the Ministry of Health.**

As can be seen from the interview analysis, collaboration could be particularly relevant for border areas that face health worker deficits.

Stakeholders in the Republic of Moldova acknowledge the utility of data concerning the production and demand of health workforce in Moldova for health workforce planning in Romania, and express their support for a cooperation derived from this situation, bringing into question World Health Organisation policies that entail a closer cooperation between countries experiencing interdependencies in the area of human resources for health.

The number of Moldavian physicians working in Romania isn't, however,

extremely high. The fact that Romania is an EU member state imposes barriers on Moldavian physicians entering the Romanian healthcare system. What is more, the majority of stakeholders also mention the fact that some healthcare workers from the Republic of Moldova only see Romania as a transit country on their way to Western Europe.

Given that Romania is also experiencing an outflow of healthcare workers toward Western European countries and unmet demand for physicians and nurses, the data on number, type and training of healthcare workers with the intention to migrate to Romania could be used to develop specific recruitment strategies.

On the other hand, if Romanian agencies could communicate data with similar agencies from the Republic of Moldova, the benefit for planning health workforce needs would arise from the possibility for the Republic of Moldova to adjust their number of students in medical universities, and perhaps even in nursing colleges, by taking into account migration trends. Stakeholders consider that this would allow for a greater understanding of training needs and would benefit both parties to the exchange.

In brief

Both Romania and Moldova hold significant amount of data. Especially in Romania, a quality check of this data is needed. Communication of data would greatly improve policy efforts of retention in Romania and Moldova.

7.2. Improving the data collection process

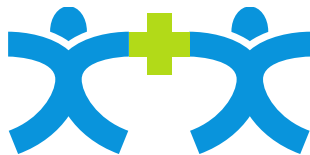
As has already become apparent, the information system seems to be the main focus for stakeholders from both the Republic of Moldova and Romania in the discussion regarding data collection. Thus, respondents from the Republic of Moldova suggest that Romania could benefit from the implementation of an information system, which would greatly improve understanding of human

resources trends. The information system in the Republic of Moldova is operational, allows for better data analysis, as well as the gathering of a great amount of data in the area of human resources for health. Romanian stakeholders also confirm that the system for data collection on health workforce is an example of best practice. From the perspective of an institutional cooperation between the two countries, the first step to be taken would have to be creating a similar system in Romania. Furthermore, it is necessary for there to be a **single institution responsible for data collection, and in the Republic of Moldova, the Ministry of Health has proved to be the most suitable one for the task.**

In the view of Romanian stakeholders, a model that could possibly be replicated in the Republic of Moldova would be the requirement for physicians who wish to leave and practice abroad to fill in a request to obtain the certificate of conformity from their College of Physicians and to specify their destination in the form. Such a system would allow the Moldavian authorities to establish the number of healthcare workers heading directly for Western Europe or the ones who enter the EU from Romania.

Stakeholders in the Republic of Moldova consider that the interoperability of databases in Romania and the Republic of Moldova could be achieved through inter-ministerial cooperation agreements in this area, but would also require matching indicators in the databases, since the usefulness of such an initiative would be dependent on the use of common indicators, that are of interest to both countries. Romanian stakeholders also hold the opinion that common criteria used for the databases are required first of all. Interoperability will be achieved through the use of the same software or of compatible systems, but is dependent on the use of similar data collection/reporting methodologies.

Even so, it is possible that the process would be a complicated one, given that the databases are protected by state law and for some topics, data are sometimes difficult to obtain even within the country.



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Moldova can be considered a success story for its data collection process. However, replicating the same model in Romania (unique structure to collect data) can be challenging, due to the complex structure of data generating and actors involved.

7.3. Minimum Data Set

According to stakeholders from the Republic of Moldova, **joint data collection and access to data together with Romania could be feasible, as it would render the data more transparent.** The use of a standardized minimum data set would help with data reporting, and given that in the Republic of Moldova the information system is already operational, the entire process would be significantly facilitated^{3,4}.

Romanian stakeholders are also convinced of the feasibility of using the minimum data set, and call for the use of common, unanimously agreed upon definitions:

“A minimum data set would basically help both parties have a better planning. Keeping in mind that, for example, Romania has no health workforce planning system.”

It was, however, cautioned that simply adopting the set of indicators is not enough. There is also a need for data collection, as well as data analysis to take place in real time, so that the response time, in terms of drawing conclusions and implementing strategies and policies should also be as short as possible. Moreover, in order to achieve this, greater emphasis must be put on developing institutional capacity among stakeholders, with the support of the Ministry of Health.

In addition to their opinion on the usefulness of the minimum data set for a joint planning initiative, stakeholders were inquired on their view of how complex the assessment of healthworkforce needs should be for planning purposes.

