UHC and a sustainable health workforce

Commonwealth Civil Society Policy Forum

19 May 2018

Jim Campbell, Director, Health Workforce Department, WHO @JimC_HRH
“At current rates of progress, fewer than 5% of countries were projected to reach 2030 targets for 11 indicators.”

“Translation of the global SDG framework into investments and policy remains in its infancy.”

Measuring progress and projecting attainment on the basis of past trends of the health-related Sustainable Development Goals in 188 countries: an analysis from the Global Burden of Disease Study 2016

Fullman, Nancy et al.
The Lancet, Volume 390, Issue 10100, 1423–1459

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32336-X/fulltext

*Health workforce = Almost 50% of the investment required to achieve health SDGs (1.8 trillion USD) >> 70 million decent job creation opportunity in LMICs
Meeting the health SDGs means investing $3.9 trillion over the next 15 years

That is

- $76 per capita in Low Income countries
- $58 per capita in Lower middle Income countries
- $51 per capita in Upper middle Income countries

It is spent on

- 34% Infrastructure
- 36% Health workforce
- 4% Supply chain
- 16% Drugs & consumables
- 10% Systems strengthening

It offers

- 97 million lives
- 535 million healthy years of life
- 23 million health workers
- 415,000 new healthcare facilities

Almost 50% including education, training and employment costs (1.8 trillion)

**Investing in health SDGs: 70 million decent job creation opportunity**
The changing global context: Challenges & opportunities

- SDGs
- Globalization
- Migration
- Ageing
- Multi-morbidity
- NCDs
- Climate change
- Urbanization
- Citizen voice
- Innovation
- Rising costs

Source: WHO Global Health Observatory Data Repository, 2015
Demographic changes: 2015 - 2050

Percentage contribution to global growth in population aged 15-64, from 2015-2050

- High Income Countries: -3.25%
- East Asia & Pacific: -9.53%
- Europe and Central Asia: -0.11%
- Latin America: 4.75%
- Middle East & North Africa: 9.59%
- South Asia: 34.26%
- Sub-Saharan Africa: 64.30%

Health Labour Market framework for UHC

Economy, population and broader societal drivers

Education sector
- Education in health
- Education in other fields

Labour market dynamics
- Employed
- Unemployed
- Out of labour force
- Other sectors

Pool of qualified health workers
- Abroad

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

Universal health coverage with safe, effective, person-centred health services.
Health Labour Market: need, supply, demand

SDG Index
4.45 (midwives, nurses and physicians) per 1,000 population

Need

Supply

Demand

Insufficient supply to meet demand (education and production)

Deficit

Insufficient demand to employ workforce to meet needs (shortage)
Global economy is projected to create around 40 million new health sector jobs by 2030¹

<table>
<thead>
<tr>
<th>Demand</th>
<th>High income</th>
<th>Upper-middle income</th>
<th>Lower-middle income</th>
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Projected shortfall of 18 million health workers to achieve and sustain the SDGs²

2 Cometto et al, World Health Organization, 2016
UHC-associated shortage by WHO region, 2030

Estimated needs-based shortage of health workforce in 2030, by WHO region

Shortage = need – supply (number of health workers)
- African Region (6.1 million)
- South-East Asia Region (4.7 million)
- Western Pacific Region (1.4 million)
- Region of the Americas (0.6 million)
- Eastern Mediterranean Region (1.7 million)
- European Region (0.1 million)

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

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BUT, international migration rising

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<td>Doctors</td>
<td>19.5 %</td>
<td>22 %</td>
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<tr>
<td>Nurses</td>
<td>11 %</td>
<td>14.5 %</td>
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The number of migrant doctors and nurses working in OECD countries has increased by 60% over the past 10 years (from 1,130,068 to 1,807,948).

Source: OECD, 2015.
And migration flows are changing (1)

Non-EU / EU RN entrants to UK (1990-2015)

Source: Prof. J. Buchan
And migration flows are changing (2)
1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)

2. **Anticipate and align investment in future workforce requirements** and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)

3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)

4. **Strengthen data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)
WORKING FOR HEALTH AND GROWTH

Investing in the health workforce

The Power of Health Workers video:
https://www.youtube.com/watch?v=TeP0aafYvH0
The Commission seeks to:

- Highlight the benefits across the SDGs from investments in the health workforce;
- Draw attention to the necessary reforms in health employment, education and service delivery;
- Generate political commitment and intersectoral action towards more and better investment in the health workforce.
A new narrative....

