

Health workforce: update

Report by the Secretariat

1. This report describes the progress made towards implementation of three World Health Assembly resolutions on health workforce development: resolution WHA64.6 (2011) on health workforce strengthening; resolution WHA64.7 (2011) on strengthening nursing and midwifery; and resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage. In all three resolutions, the Secretariat was requested to report on progress, through the Executive Board, to the Sixty-ninth World Health Assembly.¹ The Executive Board at its 138th session considered and noted an earlier version of this report.²

RESOLUTION WHA64.6 ON HEALTH WORKFORCE STRENGTHENING

2. Resolution WHA64.6, adopted in 2011, has provided a platform for national, regional and international actions to strengthen the health workforce. The resolution reflects the acknowledgement that workforce solutions require multiple inputs and contains provisions for Member States, relevant organizations and the Secretariat. For Member States, these actions include placing continued emphasis on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel³ and on measures in support of: increased domestic financing; improved workforce planning; improving the skill-mix, education and retention of the health workforce; promoting equitable distribution; developing human resources for health information systems; and designing effective, evidence-based policies. For relevant organizations, emphasis is placed on ensuring that official development assistance for health is aligned with national plans on the health workforce. For the Secretariat, actions include continuing its normative work and technical assistance; improving global coordination; and strengthening the internal capacity of the Secretariat to address the global health workforce crisis.

3. Subsequent actions have built on these key areas. New evidence was collated on education for health professionals and resulted in the adoption of resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage. The Third Global Forum on Human Resources for Health,⁴ which was jointly convened by the Government of Brazil, WHO, PAHO and the

¹ In resolutions WHA64.6 and WHA64.7 (2011), the Director-General was requested to report on progress in implementing the resolutions "... in a manner integrated with the reporting on resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel."

² See document EB138/34 and the summary record of the Executive Board at its 138th session, tenth meeting, section 2 (document EB138/2016/REC/2).

³ See document EB138/35.

⁴ See <http://www.who.int/workforcealliance/forum/2013/en/> (accessed 23 February 2016).

Global Health Workforce Alliance in Recife, Brazil, from 10 to 13 November 2013, generated 83 statements of commitment (57 from Member States and 26 from other constituencies, entities and organizations) and subsequently led to the adoption of resolution WHA67.24 (2014) on follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage.

4. In resolution WHA67.24, the Health Assembly urges Member States to implement, as appropriate, and in accordance with national and subnational responsibilities, the commitments made in the Recife Political Declaration on Human Resources for Health. It also requests the Director-General to develop and submit a new global strategy on human resources for health for consideration by the Sixty-ninth World Health Assembly. The text of the draft strategy is provided in document EB138/36. It builds on agreements reached by Member States with the adoption by the United Nations General Assembly of the 2030 Agenda for Sustainable Development,¹ which includes the target of substantially increasing 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 (target 3.c of the Sustainable Development Goals).

5. The adoption of resolutions WHA66.23 and WHA67.24 demonstrates the continuing recognition by Member States of the significance of a human resources for health approach and the triple return on investment that it offers, by improving population health outcomes, driving economic development and acting as a first line of defence for global health security.

RESOLUTION WHA64.7 ON STRENGTHENING NURSING AND MIDWIFERY

6. Nursing and midwifery services, and the healthcare professionals, associate professionals, managers and support workers who contribute to these services, are an essential element of target 3.8 of the Sustainable Development Goals, which is to achieve universal health coverage. Ensuring that all people obtain the quality health care services they need, including sexual and reproductive health services, is highly dependent on the quantity, quality and relevance of midwives, nurses and their associate professionals and on the performance of interprofessional teams. The 2011 adoption of resolution WHA64.7 was an indicator of the Health Assembly's continued recognition and understanding of this relationship. The resolution reinforces previous resolutions to strengthen nursing and midwifery² and the strategic directions for nursing and midwifery services in place for the period 2011–2015.³ The Health Assembly's repeated focus on nursing and midwifery is described in a report on the history of nursing and midwifery in WHO (1948–2015), which is due to be published ahead of the Sixty-ninth World Health Assembly.

7. Analysis of data from the WHO's Global Health Observatory highlights the significant role played by midwives and nurses in the provision of health care globally. Data for 2004 and 2009 (which provide the widest possible range of records from all Member States) suggest that the two professions account for an average of 68% of the total number of dentists, laboratory workers, midwives, nurses, pharmacists and physicians worldwide. The actual percentage varies across WHO

¹ United Nations General Assembly resolution 70/1 – Transforming our world: the 2030 Agenda for Sustainable Development, see http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E (accessed 23 February 2016).

² Resolutions WHA42.27 (1989), WHA45.5 (1992), WHA47.9 (1994), WHA48.8 (1995), WHA49.1 (1996), WHA54.12 (2001) and WHA59.27 (2006).

³ See <http://www.who.int/hrh/resources/nmsd/en/> (accessed 23 February 2016).

regions (from 56 to 80%), reflecting diversity in models of health care delivery and historical policy decisions on the skill-mix of healthcare professionals, but the global approximation of two-thirds indicates their substantive contribution.

