

# **National Health Workforce Accounts (NHWA) implementation for improving health workforce data and evidence**

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World Health Organization**

Dialogue on key health workforce planning data definitions, Budapest 29-30-Oct-2018

# A global call for strengthening HRH data



1. Optimize the existing workforce in pursuit of the Sustainable Development Goals and universal health coverage (e.g. education, employment, retention)
2. Anticipate and align investment in future workforce requirements and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)
3. Strengthen individual and institutional capacity to manage HRH policy, planning and implementation (e.g. migration and regulation)
4. Strengthen data, evidence and knowledge for cost-effective policy decisions (e.g. National Health Workforce Accounts)



- One vision:** Accelerate progress towards universal health coverage and the 2030 Agenda for Sustainable Development by ensuring equitable access to health workers within strengthened health systems
- Two goals:** Invest in both the expansion and transformation of the global health and social workforce
- Five workstreams:** To facilitate the implementation of intersectoral approaches and country-driven action and catalyse sustainable investments, capacity-building and policy action: (1) advocacy, social dialogue and policy dialogue; (2) **data, evidence and accountability**; (3) education, skills and jobs; (4) financing and investments; and (5) international labour mobility

# A mandate: 69th and 70th WORLD HEALTH ASSEMBLIES resolutions



## Resolution WHA69.19 in 2016

**URGES Member States** to implement policy options towards:

- consolidating **a core set of human resources for health 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 Global Strategy's monitoring and accountability framework

**Resolution 70.18 in 2017** adopted the Five-Year Action Plan with strong focus on data, evidence and accountability **through the use of NHWA**

<http://www.who.int/hrh/com-heeg/action-plan-annexes/en/>

# National Health Workforce Accounts



The National Health Workforce Accounts (NHWA) is a system by which countries progressively improve the availability, quality, and use of data on health workforce through monitoring of a set of indicators to support achievement of Universal Health Coverage, Sustainable Development Goals and other health objectives.

## Purpose:

- **Standardize** health workforce information
- **Interoperability**
- Tracking **HRH policy** performance toward universal health coverage.

<http://www.who.int/hrh/statistics/nhwa/en/> ➡

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### Health workforce

#### National Health Workforce Accounts (NHWA)

The National Health Workforce Accounts is a system by which countries progressively improve the availability, quality, and use of data on health workforce through monitoring of a set of indicators to support achievement of Universal Health Coverage, Sustainable Development Goals and other health objectives.

In May 2016, the 69th World Health Assembly adopted the Global Strategy on HRH: Workforce 2030 (GSHRH). The World Health Assembly, in its resolution 69.19, "URGES all Member States to [...] progressively implement the National Health Workforce Accounts". Both, the High-Level Commission on Health Employment & Economic Growth (ComHEEG) and the UN General Assembly resolution (A/RES/71/159) adopted in December 2016, support the implementation of NHWA.

WHO, in collaboration with partners, have developed a set of tools to facilitate the implementation of NHWA.

#### Documents and tools

NHWA Brochure: a short booklet that gives the overview and understanding of what is NHWA

NHWA Handbook: a book describing the whole NHWA approach and defining a set of 78 key indicators

#### Health workforce statistics

NHWA online data platform: video

NHWA web portal to access data visuals and infographics of health workforce data

Health workforce statistics included in the Global Health Observatory

#### Capacity building

Workshop on improving the generation and use of HRH data in South-East Asia Region: the role of National Health Workforce Accounts pdf, 574kb September 2017

Consultation francophone sur les comptes nationaux des personnels de santé pdf, 371kb

