PLANNING CAPACITY EVALUATION

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The aim of health workforce planning is to rationalize decision-making in relation to future HRH needs so as to respond more effectively to a country's objectives, such as universal/equitable access to high quality services corresponding to the needs and expectations of the population.

Planning takes place in a context of high uncertainty as changes can rapidly occur at various levels: needs/expectations, supply, demand, which are all affected by demographic, epidemiological, cultural, technological, political and economic factors which are not always predictable.

In other words, planning is not rocket science, but some elements of reflection can be provided in order to respond to three basic questions:

1. *How to assess the quality and impact (effectiveness) of health workforce planning?*
....

2. *To what extent does the effectiveness of health workforce planning depend on technical factors (competencies of planners, quality of data) or on political decision-making?*
....

3. *Is it possible to pursue long-term objectives in developing the health workforce?*
....

## 1 - How to assess the quality and impact (effectiveness) of health workforce planning?

The evaluation of a planning strategy and system is not only possible, but it is desirable. It can take place at different stages of the process of health workforce planning:

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BEFORE (EX-ANTE)

AN ASSESSMENT OF THE FOLLOWING CAN BE PERFORMED WITH A VIEW TO ENSURING THAT PLANNERS ARE "DOING THE RIGHT THING

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Alignment of HRH objectives on service and health objectives
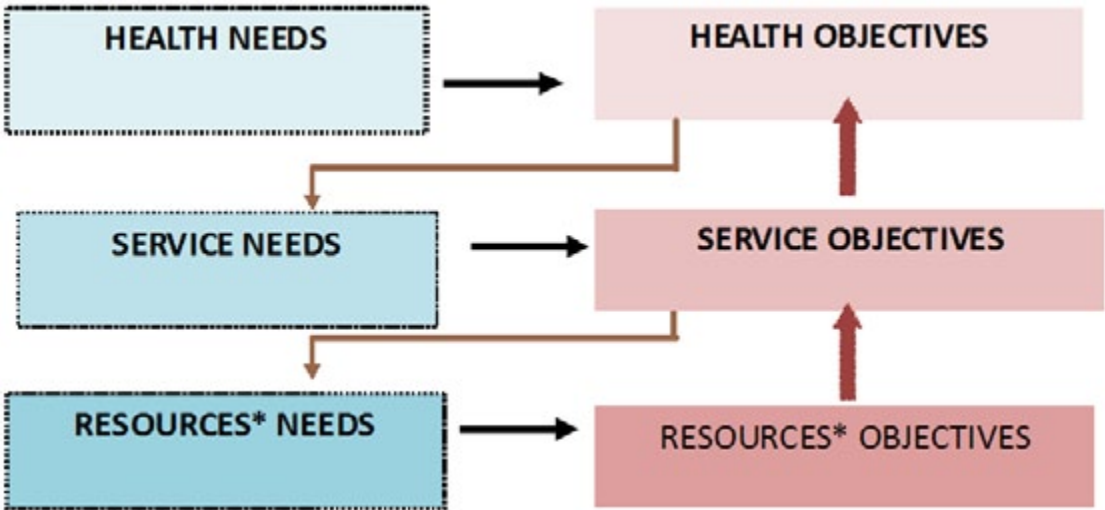
Soundness of underlying conceptual framework: any approach to planning is based on a "theory", whether explicit or implicit, e.g. a set of assumptions about the composition and the behavior of the health workforce, the functioning of the health labour market or about the evolution of the health care systems, and the factors which influence them? Various frameworks are available to help make more explicit, and therefore easier to assess, the approach selected[49].

Validity of assessment of baseline situation: if planning is based on poor quality or incomplete data and information on the current situation, the probability of error increases. Good tools for doing the analysis of the health workforce situation are available[50].

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(49)   Examples are: HRH Action Framework (HAF- http://www.capacityproject.org/framework/), Working lifespan; Conceptual Framework for Needs-Based HHR and Health Systems Planning (http://whocentre.dal.ca/frameworks/conceptual); Stages of the Health Workforce Development, World Health Report 2006 (http://www.who.int/whr/2006/en/); Comprehensive Health Labour Market Framework for Universal Health Coverage, Sousa et al, 2013A comprehensive health labour market framework for universal health coverage. *Bulletin of the World Health Organization.*November; 1;91(11):892-4 (http://www.who.int/bulletin/volumes/91/11/en/)

(50)   Bossert T. Bärnighausen T., Bowser, D., Mitchell A., Gedik G. 2007. Assessing financing, education, management and

Assessment of the various dimensions of feasibility, which all have an impact on the success/failure of planning :

- *Economic: what is the fiscal space to support the costs meeting future HRH needs?[51]*

