



Policy brief 2: What can intersectoral governance do to strengthen the health and care workforce? Structures and mechanisms to improve the education, employment and retention of health and care workers.

### Introduction

COVID-19 has laid bare the multiple deficiencies in the education, employment and development of the health and care workforce. Pre-existing deficiencies were aggravated by the pandemic, hampering effective responses. Among those deficiencies are: widespread shortages in total workforce headcount and across clinical occupations; maldistribution and "medical deserts", particularly in rural, remote and urban deprived areas; an inadequate skill-mix limiting the effectiveness of multi-disciplinary teams, and; insufficient competencies in digital technologies.

The absence of robust intersectoral governance structures, decision-making, management and workforce planning capabilities have been identified as key reasons for the mismatch between education and employment in the health and care sector. This often results in the quantity, quality and competencies of health and care workers not meeting population needs for their health and wellbeing.

Ensuring a sustainable supply and appropriate skill mix of health workers requires effective cooperation and governance across multiple sectors, including health, education, labour, trade, finance, gender and social welfare, as well as the engagement of the private sector, and across all levels of government – from the local to the national. Yet, all too often different sectors work in silos, with little effective collaboration. For example, education policy and investment decisions are normally taken by the education sector, often in a disjointed fashion from the health sector. In many countries the health and care sector does not undertake evidence-based workforce planning to be able to understand future supply needs, often due to a lack of data and institutional capacity. These challenges are further compounded by ineffective regulation of the health and care workforce, education market failures, labour mobility and migration (within and across countries), and restrictions in the number of publicly financed jobs to absorb health professional graduates due to fiscal space and budgetary constraints.

The aim of this policy brief is to explore how intersectoral governance can be enhanced to ensure that education, employment and retention are considered holistically. More specifically, the poor alignment of education policies with health sector needs is used as an illustrative example of the challenges in intersectoral HRH governance. It will explore: 1) the benefits of better cooperation between sectors – in particular health and education - and across different levels of government (from the local to global) for health and care workforce planning and development; 2) the governance structures, institutional capacity and other measures that need to be put in place to realise these benefits effectively. The brief will also consider policy options to incentivise government sectors to co-invest in education, employment, health and social protection outcomes through targeted action in the health and care sector. The different contexts across regions and countries and how this will inform governance approaches will be considered.

# Research questions

The three primary research questions answered by the policy brief are:

- What are the benefits of better cooperation between sectors and different levels of government for health and care workforce development and planning?
- What intersectoral governance mechanisms, institutional capacity and other measures
  need to be put in place realise these benefits more effectively and ensure that education,
  employment and retention of the health and care workforce are considered holistically?
- What policies and targeted actions can incentivise other government sectors to coinvest in education, employment, health and social protection outcomes from the health and care sector?

### 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 from all regions on best practice on innovative solutions on more aligned working between the health and education sectors; case study countries will be selected from each of the six WHO regions. It is possible that some sectors may already be more integrated and have more collaborative working arrangements than those involving health; these relationships will be explored and used as an opportunity for learning if deemed appropriate.

Policy option examples of how health can work more effectively with other sectors to build better workforce resilience

Various policy options on improving health workforce governance and planning will include, but are not limited to:

- Accountability structures to promote intersectoral working
- Financial incentives to promote intersectoral working
- Strengthening strategic capacity of existing HRH units in MoHs and creation of new HRH units
- Health labour market analysis, health workforce planning and forecasting including data, innovation in methods and tools and capacities
- Effectively interpreting HRH demand from MoH strategies
- Regulating the health labour market: e.g. licensing, accrediting universities and other
  educational institutions, subsidizing medical education, restricting entry to the market
  etc
- Ministry of Health's role in acting as a convener / enabler for drawing together health, education and other stakeholders in HRH shape and supply
- Embed role of different sectors in health plans and vice versa to promote a Health in All policies approach

### Conclusion

The policy brief will conclude by assessing the strength and limitations of policy options and their applicability in and transferability to different country contexts and settings. The findings of the brief will also be linked to those of policy briefs 1 and 3, to show that improved workforce development and planning cannot occur without increased investment and putting in place effective strategies to attract, retain and upskill health and care workers.

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