

Human Resources in Health: The “Invisible Backbone” of Health Systems in Central and Eastern Europe

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Why do they matter?

- **Access (density and distribution).**
- **Quality (competency and skill mix).**
- **Preparedness for disasters.**
- **Satisfaction**
 - retention rates,
 - and the production pipeline
- **When ignored, they oppose (and sometimes kill) health sector reforms.**

Nurse and Physicians per 1,000 pop.

Source: World Health Report 2006

Country	Physicians	Nurses
Bulgaria	3.56	3.75
Czech Republic	3.51	9.71
Estonia	4.48	8.5
Hungary	3.33	8.85
Latvia	3.01	5.27
Lithuania	3.97	7.62
Poland	2.47	4.9
Romania	<u>1.9</u>	<u>3.89</u>
Slovakia	3.18	6.77
Slovenia	2.25	7.21
United States	2.56	9.37
Germany	3.37	9.72
India	0.60	0.80
China	1.06	1.05
Zimbabwe	0.16	.72
Afghanistan	.19	.22

Current Regional Changes

1. Demographic and epidemiological changes
2. Reforms constrained by public sector labor laws and unions (quality, hospital autonomy, major source of employment)
3. Reforms: demand for managers
4. Educational transformations, especially for nurses
5. Migration: Anecdotal accounts of carousel
 - EU accession makes lower wages a push factor emigration.
 - EU harmonization of education and licensure facilitate migration.
 - Post WHR 2006.

Double Burden?

HISTORIC : 1) surplus in parts of most countries, and 2) rural shortages, culture of dependency.

PLUS

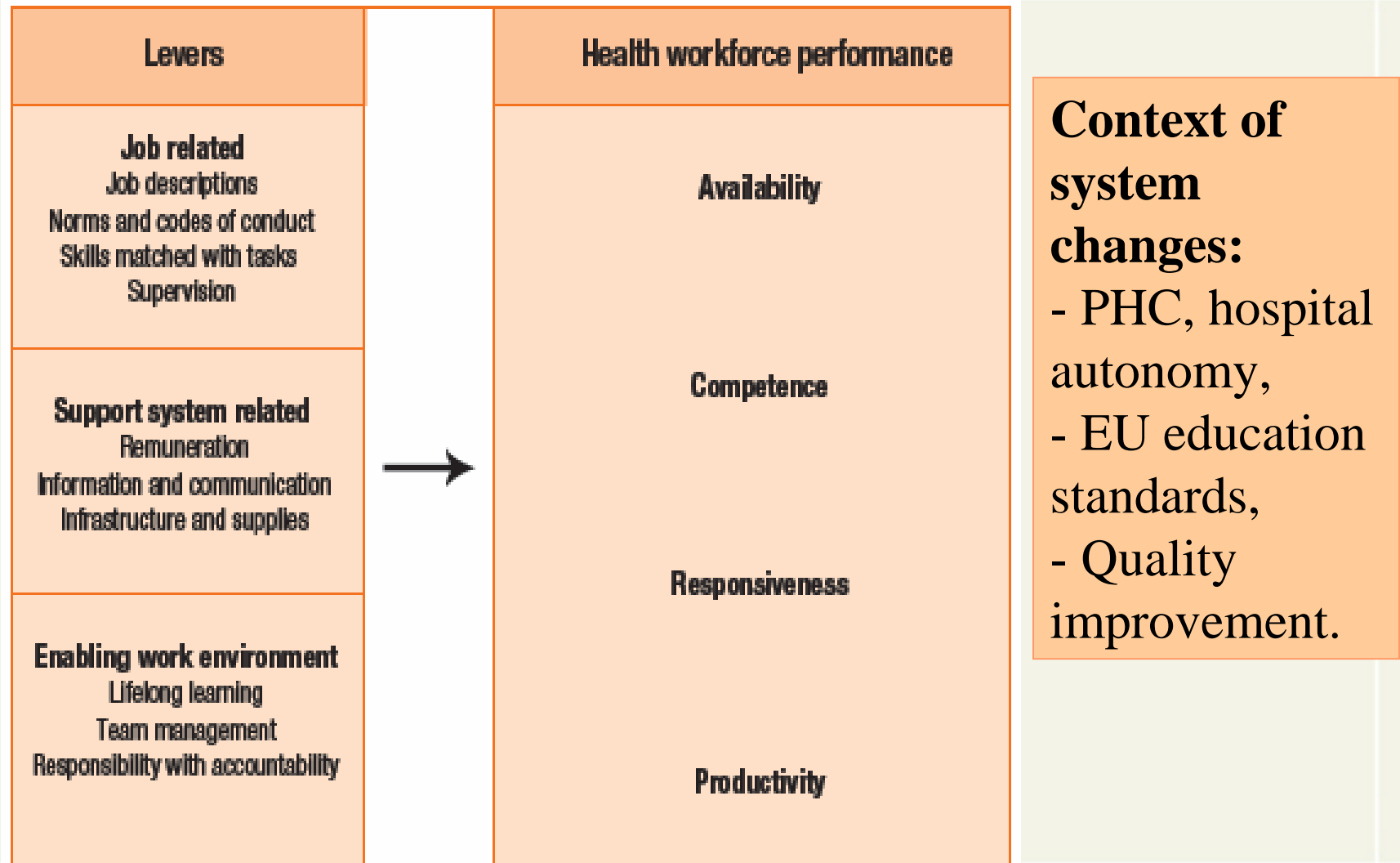
NEW TRENDS: 1) Downsizing in context of labor laws, 2) Skill mix in flux due to technological advances, epi changes and EU educational standards, 3) Wages increases have not kept pace with other sectors.
4) Best staff leaving