Health as a “cost disease” and “a drag on the economy”

Baumol (1967)
- Growth in health sector employment without increase in productivity could constrain economic growth (data from USA)

Hartwig (2008 and 2011)
- Confirmation of Baumol hypothesis (data from OECD countries)

Health as a multiplier for inclusive economic growth

Arcand et al., World Bank manuscript (2016)
- larger dataset; data from low-, middle- and high-income countries
- establishes positive and significant growth inducing effect of health sector employment; multiplier effect on other economic sectors
- magnitude of effect greater than in other recognized growth sectors

Source: WHO (2016)
SDGs 5 + 8: Gender + employment

Women’s share of employment (health vs all other)

Source: WHO (2016)
WOMEN’S ECONOMIC EMPOWERMENT: 70% OF HEALTH AND SOCIAL WORKFORCE

**WOMEN’S CONTRIBUTION TO GLOBAL HEALTH**

- **US $3 TRILLION (5% GDP)**
- **½: UNPAID CARE ROLES**

2% GDP investment into health, education and social sectors:
- Increase overall employment by 2.4 – 6.1% (59-70% jobs for women)
- Increase women’s employment by 3.3 – 8.2% (ITUC, 2016)

**GENDER PAY GAP**

- Health and social sector: Upper-middle income countries: 29%
- Health and social sector: High income countries: 26%
- Globally in all sectors: 20%

*Gender parity is 216 years away!*

[Links to reports and articles for further reading]
Commission’s recommendations...

10 recommendations + 5 actions
1. Job creation
2. Gender equality and women's rights
3. Education training and competencies
4. Health service delivery and organization
5. Technology
6. Crisis and humanitarian settings
7. Financing and fiscal space
8. Partnerships and cooperation
9. International migration
10. Data, information and accountability
Commission: 5 immediate actions....

1. Secure commitments, foster intersectoral engagement and develop an action plan
   1. ILO, OECD and WHO will convene a High-Level Ministerial Meeting (14-15 Dec 2016) to agree a five-year implementation plan for the ten recommendations.

2. Galvanize accountability, commitment and advocacy

3. Advance health labour market data, analysis and tracking in all countries

4. Accelerate investment in transformative education, skills and job creation

5. Establish an international platform on health worker mobility
WORKING FOR HEALTH: THEORY OF CHANGE

The Pharmacy Workforce Agenda

- Improved health labour market data, analysis and evidence
- Enhanced national health workforce strategies
- Sustainable domestic and international investments
- Transformation & scale up of education, skills and decent job creation towards a sustainable health workforce
- Dialogue with government, employers and workers?
- Concerted tripartite social dialogue
- Integrated workforce strategy responsive to needs?
- Labour market diagnostics?
- Investment case?
- Bold intersectoral action to achieve scale and impact?
10 Modules for NHWA

Education
- Module 2: Health workforce in education
- Module 3: Education regulation
- Module 4: Education finances

Labour Force
- Module 1: Active health workforce stock
- Module 5: Health labour market flows
- Module 6: Employment characteristics and working conditions
- Module 7: Health workforce spending and remuneration

Serving Population Health Needs
- Module 8: Skill mix compositions for models of care
- Module 9: Performance and productivity
- Module 10: Health workforce governance, information systems and planning

90 Indicators: progressive implementation 2016 - 2030
Where & how WHO can help

WHO/ILO/OECD **Working for Health** program, MPTF, and Regional Action Plans (UEMOA and SADC)

Joint Analysis of ILO **Labour Force Surveys**: 60 countries

**National Health Workforce Accounts**

**Inter-Agency Data Exchange**
Discussion points

Securing political commitment and partnerships to mobilize HRH for UHC

Taking concrete steps: a 5-year intersectoral Action Plan aligned with UHC, health employment and economic growth

Applying robust workforce data, labour force surveys, and evidence to create the investment case for UHC

Leveraging support through the joint WHO/ILO & OECD ‘Working for Health’ programme and its Multi-partner Trust Fund
THANK YOU.

who.int/hrh
#workforce2030