



No Return to Normal

Ensuring an Optimized Health
Workforce in the Post COVID-19
Recovery

1/26/2021





USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Welcome



Wanda Jaskiewicz
HRH2030 Project Director, Chemonics

OUR MISSION

HRH2030 strives to build the accessible, available, acceptable, and high-quality health workforce needed to improve health outcomes and advance universal health coverage.



AGENDA

WELCOME

Wanda Jaskiewicz, Project Director, HRH2030, Chemonics

OPENING REMARKS

Diana Frymus, Branch Chief, Health Workforce, USAID Bureau of Global Health, Office of HIV/AIDS

PANEL DISCUSSION

- Dr. Llang Bridget M. Maama-Maime, National TB and Leprosy Programme Manager, Ministry of Health, Lesotho
- Dionisius Nathaniel, Chief Marketing Officer, Halodoc, Indonesia
- Mbogo Bunyi, Senior Private Sector Advisor, SHOPS Plus, Abt Associates
- Dr. Pretchell Tolentino, Director, Health Human Resources Development Bureau, Department of Health, Philippines
- Dr. Giorgio Cometto, Unit Head, Department of Human Resources for Health, WHO

Q&A WITH PANELISTS

CLOSING REMARKS

Diana Frymus, Branch Chief, Health Workforce, USAID Bureau of Global Health, Office of HIV/AIDS

WEBINAR HOUSEKEEPING



Welcome to HRH2030 Program's Webinar.



Questions

Want answers?



Ask the staff a question

Send



Exit

Opening Remarks



Diana Frymus
Branch Chief, Health Workforce
USAID Bureau of Global Health, Office of HIV/AIDS

Key topics for considering HRH needs moving forward in the 'new normal'

- HRH requirements for modifying service delivery models including operationalizing team-based care for patient centered services
- HRH needs for use of technologies to support clients and providers
- Expanding mobilization and better utilization of the private sector workforce
- How do new and/or updated HRH needs configure within broader health financing reform considerations
- Innovatively addressing HRH data and data use gaps

OUR EXPERTS

**Dr. Llang Bridget
M. Maama-Maime**

National TB and
Leprosy Programme
Manager

Ministry of Health
Lesotho



**Dionisius
Nathaniel**

Chief Marketing
Officer

Halodoc
Indonesia



Mbogo Bunyi

Senior Private
Sector Advisor

SHOPS Plus
Abt Associates



**Dr. Pretchell
Tolentino**

Director
Health Human
Resources
Development
Bureau

Department of
Health
Philippines



**Dr. Giorgio
Cometto**

Unit Head

Department for
Human Resources
for Health

WHO



The Impact of COVID-19 on Service Delivery Models in Lesotho

Dr. Llang Bridget M. Maama-Maime
National TB and Leprosy Programme Manager
Ministry of Health, Lesotho



The Impact of COVID 19 on Health Service Delivery Models in Lesotho, Innovations Adopted in Response, and the Continued Use and Scale of these Interventions beyond COVID-19

Impact of COVID-19 on the Health System



The health system was caught completely off guard by COVID-19 pressures, so to respond to the crisis, the MOH had to realign its budget

- The Government of Lesotho (GOL) requested all ministries including Health to reprogram 10% of their capital budget to the COVID-19 response
- The MOH also reprogrammed a portion of its recurrent budget to the COVID-19 response
- These modifications have affected the overall budget for health and require long term sustainability strategies to manage the crisis and optimize the workforce to maintain essential health service delivery

Impact of COVID-19 on the Health System



COVID-19 led to increased workload and disruption of essential services

- Additional staff needed to respond to COVID-19 pressures, increase service coverage
- GOL shifted resources to the tune of LS 680 million to respond to COVID-19:
 - Hired more staff (e.g., Nurses, Doctors, Psychologists, Environmental & Sanitation Officers)
 - Trained them to do more complex care (e.g., expanded Intensive Care Units (ICU) in 5 hospitals)
 - Better communicated with the community (e.g., Village Health Workers to eliminate myths)
- The health budget has been stretched thin to continue and scale essential health services [e.g., New hires of staff unlikely, capital projects rolled back]
- The GOL_MOH is unlikely to be able to sustain these investments, given long term economic concerns of the region, exacerbated by COVID

Workforce Innovations that Were Adopted



Responding to COVID-19 also meant engaging the workforce differently

- Systematic task sharing between health professions
 - Hybrid approach to in-person care for optimal health (occupational, physical therapy, clinical care)
- Modification of work rules and scheduling of staff
 - Source control for all persons entering a health facility (e.g., staff, patients, visitors)
 - Workstation spacing and staffing shifts
 - Specialists and additional nurses re-deployed to ICU and isolation sites
 - Telehealth for notifications and reminders
 - Deferring and delaying non-COVID-19 care to optimize available staff for best possible care
 - Prioritizing high risk populations

Workforce Innovations that Were Adopted



Responding to COVID-19 also meant engaging the workforce differently

- Use of media, telecommunication and social platforms
 - Use of hotlines for contact tracing for health education and risk communication
- Declutter facilities and streamline client flows
 - Pilot of e-pharmacy lockers that dispense multi month ART prescription and dispensing
 - Multi-month prescription and dispensing at health facilities
 - Home visits

Beyond COVID – The New Normal



- Pay more attention to health system ills to improve operational efficiency
- Communicate openly to staff and the community to eliminate myths & risk
- Scale multi-month prescription and dispensing for ART and other chronic illnesses
- Roll e-lockers out to local pharmacies and localities, and include treatments for other chronic illness
- Enhance workforce planning, distribution, retention strategies, and regulation
- Explore the formalisation and use of village health workers as extension health workers
- Explore work rules and flexible scheduling of staff in health facilities including dual practice
- Reinvest in building a stronger value system among the workforce – focus on client centered approaches, selflessness & corporate responsibility among others

[Thank you!](#)



Simplifying Access to Health Care through Technology



Dionisius Nathaniel
Chief Marketing Officer
Halodoc



Simplifying Access to Healthcare through Technology



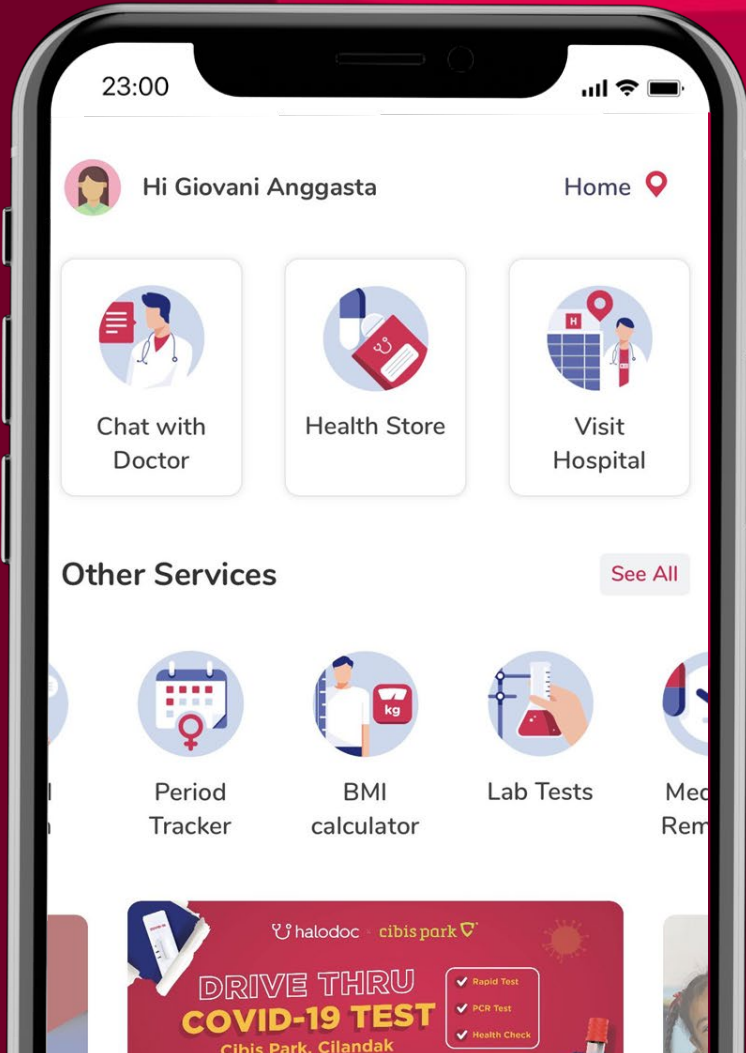
LEADING HEALTHCARE PLATFORM IN INDONESIA

Halodoc is a healthcare platform that connects patients to the network of healthcare stakeholders, i.e: licensed doctors, certified partner pharmacies, licensed medical laboratory services, insurance, and providers (hospitals and clinics) in a single mobile app.



