
Health workforce and services

Draft global strategy on human resources for health: workforce 2030

Report by the Secretariat

1. In May 2014, the Sixty-seventh World Health Assembly adopted resolution WHA67.24 on the Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage. In paragraph 4(2) of that resolution, Member States requested the WHO Director-General to develop and submit a new global strategy for human resources for health for consideration by the Sixty-ninth World Health Assembly.

2. This report provides an update on the draft global strategy on human resources for health: workforce 2030, in three parts: first, the context for the strategy; second, current challenges and the solutions proposed within the strategy itself; and third, the consultative process that informed development of the strategy. The Executive Board at its 138th session considered an earlier version of this report together with a draft resolution. During the discussions, it was agreed that additional work would be carried out during the intersessional period in order to fine-tune both the draft strategy and the draft resolution.¹ The present report has been amended to take account of additional inputs received from Member States subsequent to the Executive Board discussions.

THE CONTEXT FOR A GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH

3. The *World health report 2006: working together for health* focused global attention on human resources for health, particularly in relation to the critical shortages of skilled health professionals (midwives, nurses and physicians) in 57 countries and the centrality of health workers for accelerating progress towards the health-related Millennium Development Goals. The global shortage of health professionals was termed a “crisis”, and a decade of action on human resources for health was proposed to overcome the challenges.

4. Since then, emphasis has continued to be placed on human resources for health – in the past five years the World Health Assembly has adopted five resolutions on human resources for health – and there are signs of progress. The report *Health in 2015: from MDGs, Millennium Development Goals to*

¹ See document EB138/36 and the summary record of the Executive Board at its 138th session, tenth meeting, section 2 (document EB138/2016/REC/2).

*SDGs, Sustainable Development Goals*¹ highlights the successes of the past decade and sets out some of the new challenges resulting from the adoption of the 2030 Agenda for Sustainable Development. The Sustainable Development Goals constitute an agenda of unprecedented ambition for the next 15 years: this is true not only of Goal 3, to “ensure healthy lives and promote well-being for all at all ages”, but also of the Goals on poverty, nutrition, education, gender and employment, to which the health system and health workers also contribute.

5. Target 3.8, to “achieve universal health coverage ...” provides the rallying point for all the health targets. Target 3.c, to “substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States” sets the foundation for the vision and objectives of the draft global strategy on human resources for health.

6. The draft global strategy complements and reinforces the renewed emphasis on efforts to strengthen health systems in order to make progress towards the health-related Sustainable Development Goals, realize universal health coverage, and promote implementation of the International Health Regulations (2005) in an integrated manner.

CURRENT CHALLENGES AND SOLUTIONS

7. Through the synthesis of a body of recent evidence and a global consultation process, the draft global strategy points to five interrelated themes that will shape the health workforce agenda, and health service delivery, over the next 15 years. These challenges, summarized below, have informed the proposed principles, objectives and milestones of the draft global strategy (Annex) that will accelerate progress towards attainment of universal health coverage and the Sustainable Development Goals.

A global health workforce deficit, with a mismatch between demand, need and supply

8. The demand for social and health care is growing. Population growth, demographic and epidemiological transitions, and the ageing of the existing health workforce are projected to fuel the creation of around 40 million employment opportunities in the health workforce globally by 2030. Most of these jobs will be created in upper middle- and high-income countries. Conversely, updated projections on the health workforce required to accelerate and sustain progress towards universal health coverage indicate a potential deficit of approximately 18 million health workers, largely in low- and lower middle-income countries. Both the economic demand and the population need for health workers will be equally challenged by the existing constraints on the technical and financial resources available to educational institutions to produce the future health workforce of the necessary quantity, quality and relevance.

