

# Global Strategy on Human Resources for Health: Workforce 2030

EU Joint Action on Health Workforce Planning & Forecasting

Mons, Belgium

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**Jim Campbell**

Director, Health Workforce, World Health Organization

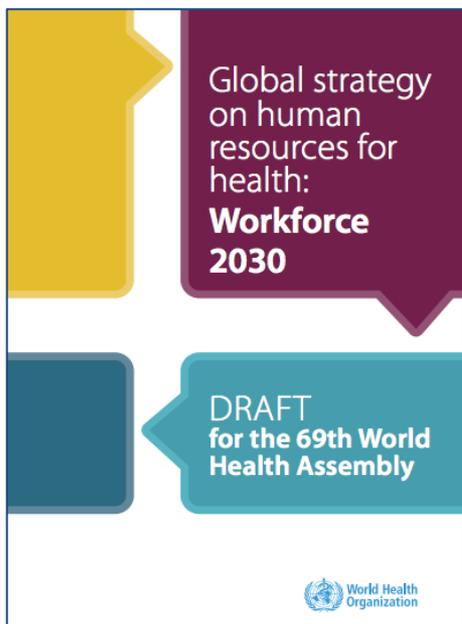
Executive Director, Global Health World Health Alliance

Geneva, Switzerland

**@JimC\_HRH**



# Workforce 2030

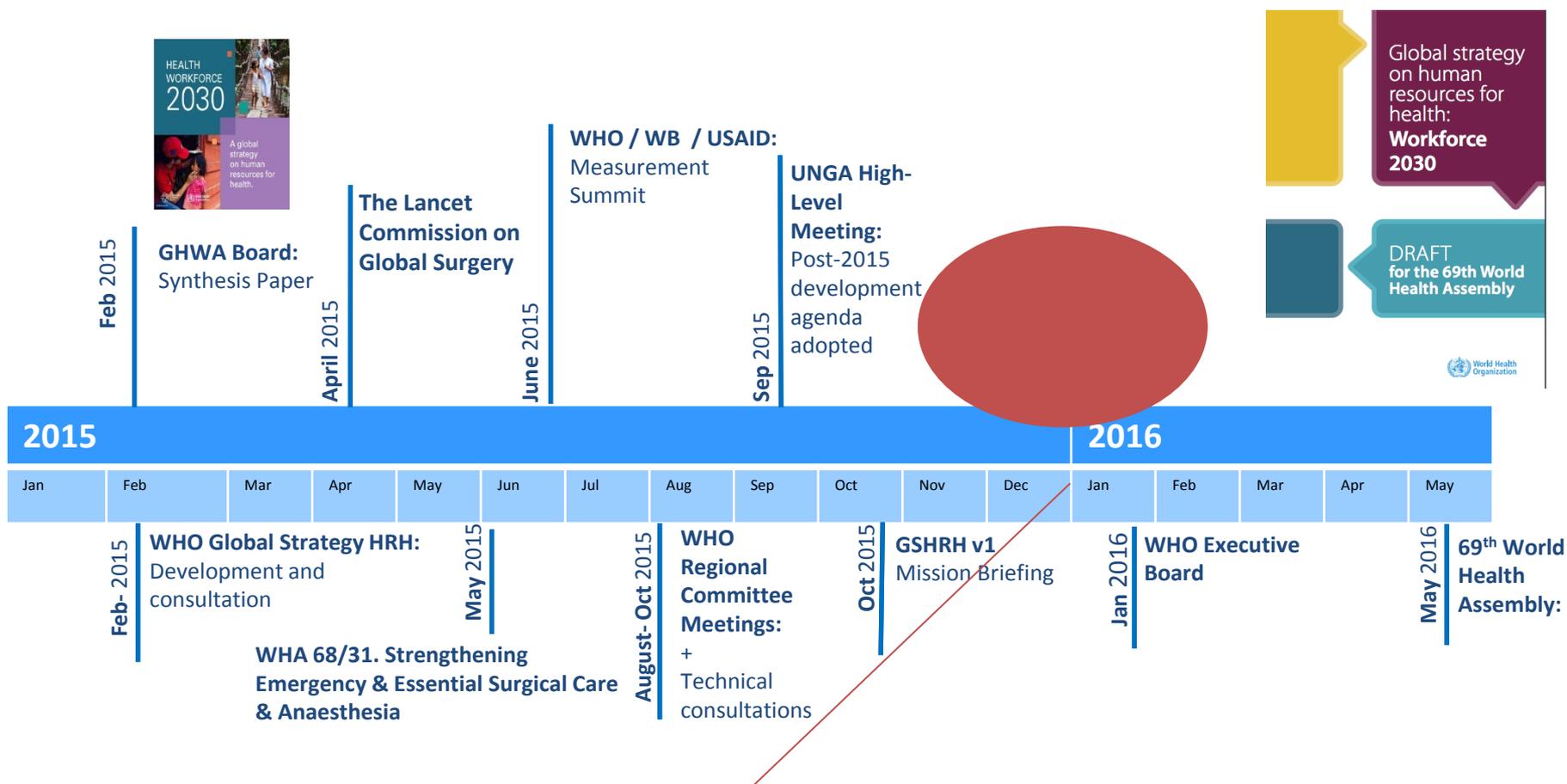


1. **Workforce 2030: Background (2013-2016)**
2. **69<sup>th</sup> World Health Assembly:**
  - **A69/38. Global Strategy on Human Resources for Health: Workforce 2030**
  - **A69/38. Draft Resolution**





