

# **Human resources for health: critical for effective universal health coverage**

## **Global Health Workforce Alliance**

### **1. What are the lessons learnt from the health related MDGs?**

The Millennium Development Goals (MDGs) are credited with catalyzing a greater focus on and mobilizing resources for certain development priorities.<sup>1</sup> Health, with 3 of the 8 MDGs, is awarded a high-priority in the current framework. Many countries are recording significant progress in national aggregate results (although advances are uneven across and within countries). This is partly supported by the unprecedented growth in overseas development assistance to the health sector in the period 1990 – 2010.<sup>2</sup>

However, limitations in the MDG framework are also apparent. This includes a lack of attention to equity,<sup>3</sup> a relative neglect of areas not explicitly belonging to any of the health-related MDGs, a perceived competition among different health priorities, and a sometimes narrowly selective focus of development assistance for health.<sup>4</sup> Targets and indicators set for the health MDGs, moreover, focused exclusively on increasing coverage of certain priority health services and on improving health outcomes, but did not refer explicitly to the health system actions required to attain such objectives.

Since the early 2000s, it was evident that only by overcoming structural deficiencies of health systems would it be possible to achieve thematic priorities related to individual diseases or population sub-groups.<sup>5</sup> Human resources for health stood prominent among health system constraints, with robust evidence identifying an adequate health workforce as a precondition to deliver essential health services and improving health outcomes.<sup>6,7</sup> The Joint Learning Initiative<sup>8</sup> and the World Health Report (WHR) 2006<sup>9</sup> denounced systemic failures in planning, developing and managing adequate human resources for health, which determined unacceptable variations in their availability, distribution, capacity and performance, resulting in uneven quality and coverage of health services. A minimum density threshold of physicians, nurses and midwives (2.3/ 1,000) , deemed to be generally necessary to achieve high coverage of selected essential health services, such as skilled birth attendance, was identified and proposed by WHO. <sup>ibidem</sup> Evidence collated for the WHR 2006 highlighted major differences within and across countries on their ability to employ and retain health workers against this minimum threshold, prompting concerns on health disparities, equality and equity.

### **2. What is the priority health agenda for the 15 years after 2015?**

These concerns have contributed to the recent momentum for a renewed focus on Universal Health Coverage (UHC). In its simplest form, universal health coverage is a system in which *everyone* in a society can get the health-care services they need without incurring financial hardship.<sup>10</sup> New evidence, policy options and advocacy in support of the realization of UHC have been the focus of the WHO World Health Report 2010, a special Lancet issue,<sup>11</sup> and of global health events.<sup>12,13,14,15</sup> In December 2012, a United Nations General Assembly Resolution was adopted on Global Health and Foreign Policy, adding further political energy for countries to adopt UHC. The resolution recognizes the need for an “adequate skilled, well-trained and motivated workforce”.<sup>16</sup> Within a wider holistic approach to development, built on the pillars of inclusive economic development, environmental sustainability, peace and security, and

inclusive social development,<sup>17</sup> UHC is therefore emerging as leading framework in the post-2015 development agenda.<sup>18</sup> It offers the potential to be an umbrella for existing thematic priorities (such as those of the MDGs) and as a forward-looking objective to encapsulate the wider aspirations of governments and populations to attain universal (and therefore equitable) access to a wider range of health services.

The progressive realization of the right to health for all people and of UHC will entail a varying level of emphasis on different aspects depending on the specific needs of each country context: relevant actions may include reducing financial barriers to accessing care, or acting on the social determinants of health. In most countries, however, these actions will have to be accompanied by new investments and policy decisions focused on making the health system itself more equitable and functional.

Recent evidence has confirmed a shift in the global burden of disease from infectious diseases and maternal and child health conditions to non-communicable and chronic diseases (NCDs) which are typical of ageing populations.<sup>19</sup> As health systems progressively try to broaden the services they provide to cover also NCDs and other priorities not explicitly mentioned by the MDG framework, new demands will be made on existing health workers to address these emerging needs; and population demands for more equitable access to care will have to be reflected in efforts at securing greater availability of health workers and coverage of the services they provide also in rural and other under-served areas.<sup>20</sup>

Guaranteeing universal health coverage is a multi-faceted endeavor: approaching the issue through the health workforce lens, it is necessary to go beyond the mere numbers, since addressing gaps in equitable distribution, competency, quality, motivation, productivity and performance will be required to improve access to effective coverage (figure 1).

