

Global health and health workforce development: what to learn from COVID-19 on health workforce preparedness and resilience

Abstract

This Special Issue is dedicated to the healthcare workers across the globe. It draws together studies from different disciplines and regions to identify important lessons learned on weaknesses as well as on opportunities for health workforce innovation through a global health lens. Beginning with strategic reflections on the role of the health workforce and public health competences in responding to the COVID-19 pandemic crisis, major themes include the protection and experiences of frontline healthcare workers, the role of health systems and policy, planning and management issues, and education and health labour markets. Developed in collaboration with European Public Health Association 'Health Workforce Research' section, the Special Issue contributes to the WHO International Year of Health and Care Workers (YHCW) in 2021 in recognition of their dedication to providing care during the COVID-19 pandemic, even risking their own health and life.

KEYWORDS

COVID-19 pandemic, global health, health workforce development, healthcare worker protection, health workforce resilience

1 | WHY A SPECIAL ISSUE ON THE HEALTH WORKFORCE IN A GLOBAL PUBLIC HEALTH EMERGENCY?

The COVID-19 pandemic has caused the strongest disruptions in existing routines and every-day practice of healthcare workers globally. In doing so, it has been a revelator of the unpreparedness of healthcare delivery systems all over the world, not only in poorly resourced countries, as was the case of previous epidemics, like Ebola. It has shown that working in 'professional silos' was not adequate to respond to a crisis of this amplitude. It challenges traditional education contents and strategies, as well as workforce planning and management models. It reveals the limits of governance and policy-making based on national interests, and throws light on inequalities within and between countries, including gendered and racial inequalities.¹⁻⁴

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While there are important lessons to learn about what went wrong with the organisation and functioning of health systems, there are also many positive lessons from examples of innovation in the management of the health workforce, and from the resilience of healthcare workers at the front line of the fight to the pandemic.⁵⁻⁷ Creating a health workforce ready to respond to national and global public health emergencies of the magnitude of the COVID-19 pandemic calls for changes in all areas and on all levels of the health workforce. Key conditions include, among others, strengthening collaboration and coordination of a wide range of actors and across sectors, and investment and improvement in education and training.⁶

There is a need to ensure effective ways to set in place the protection of human resources for health.^{8,9} This entails actions to prevent physical, mental, and ethical distresses that are inclusive of all of those involved in care delivery, notably also the less-skilled workers and those facing job insecurity. According to WHO data, health workers account for 8% of global COVID-19 cases, and the risk they run of getting infected is more than triple the risk of the general population.⁴

The pandemic has highlighted the importance of human resources and has shown, that the 'human face of the health workforce'¹⁰ needs greater attention. As the WHO Regional Director stated: 'We have no COVID-19 response if we do not care for our health-care and essential workers: their needs and well-being must be prioritized. These are exceptional times and they require decision-makers to go an extra mile in supporting the workforce'.¹¹ He also reminded us, that the 'face of that frontline health worker we so often talk about, is mostly the face of a woman'.⁴

This Special Issue is dedicated to the WHO International Year of Health and Care Workers (YHCW) in 2021 in recognition of their dedication to providing care during the COVID-19 pandemic,¹² all too often without appropriate protection and support.

2 | THE SCOPE OF THE SPECIAL ISSUE

This special issue shows that many countries, small and big, poor and rich, have risen up to the challenge. The articles contribute with new knowledge to the health workforce agenda especially in two ways: they introduce a global perspective and connect different disciplines and conceptual approaches, for example, from public health, health systems and policy research, sociology and organisation studies. They combine micro- and macro-level empirical data, and quantitative and qualitative approaches. Four major topics are addressed: the protection and experiences of healthcare workers, the role of health systems and policy, planning and management, and education and health labour markets.

3 | WHAT TO LEARN FROM THE RESEARCH?

Setting the scene for the creation of a fit-for-purpose future health workforce, two Perspective articles highlight the role of the healthcare workers and of public health competencies in responding to the pandemic crisis. These overviews propose comprehensive changes that cut deeply into existing structures, practices and thinking; one particular challenge is the impact of COVID-19 on health workforce migration and its global dimension (*Zapata, Buchan and Azzopardi-Muscat*). The changes also challenge existing models of competencies and leadership (*Czabanowska and Kuhlmann*).

The protection and support to healthcare workers are the highest priority. An overview of international figures on COVID-19 incidence and death rates among healthcare workers (*Guillén, Buissonnière and Lee*) serves as a wake-up call that cannot remain unheard. The experiences of frontline workers in Brazil (*Lotta, Fernandez and Corrêa*) and in Bangladesh (*Hussain et al.*) provide deeper insights into work conditions under COVID-19, illuminating the everyday burden and health threats. These findings make clear that not only the virus, but the inadequate

organisation of work and lack of training are stress factors. A new education model developed in South Africa (Engelbrecht et al.) may help to improve support and training of healthcare workers, and also illustrates how health professionals can take ad hoc action and enhance innovation bottom-up.

