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# HEALTH AGENCY, CHANGEMAKING AND THE FUTURE OF THE HEALTHCARE WORKFORCE

Outputs & Insights from an Ashoka Health Agency Brainstorming in Mainz, Germany

*January 2024*

# The Gathering

On October 13th, 2023, Ashoka gathered a small community of health actors in its network including; Ashoka Fellows, staff, and institutional partner representatives. The purpose was to host a conversation which explored **Ashoka's global health work** and uncover areas where **Ashoka can and should add value** to the global discussion on **health for all communities.**

The gathered community members included:

**Yeleka Barrett**
*Ashoka* Health Agency Lead
France

**Arnaud Mourot**
*Ashoka,* Global Leadership Changemaker Companies
Switzerland

**Neo Hutiri**
*Technovera,* Founder
Ashoka Fellow
South Africa

**Léna Borsoi**
*Ashoka* One Community-Health Partnerships Expert
France

**Ifeyinwa Egwaoje**
*Ashoka* Africa Fellowship Lead-Health Expert
Nigeria

**Anil Patil**
*Carers Worldwide,* Founder
Ashoka Fellow
India

**Manuela Pastore**
*Boehringer Ingelheim*
Community Activation Lead
Germany

**Jeremy Keeley**
Executive Coach
Founder, *Sadler Heath*
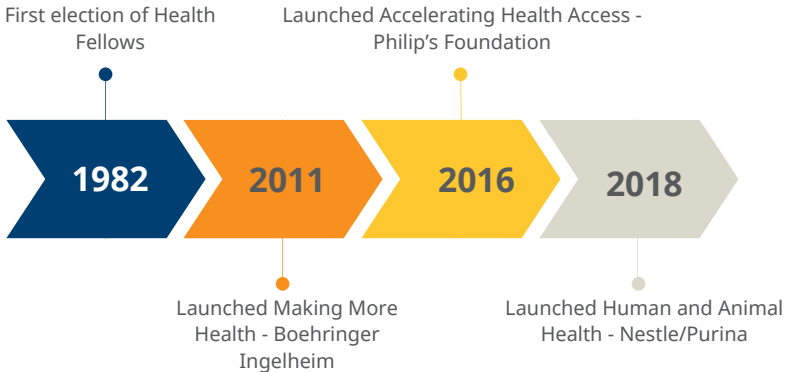England

**Andrés Rubiano**
*Meditech*
Ashoka Fellow
Colombia

# PRESENTING ASHOKA'S HEALTH WORK

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# The History

Together, the discussion participants learned about Ashoka's historical contributions to the global health space, which includes electing Ashoka Fellows who are influencing health systems around the world.

First election of Health Fellows

Launched Accelerating Health Access - Philip's Foundation

| 1982 | 2011 | 2016 | 2018 |

Launched Making More Health - Boehringer Ingelheim

Launched Human and Animal Health - Nestle/Purina

*Gender Next Now & Women's Health - partnered w/ R.W Johnson Foundation
*Launched Communities of Practice: Health Cohorts  LATAM, AFRICA, EUROPE

*Today, nearly a quarter of Ashoka's global Fellowship network has a primary focus on systems change in healthcare, health access and/or well-being
**Health Agency as Ashoka's purpose: Field application with the Future of the Health Workforce**

| 2021 | 2022 | 2023 | *More to come...* |

Lauched Reimaging Community Health - Johnson & Johnson Foundation

Because of these milestones, Ashoka is able to leverage insights from its network of health actors to both articulate the **New Paradigms** within health systems and define the ways in which **health actors organize to affect systemic change** across health systems.

# The New Paradigms in Health

The world remains in a historic moment in global health where new ways of organizing to address health needs are required to match the emerging paradigm shifts in the global health space.

