

WORKFORCE IN THE HEALTH – A PRIORITY OF THE PUBLIC HEALTH

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"Health is not everything, but without health everything is nothing"
Arthur Schopenhauer

At present, the health workforce, both in Romania and internationally, it is characterized by migration and concentration in urban areas, especially in university centers. Also, the young people no longer choose to work in the health.

For this reason, there is an international concern to maintain and increase the health workforce. In the Europe region, this concern was realized through the course, organized by WHO in „Leadership and Management of the Health Workforce”

Key words: health, health workforce, World Health Organization - WHO, training

IMPORTANCE

The health workforce is defined by the WHO: „the totality of individuals involved in the actions whose the main intention is to improve the health of the population” [1].

-The Health systems cannot function without sufficient professionals.

-The advice of the medical professional should be sought not only when a person is not feeling well, but constantly, to maintain your health.

-We know that the prevention is easier than the cure, that it is much easier to treat a condition at the onset, than when the condition becomes chronic.

-The motto of each medical professional from the medical field is ”every man should live longer and live more years, in the good health”.

THE CURRENT CONCERNS IN THE HEALTH AND THE CARE WORKFORCE

WHO Report/Europe 2022 „Health and care workforce in Europe: time to act” highlighted several problems, many of which have been exacerbated by the COVID-10 pandemic, known and under the name of the coronavirus pandemic, among which are included: aging the medical staff; unequal distribution of the health workers; lack of the medical staff; difficulties in supporting, retaining and recruiting in the rural areas the medical personnel; insufficient supply of the graduates and lack of data to plan the health human resources [2].

The coronavirus pandemic has reinforced the vital, long-term importance of sustainable investments in the health workforce, to ensure that the sufficient numbers of people are employed and retained in the field of health. Also, the medical staff must be distributed there where would it be necessary and must have the required equipment and skills to perform their duties effectively and safely.

The ten actions to strengthen the health and care workforce are [2]:

1. Align the education with population needs and health service requirements;
2. Strengthen the continuing professional development to equip the workforce with the new knowledge and the competencies;

3. Expand the use of digital tools that support the workforce;
4. Develop strategies that attract and retain the health workers in the rural and remote areas;
5. Create the working conditions that promote a healthy balance between work and private life;
6. Protect the health and mental well-being of the workforce;
7. Build the leadership capacity for the workforce governance and planning;
8. Strengthen the health information systems for better data collection and analysis;
9. Increase the public investment in the workforce education, development and protection;
10. Optimize the use of funds through the innovative workforce policies.

Internationally, the health workforce varies

In 2016, the WHO projected a global shortfall of 18 million of the health workers by 2030, particularly in the WHO Africa and South East Asia regions.

Africa, which bears nearly a quarter (24%) of the world's burden, it had only 3% of the world's health workers [3].

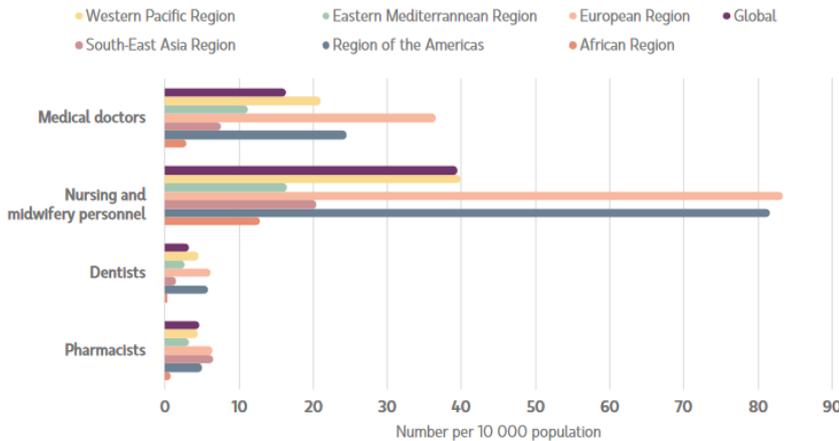
For the period 2014-2020, the nurse and midwifery staff density in the WHO European Region and the Region of the Americas, continued to be the highest in the world, with over 80 per 10.000 inhabitants – twice the global average of 40 per 10.000 and more than six times higher than in the African Region [3].

