

# 10th GENEVA CONFERENCE ON PERSON- CENTERED MEDICINE

## Human resources for health: global agenda and opportunities for collaboration

Geneva, 10 May 2017

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The Health Workforce 2030

# The Global Strategy on HRH: Workforce 2030



**Objective 1:** 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

## **Milestones:**

**1.1** By 2020, all countries will have established accreditation mechanisms for health training institutions.

**1.2** By 2030, all countries will have made progress towards halving inequalities in access to a health worker.

**1.3** By 2030, all countries will have made progress towards improving the course completion rates in medical, nursing and allied health professionals training institutions.

# The Global Strategy on HRH: Workforce 2030

**Objective 2: Align investment in human resources for health with the current and future needs of the population and 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**



## Milestones:

**2.1** By 2030, all countries will have made progress towards halving their dependency on foreign-trained health professionals, implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel.

**2.2** By 2030, all bilateral and multilateral agencies will have increased synergies in official development assistance for education, employment, gender and health, in support of national health employment and economic growth priorities.

**2.3** By 2030, partners in the Sustainable Development Goals will have made progress 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.

**2.4** By 2030, partners in the UN Sustainable Development Goals will have made progress on Goal 3c to increase health financing and the recruitment, development, training and retention of health workforce.

# The Global Strategy on HRH: Workforce 2030

**Objective 3: 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**

## **Milestones:**

**3.1** By 2020, all countries will have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

**3.2** By 2020, all countries will have an HRH unit with responsibility to develop and monitor policies and plans.

**3.3** By 2020, all countries will have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.





# The Global Strategy on HRH: Workforce 2030



**Objective 4: Strengthen data on human resources for health for monitoring and accountability of national and regional strategies, and the Global Strategy**

## **Milestones:**

**4.1** By 2020, all countries will have made progress to establish registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.

**4.2** By 2020, all countries will have made progress on sharing HRH data through national health workforce accounts and submitting core indicators to the WHO Secretariat annually.

**4.3** By 2020, all bilateral and multilateral agencies will have strengthened health workforce assessment and information exchange.

# The High-Level Commission on Health Employment and Economic Growth

## The Commission :

- Highlighted the **benefits across the SDGs** from investments in the health workforce;
- Drew attention to the **necessary reforms** in health employment, education and service delivery;
- Generated **political commitment and inter-sectoral action** towards more and better investment in the health workforce.

The United Nations Secretary-General established the High-Level Commission in March 2016, recognizing that investing in new jobs in the health and social workforce can generate economic growth and contribute to the implementation of the 2030 Agenda for Sustainable Development. The Commission was tasked with finding innovative ways to address health labour shortages and ensure a good match between the skills of health workers and job requirements, so as to enhance the efficiency of the health sector and its contribution to inclusive growth.

### CO-CHAIRS



H.E. Mr. François Hollande,  
President of France



H.E. Mr. Jacob Zuma,  
President of South Africa



Dr. Margaret Chan,  
Director-General of the World Health Organization (WHO)



Mr. Guy Ryder,  
Director-General of the International Labour Organization (ILO)



Mr. Angel Gurría,  
Secretary-General of the Organisation for Economic Co-operation and Development (OECD)

### CO-VICE-CHAIRS



Ms. Anu Aga,  
Member of the Upper House of Parliament, India



H.R.H. Princess Muna al-Hussein,  
Princess of Jordan, Global Health Advocate for Nursing and Midwifery



Dr. Vytas Andriulaitis,  
Commissioner for Health and Food Safety, European Commission



Ms. Rosalinda Baldoz,  
Department of Labor and Employment, the Philippines



Dr. Midaly Castillo,  
Co-founder of the Latin American School of Medicine, Cuba



Dr. Nkosazana Dlamini-Zuma,  
Chairperson of the African Union Commission



Mr. Mousa Dossou,  
Minister of State, Minister of Employment and Social Protection, Côte d'Ivoire



