



Needs, factors and policy options for attracting and retaining health workers

A global overview

**20 September 2023**

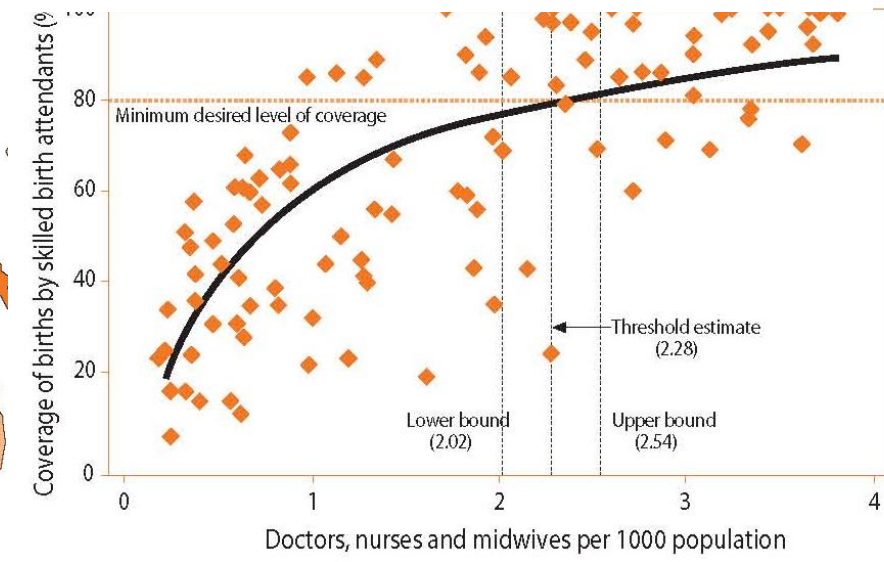
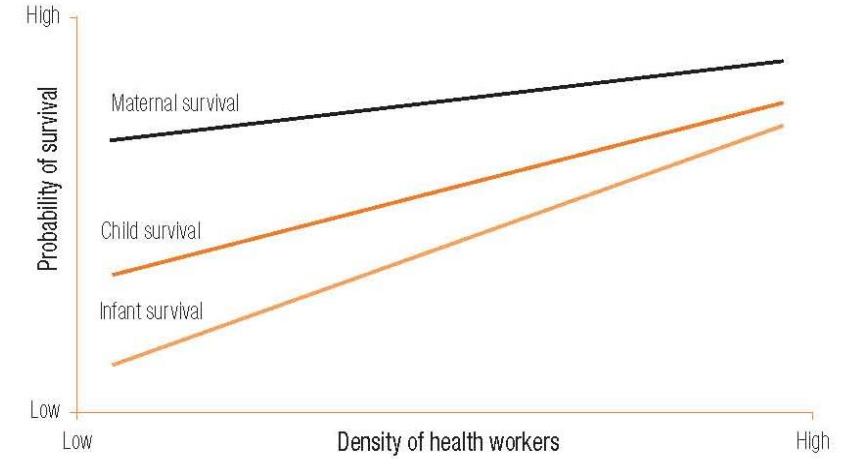
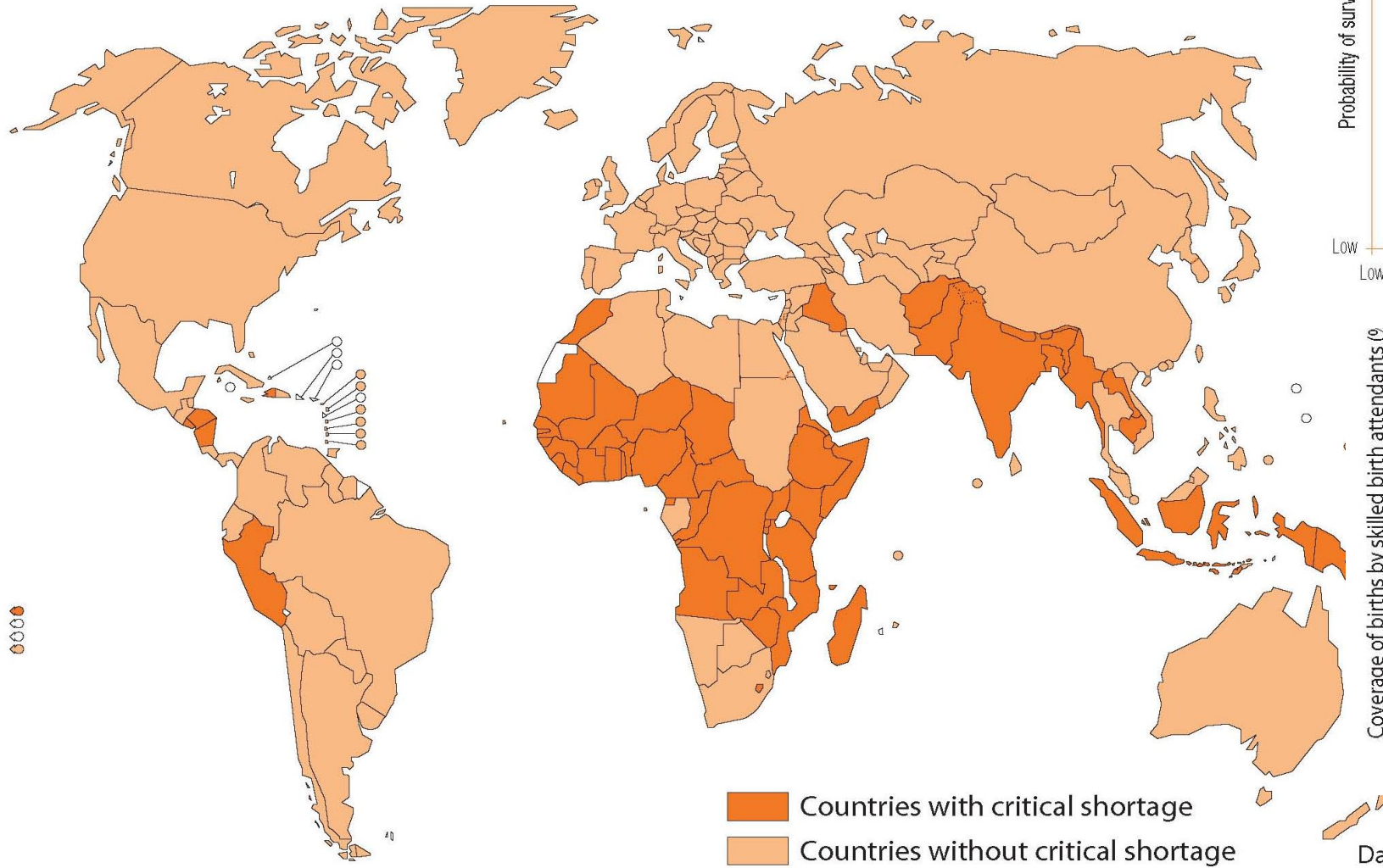
Giorgio Cometto, Unit Head, WHO Health Workforce

# Outline

- Background
- Conceptual frameworks for health workforce policy
- Global strategy on HRH: objectives and monitoring
- COVID-19 impacts on health and care workers
- What health workforce for health promotion?
- Deployment, attraction and retention: policy considerations



