
Response to global health workforce challenges

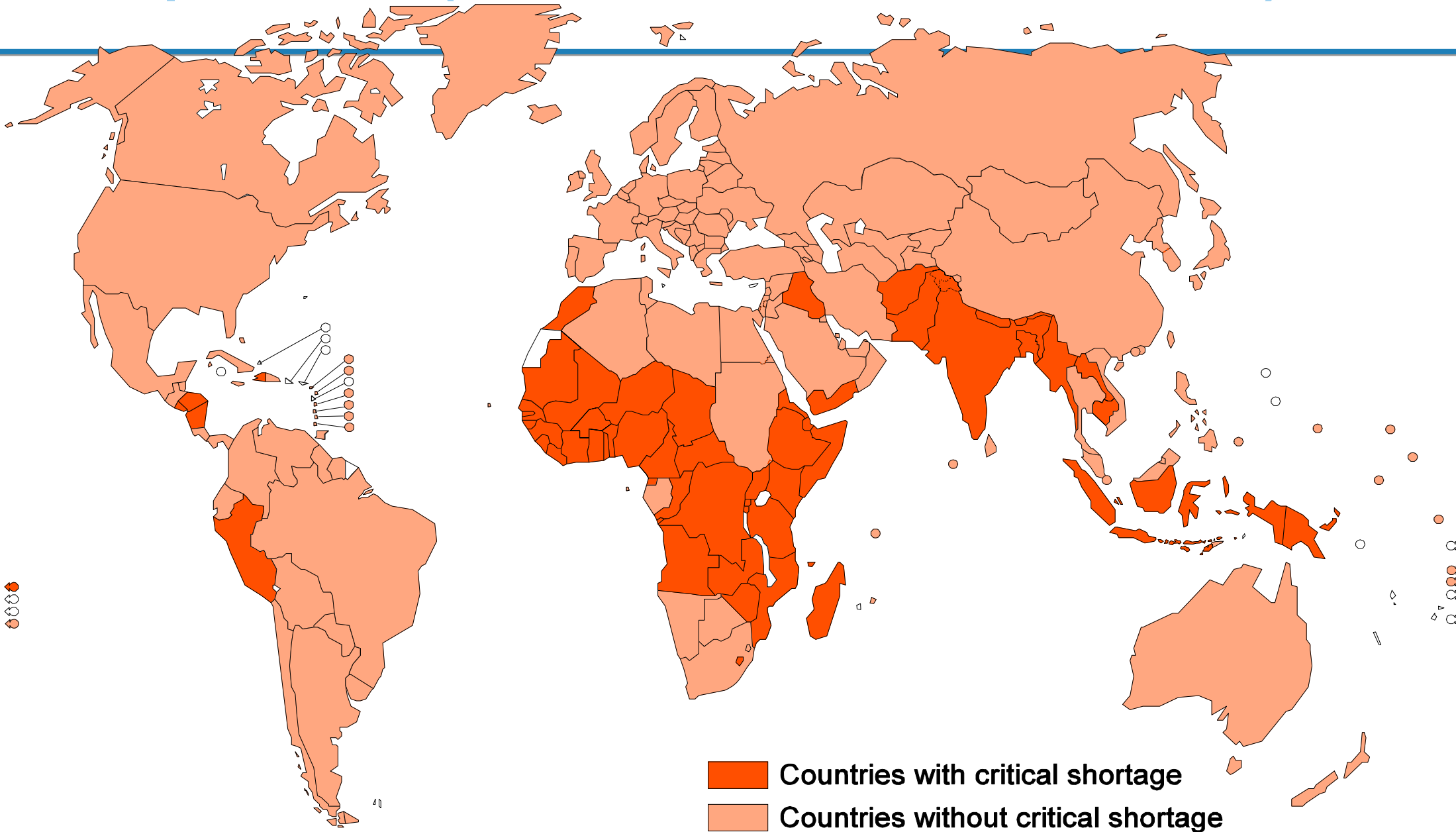
Global Health Policy Forum

Brussels, 15 September 2011



**World Health
Organization**

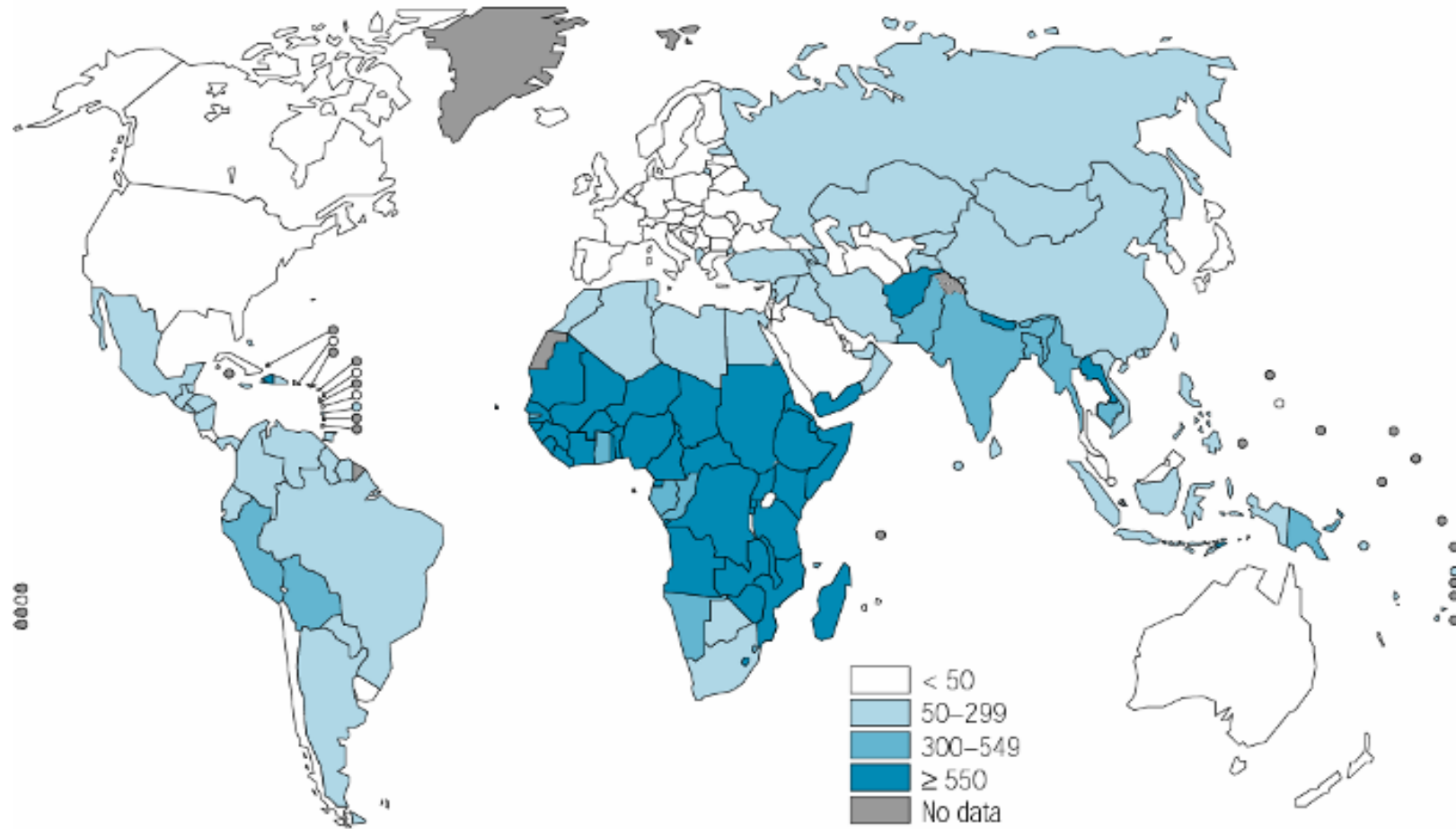
Countries with a critical shortage of health service providers (doctors, nurses and midwives)



Data source: World Health Organization. *Global Atlas of the Health Workforce* (<http://www.who.int/globalatlas/default.asp>).