## Ashoka articulates these paradigm shifts as...

| Old Paradigm | New Paradigm |
|---|---|
| Healthcare is "sick care" with good health being seen as access to illness intervention and treatment. | A global understanding of wellness, well-being and good health maintenance through holistic approaches (Video). |
| Access to health experts and expertise can be siloed, closed-off and knowledge protected, with availability being maintained in centralized physical infrastructures (ie., hospitals, clinics, etc.) | Community health models and actors creating the democratization of skillsets and expertise, while new technologies support decentralized access, diagnostics and treatment options (Video). |
| Health means human health. | A realization of the interconnectivity between human, animal and planet health, embracing models like One Health and supporting mindset shifts that encourage connection between people and the natural world (Video). |
| Health is assessed and discussed in terms of pathogens, genetic endowment and/or biological predispositions. | Good Health, wellness and longevity are an inter-connected manifestation of social and environmental determinants in addition to biological, genetic and pathogenic factors. |
| Market based systems of health care delivery established upon costly and inefficient infrastructures that don't always ensure quality care delivery. | New market strategies fueled by societal demand supports the creation of efficient, cost-effective health promotion and maintenance systems and infrastructures for better care options (Video). |

# How to Organize in the New Paradigms: Ashoka's Health Agency

Society requires a mindset shift towards effective organizing within the new paradigms for the future of health that ensures everyone, everywhere can achieve good health, wellness and well-being. **Social Entrepreneurs and particularly Ashoka Fellows are the greatest resource to navigate and operate within these new health paradigms**

**Health Agency** is when individuals and their communities can lead, direct and contribute to their own good health journey's and the good health journey's of others.

**Health Agency is achieved when people and their communities are...**

**Connected** to healthcare services with ease of access and zero barriers.

**Empowered** through the removal of systemic social challenges which impede or inhibit good health and wellness.

**Informed** to seek out health knowledge and/or skill sets that support themselves and others.
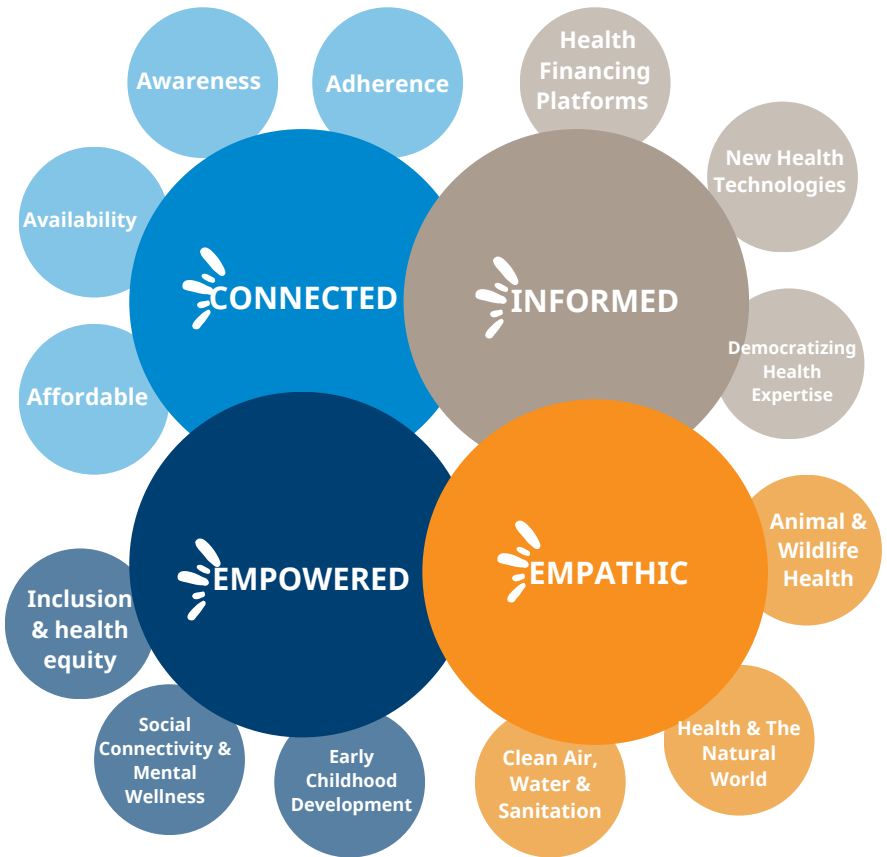
**Empathic** with, and able to create an identity to the natural world (plants, animals & planet) through the lens of health.

# The Health Agency Constellation

The Health Agency Constellation further details the elements and themes of action which health agency addresses*.



