Global Strategy on Human Resources for Health: Workforce 2030

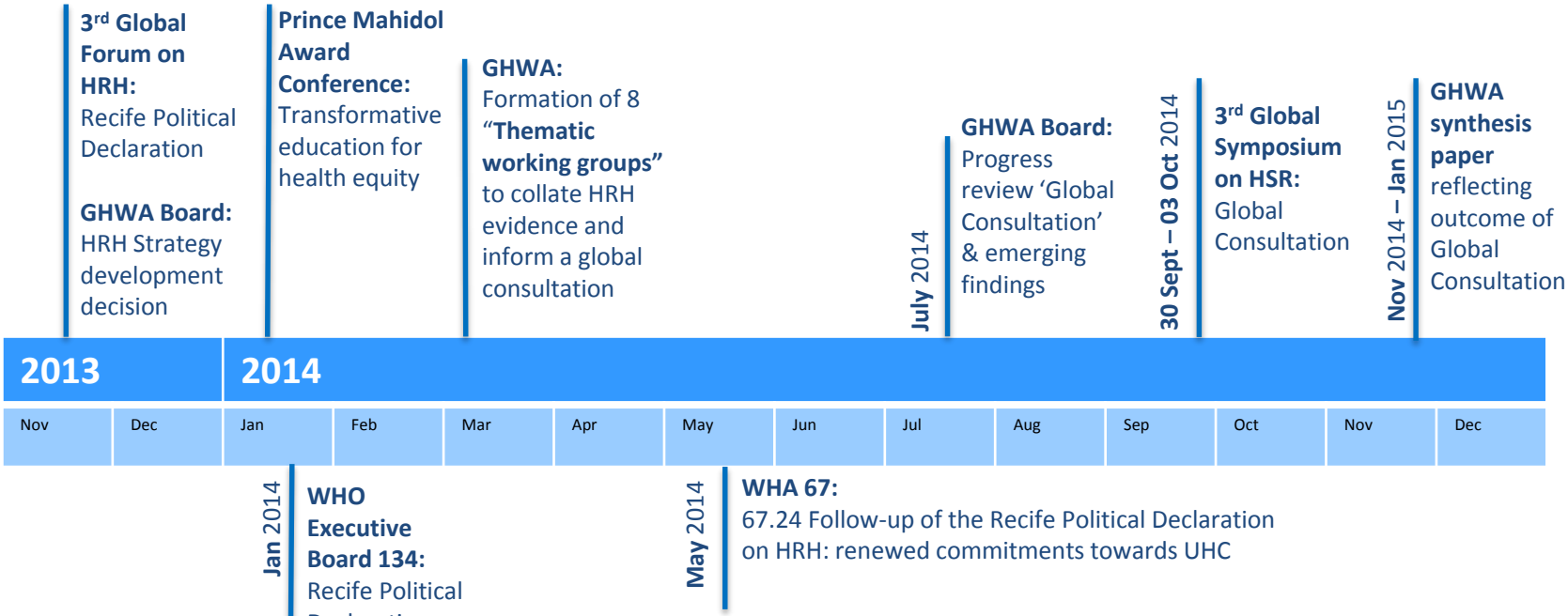
Developing a new HRH agenda
Buenos Aires, Argentina
31 August - 03 September, 2015

Jim Campbell
Director, Health Workforce, WHO
Executive Director, Global Health Workforce Alliance

global health workforce alliance

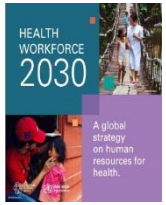
World Health Organization

GSHRH (2013-2016): Recife Political Declaration



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



Feb 2015 — **GHWA Board:** Synthesis Paper

WHO / WB / USAID: Measurement Summit

Sep 2015 — **UNGA High-Level Meeting:** Post-2015 development agenda adopted

2015 | **2016**

Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May

Feb- 2015 — **WHO Global Strategy HRH:** Development and consultation

August- Oct 2015 — **WHO Regional Committee Meetings:** + Technical consultations

