

# *Global Strategy on HRH: Workforce 2030*

**Expert Group on European Health Workforce  
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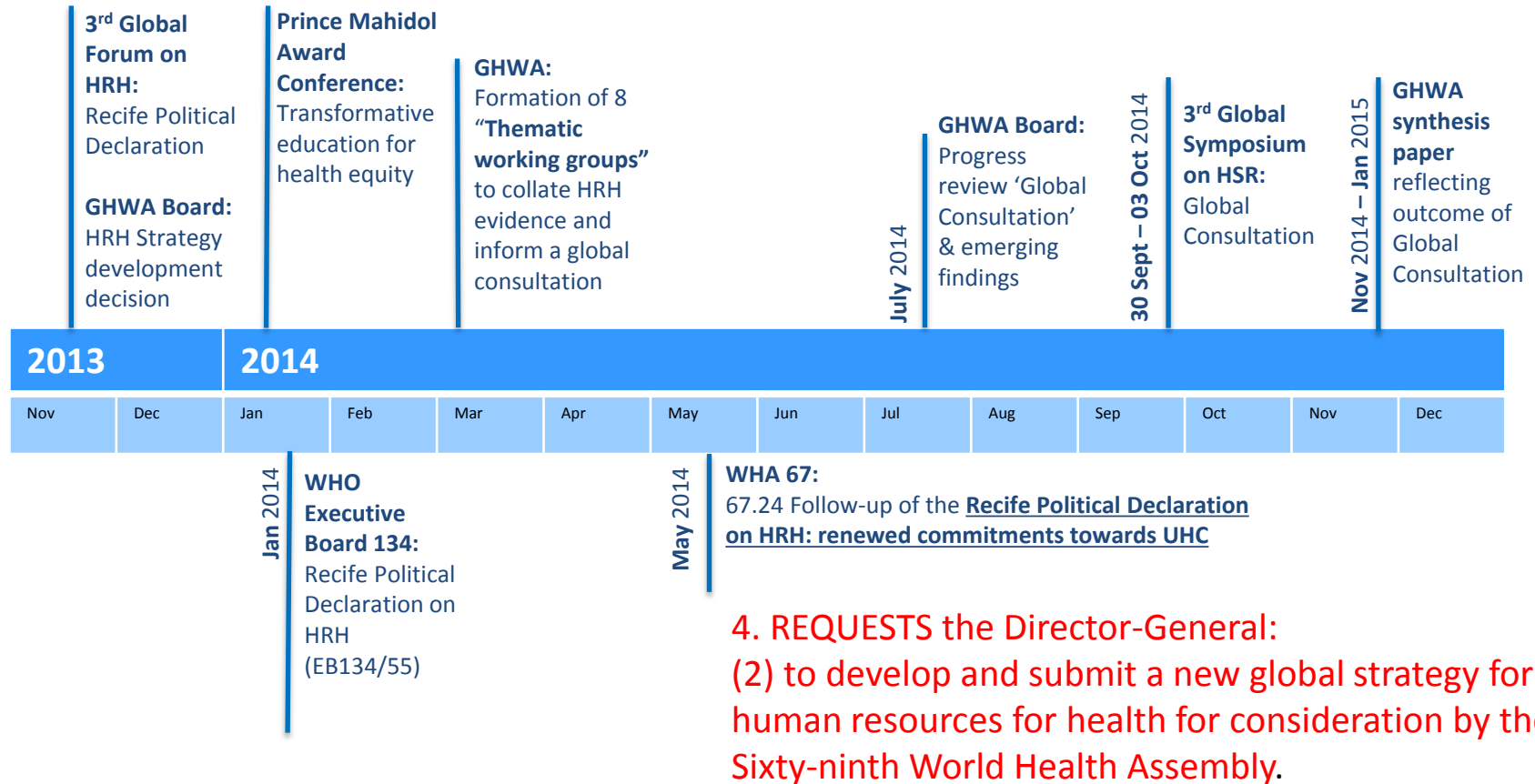
