

IHMT Conference on workforce innovation for better performing health systems in Europe

The WHO Global Strategy on Human Resources for Health: Workforce 2030

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The Health Workforce 2030

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

MDG unfinished and expanded agenda

- 3.1: Reduce maternal mortality
- 3.2: End preventable newborn and child deaths
- 3.3: End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases
- 3.7: Ensure universal access to sexual and reproductive health-care services

New SDG 3 targets

- 3.4: Reduce mortality from NCD and promote mental health
- 3.5: Strengthen prevention and treatment of substance abuse
- 3.6: Halve global deaths and injuries from road traffic accidents
- 3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination

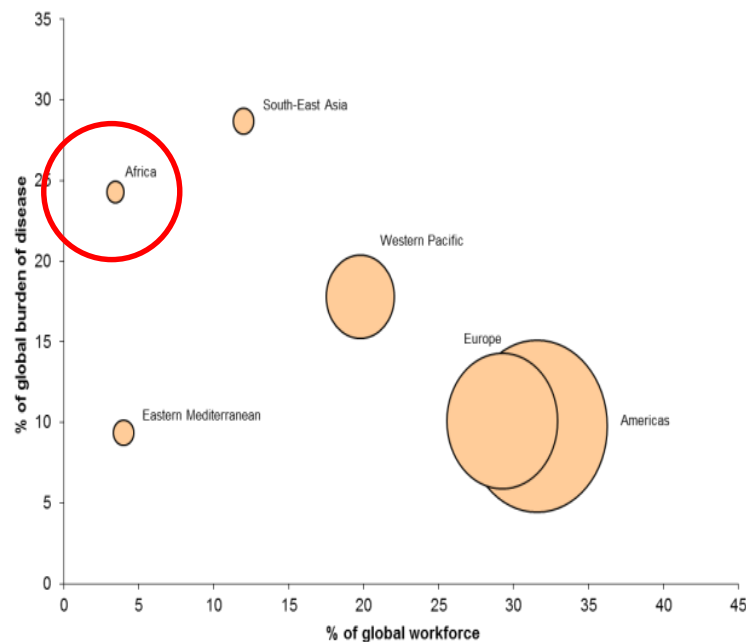
SDG3 means of Implementation targets

- 3.a: Strengthen implementation of framework convention on tobacco control
- 3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all
- 3.c: Increase health financing and health workforce (especially in developing countries)
- 3.d: Strengthen capacity for early warning, risk reduction and management of health risks

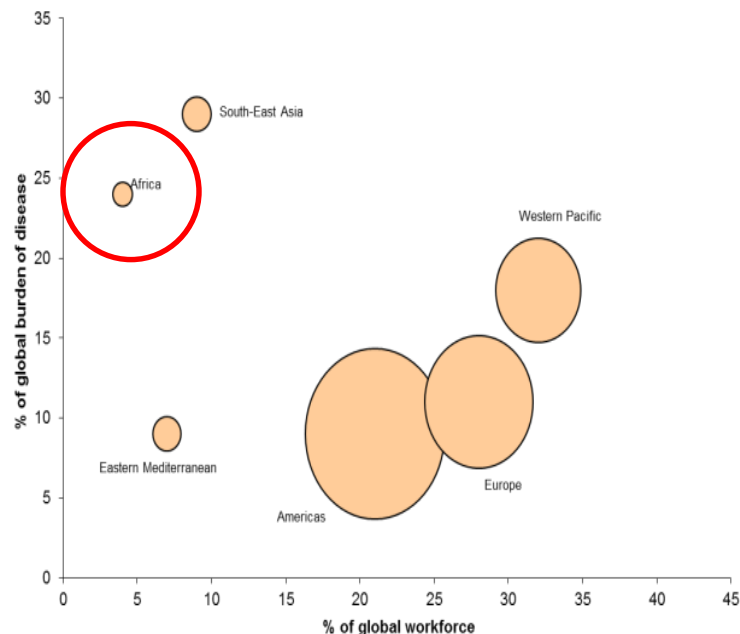
Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation

“24% burden of disease, 3% global health workforce” (2004-2005 vs 2013-2014)

Distribution of skilled health professional by level of health expenditure and burden of diseases, WHO regions (2004)



Distribution of skilled health professionals by level of health expenditure and burden of diseases, WHO regions (2014)



Sources: WHR 2006; Global Health Observatory (2014 update)

A GLOBAL SUPPLY AND DEMAND MISMATCH

Global economy is projected to create **around 40 million** new health and social sector jobs by 2030¹

