

Global HRH Backdrop

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Global HRH backdrop

- Current global challenges
- Migration challenges
- UN High Level Commission, Global HRH strategy, WHO Code
- Making it happen



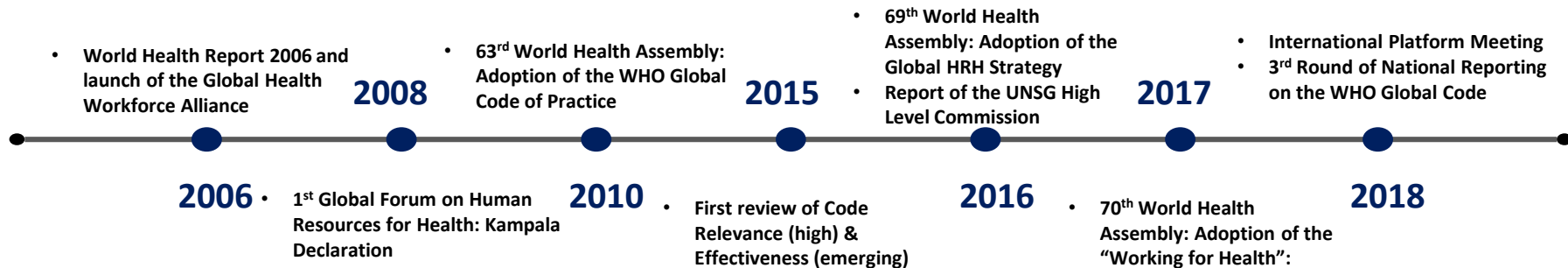
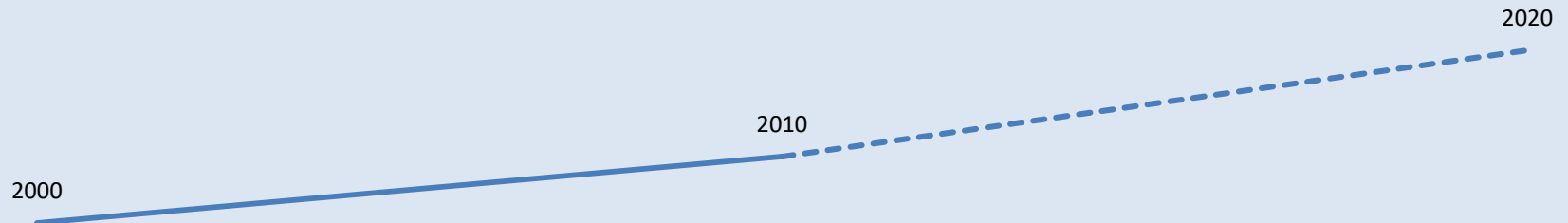
Global Issues

- Demographic drivers: ageing population/ ageing workforce
- Health policy context: UHCs, SDGs= not achievable without viable, sustainable workforce
- Health workforce context: Global HRH strategy, WHO Code on international recruitment
- Skills shortages, skills mismatches, sector and geographic maldistribution
- Policy focus must be on effective workforce: planning, retention, motivation, skills enhancement, teamworking.



International Migration on the Rise

The number of migrant doctors and nurses working in OECD countries has **increased by 60%** over the past 10 years (from 1,130,068 to 1,807,948).



Complex Patterns of Mobility: A blurring of “source” and “destination”

South to South movement

Nigeria, Cuba, and Democratic Republic of the Congo (DRC) are respectively the

1st, 3rd and 4th

largest sources of immigrant medical doctors who entered South Africa between 2011-2015.

More than

1/2

of emigrant nurses from Kerala (India) are estimated to reside in Gulf countries according to the Kerala Migration Survey.

In 2014 approximately

1/5th

of all new entrants licensed to practice in Nigeria were foreign medical graduates with an estimated half from Asia and one third from African countries.

Approximately

1/2

half of doctors in Trinidad and Tobago are foreign born and foreign trained, with one third from India, and a quarter each from Jamaica and Nigeria.

Globalization of medical education

In the General Division of Ireland's Health Services Executive, less than

1/2

of European medical school graduates (excluding Ireland's) are EU passport holders.

From 2010-2016, 38 foreign nationals from 10 countries (including Kenya, India, Iran, Mexico and Poland,) received their basic medical qualification in Uganda.