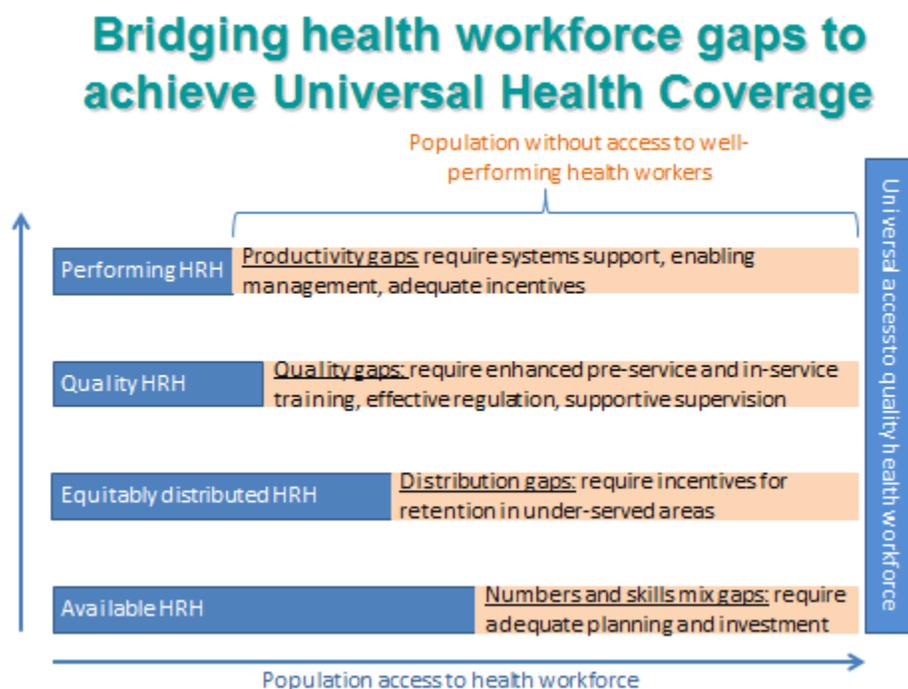


Figure 1: human resources for health and UHC (adaptation from the Tanahashi framework on evaluating health systems<sup>21</sup> ).

The health workforce is a critical and integral element of health system strengthening and of universal health coverage, encompassing the multiple dimensions of availability, distribution, quality and performance. Addressing these challenges in the context of complex adaptive systems requires concerted action on several element of health sector and public policy at large, including effective intersectoral coordination and collaboration among HRH stakeholders.<sup>22</sup>This is necessary to ensure that health workers operate within an enabling environment and receive the required support by the health system.

In order to adequately address the new needs stemming from the UHC objective, fundamental changes will have to be adopted by countries and by the global health community in relation to how health workers are trained,<sup>23</sup> managed, supported, and to the understanding and role of the public sector in shaping health labour market forces. The international community can support these processes through a variety of means, for instance through frameworks for actions to address global challenges such as international migration,<sup>24</sup> or by improving the harmonization and alignment of development assistance for health to ensure that external support truly contributes to sustain national efforts to develop and maintain an adequate health workforce.<sup>25</sup>

Examples of relevant HRH actions which can contribute to UHC and which may be considered in the context of ongoing consultations on the post-2015 development agenda include (GHWA 2012, op. cit.) :

- Increase volumes and improved quality of HRH investments achieved, by both domestic and international sources;
- Uptake and implementation of HRH policy options of proven effectiveness in countries;
- Effective stewardship by the public sector of HRH labour markets;
- Strengthen HRH coordination mechanisms to facilitate policy dialogue, and to develop and implement costed HRH strategies and plans as an integral component of national health strategies;
- Ensure availability of credible evidence and strategic intelligence on HRH availability, distribution and flow.

