

TECHNICAL BRIEF

Health and Care Workers: Protect. Invest. Together.

February 2023

There is no health without health workers. To progress towards universal health coverage (UHC), health security and Sustainable Development Goal (SDG) 3 on good health and well-being, we must address health workforce challenges, including shortages, maldistribution, inefficiencies, inequities, and lack of support and protection. This requires increased investment in education of new health and care workers, providing them with jobs and decent working conditions, and creating capacities for health workforce intelligence, policy, planning and management. Political will, as well as domestic and international financial resources, are essential. Investment in the health workforce aligns with education, equity, decent work and economic growth, and can deliver dividends across health outcomes, employment opportunities and global health security.

Key messages

- Although the global health workforce shortage is declining significantly – from 18 million in 2013 to 15 million in 2020, and projected at 10 million by 2030 – the data largely depict a pre-COVID-19 trend, and mask profound regional disparities: progress is slower in the African and Eastern Mediterranean regions and Small Island Developing States (Fig.1).
- Women comprise 67% of the global health and care workforce and in most countries the health and care sector is characterized by strong gender segregation: women are underrepresented in the highest-paid occupations and overrepresented in low- or non-remunerated jobs. Gender gaps are higher than in many other sectors, and include a 24% gender pay gap.
- Rapid ageing of the health workforce, mainly in Organisation for Economic Co-operation and Development (OECD) countries, means an additional 13.7 million health workers will be required to maintain 2020 health workforce density levels through to 2030. OECD countries must invest in education and rely less on migration from low- and middle-income countries (LMICs).
- Health worker migration accelerated during COVID-19, with approximately 15% of health and care workers working outside their country of birth or first professional certification. The WHO Global Code of Practice on the International Recruitment of Health Personnel recommends health system support and safeguards for 55 countries with low health workforce density and service coverage (Fig.2).
- Progress towards UHC and the SDGs can be accelerated by scaling up pre-service education for health and care workers in line with improved quality standards; planning for a rational, cost-effective skills mix that is responsive to the needs of the population; and using knowledge about the health workforce to drive investment that improves its absorption in the health labour market.

Background and challenges

Achieving UHC (SDG 3.8) requires a skilled, educated, motivated and adequately supported health workforce (SDG 3.c). The global strategy on human resources for health: Workforce 2030 found that countries at all levels of socioeconomic development contend with issues related to education, deployment, retention and performance of their health workforce. Shortages, maldistribution, inequities, gender segregation and disparities in occupations, the negative consequences of health worker migration, and changing demographics, with a worrying ageing trend in certain contexts that is driving demand for residential long-term care, were among the key challenges identified.

In most LMICs, the main driver of shortages is insufficient economic demand to create jobs and employ the health workers required to meet population health needs. To address this fundamental failure in the health labour market, WHO established the Working for Health programme. This has made a pivotal contribution to supporting 61 countries on health labour market analyses, workforce data, policy, strategy, intersectoral coordination and investment planning.

Against this backdrop of pre-existing trends, challenges and chronic underinvestment, the COVID-19 pandemic had a profound impact on health and care workers, including a heightened risk of infection and deaths (approximately 115 500 deaths between January 2020 and May 2021), increased incidence of mental health conditions, and an unprecedented wave of industrial action related to deteriorating working conditions. The pandemic highlighted the need to uphold health workers' rights and guarantee decent working conditions, including occupational health and safety, a manageable workload, infection prevention and control measures, and mental health and psychosocial support.

At the halfway point of the SDGs and the Global Strategy, data indicate that despite a growth of 29% in the global health workforce, a finding in line with earlier projections on employment trends, the shortage reduction is uneven within and between countries: Africa's share of the gap is projected to rise from approximately 25% in 2013 to 52% by 2030; Small Island and Developing States are expected to experience a slower (-12%) decrease in shortage than other countries (-34%) between 2020 and 2030. Further, the negative health, economic and social impacts of COVID-19 render even realized gains fragile.