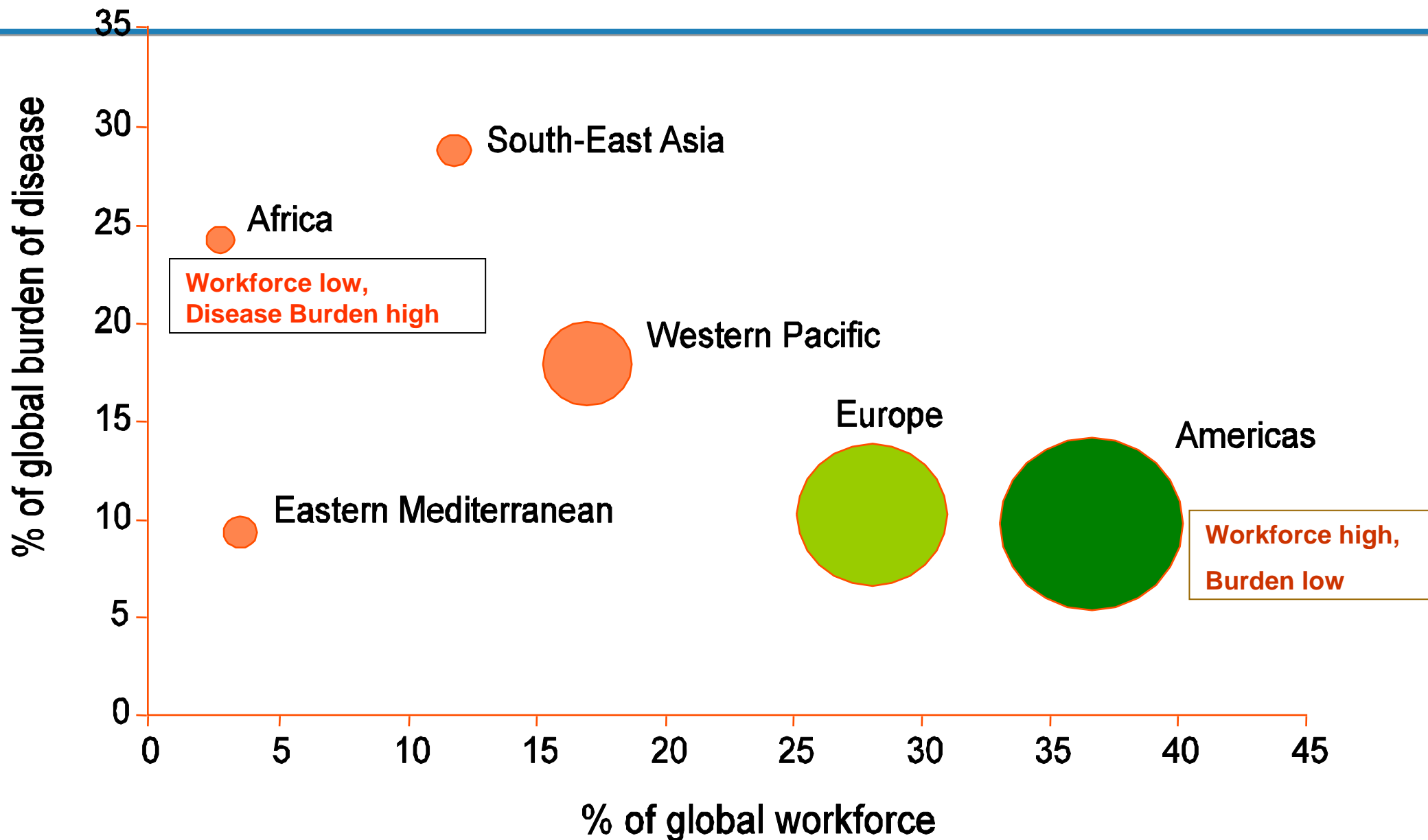
The same countries are making slow progress towards the health-related MDGs

Maternal mortality ratio per 100 000 live births in 2000



Source: WHO (2005). *The World Health Report 2005 – Make Every Mother and Child Count*. Geneva, World Health Organization

Distribution of health workers by level of health expenditure and burden of disease, by WHO region



Data sources: (3, 18, 19).

