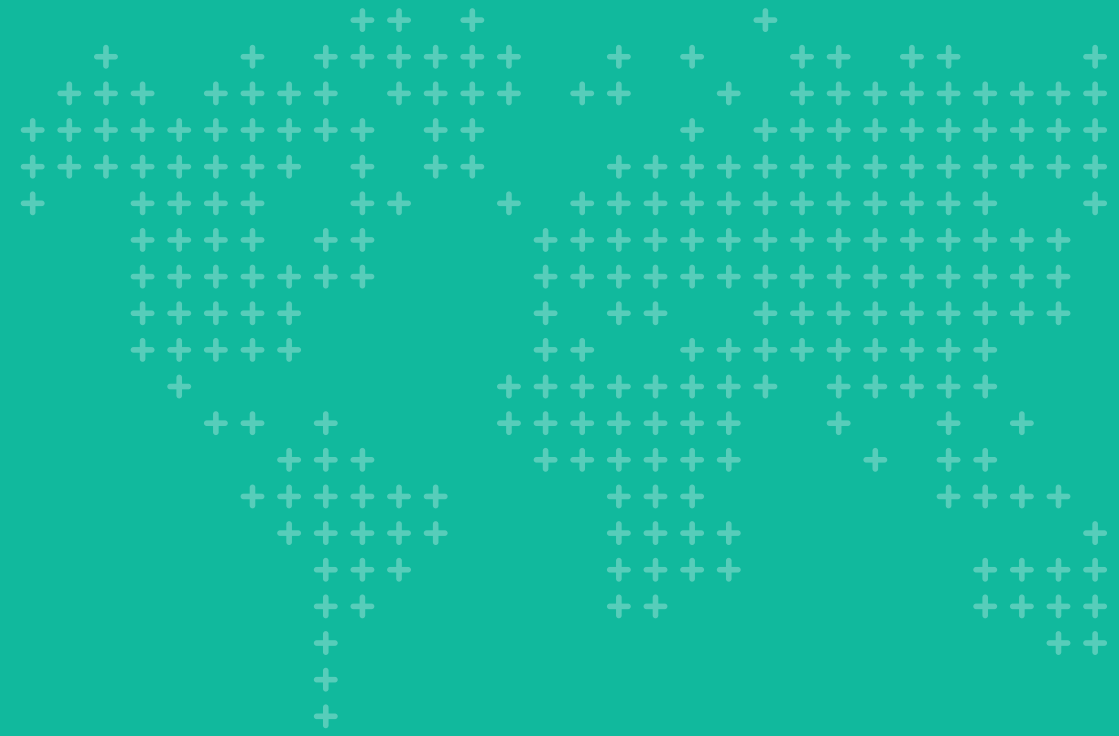
World Health Organization

Understanding National Health Workforce Accounts



1. What is National Health Workforce Accounts (NHWA)?

The purpose of the NHWA is to facilitate the standardization of a health workforce information system in order to improve data quality, as well as to support tracking HRH policy performance towards Universal Health Coverage (UHC).

The NHWA is built up of core indicators and data characteristics that can be *progressively* measured in order:

- generate reliable HRH information and evidence;
- enable the planning, implementation and monitoring of workforce policies towards UHC;
- improve the comparability of the health workforce nationally and globally; and
- enable research to be performed about future trends regarding health workforce, systems and resilience planning.

2. Relevance: Why would a country engage in NHWA?

NHWA is relevant for national, regional and global stakeholders. In particular, it can enable countries to develop evidence-based policies and plans for their health workforce and better understand and present their health workforce (HWF) data.

National

- A better understanding of the health workforce, including equity and gaps.
- Generating quality evidence to inform policy decisions according to country needs.
- Ability to guide and inform the transformation and scale-up of health workforce education and training in support of UHC.
- Inform intersectoral policy dialogue among the relevant ministries (e.g. education, health and finance).
- Inform priority investments needed to strengthen HWF and support UHC.

