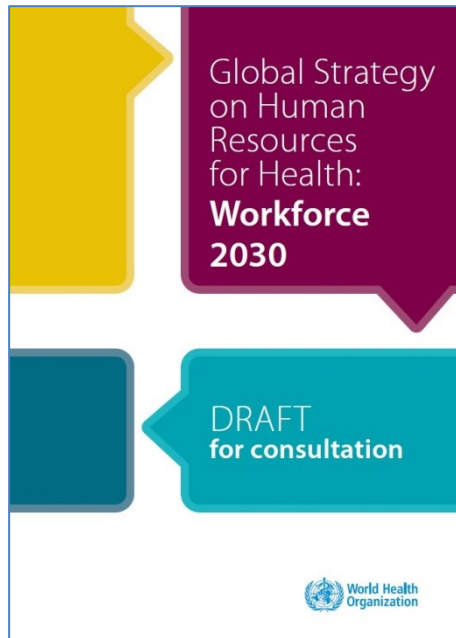


High-Level Commission on Health Employment and Economic Growth

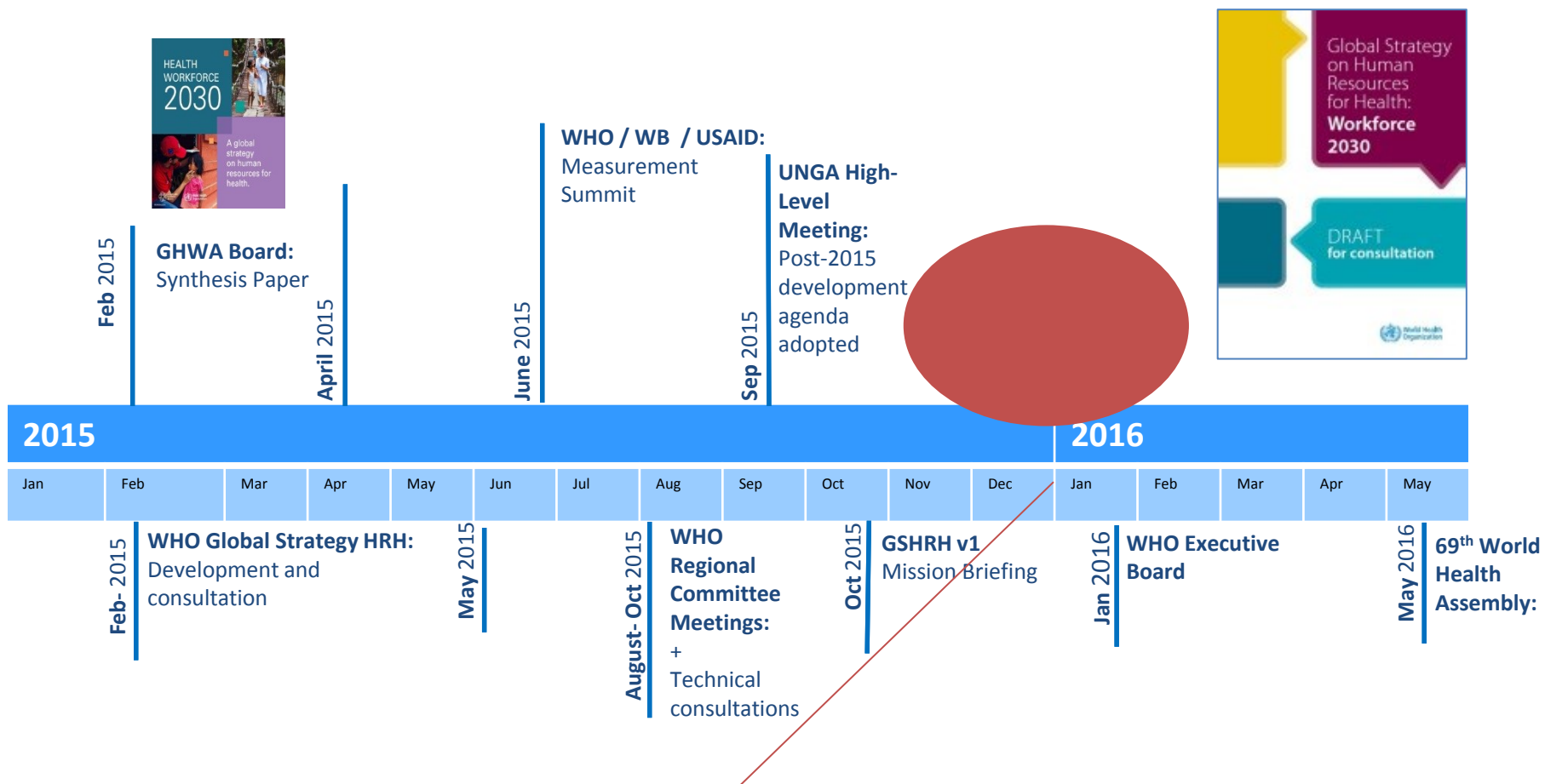
Jim Campbell, Director Health Workforce, World Health Organization
Executive Director, Global Health Workforce Alliance

Adding momentum to the GSHRH: 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)

Called for by Foreign Policy & Global Health....



“Investing in new health workforce employment opportunities may also add broader socio-economic value to the economy and contribute to the implementation for the 2030 Agenda for Sustainable Development”

