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## **THE IMPORTANCE OF HUMAN RESOURCES FOR HEALTH IN THE GLOBAL 2030 AGENDA**

### **Introduction**

**T**he demand for social and health care is growing. Population growth and aging, and the demographic and epidemiological transitions on global level impose the need for expanding the health workforce, not only in numbers but also in the diversity of specialization and profiles. The importance of other sectors for health, as envisaged in the new global agenda for sustainable development is further expanding this requirement for involvement of other sectors to bringing better health for the world's population by 2030. The anticipated demand for specialized professional human resources additionally educated and trained for the diverse needs and demands of the specific population strata, including most vulnerable and marginalized to bring equity into the society, would require innovative responses to models of provision of care and medical and health-related education, in providing reorientation of approaches to prevention, early detection and counseling firstly in the primary care as well as in other settings to ensure

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delivery by flexible multidisciplinary teams with appropriate competencies and scope of work.

The World Health Report 2006 emphasized that the need for working together for health would require global attention on human resources for health, particularly in relation to the critical shortages of skilled health professionals (midwives, nurses and physicians) in at least 57 countries and further pointed out the importance of the centrality of health workers for accelerating progress towards the health-related Millennium Development Goals (WHO 2006). The new post-2015 agenda and the recently adopted Sustainable Development Goals is even stronger in the commitment to delivering on equitable and sustainable development, where human resources in health play central role for the betterment of health and reducing health inequalities globally.

### **Global lack of health professionals**

The World Health Report 2006 depicts the global shortage of health professionals as “crisis”, proposing a decade of action on human resources for health to overcome the challenges posed not only for the developing, but for the developed countries alike.

With this in mind, continued efforts have been put into shaping the policy agenda and gaining further political commitment to holding the focus on the human resources for health. This continued focus is articulated through a number of documents; in the past five years the World Health Assembly (WHA) has adopted five resolutions on human resources for health: WHA63.16 - WHO Global Code of Practice on the International Recruitment of Health Personnel (2010); WHA64.6 - Health workforce strengthening (2011); WHA64.7 - Strengthening nursing and midwifery (2011); WHA66.23 - Transforming health workforce education in support of universal health coverage (2013), and; WHA67.24 – Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage (2014). Through its resolutions, the World Health Assembly mandated for the development of a global strategy on human resources for health by May 2016, through wide consultation and global dialogue on the issue. In 2015, countries have again reiterated the centrality of the health workforce to building safe, high quality health systems, emphasizing importance of all segments from primary level to surgical care.

One of the landmark resolutions of the WHA related to human resources in health is further emphasizing the importance of the education of health

professionals and the need for transformation of the education towards achieving universal health coverage; it urges, among other, the states: to further strengthen policies, strategies and plans as appropriate, through intersectoral policy dialogue among the relevant ministries that may include ministries of education, health and finance, in order to ensure that health workforce education and training contribute to achieving universal health coverage; to consider conducting comprehensive assessments of the current situation of health workforce education in collaboration with the professionals, academia, medical faculties and universities; and to provide adequate resources and political support for the implementation of policies and strategies as appropriate for the strengthening and transformation of health workforce education.

The global consultation on the draft-*Global Strategy on Human Resources for Health: Workforce 2030*, was held during 2015. The primary aim of the Strategy is to provide support and guidance to the planners and policy makers at national level, but its contents will also be of relevance to other partner and stakeholders active in the health workforce area, including public and private sector employers, professional associations, education and training institutions, labour unions, bilateral and multilateral development partners, international organizations, and civil society (WHO, 2015).

All of the above are instruments and guidance that can contribute to the national efforts to develop relevant, modern and implementable national policy for human resources for health.

### **Situation with human resources for health in Macedonia**

Since its independence, Macedonia has struggled with maintenance of universal health coverage and quality of healthcare services, as a result of economic and societal transition and transformation. Within the given context, the human resources for health as an important segment of the healthcare system and overall responsibility for provision of health services to the highest attainable level, have not been immune to the changes and transformations of the economy and the society. Workforce migration, evident for all professions was felt as well in the health sector, with both migrations abroad as well as between the public and the private sectors of the healthcare provision. Trends have been fluctuating from oversupply of health professionals to severe lack of this segment of the country's workforce, but a comprehensive study on the current situation has not been prepared so far.