Mr. Hermann Gölke,  
Federal Minister of Health, Germany



Mr. Bent Høie,  
Minister of Health and Care Services, Norway



Dr. Maris Jesse,  
Deputy Secretary-General, Ministry of Social Affairs, Estonia



Ms. Susana Malcorra,  
Minister of Foreign Affairs and Worship, Argentina



Dr. Alaa Murabit,  
Founder of The Voice of Libyan Women, Sustainable Development Goals Advocate



Prof. Jane Naana Ogburn,  
Agripreneur, Ghana



Ms. Rosa Pavanello,  
Secretary of Public Services International



Dr. Judith Shamian,  
President of the International Council of Nurses



Prof. Joseph Stiglitz,  
Economist, Nobel Prize winner in Economic Sciences



Prof. Kazuo Takami,  
President of the House of Councillors, Japan



Mr. Giorgio K. Warner,  
Minister of Education, Liberia

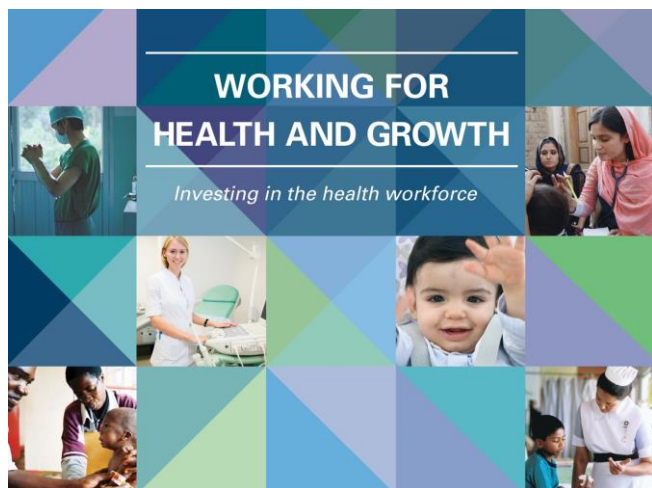


Prof. Muhammad Yunus,  
Co-founder and Chairman of Yunus Social Business, Nobel Prize Winner

Commission Secretariat:



# 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

# Global Health Workforce Network (GHWN)

## 66. Strengthen global capacity to implement the transnational HRH agenda.

This can be achieved by fostering effective coordination, alignment and accountability through a network of international HRH stakeholders and actors. Building on the experience and achievements of the Global Health Workforce Alliance over its 10 years of existence (2006–2016), WHO will support at all levels of the Organization in the establishment of a global network for HRH collaboration

### WHO HRH Network Hub & Spoke Model





The Network, in supporting WHO, will aim to:

- a) Maintain high-level political commitment
- b) Promote inter-sectoral and multilateral policy dialogue, including, as appropriate, through public–private collaboration
- c) Facilitate the alignment of global health initiatives to the HRH investment priorities outlined in the Global Strategy
- d) Foster global coordination and mutual accountability.

# The corresponding work streams of the GHWN (2016-18)

Priority work streams for the first 2 years (2016-2018)	<p>1. Develop and promote competency and performance standards linking SDGs 3 (health &amp; well-being) and 4 (education and life-long learning):</p> <ul style="list-style-type: none"> <li>-develop competency framework(s) for technical and vocational education and training within countries;</li> <li>- inform global guidelines on community-based health workers and catalyse support for their implementation at country level</li> </ul>	<p>2. Develop and promote standards to harmonize and align investments from Global Health Initiatives, multilateral, bilateral and other official development assistance (health, education, employment etc) for health workforce development</p>	<p>3. Develop and enable an accredited leadership programme on health workforce</p>	<p>4. Promote alignment and adoption of National Health Workforce Accounts; linking with the Health Data Collaborative</p> <p>5. Promote inter-sectoral reporting on SDG Goal 3c with relevant stakeholders</p>
OUTPUTS (2016-2018):	<p>Competency framework (x 1) for country policy &amp; planning.</p> <p>Inter-agency adoption of WHO Guidelines for CBHWs informing country actions.</p>	<p>Ex-ante impact assessment tool to guide country investments.</p>	<p>Health workforce leadership programme for national stakeholders (progressing to accredited status)</p>	<p>Scale-up of country activities on adoption and reporting of NHWA.</p> <p>SDG3c reporting process</p>
Cross-cutting activities:	<p>Engage inter-sectoral stakeholders in a Strategic Advisory Committee and the work of the thematic hubs. Develop and disseminate global public goods, engaging and informing members and stakeholders.</p>			

