World Health Organization

SEVENTY-SECOND WORLD HEALTH ASSEMBLY **A72/24**
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Human resources for health

Global strategy on human resources for health: workforce 2030

Report by the Director-General

INTRODUCTION

1. The Executive Board at its 144th session in January 2019 considered and noted an earlier version of this report.[1] Paragraphs 15 and 16 have been revised in light of the Executive Board's discussion.

2. Health workers are critical for accelerating progress towards Sustainable Development Goal 3 ("Ensure healthy lives and promote health and well-being for all at all ages") and for building equitable primary health care systems. Investing in the education and employment of health workers as part of national human capital strategies represents an opportunity to create jobs, particularly for women and young people, and thus to make a significant contribution to the achievement of Sustainable Development Goals 4 (education), 5 (gender equality) and 8 (decent work) and to spur additional inclusive economic growth.

3. The Thirteenth General Programme of Work, 2019–2023 – with its mission, "Promote health, keep the world safe, serve the vulnerable" – recognizes that the "delivery of safe and good-quality services calls for a fit-for-purpose, well-performing and equitably distributed health and social workforce". Moreover, the health workforce has emerged as one of the most frequently prioritized outputs for coordinated action in the continuing dialogue between Member States and WHO country offices on the implementation of the General Programme of Work.

4. This report summarizes progress made in the implementation of the WHO Global Strategy on Human Resources for Health: workforce 2030, adopted by the Health Assembly in resolution WHA69.19 (2016), and is structured according to the four strategic objectives set out therein. The report also provides updates on the implementation of resolutions WHA64.6 (2011) on health workforce strengthening, WHA64.7 (2011) on strengthening nursing and midwifery and WHA70.6 (2017) on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth. Activities pursuant to resolution WHA63.16 (2010) on WHO Global Code of Practice on the International Recruitment of Health Personnel are presented in a separate report.[2]

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[1] See document EB144/26 and the summary records of the Executive Board at its 144th session, twelfth meeting, section 2.

[2] Document A72/23.

5. The report covers activities undertaken by WHO as part of the Global Health Workforce Network[1] and under the joint WHO/ILO/OECD five-year action plan for health employment and inclusive economic growth (2017–2021), entitled "Working for Health".[2] These partnerships have enabled technical cooperation in support of: community health workers, the use of data and evidence, education, gender equity, health labour market analysis, migration and mobility, leadership in human resources for health, and youth. They have also supported engagement with regional economic areas and Member States.

Objective 1: Evidence-informed policies to optimize the workforce

6. The Global Strategy requires WHO to develop normative guidance on, and provide technical cooperation in, key policy areas. Selected highlights are described below.

7. **Professional, technical and vocational education and training.** A global competency framework for education and training of primary health care workers is being developed with the support of a Global Health Workforce Network thematic hub. Evidence on the use of digital technology in health workers' education is being synthesized.

8. **Strategic directions for nursing and midwifery.** Resolution WHA64.7 and the WHO's global strategic directions for strengthening nursing and midwifery 2016–2020[3] provide the framework for strengthening relevant education, regulation, practice, leadership and policy development. Support for WHO's strategic directions was reinforced by the Global Forum for Government Chief Nursing and Midwifery Officers in May 2018, and support for country-level nursing development by the Nursing Now! campaign. The Officers attending the Global Forum announced progress in terms of education, regulation and practice standards. The collection and analysis of country-level workforce data should be enhanced to inform nursing and midwifery workforce planning.

9. **Interprofessional competency framework on antimicrobial resistance.** As part of the WHO global action plan on antimicrobial resistance, the Secretariat undertook various activities in respect of education on antimicrobial resistance: it analysed existing education initiatives, launched a community of practice on education, and developed an interprofessional competency framework and curriculum.

10. **Joint statement on ending discrimination in health care settings.** Recognizing that eliminating discrimination in health care settings can spur progress towards universal health care, WHO and UNAIDS facilitated the adoption of an interagency joint statement[4] to end such discrimination.

[1] For further information, see http://www.who.int/hrh/network/en/ (accessed 11 March 2019).

[2] Five-year action plan for health employment and inclusive economic growth (2017–2021). Geneva: World Health Organization; 2018.

[3] For further information, see http://www.who.int/hrh/nursing_midwifery/global-strategic-midwifery2016-2020.pdf (accessed 11 March 2019).

[4] Joint United Nations statement on ending discrimination in health care settings. Geneva: World Health Organization; 2018 (http://www.who.int/news-room/detail/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings, accessed 11 March 2019).