Demand

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High income

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+++++

Upper-middle income

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+++++

Lower-middle income

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Projected shortfall of **18 million** health workers to achieve and sustain the SDGs and UHC²

Low income

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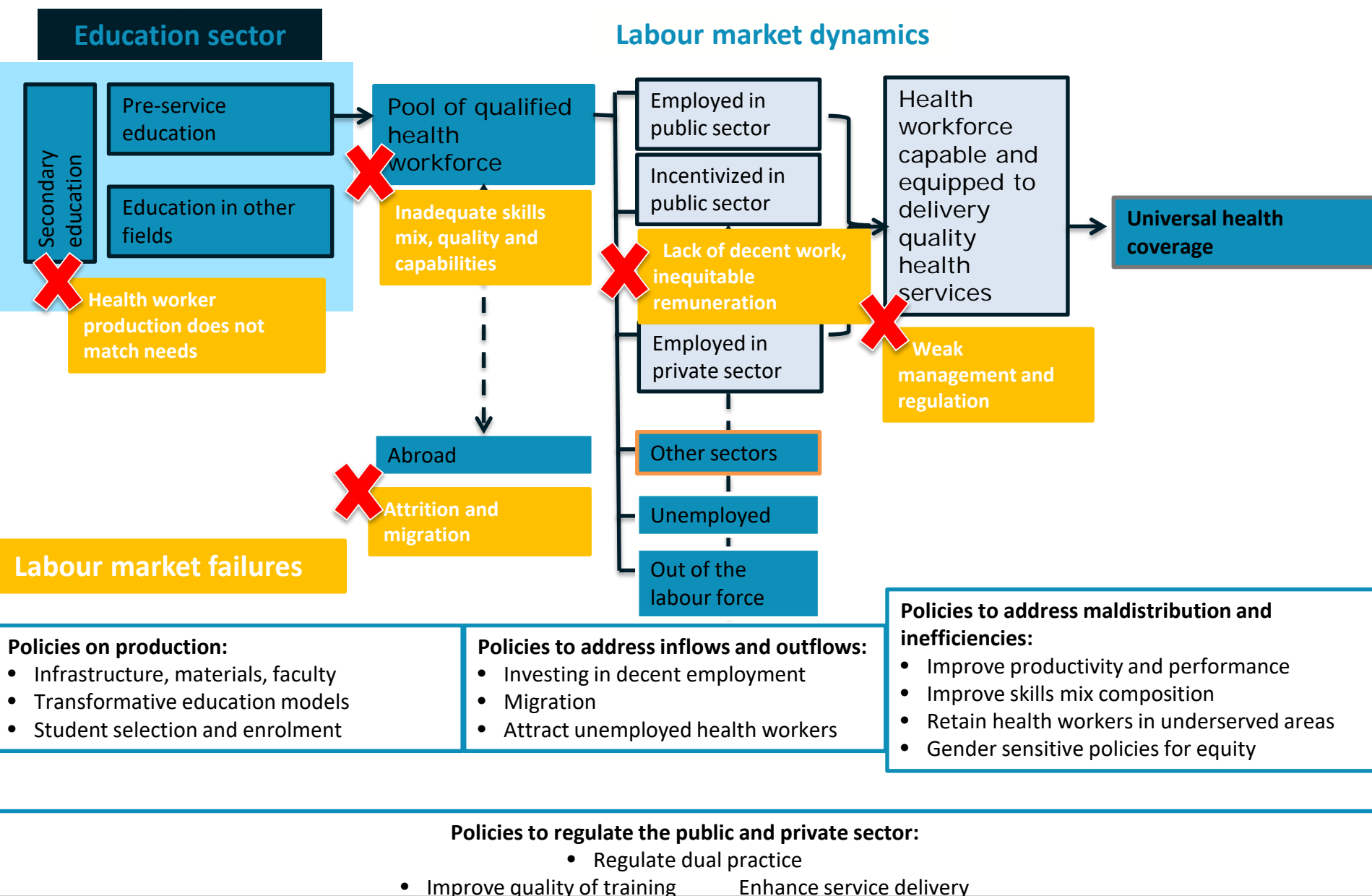
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3 GOOD HEALTH AND WELL-BEING



Addressing health labour markets failures



The Global Strategy on HRH: Workforce 2030



Objective 1: Optimize performance, quality and impact of the health workforce through evidence-informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and strengthened health systems at all levels

Milestones:

1.1 By 2020, all countries will have established accreditation mechanisms for health training institutions.

1.2 By 2030, all countries will have made progress towards halving inequalities in access to a health worker.

1.3 By 2030, all countries will have made progress towards improving the course completion rates in medical, nursing and allied health professionals training institutions.

http://www.who.int/hrh/resources/pub_globstrathrh-2030/en

The Global Strategy on HRH: Workforce 2030

Objective 2: Align investment in human resources for health with the current and future needs of the population and health systems, taking account of labour market dynamics and education policies, to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth



Milestones:

2.1 By 2030, all countries will have made progress towards halving their dependency on foreign-trained health professionals, implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel.

