

# Workforce 2030: The WHO Global Strategy on Human Resources for Health and the High-Level Commission on Health Employment & Economic Growth

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global health  
workforce  
alliance



**World Health  
Organization**

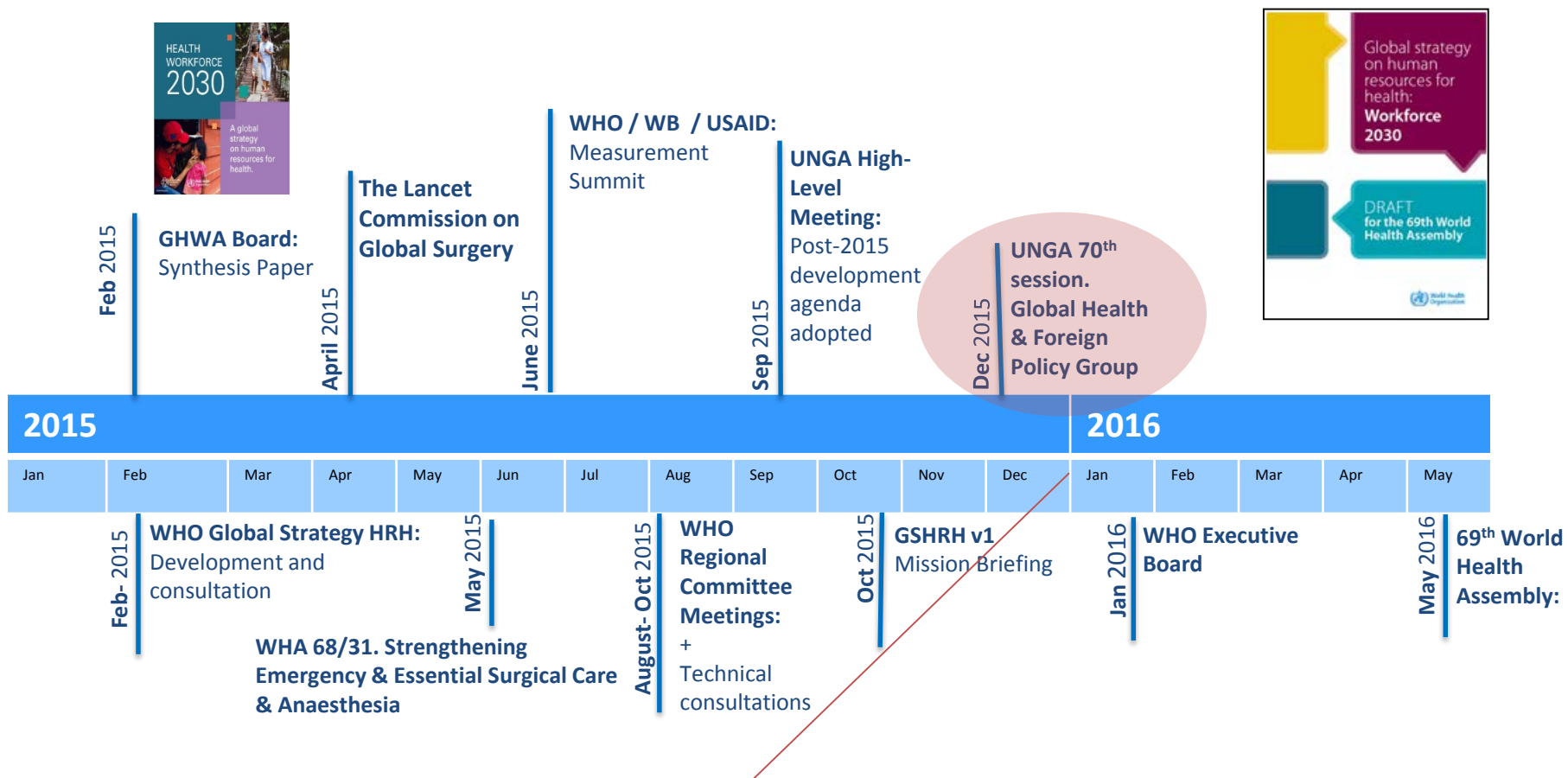
# Overview.....

