

RECEIVING AND MAINTAINING HEALTH WORKFORCE RESOURCES IN WHO STRATEGIC DOCUMENTS

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INTRODUCTION

Health workforces in medical care play a key role in the organization and delivery of health care worldwide. The ability of health systems to function effectively and respond adequately to new challenges depends to a large extent on the availability of a sufficient number of health workers with the necessary skills and working where they are needed, in an environment conducive to their motivation and involvement¹.

With the collapse of the USSR, the economic crisis, low wages and unsatisfactory social conditions, which were observed in almost all countries of the post-Soviet space in the 1990s, significantly increased opportunities for labour migration². Although migration of skilled workers is increasing in a number of sectors³, the significant increase in migration of health-care workers in recent years poses a number of specific policy issues to countries, becoming a sphere of special international attention due to its negative consequences. In particular, the negative effects of the migration of health care workers on developing countries' health systems were highlighted in 2006 in the World Health Report 2006⁴.

¹ Kadrovye resursy zdavoohraneniya [Health workforce] // *Euro*: website. Retrieved from: <http://www.euro.who.int/ru/health-topics/Health-systems/health-workforce/health-workforce> (accessed 15 November 2019).

² Migraciya rabotnikov zdavoohraneniya [Migration of health workers]. *WHO*: website. Retrieved from: <http://www.who.int/mediacentre/factsheets/fs301/ru/index.html> (accessed 18 November 2019).

³ Findlay A, Lowell L. (2002) Migratsiia vysokokvalifitsirovannykh spetsialistov iz razvivaiushchikhsia stran: vozdeistvie i otvetnye mery na urovne politiki. [Migration of highly skilled persons from developing countries: impact and policy responses]. International Labour Organization, Dokumenty po mezhdunarodnoi migratsii [International Labour Organization, International Migration Papers]. Geneva, no. 43.

⁴ Vsemirnyj doklad ob ohrane zdorovya 2006 goda – sovmestnaya rabota v interesah ohrany zdorovya [The world health report 2006 – working together for health. Geneva, World Health Organization]., *WHO*: website. Retrieved from: <http://www.who.int/whr/2006/en/> (accessed 13 November 2019).

International recruitment and migration of health workers remains an important issue on the global health agenda from the early 1990s to the present days^{5,6}. The outflow of qualified medical personnel from the country and domestically into other sectors of the economy is recognized as one of the main obstacles that hinders the development of modern healthcare systems⁷. At the same time, the crisis state of health personnel is a universal problem, from which no country is immune.

As a result of decades of underinvestment in the training of health workers, their retraining, wages, working conditions and management, a chronic shortage of health care system workers has been worsening, leading to acute shortages of key professionals, increasing rates of change in occupation and early retirement, as well as national and international migration⁸. So, with the current estimates, currently in the world the approximate shortage of doctors, midwives, nurses, pharmacists, dentists and other staff is more than 7.2 million people. At the same time, the personnel cadre concerns not only practical health workers, but also extends to teachers and instructors, supervisors, and support staff. Inadequate distribution of resources, inefficient use of knowledge or neglect of knowledge, as well as migration, as WHO experts predict, without effective intervention can lead to a shortage of 18 million health workers in the future⁹.

At the same time, it is difficult for most countries to adequately allocate the available Health workforce resources, and the ease with which healthcare

⁵ Razvitie medicinskih kadrov [Medical personnel development]. *WHO*: website. Retrieved from: <http://whodc.mednet.ru/ru/component/attachments/download/20.html> (accessed 13 November 2019).

⁶ Kajgoroda T. V. (2019) Kadrovye resursy zdavoohraneniya [Health personnel resources]. *Socialnye aspekty zdorovya naseleniya* (electronic journal), vol.3, no 67. Retrieved from: http://vestnik.mednet.ru/content/view/1081/30/lang.ru_cp1251. (accessed 12 November 2019)

⁷ Wismar M., Maier C.B., Glinos I.A., Dussault G., Figueras J. (2011) Mobilnost medicinskih rabotnikov i sistemy zdavoohraneniya. Fakticheskie dannye iz 17 stran [Health professional mobility and health systems. Evidence from 17 European countries]. *Evropeiskoe regionalnoe biuro VOZ [WHO Regional Office for Europe]*. Copenhagen, 597 pp.

