Deep Dive – Workforce
Workforce is a key input of strong primary health care systems

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What can you learn about Workforce from the Improvement Strategies?

**SECTION 1**

**What is Workforce?**

**What it is:** Learn more about the core principles and goals of Workforce.

**Relevance to PHC:** Learn about Workforce’s role in PHC improvement.

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**SECTION 2**

**How do I assess my performance?**

**What it is:** Learn more about some indications that improvements might be relevant in your context and what you can achieve by focusing improvements on Workforce.

**Vital Signs Profile:** Use the information in your Vital Signs Profile to help determine relevant areas for improvement.

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**SECTION 3**

**How do I get started?**

**Case studies:** Learn from implementation approaches and challenges in other country contexts.

**Tools and Resources:** Explore and identify useful tools and resources relevant to Workforce.

**What to ask:** Use guiding questions to help determine how you might begin to plan and enact reforms in your country context.

*Guided by the above considerations and relevant resources, start to build out an improvement plan with your CE lead and/or focal point.*
What can my country achieve by focusing on Workforce?

Goals & Outcomes

✓ A competent, motivated, and equitably distributed PHC workforce underpins a country’s ability to deliver high-quality PHC for all
Workforce – How do I assess my performance?

Learn more about whether you should focus on Workforce in the Vital Signs Profile
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
How do I assess my performance?

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How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
What are other indications that Workforce might be an appropriate area of focus?

Other Indications

☐ Skilled health workers are not equitably distributed or accessible to the population

☐ There is no system to ensure that the primary health care workforce has appropriate training and qualifications

☐ The primary health care workforce does not have competencies related to people-centeredness, communication, decision-making, collaboration, evidence-informed practice, and personal conduct
Workforce - What is it?

Learn more about the **core principles** of Workforce and **what you can achieve** by focusing improvements.
What is Workforce?

The term **PHC Workforce** refers to all occupations of health professionals responsible for organizing and delivering PHC.

Workforce reflects the need to have a **sufficient number, skill mix, and distribution of appropriately trained health personnel** to meet population health needs and promote equitable access to quality care.
What is Workforce?

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Workforce reflects the need to have a sufficient number, skill mix, and distribution of appropriately trained health personnel to meet population health needs and promote equitable access to quality care.

Why it’s important for PHC

Ensures the PHC workforce is sufficiently motivated and skilled to deliver high-quality PHC

Promotes equitable distribution of the workforce, supporting universal access to high-quality PHC

Supports the development of a workforce that is accessible and acceptable to the local population, helping to ensure services meet community health needs
What is Workforce?

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Workforce reflects the need to have a sufficient number, skill mix, and distribution of appropriately trained health personnel to meet population health needs and promote equitable access to quality care.

What is an effective PHC workforce?

**Competent in High-Quality PHC**
Health workers are equipped with the knowledge, skills, and behaviors needed to deliver high-quality services.

**Diverse skill mix**
PHC services are provided by coordinated, multidisciplinary teams with the wide range of knowledge, skills, and expertise needed to provide comprehensive, holistic care.

**Equitably distributed**
The PHC workforce is equitably distributed, by number and competencies, and in relation to the needs of the population.

**Motivated and empowered**
The PHC workforce is motivated and empowered to deliver high-quality care – including through appropriate remuneration and incentives, merit-based professional development opportunities, and occupational health and safety standards.
What is Workforce?

The term PHC Workforce refers to all occupations of health professionals responsible for organizing and delivering PHC.

Workforce reflects the need to have a sufficient number, skill mix, and distribution of appropriately trained health personnel to meet population health needs and promote equitable access to quality care.

How can an effective PHC workforce be achieved?

- **Education**
  Establish education standards based on PHC competencies and implement quality assurance systems that hold educational institutions accountable to training on these competencies.

- **Recruitment and deployment**
  Implement policies and systems to recruit and equitably distribute health workers, particularly in rural or marginalized communities.

- **Retention**
  Enact policies, regulations, and strategies to retain skilled workers, such as through supportive supervision, continuing professional development, and appropriate remuneration.

- **Quality assurance and regulation**
  Implement quality assurance and regulatory systems that ensure workers have the appropriate training and qualifications, that records of appropriately trained and qualified workforce are maintained, and that appropriate measures are taken to ensure workers meet established standards.
STRONG PRIMARY HEALTH CARE INCLUDES...

**Workforce**

An effective primary health care workforce is essential for strong PHC. The term PHC workforce refers to all occupations of health professionals responsible for organizing and delivering PHC.