## **World Health Professions Regulation Conference 2016**

Crowne Plaza Hotel, Geneva, Switzerland

- 1. Workforce 2030: Background (2013-2016)**
- 2. 69<sup>th</sup> World Health Assembly:**
  - A69/38. Global Strategy on Human Resources for Health: Workforce 2030**
  - A69/38. Draft Resolution**
  - A69/37. Global Code of Practice on the International Recruitment of Health Personnel**
  - A69/36. Health workforce and services**
- 3. High-Level Commission on Health Employment & Economic Growth**

# Global Strategy HRH: Workforce 2030

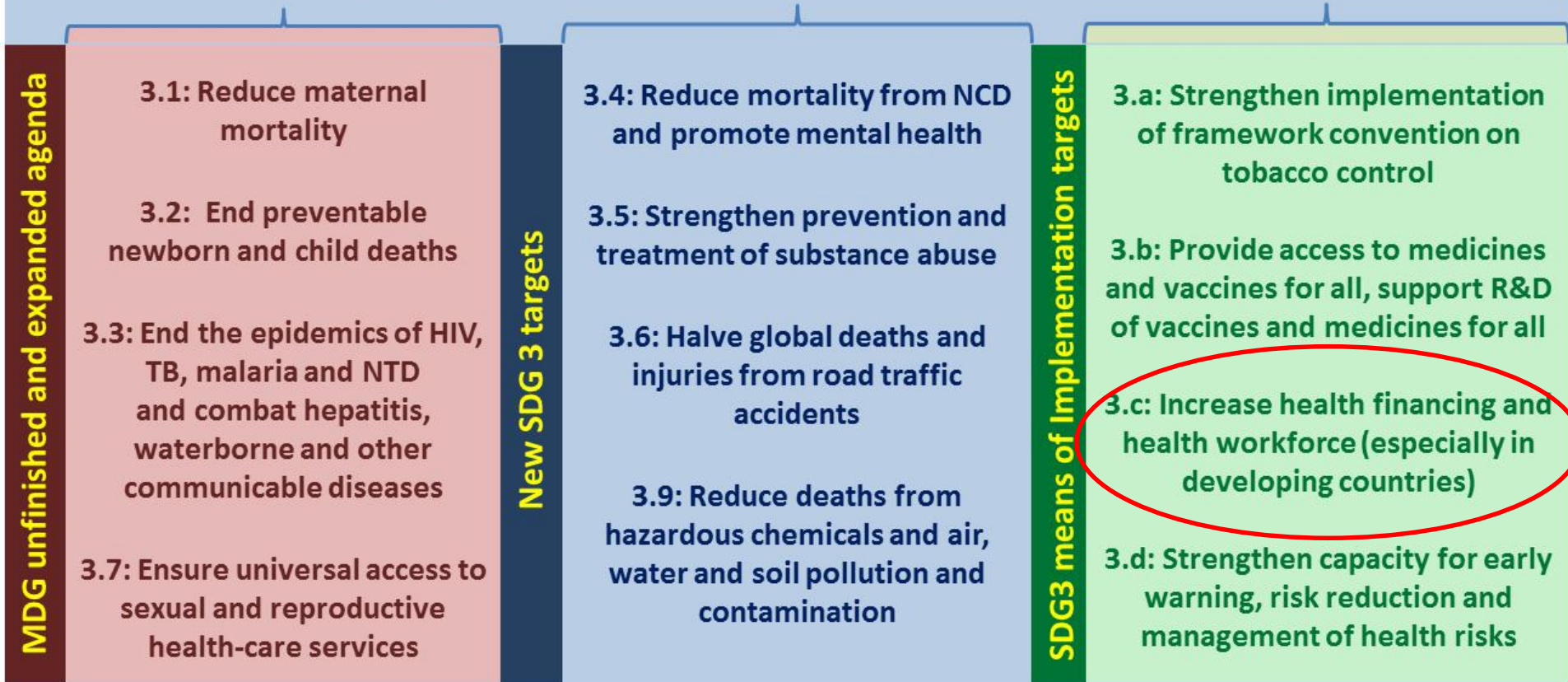


*“Investing in new health workforce employment opportunities may also add broader socio-economic value to the economy and contribute to the implementation for the 2030 Agenda for Sustainable Development”*

# SDGs – Goal 3

## SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all



Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation

# A new emphasis.....

## Broader than SDG3. Not a 'cost' but an investment:

1. The health and social sectors + scientific and technological industries act as an engine of **inclusive economic growth**, boosting skills, innovation, **decent jobs** and **formal employment**, especially among **women and youth**. SDGs: 4 (education), 5 (gender equality), 8 (economic growth & employment), 9 (innovation).
2. The foundation for the equitable distribution of essential promotive, preventive, curative and palliative services that are required to maintain and **improve population health** and remove people from poverty. SDGs 1 (poverty), 2 (nutrition), 3 (healthy lives).
3. The **first line of defence** to meet core capacity requirements on the International Health Regulations (2005) & Global Health Security. SDGs 3 (healthy lives), 9 (resilient infrastructure).