### **3. What are the best indicators and targets for health?**

The health workforce is not an end in itself, but the indispensable means to achieve improved health outcomes. Recognizing the importance of measurable targets and accountability mechanisms around them in stimulating action, the Global Health Workforce Alliance supports the inclusion of an HRH-specific benchmark in the Universal Health Coverage framework and the post-2015 development agenda. This would contribute to foster collaboration between countries and global partners, and to focus policy actions and investment decisions where they are most required.

However, existing health workforce benchmarks are focused on physicians, nurses and midwives, and were developed with the objective of attaining relatively high coverage of selected essential health services of relevance to the health MDGs. Today these appear no longer adequate: the original identification of a 4.3 million health worker shortfall in so-called crisis countries (WHO WHR 2006, op.cit.) was based on data dealing with immunization coverage and skilled birth attendance, and did not directly calculate needed HRH density with respect to a wider range of health needs in both crisis and non-crisis countries. Not only has this figure not been updated, but there has been little discussion of other factors affecting the composition and density of the health workforce. Taking forward this discourse and developing new HRH benchmarks should take into account:

- (1) population growth and demographic changes;

- (2) the growing burden of chronic diseases (both non-communicable and infectious diseases with long-term treatment);
- (3) the burgeoning of new health technologies which require adapting HRH skills and competencies;
- (4) growing perspectives on the value of primary care, that relies much more on frontline health workers, and that is dependent on community system strengthening as well as local health system strengthening;
- (5) increased emphasis on patient and community health literacy, patient empowerment, and the network of non-professional home care providers who largely go unsupported.

Therefore new targets are required that on the one hand better reflect a more diverse composition of the health workforce, and on the other hand represent more attainable and realistic objectives considering the financial constraints faced by low-income countries.<sup>26</sup> Beyond quantitative targets, it may be helpful also to explore needs in other dimensions, including geographic distribution, gender composition, minimum standards, competency frameworks and other aspects related to wider management practices.<sup>27</sup> Recommendations on these other aspects should be developed adopting as guiding framework the broader objective of UHC, and the evolving nature of the relations among patients, communities and health systems.

With regards to skills mix, conventional approaches for graduating traditional cadres of professional health workers (physicians, nurses, midwives) that assume many years of education will not work in isolation. While these cadres are needed the number of students in pre-service education and subsequent employment is often insufficient to meet the present or immediate healthcare needs of billions in the developing world. A critical HRH aspect of the endeavor towards UHC therefore is the recognition of the, yet untapped, potential contribution of community-based<sup>28,29</sup> and mid-level<sup>30</sup> health workers. These cadres should be included alongside professional health workers in the planning, education, management, support, and monitoring of health systems, including the setting of benchmarks and targets at national and global level to track progress towards UHC and the health priorities of the post-2015 development agenda.

In relation to the development of health workforce targets required to attain UHC, focus should be on indicators that do not entail major additional financial investments, but which are based on available data bases.<sup>31</sup> A new measurement framework should therefore be built on the strength of existing mechanisms, while at the same time addressing their limitations, prominent among which is the need to introduce an equity lens. It should on the one hand provide a standard indicator, to allow comparability across countries and enable global-level monitoring, but also allow flexibility in terms of a menu of other indicators for countries to monitor progress at national level. Among the possible candidates to track whether countries are succeeding in putting in place the required HRH actions and investment decisions to move towards UHC, three possible options are explored below:

- a) The staff-related access deficit indicator (see box 1), which was developed estimating the gaps in access to health workers, identifying as a benchmark countries which have achieved UHC.

- Within a UHC conceptual framework, effective access is measured using a set of five indicators that are proxies for availability, affordability, quality and other key aspects relevant for accessing needed health care.
- Availability of services is measured using a specific indicator, the staff-related access deficit indicator, which provides information on the shortage of skilled health workforce, and is used as a proxy for the availability of health services. It is measured using the relative difference of the national density of health professionals in a given country and a benchmark. The benchmark, in

turn, refers to median values of a group of countries that have succeeded in making health services widely accessible to the population, on the basis of available data of service coverage. This median value is just over 4 health workers per 1,000 population, and is above the minimum set for primary care delivery, which is 2,3 per 1,000.