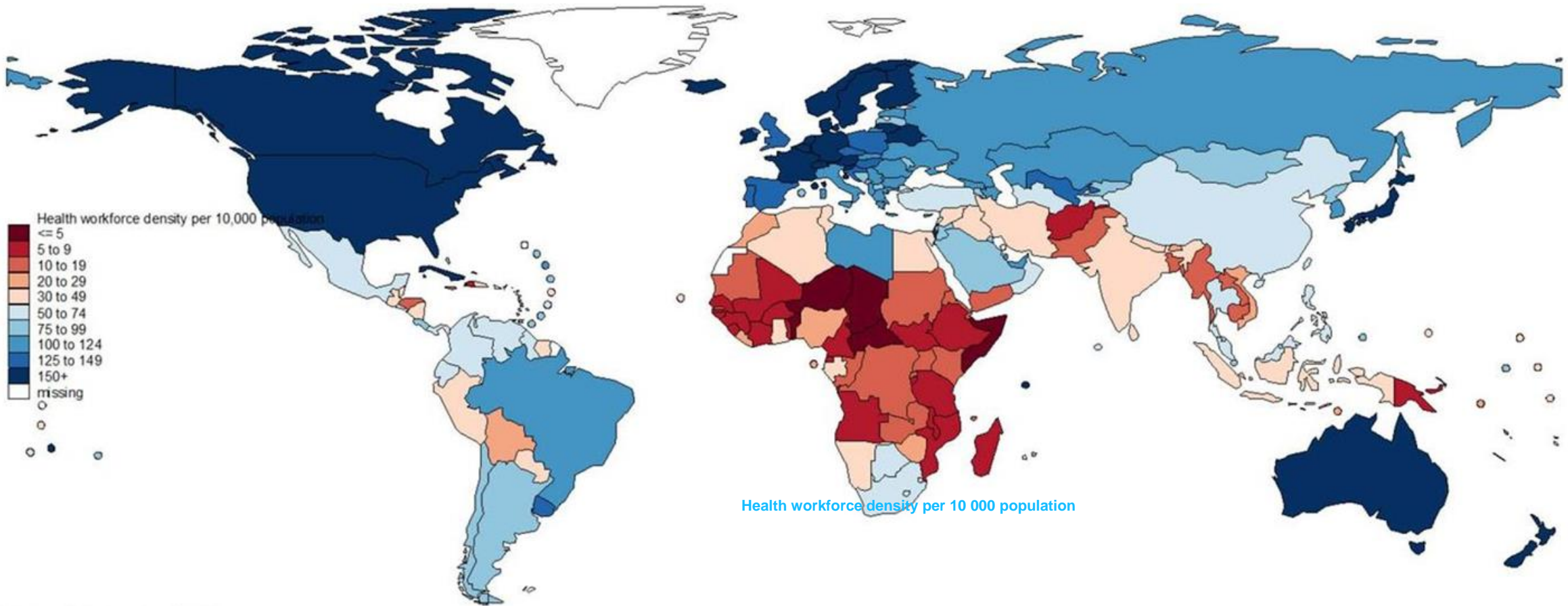
# WHR 2006: Countries with a critical HRH shortage



Data source: (3).

[Source] WHO (2006) *World Health Report 2006*. WHO: Geneva.

# Health workforce shortage in 2022



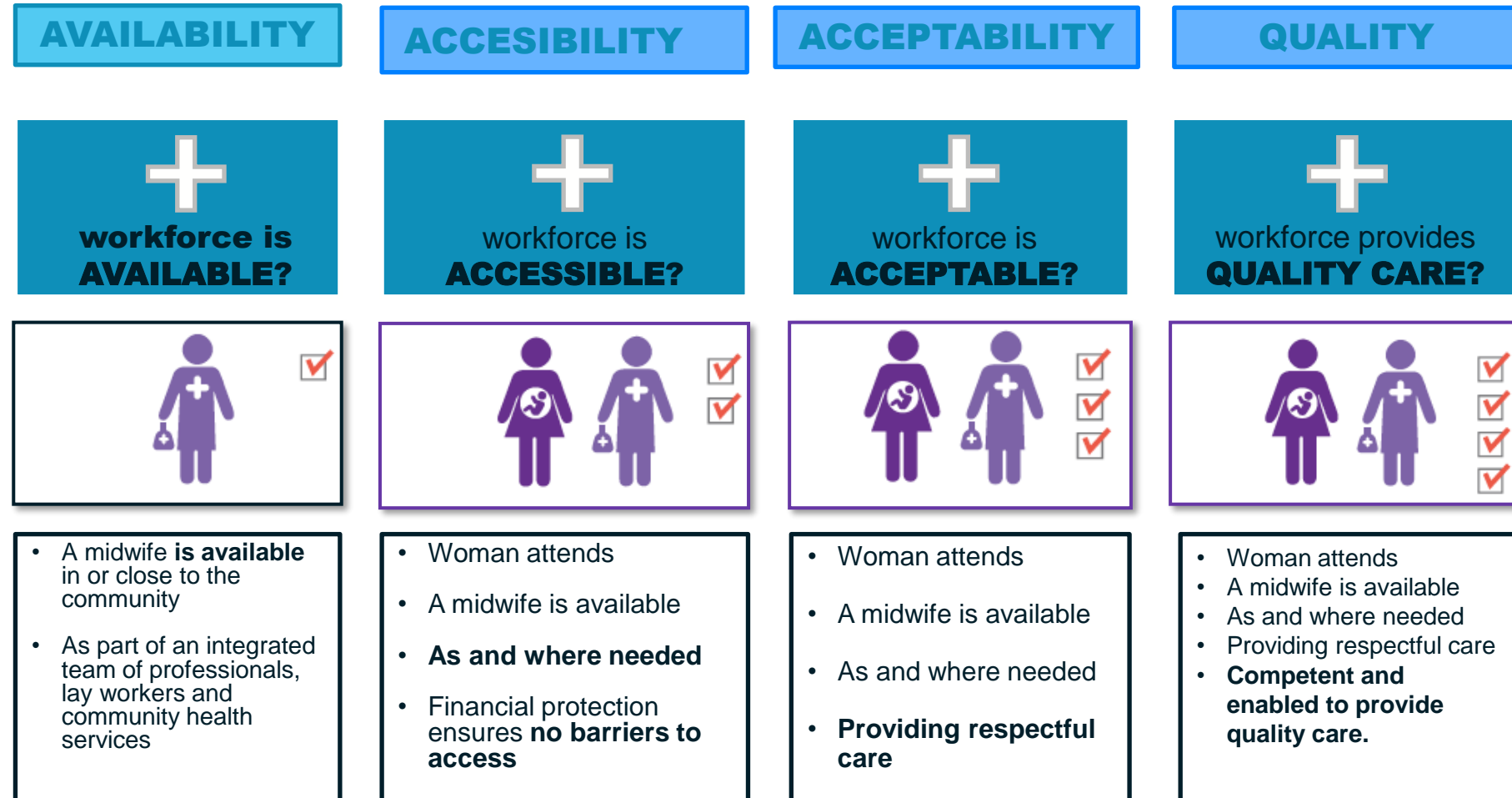
\* Latest available density as of 2020.

incl. medical doctors, nursing personnel, midwifery personnel, dentists, pharmacists