Oct 2015 — **GSHRH v1** Mission Briefing

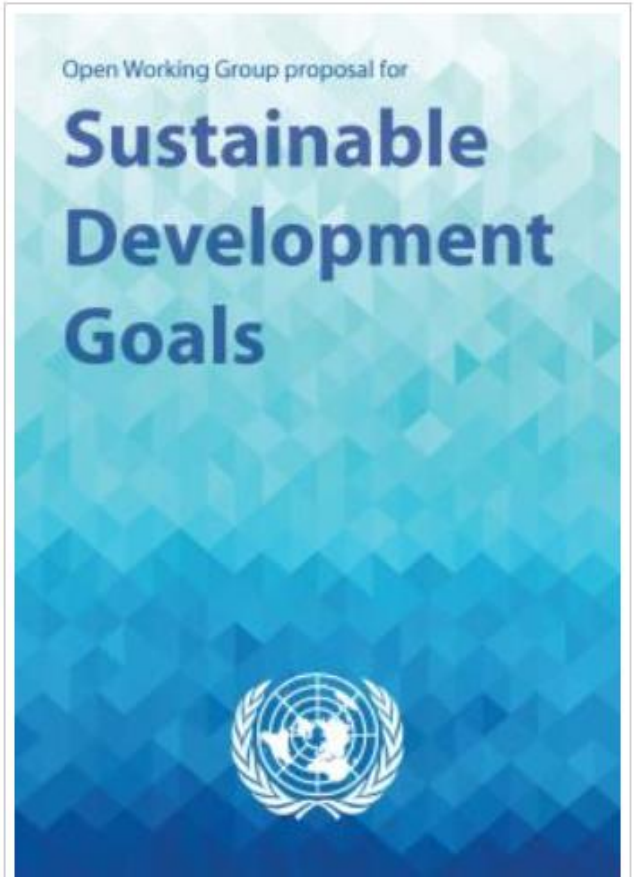
Jan 2016 — **WHO Executive Board**

May 2016 — **69th World Health Assembly:**

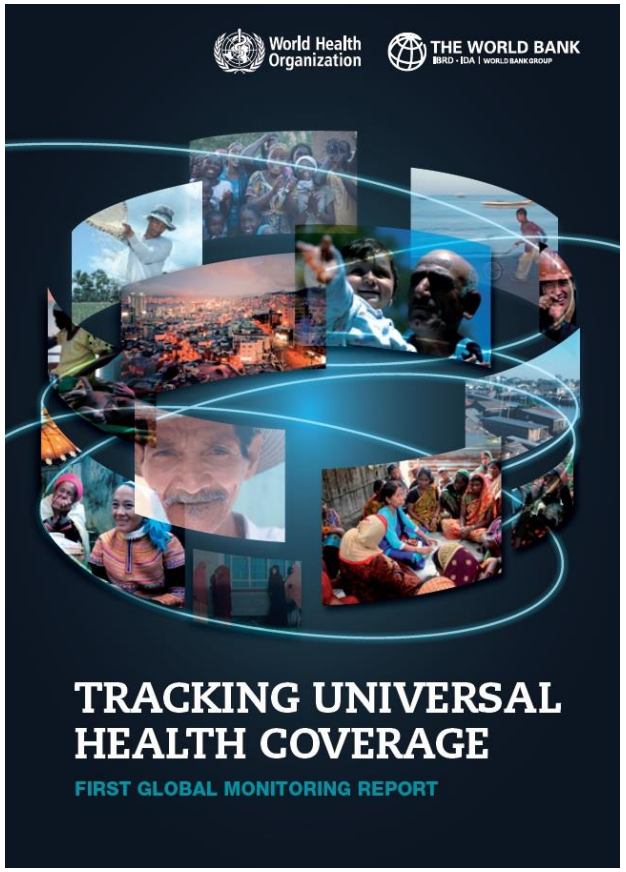
Development and consultation with Member States and other stakeholders

Final version and accompanying decision/resolution text

The post-2015 agenda: SDGs + UHC



SDGs



Universal Health Coverage

Health Workforce 2030……

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

Q. What evidence can we draw upon?

SDGs – Goal 3: health and wellbeing…..

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages (OWG report August 2014)

MDG

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**

NCD

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**

Mix

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.**

SDGs – Goal 3: health and wellbeing…..

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 3: health and wellbeing…..

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)

SDGs: beyond Goal 3….

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).

SDGs: a new paradigm for Human Resource Development

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

NUTRITION

EMPLOYMENT

EDUCATION

HEALTH & WELL-BEING

GLOBAL HEALTH SECURITY

Universal Health Coverage…..

