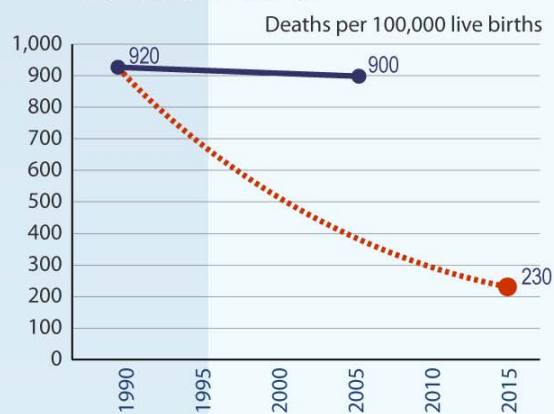# The human factor in global public health

Dr Manuel M. Dayrit
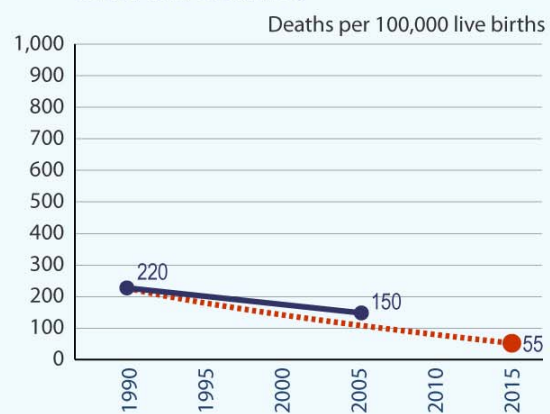
Director, Department of Human Resources for Health
World Health Organization
Geneva, Switzerland

World Health Organization
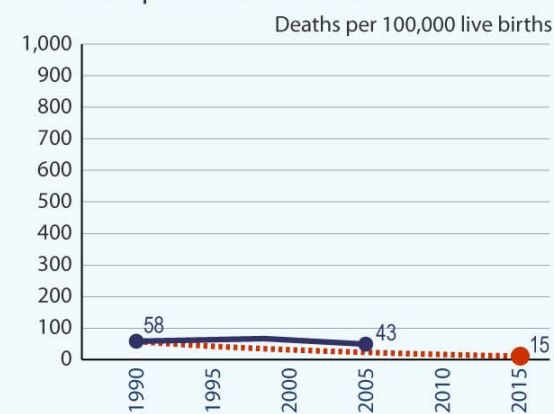
Global progress on MDG 5

Sub-Saharan Africa
Deaths per 100,000 live births
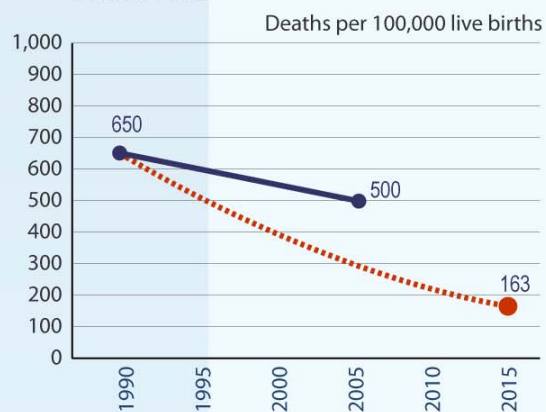
920, 900, 230

East Asia & Pacific
Deaths per 100,000 live births

220, 150, 55

Europe & Central Asia
Deaths per 100,000 live births

58, 43, 15

South Asia
Deaths per 100,000 live births

650, 500, 163

Latin America & Caribbean
Deaths per 100,000 live births

180, 130, 45

Middle East & North Africa
Deaths per 100,000 live births

250, 200, 63
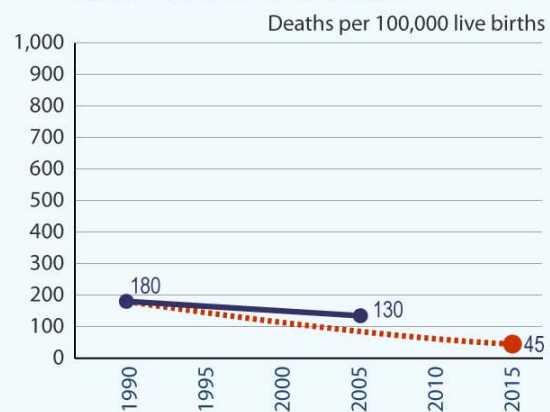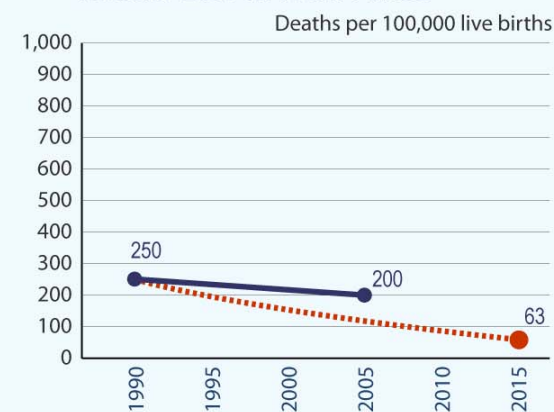
Actual   Goal

The five shortcomings of service delivery

➢ Inverse care (those with the greatest means consume the greatest proportion of the resources)

➢ Impoverishing care (expenditure on health pushes the poor deeper into poverty)

➢ Fragmented and fragmenting care (specialization and specificity are predominant)

➢ Unsafe care (lack of resources and poor system design contribute to a deterioration in health outcomes)

➢ Misdirected care (imbalance in resource allocation towards curative rather then preventive care).

World Health Organization

What is health systems?

