High-Level Commission on Health Employment and Economic Growth

Jim Campbell, Director Health Workforce, World Health Organization
Executive Director, Global Health Workforce Alliance
1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)

2. **Anticipate future workforce** requirements by 2030 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 the data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)
“Investing in new health workforce employment opportunities may also add broader socio-economic value to the economy and contribute to the implementation for the 2030 Agenda for Sustainable Development”

United Nations General Assembly resolution A/RES/70/183

December 2015
Health labour market: challenges

- Continuing and projected deficits
- Insufficient investment and demand, particularly in low-income countries
- Inequalities
- Outdated education models
- Poor data
- Resistance to new models of care
- Increasing labour mobility

Source: WHO, 2015. Health in 2015: from MDGs to SDGs
Emerging scenarios: is UHC feasible?

Estimated needs-based shortage of health workforce in 2030, by WHO region

Shortage = need – supply (number of health workers)
- African Region (6.1 million)
- South-East Asia Region (4.7 million)
- Eastern Mediterranean Region (1.7 million)
- Western Pacific Region (1.4 million)
- Region of the Americas (0.6 million)
- European Region (0.1 million)

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization
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Why do we need political engagement?

Source: WHO (2015) From MDGs to SDGs
Increasing labour mobility (OECD)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Doctors</td>
<td>19.5 %</td>
<td>22 %</td>
</tr>
<tr>
<td>Nurses</td>
<td>11 %</td>
<td>14.5 %</td>
</tr>
</tbody>
</table>

BUT….BE CAREFUL WITH STATISTICThe number of migrant doctors and nurses working in OECD countries has increased by 60% over the past 10 years (from 1,130,068 to 1,807,948).

Source: OECD, 2015.
Reliance on foreign-trained physicians (OECD countries)

5.8. Share of foreign-trained doctors in OECD countries, 2013 (or nearest year)

<table>
<thead>
<tr>
<th>Country</th>
<th>% Share</th>
</tr>
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<tbody>
<tr>
<td>Israel</td>
<td>58.5</td>
</tr>
<tr>
<td>New Zealand</td>
<td>43.5</td>
</tr>
<tr>
<td>Norway</td>
<td>35.8</td>
</tr>
<tr>
<td>Ireland</td>
<td>34.2</td>
</tr>
<tr>
<td>Australia</td>
<td>30.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>28.7</td>
</tr>
<tr>
<td>Switzerland</td>
<td>27.0</td>
</tr>
<tr>
<td>United States</td>
<td>25.0</td>
</tr>
<tr>
<td>Sweden</td>
<td>24.3</td>
</tr>
<tr>
<td>Canada</td>
<td>23.5</td>
</tr>
<tr>
<td>Finland</td>
<td>19.9</td>
</tr>
<tr>
<td>OECD average</td>
<td>17.3</td>
</tr>
<tr>
<td>Chile</td>
<td>15.2</td>
</tr>
<tr>
<td>Slovenia</td>
<td>14.4</td>
</tr>
<tr>
<td>Belgium</td>
<td>10.7</td>
</tr>
<tr>
<td>Spain</td>
<td>9.4</td>
</tr>
<tr>
<td>France</td>
<td>9.2</td>
</tr>
<tr>
<td>Germany</td>
<td>8.8</td>
</tr>
<tr>
<td>Hungary</td>
<td>7.6</td>
</tr>
<tr>
<td>Denmark</td>
<td>5.6</td>
</tr>
<tr>
<td>Austria</td>
<td>4.4</td>
</tr>
<tr>
<td>Slovak Republic</td>
<td>3.0</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>2.7</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2.6</td>
</tr>
<tr>
<td>Estonia</td>
<td>2.4</td>
</tr>
<tr>
<td>Poland</td>
<td>1.8</td>
</tr>
<tr>
<td>Turkey</td>
<td>0.2</td>
</tr>
</tbody>
</table>

1. In Germany and Spain, the data are based on nationality (or place of birth in Spain), not on the place of training.

New recognition: beyond SDG3 and SDG3c

- Economic growth
- Social development
- Health and human security
- Women’s economic participation
Health economy: inclusive economic growth...(EU)

In the European Union (EU):

Health and social services accounted for between 5 and 13% of EU gross domestic product, bringing with it a value added worth about €800 billion per year to the European economy.
Health economy: inclusive economic growth... (Germany)

The gross value added increased from 2005 to 2012 by nearly EUR 60 billion. In 2012 the health economy’s gross value added amounts to EUR 260 billion.

Source: Prof. Dr. Klaus-Dirk Henke | The Economic and Health Dividend of Health Care and Health. 2013
More than 6 million jobs in 2012, i.e. every 7th German is working in the health economy. In the health economy 700,000 new jobs were created since 2005.