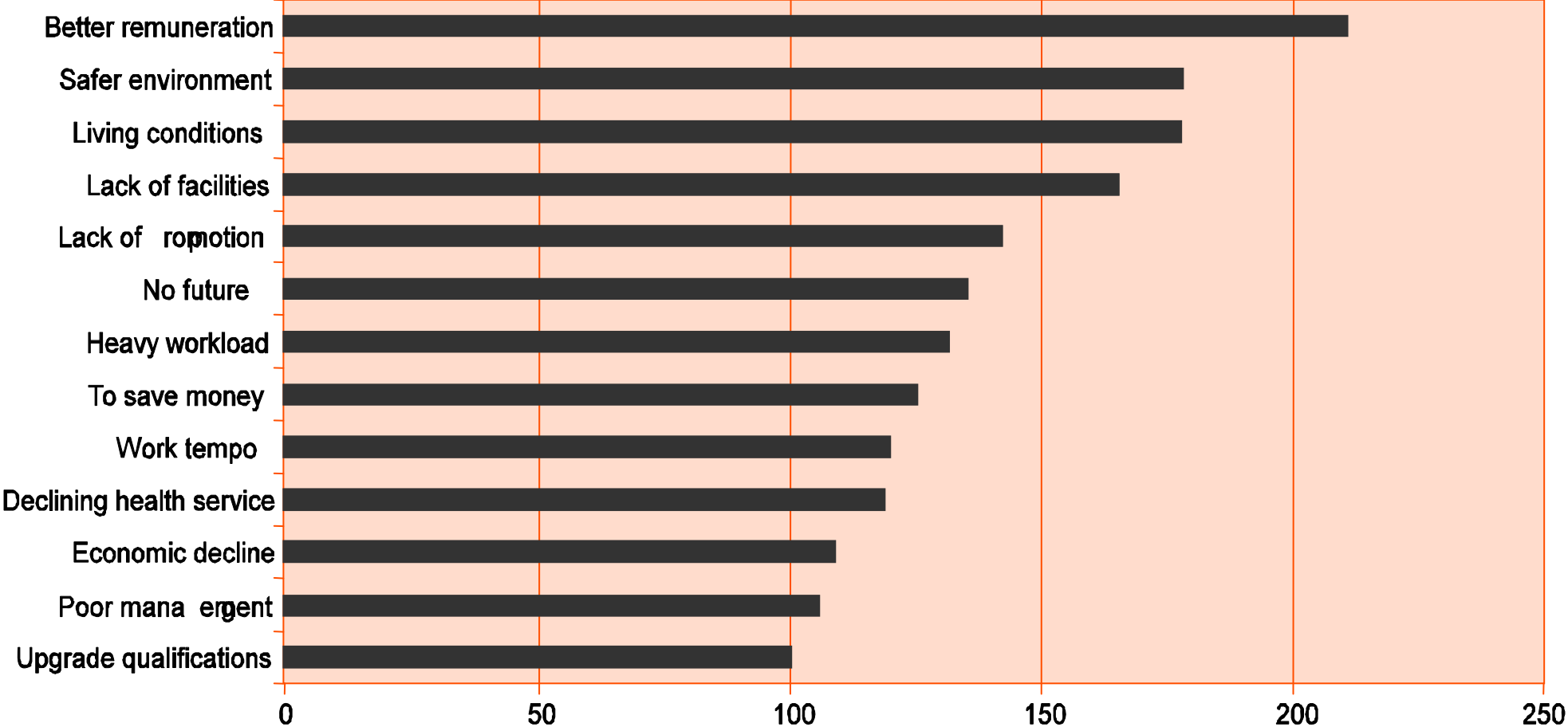
Losses to the developing world: Doctors trained in sub-Saharan Africa working in OECD countries

Source country	Total doctors in home country	Doctors working in eight OECD recipient countries ^a	
		Number	Percentage of home country workforce
Angola	881	168	19
Cameroon	3 124	109	3
Ethiopia	1 936	335	17
Ghana	3 240	926	29
Mozambique	514	22	4
Nigeria	34 923	4 261	12
South Africa	32 973	12 136	37
Uganda	1 918	316	16
United Republic of Tanzania	822	46	6
Zimbabwe	2 086	237	11
Total	82 417	18 556	Average 23

^a Recipient countries: Australia, Canada, Finland, France, Germany, Portugal, United Kingdom, United States of America.

Source: (11).

Health workers' reasons to migrate in four African countries (Cameroon, South Africa, Uganda and Zimbabwe)



Number of respondents

Source: (10).