**POPULATION HEALTH NEEDS**

**COMPOSITION AND COMPETENCIES**

The composition — including number, skill mix, and distribution — and competencies of the PHC workforce should be designed to meet population health needs and ensure equitable access to PHC.

**PERFORMANCE**

An effective PHC workforce is accessible and available to the population and has the needed competencies and motivation to deliver high-quality, acceptable care.
Learn more about **how to get started** in your context and learn from **what others have done**.
Planning for improvement in your context

The **guidance and recommendations** described within the Workforce module are **not intended to provide a one-size-fits all solution**.

The **considerations** involved in planning and implementing strategies will depend on your local context.

### Sample activities

- **Consider** implementation challenges and approaches in other country contexts
- **Understand how the features of your health system**, such as how decisions get made and the role of the private sector, will impact your improvement plans
- **Identify** key elements that need to be in place to support improvements
- **Use the guiding questions in the Improvement Strategies** to spur thinking about [Module] in your country context and stimulate ideas for improvement
- **Start to develop** an improvement plan
Planning for improvement in your context

While the **specific considerations** involved in planning and implementing strategies will depend on your **context**, you might consider...

- **What are some competencies important for a strong PHC workforce?**
  - People-centeredness
  - Communication
  - Decision-making
  - Collaboration
  - Evidence-informed practice
  - Personal conduct

- **What factors support sustainable investments, policies, and systems for health workforce development?**
  - Sufficient and appropriately targeted financing
  - Availability of robust workforce-related data
  - In-country capacity to analyze and use this data to inform policymaking and planning
Learn from what others have done

HPET | Vietnam
Improving workforce education and training at the local level through HPET

Possible | Nepal
Developing a novel CHW program through a public-private partnership
Vietnam: At-a-glance context

East Asia & Pacific

South East Asia

Lower-Middle Income
## Vietnam: At-a-glance context

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tbody>
<tr>
<td>GDP per capita ($PPP)</td>
<td>$6,776K</td>
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<tr>
<td>Human Development Index</td>
<td>0.69</td>
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<tr>
<td>Life expectancy at birth</td>
<td>76</td>
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<tr>
<td>Percentage of population living in rural areas</td>
<td>65%</td>
</tr>
<tr>
<td>Percentage of population living under $1.90 per day</td>
<td>2%</td>
</tr>
<tr>
<td>Population</td>
<td>95.5M</td>
</tr>
</tbody>
</table>
Learn from what others have done: Vietnam

Why reforms were needed

Before the reforms, Vietnam had a hospital-based and decentralized health system with poor management capacity across different levels of care which contributed to:

- **Overutilization** of hospital-based and specialist care, leading to overcrowding and long wait times in hospitals for conditions that should be addressed at the PHC level

- **Shortages** of qualified PHC health workforce in rural and remote areas

- **Poor public perceptions** of quality, resulting in the use of private, specialty-based care and high out-of-pocket (OOP) expenditure

Approach

The Health Professionals Education and Training for Health Systems Reform Project (HPET) has helped to strengthen the PHC workforce in Vietnam through:

- **Improvements in the quality** of health professionals’ education and training

- **Improvements in the competencies** of PHC teams at the local level
Learn from what others have done: Vietnam

- **Works** toward an integrated, person-centered PHC workforce model
- **Raises** public awareness and understanding of the importance of a quality grassroots health system
- **Ensures** the PHC workforce has resources needed to deliver appropriate care through investments in modern drugs and supplies
- **Improves** existing facilities with dedicated financing to purchase modernized equipment for select beneficiary provinces
Learn from what others have done: Vietnam

- **Quality assurance task forces:** To support quality assurance and regulation, the HPET established standards for health professionals’ education, peer review assessments for professional education programs, and a standardized examination system for medical nursing students.

- **Embedded education and trainings programs:** To ensure the sustainability and accessibility of training programs at the community level, the HPET built new training programs into existing education, training, and management structures.
Nepal: At-a-glance context

- South Asia
- Low Income
- Trailblazer
## Nepal: At-a-glance context

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<tr>
<td>81%</td>
<td>15%</td>
<td>29.3M</td>
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</table>
Learn from what others have done: Nepal

Why reforms were needed

• To address access barriers to high-quality health care, especially in rural areas, Nepal created a cadre of community-based health workers called the Female Community Health Volunteers

• Female Community Health Volunteers have not been able to reliably provide comprehensive community-based services to the population due to:
  • Lack of formal training
  • Volunteer status

Approach

Through a public-private partnership (PPP) formed with the non-governmental organization Possible, Nepal has been able to expand service coverage of high-quality care, particularly in rural and remote areas.

