

Designating The Health Workforce As A Global Good

BY TOM KENYON

The United Nations has registered a milestone: declaring that within thirteen years, everyone, wherever they live in the world, should have access to health care regardless of their financial situation. This aspiration, contained in the Sustainable Development Goals (SDGs) calling for universal health coverage by 2030 (UHC 2030), was agreed upon at the United Nations (UN) General Assembly in 2015 and is a significant one—yet it brings with it another challenge: the sustained shortage of health workers.

The world's workforce of health professionals already has its hands full and must meet this new mission laid down by the UN member states while coping with increased health care needs as populations expand and the burden of infectious and noncommunicable diseases shows little sign of easing.

The UN High-Level Commission on Health Employment and Economic Growth estimates that the global economy will create forty million new health-sector jobs by 2030. Yet there will still be a shortfall of eighteen million health workers needed to reach SDG targets—particularly in low- and middle-income countries.

So how will we overcome this?

The commission, chaired by President François Hollande of France and President Jacob Zuma of South Africa, concluded that investment in the health sec-



The health workforce: Beryl Brooks, a Project HOPE volunteer and maternal child health expert, teaches lifesaving skills in neonatal and maternal care to nurses in Sierra Leone.

tor is a significant economic driver and source of employment. A dollar invested in the health sector returns nine to twenty dollars in overall economic benefits. The World Health Organization (WHO) also estimates that women make up 66 percent of the health workforce, compared with 41 percent of the general workforce. Therefore, investment in developing the health workforce is a winning strategy: It improves health access, increases employment, contributes to gender equality, and drives economic growth.

There's more good news: There is a blueprint for how to get to where we need to go.

The High-Level Ministerial Meeting on Health Employment and Economic Growth convened by the WHO in De-

cember 2016 brought together government leaders from health, economic development, education, employment, and civil-society sectors. It endorsed an action agenda that includes stimulating investment to spur health-sector jobs, scaling up high-quality education, maximizing women's participation, reforming service models with an emphasis on skills transfer and primary health care, harnessing new technologies, encouraging intersectoral collaboration, and raising adequate funding. But we need to be conscious of this fact: Although the way forward is clear, it's up to UN member states that signed up to this strategy to deliver.

We all know that the costs of inaction are high. Growing health care inefficiencies and health inequities hamper economic growth. Health insecurity can cost dearly, as we witnessed in the recent Ebola epidemic in West Africa.

The effective delivery of global goods for health, such as vaccines, essential medicines, diagnostics, and other prevention tools, requires a diverse, skilled, and innovative health workforce at primary and specialized levels, as we have seen during decades of scaling up for maternal and child health, HIV, TB, and malaria on a global scale. It's imperative that the health workforce be added to that list of global goods for health if UHC 2030 is to become a reality. ■

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Project HOPE, an international nonprofit health organization, has published Health Affairs since 1981. Project HOPE brings "health opportunities to people everywhere" through community education, building capacity of health care providers, strengthening health systems, and delivering humanitarian assistance.