A health system consist of all organisations, people and actions whose primary intent is to promote, restore or maintain health
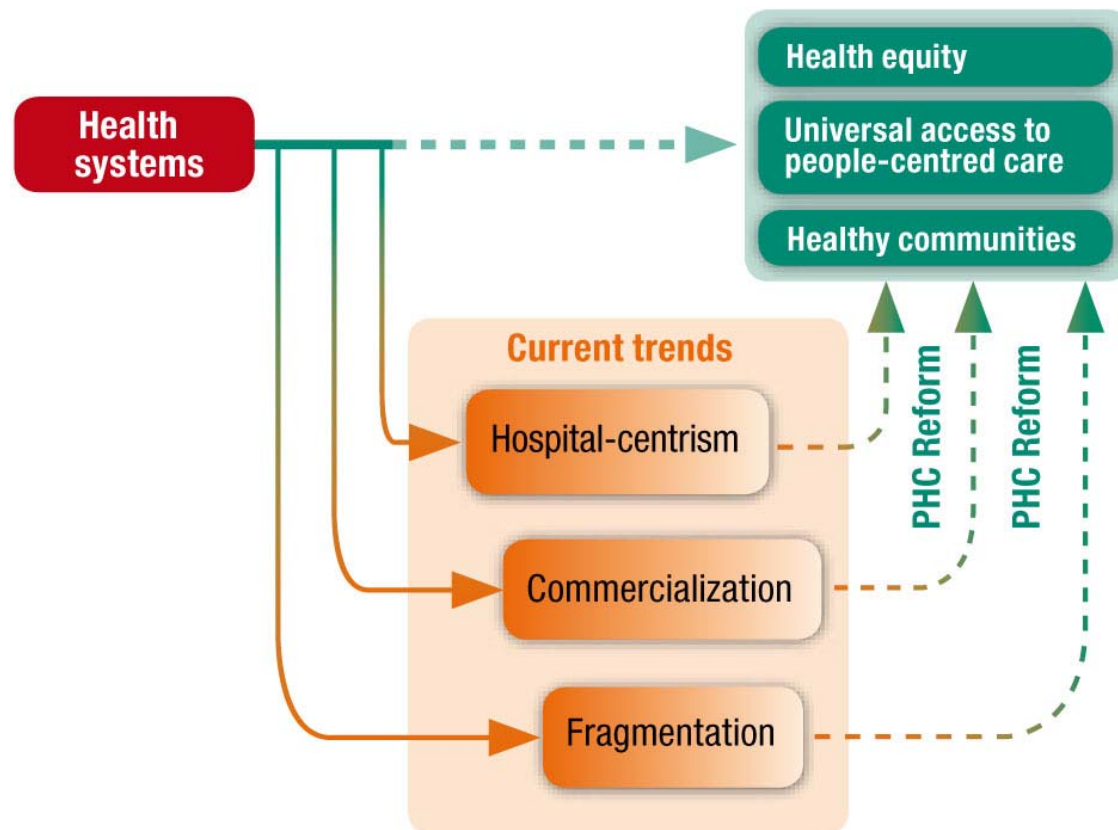
- The main goals are:
  - Improving health and health equity
  - Responsiveness, financial fairness and efficiency

- The intermediate goals are:
  - Greater access and coverage
  - Quality and safety

World Health Organization
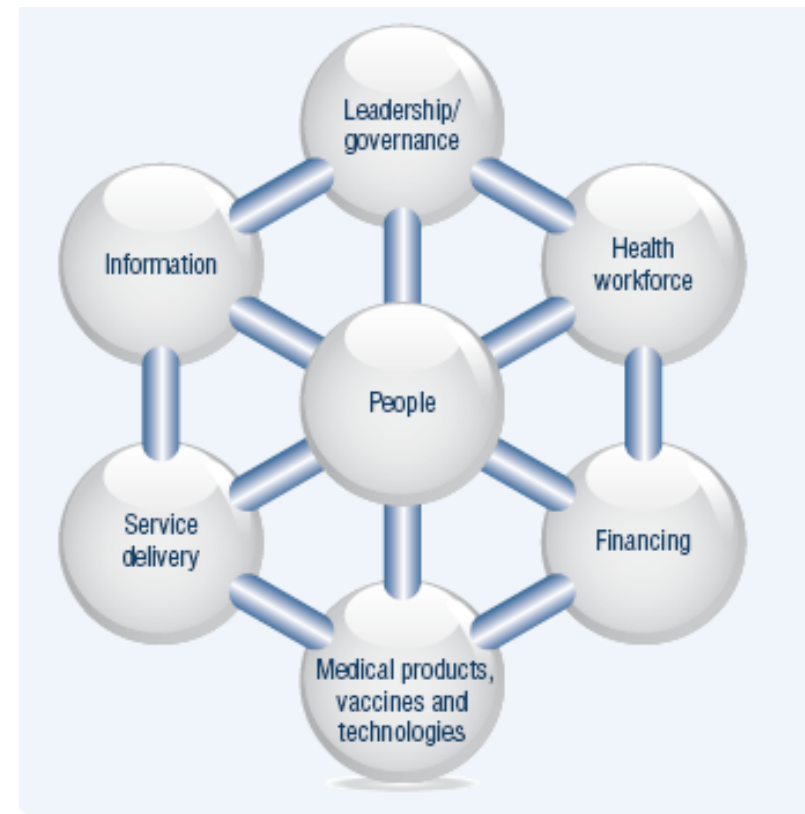
Health systems - current trends - PHC values

Health systems do not naturally give value for money nor do they gravitate towards meeting social expectations

Public administration perspective on the theme of the high-level segment of the Economic and Social Council: Global Public Health – New York, 30 March – 3 April 2009

