

POLICY BRIEF 8

WORKFORCE PROJECTIONS: PARTICIPATORY UPDATE OF THE PHILIPPINE HUMAN RESOURCES FOR HEALTH MASTER PLAN

Executive Summary

The unabated migration of Filipino health professionals and its effects on the country's workforce and health service delivery prompted the Department of Health to formulate the Human Resources for Health Master Plan (2005-2030) in 2005 and to organize the Human Resources for Health Network in 2006¹. After nearly ten years now, new labour market information and workforce projections are needed. More data has become available, though still limited, to assess future workforce requirements. The updated workforce projections implies the need to update the current HRH Master Plan. This policy brief presents the results of a project which involved a data mapping exercise to identify human resources for health indicators, exploration of alternative workforce projection models, development and testing of the model. Sustained efforts are advocated to expand the workforce projections to other health workers and secure the strategic and continuous participation of the HRH Network.

Introduction

Confronted by increasing trends of migration among Filipino health professionals and its negative impact upon the country's public health system, the Department of Health (DOH) developed the Human Resources for Health (HRH) Master Plan (2005-2030) in 2005, assisted by the World Health Organization (WHO). In the planning process, workforce projections for various health professions, based on the Gaston model, helped determine the Philippine health service requirements for the next years.

The DOH validated these workforce projections in 2008, though in only two regions of the country, to determine the optimum health human resources by type and number that can effectively and efficiently deliver health services. **Given the data, recommendations called for updating and**

improving the health workforce projections.

Updating the workforce projections of health professionals shed light on the persistent issue of brain drain/brain gain, which emanates from imbalances in HRH supply and demand in various categories of health professionals.

Concerned with labour market information and migration of health professionals, the International Labour Organization, through its *Decent Work Across Borders* project explored collaboration with the Department of Health to initially create a model for nursing workforce projections.

The ILO and DOH recognized the need for Human Resources for Health Network (HRHN) to participate in the updating processes. This was unlike the first health workforce projections which was developed solely for the Department of Health.

¹ The Human Resources for Health Network (HRH Network) is composed of the following government agencies: Department of Health (the lead agency), Department of Foreign Affairs, Department of Interior and Local Government, Department of Labor and Employment, Department of Budget and Management, Philippine Overseas Employment Administration, Overseas Workers, Welfare Administration, Technical Education and Skills Development Authority, National Economic and Development Authority, Commission on Filipinos Overseas, Commission on Higher Education, Professional Regulations Commission, Civil Service Commission, Government Service Insurance System and Social Security. Other participating organizations are: the National Institutes of Health-University of the Philippines Manila, professional health organizations; and, the PSLink, a labor union federation.

The HRHN was organized by the DOH, after adoption of the HRH Master Plan in 2006 and for the purpose of its implementation. The involvement of this network was crucial because it is composed of government and non-government organizations with mandates that influence the training, employment and deployment of health professionals.

This policy brief highlights the efforts to update the workforce projections related to the HRH Master Plan. Results of the project “Mapping of Indicators for the National Human Resources for Health Workforce Projections” (Ogena 2014) commissioned by the International Labour Organization and its European Union-funded project Decent Work Across Borders, indicate the challenges in determining the indicators and the appropriate model for the workforce projections and in tracing and building the data bases.

Approach and Results

The study entailed two phases: Phase 1 involved the determination of the indicators and the appropriate workforce projection model for the Philippines and Phase 2 entailed the development of the actual model and the application of the data to produce the projections.

Phase 1: Stakeholders’ participation

The HRH Network is vital and strategic to the workforce projections and planning processes. Its participation is essential in many ways: determining appropriate indicators; maintaining data bases and making these available and accessible, accepting and using the workforce projections, and in preparing, adopting and implementing the HRH Master Plan related to their respective mandates.

The ILO and the DOH-Health Human Resources Development Bureau proposed further work on data-sharing among HRHN members, by specifying the data points that needs to be shared in a Memorandum of Agreement. The list of data appended to the MOA was a product of the Phase 1. This will facilitate easy access to data for future workforce projection projects.

In the first consultative meeting, 50 representatives of the HRH Network’s Technical Committees responded to the presentation of the indicators. Their participation helped refine the indicators, identify gaps and track the availability of databases among the members. They confirmed the lack of data on return migration of health professionals; and, on employment status between periods of license renewals.

In the subsequent consultation, the updated indicators were further refined. Seven member-organizations reported on their data systems relevant to the workforce projections and explored the prospects of data sharing through a Memorandum of Agreement.

Review of HRH workforce projection models

Aside from the Gaston Model used in the 2005 HRH Master Plan, other workforce projections models offered prospects for the Philippines. These included the needs-based model, service target based model, facility-based model, utilization-based model, health workforce-to-population model and the UNDP integrated health model, with respective assumptions, data requirements, advantages and disadvantages.

In consultative meetings, the HRH Network looked into the selection criteria. Among the considerations were the model’s purpose, outcome, scope, usefulness, data requirements, financing and feasibility. The DOH-HHRDB wanted the model to help determine the health workers’ skill mixes and corresponding investments.

