Table Reports: Advantages and Disadvantages of WHO Projection Model

Flipchart Notes - HRH Workforce Planning Model Workshop

Table 1

SUGGESTIONS

1. Should be easier to use
    - User interface
    - Data requirements
    - Promote and structure debates on assumptions
2. Better link to characteristics of DEMAND
   (living standards, epidemiological, demographic, technological and productivity)
3. Step-by-step approach with options reflective to availability (Decision Tree)
4. Increase flexibility
5. Focus on shorter time and longer term scenario building

Table 2

Key: Integration of Different Models

Can be good starting point

i. IHTP: diseases/vertical approach
ii. Finland: labour/economic
iii. WHO: HRH within health services sector
   a. Utilization norms
iv. Several others, including Canadian HHR model (Jamaica, Brazil)

- Need to incorporate elements of each - while staying simple!
- Minimum data requirements clear
    - Hypothesis where data lacking (e.g. burden of disease, unemployment, return migration…)

Outputs of the Capacity Project software:

Short-term vs. Long-term Management

Link to implementation plan

- "Robust" projections over next 5 years (8-10 at most)
    - i.e. on maps, etc., what can be achieved
- Indicative values only beyond (need to go up to 30 years?)

Output should show steps , not just baseline/ final target year

ii. Visual representation (beyond just tables)

Link results with policy options (e.g. decrease part-time positions, increase community health workers, increase incentives to stay in public sector or teaching…)

"Wish List"

- Training capacity
  - Pre- service
  - In- service
- Impact of demographic / epidemiological changes
- Labour market dynamics
  - (e.g., unemployment, transition to non-health sector, labour force withdrawal for family reasons…)
- Need for services
- Different scenarios e.g. change in staffing norms, change in birth rate (leading to change in need for medical care services), change in public health messages (e.g. promotion of facility- based deliveries vs. at- home delivery with skilled birth attendant), change in healthcare utilization patterns

Table 3

ADVANTAGES

- # of years of experience in building the model
  - ↳ have simpler model as "teaser" – kind of info you can produce → then move to do something more
  - ↳ make it clear that not every input is required
- One of the most well known models
- Agree to back up one model that can be consistently recommended as the "preferred" model
  - ↳ all using the same model but agree to improve it
- Provides detailed model for specifically the health sector

DISADVANTAGES

- Complexity
- Amount of training needed
  - ↳ training at split level

    - ↳ need critical mass of people in region/country who are confident using it
    - ↳ build regional/country competency so to produce good information; train the trainers
- Need technical support
    - ↳ need long-term commitment to use/collect data – get support along the way - not one-time training

Yes, we will all agree on this framework

- Want simplification – look (not intimidating)
- Want user friendliness
- Come up with some simple software to get "teaser" results quickly as initial step to get people to begin thinking about underlying assumptions
- Training/educational manual or help – simplified
    - How can I?
    - What is modeling? Why is it useful?
- Short-term planning attractive for countries emerging from crisis
- Simpler way of accessing the tool
- Balance between simplification and getting answers that make sense