Source: Prof. Dr. Klaus-Dirk Henke | The Economic and Health Dividend of Health Care and Health. 2013
Health employment and productivity: new evidence

Health as a cost disease and a drag on the economy

Baumol (1967)
- Growth in health sector employment without increase in productivity could constrain economic growth (data from USA)

Hartwig (2008 and 2011)
- Confirmation of Baumol hypothesis (data from OECD countries)

Health as a multiplier for inclusive economic growth

Arcand et al., World Bank (In press, 2016)
- larger dataset; data from low-, middle- and high-income countries
- establishes positive and significant growth inducing effect of health sector employment; multiplier effect on other economic sectors
- magnitude of effect greater than in other recognized growth sectors
Growth in health and social sector employment throughout the economic downturn

Around 42 million people across 34 countries of the Organisation for Economic Co-Operation and Development (OECD) were unemployed in May 2015, 10 million more than before the financial crisis (OECD Employment Outlook 2015)
Health employment: Source of sustainable jobs (USA)

Figure 1: Cumulative percentage of Health and Non-Health employment, US 07/13

### Economic News Release

#### Table 5. Fastest growing occupations, 2014-24

(Numbers in thousands)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Employment</th>
<th>Change, 2014-24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2024</td>
</tr>
<tr>
<td>Total, all occupations</td>
<td>150,539.9</td>
<td>160,328.8</td>
</tr>
<tr>
<td>Wind turbine service technicians</td>
<td>4.4</td>
<td>9.2</td>
</tr>
<tr>
<td>Occupational therapy assistants</td>
<td>33.0</td>
<td>47.1</td>
</tr>
<tr>
<td>Physical therapist assistants</td>
<td>78.7</td>
<td>110.7</td>
</tr>
<tr>
<td>Physical therapist aides</td>
<td>50.0</td>
<td>69.5</td>
</tr>
<tr>
<td>Home health aides</td>
<td>913.5</td>
<td>1,261.9</td>
</tr>
<tr>
<td>Commercial divers</td>
<td>4.4</td>
<td>6.0</td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td>126.9</td>
<td>171.7</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>210.9</td>
<td>282.7</td>
</tr>
<tr>
<td>Statisticians</td>
<td>30.0</td>
<td>40.1</td>
</tr>
<tr>
<td>Ambulance drivers and attendants, except</td>
<td></td>
<td></td>
</tr>
<tr>
<td>emergency medical technicians</td>
<td>19.6</td>
<td>26.1</td>
</tr>
<tr>
<td>Occupational therapy aides</td>
<td>8.8</td>
<td>11.6</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>94.4</td>
<td>123.2</td>
</tr>
<tr>
<td>Operations research analysts</td>
<td>91.3</td>
<td>118.9</td>
</tr>
<tr>
<td>Personal financial advisors</td>
<td>249.4</td>
<td>323.2</td>
</tr>
<tr>
<td>Cartographers and photogrammetrists</td>
<td>12.3</td>
<td>15.9</td>
</tr>
</tbody>
</table>

Source: U.S. Bureau of Labor Statistics

The 20 jobs most and least likely to be replaced by automation

Least likely to be replaced:
- Recreational therapists
- First-line supervisors of mechanics, installers and repairers
- Emergency management directors
- Mental health and substance abuse social workers
- Audiologists
- Occupational therapists
- Orthotists and prosthetists
- Health care social workers
- Oral and maxillofacial surgeons
- First-line supervisors of fire fighting and prevention workers
- Dietitians and nutritionists
- Lodging managers
- Choreographers
- Sales engineers
- Physicians and surgeons
- Instructional coordinators
- Psychologists
- First-line supervisors of police and detectives
- Dentists
- Elementary school teachers, except special education

Most likely to be replaced:
- Telemarketers
- Title examiners, abstractors and searchers
- People working in sewers
- Mathematical technicians
- Insurance underwriters
- Watch repairers
- Cargo and freight agents
- Tax preparers
- Photographic process workers
- New accounts clerks
- Library technicians
- Data entry keyers
- Timing device assemblers
- Insurance claims
- Brokerage clerks
- Order clerks
- Loan officers
- Insurance appraisers
- Umpires, referees and sports officials
- Tellers

Source: Human Development Report 2015: Work for Human Development
Health employment: Women’s economic participation

Source: Magar et al, WHO, based on ILOSTAT (forthcoming 2016)
Rising share of female doctors in OECD to 45% (2013)

We believe that this Commission proposes a major political and paradigm shift to promote investment in the health sector in order to stimulate inclusive and sustainable economic growth and productive employment and decent work, in addition to ensuring healthy lives and well-being.”

