

A UNIVERSAL TRUTH: NO HEALTH WITHOUT A WORKFORCE



EXECUTIVE SUMMARY

Purpose

This report is intended to inform proceedings at the Third Global Forum on Human Resources for Health and to inform a global audience and trigger momentum for action. It aims to

consolidate what is known on human resources for health and how to attain, sustain and accelerate progress on universal health coverage.

Methods

The report uses mixed methods in selecting, collating and analysing country data. This includes analysing the workforce data in the WHO Global Health Observatory, searches of human resources for health progress in 36 countries and horizon-scanning of “big picture” challenges in the

immediate future. Limitations include a reliance on published data and secondary sources. The available data also limit comparison between countries. Nevertheless, we can draw from the synthesis of information with reasonable confidence.

What are the human resources for health dimensions of universal health coverage?

The report presents a case that the health workforce is central to attaining, sustaining and accelerating progress on universal health coverage and suggests three guiding questions for decision-makers. What health workforce is required to ensure effective coverage of an agreed package of health care benefits? What health workforce is required to progressively expand coverage over time? How does a country produce, deploy and sustain a health workforce that is both fit for purpose and fit to practice in support of universal health coverage?

To answer these questions, we use a conceptual framework that speaks to the key principles of both the right to health and minimum social protection floors: the availability, accessibility, acceptability and quality of health services. Noting WHO’s statement that health services are only as effective as the persons responsible for delivering them, we adapted the availability, accessibility, acceptability and quality dimensions to the health workforce:

- **availability** – the sufficient supply and stock of health workers, with the relevant

Towards action and results

10-point agenda

1

Recognize

the centrality of the health workforce in translating the vision of universal health coverage into improved health care on the ground.



competencies and skill mix that correspond to the health needs of the population;

- **accessibility** – the equitable access to health workers, including in terms of travel time and transport, opening hours and corresponding workforce attendance, whether the infrastructure is disability-friendly, referral mechanisms and the direct and indirect cost of services, both formal and informal;

- **acceptability** – the characteristics and ability of the workforce to treat everyone with dignity, create trust and enable or promote demand for services; and

- **quality** – the competencies, skills, knowledge and behaviour of the health worker as assessed according to professional norms and as perceived by users.

Progress on human resources for health in the decade of action since 2006

Progress was assessed through the lens of availability, accessibility, acceptability and quality as well as universal health coverage, to identify

the key drivers, emerging trends and issues common to all countries.

Availability

Few countries have a comprehensive and valid information base on available health workers. The WHO Global Health Observatory reports workforce data for 186 countries, but 53% of these countries have fewer than 7 annual data points on midwives, nurses and physicians across the past 20 years. Further, of the 57 countries identified in 2006 with low human resources for health density and low service coverage, 17 countries have no data point in the past five years.

We created a global snapshot in comparison to three density thresholds of skilled health professionals (midwives, nurses and physicians) per 10 000 population. The three thresholds (22.8, 34.5 and 59.4 skilled health professionals per 10 000 population) were purposively selected to highlight the variation in health workforce availability. The report makes clear that the thresholds (often referred to incorrectly as benchmarks) are not developed to promote targets that a country should or must achieve

2

Assess

the gap between the need for a health workforce, actual supply (stock, skills mix and competencies) and the population's demand for health services.

3

Formulate

human resources for health policy objectives that encapsulate the vision for the health system and services.

4

Build the data,

evidence base and strategic intelligence required to implement and monitor the policy objectives and to sustain effective management.

but are used to illustrate the pattern of availability globally:

- 83 countries fall below the threshold of 22.8 skilled health professionals per 10 000 population;
- 100 countries fall below the threshold of 34.5 skilled health professionals per 10 000 population;
- 118 countries fall below the threshold of 59.4 skilled health professionals per 10 000 population;
- 68 countries are above the threshold of 59.4 skilled health professionals per 10 000 population.

Of the original 57 countries having low density of health professionals and low coverage of skilled attendance at birth, the composition of countries now grouped as low human resources for health density and low service coverage has changed, and this is due exclusively to changes in skilled birth attendant coverage.