North to South movement

Almost

1/3rd of GP's

who registered in Uganda (2010-2015) were trained and held nationality in Europe or North America. Nationals from 74 countries registered in Uganda during the period.

UK was the

2nd largest source of immigrant medical doctors who entered South Africa (2011-2015).

Temporary migration

Of doctors who received their basic medical qualification in South Africa and registered in Ireland, only

1/5th

reported practising only in Ireland.

Intra-regional movement

Over

1/2 of emigrant GPs from Uganda

(2010-2015) are estimated to have moved within Africa, primarily to Southern and Eastern Africa with Namibia and Kenya as leading destinations.

2/3rd of Argentina's

foreign-trained doctors originate from Bolivia and Colombia.



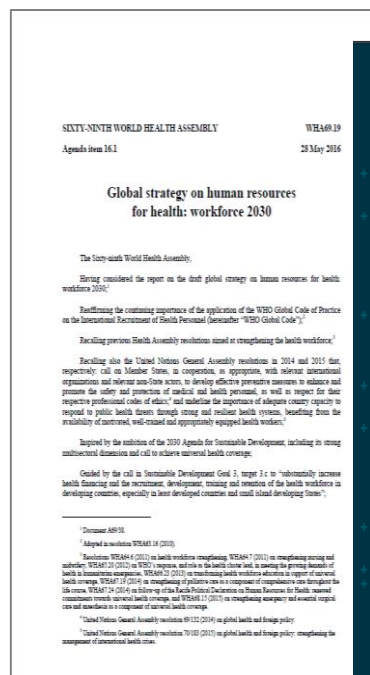
HRH in Context: what a Health Minister will ask

- How can we **plan** how many ...doctors....nursesmidwives etc to educate, and employ?
- How can we improve **recruitment, retention and return** ?
- Which **incentives** are effective in **motivating** health workers?
- How can we determine and deploy the most effective **skill mix** of different **roles** and staff?
- How do we improve **productivity** of the workforce?



Global strategy on human resources for health

Unanimously adopted by Member States at the 69th WHA in May 2016

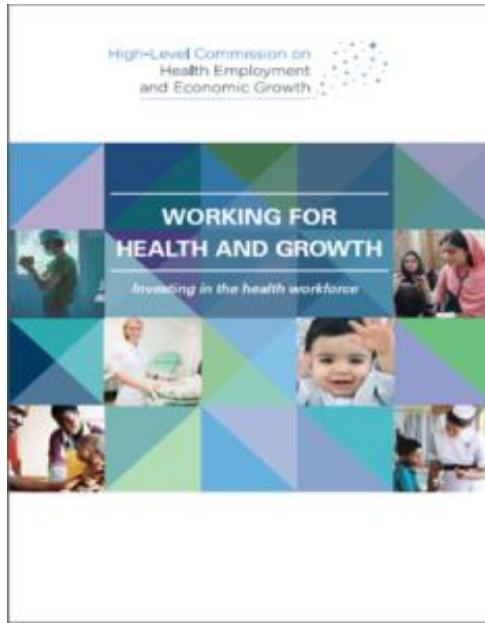


1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)
2. **Anticipate future workforce** requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)
3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation (e.g. migration and regulation)
4. **Strengthen the data, evidence and knowledge** for cost-effective policy decisions

http://who.int/hrh/resources/pub_globstrathrh-2030/en/



Recommendations of the High-Level Commission on Health Employment and Economic Growth (2016)



