Global initiatives for strengthening human resources for health

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1. Global context: Frameworks and initiatives calling for improved HRH data availability, quality and use
1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and universal health coverage (e.g. education, employment, retention)

2. **Anticipate and align investment in future workforce requirements** 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 data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)
Agenda 2030 for Sustainable Development
SDG 3 - HEALTH

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

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

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

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

The Health Workforce 2030
SDG Indicator 3.c.1: Health worker density and distribution

- **Meta-data definition**
  Though, traditionally, this indicator has been estimated using 2 measurements: density of physicians, and density of nursing and midwifery personnel. **In the context of the SDG agenda, the dataset is expanded to physicians, nursing personnel, midwifery personnel, dentistry personnel and pharmaceutical personnel.** The dataset is planned to progressively move to cover all health cadres.

- **Spanish (Google translate).**
  Aunque, tradicionalmente, este indicador se ha estimado utilizando 2 mediciones: densidad de médicos y densidad de personal de enfermería y partería. **En el contexto de la agenda de los ODS, el conjunto de datos se amplía a médicos, personal de enfermería, personal de partería, personal de odontología y personal farmacéutico.** Se planea que el conjunto de datos se mueva **progresivamente para cubrir todos los cuadros de salud**.
### Reference documents + resolutions

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<td>WHO Global Code of Practice on the International Recruitment of Health Personnel</td>
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**UNGA Res 71/159. Global health and foreign policy: health employment and economic growth** additionally noted the GSHRH and milestones; welcome the Commission report and urged MS to consider its recommendations, and called on MS to strengthen implementation of the WHO Global Code of Practice.
The Global Strategy on 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)
Resolution WHA69.19

**URGES Member States** to implement policy options towards:

- consolidating a core set of human resources for health data with annual reporting to the Global Health Observatory, as well as progressive implementation of national health workforce accounts, to support national policy and planning and the Global Strategy’s monitoring and accountability framework.
The High-Level Commission on Health Employment and Economic Growth

Aims to **stimulate and guide the creation of 40 million new jobs** in the health and social sector, and to **reduce the projected shortfall of 18 million health workers**, primarily in low- and lower-middle income countries, by 2030.

The Commission seeks to:

- Highlight the **benefits across the SDGs** from investments in the health workforce;

- Draw attention to the **necessary reforms** in health employment, education and service delivery;

- Generate **political commitment and inter-sectoral action** towards more and better investment in the health workforce.
The Commission’s report:

- 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;

- Emphasized the importance of **political commitment and inter-sectoral action** to ensure more and better investment in the health workforce.

Called for **Five Immediate Actions**:

1. Secure commitments, foster intersectoral engagement and **develop an action plan**
2. Galvanize accountability, commitment and advocacy
3. Advance health labour market data, analysis and tracking in all countries
4. Accelerate investment in transformative education, skills and job creation
5. Establish an international platform on health worker mobility
Case for Investment: Health Workforce

“The Commission concludes that, to the extent that resources are wisely spent and the right policies are put in place, investment in education and job creation in the health and social sectors will make a critical positive contribution to inclusive economic growth”.

Prof. Joseph E. Stiglitz
Nobel laureate economist
The High-Level Commission

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
Why investments on HRH are essential to achieving SDGs

Health worker supply

Health worker education

$\frac{3}{4}$ education capacity is in high and upper middle income countries

- 2013: 43.5 million
- 2030: 67.3 million

18 million shortfall, primarily low and lower-middle income countries

Source: GSHRH 2016
Meeting the health SDGs means investing $3.9 trillion over the next 15 years.

Excluding investments into the education and training of the workforce.

That is:
- $76 per capita in Low income countries
- $58 per capita in Lower middle income countries
- $51 per capita in Upper middle income countries

It is spent on:
- 34% Infrastructure
- 36% Health workforce
- 4% Supply chain
- 16% Drugs & consumables
- 10% Systems strengthening

It offers:
- 97 million lives
- 535 million healthy years of life
- 23 million health workers
- 415,000 new healthcare facilities

**Investing in health SDGs: 70 million decent job creation opportunity**

The WHO Global Programme of Work 2019-2023

**Mission**

*Promote health – keep the world safe – serve the vulnerable*

**Strategic priorities**

- **Health coverage** – 1 billion more people with health coverage
- **Health emergencies** – 1 billion more people made safer
- **Health priorities** – 1 billion lives improved

**Strategic shifts**

- **Step up global leadership** – diplomacy and advocacy; gender, equity and rights; multisectoral action; finance
- **Drive impact in every country** – differentiated approach based on capacity and vulnerability
  - **Policy dialogue** – to develop systems of the future
  - **Strategic support** – to build high performing systems
  - **Technical assistance** – to build national institutions
  - **Service delivery** – to fill critical gaps in emergencies

**Organizational shifts**

- **Measure impact** to be accountable and manage for results
- **Reshape operating model** to drive country, regional and global impacts
- **Transform partnerships, communications and financing** to resource the strategic priorities
- **Build critical processes and tools** to optimize organizational performance
- **Foster culture change** to ensure a seamless, high-performing WHO
Alignment of NHWA and PAHO PoA

Strategic line of action 1: Strengthen and consolidate governance and leadership in human resources for health

Strategic line of action 2: Develop conditions and capacities in human resources for health to expand access to health and health coverage, with equity and quality

Strategic line of action 3: Partner with the education sector to respond to the needs of health systems in transformation toward universal access to health and universal health coverage

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THANK YOU.

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