EQUALS

- Challenge of selective downsizing, deployment and developing new skill mixes... while still retaining the best professionals
- Danger of rapid changes creating a downward spiral with declines in motivation, responsiveness to patients and further shortages.

HR planning and management plans are urgently needed, including understanding and addressing migration.

WHO Framework for Workforce Performance Assessment



Source: World Health Report 2006



Strategic Intelligence on Supply and Demand

- Educational capacity in terms of #s, expansion potential, and competencies.
- Geographic and professional distribution of supply,
- Projection of future demand (demographic, epidemiological)
- **Inflow and outflow**

What is the relative weight of causes and their interactions (the downward spiral) ?

- **Decreased enrollment in schools. Why?** (Economic opportunity, safety, wages, social status, etc)
- **Delay or freezes in hiring, or caps on salaries** (IMF conditions)
- **Internal migration to cities**
- **Move to private sector** (health tourism)
- **Move to new professions**
- **International migration** (combine source and host data to create an “emigration factor”)



One level deeper: reasons for causes

- 1. Desire for further professionals training**
2. Social conflict in the country (exogenous)
- 3. Low wages**
- 4. Working conditions**
5. Families ties
- 6. Lack of career profile**
- 7. Low social recognition for profession**
8. Generally poor living conditions



Retention Strategies

Financial

- Increase wages

Non Financial

- Provide (housing, cars)
- Provide cont. ed.
- Revised career structures
- Supportive supervision
- Campaigns to improve status, including gender relations
- Improve productivity to reduce stress for those that remain.

Managing migration

- Balance human rights and national development
- Work towards national self-sufficiency
- Data on inflow/outflow
- Regional and bilateral agreements that may include caps, compensation and/or off-limit areas.
- Community service and bonding.
- “On leave” status for emigrants with incentives to return (loans, tax free shopping for 1 yr., scholarships)
- Mobilizing diasporas give back
- Indigenization of education programs with alternative staffing and avoid teaching English.



General Recommendations

1. Clarify educational and career paths for a WIDE range of professionals, including public health, hospital management, informatics and research.
2. Planning and management at regional and local levels in PHC plans.
3. INCENTIVIZE geographic distribution and PHC.
4. MANAGE migration.