9. This anticipated mismatch will require innovative responses to models of care provision and education, namely reorientation of care from hospitals to other settings and its delivery in flexible multidisciplinary teams with appropriate competencies and scope of work. Scaling up such innovation may not be enough, however. The global response will require intersectoral engagement that recognizes health workforce education, recruitment, deployment and retention as an engine for

¹ Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2015 (<http://www.who.int/gho/publications/mdgs-sdgs/en/>, accessed 12 April 2016).

inclusive growth and prosperity with a positive impact across the Sustainable Development Goals. The draft global strategy makes the case that domestic and international investment in the health workforce offers a triple return: social and economic benefits, especially for women; improved health outcomes; and a robust front-line defence for global health security.

10. Recognizing the global mismatch and the need for intersectoral response, the United Nations Secretary-General has appointed a high-level Commission on Health Employment and Economic Growth. The Commission had its first meeting on 23 March 2016 in Lyon, France. It is co-chaired by H.E. Mr. François Hollande, President of France, and H.E. Mr Jacob Zuma, President of South Africa. The Director-General, the Secretary-General of OECD and the Director-General of ILO serve as Vice-Chairs. The Commission will present its recommendations to the United Nations Secretary-General during the seventy-first session of the General Assembly.

Acceleration of domestic and international migration of health professionals

11. Labour mobility is on the rise, both within and across countries. New data from OECD show that health professionals are one of many groups of skilled workers migrating in ever greater numbers. Given the increasing global demand for health care services, upper middle- and high-income countries will continue to attract foreign-trained health professionals in search of professional opportunities and career development. Indeed, the increasing number and/or percentage of foreign-trained health professionals in OECD countries already points to this; for instance, there has been an increase of more than 100% in some countries in the period 2000–2013.¹

12. The draft global strategy reaffirms the need to utilize the principles and articles of the WHO Global Code of Practice on the International Recruitment of Health Personnel to inform solutions to the migration of health professionals. It calls on Member States to ensure consistency with ILO's minimum standards for "decent work" and to mitigate the negative impact of international migratory flows from those countries experiencing a deficit of health professionals.

13. The phenomenon of labour mobility is not only international: internal and intersectoral mobility continues to affect equitable access to health services within countries. The challenge of deploying and retaining health workers in rural, remote and underserved areas is truly global. Labour market failures and the imbalance between demand, need and supply often lead to the coexistence of health worker unemployment in urban areas alongside unmet health needs elsewhere. New models of health worker education and service delivery strategies will be required to positively disrupt this trend.

Health workforce composition and optimization

14. Extending services to all socioeconomic groups of the population and ensuring equity for poor and marginalized populations will require maintaining a diverse and sustainable mix of skills, as well as maximizing the potential of community-based and mid-level health workers. Excessive reliance on specialist and tertiary care may limit access to primary health care services. Conversely, expansion of the health resource envelope must also lead to more cost-effective resource allocation: in line with the

¹ International migration outlook 2015. Paris; Organisation for Economic Co-operation and Development, 2015 (http://www.oecd-ilibrary.org/social-issues-migration-health/international-migration-outlook-2015_migr_outlook-2015-en, accessed 1 December 2015).

framework on integrated people-centred health services,¹ the draft global strategy on human resources for health prioritizes interprofessional education and the significant role that team-based collaborative practice plays in mitigating many of the challenges faced by all health systems.

15. The public and private (voluntary, independent and for-profit) sectors are often competing to attract labour from the same pool of qualified health workers and/or community-based lay workers and volunteers. Better collaboration between the public and private sectors is essential to optimize health workforce utilization, including informed approaches to dual practice by qualified health professionals. Regulating and incentivizing the private sector to align more closely to public sector health goals is equally important.

Need for improved governance and management

16. The *World health report 2010: health systems financing: the path to universal coverage* estimated that from 20% to 40% of health spending may be wasted, with health workforce inefficiencies and weaknesses in the governance of human resources for health being responsible for a large part of that figure. Updated evidence to inform the draft global strategy continues to identify the governance and management of human resources for health, including the strengthening of institutional capacity, as essential for the effective utilization of resources and the implementation of national health workforce priorities. The draft global strategy recognizes that effective intersectoral governance in this area requires political engagement and accountability at the highest level of government. Technical and management capacities are in turn needed to translate decisions into effective implementation.