11. **WHO guidelines on health policy and systems support to optimize community health worker programmes.** WHO has developed a new guideline in this field.[1] Information on opportunities and challenges for the successful education, remuneration, deployment and supervision of community health workers is presented to the governing bodies in a separate report.[2] The Global Health Workforce Network has convened a community health worker hub, comprising representatives of, among others, UNICEF, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Agency for International Development, civil society and academia, in order to facilitate implementation of the guideline as an integral part of the primary health care agenda. Successful implementation of the guideline recommendations hinges on their incorporation by Member States into relevant policy frameworks.

12. **Health workforce requirements to achieve the "triple billion" goals set out in the Thirteenth General Programme of Work, 2019–2023.** Interdepartmental collaboration has been expanded to inform normative guidance and tools across programmatic areas (including primary health care, maternal and child health, HIV, noncommunicable diseases, essential medicines and digital health) and to reflect health workforce evidence and policy recommendations. For example, a joint effort is being made to identify present and future needs in the oncology workforce, so that cancer care access can be expanded and care quality improved. Additionally, as requested in resolution WHA69.19, a tool has been developed to assess the health workforce implications and requirements of technical resolutions presented to the Health Assembly and the WHO regional committees.

Objective 2: Catalysing investment in health labour markets to meet population needs

13. **Technical cooperation with Member States.** The Secretariat is supporting Member States with assessments and policy advice in several areas: health sector productivity and workload; current and projected shortages or surpluses of health workers; rural pipelines for the education, deployment and retention of health workers in rural and remote areas; emergency preparedness in line with requirements under the International Health Regulations (2005); analysis of the financial requirements for plans to scale up human resources for health, with feasibility and affordability being assessed in the light of the resource envelope and macroeconomic parameters.

14. Technical cooperation activities are aligned with technical support on universal health coverage and health system strengthening through the Universal Health Coverage Joint Working Team. Dedicated grants have been awarded to activities such as the programme funded by the European Commission and the Norwegian Agency for Development Cooperation to promote implementation of the Global Code of Practice, and the French-funded programme supporting health workforce collaboration through the G8 Muskoka Initiative on Maternal, Newborn and Child Health. Other activities are being conducted as part of multicountry initiatives, such as the subregional action plan for health and employment in the Member States of the West African Economic and Monetary Union.

15. **Working for Health.** The joint WHO/ILO/OECD five-year action plan, which was adopted by the Health Assembly in May 2017[3] and subsequently by the OECD and ILO governing bodies, focuses on capacity at country level and is coordinated through direct WHO support and an operational multipartner trust fund, launched in May 2018 during the World Health Assembly. The heads of the

[1] Community-based health workers: WHO guidelines on health policy and system support to optimize community-based health worker programmes. Geneva: World Health Organization; 2018 (http://www.who.int/hrh/community/en/, accessed 11 March 2019).

[2] Document EB144/13.

[3] See resolution WHA70.6.

three agencies subsequently discussed the operationalization and funding of the trust fund on the side lines of the 2018 G20 Summit in Buenos Aires, Argentina. At the time of writing this report, Norad has provided funding in support of trust fund operations, and additional resources have been made available by the Government of China in support of the Working for Health programme; negotiations are ongoing with other donors to broaden the financing base. In response to more than 30 requests from Member States, ongoing policy advice, technical assistance and capacity-strengthening have been provided in various areas, namely: intersectoral collaboration; financing and implementation of health workforce policies, strategies and plans; use of data and evidence; advocacy on gender equity, health worker investment and skills; job creation (with an emphasis on women's participation and empowerment); and international labour mobility.

16. Evidence is emerging that the recommendations of the United Nations High-level Commission are visible in the policy and investment decisions in countries at all levels of socioeconomic development. Indicative examples are: the adoption of the "rural pipeline" approach to accelerate investments in education and the primary health care workforce in Guinea and Niger, an externally funded human resources for health investment plan in Côte d'Ivoire and the reform of the *numerus clausus* policy in France.

17. Measurable progress has been achieved against the action plan's workstreams: (i) over 15 intergovernmental bodies, including the West African Economic and Monetary Union, the Southern African Development Community, the African, Caribbean and Pacific Group of States, the European Union, the G20 and the G7, have adopted the recommendations of the High-Level Commission and the Working for Health action plan; (ii) investment has picked up in education, skills and jobs, thanks to the West African Economic and Monetary Union Action Plan, the Southern African Development Community human resources for health framework process and continuing support for countries on the transformation of training and skills and on job creation; (iii) collaboration between ILO, OECD and WHO on shared data has resulted in a rapid rise in the uptake of national health workforce accounts and health labour market analyses, as stated elsewhere in this report; and (iv) the launch of the International Platform on Health Worker Mobility, with the active participation of 30 Member States, partners and civil society, and in line with the WHO Global Code of Practice.