# Global Strategy HRH: Workforce 2030

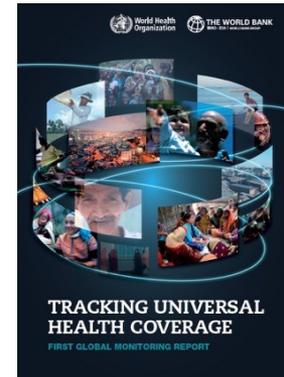
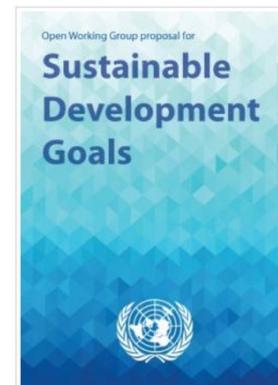


*“Investing in new health workforce employment opportunities may also add broader socio-economic value to the economy and contribute to the implementation for the 2030 Agenda for Sustainable Development”*

# Workforce 2030.....



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



Q. What evidence can we draw upon?

# The health workforce: broader than SDG 3

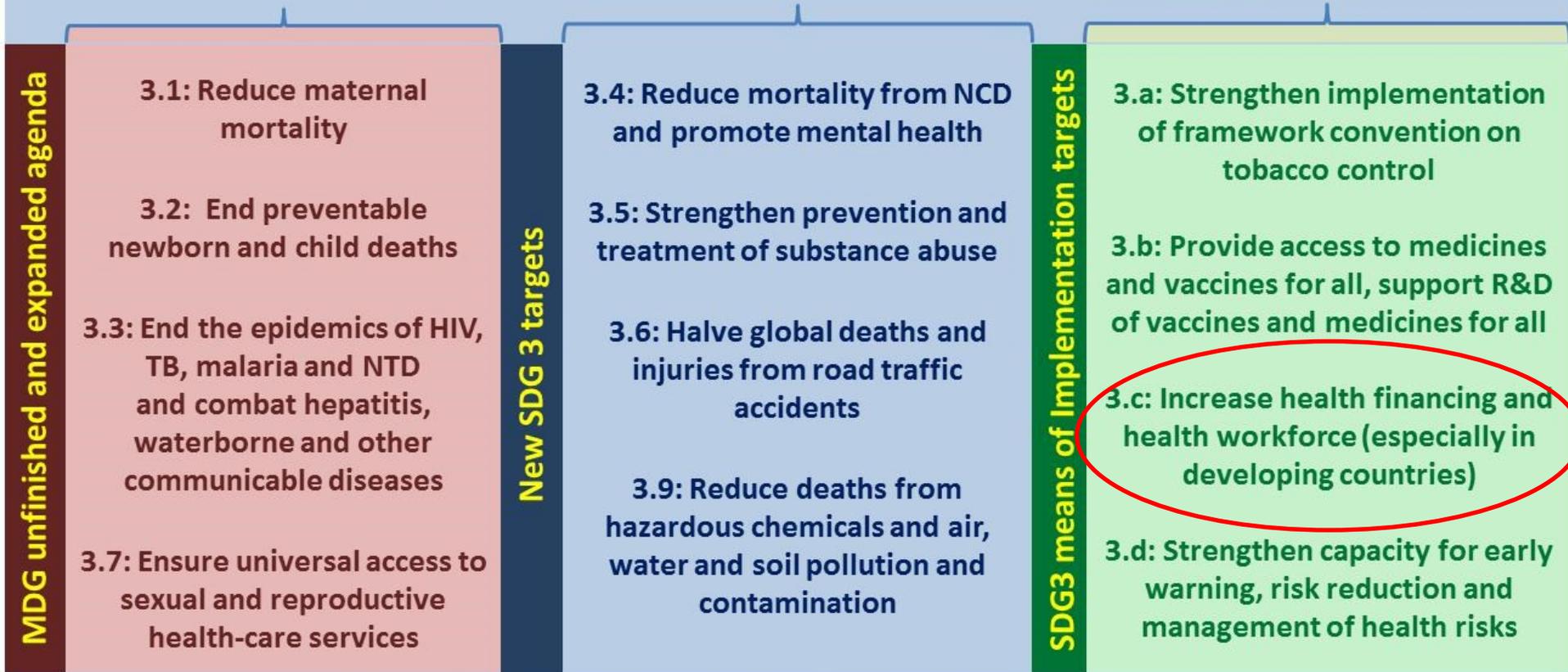
## A changing narrative: 1) not a 'cost' but an investment; 2) the 'human capital' for 'human security':