## Fourth Global Forum on Human Resources for Health

*Building the health workforce for the future*

13-17 November 2017, Dublin, Ireland



Fourth Global Forum on  
Human Resources for Health  
13-17 November 2017  
Dublin, Ireland 🍀

### Main forum programme

#### Plenary 1 – Health systems for the future: 2030 and beyond

**Sub-theme 1:** Aligning education and utilization of skills to optimize workforce performance (*Plenary 2*)

*Organized track sessions*

**Sub-theme 2:** Policies and planning for labour market transformation and employment for health (*Plenary 3*)

*Organized track sessions*

**Sub-theme 3:** Decent work, rights and responsibilities (*Plenary 4*)

*Organized track sessions*

**Sub-theme 4:** Moving forward: Improving governance implementation of the Global Strategy on HRH (*Plenary 5*)

*Organized track sessions*

**Plenary 6/Investors Forum – Investments and financing for building a performing and sustainable health workforce**

- 13th -14th November - Side events/skills building workshops
- 14th November- Youth Forum
- 14th-17th November- Main Forum Programme

Complete information on registration; call for abstracts, side event reservations

<http://hrhforum2017.ie/>

# THANK YOU

[who.int/hrh](http://who.int/hrh)  
[#workforce2030](https://twitter.com/workforce2030)