6 Recommendations to transform the health workforce for the SDGs

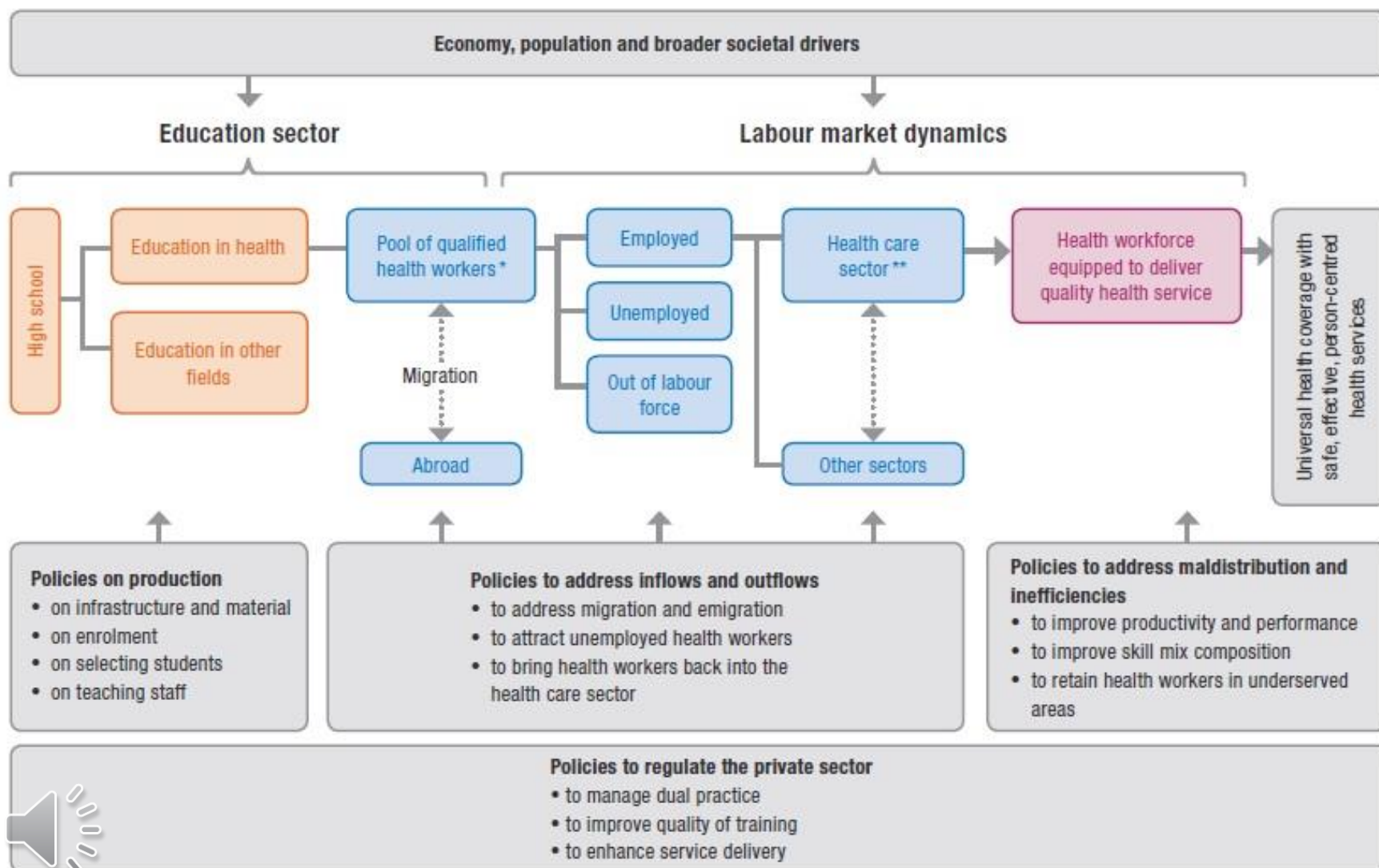
4 Recommendations to enable change

- The return on investment in health is 9: 1
- One extra year of population life expectancy raises GDP per capita by 4%
- “The Commission concludes that, to the extent that resources are wisely spent and the right policies are put in place, **investment in education and job creation in the health and social sectors will make a critical positive contribution to inclusive economic growth**”.