World Health Organization

Critical shortages and maldistribution of health workers

Distribution of the global health workforce
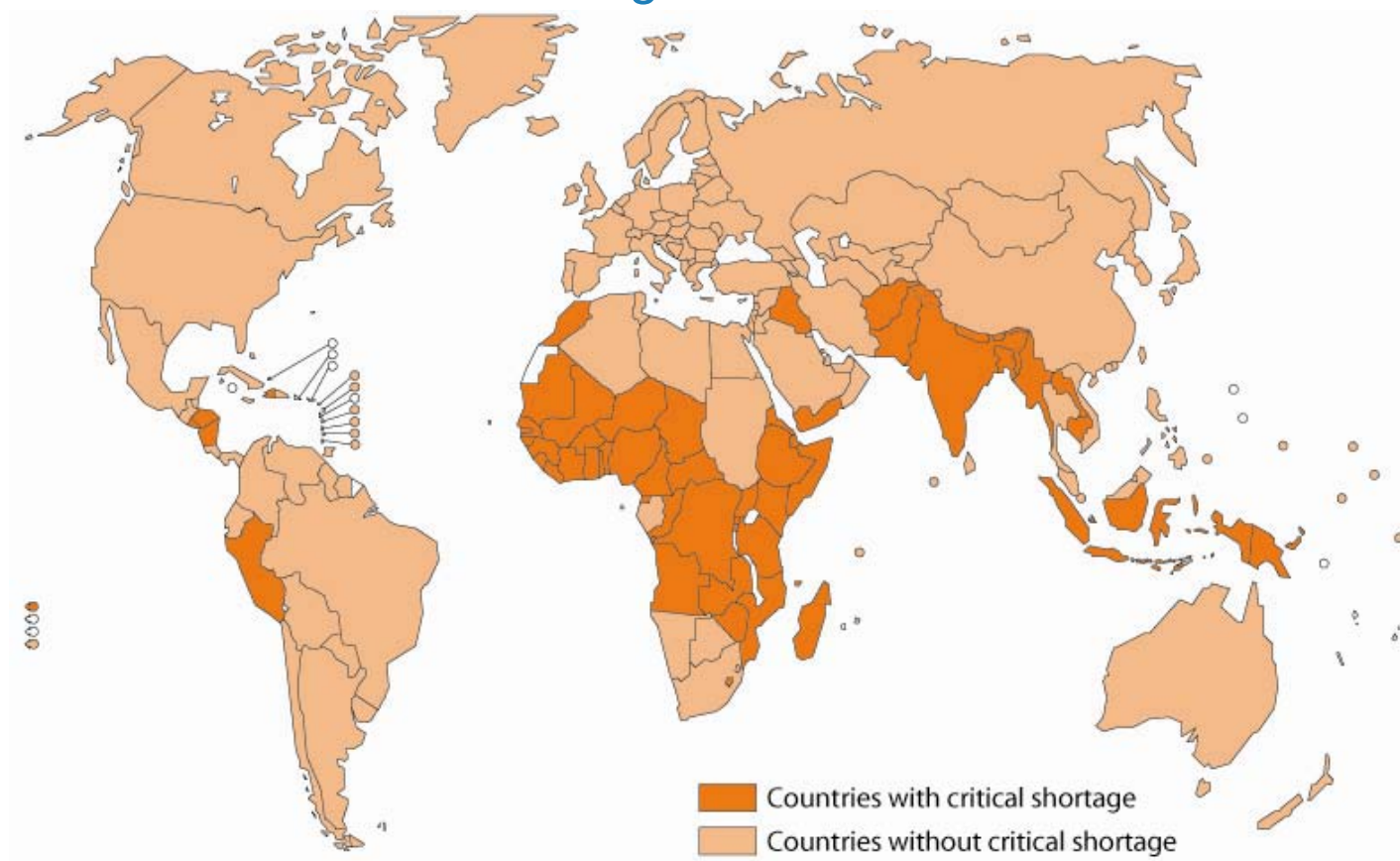
Legend:
- Countries with critical shortage
- Countries without critical shortage

Source: WHO (2006). *The World Health Report 2006 – Working Together for Health.* Geneva, World Health Organization

