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Why this report

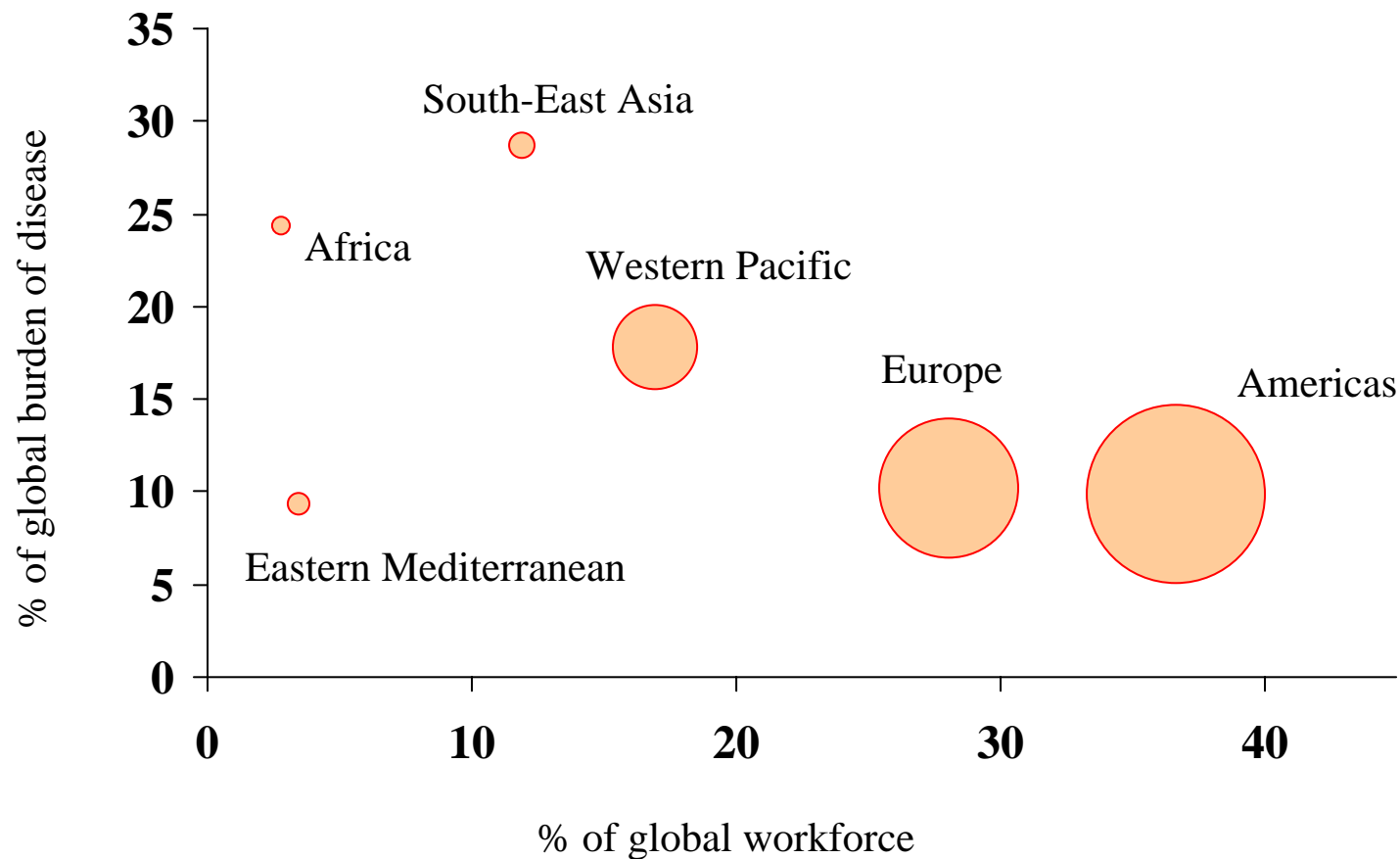
- Estimated **shortage** of almost **4.3 million** doctors, midwives, nurses and support workers worldwide.
- **57 countries**, mostly in sub-Saharan Africa have critical shortages.
- Sub-Saharan Africa has only **4%** of health workers but **25%** of the global burden of disease (GBD).
- The Americas have **37%** of health workers but only **10%** of GBD.