## 69<sup>th</sup> World Health Assembly:

1. **A69/36. Health workforce and services**
2. **A69/37. Global Code of Practice on the International Recruitment of Health Personnel**
3. **A69/38. Global Strategy on Human Resources for Health: Workforce 2030**
4. **Global Strategy – DRAFT for 69<sup>th</sup> WHA**
5. **A69/CONFxx. Draft Resolution**



# Global Strategy HRH: Workforce 2030...



1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)
2. **Anticipate future workforce** requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)
3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)
4. **Strengthen the data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)

# Global Strategy HRH: Workforce 2030...



## Milestones to 2020:

- All countries have inclusive **institutional mechanisms** in place to coordinate an intersectoral health workforce agenda.
- All countries have a human resources for health unit with responsibility for **development and monitoring of policies and plans**.
- All countries have **regulatory mechanisms** to promote patient safety and adequate oversight of the private sector.
- All countries have established **accreditation mechanisms** for health training institutions.
- All countries are making progress on **health workforce registries** to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
- All countries are making progress on sharing data on human resources for health through **national health workforce accounts** and submit core indicators to the WHO Secretariat annually.



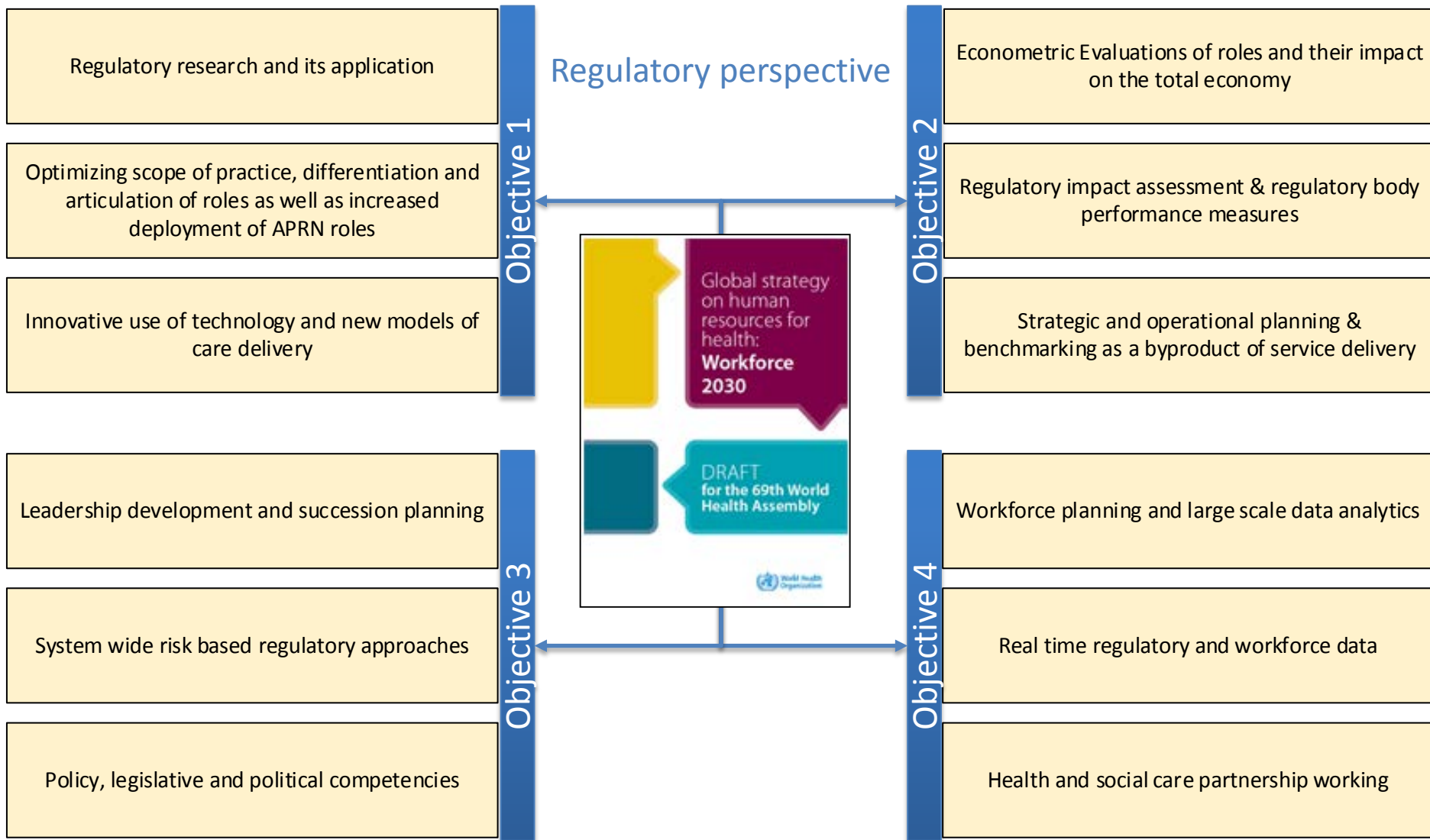
# Global Strategy HRH: Workforce 2030...