United Nations General Assembly resolution A/RES/70/183
December 2015

Health labour market: challenges

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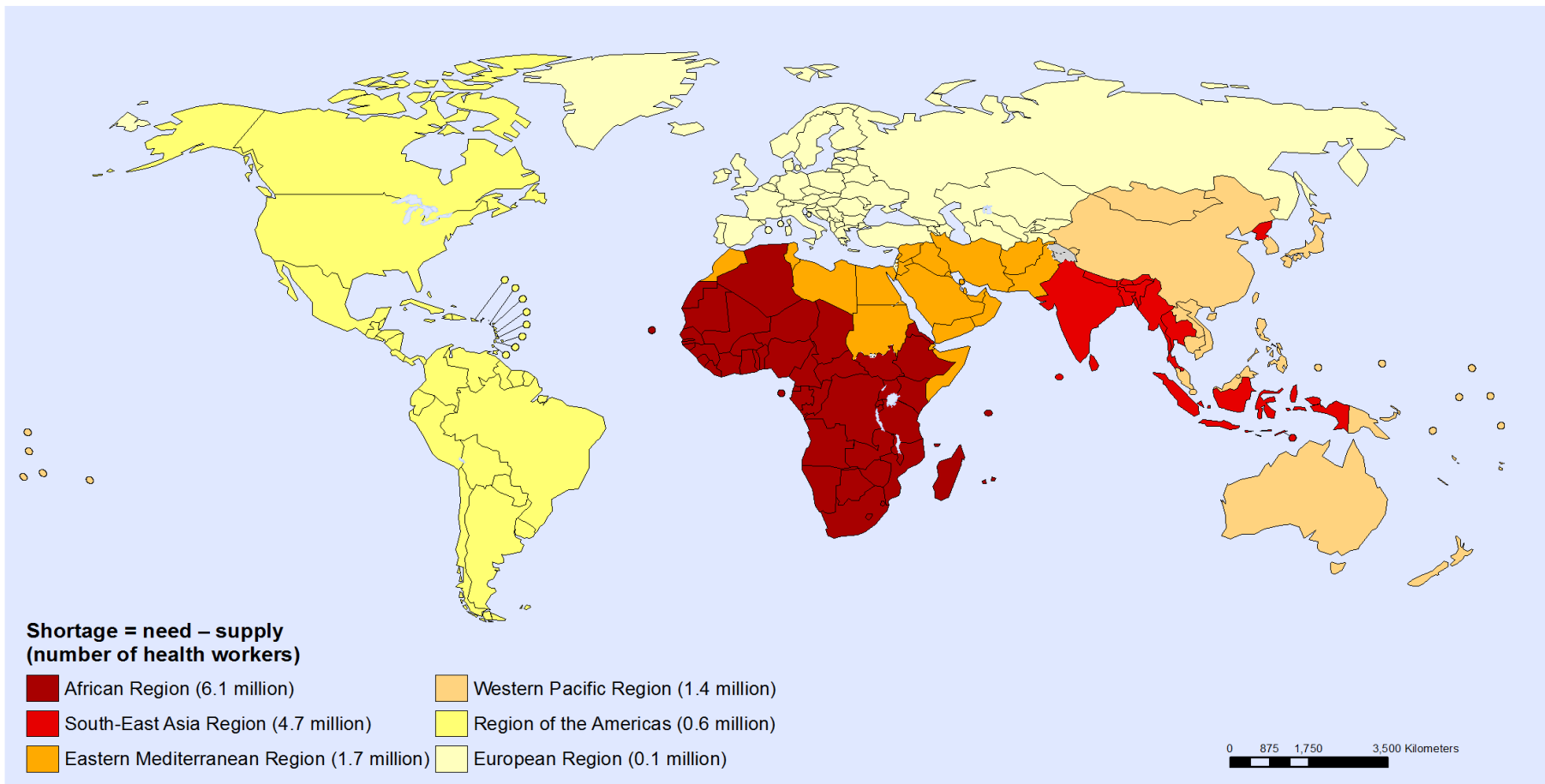


- Continuing and projected **deficits**
- Insufficient investment and **demand**, particularly in low-income countries
- Inequalities
- Outdated education models
- Poor data
- Resistance to new models of care
- Increasing labour mobility

Source: WHO, 2015. Health in 2015: from MDGs to SDGs

Emerging scenarios: is UHC feasible?

Estimated needs-based shortage of health workforce in 2030, by WHO region



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

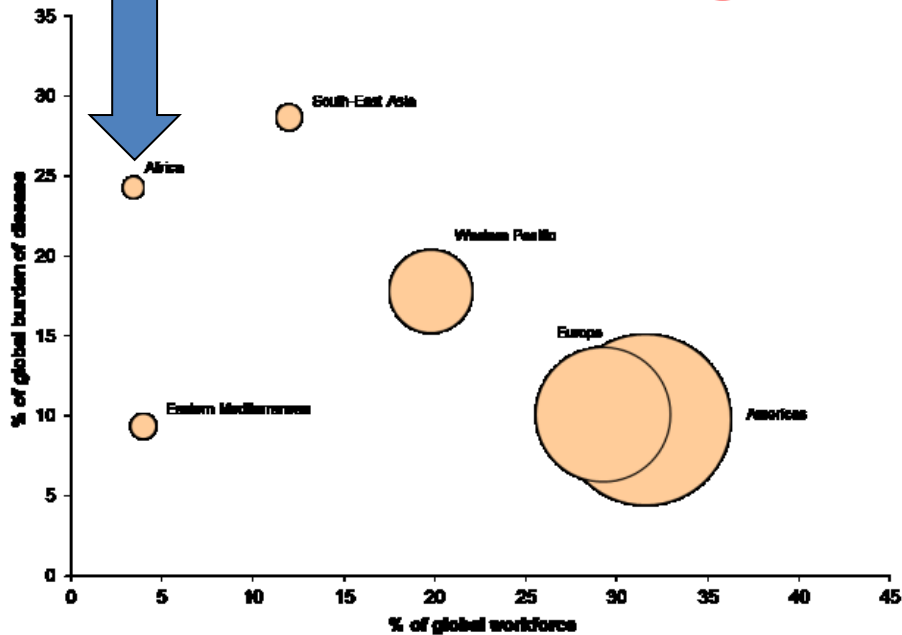
Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization



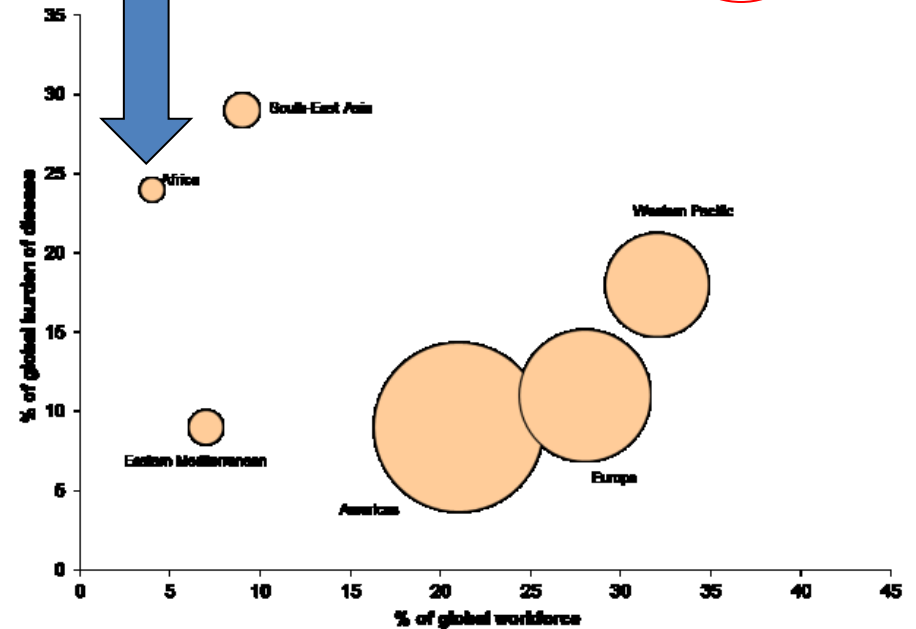
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Why do we need political engagement?

