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Healthcare for all: Building a Public Health workforce to achieve the UAE 2021 vision for health



By: Professor Sharon Brownie,¹ Nelson Lebogo² and Dr Mohammed Hag-Ali³

Much has been written regarding the public health challenges facing the UAE, particularly the high levels of preventable non-communicable diseases such as cardiovascular disease, diabetes, renal disease, and traffic related injuries. Committed to reversing this trend, the Government of the UAE have identified 'Health for All' as an important strategic priority in the ongoing development of the nation. The availability of an appropriately skilled workforce is a key consideration in the achievement of this aim. This is highlighted by the WHO report 'A universal truth: No health without a workforce', which was presented to inform the Third Global Forum in Human Resources for Health. Within the UAE, achievement of the 'Health for All' vision requires the development of an appropriately skilled Public Health workforce with supporting health professional licensure, regulation and scopes of practice.

UAE VISION: HEALTHCARE FOR ALL

The *Gulf News*, (Dec 8 2013) reported how UAE rulers gathered together for a two-day strategic planning retreat to vision the nation's priorities to 2021. During the event, His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice President and Prime Minister of the UAE and Ruler of Dubai, addressed the group at the indicating that 'healthcare is a human right' and further development of health services is a high priority for the UAE government going forward.

On the second day the group formed a special 'government innovation laboratory' to assess and prioritise the many ideas and suggestions put forward to the government by the public. The innovation laboratory worked in five streams with the fourth of these dedicated to examining suggestions to 'catalyse change into lifestyle patterns to improve general health'.

Recognised, unhealthy changes in lifestyle patterns are a matter of increasing urgency in the UAE where high levels of non-communicable disease (NCD), including diabetes mellitus type 2, threaten an otherwise bright future. In addressing this issue, the UAE National Agenda launched by Sheikh Mohammed bin Rashid Al Maktoum on 13 February 2014 places the continued development of health services as an essential priority to help achieve the UAE Vision 2021 in time for the UAE's golden jubilee celebration.

PUBLIC HEALTH WORKFORCE

Gaps in any health workforce, for example: gaps in number, distribution and skills, undermine service availability, acceptability, accessibility and quality. Without a comprehensive health workforce, including a well developed Public Health workforce, nations struggle to effectively avoid preventable illness or manage the extensive range of non-communicable disease and chronic illnesses that are characteristic of 21st century global health issues.

Generally, less is understood, or known, about Public Health workforces and more is known about traditional medical-led, hospital-based services that primarily employ doctors, nurses and supporting allied health professionals. The role of these health professionals is well known to the public and their practice is governed and regulated by various licensing and regulatory bodies. In contrast, the roles of Public Health professionals, non-specialists health workers and community- or lay workers are less well defined. Increased understanding maximises the potential of the Public Health workforce.

The health service requirements associated with rising levels of non-communicable- and chronic disease have become more evident and new cadre of health workers has emerged. This workforce is increasingly comprehensive ranging from highly skilled medical specialists and advanced practice clinicians, to healthcare assistants and community lay workers; many of who work in home-and community-based settings.



Figure 1

INVOLVE EVERYONE

There is no debate that existing hospital-based models are inadequate and that implementation of the aforementioned policy actions requires new workforce models that involve everyone. Given the level of disease burden, ‘all staff, not just doctors, need to be viewed as part of the solution and encouraged to innovate and search for better and more affordable ways of delivering effective and appropriate care’. Involving everyone in the health workforce of the future means changes to existing scopes of health professional practice and much higher levels of community involvement and support. Ways to achieve these changes include expanding roles for existing health professionals; utilisation of specialist public health specialists; and, formalising the involvement of community lay workers.

EXPANDED ROLES FOR EXISTING HEALTH PROFESSIONALS

More than 30 health professional groupings make up the existing workforce. Opportunity exists to enable every grouping to practice to the full extent of their education and training. New practice models for healthcare are 'inexorably being moved into early-engagement, mobile and non-intuitional models' with a focus on viewing every patient contact as a teachable moment and making every patient encounter matter, thus highlighting the need to ensure that professional education for all health professionals includes an expanded focus on primary health prevention and promotion.

Nurses

In a major report entitled '*The Future of Nursing: Leading Change, Advancing Health*' the IOM highlights how nurses (the largest group within the health workforce) are increasingly working in advanced and speciality practice roles, often as specialist nurse practitioners or via direct nurse-led services. In-keeping with these directions, the UAE Nursing and Midwifery Council are currently developing a framework for advanced and speciality nursing practice.

Pharmacists

Pharmacists have traditionally worked within hospital and retail pharmacy contexts with a role focussed on the safe dispensing and administration of medicines, including provision of pharmaceutically related advice to inpatients and the general public. Expanded roles are now emerging whereby pharmacists can better contribute to front-line primary healthcare. Roles include health screening and monitoring activities such as blood pressure observations, blood sugar readings, weight and BMI recordings, provision of vaccination services, weight management advice and, pharmacist prescribing services.

Physiotherapists and Exercise Physiologists

New roles are also emerging for physiotherapists and exercise physiologists, particularly in the area of combatting sedentary lifestyles. These professions are well positioned to design and deliver safe and effective active living programmes within a wide range of community and healthcare settings.