For further details: <http://who.int/hrh/com-heeg/reports/en/>



Health Labour Market Framework for UHC



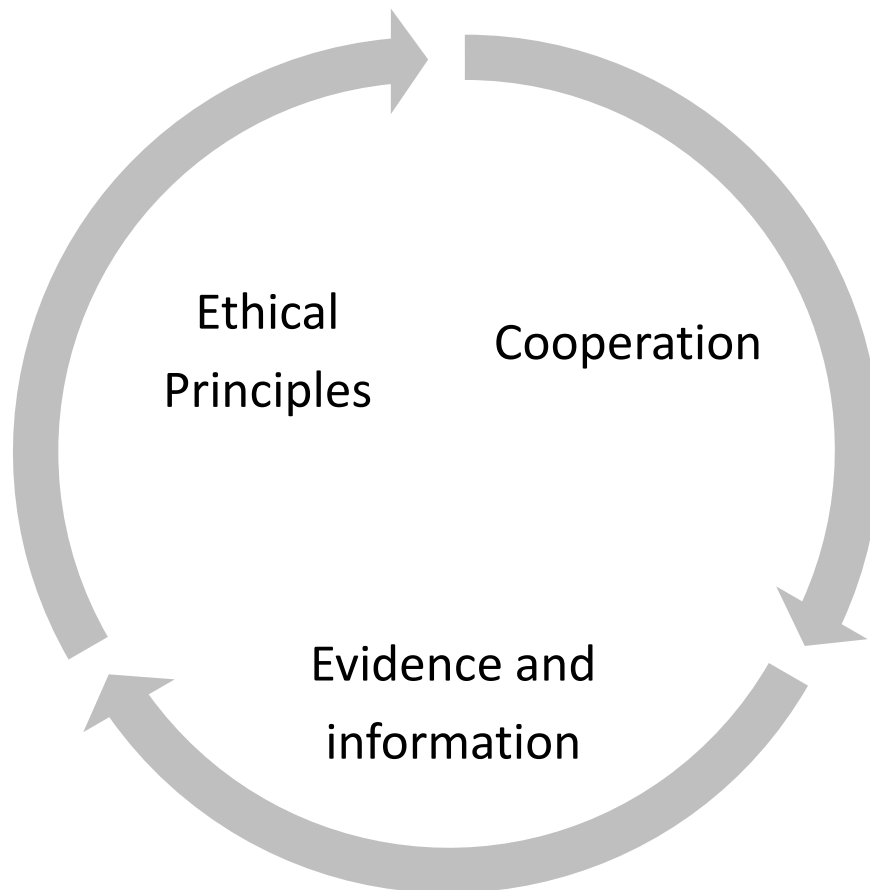
WHO Global Code of Practice

History

- Challenges in global governance of migration
- Long standing and growing concern expressed at regional and global fora
- Six year process
- Adopted in 2010 at the 63rd World Health Assembly
 - Only the second instrument of its kind promulgated by the WHO
 - Broadest possible articulation of the ethical norms, principles, and practices related to international health worker migration.



Code Structure and Substance



Assessing progress on the code: Meeting of the International Platform

- Thirty Member States attended the following meeting of the International Platform (Geneva, 13 and 14 September 2018)
- Participants discussed promising policy measures and proposed strategic actions to strengthen the management and governance of health worker mobility



<https://www.who.int/hrh/migration/int-platform-hw-mobility/en/>



Improving Data: NHWA – What Are They?

