

Health workforce 2030: towards a global strategy on human resources for health

Potsdam Spring Dialogues 2015

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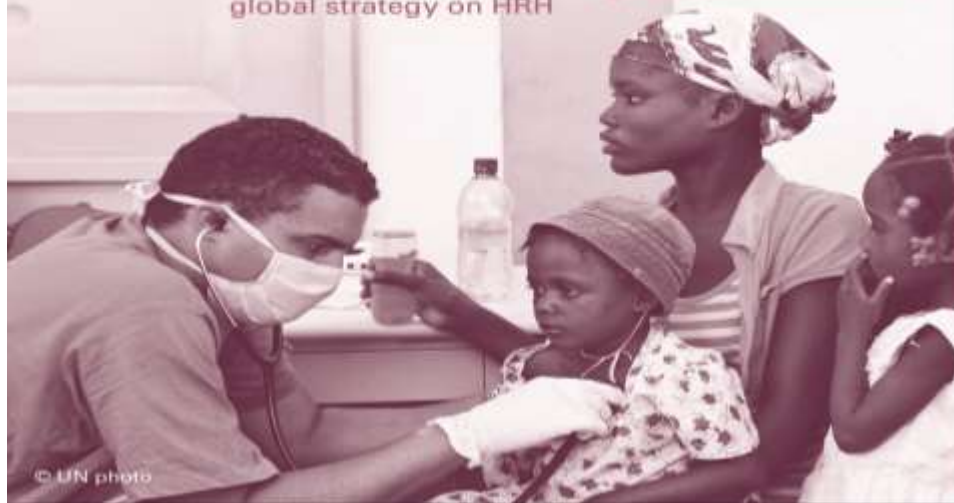


GLOBAL HRH STRATEGY: KEY TIMELINES

2013

GHWA Board working group on HRH strategy established

16th GHWA Board meeting decides to trigger process to develop a global strategy on HRH



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Consultation at PMAC 2014: 8 thematic working groups established

World Health Assembly requests WHO DG to develop global strategy on HRH

Third (final draft) of 8 thematic papers reflecting inputs of public consultation and outcome of UNGA 2014

Public consultation on the 8 thematic papers (launch at Cape Town health system research symposium)

8 thematic working groups develop collate evidence for papers with inputs from stakeholders

Production of second drafts of 8 thematic papers

UNGA debates post-2015 development agenda and goals

Development of synthesis paper with overarching recommendations

2014

2015

18th GHWA Board meeting reviews synthesis paper with recommendation on global HRH strategy

Development of 0 draft WHO global strategy on HRH

UNGA 2015 defines post-2015 development agenda, goals and targets



QUARTER 1 QUARTER 2 QUARTER 3 QUARTER 4

Collation of evidence and external consultation opportunities with member states

WHO Regional Committees (RCs) consider draft WHO Global Strategy on HRH

Contents of WHO Global Strategy on HRH adapted to reflect RCs inputs and outcome of UNGA 2015