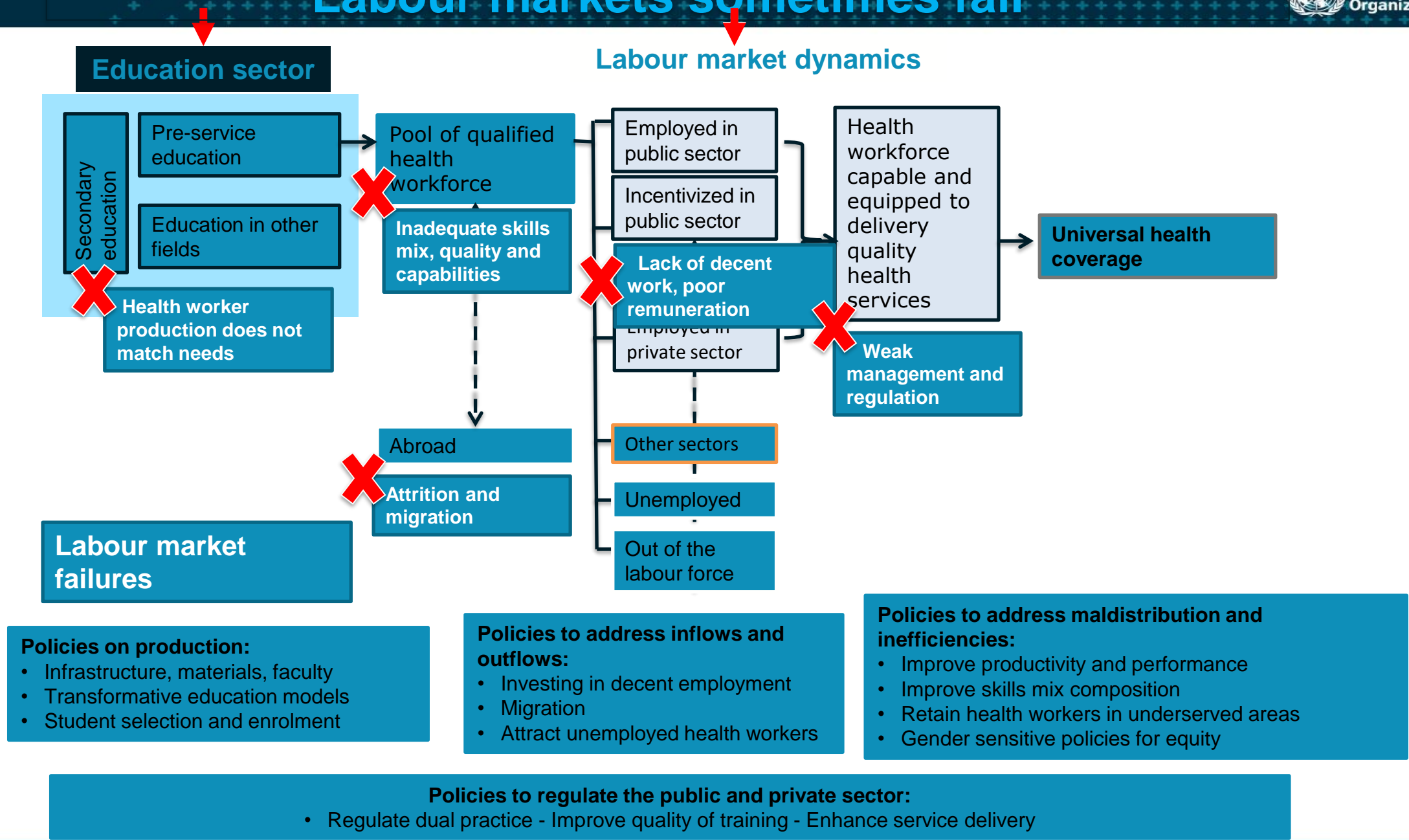
Source: Boniol M, Kunjumen T, Nair TS, Siyam A, Campbell J, Diallo K. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? *BMJ Glob Health*. 2022;7(6):e009316. doi: 10.1136/bmjgh-2022-009316.



# Effective coverage: what it entails



# Labour markets sometimes fail

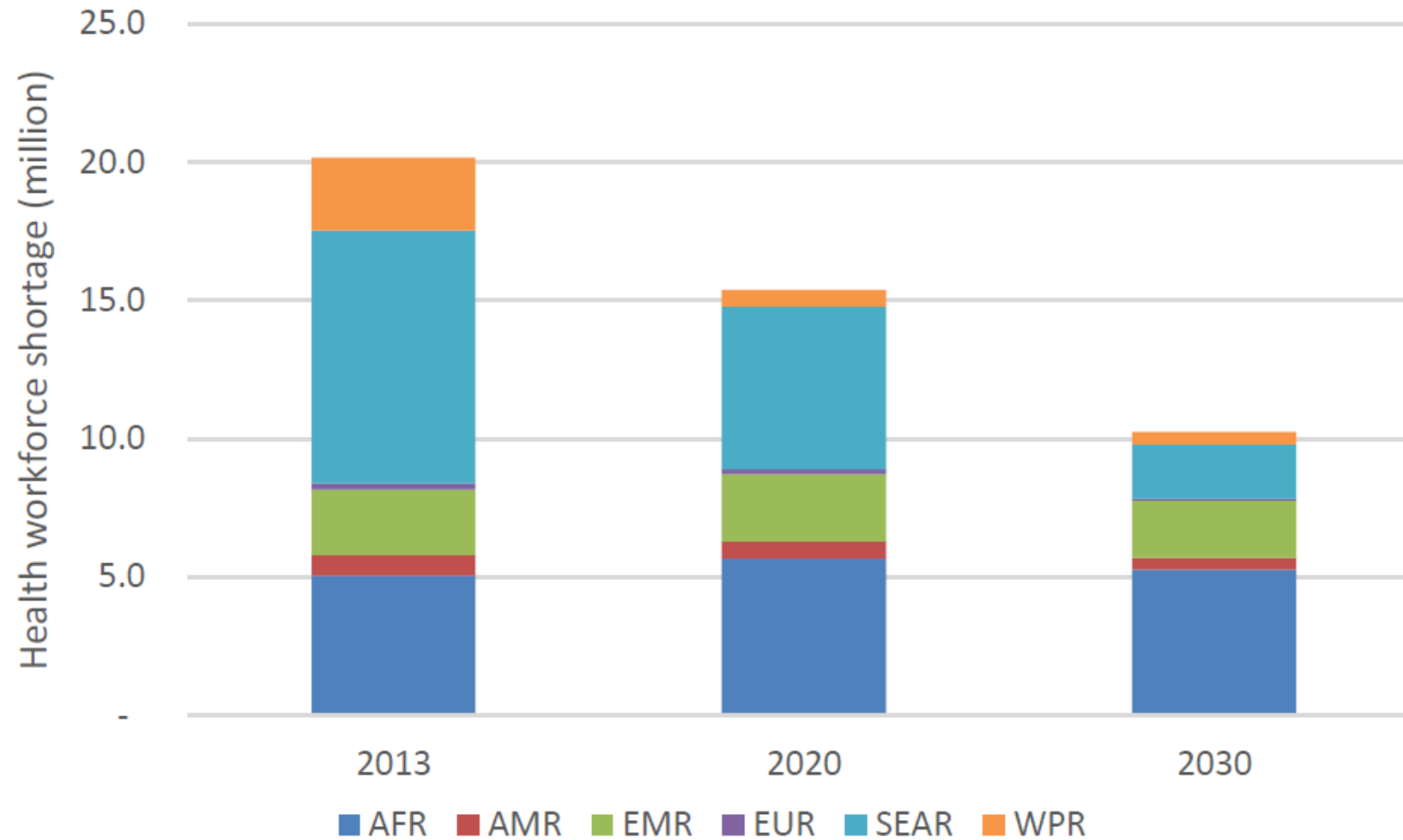


# The Global Strategy on HRH: Workforce 2030



1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)
2. **Anticipate and align investment in future workforce requirements** 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 data, evidence and knowledge** for cost-effective policy decisions (e.g. HLMA, National Health Workforce Accounts)

# Global health workforce shortage by WHO region



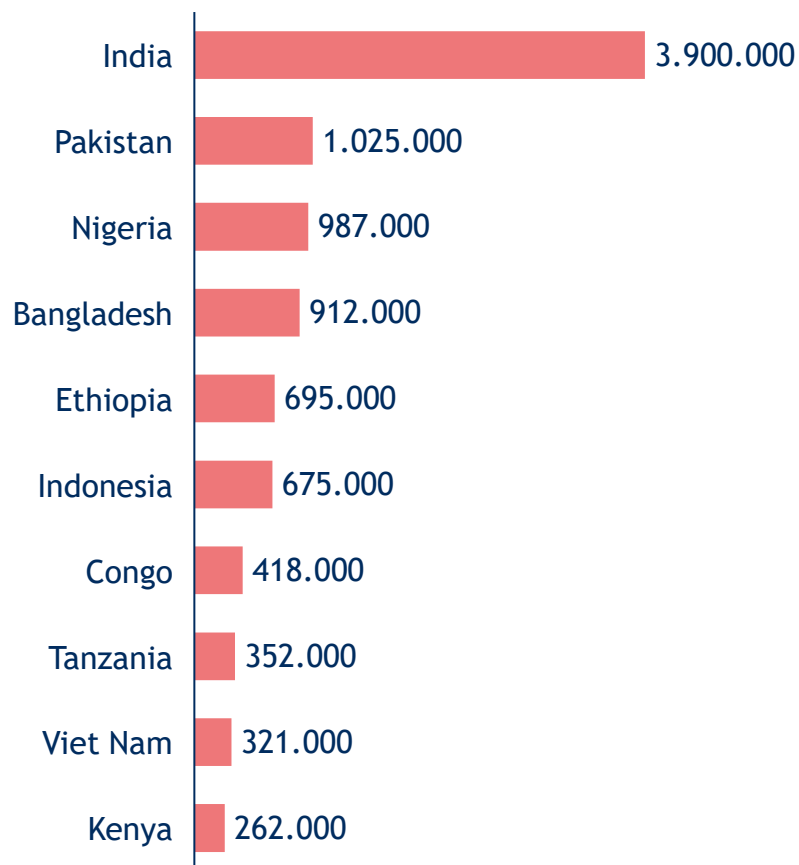
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# Which countries have the highest shortfalls?