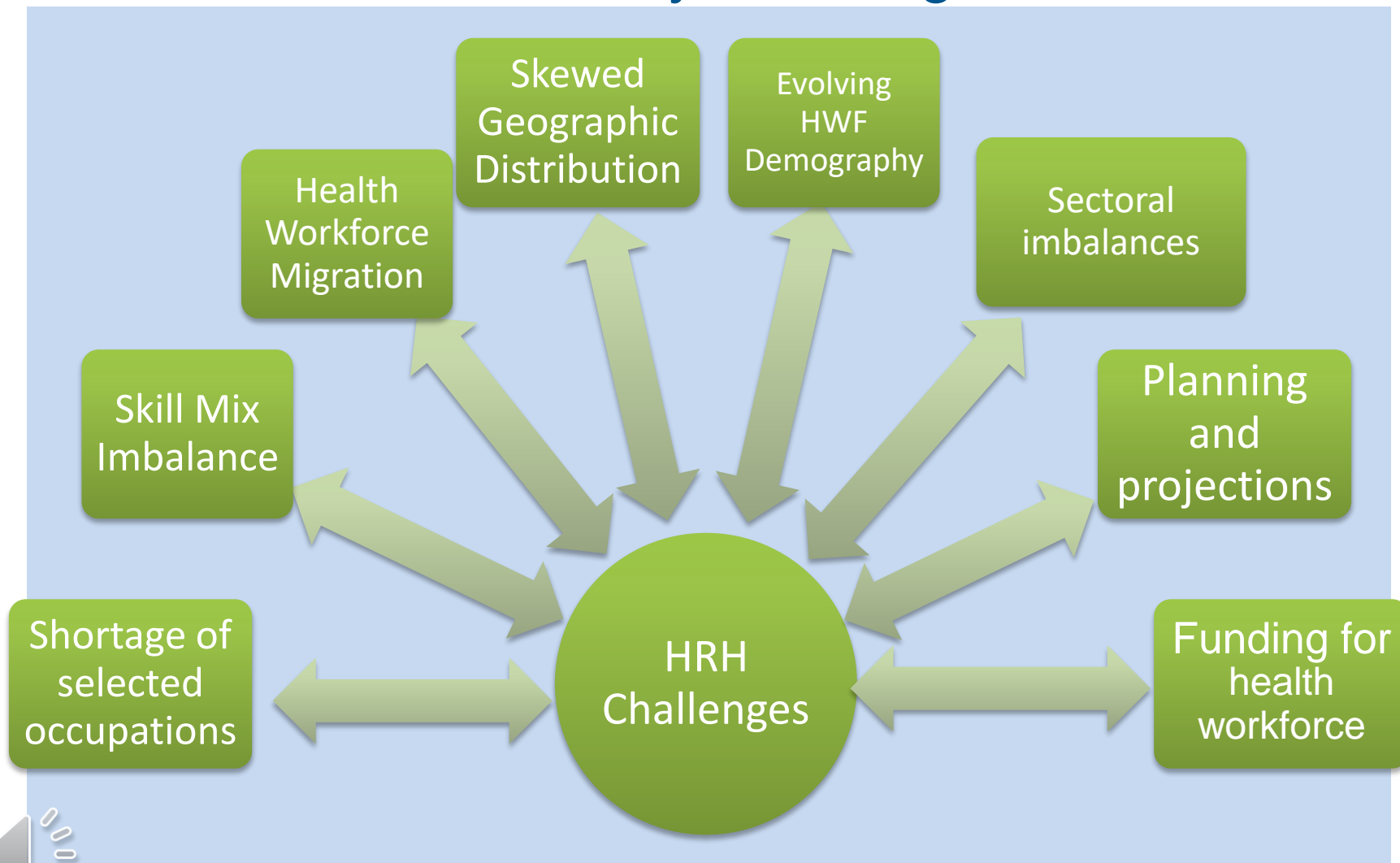
- **General purpose:** to facilitate standardization of a health workforce information system for interoperability, and support tracking HRH policy performance towards universal health coverage through system strengthening approach with country focus
- **The concept of NHWA**
 - supports countries in their national **HWF policy and planning**
 - facilitates the **standardization** (e.g. ISCO) of health workforce information systems for **interoperability**, i.e. the ability to exchange health workforce data within broader subnational or national health information systems, as well as within international information systems
 - creating a harmonized, integrated approach for **annual and timely** collection of health workforce information
- NHWA can track and support countries' HWF efforts towards **UHC**, the **SDGs** and the **GSHRH milestone**



Country needs are the primary driver for the data collection → progressive implementation



NHWA can help provide data to develop answers to HRH Policy Challenges

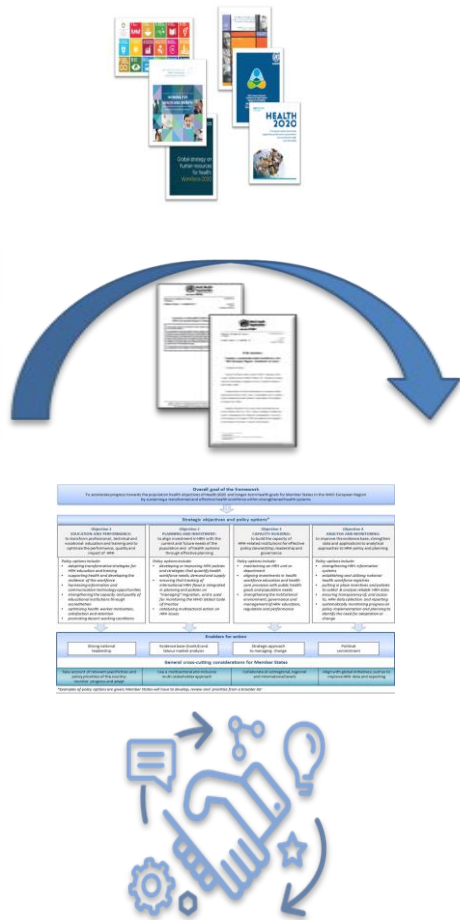


Making it happen.....