What this report has to offer

- Expert assessment of crisis
- Set of proposals to tackle it
- 10-year action plan for countries to build their health workforces
- Policies to improve health workforce performance
- Planning based on career lifespan of health workers, from entry to retirement or departure

Distribution of health workers by level of health expenditure and burden of disease



Global health workforce, by density

WHO region	Total health workforce		Health service providers		Health management and support workers	
	Number	Density (per 1000 population)	Number	Percentage of total health workforce	Number	Percentage of total health workforce
Africa	1 640 000	2.3	1 360 000	83	280 000	17
Eastern Mediterranean	2 100 000	4.0	1 580 000	75	520 000	25
South-East Asia	7 040 000	4.3	4 730 000	67	2 300 000	33
Western Pacific	10 070 000	5.8	7 810 000	78	2 260 000	23
Europe	16 630 000	18.9	11 540 000	69	5 090 000	31
Americas	21 740 000	24.8	12 460 000	57	9 280 000	43
World	59 220 000	9.3	39 470 000	67	19 750 000	33

Note: All data for latest available year. For countries where data on the number of health management and support workers were not available, estimates have been made based on regional averages for countries with complete data.

Estimated critical shortages of doctors, nurses and midwives, by WHO region

WHO region	Number of countries		In countries with shortages		
	Total	With shortages	Total workforce	Estimated shortage	Percentage increase required
Africa	46	36	590 198	817 992	139
Americas	35	5	93 603	37 886	40
South-East Asia	11	6	2 332 054	1 164 001	50
Europe	52	0	NA	NA	NA
Eastern Mediterranean	21	7	312 613	306 031	98
Western Pacific	27	3	27 260	32 560	119
World	192	57	3 355 728	2 358 470	70

NA, not applicable.

Health workers: a global profile

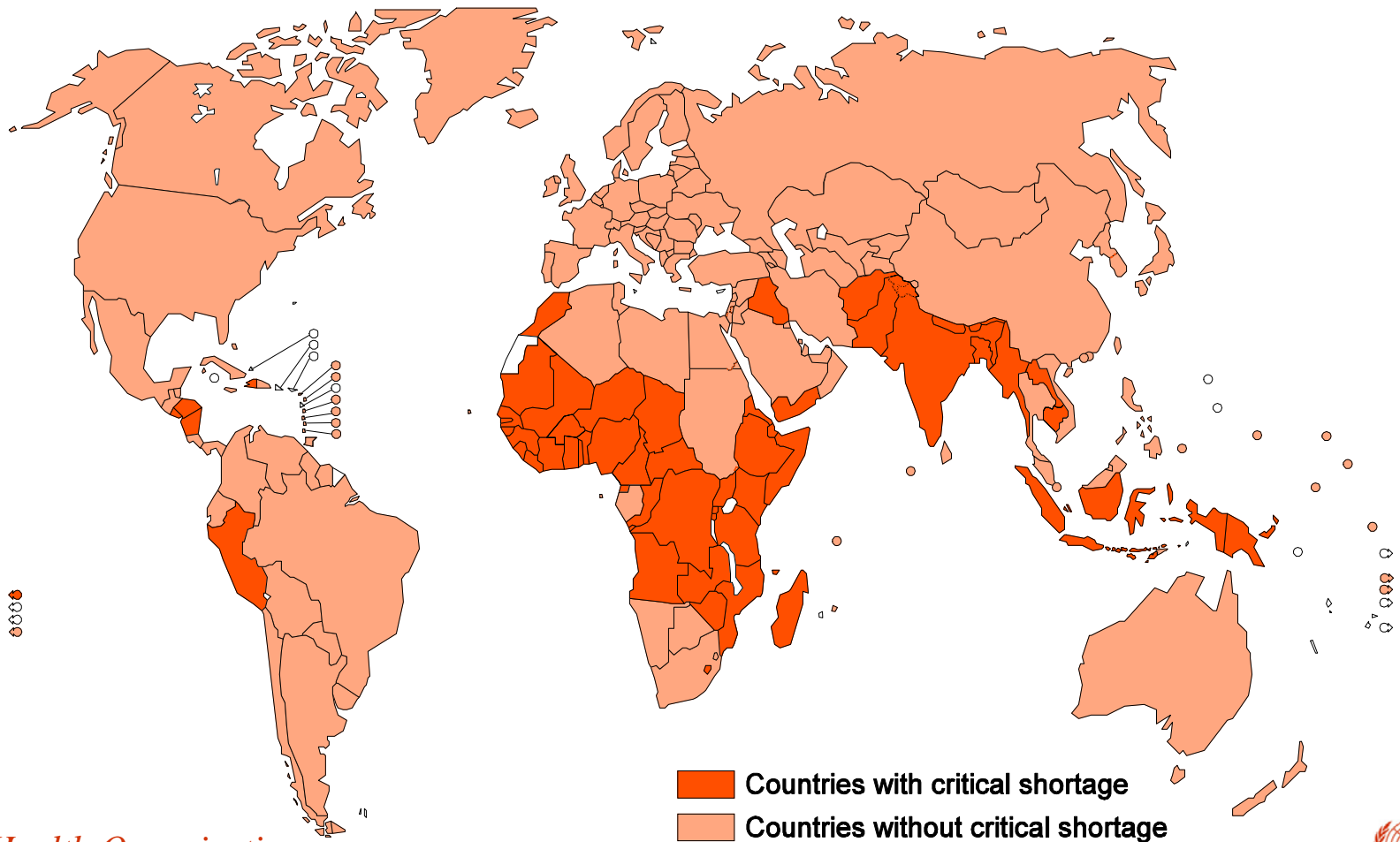
Health workers are all people engaged in actions with the primary intent of enhancing health, including family caregivers, patient-provider partners, part-time workers, volunteers and community workers.