Their novel CHW program is one aspect of the partnership’s integrated service delivery model that has helped to drive progress toward broader health goals, including the development of a diverse, sustainable, community health workforce.

All CHWs are required to live in the communities they serve, and must be literate, with a high school education.
Learn from what others have done: Nepal

Strengths

- **Improves** workforce management and supervision
- **Strengthens** CHW retention and motivation
- **Supports** community needs through specific CHW trained competencies
- **Focuses** on ensuring quality standards are met and person-centered PHC is delivered
Learn from what others have done: Nepal

How Workforce was integrated into reforms

- **Education, recruitment, retention:** To address challenges in workforce recruitment, retention, and motivation, the program’s CHWs are full-time salaried employees of the public private partnership who receive on-going training and professional development.

- **Quality assurance:** To ensure the quality of service provision, Possible uses a digital and in-person performance management system to track all CHWs’ performance, providing structured feedback and targeted improvement training for any CHWs not meeting quality standards.
Learn from what others have done: Nepal

This partnership has set a new precedent within Nepal and globally, demonstrating how PPPs can strengthen human resources for health, particularly at the community level.

However, more work needs to be done to integrate and scale this program nationally in order to build a stronger health workforce at the community level for all Nepali people.

Ways forward: Sustainable scale

Questions to ask to help you get started

The **specific considerations** involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful **starting place to determine how you might begin to plan and enact reforms** in your context.

Sample questions

- Do the competencies and skill mix of your PHC workforce meet population health needs?
The **specific considerations** involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful **starting place to determine how you might begin to plan and enact reforms** in your context.

### Sample questions

- Do the competencies and skill mix of your PHC workforce meet population health needs?
- How equitably is your PHC workforce distributed?
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Do the competencies and skill mix of your PHC workforce meet population health needs?

☐ How equitably is your PHC workforce distributed?

☐ How strong are the PHC workforce quality assurance mechanisms in your country?
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Do the competencies and skill mix of your PHC workforce meet population health needs?

☐ How equitably is your PHC workforce distributed?

☐ How strong are the PHC workforce quality assurance mechanisms in your country?

☐ Are you investing enough in your PHC workforce?
The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ Do the competencies and skill mix of your PHC workforce meet population health needs?

☐ How equitably is your PHC workforce distributed?

☐ How strong are the PHC workforce quality assurance mechanisms in your country?

☐ Are you investing enough in your PHC workforce?

☐ What data do you have about your workforce?
Recap: Workforce

System

Governance & Leadership
- Primary Health Care Policies
- Quality Management Infrastructure
- Social Accountability

Health Financing
- Payment Systems
- Spending on Primary Health Care
- Financial Coverage

Adjustment to Population Health Needs
- Surveillance
- Priority Setting
- Innovation & Learning

Inputs

Drugs & Supplies

Population Health Management
- Local Priority Setting
- Community Engagement
- Empowerment
- Proactive Population Outreach

Facility Infrastructure

Information Systems

Facility Organization & Management
- Team-based Care Organization
- Facility Management
- Capability & Leadership
- Information Systems Use
- Performance Measurement & Management Outreach

Outputs

Access
- Financial
- Geographic
- Timeliness

High Quality Primary Health Care
- First Contact
- Accessibility
- Continuity
- Comprehensiveness
- Coordination
- Person-centered

Availability of Effective PHC Services
- Provider Availability
- Provider Competence
- Provider Motivation
- Patient-provider Respect & Trust
- Safety

Effective Service Coverage
- Health Promotion
- Disease Prevention
- RMVHC
- Childhood Illness
- Infectious Disease
- NCDs & Mental Health
- Palliative Care

Outcomes

Health Status

Responsiveness to People

Equity

Efficiency

Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Recap: Workforce

An effective primary health care workforce is essential for strong PHC. The term PHC workforce refers to all occupations of health professionals responsible for organizing and delivering PHC.

**Workforce**

POPULATION HEALTH NEEDS

COMPOSITION AND COMPETENCIES

The composition — including number, skill mix, and distribution — and competencies of the PHC workforce should be designed to meet population health needs and ensure equitable access to PHC.

PERFORMANCE

An effective PHC workforce is accessible and available to the population and has the needed competencies and motivation to deliver high-quality, acceptable care.

EDUCATION

RECRUITMENT & DEPLOYMENT

QUALITY ASSURANCE & REGULATION

AVAILABILITY

ACCEPTABILITY

ACCESSIBILITY

HIGH QUALITY

RETENTION