17. The draft global strategy additionally recognizes that global health governance mechanisms have an important role to play in supporting the implementation of national agendas on human resources for health. Examples include: the ethical management of health labour mobility; assessment of the implications of global health goals and resolutions for human resources for health; the mobilization and provision of financial assistance; and the creation and dissemination of global public goods and evidence.

Essential need for data, measurement and accountability

18. The evidence-to-policy feedback loop is an essential feature of resilient health systems. Better data are vital to inform the development, implementation, monitoring, impact assessment and continuous updating of health workforce strategies at local, national and global levels. Technological advances, including internet connectivity, open-source technology and the emerging trends in the era of “big data”, are breaking new ground in improving the quality and use of data on human resources for health.

19. Aligning health labour market policies with the post-2015 policy priorities of governance, accountability and equity will trigger increased demand for and analysis of health workforce data. This in turn would hold out the real possibility of influencing programming decisions related to universal health coverage and the Sustainable Development Goals, including those made through global health initiatives.

¹ See document A69/39.

20. Building on these emerging themes, the draft global strategy puts forward four strategic objectives and identifies policy options to accelerate progress towards universal health coverage. A measurement and accountability framework is included to support its implementation.

CONSULTATIVE PROCESS

21. Development of the draft global strategy was informed by a process launched in late 2013 by Member States and constituencies represented on the Board of the Global Health Workforce Alliance, a hosted partnership within WHO. Over 200 experts, from all WHO regions, contributed to consolidating the evidence around a comprehensive health labour market framework for universal health coverage.¹ A synthesis paper was published in February 2015² and informed the initial version of the draft global strategy.

22. An extensive consultation process on the initial version was launched in March 2015. This was aligned with and informed by the Secretariat's consultation on the draft framework on integrated people-centred health services. The consultation resulted in inputs from Member States and relevant constituencies, including civil society and health care professional associations. It included discussions in the WHO regional committees, technical consultations, online forums and briefing sessions with Member States' Permanent Missions in Geneva. Feedback and guidance from Member States and relevant constituencies are reflected in the draft global strategy, a summary of which is hereby submitted to the Health Assembly (Annex).

ACTION BY THE HEALTH ASSEMBLY

23. The Health Assembly is invited to consider and adopt the draft global strategy on human resources for health: workforce 2030, which is available on the WHO website.³

¹ Sousa A, Scheffler RM, Nyoni J, Boerma T. A comprehensive health labour market framework for universal health coverage. *Bulletin of the World Health Organization*. 2013;91(11):892–4. doi:10.2471/BLT.13.118927.

² Health workforce 2030: towards a global strategy on human resources for health. Geneva: World Health Organization; 2015 (http://www.who.int/hrh/documents/synthesis_paper_them2015/en/, accessed 1 December 2015).

³ See <http://who.int/hrh/resources/globstrathrh-2030/en/>.

ANNEX

DRAFT GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH: WORKFORCE 2030 – SUMMARY

Vision	Accelerate progress towards universal health coverage and the Sustainable Development Goals by ensuring equitable access to health workers within strengthened health systems			
Overall goal	<i>To improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce through adequate investments to strengthen health systems, and the implementation of effective policies at national,¹ regional and global levels</i>			
Principles	<ul style="list-style-type: none"> • Promote the right to the enjoyment of the highest attainable standard of health. • Provide integrated, people-centred health services devoid of stigma and discrimination. • Foster empowered and engaged communities. • Uphold the personal, employment and professional rights of all health workers, including safe and decent working environments and freedom from all kinds of discrimination, coercion and violence. • Eliminate gender-based violence, discrimination and harassment. • Promote international collaboration and solidarity, in alignment with national priorities. • Ensure ethical recruitment practices in conformity with the provisions of the WHO Global Code of Practice on the International Recruitment of Health Personnel. • Mobilize and sustain political and financial commitment and foster inclusiveness and collaboration across sectors and constituencies. • Promote innovation and the use of evidence. 			
Objectives	1. To 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.	2. To align investment in human resources for health with the current and future needs of the population and of 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.	3. To 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.	4. To strengthen data on human resources for health, for monitoring and ensuring accountability for the implementation of national and regional strategies, and the global strategy.