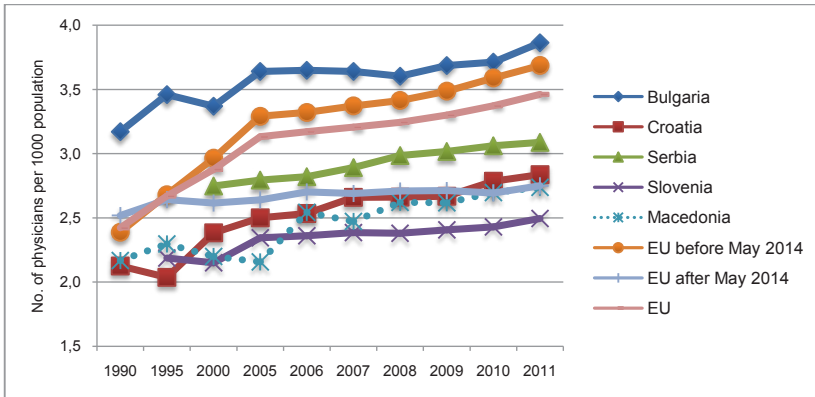
The trends of the availability of the health professionals are variable for different health professions. On one side, trends increase for the doctors, dentists and medical nurses, while are decreasing for pharmacists and midwives. In general, according to the national statistics the total number of medical staff is decreasing (State Statistical Office 2014) The rate of availability and supply with physicians and nurses is similar to the one in Croatia, but still far below the European average.

Table 1. Health workers in country per 1000 population, 1990 to 2011

	1990	1995	2000	2005	2011
Physicians	2.17	2.30	2.20	2.16	2.74
Specialist physicians	0.77	0.75	0.77	0.83	0.77
Nurses	n/a	n/a	3.58	3.44	4.21
Midwives	0.73	0.75	0.71	0.65	0.58
Dentists	0.55	0.55	0.56	0.68	0.79
Pharmacists	0.18	0.18	0.15	0.43	0.38

(Source: WHO Regional Office for Europe, 2015)

Figure 1. Number of physicians per 1000 population in Macedonia and selected countries, 1990 to 2011



(Source: WHO Regional Office for Europe, 2015)

## Human resources for health policies in Macedonia

There is a long history of collaboration between the education and health authorities regarding the planning of health workforce; in this process, one of the key roles has always been played by the faculties of health sciences at the University “Sts Cyril and Methodius”, in particular the Faculties of

Pharmacy and Dentistry and the Medical Faculty as the oldest and biggest educational and scientific base for the health profession in the country. In this process, the line ministries with the academic community have always been assessing the current availability of workforce, the staff turnover and the projected needs for specific areas of medical profession.

On the basis of the Law on Healthcare Protection, specific programs are endorsed yearly. For example, in 2009 the preventive programs contained activities related to development of human resources for health (Program on Health for All and Continuous Medical Education (CME), setting up the objective for drafting Educational Plan for 2009, educational materials and M&E of the program and materials, as well as analysis and assessment of the CME on annual basis. This program also envisaged establishing of four (4) centres for CME in 2009, some of which have been successfully established and functioning to date.

However, with the diversification of the health professions across sectors, increased demand for public health workforce and the expansion of the number of higher education institutions in medical sciences, this process became more dynamic and complex and requires different approach, which would include a comprehensive analysis of the supply and demand, other socio-economic factors influencing the health workforce, the global trends and national requirements, so to be able to not only make accurate projections but also revisit the curricula, both at undergraduate, graduate and specialist levels.

In 2010-2011, Ministry of Health engaged in collecting data on human resources in health (HRH) in order to establish Medical Map of Republic of Macedonia as a permanent source of data to be used in strategic planning of HRH in the Republic of Macedonia. (<http://www.medicinskamapa.gov.mk>), that has been constructed, yet it is has not been regularly updated.