8. New data from OECD (2015) confirm that Member States have taken steps to strengthen their nursing and midwifery services. In the period 2000–2013, nearly all upper middle and high income Member countries of OECD increased the number of practising nurses per 1000 population.¹ A similar trend is observed in low- and middle-income countries: a 2013 analysis for the Third Global Forum on Human Resources for Health identified the average exponential change in real terms in the number of midwives and nurses between 2004 and the latest year of available data, reporting an increase in 30 out of 46 countries (65%).² The figures provide clear evidence of Member States' actions to increase the intake and production of midwives and nurses to provide integrated, people-centred services, consistent with WHO's strategic directions for strengthening nursing and midwifery services (2011–2015) and resolution WHA64.7. Further developments with respect to the number, scope of practice and competencies of midwives and nurses will however be required in order to meet the ambition of achieving universal health coverage.

9. Actions by the Secretariat since 2011 have focused on building capacities, engaging partners, gathering knowledge and evidence, and conducting policy and planning activities. Highlights from the period are summarized below.

Engaging nursing and midwifery institutions

10. There are 43 designated WHO collaborating centres for nursing and midwifery. These centres have contributed to the development of regional strategies in the European³ and Eastern Mediterranean⁴ regions, the preparation of a regional road map on midwifery education in the South-East Asia Region,⁵ and the establishment of programmes for advanced practice nurses and research priorities in the Region of the Americas.⁶ WHO continues to engage and collaborate with healthcare professional associations, including the International Confederation of Midwives and the International Council of Nurses.

Technical support and evidence generation

11. An extensive body of technical work and evidence has been generated to support Member States. Examples are provided below.

¹ OECD Health Statistics 2015, OECD.

² WHO and Global Health Workforce Alliance. A universal truth: no health without a workforce. Forum report, Third Global Forum on Human Resources for Health, Recife, Brazil. Geneva, WHO; 2013 (<http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>, accessed 23 February 2016).

³ See <http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2015/european-strategic-directions-for-strengthening-nursing-and-midwifery-towards-health-2020-goals> (accessed 23 February 2016).

⁴ See <http://www.emro.who.int/health-topics/nursing-and-midwifery/index.html> (accessed 23 February 2016).

⁵ Document under preparation. Preparatory work began during the Regional meeting on strengthening midwifery to improve maternal and newborn health, held from 11 to 13 August 2015 in New Delhi.

⁶ See http://fhs.mcmaster.ca/globalhealthoffice/mcmaster_to_host_paho_summit.html (accessed 23 February 2016).

(a) New evidence on the nursing contribution to interprofessional education was published in the WHO's *Human Resources for Health Observer* series, in an issue containing six case studies on interprofessional collaborative practice in primary health care: nursing and midwifery perspectives (Issue No. 13, 2013) and in an issue on an interprofessional education case study (Issue No. 14, 2014).

(b) A list of desired competencies for nursing and midwifery educators was published in collaboration with key stakeholders, including UNFPA, WHO collaborating centres, the International Council of Nurses, the International Confederation of Midwives and regulatory bodies.

(c) In collaboration with Member States, the European Union, Eurostat and OECD, a new module on health care migration has been added to the instrument used for routine joint data collection on health workforce employment and education, with a specific focus on nursing and midwifery.

12. Regional offices have made a significant contribution to progress, including by taking the measures described below.

(a) The Regional Office for Africa has developed a professional regulatory framework for nursing and midwifery, including three prototype competency-based curricula covering general nursing, midwifery and integrated nursing and midwifery programmes.

(b) The Regional Office for the Americas has developed a directory of pan-American nursing schools; a self-learning course on nursing leadership to empower nurses in Latin America and the Caribbean; and a consultative process to generate nursing research priorities.

(c) The Regional Office for South-East Asia has provided support to Myanmar in developing the strategic directions for national nursing and the Midwifery Development Plan 2013–2017 and has supported the Sri Lanka Nursing Council in strengthening its role and function.

(d) The Regional Office for Europe has developed the European strategy direction for strengthening nursing and midwifery towards Health 2020 goals. The strategy direction was launched at the Regional Committee for Europe at its sixty-fifth session (Vilnius, 14–17 September 2015). The document includes an action plan with indicators for monitoring progress. It is accompanied by the compendium of good nursing and midwifery practice, which is based on 55 case studies from 18 Member States.

(e) The Regional Office for the Eastern Mediterranean has developed standards for nursing education together with a regulatory framework, and has strengthened national nursing and midwifery research networks through the engagement of nursing and midwifery education faculties in Bahrain and the Islamic Republic of Iran.