WHA63.16 -WHO Global Code of practice on the International Recruitment of Health Personnel

- WHA57.19 Resolution: to develop a voluntary code of practice
- Kampala Declaration (First Global Forum on HRH) and G8 2008 & 2009
- Health workforce fundamental to an integrated and effective health system and for the provision of health services
- Severe shortage > health system performance> MDGs

WHA63.16 -WHO Global Code of practice on the International Recruitment of Health Personnel

- To establish and promote **voluntary principles and practices** for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel;
- To serve as a **reference** for Member States in establishing or improving the **legal and institutional framework** required for the international recruitment of health personnel;
- To provide guidance that may be used where appropriate in the formulation and implementation of **bilateral agreements** and other international legal instruments;
- To facilitate and promote **international discussion** and advance **cooperation** on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

WHO Global Code of practice on the international recruitment of health personnel – at a glance

- Ethical international recruitment
- Fair treatment of migrant health personnel
- Health personnel development and health systems sustainability
- International cooperation
- Support to developing countries
- Information exchange

Resolution 128.R9 - WHO Executive Board January 2011

Health workforce strengthening

Urges Member States (and regional economic integration organizations as appropriate):

- **To implement the voluntary WHO Global Code of Practice on the International Recruitment of Health Personnel**
- **To prioritize public sector spending on health and to recognize it as investment in the health of the population** which contributes to social and economic development;
- **To consider developing or maintaining a national health workforce plan as an integral part of a validated national health plan,**
- **To use and implement evidence-based findings and strategies, including from the Global Health Workforce Alliance Taskforce on **Scaling Up Education and Training**, for the successful scaling-up of health worker education and training**

Health workforce strengthening (cont'd)

Urges nongovernmental organizations, international organizations, international donor agencies, financial and development institutions and other relevant organizations working in developing countries:

- To **align and harmonize**, in line with the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, **their education, training, recruitment and employment practices with those of the countries in which they are based**, in particular national health plans, where available, in order to create synergies and support Member States' efforts at building a sustainable health workforce, strengthen health systems and improving health outcomes;
- To support national long-term strategies and interventions to build and sustain a sufficient and efficient health workforce, including investing in the future health workforce;

Health workforce strengthening (cont'd)

Requests the Director-General:

- To continue the implementation of the Global Code of Practice
- Effective interventions to address factors that hinder access to health workers;
- To scale-up education and training and improve the retention of the health workforce;
- Coordination on health workforce issues between Ministries of Health, other Ministries and other relevant stakeholders;
- Developing and maintaining a framework for health workforce information systems,...

Information exchange on the implementation of the code

- Promote the establishment or strengthening of information exchange on international health personnel migration and health systems
- Initial data report within 2 years after the adoption of the Code by the Health Assembly
- In 2012, Reports of Member States to the WHO Secretariat
- In 2013, Report of WHO Director-General to the World Health Assembly

Strategy for implementation of the code by WHO Secretariat

The strategy proposes two tiers of implementation.

At the global level, the strategy has four categories of activities:

(i) communication and advocacy, (ii) development of institutional mechanisms and guidelines, (iii) resource mobilization, and (iv) partnerships.

At the regional and country level – the second tier – the strategy aims to guide Member States in the specific areas of Code implementation.

Health Workforce Observatories



Health Workforce Observatories in supporting the implementation of action plan

It is a cooperative initiative and partnership to improve human resources development through promoting and facilitating evidence-based policy-making

- Developing **national capacity for evaluation and monitoring** of HRH situation and trends
- Providing **information and evidence** for the formulation of HRH development **policies, strategies and plans**
- Providing a **forum** for partnership, **sharing of experience** and **advocacy** in HRH development
- Facilitating the **use of HRH data policy development and planning** for informed decision-making at all levels of the health system.

Global commitments

WHA Resolutions

- Strengthening nursing and midwifery (2003 & **2011**)
- Strengthening human resources for health (2004 & **2011**)
- Scaling up Health Workforce Production (2006)
- WHO Global Code of Practice on the International Recruitment of Health Personnel (2010)

HRH Global Forums

- Declaration and Agenda for Global Action
Kampala, 2008
- Outcome Statement of the Second Global Forum on Human Resources for Health
Bangkok, 2011

Web-Links

- Code of Practice on the International Recruitment of Health Personnel:

<http://www.who.int/hrh/migration/code/practice/en/index.html>

- Implementation by the Secretariat Strategy:

http://www.who.int/hrh/resources/Code_implementation_strategy.pdf

This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.