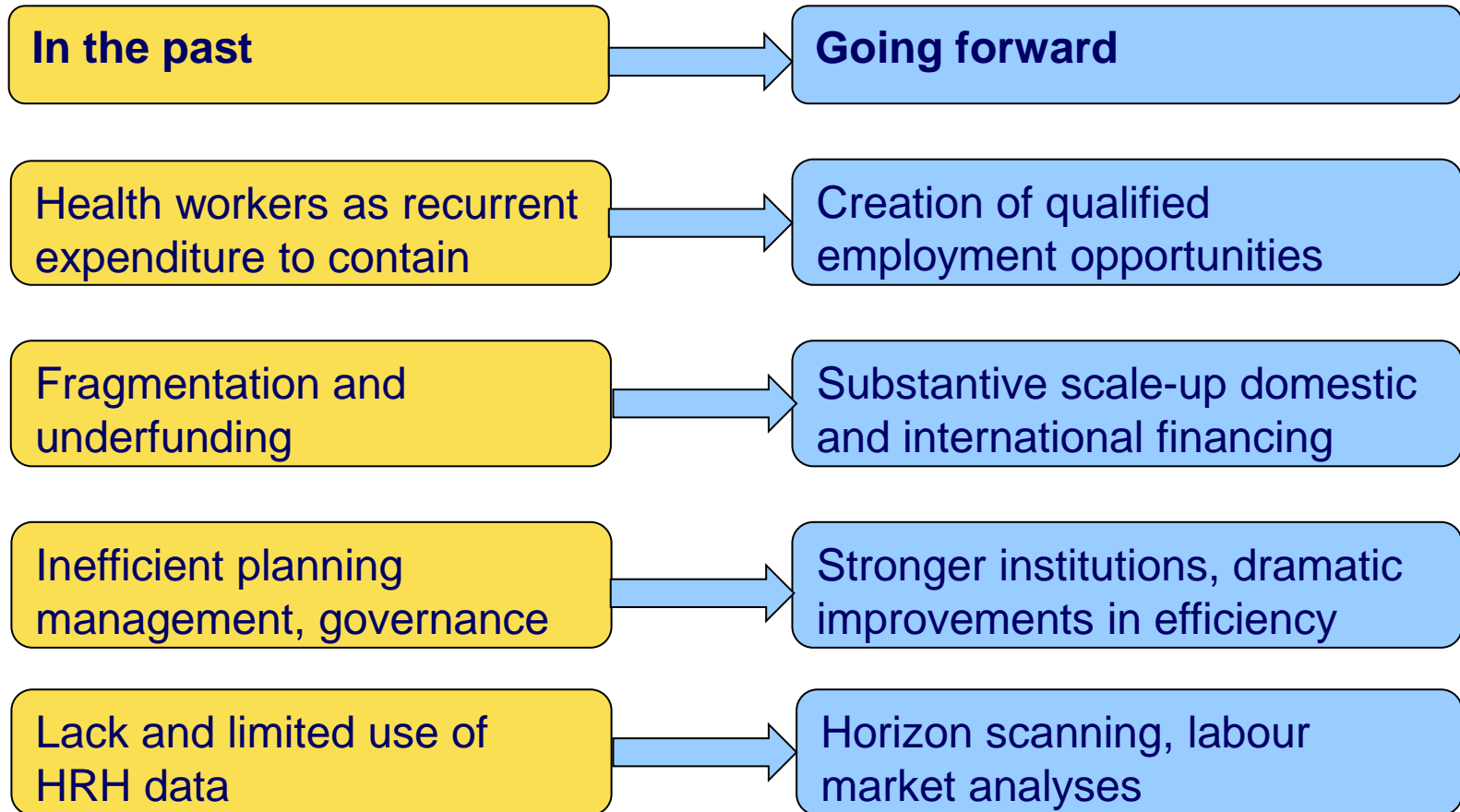
QUARTER 1 QUARTER 2 QUARTER 3 QUARTER 4

69th WHA considers WHO Global Strategy on HRH

WHO EB considers WHO Global Strategy on HRH

2016

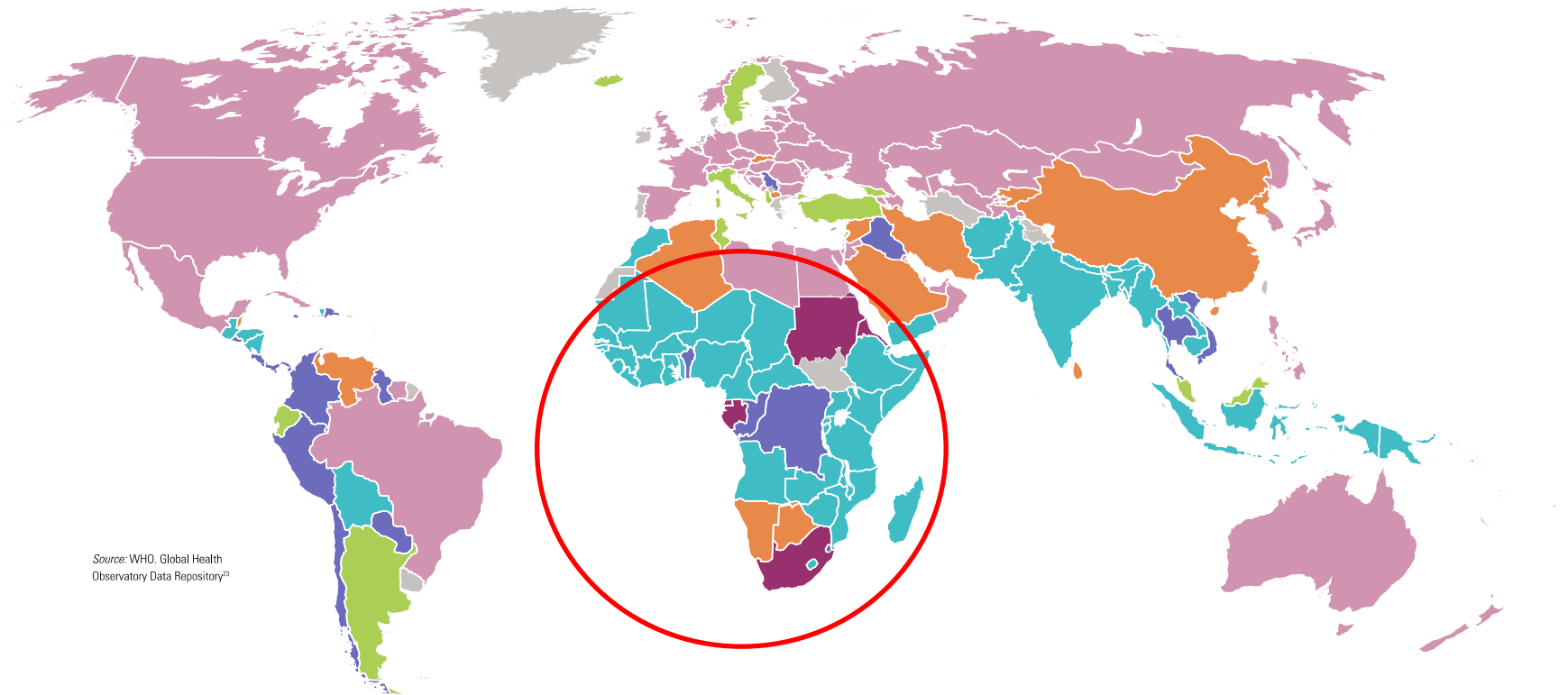
A paradigm shift



Human resources for health: critical pathway to UHC

FIGURE 4 Workforce to population ratios for 186 countries

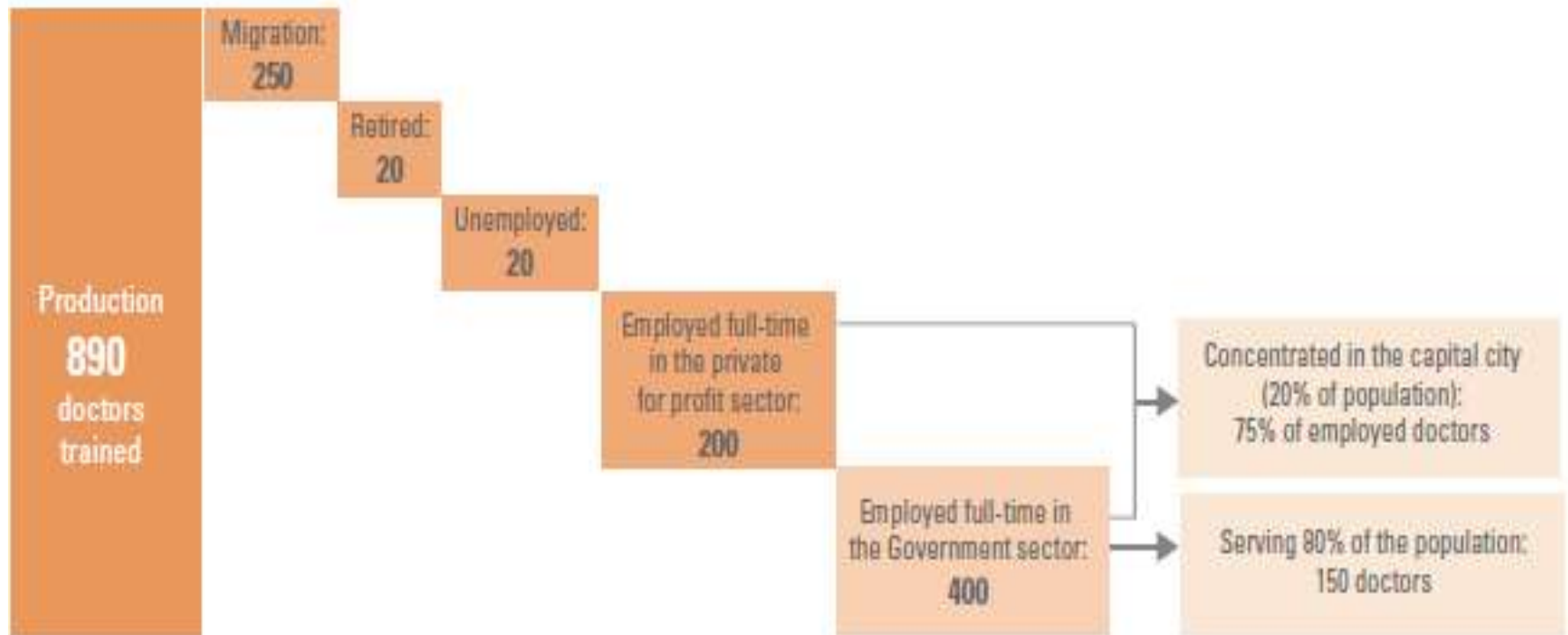
- **Group 1:** density of skilled workforce lower than 22.8/10 000 population and a coverage of births attended by SBA less than 80%
- **Group 2:** density of skilled workforce lower than 22.8 /10 000 population and coverage of births attended by SBA greater than 80%
- **Group 3:** density of skilled workforce lower than 22.8/10 000 population but no recent data on coverage of births attended by SBA
- **Group 4:** density is equal or greater than 22.8/10 000 and smaller than 34.5/10 000
- **Group 5:** density is equal or greater than 34.5/10 000 and smaller than 59.4/10 000
- **Group 6:** density is equal or greater than 59.4/10 000