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

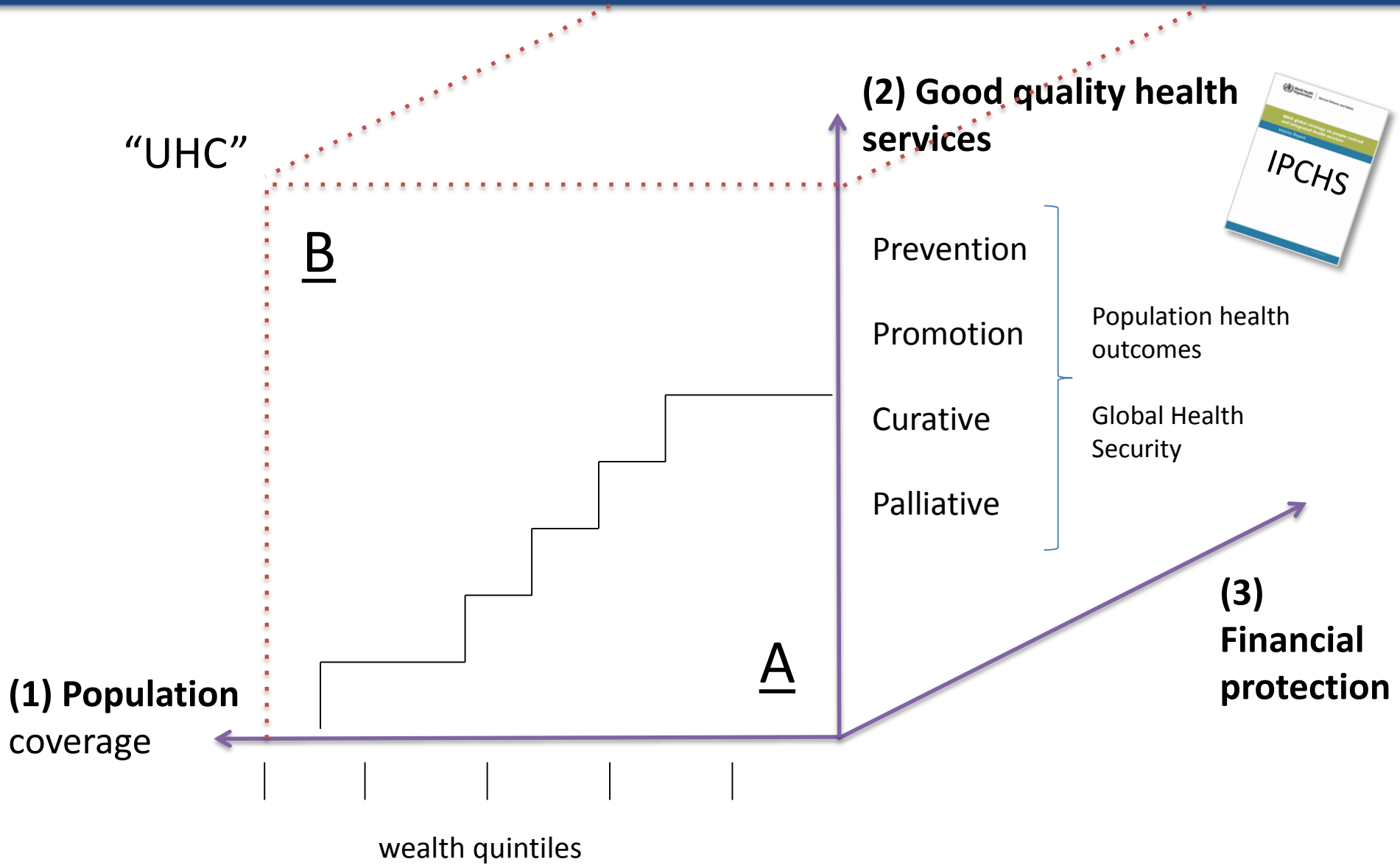
Targets:

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

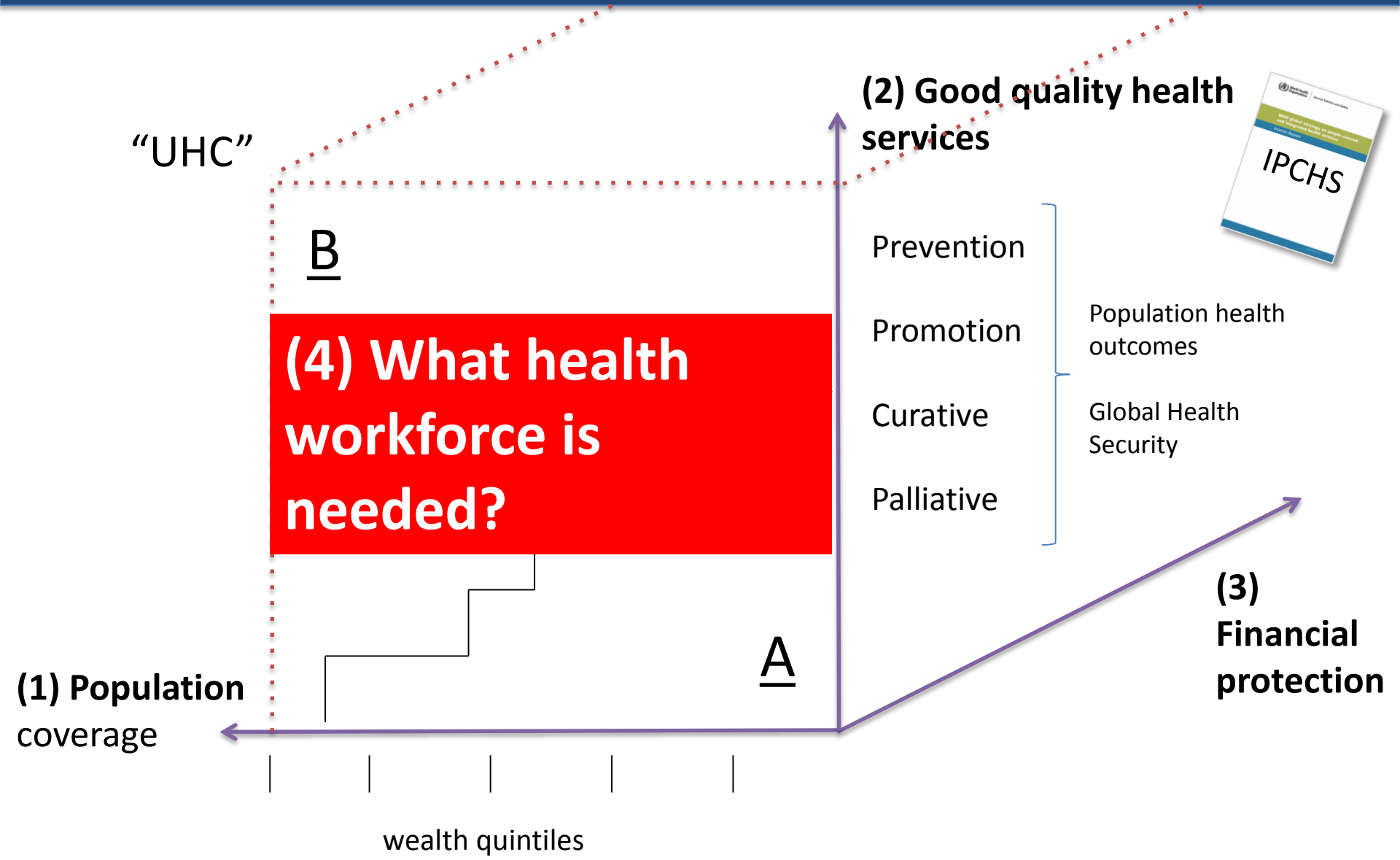
By 2030, everyone has 100% financial protection from out-of-pocket payments for health services

Source: WHO, World Bank (2014). Monitoring progress towards UHC at country and global levels: Framework, measures and targets.

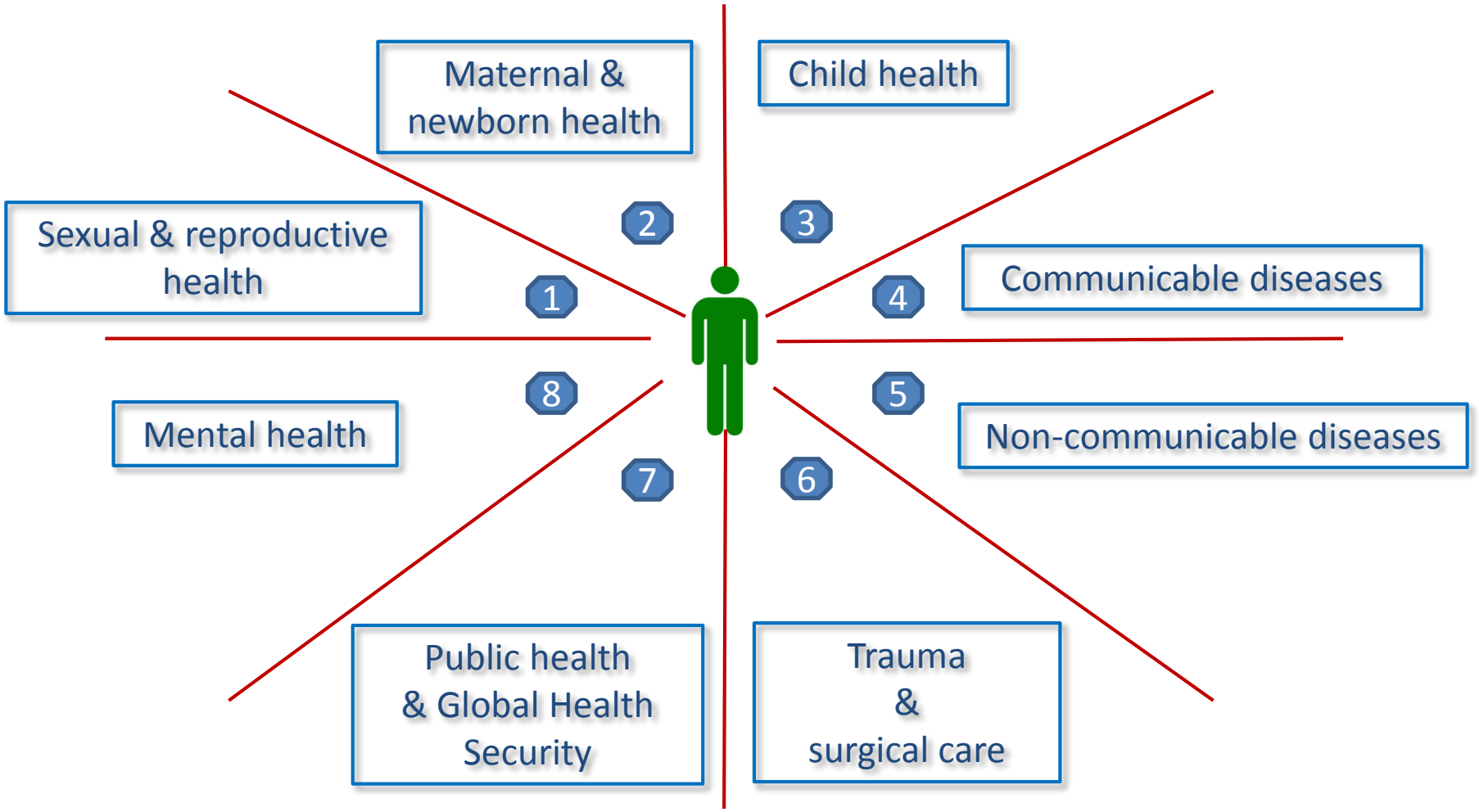
UHC: the three dimensions….



