

# Human Resources for health: Recent WHO initiatives From global to local

# The health workforce global landscape

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## **Agenda item 15: Human Resources for Health**

- Working for Health (2022 2030) Action Plan A75/12
- Global Health and Care Worker Compact <u>A75/13</u>
- WHO Code of Practice on International Recruitment of Health Personnel Fourth Round of National Reporting <u>A75/14</u>
- Global Strategy on Human Resources for Health: Workforce 2030 <u>A75/15</u>



#### Impact of COVID-19 on health and care workers

68% of service disruptions due to staff redeployment / inavailability 26% due to insufficient PPE



Need: **holistic approach** to monitor the impact of COVID-19 on health and care workers

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#### Essential health service disruptions: Human resource challenges



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# Health workforce issues represent the biggest barriers to access to COVID-19 tools

Community demand challenges (including due to acceptance and affordability) is greatest challenge to scaling up COVID-19 vaccination



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#### The Health Workforce 2030

World Health Organization World Health Organization



### **Global Strategy on Human Resources for Health: Workforce 2030**



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#### **Global health workforce shortage by WHO region**



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### **Progress towards Global Strategy 2020 milestones**

SI.No.	2020 Milestones	Disaggregation by	No. of	Responses [n (%)]		
			countries that reported [N]	Yes	Partial	No
1.	All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.	NA	56	33 (59%)	14 (25%)	9 (16%)
2.	All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.	NA	58	46 (79%)	8 (14%)	4 (7%)
3.	All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.	Patient safety	26	16 (62%)	7 (27%)	3 (12%)
		Private sector oversight	26	16 (62%)	6 (23%)	4 (15%)
4.	All countries have established accreditation mechanisms for health training institutions	Medical doctors	57	53 (93%)	3 (5%)	1 (2%)
		Nursing personnel	173	159 (92%)	7 (4%)	7 (4%)
		Midwifery personnel	68	57 (84%)	4 (6%)	7 (10%)
		Dentists	51	44 (86%)	3 (6%)	4 (8%)
		Pharmacists	52	44 (85%)	4 (8%)	4 (8%)
5.	All countries are making progress on health workforce registries to track health workforce stock, distribution, flows, demand, supply, capacity and remuneration	Outputs from education & training institutions	55	29 (53%)	10 (18%)	16 (29%)
		Entrants to labour market	54	25 (46%)	16 (30%)	13 (24%)
		Active stock in labour market	54	27 (50%)	14 (26%)	13 (24%)
		Exits from labour market	54	23 (43%)	16 (30%)	15 (28%)
		Location of health facilities	54	31 (57%)	9 (17%)	14 (26%)



# WHO Code: 4<sup>th</sup> round of reporting



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World Health Organization

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Health Workforce Department

# Code 4<sup>th</sup> round of reporting: selected policy findings



Strives to meet health personnel needs with domestically trained personnel, including measures to educate, retain and sustain health workforce

Has requested support to strengthen implementation of the Code

Has taken steps to implement the Code

Migrant health personnel enjoy the same opportunities as the domestically trained health workforce to strengthen their professional education and career progression

Ministry of Health has processes to coordinate across sectors on issues related to the international recruitment of health personnel

Has taken measures to consult stakeholders in decision-making processes or involve them in activities related to international recruitment of health personnel

Maintains records of all recruiters authorized by competent authorities to operate within their jurisdiction and updated at regular intervals

Has taken measures in response to the COVID-19 pandemic with respect to international mobility of health personnel

Has entered into bilateral, multilateral or regional agreements on international mobility of health personnel

Has received technical or financial assistance from either Member States, WHO Secretariat, or other stakeholders to support Code implementation

Requires public or private certification of ethical practice for private recruitment agencies

Number of non-HWSSL Member States (n=51)

Number of HWSSL Member States (n=7)



# Resolution WHA 74.14: Protecting, safeguarding and investing in the health and care workforce

- 'To develop through a Member State-led process, a clear set of actions, a 2022–2030 agenda and implementation mechanism to be presented to the 75th World Health Assembly in 2022, for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection, building on the joint support of WHO, ILO and OECD and the existing Working for Health Multi-Partner Trust Fund...'
- 'To develop recommendations for strengthening the Working for Health Multi-Partner Trust Fund mechanism and its ability to engage with international financing institutions to leverage sustainable and innovative financing for all aspects of the multisectoral health and care workforce agenda and action plan: 2022–2030…'
- 'To develop, in consultation with Member States, a succinct compilation document under the name of "global health and care worker compact".





	OPTIMIZE	BUILD	STRENGTHEN		
	Optimize the existing health and care workforce, creating and distributing the skills and jobs needed to accelerate progress to UHC.	Build the diversity, availability, and capacity of the health and care workforce, addressing critical shortages by 2030.	Strengthen the protection and performance of the health and care workforce to deliver health for all and respond to health emergencies.	Working for Health Action	
PLANNING & FINANCE	Bolster data-driven planning and secure investment in the workforce	Scale up data-driven planning and investment in the workforce	Sustain data-driven planning and investment in the workforce	Plan 2022-2030 - Protect	
EDUCATION & EMPLOYMENT	Absorb and retain existing health and care workers	Build education capacity and increase employment opportunities for the workforce	Strengthen the quality of workforce education and enhance working conditions	- Safeguard - Invest	
PROTECTION & PERFORMANCE	Enforce safe and decent work, and advance gender equality and youth development	Build an equitable, equipped and supported workforce	Strengthen the effectiveness and efficiency of the workforce		



## **Global Health and Care Worker Compact: process**



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Participation & engagement Freedom from Taking Care of and violence and Global Fulfilling the Rights of Health and harassment Care Workers... Preventing Harm Occupational hazards **Health and** Violence and Harassment During situations of FCV Freedom from Providing Support Care Attack in Fair and Equitable Compensation situations of Social Protection FCV Enabling Work Environments Worker Occupational health services Mental-health-All health and care workers **Compact:** Inclusivity Social Security and Protection Equal Treatment and Non-Discrimination framework Safeguarding Rights Trade Unions Freedom of Collective Bargaining Conscience and core Protection from Retaliation Whistleblower Protections Freedom of Employers elements Conscience workers Their representatives Freedom of





### Care compact:

### from global policy momentum to country action



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