⁸ Vseobshaya realnost: bez trudovyh resurov net zdoroCopenhagenvya [A Universal Truth: No health without a workforce]. *WHO*: website. Retrieved from: <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/index.html> (accessed 11 November 2019)

⁹ G. Dussault, J. Buchan, W. Sermeus, Z. Padaiga. Ocenka budushih potrebnostej v kadrovyyh resursah zdavoohraneniya [Assessment of future health workforce needs]. *Euro: website*. Retrieved from: http://www.euro.who.int/__data/assets/pdf_file/0018/133038/e94295R.pdf (accessed 13 November 2019)

providers move from one country to another complicates planning at the national level, in particular due to poor accounting for migration flows.¹⁰

Given that in the overwhelming majority of countries of the world there is no explicitly defined strategy for the development of human resources of the Health Departments, scientists increasingly recognize the need to develop methods and means of maintaining and attracting medical personnel to achieve the Sustainable Development Goals and create fair primary health care systems, which will make health services are more affordable, efficient and rational¹¹.

In view of this, we consider it necessary to analyze the WHO strategic documents on retention and involvement of health care workers, which will facilitate the development of concrete measures to address migration at national and regional levels.

1. Migration of medical personnel and ways to solve it in WHO documents

Different types of migration flows can have different triggers, different effects and have different consequences for the policies of exporting and importing countries. This is determined by its duration (may be temporary or permanent) and depends on whether the migration of workers is voluntary or forced. Often, it can be provoked by various circumstances in the country of destination or, from the country of which it is carried out, and be a symptom of deep problems of the health systems themselves (for example, problems of maintaining medical professionals or improving human resources planning)¹². But, most often, the international migration of health workers is seen as an elementary one-way “brain drain”, as a result of which health systems in countries lose trained personnel. As a result of external migration, they suffer from staff shortages, low morale and poor quality, insufficient medical services and limited access to them. In most countries, there is also a movement from the public sector to the private, especially in the case of a

¹⁰ Рukоводство по мониторингу и отснке кадровых ресурсов здравоохранения (спецально для стран с низким и средним уровнем дохода) [Guidance on monitoring and evaluation of the health workforce (specifically for low- and middle-income countries)] Европейское региональное бюро ВОЗ [WHO Regional Office for Europe] . Copenhagen, 188 pp.

¹¹ Документ A72/24 Семдесят второй сессии Всемирной ассамблеи здравоохранения [Document A72/24 Seventy-second World Health Assembly]. Retrieved from: http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_24-ru.pdf. (accessed 11 November 2019).

¹² Stilwell B et al. (2003) *Razrabotka osnovannoi na fakticheskikh dannyx eticheskoi politiki v otnoshenii migratsii meditsinskikh rabotnikov: kontseptualnye i prakticheskie problemy* [Developing evidence based ethical policies on the migration of health workers: conceptual and practical challenges]. Liudskie resursy dlia zdravookhraneniia.

significant difference in income levels^{13,14}. At the same time, migration is determined by the individual's right to act in their own interests, taking into account various personal motives¹⁵, different approaches of governments to managing the migration of medical workers and the intermediary role of recruitment agencies¹⁶. The frequent lack of evidence on the migration of medical workers¹⁷ and the lack of universal international standards and documents that could be used to compare migration levels between countries according to common criteria only complicates the development of practical measures for a single human resources planning and management strategy¹⁸.

On the basis of a comprehensive discussion at the Third Global Forum¹⁹ recommendations were adopted to fill the shortage of workers in an era of universal coverage of health services. Key recommendations include:

1. Strengthening political and technical leadership in countries to support long-term health workforce resource development efforts.

¹³ Dumont J, Zurn P. (2007) Meditsinskie rabotniki-immigranty v stranakh OESR v bolee shirokom kontekste vysokokvalifitsirovannoi migratsii [Immigrant health workers in OECD countries in the broader context of highly skilled migration]. SOPEMI Ed. Perspektivy mezhdunarodnoi migratsii. Organizatsiia ekonomicheskogo sotrudnichestva i razvitiia. [SOPEMI ed. International migration outlook. Organisation for Economic Co-operation and Development]. Parish.