Source: WHO, Global Health Observatory Data Repository²³

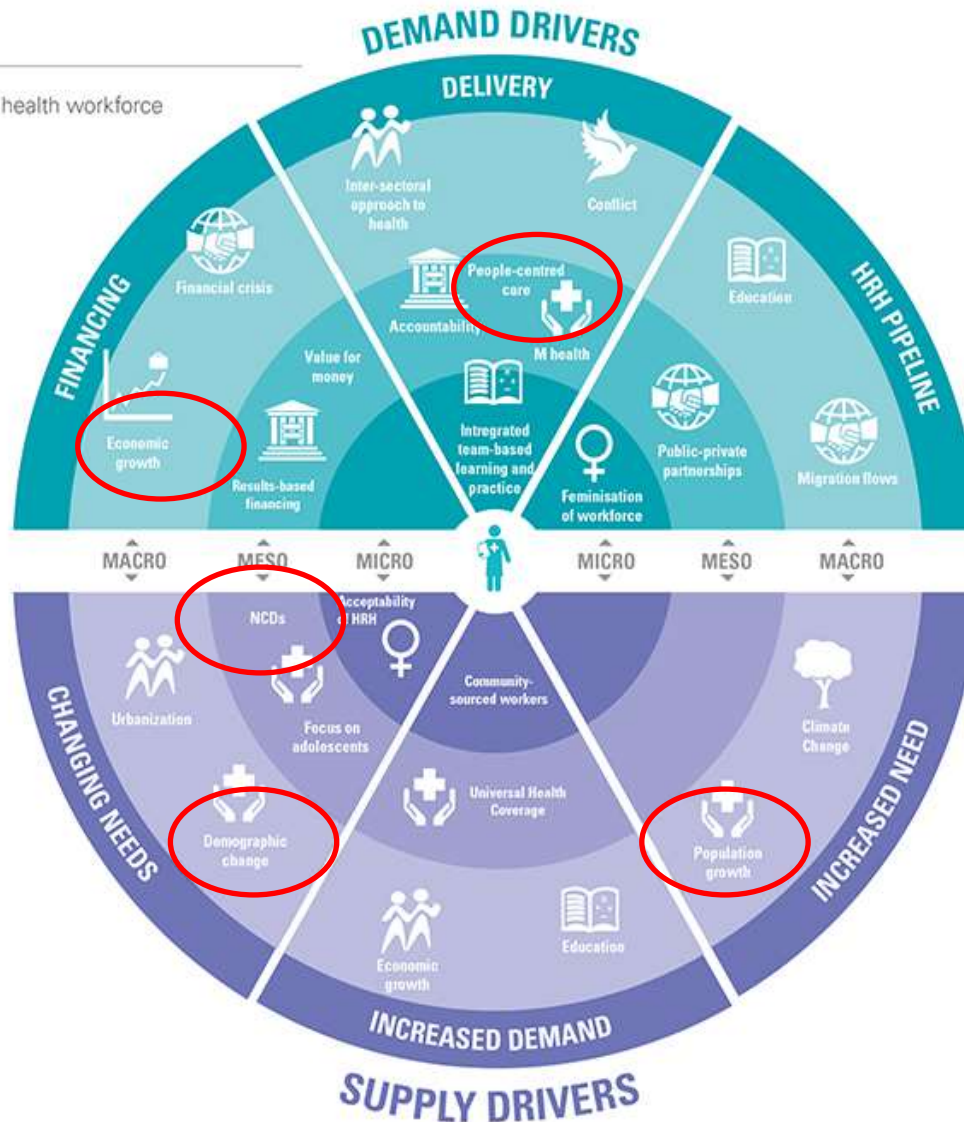
Understanding HRH labour markets in Sub-Saharan Africa

Health workforce dynamic, Togo¹⁸⁴



Envisioning future scenarios and understanding trends

FIGURE 9 Drivers of change for the health workforce



Macro-trends in global health labour market

Table 1 Estimated health worker¹ gaps² by region and income

Region	Demand-based gap ³			Needs-based gap (3.45/1000 threshold) ⁴		
	2012	2030	AEGR ⁵ in supply needed	2012	2030	AEGR in supply needed
East Asia & Pacific	10,505,676	27,329,247	9.26%	1,486,652	2,017,995	1.89%
(excluding China)	1,514,106	6,550,221	7.33%	806,272	1,061,615	4.03%
Europe & Central Asia	1,628,263	4,485,682	2.37%	0	0	N/A
Latin America & Caribbean	629,735	2,240,624	6.01%	249,842	427,429	3.12%
Middle East & North Africa	311,899	1,814,130	5.05%	268,459	439,869	3.93%
North America	672,192	3,713,399	3.51%	0	0	N/A
South Asia	398,190	3,432,044	3.87%	2,291,638	3,481,713	3.91%
Sub-Saharan Africa	466,113	2,356,154	6.68%	2,103,770	3,757,522	10.21%
Income						
Low	187,806	1,118,200	6.36%	2,208,782	3,438,042	11.74%
Lower-middle	2,251,233	10,658,754	5.63%	3,091,924	5,013,848	4.20%
Upper-middle	9,929,267	24,871,142	8.52%	1,044,690	1,583,102	1.51%
(excluding China)	937,697	4,092,116	4.92%	364,310	626,722	2.52%
High	2,243,762	8,723,184	2.97%	54,965	89,536	3.37%
World	14,612,068	45,371,281	5.64%	6,400,362	10,124,528	3.86%
(excluding China)	5,620,498	24,592,255	4.19%	5,719,982	9,468,148	5.09%

¹ Health worker refers to physicians and nurses/midwives (excluding other types of health personnel, such as dentists, pharmacists, and administrators).

