

This is not an ADB material. The views expressed in this document are the views of the author/s and/or their organizations and do not necessarily reflect the views or policies of the Asian Development Bank, or its Board of Governors, or the governments they represent. ADB does not guarantee the accuracy and/or completeness of the material's contents, and accepts no responsibility for any direct or indirect consequence of their use or reliance, whether wholly or partially. Please feel free to contact the authors directly should you have queries.

# Skilling Asia-Pacific's Healthcare Workforce: The Global backdrop

Professor James Buchan  
james\_buchan@hotmail.com



# Critical healthcare workforce challenges

- **SUPPLY** Health care demand increasing: Demographic change/population growth and ageing [+ COVID-19]
- **DISTRIBUTION** Underserved regions/communities [rural/remote]
- **MIX** What is “workforce...”? community health workers, volunteers...
- **PLANNING** What is the “planning” for?.....
- Is there **ALIGNMENT** across **EDUCATION, REGULATION, EMPLOYMENT** = a workforce fit for UHC purposes?
- **\$\$\$**

# COVID 19-workforce “surge” .....

- increasing the contribution of the **current workforce** [additional hours, new shift patterns, redeployment etc]
- co-opting medical and nursing **students** into the workforce
- bringing **retired** healthcare workers back into the workforce
- bring **inactive** healthcare workers back into the workforce
- “**fast tracking**” foreign trained health professionals
- rapid training and **deployment of CHW**
- **volunteers** into the workforce

# Key response points

- Readiness/ responsiveness/ regulatory enablers
- [data/ analysis/action- e.g. absence rates]
- Rapid/ accurate communications= workforce, media, population
- Use of technology-service support/ education
- Respite time for workers=flexible/agile
- Targeted incentives
- Sustainability: investing in today's workforce; planning/education for tomorrow's.....

# In conclusion.....

- Planning for a moving target: circumstances/ priorities can vary, and change over time. **Adaptive workforce strategy**, not a fixed -in- time plan.
- “Bundles” of **co-ordinated education/ workforce policy interventions** rather than single shot
- Its not just a workforce “problem” – **service solutions** e.g. redesign/ relocate services, use of tele-health, IT, etc.
- **Art of the possible** > science of the perfect