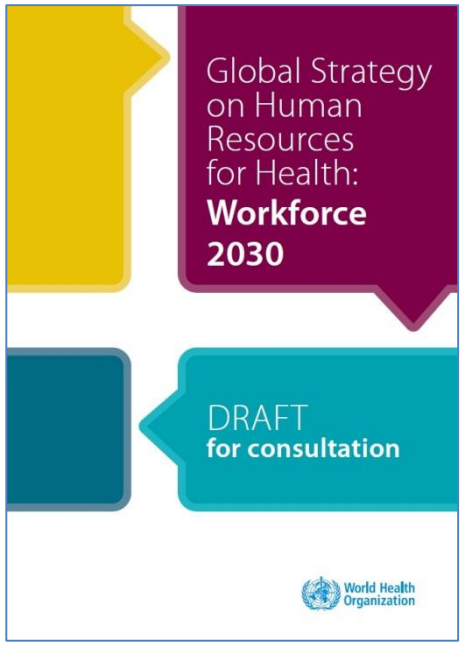
UHC: the three dimensions….



An " SDG index" becomes the measurement norm…..



Global Strategy HRH: Workforce 2030...



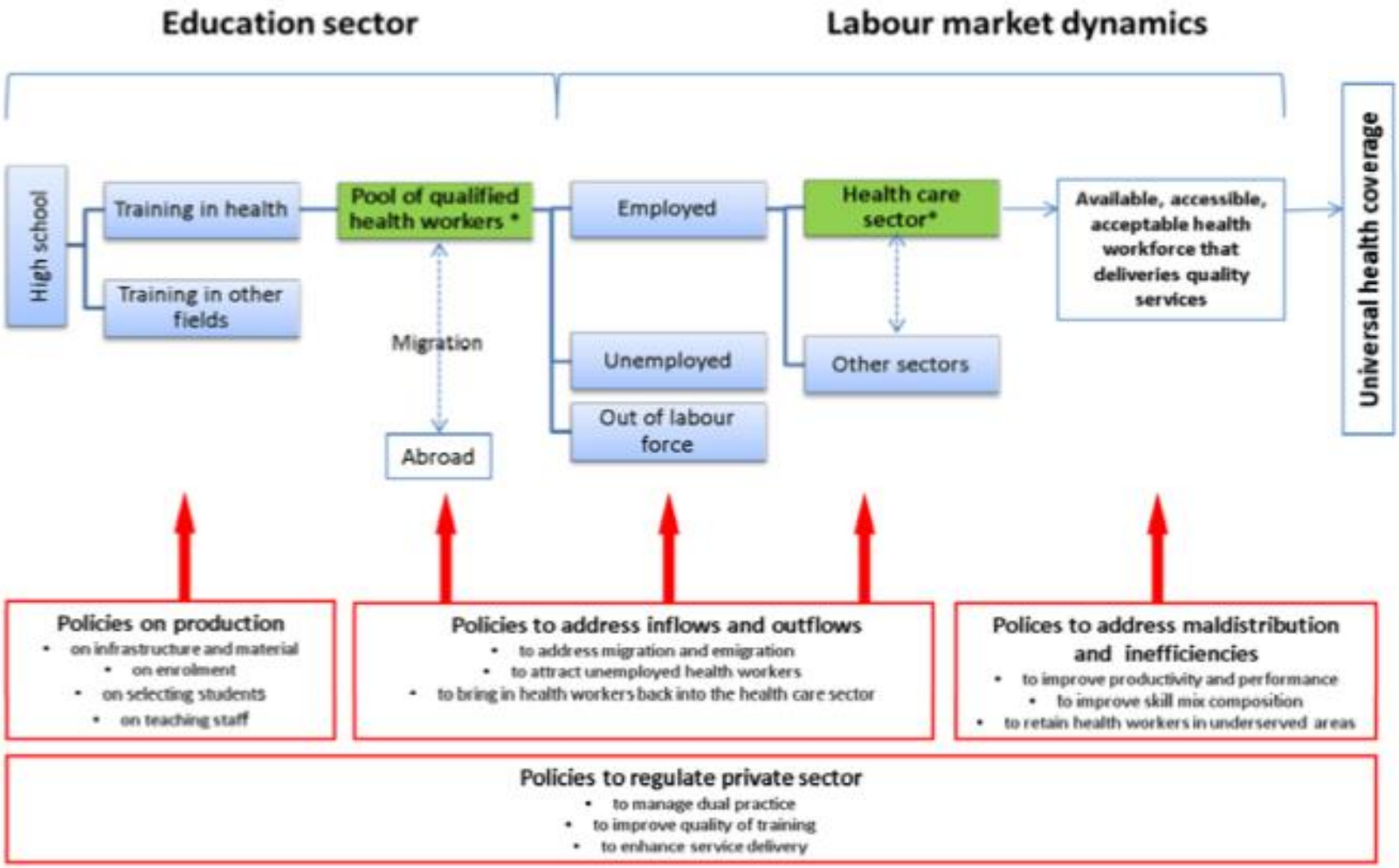
1. **<u>Optimize</u> the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)

