ICN Policy Brief

The contribution of nursing to the development of a country level plan for meeting the WHO Global Strategy on Human Resources for Health: Workforce 2030 requirements

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Purpose
The purpose of the paper is to provide a background for briefings with health officials on the contribution of nursing to the development of a country level plan for meeting the World Health Organization (WHO) Global Strategy on Human Resources for Health (HRH): Workforce 2030 requirements. The current global health agenda and the process for decision making are at a most critical time for future direction setting and all member states of the WHO are being called upon to commit to targets and strategies to ensure a sufficient, appropriately prepared workforce to meet the country’s health needs.

This paper should be read in relation to the zero draft of the “WHO Global Strategy on Human Resources for Health: Workforce 2030”.

Background
The Millennium Development Goals (MDGs) with the end-point of 2015 have been a powerful force in maintaining political support for health development because of the clarity of the objectives and measurable targets. The post-2015 development agenda has been driven by the United Nations (UN) High-level Panel of Eminent Persons. This High-level Panel received a report from a UN System Task Team, which set out a broad framework for post-2015, with four pillars: inclusive economic development; environmental sustainability; inclusive social development, including health; and peace and security, underpinned by human rights, equality and sustainability. Ultimately, this work led to the development and formal endorsement, at a UN meeting on 25 September 2015, of the Sustainable Development Goals (SDGs). There is no doubt that the SDG agenda will provide the investment framework for the next 15 years.

The SDG agenda addresses many of the “unfinished business” of the MDGs and takes the new health landscape into account. While keeping the health MDG targets, the growing challenge of non-communicable diseases (NCDs) and their risk factors have also been included, with clear targets and indicators being developed. With the formal approval of the SDG goals and targets, the WHO Global Strategy on Human Resources for Health: Workforce 2030 will provide concrete recommendations and ideas on how to achieve these targets at a more technical level.
The role of nursing in the HRH strategy is of utmost importance as the more than 16 million nurses practicing worldwide form the backbone of healthcare provision in almost every country. Country Ministries of Health are the WHA Member States and have the opportunity to comment at the WHO Executive Board (EB) meeting in January 2016 (if they are currently members of the EB), and the World Health Assembly (WHA) in May 2016 when the HRH Global Strategy will be brought for final endorsement. Inclusion of the insights from nursing, representing the major health professional body in the country, in the planning and decision-making process could assist greatly in the development of national targets and indicators that are achievable and realistic.

**Sustainable Development Goals (SDGs)**

For 15 years, the MDGs became the focus of the funding priorities for work with developing countries and the targets against which progress in world health was largely measured. They quickly became a major global focus and spawned some very influential and now very large healthcare organisations such as GAVI (immunisations), the Global Fund and UNAIDS (HIV/AIDS and other infectious diseases); and increased prominence for organisations such as UNFPA (maternal health).

The next 15 year strategy for the UN is embodied in the SDGs and is well underway, having commenced in Rio in 2012 and been formally adopted by the United Nations (UN) in 2015. The goals and targets will be followed up and reviewed using a set of global indicators. These will be complemented by indicators at the regional and national levels which will be developed by member states, in addition to the outcomes of work undertaken for the development of the baselines for those targets where national and global baseline data does not yet exist. The global indicator framework, to be developed by the Inter Agency and Expert Group on SDG Indicators, will be agreed by the UN Statistical Commission by March 2016 and adopted thereafter by the Economic and Social Council and the General Assembly, in line with existing mandates. This framework will be simple yet robust, address all SDGs and targets including for means of implementation, and preserve the political balance, integration and ambition contained therein.

If the indicators chosen are not sensitive to the work of the largest sector of the health workforce many of the health outcomes (positive or negative) for the country risk invisibility for the 15 years span, 2016-2030.

The Official Agenda for Sustainable Development adopted on 25 September 2015 has 92 paragraphs, with the main paragraph (51) outlining the 17 Sustainable Development Goals (Appendix 1) as follows:

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote well-being for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

As noted above, there is one health related goal: Goal 3 “Good Health and Well-being: ensure healthy lives and promote well-being at all ages”, and this has nine sub-goals or targets (See Appendix II). However, as seen above, many of the others SDGs relate to health, not the least being Goal 6 “clean water and sanitation” which is inherently also linked to Goal 13 “climate action”, particularly for Island and Delta countries. This underlines the intent of the SDGs which is that they are deliberately “integrated and indivisible and balance the three dimensions of sustainable development”: economic, social and environmental.²

Other SDG targets that directly impact health
- Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Significantly reduce all forms of violence and related death rates everywhere
- End abuse, exploitation, trafficking and all forms of violence against and torture of children
- By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
- By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
- By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

The infrastructure is well in place to tackle the first three goals as they were carried over from the MDGs. However, major current health related issues such as NCDs, substance abuse, traffic accidents and injuries, sexual and reproductive health services, disaster relief, affordable, accessible models of care, and environmental safety are all areas in which nurses can and do play a major role and it is important the nursing impact is accounted for explicitly in the indicators for each of these areas. Each country is to develop its own exact accountable target so the opportunity for local influence exists and nurses are most keen to be part of the solution.
As of August 2015, there were 169 proposed targets for these goals and 304 proposed indicators to show compliance.\(^3\) For further information on the SDGs, click on this link: [http://kff.org/global-health-policy/event/web-briefing-for-media-what-do-the-sustainable-development-goals-mean-for-global-health/](http://kff.org/global-health-policy/event/web-briefing-for-media-what-do-the-sustainable-development-goals-mean-for-global-health/). It is a one hour briefing for journalists on the SDGs.

