Decentralising health workforce governance: balancing national and regional resources and interests

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Background

A strong drive towards decentralisation has emerged, but it seems that for different parts of health workforce governance, different arguments play a role that alternately favour centralised or decentralised development and implementation. What these arguments contain, and what patterns can...
be seen in European countries, has not been analysed systematically.

Methods
A literature study was conducted to synthesise and order the argumentation and ‘policy logic’ behind centralisation and decentralisation of health policy-making. EU Member States are compared with regard to their balance between national and regional health workforce governance. This provides the opportunity to explore if this balance is related to a number of country conditions, and validate some of the argumentations found in the literature study.

Results
The balance between national and regional health workforce governance within countries is dynamic and complex. A number of theoretical argumentations are hard to be empirically validated; others only partly explain the cross-national variation within Europe. On the one hand, we see that the strength and tradition of healthcare systems determine what is central/nationally governed and what decentralised-regionally. On the other hand, regional/locally specific demographic, socio-economic and cultural developments appear to be disruptive to a countries’ health policy and workforce strategy.

Conclusions
This paper is included in the workshop as it aims to explicate the argumentations (and hence justifications) behind both central and decentralised approaches in health workforce governance. The variation between and within EU countries is exploited to gain insights, and also to address new questions. Both can motivate health policy-makers at all levels to balance their strategic views on how to achieve and retain a sustainable health workforce in all regions.