- An inclusive definition of “workforce” (not just doctors; not just professionals; teams not individuals)
- More effective use of data (not “more data”)
- Understand labour market dynamics
- Adaptive workforce planning, not a fixed plan
- Not just training “new” staff: Also make effective use of the current workforce: retention/ re-skill / new training/ distribution
- Effective management and supervision
- Sustained national policy/ political support



WHO Euro Regional approach



Global Context – Regional Alignment

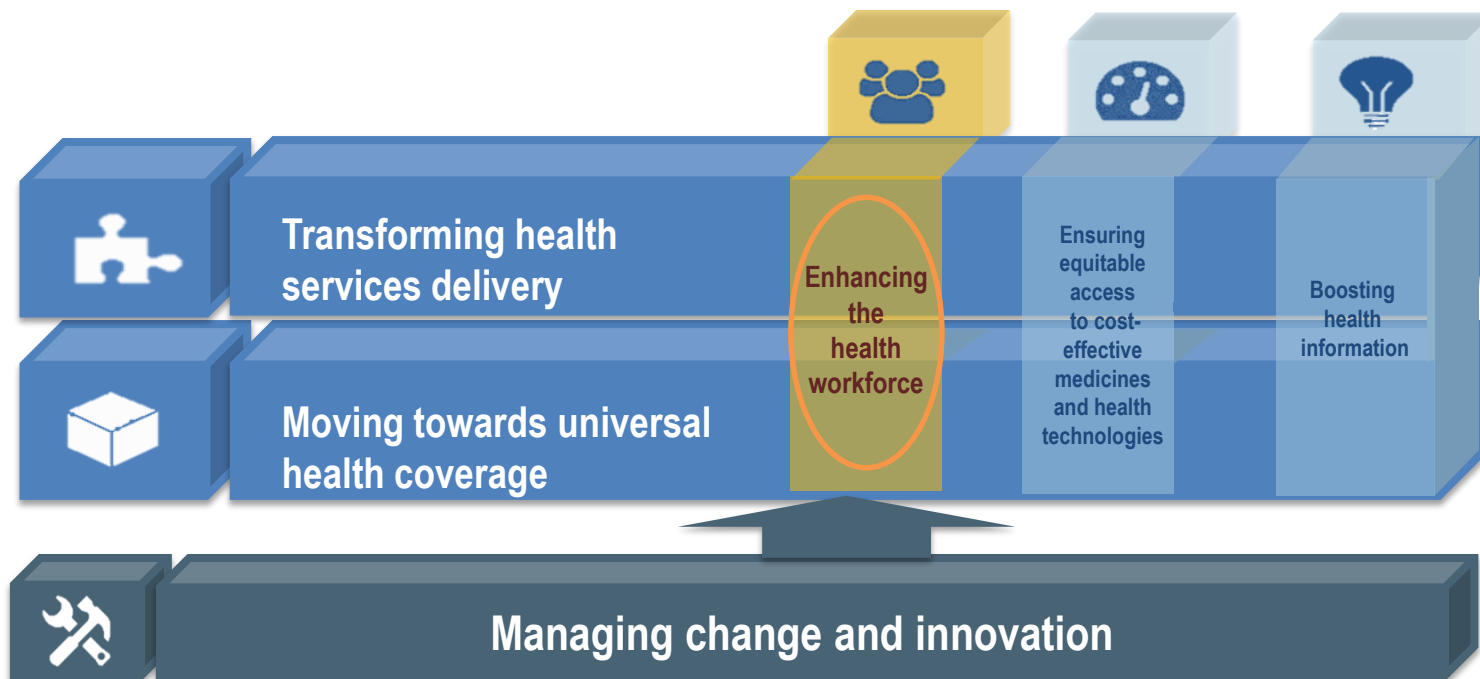
From Global Strategy to Regional Framework