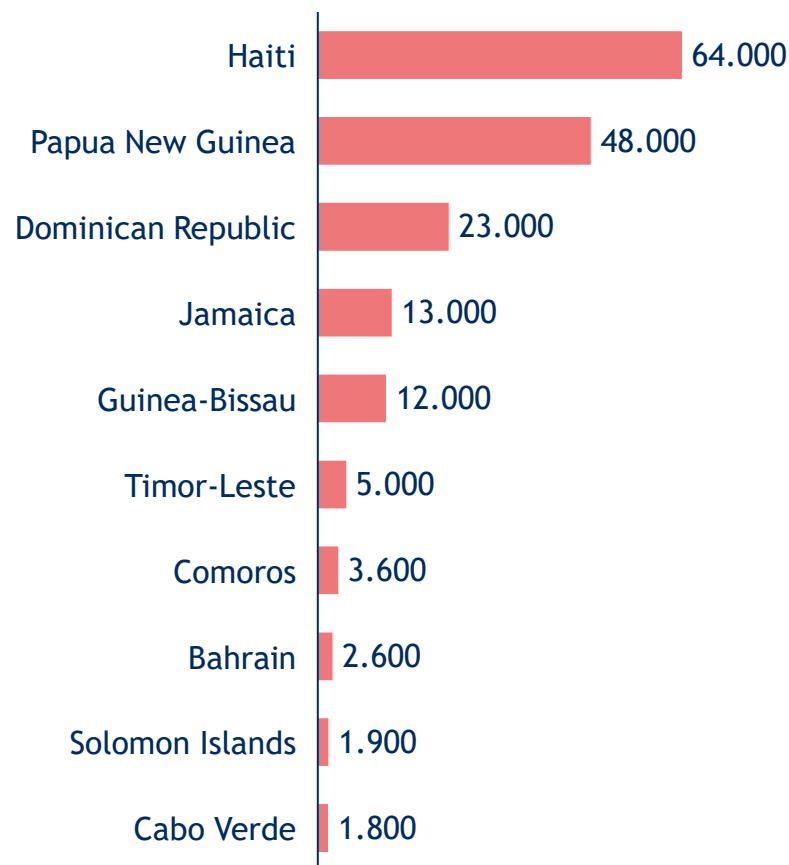
## Top 10 countries with the highest absolute HRH shortages, 2020

in number of health workers



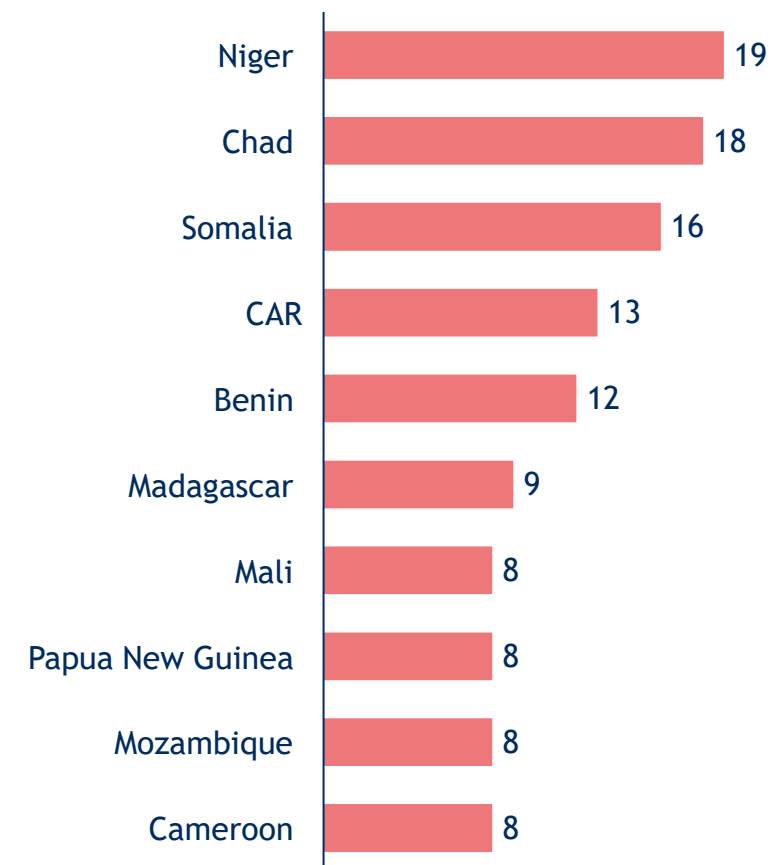
## Top 10 SIDs with the highest absolute HRH shortages, 2020

in number of health workers

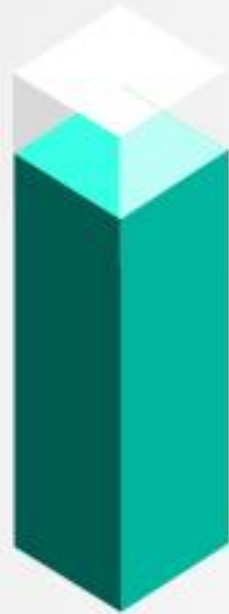


## Top 10 countries with the highest relative HRH shortages compared to population size, 2020

Factor by which current stock needs to be multiplied to address health workforce shortage



# Workforce Readiness: An overall context



Pre-COVID-19  
**workforce shortages**



COVID-19 response  
(ongoing)

- Redeployment
- Protests/strikes
- Infections
- Deaths



COVID-19 response  
(projected)

- Vaccination
- Redeployment
- Protests/strikes
- Infections
- Deaths
- Service departures