Mapping exercise

The mapping exercise verified the indicators listed in the HRH Master Plan (2014-2030), using as reference the WHO’s minimum data set for health workforce projections. Difficulties were encountered in data collection. Indicators were not publicly available on the Internet. Government agencies either did not collect or collected but had not encoded the data. Disaggregated demographic data used varying codes (such as for age, sex and region), 3-digit for the National Statistics Office and 4-digit in another office. Further, data was available only for some particular years.

Generally, the data on health professional indicators varied and were dispersed among different government agencies, some respectively shown below which may be willing or not to come forward with sharing of their information.

- Professional Regulation Commission (PRC): health professionals' sex, age, type or profession, new licenses.
- National Database of Selected Human Resources for Health Information System (NDHRHIS): by public health facilities, the number of registered health workers employed in the public sector, stratified by age, sex and workplace—hospital or community.
- Commission on Higher Education (CHED): new health workers (graduates and enrollees) by sex, region and province; enrollees and graduates in health sector employment on second degree and for post graduate course/training.
- Philippine Overseas Employment Administration (POEA): number of nurses leaving the country as new hires and rehires.

In identifying data on health workforce losses, data weaknesses were noted. Among which include data on those leaving health workforce employment due to retirement, on health workforce employment in other sectors, and workforce losses due to deaths, return migration and work resignations. Some of these data may be obtained from the National Statistics Office (NSO).

Results of Phase 1

The mapping exercise indicates that:

- Existing data bases are generally un-integrated and insufficient to undertake health workforce projections.
- The selection of an appropriate workforce projection model is a crucial step for the DOH and the HRH Network.

- The HRH Network's participation is strategic in updating the health workforce projections and the HRH Master Plan, being composed of the key government agencies with mandates for health and migration and important multi-sectoral stakeholders.

Phase 2: Development of the HRH Workforce Projection Model

In view of the results of the mapping of indicators under Phase 1, the HRH Projection Model was limited to core indicators from UNDP Integrated Health Model (IHM) and the Working Lifespan Strategies Framework (WLFS) for which data were available from various agencies. Hence, many variables were parked for future HRH projections pending the availability of data in the appropriate form needed as inputs to the projection model.

A Philippine HRH Projection Model was instead developed. To automate the HRH projection process, an MS Excel-based tool was developed with four main worksheets, i.e., input, output, calculations and chart. The input worksheet provides input data from 2000 to 2013 on the three components. The output worksheet presents the expected output from the projections covering the period 2014 to 2025. The calculations worksheet is a hidden worksheet for use by the technical staff where intermediate indicators are calculated. The chart worksheet displays built-in graphs on input and output data that can be shown by clicking appropriate buttons in the Input and Output worksheets.

Results of Phase 2

In running the model, the following were generated: trends on input data such as nursing enrollment, graduation and licensure, nursing workforce projections using the entry and exit indicators and cost estimates. The results and data can support the HRHN in the production (entry), employment (workforce) and migration governance (exit) of health professionals.

Implications and Recommendations

This policy brief calls on the members of HRHN under the leadership of the DOH to continue the work to improve the databases that contribute to the improvement of workforce projection models. Based on the results of Phase 1 and Phase 2, the recommendations include:

- Sustain efforts at data sharing for existing data bases.
- Initiate data generation on missing and inadequate data bases (health workforce out migration, return migration, forecast on overseas demand).
- Application of developed projection tool to other health professionals like midwives, doctors and physical therapists.
- Advocate for revision and harmonization of data collection forms and tools across agencies within the HRHN to consider the inclusion of input data for future HRH workforce projections (explicitly specify data forms needed to improve future HRH projections and to reduce the number of assumptions and proxy indicators).

- Discuss within the HRHN the results of the nursing workforce projections and its implications to policy and programs

Further, the HRHN should pursue the ratification and implementation of the MOA on data sharing for the use of the HRHN. The HRHN can potentially benefit from health workforce projections. It can provide evidences to support the development and harmonization of HRH policies and programs of the agencies represented in the network.

Main Reference:

Ogena, Nimfa. 2014. *Mapping of Indicators for the National Human Resources for Health Workforce Projections. Unpublished Report.* Manila: International Labour Organization-Decent Work Across Borders.

Ogena, Nimfa. 2014. *Philippine Human Resources for Health Projection Model. Unpublished Report.* Manila: International Labour Organization-Decent Work Across Borders.

About the Decent Work Across Borders project

In 2011, the European Union awarded the International Labour Organization (ILO) funds to implement a three-year project on the issue of circular migration. The ILO Decent Work Across Borders project: A Pilot project for Migrant Health Professionals and Skilled Workers sought to better understand schemes in line with circular migration of health professionals. Through this project, the ILO sought to facilitate an approach to migration that benefits the migrant workers, the source and destination countries within a rights-based framework for labour migration governance. The project focused its activities on three Asian countries concerned with the outflows of health professionals and skilled workers for foreign employment, namely the Philippines, India and to a lesser degree, Viet Nam.

http://www.ilo.org/manila/info/public/pr/WCMS_173607/lang--en/index.htm

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