The average exponential growth rate from disaggregated data between 2004 and the latest year available for 46 out of these 57 countries with at least two data points was explored. This analysis found that most countries with available data report increases in the numbers and densities of midwives, nurses and physicians: in some countries, however, the net gains in stock are not commensurate with population growth. The universal health coverage process of expanding coverage to a larger proportion of the population therefore requires paying more explicit attention to demographic dynamics, factoring them in human resources for health planning and forecasting exercises.

We reviewed the available data on projected national deficits in the 36 profiled countries, their policy responses and the implementation progress on the WHO Global Code of Practice on the International Recruitment of Health Personnel. Many countries anticipate that they may continue to rely on foreign-trained medical school graduates and other professionals to address deficits. Further efforts are required to accelerate and expand the implementation of the Code of Practice.

Accessibility

Access is at the core of the vision of the Global Health Workforce Alliance: “all people, everywhere, shall have access to a ... health worker”. Variations in spatial accessibility to health services are an inherent feature and challenge in most countries, irrespective of their level of economic development. All 36 profiled

countries report that reducing imbalances in the geographical distribution of health workers is an important policy objective.

Many policy tools are available to distribute the health workforce more equitably. These range from providing financial incentives to

5

Build and sustain

the technical capacity to design, advocate for and implement policies.

6

Build political support

at the highest level to ensure continuity in the pursuit of universal health coverage.

7

Reform

the governance and institutional human resources for health environment.

health workers in remote postings, ensuring that continuing professional development and training is available beyond urban areas, prolonging the residency period during which workers have less choice over their posting and providing non-financial incentives such as free housing, better diagnostic facilities, security and access to health care free of charge. In any case, a multifaceted, comprehensive and flexible

approach is needed for sustained improvement, such as that proposed by WHO recommendations on increasing access to health workers in remote and rural areas through improved retention. Technological advances in geographical information systems, mapping technologies and the geography of health can further inform future action on human resources for health and universal health coverage.

Acceptability

Acceptability is enhanced when users of services have access to a health workforce that meets their expectations in terms of its profile, sex and age composition, its skills mix, and cultural awareness. The creation and expansion of various types of workers, deployed close to communities, can be an effective and efficient way to make services more accessible and acceptable. Using the sex distribution of physicians and the ratio of

nurses to physicians as proxies for acceptability, we found a wide variation in health workforce configurations and no major pattern in skill mix. Only high-income countries demonstrated a tighter clustering in the ratio of nurses to physicians, but even these countries had health systems that remained heavily reliant on physician-led services.

Quality

The measurement of quality is hindered by the lack of a universally accepted definition or indicators and is often neglected. In this report, we define quality according to the competencies of health workers, as influenced by the enabling environment of education, regulation and association. This is a major challenge in all countries. Although improving the quality of health workers and the care they provide is a high policy priority in some countries, it is absent in others.

In the 36 countries profiled, we used the existence of an accreditation system for education institutions and regulation of access to professional practice as proxy indicators of conditions that positively influence the quality of the health workforce. We found the following:

- A total of 33 countries have some formal or informal mechanism for accrediting educational institutions in place or being developed.

8

Assess

the cost of the various scenarios of health workforce reforms.

9

Encourage

international partners to focus their support and to report on their official development assistance for building the capacity of health systems.

10

Encourage

international partners to address transnational issues and strengthen global human resources for health governance, collaborative platforms and mechanisms.

- 27 countries have started or plan to improve the quality of education of health professionals.
- 35 countries have mechanisms in place to regulate the access to the practice of medicine, dentistry and pharmacy. The situation is more varied for midwifery and nursing. However, the effectiveness of such mechanisms is not always clear.
- In general, there is no proactive surveillance of the quality of practice in the form of periodical site visits. Performance is deemed to be correct until some complaint is formulated or some error, misbehaviour or health problem is detected.

Summary findings

The following human resources for health themes are common to most countries:

- There are shortages of some categories of health workers, and more are forecast.
- The health workforce is ageing, and replacement is a challenge.
- Although skills-mix imbalances persist, advanced practitioners, midwives, nurses and auxiliaries are still insufficiently used in many settings.
- Availability and accessibility continue to vary widely within countries because of difficulty in attracting and retaining workers.
- Adapting education strategies and the content of pre-service education is a major challenge.
- Health workers need to be kept motivated in an enabling environment.
- Performance assessment and quality of care are afforded insufficient priority.
- Country capacity to estimate future human resources for health needs and design longer-term policies varies.
- Human resource information data and systems to meet the needs of decision-makers require strengthening and investment.

