

The global context of the health workforce for universal health coverage: a new discourse

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Human resources for universal health coverage



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Health workers for all and all for health workers

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Global health workforce shortage to reach 12.9 million in coming decades

11 November 2013 | RECIFE, BRAZIL - The world will be short of 12.9 million health-care workers by 2035; today, that figure stands at 7.2 million, according to a new report released today by the World Health Organization (WHO). The report warns that the shortage will have serious implications for universal health coverage.

A UNIVERSAL TRUTH:
NO HEALTH WITHOUT
A WORKFORCE



The route to effective coverage is through the health worker: there are no shortcuts

A high-level meeting on March 5-6 in Botswana is the culmination of 6 months of discussion on the post-2015 development agenda for health. The hosts (Governments of Botswana and Sweden, with UNICEF and WHO) and participants are challenged to review the submissions to the global consultation on health and to consider an aspirational, inclusive, and yet politically palatable vision for human health after the Millennium Development Goals (MDGs) expire in 2015. Their report will be submitted to the UN Secretary-General's high-level panel of eminent persons and the findings considered in the panel's publication in May, 2013. That report will go to an even higher high-level meeting at the UN General Assembly in September 2013.

health—described elsewhere as “old wine in a new bottle”—and will be high, higher, and even higher governance process capture the needs of men, women, and children who are seeking quality care from local health workers? The evidence exists on what is required in the world we want. More than 100 global health experts presented this evidence in 2004 through a Joint Learning Initiative. Their conclusion: the only route to achieve the health MDGs is through the health worker. The same is true for UHC and post-2015, only this time with deeper consideration of effective coverage—i.e., the difference between the theoretical coverage implied by the availability of the workforce and the actual coverage resulting from the quality of the workforce. This is the grand challenge on human resources for health for all countries. Could the Botswana consensus therefore be the concept of “just

Human resources for health and universal health coverage: fostering equity and effective coverage

James Campbell,¹ James Buchan,² Giorgio Cometto,³ Benedict David,⁴ Gilles Dussault,⁵ Helga Fogstad,⁶ Inês Fronteira,⁷ Rafael Lozano,⁸ Frank Nyanyonjo,⁹ Ariel Pablos-Méndez,¹⁰ Estelle E Quain,¹¹ Ann Starrs,¹² & Viroj Tangcharoensathien¹³

Abstract Achieving universal health coverage (UHC) involves different population needs. This paper explores the policy lessons on HRH for Brazil, Ghana, Mexico and Thailand. Its purpose is to inform global accessibility, acceptability and quality (AAAQ) of HRH. The AAQ findings inform key principles for HRH in relation to health services.

Universal health coverage and the post-2015 agenda

In her Comment (Jan 19, p 179), Jeanette Vega recognises that, to achieve universal health coverage, challenges such as human resources for health must be addressed—a point also explicitly mentioned in a recent UN resolution¹ which calls for an “adequate skilled, well-trained and motivated workforce”. Yet investment by development partners is not adequate to improve the availability, distribution, quality, and performance of human resources for health as an integral element of robust health systems. According to a recent analysis², the projected support provided by development partners for health workforce development declined from 27% to 17% in 2002–10, despite the recon-

See Editorial page 559

A new era for human resources for health?
COMMENT
In a guest piece, James Buchan (left), a Professor at Queen Margaret University, Edinburgh and Jim Campbell (right), a Director at Instituto de Cooperación Social Integrare, Barcelona, Spain, reflect on the health workforce policy and planning challenges being considered internationally and how recent events are spearheading new thinking.

The Third Global Forum on Human Resources for Health was held in Recife, Brazil, in November 2013. It was the largest ever human resources for health event. Some 1,800 participants from 93 Member States took part, including 40 ministers or deputy ministers. The forum reports: “A Universal Truth: No health without a workforce”. It includes discussion on a big picture challenge associated with the attainment of universal health coverage: the shortage of health workers. The challenge is daunting for some low-income countries. On the basis of the findings of 34 case studies of health workforce, the report states that the world is short of 7.2 million health workers, and that this figure could be 12.9 million by 2035. The report also identifies several key challenges to meeting the health workforce needs of the world. These include: an ageing health workforce with staff retiring or leaving for better paid jobs without being replaced, while inversely, not enough young people are entering the profession or being adequately trained. Increasing demands are also being put on the sector from a growing young population with risks of noncommunicable diseases (e.g. cancer, heart disease, stroke etc.) increasing. Internal and international migration of health workers is also exacerbating regional imbalances.

