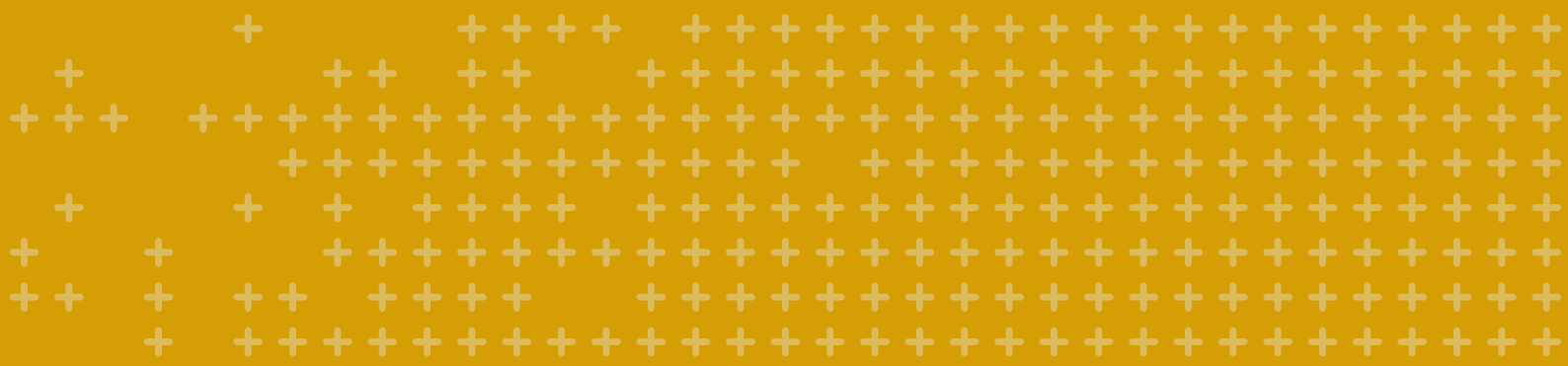


Health workforce policy and management in the context of the COVID-19 pandemic response

Interim guidance

3 December 2020



WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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Contents

Acknowledgements	2
Executive summary	3
Background	4
Target audience and scope of this guidance	4
Methods	5
Interventions to support health workers at individual level.....	6
A. Infection prevention and control	6
B. Decent working conditions, including occupational health and safety.....	7
C. Mental health of health workers	8
D. Remuneration and incentives	8
Interventions to build capacity and optimize the role of health workers	10
E. Building competencies required for the COVID-19 response	10
F. Optimizing roles	11
G. Role of community health workers and other community-based providers	13
Interventions targeting the organizational environment	15
H. Improving health worker availability	15
I. Rationalizing health workforce distribution	16
J. Supportive work environment and manageable workload.....	16
Interventions targeting systemwide health workforce enablers	17
K. Governance and intersectoral collaboration.....	17
L. Strengthening human resources for health information systems, including tracking health workforce infections	18
M. Needs assessment and planning	19
N. Licensing and regulation.....	19
Conducive environment.....	21
O. Gender and equity.....	21
P. Socioeconomic factors	21
Implementation considerations.....	23
References	25

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Executive summary

This guide consolidates COVID-19 guidance for human resources for health managers and policy-makers at national, subnational and facility levels to design, manage and preserve the workforce necessary to manage the COVID-19 pandemic and maintain essential health services.

The guide identifies recommendations at individual, management, organizational and system levels. It consolidates into a single reference document early evidence from the pandemic and health workforce policy options in published World Health Organization (WHO) COVID-19 guidance. It will be updated on a regular basis. It benefits from extensive consultation within WHO departments, regional offices, international organizations, academia and professional associations active in the response. The guidance covers the following domains:

Supporting and protecting health workers:

- infection prevention and control, including use of and access to personal protective equipment;
- decent working conditions, including occupational health and safety;
- mental health and psychosocial support;
- remuneration and incentives.

Strengthening and optimizing health workforce teams:

- building competencies through education and training;
- optimizing roles;
- leveraging community-based health workers.

Increasing capacity and strategic health worker deployment:

- improving health worker availability through hiring and redeployment;
- activating partner networks;
- rationalizing the health workforce distribution;
- ensuring a supportive work environment, including a manageable workload.