2.2 By 2030, all bilateral and multilateral agencies will have increased synergies in official development assistance for education, employment, gender and health, in support of national health employment and economic growth priorities.

2.3 By 2030, partners in the Sustainable Development Goals will have made progress to reduce barriers in access to health services by working to create, fill and sustain at least 10 million additional full-time jobs in health- and social-care sectors to address the needs of underserved populations.

2.4 By 2030, partners in the UN Sustainable Development Goals will have made progress on Goal 3c to increase health financing and the recruitment, development, training and retention of health workforce.

The Global Strategy on HRH: Workforce 2030

Objective 3: Build the capacity of institutions at subnational, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health

Milestones:

3.1 By 2020, all countries will have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

3.2 By 2020, all countries will have an HRH unit with responsibility to develop and monitor policies and plans.

3.3 By 2020, all countries will have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.



The Global Strategy on HRH: Workforce 2030



Objective 4: Strengthen data on human resources for health for monitoring and accountability of national and regional strategies, and the Global Strategy

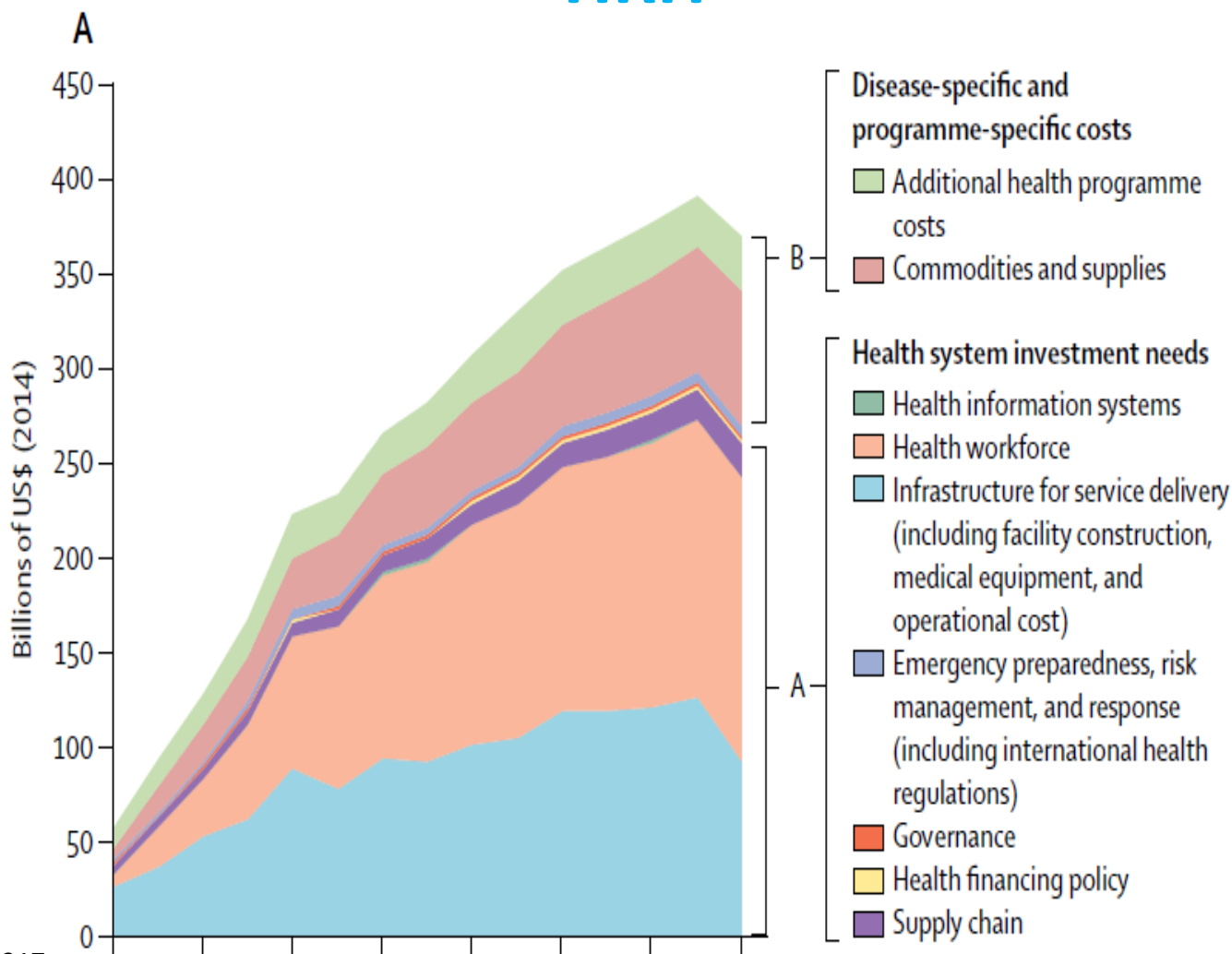
Milestones:

4.1 By 2020, all countries will have made progress to establish registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.

4.2 By 2020, all countries will have made progress on sharing HRH data through national health workforce accounts and submitting core indicators to the WHO Secretariat annually.

4.3 By 2020, all bilateral and multilateral agencies will have strengthened health workforce assessment and information exchange.

INVESTMENTS TO ACHIEVE THE SDGs: ROLE OF HRH



Source: WHO 2017

The High-Level Commission on Health Employment and Economic Growth

The Commission :

- Highlighted the **benefits across the SDGs** from investments in the health workforce;
- Drew attention to the **necessary reforms** in health employment, education and service delivery;
- Generated **political commitment and inter-sectoral action** towards more and better investment in the health workforce.

The United Nations Secretary-General established the High-Level Commission in March 2016, recognizing that investing in new jobs in the health and social workforce can generate economic growth and contribute to the implementation of the 2030 Agenda for Sustainable Development. The Commission was tasked with finding innovative ways to address health labour shortages and ensure a good match between the skills of health workers and job requirements, so as to enhance the efficiency of the health sector and its contribution to inclusive growth.

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Commission Secretariat:



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

Commission's recommendations



10 recommendations

1. Job creation
2. Gender equality and women's rights
3. Education training and competencies
4. Health service delivery and organization
5. Technology
6. Crisis and humanitarian settings
7. Financing and fiscal space
8. Partnerships and cooperation
9. International migration
10. Data, information and accountability

THANK YOU

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

Effective coverage: what it entails

AVAILABILITY



workforce is
AVAILABLE?



- A midwife **is available** in or close to the community
- As part of an integrated team of professionals, lay workers and community health services

ACCESSIBILITY



workforce is
ACCESSIBLE?



- Woman attends
- A midwife is available
- **As and where needed**
- Financial protection ensures **no barriers to access**

ACCEPTABILITY



workforce is
ACCEPTABLE?



- Woman attends
- A midwife is available
- As and where needed
- **Providing respectful care**

QUALITY



workforce
provides **QUALITY CARE?**

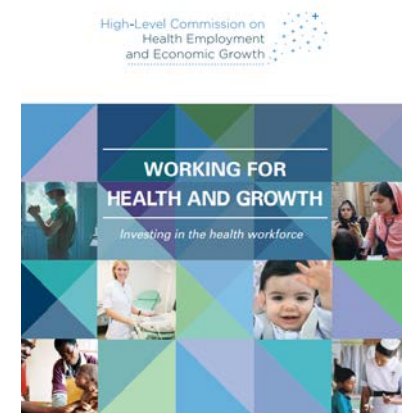


- Woman attends
- A midwife is available
- As and where needed
- Providing respectful care
- **Competent and enabled to provide quality care.**

Source: SoWMy 2014

Reorienting Education

- Systemic mismatch between competencies and need
- Occupational stratification (gender and SES)
- Economic incentives prioritizing narrow specialization and development of professional occupations
- Outdated, fragmented and static curricula
- Importance of faculty often neglected