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)



Source: WHO (2015) From MDGs to SDGs

Increasing labour mobility (OECD)

Share of foreign-born health workers in OECD countries	2000–2001	2010–2011
Doctors	19.5 %	22 %
Nurses	11 %	14.5 %

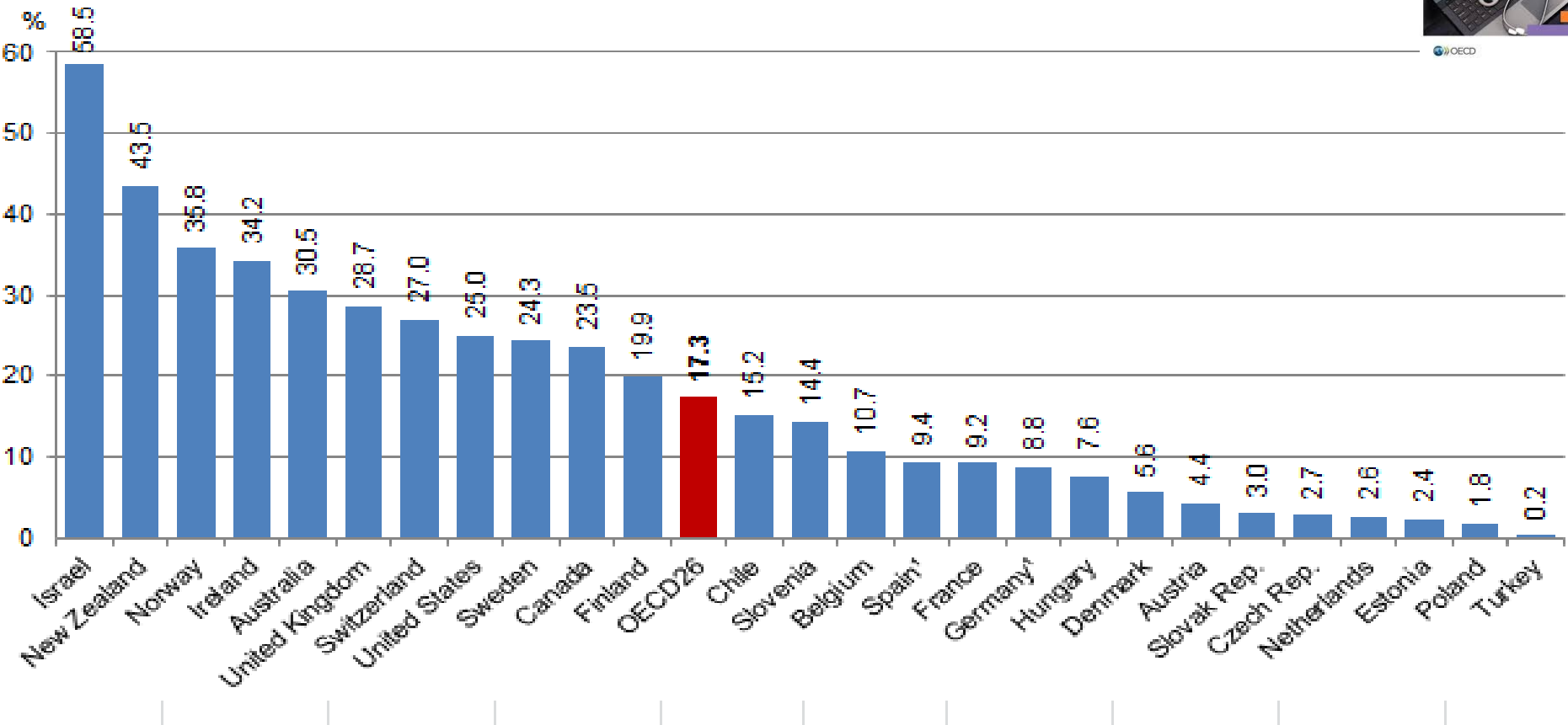
BUT...BE CAREFUL WITH STATISTICS
The number of migrant doctors and nurses working in OECD countries has increased by 60% over the past 10 years (from 1,130,068 to 1,807,948).

Source: OECD, 2015.

Reliance on foreign-trained physicians (OECD countries)



5.8. Share of foreign-trained doctors in OECD countries, 2013 (or nearest year)



1. In Germany and Spain, the data are based on nationality (or place of birth in Spain), not on the place of training.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

New recognition: beyond SDG3 and SDG3c

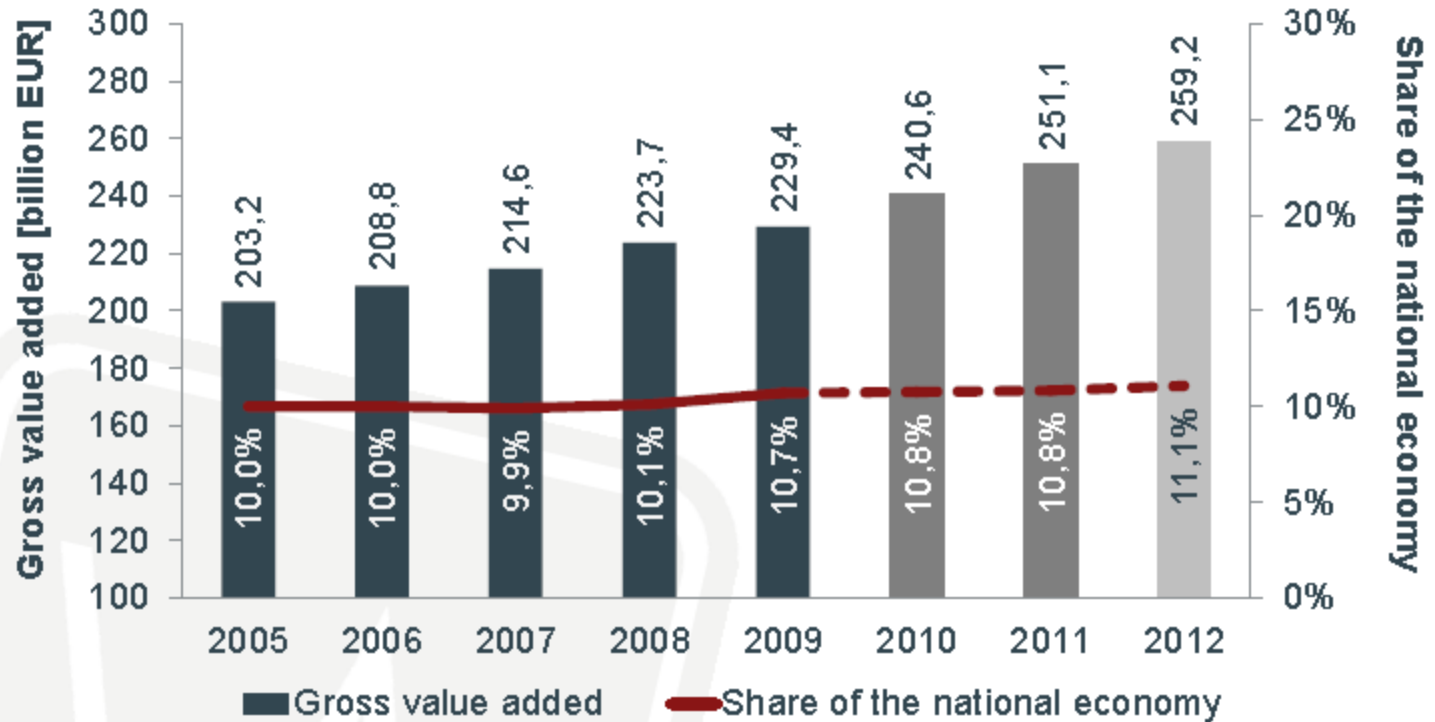


- Economic growth
- Social development
- Health and human security
- Women's economic participation

