POLICY, REGULATION & LEGAL

POLICY ANALYSIS

Review: Working for Health and Growth: Investing in the Health Workforce, 2016

Report of the World Health Organization's High Level Commission on Health Employment and Economic Growth

Published: September 2016. This Review provides a summary of The Report followed by a brief analysis of its implications for Aotearoa New Zealand. The purpose of the Report was to make recommendations to amplify economic, social, and health gains as part of the United Nations 2030 Agenda for Sustainable Development to end poverty, reduce inequalities and tackle climate change.

Background

The Report is informed by the UN Sustainable Development Goals (SDGs) which came into effect on 1 January 2016 and, more particularly, by the recently published World Health Organization's Global Strategy for Human Resources in Health: Workforce 2030 (HRH Strategy). The HRH Strategy envisaged a comprehensive health labour market framework for universal health coverage (UHC). The SDGs and HRH Strategy are both predicated on there being measurable indicators/targets for low, middle and high income countries that States are accountable for reporting progress on, and on participation by state *and non-state actors* "across all sectors" of civil society, including private, independent and commercial stakeholders[1].

The High Level Commission on Health Employment and Growth was established by the UN Secretary-General to make recommendations to stimulate the creation of 40 million new jobs in the health and social sectors to reduce to the projected shortfall of 18 million health workers, primarily in low and middle income countries by 2030.

Summary

The Report challenges both the current paradigm of health employment as an economic burden, and global inaction on 'untenable' skills shortages in health. It posits the 'health economy' (i.e health system and health workforce)' and investment in the health workforce as driving forces for inclusive economic growth, which will lead to

[1] The newly established Global Health Workforce Network will convene various stakeholders to "Accelerate progress towards universal health coverage and the UN Sustainable Development Goals by ensuring equitable access to health workers within strengthened health systems".

healthier people, healthier economies, the creation of decent jobs, increased security, reduced inequity and sustainable development. The equation is simply drawn: the current “twin crises” of youth unemployment and a global skills shortage, coupled with changing epidemiological and demographic profiles (i.e rise in NCDs and lifestyle conditions, new disease threats, climate change and aging) and new technologies creates a demand for more health care/workers and increased spending (an increase of 2% GDP is mentioned in one context). Health investment enhances economic development through jobs and infrastructure and this can be leveraged by maximising investment in youth and women, since they have the most to gain by improved healthcare, and health and social worker jobs are generally more inclusive of women than other sectors.

Though primarily aimed at addressing skill shortages and promoting economic growth in low and middle income countries, the Report’s recommendations have significant implications for health services and workforce development, regulation, and supply in all countries. There is a strong focus on international platforms to support health worker education, recognition of skills, and mobility, for example, along with advocacy of the need to ensure responsibility for ethical recruitment, and address gender and other health, wealth and power disparities within and between countries.

The 10 key recommendations are to:

1. Create decent health sector jobs especially for youth and women
2. Maximise women’s participation and address gender bias and inequity.
3. Raise funding from domestic & international sources, public and private; consider broad-based financing reform to ensure the right skills, decent working conditions, and workers
4. Scale up education and lifelong learning.
5. Reform service models concentrated on hospital care to focus on prevention and provision of “high quality, affordable, integrated community-based people-centred primary and ambulatory care, paying attention to underserved areas”.
6. Harness cost effective information and communications technologies (ICT).
7. Invest in International Health Regulations core capacities; ensure protection of all health workers in all settings.
8. Promote inter-sectoral collaboration at all levels and align international cooperation to support investments in the health workforce as part of national health and education strategies and plans.
9. Advance international recognition of health workers qualifications to optimise skills use, increase the benefits from and reduce the negative effects of health worker migration and safeguard migrants’ rights.
10. Undertake robust research and analysis of heath labour markets.

Five strategic actions are outlined for immediate action between October 2016 and March 2018 (Chpt 5). These include developing SDG sub goals and a 5 year plan for implementing the global HRH strategy; establishing an interagency global data exchange on the health labour market (ILO, OECD, WHO); establishing an international platform on health worker mobility; planning and budgeting for increased health education, skills and jobs; and supporting "the massive scaling up of professional and vocational education in low income countries".

Success will be measured through progress on the SDGs: SDG 3 Good Health and Wellbeing; SDG 4 Quality Education SDG 5 Gender Equality; and SDG 8 Decent Work and Economic Growth.