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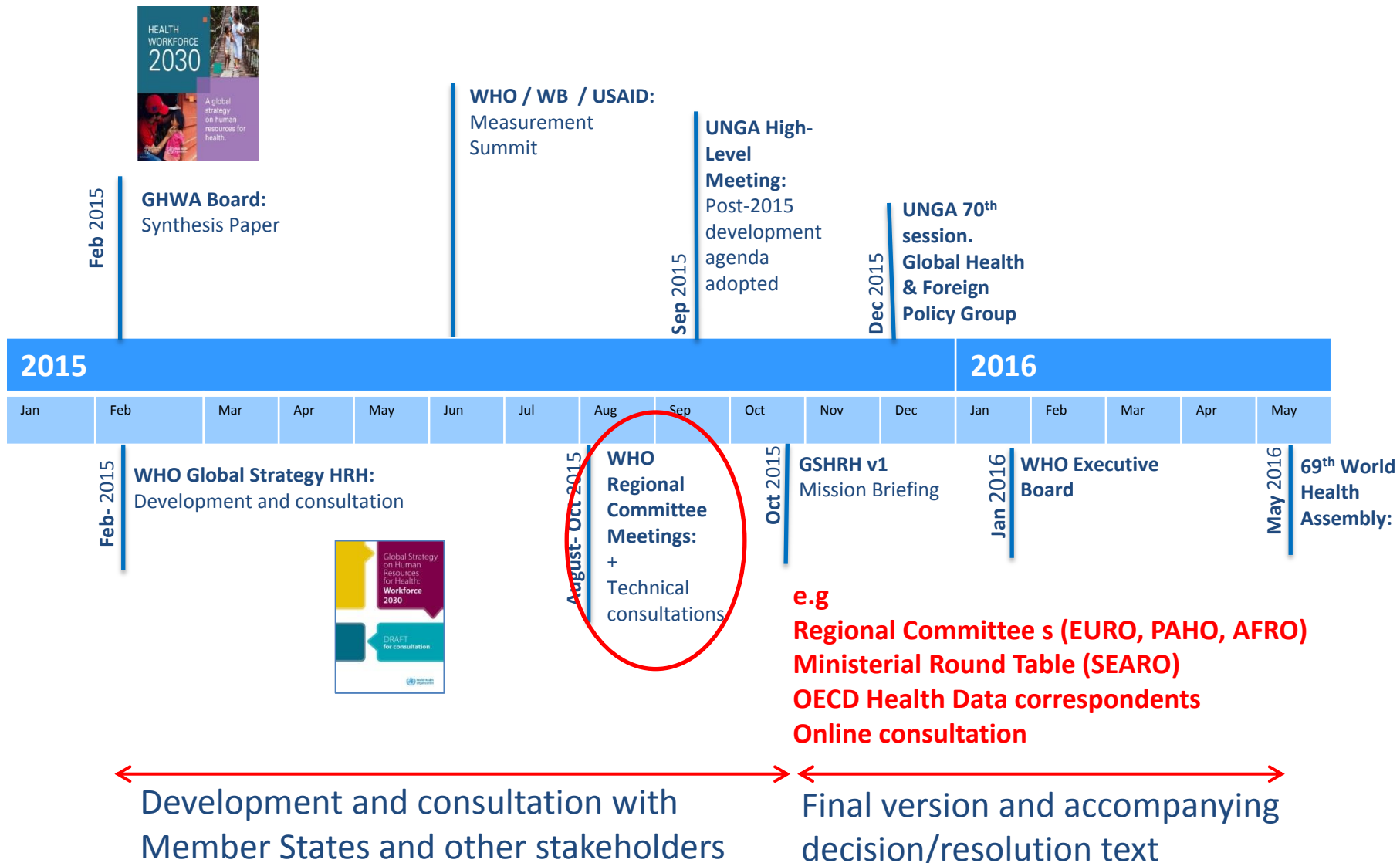
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# Global Strategy HRH: Background (2013-2016)