Communiqué, 23 March 2016

http://www.who.int/hrh/com-heeg/en/
**Commission: Process and Timeline**

- **2016**
  - Feb: UNSG announces Commission
  - Mar: First meeting of Commission
  - Apr: Second meeting of Commission
  - May: Final meeting of Commission
  - Jun: Launch of Commission report
  - Jul
  - Aug
  - Sep
  - Oct

- Research papers developed
- Expert group reviews evidence and submits policy options
- Online call for contributions
- Regional and functional consultations
- Global outreach and engagement
- Disseminate recommendations
The Commission: Conveners

H.E. Mr François Hollande, President of France (Chair)

H.E. Mr Jacob Zuma, President of South Africa (Chair)

Mr Guy Ryder, Director-General of the International Labour Organization (ILO)

Mr Angel Gurría, Secretary-General of the Organisation for Economic Co-operation and Development (OECD)

Dr Margaret Chan, Director-General of the World Health Organization (WHO)
## The Commission

<table>
<thead>
<tr>
<th>Member</th>
<th>Position</th>
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<tbody>
<tr>
<td>Ms <strong>Anu Aga</strong>, Member of the Upper House of Parliament, India</td>
<td>H.R.H. Princess <strong>Muna Al-Hussein</strong>, Princess of Jordan, Global Health Advocate for Nursing and Midwifery</td>
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<tr>
<td>Dr <strong>Vytenis Andriukaitis</strong>, Commissioner for Health and Food Safety, European Commission</td>
<td>Ms <strong>Rosalinda Baldoz</strong>, Secretary of the Department of Labor and Employment, Philippines</td>
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<td>Dr <strong>Midalys Castilla</strong>, Co-founder of the Latin American School of Medicine, Cuba</td>
<td>Dr <strong>Nkosazana Dlamini-Zuma</strong>, Chairperson of the African Union Commission</td>
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<tr>
<td>Mr <strong>Moussa Dosso</strong>, Minister of Employment and Social Protection, Côte d’Ivoire</td>
<td>Mr <strong>Hermann Gröhe</strong>, Federal Minister of Health, Germany</td>
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<tr>
<td>Mr <strong>Bent Høie</strong>, Minister of Health and Care Services, Norway</td>
<td>Dr <strong>Maris Jesse</strong>, Director of National Institute for Health Development, Estonia</td>
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<tr>
<td>Name</td>
<td>Position/Role</td>
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<tr>
<td>Ms Susana Malcorra</td>
<td>Minister for Foreign Relations, Argentina</td>
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<tr>
<td>Dr Alaa Murabit</td>
<td>Founder of The Voice of Libyan Women, Sustainable Development Goals Advocate</td>
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<tr>
<td>Prof. Jane Opoku-Agyemang</td>
<td>Minister of Education, Ghana</td>
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<tr>
<td>Ms Rosa Pavanelli</td>
<td>General-Secretary of Public Services International</td>
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<tr>
<td>Dr Judith Shamian</td>
<td>President of the International Council of Nurses</td>
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<tr>
<td>Prof. Joseph Stiglitz</td>
<td>Economist</td>
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<tr>
<td>Prof. Keizo Takemi</td>
<td>Member of the House of Councillors, Japan</td>
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<tr>
<td>Mr George K. Werner</td>
<td>Minister of Education, Liberia</td>
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<tr>
<td>Prof. Muhammad Yunus</td>
<td>Co-founder and Chairman of Yunus Social Business, Sustainable Development Goals Advocate</td>
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The Expert Group

**Dr Richard Horton**, Editor-in-Chief of *The Lancet* (Chair)

**Prof. Haroon Bhorat**, Professor of Economics and Director of the Development Policy Research Unit at the University of Cape Town

**Claudia Jacinto**, Principal researcher at the National Council of Scientific Research, Instituto de Desarrollo Económico y Social, Argentina.

**Prof. Srinath K Reddy**, President of the Public Health Foundation of India.

**Dr Jean-Olivier Schmidt**, Head of the Competence Center for Health, Social Protection and Inclusion at GIZ.


**Dr David Weakliam**, Programme Lead, Global Health Programme, Health Service Executive, Ireland, and Chair of the Global Health Workforce Alliance.

**Dr Edson C Araujo**, Senior Economist at the World Bank.

**Saskia Bruysten**, Co-founder, Yunus Social Business.

**Prof. Barbara McPake**, Director of the Nossal Institute for Global Health, University of Melbourne.

**Dr. Ritva S Reinikka**, Development economist, former Director at the World Bank.

**Prof. Lina Song**, Chair in Economic Sociology and Social Policy at the University of Nottingham.

**Dr Viroj Tangcharoensathien**, Secretary-General of the International Health Policy Program Foundation, Thailand.

**Prof. Alicia Ely Yamin**, Lecturer on Law & Global Health, and Policy Director of the François-Xavier Bagnoud Center, Harvard University.
Thank you

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