Human resources for health - a crucial conversation for global health
Global Health & Innovation Conference
April 13-14, 2019

Patricia M. Davidson RN PhD FAAN
pdavidson@jhu.edu
@nursingdean
@jhunursing
Objectives

• Define human resources for health
• Outline strategic priorities for the World Health Organization
• Outline barriers and facilitators to achieving strategic goals
• Argue the need for an integrated human resource for health strategy
• "all people engaged in actions whose primary intent is to enhance health" WHO 2006
• Key element for universal health care coverage
• Embedded in issues of equity, gender and power
• Social, political and economic consequences
# WORKFORCE2030 and the Sustainable Development Goals

---

**HEALTH WORKERS - A PROVEN RETURN ON INVESTMENT**

**GOAL 1**
**NO POVERTY**

Healthy societies are engines for economic growth. Health workers are at the core of health systems ensuring healthy lives and well-being.

**GOAL 2**
**ZERO HUNGER**

Substantive and strategic investments in the global health workforce are essential to provide essential health services including those related to nutrition.

**GOAL 3**
**HEALTH AND WELL-BEING**

The health workforce is central in translating the vision of universal health coverage into reality. Goal 3c: "to substantially increase health financing and the recruitment, development, training and retention of the health workforce..." sets the foundation for the vision and objectives of the Global Strategy on Human Resources for Health: Workforce2030, which provides guidance and policy options for countries looking to improve the health of their populations.

**GOAL 4**
**QUALITY EDUCATION**

Girls' education is a strategic development investment. Inclusive and equitable education can lead to greater economic growth, better health outcomes, and improved global security. Equal opportunities to affordable and quality technical, vocational and tertiary education will improve the pool of high school graduates and qualified health workers.

---

**GOAL 5**

Women are a large part of the health workforce and obtaining qualified jobs in this formal sector of the economy can be a driver of gender empowerment. However, opportunities for women to engage in high-level professions are constrained. Health workers' employment conditions need to be gender-sensitive allowing equal opportunities for career development. Violence, harassment and discrimination during training, recruitment, employment and in the work place must be eliminated.

---

**GOAL 8**

The health care sector is one of the largest employment sectors in most countries. It is a source for full and productive employment and decent work for all women & men and can actively counter high rates of youth unemployment in urban, rural and remote areas.

---

**GOAL 10**

Migration and mobility of health workers can result in inequitable access to health care within and among countries. The WHO Code of Practice on International Recruitment of Health Personnel is a framework for guiding national dialogue among sectors and stakeholders to inform solutions to the challenges of health system sustainability and workforce mobility.

---

**GOAL 11**

The majority of the world’s population lives in urban areas. Over 3.9 billion in 2014, of which 828 million live in slum conditions. Equitable access to health care will improve basic services for all.

---

**GOAL 17**

Multi-stakeholder partnerships are critical to the design and implementation of effective health workforce policies and collaboration across different sectors (health, education, finance, labour and stakeholders [public and private employers, professional associations, trade unions]). Strengthening such collaborative platforms can have positive cascade effects on national and global partnerships for sustainable development.

---

**SUSTAINABLE DEVELOPMENT GOALS**

- 1. No Poverty
- 2. Zero Hunger
- 3. Health and Wellbeing
- 4. Quality Education
- 5. Gender Equality
- 8. Decent Work and Economic Growth
- 10. Reduced Inequalities
- 11. Sustainable Cities and Communities
- 17. Partnerships for the Goals

---

**World Health Organization**

**Johns Hopkins School of Nursing**

www.nursing.jhu.edu
Global strategy on human resources for health: Workforce 2030
Theoretical coverage by ‘availability’ of health workforce

Availability of HRH
Acceptability to HRH
Acceptability of HRH
Service utilization
Quality of HRH

EFFECTIVE COVERAGE GAP

Population + health needs: Who is provided EFFECTIVE COVERAGE?

Source: Campbell et al., 2013.