2. **<u>Anticipate</u> future workforce** requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)

3. **<u>Strengthen</u> individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)

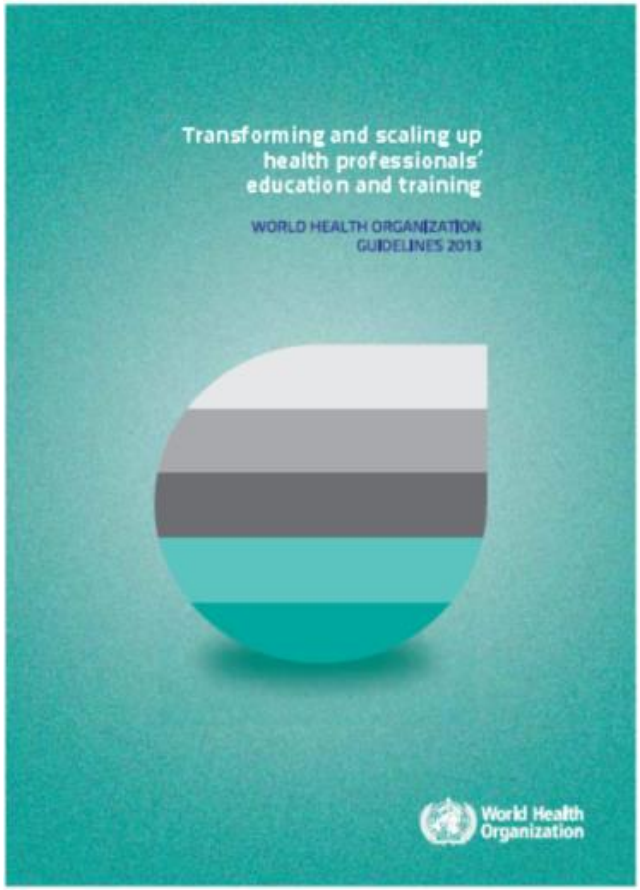
4. **<u>Strengthen</u>** the **data, evidence and knowledge** for cost-effective policy decisions (e.g. Minimum Data Set + National Health Workforce Accounts)

O1: understand health labour markets…



Sousa, A et al, 2013. A comprehensive labour market framework for universal health coverage. Bulletin World Health Organization. 91; 892-894