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# Health Workforce 2030.....

HEALTH  
WORKFORCE  
2030



Global Strategy  
on Human  
Resources  
for Health:  
**Workforce  
2030**

DRAFT  
for consultation



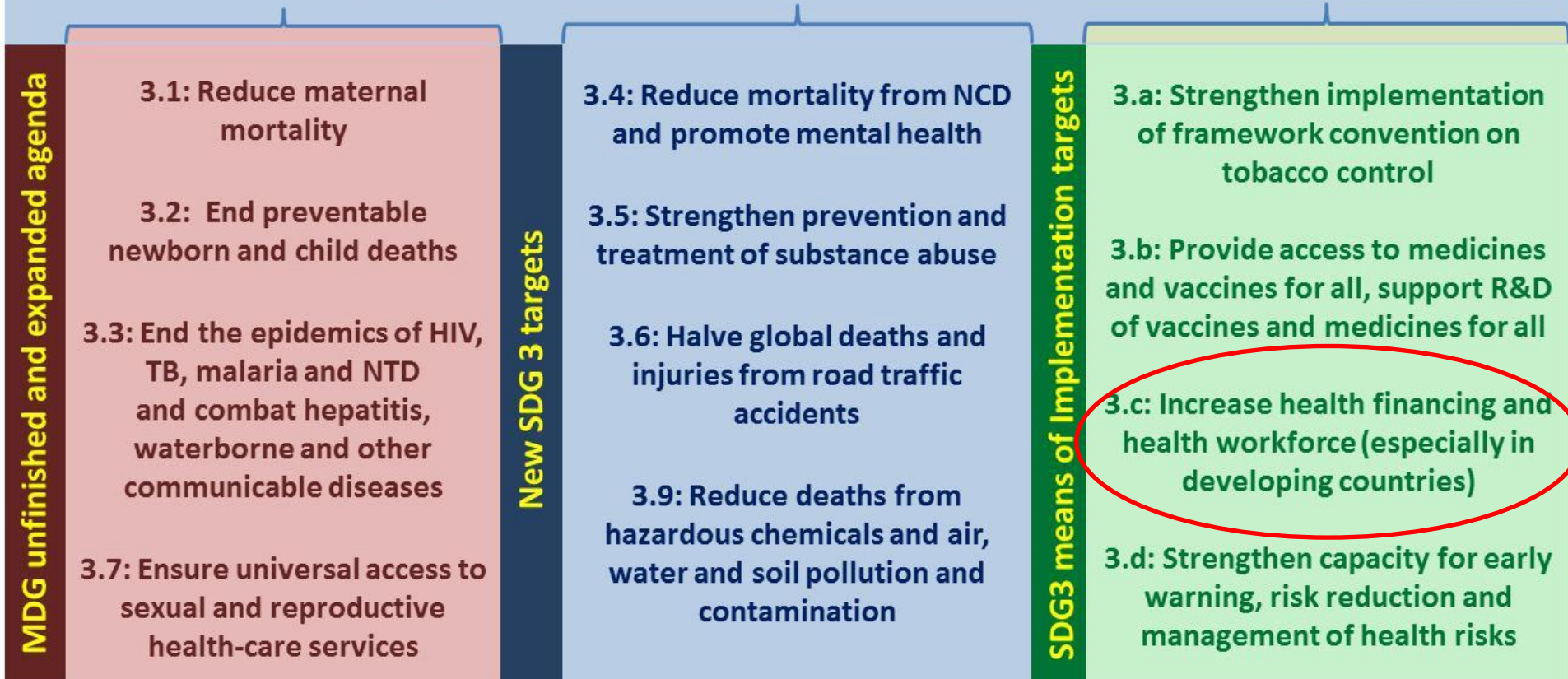
Q: What are the health workforce implications of the SDGs + UHC?