- The staff access deficit indicator reflects the supply side of access availability – in this case the availability of human resources at a level that guarantees at least basic, but universal, effective access to everybody.

Box 1: HRH density-based access deficit indicator.<sup>32</sup>

The concept behind this benchmark, developed by the International Labour Organization (ILO) and subsequently included by WHO in its World Health Report 2010 (op. cit.), retains the limitations of other density-related indicators. However it takes the discussion one step forward, as it is based on a broader set of health needs, and the corresponding HRH requirements, consistent with the UHC paradigm.

This would considerably change the discourse on minimum HRH requirements to ensure that everyone in a society can get the health-care services they need. 93 countries presently fall below the benchmark proposed in the access deficit model,<sup>33</sup> confirming that attention to HRH should be more imperative than ever before, and will require global collaboration to identify solutions.

- b) A second option is to adopt the reporting mechanisms of the WHO Code of Practice on International Recruitment of Health Personnel. This framework has already been formally adopted by WHO member states, even though its focus is somewhat narrower and relates chiefly to tracking and managing health workers' migration flows and the policy and governance actions taken by countries in support of that objective.<sup>34</sup> The first progress report is due to the World Health Assembly in May 2013 and will provide an opportunity to reflect on the availability and completeness of the underlying country data that is available to disaggregate migration dynamics.
- c) Significant attention has recently been given to access to frontline health workers, in light of their essential role in provision of primary care services to address needs of underserved populations.<sup>35</sup> In this context a possible option to monitor progress in HRH development could be to track availability of frontline health workers in rural areas (with an assumption that if a health system serves adequately the population in rural areas, then urban residents are likely to have equal or greater coverage). This option would require a universally accepted definition of frontline health workers, but may have the advantage of introducing a strong equity focus in monitoring health system efforts towards the attainment of UHC.

To evaluate these and other possible options, Global Health Workforce Alliance, in collaboration with WHO, will convene an inclusive consultation process in the first half of 2013. The consultation will result in technical recommendations on the available and preferred approaches to measure equitable and effective access to health workers. This will feed into the continuing discourse on UHC and the post-2015 development agenda.

Acknowledgments. This submission benefitted from the contributions of a number of individuals who, in their personal or institutional capacity, provided relevant inputs in the context of the online discussion "Mainstreaming human resources for health in the post-2015 development agenda", hosted on the web platform of GHWA members and partners (<http://ghwamembers.net>) on December 4 to 9, 2012.

GHWA is particularly grateful for their contributions to (in alphabetical order): Remi Akinmade, Brook Baker, Alex Berland, Ford Bosco, Jim Campbell, Rachel Deussom, Sarah Dwyer, Mwangi Johnson, Uta Lehmann-Grube, George Lueddeke, Martin McNamara, Neil Pakenham-Walsh, Xenia Scheil-Adlung, Thomas Schwarz, Slim Slama, Jasmine Toure, Kate Tulenko.

Giorgio Cometto, Mubashar Sheikh (GHWA Secretariat) and Jim Campbell (Integrare) collated and synthesized in this paper the inputs made. The paper also includes significant conceptual contributions and text provided by Jim Campbell, Brook Baker and Xenia Scheil-Adlung. Robert Duvivier (GHWA Secretariat) calculated the number of countries whose density of physicians, nurses and midwives is below the 4.0/ 1,000 threshold, using information on publicly available databases.