O1: Strengthen education, recruitment and retention

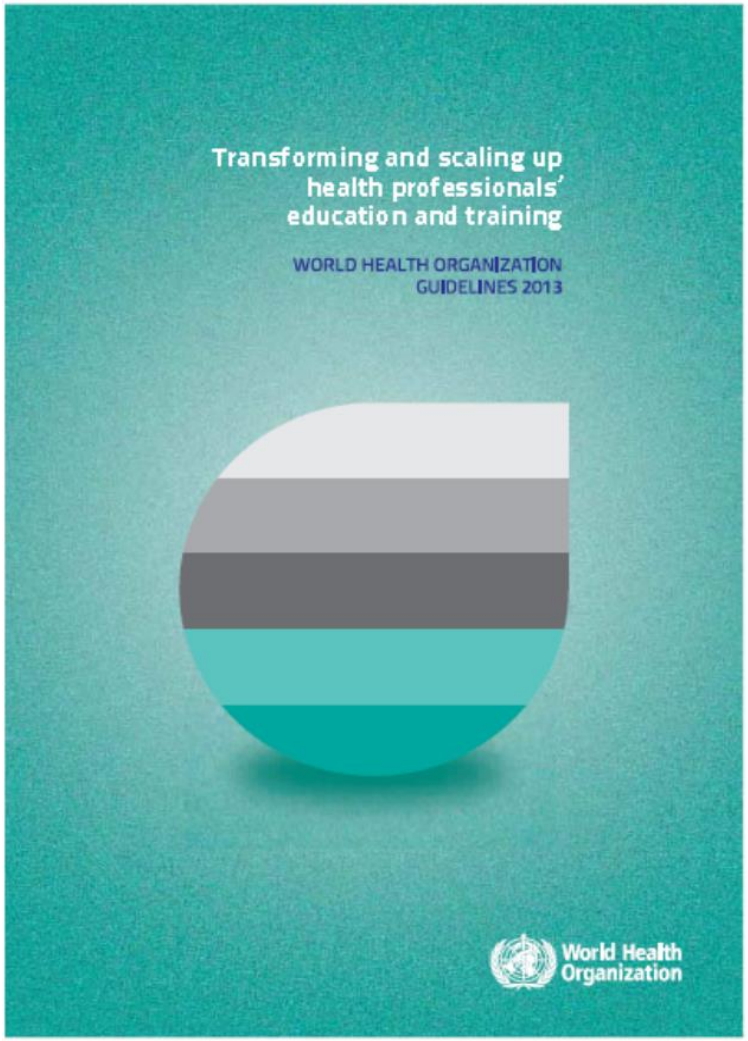


Education Guidelines (2013)

+

Retention Guidelines (2010)

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

Retention Guidelines (2010)

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

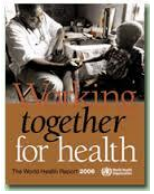
A triple return:

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).

O2: It's time to invest in employment….



"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**."

Source: ***The World Health Report 2006*** – Working Together for Health

THIRD INTERNATIONAL CONFERENCE
FINANCING FOR DEVELOPMENT
13-16 JULY 2015 · ADDIS ABABA · ETHIOPIA
TIME FOR GLOBAL ACTION

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

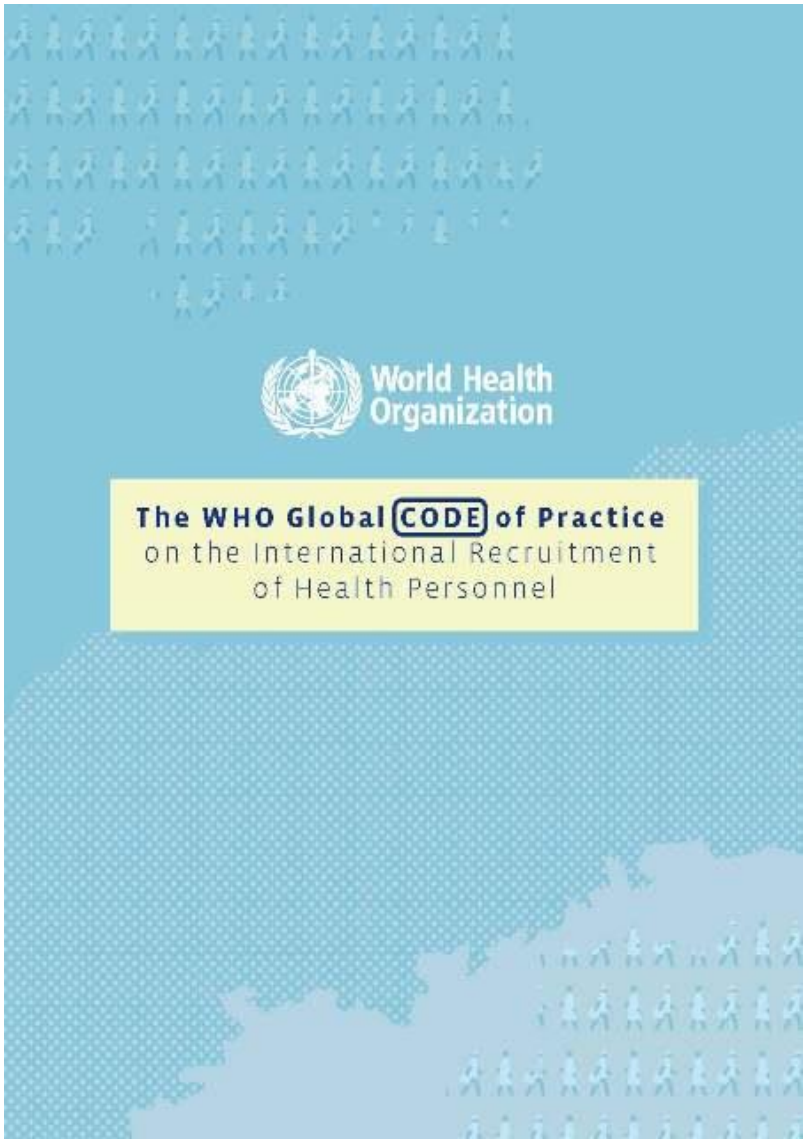
Objective 2: Target 3
by 2030: to create, fill and sustain at least 10 million additional jobs in the health and social care sectors