World Health Organization

Working lifespan strategies to build capacity and performance
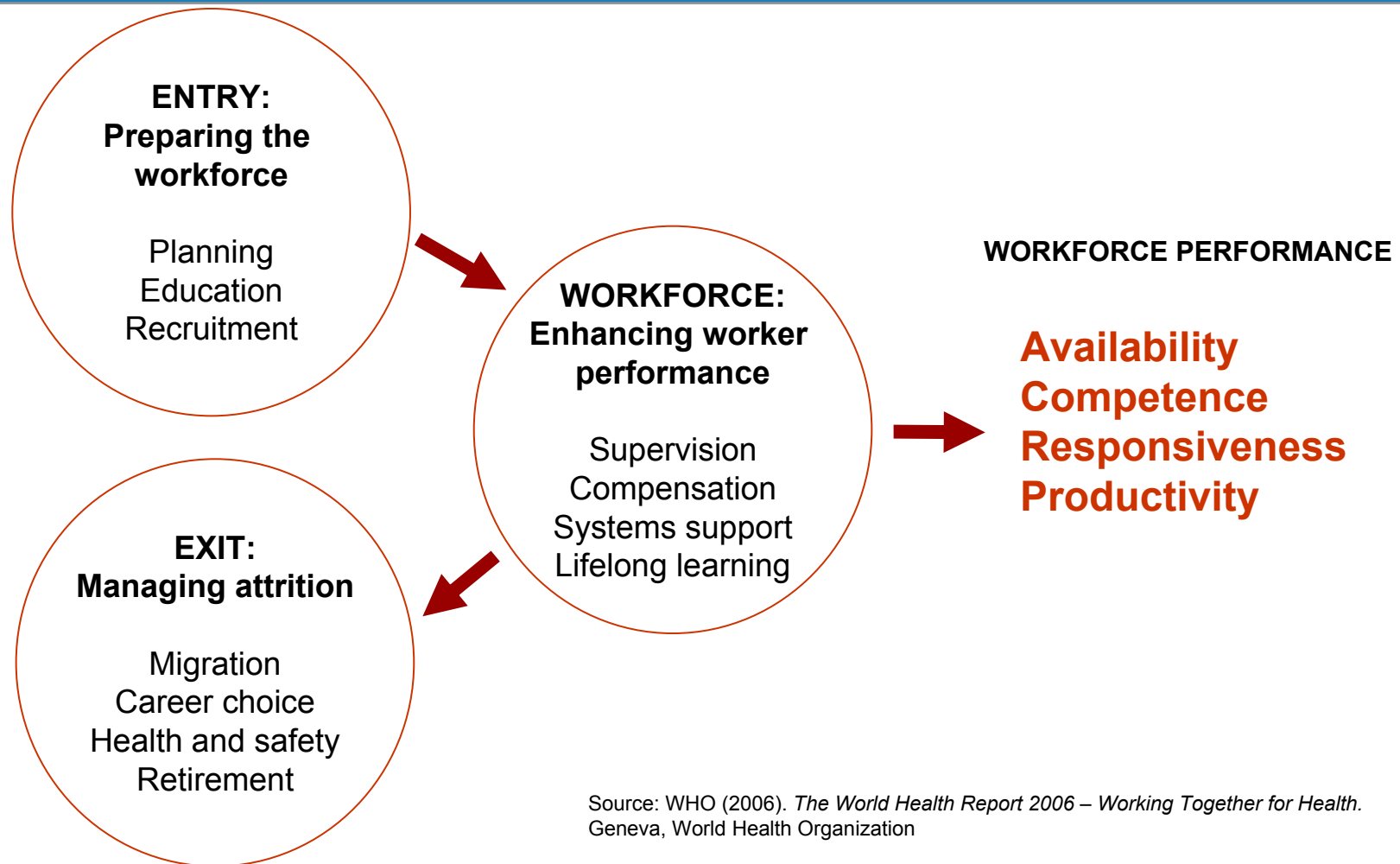
ENTRY:
Preparing the workforce

Planning
Education
Recruitment

WORKFORCE:
Enhancing worker performance

Supervision
Compensation
Systems support
Lifelong learning

EXIT:
Managing attrition

Migration
Career choice
Health and safety
Retirement

WORKFORCE PERFORMANCE

Availability
Competence
Responsiveness
Productivity

Source: WHO (2006). *The World Health Report 2006 – Working Together for Health.*
Geneva, World Health Organization

World Health Organization

The emerging vision

4 priority areas for change

UNIVERSAL COVERAGE REFORMS
to improve health equity

SERVICE DELIVERY REFORMS
to make health systems people-centred

LEADERSHIP REFORMS
to make health authorities more reliable

PUBLIC POLICY REFORMS
to promote and protect the health of communities

World Health Organization

Four sets of reforms:

1 Universal coverage and the equity agenda

- ➢ Ensure availability of services

- ➢ Eliminate barriers to access

- ➢ Organize social protection

But it is not enough:

– mobilize beyond the health sector;

– give visibility to inequalities;

– reach the unreached

World Health Organization

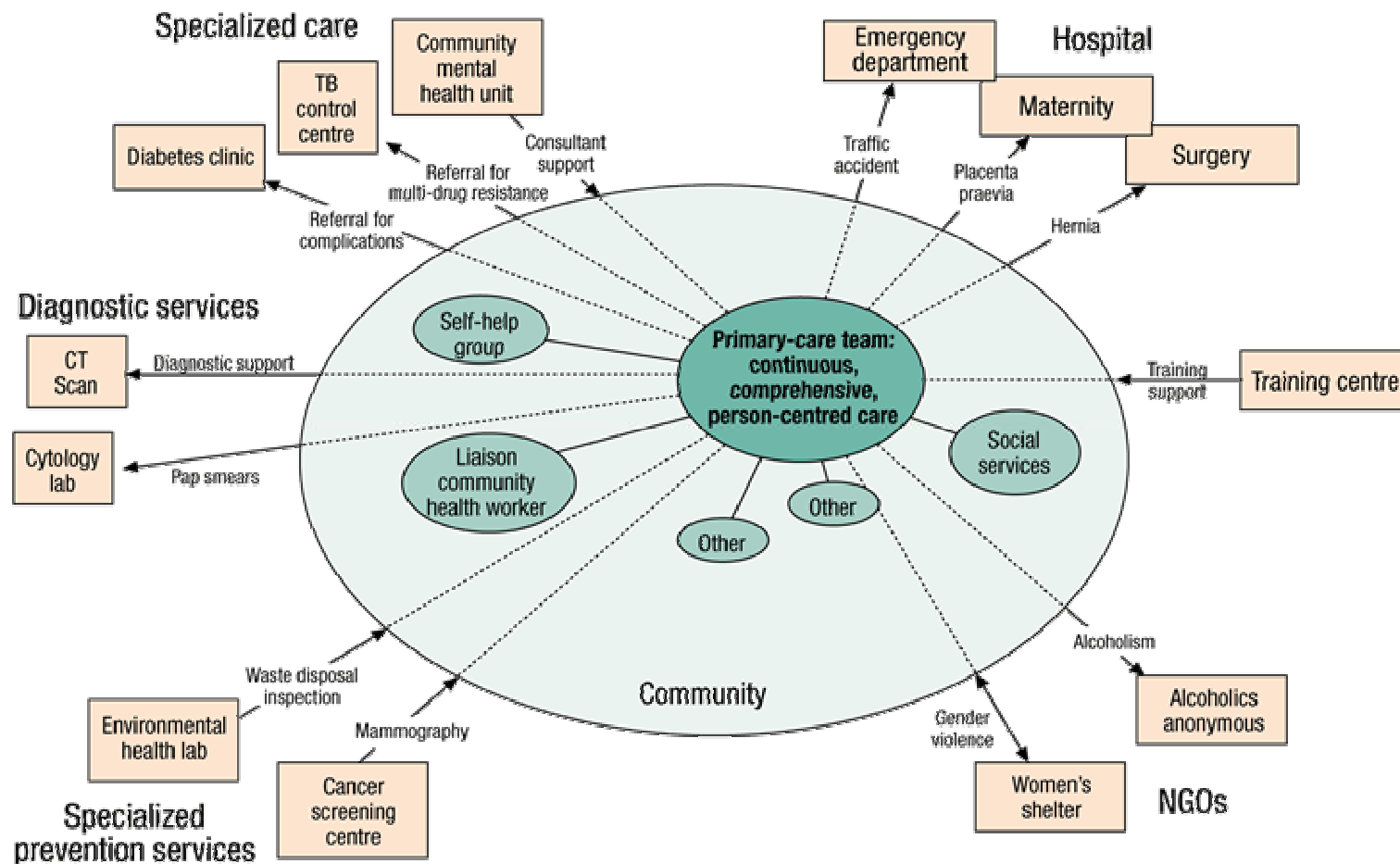# Four sets of reforms:

2 Shifting to person-centered care

Putting people first: 4 features of good care

1. Person-centeredness
2. Comprehensiveness and integration
3. Continuity of care
4. A personal relationship with well-identified, regular and trusted providers

Organizing primary care networks accordingly

1. Shifting the entry point: bringing care closer to the people
2. Shifting accountability: responsibility for a well-identified population
3. Shifting power: the primary care team as the hub of coordination

World Health Organization

Primary care as a hub of coordination: networking within the community served and with outside partners

World Health Organization

Four sets of reforms:

3 Health in all policies

Systems policies

(e.g. Health workforce – education, work conditions, retention, essential medicines – R+D, manufacture, procure, supply chains)
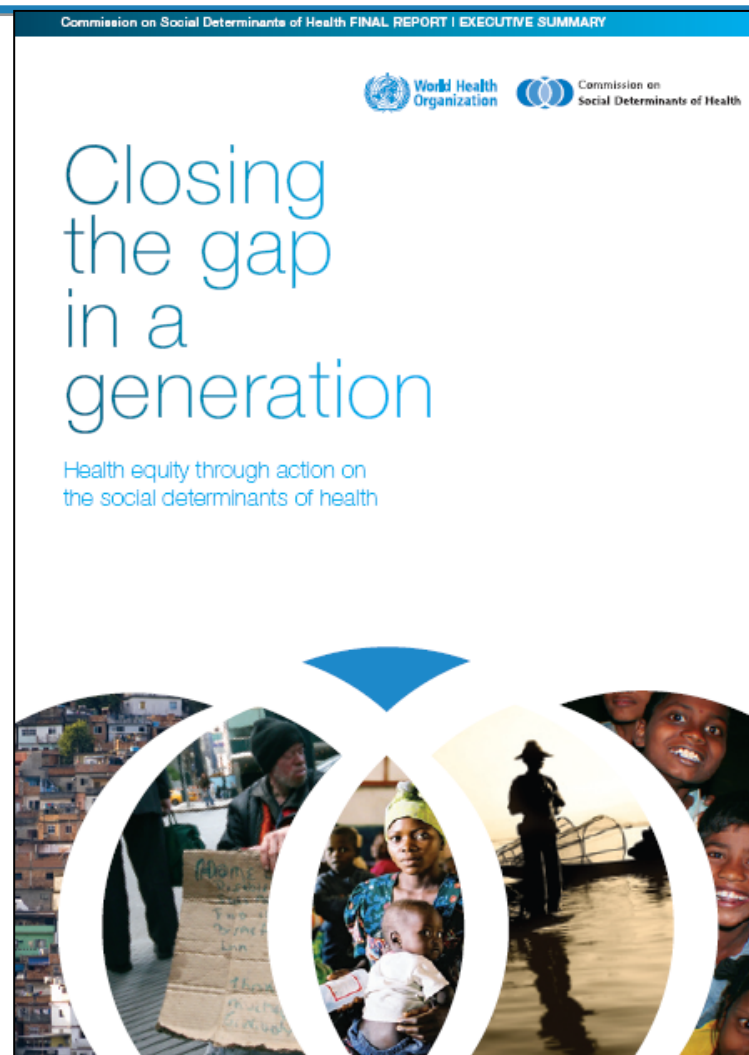
Public health

(e.g. iodine fortification, tobacco taxation/advertising)

Cross-government

(e.g. employment, trade, urban development)

World Health Organization

Overarching recommendations

1. Improve daily living conditions

2. Tackle the inequitable distribution of power, money, and resources

3. Measure and understand the problem and assess the impact of action.

Commission on Social Determinants of Health FINAL REPORT I EXECUTIVE SUMMARY

World Health Organization

Commission on Social Determinants of Health

Closing the gap in a generation

Health equity through action on the social determinants of health

World Health Organization

Four sets of reforms:

4 Inclusive leadership and effective government

➢ Recognition of the key roles and responsibilities of government

➢ Inclusive leadership and policy dialogue: from command-and-control to steer-and-negotiate

➢ Matching health sector growth with investment in capacity for leadership and government

World Health Organization

"PHC starts with people, their health problems, and their active involvement in solving those problems..."

