Meeting the Health Workforce Challenges for Universal Health Coverage

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End Extreme Poverty

Goals for 2030

Boost Shared Prosperity

UNIVERSAL HEALTH COVERAGE

FINANCIAL PROTECTION

HEALTH SERVICE COVERAGE

HEALTHY SOCIETIES
be critical for achieving Universal Health Coverage
Health Sector Employment and Economic Growth

• As incomes rise and population ages, employment in the health sector is expected to grow as a share of the total labor market.

OECD average was 10.1 percent of total labor market in 2009, and growing.
And as incomes rise, health sector wages will also grow as a share of total health expenditure.

<table>
<thead>
<tr>
<th>Country income group</th>
<th>Total no. of countries</th>
<th>Average remuneration of salaried health workers as a share of Total Health Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>High</td>
<td>50</td>
<td>38.1</td>
</tr>
<tr>
<td>Upper middle</td>
<td>56</td>
<td>33.2</td>
</tr>
<tr>
<td>Lower middle</td>
<td>52</td>
<td>30.5</td>
</tr>
<tr>
<td>Low</td>
<td>36</td>
<td>28.7</td>
</tr>
<tr>
<td>All</td>
<td>194</td>
<td>33.6</td>
</tr>
</tbody>
</table>

a. World Bank income groups.
Health Sector Employment and Economic Growth

- Employment in the health sector is counter-cyclical: it continues to rise consistently even during periods of recession.

**Health Sector Employment as a Share of Total Employment in USA, 1990-2012**

Countercyclical relationship in health sector employment can also be found in middle income countries

Cumulative Percentage Change in Health Workforce and Economic Growth, 2005 - 2008

Projecting Health Workforce Requirements: “Needs-based” vs. “Demand-based” models
Health Workforce to Population Ratio, ca. 2013

Group 1: density of skilled workforce lower than 22.8/10,000 population and a coverage of births attended by SBA less than 80%

Group 2: density of skilled workforce lower than 22.8/10,000 population and coverage of births attended by SBA greater than 80%

Group 3: density of skilled workforce lower than 22.8/10,000 population but no recent data on coverage of births attended by SBA

Group 4: density is equal or greater than 22.8/10,000 and smaller than 34.5/10,000

Group 5: density is equal or greater than 34.5/10,000 and smaller than 59.4/10,000

Group 6: density is equal or greater than 59.4/10,000


PROGRESS ON HUMAN RESOURCES FOR HEALTH IN THE DECADE OF ACTION SINCE 2006
## Forecasting Health Worker “Need” and Labor Market “Demand” by 2030

<table>
<thead>
<tr>
<th>Income Groups</th>
<th>Number of additional workers needed by 2030 to reach the threshold of 3.4 health worker per 1,000</th>
<th>Annual growth rate in supply required to reach the “needs” target by 2030</th>
<th>Estimated labor market demand for additional health workers by 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low income</td>
<td>3.4 million</td>
<td>10.9%</td>
<td>1.1 million</td>
</tr>
<tr>
<td>Lower Middle Income</td>
<td>5.0 million</td>
<td>6.3%</td>
<td>10.7 million</td>
</tr>
<tr>
<td>Upper Middle Income</td>
<td>1.6 million</td>
<td>2.1%</td>
<td>24.9 million</td>
</tr>
</tbody>
</table>


Projected “deficits” for 2030 are defined as the difference between the stock of existing health workers in 2012 and the number projected to be “needed” or “demanded” by 2030.
Global trends in health workforce “deficits” by income groups, 2012-2030

Global trends in health workforce “deficits” by income groups, 2012-2030

• By 2030, low income countries may not be able to generate sufficient economic demand to employ the number of health workers to meet the basic healthcare needs.

• Middle income countries will face rapidly growing demand for health workers, which will exceed the numbers required to meet the basic needs. But they will face new challenges in assuring equitable distribution and employment of health workers, especially for under-served communities.
Why does the health labor market matter for achieving universal health coverage?

It’s not just about scaling up numbers!
Why do labor markets matter? Ensuring equitable access to healthcare

• Unregulated labor markets tend to favor production and employment of health workers serving urban / higher income population.