Awareness

Adherence

Health Financing Platforms

Availability

New Health Technologies

**CONNECTED**

**INFORMED**

Affordable

Democratizing Health Expertise

**EMPOWERED**

**EMPATHIC**

Animal & Wildlife Health

Inclusion & health equity

Social Connectivity & Mental Wellness

Early Childhood Development

Clean Air, Water & Sanitation

Health & The Natural World

*For definitions please see Appendix.*

# THE FUTURE OF THE HEALTHCARE WORKFORCE

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# The Brainstorm – *The Future of the Healthcare Workforce*

With the Health Agency framework in mind, the brainstorming participants took a pragmatic approach to a discussion about the future of the healthcare workforce.

The group asked itself 4 sequential questions:

**1** **What do we know to be true about the current challenges in the health care workforce?**
Sharing collective knowledge on facts, data points and statistics from the experts in the room about the current conditions

**2** **If the above is true, then what is the unmet need?**
Identifying and articulating the underlying causes and challenges that create the current conditions

**3** **If the above is true, then what systemic change is required?**
What needs to be built, designed for, or implemented to address the unmet needs

**4** **If the above is true, then what role must Ashoka play in supporting change?**
What role must Ashoka play to support actors in the health space, and reinforce Health Agency for individuals and their communities?

With these guiding questions, **6 Challenges and accompanying insights for the Future of the Healthcare workforce** were uncovered, and several recommendations for Ashoka were surfaced.

# The 6 Challenges to be considered when addressing the Future of the Healthcare Workforce

## CHALLENGE #1
Financing, resourcing allocation and investment into the workforce

**Articulating the Unmet Need:**
There is a disproportionate gap between the amount of financial resources generated by or invested in healthcare versus its redistribution or reinvestment back into the workforce.

> 66 ——
>
> **Participant Quote**
> *"Impact investing in health is becoming more popular and attractive, thus theoretically more funding is available, but its deployment is skewed to what's 'sexy' but not where it needs to go."*

**External Reference**
"As a labour-intensive sector, increasing demand and decreasing supply of health care workers may further exacerbate the unit cost of labour. One of the lessons from the pandemic was that to attract and retain workers to the nursing and care professions, a reassessment of baseline salary levels was required."

**SOURCE**: _Organisation for Economic Co-operation and Development (OECD)_

➡ Therefore, what is required?
**More Innovative financing models and narrative shifts that realign health as the primary objective, with a focus on health workers**

**Articulating the Unmet Need:**
A lack of health equipment, increasing administrative load and inefficient system infrastructure, negatively impacts the well-being of healthcare workers.

**❝** ────

**Participant Quotes**
*"There is more of a demand (or over-demand) for administration than there is for patient care"*

*"There is an imbalance between the push for knowledge and data collection and the ability for health care workers to use the data."*

**External Reference**
"The healthcare industry is among one of the top industries grappling with "The Great Resignation," exacerbated by workers who are in desperate need of support both due to the pandemic and to ballooning administrative loads. Half of administrative staff report seeing an increase in the amount of manual data entry in the past 12 months—and 92 percent of clinicians agree that too much time spent on administrative tasks is a major contributor to healthcare worker burnout."

**SOURCE**: *Healthcare Innovation*

➤ Therefore, what is required?
**Amplify the issue of administrative load on health care workers, and identify the adaptable solutions from around the world to spread them across systems**

**Articulating the Unmet Need:**
Skills and training gaps within the global healthcare workforce are amplified by "brain drain" practices and last mile services/access challenges.

**Participant Quotes**

"G*aps [in skills and training] are resulting in two class health systems."*

*"[We see a] lack of access to data experts and analytical skill sets [for healthcare workers]."*

*"Task shifting, and task sharing have become an option for replacing and fulfilling needs in the areas that have low healthcare worker density."*

**External Reference**
"There are low densities of doctors, nurses and midwives in most of the African countries and there are shortages across all HWF cadres, including doctors, nurses and midwives, dentists, pharmacists and laboratory technicians the shortage and maldistribution of health workers in the WHO African Region remain a big challenge towards the attainment of universal access to health services."

**SOURCE:** BMJ Journals - *Global Health*

Therefore, what is required?
**New policy and strategies to support task shifting and task sharing at different levels: community workers, nurses, doctors and technicians**

**Articulating the Unmet Need:**
A demanding mental load associated with care work, and exacerbated by poor working conditions and the invisibility felt by informal carers, leads to burnout and poor mental health.