The density of doctors per 10.000 inhabitants, globally has improved in recent years, but regional disparities remain large. The estimated density of the doctors in the period 2014-2020 was 37 per 10.000 inhabitants in the European Region, but up to 8 to 10.000 inhabitants in the South - East Asia Region and 3 to 10.000 inhabitants in the African Region [3].

The distribution of the pharmacists and the dentists also continued to be very uneven [3].

The data on the distribution of medical personnel are presented in figure 1 [3].

Figure 1. Density of medical doctors, nurses and midwives, dentists and pharmacists per 10 000 population, by WHO region



Source: WHO National Health Workforce Accounts Database, 2022 (34).

For **doctors**, the density ranges from 17,3 in Tajikistan and 17,5 in Kyrgyzstan to 88,7 in Monaco. The Central Asia has the lowest regional density (average 21,3), the Western Europe (45,5) the highest [2].

For **nurses**, the density also shows strong country variations, from 27.0 in Turkey to 183.7 in Switzerland and 202.7 in Monaco. Countries in the West Asia subregion have the lowest density (48,2), followed by those in Central Asia (48.9), Southern Europe (61.7) and Eastern Europe (65.3). The highest reported rates are in northern (108.4) and western Europe (136.0) [2].

The density of midwives varies significantly by country, from 1.4 in Georgia to 21.3 in Ireland, although the latter figure represents midwives who are licensed to practise, rather than those actually practicing [2].

For dentists, the density ranges from 1.7 in the Central Asia to 6.4 in the Western Asia and 8.0 in the Southern and Northern Europe. The lowest density is in Montenegro (0.5) and highest in San Marino (17.6) [2].

According to the same report [2], regardless of their income level, countries have to cope, to varying degrees:

shortages of health and care workers, because the workforce is ageing and efforts to replace professionals finishing their careers are suboptimal;

insufficient recruitment in services such as primary care, long-term care, rehabilitation and mental health;

problems with retention of health and care workers in health and care services, particularly public services, as increasing numbers leave or intend to leave, due to experiencing high levels of workload, stress and fatigue since the beginning of the COVID-19 pandemic;

difficulties in attracting health and care workers to work in underserved geographical areas (especially rural, remote or poor urban zones);

increased internal and international mobility of health and care workers (rural to urban, public to private sector), cross-border working and emigration, as part of a globalized health labour market;

skills mismatches originating from poor alignment of basic education and lifelong learning with practice requirements to meet population health needs;

underdevelopment of multiprofessional teamwork, underuse of digital health tools and limited integration of services;

unattractive employment and working conditions, that are demotivating, fail to protect the physical and mental health of

health and care workers and allow bias and gender - or ethnic -based discrimination to flourish, with women clustered in lower-status jobs and being underrepresented in decision-making positions;

a lack of gender-responsive policies to improve the gender balance across services, increase recruitment in underserved services and geographical areas, and reduce attrition rates of women, who are particularly exposed to difficult working conditions;

inadequate the health and care workforce - HCWF governance and management mechanisms, which makes it difficult to balance supply and demand for health and care workers-HCWs;

lack of strategic planning, informed by a sound analysis of the health labor market - HLM, exacerbated by a lack of data and information to plan effectively;

insufficient investment in the development of the HCWF, leading to suboptimal provision of health and care services.

THE HEALTH WORKFORCE IN ROMANIA

In 2022, Romania had a population of 19.442.038, and the life expectancy at birth of 75.3 years, the health workforce density per 10.000 inhabitants was according to the figure 2 [2].

Figure 2. Health workforce density per 10 000 population [2]