The Framework for Action

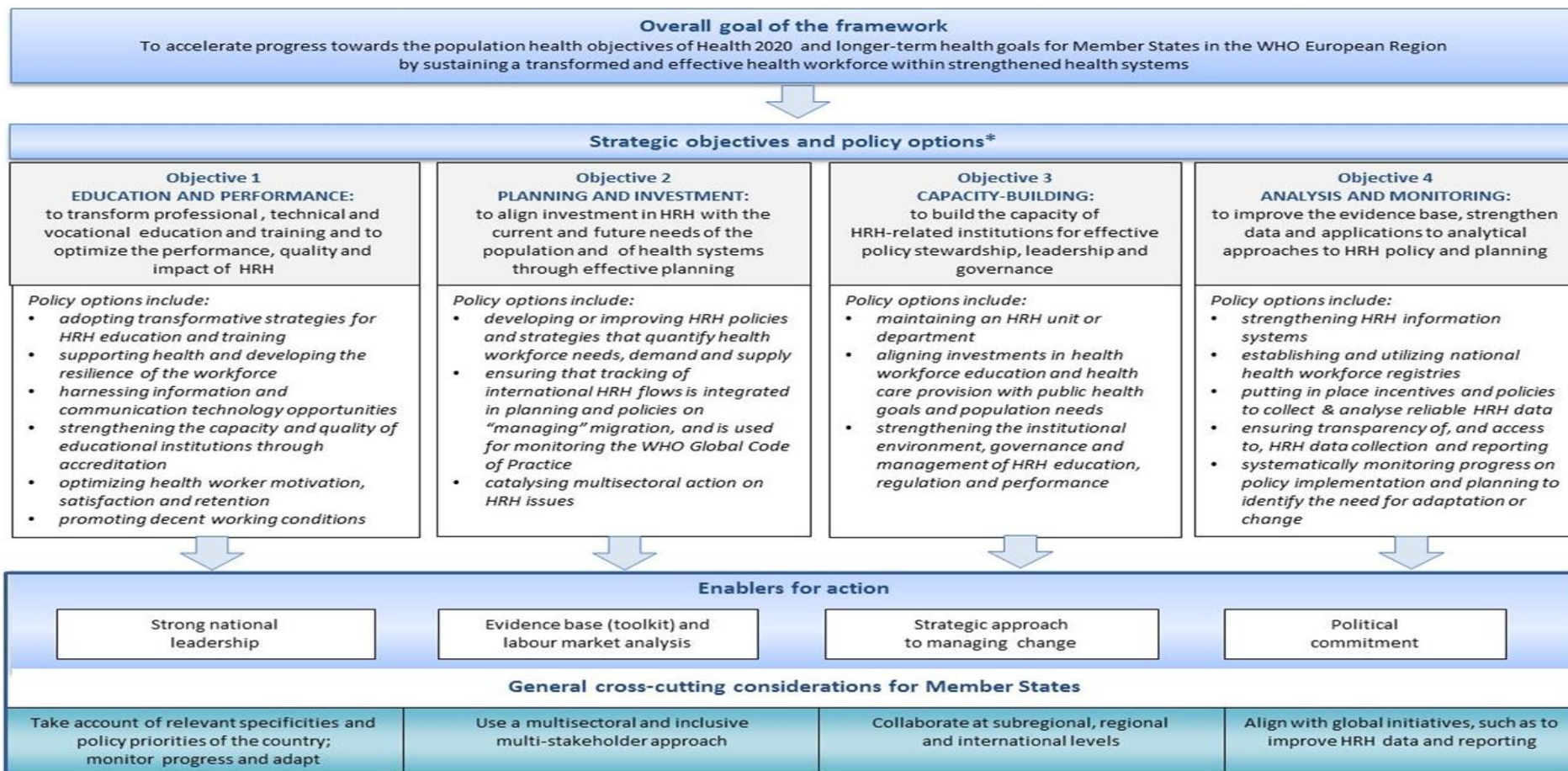
The Toolkit and the NHWA

The Regional Context: Health 2020

Sustainable health systems require an enhanced and transformed health workforce



Overview of the Framework for Action



*Examples of policy options are given; Member States will have to develop, review and prioritize from a broader list



The toolkit -> 4 Key Domains

Supports Member States to assess their policies for health workforces within a local context

Signposts tools to aid progress and implementation of policies based around four Strategic Objectives

“Makes it Real” by using case study examples from the WHO European Region

Education and Performance

- Skill-mix
- Transformative learning
- CPD
- Regulation & accreditation

Analysis and monitoring

- HRH assessment
- Monitoring
- Workforce planning

Planning and Investment

- Investment in health systems
- Finance governance
- Investing in the workforce

Capacity building

- Stewardship, leadership and governance
- Improving HRH function
- Certifying and registering health professionals