To date the country has not developed comprehensive human resources for health policy in a single document. In 2015, within the process of development of the National Health 2020 Strategy “Together for Health for All”, health system and resources were reviewed as separate pillar that is essential yet indivisible part for better health and wellbeing.

With the overall vision of the draft-national health policy “Together for Health for All” in mind, the health system and resources pillar has been structured to respond to the following objectives:

- Strengthening of capacities for health system governance and management;
- Introduction and promotion of comprehensive health information system on all levels of health care;

- Introduction of sustainable financial system;
- Improvement of health system capacities to the furthest extent (space, equipment and personnel) through equitable distribution within the health system and in accordance with the needs of different regions;
- Introduction of effective and quality health services available to every citizen;
- Working to create necessary human resources for health, with the right skills and capacities, in the right places at the right times.

And, while many factors and conditions are constructing a good health-care system, special attention needs to be put on the development, maintenance and upgrade of the human resources in the health sector, for which understanding the health workforce composition – both current and needed, is of outmost importance.

## **Conclusions and recommendations**

With the commitments to the sustainable development in the 2030 Agenda, the countries have to consider extending services to all socioeconomic groups of the population and ensuring equity for poor and marginalized populations. This will require maintaining a diverse and sustainable mix of skills, as well as maximizing the potential of community-based and mid-level practitioners, while specialist and tertiary care levels remain one of the key elements of the patient-centred health systems. The draft global strategy on human resources for health prioritizes inter-professional education and the significant role that team-based collaborative practice plays in mitigating many of the challenges faced by all health systems.

To bridge this gap from day-to-day experience to controlled, evidence-based action, decision-makers at local, national and international levels need sound information on the HRH picture, including migration. The first obstacle to overcome is the lack of completeness and comparability in HRH databases and the extremely limited and insufficient evidence-based literature that make it difficult to extract lessons, make informed decisions and design new and more effective policies. Along these lines, Republic of Macedonia has to put additional efforts at country level to scan the current situation and open a consultative process on national policy for human resources in health, that will also take into consideration the external factors influencing the health workforce, such as migration and aging, as well as epidemiological and demographic changes of the population. By taking the HRH a step further at national level, the country

would be also contributing to the global processes of homogenization of data formats so to be able to understand and act upon the bigger picture of global health workforce.

In this respect, as next steps for the human resources in health, it is recommended to take the following actions:

The country needs to assess its current state of HRH and develop a strategy to enhance the effectiveness of the health workforce, which must initially focus on existing staff because of the time lag in training new health professionals;

A development of robust and reliable HRH database need to be built to allow proper analysis and workforce planning. In this effort, an international technical assistance can be used as well as experiences of other countries with similar size, health systems or epidemiological disease structure;

One way to present HRH information is by developing HRH country profile. This would serve as a tool for systematically presenting the HRH situation, policies and management. Country profile would also facilitate information-sharing and inform the future policies for development and planning of the human resources in health;

Research on key aspects of the relationship between HRH and health outcomes should be promoted, in line with the new global agenda for sustainable development, in which human resources in general play a pivotal role.

## Executive summary

The demand for social and health care is growing. Population growth and aging, and the demographic and epidemiological transitions on global level impose the need for expanding the health workforce, not only in numbers but also in the diversity of specialization and profiles. The World Health Report 2006 emphasized that the need for working together for health would require global attention on human resources for health, particularly in relation to the critical shortages of skilled health professionals. One of the landmark resolutions of the World Health Assembly related to human resources in health is further emphasizing the importance of the education of health professionals and the need for transformation of the education towards achieving universal health coverage.

Macedonia has a long-standing practice of planning the human resources in health with intersectoral approach of engaging education and health sector. However, with the diversification of the health professions across sectors, increased demand for public health workforce and the expansion of the number of higher education institutions in medical sciences, this process became more dynamic and complex and requires different approach, which would include a comprehensive analysis of the supply and demand, other socio-economic factors influencing the health workforce, the global trends and national requirements, so to be able to not only make accurate projections but also revisit the curricula, both at undergraduate, graduate and specialist levels. In addition, research on key aspects of the relationship between HRH and health outcomes should be promoted, in line with the new global agenda for sustainable development, in which human resources in general play a pivotal role.



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