# A large and growing share of employment

OECD Health Policy Studies

**Health Workforce Policies  
in OECD Countries**

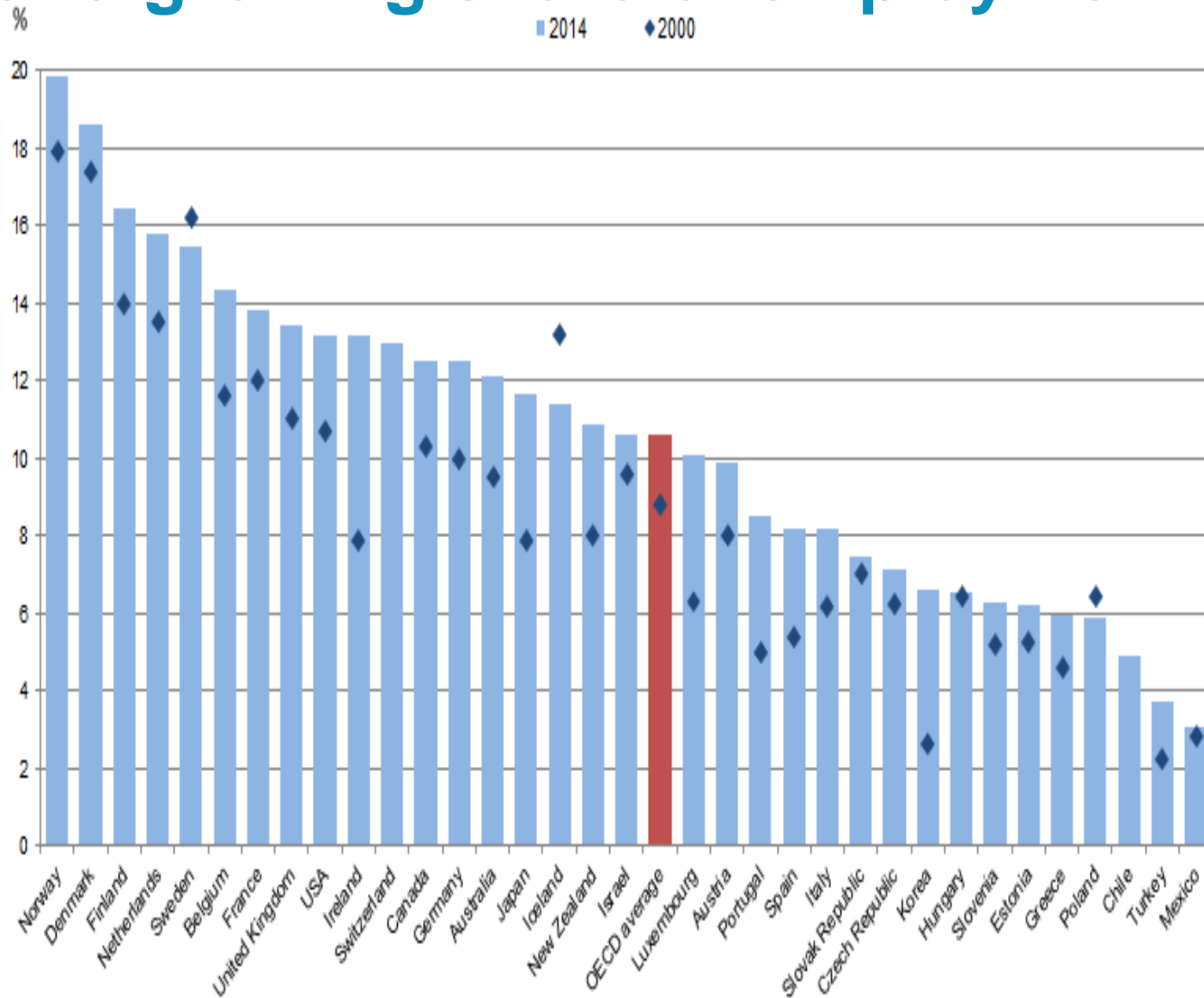
RIGHT JOBS, RIGHT SKILLS, RIGHT PLACES



**Growth in health and social  
sector employment  
throughout the economic  
downturn**

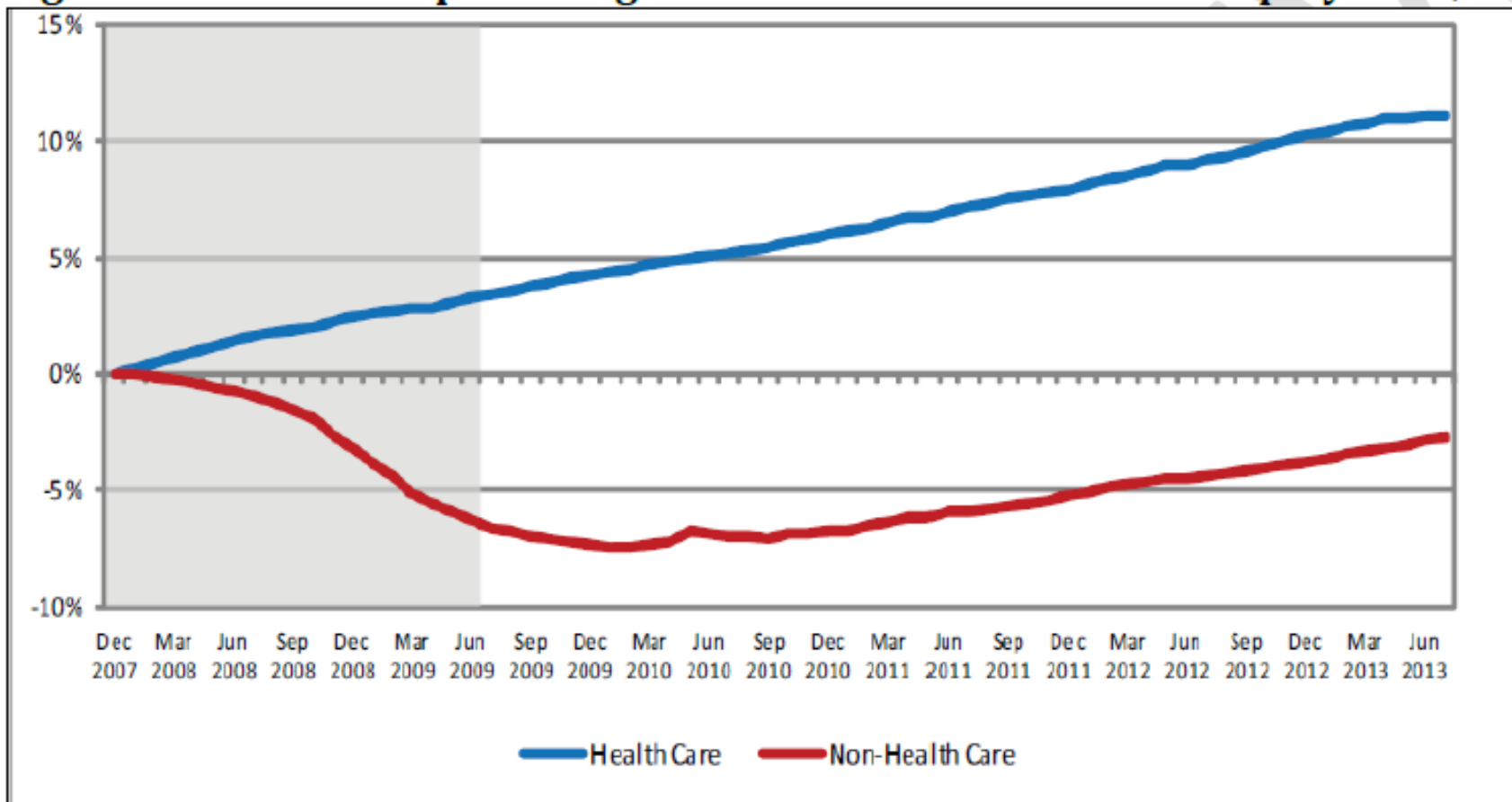
Around 42 million people across 34 countries of the Organisation for Economic Co-Operation and Development (OECD) were unemployed in May 2015, 10 million more than before the financial crisis (OECD

