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HEALTH POLICY AND MANAGEMENT - FKKMK UGM

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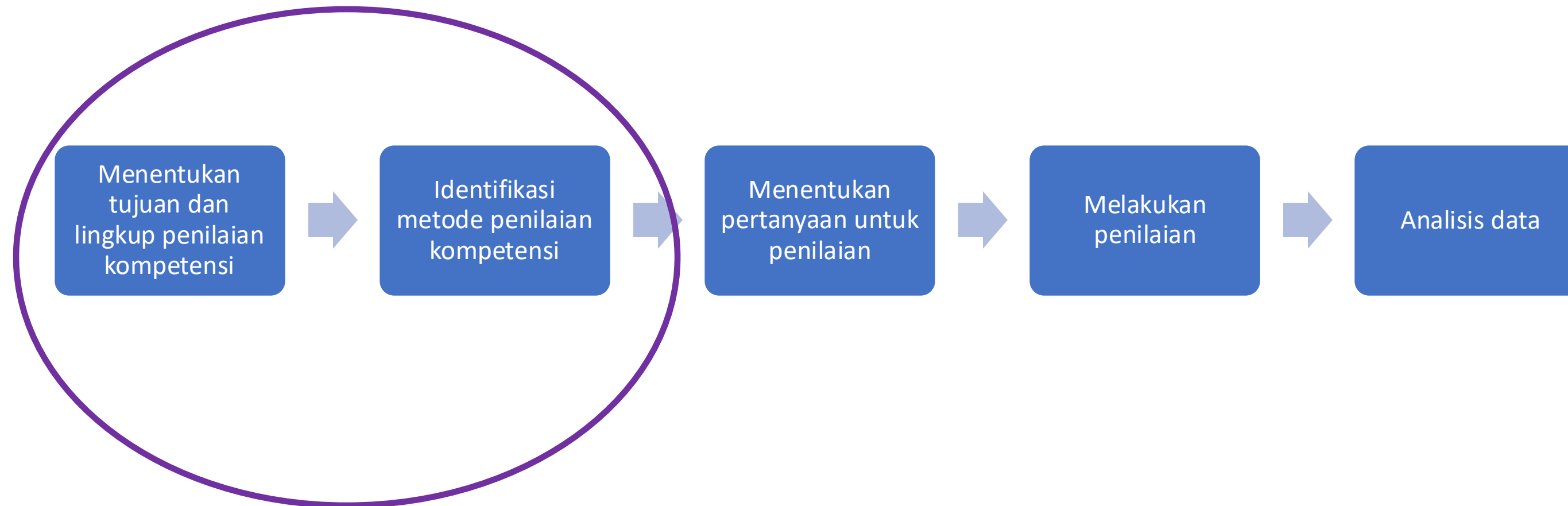
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Capacity Strengthening: Estimating public health workforce requirements for the 21st century: who and partner tools and methodological approaches

Sara Bennet – John Hopkins Bloomberg School of Public Health

Proses Identifikasi Public Health Workforce Core Competencies di India



Bhandari et al. *BMC Public Health* (2020) 20:1737
<https://doi.org/10.1186/s12889-020-09711-4>