#### Related documents

National Health Workforce Accounts – A Handbook

Understanding National Health Workforce Accounts

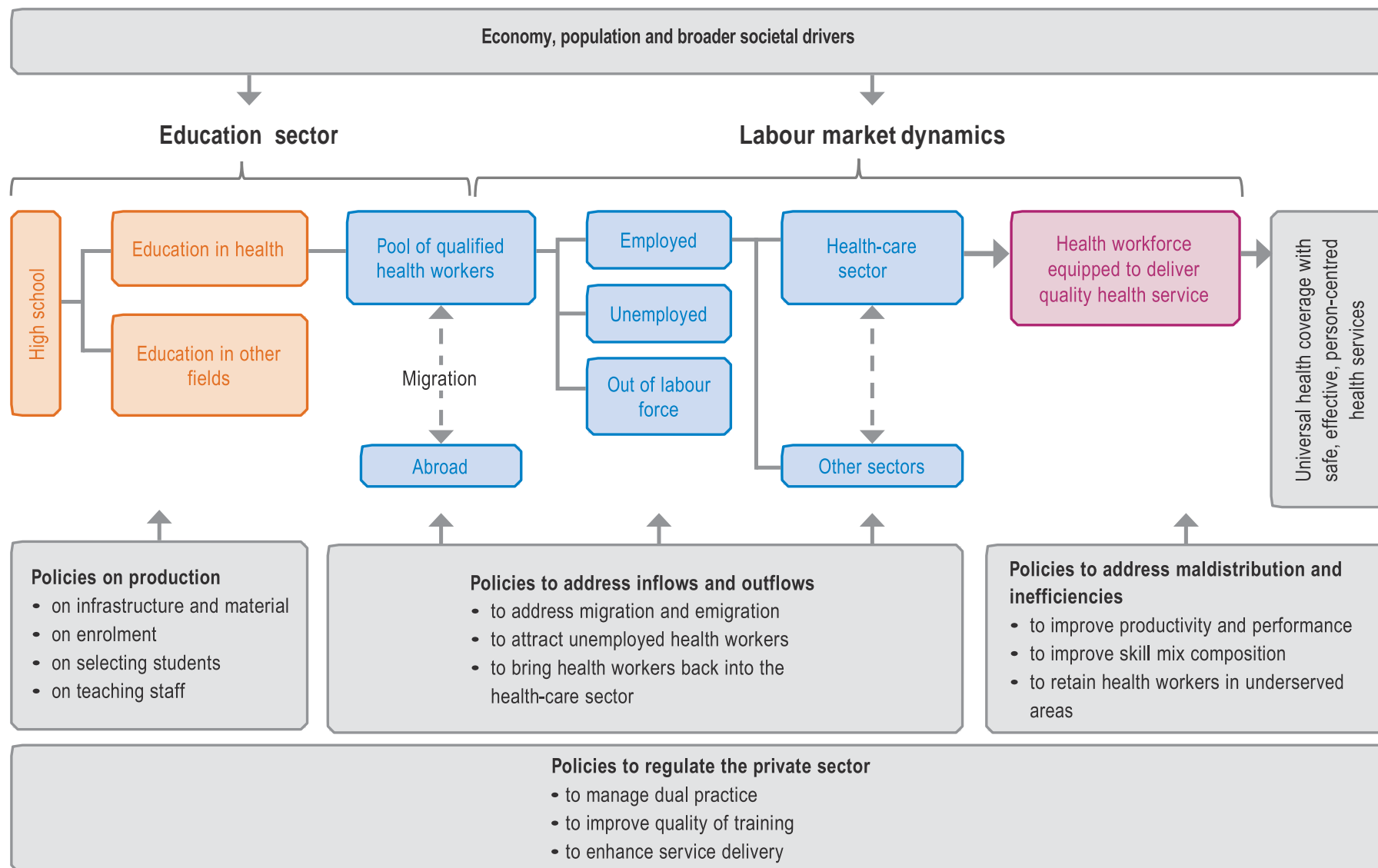
WHO: Health workforce data

Contact us

# Scope of NHWA work

- Global public goods
- Diversification of sources (Routine, LFS, Census, professional organization, other surveys, financial data, published research....)
- Quality assurance (incl. triangulation)
- Analytical work
- Dissemination and use
- Country capacity to implement
- Partnership for data (GHWN, ILO, OECD, UNESCO, IPUMS,...)

# Health Labour Market Framework for UHC



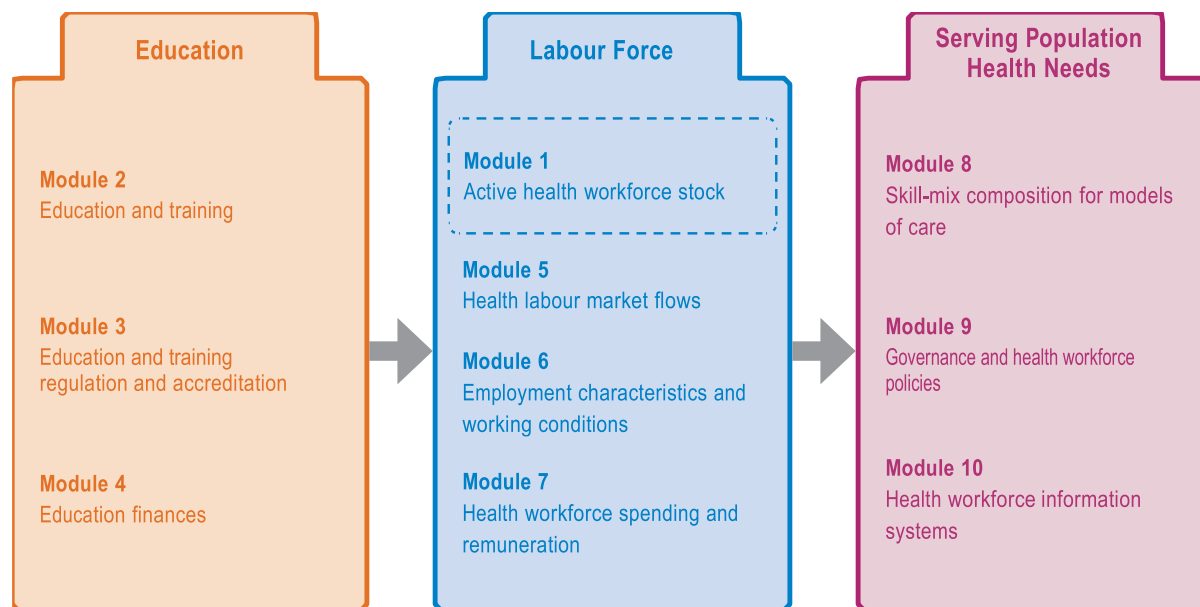
# National Health Workforce Accounts



Use of the Health Labour Market Framework.

78 key indicators covering 10 modules to obtain comprehensive data on all aspects of health workforce

- A handbook
- An implementation guide
- A web platform for data reporting, monitoring and visualisation





# The Joint Questionnaire mapping to NHWA



## OECD/Eurostat/WHO Europe Joint Data Collection on Non-Monetary Health Care Statistics List of common variables related to Health Employment and Education

Check-list	
<b>Physicians (Head Count)</b>	Go
Practising physicians	
Professionally active physicians	
Physicians licensed to practice	
<b>Physicians by age group and gender</b>	Go
Physicians by age group (less than 35, 35-44, 45-54, 55-64, 65-74, 75+) and by gender	
<b>Physicians by categories</b>	Go
Generalist medical practitioners	
- General practitioners	
- Other generalist (non-specialist) medical practitioners	
Specialist medical practitioners	
- General paediatricians	
- Obstetricians and gynaecologists	
- Psychiatrists	
- Medical group of specialists	
- Surgical group of specialists	
- Other specialists not elsewhere classified	
Medical doctors not further defined	
<b>Midwives (Head Count)</b>	Go
Practising midwives	
Professionally active midwives	
Midwives licensed to practice	
<b>Nurses (Head Count)</b>	Go
Practising nurses	
- Professional nurses, practising	
- Associate professional nurses, practising	
Professionally active nurses	
- Professional nurses, professionally active	
- Associate professional nurses, professionally active	
Nurses licensed to practice	
- Professional nurses, licensed to practice	
- Associate professional nurses, licensed to practice	
<b>Caring personnel (Personal care workers) (Head Count)</b>	Go
Practising caring personnel (personal care workers)	
Professionally active caring personnel (personal care workers)	
<b>Dentists (Head Count)</b>	Go
Practising dentists	
Professionally active dentists	
Dentists licensed to practice	
<b>Pharmacists (Head Count)</b>	Go
Practising pharmacists	
Professionally active pharmacists	