## Relevant text (examples):

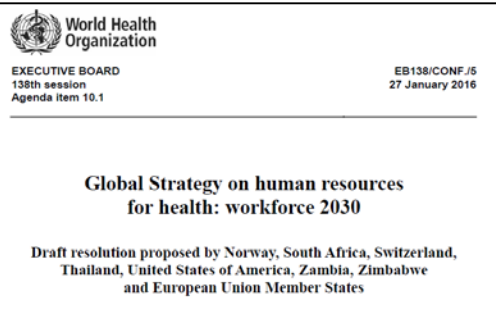
- **19.** Dramatic improvement in efficiency can be attained by strengthening the ability of national institutions to devise and implement more effective strategies and appropriate regulation for the health workforce.
- **34.** Governments to collaborate with professional councils and other regulatory authorities to adopt regulation that takes into account transparency, accountability, proportionality, consistency, and that is targeted to the population's needs. Advancing this agenda requires strengthening the capacity of regulatory and accreditation authorities. Regulatory bodies should play a central role in ensuring that public and private sector professionals are competent sufficiently experienced and adhere to agreed standards relative to the scope of practice and competency enshrined in regulation and legislative norms;

# Global Strategy HRH: Workforce 2030...



Source: David Benton, CEO, NCSBN, with permission

# A69/CONF/xx: A foundation for action



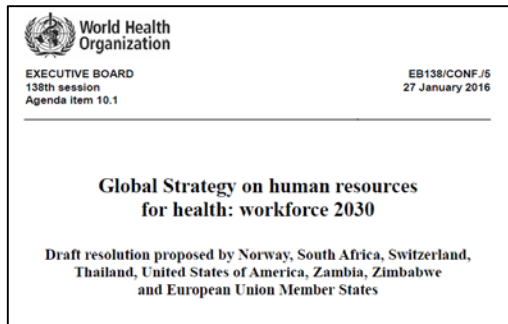
- (PP10). Deeply concerned by the **rising global health workforce deficit** and the **mismatch between the supply, demand, and population need** for health workers...
- (PP12) Encouraged by the emerging political consensus on the **contribution of health workers to improved health outcomes, to economic growth**, to implementation of the International Health Regulations and to **global health security**;
- (PP13) Recognizing that investing in **new health workforce employment opportunities may also add broader socioeconomic value** to the economy and contribute to the implementation of the Sustainable Development Goals,

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# A69/CONF/xx : A foundation for action



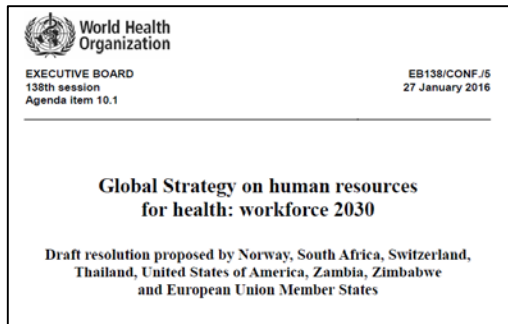
- (OP 1). to implement policy options as proposed for Member States by the Global Strategy, supported by high-level commitment and **adequate financing**.....
- (a) strengthening respective capacities to **optimize the existing health workforce** to contribute to the achievement of universal health coverage;
- (b) actively forecasting and **addressing gaps between health workforce needs, demands, and supply**, including through **intersectoral collaboration**;

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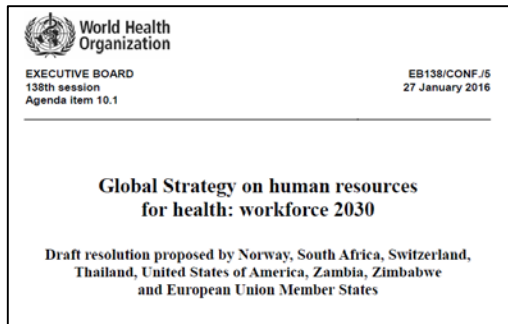
- (OP 3). education institutions to adapt their institutional set-up and modalities of instruction, aligned with national accreditation systems and populations' health needs; to **train health workers in sufficient quantity, quality, and with relevant skills**, while also promoting **gender equality** in admissions and teaching; and to maintain **quality and enhance performance** through continuing professional development programmes;
- professional councils, associations, and **regulatory bodies to adopt regulations** to optimize **workforce competencies**, and to support **inter-professional collaboration for a skills mix responsive to population needs**;