Q. What evidence can we draw upon?

# SDGs – Goal 3. Who's achieving this?

## 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



# 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

EMPLOYMENT



NUTRITION

EDUCATION

HEALTH & WELL-BEING

GLOBAL HEALTH SECURITY

# The health economy: a job-rich sector

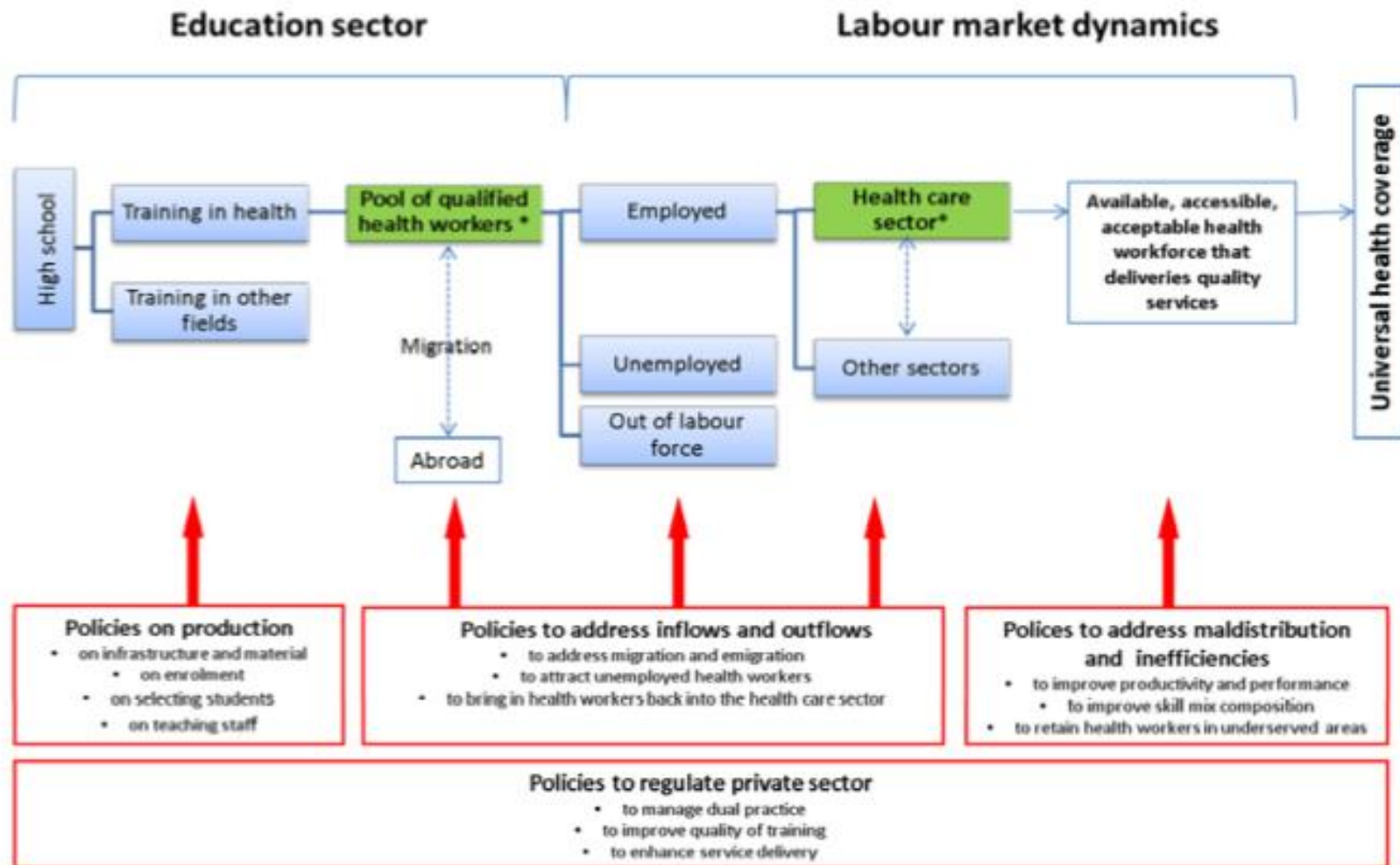
## The employment profile:

- 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).

**In the EU: Health and social services accounts 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.**



# A central feature: Health labour markets...



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

## Health at a Glance: worth a second look

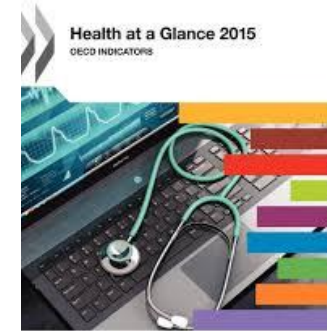


Within the countries of the Organisation for Economic Co-operation and Development (OECD), life expectancies are rising and numbers of doctors and nurses have never been higher. So says *Health at a Glance 2015*, the latest edition of the OECD's annual report of health indicators in the 34 OECD member countries, published on Nov 4. Despite these gains, the report outlines key challenges that all countries will face as well as specific areas in which individual countries lag behind.