Implications for Aotearoa New Zealand

Most of the Report's recommendations are consistent with the New Zealand Health Strategy 2016 (eg Recommendations 4, 5, 6, 10) and with recent international health, economic and labour publications developed by the WHO, International Labour Organisation (ILO) and the Organisation for Economic Co-operation and Development (OECD). However, the explicit expectation of non-government involvement *and funding* in the development of global education and regulation (Recs 3 & 9) signals a significant shift from State to private and community service provision, and, potentially, from national to international service provision. The Report carefully frames this in terms of the need for 'transformative change' (chapter 3) to deliver better social outcomes, without really examining the potential risks of eg privatisation and economic power imbalances, such as multinational corporations and aid agencies having budgets that outstrip those of many developing countries. The Report does acknowledge, however, the critical role of governments in regulating to remove labour and other market distortions, and prioritising investment in public education. Similarly, the need to address structural discrimination, gender bias and exploitation is emphasised, though the risk of entrenching such disparities through an approach which *mirrors* workforce paradigms in developed countries, is not[2].

The dominant perspective of developed countries is reflected in other aspects of the report. The health issues/opportunities associated with aging populations unquestioningly *reflects* rather than addresses the 'North South divide'[3] and traditional and colonial roots of global inequity. The bilateral agreement between Germany and the Philippines, for example, taking 'surplus' Filipino nurses to be trained in aged care facilities in Germany to care for their aged citizens is taken at face value as a 'triple win', without exploring underlying issues of inequity, cultural integrity, or even health need. Like the HRH strategy, indigenous and cultural aspects of health are considered only in terms of minority groups being 'vulnerable', which is far from Aotearoa's te Tiriti o Waitangi constitutional partnership. The Report recognises that "the traditional and complementary medicine workforce may be a substantial component of the future

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[2] In its submission on the draft HRH Strategy (2015), NZNO challenged gender-based health workforce development being used as a proxy for economic development in low and middle income countries, since the dominance of women in poorly paid health care and support industries is a significant contributor to inequitable economic outcomes for women in high income countries

[3] North-South Divide (or Rich-Poor Divide) is the socio-economic and political division that exists between the wealthy developed countries, known collectively as "the North," and the poorer developing countries (least developed countries), or "the South".

health workforce", but it is practically focused on collaboration for global health workforce development and internationally-agreed standards to support economic development and reduce skills shortages.

Establishing an international platform on health worker mobility would have to be managed very carefully. There is a potential risk of exacerbating inequitable migration patterns from low to high income countries. Aotearoa New Zealand has one of the highest proportions of migrant health workers, both regulated and unregulated, leaving the health system highly vulnerable to sudden policy changes[4]. Moreover, health workers are not interchangeable 'widgets'. The assumption, for instance, that "a nurse is a nurse is a nurse' is what allows administrators, policy makers and hospital managers "…to attempt to float nurses from one country to another without making sure they are adequately educated and oriented" which "...not only challenges the ability of health systems to deliver needed care but also raises serious human/worker rights issues"[5]. One has only to look at the widespread adoption of the International English Language System (IELTS) to see that adverse health and workforce issues can arise from a 'standard global system' that is not aligned with national cultural identity and occupational practice and where status (and considerable economic power) has been conferred to a dominant international corporation[6].

Notwithstanding the above, the ILO's fundamental principles with respect to workers' rights and safety are strongly endorsed and there is an expectation that there will be a secure commitment to inter-sectoral, national and regional engagement and the development of specific strategies to prevent all forms of discrimination, prevent decent jobs transitioning into informal jobs etc. and improve global equity in the distribution of health workforce resources[7]. Importantly, the Report recognises that in order to build capacity to develop and regulate and preserve decent jobs, States require: *…a suite of appropriate long term planning policies and regulatory frameworks that must be coherent across education, health, labour, international relations, immigration and trade sectors…* a workforce strategy which NZNO has advocated for a considerable time.

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Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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[4] Eg international registration requests rose following Brexit; changes to immigration policy may 'turn off the tap' to international health practitioners.
[5] Kingma, M. 2006. Nurses on the Move: Migration and the global health care economy. Ithaca: Cornell University Press
[6] See NZNO submission to Nursing Council on English language policy (2008).
[7] The Report notes that Cuba, for example, has trained over 33,000 health professionals for 134 countries.

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