OUR MISSION

Simplifying access to healthcare through technology





Our **extensive** services



Chat with Doctor

Online consultation with trusted certified doctors, anytime and anywhere

- › **20,000+ GPs & Specialists**
- › Digital prescriptions



Health Store

Buy medicine, supplements, and healthcare needs delivered straight to your door.

- › Partners with **3,500+ pharmacies**



Visit Hospital

Skip the queues at hospitals with online Registration service to your preferred hospital

- › Partners with **1,000+ Network Hospitals**



Lab Test

Lab services at the comfort of your own home (Jabodetabek)

- › Partners with **300+** lab providers
- › Offers **homecare** medical test services*



Link Insurance

Seamless and cashless transaction, instant deduction from insurance plan

- › Working together with **20 top insurance providers**



Articles

Reliable and trusted articles covering a wide range of topic

- › Created and/or reviewed by **doctors**



The Rise of "Hospital without Walls" during Pandemic



Yth.

1. Kepala Dinas Kesehatan Daerah Provinsi
2. Kepala Dinas Kesehatan Daerah Kabupaten/Kota
3. Ketua Umum Pengurus Besar Ikatan Dokter Indonesia (PB IDI)
4. Ketua Umum Pengurus Besar Persatuan Dokter Gigi Indonesia (PB PDGI)
5. Ketua Umum pengurus Pusat Ikatan Apoteker Indonesia (PP IAI) di seluruh Indonesia

SURAT EDARAN
NOMOR HK.02.01/MENKES/303/2020
TENTANG

PENYELENGGARAAN PELAYANAN KESEHATAN MELALUI PEMANFAATAN
TEKNOLOGI INFORMASI DAN KOMUNIKASI DALAM RANGKA PENCEGAHAN
PENYEBARAN CORONA VIRUS DISEASE 2019 (COVID-19)

Corona Virus Disease 2019 (COVID-19) telah dinyatakan oleh WHO sebagai pandemik dan Indonesia telah menetapkan Kedaruratan Kesehatan Masyarakat Corona Virus Disease 2019 (COVID-19) Keputusan Presiden Nomor 11 Tahun 2020, dan bencana nonalam yang diakibatkan oleh Corona Virus Disease 2019 (COVID-19) sebagai bencana nasional melalui Keputusan Presiden Nomor 12 Tahun 2020. Penyebaran COVID-19 di Indonesia saat ini sudah semakin meningkat dan meluas lintas wilayah dan lintas negara yang ditandai dengan peningkatan jumlah kasus dan penyebaran serta telah terjadi transmisi epidemiologi.

COVID-19 dapat menular dari manusia ke manusia melalui droplet. Orang yang paling berisiko tertular penyakit ini adalah orang yang kontak erat dengan pasien COVID-19 termasuk dokter dan tenaga kesehatan lain yang memberikan pelayanan kesehatan. Orang yang terinfeksi COVID-19 memiliki gejala yang beragam bahkan tanpa gejala sekalipun, baik sebagai Orang Tanpa Gejala (OTG), Orang Dalam Pengawasan (ODP), dan Pasien Dalam Pengawasan (PDP) yang semuanya membutuhkan pemeriksaan laboratorium RT-PCR atau Rapid test negatif untuk dinyatakan tidak terinfeksi COVID-19. Hubungan tatap muka antara dokter sebagai pemberi pelayanan kesehatan dan pasien sebagai penerima pelayanan kesehatan menjadi rawan terhadap penyebaran penyakit infeksi termasuk COVID-19, baik penyebaran dari pasien kepada dokter maupun penyebaran dari dokter yang sudah terinfeksi sebelumnya sebagai Orang Tanpa Gejala (OTG) kepada pasien. Untuk itu dibutuhkan langkah-langkah dalam melakukan pencegahan terhadap penyebaran COVID-19, salah satunya dengan pembatasan pelayanan kesehatan secara tatap muka melalui memanfaatkan teknologi informasi dan komunikasi berupa *telemedicine*.

-3-

1. Penyelenggaraan pelayanan kesehatan melalui *telemedicine* dapat dilakukan selama Kedaruratan Kesehatan Masyarakat dan/atau Bencana Nasional Corona Virus Disease 2019 (COVID-19), dalam rangka pencegahan penyebaran Corona Virus Disease (COVID-19).
2. Pelayanan *telemedicine* merupakan pelayanan kesehatan yang dilakukan oleh Dokter dengan menggunakan teknologi informasi dan komunikasi untuk mendiagnosis, mengobati, mencegah, dan/atau mengevaluasi kondisi kesehatan pasien sesuai dengan kompetensi dan kewenangannya, yang dibuktikan dengan surat tanda registrasi (STR) dengan tetap memperhatikan mutu pelayanan dan keselamatan pasien.
3. Pelayanan *telemedicine* dilakukan antara Dokter dengan pasien, dan/atau antara Dokter dengan Dokter lain. Dokter yang memberi pelayanan *telemedicine* kepada pasien bertanggung jawab terhadap pelayanan kesehatan yang diberikannya, termasuk menjamin keamanan data pasien yang mengakses pelayanan *telemedicine*. Penyelenggaraan pelayanan *telemedicine* antara Dokter dengan Dokter lain diselenggarakan sesuai dengan ketentuan peraturan perundang-undangan.
4. Hasil pelayanan *telemedicine* dicatatkan dalam catatan digital atau manual yang dipergunakan oleh Dokter sebagai dokumen rekam medik dan menjadi tanggung jawab dokter, harus dijaga kerahasiaannya, serta dipergunakan sesuai dengan ketentuan peraturan perundang-undangan.
5. Kewenangan Dokter dalam memberikan pelayanan *telemedicine* meliputi kewenangan untuk melakukan:
 - a. Anamnesa, mencakup keluhan utama, keluhan penyerta, riwayat penyakit yang diderita saat ini, penyakit lainnya atau faktor risiko, informasi keluarga dan informasi terkait lainnya yang ditanyakan oleh Dokter kepada pasien/keluarga secara daring.
 - b. Pemeriksaan fisik tertentu yang dilakukan melalui audiovisual.
 - c. Pemberian anjuran/nasihat yang dibutuhkan berdasarkan hasil pemeriksaan penunjang, dan/atau hasil pemeriksaan fisik tertentu. Hasil pemeriksaan penunjang dapat dilakukan oleh pasien dengan menggunakan modalitas/sumber daya yang dimilikinya atau berdasarkan anjuran pemeriksaan penunjang sebelumnya atas instruksi dokter. Anjuran/nasihat dapat berupa pemeriksaan kesehatan lanjutan ke fasilitas pelayanan kesehatan.
 - d. Penegakkan diagnosis, dilakukan berdasarkan hasil pemeriksaan yang sebagian besar didapat dari anamnesis, pemeriksaan fisik tertentu atau pemeriksaan penunjang.
 - e. Penatalaksanaan dan pengobatan pasien, dilakukan berdasarkan penegakkan diagnosis yang meliputi penatalaksanaan nonfarmakologi dan farmakologi, serta tindakan kedokteran terhadap pasien/keluarga sesuai kebutuhan medis pasien. Dalam hal dibutuhkan tindakan kedokteran atau penatalaksanaan lebih lanjut, pasien disarankan untuk melakukan pemeriksaan lanjutan ke fasilitas pelayanan kesehatan.
 - f. Penulisan resep obat dan/atau alat kesehatan, diberikan kepada pasien sesuai dengan diagnosis.