³ Minimum planning data requirements. Available at: http://healthworkforce.eu/wp-content/uploads/2015/09/140414_wp5_d051_minimum_planning_data_requirements_final.pdf

⁴ Report on health workforce planning data. Available at <http://semmelweis.hu/emk/files/2016/03/D043.pdf>

“Estimating needs is complicated, it is a highly complex process. I think it depends a lot not only on the country’s policies, but on the leaders of institutions, on the manager of the institution, more exactly, or the field where these agents are active, because in the end, they are the ones responsible with accomplishing goals, using resources, including human resources[...].”

Romanian stakeholders emphasize data pertaining to population needs (population aging, population growth, migration), population health indicators (causes of death, lifestyle indicators).

The local authorities should be included when it comes to making a complete estimate of the workforce demand, given that they should be the most informed on the needs in the communities they manage. Other stakeholders that could be involved are local economic agents, hospital managers, managers in other health institutions.

In brief

A minimum data set approach is embraced by stakeholders in Romania and Moldova. Currently, significant amounts of data are collected and further work needs to be done in order to ensure proper data flow between the two countries.

7.4. Workforce planning in Romania and the Republic of Moldova

Stakeholders in the Republic of Moldova consider that coordination in health workforce planning should be done based on an agreement that would involve the Ministries of Health, educational institutions and economic actors in healthcare.

A series of workshops where important stakeholders can take part and learn of best practices from the other country could be a first well-received initiative. Other possibilities include:

- *Establishing an inter-ministerial commission for the joint planning of health workforce*



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- *Establishing horizontal inter-institutional ties between the two countries to ensure:*
- *the exchange of information on the current demand, offer, health workforce training, health workforce migration*
- *developing plans*
- *ensuring the proper conditions for implementing the plans*
- *monitoring, evaluating and re-planning according to the change in needs or in external conditions*

Among the joint health workforce planning objectives listed in the interviews that could be adopted by Romania and the Republic of Moldova are:

- estimating the number of people that leave the system (migration, retirement, maternity leave etc.)
- planning admissions for training programmes
- achieving universal healthcare coverage
- assessing and measuring the migration phenomenon
- developing a joint platform for data collection on health workforce and access to the information
- developing retention policies and ethical recruitment strategies
- assessing the current information, deciding on criteria for defining needs, defining needs

Stakeholders in the Republic of Moldova view that a bilateral dialogue between the two countries would be extremely useful in advancing cooperation between various institutions for health workforce planning.

” The starting point would be this dialogue between the ministries, and afterwards, having the mandate of the Ministry of Health, working downward, as I mentioned a little earlier, between similar institutions that hold, that manage this database. And later on, if we go further down the road, we have the people training the professionals. Training is an entirely different link in this chain.”

Romanian stakeholders share the positive perspective regarding a bilateral

dialogue, while also acknowledging the need for Romania to comply with its agreements with the European Commission:

“Moldova would be of help and it would lead to positive results. Because, given the common causes behind the issues, the synergic action initiated by the two countries would all the more easily lead to solving, at least to alleviating these causes. And implicitly, to the reversion of those processes.”

Possible policies that could be developed through a cooperation between Romania and the Republic of Moldova in health workforce planning include:

- policies for specialization and perfecting of healthcare workers
- exchange of healthcare workers and students
- exchange of healthcare workers on a temporary contract, with circular migration
- unified mechanisms, unified data collection and analysis methodologies, unified set of indicators
- better planning instruments, for the medium- and long-term
- retention strategies increasing the satisfaction of healthcare workers
- innovative ways to measure productivity and performance
- increasing the role of primary, preventive, community care, which decreases need for specialized care

In brief

Despite the rudimentary health workforce planning at national level, a joint process between Romania and Moldova can catalyse national efforts. New strategies, tools and processes can be developed as a result.

7.5. Forecasting Health Workforce Mobility in Romania and the Republic of Moldova

According to stakeholders from the Republic of Moldova, the benefits of mobility are clear:

- mobile workers can enhance their qualifications
- the gain in professional experience
- income increase



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The barriers that arise include:

- the process of obtaining the equivalence of qualifications and recognition of degrees
- human resource monitoring

In Romania there is no official forecast on the matter, although stakeholders consider it necessary. Even so, estimates should be done with two time frames in mind: the current state of affairs and after a possible accession of the Republic of Moldova to the EU:

“In the current state of affairs, the Republic of Moldova holds statistical data on physicians working in Romania, there are some historical data, so a forecast might be attempted. The challenge, though, is determining the number of physicians from the Republic of Moldova that consider Romania to be only a temporary destination, that would allow them to transition to Western European countries. After accession to the EU, mobility flows from the Republic of Moldova to Romania will decrease. A greater timeframe will be necessary to be able to collect a set of data to base the forecast on. [...] with the accession of the Republic of Moldova to the EU, retention policies for resident physicians and bilateral agreements will no longer be valid, therefore the Republic of Moldova will have to find other measures aimed at health workforce retention. [...]”