## 1 Active health workforce stock

### Stock

- Health worker density
- Health worker density at subnational level

### Distribution

- Health worker distribution by age group
- Female health workforce
- Health worker distribution by facility

### Migration

- Share of foreign-born health workers
- Share of foreign-trained health workers

### Distribution

## 2 Education and training

### Applications

- Master list of accredited health workforce education and training institutions
- Duration of education and training
- Applications for education and training

### Admissions

- Ratio of admissions to available places
- Ratio of students to qualified educators for education and training

### Graduation

- Graduation rate from education and training programmes

### Exit / drop out

- Exit / drop-out rate from education and training programmes

## 5 Health labour market flows

### Entry into labour market

- Graduates starting practice within one year
- Replenishment rate from domestic efforts
- Entry rate of foreign health workers

### Exit from labour market

- Voluntary exit rate from health labour market
- Involuntary exit rate from health labour market

### Labour market imbalances

- Unemployment rate
- Vacancy rate

## 8 Skill-mix composition for models of care

### Sectoral workforce composition

- Percentage of health workforce working in hospitals
- Percentage of health workforce working in residential long-term care facilities
- Percentage of health workforce working in ambulatory health care

### Skill distribution

- Specialist surgical workforce
- Family medicine practitioners
- Existence of advanced nursing roles

### International Health Regulation capacity

- Availability of human resources to implement the International Health Regulations
- Applied epidemiology training programme

OECD/Eurostat/WHO Europe Joint Data Collection on Non-Monetary Health Care Statistics List of common variables related to Foreign-trained Doctors and Nurses	
Check-list	
<b>Hospitals</b>	
Total	
- B	
- P	
- A	
- R	
- D	
- G	
<b>Foreign-trained doctors: number (stock)</b>	Go
Aggregated data	
Data by country of first qualification	
<b>Foreign-trained doctors: annual inflow</b>	Go
Aggregated data	
Data by country of first qualification	
<b>Graduate Med</b>	
Dem	
Pha	
Mid	
Nur	
- P	
- A	
<b>Foreign-trained nurses: number (stock)</b>	Go
Aggregated data	
Data by country of first qualification	
<b>Foreign-trained nurses: annual inflow</b>	Go
Aggregated data	
Data by country of first qualification	



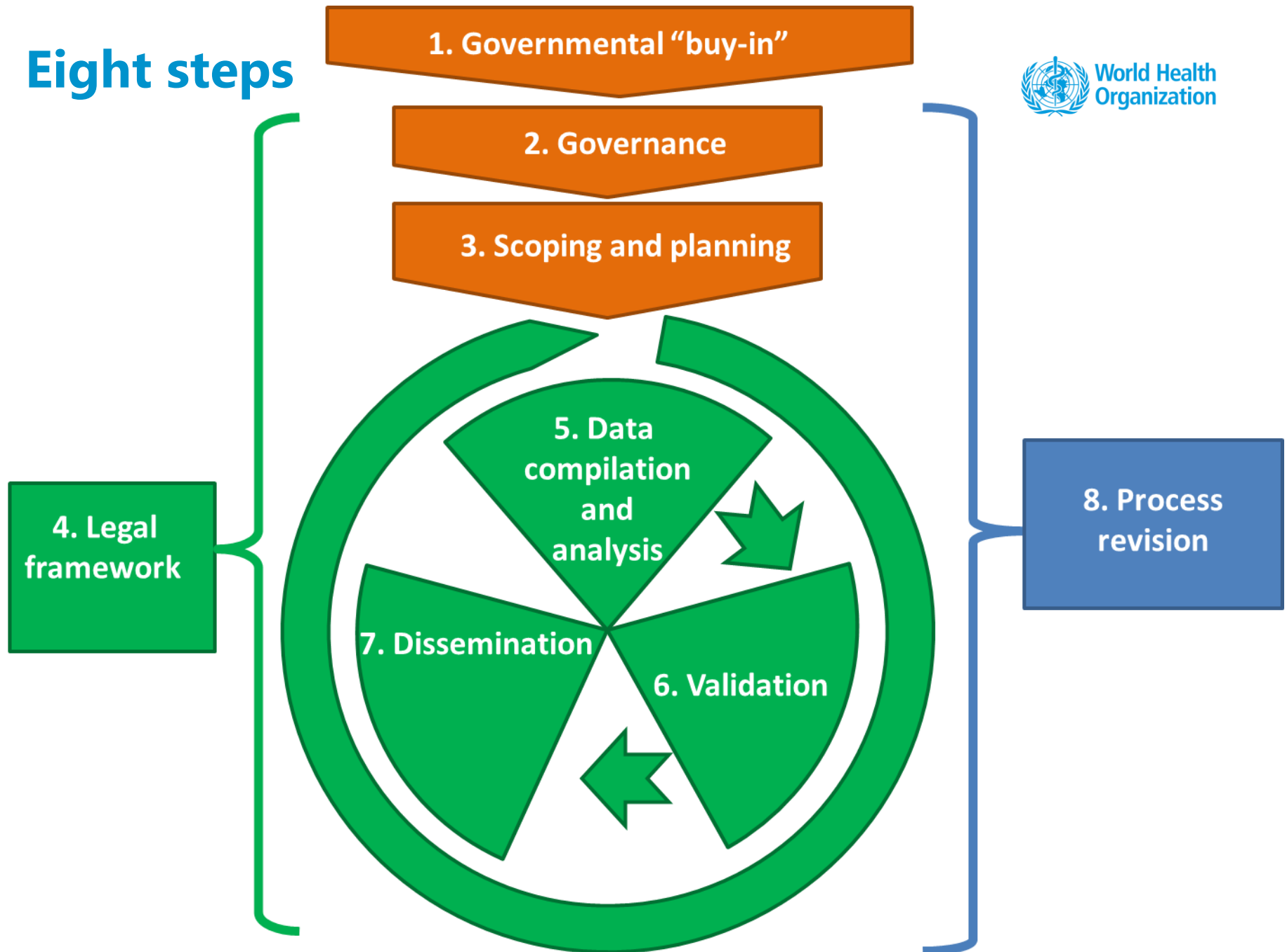
# Implementation of the NHWA

WHO developed an **Implementation guide** to help countries run NHWA in a sustainable manner.

