

Health Workforce Impact Assessment Report
Operational Framework: Primary health care: transforming vision into action
146th Executive Board, February 2020

Purpose of the assessment:

Resolution WHA69.19 on the Global Strategy on Human Resources for Health: Workforce 2030, adopted by the 69th World Health Assembly in May 2016, requested the Director General to include an assessment of the health workforce implications of technical resolutions brought before WHO governing bodies (World Health Assembly and Regional Committees). This report presents the assessment results of the Operational Framework: Primary health care: transforming vision into action (hereafter referred to as the Framework) which provides guidance for the implementation of the Declaration of Astana through 14 identified levers for policy and action. The primary health care workforce constitutes one of the operational levers of the Framework.

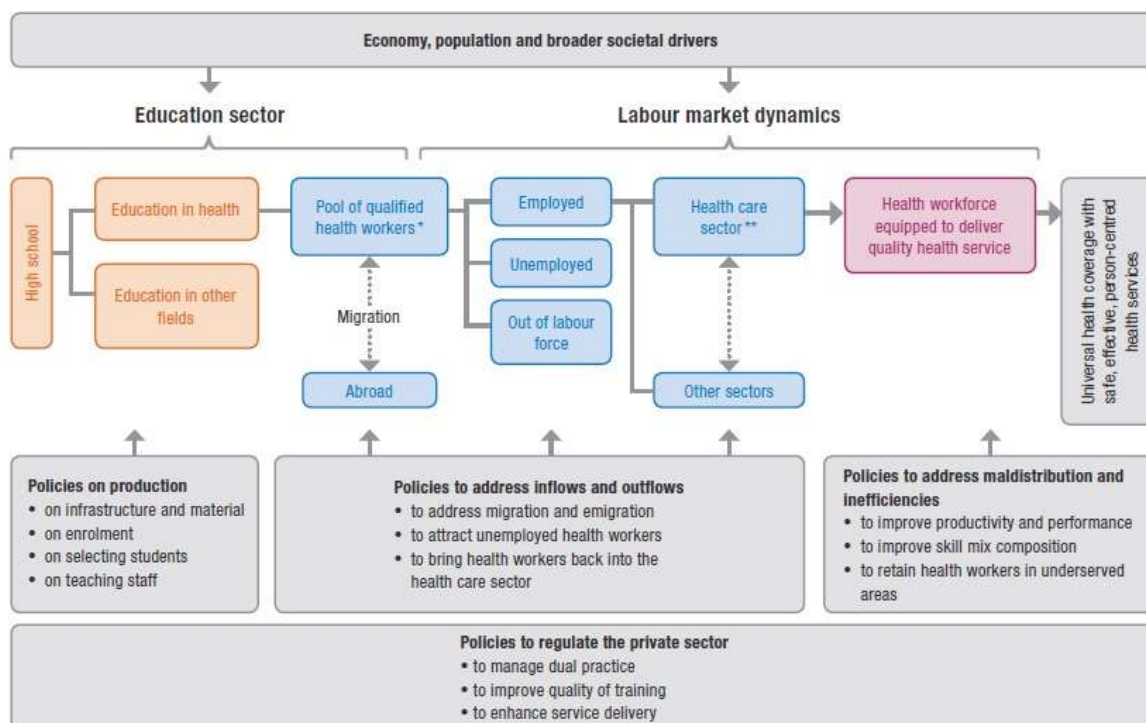
Process of assessment:

The implementation of a primary health care approach has clear implications for the health and social workforce. A detailed examination was carried out with assessment results listed below:

Key points highlighted by the assessment:

- The successful implementation of PHC relies on having a sufficient health workforce with the optimal skills mix at facility- outreach- and community-level who are competent, equitably distributed, adequately supported and employed with decent work to provide quality and accessible PHC. It also relies on properly trained managers, and other employees who are critical for the functioning of the health system, e.g. information officers, statisticians and planners, and on having PHC-knowledgeable policy makers. Inter-professional practice and coordination between the health and social workforce is needed across the entire system.
- Developing an optimally skilled health and social workforce to provide quality services will require investments in and reorientation of education and training strategies, through a range of institutions and programs, to align to population and health system needs. This will require the inclusion of efforts to train and educate health workers in the community to foster a deep understanding of the population served, especially those most marginalized. Interprofessional education and training prepares health workers to work effectively in inter-professional teams.

- There is no unique approach to health workforce development and organization. Each country organizes its health workforce based on its own context, resource availability and investment capacity. In some countries, PHC strategies are based on a physician-led model - whether this is a general physician or family medicine - while others may opt to have a more diverse composition of primary care teams, that could include paramedical staff, nurse practitioners and community health workers, in addition to physicians. All countries need to have a vision that develops their workforce progressively to reach universal health coverage by 2030.
- Providing optimal primary care through well-functioning multidisciplinary teams will require optimizing health workers' skill-mix. In some instances, this could be achieved by reorganizing scopes of practice (often referred to in the literature as “task-shifting”, “task-sharing”, “delegation” or “substitution”) with adequate enabling supervision and support. Improving the management and coordination among and between teams and administrative support are also key.
- It is expected that increased access and quality of care, will increase demand to primary care services. The Framework's lever on financing and resource allocation aims to lead to increased domestic spending on health and specifically, increased spending on PHC as a proportion of the health budget. To ensure the health and social workforce needed to deliver PHC, increased investments across the health labour market (see figure below) requires addressing challenges in financing health workers, including fiscal space, intersectoral and private sector financing.



Source: Global Strategy on Human Resources for Health: Workforce 2030

- The implementation of digital technology to support patient-centred care and community-responsiveness requires health workers who are trained and competent in the use of digital technology. The necessary competencies for technology management and maintenance should also be considered (see also the health workforce impact assessment of the Global Strategy on Digital Health 2020-2024).
- It is expected that a number of the Framework's levers, including policy frameworks, models of care, engagement of private providers, purchasing and payment systems and primarily, the health workforce lever will all contribute to shaping a positive attitude of and towards health workers. Commitment to a patient-centred approach to care should translate into skills and competencies that lead to better relationship between health workers and users and ultimately leads to better care and outcomes.
- It is expected that the implementation of the Framework will lead to increased health and social workforce satisfaction and resilience through improved remuneration, working conditions, and training and supervision. Working in multidisciplinary teams and improved management will also have positive impact on workforce satisfaction.
- The WHO Global Code of Practice on the International Recruitment of Health Personnel serves as the universal ethical standard for the international recruitment of health workers with particular relevance to supporting cooperation between countries and building a sustainable health workforce.

Assessment statement: (A)¹ - A full assessment of possible impacts on health workforce was conducted, and it did not reveal any issue requiring consideration; the Operational Framework: Primary health care: transforming vision into action can proceed as per normal governing bodies processes.

Access to further support on health workforce is available from the Working4Health Programme: <http://working4health.org/>

¹ (A) - No specific issue requiring consideration.

(B) - Some specific modifications to the strategy/resolution are required to adequately factor in health workforce implications and requirements.

(C) - The strategy/resolution has major workforce implications or requirements, which need to be factored in as part of the official process of consideration by Member States.