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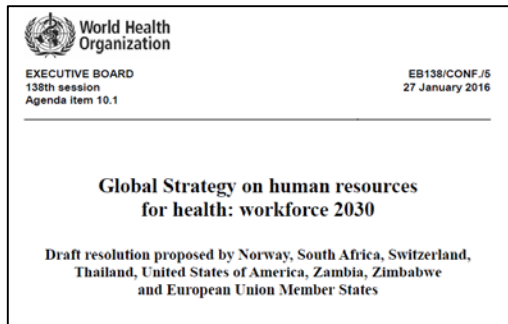
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- (3) the International Monetary Fund, the World Bank, etc to adapt their macroeconomic policies.... in light of mounting evidence that **...health workers are productive to economic and social development....;**
- (4) development partners...to augment, coordinate, and **align their investments in education, employment, health, gender, and labour** in support of ...national health workforce priorities;
- (5) global health initiatives to ensure that all grants include **an assessment of health workforce implications...and contribute to efficient investment in...national health workforce policies;**

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REQUESTS the Director-General:

- (1) to provide support to Member States...on the **implementation and monitoring** of the Global Strategy,
- (c) support Member States in... the consolidation of a core set of health workforce data with annual reporting...the progressive implementation of **National Health Workforce Accounts;**
- (2) to include an **assessment of health workforce implications** of technical resolutions brought before the World Health Assembly and Regional Committees;

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## The Lancet Vol 387, May 21 2016 Page 2063

### No health workforce, No global health security.



#### No health workforce, no global health security

Since the recent epidemics of Ebola, MERS, and Zika viruses, the ever-present threat of pandemic influenza, and now the menace of a yellow fever crisis, the notion of global health security has risen to the top of concerns facing the 194 member states attending next week's 69th World Health Assembly (WHA) in Geneva, Switzerland. Without global health security, the common goal of a more sustainable and resilient society for human health and wellbeing will be unattainable.

But what is global health security? Much attention has rightly been devoted to the International Health Regulations—an international agreement “to prevent, protect against, control, and provide a public health response to the international spread of disease”. But, as David Heymann and colleagues outlined in a series of essays on global health security and the wider lessons from the west African Ebola epidemic published in *The Lancet* last year, there can be no global health security without individual health security. There is a clear need to go beyond rapid detection and response to reduce collective vulnerability to cross-border infectious disease threats, and to ensure individuals have access to safe and effective health care. For Heymann and colleagues “Collective health security is the sum of individual health security.” And what is the most important determinant of individual health security? In one word, people. Or, more programmatically, skilled health professionals.

Next week's WHA is therefore crucially important, as we set out in an Editorial last month. Member states will discuss a new draft Global Strategy on Human Resources for Health: Workforce 2030. This strategy has been a decade in the making—a decade, some critics might say, of failure. In 2006, the World Health Report: Working Together for Health identified the shortages of skilled health professionals as a central challenge for the health-related Millennium Development Goals. During the past 5 years, the WHA has adopted five resolutions on human resources for health. Last year, “recruitment, development, training, and retention of the health workforce” was adopted in target 3c of the Sustainable Development Goals (SDGs). The new draft Global Strategy aims to

accelerate progress towards universal health coverage and the SDGs by ensuring the equitable availability of and access to high-quality health workers. Importantly, the draft Global Strategy provides updated projections on the health workforce required to accelerate and sustain progress towards universal health coverage. It estimates that the global needs-based shortage of health-care workers will be more than 14 million in 2030, and offers a needs-based “SDG index” of minimum density of doctors, nurses, and midwives: 4–15 per 1000 population as a minimum threshold to meet SDG targets.

Adopting a strategy is one thing. Implementation is another. Even the most optimistic observer must conclude that efforts to strengthen the health workforce over the past decade have fallen severely short of expectations. This is no time for complacency. We see two opportunities for advancing human security with the health workforce at its core, thereby turning aspirations into actions. First, this month's G7 meeting in Japan (May 26–27), where Prime Minister Shinzo Abe will make human security a key part of his G7 agenda. Protecting human security has been a core concept of Japanese foreign policy for many years—as stressed in Kenji Shibuya and colleagues' Health Policy article published in this week's issue. And second, the recently created Commission on Health Employment and Economic Growth, jointly chaired by Presidents Hollande (France) and Zuma (South Africa), which has been tasked with proposing actions to guide the creation of health sector jobs as a means to advance inclusive economic growth. It will report in September at the UN General Assembly in New York, USA.