Employment Outlook 2015)



# A countercyclical source of employment (USA)

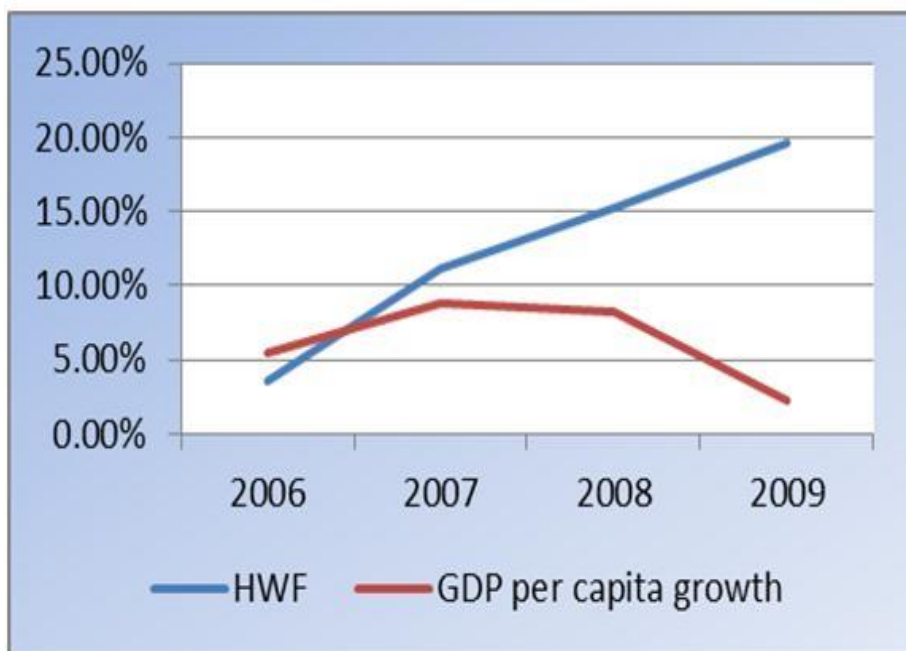
Figure 1: Cumulative percentage of Health and Non-Health employment, US 07/13