**Participant Quotes**
"*There are a lot of "invisible" workers in healthcare. They are not given formal recognition.*

*"There is still a stigma attached to mental health, especially for Health care workers."*

*"Still a lack of awareness about carer health, mental health effects and quality of care."*

**External Reference**
"Nearly 334,000 physicians, nurse practitioners, physician assistants and other clinicians left the workforce in 2021 due to retirement, burnout and pandemic-related stressors, according to a new report."

**SOURCE**: *Healthcare Innovation*

➤ Therefore, what is required?
**Strategies that enhance visibility of the mental health needs of healthcare workers and improve social wellness for both formal and informal carers in the workforce**

**Articulating the Unmet Need:**
There is a continued pay gap for women in the healthcare workforce, despite women making up most of the global health and carer workforce.

**"**————

**Participant Quotes**
"*There is a gender imbalance in care-giving, amplified by a pay gap for women carers.*"

"*Women account for 67% of the health care workforce and [ on average ] earn 24% less than men.*"

**External Reference**
"In most OECD countries, over 75% of workers in the health and social care sector are women … While women's jobs tend to be concentrated more in lower-skilled and lower-paid occupations, half of all doctors on average across OECD countries in 2021 were female.. "

**SOURCE**: *OECD iLibrary*

Therefore, what is required?
**Gendered approaches to addressing pay gaps and that incentivize both healthcare worker retention and carer support**

**CHALLENGE #6**
Socialized, public and One Health implications
to care work

**Articulating the Unmet Need:**
There are unclear guidelines for how socialized and/or one health strategies can affect the traditional allopathic environment of healthcare and its workforce.

"

**Participant Quotes**
"*There is still a (systemic) disconnect between human and animal health.*"

"*There is a need for socialized structures in care work.*"

"*A better expectation of what 'Health' is outside of the traditional environment for workers.*"

**External References**
Critical gaps in One Health implementation include:
- Databases and resources to support information sharing and action in line with a One Health approach;
- Identification and showcasing of best practice examples for One Health implementation;
- Mapping existing initiatives and capacities for One Health research and building the next generation One Health workforce.

**SOURCE**: *World Health Organization*

"...social and environmental determinants and health equity, which are important issues in public health, have thus been largely ignored in public health actions."

**SOURCE**: *BMC, research in progress*

Therefore, what is required?
**Open information systems that support healthcare workers to see the "bigger picture" and share best practices for incorporating One Health, socialized and even cultural approaches into care work.** **15**

# What role must Ashoka play to support Change?

Following this robust conversation, participants then asked themselves, what expectations they had of Ashoka to address the unmet needs and support the building of the required solutions.

**Amplify the voices of Social Entrepreneurs and bring their solutions together for a collective "bigger" voice by:**
- Continuing to identify the social entrepreneurs who are filling in the gaps and addressing the unmet needs through systemic solutions.
- Weaving and connecting the health solutions found across the global Ashoka network.
- Identifying where the resources are for social entrepreneurs and supporting access between resources and social entrepreneurs.
- Strengthening connections between social entrepreneurs and the health industry corporate actors for co-creation opportunities

**Support access to new funding sources for the best solutions.**

**Empower the decentralization of the Ashoka Network by increasing ownership across network members such as Fellows, Partners, etc.**

# What role must Ashoka play to support Change? *(Cont.)*

**Leverage the global Ashoka brand to provide convening power for stakeholders and new players**
- This should include hosting more discussions with communities of peers on specialized topics at the intersection of Health and social entrepreneurship.

**Capture and disseminate individual and collective knowledge, and encourage uptake of the best ideas**

**Take a leading role in building the evidence base for ideas that support change**

**Provide the infrastructure for evidence building and evidence sharing among social entrepreneurs to develop their own evidence-based "muscles"**
- Maximizing opportunities for social entrepreneurs to review and share their wisdom mixing social research with technical research. This could include supporting health / healthcare researchers to effectively collaborate with and validate the solutions of health-based social entrepreneurs.

**Amplify the Ashoka name to increase its "social and sectoral capital"**

# WHAT'S NEXT?

# Building the roadmap and the community

This brainstorming is the first in a series of conversations to be hosted with Ashoka Fellows, health partners and professionals, Ashoka Young Changemakers, Ashoka staff and other health stakeholders.