A key finding stressed in the report is that out-of-pocket costs for health care continue to present barriers to accessing care, with low-income households on average six times more likely to report unmet needs for medical or dental care. In addition to access to affordable health care, the report also covers the variability in quality of care among member countries. In the UK, for example, although access to care is high, the country ranks behind many others in survival for gastrointestinal, cervical, and breast cancers, all of which fall within the bottom third of countries. Details provided

on health-care resources suggest that hospitals are being stretched to their limits, with the country ranking in the bottom third for numbers of hospital beds, doctors, MRI units, and CT scanners per person. Although insufficient investment in health care is certainly a factor, it is not the only explanation: the USA is the biggest spender on health care by a wide margin, but still ranks low for avoidable hospital admissions for asthma, chronic obstructive pulmonary disease, and diabetes.

Importantly, the report makes clear that no individual country has yet found the winning formula for health. Only three countries (Japan, Australia, and Spain) were in the top tertile for all measures of health status, but even Japan, one of the best performers by most indicators, ranks only 29th for 30-day survival following acute myocardial infarction. However, with such country-level data, policy makers should be able to identify what has worked elsewhere and apply this knowledge to fixing their own country's shortcomings. Only then can real improvements be made. ■ *The Lancet*



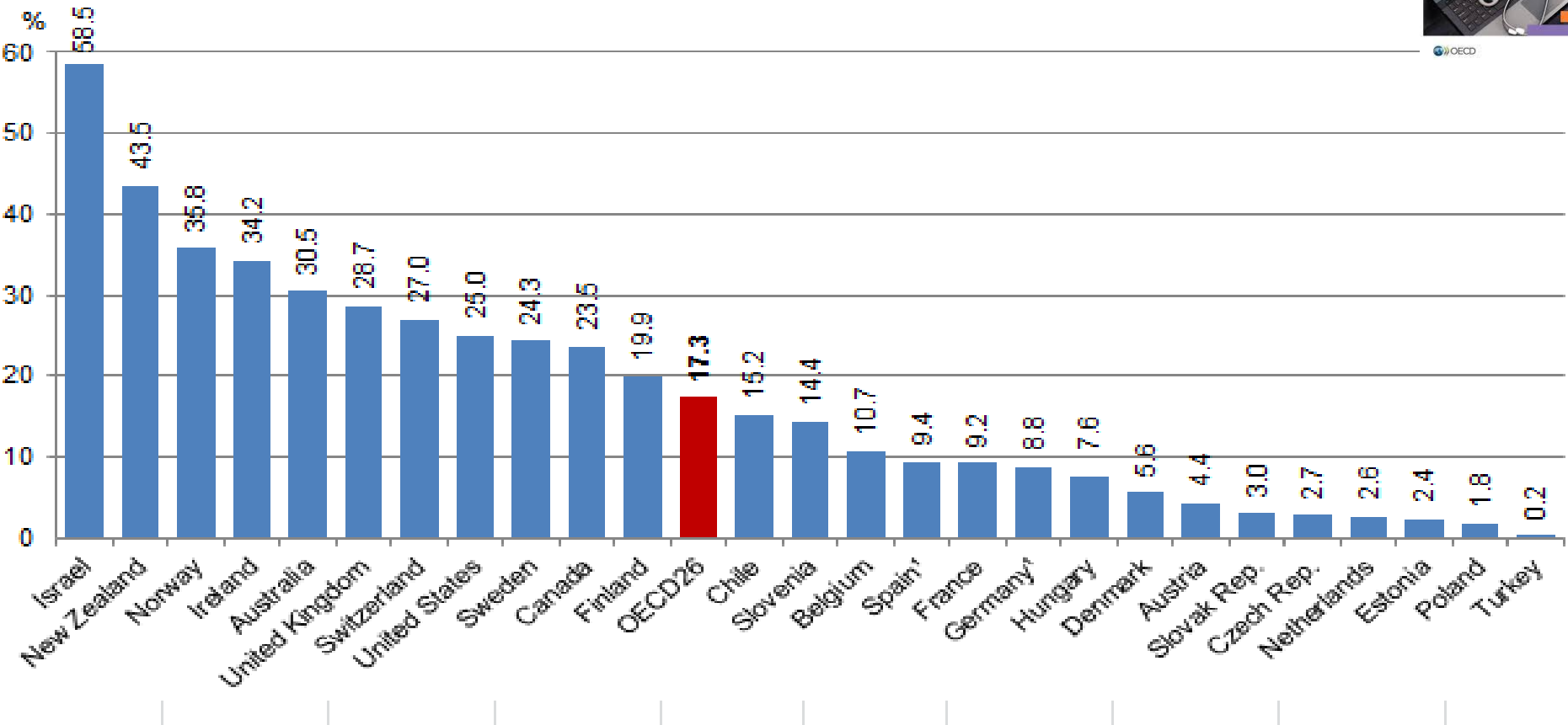
OECD

For the *Health at a Glance 2015* report see [http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-at-a-glance-2015\\_health\\_glance-2015-enrpage1](http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-at-a-glance-2015_health_glance-2015-enrpage1)

# a Global Strategy HRH: Workforce 2030...



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



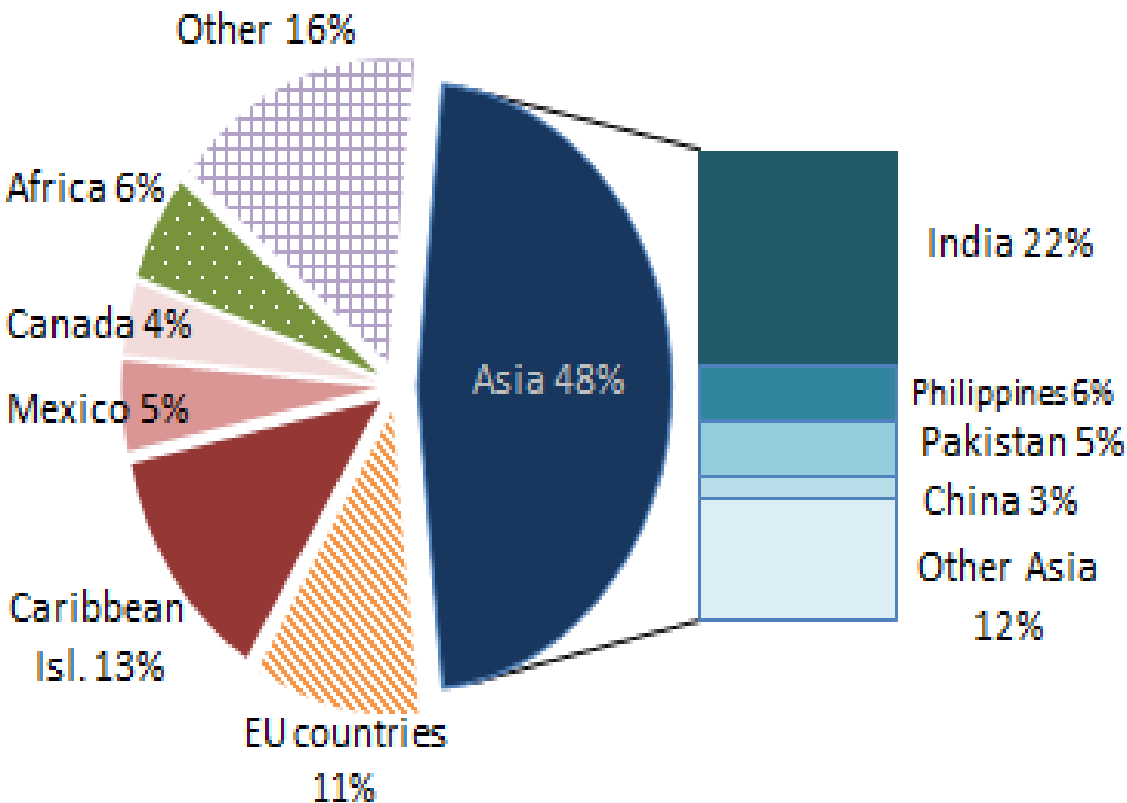
1. In Germany and Spain, the data are based on nationality (or place of birth in Spain), not on the place of training.

