Review Article

Transforming Health Professions Education for Universal Health Coverage: Challenges and Recommendations for Low-Resource Countries

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ABSTRACT

Health workforce challenge persists as a critical issue in achieving universal health coverage (UHC) goals globally, especially in resource-poor countries. Evidence shows that health professions education and training is primarily clinical and curricular; however, it is somewhat deviated from the needs of the health system. In low-resource countries like Bangladesh, in the context of limited financial realities, to achieve global health goals and maximize opportunities for employment and economic development a paradigm shift is needed in health professions education, workforce development and healthcare services of the country from its primary to the tertiary level of health care respectively. There is a critical need to shift towards fair, equitable, need-based employment policy that is compatible with the overall growth of the health economy, and that acknowledges the role of both public and private sector in education and training. This review paper tried to emphasize the importance and implications of a paradigm shift in the sector. It argues the need for a 21st century framework for health professions education. This framework should represent a more satisfactory interface between supply and demand for health professionals, in line with the current need to meet the targets of universal health coverage, rational employment in healthy sector and economic development.

Keywords: *Health workforce, universal health coverage, health professions education*

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INTRODUCTION

Universal health coverage (UHC) is included in the Sustainable Development Goals (SDGs) as one of the targets and is being advanced by the World Health Organization (WHO) as an important concept.[1] However, around the world, health systems, and the populations they serve are facing the same growing challenge of lack of access to comprehensive, appropriate, timely, quality health services.[2] Low-income countries with larger populations are especially experiencing serious shortages in meeting health workforce requirements for universal health coverage.[2-5] The current demand shortage of millions of health workers is expected to double by 2030, with the largest shortages predicted to occur in the regions of East Asia and the Pacific (8.3 million) and South Asia (3.2 million), accentuating the global imbalances in the distribution of health workers. In low-income countries (LICs), for example, both the demand for and the supply of health workers are projected to remain significantly below the needs-based threshold. As a result, these countries will likely face shortages of health workers needed to provide basic health services and unemployment of health workers due to the limited capacity to employ the available supply

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of workers (insufficient demand).[5-7] Compared to the health workers' needs-based projections, the scenario is even more troublesome for our country, Bangladesh.[5,7]

The Government of Bangladesh (GoB) aspires to achieve Sustainable Development Goals (SDGs) by 2030. This means that the government is aiming to reach the targets set for SDG 3 (Ensure healthy lives and promote wellbeing for all at all ages) by 2030 that includes the attainment of universal health coverage (UHC).[5,7] To pave the way, GoB has approved the 4th Health, Population and Nutrition Sector Support Programme (HPNSP) (2017–2022) to ensure access to quality and equitable health care in a healthy environment for all that necessitates a competent and committed health workforce, for which quality and standard health professional education and training is required.[5,7,8] In this context, a new paradigm around the idea of transformative health professions education is emerging and promotes the need for transformation in health care systems, in the roles of health professionals and in the design of health professions education. This review paper tried to emphasize the importance and implications of a paradigm shift in the sector.

HEALTH PROFESSIONS EDUCATION ON MOVE

The UHC agenda, with the underlying goal that everyone should have access to the quality health services they need, without financial compromise, brings attention to three universal needs of all health systems: financing; services; and populations. UHC offers a compelling opportunity to better align the demand for health services and the demand for health workers with population health needs. However, the alignment of demand and need around UHC must find a tangible link to the supply of health workers.[5-7,9-11]

There has been significant increase of the number of health professional education institutions along with number of seats in 50 years (between 1971 and 2021). Approximately 31 times increase of the total health professional education institutions (of the seven professional's categories) under the MOHFW has been observed.[8] The increase has been rapid since 2010, especially in the number of the private health professional education institutions, mainly in the capital city (e.g., about 67% increase in the number of the private sector medical colleges and about 275% increase in the number of private sector nursing institutes).[8] This has resulted in an increasing trend of the production of the health professionals every year. However, several demerits were also observed relating to this mushroom growth. Such mushroom growth of medical, dental, nursing and other health institutions in the country has undermined the quality of health professions education to a great extent.[8,12-14] Concerned authorities are taking steps to improve the situation; however, the owners of these institutions also need to put in their efforts to improve qualities in terms of infrastructure development, enhancement of teaching and training facilities.[8,12]

CHALLENGES IN HEALTH PROFESSIONS EDUCATION

The education system is an indispensable component of the health system, and the provision of educational services ensures the constant supply of an educated and motivated workforce. Countries (including Bangladesh) that are aiming for universal health coverage (UHC) for all at an affordable cost need to ensure adequate supply of the right categories of workforce in the right places at the right time.[9,15-17] However, low-resource countries encounter many problems in relation to health workforce development through health professions education. Some of the issues are dynamic and interrelated. We tried to categorize these problems under following headings:

1. *Balancing between shortage in health workforce and selecting appropriate candidates for health professions education:* Like many other countries, Bangladesh is also experiencing a health workforce crisis. The recent COVID-19 pandemic is recognized as the breaking point for many health workers who were already in short supply. Healthcare workers called for urgent mobilization to address shortages, burnout, and backlog issues, which became a focus of concern in the health sector. However, this is also important that healthcare workers must have the profile, skills, and behaviour that are able to create trust and confidence in the population and promotes demand for quality services.[9,17] Hence, to meet the shortage in a short time frame, quality in education and training should not be compromised. In most countries the selection of students is done based on previous academic grades and a selection test. Bangladesh is also not an exception to this. This might be a good predictor of future academic performance; however, it does guarantee a future professional

performance in the sector.[9,17-20] Many countries have changed their admission process for the selection of medical, dental and nursing applicants to assess their mental attitude and behavioural characteristics that might be consistent with the demands of clinical practice in near future.[9,10,17]

2. *Ensuring competency-based education in health professions:* Calls have been made from different stakeholders to transform current curriculum, teaching and learning strategies to ensure that future healthcare workers have the required competencies for the changing burden of diseases and technological environment.[17] For educators and policy makers in the field, desirable competencies must be identified and aligned with population health priorities and any identified skills gaps.[9,17] In many countries, this means a shift in focus towards education and training that prepares the workforce to deliver effective primary care and meet the increasing challenge of noncommunicable diseases, which is also true for Bangladesh.[18-20]

3. *Lack of proper investment in health professions education:* A primary constraint to the development of health workforces in low- and middle-income countries is that the prevailing investment model for educating healthcare workers is not aligned with universal health coverage goals.[17] In many of those countries, like Bangladesh, insufficient, inefficient, and socially unaccountable investment in health professions education is a primary barrier to building a competent health workforce that meets population needs.[17,21-23] Moreover mushrooming growth of public and private institution without proper financial, logistic and manpower support as well quality education and training may only increase the number rather than achieving the real goals.[12]

4. *Proper distribution of health graduates and continuing professional development:* There is a notable gap in their rural retention. Most graduates relocate to urban areas following their period of mandatory service[24,25] to undertake specialty training or move into more lucrative private practice. Thus, doctors, nurses and other healthcare workers serving rural areas tend to be less experienced, and turnover rates are high. Some countries have launched targeted campaigns to attract students to occupations with unmet needs, for example, in the fields of primary care nursing, radiography and medical laboratory technology focusing on supply chain to rural health services.[25,26] In some contexts, increased remuneration and CPD training facilities are important. For community-based and mid-level health workers when adequately supported by the health system bring about changes and effective results in expanding coverage and improving health service equity (e.g., in remote rural areas or for low-income or vulnerable groups).[24-26] As we have already experienced in our country that upazila (sub-district) hospitals and community clinics have shown extraordinary performances in the health sector.[7,8]

5. *Regulating education and practice:* The development and activation of a regulatory framework that upholds accepted standards of education and practice is crucial at the moment. Strengthening of Bangladesh Medical & Dental Council (BM&DC), Bangladesh Nursing Council (BNC), State Medical Faculty (for paramedics) is essential step towards this. National health policy and a regulatory framework should cover the regulation of work in both public and private sectors, including education institutions, mechanisms of surveillance of professional practice and the exercise of discipline in cases of malpractice or unethical behaviour by the healthcare professionals.[27]

6. *Discrimination in health professions:* Literature on gender and human resources for healthcare has demonstrated that gender discrimination and inequality also remain as barriers to entry, reentry, and retention in employment systems, especially for female health workers in health services. Moreover, families and communities resist some of the changes required to address discrimination based on caregiver responsibilities, because the interventions challenge longstanding gender norms, expectations, and divisions of labour between men and women especially in our South Asian perspective.[5,7,19,28]

RECOMMENDATIONS

Evidence showed that health professions education and training is primarily clinical and curricular; however, it is somewhat deviated from the needs of