Global health security depends on many factors—robust disease surveillance systems, reliable health information, prevention, diagnostic, and treatment services, financing, and strong political commitment. But without skilled health professionals, who should be valued and protected everywhere, to act as the first line of defence of individual health security, other efforts will be in vain. That is why we endorse the Workforce 2030 strategy and hope that WHO's member states will too. There can be no health security without a skilled health workforce. That is the lesson of Ebola that remains to be learned. ■ *The Lancet*



See Perspective page 2061  
See Health Policy page 2125

Further Public Policy by David Heymann and colleagues see *Lancet* 2015; 385:1883-91  
For the Editorial on human resources for health see *Lancet* 2015; 385:1591  
For the draft Global Strategy on Human Resources for Health: Workforce 2030 see [http://www.who.int/dhkp/wha70/wha70\\_2016.pdf](http://www.who.int/dhkp/wha70/wha70_2016.pdf)  
For the Commission on Health Employment and Economic Growth see [http://www.who.int/dhkp/wha70/wha70\\_2016.pdf](http://www.who.int/dhkp/wha70/wha70_2016.pdf)

# Building multi-sectoral engagement...

- **Part 3: High-Level Commission on Health Employment & Economic Growth**

High-Level Commission on  
Health Employment  
and Economic Growth



# High-Level Commission: 1<sup>st</sup> Meeting, 23<sup>rd</sup> March, 2016



***“We believe that this Commission proposes a major political and paradigm shift to promote investment in the health sector in order to stimulate inclusive and sustainable economic growth and productive employment and decent work, in addition to ensuring healthy lives and well-being.”***

Communiqué, 23 March 2016

<http://www.who.int/hrh/com-heeg/en/>

# Decent work, inclusive economic growth, UHC

*Health as a cost disease  
and a drag on the  
economy*



*Health as a multiplier  
for inclusive economic  
growth*

Baumol (1967)

- Growth in health sector employment without increase in productivity could constrain economic growth (data from USA)

Hartwig (2008 and 2011)

- Confirmation of Baumol hypothesis (data from OECD countries)

Arcand et al., World Bank (*In press*, 2016)

- larger dataset; data from low-, middle- and high-income countries
- **establishes positive and significant growth inducing effect of health sector employment; multiplier effect on other economic sectors**
- magnitude of effect greater than in other recognized growth sectors

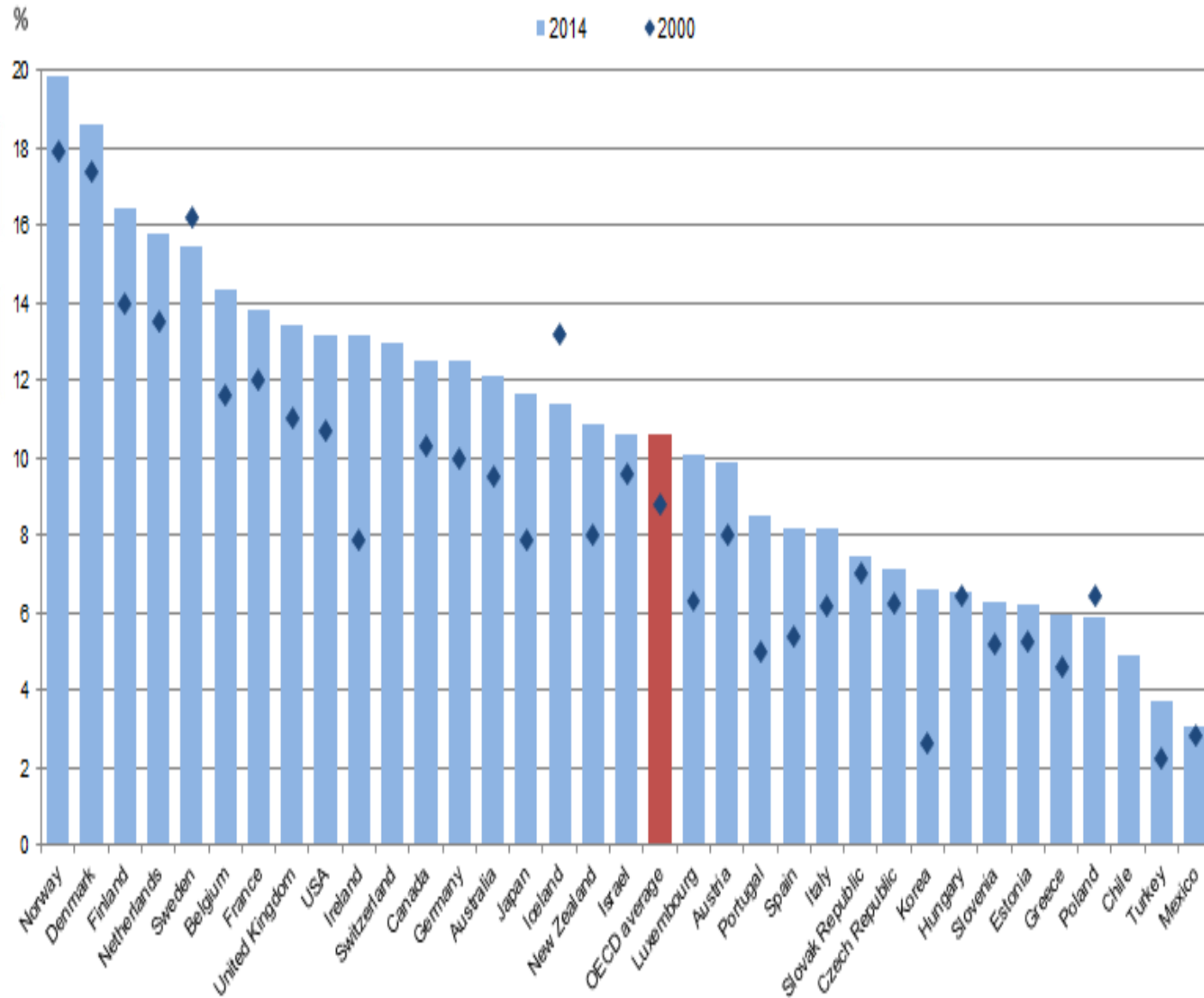
# Workforce 2030: Source of employment....(OECD)