Dr Halfdan Mahler
WHO Director-General
1977-1988

World Health Organization
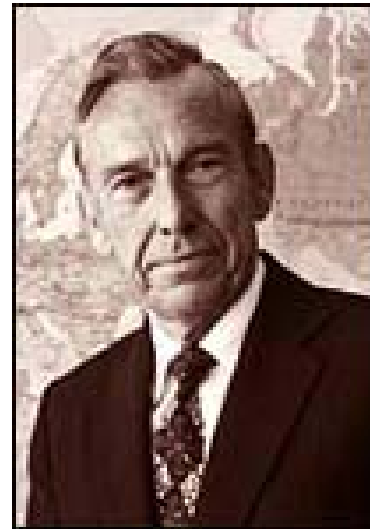
Dr LEE Jong-wook, 1945-2006
WHO Director-General

"To ensure access to a motivated, skilled and supported health worker by every person, in every village, everywhere."

World Health Organization

"I believe we will not be able to reach the health-related Millennium Development Goals unless we return to the values, principles, and approaches of primary health care."

Dr Margaret Chan
Director-General
World Health Organization

World Health Organization

Primary Health Care (PHC)

- The mobilization of forces in society – health professionals and lay people, institutions and civil society – around an agenda of transformation of health systems that is driven by the social values of equity, solidarity and participation.

- The PHC movement puts particular emphasis on four areas of strategic importance to deal with current and future challenges to health:
  - Addressing health inequalities
  - People-centered care
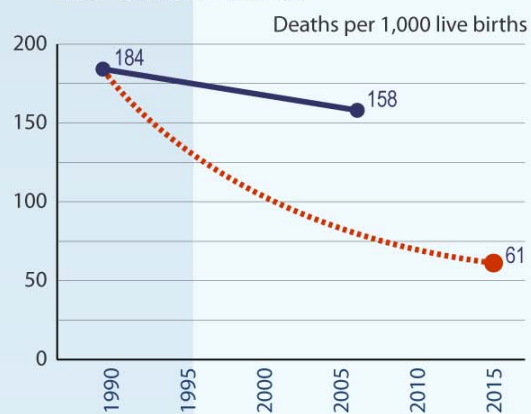 - Better public policies
  - Stronger leadership

World Health Organization

World Health Report 2008

Primary Health Care – Now More Than Ever

http://www.who.int/whr/2008/en/index.html

World Health Organization

Global progress on MDG 4

Sub-Saharan Africa
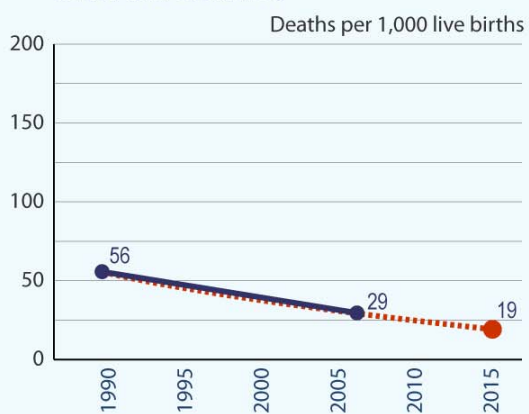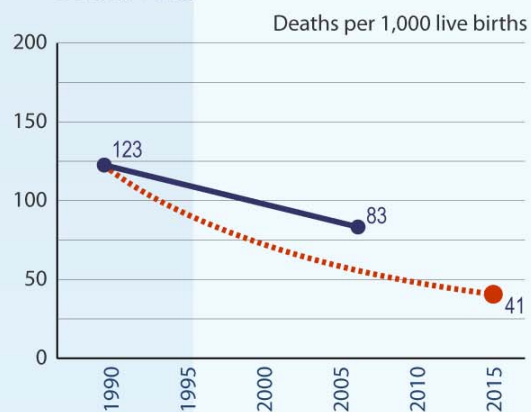
Deaths per 1,000 live births

- 184
- 158
- 61

East Asia & Pacific

Deaths per 1,000 live births

- 56
- 29
- 19

Europe & Central Asia

Deaths per 1,000 live births

- 49
- 26
- 16

South Asia

Deaths per 1,000 live births

- 123
- 83
- 41

Latin America & Caribbean

Deaths per 1,000 live births

- 55
- 26
- 18

Middle East & North Africa

Deaths per 1,000 live births

- 77
- 42
- 26
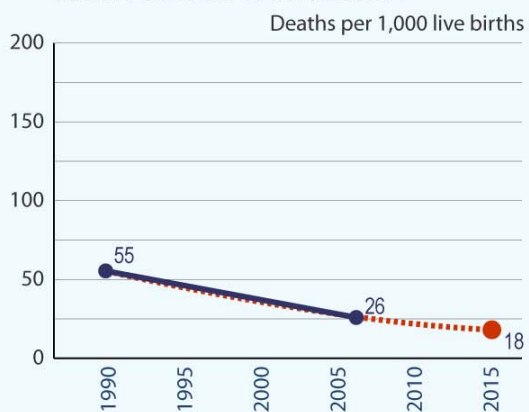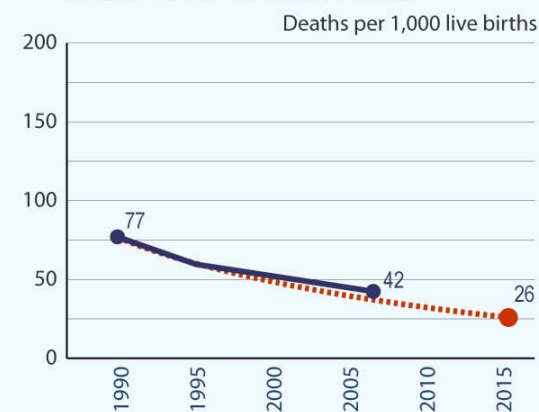
Actual   Goal