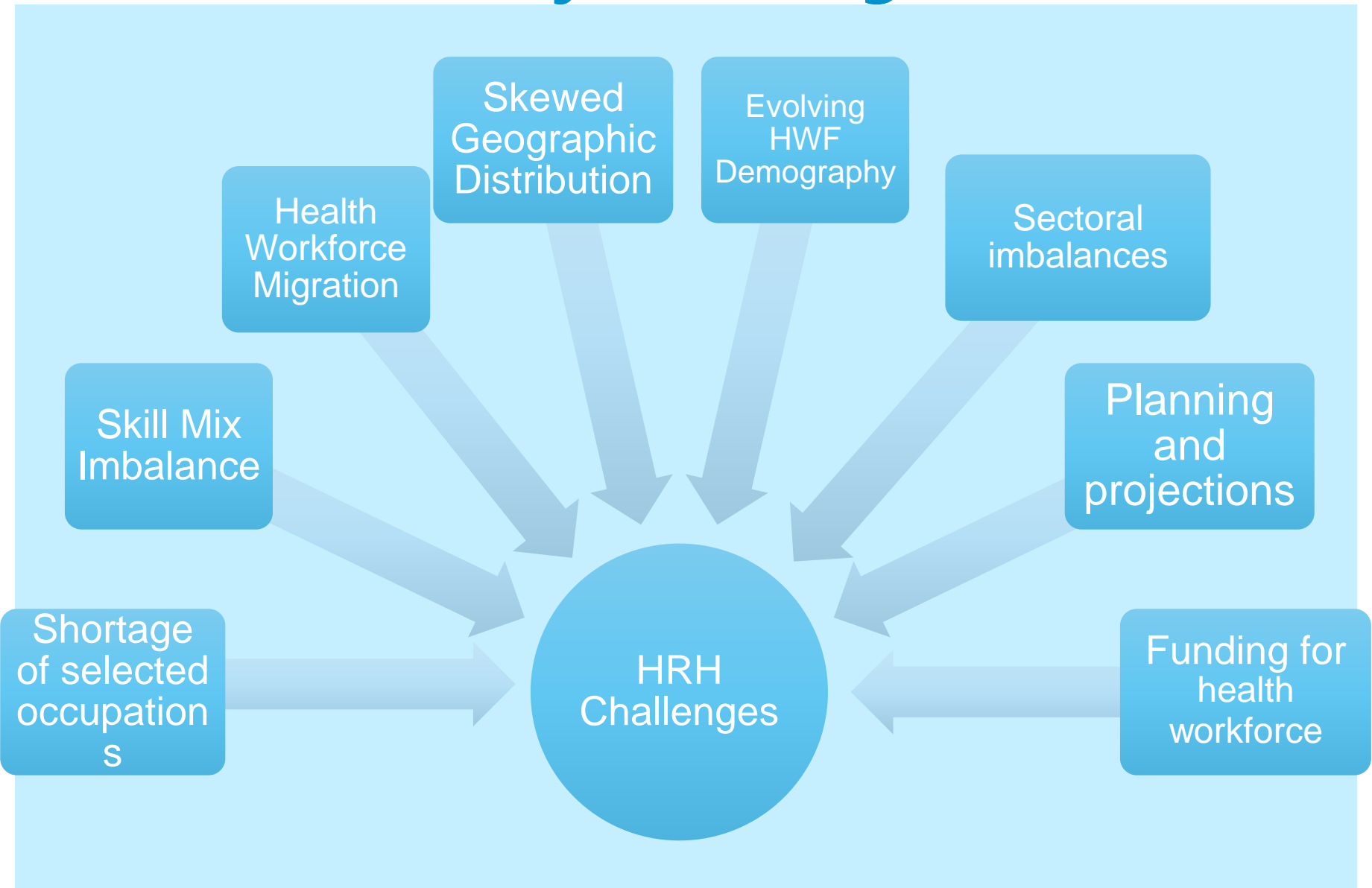
For policy makers and programme managers



# Eight steps



# Some HRH Policy Challenges



# Example of policy question and link to indicators

## Subnational disaggregation - planning

### Policy question:

What is the baseline distribution of health workers across the subnational disaggregation to account for assessing the difference in accessing health care?

### Module 1 - Active health workforce stock:

01\_02 Health worker density at subnational level

### Module 5 - Health labour market flows:

05\_06 Unemployment rate  
05\_07 Vacancy rate

Policy  
relevance  
enhancer

### Module 9 - Governance and health workforce policies:

09\_05 Institutional models for assessing health care staffing needs

### Reporting (partly) enabled

### Module 10 - Health workforce information systems:

10\_01 HRHIS for reporting on IHR  
10\_02 HRHIS for WHO Code of Practice reporting  
10\_06 HRHIS for tracking the number of active stock on the labour market