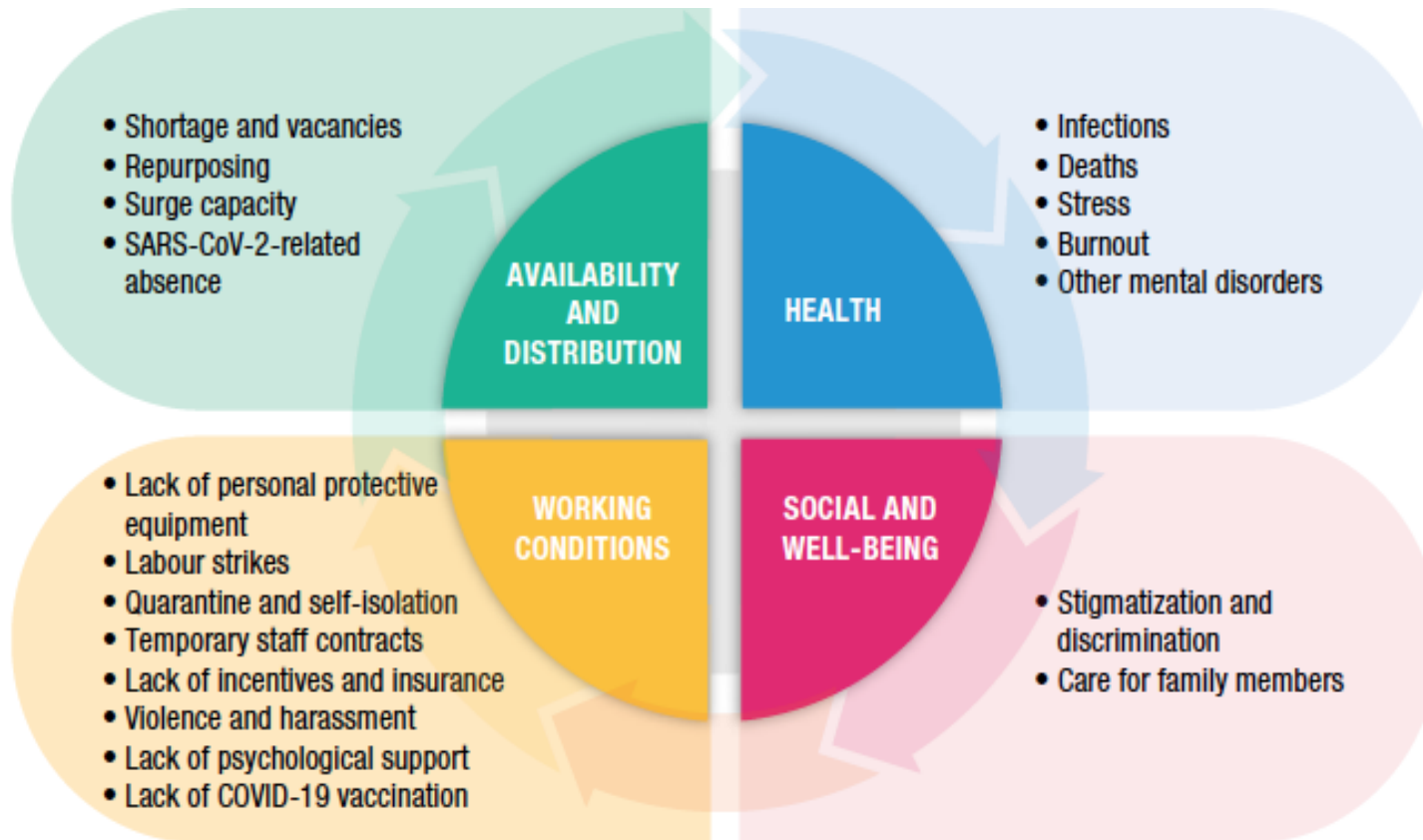


- Our choices count**
- Vaccinate health and care workers
  - Ensure decent work
  - Protect health and care workers
  - Allow students to complete their education
  - Provide continuing education
  - Include women, ethnic minorities

} **reduced access to services (short- to medium-term)**

} **reduced access to services (long-term)**

# Impact of COVID-19 on health and care workers

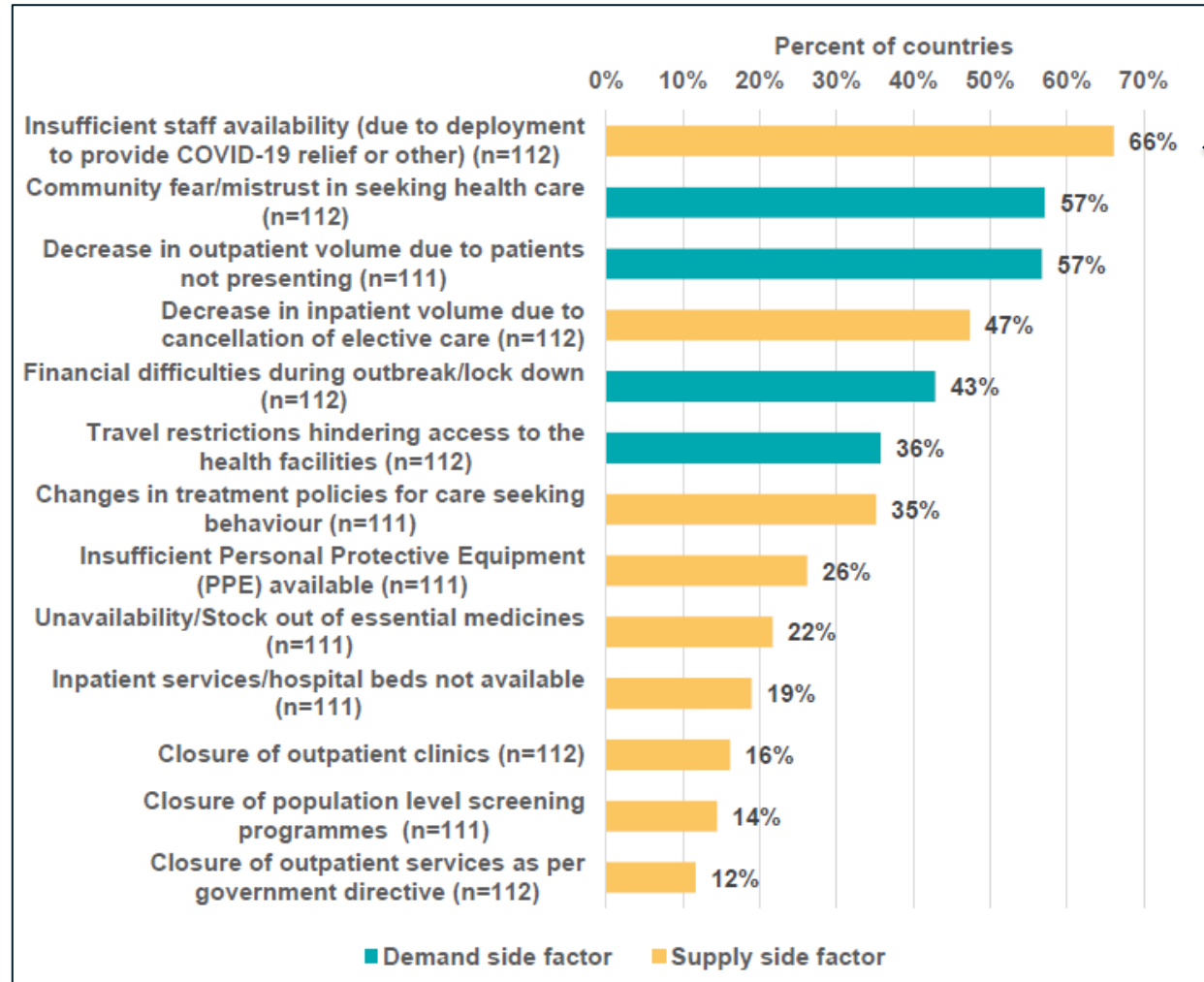
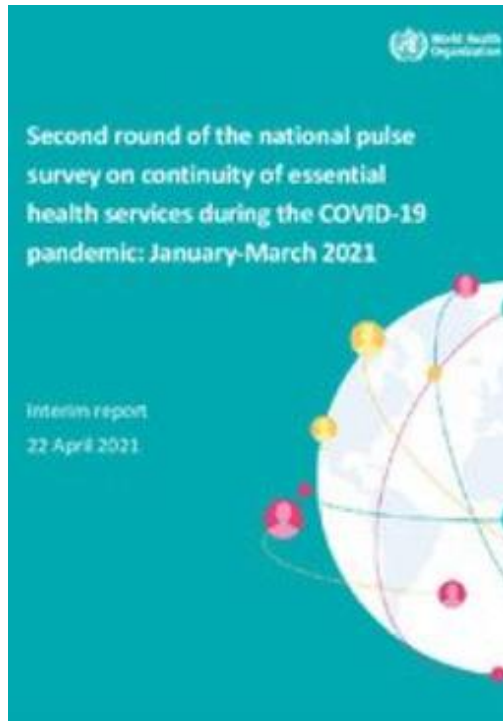


- > **4.17M** cases (as of March 2022)
- > **115,500 deaths** (Jan 2020-May 2021)
- **Stress, burnout, other mental health issues** reported in at least 102 countries
- > **1 in 4** health workers have experienced mental health issues during 2020-2021
- *Disaggregated evidence by gender: Female general practitioners (GPs) reported worse outcomes on all facets of psychological wellbeing (stress, burden, burnout, and anxiety) than male GPs.*