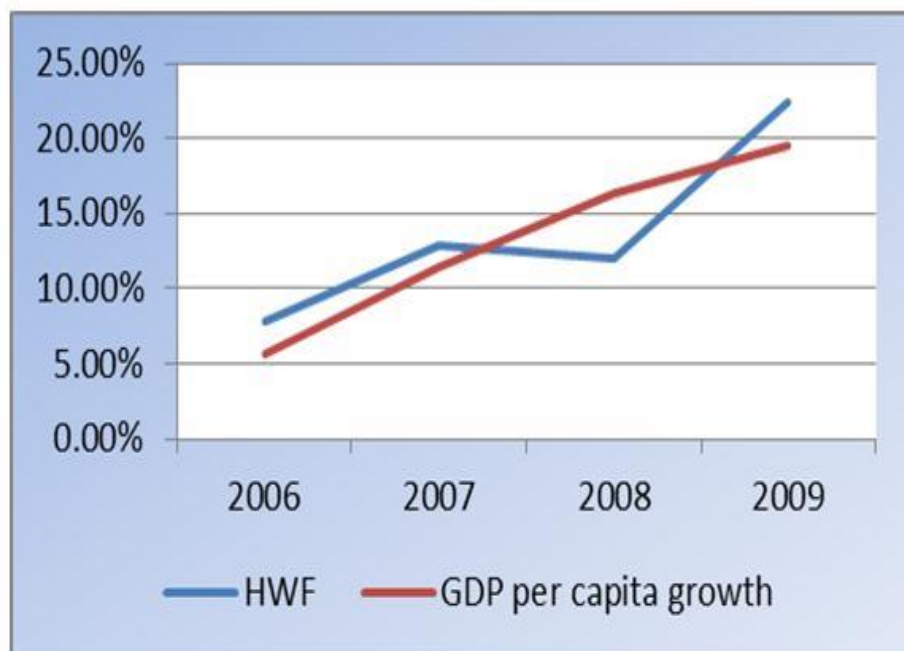
SOURCE: Turner et al., 2013. US Bureau of Labor Statistics Data.

# A countercyclical source of employment (LMIC)

2e – Turkey



2f – Jordan



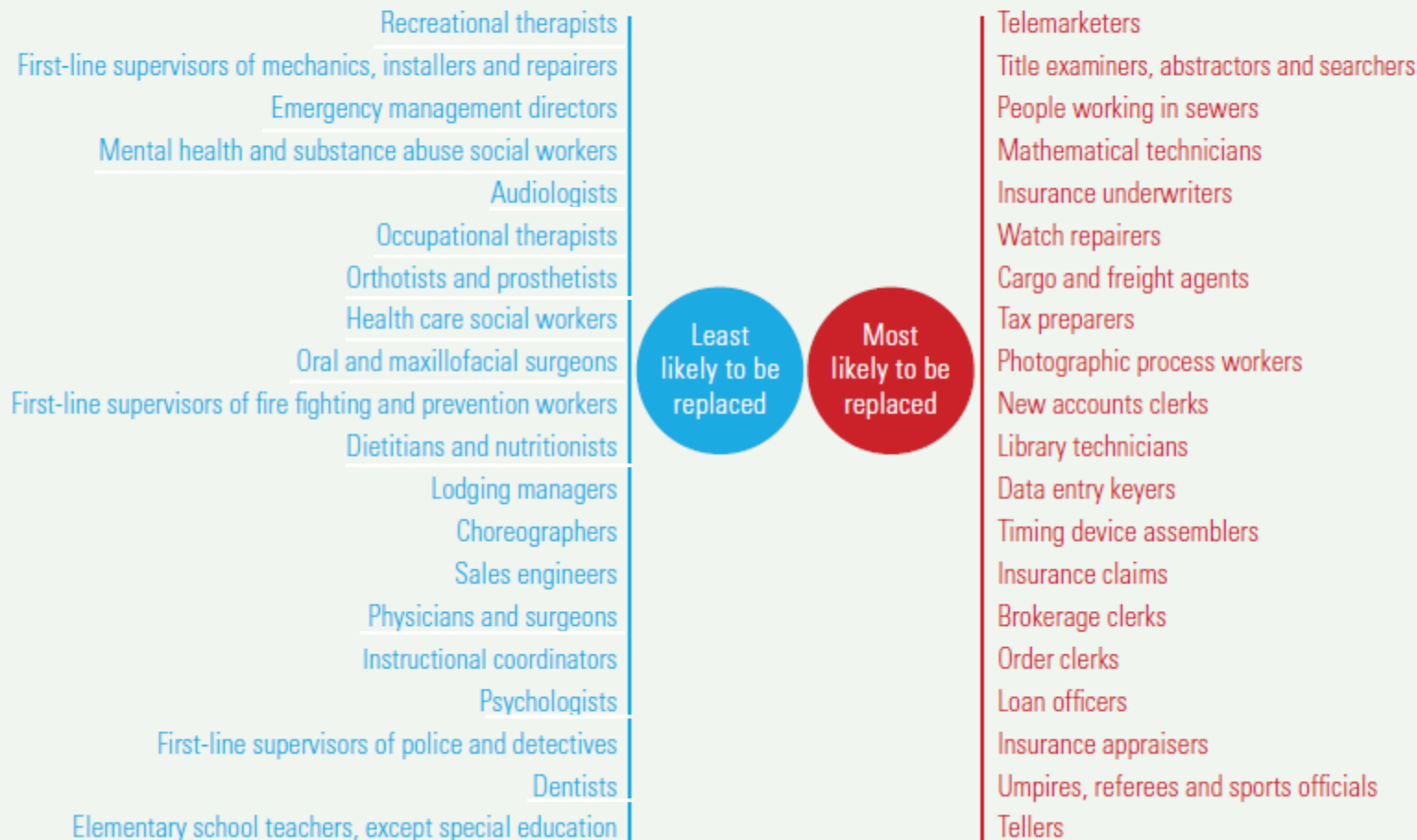
SOURCE: World Bank, 2014.