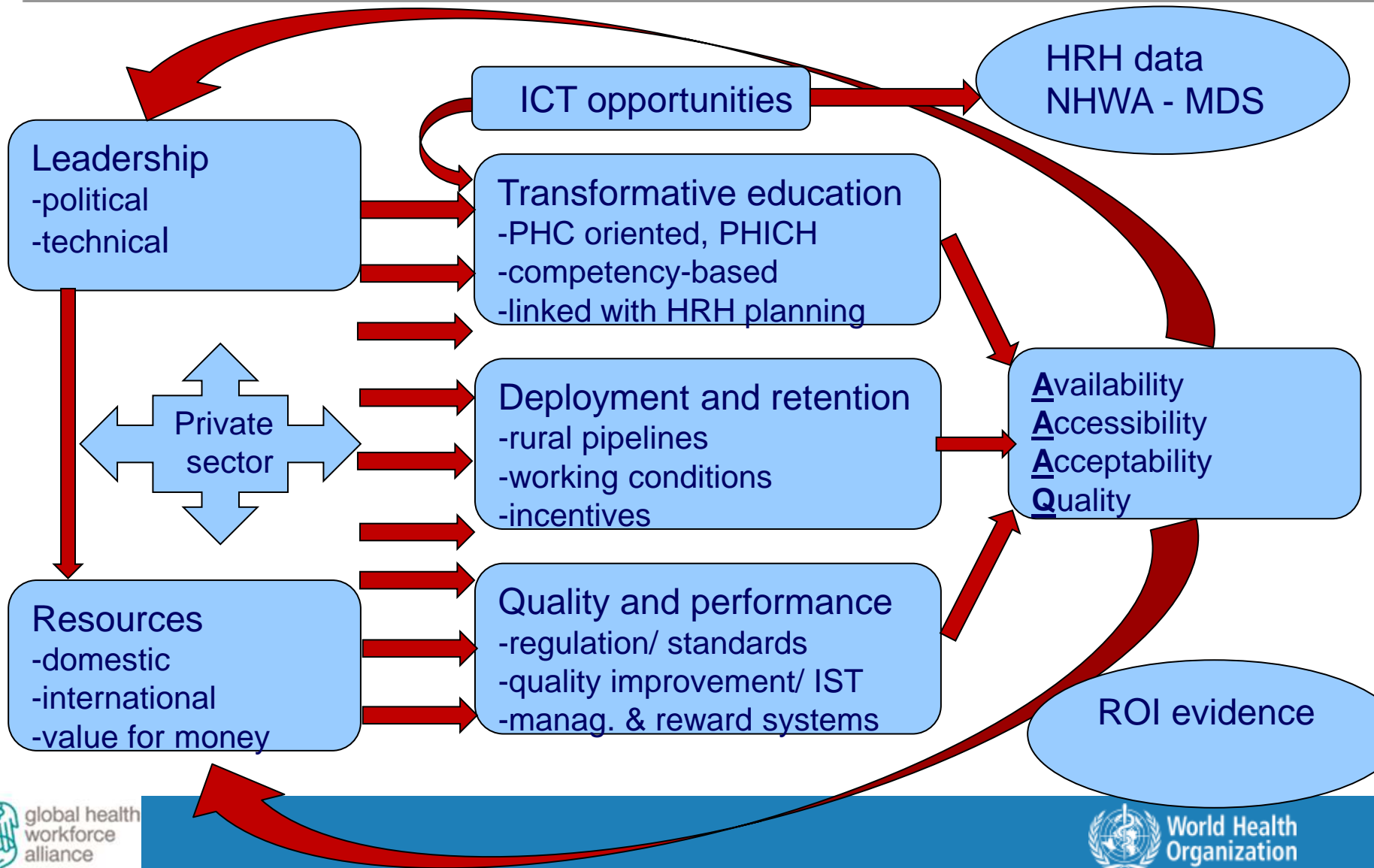
² Totals reflect only countries with estimated gaps, defined as the different between estimated demand or need in 2030 and the current supply.

³ The number of health workers demanded is estimated via a model using per capita GDP, per capita out-of-pocket health expenditures, and population age 65+ (see Appendix).

⁴ Campbell et al. (2013) suggest a threshold of 3.45 health professionals per 1,000 population. See p. 17.

⁵ AEGR = Average exponential growth rate; calculated for regional/income group gap subtotals.