- *Legal: are there legal obstacles to changes in scopes of practice, to the creation of new cadres?*

- *Technical/ Organisational: Soundness (validity) of data and information on which planning is developed; availability of resources (information systems, research infrastructure) and competencies (policy analysts, statisticians, managers, technicians) for implementation*

- *Political: Support of political (ministries and government agencies) and other stakeholders (education institutions, professional organisations, civil society groups); tools for stakeholders analysis are available*

- *Social: does the planning approach include a mechanism to test the acceptability of proposals to come by health professionals and users of services?*

DURING THE COURSE OF THE PROCESS

AT VARIOUS STAGES OF THE PLANNING PROCESS, IT IS IMPORTANT TO CHECK WHETHER THE PLAN IS ON TRACK. THIS CORRESPONDS TO ADMINISTRATIVE OR NORMATIVE EVALUATION, WHICH CONSISTS IN:

Comparing the **observed** changes to the **expected** ones

Looking for the explanation of the differences? Are these intrinsic to the planning process (wrong assumptions, technical failures, poor management) or to external factors (unexpected economic or political change)?

Deciding whether a **change** of course is needed?

AFTER A PLANNING CYCLE (EX-POST):

AN ANALYSIS OF RESULTS CAN BE CONDUCTED TO ASSESS THE DIMENSIONS OF:

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policy context for strategic planning of human resources for health, Geneva, World Health Organization www.who.int/hrh/tools/situation_analysis/en/index.html .

(51)   The following report focused on lower income countries, but its recommendations are applicable at all levels of economic development: McIntyre D, Meheus F. Fiscal Space for Domestic Funding of Health and Other Social Services.Centre on Global Health Security Working Group Papers, London, Chatham House (The Royal Institute of International Affairs). 2014

Effectiveness (the plan worked and helped reach service and health objectives);

Efficiency (the plan helped optimize the utilization of the health workforce);

Satisfaction of health professionals and of users of services.

Research can help explain what worked, what did not work, which lessons can be learned, which practices proved good and may be recommended

2 - To what extent does the effectiveness of health workforce planning depend on technical factors (competencies of planners, quality of data) or on political decision-making?

Effectiveness of planning corresponds to obtaining satisfactory results, given the improbability of obtaining the exact expected results as planners cannot control all variables that may affect results. Technical capacity and political support are equally necessary but not sufficient on their own:

- *Technically solid health workforce planning requires access to valid, updated and comprehensive data and information, the capacity to analyze it, to design plausible and feasible scenarios. Planning can be excellent in technical terms, but it will not change reality if it is not politically supported by influent actors in (Ministry of Health, regulation agencies, professional organisations) and beyond (Ministries of Education, Finance, Public Administration, Regional institutions, e.g. European Commission) the health sector.*

- *Political decisions can translate plans into reality, but for change to be effective, decisions need to be based on solid information about the baseline situation and on the best available information on the possible evolution of population needs, of the organisation of services, and of the health workforce itself (labour market dynamics), which technically competent planners can provide.*

3 - Is it possible to pursue long-term objectives in developing the health workforce?

It is well established that health workforce development is a long-term process.

- *Decision taken today may produce their results in 5-10 years' time. This is the case when an education reform (shift to problem-based learning) or a new service delivery model (primary health care) or a new service delivery model (primary health care) is launched, a decision is made to expand the functions of an existing cadre (nurses in England), or a plan to scale-up the production of a category of health providers (family physicians in various countries).*

- *Continuous support from the political decision makers is therefore needed over a time span that goes beyond the typical political cycle of 4-5 years.*

- *Continuity is important, but so is flexibility to adjust the planning process as new*

information becomes available or unexpected changes occur, which is likely to be the case when planning is for 10 years as seems to be a good practice[52].

- *It is easier to pursue long-term HRH development objectives when the responsibility for planning is in the hands of an independent agency, preferably accountable to Parliament rather than to a ministry.*

- *Building social support within and beyond the health sector, from professional organisations and education institutions to civil society can then help maintain the pressure on political decision-makers even when power changes hands.*

Conclusion

To be effective, planning must be technically solid and politically supported. It is as much an art as a science. Planners need to understand the dynamics of the health labour market and to have the competencies to analyze and use data and information to propose credible plans, well aligned on policy goals, and at the same time to understand the political process of making and implementing strategic decisions.

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(52)   (2010) Dussault G., Buchan J., Sermeus W., Padaiga Z., Assessing future health workforce needs, Brussels, European Observatory on Health Systems and Policies, http://www.euro.who.int/__data/assets/pdf_file/0019/124417/e94295.pdf