Regional and Global

- Strengthen comprehensiveness, quality and comparability of HRH data over time; and
- Foster cross-country support for data collection and experience sharing.

3.

Rationale: Policy frameworks, mandate and context of NHWA



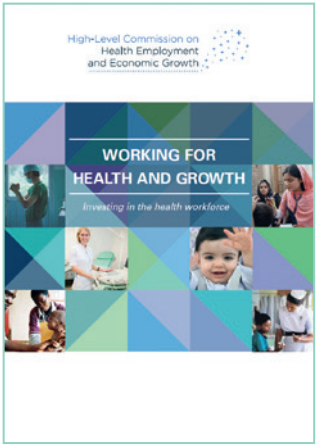
The 2030 Agenda gives recognition to UHC as key to achieving all other health targets. SDG 3c sets a target to *"substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States".*

The report of the High Level Commission for Health Employment and Economic Growth recommends strengthening evidence, accountability and action, that could be obtained through NHWA.



WHO and its partners developed the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH) to accelerate progress towards UHC and the SDGs by ensuring equitable access to health workers within strengthened health systems. In May 2016, the sixty-ninth World Health Assembly endorsed the GSHRH and adopted a resolution (WHA69.19) in support of its implementation.

Resolution (WHA69.19) urges Member States to consolidate a core set of HRH data with annual reporting to the Global Health Observatory, as well as *progressive implementation* of National Health Workforce Accounts to support national policy and planning and the GSHRH's monitoring and accountability framework.



4. What policy questions can the NHWA help answer?

The NHWA can contribute to finding answers to the following major policy questions related to current HRH challenges and how to optimize planning:

1. Profile: Is the current health workforce available, accessible, acceptable and of the appropriate competencies to provide good quality health services?

2. Production and deployment: What are the trends in the current health workforce in terms production (education and training institution outputs) and deployment?

3. Distribution and productivity: What are the current gaps, in terms of (a) quantities, by occupation? (b) equity, skill mix (deployment)? (c). productivity, performance?

4. Addressing the gaps: How can the current gaps be partially addressed by improving performance through better allocation of resources, through increasing productivity, through effective retention policies, through effective public-private partnerships etc.?

5. Performance: How can current gaps be partially addressed by improving performance through better allocation of resources, increasing productivity and effective retention policies?

6. Production and retention: Can the national production of health workers replace the health worker loss caused by exits, such as – retirement, mortality and migration?