These Ashoka facilitated spaces will seek to pursue 3 goals: **(1)** Build and strengthen the **global health network** of Ashoka community members and beyond around a common framework, **(2)** Uncover **what needs to shift in the systems** at thematic levels ( such as the healthcare workforce) and at broader levels, such as collective action and collaboration, and **(3)** Further define **Ashoka's role** in enabling paradigm shifts for the future of the health.

This first workshop identified 6 focus areas to address pressing gaps in the healthcare workforce as well as guidelines for Ashoka's positioning in the global health sector.

In future conversations, Ashoka will seek to **surface other unmet needs and ideas** that emerge from our network and build action plans to address them.

Here's how you can help:

> If you think about changemakers who would be interested in this work, **please share this report with them!**

> If you are interested in helping us, by providing feedback,  or joining a future conversation, **please take the time to complete this very quick survey**: https://forms.office.com/r/i1YFetcNhH

> For questions or comments about this document, Health Agency or Ashoka's Health Work, please contact: **Yeleka Barrett** ybarrett@ashoka.org

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Thanks to **Léna Borsoi** and **Romina Carrillo** , for their support with the planning and framing of the event and designing of this report. Thanks also to **Alex Richmond** for her insightful contribution to shaping this work.

Finally, thanks to **Ashoka Changemaker Companies** for hosting the space for this and future conversations.

**ABOUT ASHOKA**
Ashoka is a global leader in social innovation and home to the world's largest network of social entrepreneurs. Recurringly recognized as one of the world's most innovative and impactful organizations, Ashoka pioneered the field of social entrepreneurship forty years ago and has introduced and mainstreamed the terms "social entrepreneur" and "changemaker."

**ABOUT CHANGEMAKER COMPANIES**
Changemaker Companies -incepted by Ashoka- leverages the insights gained on the patterns of social innovation across this network to accelerate the rise of an inclusive and regenerative economy, helping companies create business cultures where everyone is a changemaker. A culture where creating positive societal impact through business is the new norm.

# APPENDIX

# The Health Agency Constellation Glosary

## CONNECTED

- **AWARENESS:** People and their communities are educated in health promotion behaviors, lifestyle and disease management practices including physical activity, mental health support and nutrition that align with their identified needs.
- **AFFORDABILITY:** Healthcare delivery is cost effective for practitioners and institutions, and savings are passed onto the individuals and their communities.
- **ADHERENCE:** Health care interventions are taken up by the individual, their families and communities, and reinforced through good health practices at the individual level and services at the systemic level.
- **AVAILABILITY:** Care is physically reachable to individuals and communities, anywhere at any time as a result of decentralization methods and care chains supporting remote access.

## INFORMED

- **DEMOCRATIZING HEALTH EXPERTISE:** Enabling the increase of community health actors, new health specialists, and the expansion of professionalized skills through social entrepreneurial tactics and training.
- **HEALTH FINANCING PROGRAMS:** The creation of new health insurance schemes, micro-financing models and alternative financing platforms that support accessibility to healthcare.
- **NEW TECHNOLOGIES:** The development of wearable tech, new diagnostic tools and methods, the use of 3-D printing, gaming and platforms which support health data ownership for patients. In addition, supporting patient and community centered contributions to data management.

# The Health Agency Constellation Glosary *(Cont.)*

## EMPOWERED

- **INCLUSION & HEALTH EQUITY:** Ensuring that under-served, marginalized and underrepresented peoples and their communities achieve equitable health access and health contribution.
- **EARLY CHILDHOOD HEALTH:** Ensuring access in early childhood to health education, nutrition and health services to support wellness and thriving for a life-long good health journey.
- **SOCIAL CONNECTIVITY & MENTAL WELLNESS:** Providing support to build social and cultural connectivity and relationships within the community and with oneself as a component of good health.

## EMPATHIC

- **ANIMAL & WILDLIFE HEALTH:** Creating experiences to understand, appreciate and act on the inter-dependency between people and agriculture (plant & animal), wildlife and domestic animals.
- **HEALTH & THE NATURAL WORLD:** Promoting individual and community identity with environmental eco-systems such as rivers, forests, etc.
- **CLEAN AIR, WATER & SANITATION:** Ensuring universal access to clean air, clean water, and sanitation systems.