In the European Union (EU):

Health and social services accounted for between 5 and 13% of EU gross domestic product, bringing with it a value added worth about €800 billion per year to the European economy.

Health economy: inclusive economic growth... (Germany)

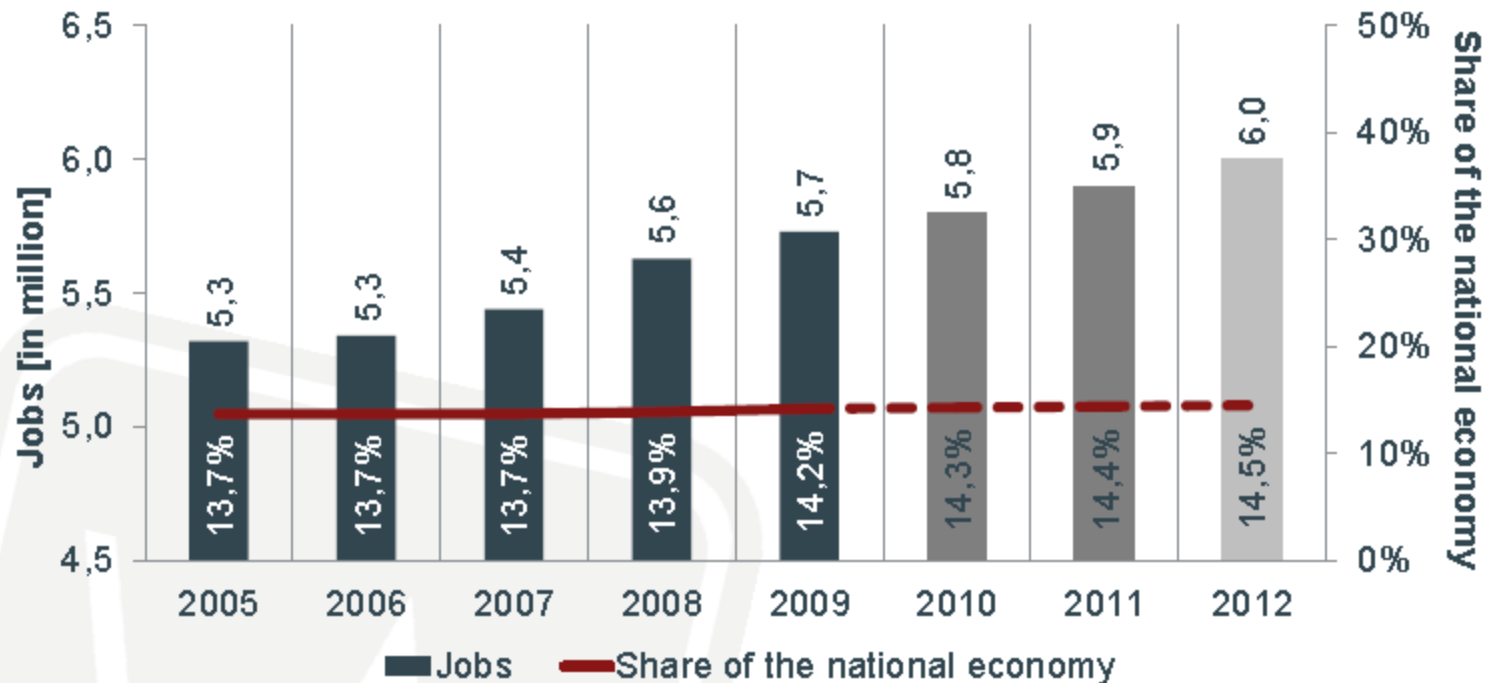


Source: GGR, 2013; Database: Destatis; Calculation and figure: WifOR, 2013; Values at current prices.

▶ The gross value added increased from 2005 to 2012 by nearly EUR 60 billion. In 2012 the health economy's gross value added amounts to EUR 260 billion.

Source: Prof. Dr. Klaus-Dirk Henke | The Economic and Health Dividend of Health Care and Health. 2013

Health economy: Source of jobs (Germany)



Source: GGR, 2013; Database: Destatis; Calculation and figure: WifOR, 2013.

More than 6 million jobs in 2012, i.e. every 7th German is working in the health economy. In the health economy 700,000 new jobs were created since 2005.

Source: Prof. Dr. Klaus-Dirk Henke | The Economic and Health Dividend of Health Care and Health. 2013

Health employment and productivity: new evidence

*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

Health employment: Source of decent jobs (OECD)