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

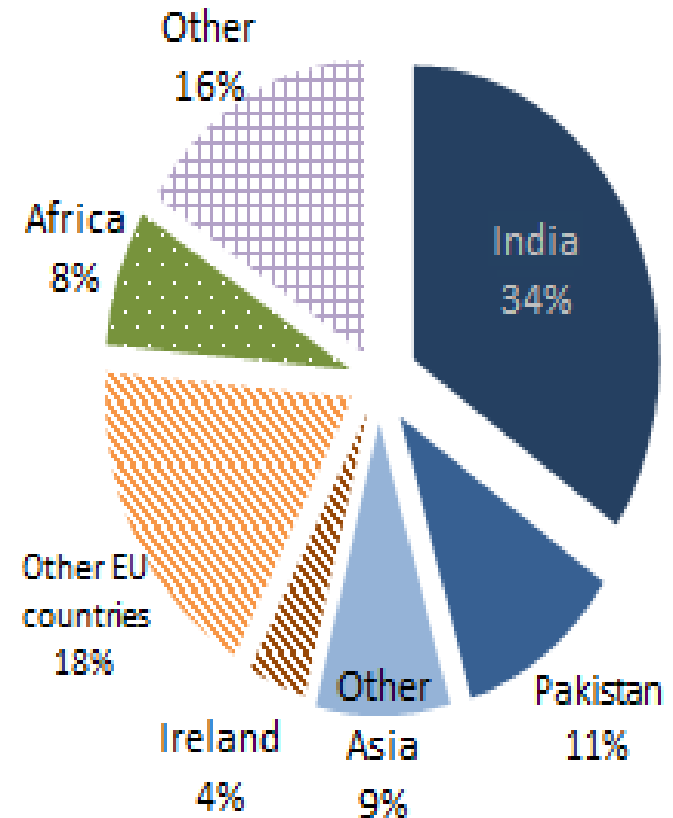
# a Global Strategy HRH: Workforce 2030...

