



© Photo by Fusion Medical Animation on Unsplash

T7 Task Force Global health

POLICY BRIEF

HUMAN RESOURCES FOR HEALTH IN A GLOBALIZED WORLD

20.02.2022

Agnès Soucat, Agence Française de Développement, Paris

Louis Pizarro, UNITAID, Geneva

Michel Kazatchkine, Graduate Institute, Geneva

All three contributors are members of the “Santé Mondiale 2030” Think Tank, Paris



Abstract

Building resilient health systems starts with human resources for health. The demand for health workers is rapidly growing with increased income, the increasing pace of medical advances and with the urgent need to correct severe imbalances between and within countries in the availability of health care workforce. Yet, supply does not match demand in an increasingly globalized health labour market. The global shortage fuels the global mobility of health professionals. The G7 and the international community must address the challenges of expanding labor supply as well as financing and regulating health labor markets.

Challenges

Building resilient health systems towards Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) more broadly starts with human resources for health. The COVID19 health crisis has shed light on the weaknesses of health systems, impeding the world's preparedness and ability to tackle challenges related to looming health and environmental risks.

Despite the increasing use of technology, healthcare remains primarily labor driven. Yet, most countries are currently experiencing a growing shortage of health skills. Human resources for health are also unequally distributed worldwide, with large geographic imbalance between regions and countries, as well as within countries. There are imbalanced flows between supply (numbers of healthcare workers available per category) and demand (OECD, 2008).

The needs for health care skills are huge. Ageing in developed and emerging economies and rapid demographic growth in Africa (where the population is to double by 2050, amounting to a quarter of world population) contribute to rapidly increasing needs globally. Projections predict a shortfall of 18 million health workers in low and middle-income countries (L&MICs) by 2030 (ILO, 2020). In 2018, Africa held 25% of the burden of diseases but had only 3% of the world's health professionals (WHO, 2006).

The demand for health workers is also rapidly growing with increased income and the increasing pace of medical advances. The global economy will create about 40 million new health jobs by 2030, a doubling since 2016 (WHO, 2016). Most of the demand will then come from middle-income countries while continuing to grow in high-income countries. The demand for doctors, nurses, community health workers, lab technicians and operators out-paces the supply and puts severe pressure on health systems everywhere.

Yet, supply does not match demand in an increasingly globalized health labour market. By 2030, global demand for health workers is likely to rise to 80 million workers, while the supply of health workers is expected to reach 65 million over the same period, resulting in a worldwide net shortage of 15 million health workers (Liu, 2017). Supply constraints mean both insufficient numbers of qualified health professionals, and acute shortages for some specific skills. Most countries do not train enough health workers, largely because of inefficient barriers to entry¹ and lack of incentives in public policy. In L&MICs, development assistance has also neglected this need with little to no funding allocated to foundational training schools or programs over the past two decades.

The global shortage further fuels the global mobility of health professionals. About 40% of doctors in Uganda are foreign born (WHO, 2017). A long-standing OECD study (OECD, 2007) has shown that in 2000, 18.2% of doctors and 10.7% of nurses employed in the OECD were not born in the country in which they were working. This proportion keeps increasing over time (Nys, 2010). In 2017, more than one-sixth of doctors practicing in OECD countries had obtained their first diploma abroad (OECD, 2010). The reality is increasingly complex for countries such as South Africa that are both importers and exporters of health skills.

¹ Limitations in number of students, schools or training positions.

Correcting these inequalities and imbalances requires addressing the challenges of expanding labor supply as well as financing and regulating health labor markets. Human resources for health typically represent about two third of the health services production function. Building an adequate health workforce in both quantity and quality is central to health systems, including a necessary condition for each of the other five health system building blocks (OECD, 2019). It should be considered not only as one of the six pillars but as a central, transversal pillar of all health systems (Shannon et al., 2019).

Societal, demographic, technological and economic considerations are also driving important changes in the nature and typology of healthcare professions including:

- Changes in epidemiological profiles with increasing prevalence of non-communicable diseases, population ageing and a globally increasing risk of emergent infectious threats associated with environmental changes (climate change, loss of biodiversity, pollution, industrial food systems etc.);
- Rapid and significant social changes, including globalization, urbanisation, migrations, aging demographics of health workers;
- The rise of new technologies such as artificial intelligence and telemedicine, but also new ways of organizing services;
- Aspirations to new approaches grounding healthcare in principles of inclusiveness, gender equity and respect for human rights.