Tackling the crisis: how much will it cost?

- More funds will be needed to train sufficient health workers to fill the gaps and pay salaries.
- In the 57 countries with severe shortages of health workers governments spend, on average, US\$ 33 per person per year on health.
- To educate and pay the salaries of the four million health workers needed, health budgets will have to increase by at least US\$ 10 per person per year - to an average of US\$ 43.
- Meeting that goal within 20 years is ambitious but reasonable.

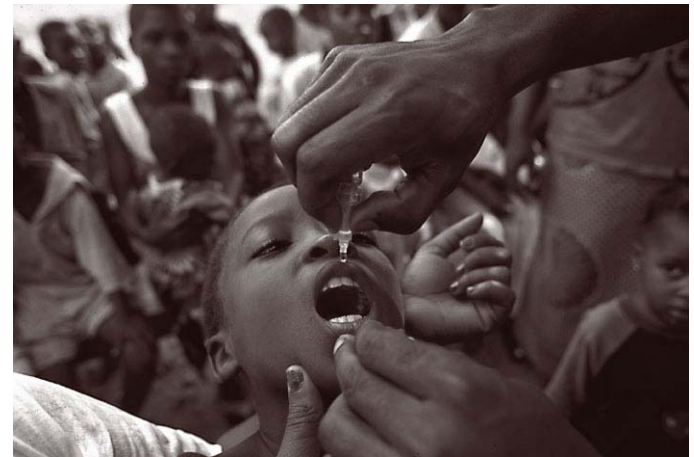
Critical shortage of health service providers (doctors, nurses and midwives)



Responding to urgent health needs

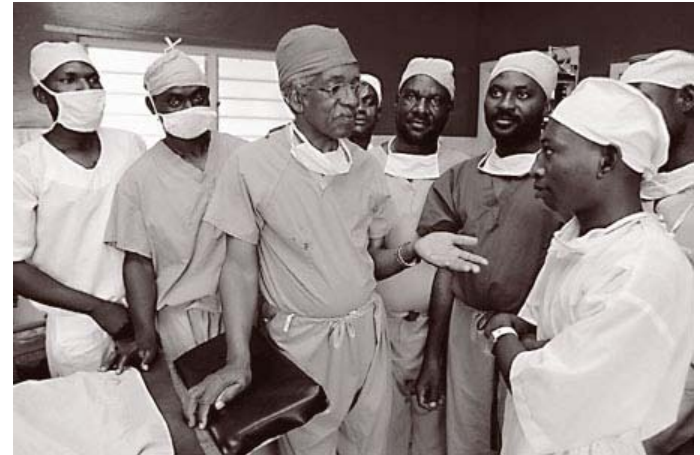
Challenges facing health systems today:

- To scale up interventions to attain the health-related MDGs.
- To shift to community-based and patient-centred care for the treatment of chronic diseases.
- To tackle the problems posed by disasters and outbreaks.
- To preserve health services in conflict and post-conflict states.



Preparing the health workforce

- Producing sufficient numbers of skilled workers whose background, language and social attributes make them accessible to diverse populations.
- Requires active planning and management (building strong training institutions, strengthening professional regulation and revitalizing recruitment).



Building strong institutions for education

- The world's 1600 medical schools, 6000 nursing schools and 375 public health schools do not produce enough staff.
- More institutions needed, ensuring a more appropriate mix of training opportunities.
- Use of regional resources and IT for greater access to education at lower cost.

Assuring educational quality

- Involves institutional accreditation, professional regulation.
- Need to maximize the benefits of private investments while strengthening the state's role in regulation.
- State intervention is necessary to set standards, protect patient safety, and ensure quality.

Revitalizing recruitment

- The aim should be to get workers with the right skills to the right place at the right time and improve social compatibility between workers and clients.

Making the most of existing health workers

- Substantial improvements in the **availability, competence, responsiveness** and **productivity** of the workforce can be rapidly achieved.
- Strategies to improve workforce performance must first focus on existing staff because of the time lag in training new staff.



Supervision makes a big difference

- Supportive, firm and fair supervision is effective in improving the competence of individual health workers,
- Supervision can build a practical integration of new skills acquired through on-the-job training.

Fair and reliable compensation

- Decent pay that arrives on time is crucial.
- The way workers are paid (salaried or fee-for-service) has effects on productivity and quality of care that require careful monitoring.
- Financial and non-financial incentives such as study leave or child care are most effective when packaged.

Crucial support systems

- Skilled health workers cannot do their jobs properly in facilities that lack clean water, adequate lighting, heating, vehicles, drugs, working equipment and other supplies.
- Health workers should be involved in decisions to introduce new technologies.

Lifelong learning

- In-service training is most likely to change behaviour when it is interactive, based on real-life problems and coupled with continuing, intermittent support.
- Staff often devise simple but effective solutions to improve performance.

Managing exits from the workforce

- Unplanned or excessive exits may compromise the system's knowledge, memory and culture.
- In some regions, these exits overwhelm training capacity and threaten workforce stability.
- Strategies to counteract workforce attrition: **managing migration, making health a career of choice, ensuring safe work environments and retirement planning.**



Managing migration

- Balancing the freedom of individuals to pursue work where they choose with health needs.
- For unplanned migration, retention strategies are needed.
- Richer countries receiving migrants from poorer countries should adopt responsible recruitment policies.

Keeping health work as a career of choice for women

- The majority of health workers are women.
- More attention must be paid to their safety (protection against violence).
- Other measures must be put in place, including more flexible work arrangements and promotions to senior positions.

Ensuring safe work environments

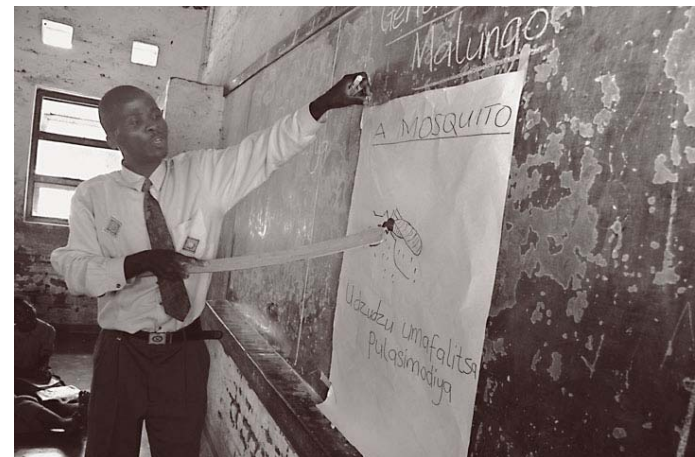
- Outflows from the workforce caused by illness, disability and death are high and demand attention.
- Strategies include management of physical risks, mental stress and full compliance with prevention and protection guidelines.
- Provision of effective prevention services, access to treatment for all health workers who become HIV+.