**WHO Global Strategy on Human Resources for Health: Workforce 2030**\(^4\)

The Global Strategy was developed in response to a resolution passed at the 2014 World Health Assembly (WHA) which recognised the development of the SDGs and the importance of a global HRH strategy to support this work. The draft strategy builds upon global evidence and experience, as well as broad-based consultation in the period 2013-2015 with experts at the global, regional and national level, and has been informed by thematic papers, related global guidelines, policy commitments, regional strategies and initiatives.

As noted, the document starts with a “Vision” statement of the Global Strategy on HRH which states that it seeks to: “Accelerate progress towards Universal Health Coverage and the Sustainable Development Goals by ensuring equitable access to skilled and motivated health worker within a performing health system.”\(^4\)

The supporting overall goal further elaborates this statement by identifying that, “ensure(ing) availability, accessibility, acceptability and quality of the health workforce through adequate investments and the implementation of effective policies at national, regional and global levels, for ensuring healthy lives for all at all ages, and promoting equitable socio-economic development through decent employment opportunities.” This section is followed by a series of supporting principle statements.

Equitable access, skilled and motivated health workers, and a performing health system are easily understood as essential building blocks for achieving improved health outcomes, despite the difficulties in achieving these. As well it is important to reflect upon the meaning and significance of the words “Universal Health Coverage” and “Sustainable Development Goals”.

The next sections of the Global HRH Strategy identify four objectives with targets and supporting policies. Reading this section of the Global Strategy document carefully, it is important to consider how this relates at country level.

The objectives are:

1. To implement evidence-based HRH policies to optimize impact of the current health workforce, ensuring healthy lives, effective Universal Health Coverage, and contributing to global health security.
2. To align HRH investment decisions at national and global levels to current and future needs of the health systems and demand of the health labour market, maximizing opportunities for employment creation and economic growth.
3. To build capacity of national and international institutions for an effective leadership and governance of HRH actions.
4. To ensure that reliable and up-to-date HRH data, evidence and knowledge underpin monitoring and accountability of HRH efforts at national and global levels.”\(^4\)

The Strategy ends with two sections that identify the roles for both the WHO Director General and NGO and other stakeholders to support the work. Nurses and nursing organisations are ready and willing to collaborate in this work. There is a significant body of
evidence of the relationship of nursing educational levels, nursing staffing and workplace environment to the health outcomes for people. Issues and policies such as access to care, quality of care, patient safety, safe working environments, and healthcare financing would all be enhanced with nursing input.

Steps in Formal Adoption of WHO Global Strategy on HRH: Workforce 2030

The consultation process by WHO on the Global Strategy has followed their normal governance process: online public consultations were held in July-August 2015; Member States consultation at WHO Regional Committee meetings in Sept-Nov 2015; EB discussion in January 2016; and WHA formal adoption in May 2016.

The first two steps in this process have been completed. ICN and national nursing associations (NNA) have contributed to these processes and their submissions are available.

WHO staff are currently redrafting the document based upon these consultations. A revised version of the Global Strategy for HRH: Workforce 2030 will be discussed by the WHO EB at its January 2016 meeting and considered at the WHA in May 2016.

The WHO under the current Director General, Dr Margaret Chan, has become very focused on evidence-based policy. Being abreast of the evidence in relation to human resources for health and its impact on patient and population outcomes enables NNA to assist governments in meeting targets through nursing and the essential contribution of nursing to the global HRH strategy succeeding and to achieving the SDGs for our collective sustainable development.

About ICN

The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

About the Author

Professor Jill White, Dean Emerita, Professor of Nursing and Midwifery, Faculty of Nursing and Midwifery, University of Sydney, Australia; Senior Fulbright Scholar 2015, School of Nursing, University of Pennsylvania; Senior Scholar in Residence ICN, May-June 2015, Geneva. Professor White has extensive international experience, most recently in Tonga and Vietnam. She was the founder of the UTS WHO Collaborating Centre and facilitated the formation of the South Pacific Chief Nursing and Midwifery Officers Alliance.
References

APPENDIX I

SUSTAINABLE DEVELOPMENT GOALS:

1. NO POVERTY
2. ZERO HUNGER
3. GOOD HEALTH AND WELL-BEING
4. QUALITY EDUCATION
5. GENDER EQUALITY
6. CLEAN WATER AND SANITATION
7. AFFORDABLE AND CLEAN ENERGY
8. DECENT WORK AND ECONOMIC GROWTH
9. INDUSTRY, INNOVATION AND INFRASTRUCTURE
10. REDUCED INEQUALITIES
11. SUSTAINABLE CITIES AND COMMUNITIES
12. RESPONSIBLE CONSUMPTION AND PRODUCTION
13. CLIMATE ACTION
14. LIFE BELOW WATER
15. LIFE ON LAND
16. PEACE, JUSTICE AND STRONG INSTITUTIONS
17. PARTNERSHIPS FOR THE GOALS

APPENDIX II

Goal 3. Targets.
Ensure healthy lives and promote well-being for all at all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
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
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
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
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
3.7 By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
3c 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
3d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks


UN General Assembly, 18 September 2015.