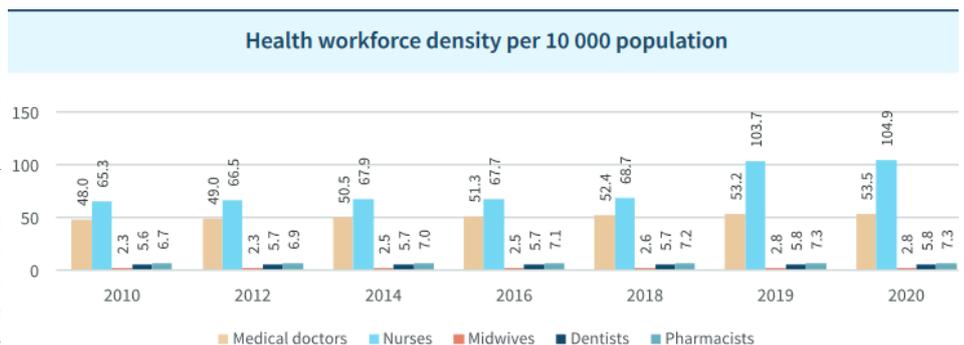
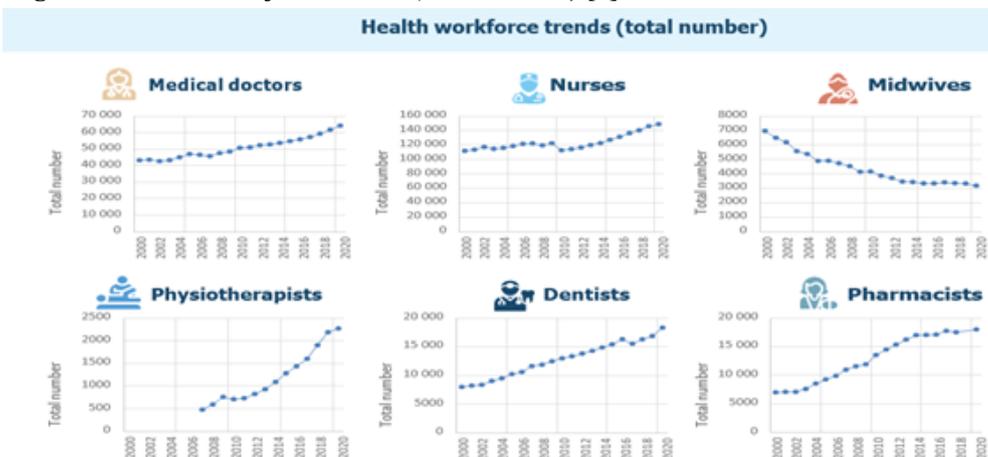


Figure 3. Health workforce trends (total number) [2]



The dynamic analysis of the indicators for the health workforce in Romania, highlights upward trends for all categories (doctors, nurses, physiotherapists, dentists) with the exception of midwives, for whom a downward, regressive trend is recorded in the period 2000-2020, figure 3 [2].

In Romania, the huge and growing geographical inequalities in the distribution of health personnel are recognized among policy makers. Both the "National Health Strategy 2022-2030" and the "Multiannual Strategic Plan for the Development of Human Resources in Health 2022-2030" emphasize the problem of geographical inequalities as a major obstacle in ensuring accessible health services for all citizens [5].

To cover the needs of the health workforce, there is an international and European concern, and one of the initiatives is the course for Europe, organized by the WHO in "Leadership and management of the health workforce".

This is a course designed to support government policy makers in building and sustaining a dynamic and resilient health workforce, following the unprecedented health workforce crisis, affecting countries in the WHO European Region.

The new course supports the development of leadership skills in health human resources (HRH), so that managers can ensure good governance, engaging multiple stakeholders and setting the vision and strategies to effectively manage the health human resources program.

This first edition (year 2023) hosted representatives from 5 countries - Armenia, Georgia, North Macedonia, the Republic of Moldova and Romania – working in the field of health workforce development.

Romania was represented by 5 designated institutions: the Ministry of Health, the National Institute of Health Services Management, the National Institute of Public Health, the Romania College of Doctor, the Order of General Medical Assistants, Midwives and Medical Assistants from Romania. Each of the 5 institutions in Romania, had a representative, and the Consultant of the World Health Organization Country Office in Romania was part of the Romanian team.

WHO Regional Director for Europe, Dr. Hans Henri P. Kluge stated that "There is no health without workforce

and strengthening and supporting health workers is essential to ensure that people have access to high quality health services and is a top priority for us at WHO/Europe", and Dr. Natasha Azopardi-Muscat, Director of the WHO/Europe Health Systems and Policy Division said that "we help countries develop their capacity to identify and address health workforce gaps, either by increasing the number of professionals, improving

working conditions, proving adequate mental health support, promoting a healthy work-life balance, or making the profession more attractive to young people" [4].

In this context, support for the health personnel consisted of a new course that helps countries advance their Human Resources in Health policies. The course will be offered annually, specifying the dates for the next edition, as well as the participating countries. The course material for this course was developed by WHO/Europe in partnership with the KIT Royal Tropical Institute, in the Netherlands.