# Focus on selected indicators

01\_02 Health worker density at subnational level

01\_05 Health worker distribution by facility ownership

01\_06 Health worker distribution by facility type

02\_06 Exit / drop-out rate from education and training programmes

02\_07 Graduation rate from education and training programmes

05\_01 Graduates starting practice within one year

05\_02 Replenishment rate from domestic efforts

05\_06 Unemployment rate

05\_07 Vacancy rate

# Health worker density at subnational level

Abbreviated name



Dimension: Stock

<b>Indicator name</b>	Density of active health workers per 10 000 population at subnational level
<b>Numerator</b>	Number of active health workers at subnational administrative units, defined in headcounts
<b>Denominator</b>	Total population at subnational level
<b>Disaggregation</b>	By occupation
<b>Definition</b>	<p>Number of active health workers per 10 000 population in the given subnational administrative unit. Preferably, the location where the health worker works should be taken into account when subnational levels are defined according to Member States' needs. The use of administrative units to the first or second subnational level is recommended (depending on the structure of administrative units and the size of subnational territories), without overlaps between the administrative units. Examples of subnational administrative units: states, regions, provinces, counties, and districts.</p>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Active health worker</li> <li>• Occupation</li> <li>• Subnational level</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	<ul style="list-style-type: none"> <li>• Health workforce registry or database</li> <li>• Aggregate data from health facilities (routine administrative records, Health Management Information System, District Health Information System census and/or survey)</li> <li>• Professional council/chamber/association registers</li> <li>• Population census data</li> <li>• Health facility database (with location)</li> <li>• United Nations Statistics Division population data</li> </ul>
<b>Further information and related links</b>	(WHO 2015a, WHO et al. 2009, USAID and CapacityPlus 2015)
<b>Additional references</b>	(WHO 2015c, OECD et al. 2016, OECD 2016)

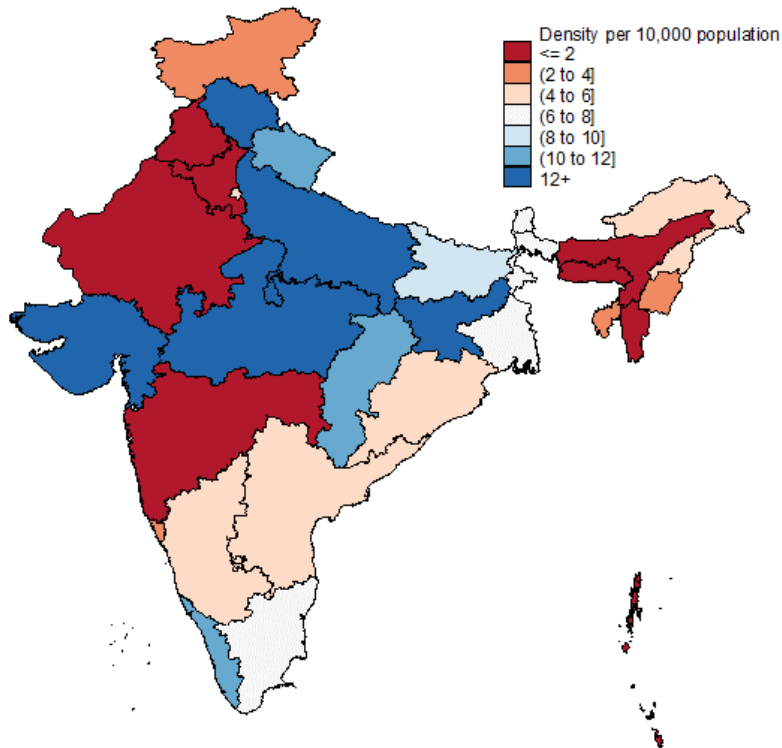


# Census data to monitor subnational disparities

## Density of Nursing and midwifery personnel in India and its evolution from 2004 to 2009

Density of Nursing and Midwifery personnel\* in India 2004

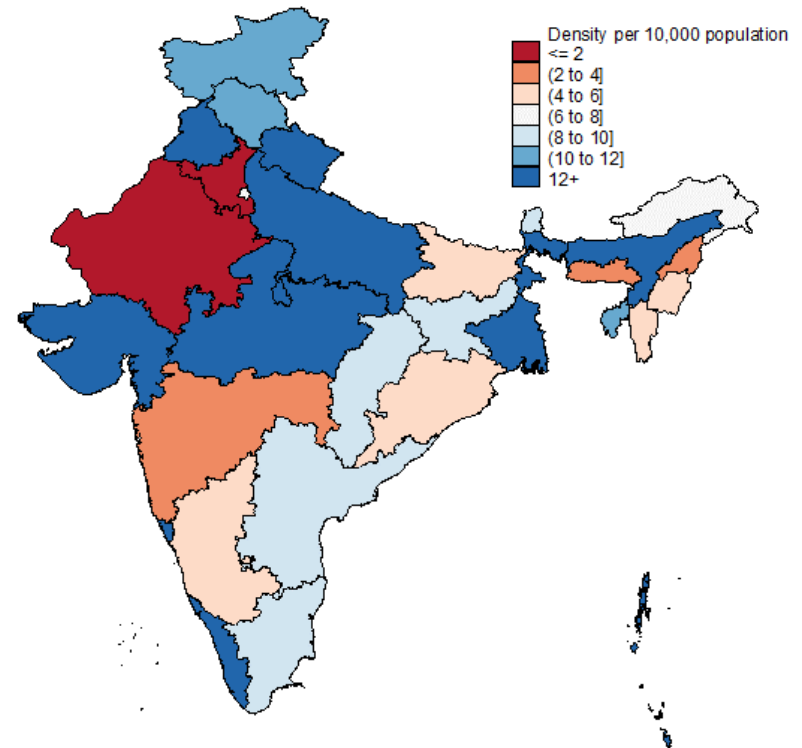
Employment survey, sample size 602,833



\* Nurses, Midwives and health visitors

Density of Nursing and Midwifery personnel\* in India 2009

Census socio economic survey, sample size 560,741



\* Professionals and associates

Source: Minnesota Population Center. Integrated Public Use Microdata Series, International: Version 7.0 [dataset]. Minneapolis, MN: IPUMS, 2018.  
<https://doi.org/10.18128/D020.V7.0>. Data from the Ministry of Statistics and Programme Implementation, India