Circular Letter HK.02/01/MENKES/303/2020 issued by The Ministry of Health on 29 April 2020 About the Implementation of Health Services through the Use of Information and Communication Technology to Prevent the Spread of Corona Virus Disease 2019 (COVID-19)

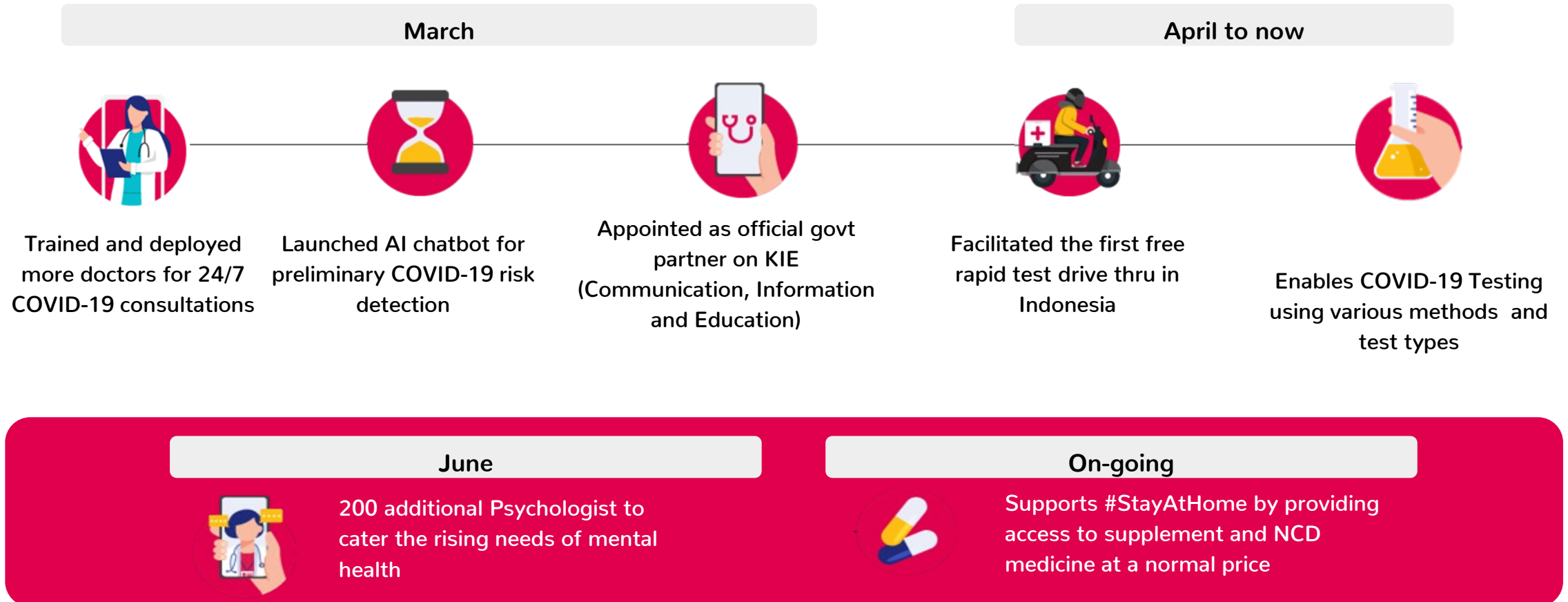
The letter outlined the information on the doctor's authority to provide online consultation as well as e-prescription to patients.

"There are steps that need to be taken to prevent the spread of COVID-19, one of which is by limiting face-to-face health services through the utilization of information and communication technology in the form of telemedicine."

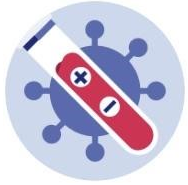


What do we do?

Contributing to **slowing down** the COVID-19 transmission



Pivoting our services to cater people needs



500K people have utilized Halodoc's drive-thru COVID-19 Test service

Testing Method

Rapid Test
Serology Test
PCR/Swab Test
Swab Antigen



Halodoc's drive thru facilities are available in **10 locations** across **Jakarta, Bandung, Semarang, Surabaya, and Bali.**

Fostering **cross collaboration** with other sector



Working with various players in the financial sector to provide thousands of free rapid tests during the early pandemic in Indonesia



Extending **health access** to remote islands

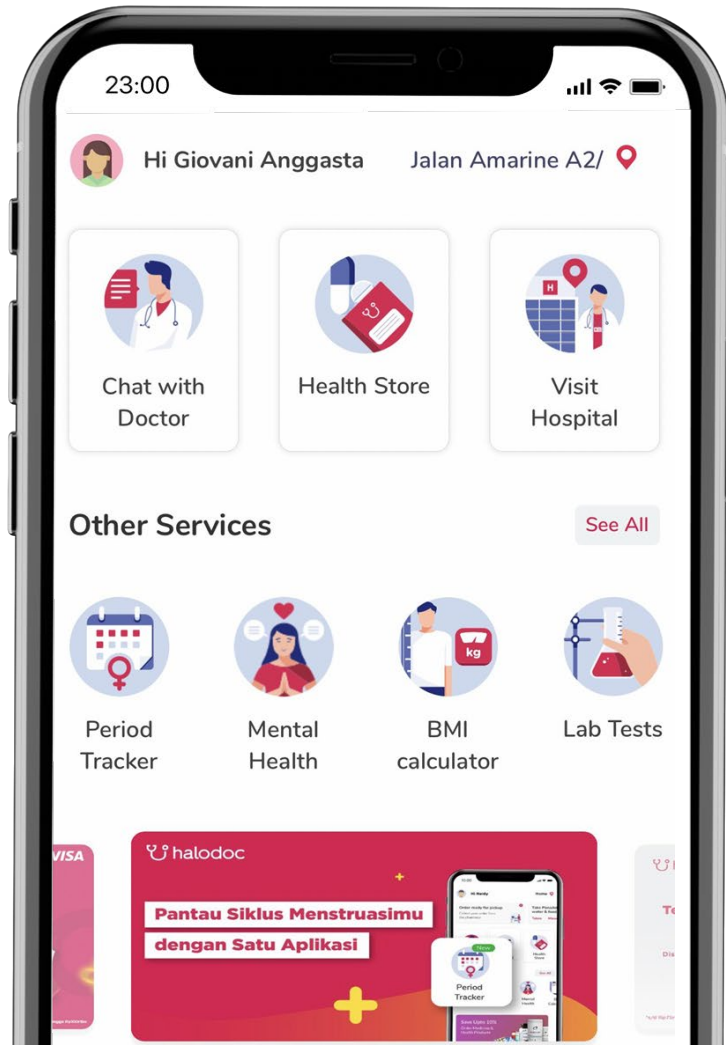


Halodoc mempunyai misi menyederhanakan akses layanan kesehatan
Halodoc's vision is to simplify access to healthcare

Supporting Ksatria Airlangga Floating Hospital with protective gear, testing, and resource in their first sailing during the pandemic to Bawean Island.



Continue **innovating** for users' convenience



HALOFIT

MENTAL HEALTH

ANIMAL HEALTH

PERIOD TRACKER

VIRTUAL APPOINTMENT



What's next after COVID-19?

In 2019, Bain & Company predicts that in the next five years...

83%

have interest in
health maintenance
and lifestyle change

91%

will use digital
health service if
covered by
employer or
insurance provider

Source: [Asia Pacific Front Line of Healthcare Survey by Bain & Company \(2020\)](#)

Thank you!

Private Sector Health Service Models



Mbogo Bunyi
Senior Private Sector Advisor
SHOPS Plus, Abt Associates



Engaging the Private Health Workforce Is the New Normal

COVID-19 has highlighted the need and ways to better leverage the private sector for public health

- 1 The private health workforce is diverse and varied
- 2 The private sector invests to maximize efficiencies and competitive advantage
- 3 The private sector develops market-based models in respond to changes in demand
- 4 The private sector needs support for equitable access – policies, partnerships, and payments



More resources available at
<https://www.shopsplusproject.org/resource-center>

Thank you!