OECD Health Policy Studies  
**Health Workforce Policies  
 in OECD Countries**  
 RIGHT JOBS, RIGHT SKILLS, RIGHT PLACES



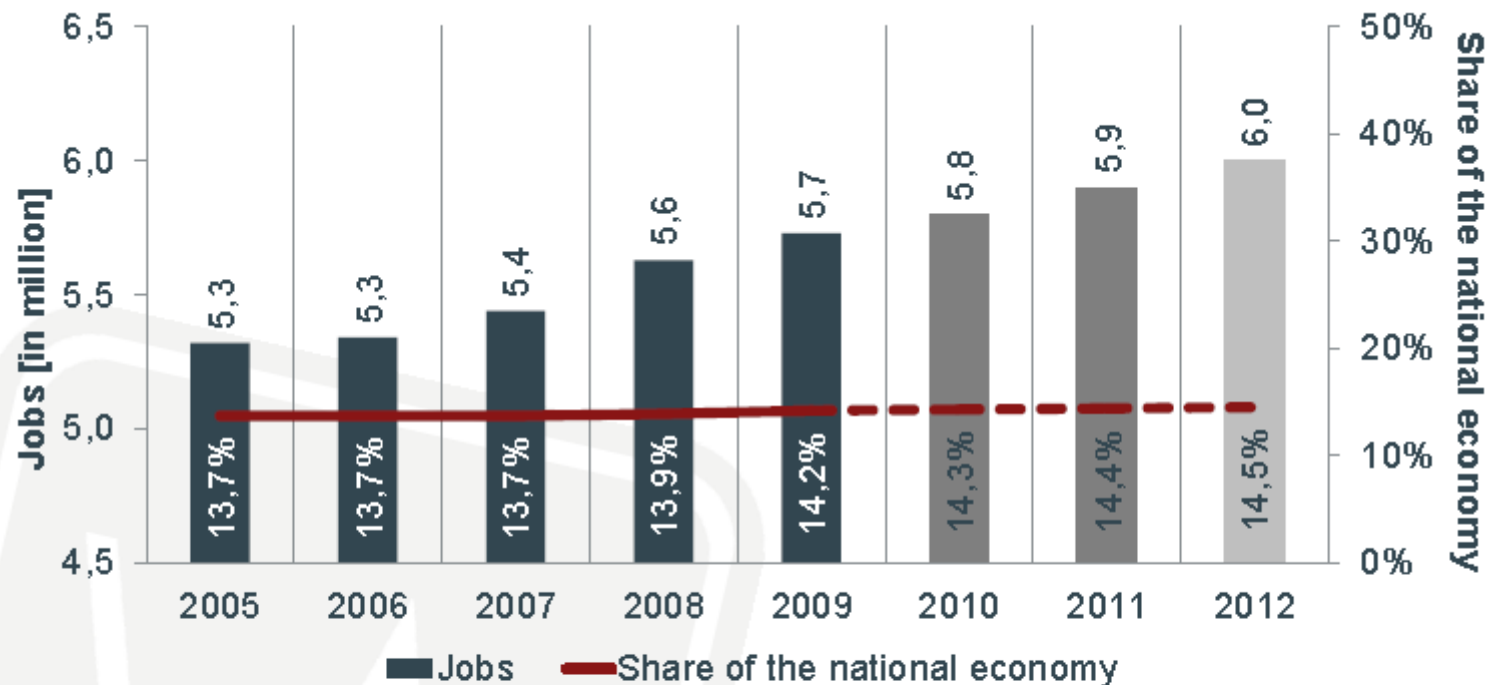
## Growth in health and social sector employment throughout the economic downturn