BMC Public Health

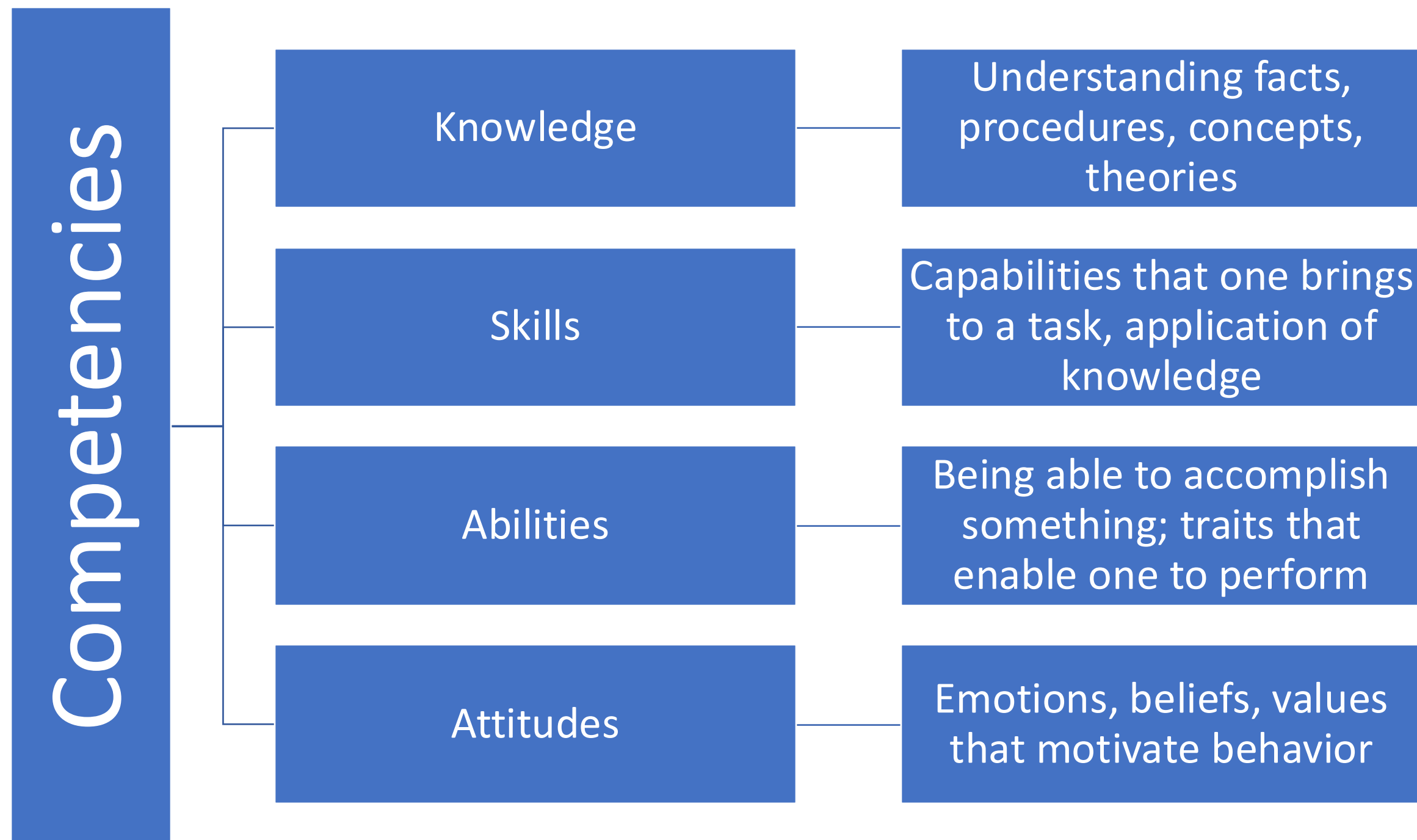
RESEARCH ARTICLE

Open Access

Identifying core competencies for practicing public health professionals: results from a Delphi exercise in Uttar Pradesh, India

Sudip Bhandari^{1*}, Brian Wahl¹, Sara Bennett¹, Cyrus Y. Engineer¹, Pooja Pandey² and David H. Peters¹







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National workforce capacity for essential public health functions: Operational handbook for country-led contextualization and implementation

27 May 2024 | Technical document

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Overview

Achieving and sustaining national progress towards universal health coverage, health security and the health-related Sustainable Development Goals necessitates a workforce that can deliver the full range of both the essential health services and the essential public health functions, including emergency preparedness and response. Whether dealing with the repercussions of the COVID-19 pandemic, preparing for and preventing the next pandemic, or addressing diverse challenges (climate change, the escalating burden of noncommunicable diseases, antimicrobial resistance etc.) there are economic, health and moral imperatives to strengthen the public health workforce.