DOH Academy: Innovations in HRH Learning & Training



Dr. Pretchell Tolentino

Director, Health Human Resources Development Bureau
Department of Health, Philippines



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E-LEARNING PROGRAM FOR HRH TRAINING IN THE NEW NORMAL

Philippines



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PHILIPPINES



- ❖ 7,641 islands
- ❖ 17 regions
- ❖ 81 provinces
- ❖ 146 cities
- ❖ 1,488 municipalities
- ❖ 42,046 barangays

Annual Trainings for HRH



	2016	2017	2018	2019
# of trainings	680	1,244	3,048	2,664
# of participants	135,785	149,650	514,331	314, 880
# of training days per LGU HRH*	26 days (11% of total working days)	29 days (12% of total working days)	100 days (42% of total working days)	61 days (25% of total working days)
Training costs	P 86,340,225 (\$1,726,804)	P139,070,091 (\$2,781,401)	P216,952,618 (\$4,339,052)	P268,057,906 (\$5,361,158)

- * 1,715 LGUs
- * Average of 3-5 days per training (including travel time)
- * Total of 240 working days per year (20daysx 12 months)
- * Average of 3 trainings attended by each HRH per year
- * Estimated of 3 HRH attendees per LGU

- Training costs include:
- Accommodation/venue
 - Transportation
 - Course fees

Establishing and Maintaining the e-Learning Program



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Expenses	2018	2019	2020	2021
LMS Development	DOH	DOH - June 2019 USAID-HRH2030 -OCT 2019	USAID-HRH2030 – until MAY 2020 DOH – June 2020 onwards	DOH
LMS Subscription			P 1.5 M	P 1.6M
Course Development	5M * In partnership with UP Open University	* c/o Devt. Partners (USAID, WHO, UNICEF) * Developed in-house (DOH funds)		P 5M
Staff (Annual Salary)				
Site Administrator	360,000.00	360,000.00	360,000.00	384,636.00
Creative Artist	-	-	281,172.00	442,332.00
Course Designer	-	-	783,828.00	384,636.00
TOTAL	<u>360,000.00</u>	<u>360,000.00</u>	<u>1,425,000.00</u>	<u>2,014,008.00</u>

(RA 10650 "Open Distance Learning Act" of 2014)
learn.doh.gov.ph



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Log in

Welcome to DOH Academy E-Learning Platform!

An open-source e-Learning platform providing online practical and beneficial healthcare training to all healthcare workers.

"EDUCATION FOR HEALTH WORKERS ANYTIME, ANYWHERE!"

ENROLL NOW

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Available courses

ADEPT Administrative Data Entry Platform Tool	DATA GOVERNANCE	DOH PRIMARY CARE WORKERS ONLINE ORIENTATION	INTRODUCTION TO SEVEN MAJOR RD COMMUNICATIONS TO PREVENT RESISTANT ANTIBIOTIC TRANSMISSION
Xpert MTB/RIF Rapid Diagnostic Test	UNIVERSAL HEALTH CARE	WISN Workload Indicators of Staffing Needs	TRAINING FOR LEADERSHIP AND CAPACITY BUILDING FOR CANCER CONTROL
ADMINISTRATIVE CONCERNS FOR THE EMERGENCY RESPONSE OF AHA	BASIC COURSE ON CONTACT TRACING FOR COVID-19	COVID KAYA INFORMATION SYSTEM USERS TRAINING	HEALTHCARE WASTE MANAGEMENT
INFECTION PREVENTION AND CONTROL FOR COVID-19	INFECTION PREVENTION AND CONTROL FOR COVID-19 FOR HOME AND COMMUNITY SETTINGS	INFECTION PREVENTION & CONTROL FOR COVID-19	ORIENTATION COURSE FOR COVID-19 TREATMENT
ORIENTATION TO COVID-19 TESTING	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT FOR COVID-19	SUPPLY CHAIN MANAGEMENT FOR COVID-19	

CPD – Continuing Professional Development

(RA 10912 “CPD Act of 2016”)



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Enroll now and earn CPD units!



FOR AUGUST 25, 2020 TO AUGUST 24, 2021 COMPLETERS

1. Infection Prevention and Control (IPC) for COVID-19 for Healthcare Workers in Health Facilities; and
2. IPC for COVID-19 for Healthcare Workers in Home and Community Setting

Profession:	Med. Tech.	Medicine	Midwifery	Pharmacy	Physical Therapy	List of other Professions Applied for CPD
Credit Units:	3	3	5	1	3.75	

Profession:	Dentistry	Radiologic Technology	Respiratory Therapy	Nutrition and Dietetics	List of other Professions Applied for CPD
Credit Units:	3	3	4	2	

List of other Professions Applied for CPD

1. Nursing
2. Occupational Therapy
3. Optometry

3. Training on Xpert MTB/RIF

Profession:	Med. Tech.	Medicine	Nursing	Pharmacy	Dentistry	Midwifery
Credit Units:	1.5	1.5	Applied for CPD	1	2	1

FOR SEPTEMBER 16, 2020 TO SEPTEMBER 15, 2021 COMPLETERS

1. Health Care Waste Management

Profession:	Med Tech	Pharmacy	Rad. Tech	Architecture	List of other Professions Applied for CPD
Credit Units:	1.5	1	1	1	<ol style="list-style-type: none"> 1. Nursing 2. Medicine 3. Sanitary Engineering 4. Professional Teacher

1. Supply Chain Management for COVID-19

Profession:	Med. Tech	Nursing	Pharmacy
Credit Units:	1	Applied for CPD	1

COVID19-Related Courses

learn.doh.gov.ph/

DDH login | New Tab Search | New Tab Search | doh_email | sa Janet

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- Orientation Package for COVID-19 Response

 <p>ADMINISTRATIVE CONCERNS FOR THE EMERGENCY HIRING OF HRH</p>	 <p>BASIC COURSE ON CONTACT TRACING FOR COVID-19</p>	 <p>COVID KAYA INFORMATION SYSTEM USERS TRAINING</p>	 <p>HEALTHCARE WASTE MANAGEMENT</p>
<p>Administrative Concerns for the Emergency Hiring of Human Resources for Health</p>	<p>Basic Course on Contact Tracing for COVID-19</p>	<p>COVID Kaya information System Users Training</p>	<p>Healthcare Waste Management</p>
<p>Is the course available offline? No Is the course accredited by PRC? No</p>	<p>Is the course available offline? No Is the course accredited by PRC? No</p>	<p>Is the course available offline? No Is the course accredited by PRC? No</p>	<p>Is the course available offline? Yes Is the course accredited by PRC? Yes Medical Technologist: 1.5 CPD units Pharmacist: 1 CPD units Radiologic Technologist: 1 CPD units</p>
<p>Access</p>	<p>Access</p>	<p>Access</p>	<p>Access</p>

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 <p>INFECTION PREVENTION & CONTROL FOR COVID-19</p>	 <p>INFECTION PREVENTION AND CONTROL FOR COVID-19 (HOME AND COMMUNITY SETTINGS)</p>	 <p>INFECTION PREVENTION & CONTROL FOR COVID-19 FOR FRONTLINE HEALTHCARE WORKERS IN FACILITY</p>	 <p>ORIENTATION COURSE FOR COVID-19 TREATMENT</p>
<p>Infection Prevention and Control for COVID-19</p>	<p>Infection Prevention and Control for COVID-19 (Home and Community Settings)</p>	<p>Infection Prevention and Control for COVID-19 for Frontline Healthcare Workers in Facility</p>	<p>Orientation Course for COVID-19 Treatment</p>
<p>Is the course available offline? Yes Is the course accredited by PRC? Yes Medical Technologist: 3 CPD units Midwife: 5 CPD units Pharmacist: 1 CPD units Physician: 3 CPD units</p>	<p>Is the course available offline? No Is the course accredited by PRC? Yes Dentist: 3 CPD units Medical Technologist: 3 CPD units Midwife: 5 CPD units Nutritionist-Dietitian: 2 CPD units Pharmacist: 1 CPD units Physical Therapist: 3.75 CPD units Physician: 3 CPD units Radiologic Technologist: 3 CPD units Respiratory Therapist: 4 CPD units</p>	<p>Is the course available offline? No Is the course accredited by PRC? Yes Dentist: 3 CPD units Medical Technologist: 3 CPD units Midwife: 5 CPD units Nutritionist-Dietitian: 2 CPD units Pharmacist: 1 CPD units Physical Therapist: 3.75 CPD units Physician: 3 CPD units Radiologic Technologist: 3 CPD units Respiratory Therapist: 4 CPD units</p>	<p>Is the course available offline? No Is the course accredited by PRC? No</p>
<p>Access</p>	<p>Access</p>	<p>Access</p>	<p>Access</p>

DOH Academy e-Learning Team YouTube Channel:



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YouTube interface showing the DOH Academy E-Learning Team channel page. The channel has 130 subscribers and is categorized under 'Education'.