## References

- <sup>1</sup> Waage J, Banerji R, Campbell O, Chirwa E, Collender G, Dieltiens V et al. *Lancet*. 2010;376(9745):991-1023
- <sup>2</sup> Ravishankar N, Gubbins P, Cooley RJ, Leach-Kemon K, Michaud CM, Jamison DT, et al. Financing of global health: tracking development assistance for health from 1990 to 2007. *Lancet*. 2009;373(9681):2113-24
- <sup>3</sup> Reidpath DD, Morel CM, Mecaskey JW, Allotey P. The Millennium Development Goals fail poor children: the case for equity-adjusted measures. *PLoS Med*. 2009 Apr 28;6(4)
- <sup>4</sup> World Health Organization Maximizing Positive Synergies Collaborative Group. An assessment of interactions between global health initiatives and country health systems. *Lancet*. 2009;373(9681):2137-69
- <sup>5</sup> Travis P, Bennett S, Haines A, et al. Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet* 2004; 364: 900–06.
- <sup>6</sup> Anand S, Bärnighausen T. Health workers and vaccination coverage in developing countries: an econometric analysis. *Lancet*. 2007; 369(9569):1277-85.
- <sup>7</sup> Anand S, Bärnighausen T. Human resources and health outcomes: cross-country econometric study. *Lancet*. 2004; 364(9445):1603-9.
- <sup>8</sup> The Joint Learning Initiative, Harvard University Press, "Overcoming the Crisis: Report of the Joint Learning Initiative 2004", Available from: [http://www.healthgap.org/camp/hcw\\_docs/JLI\\_Human\\_Resources\\_for\\_Health.pdf](http://www.healthgap.org/camp/hcw_docs/JLI_Human_Resources_for_Health.pdf) , accessed on 20 December 2012
- <sup>9</sup> World Health Organization. World Health Report 2006 "Working together for health", Available from: <http://www.who.int/whr/2006/en/index.html>, accessed on 20 December 2012
- <sup>10</sup> Savedoff, W et al, 2012. Political and economic aspects of the transition to universal health coverage. *The Lancet*. Vol.380, Issue 9845, pp 924-932.
- <sup>11</sup> Holmes D. Margaret Chan: committed to universal health coverage. *Lancet*: 380 (9845); 879
- <sup>12</sup> FORUM ON UNIVERSAL HEALTH COVERAGE (2012) Sustaining Universal Health Coverage, Sharing Experiences and Promoting Progress. Available from: Available from [http://www.who.int/healthsystems/topics/financing/hsf\\_uc\\_mexicodeclaration/en/index.html](http://www.who.int/healthsystems/topics/financing/hsf_uc_mexicodeclaration/en/index.html) accessed on 20 December 2012.
- <sup>13</sup> PMAC (2012) Moving Towards Universal Health Coverage: Health Financing Matters. Available from: [http://www.pmaconference.mahidol.ac.th/index.php?option=com\\_content&view=article&id=525:2012-bkk-statement-final&catid=981:cat-2012-conference](http://www.pmaconference.mahidol.ac.th/index.php?option=com_content&view=article&id=525:2012-bkk-statement-final&catid=981:cat-2012-conference) accessed on 20 December 2012
- <sup>14</sup> African Development Bank (2012) Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector. Available from: <http://www.afdb.org/en/news-and-events/article/high-level-ministerial-dialogue-on-value-for-money-sustainability-and-accountability-in-the-health-sector-9251/> Accessed 20 December 2012
- <sup>15</sup> Global Health Workforce Alliance 2011. Outcome statement of the Second Global Forum on Human Resources for Health. Available from: <http://www.who.int/workforcealliance/forum/2011/Outcomestatement.pdf> accessed on 20 December 2012
- <sup>16</sup> UN General Assembly 2012. Resolution on Global Health and Foreign Policy. Available from: [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/67/L.36](http://www.un.org/ga/search/view_doc.asp?symbol=A/67/L.36) accessed on 20 December 2012
- <sup>17</sup> UN System task Team on post-2015 development agenda. Realizing the future we want for all. Available from: [http://www.un.org/en/development/desa/policy/untaskteam\\_undf/report.shtml](http://www.un.org/en/development/desa/policy/untaskteam_undf/report.shtml) accessed on 20 December 2012
- <sup>18</sup> WHO 2010. Health systems financing: the path to universal coverage. World Health Report 2010. Available from: <http://www.who.int/whr/2010/en/index.html> accessed on 20 December 2012
- <sup>19</sup> Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair-Rohani H, et al A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2013;380(9859):2224-60
- <sup>20</sup> Dolea C, Stormont L, Braichet JM. Evaluated strategies to increase attraction and retention of health workers in remote and rural areas. *Bull World Health Organ*. 2010; 88(5):379-85.
- <sup>21</sup> Tanahashi T. Health service coverage and its evaluation. *Bull World Health Organ*. 1978;56(2):295-303.