The greatest benefit would be a better medium- and long-term health workforce planning, but data on Romanian mobility flows are incomplete. An improved knowledge of healthcare workers' mobility flows would be useful to decision-makers in informing measures to stop or at least decrease those flows, as well as identifying solutions and policies for filling health workforce deficits.

Among proxy-indicators that could be used to forecast mobility flows are: demographic indicators, stock of professionals, current mobility flows, the country's economic development, attractiveness of job openings, barriers at different levels that can impede integration on a different labour market, the rate of employment, system exits, system entries, healthcare worker satisfaction.



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In brief

Romania and Moldova are not currently doing any forecasting of their health workforce needs. However, forecasting would have an added value especially to inform decision making. The time range is an aspect that need to be carefully considered when embarking in a forecasting effort.

8. Discussion

Our study shows that health workforce planning at a national level, both in Moldova and Romania, is aspired to by the stakeholders interviewed. Moreover, due to the similarities in the issues faced with the management of health professionals (as well due to cultural and language similarities), a common planning process is agreed by those interviewed and labeled as feasible.

However, before actually seeing it implemented, there are some barriers to be overcome. The underdevelopment of planning in each of the two countries can jeopardize the shared planning process. As long as an institutional framework responsible with monitoring, planning and forecasting is not performing strongly at a national level, the extent to which which cross-country communication and collaboration can occur is limited.

We will tackle these barriers according to the five key elements of a health workforce planning system: goal setting; forecasting model; data collection; link to policy actions; organization.

Goal setting

In Romania, there is currently no human resources for health strategy in place. Even though the current 2014-2020 public health strategy is mentioning the need to develop such a strategy, little progress has been done so far. The development of a HRH strategy is mentioned as a specific objective under the third strategic intervention area of the strategy - “Transversal measures for a sustainable and predictable healthcare system”. It aims for developing a sustainable policy to ensure the human resources for the health sector. The goals are not explicitly stated, but rather implicit. The strategy mentions the emigration

tendency, and calls for retention strategies that will ensure the sustainability of the healthcare system, as well as offering incentives for those professionals working in deprived areas or in specialties with shortages. However, the action contains little details on how these strategic directions will be translated into operational objectives and associated activities. The indicators in the action plan focus on developing the normative framework for optimizing the health workforce and ensuring the training of an adequate number of health professional categories.

In Moldova, the 2016-2025 Strategy for the Development of Health Human Resources have been approved by the Government in April 2016⁵. The general objectives of the new strategies are to improve health workforce management, to produce adequate (quantitatively and qualitatively) supplies of health professionals according to the health system's necessities, to focus on recruitment, retention, evaluation and continuous development of health professionals, to ensure sustainable financing for health human resources and to develop and implement effective mechanisms for health workforce retention in the context of health professionals' mobility.

Forecasting model

Forecasting in Moldova and Romania is still rudimentary and fragmented, and mainly based on historical trends. In Romania, the number of positions available for the undergraduate training of health professionals is established by the Ministry of Education, without an input from the Ministry of Health. The number of positions per specialty available for Medical School graduates are established according to the capacity of the university hospitals to train them, with little consideration of the demand or need for specific health services, or of the changing morbidity and mortality patterns.

Data collection

The quantity and quality of health workforce data collected in Moldova and Romania differ to a quite large extent. The respondents in our interviews suggested

⁵ The Strategy for the Development of Human Resources in the Healthcare Sector for the period of 2016-2025. Available at: <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=364384>



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that the Moldovan healthcare system performs better at collecting high-quality, reliable data. Some of the factors that lead to these identified differences are the existence of a centralized, unique system in Moldova (as compared to multiple data holders in Romania), the dimension of the healthcare system and number of health professionals (Moldova, being smaller than Romania, can better coordinate the data collection process). Moreover, in the Moldovan health system, the leading position in the data collection process is held by the Ministry of Health and the National Center for Healthcare Management. In Romania, the Ministry of Health does not hold a similarly prominent position in the process.

Irrespective of the quantity or quality of data not being perfect, it should be highlighted that this cannot and should not be an excuse for not initiating a planning process. As mentioned by our respondents, data are useful as long as they are utilized to analyze and predict trends as well as inform decisions.

The Romanian respondents, by large, hold the view that Romania should develop a unified information system for monitoring human resources for health, modelled after the one already operational in the Republic of Moldova. Such a system would greatly facilitate data analysis and reporting for Romania, as well as the transfer of results into planning strategies. However, planning could and should be done irrespective of the data collection model. We suggest that efforts should be rather directed on identifying the means to maximize the data already existing, through adequate leadership and stakeholder involvement.