¹⁴ Robinson R. (2007) Zatraty i vygody migratsii medicinskih rabotnikov iz Vostochnoj i Yuzhnoj Afriki (VYuA) [The costs and benefits of health worker migration from East and Southern Africa (ESA)]. Literature review. Harare, EQUINET, 2007 (EQUINET Discussion Paper 49; Retrieved from: <http://www.equinet.africa.org/bibl/docs/DIS49HR.robinson.pdf> (accessed 14 November 2019).

¹⁵ Bueno de Mesquita J, Gordon M. (2005) Mezhdunarodnaya migratsiya medicinskih rabotnikov: analiz soblyudeniya prav cheloveka [The international migration of health workers: a human rights analysis]. *Medact*, (electronic journal). Retrieved from: <http://www.medact.org/content/Skills%20drain/Bueno%20de%20Mesquita%20and%20Gordon.pdf> (accessed 10 November 2019).

¹⁶ Buchan J, Perfilieva P. Migratsiya medicinskih rabotnikov v Evropejskom regione: tematicheskie issledovaniya po stranam i politicheskie posledstviya. [Health worker migration in the European Region: country case studies and policy implications]. *Euro*: website. Retrieved from: <http://www.euro.who.int/document/e88366.pdf> (accessed 10 November 2019).

¹⁷ Diallo K. (2004) *Dannye o migratsii meditsinskih rabotnikov: istochniki, vidy ispolzovaniia i problemy* [Data on the migration of health-care workers: sources, uses, and challenges]. Bulletin of the World Health Organization, 82:559–636.

¹⁸ Auriol L, Sexton J. (2002) Liudskie resursy v oblasti nauki i tekhnologii: voprosy izmereniia i mezhdunarodnaia mobilnost [Human resources in science and technology: measurement issues and international mobility] Organizatsiia ekonomicheskogo sotrudnichestva i razvitiia [Organisation for Economic Co-operation and Development]. Paris: pp. 13–39.

¹⁹ Tretii globalnyi forum po kadrovym resursam zdravookhraneniia (2013) *Kadrovye resursy zdravookhraneniia: osnova dlia obespecheniia vseobshchego okhvata mediko-sanitarnymi uslugami i povestka dnia v oblasti razvitiia na period posle 2015 goda* [Human resources for health: a framework for universal health coverage and the post-2015 development agenda]. Recife, Brazil.

2. Gathering reliable data and enhancing health workforce resources for health databases.

3. Maximize the role of mid-level and individual communities to improve the accessibility and affordability of primary care services.

4. Retention of health workers in the countries with the most severe shortage of these resources and more balanced geographical distribution.

5. Provide mechanisms that provide for the rights and responsibilities of employees health care when developing and implementing policies and strategies to achieve overall health coverage.

To respond to these political challenges and manage migration, WHO recommends that governments act in three ways²⁰:

- improve the available data on the migration flows of medical workers for more effective monitoring of trends;

- pay closer attention to different options for managing migration processes in order to reduce its negative impact on the provision of health workers;

- in all countries that are faced with this problem – to ensure the effectiveness of personnel policies, planning and practical actions in the health sector, which will allow better assurance of human resources.

In developing national programs, WHO recommends that governments develop strategies that take into account motivation, working conditions, decent wages, educational opportunities, and other factors that will reduce the outflow of medical personnel²¹. In particular, the resolution adopted at the 57th Session of the WHO European Regional Committee in 2004 by the World Health Organization Assembly WHA57.19 «International migration of health personnel: a threat to health systems in developing countries»²² emphasized that the policy promotion of retention of health care personnel should include measures to strengthen human resources through a review of wage rates and the implementation of incentive systems. Personnel policy makers are therefore encouraged to enlist the support of international

²⁰ Kadry zdravoohraneniya 2030. Globalnaya strategiya dlya razvitiya kadrovyyh resursov zdravoohraneniya [Health personnel 2030. Global strategy for health workforce development. WHO: website. Retrieved from: https://www.who.int/hrh/resources/russian_global_strategyHRH.pdf (accessed 12 November 2019).

²¹ Politika v otnoshenii trudovyh resursov zdravoohraneniya v Evrope [Health workforce policies in the European Region]. Euro: website. Retrieved from: <http://www.euro.who.int/document/rc57/edoc09.pdf> (accessed 11 November 2019).