OECD Health Policy Studies

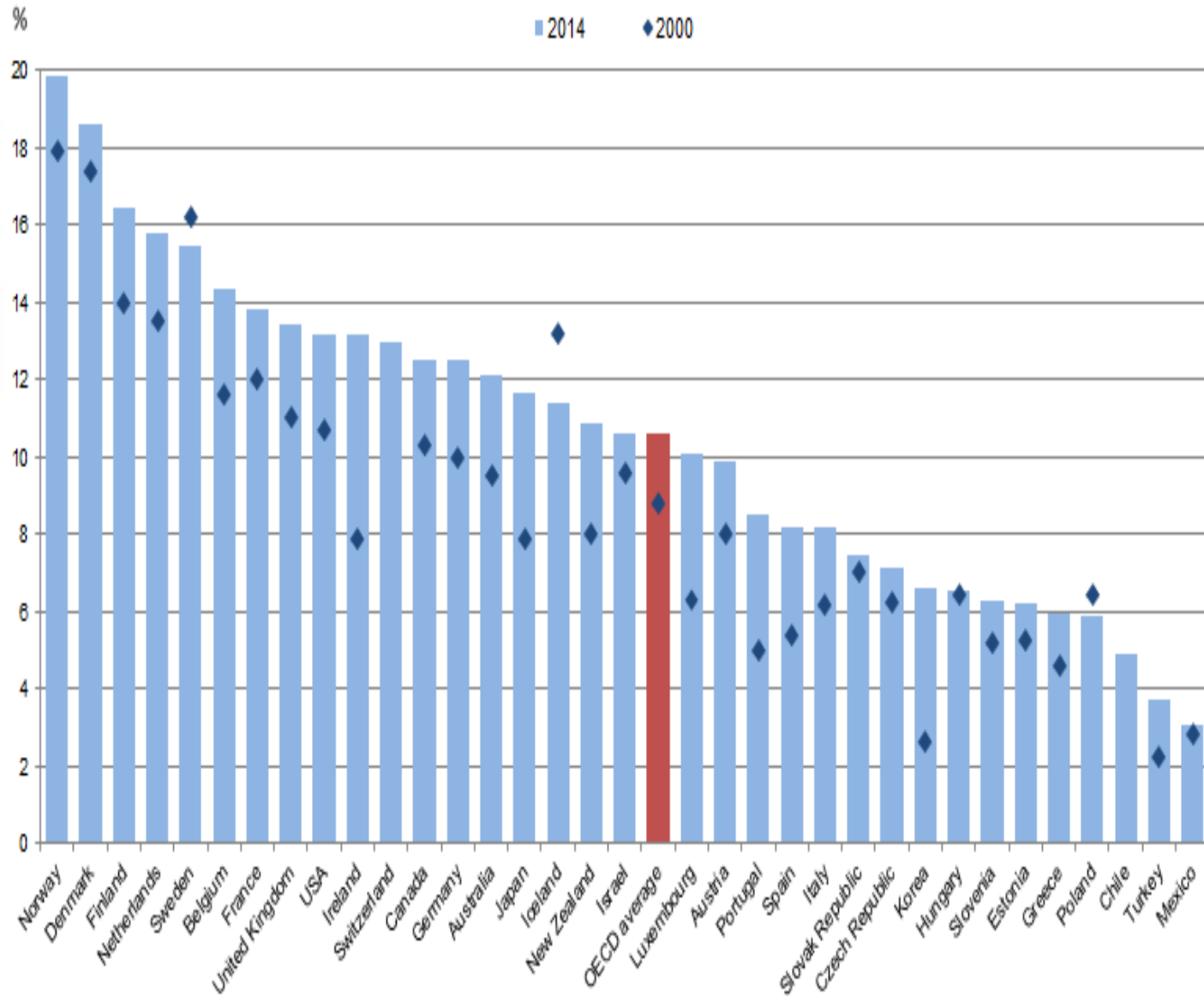
Health Workforce Policies in OECD Countries

RIGHT JOBS, RIGHT SKILLS, RIGHT PLACES



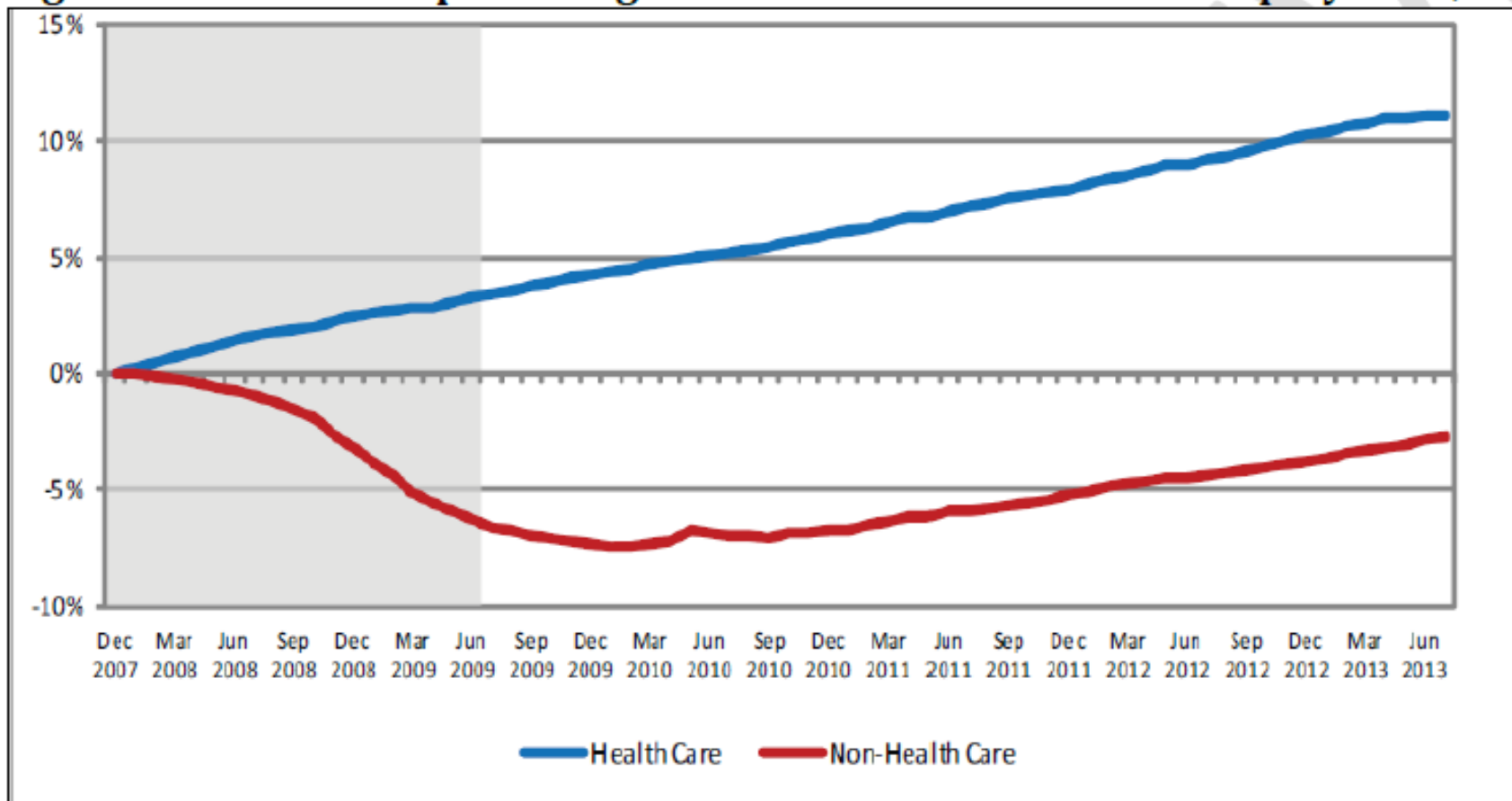
Growth in health and social sector employment throughout the economic downturn

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 Employment Outlook 2015)



Health employment: Source of sustainable jobs (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.