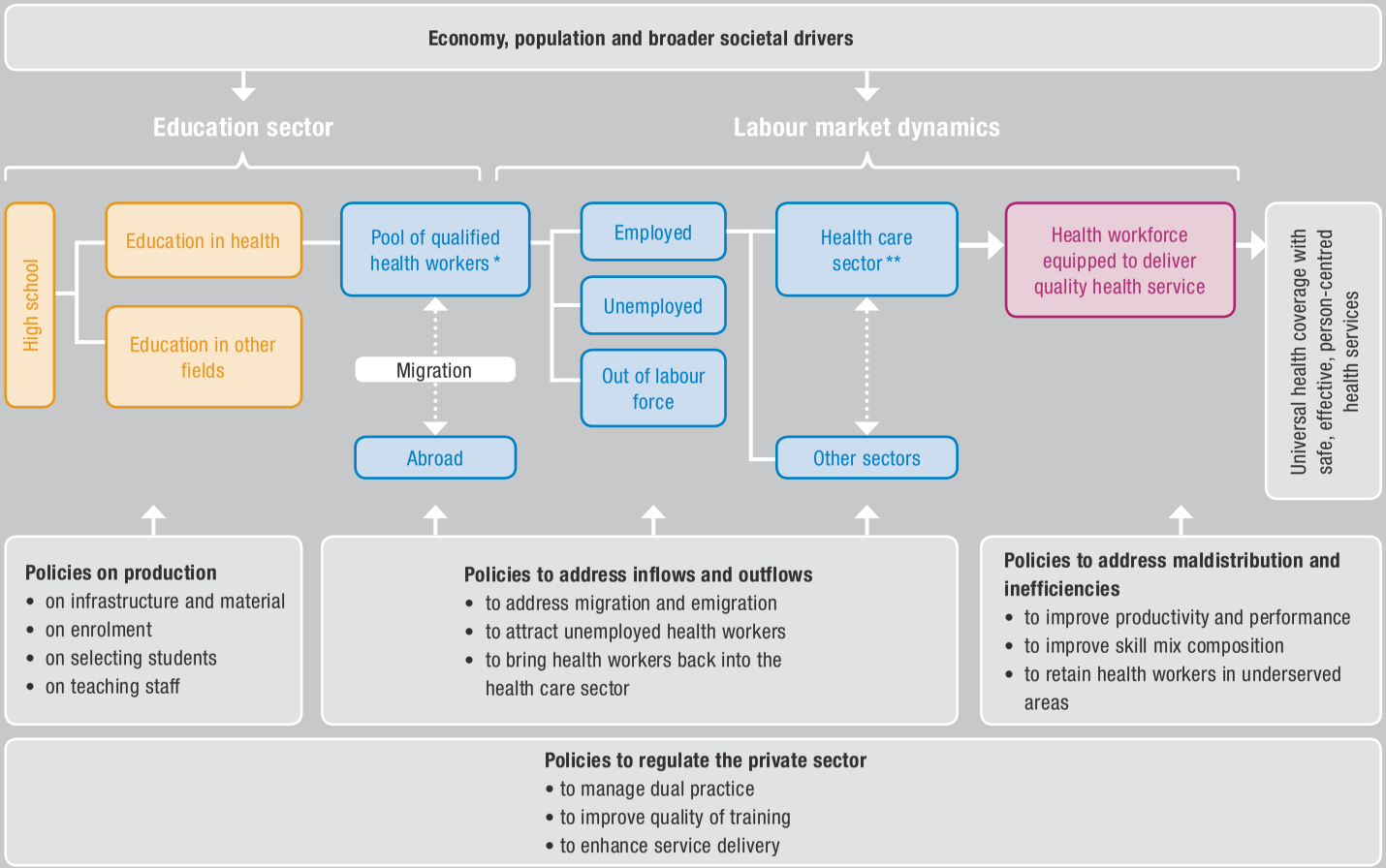
7. Equity: Do financial incentives for health workers to settle in underserved areas lead to a more balanced geographical distribution of the health workforce across the country or region?

5. Why a Labour Market analysis approach?

The NHWA uses a Labour Market analysis framework. This framework provides a comprehensive picture of health labour market dynamics through the contribution of four groups of health workforce policies – production; inflows and outflows; distribution and inefficiencies; regulation of the private sector – and the interplay these have in ensuring equitable access to quality services.



The Health Labour Market Framework for UHC



6. How was the NHWA handbook developed?

The NHWA indicators was developed through a stepwise process that included several phases of consultation with experts from around the world, including deans of faculty, academics, teaching instructors, information systems experts, policy planners, and health professionals from both developed and developing countries.

Experts of the Technical Advisory Group representing various institutions engaged in HRH data monitoring, collection and management, discussed and interpreted the results of a global consultation, among others, in a series of workshops at WHO headquarters. As a result of these discussions, the final list of indicators was defined for inclusion in the NHWA system as presented in this Handbook. Indicators are based on criteria of relevance, availability and current utilization in a national context.

The NHWA – as demonstrated in the figure (page 12) – follows a modular structure aligned with the labour market framework.