²² Mezhunarodnaya migratsiya i medicinskij personal: problema dlya sistem zdravoohraneniya v razvivayushihnya stranah [International migration and health personnel: a challenge for health systems in developing countries]. WHO: website. Retrieved from: http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R19-en.pdf (accessed 12 November 2019).

organizations and governments of importing countries, which in turn will help to identify the most effective balance of key interventions (such as recruiting within the country, improving the conditions for retaining professionals and returning to work, non-practitioners). Also, as noted in the program document of the Directorate of Health and Social Affairs of Norway²³ only when creating effective interagency agreements and achieving cooperation of all departments (finance, legal regulation, foreign aid, health and immigration, etc.) can one act in common a coherent political direction, which will ensure control and management of the input flow of workers in importing countries. At the same time, it is possible to achieve a really positive contribution of the migration of medical workers to the health care system of importing countries by hiring and promoting equal rights and equal opportunities for health professionals from other countries²⁴.

Appropriate recruitment policies include «prompt satisfaction» of work permit requests; developing coordinated approaches to recruitment with the involvement of many employers to achieve economies of scale in the hiring process; developing a cross-sectoral approach to coordinate the employment of healthcare professionals in the country of destination; providing observation during the initial period of work or assisting in adaptation, such as language training and cultural orientation, and providing social support, which in turn can help newcomers to assimilate effectively.

In some countries (England, Ireland, Scotland), international medical associations have developed principles and principles to promote equality and equal opportunity for medical professionals who have been sent from other countries or refugees and to maintain a healthy morale in the health sector, hiring protocols^{25, 26, 27}. The principles of ethical and effective

²³ Nabor medicinskih rabotnikov. Na puti k globalnoj solidarnosti [Recruitment of health workers. Towards global solidarity]. *Shdir*: http://www.shdir.no/vp/multimedia/archive/00018/IS-1490E_18611a.pdf (accessed 13 November 2019).

²⁴ Buchan J, Perfilieva P. Migraciya medicinskih rabotnikov v Evropejskom regione: tematicheskie issledovaniya po stranam i politicheskie posledstviya [Health worker migration in the European Region: country case studies and policy implications]. *Euro*: website. Retrieved from: <http://www.euro.who.int/document/e88366.pdf> (accessed 13 November 2019).

²⁵ Zayavlenie s izlozheniem pozicii po eticheskomu podboru medsester [Position statement on ethical nurse recruitment]. *ICN*: website. Retrieved from: <http://www.icn.ch/psrecruit01.htm> (accessed 12 November 2019).

²⁶ Kodeks praktiki mezhdunarodnogo najma medicinskih rabotnikov: Melburnskij manifest. [A Code of Practice for the International Recruitment of Health Professionals: the Melbourne Manifesto]. *Ruralhealth*: website. Retrieved from: http://nrha.ruralhealth.org.au/cms/uploads/publications/melbourne_manifesto.pdf (accessed 11 November 2019).

²⁷ Rukovodstvo EFN po peredovoj praktike najma mezhdunarodnyh medsester [EFN good practice guidance for international nurse recruitment]. *Efnweb*: website. Retrieved from: <http://www.efnweb.org/version1/en/documents/EFNGoodPracticeGuidanceforRecruitment.doc> (accessed 11 November 2019).

international recruitment presented in them are based on an appropriate assessment of the competencies of health professionals from other countries in accordance with the regulatory framework of the host country. This will allow for the assessment of patient safety risk factors associated with the use of multinational staff in another mother tongue, other types of education received, and other approaches to assisting with cultural differences.

Subsequently, with a view to reaching a global consensus on the strategy for the international recruitment of health workers, WHO is initiating the adoption of a Community Code on the international recruitment of health workers²⁸, which establishes for the Commonwealth of Nations and Pacific Island Governments a number of leading international States medical professionals. In particular, it calls for the purpose of hindering the targeted recruitment of healthcare workers from countries that are themselves in short supply, as well as protecting the rights of hired workers and providing conditions for professional activity in the hiring countries. It is also emphasized that the recruitment of healthcare workers should be transparent and that recruitment agencies and employers should clearly explain the terms and conditions of employment of the employees they hire: ensuring that candidates have a full understanding of the terms of their contracts; providing them with information on regulatory authorities and the necessary requirements for them; propose additional strategies for retaining qualified personnel. At the same time, recruitment agencies should not hire those who have unsettled obligations in their own countries, which will help to achieve mutual benefits for retaining health care workers domestically.