In May 2022, the World Health Organization (WHO) and partner organizations agreed a roadmap on national workforce capacity to implement the essential public health functions. This roadmap emphasizes three interconnected action areas: defining the essential public health functions, subfunctions and services tailored to the regional, national or subnational context; strengthening competency-based education oriented towards delivering the essential public health functions; and mapping and measuring the diversity of occupations involved in delivering these functions, along with projected needs. Detailed reference tools developed for each action area comprise a unique framework of methodologies, which can be adapted to reflect different contexts, needs and priorities.

Operationalizing the roadmap's three action areas requires the support of a broad coalition of partners and stakeholders with diverse expertise; and collective collaboration and action from governments, funders, technical partners, academic institutions including schools of public health, national public health institutes and civil society organizations.

This handbook is addressed to policy-makers, planners and educators, with the aim of supporting countries to assess their current public health workforce situation, needs and opportunities for progress across the three action areas. A list of questions is provided to guide the benchmarking process, which involves review, assessment, monitoring performance and contextualization, and how to integrate the findings with health workforce, health systems and health security policies and planning.

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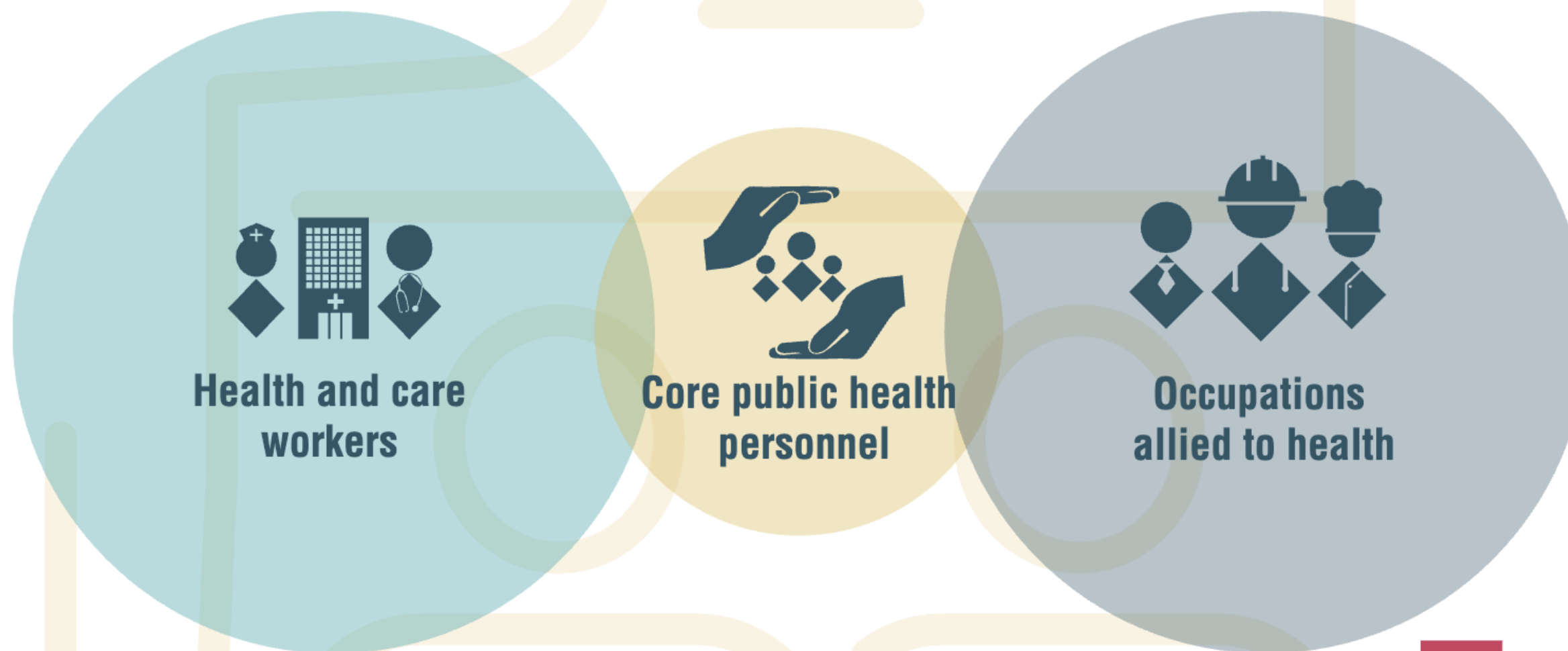
Box 1. A unified list of 12 EPHFs