• Creating incentives to support education, career development and employment opportunities for workers, especially women and youths from under-served communities, will be essential.

• This strategy could create employment opportunities and empowerment of unemployed youth, women and informal workers in low-income communities.
Availability of doctors, nurses and midwives in selected countries

<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Doctors / 1,000 population</th>
<th>Nurses &amp; midwives / 1,000 population</th>
<th>Nurses &amp; midwives / doctor ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>India (2009)</td>
<td>0.57</td>
<td>1.44</td>
<td>2.24</td>
</tr>
<tr>
<td>- New Delhi</td>
<td>0.64</td>
<td>1.81</td>
<td>3.19</td>
</tr>
<tr>
<td>- Uttar Pradesh</td>
<td>0.29</td>
<td>0.25</td>
<td>0.87</td>
</tr>
<tr>
<td>- Uttarkhand</td>
<td>0.31</td>
<td>0.08</td>
<td>0.26</td>
</tr>
<tr>
<td>Bangladesh (2010)</td>
<td>0.30</td>
<td>0.27</td>
<td>0.9</td>
</tr>
<tr>
<td>Japan (2010)</td>
<td>2.2</td>
<td>10.3</td>
<td>4.69</td>
</tr>
</tbody>
</table>
Empowering Women through Employment in Healthcare

- Women’s participation in formal health workforce has been increasing across the globe.
- Nurses and midwives make up the largest group of health professionals
- And 80 percent of nurses and midwives are women (ICN)
Empowering Women through Employment in Healthcare

- Women also make large contribution to healthcare through informal and unpaid care,
- …but their workforce potential remains largely underused and under-recognized in many countries.
- Women in health care continue face lower pay and job insecurity, and are less likely to be organized into unions or associations.
Empowering Women through Employment in Healthcare

- Empowering Women through Safe and Dignified Employment
- Reducing Poverty through Social Investment and Entrepreneurship
- Building a Resilient Health System
India: Empowering Women through Employment in the Health Sector

Steady growth in the health sector, one of the largest employers of women

New publicly-funded National Health Insurance Program will expand health coverage toward universality.

However, India faces acute shortages in nursing staff while there is a huge increase in national and international demand for health services.
India: Empowering Women through Employment in the Health Sector

An unprecedented increase in private sector investments in Nursing Schools across India, with potential improvements in wages and status of nurses. Under India’s National Health Mission, 0.9 million women residing in the village communities trained as Accredited Social Health Activist (ASHAs) - grassroots workers to act as interface between the community and formal health system.
Afghanistan – nurses and midwives play key role in improving health care and empowering women

- Nurses and midwives contributed significantly in rebuilding the primary care and emergency services (Acerra et al. 2009) and in increasing skilled birth attendance (Mohmand 2013).

- Midwives association established in 2006, and midwives played a key role in achieving more than 50% reduction in maternal mortality.

- Women became more visible, gained higher respect within their communities, invited to meet with the elders and consulted on issues regarding women’s health and other issues in their communities.
Ethiopia Health Extension Program expanded employment for women

Health Extension Program, launched in 2003 has employed over 30,000 Health Extension Workers – all women with 10th grade high school education from rural and pastoral communities.

➢ Through Health Extension Program, women are becoming more confident and gaining higher status within their communities.
Empowering Women and Strengthening Health Systems and Services Through Investing in Nursing and Midwifery Enterprise
Lessons from Lower-Income Countries

WORKSHOP SUMMARY

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

February, 2015
Innovative models of nursing and midwifery enterprises across the globe
Achieving and sustaining Universal Health Coverage will require significant “scaling up” of investments in women as health workers

- Improve the stature of nurses and midwives
- Address social stigma against women working in the health services – in both public and private sectors.
- Train women from the communities who will work alongside nurses and midwives as an integrated team.
Achieving Universal Health Coverage will require more than “scaling up” the number of health workforce

• A high performing workforce depends on quality education, adequate remuneration and career incentives in a dynamic labor market, and supportive management and regulatory environment.

• Investments in community-oriented and multi-disciplinary primary health care teams, supported by appropriate technology, could improve access and health outcomes, and manage costs better.

We need new teams with new skills - supported by technology - that saves lives and saves costs
Thank you!

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