In order to create mechanisms that would mitigate the negative impact of the outflow of health care system personnel as a result of migration, a resolution WHA59.23 «Rapidly increasing the training of health workers» was adopted at the 59th session of the WHO Assembly²⁹. Among the key steps in this direction was the promotion of training in accredited institutions by a full list of highly qualified specialists, facilitating the establishment of planning groups in each country to address the shortage of health workers, involving a wider range of participants, including unions, public and private

²⁸ Kodeks Sodruchestva po praktike mezhdunarodnogo najma medicinskih rabotnikov [Commonwealth Code of Practice for the International Recruitment of Health Workers]. The common wealth: website. Retrieved from: http://www.thecommonwealth.org/shared_asp_files/uploadedfiles/{7BDD970B-53AE-441D-81DB-1B64C37E992A}_CommonwealthCodeofPractice.pdf (accessed 14 November 2019).

²⁹ Bystroe povyshenie urovnya podgotovki medicinskih rabotnikov [Rapidly increasing the training of health worker]. WHO: website. Retrieved from: http://apps.who.int/gb/ebwha/pdf_files/WHA59-REC1/r/Part2-Res-ru.pdf (accessed 15 November 2019)

sectors and non-governmental organizations. However, experts stress³⁰ that their overarching goal in developing a comprehensive national strategy for healthcare workers has not been achieved.

Given the complexity of developing national programs for the recruitment of health workers at the 124th session of the Executive Committee in January 2009, governments are invited to participate in discussions on retention at national, regional and global levels, which will improve the WHO Code of Practice international recruitment of health personnel³¹.

A further step in overcoming migration problems was the development of a WHO Framework for Financing and Economic Aspects for the Enhancement and Improvement of Health Care Professionals³², which invites resource managers to create global partnership networks to promote more balanced distribution, frames within the country. At the same time, such partnerships should be based on the development of adequate policy approaches to migration management.

At the global level, WHO identifies two possible policy options for countries and regions facing the problem of emigration or immigration of healthcare professionals:

- not to make any interventions by the state, allowing the market to determine the direction, level and dynamics of migration of health care workers;
- facilitate the development of policies that facilitate or streamline the migration process so that neither country is at a loss (policy aimed at improving the monitoring of migration of health care workers, facilitating direct migration flows and improving human resource practices, in

³⁰ Ocenka finansirovaniya, obrazovaniya, upravleniya i politicheskogo konteksta dlya strategicheskogo planirovaniya kadrovyyh resursov zdравooхранeniya [Assessment of financing, education, governance and policy context for strategic health workforce planning]. *WHO*: website. Retrieved from: (http://apps.who.int/gb/ebwha/pdf_files/WHA59-REC1/r/Part2-Res-ru.pdf) (accessed 14 November 2019).

³¹ Kodeks praktiki Vsemimoy organizatsii zdравooхранeniya po mezhdunarodnomu najmu mediko-sanitarnogo personala [World Health Organization Code of Practice on the International Recruitment of Health Personnel]. *WHO*: website. Retrieved from: http://www.who.int/hrh/migration/code/code_background_paper_ru.pdf (accessed 14 November 2019).

³² Finansirovanie i ekonomicheskie aspekty uvelicheniya chislennosti i povysheniya kvalifikatsii rabotnikov zdравooхранeniya. Ramochnyj document [Financing and economic aspects of health workforce scale-up and improvement: framework paper]. *WHO*: website. Retrieved from: http://whqlibdoc.who.int/publications/2008/9789241598286_eng.pdf (accessed 11 November 2019).

particular, an attempt to direct employees from other countries into geographic or specialization areas that are more in need of additional staff)³³.

2. WHO Recommendations for the retention of medical personnel

Based on evidence of relocation of health workers across national borders and focusing on strategies to increase the number of specialists in remote and rural areas by improving hiring conditions, WHO in Geneva in 2010 develops Recommendations for a Global Policy for Enhancing Access to Healthcare Workers health in remote and rural areas³⁴.