- 
- <sup>22</sup> Global Health Workforce Alliance (2012). Advancing the Health Workforce Agenda within Universal Health Coverage. The Global Health Workforce Alliance Strategy 2013-2016. Available from: <http://www.who.int/workforcealliance/knowledge/resources/ghwastrat20132016/en/index.html> accessed on 20 December 2012
- <sup>23</sup> Bhutta ZA, Chen L, Cohen J, Crisp N, Evans T, Fineberg H et al (2010). Education of health professionals for the 21st century: a global independent Commission. *Lancet*;375(9721):1137-8.
- <sup>24</sup> World Health Organization (2010). WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva, Switzerland. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA63/A63\\_R16-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf) accessed 20 December 2012
- <sup>25</sup> Vujicic M, Weber SE, Nikolic IA, Atun R, Kumar R. An analysis of GAVI, the Global Fund and World Bank support for human resources for health in developing countries. *Health Policy Plan*. 2012 Dec;27(8):649-57
- <sup>26</sup> Bossert TJ, Ono T. Finding affordable health workforce targets in low-income nations. *Health Aff (Millwood)*. 2010 Jul;29(7):1376-82.
- <sup>27</sup> Global Health Workforce Alliance (2011). Reviewing Progress, Renewing Commitment: Progress report on the Kampala Declaration and Agenda for Global Action [Internet]. 2011a. Available from: <http://www.who.int/workforcealliance/forum/2011/progressreportlaunch/en/index.html>. Accessed: 20 December 2012
- <sup>28</sup> Lewin S, Munabi-Babigumira S, Glenton C et al. Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. *Cochrane Database Syst Rev*. 2010 Mar 17;3
- <sup>29</sup> Global Health Workforce Alliance (2010). Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals - A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems. Geneva, Switzerland. Available from: <http://www.who.int/workforcealliance/knowledge/themes/community/en/index.html> Accessed 20 December 2012
- <sup>30</sup> Brown A, Cometto G, Cumbi A, de Pinho H, Kamwendo F, Lehmann U, McCourt W, McPake B, Pariyo G, Sanders D; HRH Exchange of the Global Health Workforce Alliance. Mid-level health providers: a promising resource. *Rev Peru Med Exp Salud Publica*. 2011 Jun;28(2):308-15.
- <sup>31</sup> Capacity Plus (2012). Human Resources for Health Indicator Compendium. Available from: <http://www.capacityplus.org/hrhic/> accessed on 20 December 2012
- <sup>32</sup> International Labour Organization (2011). The World Social Security Report 2010/11: Providing coverage in times of crisis and beyond. Available from: <http://www.ilo.org/gimi/gess/ShowTheme.do?tid=1985> Accessed on 20 December 2012.
- <sup>33</sup> WHO 2012. World Health Statistics 2012. Available from: [http://www.who.int/gho/publications/world\\_health\\_statistics/2012/en/](http://www.who.int/gho/publications/world_health_statistics/2012/en/) Accessed on 20 December 2012
- <sup>34</sup> WHO (2012) Monitoring progress on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. Available from: [http://www.who.int/hrh/migration/code/code\\_nri/en/index.html](http://www.who.int/hrh/migration/code/code_nri/en/index.html) Accessed on 20 December 2012.
- <sup>35</sup> Equinet (2012). Consultation on Improving Access to Health Workers at the Frontline for Better Maternal and Child Survival. Available from: [www.equinet africa.org](http://www.equinet africa.org) Accessed on 20 December 2012.