## 5.10. Main countries of training of foreign-trained doctors, United States and United Kingdom

United States, 2013



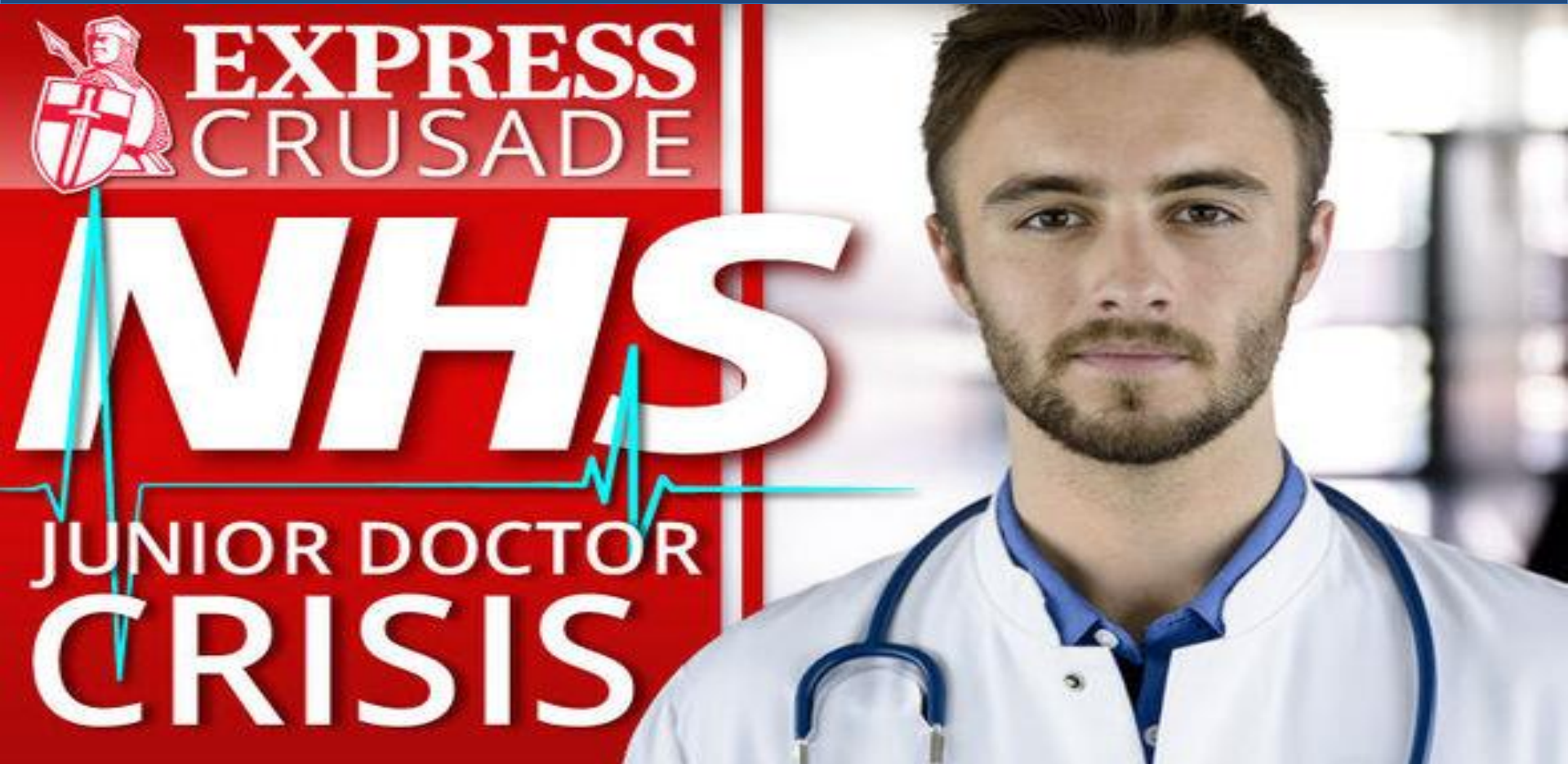
United Kingdom, 2014



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



# a Global Strategy HRH: Workforce 2030...



**Junior Doctors across the country are being left with no choice but to walk away from our health service and seek work abroad or waste their skills in other, less vital, industries. Their pay and conditions, already poor, will be further slashed to the bone by new legislation...**

# 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. Minimum Data Set + National Health Workforce Accounts)



# The health workforce: 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).

# GSHRH: next steps



2015		2016			
Q4	Q1	Q2	Q3	Q4	



*Review of revised strategy (Nov 2015)*

*Draft resolution (Dec 2015)*

- 1. To optimize performance, quality and impact of the health workforce through evidence-informed HRH policies; contributing to healthy lives and well-being, effective Universal Health Coverage, resilience and health security at all levels**
  - By 2030, all countries progress towards halving current levels of disparity in health workforce distribution (disaggregated by place of employment, e.g. subnational and/or urban/rural/remote)
  - By 2030 all countries have reduced to 20% or less the pre-qualification attrition rates in medical, nursing and allied health professionals training institutions
  - By 2020 all countries have established an accreditation mechanism for health training institutions

## 2. To align HRH investment to current and future needs of the population taking account of labour market dynamics, to enable maximum improvements in health outcomes, employment creation and economic growth

- by 2030, all countries progress towards halving their current level of dependency on foreign-trained health professionals, in conformity with the WHO Global Code of Practice
- by 2030, to create, fill and sustain at least 10 million full-time additional jobs in the health and social care sectors in low- and middle-income countries
- by 2030, all bilateral and multilateral agencies progress towards allocating 25% of their development assistance for health to HRH (*and increase synergies in education, employment, gender and health ODA*)

## 3. Build the capacity of institutions at sub-national, national and international level for an effective leadership and governance of HRH actions

- By 2020, all countries have inclusive institutional mechanisms in place to coordinate an inter-sectoral health workforce agenda.
- By 2020, all countries have established an HRH unit reporting to the senior level in the Ministry, with responsibility for development and monitoring of HRH policies and plans
- By 2020, all countries have established regulatory mechanisms to promote patient safety and adequate private sector oversight, by ensuring that the health workforce is fit for purpose, practice and award

## 4. Strengthen HRH data for monitoring and accountability of the successful implementation of both national strategies and the Global Strategy itself

- By 2020, all countries have established mechanisms for HRH data sharing through national health workforce accounts, and report core HRH indicators to WHO on an annual basis.
- By 2020, all countries have established dynamic health workforce registries able to track health workforce stock, distribution, flows, demand, supply capacity and remuneration
- By 2020, all bilateral and multilateral agencies routinely make available the health workforce information and evidence collected as part of the initiatives they support



# Summary



SDGs present an ambitious multi-sectoral agenda.

Reinforces need for action on Human Resource Development.

The health workforce offers a triple return on investment.

Requires multi-sectoral action on future health employment & economic growth.