The recommendations for retaining and recruiting medical staff in this report are grouped into four main sections: education recommendations, regulatory guidance, financial incentive guidance, and personal and professional support recommendations.

So, recommendations on education include:

1. Use of a targeted recruitment policy (enrollment of students in rural areas to increase the likelihood that graduates will make the decision to pursue their profession in rural areas).

2. Placement of medical schools, campuses, and postgraduate programs in family medicine outside metropolitan and other major cities, since graduates of these schools and programs are more likely to work in rural areas.

3. Providing students with incomplete higher education programs, studying various medical disciplines, gaining experience in rural communities and rotating between health care institutions, as this can have a positive impact on the recruitment and recruitment of health care workers in rural areas.

4. Modifying curricula for part-time and full-time higher education programs, including rural health topics, to increase the competence of health professionals working in rural areas and thus their job satisfaction and their content.

³³ Buchan J. Kak upravlyat processom migracii rabotnikov zdavoohraneniya, chtoby snizit lyubye otricatelnye vozdejstviya na obespechennost imi? Kratkij analiticheskij obzor [How to manage the migration of health workers in order to reduce any negative impacts on their well-being? Brief analytical overview]. *Euro*: website. Retrieved from: http://www.euro.who.int/_data/assets/pdf_file/0009/76428/E93414R.pdf (accessed 12 November 2019).

³⁴ Rasshirenie dostupa k rabotnikam zdavoohraneniya v otdalennyh i selskih rajonah. Rekomendacii po globalnoj politike. [Increased access to health workers in remote and rural areas. Global policy recommendations]. *WHO*: website. Retrieved from: http://www.who.int/entity/hrh/retention/retention_recommendations_ru.pdf (accessed 11 November 2019).

5. Develop a continuing education and vocational training program that meets the needs of rural health workers and is carried out at the place of residence and work to support their maintenance.

The Regulatory Guidelines (block II) provide for: the establishment and regulation of an expanded field of practice in rural or remote areas in order to enhance potential job satisfaction that will facilitate recruitment and retention; to increase the number of health care practitioners in rural and remote areas, it is necessary to establish different categories of health care workers with appropriate training; with the aim of expanding the recruitment and retention of health workers in these areas, where compulsory work is required in rural and remote areas, to provide workers with appropriate incentives such as scholarships or financial assistance (educational subsidies).

To enhance rural retention, WHO recommends a set of financial incentives (within its fiscal capacities) – Block III, including preferential loans, heavy labor payments, housing subsidies, free transportation, paid holidays, etc.). It will be sufficient to cover the costs of lost opportunities through work in rural areas (as perceived by healthcare professionals).

The recommendations for personal and professional support (block IV) include:

- improving the living conditions of health workers and their families, investing in infrastructure and services (sanitation, electricity, telecommunications, schools, etc.), as these factors have a significant impact on workers' decision to move to and stay in rural areas;

- the creation of good and safe working conditions (including appropriate equipment and supplies, favorable guidance and mentoring) to ensure the professional attractiveness of these posts and thus increase the recruitment and retention of health workers in remote and rural areas;

- development and implementation of appropriate educational measures that will facilitate cooperation between health workers from areas with good and inadequate care, using telemedicine as a supportive tool;

- developing and supporting a program of career growth and the creation of senior-level posts in rural areas so that health care workers can move up the ladder through their own experience, training and training, not necessarily leaving rural areas;

- support for the development of professional networks, rural associations of health professionals, journals in the field of health care in rural areas, etc. to improve the morale and status of rural health care providers and to reduce the sense of professional isolation;

– Provision of public recognition measures, such as holding rural health days, awarding awards and titles at local, national and international levels, with a view to enhancing the status of work in rural areas, since these activities provide conditions for enhancing internal motivation and thus promoting, the retention of rural health workers.

These evidence-based recommendations relate to displacement health workers within national boundaries and focused solely on strategies to increase the presence of healthcare workers in remote and rural areas through improved attraction, recruitment and maintenance. They apply to all categories of healthcare professionals in the official regulated health sector, including managers health care and support staff, as well as students seeking or completing training and complementing the ongoing work of the WHO Global Code on the practice of international recruitment³⁵.