Individual care vs. public health intervention

Individual care

Individual patient → Task shifted provider

Public health intervention

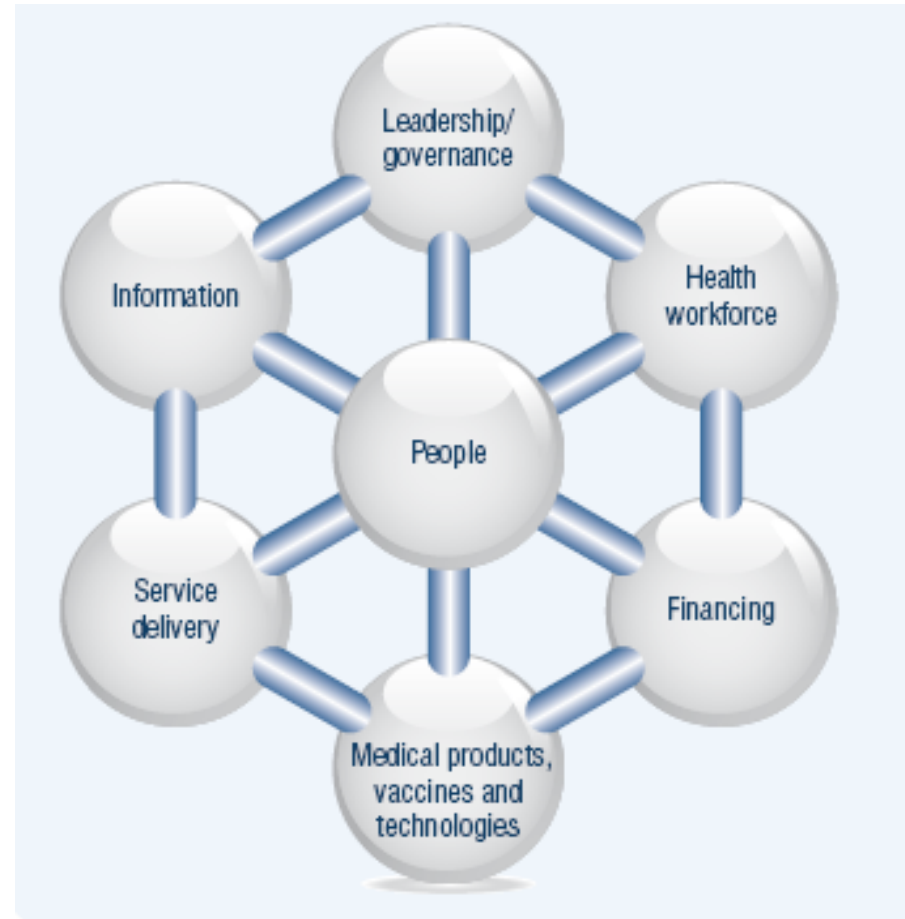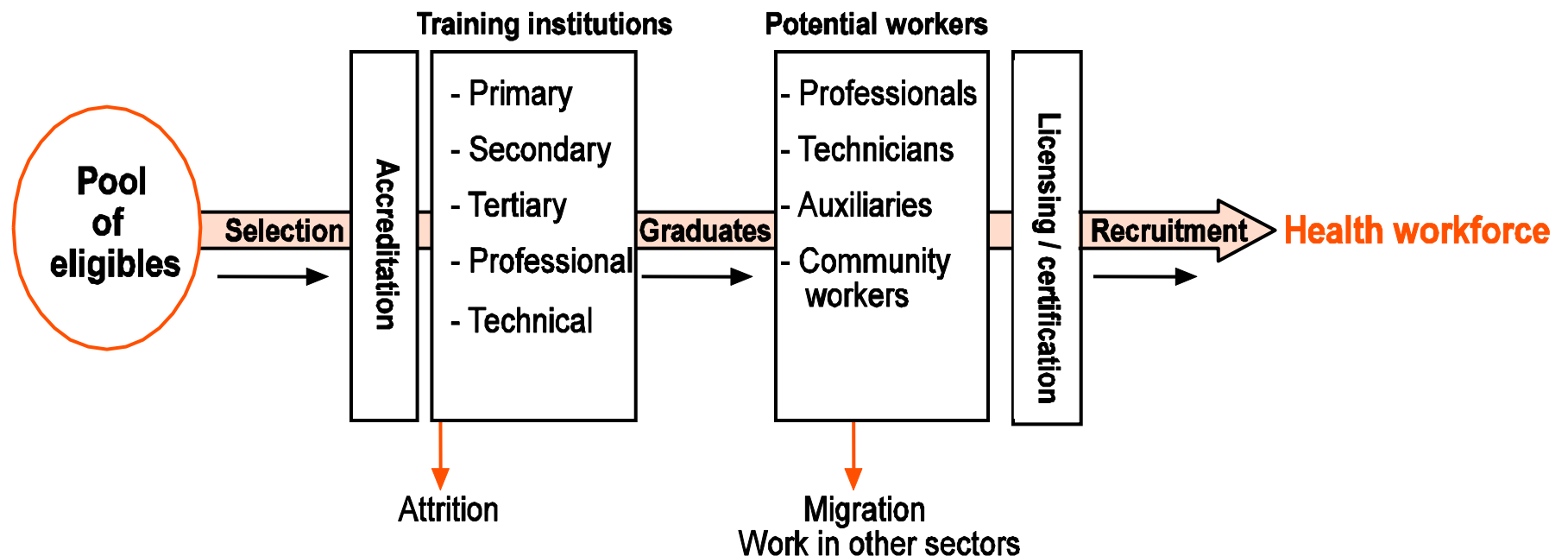Community demand → Care team facility and community based

21 | Public administration perspective on the theme of the high-level segment of the Economic and Social Council: Global Public Health – New York, 30 March – 3 April 2009

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What is health systems?