Finally, the long-standing trend of growing international migration, recently accelerated by the COVID-19 pandemic, may lead to increasing vulnerabilities within countries already suffering from low health workforce densities. In 2022, approximately 15% of health and care workers globally were working outside their country of birth or first professional qualification.

Key actions and policy recommendations

Actions by Member States

Policy decisions

- Optimize the health workforce through development and implementation of appropriate planning, education, regulation, management and retention policies.
- Protect the existing workforce and reduce turnover and attrition by offering decent work, adequate remuneration, and appropriate measures on health and safety.
- Harness the rising demand for health and care services by investing in more and better jobs.
- Strengthen the institutional capacity for health workforce governance, leadership and planning.
- Use health human resources data for monitoring, accountability and impact.

Investments

- In many LMICs, reducing workforce shortages requires an 8–12% annual growth of their active workforce and raising government health spending to absorb graduates into jobs.
- Investments in health system capacity, health workforce education and jobs should target rural populations and vulnerable groups to improve equitable access to care that is oriented towards primary health care.
- In fragile, conflict-affected and low-income countries, international solidarity, aligned with national strategies and mechanisms, remains necessary.
- High-income countries should increase investments to produce an adequate domestic supply of graduates to meet national health workforce demands, avoiding active recruitment from the 55 countries facing the most severe health workforce vulnerabilities, while ensuring that bilateral migration agreements entail proportional benefit for both parties and protect migrant health workers.

Gender considerations

- Gender-responsive workforce policies should span entry requirements, education, deployment, management and remuneration, monitored through gender-disaggregated metrics and gender analyses of health labour markets.

Pandemic preparedness and response capacity

- The capacity and management of health workforce teams should be strengthened by mobilizing additional health workers, and having the regulatory flexibility to rationalize deployment and distribution to scale up the health workforce when required.
- A competent, empowered and well-supported public health workforce should be able to deliver the full range of public health functions, including emergency preparedness and response.



International support mechanisms

- International dialogue and consensus should promote the entirety of the multidisciplinary workforce required to deliver on UHC and health security, moving away from siloed approaches.
- The Global Strategy and the Working for Health 2022–2030 Action Plan should constitute, respectively, the umbrella framework and an operational mechanism to advance progress towards an integrated and comprehensive health and care workforce agenda.
- The Working for Health programme has played a pivotal role in providing multisectoral support to 61 LMICs. Investments in its Multi-partner Trust Fund have the potential to catalyse the adoption and implementation of policy and investment decisions and actions.

Figures

Figure 1. Distribution of the global health workforce shortage by WHO region in 2013, 2020 and projected shortage in 2030

