

Health-care workers as agents of sustainable development



At the outset of the post-2015 era, discussions around 17 Sustainable Development Goals (SDGs) and their 169 subtargets are moving at a fast pace. Although the new agenda will not take its final shape until September, 2015, its complexity is an undeniable reality. Multiple dimensions of sustainable development refer to a multitude of capacities that implementers should have. The question is who should these implementers be?

The Millennium Development Goal movement consolidated a critical mass of roles that a health-care worker could play in improving health outcomes, but also in promoting human rights, accountability, innovations, political commitment, and multistakeholder partnership. These issues remain relevant in the new development agenda, which could successfully capitalise on the roles health-care workers perform not only in terms of lives saved but also in a broader socioeconomic development context by serving important synergy points among various elements of the wider system.

Does this sound ambitious? Yes, it does. Currently there is only one SDG subtarget—3.c—that speaks about health-care workers: “to increase substantially... the recruitment, development, training and retention of the health workforce...” and there is no agreement as yet on how to measure the vague target of “increase substantially”. However, decades of evidence from countries of all income levels speak to the fact that investing in recruitment, retention, and high-quality development and training of health-care workers brings ample short-term and long-term returns and has a high opportunity value for other sectors’ performance.

The most recent evidence shows that: investing in midwives would yield a 16-fold return on investment in term of lives saved and costs of caesarean sections avoided;¹ health-care employment has a significant growth-inducing effect on other sectors (unpublished data); and health-sector employment remains stable or grows even during recessions as general unemployment rises, contributing to the resilience of national economies and benefiting women.² These findings bring a new dimension to the SDG narrative: money spent on health, of which health-care workers are a large recurrent component,³ should no longer be seen as a cost, but rather an investment in prosperity and sustainable growth.

Also, health-care workers’ own unique features—strong dedication, ability to volunteer, closest ties with the community—make them extremely well positioned with regard to manifold dimensions of the SDG agenda. The recent Ebola crisis clearly demonstrates that, without the multiple skills of health-care workers, the toll of lost lives could have been much higher.

In 2004, the Joint Learning Initiative—a consortium of more than 100 health leaders—warned in their analysis of the global workforce that: “The only route to achieve the health MDGs is through the health worker: there are no shortcuts”.⁴ In 2013, the independent Expert Review Group on Information and Accountability for Women’s and Children’s Health reiterated in their report to the UN Secretary-General⁵ that, without an expanded and skilled labour force of health-care workers, the health and productive needs of people would not be met.

The next 6 months should create new narratives for health-sector employment and continued cost-benefit analyses of multiple roles of health-care workers. Devising core human resources for health indicators and an accountability framework, and making them both an intrinsic part of the new Global Strategy on Human Resources for Health,⁶ of national health and development strategies, and of a global accountability framework of the emerging SDGs (in particular 3.c and 3.8) for regular reporting by countries would be an important initial step.⁷

The next major post-2015 intergovernmental negotiations will take place on March 23–27, 2015, in New York. Let’s not neglect health workers in these debates. Their engagement in creating healthier and more productive nations is the most cost-efficient and rational way to get the SDGs achieved.

**Natasha de Francisco Shapovalova, Tarek Meguid, Jim Campbell*

Health Systems and Innovation, WHO, 20 Avenue Appia, 1211 Geneva, Switzerland (NdFS); Mnazi Mmoja Hospital, State University of Zanzibar, School of Health & Medical Sciences, Zanzibar, Tanzania (TM); and Global Health Workforce Alliance, Health Systems and Innovation, WHO, Geneva, Switzerland (JC) shapovalovan@who.int

TM is a member of the independent Expert Review Group on Information and Accountability for Women’s and Children’s Health (IERG). We declare no competing interests.

Published Online
March 12, 2015
[http://dx.doi.org/10.1016/S2214-109X\(15\)70104-X](http://dx.doi.org/10.1016/S2214-109X(15)70104-X)

For more on post-2015 intergovernmental negotiations see <https://sustainabledevelopment.un.org/index.php?menu=1634>

©2015 World Health Organization; licensee Elsevier. This is an Open Access article published without any waiver of WHO's privileges and immunities under international law, convention, or agreement. This article should not be reproduced for use in association with the promotion of commercial products, services or any legal entity. There should be no suggestion that WHO endorses any specific organisation or products. The use of the WHO logo is not permitted. This notice should be preserved along with the article's original URL.

- 1 UNFPA. The State of the World's Midwifery 2014: a universal pathway. A woman's right to health. <http://www.unfpa.org/sowmy> (accessed March 9, 2015).
- 2 Eurofound. Employment polarisation and job quality in the crisis: European jobs monitor 2013. http://eurofound.europa.eu/sites/default/files/ef_files/pubdocs/2013/04/en/1/EF1304EN.pdf (accessed March 9, 2015).
- 3 Hernandez-Peña P, Poullier JP, Van Mosseveld CJM, et al. Health worker remuneration in WHO Member States. *Bull World Health Organ* 2013; **91**: 808–15.
- 4 Chen L, Evans T, Anand S, et al. Human resources for health: overcoming the crisis. *Lancet* 2004; **364**: 1984–90.
- 5 independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health. Every Woman, Every Child: strengthening equity and dignity through health. iERG 2013 report. http://apps.who.int/iris/bitstream/10665/85757/1/9789241505949_eng.pdf (accessed March 9, 2015).
- 6 Global Health Workforce Alliance. Global strategy on human resources for health. http://www.who.int/workforcealliance/media/news/2014/consultation_globstrat_hrh/en/ (accessed March 9, 2015).
- 7 Global Health Workforce Alliance Thematic Working Groups. Health workforce 2030: towards a global strategy on human resources for health. http://www.who.int/workforcealliance/media/news/2014/public_consultations_GHWA_Synthesis_Paper_Towards_GSHRH_21Jan15.pdf (accessed March 9, 2015).