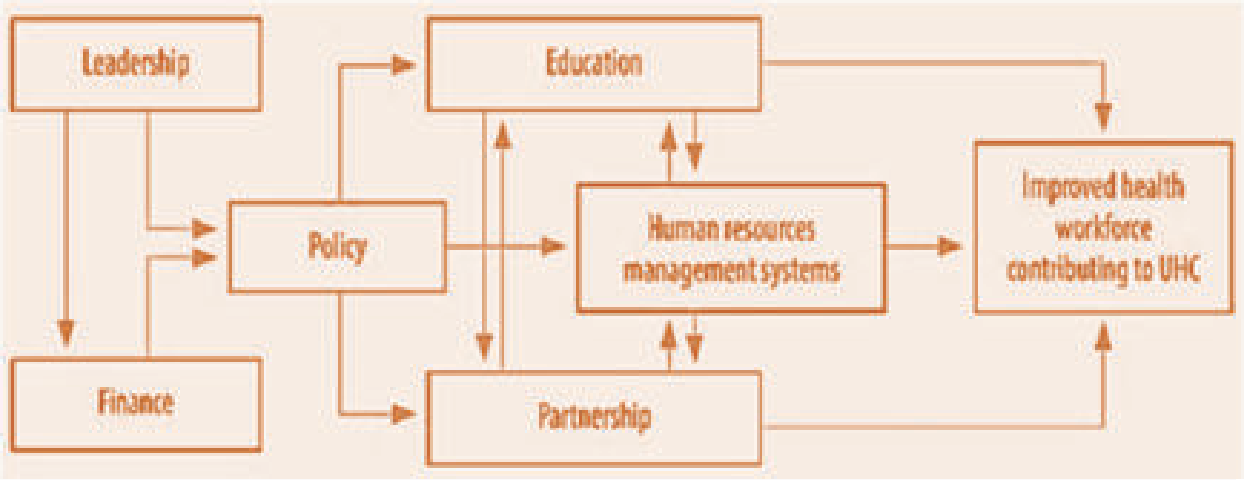

Fig. 1: *Factors associated to improvement of health professions education aligned with heath workforce management to ensure UHC (Source: Cometto, Buchan & Dussault, 2020)*[9]

the health system.[9,10] In low-resource countries like Bangladesh, in the context of limited financial realities, to achieve global health goals and maximize opportunities for employment and economic development a paradigm shift is needed in health professions education, workforce development and healthcare services of the country from its primary to the tertiary level of health care respectively.[9,17] There is a critical need to shift towards fair, equitable, need-based employment policy that is compatible with the overall growth of the health economy, and that acknowledges the role of both public and private sector in education and training.[8,17,21] Now coinciding with falling public health investment, emergence of non-communicable diseases, and a spiraling demand, there has been a steady growth in the corporatization of healthcare in recent years.[8,12] We are not against it; however, we argue for proper monitoring and quality assurance by the health watch authorities of the country.

In order to transform population health outcomes, the current efforts to scale up health professions education must increase not only the quantity, but also the quality and the relevance of the providers of the future. A transformative approach to medical education is needed – one that is defined by a commitment to social responsibility and insists on inter-sectoral engagement to determine how students are recruited, educated, and deployed as health professionals.[8,17,22]

The pursuit of knowledge, understanding and personal development will be encouraged across all stages of a health care worker's career. This includes strengthening of regional and national capacity in knowledge generation and management. Quality improvement of pre-service training will be encouraged while ensuring adequate opportunities for systematic in-service training. The need to carry out research to bridge the knowledge gaps in areas related to health workforce will be given more emphasis.[18,21,28]

Moreover, we need to develop gender equality, equal opportunity, or affirmative action policies to address multiple forms of gender discrimination and inequality in healthcare sector – in recruitment, education and training, employment, and workplaces.[8,28]

Reforms and paradigm shift in health professions education is not all to solve the problems in health sector. The effective management of the health workforce is also essential, as it includes the planning and regulation of the supplying health workers and maintenance its stock in the pipeline, as well as health professions education, recruitment, employment, performance optimization and retention.[9,17,28] A logical hierarchy and links among different action fields have been identified and described (Fig. 1) to show the pathways of health workforce development to provide the universal health coverage in a specified population as well as the role, status, and interdependence of health professions education with other factors.[9]

Finally, we would like to say mere availability of health workforce is not sufficient to provide UHC and meeting SDGs by 2030. Only when this available healthcare workers are equitably distributed and accessible by the population, when they possess the required competency, and are motivated and empowered to deliver quality healthcare that is appropriate and acceptable to the sociocultural expectations of the population, and when they are adequately supported by the health system, we may succeed theoretical coverage translate into effective service coverage.[15,17]

CONCLUSION

Addressing population needs for the SDGs and UHC requires making the best possible use of limited resources, and ensuring they are employed strategically through adoption and implementation of evidence-based health workforce policies tailored to the national health system context at all levels, as to reach the targets of SDGs by 2030. However, further research is needed to assess the impact of such initiatives on the long-term retention of workers – particularly doctors – and the adequacy of the training offered to lower-skilled workers to effectively plug medical personnel gaps. Last but not the least, systematic monitoring of program affordability and cost-effectiveness over time must be prioritized, alongside efforts to disseminate all the lessons learned to inform better practice and policy in the health sector.

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