- **Public health surveillance and monitoring:** monitoring and surveillance of population health status, risks, protective and promotive factors, threats to health, and health system performance and service utilization.
- **Public health emergency management:** managing public health emergencies for international and national health security.
- **Public health stewardship:** establishing effective public health institutional structures, leadership, coordination, accountability, regulations and laws.
- **Multisectoral planning, financing and management for public health:** supporting effective and efficient health systems and multisectoral planning, financing and management for public health.
- **Health protection:** protecting populations against health threats (for example, environmental and occupational hazards, communicable and noncommunicable diseases, including mental health conditions, food insecurity, and chemical and radiation hazards).
- **Disease prevention and early detection:** prevention and early detection of communicable and noncommunicable diseases, including mental health conditions, and prevention of injuries.
- **Health promotion:** promoting health and well-being as well as actions to address the wider determinants of health and inequity.
- **Community engagement and social participation:** strengthening community engagement, participation and social mobilization for health and well-being.
- **Public health workforce development:** developing and maintaining an adequate and competent public health workforce.
- **Health service quality and equity:** improving appropriateness, quality and equity in provision of and access to health services.
- **Public health research, evaluation and knowledge:** advancing public health research and knowledge development.
- **Access to and utilization of health products, supplies, equipment and technologies:** promoting equitable access to and rational use of safe, effective and quality-assured health products, supplies, equipment and technologies.

Note: There is no significance to the ordering of the list presented here: each EPHF is fundamental to the effective delivery of public health, with prioritization depending on country context.