A large and growing share of employment

OECD Health Policy Studies

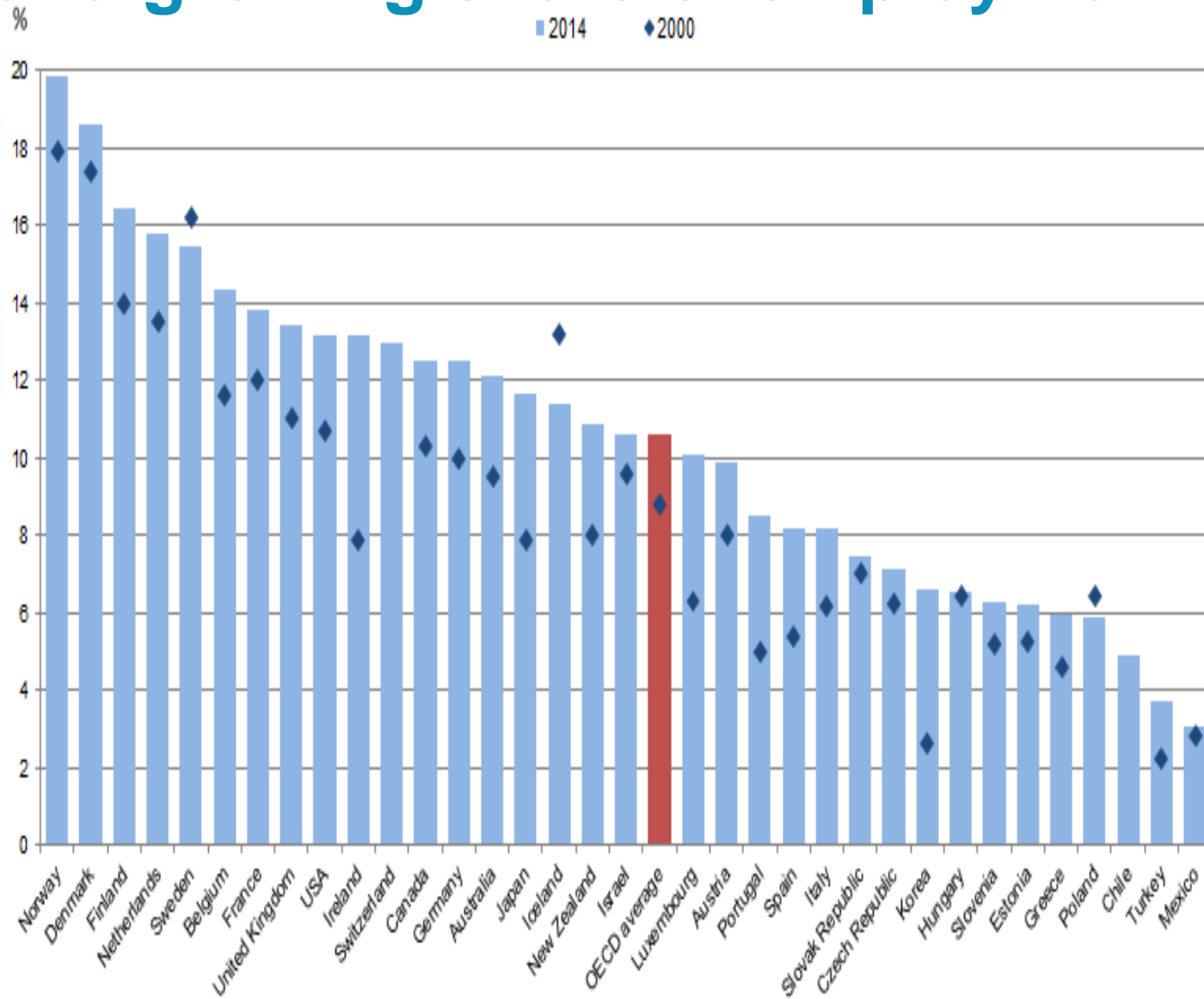
**Health Workforce Policies
in OECD Countries**

