

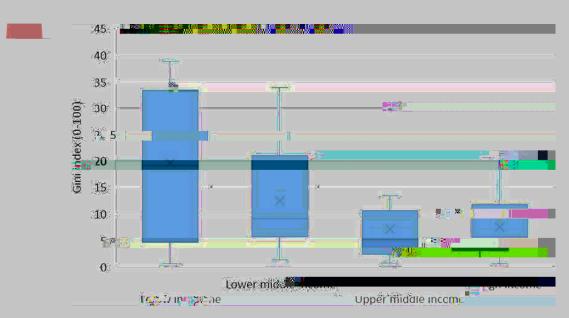
2023 SDG t t



Source: (1) Latest data between 2010-2019, as available on the National Health Workforce Accounts (NHWA) Platform. Data can be accessed here: http://apps.who.int/nhwaporta

Notes: (1) Latest data between 2010-2019, as available on international health services (also known as avarage service coverage) is made up of 14 indicators in four categories) and financial hardship (which is the proportion of the population that spends more than 10% of household income on health). (2) Health Emergencies Protection Index: comprises of three components: Emergency preparedness (Prepare), Emergency prevention (Prevent) and Emergency detection & response (Detect & respond). The Prepare indicator is the average of the 13 core capacities of the International Health Regulations (IHR). The Prevent Indicator measures the average vaccine coverage for selected diseases. The Detect & respond indicator comprises three components related to events with serious public health impacts. The Detect and Response indicator monitor the timeliness of detection, notification and response. (3) HWF deprisity includes medical doctors, nursing personnel and midwifery personnel.

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Objectives

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Methods:

comprised of experts (regulators, researchers, economists, professions, health system experts, trade organizations) from all WHO regions

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410 peer-reviewed articles and 426 grey literature

- ! 99.5% of peer-reviewed studies descriptive
- ! 50% evidence from Australia, Canada, New Zealand, the United Kingdom and the United States
- ! focus on medical, nursing and midwifery personnel

6%of world population; 2.5%of WHO Member States

18% of global stock; 43% of OECD stock*

K t (1)

- wide variations across national and sub-national jurisdictions; occupations and functions; linguistic systems, political-economic models and legal traditions e.g., profession-led, government-led, independent statutory authority, co-regulation
- comparison of outcome from different models are rare; risk of conflict of interest in some profession-led models
- regulating education and practice to supporting health system goals such as supply and cost of education; workforce

Key themes (2)

- reforms triggered by individual country needs and changing interpretation of the public interest
- countries with profession-led regulation strengthening oversight and accountability of regulators, greater inclusion of lay members and opting for umbrella laws
- countries with government regulation increasing role of professional associations in regulation

Understanding <i>the public interest</i> 19th Century Perspective 21st Century Perspective				
Elevating the professionEntry barriers	 efficiency cost effectiveness entry mobility competition proportionate 			
•	 alternatives to licensure Responsive Uniformity health system needs 			

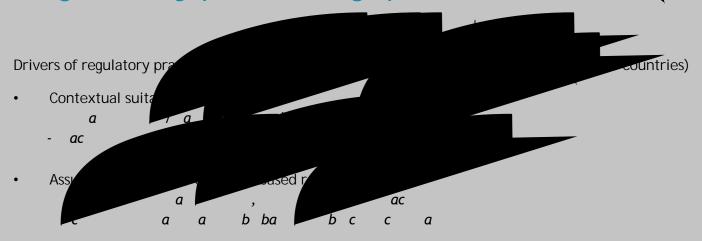
I. Regulatory systems should be designed to benefit population health.

II. Institutional structure and governance mechanisms should promote consistency, efficiency, transparency and accountability of regulators.

III. The functions should promote patient safety, quality of care, accessibility to and competence of practitioners.

IV. Health practitioner regulation can be used to support health system priorities.

Regulatory practice gap assessment



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Global Strategic Directions for Nursing and Midwifery 2021-2025









NCSBN: Opportunities to engage

- Standardizing the taxonomy on health sector regulation
- Understanding health practitioner regulation and the practice gaps in diverse contexts
- o Identifying the output, outcome and impact of health practitioner regulation