Health employment: Source of future jobs (USA)

Economic News Release

Table 5. Fastest growing occupations, 2014-24

Table 5. Fastest growing occupations, 2014-24
(Numbers in thousands)

Occupation	Employment		Change, 2014-24	
	2014	2024	Number	Percent
Total, all occupations	150,539.9	160,328.8	9,788.9	6.5
Wind turbine service technicians	4.4	9.2	4.8	108.0
Occupational therapy assistants	33.0	47.1	14.1	42.7
Physical therapist assistants	78.7	110.7	31.9	40.6
Physical therapist aides	50.0	69.5	19.5	39.0
Home health aides	913.5	1,261.9	348.4	38.1
Commercial divers	4.4	6.0	1.6	36.9
Nurse practitioners	126.9	171.7	44.7	35.2
Physical therapists	210.9	282.7	71.8	34.0
Statisticians	30.0	40.1	10.1	33.8
Ambulance drivers and attendants, except emergency medical technicians	19.6	26.1	6.5	33.0
Occupational therapy aides	8.8	11.6	2.7	30.6
Physician assistants	94.4	123.2	28.7	30.4
Operations research analysts	91.3	118.9	27.6	30.2
Personal financial advisors	249.4	323.2	73.9	29.6
Cartographers and photogrammetrists	12.3	15.9	3.6	29.3

Source: U.S. Bureau of Labor Statistics

[U.S Bureau of Labour Statistics:
http://www.bls.gov/emp/ep_table_103.htm](http://www.bls.gov/emp/ep_table_103.htm)

Health employment: Source of future jobs (worldwide)

FIGURE 5

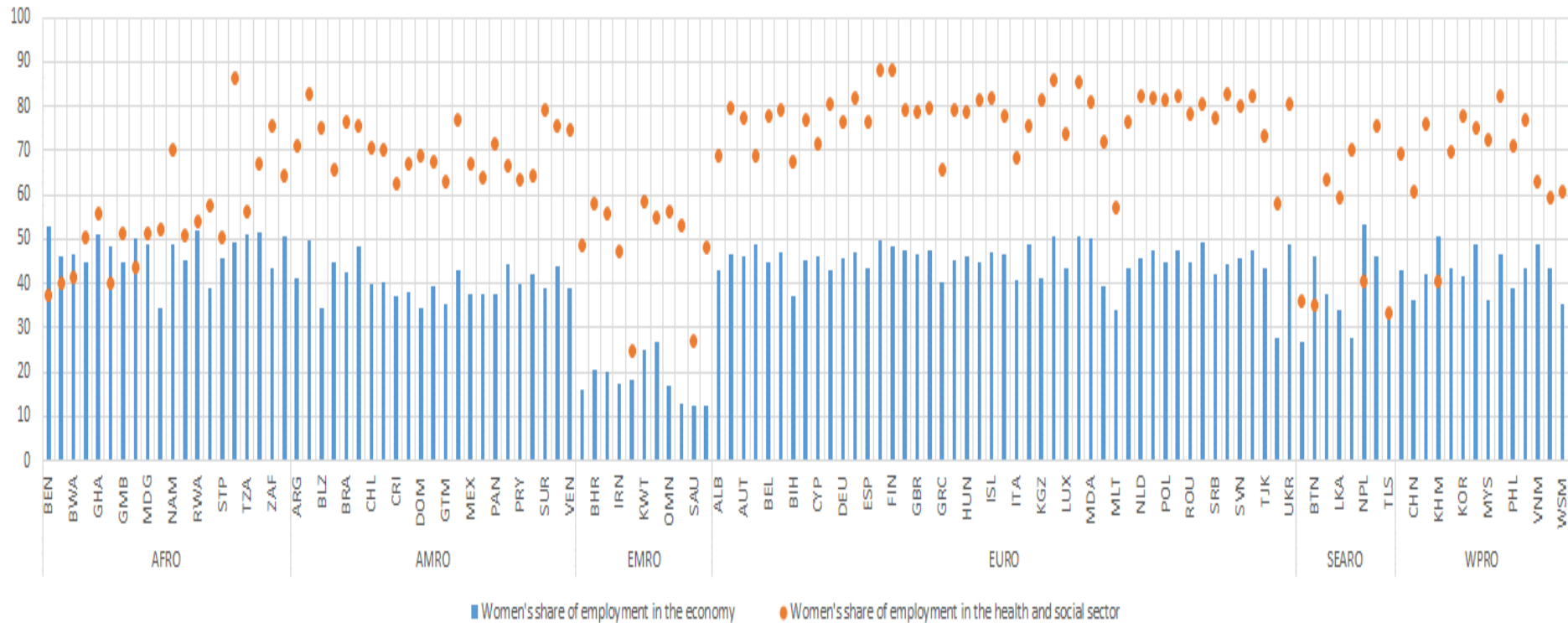
The 20 jobs most and least likely to be replaced by automation



Source:

Human Development Report 2015: Work for Human Development

Health employment: Women's economic participation



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

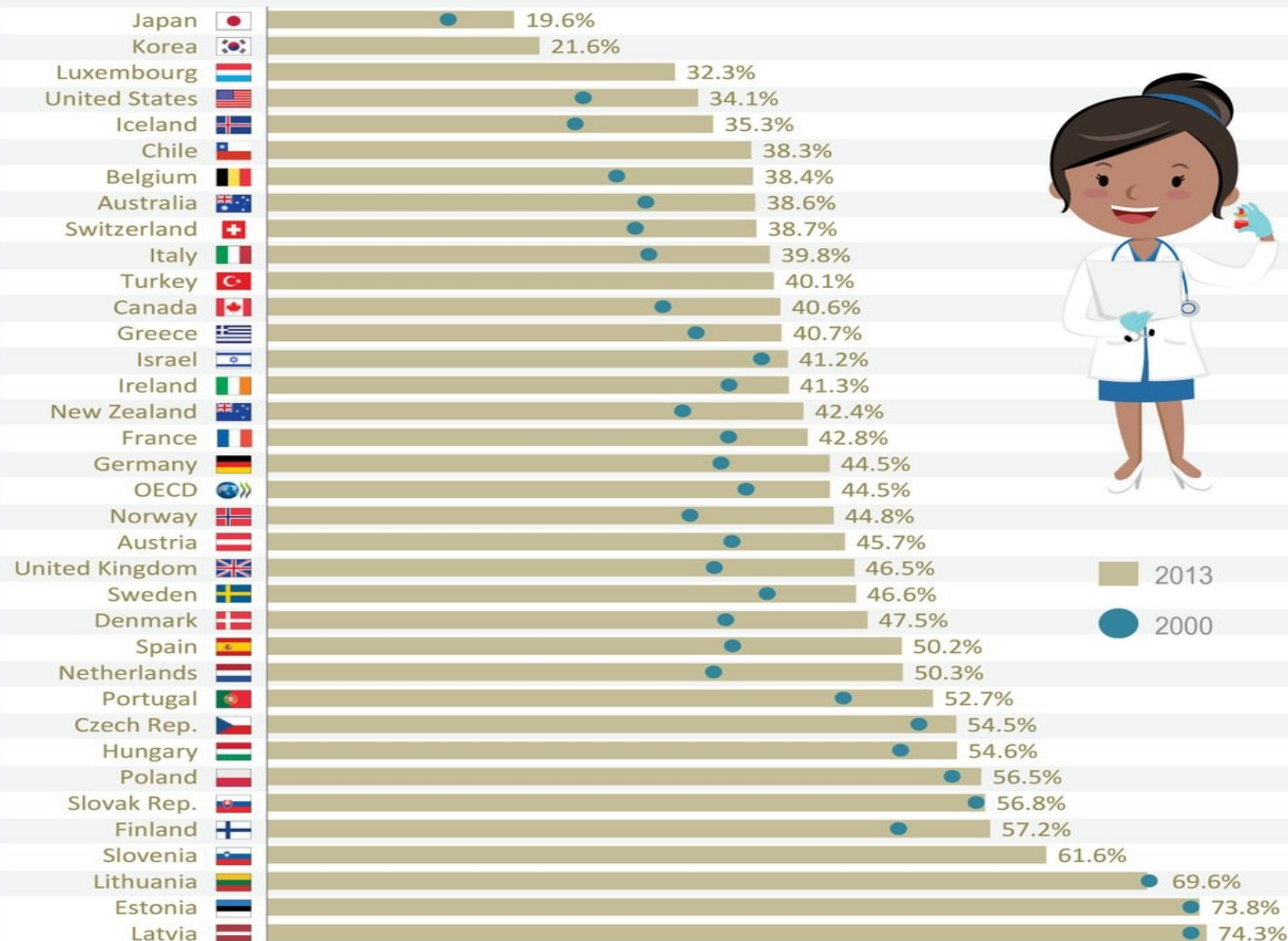
Health employment: Women's economic participation (OECD)