- Study with respondents from 173 countries showed health workers 50% more likely to experience COVID-19 related stigma, harassment, bullying



# Essential health service disruptions: Human resource challenges



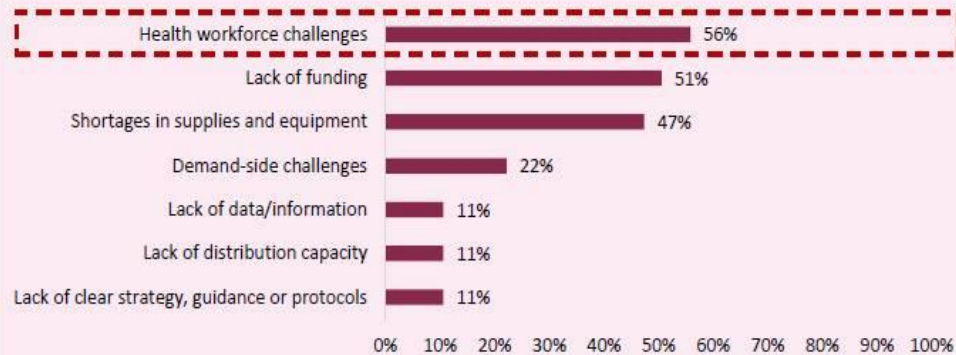
# Health workforce issues represent the biggest barriers to access to COVID-19 tools

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

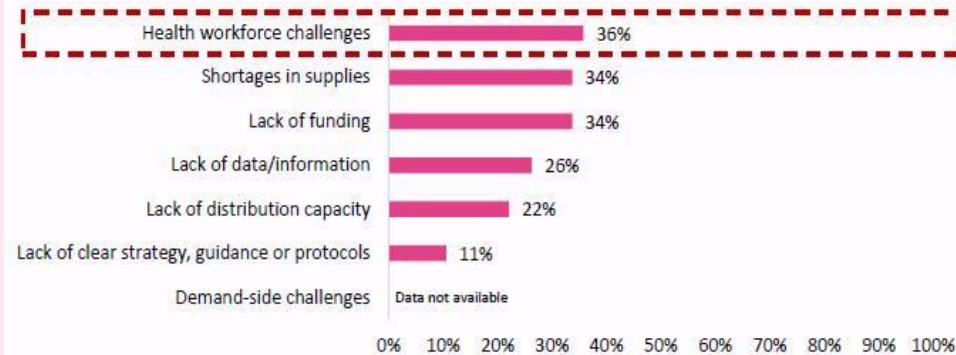


World Health Organization

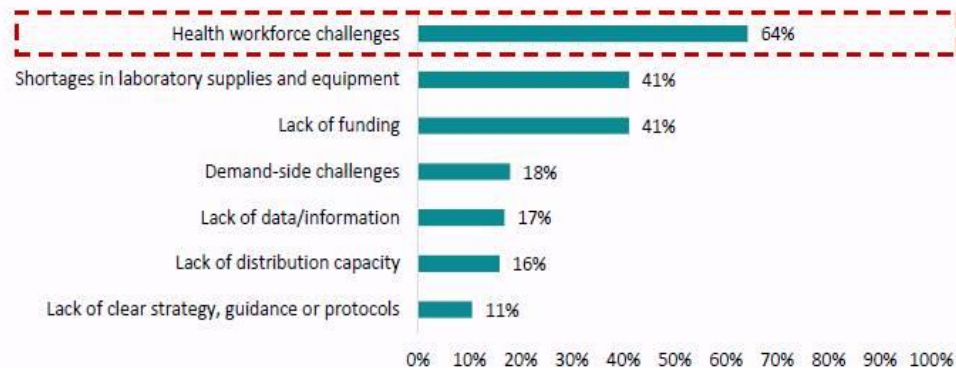
Bottlenecks for COVID-19 diagnostic and testing (n=95)



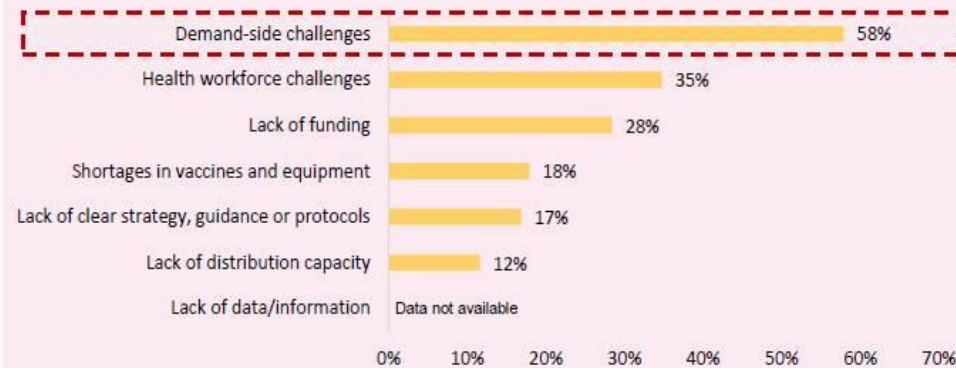
Bottlenecks for PPE distribution and use (n=95)



Bottlenecks for COVID-19 therapeutics (n=95)



Bottlenecks for COVID-19 vaccination (n=95)



Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)

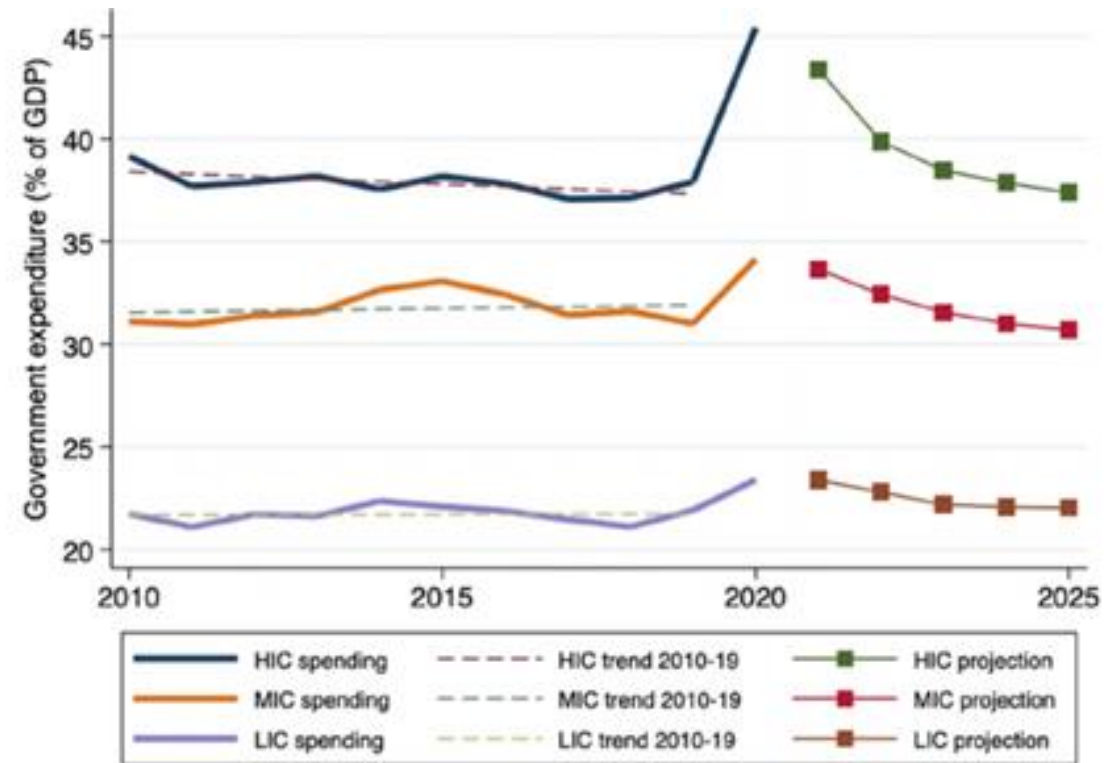


# A global economy exposed to economic downturn

## • Momentum for global recovery has weakened

- The COVID-19 pandemic has shrunk global GDP and has led to more inequalities and poverty
- Contraction and stagnation of public spending and hence public health spending are anticipated
- Health and care workforce seriously impacted by COVID-19
- WHO “price tag” study shows that health and care workforce is the largest single component required to achieve the health-related SDGs
- Challenges for countries to increase domestic spending to invest in the health and care workforce
- UHC and health related SDGs are at risk