FIGURE 5

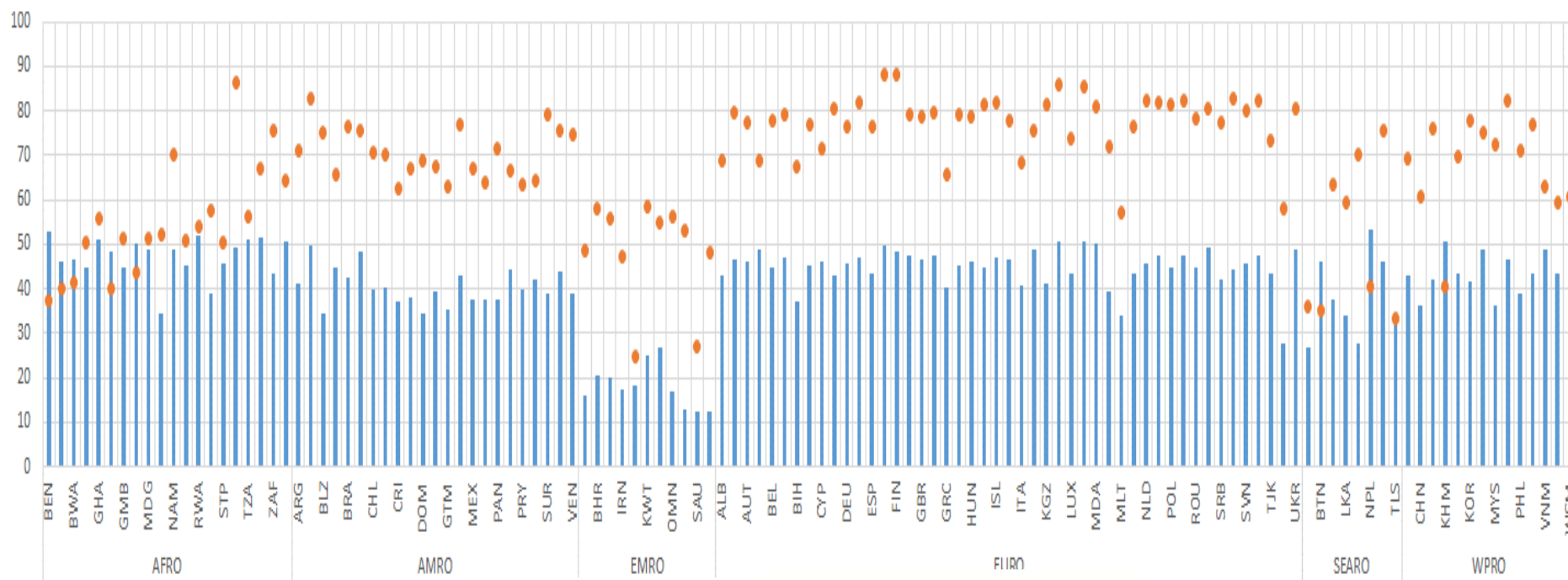
# What about future employment?

