

The global shortage of health workers—an opportunity to transform care

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There is a worldwide shortage of health-care workers and the situation is worsening. WHO has forecast an 18 million shortfall by 2030, over twice the 7 million shortfall estimated in 2013.¹ The alarm about insufficient staffing levels was raised a decade ago in the *World Health Report 2006: Working Together for Health*, which described the then global shortage as a “crisis”.² The situation is even more critical today. What can be done?

There is a growing global consensus that investment in health and health workers not only improves and extends lives, but also yields substantial economic gains. The *Lancet* Commission on Investing in Health showed that, based on the value of life-years lived between 2001 and 2011, the return on investment was close to 10:1.³ Despite wide variations between countries—health workers comprise less than 4% of the workforce in Mexico, 14% in the UK, and almost 20% in Norway—over time the health sector accounts for a growing share of total employment. Among the countries of the Organisation for Economic Co-operation and Development (OECD), for example, the proportion of health workers in the general workforce increased from 8% to 10% between 2000 and 2014.⁴

The supply of health workers is shaped by labour market demands. A cardiologist’s earnings in the USA were estimated to be twice those of a general

practitioner (GP) in 2008.⁵ In Europe, between 2005 and 2013, eight out of 11 countries saw bigger pay rises for specialists than for GPs.⁶ Unsurprisingly, therefore, there is an increasing tendency for medical students to seek careers in surgical and medical subspecialties, whereas general practice is declining in popularity worldwide.

Private medical education has increased rapidly as governments have proved unable to respond to these trends in demand. Its growth has raised concerns about poor quality education, underfunding, and the creation of barriers to access for poorer students. In Indonesia, by the late 2000s, 57% of medical schools were private and a third were not accredited.⁷ Regulatory mechanisms are often viewed as inadequate or corrupt, and can restrict entry to generate higher fees.^{8,9}

These difficulties are strikingly similar across many country contexts. But they can be tackled by adopting the universal health coverage (UHC) agenda that offers a compelling opportunity to shape the development of the health workforce and rationalise health-care demands. This approach is set out in *Addressing the Challenges of Professional Education*,¹⁰ a report by an international working group to be presented at the World Innovation Summit for Health (WISH) in Doha, Qatar, on Nov 29–30, 2016. The report highlights how health-care services and medical education systems are failing to meet wider population needs. It details how, in the absence of UHC, health professional education systems attract better off students and provide for the health needs of wealthier, educated, and urban-dwelling populations. Health-care services become skewed towards specialised, curative care often paid for out-of-pocket by those who can afford it and are generally provided in tertiary care hospitals.

Although UHC is not a panacea it provides a mechanism to reform the financing of health-care systems. It replaces pay as you go with pooled resources and links payment decisions to population health needs and best buy treatments. UHC focuses on services that cover the entire population, not only hospital services, and it introduces prioritisation mechanisms that can lead to efficiency gains.



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None of this is easy. The challenge is seen in the continuing struggle of many countries to meet the shortfall in their health workforces and how they raid less prosperous countries for staff. This situation has created a global labour market in health workers. In Canada, the health system remains dependent on foreign trained health workers, despite the country having had UHC since the 1960s. The UK and the USA are similarly dependent.

There can be no effective health-care system that provides high-quality care without an adequate supply of trained staff to deliver it. Success in rebalancing the health workforce will require reforms in health professional education that target the next generation of health workers through an active, competitive, progressive, and fair process of recruitment, together with reforms in the scale, scope, and value for money of pre-service education. Additionally, qualified staff must have access to continuing education and career development throughout their working lives. Successful reforms require bold leadership that views health professional education as an invaluable asset to be nurtured rather than neglected, combined with innovative performance-based investments that track more closely its contributions towards UHC.

The global shortage of health workers provides us with this collective opportunity. By making the right investments in the education of health workers we can accelerate progress towards the time when all people

will have access to quality treatment according to need, not ability to pay.

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