Retirement planning

- Retirement policies can reduce incentives for early retirement, decrease the cost of employing older people, recruit retirees back to work and improve conditions for older workers.
- Succession planning is central to preserving key competencies and skills in the workforce.

Formulating national health workforce strategies

- To guarantee universal access to health care and social protection to all.
- Workforce strategies must be matched to each country's situation.



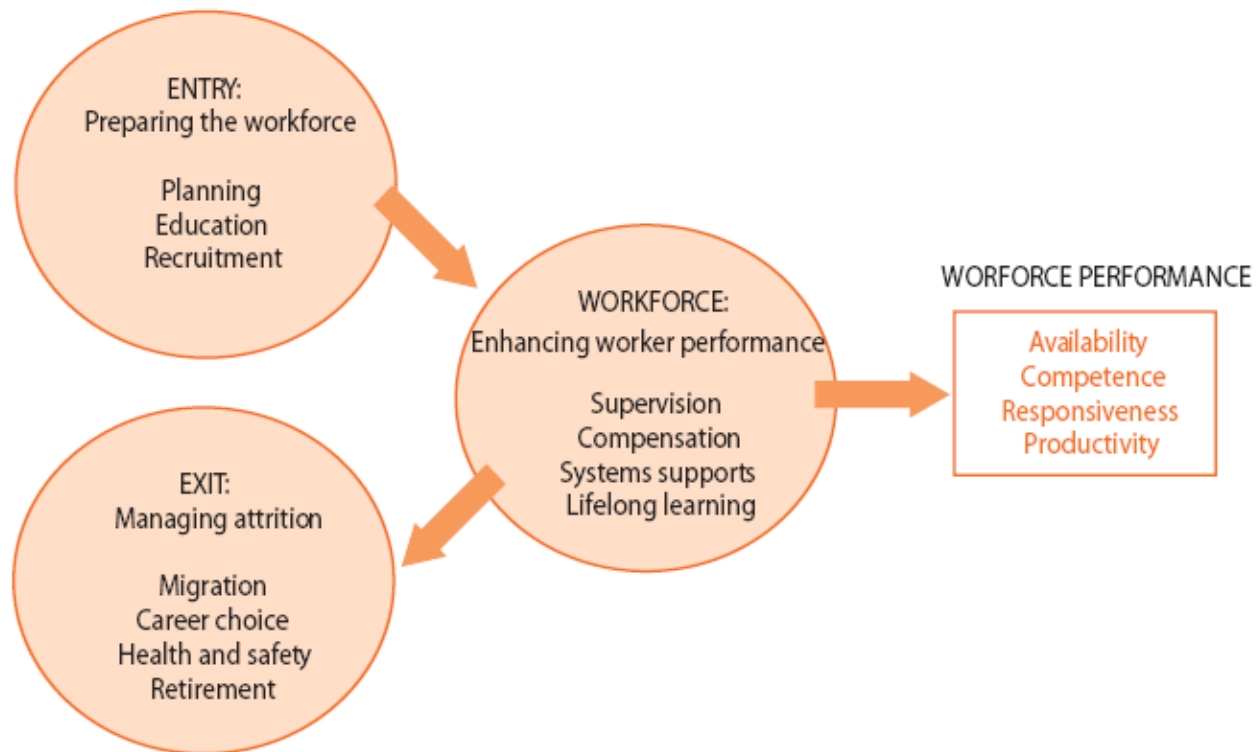
A mandate for action

- WHO Member States have adopted two resolutions calling for global action.
- 100 global health leaders in the Joint Learning Initiative have recommended urgent action involving national leadership backed by global solidarity.
- Calls for action have come from a series of High-Level Forums creating a participatory stakeholder process.