## • Govt expenditure in high, middle and low- income countries

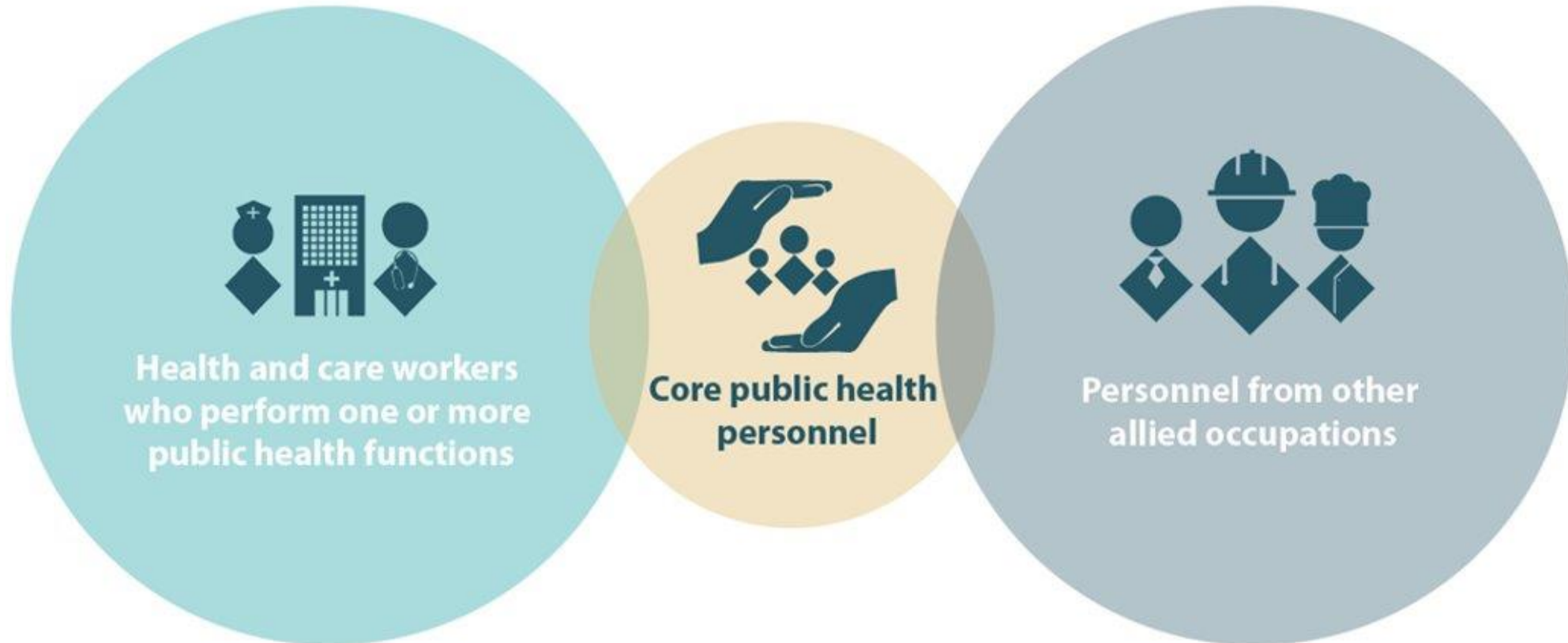


Source: Kentikelenis and Stubbs, 2021



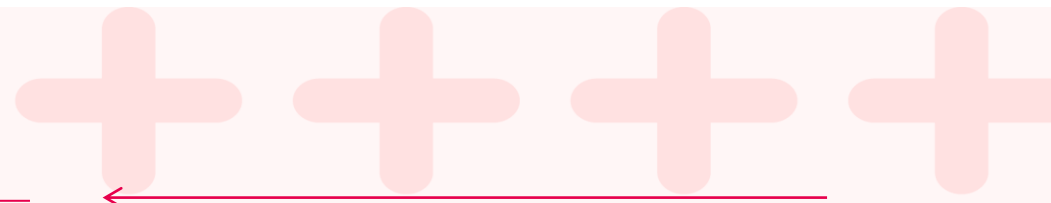
# What health workforce for health promotion?

A comprehensive and evolving understanding of the public health workforce



# Rural health: the global importance of leaving no one behind

Almost *half* the world's population live in a rural or remote area, these populations face gaps in access to health services and health workers



## Maldistribution of health workers



Only 1 in 3 nurses work in rural areas

In some rural areas access to health workers is **10 times lower** than urban areas

There is a mismatch between the need for, demand for and supply of health and care workers in rural areas.

## Health system performance



2 billion people with limited access to essential health services in rural areas

- Unmet needs
- Decreased life expectancy
- Higher under-5, maternal and preventable mortality

## Socioeconomic inequality



8 out of 10 of world's **extremely poor** live in a rural area

Higher rates of **unemployment** and **underemployment**

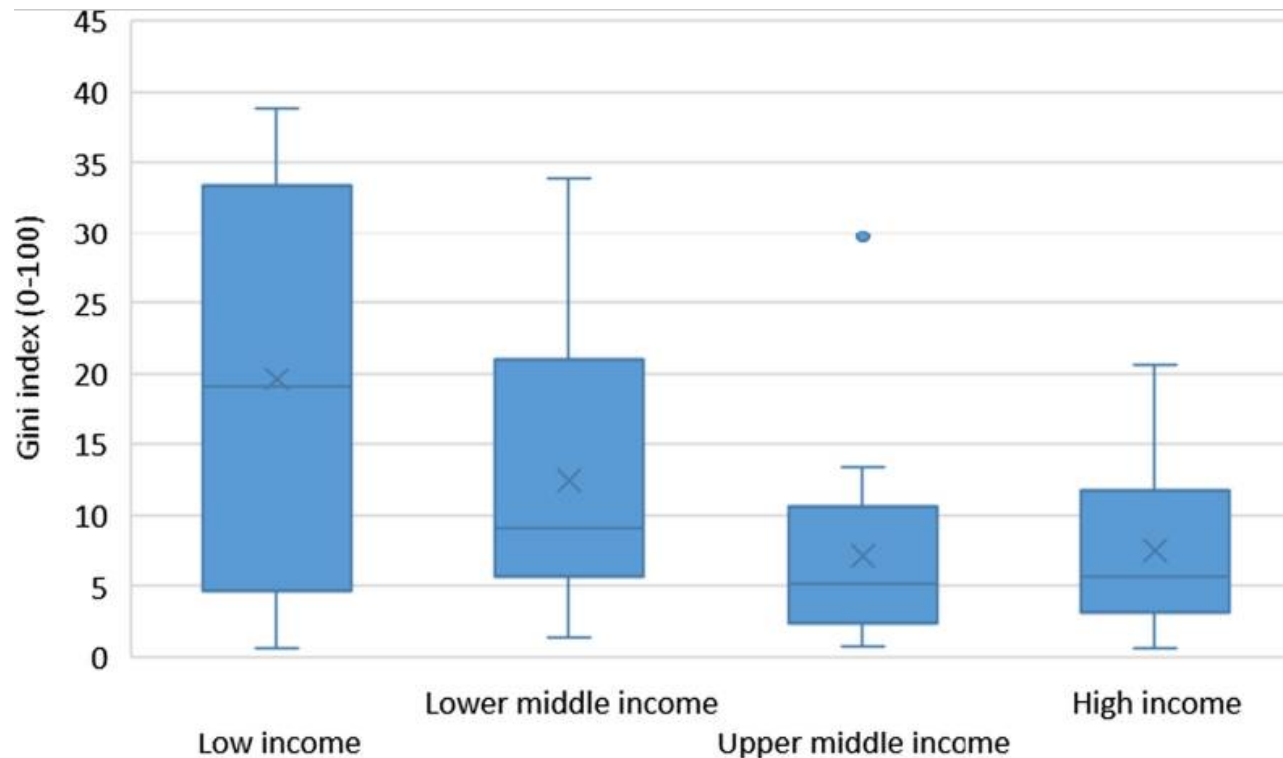
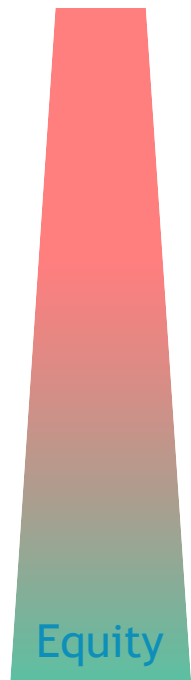
- global health security
- rural development
- decent work
- economic growth
- education
- empowerment