The contemporary evidence for a 21st century health workforce agenda



Call to action

- 1. Recognize health workforce as productive sector** that can create tens of millions of new jobs
- 2. Scale up investment** levels to meet current and future needs
 - High-income countries to plan for self-sufficiency
 - Low-income, least-developed and fragile states to be supported through ambitious long-term health workforce investment plans
- 3. Dramatic improvements in efficiency** of HRH spending
 - Health care delivery model and skills mix geared to PHC
 - Overhaul education strategies to meet population needs
 - Adapt working conditions to optimize performance

Call to action (continued)

- 4. Strengthen HRH evidence, governance and accountability**
 - Develop national health workforce accounts
 - Prioritize capacity building for HRH governance and stewardship
 - Heads of Governments / of State to take responsibility for / accept accountability on HRH development efforts
 - Streamline and enhance global governance for HRH

Accountability (continued)

Global strategy on HRH should have targets and accountability framework consistent with Member States vision and SDGs. e.g.

- by 2030, 50% of countries deemed in 2015 to have a shortage against the identified benchmark for health worker concentration have reached or surpassed it;
- by 2030, 80% of countries deemed in 2015 to have a shortage against the identified benchmark are demonstrating a trend towards improving health worker concentration;
- by 2030, 80% of countries allocate at least X% of their GDP to health worker production and deployment;
- by 2030, 80% of countries have established national health workforce accounts and 80% of these report on a yearly basis to the WHO Secretariat on a minimum set of core HRH indicators

At national level
embed in national strategies and plans. Parliaments and civil society accountability.

At regional level
development of roadmaps or action plans can facilitate coordination and mutual support

At global level
regular reporting on core HRH indicators, linked with accountability framework SDGs

Acknowledgements

- GHWA Board working group on HRH strategy
- Co-chairs and members of 8 thematic working groups
- Institutions and individuals who participated in the public consultation process

http://www.who.int/workforcealliance/media/news/2014/consultation_globstrat_hrh/en/



Other slides (in case of questions)

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
- MCD {
 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: wider context.....examples

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

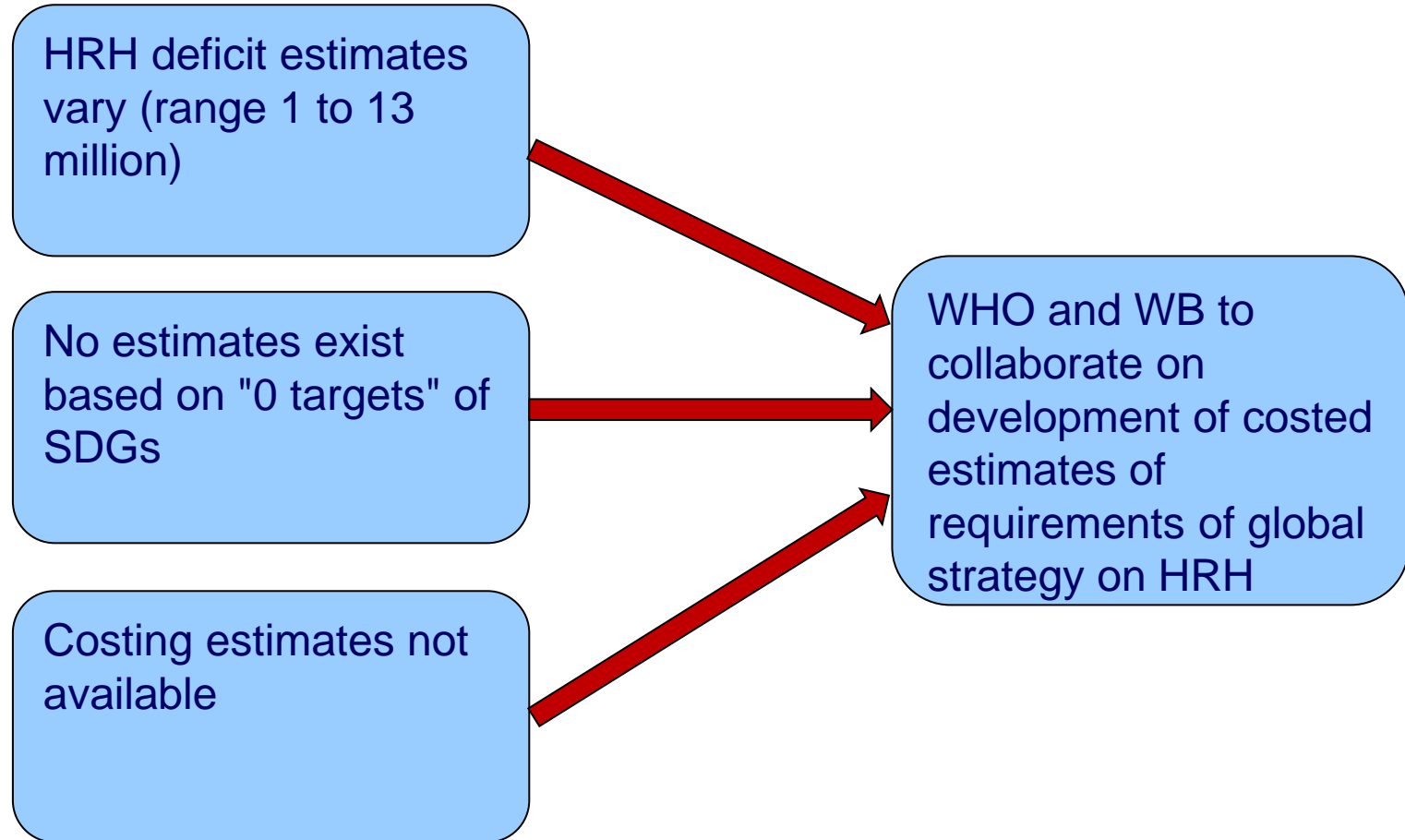
GENDER EQUALITY (5.6): ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences

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

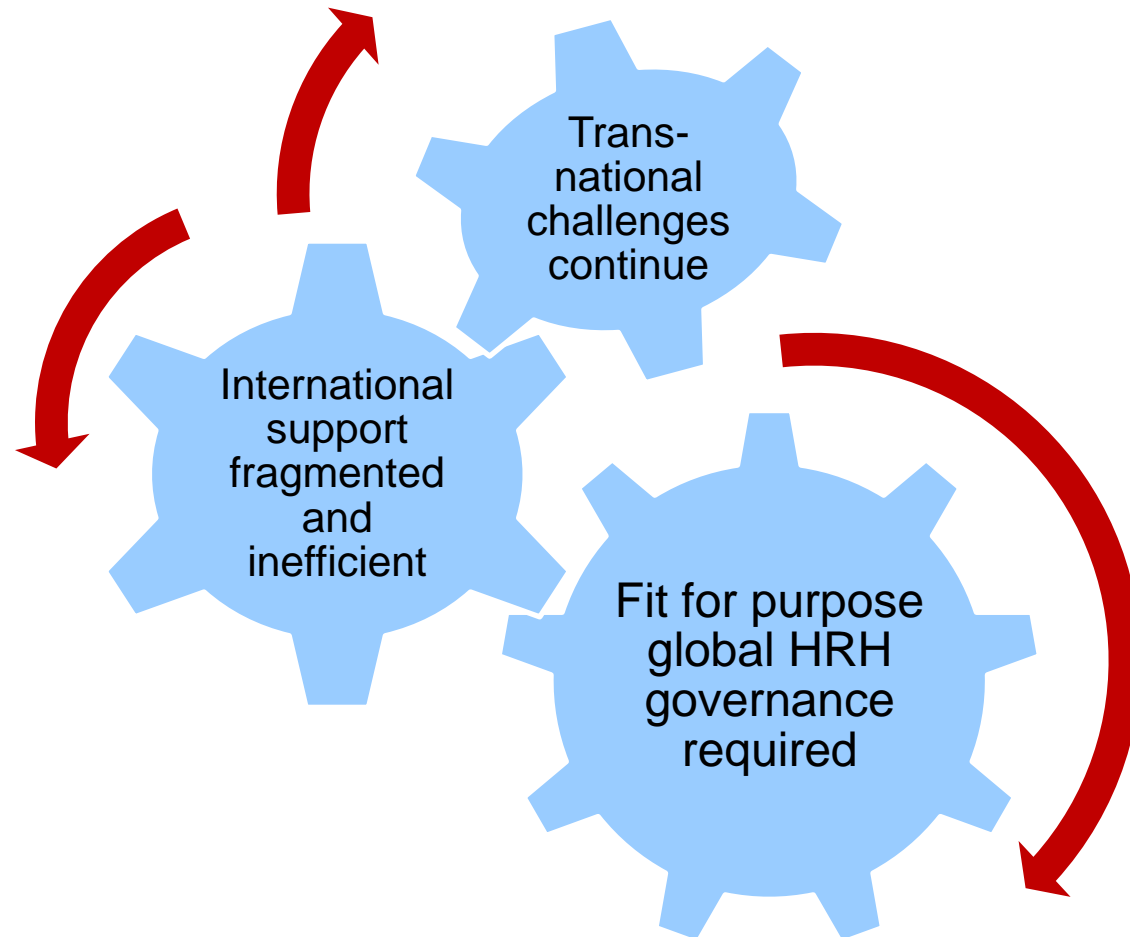
EMPLOYMENT (8.6): by 2020 substantially reduce the proportion of youth not in employment, education or training

Source: OWG on SDGs (2014).

