A key to improving child health outcomes: the development and maintenance of a competent and motivated child health workforce

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The ability to see, understand, and act upon human suffering and distress is a crucial requirement of leadership

Richard Horton, Feb 4, 2017, Lancet
Under-five mortality rate (probability of dying by age 5 per 1000 live births), 2015

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.


Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

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General government expenditure on health as a percentage of total government expenditure, 2014 *

* Based on data updated on 13 February 2017.

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Data Source: Global Health Observatory, WHO
Map Production: Information, Evidence and Research (IER)
World Health Organization

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Figure 7: World maps resized by population (A), burden of disease (B), density of medical schools (C), and density of workforce (D).

Data sources are shown in webappendix pp 6–11. DALY = disability-adjusted life-years.
Figure 1: Pediatrician Density per 1000 children <18 y/o

Number of pediatricians per 1,000 children <18 years old*
- >1
- 0.5-0.99
- 0.1-0.49
- 0.05-0.099
- <0.049
- No data available

*UNICEF country statistics
### Pediatric workforce statistics

<table>
<thead>
<tr>
<th></th>
<th>Low Income N=14</th>
<th>Lower Middle Income N=29</th>
<th>Upper Middle Income N=34</th>
<th>High Income N=43</th>
<th>Total N=120</th>
</tr>
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<tbody>
<tr>
<td><strong>Number of pediatricians</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Median (Interquartile Range, IQR)</td>
<td>70 (25-200)</td>
<td>625 (320-5,000)</td>
<td>1,700 (256-6,000)</td>
<td>1,400 (500-3,500)</td>
<td>675 (170-3,600)</td>
</tr>
<tr>
<td><strong>Number of pediatricians per 1000 children &lt; 18 years</strong></td>
<td>0.01 (0.00-0.01)</td>
<td>0.06 (0.03-0.32)</td>
<td>0.30 (0.15-0.60)</td>
<td>0.72 (0.44-1.18)</td>
<td>0.32 (0.05-0.74)</td>
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Provision of high quality services for children requires a competent and motivated health workforce\textsuperscript{1}
## AT A GLANCE: THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)

The survival, health and well-being of women, children and adolescents are essential to achieving all the Sustainable Development Goals (SDGs).

### VISION
By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is fully able to participate in shaping prosperous and sustainable societies.
Implementing the Global Strategy, with increased and sustained financing over the next 15 years, would yield tremendous returns:
- An end to preventable maternal, newborn, child and adolescent deaths, including stillbirths
- At least a 10-fold return on investments from social and economic benefits
- At least 100 billion dollars in demographic dividends from early childhood development and adolescent health and well-being
- A “grand convergence” in health giving all women, children and adolescents an equal chance to survive and thrive

### GUIDING PRINCIPLES
- Country led
- Universal
- Sustainable
- Human rights-based
- Equity driven
- Gender responsive
- Evidence informed
- Partnership driven
- People centred
- Community owned
- Accountable
- Aligned with development
- Effectiveness and humanitarian norms

### OBJECTIVES (aligned with the SDGs)

#### SURVIVE: End preventable deaths
- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1000 live births in every country
- Reduce under-5 mortality to at least as low as 25 per 1000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one-third premature mortality from non-communicable diseases and promote mental health and well-being

#### THRIVE: Ensure health and well-being
- End all forms of malnutrition, and address the nutritional needs of adolescent girls, pregnant and lactating women and children
- Ensure universal access to sexual and reproductive health care services (including for family planning) and rights
- Ensure that all girls and boys have access to good quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage, including financial risk protection, and access to quality essential services, medicines and vaccines

#### TRANSFORM: Expand enabling environments
- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

### ACTION AREAS (evidence of key factors required to achieve the objectives)

1. Country leadership
   Reinforce the links between political and administrative leaders; strengthen leadership and management capacities; include all stakeholders in collective action with oversight.

2. Financing for health
   Mobilize sufficient and sustainable resources; ensure value for money while increasing protection for the poor; adopt integrated and innovative approaches to financing for women’s, children’s and adolescents’ health.