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

O3: Strengthen capacity to manage – e.g. migration



2004: WHA57.19 – origin of the Code

2005: WHA58.17 – limited progress

2006: WHA59.23: Scaling up
WHA59.27: Strengthening N&M

2006-9 ongoing development

2009: failed to pass the Executive Board

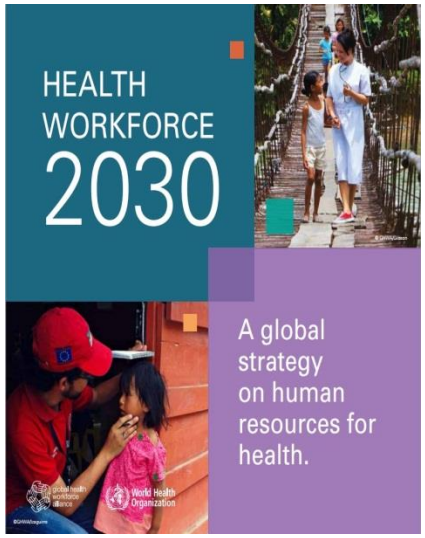
2010: WHA63.16 - Global Code adopted

2013: 1st Round of National Reporting

2015: 1st review of Relevance & Effectiveness

2015-6: 2nd Round of National Reporting

O4: Strengthen data, evidence and knowledge



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**

O4: Strengthen data, evidence and knowledge

M·A4Health
Measurement and Accountability for Results in Health:
A Common Agenda for the Post-2015 Era

June 2015

Health Measurement and Accountability Post 2015: Five-Point Call to Action

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

O4: NHWA - Policy Brief

WHO/S. Aranda

National health workforce accounts:

The knowledge-base for health workforce development towards Universal Health Coverage[1]

WHO's ***Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH)***, to be submitted to the World Health Assembly in May 2016, calls for investments in strengthening country analytical capacities of HRH and health system data on the basis of policies and guidelines for standardization and interoperability of HRH data. The GSHRH puts forward the adoption of a National Health Workforce Account (NHWA) as a harmonized, integrated approach for annual and timely collection of health workforce information [1].

One of the key health workforce challenges at country level is the availability, completeness and quality of data to support evidence-based policy and planning. Multiple sources need to be consulted to acquire key information on the size, characteristics and dynamics of the health workforce. However, data quality, comprehensiveness and interoperability are often limited. Despite the reasonable progress achieved in strengthening human resources for health (HRH) information, greater efforts are needed to further realize the benefits of quality workforce data to inform national, evidence-based policy decisions and to harmonize definitions and classification of all health and social care providers across sources, countries and time. Moreover, even when the quantity and quality of the information is adequate, there are further limitations on the effective use of these data for strategic planning and policy-making by dedicated health system professionals.

What is a national health workforce account?

A national health workforce account (NHWA) originates from contemporary evidence for a 21st century health workforce agenda [1,2] and builds on the WHO Minimum Data Set [3], the Toolkit for Monitoring and Evaluation of HRH [4], and the experience of the OECD/Eurostat/WHO-Europe's Joint Questionnaire [5].Its purpose is ***to standardize the health workforce information architecture and interoperability as well as tracking HRH policy performance toward universal health coverage.*** The NHWA takes inspiration from the success of the WHO-OECD-Eurostat programme on the Systems of Health Account (SHA) [6], and will define core indicators and data characteristics—in a modular format—that can be progressively measured to monitor workforce trends, enable improvements in workforce/health systems planning and holistically support the comparability of the health workforce landscape nationally and globally. The development of the NHWA is led by the WHO in partnership with OECD, WB, USAID, ILO, UNESCO and other normative and technical agencies.

1 This policy brief is a joint effort of the members of the Technical Advisory Group on the development of National Health Workforce Accounts following their first meeting in Geneva – 9-10 April, 2015

World Health Organization

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/

global health workforce alliance

World Health Organization

WHO: next steps on GSHRH

2015				2016			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- 68th World Health Assembly
- Member State consultations
- UN General Assembly: SDGs/post-2015
- WHO Regional Committees
- WHO Executive Board
- 69th World Health Assembly

Summary: Workforce 2030

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.