RIGHT JOBS, RIGHT SKILLS, RIGHT PLACES



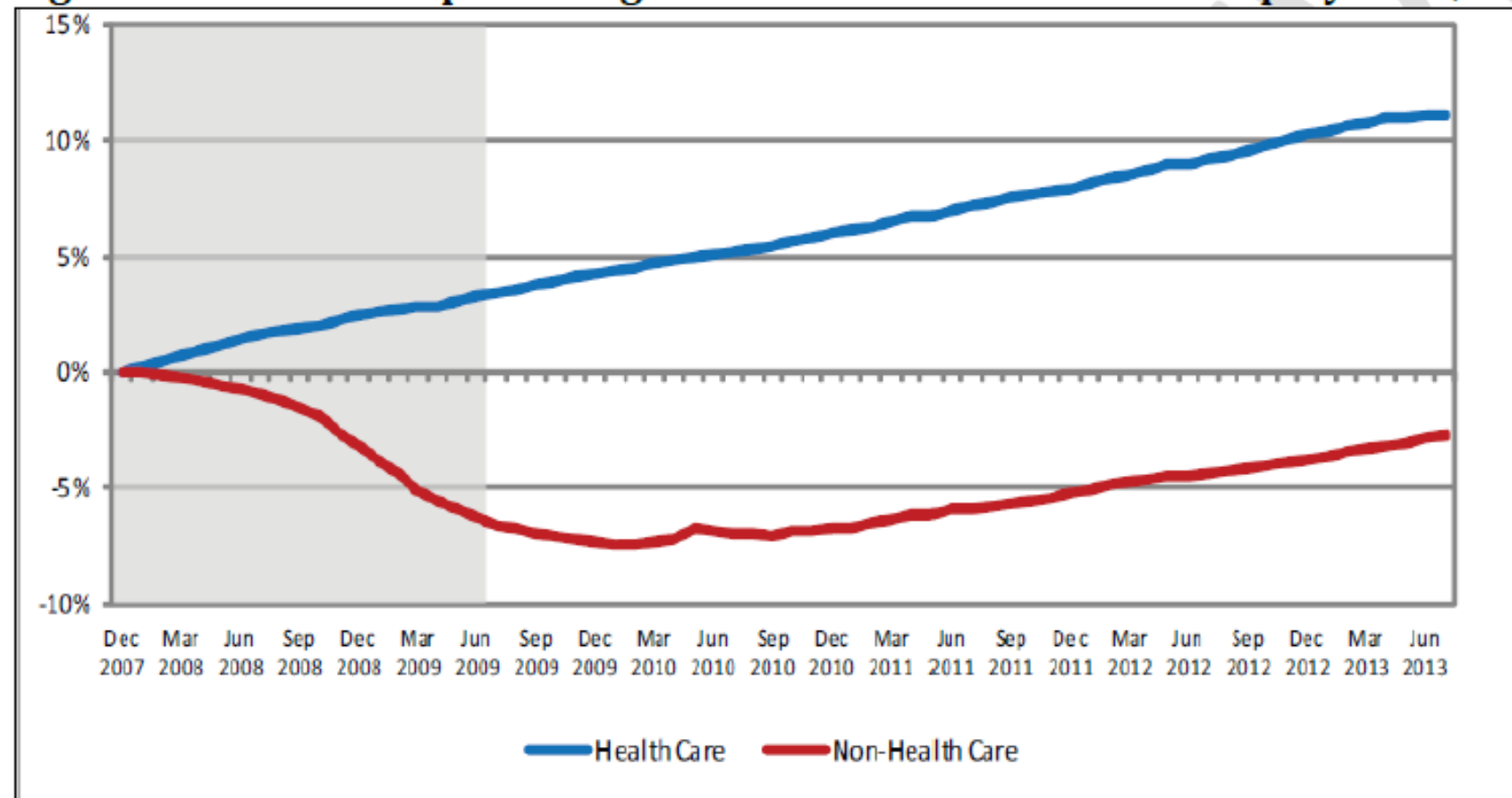
**Growth in health and social
sector employment
throughout the economic
downturn**

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



A countercyclical source of employment (USA)

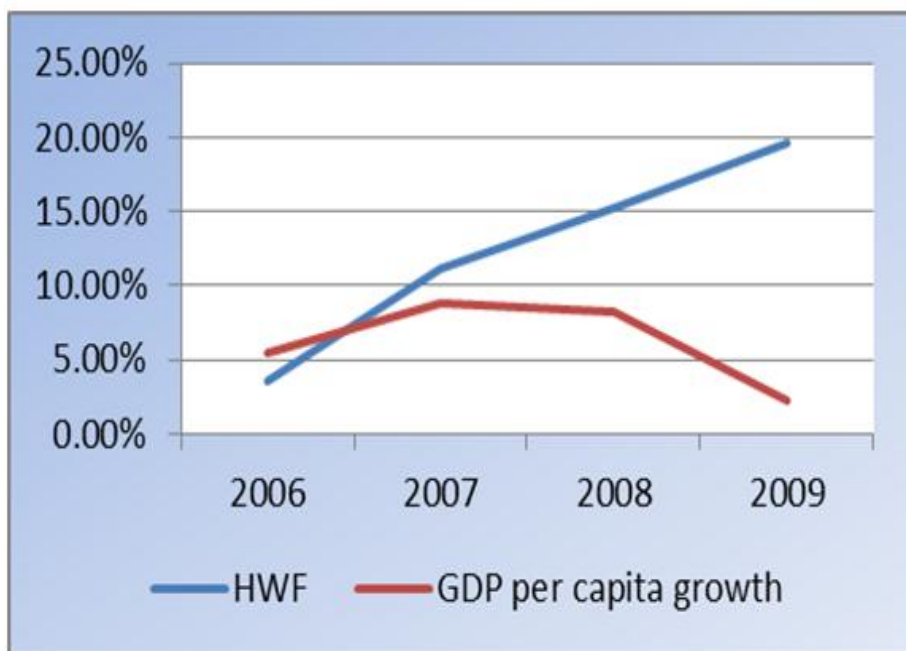
Figure 1: Cumulative percentage of Health and Non-Health employment, US 07/13