1. The health and social sectors + scientific and technological industries act as an engine of **inclusive economic growth**, boosting skills, innovation, **decent 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).

# SDGs – Goal 3

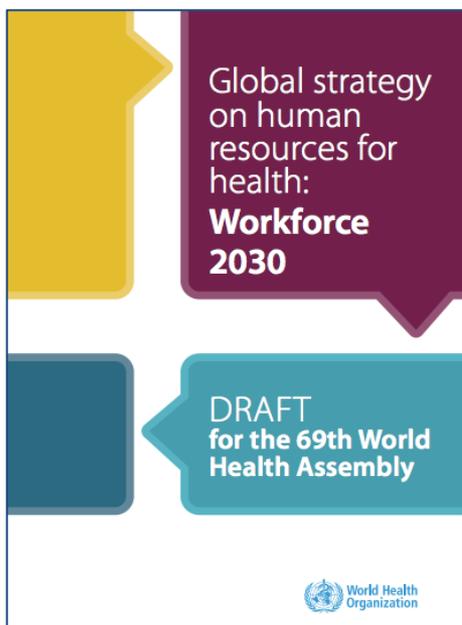
## SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all



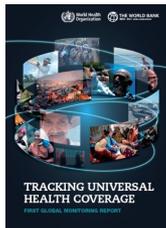
Interactions with economic, other social and environmental SDGs and SDG 17 on means of implementation

# Global Strategy 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)

# UHC/SDGs: What health workforce might be needed?



| SDG Tracer Indicator     | Classification |
|--------------------------|----------------|
| Antenatal care           | MNCH           |
| Antiretroviral therapy   | ID             |
| Cataract                 | NCD            |
| Diabetes                 | NCD            |
| DTP3 immunization        | ID             |
| Family planning          | MNCH           |
| Hypertension             | NCD            |
| Potable water            | ID             |
| Sanitation               | ID             |
| Skilled birth attendance | MNCH           |
| Tobacco smoking          | NCD            |
| Tuberculosis             | ID             |



- 12 UHC tracers weighted according to GBD (“SDG index”)
- Percentile rank order of countries according to coverage of SDG index
- Level of HRH density corresponding to 50<sup>th</sup> percentile (median) rank



4.45 midwives, nurses and physicians per 1 000 population

Source: WHO, 2016. Background paper to the Global Strategy on Human Resources for Health: Workforce 2030, forthcoming

# Health labour market: emerging scenarios

Global economy is projected to create **around 40 million** new health sector jobs by 2030<sup>1</sup>

**Demand**

+++++  
+++++

High income

+++++  
+++++

+++++  
+++++  
+++++  
+++++

Upper-middle income

+++++  
-

+++++  
+++++  
+++++

Lower-middle income

+++++  
+++++  
+++++

**3** GOOD HEALTH AND WELL-BEING



Projected shortage of **18 million** health workers to achieve and sustain the SDGs<sup>2</sup>

+

Low income

+++++  
+++++  
+++++

<sup>1</sup> World Bank, publication forthcoming . <sup>2</sup> Cometto et al, World Health Organization