Health system human resources strengthening:

- improving health workforce information systems, including to track health worker infections;
- assessment and planning of health workforce needs;
- licensing and regulation reforms;
- strengthening governance and intersectoral collaboration mechanisms.

The specific needs of female health workers and of those with greater vulnerability due to age, ethnicity, social determinants of health or disabling conditions should be addressed, including in relation to safety issues, decent working conditions and equal opportunities.

The costs involved in scaling up and appropriately supporting the health workforce for the COVID-19 response represent an investment in building health workforce capacity that will not only support health systems in the immediate response, but also form a foundation for global health security in the future.

Background

The COVID-19 pandemic poses substantive challenges to health systems globally, balancing additional service delivery needs required to manage the pandemic while preserving and enhancing access to essential health services (1). Health workers are both a central component of the pandemic response and among those most vulnerable to infection and mental health impacts due to their professional exposure. Low staffing levels, particularly nurse–patient ratios, are themselves associated with the spread of pathogens in health care settings and risk of outbreaks (2).

Strategic workforce planning, support and capacity-building are required to guarantee health system operations. Many countries face pre-existing health workforce challenges, including shortages (estimated at 18 million globally, mostly in low- and lower-middle-income countries) (3), maldistribution, and misalignment of needs and skills.

The pandemic further impacts the availability and capacity of health workers to deliver essential services and meet surge needs. Health worker challenges during COVID-19 may include lack of adequate personal protective equipment (PPE) and other essential equipment; infection and quarantine; social discrimination and attacks; and dual responsibility to care for friends and family members.

Target audience and scope of this guidance

This guide outlines COVID-19 human resources for health policy options for decision-makers and managers responsible for the planning, recruitment, training, equipment, deployment, protection and management of the health workforce at national, subnational and facility levels. Some of its recommendations are directly relevant also for educators, regulators, development partners and health workers themselves.

Countries could experience one or more transmission scenarios at national or subnational level and should adjust and tailor their approach as these evolve over time. The policy options outlined in the document are designed to support countries in selecting timely, adjustable and relevant approaches based on context.

The interventions cover protecting and supporting health workers, building capacity and optimizing roles, improving availability and rationalizing distribution, reviewing and strengthening policy and regulations and ensuring consideration of gender and equity. Where appropriate, links are provided to the most closely related and relevant World Health Organization (WHO) tools and guidance.

The recommendations apply to, but are not limited to, health occupations that provide clinical services, such as doctors, nurses, pharmacists, rehabilitation professionals and community health workers. Some of the recommendations may apply also to paramedical staff, laboratory staff, support staff who have contact with patients, social care workers and others who play essential supporting roles (such as cleaners and ambulance drivers).

Methods

This guide represents an umbrella guidance document, consolidating policy recommendations from a variety of sources (existing WHO guidance on COVID-19; other WHO guidance developed for other reasons but with some relevance and applicability to COVID-19; and independent peer-reviewed publications). The intent is to provide a single point of reference for human resources for health managers and policy-makers to address human resources for health issues in the COVID-19 context and to reference relevant guidance for additional consultation. Policy enablers and capacity-building interventions to support the health workforce response to COVID-19 were identified by reviewing and consolidating relevant recommendations in published WHO guidance on COVID-19; adapting to COVID-19 existing WHO health workforce recommendations and applicable international conventions and frameworks; and appraising early experiences in countries in relation to the management of health workforce issues. Where no relevant WHO guidance or published evidence was available, the expert opinion of the contributors informed the development of the document. Most of the evidence underpinning the guidance in this document has a low or very low degree of certainty, or a degree of certainty that has not been formally assessed; this warrants caution in the interpretation of the policy recommendations contained in this document and their adaptation to the local context, and requires monitoring of the effect of adopted policies to adjust course as needed. A health system strengthening framework was used to categorize health workforce policy interventions at individual, institutional and systemwide levels (4).

The policy interventions considered in this document were validated through an iterative process of consultation with experts in health workforce and related domains within WHO and in key partner organizations, including civil society, academia, professional associations and other international organizations (see acknowledgements).

The document will be updated as needed in parallel with the emergence of new relevant evidence.

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