These factors have generated new trends and patterns in healthcare practice and among professionals:

- The progressive defragmentation of health professions, integrating broader dimensions of practice (social, psychological, economic, not only biomedical), with an increasingly strong link between health and social protection.
- Changes in practices and creation of new skills profiles integrating task-shifting, (including health officers, medical officers, medical assistants, nurse practitioners, mediators, health extension workers, community health workers, health logisticians, therapeutic educators, specialists in digital health and data science etc).
- An increased mobility of health professionals, linked to globalization of training standards and accreditation, migration, the emergence of new health needs, and asymmetries in working conditions and remuneration.
- An increasing role of women who represent the largest and growing share of health professionals worldwide¹³ and who may require flexible, alternative modes of practice.
- The emergence of the « One Health » approach from the lessons learned of the COVID19 pandemic, focusing on a comprehensive approach to handling the health risks (biological, physical, chemical, environmental, and social) integrating human health, animal health, and environmental/planetary health.

Proposals

Our key policy recommendations for the G7 are the following:

Develop a truly global human resource for health agenda, over and beyond development aid for low-income countries. The health labor market is global and requires a global action agenda. We recommend that the G7 focuses on a joint agenda to tackle the global deficiency in healthcare workforce supply.

Address the health skills supply gap of the global market by calling all countries to remove obsolete barriers to entry (such as limitations on number of schools (public and private), on enrollment of students in medical and nursing university programs, or else on training positions) by providing (financial and non-financial) incentives to middle- and high- school graduates to enter health professions, and by incentivizing health skills profiles that are responding to the needs of underserved areas, particularly rural and poor populations

Significantly increase development aid funding to investments in the foundational training of a 21st century “fit for SDGs” health workforce, through support of rural and peri urban pipelines of health workers, whose profiles are adapted to frontline services with a focus on creating jobs for youth and women.

Establish win-win mobility compacts between countries to invest in the production and quality of health workers’ training, while labor flexibility and mobility between countries be managed through mutually beneficial arrangements (e.g. Germany-Philippines nursing program).

Implementation

Quantitative and qualitative needs in human resources for health are an urgent and important matter for the G7 and the international community to recognize.

We propose two concrete objectives for the G7:

1. **Increase the health workforce globally by 50% in the next 10 years;**
2. **Dedicate an envelope of USD 2 – 3 bn in G7 Oversea Development Aid to the training of the health workforce in LICs and LMICs.**

Disclaimer:

All authors are responsible for the content and recommendations contained within this policy brief. The policy brief has been written as part of a consultation process for the T7 Taskforce for Global Health, led by Taskforce's Co-Chairs Ilona Kickbusch, Anna-Katharina Hornidge and Githinji Gitahi, but it does not represent the official position of the Taskforce or the authors' employers.

References

- Anyangwe, S. C., & Mtonga, C. (2007). Inequities in the global health workforce: the greatest impediment to health in sub-Saharan Africa. *International journal of environmental research and public health*, 4(2), 93–100. <https://doi.org/10.3390/ijerph2007040002>
- ILO. (2020, April 11). Note sectorielle de l’OIT - Le COVID-19 et le secteur de la santé. https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/-sector/documents/briefingnote/wcms_747574.pdf
- Liu, J. (2017). Global Health Workforce Labor Market Projections for 2030. *Human resources for health*, 15, 11-23. https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0187-2#auth-Jenny_X-Liu
- Nys, J. (2010). Les nouveaux flux de migrations médicales. *Revue internationale et stratégique*, 77, 24-35. <https://doi.org/10.3917/ris.077.0024>
- OECD. (2007). Perspectives des migrations internationales - Les personnels de santé immigrés dans les pays de l’OCDE dans le contexte général des migrations de travailleurs hautement qualifiés. OECD. https://www.who.int/hrh/migration/2007_rapport_annuel_mmigrations_internationales.pdf?ua=1
- OECD. (2008). Les personnels de santé dans les pays de l’OCDE: Comment répondre à la crise imminente ? Introduction et Principaux constats. <https://www.oecd.org/fr/sante/systemes-sante/41511259.pdf>
- OECD. (2010, February). Les migrations internationales des personnels de santé. OECD. <https://www.oecd.org/fr/els/systemes-sante/44786070.pdf>
- OECD (2019), Health at a Glance 2019: OECD Indicators, OECD Publishing, Paris, <https://doi.org/10.1787/4dd50c09-en>
- Shannon, G., Minckas, N., Tan, D. *et al.* (2019). Feminisation of the health workforce and wage conditions of health professions: an exploratory analysis. *Hum Resources for Health* 17, 72. <https://doi.org/10.1186/s12960-019-0406-0>
- WHO. (2006). Working Together for Health - World Health Organization. https://www.who.int/whr/2006/whr06_en.pdf?ua=1
- WHO. (2016, September 20). *Réaliser de nouveaux investissements dans les personnels de Santé Mondiaux permettra de Créer des emplois et de stimuler la Croissance économique*. World Health Organization. Retrieved February 23, 2022, from <https://www.who.int/fr/news/item/20-09-2016-un-commission-new-investments-in-global-health-workforce-will-create-jobs-and-drive-economic-growth>
- WHO. (2017). A dynamic understanding of health worker migration. WHO. https://www.who.int/hrh/HWF17002_Brochure.pdf