In our opinion, these recommendations can serve as a basis for program development at the regional and national levels, given the possibility of adapting them to specific conditions of application and implementation. After all, all efforts to improve the recruitment and retention of healthcare workers in remote and rural areas are based on a number of interrelated principles. For example, adhering to the principle of fairness in health can facilitate the allocation of available resources and help reduce and eliminate the manifestations of health inequities, and the enshrining in the national health plan of rural retention policies will provide a basis for accountability for all partners to achieve tangible, measurable results.

At the same time, experts say, the choice of measures to retain and motivate health care workers should be made taking into account the deep understanding of the peculiarities of medical personnel. This requires, at a minimum, a comprehensive situational analysis, in particular of the labor market and the analysis of the factors that influence the decisions of health care workers to move to another country because of other areas, to stay there or to leave³⁶. At the same time, linking practical policy measures and adapting them to the specific circumstances of each country can only ensure that the broader social, economic and political factors at national, regional

³⁵ Kadry zdravooohraneniya 2030. Globalnaya strategiya dlya razvitiya kadrovyyh resursov zdravooohraneniya [Health personnel 2030. Global strategy for health workforce development] WHO: website. Retrieved from: https://www.who.int/hrh/resources/russian_global_strategy_HRH.pdf (accessed 14 November 2019).

³⁶ Mobilnost kadrov zdravooohraneniya v usloviyah bystro izmenyayushejsya Evropy. Novaya dinamika, mobilnyj personal i razlichnye otnetnye dejstviya [Health professional mobility in a changing Europe. New dynamics, mobile individuals and diverse responses]. Euro: website. Retrieved from: http://www.euro.who.int/__data/assets/pdf_file/0006/248343/Health-Professional-Mobility-in-a-Changing-Europe.pdf (accessed 12 November 2019).

and social levels that influence staff retention are properly addressed. Also, to assess options and promote interventions to improve the retention of health care workers, particularly in rural areas, knowledge and experience in central and local HR management is required, and those with well-developed management skills are required to implement selected policy interventions and leadership, especially at the institution level³⁷.

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Stakeholder engagement is also an important element in the successful implementation of retention policies. In order to secure the long-term support of all parties involved, WHO recommends involving rural communities, professional associations and policy makers in the formulation of personnel policies³⁹.

In order to broaden the scope of the recommendations and cover the recruitment and retention strategy in all under-served regions, the WHO Department of Human Resources for Migration and Retention at the WHO Headquarters in Geneva is responsible for initiating review these global recommendations based on new evidence, research and feedback from the countries that use them. The result of this work was a practical document on a set of WHO recommendations⁴⁰, that, in order to improve the quality of care through the availability of the necessary medical staff foresee, first of all, partnerships in any healthcare facility, regardless of ownership.

³⁷ Mehanizm ocenki stran VOZ na osnovе ispolzovaniya dannyh o kadrovyyh resursah zdavooohraneniya [WHO country assessment tool on the uses and sources for human resources for health (HRH) data]. *WHO*: website. Retrieved from: http://www.who.int/entity/hrh/resources/HRH_data-online_version_survey_use_sources.pdf (accessed 12 November 2019).

³⁸ Privlechenie i uderzhanie rabotnikov zdavooohraneniya v subregionalnoj seti Vostochno-Evropskikh gosudarstv [Attracting and retaining health workers in the Member States of the South-eastern Europe Health Network]/ *Euro*: website. Retrieved from: http://www.euro.who.int/__data/assets/pdf_file/0013/152203/e95774.pdf (accessed 14 November 2019)

³⁹ Udovletvorenije potrebnostej v kadrah dlya obshestvennogo zdavooohraneniya [Addressing needs in the public health workforce in Europe]. *Euro*: website. Retrieved from: http://www.euro.who.int/__data/assets/pdf_file/0003/248304/Addressing-needs-in-the-public-health-workforce-in-Europe.pdf (accessed 12 November 2019)

⁴⁰ Nabor rekomendacij dlya sozdaniya partnerstva. Prakticheskij dokument dlya sozdaniya partnerstva po uluchsheniyu kachestva medicinskih uslug [Partnership preparation package. A practical document to implement twinning partnerships for improvement]. *WHO*: website. Retrieved from: <http://apps.who.int/iris/bitstream/handle/10665/273158/WHO-HIS-SDS-2018.13-eng.pdf> (accessed 14 November 2019).