National leadership

- National strategies require dealing with the entry–workforce–exit framework, and effective engagement with stakeholders.
- National strategies are likely to be more successful if they involve **acting now**, **anticipating the future**, and **acquiring crucial capabilities**.

Working lifespan strategies



Acting now for workforce productivity

- By cutting waste (such as eliminating ghost workers and absenteeism).
- By improving performance through compensation adjustments, work incentives, safer working conditions, and worker mobilization efforts.
- By understanding national situations and monitoring progress or setbacks.

Anticipating the future

- By engaging stakeholders to craft national strategic plans.
- By foreseeing significant growth of private education and services and targeting of public funds.
- By regarding public action in information, regulation and delegation as key functions for mixed systems.

Acquiring crucial capacities

- By strengthening core institutions for workforce development.
- By seeing leadership and management development in health and related sectors as essential for planning.
- By establishing standard setting, accrediting and licensing to improve the work of worker unions, educational institutions, professional associations, civil society.

Global solidarity

- The depth of the workforce crisis in many countries requires international assistance.
- National leadership must be complemented by solidarity on at least three fronts: **knowledge and learning**; **cooperative agreements**; and **responsiveness to workforce crises**.

Catalysing knowledge and learning

- Low-cost but significant investments in the development of better metrics for the workforce, agreement on common technical frameworks, and support for priority research will accelerate progress in all countries.
- Effective pooling of diverse technical expertise and breadth of experiences can assist countries in accessing the best talent and practices.

Striking cooperative agreements

- Increasing movement of the workforce as migrants, relief workers and volunteers calls for cooperative agreements to protect their rights and safety.
- The current global avian influenza alert shows the need for effective international capacity to marshal human resources for emergencies.

Responding to workforce crises

- A 50:50 guideline is recommended, whereby half of all international assistance funds go to health systems and half to national health workforce strengthening strategies.
- Development financing policies must find ways to ensure that hiring ceilings do not block workforce expansion.
- All partners should aim to shed inefficient practices and align more effectively with national leadership.

Ten-year plan of action

- National leadership must urgently jump-start country-based actions and sustain them for at least a decade.
- Global support to accelerate national progress.
- A full range of evidence-based guidelines to inform good practice for health workers.
- Effective cooperative agreements and sustained international financing should be in place.

Ten-year plan of action

		2006 Immediate	2010 Mid-point	2015 Decade
Country leadership	Management	Cut waste, improve incentives	Use effective managerial practices	Sustain high performing workforce
	Education	Revitalize education strategies	Strengthen accreditation and licensing	Prepare workforce for the future
	Planning	Design national workforce strategies	Overcome barriers to implementation	Evaluate and redesign strategies, based on robust national capacity
Global solidarity	Knowledge and learning	Develop common technical frameworks	Assess performance with comparable metrics	Share evidence-based good practices
		Pool expertise	Fund priority research	
	Enabling policies	Advocate ethical recruitment and migrant workers' rights	Adhere to responsible recruitment guidelines	Manage increased migratory flows for equity and fairness
		Pursue fiscal space exceptionality	Expand fiscal space for health	Support fiscal sustainability
	Crisis response	Finance national plans for 25% of crisis countries	Expand financing to half of crisis countries	Sustain financing of national plans for all countries in crisis
		Agree on best donor practices for human resources for health	Adopt 50:50 investment guideline for priority programmes	

Working together, within and across countries

- A premier requirement is advocacy that promotes workforce issues to a high place on the political agenda and keeps them there.
- Workforce development is a continuous process, always open for improvement.



Working together, within and across countries

- Immediate acceleration of performance can be attained in virtually all countries if well-documented solutions are applied.
- Some of the work should be implemented immediately, some will take time.
- Now is the time for action, to invest in the future, and to advance health – rapidly and equitably.

Conclusion

"We have to work together to ensure access to a motivated, skilled, and supported health worker by every person in every village everywhere."

Dr LEE Jong-wook
Director-General, WHO