Global Strategy on Human Resources for Health: Workforce 2030

Developing a new HRH agenda
Buenos Aires, Argentina
31 August - 03 September, 2015

Jim Campbell
Director, Health Workforce, WHO
Executive Director, Global Health Workforce Alliance
### GSHRH (2013-2016): Recife Political Declaration

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
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<td>Nov</td>
<td>Dec</td>
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#### 3rd Global Forum on HRH: Recife Political Declaration

#### Prince Mahidol Award Conference: Transformative education for health equity

#### GHWA: Formation of 8 “Thematic working groups” to collate HRH evidence and inform a global consultation

#### GHWA Board: Progress review ‘Global Consultation’ & emerging findings

#### 3rd Global Symposium on HSR: Global Consultation

#### GHWA synthesis paper reflecting outcome of Global Consultation

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**GHWA: Formation of 8 “Thematic working groups”**

- **WHO Executive Board 134:** Recife Political Declaration on HRH (EB134/55)
- **GHWA Board:** Progress review ‘Global Consultation’ & emerging findings
- **3rd Global Symposium on HSR:** Global Consultation
- **GHWA synthesis paper:** Reflecting outcome of Global Consultation

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**WHA 67:**

67.24 Follow-up of the Recife Political Declaration on HRH: renewed commitments towards UHC

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4. REQUESTS the Director-General:

(2) to develop and submit a new global strategy for human resources for health for consideration by the Sixty-ninth World Health Assembly.
GSHRH (2013-2016): Recife Political Declaration

- **2015**
  - Jan: GHWA Board: Synthesis Paper
  - Feb: WHO Global Strategy HRH: Development and consultation
  - May: UNGA High-Level Meeting: Post-2015 development agenda adopted

- **2016**
  - Jan: WHO Executive Board
  - May: 69th World Health Assembly

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**Development and consultation with Member States and other stakeholders**

**Final version and accompanying decision/resolution text**
The post-2015 agenda: SDGs + UHC

SDGs

Universal Health Coverage
Q: What are the health workforce implications of the SDGs + UHC?

Q. What evidence can we draw upon?
Goal 3: Ensure healthy lives and promote wellbeing for all at all ages
(OWG report August 2014)

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
2. By 2030, end preventable deaths of newborns and children under 5 years of age
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
6. By 2020, halve the number of global deaths and injuries from road traffic accidents
7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

3.c **Substantially increase** health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.
SDGs: Goal 3c: substantially increase .....the recruitment, development, training and retention of the health workforce......

“substantially” -> vs. population/women’s need?
- -> vs. capacity to educate and retain (supply)?
- -> vs. financial resources to employ (demand)?

“increase” -> requires a baseline and progress over time
- -> increase numbers (but not density/pop)
- -> increase numbers (but more of the same)
- -> increase density (but not equity)
- -> increase density (but not effective coverage)
POVERTY (1.3): implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

NUTRITION (2.2): achieve by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women.

EDUCATION (4.3): by 2030 ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university.

GENDER EQUALITY (5.1): end all forms of discrimination against all women and girls everywhere.

GENDER EQUALITY (5.6): ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

EMPLOYMENT (8.5): by 2030 achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.

EMPLOYMENT (8.6): by 2020 substantially reduce the proportion of youth not in employment, education or training.

Source: OWG on SDGs (2014).
UNGA A66/217. Human resources development Resolution adopted by the General Assembly on 22 December 2011

Calls upon Member States to place human resources development at the core of economic and social development ...to effectively enhance their human resources capacities, as educated, healthy, capable, productive and flexible workforces are the foundation for achieving sustained, inclusive and equitable economic growth and development

SDGs: An ambitious, interconnected agenda.....requiring multi-sectoral responses

POVERTY

GENDER EQUALITY

EMPLOYMENT

NUTRITION

EDUCATION

HEALTH & WELL-BEING

GLOBAL HEALTH SECURITY
Goal: (1) All people obtain the (2) good-quality essential health services they need (3) without enduring financial hardship

Targets:

By 2030, all populations, independent of household incomes, expenditure or wealth, place of residence of gender, have at least 80% essential health services coverage.

By 2030, everyone has 100% financial protection from out-of-pocket payments for health services

UHC: the three dimensions....

“UHC”

(1) Population coverage

(2) Good quality health services
- Prevention
- Promotion
- Curative
- Palliative

(3) Financial protection

Population health outcomes
Global Health Security

wealth quintiles
(1) Population coverage

(2) Good quality health services
- Prevention
- Promotion
- Curative
- Palliative

(3) Financial protection

(4) What health workforce is needed?