Dieticians

The role of supermarket dieticians provides an example of expanded roles for professionally qualified dieticians. Supermarket dieticians can be a valuable addition to the public health workforce with a skill set that can teach people how to cook; educate about reading labels; encourage increased fruit and vegetable consumption; provide advice of managing food allergies, teach children about healthy eating; promote wellness programmes and, dispense credible and accurate nutrition information.

Utilising Public Health Specialists

Public Health specialists are needed to undertake a number of important health service planning and health delivery functions, including gathering of 'public health intelligence;' specifically, the epidemiological and disease prevalence data and trends that are needed to enable service providers to assess both health services and programme requirements and effectiveness. Other important roles include those undertaken by biostatisticians, medical

microbiologists, environmental health officers, public health inspectors, and general public health workers.

Community health- and lay workers

Community health- and lay workers are connected very closely to communities, school and families. They are often trusted and respected members of the community who local people will listen to and follow. Many successful examples have been documented to highlight how community-based lay worker interventions have been effective in reducing risk factors for a variety of chronic diseases, including diabetes and cardiovascular disease, particularly in assisting with behavioural lifestyle interventions.

Workforce development enablers

A number of important enablers are essential to the development and support of a public health workforce. Required components include the establishment of health regulation and licensing entities; development of health focussed policy and legislation; adequate resourcing for Public Health programmes; and local access to a broad range of educational programmes and providers to develop a Public Health workforce. The UAE is moving quickly with these developments

HEALTH PROFESSIONAL EDUCATION

The UAE has a heavy reliance on an expatriate health workforce. Over the past seven years, the UAE government has invested substantial resources into the establishment of locally based higher education programmes for health professionals. Existing providers have expanded their offerings and new providers of health professional education have been established of which Fatima College of Health Sciences (FCHS) is a key example.

Fatima College of Health Sciences (FCHS) was established in 2006, as a health workforce capacity-building educational institution for Abu Dhabi and the UAE as a whole. With a focus on Emiratisation, FCHS works closely with UAE-based healthcare providers such as SEHA and the UAE Ministry of Health to meet the growing demands of an ever expanding, advanced national healthcare. Based on thorough gap analysis, FCHS has launched Bachelor level academic programmes in Nursing, Pharmacy, Physiotherapy, Radiography/Medical Imaging and, soon-to-come, Emergency Health and Paramedics. Noting varied challenges that face today's healthcare systems, and significant global change in the demographics of disease, the burden of chronic disease, advances in technology and information transfer that have expanded the spectrum of diagnoses, and the raised expectations of patients and families, led FCHS to commence delivery of multidisciplinary postgraduate programmes for the local health workforce. A graduate diploma in diabetes education, clinical care and renal disease services is the first in the suite of postgraduate programmes to be launched by the college this year.

Committed to academic excellence, the college has established collaborative academic agreements with renowned international universities to assist in the UAE health workforce capacity, building efforts jointly run the programmes. Partners include Griffith and Monash Universities of Australia, Lund and Malmo Universities of Sweden, and developing collaborations with universities in the UK and Finland. Dr Abdullatif Al Shamsi, the Managing Director of FCHS points out that, "Fatima College is positioned as provider of

excellence in healthcare workforce education and training. We build the capacity to build the UAE health workforce and to deliver healthcare by Emirati professionals’.

GOVERNMENT LEGISLATION

Government legislation is an important feature in supporting the efforts of the Public Health workforce. As an outcome of the ‘innovation laboratory’ discussions during the December 2013 meeting of UAE leaders, the Government has moved quickly to develop health-related legislation including; food regulations for school canteens; restrictions on fast food advertising; and, restrictions on supersize soda and fast food servings.

RESOURCING FOR PUBLIC HEALTH PROGRAMMES

A number of recently launched Public Health programmes highlight the UAE-based commitment to providing resources that enable the health workforce to support families achieve better health. Innovations in these areas include launch of a UAE website to help children and parents, the anti-obesity partnership programmes recently launched in partnership with UNICEF, and the focussed programmes emphasising diabetes education within the home.

POLICY ACTIONS TO STRENGTHENING HEALTH SERVICES

Health workforce development can only occur with the appropriate government policy support. The following policy actions are highlighted for consideration of policy-makers working to achieve the UAE vision of ‘Health for All’:

- Empower people and their families to provide care and support to one another
- Identify and treat disorders early
- Build a diverse health workforce of appropriately trained health professionals AND supervised non-specialist health workers
- Develop a collaborative and multidisciplinary team-based approach to healthcare
- Integrate culturally and contextually appropriate infrastructural, social and economic interventions into healthcare
- Use technology to improve access to healthcare.

CONCLUSION

The UAE aspiration and vision for a healthy nation is very clear. The capacity to develop policy, implement plans and monitor progress is growing. Traditional health service models are inadequate to address the growing burden of disease. The path forward requires a great deal of effort in community empowerment, health workforce capacity building and health service redevelopment. Attention to development in its broadest sense (including health workforce development) plus large-scale social and behavioural change is needed to avert currently reported increases in preventable non-communicable disease. Increasing messages to the public to eat less and move more will not necessarily help if the environment surrounds people with fast food and other unhealthy lifestyle choices that they enjoy. In contrast, a more comprehensive and culturally relevant, developmental approach with full community participation holds better promise for success. Development of a Public Health workforce in which ‘everyone’ is involved is a significant step towards the aspired vision.

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