Against this background, to better understand how measures work and why they work in some conditions but are ineffective in others, it is necessary to monitor the migration of health care workers at all levels (regional, national and global). In doing so, it is necessary to carry out scientific analytical studies to assess the effectiveness of personnel policy, to review, if necessary, measures to retain and recruit medical personnel after their implementation, in particular at the regional level, to record valuable lessons learned in the historical aspect, which will increase in the future evidence. Evidence and will facilitate the development of practical measures to retain and engage healthcare professionals at all levels in accordance with the requirements of the evidence assessment system for I have GRADE practical recommendations (relevance, acceptability, affordability, efficiency and impact).

Thus, based on the study of international experience in retaining and engaging health care workers, which testifies to different approaches to solving personnel problems in different countries, and taking into account the different influence of socio-economic and other peculiarities of the country on the migration of health workers, that practical recommendations on the recruitment and retention of medical personnel in Ukraine should be recognized as one of the main tasks in the formulation of personnel policy in the field of health care and should be formulated in accordance with a regional needs, taking into account the specific conditions and factors that determine the negative effects of migration of health care workers. At the same time, their formation should be carried out in accordance with the European vector of development of Ukraine.

CONCLUSIONS

1. An analysis of WHO strategic documents on the retention and involvement of health professionals demonstrates that there is an urgent need to address the challenges posed by the migration of health workers due to the lack of a universal strategy for developing human resources in the vast majority of countries in the world. I, and practical guidance on keeping them and engaging them in specific circumstances.

2. It has been identified that measures to retain and attract health care workers globally are primarily a political issue that must be addressed in three main areas: to better monitor trends – to improve the available data on migration flows of health care workers; in order to reduce the negative impact of migration on health workers' security – developing different options for managing migration processes; In order to better meet the needs

of the human resources, to ensure the efficiency of personnel policy, planning and practical actions in the health sector.

3. It has been found that practical recommendations for retaining and involving healthcare professionals at the regional level, particularly in rural and remote areas, address the need to develop education, migration regulation, financial incentive and personal guidance and professional support.

4. It is proved that in order to expand the scope of practical recommendations on retention and involvement of medical personnel and coverage of their recruitment and retention strategy in all underserved regions, it is necessary to create evidence-based evidence on the levels and causes of migration of health care workers that meet the requirements of the international evidence assessment system for the GRADE Practice Guidelines.

5. Studying international experience in retaining and engaging healthcare professionals and different approaches to addressing HR issues in different countries gives us reason to argue that practical guidelines for the recruitment and retention of medical personnel in Ukraine should be tailored to regional needs, taking into account the socio-economic and other characteristics of the country, which determine the main problems of migration in personnel policy in the field of health care.

SUMMARY

The study provides a scientific and theoretical substantiation of the place and role of measures to retain and involve health workers in the personnel policy of the WHO European Region health system. Indeed, the ability of healthcare systems to function effectively and respond appropriately to new challenges is largely dependent on the availability of sufficient health professionals who possess the necessary skills and work where they are needed, in an environment conducive to their motivation and attraction.

A systematic analysis of WHO strategic documents on the retention and involvement of health workers was carried out, which made it possible to identify the main directions of personnel policy for solving the problems of international migration and migration of health workers domestically at the global and regional levels. It has been identified that measures to retain and attract health care workers at the global level are first and foremost a political issue that should be addressed in three main areas: improving the available data on the migration flows of health care workers; developing different options for managing migration processes; ensuring the effectiveness of personnel policy, planning and action in the health sector.

Recommendations for retaining and engaging health professionals at the regional level, particularly in rural and remote areas, address the need to develop recommendations on education, migration regulation, financial incentives and personal and professional support.

Based on the WHO documents, the necessity and development of practical recommendations for solving human resources problems in the health care of Ukraine, including the problems of migration and their recognition as one of the main tasks in the formulation of personnel policy in the field of health care, are considered and substantiated. Conditions and factors that determine the negative effects of migration of health care workers on the country. At the same time, their formation should be carried out in accordance with the European vector of development of Ukraine.

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