UHC: the three dimensions...
An “SDG index” becomes the measurement norm.....
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. Minimum Data Set + National Health Workforce Accounts)
O1: Strengthen education, recruitment and retention

- Education Guidelines (2013)
O1: Education: the policy recommendations

- Faculty development (x3)
- Curriculum development
- Simulation methods
- Direct entry of graduates
- Admission procedures
- Streamlined educational pathways and ladder programmes
- Inter-professional education
- Accreditation
- Continuous professional development
O1: Retention: the policy recommendations...

- Education (x5)
- Regulatory
  - Scope of practice
  - Different types of health workers
  - Subsidized education
- Financial incentives
- Professional and personal support
  - Better living conditions
  - Safe/supportive environment
  - Professional recognition
O2: the “white economy” as a job-rich sector

“white economy” or “white jobs” (related to the uniforms of health professionals)

The employment profile:

- public, private, faith-based and defence sectors.
- delivering healthcare services - e.g. doctors, nurses, midwives, pharmacists, dentists, allied health professionals etc.
- public health professionals, health management, administrative and support staff.
- the healthcare industries and support services: residential and daily social care activities (elderly, disabled, children), pharmaceutical, medical device industries, health insurance, health research, e-Health, occupational health, spa etc.
- salaried and self employed (but not volunteers).
O2: the “white economy”: a triple return on investment

A triple return:

1. The health and social sectors + scientific and technological industries act as **an engine of economic growth**, boosting skills, innovation, 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).
“The unmistakable imperative is to strengthen the workforce so that health systems can tackle crippling diseases and achieve national and global health goals. A strong human infrastructure is fundamental to closing today’s gap between health promise and health reality and anticipating the health challenges of the 21st century.”


We commit to ....**substantially increase** health financing and the recruitment, development, training and retention of the health workforce in developing countries

*Source: Third International Conference on Financing for Development 2015

Objective 2: Target 3
by 2030: to create, fill and sustain **at least 10 million additional jobs in the health and social care sectors**
O3: Strengthen capacity to manage – e.g. migration

- 37% increase in the total number of migrants aged 15 and over in OECD countries (73 million in 2000/01; 100 million in 2010/11)

- 30% (approx.) of all migrants are highly educated

- 70% increase in the number of tertiary educated immigrants between 2000-2010

- 40% increase in the number of international students in selected OECD countries (1.62 million in 2004; 2.26 million in 2011)

Acknowledgement: Jean-Christophe Dumont, OECD
Sources: DIOC 2010/11 www.oecd.org/els/mig/dioc.htm
OECD Education database
<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>2004:</td>
<td>WHA57.19 – origin of the Code</td>
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<tr>
<td>2005:</td>
<td>WHA58.17 – limited progress</td>
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<td>2006:</td>
<td>WHA59.23: Scaling up</td>
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<td></td>
<td>WHA59.27: Strengthening N&amp;M</td>
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<td>2006-9</td>
<td>ongoing development</td>
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<td>2009:</td>
<td>failed to pass the Executive Board</td>
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<td>2010:</td>
<td>WHA63.16 - Global Code adopted</td>
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<td>2013:</td>
<td>1st Round of National Reporting</td>
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<tr>
<td>2015:</td>
<td>1st review of Relevance &amp; Effectiveness</td>
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<tr>
<td>2015-6:</td>
<td>2nd Round of National Reporting</td>
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Section 3.2: Data and evidence for sound planning and decision-making

Countries should invest in strengthening their analytical capacity of HRH and health system data on the basis of policies and guidelines for standardization and interoperability of HRH data, such as the Minimum Data Set.

National and subnational data collection and reporting of health workforce data should be encouraged by means of standardized, annual reporting to the WHO Global Health Observatory.

Countries should establish National Health Workforce Accounts that extend the Minimum Data Set to a comprehensive set of key performance indicators on the health workforce labour market.
4. Maximise effective use of the data revolution, based on open standards, to improve health facility and community information systems including disease and risk surveillance and financial and health workforce accounts, empowering decision makers at all levels with real-time access to information.

**TARGET:** By 2030, at least 90 percent of countries are reporting data using international standards for the system of health accounts and have complete up-to-date health workforce accounts.
O4: NHWA - Building from previous evidence + KPIs

For standardized, interoperable systems and global public goods
A measurement and accountability agenda in support of SDG Goal 3c

WHO, OECD, WB, ILO, USAID, UNESCO and other partners

http://www.who.int/hrh/documents/brief_nhwfa/en/
### WHO: next steps on GSHRH

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- **68th World Health Assembly**
- **Member State consultations**
- **UN General Assembly: SDGs/post-2015**
- **WHO Regional Committees**
- **WHO Executive Board**
- **69th World Health Assembly**
SDGs present an ambitious multi-sectoral agenda.

Reinforces need for action on Human Resource Development.

The “white economy” offers a triple return on investment.

Requires multi-sectoral action on future health employment & economic growth.