

# Health Workforce and Resilient Health Systems

## Stakeholders Consultation Meeting On the Updated Global Strategy For Women, Children's and Adolescent's Health

26–27 February, New Delhi, India

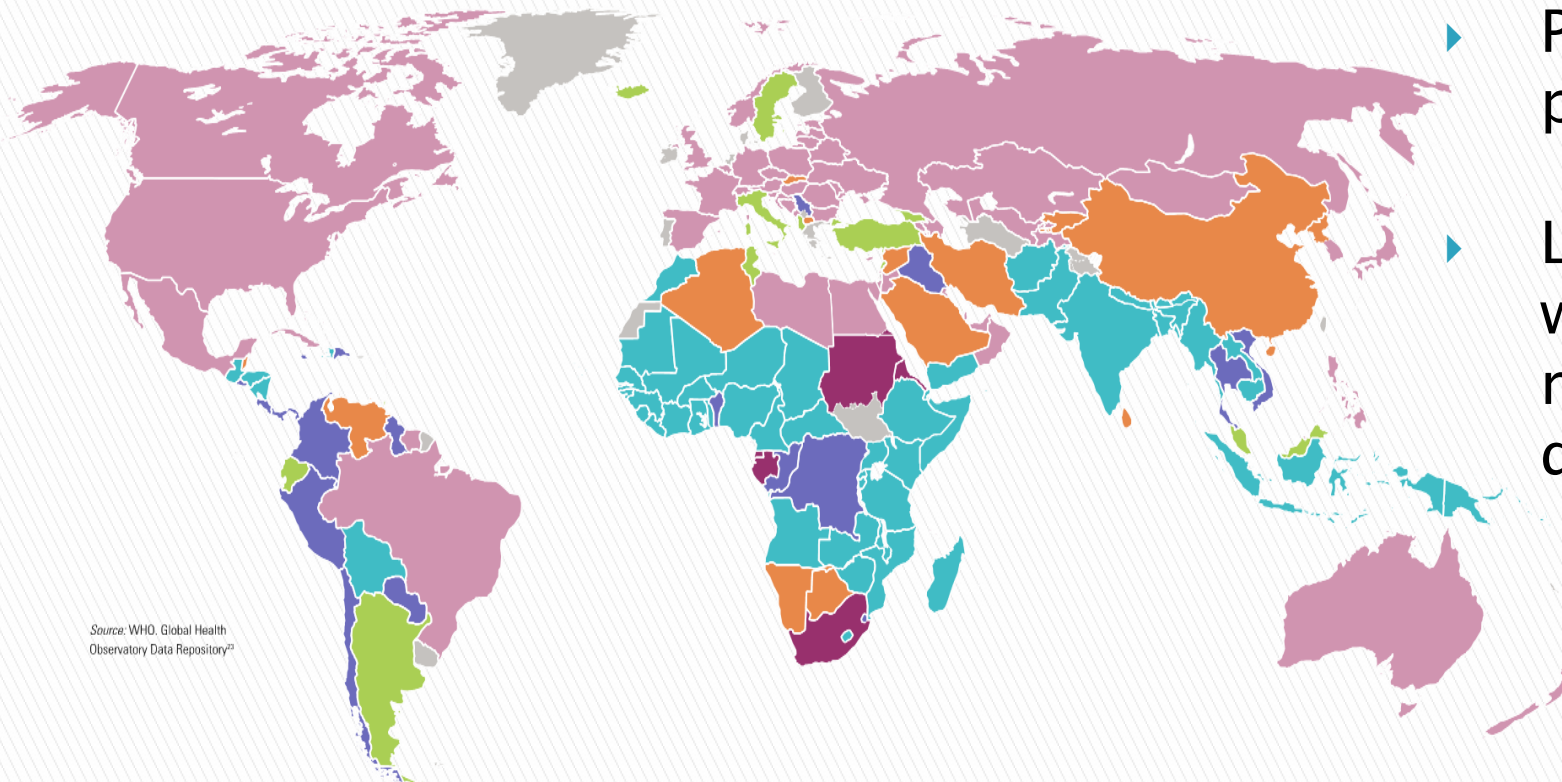
Pascal Zurn, WHO Country Office for India

# Main challenges and gaps for the health workforce and health systems in countries to provide quality care for women's, children's and adolescents' health