### Dimension: Distribution

<b>Indicator name</b>	Percentage of active health workers employed by type of facility ownership
<b>Numerator</b>	Number of active health workers, defined in headcounts, working in facilities owned by the given institutional sector
<b>Denominator</b>	Total number of active health workers, defined in headcounts
<b>Disaggregation</b>	By occupation and facility ownership
<b>Definition</b>	<p>Percentage of active health workers employed in facilities by type of ownership (public, private not-for-profit, private for-profit).</p> <p>The categories of facility ownership can be aligned to institutional sector definitions of the System of National Accounts (SNA 2008).</p>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Active health worker</li> <li>• Facility/institution ownership type</li> <li>• Institutional sector</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	<ul style="list-style-type: none"> <li>• Health workforce registry or database</li> <li>• Aggregate data from health facilities (routine administrative records, Health Management Information System, District Health Information System census and/or survey)</li> </ul>
<b>Further information and related links</b>	(WHO et al. 2009, USAID and CapacityPlus 2015, European Communities et al. 2008)
<b>Additional references</b>	(WHO 2007)

# Labour force surveys to monitor several indicators

Example from Brazil 2017 (sample size: 43000 Health workers)

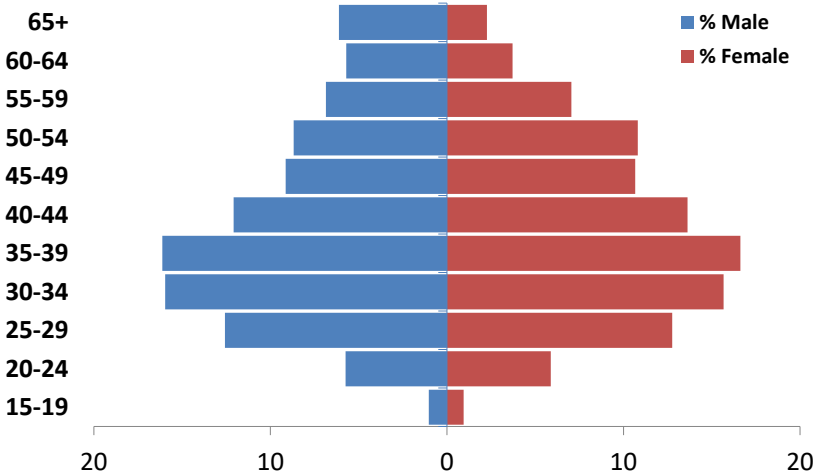


## Distribution

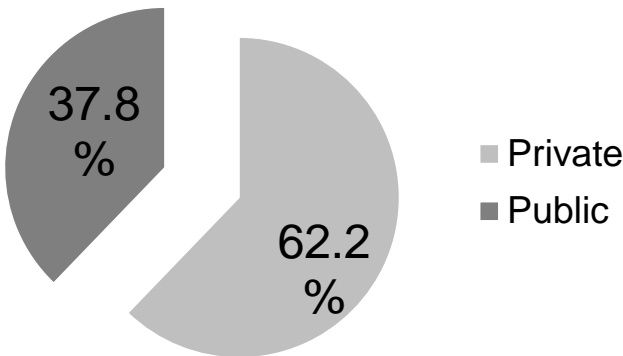
76% of the health workforce were women

42% among physicians

87% among nursing and midwifery (N&M)



## Sector



Occupation in private sector:  
53% of physicians  
46% of N&M personnel  
75% of dentists  
77% of pharmacists

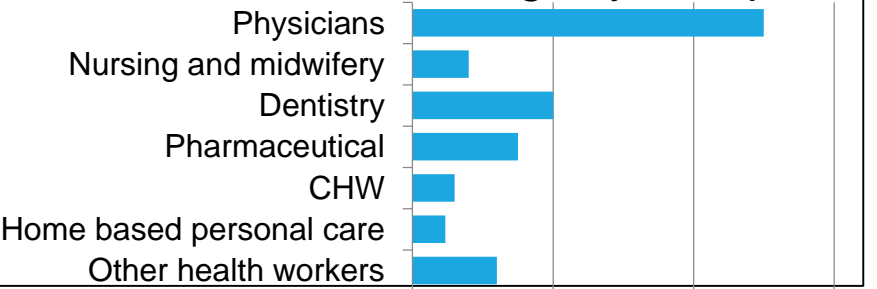
## Pay

Gender pay gap (unadjusted) **29.6%**.

Occupation specific:

Physicians 20%	Dentists 10%
N&M 12%	Pharmacists 6%

## Earnings by occupation



Source: ILO Labour Force Survey

# Health worker distribution by facility type

Abbreviated name



Dimension: Distribution

<b>Indicator name</b>	Percentage of active health workers employed by facility type
<b>Numerator</b>	Number of active health workers, defined in headcounts, working in a specific facility type
<b>Denominator</b>	Total number of active health workers, defined in headcounts
<b>Disaggregation</b>	By occupation
<b>Definition</b>	<p>Percentage of active health workers employed in the given facility type, by occupation.</p> <p>Health facility types based on the classification of System of Health Accounts:</p> <ul style="list-style-type: none"> <li>• Hospitals (HP.1)</li> <li>• Residential long-term care facilities (HP.2)</li> <li>• Providers of ambulatory health care (HP.3)</li> <li>• Ancillary services (HP.4, including transportation, emergency rescue, laboratories and others)</li> <li>• Retailers (HP.5, including pharmacies)</li> <li>• Providers of preventive care (HP.6).</li> </ul>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Active health worker</li> <li>• Facility type</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	<ul style="list-style-type: none"> <li>• Health workforce registry or database</li> <li>• Aggregate data from health facilities (routine administrative records, Health Management Information System, District Health Information System census and/or survey)</li> </ul>
<b>Further information and related links</b>	(WHO 2015c, OECD et al. 2011, WHO Regional Office for the Western Pacific 2007)

