

HUMAN RESOURCES FOR HEALTH: GLOBAL AGREEMENTS

This fact sheet gives an overview of the most important global agreements on Human Resources for Health (HRH) policies 2010-2018 to address the growing need for health workers.

The problem:

Growing shortage of Human Resources for Health

There is a worldwide increasing need for more skilled health workers. The World Health Organization (WHO) has calculated that by 2030, it will be necessary to create around 40 million new health and social care jobs in order to meet the world's health needs. The reasons vary between low-, middle- and high-income countries. Some of the most important reasons are:

- ▶ Population growth;
- ▶ Increased burden of non-communicable diseases and chronic conditions;
- ▶ Greater demand for patient-centered care;
- ▶ More community-based health services;
- ▶ Rise in personalized long-term care.

At the same time, a gap of 18 million health workers is expected globally, especially in low- and middle-income countries (LMIC), and other places where resources are scarce.

The gap between need and supply is caused by:

- ▶ Continuous shortages of skilled health workers due to poor workforce planning and chronic under-investment in education and training;
- ▶ Shortage of new jobs, particularly in the public sector in LMIC, due to insufficient budget for salaries. As a consequence, qualified health workers may look for a job in sectors outside the health sector, or leave the country;
- ▶ Poor working conditions and heavy workload that drive qualified health workers out of the health sector for employment elsewhere;
- ▶ Mismatch between training curricula and skills-mix needs in a country;
- ▶ Lack of health workers who are willing to work in rural, remote and under-served areas where the health needs are largest.

GLOBAL AGREEMENTS

2010 WHO Global Code of Practice on the International Recruitment of Health Personnel

In 2010, World Health Assembly (WHA) 63 adopted the *WHO Global Code of Practice on the International Recruitment of Health Personnel*. It aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. For more information, see HRH Fact Sheet 2.

2015 Sustainable Development Goals 2016-2030 (SDGs)

Adopted by the United Nations General Assembly, the SDGs seek to build on the Millennium Development Goals and complete what they did not achieve. Human Resources for Health is addressed in Target 3C: substantially increase health financing, and the recruitment, development and training and retention of the health workforce in least developed countries and small island developing states.

2016 The Global Strategy on Human Resources for Health: Workforce 2030

WHO submitted a new global HRH strategy after a two-year consultation process with Member States, health care professional associations and civil society organizations (CSOs). The strategy is primarily aimed at planners and policy makers of WHO Member States, but its contents are of value to all relevant stakeholders in the health workforce area, including civil society. It aims at ensuring equitable access to qualified health workers to help countries accelerate progress towards achieving Universal Health Coverage and SDG3. The strategy addresses four objectives: (1) to optimize performance, quality and impact of the health workforce; (2) to align investments in HRH with the current and future needs of the population and of health systems; (3) to build the capacity of institutions and governance for HRH; and (4) to strengthen data on HRH.

2016 Working for Health and Growth: Investing in the Health Workforce. High-Level Commission on Health Employment and Economic Growth (HEEG)

The United Nations established a High-Level Commission on Health Employment and Economic Growth (HEEG) in March 2016. It comprised experts from the International Labour Organization, the Organisation for Economic Co-operation and Development and the World Health Organization. The commission was tasked to propose actions to stimulate the creation of health and social sector jobs as a means to advance inclusive economic growth. This report is the initial outcome of work of the Commission and provides 10 recommendations and five immediate actions to transform the health social workforce for the achievement of the SDGs.

2017 Working for Health: Five-year ILO-OECD-WHO Action Plan on Health Employment and Inclusive Economic Growth

The Five-year Action Plan, adopted at the 70th World Health Assembly, outlines the effective implementation of the recommendations of the HEEG in line with the Global Strategy on Human Resources for Health. The plan facilitates country-driven action to make progress towards expanding and transforming the health and social workforce to accelerate progress towards universal health coverage, emergency preparedness and response for global health security and inclusive growth, particularly for women and youth. The second aim is to catalyse and stimulate predictable and sustainable investments, institutional capacity building and policy action. This is an important step towards a more equal and sustainable global health workforce policy. It now needs to be implemented at country level.

2017 The African Regional Framework for the Implementation of the Global Strategy on Human Resources for Health: Workforce 2030

Adopted in September 2017, this framework is intended to guide WHO Member States in the African Region in the implementation of the GSHRH. The regional targets are that by 2022: (1) all Member States have institutional mechanisms in place to coordinate the health workforce (HWF) agenda; (2) at least 50% of Member States have regulatory mechanisms in place to promote HWF safety and adequate oversight of the private sector; (3) at least 50% of Member States have established accreditation mechanisms for health training institutions; (4) at least 50% of Member States have an HRH investment plan; and (5) at least 50% of Member States have developed National Health Workforce Accounts (NHWA), and HWF observatories and registries. The aim is that by 2030 all member states have reached these targets.

2017 Dublin Declaration

In November 2017, at the Fourth Global Forum on Human Resources for Health in Dublin, representatives of over 70 countries agreed to three key actions to prevent the projected shortfall of 18 million health workers:

- ▶ *Setting up of the Working for Health Multi-Partner Trust Fund*, to support countries in expanding and transforming their health workforce.
- ▶ *Establishment of an International Platform on Health Worker Mobility*: for strengthened evidence, analysis, knowledge exchange and policy action, including strengthening and implementation of the WHO Global Code of Practice (see above).
- ▶ *Sustained investments in transformative health workforce education and creation of decent jobs in the health sector*, especially for women and youth.

Next steps for Civil Society

Now that the global policy framework has been developed, CSOs have a pivotal role in pushing for effective implementation and funding of these strategies at country level. In addition, CSOs are key to raising attention to any incoherence, omissions and inaccuracies in global policies based on country-driven data and experience. Wemos, together with the African Centre for Global Health and Social Transformation (ACHEST), Medicus Mundi International (MMI) and Médecins Sans Frontières (MSF) launched a new CSO Initiative on HRH to drive this agenda. For more information on the CSO initiative, please contact Jorge Vega Cardenas, email: jorge.cardenas@wemos.nl.