The report, “A universal truth: no health without a workforce”, identifies several key causes. They include an ageing health workforce with staff retiring or leaving for better paid jobs without being replaced, while inversely, not enough young people are entering the profession or being adequately trained. Increasing demands are also being put on the sector from a growing young population with risks of noncommunicable diseases (e.g. cancer, heart disease, stroke etc.) increasing. Internal and international migration of health workers is also exacerbating regional imbalances.

progress on those commitments and to monitor health workforce development towards universal health coverage.

Towards universal health coverage: a health workforce fit for purpose and practice

James Campbell¹

The finality of universal health coverage (UHC) is to ensure that all people are able to access the quality health services they need without suffering undue financial hardship. Margaret Chan describes it as the ultimate expression of fairness.¹ The italicized words above should therefore frame the starting point for a contemporary discourse on human resources for health

Bull World Health Organ 2013;91:886 | doi: <http://dx.doi.org/10.2471/BLT.13.126656>





A UNIVERSAL TRUTH: NO HEALTH WITHOUT A WORKFORCE



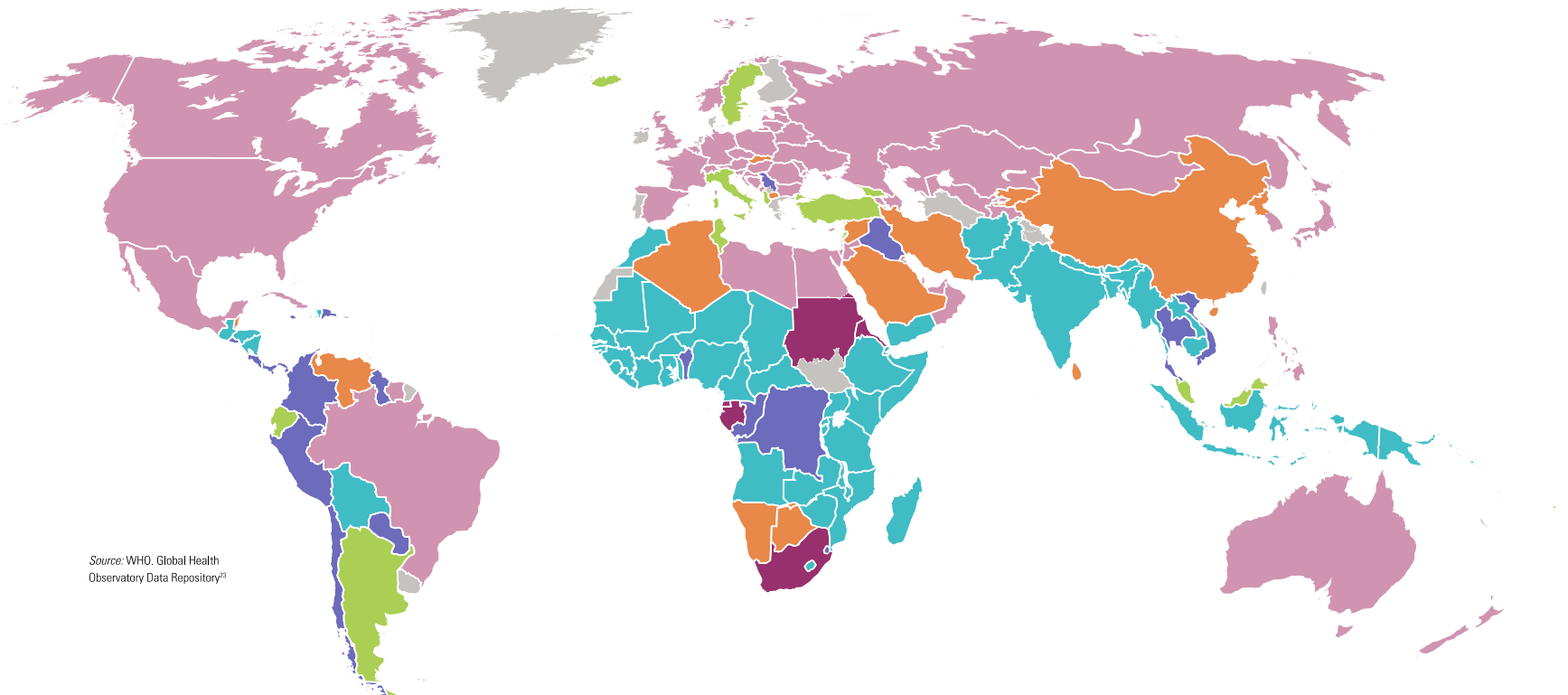
Campbell J, Dussault G, Buchan J, Pozo-Martin F, Guerra Arias M, Leone C, Siyam A, Cometto G. *A universal truth: no health without a workforce*. Global Health Workforce Alliance and World Health Organization, 2013.