**Developing, attracting, recruiting and retaining adequate, appropriate and competent multidisciplinary teams to provide primary health care based on national priorities and local health needs**



# Intra-country inequities, with health workers concentrated in urban areas is also a concern

Gini index of the subnational distribution\* of nursing personnel in 58 countries



*Analysis of inequity at first subnational administrative level*

## Delivery lens



- Lack of amenities and incentives as well as limited opportunities for career progression force health workers away from jobs in rural areas.



# Recommendations

## 1. Education

	Strength of recommendations	Certainty of evidence
1. Enrol students with a rural background in health worker education programmes	Strong ⊕⊕	Moderate ⊕⊕⊕○
2. Locate health worker education facilities closer to rural areas	Conditional ⊕○	Low ⊕⊕○○
3. Bring students in health worker education programmes to rural and remote communities	Strong ⊕⊕	Low ⊕⊕○○
4. Align health worker education with rural health needs	Strong ⊕⊕	Low ⊕⊕○○
5. Facilitate continuing education for rural and remote health workers	Strong ⊕⊕	Low ⊕⊕○○

## 2. Regulation

	Strength of recommendations	Certainty of evidence
6. Enable rural health workers to enhance their scopes of practice to better meet the needs of their communities	Conditional ⊕○	Low ⊕⊕○○
7. Expand range of health worker occupations to meet rural health needs	Conditional ⊕○	Low ⊕⊕○○
8. Ensure that compulsory service agreements respect the rights of health workers and are accompanied with appropriate support and incentives	Conditional ⊕○	Low ⊕⊕○○
9. Tie education subsidies for health workers to agreements for return of service in rural areas and remote areas	Conditional ⊕○	Low ⊕⊕○○

**Interventions should be interconnected, bundled and tailored to the local context**

## 3. Incentives

	Strength of recommendations	Certainty of evidence
10. Provide a package of attractive incentives to influence health workers' decisions to relocate to or remain in a remote or rural area	Strong ⊕⊕	Low ⊕⊕○○

## 4. Personal and professional support

	Strength of recommendations	Certainty of evidence
11. Improve living conditions in rural and remote areas	Strong ⊕⊕	Low ⊕⊕○○
12. Ensure workplace safety in rural and remote health facilities	Strong ⊕⊕	Low ⊕⊕○○
13. Ensure decent work for health workers in rural and remote areas	Strong ⊕⊕	Low ⊕⊕○○
14. Foster the creation of health workforce support networks	Conditional ⊕○	Low ⊕⊕○○
15. Develop and strengthen career pathways for rural health workers	Strong ⊕⊕	Low ⊕⊕○○
16. Facilitate knowledge exchange between health workers	Conditional ⊕○	Low ⊕⊕○○
17. Raise the profile of rural health workers	Strong ⊕⊕	Very low ⊕○○○

# Dialogue and action for investing in and protecting rural health workforce

## + Guiding principles for formulation of policies

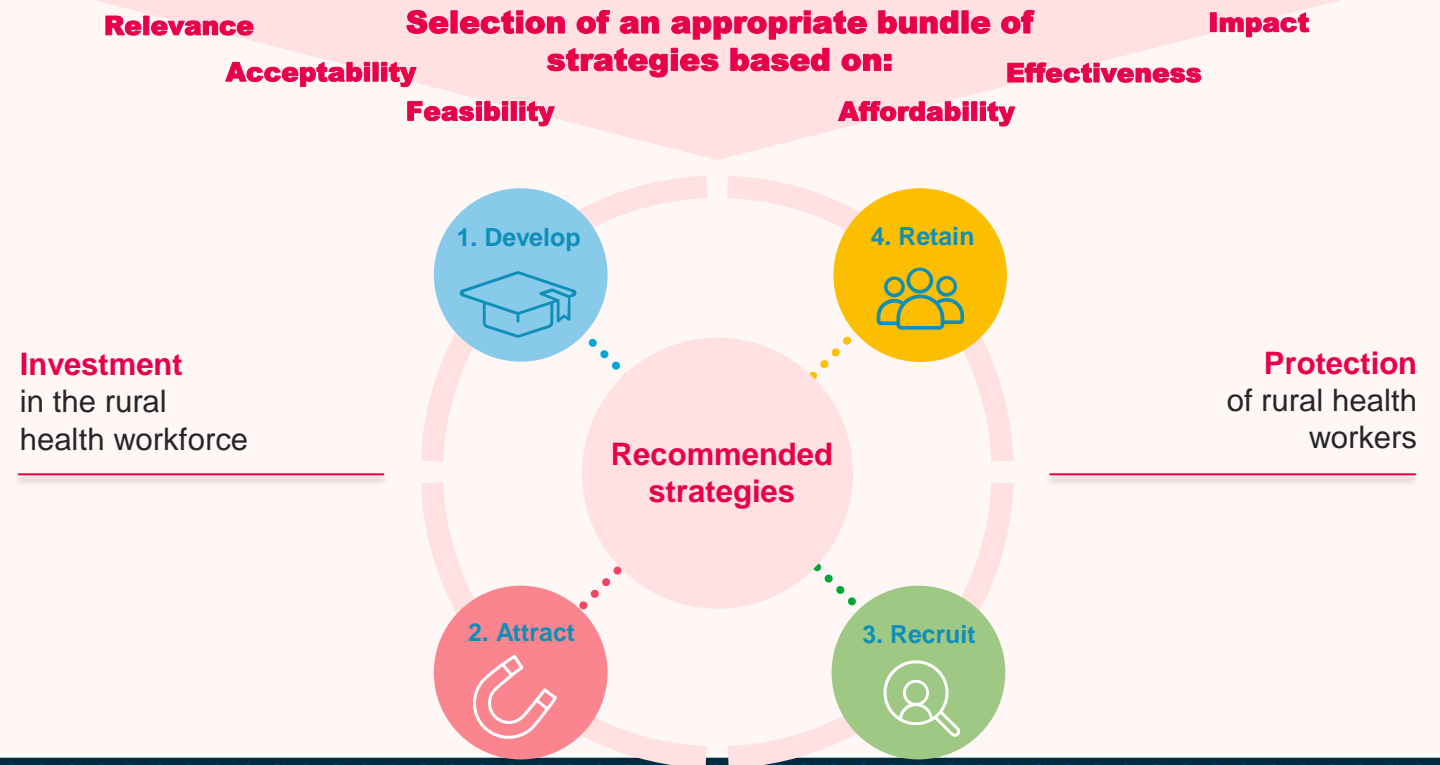
**Gender, equity and rights** – to ensure the protection of health as a human right, the principle of equity should be adopted

**Sustainable development, universal health coverage, primary health care and decent work**

**Strengthen human resources for health management**

**Harmonize with national health plan**

**Understanding the health workforce**







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