¹ Policy and actions at “country ” or at “national” level should be understood as relevant in each country in accordance with subnational and national responsibilities.

Global milestones (by 2020)	<ul style="list-style-type: none"> • All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda. • All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans. • All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector. • All countries have established accreditation mechanisms for health training institutions. • All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration. • All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually. • All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange. 			
Global milestones (by 2030)	<ul style="list-style-type: none"> • All countries are making progress towards halving inequalities in access to a health worker. • All countries are making progress towards improving the course completion rates in medical, nursing and allied health professionals training institutions. • All countries are making progress towards halving their dependency on foreign-trained health professionals, implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel. • All bilateral and multilateral agencies are increasing synergies in official development assistance for education, employment, gender and health, in support of national health employment and economic growth priorities. • As partners in the United Nations Sustainable Development Goals, to reduce barriers in access to health services by working to create, fill and sustain at least 10 million additional full-time jobs in health and social care sectors to address the needs of underserved populations • All partners in the United Nations Sustainable Development Goals, to make progress on Goal 3c to increase health financing and the recruitment, development, training and retention of the health workforce. 			
Core WHO Secretariat activities in support of implementation of the strategy	<p>SO1:</p> <p>Develop normative guidance; set the agenda for operations research to identify evidence-based policy options; facilitate the sharing of best practices; and provide technical cooperation on health workforce education, optimizing the scope of practice of different cadres, evidence-based deployment</p>	<p>SO2:</p> <p>Provide normative guidance and technical cooperation, and facilitate the sharing of best practices on health workforce planning and projections, health system needs, education policies, health labour market analyses, and costing of national strategies on human resources for health.</p>	<p>SO3:</p> <p>Provide technical cooperation and capacity-building to develop core competency in policy, planning and management of human resources for health focused on health system needs.</p> <p>Foster effective coordination, alignment and accountability of the global agenda on human resources for health by facilitating a network of international stakeholders.</p>	<p>SO4:</p> <p>Review the utility of, and support the development, strengthening and updating of tools, guidelines and databases relating to data and evidence on human resources for health for routine and emergency settings.</p> <p>Facilitate yearly reporting by countries to the WHO Secretariat on a minimum set of core indicators</p>

<p>and retention strategies, gender mainstreaming, availability, accessibility, acceptability, coverage quality control and performance enhancement approaches, including the strengthening of public regulation.</p>	<p>Strengthen evidence on, and the adoption of, macroeconomic and funding policies conducive to greater and more strategically targeted investments in human resources for health.</p>	<p>Systematically assess the health workforce implications resulting from technical or policy recommendations presented at the World Health Assembly and regional committees.</p> <p>Provide technical cooperation to develop health system capacities and workforce competency, including to manage the risks of emergencies and disasters.</p>	<p>of human resources for health, for monitoring and accountability for the global strategy.</p> <p>Support countries to establish and strengthen a standard for the quality and completeness of national health workforce data.</p> <p>Streamline and integrate all requirements for reporting on human resources for health by WHO Member States.</p> <p>Adapt, integrate and link the monitoring of targets in the global strategy to the emerging accountability framework of the UN Sustainable Development Goals.</p> <p>Develop mechanisms to enable collection of data to prepare and submit a report on the protection of health workers, which compiles and analyses the experiences of Member States and presents recommendations for action to be taken by relevant stakeholders, including appropriate preventive measures.</p>
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