Human resources for health: global challenges, global opportunities

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

Estimates of shortages and deficits



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*Health workers for all
and all for health workers*

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11 November 2013 | RECIFE, BRAZIL - The world will be short of 12.9 million healthcare workers by 2035; today, that figure stands at 7.2 million. A World Health Organization (WHO) report released today warns that the findings - if not addressed now - will have serious implications for the health of billions of people across all regions of the world.

The report, *A Universal Truth: No health without a workforce*, identifies several key causes. They include an ageing health workforce with staff retiring or leaving for



Effective coverage

CRUDE COVERAGE

EFFECTIVE COVERAGE

AVAILABILITY

ACCESSIBILITY

ACCEPTABILITY

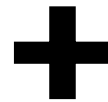
QUALITY



workforce is
AVAILABLE?



workforce is
ACCESSIBLE?



workforce is
ACCEPTABLE?



workforce
provides **QUALITY CARE?**



- A midwife **is available** in or close to the community
- As part of an integrated team of professionals, lay workers and community health services

- Woman attends
- A midwife is available
- **As and where needed**
- Financial protection ensures **no barriers to access**

- Woman attends
- A midwife is available
- As and where needed
- **Providing respectful care**

- Woman attends
- A midwife is available
- As and where needed
- Providing respectful care
- **Competent and enabled to provide quality care.**

Health supply chain workforce challenges

Evidence

- Limited data on availability, distribution, curricula, competency frameworks, remuneration, regulation and supporting systems
- Dearth of evidence from low- and middle-income countries