World Health Organization, 2016
Objective 1

Optimize performance, quality and impact of the health workforce through evidence-informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and strengthened health systems at all levels

World Health Organization, 2016
Objective 2

Align investment in human resources for health with the current and future needs of the population and health systems, taking account of labour market dynamics and education policies, to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth

World Health Organization, 2016
Objective 3

Build the capacity of institutions at subnational, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health

World Health Organization, 2016
Objective 4

Strengthen data on human resources for health for monitoring and accountability of national and regional strategies, and the Global Strategy

World Health Organization, 2016
Table A1.1: Stock of health workers (in millions), 2013\textsuperscript{a} and 2030\textsuperscript{b}

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Physicians</th>
<th>Nurses/midwives</th>
<th>All other cadres\textsuperscript{c}</th>
<th>Total health workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013 \ N</td>
<td>2030 \ N</td>
<td>2013 \ N</td>
<td>2030 \ N</td>
</tr>
<tr>
<td>Africa</td>
<td>0.2</td>
<td>0.5</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Americas</td>
<td>2.0</td>
<td>2.4</td>
<td>4.7</td>
<td>8.2</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>0.8</td>
<td>1.3</td>
<td>1.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Europe</td>
<td>2.9</td>
<td>3.5</td>
<td>6.2</td>
<td>8.5</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>1.1</td>
<td>1.9</td>
<td>2.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>2.7</td>
<td>4.2</td>
<td>4.6</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>9.8</strong></td>
<td><strong>13.8</strong></td>
<td><strong>20.7</strong></td>
<td><strong>32.3</strong></td>
</tr>
</tbody>
</table>

\textsuperscript{a} WHO Global Health Observatory

\textsuperscript{b} Forecast

\textsuperscript{c} Refers to the seven other broad categories of the health workforce as defined by the WHO Global Health Workforce Statistics Database, i.e. dentistry, pharmacy, laboratory, environment and public health, community and traditional health, health management and support, and all other health workforce categories. A multiplier for "all other cadres" was developed based on the values of countries with available data.

NB: Since absolute values are rounded to the nearest 100 000, totals may not precisely add up.
<table>
<thead>
<tr>
<th>Region</th>
<th>Physicians</th>
<th>Nurses/midwives</th>
<th>Other cadres</th>
<th>Total</th>
<th>Physicians</th>
<th>Nurses/midwives</th>
<th>Other cadres</th>
<th>Total</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>0.9</td>
<td>1.8</td>
<td>1.5</td>
<td>4.2</td>
<td>1.1</td>
<td>2.8</td>
<td>2.2</td>
<td>6.1</td>
<td>45%</td>
</tr>
<tr>
<td>Americas</td>
<td>0.0</td>
<td>0.5</td>
<td>0.2</td>
<td>0.8</td>
<td>0.1</td>
<td>0.5</td>
<td>0.1</td>
<td>0.6</td>
<td>-17%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>0.2</td>
<td>0.9</td>
<td>0.6</td>
<td>1.7</td>
<td>0.2</td>
<td>1.2</td>
<td>0.3</td>
<td>1.7</td>
<td>-1%</td>
</tr>
<tr>
<td>Europe</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>-33%</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>1.3</td>
<td>3.2</td>
<td>2.5</td>
<td>6.9</td>
<td>1.0</td>
<td>1.9</td>
<td>1.9</td>
<td>4.7</td>
<td>-32%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>0.1</td>
<td>2.6</td>
<td>1.1</td>
<td>3.7</td>
<td>0.0</td>
<td>1.2</td>
<td>0.1</td>
<td>1.4</td>
<td>-64%</td>
</tr>
<tr>
<td>Grand total</td>
<td>2.6</td>
<td>9.0</td>
<td>5.9</td>
<td>17.4</td>
<td>2.3</td>
<td>7.6</td>
<td>4.6</td>
<td>14.5</td>
<td>-17%</td>
</tr>
</tbody>
</table>

* Since all values are rounded to the nearest 100,000, totals may not precisely add up.
Economy, population and broader societal drivers

Education sector
- Education in health
- Education in other fields
- Pool of qualified health workers*
  - Migration
    - Abroad

Labour market dynamics
- Employed
- Unemployed
- Out of labour force
- Other sectors
- Health care sector**
  - Health workforce equipped to deliver quality health service
  - Universal health coverage with safe, effective, person-centred health services