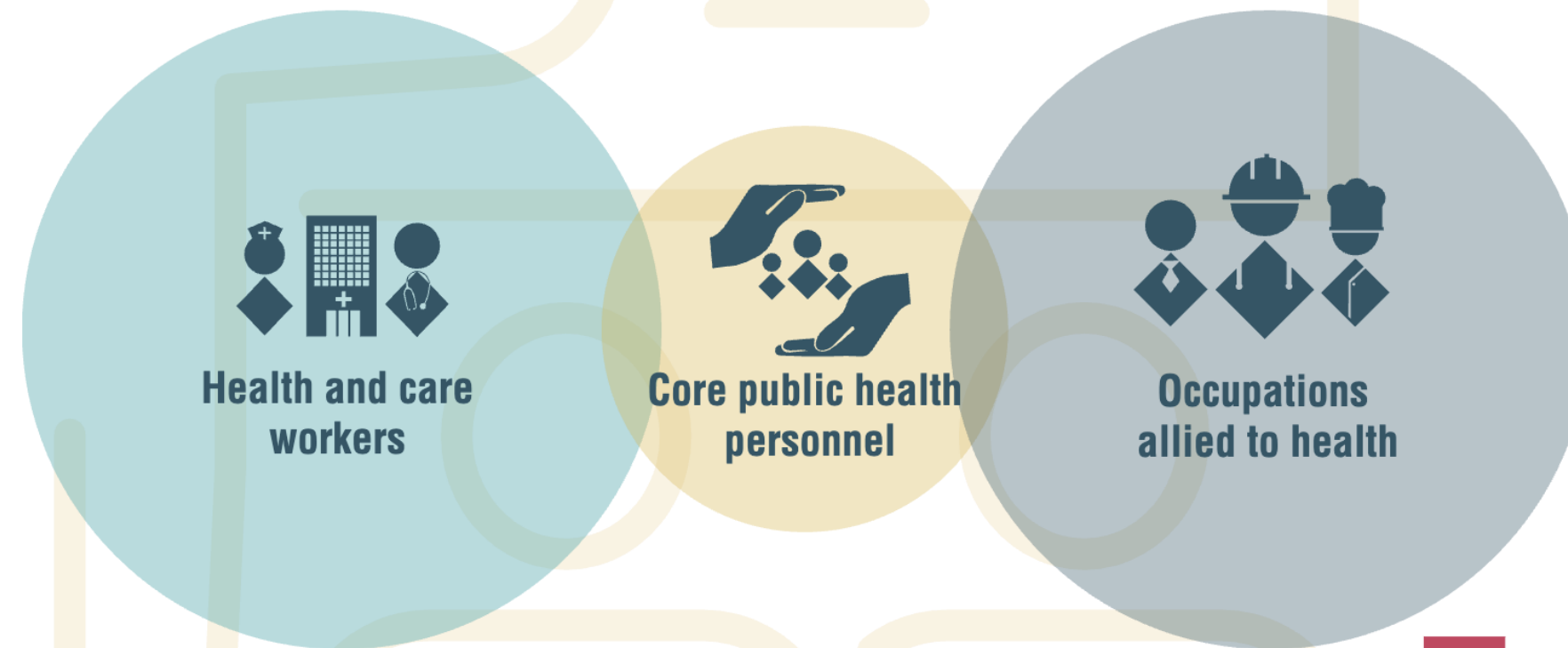


■ Fig. 2. Composition of the workforce that delivers the EPHFs