Share of female doctors

2013 and 2000 (or nearest year)

www.oecd.org/health/workforce.htm

Source: OECD



Rising share of female doctors in OECD to 45% (2013)

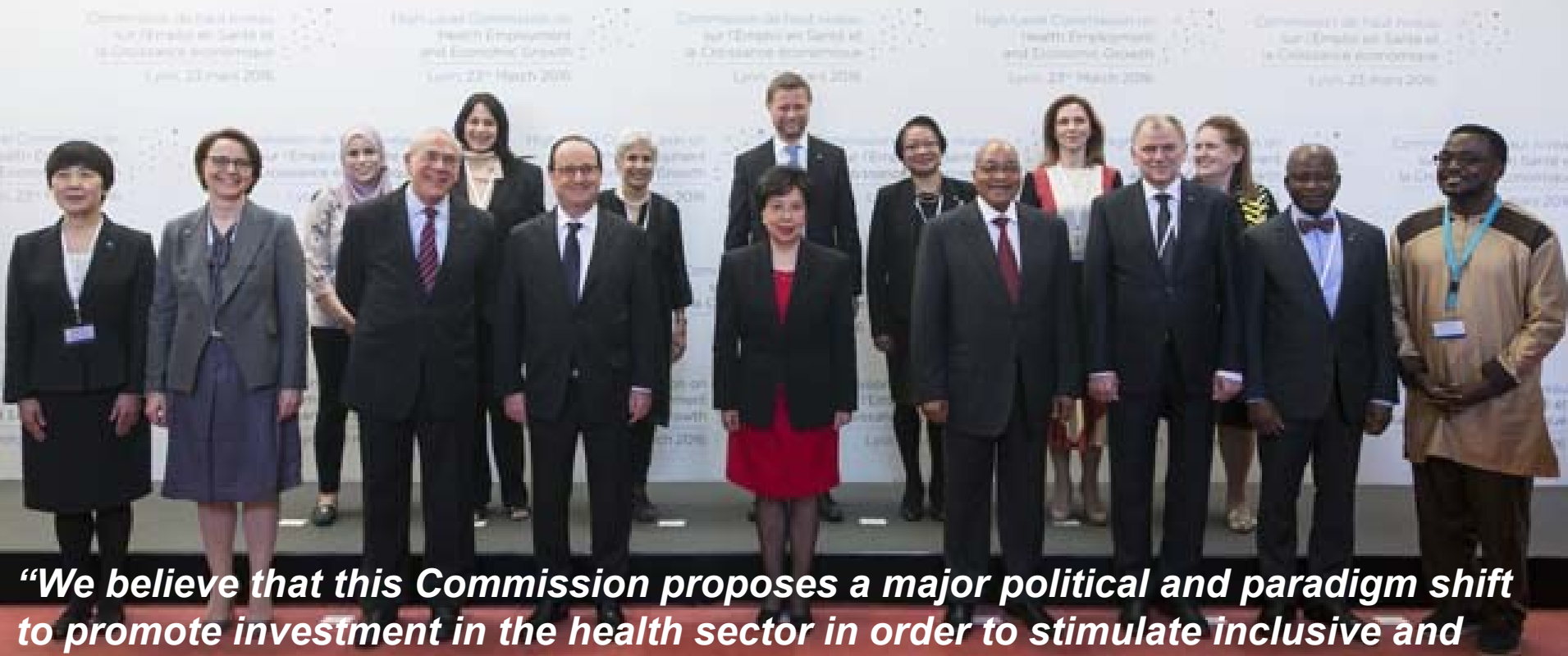
<http://bit.ly/1QXmfRs>

Source: Health Workforce Policies in OECD Countries, OECD Health Statistics 2015,

<http://dx.doi.org/10.1787/health-data-en>.