Channel Name: DOH Academy E-Learning Team
Subscribers: 130

Navigation: HOME, VIDEOS, PLAYLISTS, CHANNELS, DISCUSSION, ABOUT

Uploads: PLAY ALL

Video Grid:

- Promotional Video on Contact Tracing (English) - 62 views • 2 months ago
- Instructional Video on Contact Tracing (Language: Tagalog) - 76 views • 2 months ago
- Promotional Video on Contact Tracing (Language: Tagalog) - 46 views • 2 months ago
- Instructional Video on Contact Tracing (Language: Tagalog) - 49 views • 2 months ago
- Instructional Video on Contact Tracing (Language: Tagalog) - 55 views • 2 months ago
- Promotional Video on Contact Tracing (Language: Tagalog) - 23 views • 2 months ago
- Promotional Video on Contact Tracing - 13 views • 2 months ago
- Reverse Transcription Polymerase Chain Reaction - 102 views • 3 months ago
- Philippines Fighting for COVID-19: Contact Tracing... - 244 views • 5 months ago
- Philippines Fighting for COVID-19: Contact Tracing... - 37 views • 5 months ago
- BIDA Solusyon sa COVID 19! - 17 views • 6 months ago
- DOH Academy E-Learning Platform - 181 views • 6 months ago
- Tuberculosis is preventable - 88 views • 1 year ago
- eLearning Instructional Video - 110 views • 2 years ago
- Duglit - 3.4K views • 2 years ago
- Department of Health eLearning Registration - 138 views • 2 years ago
- Deworming - 624 views • 2 years ago
- LEPTOSPIROSIS - 11 views • 2 years ago

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youtube.com/watch?v=08RTkq2D8

DOH Academy eLearning

PTV

DOH ACADEMY E-LEARNING PROGRAM, MAY LIBRENG COURSES PARA SA HEALTHCARE WORKERS

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Education for health workers anytime, anywhere

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Make it easy for people to browse your menu and order on Facebook.

This Page Posts About COVID-19
Visit the COVID-19 Info Center for updates and answers to questions you may have about coronavirus.
See Info

Create Post
Photos/Videos Get Messages Feeling/Activity



Updates on e-Learning Courses (from 2019 - 2020)

COURSE TITLE	DATE OF COURSE PUBLICATION	TOTAL NUMBER OF ENROLLEES	TOTAL NUMBER OF COMPLETERS	COMPLETION RATE (enrollees/completers)
COVID Response Course Package*	*see ref. slide	6309	4657	69.66%
DOH Primary Care Workers' Online Orientation	November 26, 2020	169	70	41.42%
Workload Indicators of Staffing Needs	November 6, 2020	53	13	24.53%
Overview of TB and Xpert MTB/Rif Assay	February 7, 2020	779	459	58.92%
Introduction to Seven Major Recommendations to Prevent Tuberculosis Transmission	October 26, 2019	910	488	53.63%
Universal Health Care	October 24, 2019	4343	1320	43.67%
Adolescent Health Education and Practical Training	June 9, 2018	1200	510	42.5%
Data Governance	December 13, 2017	716	185	25.84%

*breakdown on reference slide

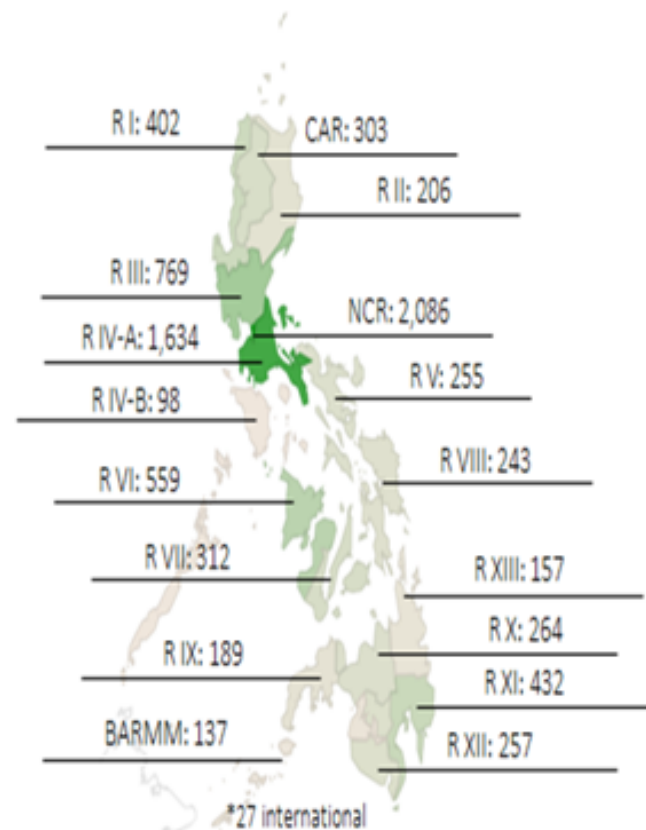


* COVID Response Course Package

COURSE TITLE	DATE OF COURSE PUBLICATION	TOTAL NUMBER OF ENROLLEES	TOTAL NUMBER OF COMPLETERS	COMPLETION RATE (enrollees/completers)
Orientation to COVID-19 Testing	October 16, 2020	373	319	85.52%
Basic Course on Contact Tracing for COVID-19	October 15, 2020	307	140	45.6%
Administrative Concerns for the Emergency Hiring of HRH	September 18, 2020	133	95	71.43%
Risk Communication and Community Engagement	September 15, 2020	1148	1046	91.11%
Supply Chain Management for COVID-19	September 10, 2020	252	166	65.87%
Healthcare Waste Management	September 10, 2020	401	280	69.83%
Infection Prevention and Control for COVID-19	September 10, 2020	773	528	68.31%
Infection Prevention and Control for COVID-19 for Frontline Healthcare Workers	August 26, 2020	1149	721	62.75%
Infection Prevention and Control for COVID-19 for Home and Community Settings	August 26, 2020	1517	1219	80.36%
COVIDKaya Information System Users' Training	August 26, 2020	256	143	55.86%



Breakdown of Enrollees in the DOH Academy eLearning platform as of December 31, 2020



3,246 Nurses	1,100 Physicians
565 Medical Technologists	315 Midwives
174 Pharmacists	52 Nutritionist-Dietitians
46 Radiologic Therapists	41 Physical Therapists
34 Dentists	12 Respiratory Therapists
4 Occupational Therapists	0 Optometrists

*Non-licensed professionals - 2,254; non-health licensed professionals - 487

Certificate of Completion



Department of Health
ACADEMY
PHILIPPINES

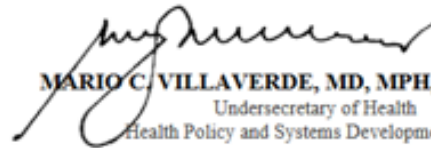


Certificate of Completion

is hereby awarded to

Juan Dela Cruz

For successfully completing and passing the
Online Course on Infection Prevention and Control for COVID-19
(For frontline healthcare workers in facility)
Given this August 25, 2020



MARIO C. VILLAVERDE, MD, MPH, MPM, CESO I
Undersecretary of Health
Health Policy and Systems Development Team

CPD Provider Accreditation Number: MED-2018-293
CPD Program Accreditation Number: MED-7895
Credit units: 3





HOW CAN I CREATE AN ACCOUNT IN THE DOH E-LEARNING PLATFORM

LEARN.DOH.GOV.PH



Education for Health Workers, Anytime, Anywhere!