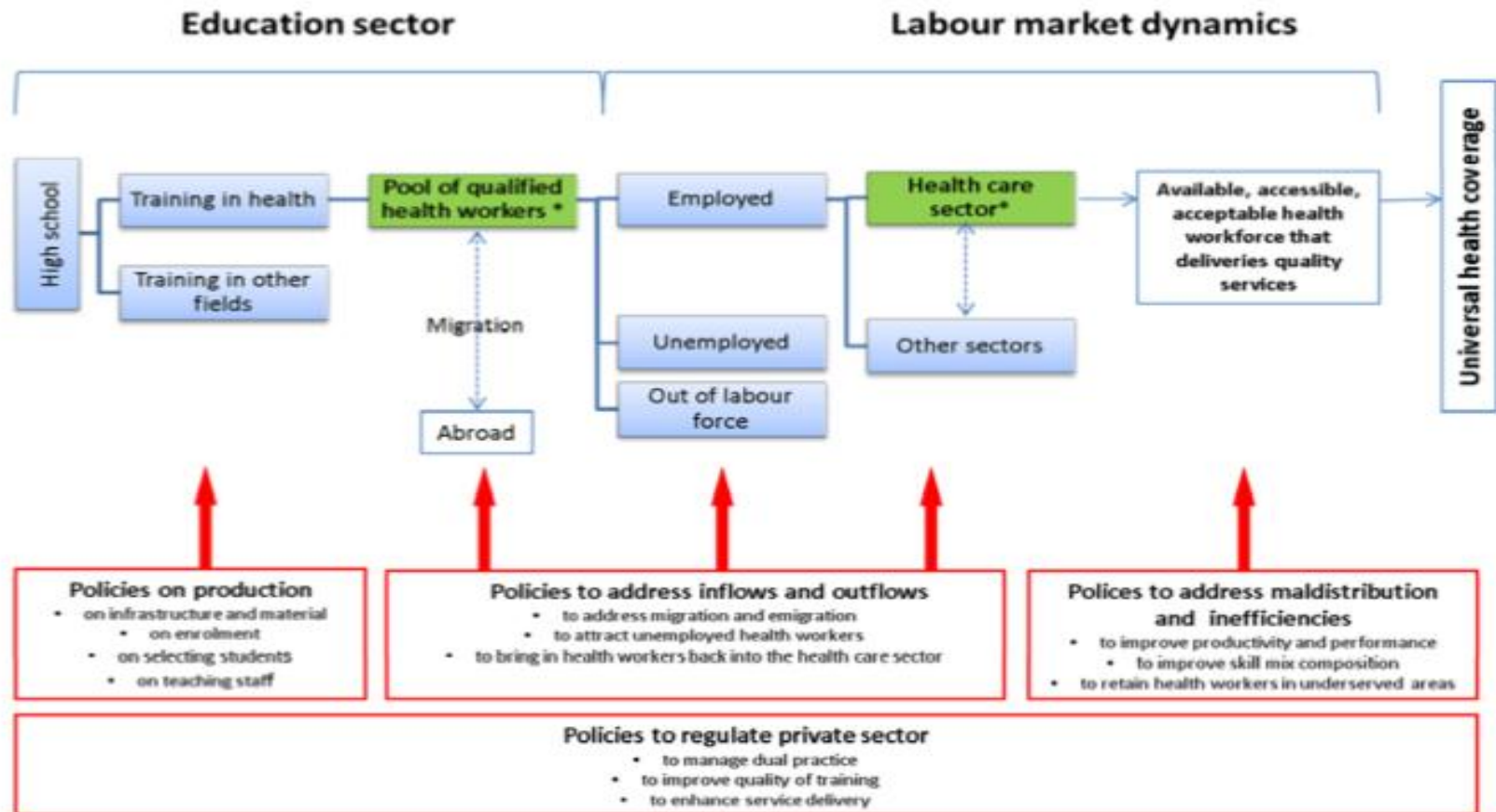
Planning

- Not always embedded in workforce planning and budgeting
- Administrators, logistics managers, warehouse and transport personnel, clerks and other support cadres particularly neglected