Policies on production
- on infrastructure and material
- on enrolment
- on selecting students
- on teaching staff

Policies to address inflows and outflows
- to address migration and emigration
- to attract unemployed health workers
- to bring health workers back into the health care sector

Policies to address maldistribution and inefficiencies
- to improve productivity and performance
- to improve skill mix composition
- to retain health workers in underserved areas

Policies to regulate the private sector
- to manage dual practice
- to improve quality of training
- to enhance service delivery

* Supply of health workers = pool of qualified health workers willing to work in the health-care sector.
** Demand of health workers = public and private institutions that constitute the health-care sector.
– Moving beyond crisis mode towards sustainable solutions for human resources for health requires strengthening of the intersector policy dialogue and governance arrangements at national and international levels.

– Prioritization of public health and social development outcomes

– Domestic and international power imbalances
LESSONS FROM THE WEST AFRICAN EBOLA EPIDEMIC: TOWARDS A LEGACY OF STRONG HEALTH SYSTEMS

The West African Ebola epidemic is an international public health crisis, representing a threat to international peace and security. UN Secretary-General Ban
• Since 1976, more than 20 Ebola outbreaks in sub-Saharan Africa
• World was unprepared for the tragedy
• Broken health system, public distrust, fragmented and uncoordinated response
• Contingency fund, a reserve corps, a health systems fund, and innovative international law
The country has been devastated by the Ebola outbreak, but of course the roots of the epidemic are in poor health infrastructure, inadequate resources and a lack of trained staff; none of these has improved enough since the time of the civil war.” His voice trails off thoughtfully. “Even before Ebola, being born in Sierra Leone your life expectancy was 45.” Dr. Paddy Howlett

Hospital life in Sierra Leone after Ebola
“As a global community, it is to our moral, financial, and security detriment not to invest in health systems”

Roache et. al 2014
United Nations Entity for Gender Equality and the Empowerment of Women
“Gender equality must become a lived reality”

Michelle Bachelet
SUB-SAHARAN AFRICA
86 MILLION
SOUTH ASIA
40 MILLION
LATIN AMERICA
17 MILLION

31/01/19
https://theconversation.com/the-syrian-war-is-normalising-the-weaponisation-of-health-care-77105
Health care as an ecosystem

• Macro- social, political and economic agenda
• Meso- organizational factors
• Micro- individual factors
Dimensions of Capacity

https://www.capacityproject.org/framework/
In most countries…

Nurses & Midwives

ARE MORE THAN HALF TOTAL HEALTH WORKFORCE*

Nurses & Midwives bring people-centred care to the communities where they are needed, helping to improve health outcomes and deliver cost-effective services. An estimated 18 million more health workers, primarily in low-resource settings, will be needed to attain high and effective coverage to ensure healthy lives for all by 2030.

Global strategies to strengthen Nursing & Midwifery

- Education, collaboration & ongoing professional development
- Effective policy, planning, leadership & governance
- Strong regulation and scope of practice
- Investment in workforce development

* Vision for Nursing & Midwifery towards #Workforce2030

“Progress towards universal health coverage and the UN Sustainable Development Goals (SDG) by ensuring equitable access to health workers within strengthened health systems”

United Nations Commission on Health Employment & Economic Growth

UTS: WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT

Click on logos and mouse icon for interactive links

THE GLOBAL NETWORK OF WHO COLLABORATING CENTRES FOR NURSING AND MIDWIFERY

is an independent international not-for-profit network of Collaborating Centres from WHO’s six regions, focusing on nursing and midwifery. Founded in 1988, the Network supports WHO’s efforts toward universal health coverage.
Three Domains of Health Challenges 2015-2035

- High rates of avertable infectious, child, and maternal deaths
  → Unfinished agenda

- Demographic change and shift in GBD towards NCDs and injuries
  → Emerging agenda

- Impoverishing medical expenses, unproductive cost increases
  → Cost agenda

Lancet Global Health 2035
A place where exceptional people discover possibilities that forever change their lives and the world.