Around 42 million people across 34 countries of the Organisation for Economic Co-Operation and Development (OECD) were unemployed in May 2015, 10 million more than before the financial crisis (OECD Employment Outlook 2015)





# Workforce 2030: Source of employment...(Germany)

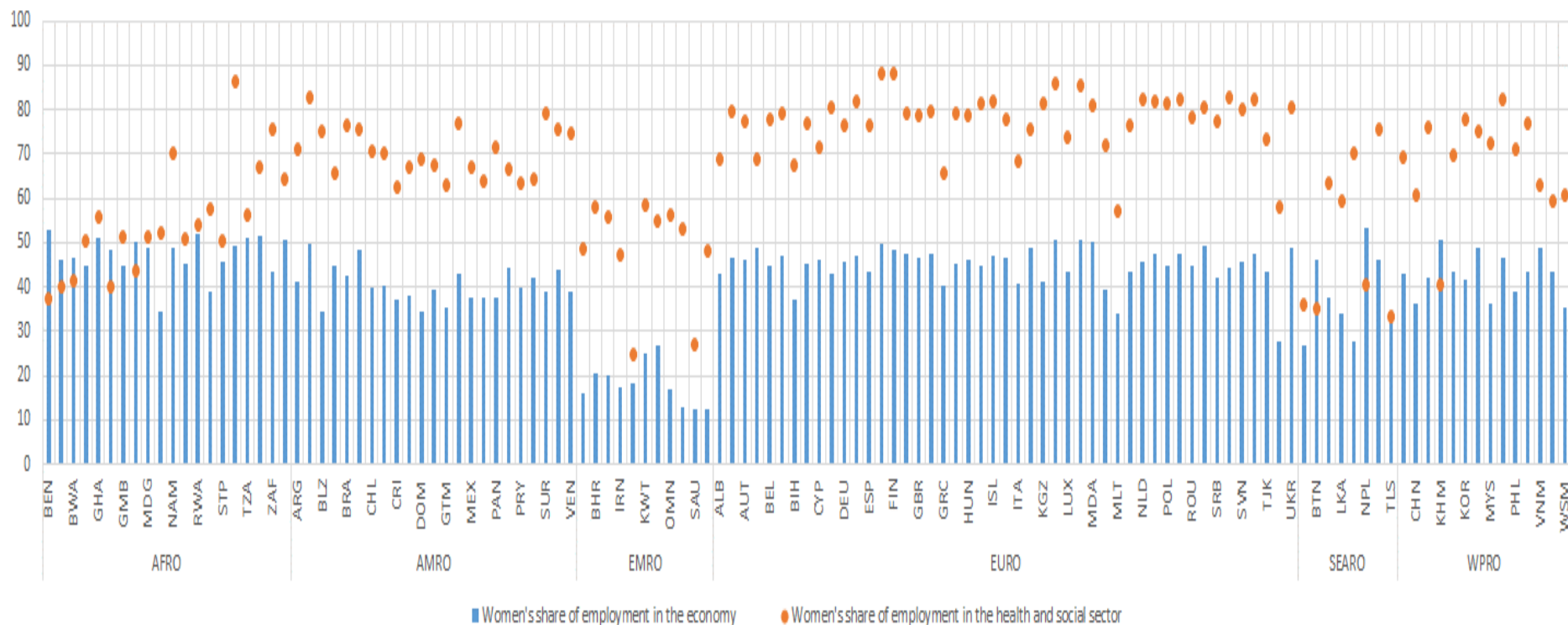


Source: GGR, 2013; Database: Destatis; Calculation and figure: WifOR, 2013.

More than 6 million jobs in 2012, i.e. every 7th German is working in the health economy. In the health economy 700,000 new jobs were created since 2005.

Source: Prof. Dr. Klaus-Dirk Henke | The Economic and Health Dividend of Health Care and Health. 2013

# Workforce 2030: Women's economic participation



Source: Magar et al, WHO, based on ILOSTAT (forthcoming 2016)



## **Meeting of the High-Level Commission on Health Employment and Economic Growth. Lyon, France - 23 March 2016**

“We expect that this Commission will make recommendations on education and training models, as well as on the range of skills required....to ensure that health workers’ competencies are in line with the needs of populations, taking into account epidemiologic and demographic changes, and in particular ageing and non-communicable diseases”.

<http://www.who.int/hrh/com-heeg/en/>

# THANK YOU