Health workforce

- HR strategies & plans

- Education scale-up

- Retention and return of health workers

- Migration

World Health Organization

Pipeline to generate and recruit the health workforce

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How confident and satisfied are you with the services provided by CHWs?

Fairly satisfied 3%

Not satisfied 3%

Very satisfied 28%

Extremely satisfied 67%
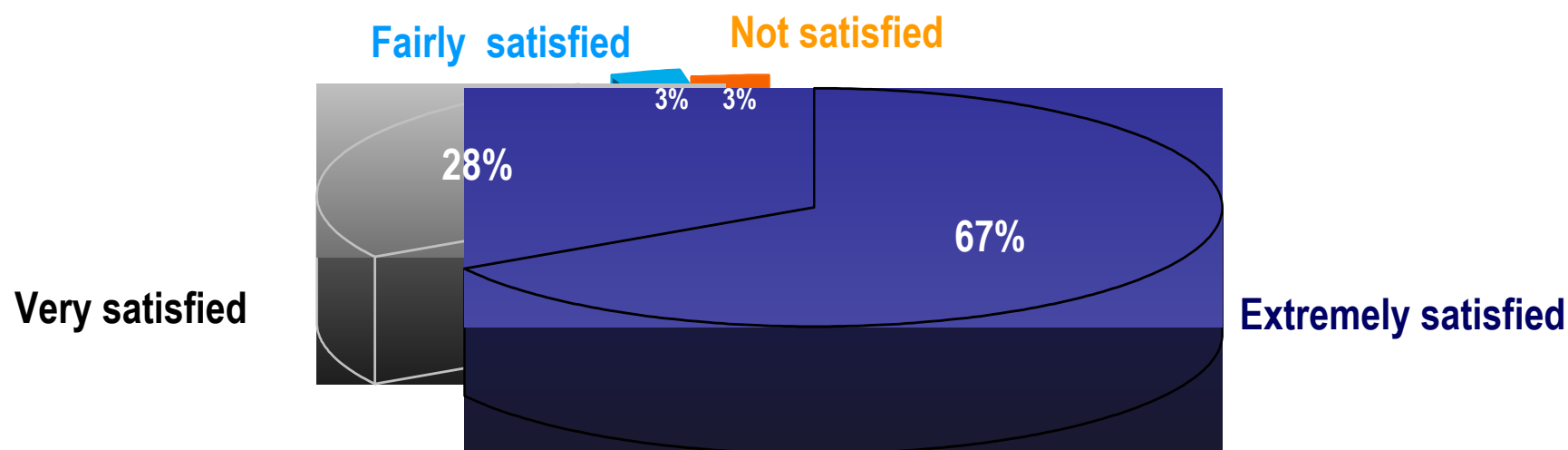
WHO commissioned study on Task Shifting, Central Plateau, Haiti

World Health Organization

Relationship of education, labour and health services markets with human resources

Education market

Training institutions

Installed capacity
Programme
Curriculum
Prices

Labour market

Health organizations

Individual practice
Positions
Salaries

Health services market

Service units

Protocols
Infrastructure
Technology
Inputs
Prices

| Education demand | Transformation process → | Labour supply | Linking process → | Labour demand | Production process → | Demand for services |

Applicants — Graduates — Unemployed — Linked — Opportunities — Resources — Users

Students

Intellectual capacity
Skills
Capacity

Resources

Competencies
Experience
Expectations

Workers

Performance
Abilities
Substitutions

World Health Organization
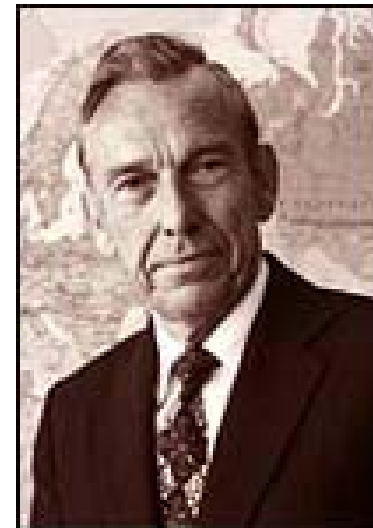
WHR2006: ten-year plan of action

		2006 Immediate	2010 Mid point	2015 Decade
Country leadership	Management	Cut waste, improve incentives	Use effective managerial practices	Sustain high performing workforce
	Education	Revitalize education strategies	Strengthen accreditation and licensing	Prepare workforce for the future
	Planning	Design national workforce strategies	Overcome barriers to implementation	Evaluate and redesign strategies, based on robust national capacity
Global solidarity	Knowledge and learning	Develop common technical frameworks	Assess performance with comparable metrics	Share evidence-based good practices
		Pool expertise	Fund priority research	
	Enabling policies	Advocate ethical recruitment and migrant workers' rights	Adhere to responsible recruitment guidelines	Manage increased migratory flows for equity and fairness
		Pursue fiscal space exceptionality	Expand fiscal space for health	Support fiscal sustainability
	Crisis response	Finance national plans for 25% of crisis countries	Expand financing to half of crisis countries	Sustain financing of national plans for all countries in crisis
		Agree on best donor practices for human resources for health	Adopt 50:50 investment guideline for priority programmes	

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