## Exit / drop-out rate from education and training programmes

Dimension: Exit / drop out

<b>Indicator name</b>	Rate of students from a cohort exiting a health workforce education and training programme without completion
<b>Numerator</b>	Number of students from a cohort not completing or repeating a year of a health workforce education and training programme
<b>Denominator</b>	Number of students from the same cohort who enrolled in a health workforce education and training programme the previous year
<b>Disaggregation</b>	By health workforce education and training programme, by sex
<b>Definition</b>	<p>Rate of students from a cohort leaving a health workforce education and training programme without completion, by health workforce education and training programme, by sex.</p> <p>The exact drop-out rate can also be calculated from longitudinal information on students following cohorts of students over several years. If such data are available, the drop-out rate estimated on the most recent complete cohort can be reported.</p>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Drop-out</li> <li>• Health workforce education and training programme</li> <li>• Sex</li> <li>• Student</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	Databases of health education and training institutions
<b>Further information and related links</b>	(UNESCO 2009, UNESCO 2017, Pan American Health Organization 2011)

## Graduation rate from education and training programmes

## Dimension: Graduation

<b>Indicator name</b>	Ratio of the number of students graduating from a health workforce education and training programme to the number of students enrolled in first year of the same education and training programme
<b>Numerator</b>	Number of graduates from a cohort of a health workforce education and training programme
<b>Denominator</b>	Number of students enrolled in first year of the same health workforce education and training programme
<b>Disaggregation</b>	By health workforce education and training programme
<b>Definition</b>	This indicator aims to approach the graduation rate using data available on an annual basis. The exact graduation rate can also be calculated from longitudinal information on students following cohorts of students. If such data are available, the graduation rate estimated from the most recent complete cohort can be reported.
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Graduate</li> <li>• Health workforce education and training programme</li> <li>• Sex</li> <li>• Student</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	Databases of health education and training institutions
<b>Further information and related links</b>	(WHO 2016c, WHO 2015a)



# Graduates – example of data from OECD

https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH\_REAC

Health Care Resources

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

OECD.Stat

Data by theme Popular queries

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Health

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  - Health Status
  - Non-Medical Determinants of Health
  - Health Care Resources
    - Health Care Resources
    - Total health and social employment
    - Physicians
    - Physicians by age and gender
    - Physicians by categories
    - Midwives
    - Nurses
    - Caring personnel (Personal care workers)
    - Dentists
    - Pharmacists
    - Physiotherapists
    - Hospital employment
    - Graduates
    - Remuneration of health professionals
    - Hospitals
    - Hospital beds
    - Medical technology
  - Health Workforce Migration
  - Health Care Utilisation
  - Health Care Quality Indicators
  - Pharmaceutical Market
  - Long-Term Care Resources and Utilisation
  - Social Protection
  - Demographic References

Health Care Resources : Graduates

Customise Export Draw chart My Queries

Pharmacists graduates	Number	Turkey	1.35	1.54	1.23	1.28	1.26	1.25
		United Kingdom	..	..	..	..	..	..
		United States	1.48	1.53	1.51	1.53	1.49	1.52
		Australia	..	752	846	866	1 153	1 267
		Austria	207	174	269	252	255	258
		Belgium	431	441	429	461	381	458
		Canada	833	770	742	705	821	927
		Chile	..	..	..	..	..	234
		Czech Republic	254 (a)	256	275	276	277	254
		Denmark	151	169	127	143	182	146
		Estonia	45	51	38	57	100	62
		Finland	260	284	279	505	411	323
		France	2 124	..	1 860	2 372	1 962	2 535
		Germany	1 936	1 783	1 891	2 162	1 751	1 824
		Greece	178	162	242	213	282	194
		Hungary	236	248	300	283	239	289
		Iceland	15	18	16	9	15	4
		Ireland	63	74	74	74	64	70
		Israel	117	110	126	119	117	100
		Italy	2 058	2 167	2 406	3 161	2 610	2 519
		Japan	8 891	8 527	8 665	8 746	8 979	9 153
		Korea	..	..	..	..	..	..
		Latvia	26	21	21	43	86	53
		Lithuania	54	59	82	79	84	78
		Luxembourg	0	0	0	0	0	0

<b>Indicator name</b>	Ratio of previous year graduates who started practice to total number of previous year graduates
<b>Numerator</b>	Number of previous year graduates who started practice within one year after graduation
<b>Denominator</b>	Number of previous year graduates
<b>Disaggregation</b>	By occupation, by occupation and sex
<b>Definition</b>	<p>Ratio of previous year graduates who started practice within one year after graduation to total number of previous year graduates, by occupation.</p> <p>For physicians, graduates who started internship/residency training after graduation are included in the list of graduates who started practice.</p>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Occupation</li> <li>• Graduate</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	<ul style="list-style-type: none"> <li>• Health workforce registry or database</li> <li>• Database on graduates of education and training programmes (individual or aggregate data)</li> <li>• Professional council/chamber/association registers</li> </ul>
<b>Further information and related links</b>	(WHO 2015c)

Abbreviated name  
**Replenishment rate from domestic efforts**

**5** - 02

Dimension: Entry into labour market

<b>Indicator name</b>	Ratio of newly active domestic trained health workers to total stock of active health workers
<b>Numerator</b>	Number of newly active domestic trained health workers
<b>Denominator</b>	Total number of active health workers, defined in headcounts
<b>Disaggregation</b>	By occupation, by occupation and sex
<b>Definition</b>	<p>Newly active health workers: health workers who started their activity in the given profession. In case data are available only for newly licensed health workers, the total number of licensed health workers should be used as denominator regardless of availability of data on active health workers. Only domestic trained health workers should be included. Health workers who started their activity after a temporary leave should also be counted.</p> <p>For total number of active health workers, data at the middle or the end of the reference year should be used.</p>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Active health worker</li> <li>• Activity level</li> <li>• Domestic trained health worker</li> <li>• Newly active health worker</li> <li>• Occupation</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	<ul style="list-style-type: none"> <li>• Ministry of Health database</li> <li>• Health workforce registry or database</li> <li>• Professional council/chamber/association registers</li> <li>• Aggregate data from health facilities (routine administrative records, Health Management Information System, District Health Information System census and/or survey)</li> </ul>
<b>Further information and related links</b>	(WHO et al. 2009, USAID and CapacityPlus 2015, WHO 2015c)