Source: adapted from (8).

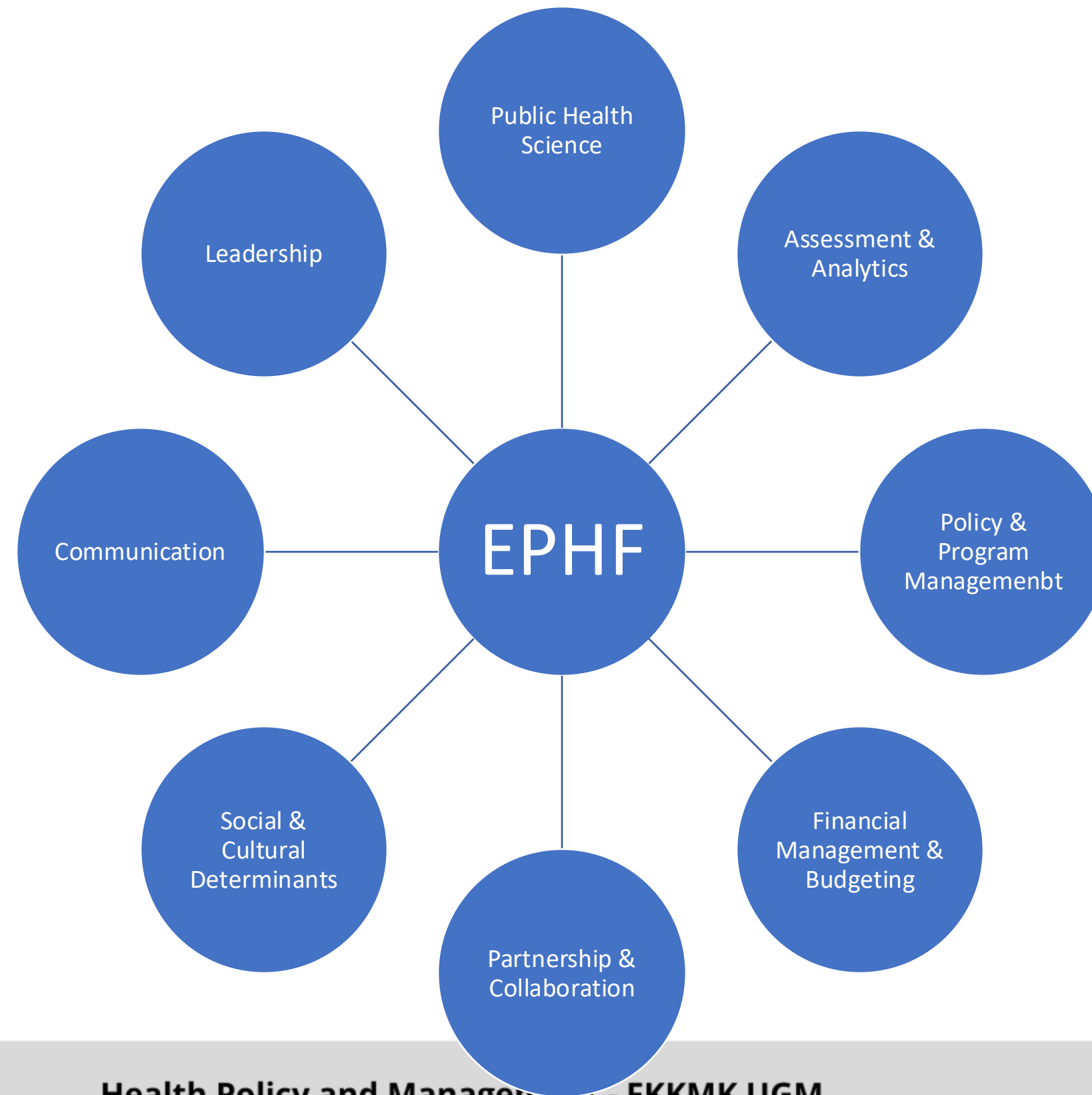
■ Fig. 2. Composition of the workforce that delivers the EPHFs