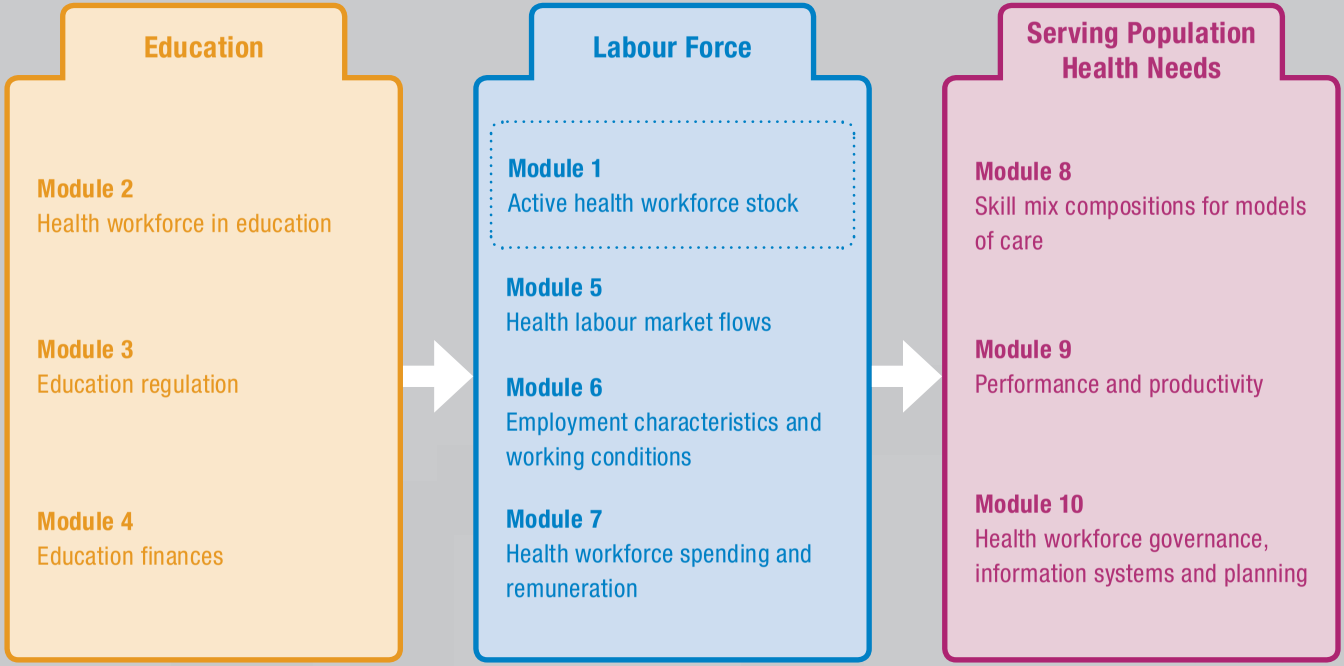
7.

How is the NHWA handbook structured?

Each of the 10 modules contains a set of indicators with declared policy relevance. These include both numeric and capability indicators that can provide information on regulation and other mechanisms related to the health workforce, and the status of the HRH monitoring and management system.



10 modules of the NHWA



Example of module indictors

1 Active health workforce stock

Sector employment
- Health and social sector employment

Density
- Health worker density
- Health worker density at subnational level

Activity
- Health worker density by activity level
- Activity ratio

Demographic characteristics
- Distribution by sex
- Distribution by age
- Median age of health workers
- Dependency on foreign health workers

Distribution
- Health worker distribution by facility/ institution ownership
- Health worker distribution by facility type
- Geographical distribution of health workers

8. What resources are available?

- **Documentation**
  1. *Minimum Data Set for Health Workforce Registry* http://www.who.int/hrh/statistics/minimun_data_set/en/
  2. *Global strategy on human resources for health: Workforce 2030* http://www.who.int/hrh/resources/pub_globstrathrh-2030/en/
  3. *Report of the High-Level Commission on Health Employment and Economic Growth* http://www.who.int/hrh/com-heeg/reports/en/
  4. *Meeting Report – WHO/USAID Consultation on National Health Workforce Accounts Maputo, Mozambique, 17-18 October 2016* http://www.who.int/hrh/statistics/NHWAconsultation_report_26Jan17.pdf?ua=1

  More resources are available at: www.who.int/hrh

- **Contact** us for any assistance hrhstatistics@who.int



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