The 20 jobs most and least likely to be replaced by automation



Source: Human Development Report 2015: Work for Human Development

# What about women?



Women's share of employment in the economy



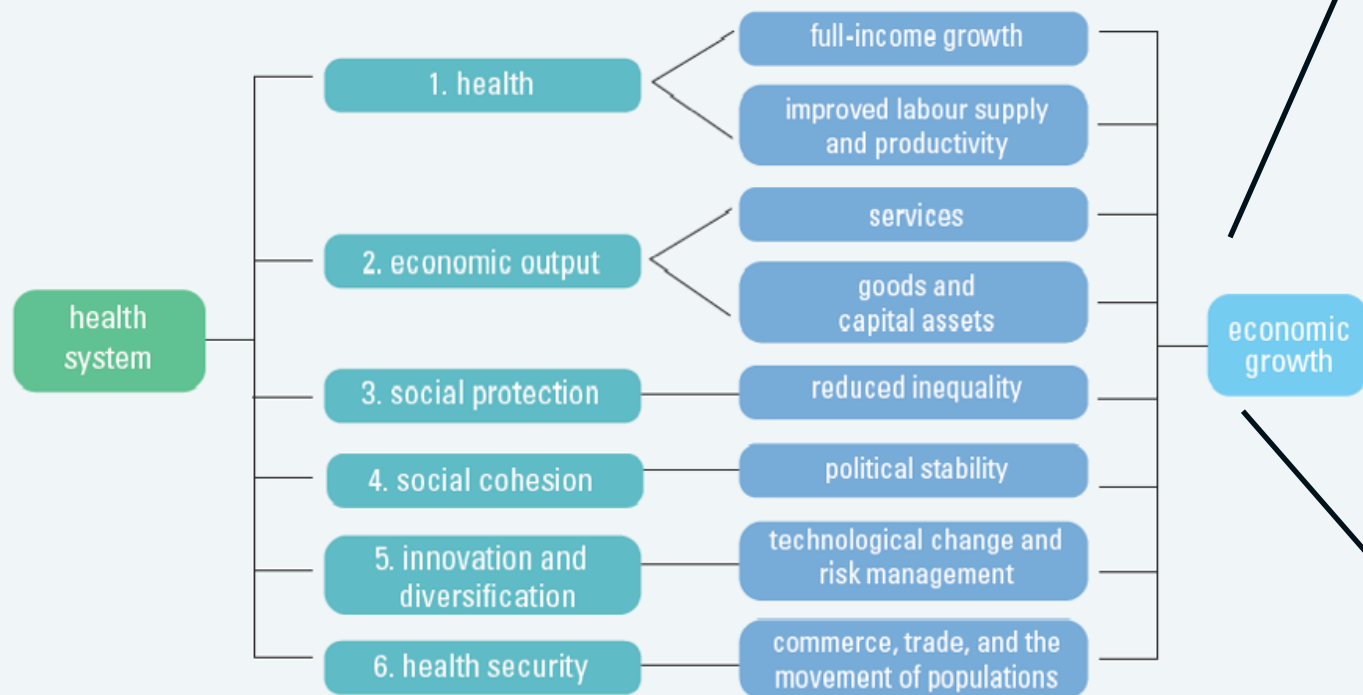
Women's share of employment in the health and social sector



Source: Magar et al, WHO, based on ILOSTAT (forthcoming 2016)

# Case for investment

## Pathways to economic growth



Health is a leading economic and labour sector.

67% of the health workforce are women (compared to 41% of total employment)

1/4 of economic growth 2000 to 2011, in low- and middle-income countries, resulted from improvements in health.

Return on investment estimated at 9:1.