Source: adapted from (8).

- 1 **Core public health personnel** who work exclusively on the EPHFs. They may have undergone specialized professional training or be registered with professional bodies in public health, with either a health or a non-health background. Their work may either contribute to multiple EPHFs or be specialized for a particular EPHF.
- 2 **Health and care workers** who spend some of their time in delivering the EPHFs while performing their usual clinical or social care tasks.
- 3 Personnel from **occupations allied to health** who play critical roles outside of the health sector in addressing the determinants of health, such as those engaged in water and sanitation, food supply chains and road safety.

Key Public Health Competencies:



Implikasi untuk Indonesia

- **SDM tenaga kesehatan Masyarakat:**
 - SDM kesehatan apa saja yang kita miliki saat ini: kompetensi yang dimiliki, dari segi jumlah – apa yang kekurangan, apa yang kelebihan (apa yang serapan di dunia kesehatan rendah)
 - Berapa jumlah yang ada: yang di dalam & luar sistem kesehatan
 - Apa kebutuhan pelayanan kesehatan di Masyarakat

Capacity Strengthening: Health Reforms in LMICs

Michael Reich – Harvard TH. Chan School of Public Health

A Guide to Health Reform

Eight Practical Steps

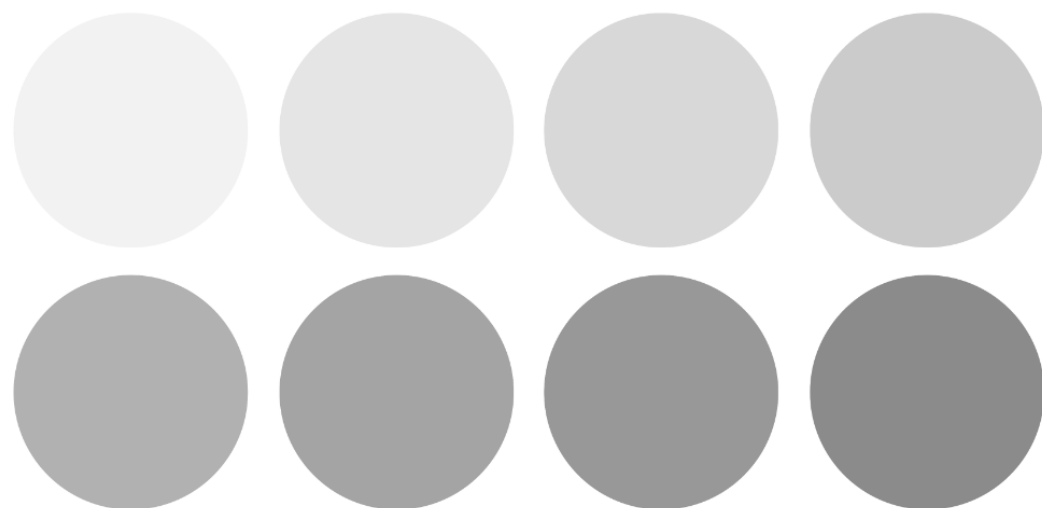
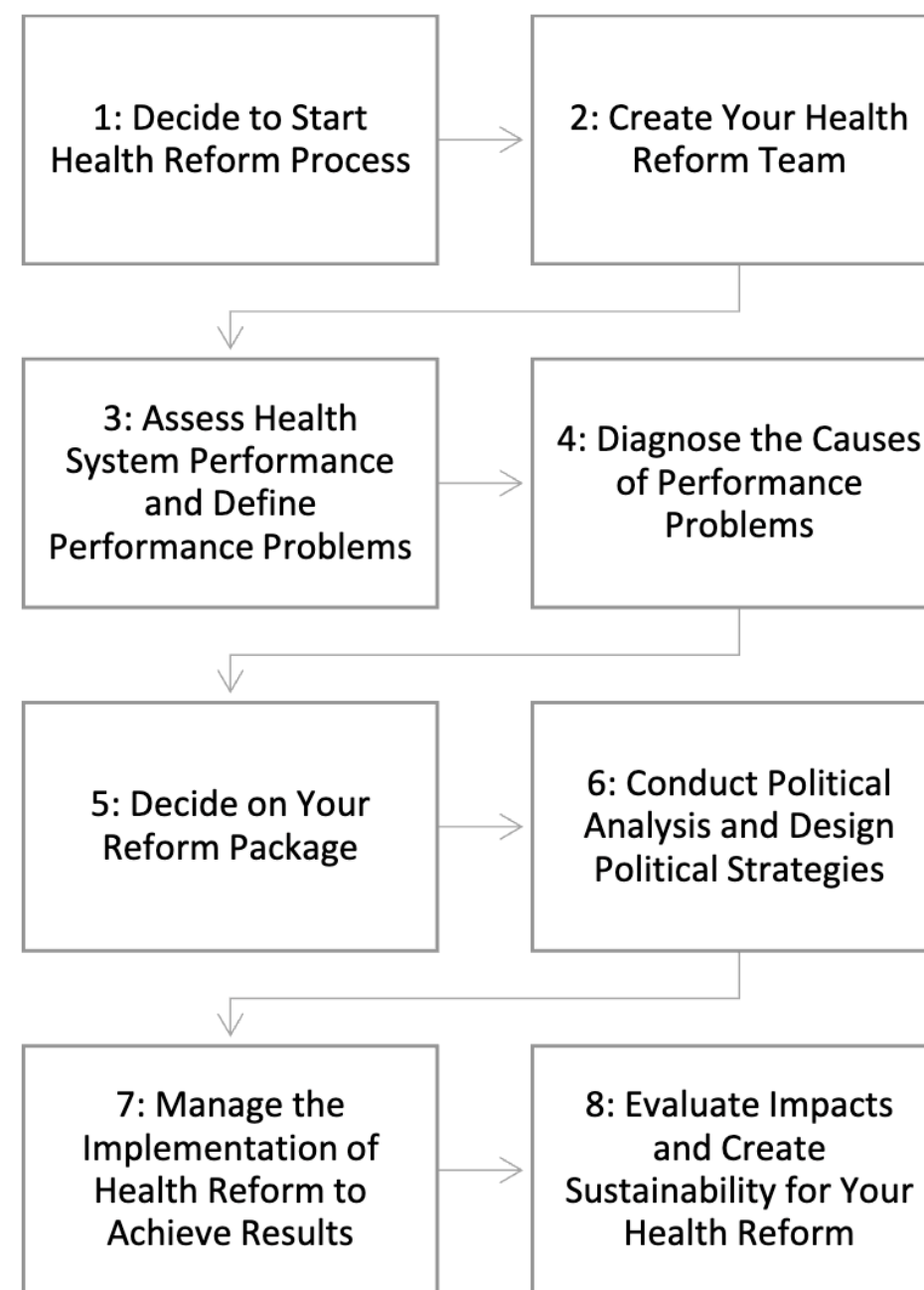


Figure Intro-1: Overview of Eight Practical Steps in the Health Reform Process



Implikasi untuk Indonesia

- **Indonesia dalam era transformasi:**
 - Bagaimana kita menilai performa dari transformasi tersebut untuk mencapai tujuan sistem kesehatan: status kesehatan, equity, financial protection