Link to policy actions

A Moldovan-Romanian dialogue can lead to several policy measures, as suggested by our respondents. The most frequently measures are related to retention strategies, given the fact that both Romania and Moldova are experiencing massive outflows of health professionals. However, given the fact that at least a part of the Moldovan health professionals are migrating to Romania, it should be further discussed and agreed how a retention policy in Moldova would impact the outflow of health professionals to Romania. Based on the existing evidence, we propose for circular migration to be taken into account by the two

countries, given the shared benefits for the two countries as well as for the individuals.

Organization

There is a wide variety of stakeholders involved in health workforce planning - decision makers, professional associations, funding institutions, healthcare providers, training institutions. As suggested by our results, the degree of coherence in the organization process of the stakeholders is different in Moldova and Romania. In Moldova, the Ministry of Health (through the General Directorate of Human Resources for Health) holds the central position. The Ministry is working closely with the other stakeholders in the system, namely the Medical University, the National Center for Healthcare Management, the National College of Medicine and Pharmacy and the health professionals' union.

In Romania, the formal leading role in the health workforce monitoring, planning and forecasting is held by the Ministry of Health. However, the main office in charge, the General Directorate for Human Resources and Certification is mainly concerned with the certification procedures for the health professionals working in the system or intending to leave and work abroad. Our analysis did not reveal tangible outputs of the collaboration between the Ministry of Health with the other actors in the system in the area of health workforce planning (professional associations, National Institute of Public Health, National Institute of Statistics, medical universities).

9. Conclusions and recommendations for further cooperation between Romania and the Moldova

Our analysis yielded a set of recommendations that will contribute to improving human resources for health planning in the two countries, as well as strengthening the cooperation between the two countries in this area. These recommendations are:



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Recommendation nr. 1 - Increase experience sharing

Romania and the Republic of Moldova should share experiences in the field of data collection and data analysis. This could take the form of site visits, to inform the processes involved, methods for improvement and further use of the collected data.

Recommendation nr. 2 - Exchange good practices

Romania and the Republic of Moldova should take into consideration collaborating on planning human resource needs; such a collaboration should be initiated through an inter-ministerial dialogue and pursued with the involvement of institutions with responsibilities in the area of health workforce management in the two countries.

Recommendation nr. 3 - Use available data for planning

Romania and the Republic of Moldova should focus on using the health workforce data currently available in order to inform the policies for health workforce planning.

Recommendation nr. 4 - Encourage circular migration

Romania and the Republic of Moldova should collaborate to encourage circular migration. Such an approach would benefit both Moldova, as source country, and Romania, as destination country, but could also be attractive for health professionals.

In order to facilitate the entry of medical personnel from the Republic of Moldova in the Romanian healthcare system, the Republic of Moldova should make efforts, given the steps that have already been taken in the direction of EU accession, to modify its training programmes for medical personnel, taking into account European regulations (Galbur, 2010).

Health workforce mobility can represent a solution for countries facing shortages, but at the same times raises equity issues by possibly threatening the fragile equilibrium healthcare systems in lower developed countries. On the other hand, the Strategy for Human Resources Development in the Healthcare System for



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2011-2015 developed in the Republic of Moldova made reference to the need to also consider the benefits of health workforce mobility, not solely its shortcomings.

As becomes apparent from the opinions of some participants in the feasibility study, a collaboration between Romania and the Republic of Moldova should be conceived in such a way as to bring benefits to both partners, as is laid out in the WHO Global Code of Practice on International Recruitment of Health Personnel (WHO, 2010). In exchange of just attracting healthcare workers from the Republic of Moldova, Romania could implement a set of measures aimed at strengthening the healthcare system and human resource development in the Republic of Moldova, such as offering technical or financial assistance, or transferring competences. In addition, another direction that stakeholders consider would be worth pursuing consists in the exchange of medical personnel in border areas, a form of mobility that does not cause major sustainability problems to the source-country.

We suggest that, in order to deepen the collaboration between Romania and Moldova, several preparatory activities need to be undertaken. The first one could be to assess more systematically the current health workforce planning efforts in the two countries. Another one could be to assess the feasibility of up-scaling local or regional level successful initiatives in health workforce data collection and their use for planning purposes. Currently, there are no prospects that these activities could be supported by a joint partnership between Romania and Moldova solely. As such, resources and expertise would be necessary for pilot projects, from external bodies, such as the European Commission or the World Health Organization, institutions which have provided previous support in the area of health workforce in Romania and Moldova. Whereas our results support a top-down approach as being feasible in Moldova, a more feasible option for Romania would be a bottom-up approach (identifying champions, building on success stories and investing efforts in scaling them up).

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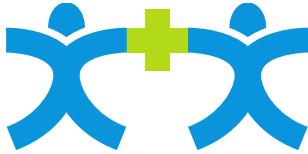
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