Illustration: Shutterstock

High-Level Commission: 1st Meeting, 23rd March, 2016

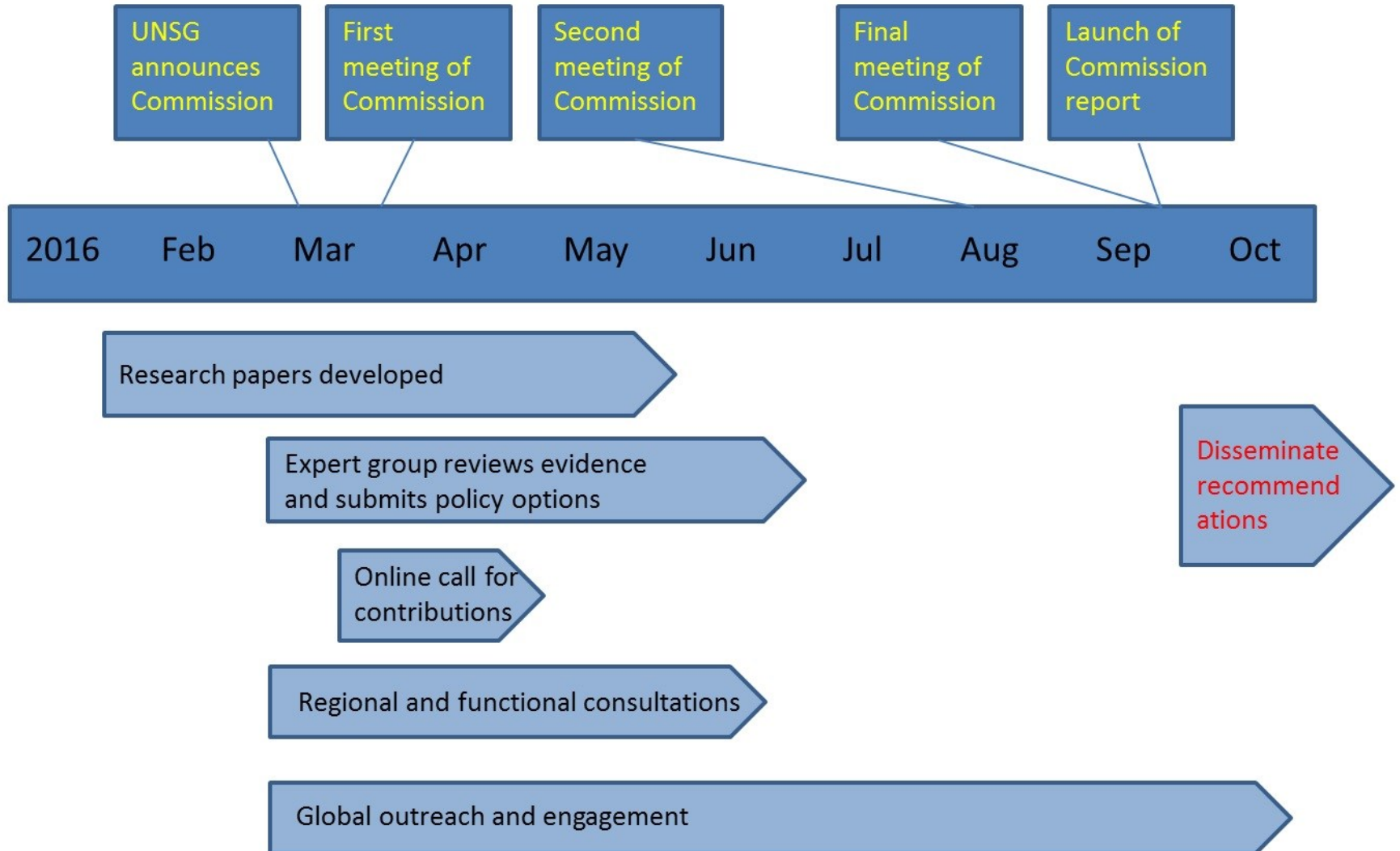


“We believe that this Commission proposes a major political and paradigm shift to promote investment in the health sector in order to stimulate inclusive and sustainable economic growth and productive employment and decent work, in addition to ensuring healthy lives and well-being.”

Communiqué, 23 March 2016

<http://www.who.int/hrh/com-heeg/en/>

Commission: Process and Timeline



The Commission: Conveners



H.E. Mr **François Hollande**,
President of France (**Chair**)

H.E. Mr **Jacob Zuma**,
President of South Africa (**Chair**)



Mr **Guy Ryder**, Director-General of the
International Labour Organization (ILO)

Mr **Angel Gurría**, Secretary-General of the
Organisation for Economic Co-operation and
Development (OECD)



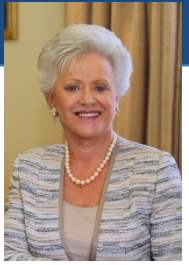
Dr **Margaret Chan**, Director-General of the
World Health Organization (WHO)

The Commission



Ms **Anu Aga**, Member of the Upper House of Parliament, India

H.R.H. Princess **Muna Al-Hussein**, Princess of Jordan, Global Health Advocate for Nursing and Midwifery



Dr **Vytenis Andriukaitis**, Commissioner for Health and Food Safety, European Commission

Ms **Rosalinda Baldoz**, Secretary of the Department of Labor and Employment, Philippines



Dr **Midalys Castilla**, Co-founder of the Latin American School of Medicine, Cuba

Dr **Nkosazana Dlamini-Zuma**, Chairperson of the African Union Commission



Mr **Moussa Dosso**, Minister of Employment and Social Protection, Côte d'Ivoire

Mr **Hermann Gröhe**, Federal Minister of Health, Germany



Mr **Bent Høie**, Minister of Health and Care Services, Norway

Dr **Maris Jesse**, Director of National Institute for Health Development, Estonia



The Commission



Ms Susana Malcorra, Minister for Foreign Relations, Argentina



Prof. Jane Opoku-Agyemang, Minister of Education, Ghana



Dr Judith Shamian, President of the International Council of Nurses



Prof. Keizo Takemi, Member of the House of Councillors, Japan



Prof. Muhammad Yunus, Co-founder and Chairman of Yunus Social Business, Sustainable Development Goals Advocate

Dr Alaa Murabit, Founder of The Voice of Libyan Women, Sustainable Development Goals Advocate



Ms Rosa Pavanelli, General-Secretary of Public Services International



Prof. Joseph Stiglitz Economist



Mr George K. Werner, Minister of Education, Liberia



The Expert Group



Dr Richard Horton, Editor-in-Chief of *The Lancet* (Chair)

Dr Edson C Araujo, Senior Economist at the World Bank.



Prof. Haroon Borhat, Professor of Economics and Director of the Development Policy Research Unit at the University of Cape Town

Saskia Bruysten, Co-founder, Yunus Social Business.



Claudia Jacinto, Principal researcher at the National Council of Scientific Research, Instituto de Desarrollo Economico Y Social, Argentina.

Prof. Barbara McPake, Director of the Nossal Institute for Global Health, University of Melbourne.



Prof. Srinath K Reddy, President of the Public Health Foundation of India.

Dr. Ritva S Reinikka, Development economist, former Director at the World Bank.



Dr Jean-Olivier Schmidt, Head of the Competence Center for Health, Social Protection and Inclusion at GIZ.

Prof. Lina Song, Chair in Economic Sociology and Social Policy at the University of Nottingham.



Rear Admiral Sylvia Trent-Adams, Deputy Surgeon General and Chief Nurse Officer, US Public Health Service.

Dr Viroj Tangcharoensathien, Secretary-General of the International Health Policy Program Foundation, Thailand.



Dr David Weakliam, Programme Lead, Global Health Programme, Health Service Executive, Ireland, and Chair of the Global Health Workforce Alliance.

Prof. Alicia Ely Yamin, Lecturer on Law & Global Health, and Policy Director of the François-Xavier Bagnoud Center, Harvard University.



Thank you

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