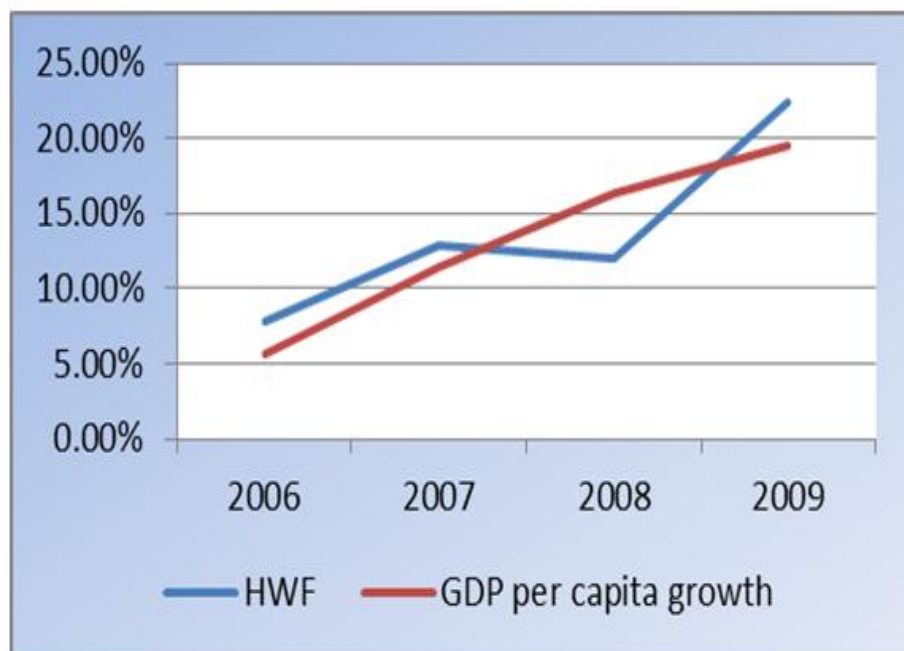
SOURCE: Turner et al., 2013. US Bureau of Labor Statistics Data.

A countercyclical source of employment (LMIC)

2e – Turkey



2f – Jordan



SOURCE: World Bank, 2014.

What about future employment?