Countries that have shown progress in improving the essential availability, accessibility, acceptability and quality dimensions have in common that political commitment to doing so has been strong, that they have strived to improve human resources for health in a systemic manner, linking health workforce development initiatives and also with broader action to strengthen health systems, and that continuity in implementing their preferred strategies has been maintained.

The universal truth: no health without a workforce.

Acting on human resources for health is now in the hands of governments and all interested stakeholders. Political and technical leadership is critical to seize the opportunity to attain, sustain and accelerate progress on universal health coverage by transformative action on human resources for health.

Towards a contemporary human resources for health agenda

The World Health Report 2000 stated that human resources are the most important of the health system's inputs. Nevertheless, progress has not been far enough or rapid enough. Business as usual is therefore not an option; action must reflect what needs to be done and can be done and what can collectively be anticipated as emerging challenges.

Horizon-scanning exercises on future health systems converge in their identification of the emerging challenges and can inform scenarios on the human resources for health implications of progressively expanding effective coverage. We analysed the workforce implications of new global health targets in the context of the Millennium Development Goals, universal health coverage and the post-2015 agenda to highlight the scope of future challenges. We estimated a global deficit of about 12.9 million skilled health professionals (midwives, nurses and physicians) by 2035. While this estimate was produced for illustrative purposes and should not be seen as a planning target, it implies the need to rethink the traditional models of education, deployment and remuneration of the health workforce, long-term

system-building, comprehensive labour market engagement and essential data and intelligence systems.

Seven focus areas emerge from the evidence as the bridge from "what is" to "what can be": an articulated vision for human resources for health fully underpinning the achievement of universal health coverage nationally and globally:

- health systems can only operate with a health workforce;
- responsive to population needs;
- with supply and demand aligned;
- with supply informed by evidence;
- with effective governance enshrined;
- respecting the rights of the worker, who in turn must embrace the right to health; and
- providing the stewardship and financing for shared prosperity and wealth.



Towards action and results

The report presents a 10-point agenda to strengthen human resources for health in the context of universal health coverage. Given the specificities of each country, policy-makers will need to interpret these actions in accordance with their needs and capacity. These are the conditions for success in improving the availability, accessibility, acceptability and quality of the health workforce commensurate with the principles of universal health coverage. Each action is necessary and important; all will be required at various points in the process.

- 1) Recognize the centrality of the health workforce in translating the vision of universal health coverage into improved health care on the ground.
- 2) Assess the gap between the need for a health workforce, actual supply (stock, skills mix and competencies) and the population's demand for health services.
- 3) Formulate human resources for health policy objectives that encapsulate the vision for the health system and services.
- 4) Build the data, evidence base and strategic intelligence required to implement and monitor the policy objectives and to sustain effective management.
- 5) Build and sustain the technical capacity to design, advocate for and implement policies.
- 6) Build political support at the highest level to ensure continuity in the pursuit of universal health coverage.
- 7) Reform the governance and institutional human resources for health environment.
- 8) Assess the cost of the various scenarios of health workforce reforms.
- 9) Encourage international partners to focus their support and to report on their official development assistance for building the capacity of health systems.
- 10) Encourage international partners to address transnational issues and strengthen global human resources for health governance, collaborative platforms and mechanisms.

Acting on human resources for health is now in the hands of governments and all interested stakeholders. Political and technical leadership is critical to seize the opportunity to attain, sustain and accelerate progress on universal health coverage by transformative action on human resources for health. This requires a contemporary agenda in support of the millions of individual health workers that manage, administer and provide the health and social services that we wish all people – rich and poor – to access and obtain. The universal truth: no health without a workforce.

For further information, please contact:

Global Health Workforce Alliance

World Health Organization

Avenue Appia 20

CH-1211 Geneva 27

Switzerland

Tel: +41 -22- 791 26 21

Fax: +41 - 22 791 48 41

Email: ghwa@who.int

Web: www.who.int/workforcealliance



**World Health
Organization**