About the Authors

Agnès Soucat – Agence Française de Développement, Paris



Currently Head, Division of Health and Social Protection at the AFD, Agnès Soucat has been director of Governance and Financing of Health Systems at the WHO. She previously worked at the African Development Bank and the World Bank. She has developed an expertise for more than 20 years on issues of poverty reduction, health financing and social protection in more than 70 countries in Europe, Asia and Africa. She holds an MD and a Master in nutrition from the University of Nancy and an MPH and a PhD in health economics from Johns Hopkins University. She was co-author of the 2004 World Bank report “Making Services Work for Poor People” and the Lancet Commission report “Global Health 2035: a world converging within a generation”. She has also written on innovative health financing (community-based health insurance schemes, performance-based financing) and on health labour market dynamics in Africa etc.).

Louis Pizarro - UNITAID, Geneva



Louis Pizarro, a doctor, also holds a degree in international relations from Sciences Po Paris and an MBA from EHESP. He served as Head of Mission of Solthis in Niger before becoming Director General at the organization’s headquarters until 2020. Nowadays, he works in Geneva in an international organization. He is also a lecturer in global health at Sciences Po Paris and Paris I Panthéon-Sorbonne.

Michel Kazatchkine - Graduate Institute, Geneva



Professor Michel Kazatchkine has dedicated over 35 years fighting AIDS and promoting global health as a physician, researcher, advocate, policymaker, diplomat and administrator. He attended medical school in Paris and completed postdoctoral fellowships at St. Mary’s hospital in London and Harvard Medical School. He is Emeritus Professor of Immunology at René Descartes University in Paris and has authored or co-authored over 500 scientific publications. Professor Kazatchkine has played key roles in various organizations, serving as Director of the national Agency for Research on AIDS in France and French ambassador on HIV/AIDS and communicable diseases, Executive Director of the

Global Fund to fight AIDS, Tuberculosis and Malaria from 2007 to 2012. He then served as the UN Under Secretary General and Special Envoy on HIV/AIDS in Eastern Europe and Central Asia. Since 2018, and a Special Advisor to the Joint UN Programme on HIV/AIDS (UNAIDS) for Eastern Europe and Central Asia. He is a Senior Fellow with the Global Health Centre of the Graduate Institute for International and Development Studies in Geneva, and a member of the Global Commission on Drug Policy. Professor Kazatchkine holds Honorary Degrees from Imperial College, London, the Free University of Brussels, the Catholic University of Louvain and the University of Geneva. He is an Officer of the Légion d'Honneur in France and the recipient of several other national Orders and national/ international awards.

Think tank Santé mondiale 2030



Santé mondiale 2030 brings together individuals who have long been involved in global health, such as Françoise Barré-Sinoussi, Paul Benkimoun, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Éric Fleutelot, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lélío Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Agnès Soucat. Stéphanie Tchiombiano acts as the coordinator.



The Think7 engagement group under the German G7 presidency 2022 is jointly chaired by the Global Solutions Initiative and the German Development Institute / Deutsches Institut für Entwicklungspolitik (DIE) as mandated by the German Federal Chancellery.



Deutsches Institut für
Entwicklungspolitik



German Development
Institute



[This publication has been published under the Creative Commons License CC BY-ND 4.0.](https://creativecommons.org/licenses/by-nd/4.0/)

You are free to copy and redistribute the material in any medium or format for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms:

Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.

NoDerivatives — If you remix, transform, or build upon the material, you may not distribute the modified material.

No additional restrictions — You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits.

Publisher:



Deutsches Institut für
Entwicklungspolitik



German Development
Institute

Deutsches Institut für Entwicklungspolitik gGmbH
Tulpenfeld 6
D-53113 Bonn

www.die-gdi.de