# Health labour market: challenges

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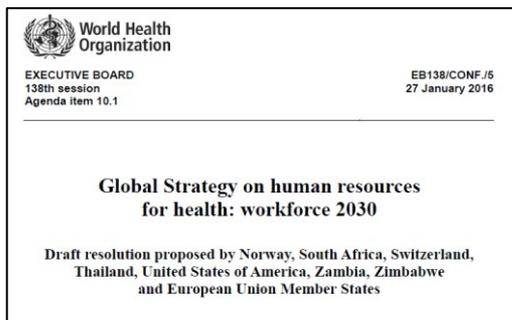
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- Continuing and projected **deficits**
- Insufficient investment and **demand**, particularly in low-income countries
- Inequalities
- Outdated education models
- Poor data
- Resistance to new models of care
- Increasing labour mobility

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

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- (PP10). Deeply concerned by the **rising global health workforce deficit** and the **mismatch between the supply, demand, and population need** for health workers...
- (PP12) Encouraged by the emerging political consensus on the **contribution of health workers to improved health outcomes, to economic growth**, to implementation of the International Health Regulations and to **global health security**;
- (PP13) Recognizing that investing in **new health workforce employment opportunities** may also **add broader socioeconomic value** to the economy and contribute to the implementation of the Sustainable Development Goals,

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EXECUTIVE BOARD  
138th session  
Agenda item 10.1

EB138/CONF./5  
27 January 2016

## Global Strategy on human resources for health: workforce 2030

Draft resolution proposed by Norway, South Africa, Switzerland,  
Thailand, United States of America, Zambia, Zimbabwe  
and European Union Member States

- (OP 1). to implement policy options as proposed for Member States by the Global Strategy, supported by **high-level commitment** and **adequate financing**.....
- (a) strengthening **respective capacities** to optimize the existing health workforce to contribute to the achievement of universal health coverage;
- (b) actively **forecasting** and **addressing gaps between health workforce needs, demands, and supply**, including through **intersectoral collaboration**;

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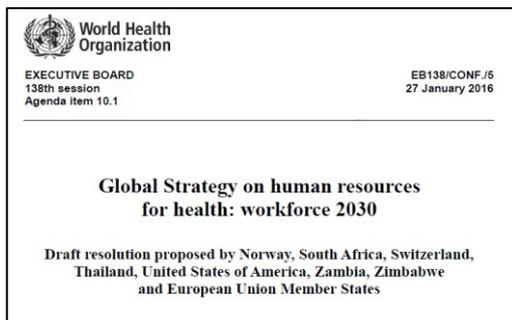
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- (3) the International Monetary Fund, the World Bank, etc to adapt their macroeconomic policies.... in light of mounting evidence that **...health workers are productive to economic and social development....;**
- (4) development partners...to augment, coordinate, and **align their investments in education, employment, health, gender, and labour** in support of ...national health workforce priorities;
- (5) global health initiatives to ensure that all grants include **an assessment of health workforce implications...**and contribute to efficient investment in...national health workforce policies;

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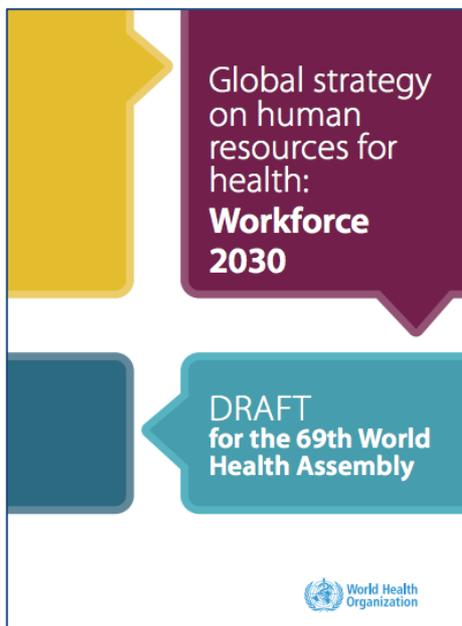
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REQUESTS the Director-General:

- (1) to provide support to Member States...on the **implementation and monitoring** of the Global Strategy,
- (c) support Member States in... the consolidation of a **core set of health workforce data with annual reporting**...the progressive implementation of **National Health Workforce Accounts**;
- (2) to include an **assessment of health workforce implications** of technical resolutions brought before the World Health Assembly and Regional Committees;

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# Where can the Joint Action contribute...



1. Optimize the existing workforce

2. Anticipate future workforce

3. Strengthen individual and institutional capacity

4. Strengthen the data, evidence and knowledge



# THANK YOU