Policy brief 1: What did the COVID-19 pandemic teach us about future workforce development? Policies and practices to recruit, retain, reskill and support health and care workers.

Introduction

COVID-19 affirmed that health systems’ capacity to manage essential health services and respond to the emergency was dependent on the health and care workforce. To ensure health systems are better placed to meet population health needs and tackle future shocks, it is critical that all countries review and take steps to tackle long-standing issues related to shortages, maldistribution and insufficient skill mix, while also improving protection and performance. This will require sustained actions to protect, support, attract, and retain health and care workers. Moreover, within a context of constrained resources, it is important for countries to utilize their health and care workforces more efficiently to deliver health system goals, such as by creating flexible regulatory frameworks, delivering integrated health and care services, maximizing scope of practice within multi-professional teams, driving equity through primary care and scaling-up use of digital health tools.

Prior to COVID-19 there was a substantive evidence base of the types of policy options that could be adopted to attract, retain, support and reskill health and care workers. During COVID-19, regulators, decision-makers, education specialists and facility managers introduced a vast array of policy and practice measures to cope with the unprecedented shocks to systems, supply chains and personnel, resulting in a global laboratory of reforms. Some of these ‘reforms’ effectively implemented the prior evidence base, e.g.: on scope of practice and delegated clinical authority. Other ‘reforms’ were implemented with the rapid injection of additional funds, e.g.: emergency recruitment of unemployed health personnel. However, some of the emergency response truly introduced new measures, e.g.: the regulatory introduction and adoption of digital consultations.

This policy brief therefore aims to support national policy makers and other stakeholders by systematically identifying and assessing the effectiveness of different strategies during the COVID-19 pandemic to attract, recruit and retain health and care workers and ensure sufficient skill mix and competences in different contexts and under different circumstances. It will specifically capture the “opportunities” arising from COVID-19 to create change by assessing the emergency policy options that many countries put in place to recruit, protect and support health and care workers and create flexibility in the workforce during the pandemic through upskilling and re-skilling and use of digital health tools. The different context and challenges facing each region will be highlighted, such as ageing populations and workforces, a rise in non-communicable diseases, climate change, health workforce migration issues and protracted health and non-health crises beyond COVID-19.

The brief will place a special focus on identifying strategies to: attract and retain workers in rural, remote and other underserved areas; those that can contribute to improving gender equity and ethnic diversity in order to improve service delivery for the most vulnerable; to attract and retain young health workers and students; to put in place effective skill mix
innovations, in particular the use of multi-disciplinary teams in primary health care that cover essential public health functions; and to develop key competencies for the future, such as digital and green skills. The brief will help to provide a justification for policy briefs 2 and 3 by, for example, showing that regulatory frameworks should be more enabling rather than restrictive and that the creation of fiscal space is paramount to enable greater and more strategic investment in workforce development.

Research questions

The policy brief will answer three main research questions:

- What measures to effectively protect, support, attract, recruit and retain health and care workers were implemented during the pandemic?
- Learning from COVID-19, what organisational and skill mix changes can support and enhance the delivery of more efficient and integrated models of care?
- What is the evidence to demonstrate the effectiveness of these strategies and how can their implementation be facilitated?

Specific sub-questions will include:

- What strategies have been shown to protect health and care workers, improve working conditions and the work environment?
- What measures were introduced to create flexible regulatory frameworks?
- What measures were introduced to enable clinicians to work to their full scope of practice?
- What measures were taken to expand access to primary care services?
- Were any of the national 'reforms' implemented due to the COVID-19 shock previously blocked by political, regulatory or financial barriers?
- What are the most critical opportunities and lessons learnt from the pandemic for service and workforce development?

Additional sub-questions will review whether the prior evidence base can be revised:

- What strategies promote career opportunities and how effective have these been?
- What strategies have been shown to effectively improve mental health and wellbeing?
- What strategies have been shown to effectively attract and retain health workers, including in rural, remote and other underserved areas?
- What strategies have been shown to effectively attract and retain young health workers and students?
- What attraction and retention strategies are effective in promoting gender equity?
- What contextual factors need to be considered when assessing the likely effectiveness of various strategies in different country and health system settings?
- What stakeholders need to be engaged to address occupational health issues, and what are the implications for planning, regulation, education?
- What mechanism can increase investment in health and care workers for pre-service education, improved working conditions and retention?

Methods

Evidence for the policy brief will primarily be drawn from existing peer-reviewed and relevant grey literature. This evidence will be supplemented by country case studies incorporating global best practice on efforts to protect, support and retain health workers; countries will be selected
from each of the six WHO regions. Case studies will include a consideration of enablers and barriers for implementation of different strategies and an assessment of effectiveness.

**Policy option examples**
Various policy options will be considered, including, but not limited to:

**Policy options to improve working conditions and work environments in health and social care settings:** adequate staffing levels; limits on working hours and night shift; manageable workloads; job security; staff facilities and breakrooms; regular breaks; flexibility in working hours; use of digital health tools; supportive supervision

**Policy options to increase career opportunities:** career development pathways including advance practice and specialist roles; professional autonomy, decision-making and leadership roles; continuing education and professional development; focused mentoring; job mobility and opportunities in different settings

**Policy options for financial and non-financial support:** fair and decent pay; hardship allowances; bonus payments; housing and education allowances; financial incentives for working in remote, rural and other underserved areas; childcare; support with transport

**Policy options to protect and support health and wellbeing:** mental health support; access to PPE; access to vaccinations; time off for respite; occupational health and safety; protection from physical and psychological violence and harassment

**Policy options targeting skill mix:** expanded scope of practice with teams educated and enabled to practice to that scope; introduce new types of workers; multi-disciplinary PHC teams with public health functions fully embedded in primary care; engagement close to community through that model; Team which is educated and enabled to practice to that scope; continuous professional development; upskilling – digital skills and green skills etc

**Examples of policy levers to support implementation**
Facilitators and barriers to implementation will include, but are not limited to:

- **Macro level:** funding and removal of fiscal barriers policies, laws, professional regulation and changes to scope of practice; education and training (link to policy brief 2); job creation; workforce planning and data on retention, absence etc (link to policy brief 2)
- **Meso level:** support and leadership; organizational changes and frameworks; use of digital health tools; regular impact assessments of workforce satisfaction
- **Micro level:** communication and working relationships
- **Cross-cutting:** digital health tools, data and evidence for decision making

The role of governments, including different sectors, non-state actors and the international community in supporting implementation of policy options will be explored.

**Conclusion**
The policy brief will conclude by assessing the strength of evidence on policies to protect, support, retain and reskill health workers globally and how the evidence-base can be strengthened going forward. It will emphasise the need for multisectoral cooperation for implementation and for national and global commitments to be made to improve working environments and working conditions. It recognises that while COVID-19 has proved
immensely challenging for health workers, it also presents an opportunity to learn and stimulate new collective action to strengthen and build a sustainable global health workforce that can meet future shocks and will support progress towards universal health coverage.

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