18. **Tool kit for health labour market analysis.** WHO, with the Global Health Workforce Network's health labour market hub and the Working for Health partners, is producing a health labour market analysis tool kit to guide analysis of the current and future supply of and demand for health workers in Member States.

19. **Optimizing the impact of international investments in human resources for health.** In collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO has developed guidance on how Global Fund resources can best be used to fund pre-service education and recurrent costs of health workers.

Objective 3: Building institutional capacity and partnerships

20. **Strengthening governance and leadership in human resources for health.** The Global Strategy emphasizes the importance of strengthening governance for effective action in this area at national and international levels. A tool to assess the functions, structure, staffing and resources of health workforce units in health ministries has been developed and piloted in the WHO South-East Asia Region to inform national capacity-building efforts. Building on the findings of an exercise to map existing training programmes, the Secretariat is developing a curriculum for a course on governance in human resources for health, in collaboration with a dedicated leadership hub.

21. **Partnerships and knowledge-sharing.** The Fourth Global Forum on Human Resources for Health, held in Dublin, Ireland, in November 2017, brought unprecedented momentum to the intersectoral health workforce agenda and the investment case for human resources for health, culminating in the adoption of the Dublin Declaration.[1] The forum leveraged the political capital built through the Working for Health action plan and promoted accountability on the commitments to human resources for health made at the Third Global Forum in 2013.

Objective 4: Data for monitoring and accountability

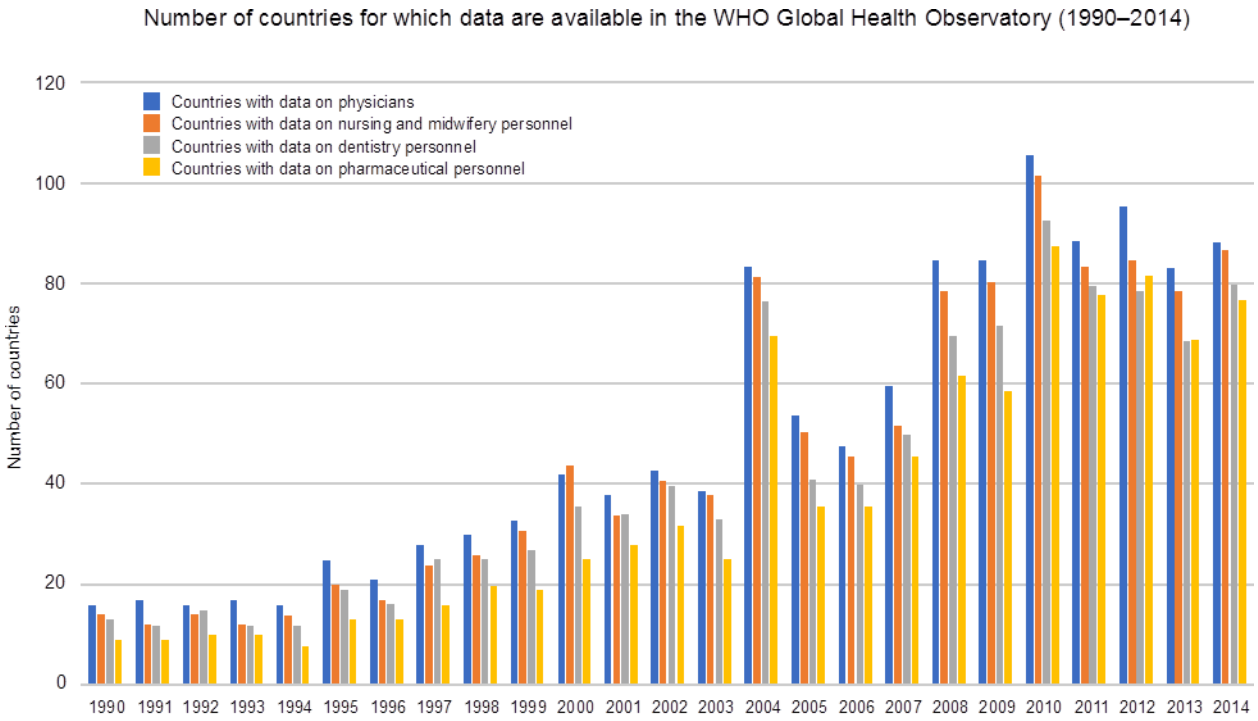
22. **National health workforce accounts.** As requested in resolutions WHA69.19 and WHA70.6, the Secretariat has rapidly accelerated work on national health workforce accounts, thanks to the support of the Global Health Workforce Network's data and evidence hub and linkages to the Health Data Collaborative. Operational materials, including a handbook, an implementation guide, an online data platform and tutorial videos, are now available.[2] As at 30 September 2018, 44 countries from four WHO regions had nominated a national focal point for account implementation; and more than 150 national experts from over 50 countries had attended capacity-building events.