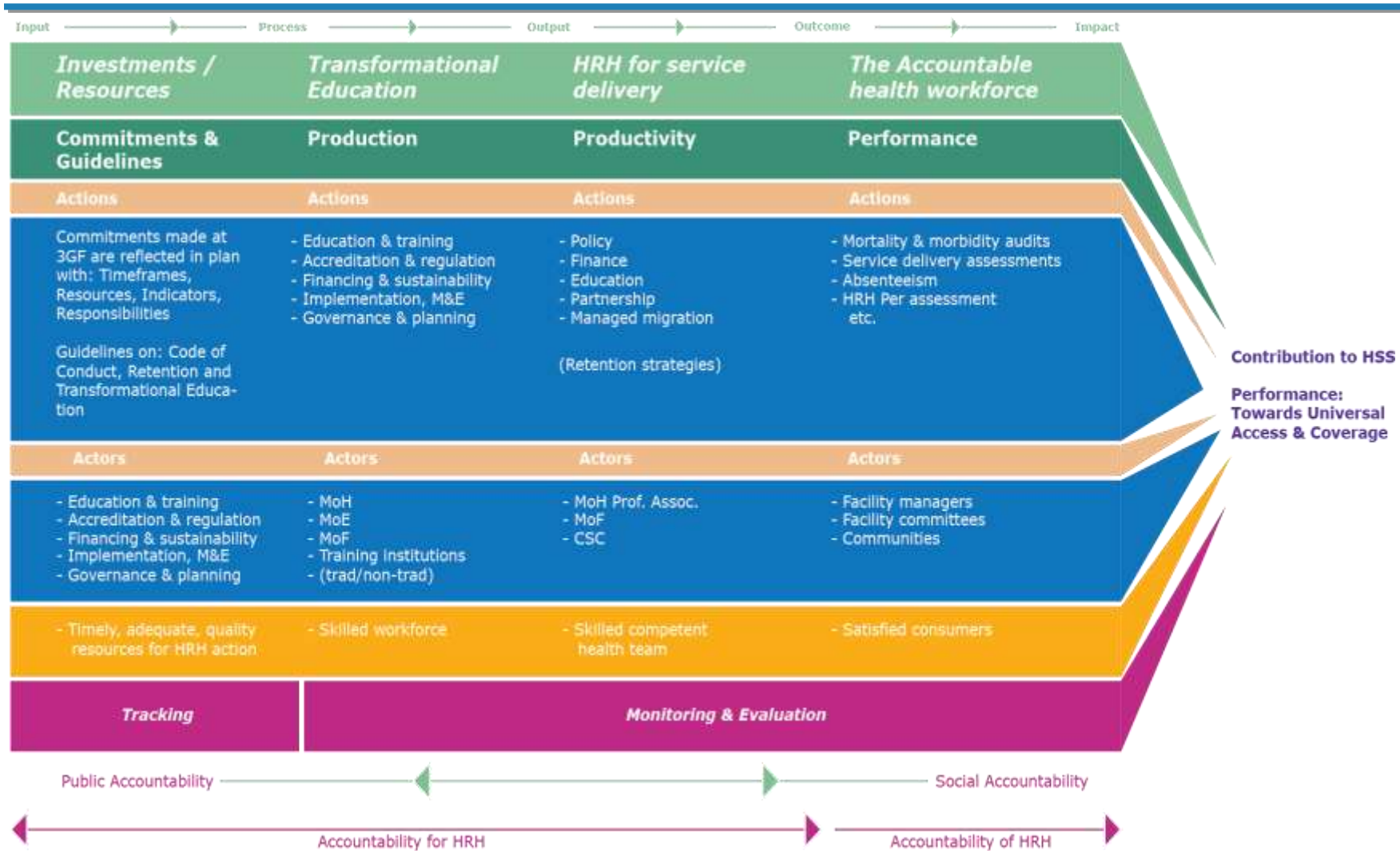
Estimating resource requirements of global strategy on HRH



Global HRH governance implications



Accountability



Methodological notes to slide 7

- a. Health worker refers to physicians and nurses/midwives (excluding other types of health personnel, such as dentists, pharmacists and administrators). Needs-based estimates are generated from a single model of combined physicians and nurse/midwife data rather than aggregated from separate models for physicians and nurses/midwives.
- b. Totals reflect only countries with estimated gaps, defined as the difference between estimated demand or need in 2030 and the current (2012) HRH supply. Surpluses are not counted towards the accumulation of totals. This follows the methodology in *The world health report 2006 (15)*.
- c. The demand for health workers is estimated based on a model using per capita gross domestic product (GDP), per capita out-of-pocket health expenditures, and population aged 65+ .
- d. Campbell et al. (5) utilized ILO's proposed threshold of 3.45 health professionals per 1000 population. Using a similar methodology, this is the estimated deficit by 2030. The estimate is informed by assumptions in attrition and replenishment of existing staff.
- e. AEGR = average annual exponential growth rate required to meet the demand or health worker need by 2030; calculated for regional/income group gap subtotals.
- *Source:* Scheffler, Liu and Bruckner (46).