Dimension: Labour market imbalances

<b>Indicator name</b>	Unemployment rate
<b>Numerator</b>	Number of trained health workers currently unemployed
<b>Denominator</b>	Total number of active health workers in the labour force and unemployed health workers
<b>Disaggregation</b>	By occupation, by occupation and sex, by occupation and subnational level
<b>Definition</b>	<p>Unemployment rate as defined by national employment standard. Persons in unemployment are those of legal working age who are not currently employed, but who have actively sought employment and are available to take up a job opportunity. New graduates not in activity should also be included.</p> <p>For unemployed persons, occupation refers to the last job they held for which they are qualified. If information on the “last job held” is missing, the “occupation in which the jobseeker is seeking work” can be used.</p>
<b>Glossary</b>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Unemployment</li> <li>• Unemployment rate</li> </ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	<ul style="list-style-type: none"> <li>• Statistics from employment offices</li> <li>• Labour force surveys</li> <li>• National health accounts surveys</li> <li>• Population census data</li> </ul>
<b>Further information and related links</b>	(International Labour Organization 2013, Eurostat 2017a, WHO et al. 2009)
<b>Additional references</b>	(USAID and CapacityPlus 2015)

## Dimension: Labour market imbalances

<b>Indicator name</b>	Ratio of unfilled posts to total number of posts
<b>Numerator</b>	Number of funded full-time posts that have not been filled for at least six months, which employers are actively trying to fill
<b>Denominator</b>	Total number of funded full-time posts (filled and unfilled)
<b>Disaggregation</b>	By occupation, by occupation and by subnational level
<b>Definition</b>	Ratio of unfilled posts to total number of posts, by occupation and by subnational level.
<b>Glossary</b>	<ul style="list-style-type: none"><li>• Occupation</li><li>• Job vacancy</li><li>• Subnational level</li><li>• Vacancy rate</li></ul>
<b>Data reporting frequency</b>	Annual
<b>Potential data sources</b>	<ul style="list-style-type: none"><li>• Labour force surveys</li><li>• Health facility assessments</li><li>• Employment offices and/or job agencies</li></ul>
<b>Further information and related links</b>	(WHO Regional Office for the Western Pacific 2007, WHO et al. 2009, Eurostat 2010)

# Global Public Goods: NHWA



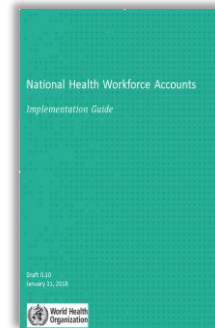
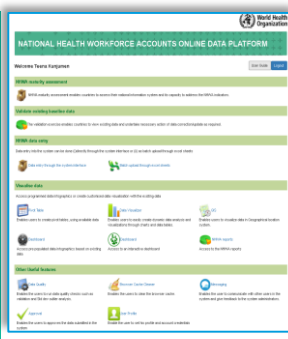
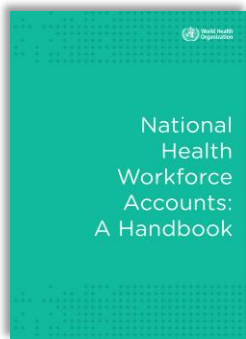
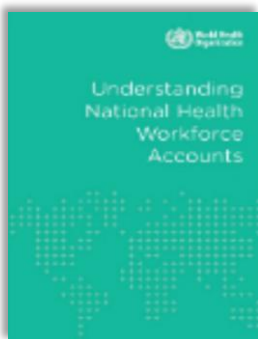
**NHWA** handbook,

NHWA implementation guide,

NHWA – Advocacy brochure

NHWA online data platform and user guide,

NHWA training material incl. tutorial videos





# Thank you



World Health  
Organization

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# Recent efforts for improving availability and quality of HRH data 2015-2018



	2015	2018
<b><i>Physicians</i></b>		
Number of data points (country-year)	1210	1500
Number of countries with data less than 5 years	111	124
Number of countries with data enabling trend analysis (5 points of more)	88	127
<b><i>Nursing and midwifery</i></b>		
Number of data points (country-year)	1110	1377
Number of countries with data less than 5 years	102	124
Number of countries with data enabling trend analysis (5 points of more)	79	121
Number of countries reporting at least once statistics for 5 categories of Health workers (physicians, nursing, midwifery, dentistry, pharmaceutical personnel)	162	174

Source: WHO, Global Health Observatory

# Capacity building on NHWA – Country focus



**Capacity building: Over 50 countries and more than 150 national experts**

Regional workshops	Participating countries	Number of participants
AFRO - Maputo	(Ghana, Kenya, Liberia, Malawi, Mozambique, Namibia, Nigeria, Tanzania and Zambia)	30
AFRO - Dakar	(Benin, Burkina Faso, Côte d'Ivoire, Gabon, Guinee, Mali, Niger, Senegal, Chad, Togo)	30
AFRO – Harare Advanced training	(Mozambique, Nigeria, Uganda, Tanzania, South Africa, Zimbabwe, Rwanda, Kenya, Lesotho, Sierra Leone, Malawi, Namibia, Ghana)	40
EMRO - Cairo	Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Morocco, Oman, Palestine, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates	30
PAHO – Miami Briefing workshop	ARG, BARB, BOLIV, BRA, COL, COSTA RICA, CUBA, CHILE, DOM Rep, ECU, GUAT, GUYANA, HOND, EL SALV, JAM, MEX, NICAR, PANAM, PERU, TRI & TOB, URU, VENEZ	40
SEARO – New Delhi	(Bangladesh, Bhutan, Indonesia, India, Sri Lanka, Myanmar, Maldives, Thailand, Timor-Leste )	30
PAHO - Washington	15-17 October 2018	
EURO - Minsk	16-17 October 2018	
AFRO - Abidjan	5-9 November 2019	