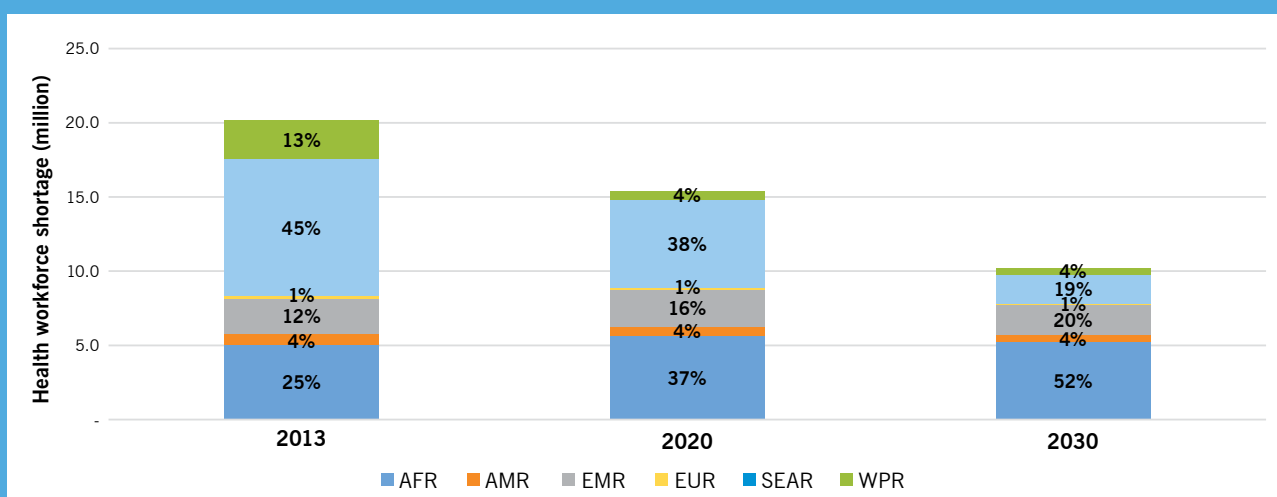
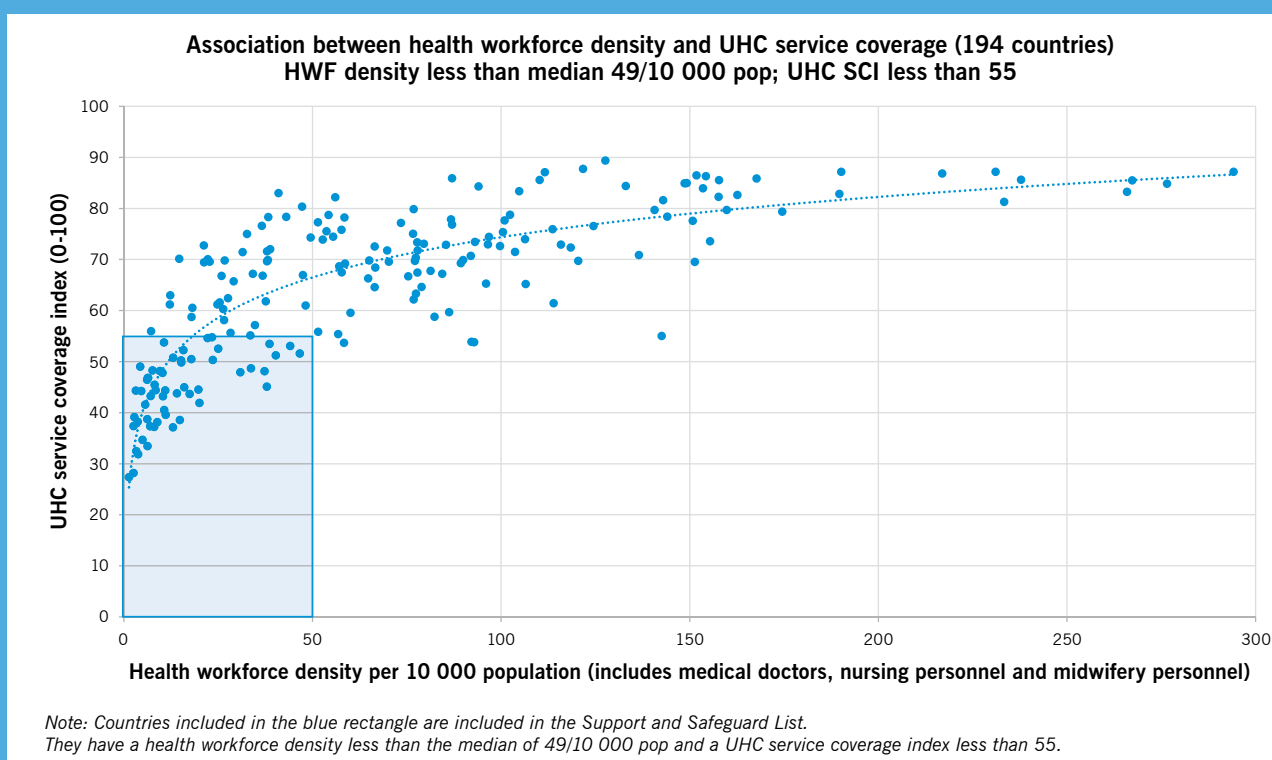


Figure 2. Association between health workforce density and universal health coverage service



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*For further information:
workforce2030@who.int*

World Health Organization
Avenue Appia 20
1211 - Geneva 27



**World Health
Organization**