An open source E-Learning Platform providing online practical and beneficial healthcare training to all healthcare workers.

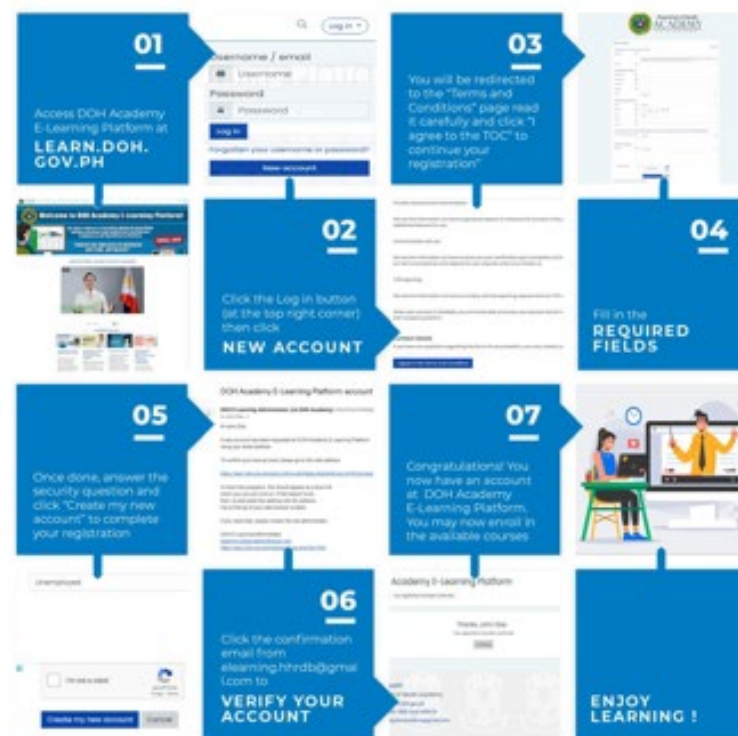


651-7800 Local 4250-54



elearning.dohacademy@gmail.com

7 EASY STEPS





ACCESSING THE DOH E-LEARNING COURSES THROUGH YOUR SMARTPHONE USING THE MOODLE MOBILE APPLICATION



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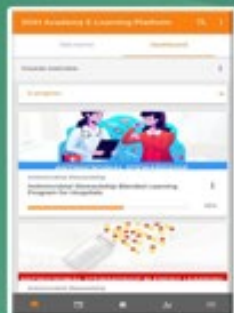
1. Download and install the Moodle Mobile application on Playstore (Android) or Appstore (iOS)



2. Open the app and type the URL of the DOH Academy E-Learning Platform
<https://learn.doh.gov.ph>



3. Then login using your username and password in the DOH E-Learning Platform



4. After logging in, click *Dashboard* tab to view courses you are enrolled in.



5. You may now access/continue taking the course using your smartphone.



6. To download course materials for *offline* use. Click the 3 dots on the top right corner then click download course.

CONTACT US



For inquiries or concerns contact us at 651-7800 Local 4250-54 or Email at concerns.dohacademy@gmail.com

Thank you!



WHO Health Workforce 2021: International Year of Health and Care Workers



Dr. Giorgio Cometto
Unit Head, Department of Human Resources for Health
WHO

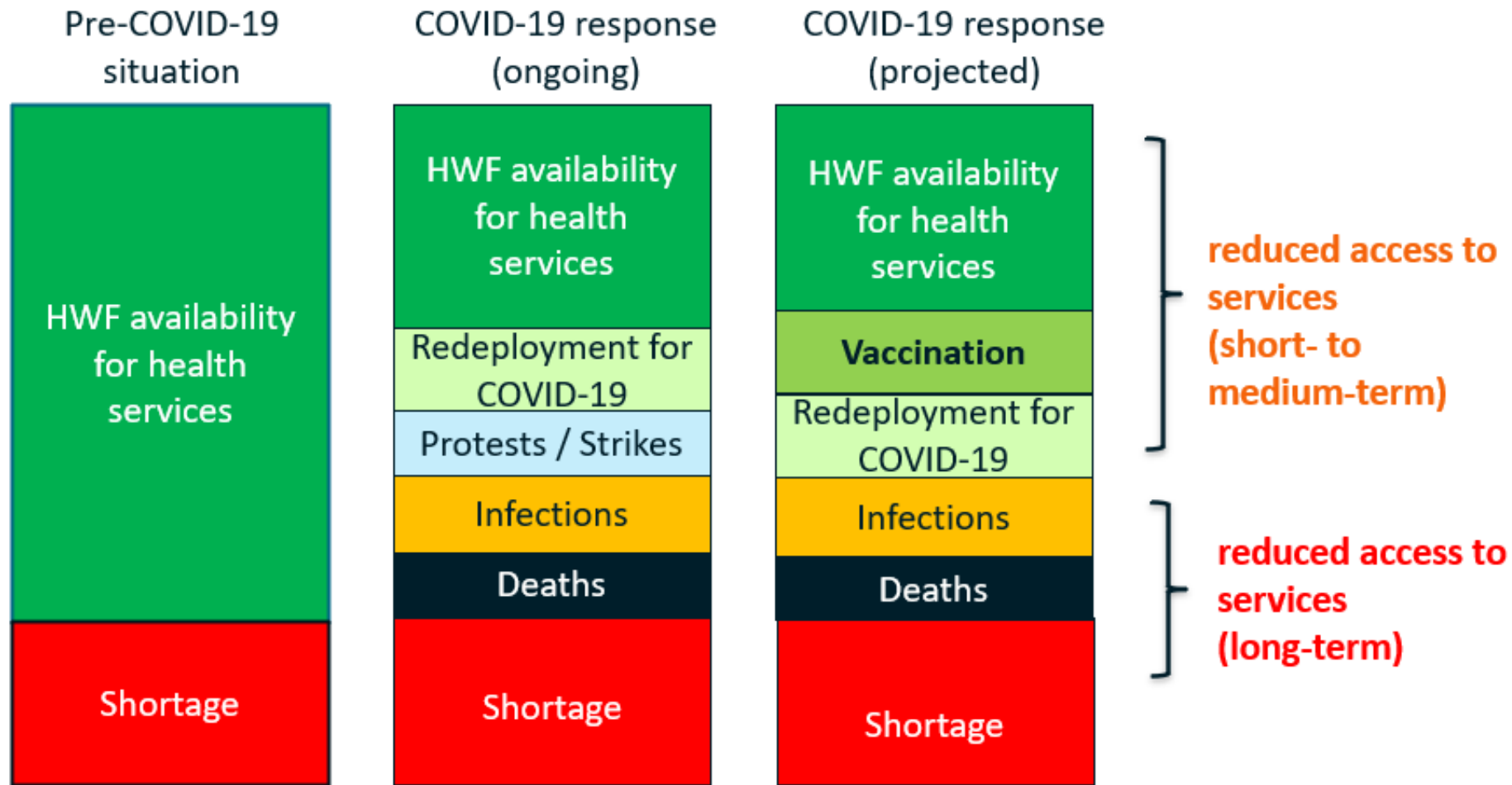


WHO Health Workforce 2021

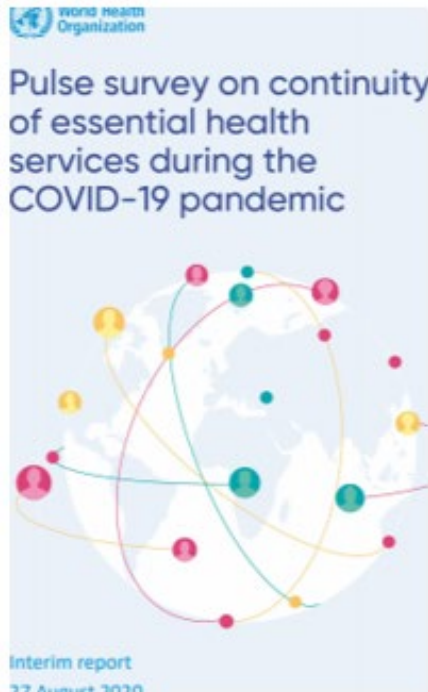
International Year of Health & Care Workers