The high numbers of healthcare workers who lost their life during the pandemic are a health system failure and a social disaster. Decision-makers must urgently act to protect healthcare workers, prevent further harm and reduce stress and burnout. Denis et al. demonstrate how a conceptual multi-level governance approach can help to analyse systematically health workforce policy responses to the pandemic, using Quebec (Canada) as an example. The case of the Maldives provides an example of how health system conditions create specific health workforce needs, highlighting that it is important to be more critical about generic solutions to the health workforce challenges of the pandemic (Usman, Moosa and Abdulla).

A systematic review concludes that there is a lack of evidence on health workforce planning during infectious diseases outbreaks (Gupta et al.). Knowledge gaps include areas where action is most needed, for instance, psychosocial factors and risk of burnout, gendered considerations of health workforce capacity, and information on low- and middle-income countries. These gaps seriously hamper effective health policy and system responses to improve protection and preparedness of the human resources for health.

Planning and management are cornerstones of health workforce development, but COVID-19 raises questions about existing knowledge and practices. Köppen, Hartl and Maier in their Germany case study show high regional variations in responding to COVID-19 conditions, challenging the assumption of a uniform German strategy and calling for new approaches to cross-country comparison and knowledge exchange. The case of Peru, a country strongly hit by COVID-19 adds further evidence that health workforce planning in times of the pandemic does not simply mean 'more of the same' (Rees, Quispe and Scotter). New approaches to health workforce management are needed, based on the needs and perceptions of the health professionals, as a health workforce survey in Serbia reveals (Dinić et al.).

Other key areas of health workforce research are education and demand for health workers. While these have always been dynamic areas, the COVID-19 pandemic has accelerated change. One example is medical education in Germany where demand for education in global health and public health is strongly driven by students and reinforced by the COVID-19 pandemic (Kreitlow et al.). European public health programmes may improve pandemic preparedness of health professionals, but employment insecurity and lack of rights create adverse effects that must be monitored more carefully (Treviño-Reyna et al.). When looking more closely at the employer side of labour markets, demand for public health competencies has increased, as an analysis of job-postings in the USA pre- and during the pandemic found (Krasna et al.). The research suggests that young health professionals act as strong forces supporting global health and public health competencies. Giving more voice to young health professionals and integrating public health competencies may thus improve preparedness and resilience of the future health workforce.

ACKNOWLEDGEMENT

Open Access funding enabled and organized by Projekt DEAL. WOA Institution: MEDIZINISCHE HOCHSCHULE HANNOVER, Blended DEAL: Projekt DEAL.

CONFLICT OF INTERESTS

None declared.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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REFERENCES

1. Fronteira I, Sidat M, Magalhaes JP, et al. The SARS-CoV-2 pandemic: a syndemic perspective. *One Health*. 2021;12:100228.
2. Correia T. SARS-CoV-2 pandemics: the lack of critical reflection addressing short- and long-term challenges. *Int J Health Plann Mgmt*. 2020;35:669–672.
3. Lancet. Do we care about who cares? *Lancet*. 2021;397:853.
4. WHO. *Statement – International Women’s Day: The Need to Build Back Better, with Women in the Lead*. Copenhagen, Denmark: WHO, 2021; <https://www.euro.who.int/en/media-centre/sections/statements/2021/statement-international-womens-day-the-need-to-build-back-better,-with-women-in-the-lead>. Accessed 5 March 2021.
5. Bourgeault IL, Maier CB, Dieleman M, et al. The COVID-19 pandemic presents an opportunity to develop more sustainable health workforces. *Hum Resour Health*. 2020;18:83; <https://doi.org/10.1186/s12960-020-00529-0>
6. EU Expert Panel. *The organisation of resilient health and social care following the COVID-19 pandemic. Opinion of the Expert Panel on effective ways of investing in Health (EXPH)*. Luxembourg: Publications Office of the European Union, 2020.
7. WHO. *Health Workforce Policy and Management in the Context of the COVID-19 Pandemic Response: Interim Guidance*. Geneva, Switzerland: World Health Organization, 2020; <https://apps.who.int/iris/handle/10665/337333>. Accessed 5 March 2021.
8. Bandyopadhyay S, Baticulon RE, Kadhum M, et al. Infection and mortality of healthcare workers worldwide from COVID-19: a systematic review. *BMJ Glob Health*. 2020;5:e003097.
9. Williams G, Scarpetti G, Bezzina A, et al. How are countries supporting their health workers during COVID-19? *Eurohealth*. 2020;26(2):58–62.
10. Kuhlmann E, Dussault G, Wismar M. Health labour markets and the human face of the health workforce: resilience beyond Covid-19. *Eur J Publ Health*. 2020;30(Suppl 4):iv1-iv2; <https://doi.org/10.1093/eurpub/ckaa122>
11. WHO. *Statement – COVID-19: Taking Stock and Moving Forward Together*. Copenhagen, Denmark: WHO, 2020; <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-covid-19-taking-stock-and-moving-forward-together>. Accessed 1 March 2021.
12. WHO. *Year of the Health and Care Workers 2021: Protect. Invest. Together*. Geneva, Switzerland: WHO; 2021; <https://www.who.int/campaigns/annual-theme/year-of-health-and-care-workers-2021>. Accessed 3 March 2021.