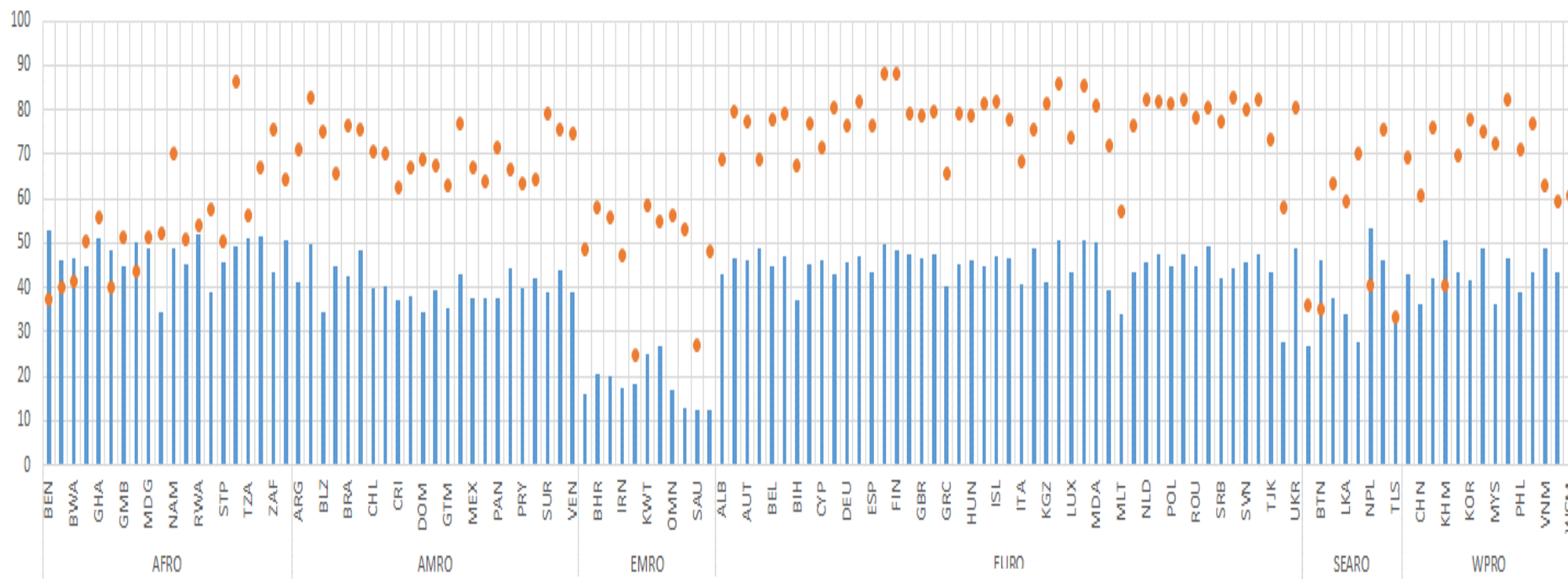
FIGURE 5

The 20 jobs most and least likely to be replaced by automation



Source: Human Development Report 2015: Work for Human Development

What about women?



Women's share of employment in the economy



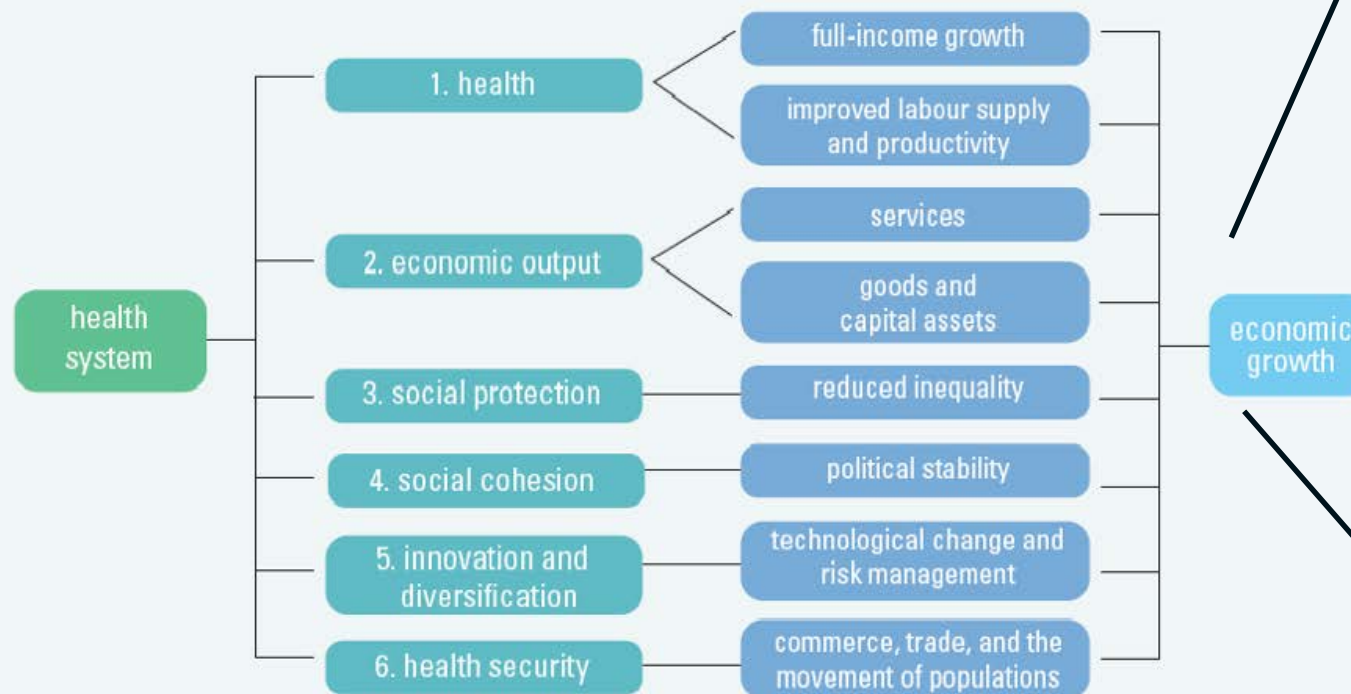
Women's share of employment in the health and social sector



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

Case for investment

Pathways to economic growth



Health is a leading economic and labour sector.

67% of the health workforce are women (compared to 41% of total employment)

1/4 of economic growth 2000 to 2011, in low- and middle-income countries, resulted from improvements in health.