Dr Giorgio Cometto
WHO Health Workforce Department
26 January 2021

Workforce Readiness: an overall context

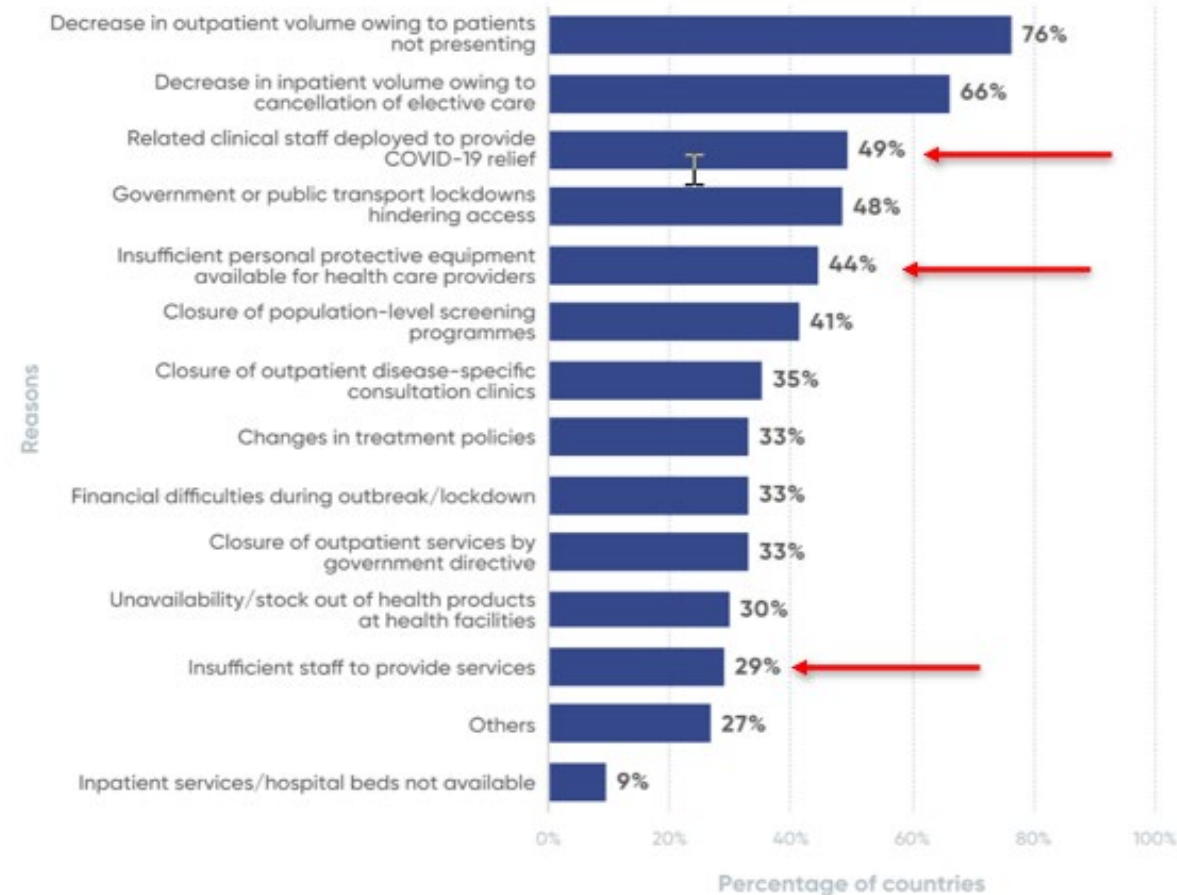


Impact on the Continuity of Essential Health Services



Pulse Survey (August 2020)

Fig. 10. Reasons for service disruptions (n = 97)

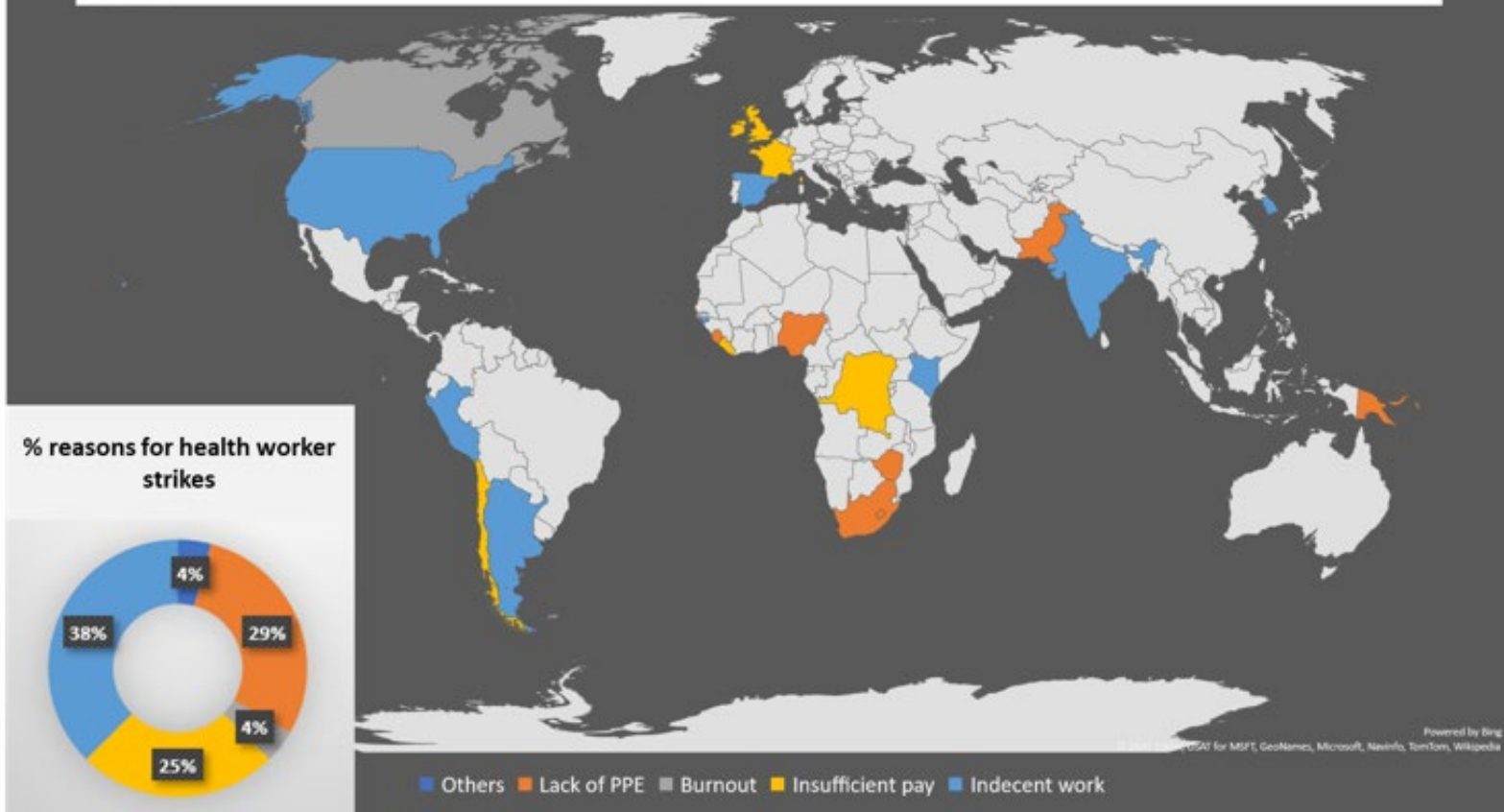


Health Worker Strikes

Emerging Intelligence



Health worker strikes and industrial disputes have been recorded in at least 84 countries around the world since the onset of the COVID-19 pandemic. Independently, a rapid internal review further attributed contributory factors in 23 countries + 1 special administrative region, based on media documentation. The legend reflects primary cause.