The results of the first edition of this course were significant, and among these, it is worth mentioning the gains at the level of participants who, after a first course [4]:

- understood the requirements of health workforce development and management, including links to other functional areas of health systems, such as financing and service delivery;
- can critically interpret evidence and information about human resources in health and apply it to policy;

Concretely, the course was held in two sessions (February 2023, respectively May 2023) and the course program addressed the following sections:

- understanding the health care labor market;
- data and evidence for decision-making;
- health workforce planning;
- policies to attract and retain health professionals;
- training to equip them with the necessary skills to adapt to changing health services and patient needs.

Within the planned sections, the following aspects were discussed:

- the country, regional and global HRH challenges in the context of universal health coverage – UHC;
- the relation between national health plans and health workforce;
- the different components of the health labor market framework and their interrelations;

- the various components of governance regarding human resources in health;
- the relevance and usefulness of evidence and data for decision-making on human resources in health;
- the sources and types of evidence and data available for health human resource decision-making;
- the key concepts of the Health Workforce, their approach, implementation and how to use them, to inform and monitor HRH policies;
- the availability or "health workforce pool" in the context of labor market dynamics (inflow-from-training-immigration-return/exit-migration-attribution-retirement) and related; indicators to assess the current fund and its geographical distribution;
- health workforce planning models;
- domestic and international mobility indicators and monitoring practices and key policy options for 'managing' mobility;
- policies for the coverage the gap between the current pool of health workers and those needed; workforce to achieve national health goals, including stakeholders involved in the formulation and implementation of these policies;
- strategies to achieve an equitable distribution of the health workforce across the country, including stakeholders involved in the formulation and implementation of these strategies;
- health workforce performance management and its components and reporting this; motivation, retention and performance;
- teamwork and different leadership styles to improve teamwork;
- types of task change and their supporting factors and barriers;
- the role and characteristics of the education system in relation to the dynamics of the labor market;
- the interrelation between the needs of the population, the current activity in the field of health; educational programs;
- strategic relationships, issues and bottlenecks between health worker education, accreditation systems and mechanisms, regulation and licensing, to ensure the quality of graduates.

The second session was focused on the applied, interactive component, in which the course participants gave presentations for each country

Considering the issues discussed during the course, such as and the problems identified in the country, Romania presented the project with the theme "National register of professionals in the health system", from which we briefly present the main points:

General objectives of the proposed project

- Improving the management of qualified human resources in the medical field by updating and verifying the data related to the qualification, professional / didactic degrees, specialization etc. in real time
- Improve the collection, processing and analysis of data on human resources in health and unify data reporting in the health system through the implementation of the National Register of Health System Professionals, provided for in Law 95/2006 regarding health reform, in order to ensure accurate workforce planning and deployment

Specific Objective:

Implementation of an IT solution for data collection and management for healthcare professionals.

The results that can be achieved by implementing the project, are:

Management of qualified human resources in the medical field, by using an IT solution;

- A better understanding of the workflow process in collecting and manage the data regarding the health professionals;
- Detailed and objective system analysis for the IT solution;
- Coherent and updated legal frame;
- A functional registry on health professionals .

The justification for choosing this project theme includes the existing problems and difficulties, among which:

- a. Lack of a centralized database concerning the health professionals;
- b. Lack of cooperation between stakeholders concerning the health professionals;
- c. Difficulties on creating appropriate public policies in the field of reference;
- d. Documents generated through the career path of health professional are not (or little) kept in electronic evidence;
- e. Free movement of professionals within the European Community's free labor market requires the recognition of skills from one country to another.

The fulfillment of general objectives and specific objective can be achieved through the collaboration of the interested parties, who will have to be involved responsibly in carrying out the planned action.

There is a need to create a working group in which representatives from several institutions and organizations are involved:

- Ministry of Health
- National Institute of Health Services Management



- National Institute of Statistics
- National Institute of Public Health
- Universities (Pharmacy and Medicine),
- College of Physicians from Romania
- Order of General Medical Assistants, Midwives and Medical Assistants from Romania
- Medical Associations
- Romanian Agency for Digitization
- Ministries with own hospitals
- Patronage of Private Medical Service Providers
- National Health Insurance House
- Association of Public Hospitals
- Other interested parties.

CONCLUSIONS

In order for the public health priorities established at the regional or international level, to have the expected results (this is also the case with this the WHO initiative), a close and beneficial cooperation is needed for the parties involved, and the initiatives approaches must be complemented with the application/implementation of some strategic measures at regional and national level.

Romania is part of this initiative, and the results of the participation will be visible in the medium and short term, with a final impact on a better planning of human resources in the field of health.

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