## ▶ Shortage of health workers

FIGURE 4 Workforce to population ratios for 186 countries

- **Group 1:** density of skilled workforce lower than 22.8/10 000 population and a coverage of births attended by SBA less than 80%
- **Group 2:** density of skilled workforce lower than 22.8/10 000 population and coverage of births attended by SBA greater than 80%
- **Group 3:** density of skilled workforce lower than 22.8/10 000 population but no recent data on coverage of births attended by SBA
- **Group 4:** density is equal or greater than 22.8/10 000 and smaller than 34.5/10 000
- **Group 5:** density is equal or greater than 34.5/10 000 and smaller than 59.4/10 000
- **Group 6:** density is equal or greater than 59.4/10 000



Source: WHO, Global Health Observatory Data Repository<sup>22</sup>

Source: Campbell et al. 2013

▶ Health workforce imbalance, notably between urban and rural areas

▶ Poor health workforce performance

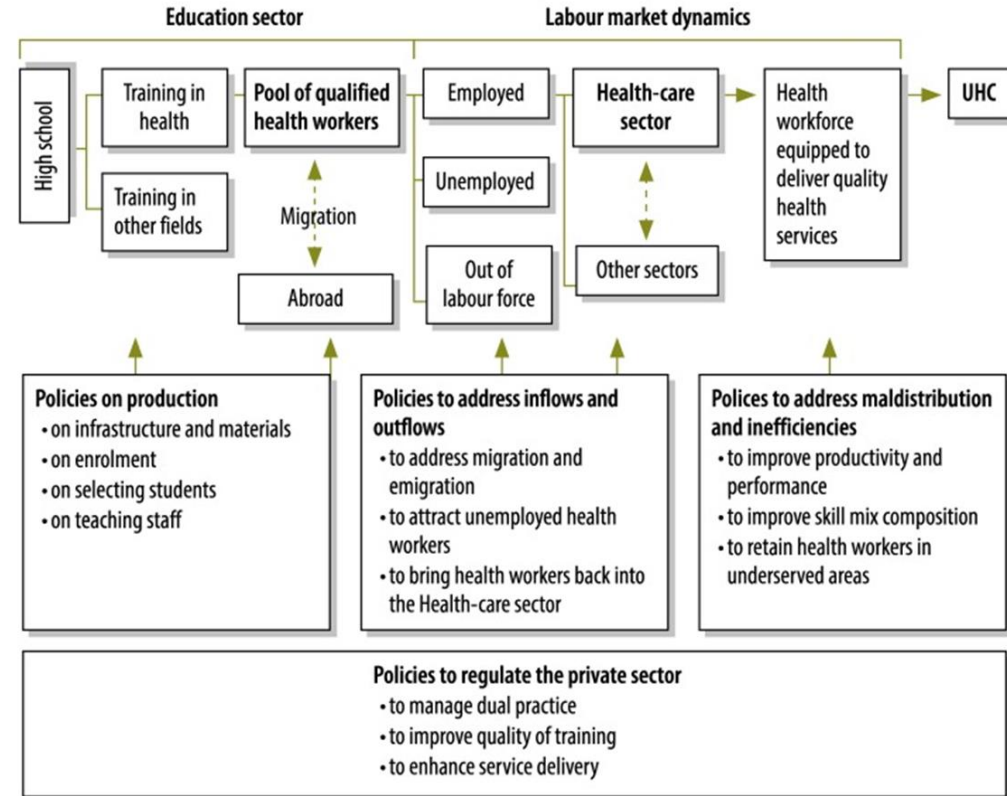
▶ Lack of investment in health workforce in terms of education, recruitment, retention and quality of health service delivery

# Effective strategies and investments to address the identified gaps and challenges

- ▶ A global and comprehensive strategy is required



- ▶ Better understanding of the dynamics and nature of the health labour market



- ▶ Investing in health workforce as a driver for socio-economic development
- ▶ Educating midwives results in good value for money It is a “best buy” in primary health care

# What needs to be done differently to strengthen the health workforce and build resilient health systems?

- ▶ Focusing on effective coverage pertaining to UHC tracers and accordingly rethinking ways to produce, deploy and manage the health workforce
  - ▶ Improving evidence and health workforce information by investing in tools such as National Health Workforce accounts
  - ▶ Moving towards people-centered integrated care in support of improved quality, financial sustainability and responsiveness to citizens, people and communities health needs
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