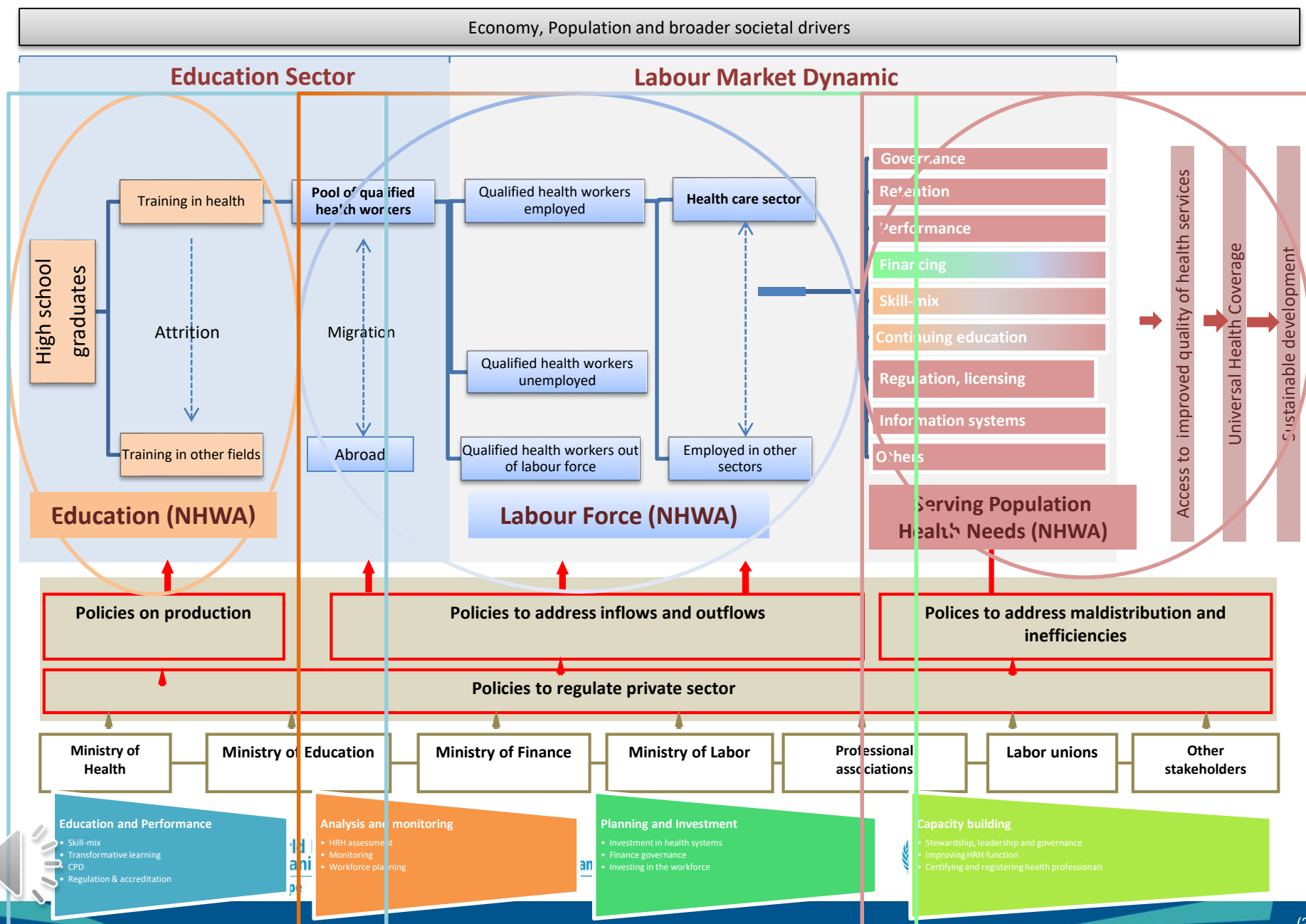


Maintaining the Momentum!

- Dynamic Online Web portal
 - Joint WHO EURO and PAHO Tool for workforce planning – Being finalized for 2019 publication
 - TB HSS course 2018: Presentation/Training on HRH Baseline and workforce planning methodology
 - Engagement with EU – Support for the Health Workforce Planning and Forecasting Expert Network
 - Managing Gender Equity Tool
 - Attraction and Retention Tools
 - Multidisciplinary teams
 - Efficiency
- AND very importantly....
- Work with Member States progressing to UHC.



Labour Market Framework, the NHWA and the Framework for Action



Thank you

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