23. The use of national health workforce accounts to report data to the Global Health Observatory has substantially improved the availability of health workforce data points across different occupational groups, with the amount of data reported in 2010–2014 exceeding the peak reached in 2004 (Fig. 1). As more Member States engage in the reporting process, it is anticipated that more data will again be available for 2015 and 2016. The 2016 data (to be submitted by Member States in 2018) will become the baseline value for Sustainable Development Goal indicator 3.c.1 (health worker density and distribution).

[1] Dublin Declaration: Building the Health Workforce of the Future (http://www.who.int/hrh/events/Dublin_Declaration-on-HumanResources-for-Health.pdf, accessed 11 March 2019).

[2] Health workforce: National Health Workforce Accounts (NHWA). Geneva: World Health Organization; 2018 (http://www.who.int/hrh/statistics/nhwa/en/, accessed 11 March 2019).

Fig. 1: Recent trends in availability of health workforce data



Source: Global Health Observatory (data extracted on 18 September 2018)

24. Since the adoption of the Global Strategy and the emphasis on national health workforce accounts, the number of data points available has increased by 24% for physicians, nursing and midwifery personnel, and at least five years of data are available for 50% more countries (Table 1).

Table 1. Availability of data points for health workers before and after implementation of national health workforce accounts

	2015	2018
Physicians		
Number of data points (country-year)	1 210	1 500
Number of countries with data enabling trend analysis (5 points or more)	88	127
Nursing and midwifery		
Number of data points (country-year)	1 110	1 377
Number of countries with data enabling trend analysis (5 points or more)	79	121
Regulated professions		
Number of countries reporting statistics for five categories of health workers (dentists, midwives, nurses, pharmacists, physicians) at least once	162	174

25. The data reported by Member States through the platform indicate an increase of approximately 10% in the global stock of health workers from 2013 to the most recently available data (Table 2).[1] This reflects data from some Member States on rapid increases in the number of jobs created in the health sector, from which women and young people benefit in greater proportions.

Table 2. Stock of health workers, 2013 and 2016

WHO region	Physicians		Nurses/midwives		Other occupations		Total health workers		
	2013	2016	2013	2016	2013	2016	2013	2016	% change
	Number (in millions)								
Africa	0.3	0.3	1.3	1.5	0.8	0.9	2.4	2.7	13.1%
Americas	2.2	2.4	7.2	8.4	3.7	4.2	13.1	15.0	14.7%
South-East Asia	1.2	1.3	3.4	3.7	2.5	2.8	7.1	7.8	9.4%
Europe	3.0	3.0	7.3	7.7	4.1	4.2	14.5	15.0	3.3%
Eastern Mediterranean	0.7	0.7	0.9	1.0	0.8	0.8	2.3	2.5	7.9%
Western Pacific	3.3	3.6	5.3	6.2	3.5	4.1	12.1	14.0	15.1%
Grand total	**10.7**	**11.5**	**25.5**	**28.5**	**15.4**	**17.0**	**51.6**	**57.0**	**10.5%**

26. **Interagency data exchange.** WHO, ILO and OECD are establishing an interagency data exchange to support global coordination and improvement of national data on the health and social workforce.

CONCLUSION

27. The Secretariat is advancing a substantial body of work on human resources for health in order to help countries to accelerate progress on primary health care, universal health coverage and the Sustainable Development Goals. There is growing evidence of progress in Member States where data on human resources for health are informing policy dialogue and enabling effective and often new investments in education and employment. Additionally, Member State reporting reveals a positive trend globally on public sector investment in the health workforce.

ACTION BY THE HEALTH ASSEMBLY

28. The Health Assembly is invited to note this report and:

(a) to encourage all Member States to report their national data on human resources for health through the online platform for national health workforce accounts, in order to populate the United Nations 2016 baseline on Sustainable Development Goal indicator 3.c.1 and to allow WHO to

[1] Values may not total as expected because of rounding.

track and report on progress against the milestones of the Global Strategy on Human Resources for Health, and the Working for Health five-year action plan; and

(b) to approve the streamlined reporting on health workforce resolutions, with reporting on all Health Assembly resolutions linked to human resources for health consolidated in the report on resolution WHA69.19, synchronized with the three-yearly report on resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

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