Optimizing the contributions of nursing and midwifery to national health policy and planning

13. In collaboration with UNFPA and other partners, WHO has continued to build evidence of the importance of nursing and midwifery to maternal, newborn, child and adolescent health. The reports *The state of the world's midwifery 2011: delivering health, saving lives* and *The state of the world's midwifery 2014: a universal pathway. A woman's right to health* captured data from 58 and

74 countries respectively to inform policy dialogue between governments and partners. Regional policy dialogues were held in Thailand in March 2015 (involving 11 countries) and in Egypt in December 2015 (involving nine countries). WHO collaborated on *The Lancet's* series on midwifery (2014), including by providing support for global dissemination meetings and policy dialogue.

14. Since 2004, WHO has been supporting the capacity building of government chief nursing and midwifery officers. A global forum for such officers is held biennially. The 2014 forum convened participants from 79 countries, with the keynote address being given by Her Royal Highness Princess Muna Al-Hussein of Jordan. A manual on the roles and responsibilities of government chief nursing and midwifery officers was published in 2015.

15. A document presenting new strategic directions for strengthening nursing and midwifery services (2016–2020) is due to be published in March 2016.¹ Its preparation has involved multiple stakeholders, including the International Confederation of Midwives, the International Council of Nurses, ILO, UNICEF, WHO collaborating centres and the World Federation for Medical Education.

RESOLUTION WHA66.23 ON TRANSFORMING HEALTH WORKFORCE EDUCATION IN SUPPORT OF UNIVERSAL HEALTH COVERAGE

16. The quantity, quality and relevance of health workers is influenced by the way in which Member States approach, develop and implement the education of healthcare professionals. Interactions between the education sector (focusing on the achievement of Sustainable Development Goal 4, to ensure inclusive and quality education for all and promote lifelong learning) and the health sector (focusing on the achievement of Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all at all ages) are critical to ensure the optimization of the present health workforce and the production of a future health workforce that is responsive to the needs of the population. The achievement of universal health coverage will hinge on these interactions and on whether the supply and demand of health workers meet population needs. Resolution WHA66.23, adopted in 2013, notes these challenges and contains provisions for Member States and the Secretariat.

17. In support of universal health coverage, the Secretariat was requested to develop further actions with relevant stakeholders. A summary of progress is reported below.

18. A multidisciplinary technical working group, with participants from all six WHO regions, has developed a standard protocol and assessment tool on health workforce education. Member States and relevant stakeholders have supported the application of the assessment tool in the period July–December 2015, covering five elements, namely: piloting in Portugal; promoting application by the Member States that cosponsored resolution WHA66.23; promoting regional engagement in the South-East Asia Region;² developing a regional programme on nursing and midwifery education in Africa; and promoting the involvement of the education institutions that were represented in the technical working group or belong to professional networks.

19. That approach has resulted in the tool's implementation across 27 Member States, representing all WHO regions. More than 20% of government responses and nearly 40% of institutional assessment

¹ See http://www.who.int/hrh/nursing_midwifery/en/ (accessed 25 February 2016).

² In support of resolution SEA/RC67/R6 of the WHO Regional Committee for South-East Asia on strengthening health workforce education and training in the Region (2014).

data came from the African Region, demonstrating the high demand in that Region for improved assessment tools and financial support to promote the education of health professionals.

20. The tool has been designed to provide governments and institutions with a situational assessment of the strengths and weaknesses in the education of health professionals, prompting critical analysis of policy options. Emphasis is placed on taking action within the institution or in the national setting based on the results. Notwithstanding this national focus, the data can also be used to assess similarities and trends across institutions and countries. One of the elements of the approach taken towards the application of the evaluation tool is providing technical support across the South-East Asia Region in line with the 2014 resolution of the WHO Regional Committee for South-East Asia on strengthening health workforce education and training in the Region.¹ The resolution prompted targeted actions by Member States to identify opportunities for and threats to improving the education of health professionals. All 11 Member States of the Region participated in a consultation exercise in 2014. Continuing collaboration between headquarters, the Regional Office for South-East Asia and country offices has resulted in the development of national priorities which have been peer-reviewed by country representatives and enabled support for policy dialogue in Bhutan, Indonesia, Myanmar and Sri Lanka. This model demonstrates the potential utility of the process, engaging all three levels of the Organization in assessment, policy dialogue and follow-up with Member States.

21. The Secretariat will continue the second phase of activities in 2016, with the next report on progress due to the Seventieth World Health Assembly in 2017. Activities will include revisions to the draft assessment tool and protocol to further improve their usefulness at the institutional and national levels. Further analysis of the data from the 27 countries where the tool was implemented will also be used to ascertain the tool's capacity to provide standardized data across institutions and countries in support of global public goods. The data will also be used to inform the development of the education module included in the handbook on national health workforce accounts, due for publication as a companion piece to the draft global strategy on human resources for health: workforce 2030, in May 2016. In addition, the Secretariat will also publish an eBook that provides examples of how to integrate a social determinants of health approach into health workforce education and training.

22. Further implementation activities, building on the successful model in the South-East Asia Region, will be subject to the human and financial resources made available by Member States and partners.

ACTION BY THE HEALTH ASSEMBLY

23. The Health Assembly is invited to note the report.

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¹ Resolution SEA/RC67/R6 (2014).