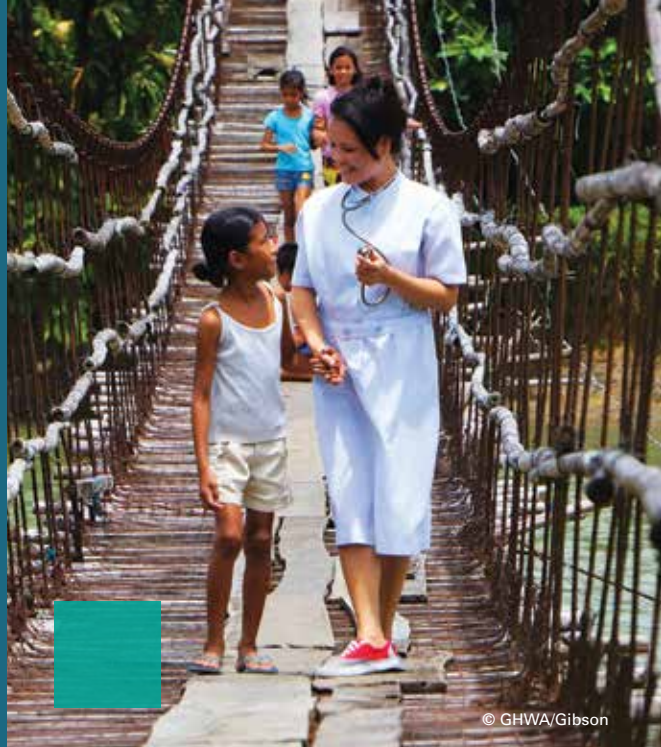


HEALTH WORKFORCE 2030



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A global
strategy
on human
resources for
health.



 global health
workforce
alliance

 World Health
Organization

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1

Who are health workers?

Health workers are “all people engaged in actions whose primary intent is to enhance health” (WHO - World Health Report 2006). This includes physicians, nurses and midwives, but also laboratory technicians, public health professionals, community health workers, pharmacists, and all other support workers whose main function relates to delivering preventive, promotive or curative health services.

Health workers typically operate in collaboration with the wider social service workforce, who is responsible to ensure the welfare and protection of socially or economically disadvantaged individuals and families; a closer integration of the health and social service workforce can also improve long-term care for ageing populations.



2

Why are health workers important?

Health workers are the core of health systems: without health workers there is no health care. National and global efforts to achieve the health targets of the Millennium Development Goals (MDGs) set by the United Nations in 2000 are thwarted in many countries by shortages of health staff, their often inequitable distribution, and gaps in their capacity, motivation and performance. Similarly, the ambitious targets under consideration by the United Nations as part of the Sustainable Development Goals that will replace the MDGs (which include for example eliminating preventable maternal and child deaths), will only be achieved if dramatic improvements are made to strengthen the health workforce.





3

Isn't this a problem just for the poorest countries?

Low- and middle-income countries face the most severe challenges in ensuring a sufficient, fit-for-purpose and fit-to-practice health workforce. A recent analysis conducted by the Global Health Workforce Alliance and WHO estimated a gap of 7.2 million professional health workers in 2012, set to rise to 12.9 million over the next decades. The Ebola epidemic in West and Central Africa demonstrates how weak health systems with insufficient health workers are unable to respond to emerging needs. But countries at all levels of socio-economic development face the challenge of how to sustain the human capital required to guarantee universal access and universal health coverage. High-income countries in particular are often over-reliant on migrant health workers from developing countries, and have to plan for the growing needs of their ageing populations.

4

With so many competing development priorities, are health workers worth the investment required?

Investment in health workforce is one of the best buys in public health. For instance, investing in midwifery education, with deployment to community-based services, can yield a 16-fold return on investment in terms of lives saved and costs of caesarean sections avoided (State of the World's Midwifery 2014). In addition, evidence is starting to emerge on the broader socio-economic impact of investments in the health workforce, in terms of improving synergies with education, creating career opportunities for women, facilitating decent employment in the formal sector, and fuelling economic growth.

5

Why is having a global strategy on human resources for health necessary?

The centrality of health workers in achieving health outcomes has long been known. But now we have better evidence than ever before on what works and what doesn't in health workforce development across different aspects, ranging from planning, education, management, retention, incentives, linkages with the social service workforce. A global strategy that addresses in an integrated way all these aspects can inspire and inform more incisive, multi-sectoral action, based on new evidence and best practices, at national level by planners and policy makers, and at global level by the international community.

6

Why do we need it now?



The international community is working to identify a new set of global development goals for the period 2016-2030, to follow the MDGs of the period 2000-2015. The health workforce is one of the areas under consideration as part of the proposed health objective. The development of a global strategy on human resources for health now is therefore very timely, because in its early stages the process to develop the global strategy on HRH can also influence the decisions on the post-2015 development agenda; and once these broader goals and targets have been set at a political level, the global strategy on HRH can provide concrete recommendations and ideas on how to achieve them at a more technical level.

7

Who is developing a global strategy on human resources for health?