Implementation

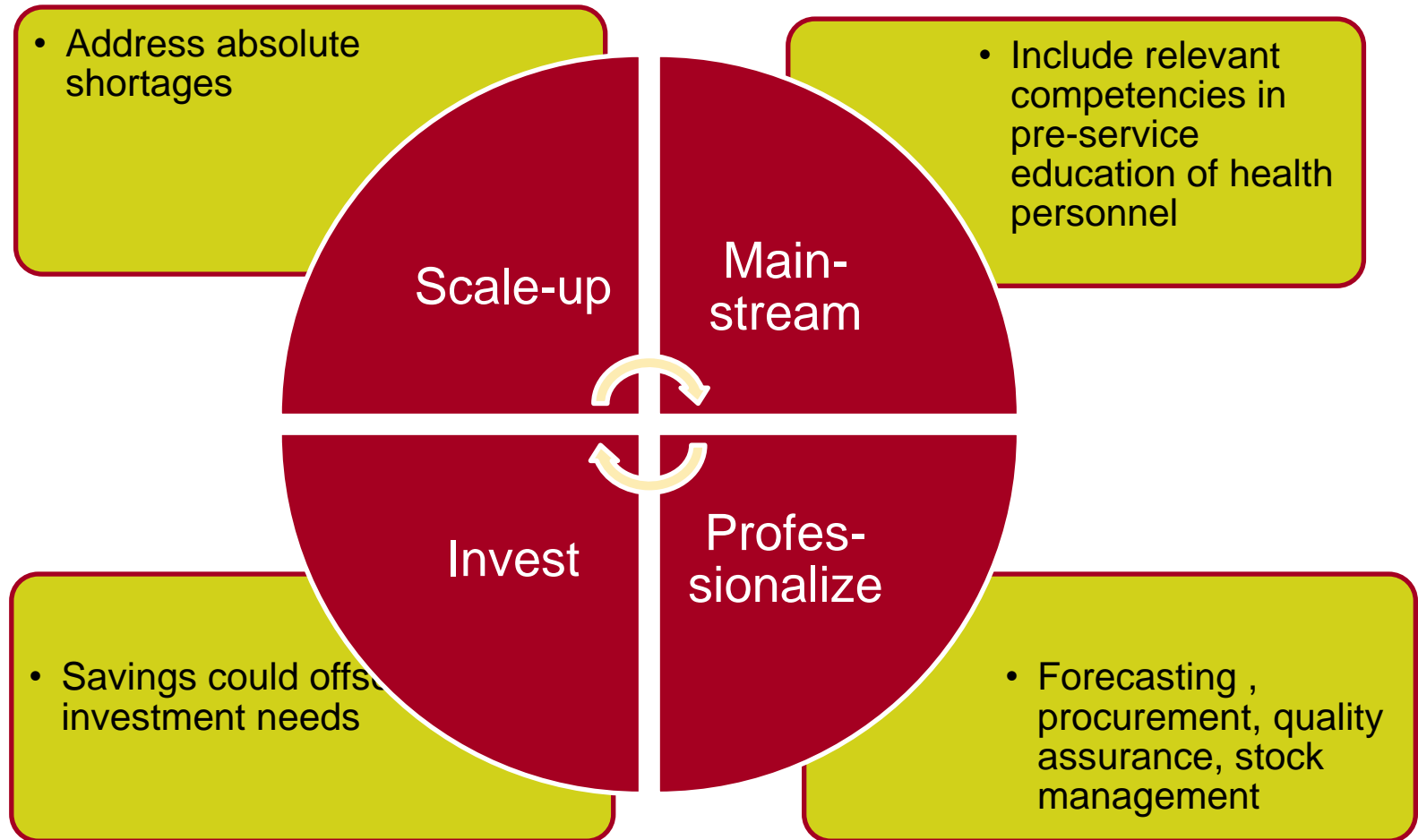
- Poor linkages between supply chain leadership and public health goals
- Weak governance environment and capacity to attract talent

Health labour markets - AAAQ - UHC.



Sousa et al, Bulletin WHO. November 2013 (adapted from Vujicic & Zurn, 2006)

Health supply chain workforce solutions



Recife Political Declaration and WHA Resolution 67.24

Political demand from WHO Member States to develop a global strategy for Human Resources for Health.

"We as leaders are committed to attaining universal health coverage and recognize that we need an improved health workforce to achieve it."

Recife Political Declaration (3rd Global Forum on HRH, Brazil, November 2013)

"The 67th World Health Assembly ENDORSES the call to action in the Recife Political Declaration; ... REQUESTS the Director-General to develop and submit a new global strategy for human resources for health"

WHA Resolution 67.24 (World Health Assembly, Geneva, May 2014)

Global HRH strategy: key objectives and principles

**Inclusive,
participatory and
transparent
consultation
process**



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

17th GHWA Board meeting reviews drafts of 8 thematic papers and gives feed-back to the working groups

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



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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

Time to “rethink and improve”...

*“The foundations for a strong and effective health workforce for the future are being corroded in front of our very eyes **by failing to match today’s supply of professionals with the demands of tomorrow’s populations.**”*

*To prevent this happening, we must **rethink and improve** how we teach, train, deploy and pay health workers so that their impact can widen.”*

Dr. Marie-Paule Kieny, WHO Assistant Director-General for Health Systems and Innovation.

Further information & inputs global strategy HRH

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