COVID-19 context

- ↑ Health services disruption
- ↑ Health worker infections and deaths

Select COVID-19 Guidance



Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health

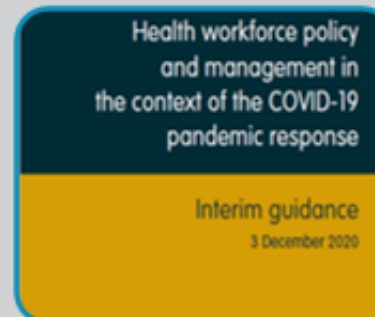


Maintaining essential health services: operational guidance for the COVID-19 context interim guidance



Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic
Interim guidance

Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic



Health workforce policy and management in the context of the COVID-19 pandemic response

WHO Human Resources for Health Interim Guidance

Effective human resources for health management



* Not modifiable by capacity building measures within the health sector

Source: WHO Bull Feb 2020 doi: [10.2471/BLT.19.234138](https://doi.org/10.2471/BLT.19.234138)



Prompt remuneration & incentives
Occupational health & safety, inc. appropriate PPE
COVID-19 practice guidelines & job aids



Training & skills refresher, including on IPC
Delegation of tasks & roles appropriate to skills
Decent work, psychosocial support, decision making roles



Supportive supervision and work/rest balance
Health system connection for guidance, resources, support



Inclusion in HRH planning & investment
Community contact tracing, surveillance, CEA activities counted
Health worker data, inc. infection & death, in information systems



Gender: leadership role, safe work, recognize unpaid work
Innovation: rapid scale-up of digital learning and intersectoral partnerships

Source:

<https://www.who.int/publications/i/item/health-workforce-policy-and-management-in-the-context-of-the-covid-19-pandemic-response>

The WHO Academy

A game-changer that will revolutionize lifelong learning for health impact

- WHO's **state-of-the-art learning centre**, bringing the latest **lifelong learning** innovations to global health.
- More effective, personalized and scalable **digital learning solutions** in health.
- Now under development with the support of **France** and officially launching in **May 2021**.
- Vastly shortening the time it takes to **turn the latest health innovations and evidence-based guidance into action**.
- Will enable learners to **tailor their learning** experience to meet their needs and award them **digital credentials** they can use to verify their competencies and advance their careers.

Health workers want to know more.



...feel they need more skills to be fully prepared for COVID-19.



Health workers look to WHO.

66% already use the WHO for guidance on COVID-19.

Health workers prefer virtual learning.



...say virtual learning on demand would help them respond to COVID-19.

Health workers get their information on the go.

When asked how they access the internet...



83%
mobile

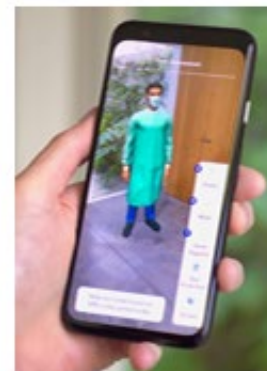


51%
laptop



33%
desktop

Augmented reality course on personal protective equipment (PPE), now available on the Academy's mobile learning app.



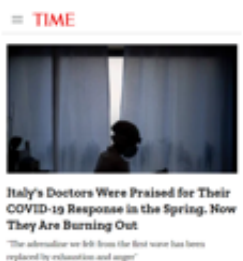
How Many Times Will We «Learn» the Same Lesson?



“... the most critical factor driving health system performance, the health worker, was neglected and overlooked.” - Prof. Lincoln Chen & Dr Tim Evans (2004)



“With higher risks of exposure in caring for others, health workers were disproportionately impacted and traumatized by Ebola. This has exacerbated the pre-existing shortage of health workers, high rates of attrition, uneven distribution, poor employment conditions and gaps in OHS in the three countries.” - WHO, Health worker Ebola infections in Guinea, Liberia and Sierra Leone (2015)



“...pandemic response plans in country after country often failed to explicitly address the health workforce requirements and implications on the workforce itself – *“We made a mistake, especially in Lombardy. ... We were totally focused on increasing the number of beds in intensive care units, without having enough anesthesiologists.”* Source: Bourgeault et al, HRH Journal 2020

Health Workforce Lessons Learned in COVID-19: Reflections one year into the pandemic

Recognize centrality of HRH to surge response and vaccine roll-out

Ensure adequate quantities and type of health workers
Guarantee decent working conditions
Optimize roles

Adequate investments

Rapid mobilization and re-deployment policies and mechanisms

Protection from infection (adequate IPC practices and PPE)

Equip health workers with additional required skills and competencies

Keep domestic financing vis-à-vis ↓ fiscal space
International solidarity to allow HRH investments



- [who.int/hrh](https://www.who.int/hrh)
- [#workforce2030](https://twitter.com/workforce2030)

DISCUSSION

Dr. Llang Bridget M. Maama-Maime

Ministry of Health, Lesotho



Dr. Pretchell Tolentino

Department of Health, Philippines



Dr. Giorgio Cometto

Department of Health Workforce, WHO



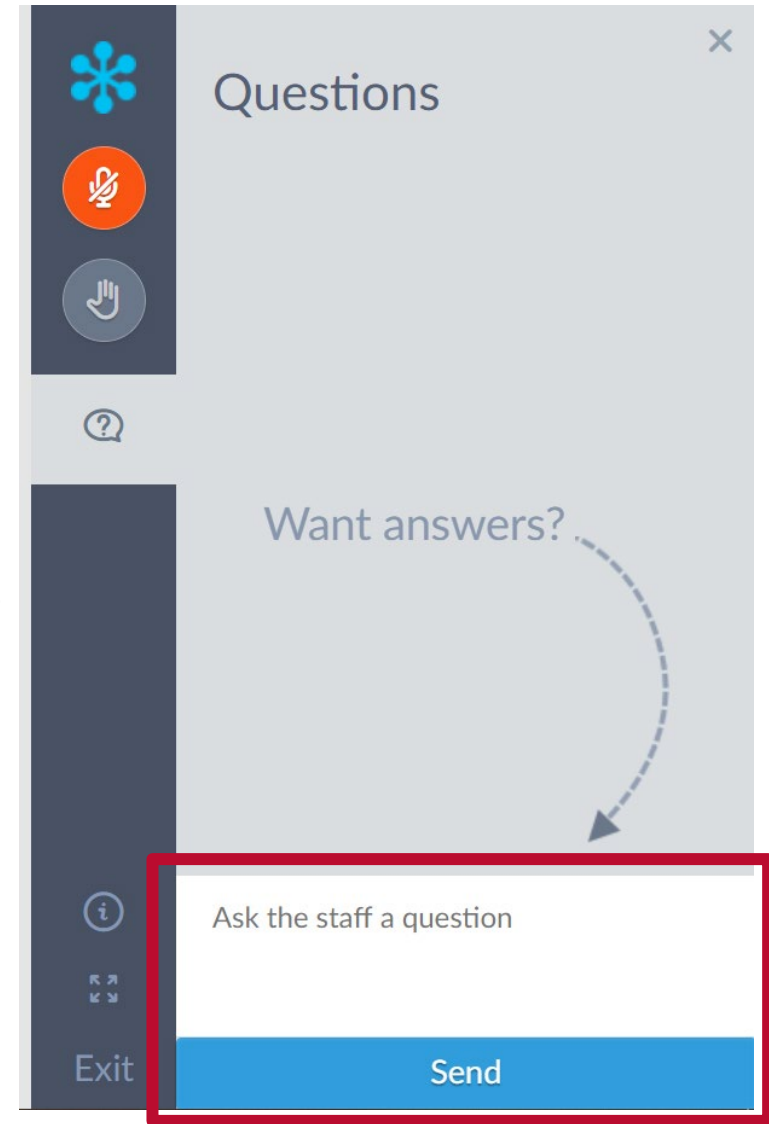
Mbogo Bunyi

SHOPS Plus, Abt Associates



Dionisius Nathaniel

Halodoc, Indonesia



Closing Remarks



Diana Frymus
Branch Chief, Health Workforce
USAID Bureau of Global Health, Office of HIV/AIDS

THANK YOU!



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THANK YOU!



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Photo credit: HRH2030 Malawi