The Global Health Workforce Alliance (GHWA), a multi-sectoral partnership hosted by WHO, has been coordinating since early 2014 a broad-based consultation process to collate evidence in support of the global strategy on HRH. The consultation is led by the Board of the Alliance with partners (UN agencies, the World Bank, bilateral, health care professional associations, civil society academia, etc) engaged in the development of 8 thematic papers examining in more depth different health workforce issues. In May 2014, a resolution of the World Health Assembly requested the World Health Organization Director General to develop a global strategy on human resources for health, for consideration by WHO Member States at the 69th World Health Assembly in May 2016. GHWA will therefore complete its broad consultation process in early 2015, and provide its recommendations to WHO, as a foundation for the development of the global strategy. This mirrors the consultation process (2008-2010) for the WHO Code of Practice on the International Recruitment of Health Personnel. WHO will use the recommendations from GHWA to inform the deliberations by its Member States.





8

What is the process to develop the global strategy on human resources for health?

The first phase of the process, coordinated by GHWA, has seen and will continue to see a wide range of organizations, institutions and individuals contributing to the collation, analysis and synthesis of evidence. Consultation will continue on occasion of specific health events, such as the Cape Town Health Systems Research Symposium and the Prince Mahidol Award Conference , as well as on an ongoing basis through online mechanisms, such as the GHWA members' e-platform. The second phase of the process, facilitated by the World Health Organization, will follow the WHO governance processes, with WHO Member States debating subsequent versions of the strategy at the WHO Regional Committee meetings in September to November 2015, and then at the WHO Executive Board Meeting and World Health Assembly in 2016.



9

When will the global strategy be ready?

The final version of the global strategy on human resources for health will be considered by the WHO Member States at the 69th World Health Assembly in May 2016.



10

How can I contribute?

You can feed into the public consultation process on the 8 thematic paper developed by working groups convened by GHWA. Learn more about contributing to this process on <http://www.who.int/workforcealliance/en/> And you can follow the debate on the global strategy on human resources for health at global, regional and thematic health events throughout 2015.

Whoever you are and wherever you live, someday you might need a health worker, so this is your strategy too: share your ideas with us, and, through us, with the world!



GLOBAL HRH STRATEGY: KEY TIMELINES

2013

GHWA Board working group on HRH strategy established

16th GHWA Board meeting decides to trigger process to develop a global strategy on HRH

Consultation at PMAC 2014: 8 thematic working groups established

World Health Assembly requests WHO DG to develop global strategy on HRH

Third (final draft) of 8 thematic papers reflecting inputs of public consultation and outcome of UNGA 2014

Public consultation on the 8 thematic papers (launch at Cape Town health system research symposium)

8 thematic working groups develop collate evidence for papers with inputs from stakeholders

Production of second drafts of 8 thematic papers

UNGA debates post-2015 development agenda and goals

Development of synthesis paper with overarching recommendations

2014

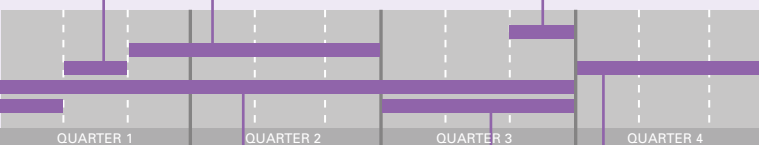


2015

18th GHWA Board meeting reviews synthesis paper with recommendation on global HRH strategy

Development of 0 draft WHO global strategy on HRH

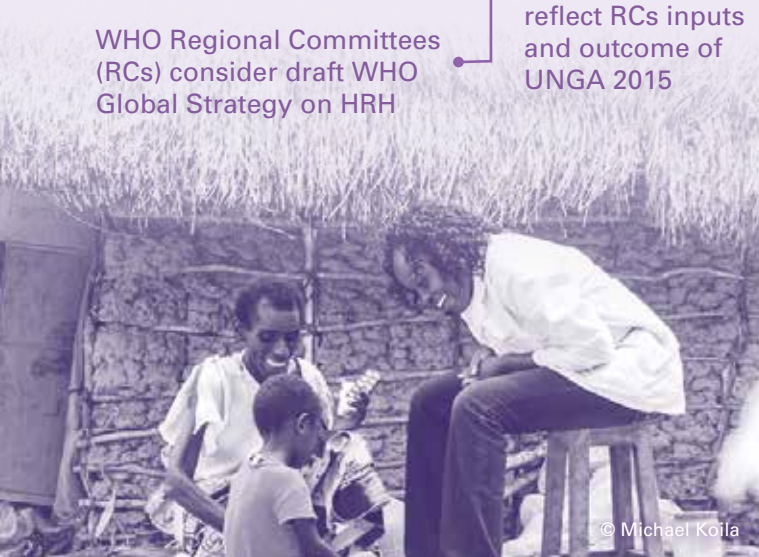
UNGA 2015 defines post-2015 development agenda, goals and targets



Collation of evidence and external consultation opportunities with member states

WHO Regional Committees (RCs) consider draft WHO Global Strategy on HRH

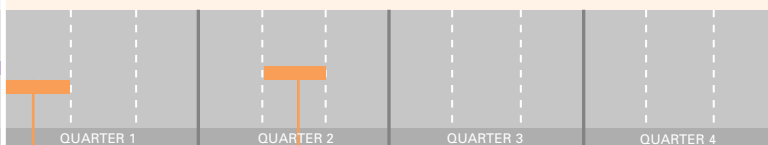
Contents of WHO Global Strategy on HRH adapted to reflect RCs inputs and outcome of UNGA 2015



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69th WHA considers WHO Global Strategy on HRH

WHO EB considers WHO Global Strategy on HRH

2016



global health
workforce
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