3. Health systems resilience
   Equip and enable the health workforce everywhere to provide good-quality care; prepare all parts of the health system to code with emergencies; ensure universal coverage of essential health interventions.

4. Individuals’ potential
   Invest in early childhood development and adolescence; support women, children and adolescents as agents for change; strengthen legal frameworks to remove barriers that prevent people realizing their potential and human rights.

5. Community engagement
   Promote enabling laws, policies and social norms; strengthen inclusive community action; ensure women and girls can fully participate; engage men and boys in health programming.

6. Multisector action
   Adopt a multisector approach to improving health and well-being; build governance and capacity to facilitate multisector action and cross-sector collaboration; monitor the impact of multisector action and cross-sector collaboration on health and sustainable development.

7. Humanitarian and fragile settings
   Support use of health risk assessments, human rights and gender responsive programming; promote mainstreaming of emergency response with essential health interventions; address gaps, including financing, in transition from humanitarian settings to sustainable development.

8. Research and innovation
   Invest in a wide range of research, prioritizing local needs and capacities; link evidence to policy and practice; test and take innovations to scale.

9. Accountability
   Harmonize monitoring; build country capacity for civil registration and vital statistics; promote multisectoral engagement to Monitor, Act and Review.

### IMPLEMENTATION
Every Woman Every Child architecture to support country-led implementation with sequential five-year operational frameworks, harnessed through stakeholder commitments, collective action and advocacy coalitions. We all have a role to play.
Scaling Up, Saving Lives

Task Force for Scaling Up Education and Training for Health Workers, Global Health Workforce Alliance

World Health Organization

global health workforce alliance
New Global Strategy, Children’s Health

- Delivery of comprehensive child health services requires functional health systems and strategies tailored to national and subnational epidemiological situations.
- Major bottlenecks to universal health coverage include
  - limited access to and poor quality of health services
  - suboptimal programme management, poor procurements and supply chain management systems
  - inadequately prepared and supported health workforce with provider shortages
  - failure to convert national policies into action plans.

Gill, Lancet 2013
SDG-3 Ensure healthy lives and promote well-being for all at all ages

- **3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as **12 per 1,000** live births and under-5 mortality to at least as low as **25 per 1,000** live births
- **3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- **3.6** By 2020, halve the number of global deaths and injuries from road traffic accidents
- **3.c** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
Equipping the child health workforce through a global agenda

- Innovative and bold aspirations with consistency of intent, clarity of focus and synergy in action
- Global cooperation and partnerships
- Leveraging from and with available resources
- Being integrative and facilitating links to support national efforts
- Data to inform and refine
- Accountable
Framework for the Global Pediatric Academic Community to Support the SDG Strategy through Workforce Enhancement

Global Education Tools/Enablers
- Principles/Standards
- Curriculum
- Educational Resources
- Training Program Structures
- Implementation Enablers
- Leadership training

Health Systems & Workforce
- Primary Health Care
- Health facilities and care of the child
- Advanced pediatric care
- Health care quality and safety

National Child Health Strategy & Workforce Plan

National Child Health Leaders
- National Pediatric Society
- Regional Pediatric Society
- University Pediatric Departments
- Other Professional Bodies (e.g. nursing, OBGYN)
- Special Interest Groups

Global Alliance of Pediatricians Supporting a Child Health Workforce Strategy

Benchmark Countries Achieving Towards 2030 SDG Targets

Monitoring – Evaluation – Research
- Performance metrics
- Implementation science
- Report Cards
- Population health sciences

IPA (International Pediatric Association)
Current activities

• Development of leadership training and a leadership academy

• Development of a comprehensive curriculum for child health providers framed around the relevant SDGs. This links with the survive, thrive and transform agenda for children, and broadens the remit of what paediatricians should be doing.

• Principles of child health training at the global level. What are the key and core competencies for all pediatricians? Are there training/process principles and tools?

• Accreditation of training programs and of continuing professional development. What do we recommend as a template that is appropriate for all training programs? Can we assist new training programs to be developed and established using clear accreditation processes and principles?

• Workforce Metrics: How can we better capture child health workforce numbers and link to country level strategic planning?
We need a global perspective on training and equipping the child health workforce.