Royal College of Nursing response to the Global Health Workforce Alliance (GHWA) consultation, 'Global Strategy on Human Resources for Health: Workforce 2030'

Introduction

With a membership of around 425,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The purpose of this consultation

The *Global Strategy on Human Resources for Health: Workforce 2030* is open for public consultation until 31 August 2015. Following this, the draft will then be discussed at various global health events and a number of WHO regional technical consultations. This global dialogue will inform the continuing improvement of the draft and a final version will then be submitted to the WHO Executive Board in January 2016.

This consultation serves two key strategic purposes. The first is to affirm that despite significant progress, there remains a pressing need to boost political will and mobilise resources for the health workforce agenda. Secondly, the consultation recognises that persistent health workforce challenges, combined with broader macro-trends require the global community to re-appraise the effectiveness of past strategies, and adopt a paradigm shift in how the health workforce is planned, educated, deployed and rewarded.

The RCN's interest in responding to this consultation

The RCN welcomes the publication of this draft consultation and the opportunity to feed into it. In 2014, the RCN responded to GHWA's consultation entitled 'Strengthening Nursing and Midwifery'. In this response, we urged that GHWA focus more strongly on the critical role that professional associations and trade unions (such as the RCN) play in developing robust clinical guidance, supporting the development of evidence-based health policies and advocating for better terms and conditions for health workers. Taken together, these functions benefit not only the recruitment and retention of health workers, but better patient outcomes too.[1]

We welcome the fact that this latest strategy includes a much stronger recognition of the supportive role which professional associations and trade unions play in supporting the global health workforce. We also note that the overview and strategic direction strikes a good balance between highlighting the positive achievements from past efforts in human resources for health (HRH), while being candid about the still serious short-comings in health workforce planning and funding.

We also welcome that this document clearly states that both developed and developing countries have a common interest in bolstering and aligning their workforce strategies, and that past efforts to achieve this have fallen short.

However, the RCN is conscious that the current strategy needs a clearly outlined annexe which identifies where the financing and resources will come from in order to achieve these objectives (in addition to the funding provisions suggested in the targets). We would urge that this be included in a future draft. We also urge that the strategic document clearly set out the collective responsibility of WHO, its member states and international partners in advocating for, and delivering this strategy.

To target our feedback in the most helpful way, this response is split into two parts. In the first half we have focused on each of the four objectives listed in this draft consultation. These constitute the bulk of the document and include recommendations of relevance to the RCN's international interests. For each objective, GHWA has requested that we recommend any additional issues or changes that we would like considered for inclusion.

The objectives are:

[1] RCN, 'Response of the Royal College of Nursing (RCN) to the World Health Organisation in Europe's technical briefing, 'Strengthening Nursing and Midwifery' available at: http://www.rcn.org.uk/__data/assets/pdf_file/0009/604692/89.14_Strengthening_Nursing_and_Midwifery._European_Strategic_Directions_Towards_2020_Goals.pdf (2014)

Objective 1 - To implement evidence-based HRH policies to optimize impact of the current health workforce, ensuring healthy lives, effective Universal Health Coverage, and contributing to global health security

Objective 2 - To align HRH investment frameworks at national and global levels to future needs of the health systems and demands of the health labour market, maximizing opportunities for employment creation and economic growth

Objective 3 - Build the capacity of national and international institutions for an effective leadership and governance of HRH actions

Objective 4 - To ensure that reliable, harmonized and up-to-date HRH data, evidence and knowledge underpin monitoring and accountability of HRH efforts at national and global levels

The second half of this response considers the seven targets which have been attached to the four main objectives.

Executive Summary of key points included in this response

Part 1: The four consultation objectives

- The RCN supports the overall focus of the four objectives. We would like to see these maintained and strengthened according to our recommendations (set out below in the main response)

- The RCN urges that this consultation make specific reference to the health support workforce (as appropriately defined within each country). The RCN also recommends that this document urge member states to adopt a regulatory framework for the health support workforce, and ensure that they are provided with access to career development opportunities

- The RCN recommends that this document reference and reinforce the WHO's guidance that nursing education be set at degree level, with a minimum of 12 years of general education (or equivalent) beforehand

- The RCN recommends that the draft strategy include a stronger reference to the unique role which professional associations and/or trade unions play in gathering evidence to inform best practice and regulatory design, in arguing for better terms and work conditions for the health workforce, and strengthening civil society by holding governments' to account for their actions

Part 2: The seven consultation targets

- The RCN strongly supports the principle of having targets included in this strategic document. We believe that the inclusion of specific targets sets a positive tone for ensuring that governments' are held to account for delivering their promises and in facilitating aspiration for better outcomes

- The RCN urges that GHWA, the WHO and other partners ensure that the final targets agreed upon are supportive of the new Sustainable Development Goal (SDG) framework, especially the draft health goal, 'Ensure healthy lives and promote well-being for all at all ages'[2]

- The RCN urges that this document recommend that support be given to the World Bank, the Organisation for Economic Co-operation & Development (OECD) and others to collect more accurate statistics on the level of human resource investment across key sections of the health workforce (including nurses)

[2] United Nations, 'Open Working Group proposal for Sustainable Development Goals', available at: https://sustainabledevelopment.un.org/focussdgs.html (2015)

Part 1: Feedback on the four consultation objectives

RCN recommendations for changes to Objective 1: To implement evidence-based HRH policies to optimize impact of the current health workforce, ensuring healthy lives, effective Universal Health Coverage, and contributing to global health security

- That the text of Objective 1 be adjusted as follows: 'To implement evidence-based *and practical* HRH policies to optimize impact of the current health workforce, ensuring healthy lives, effective Universal Health Coverage, and contributing to global health security.'

- That Objective 1 set out more clearly the need for workforce planning to take account of the whole workforce need, rather than treating each profession or group as a separate silo. This should support integrated health and care services.

- That Objective 1 recognise that in addition to the critical role of evidence, all HRH policies must be tailored to the unique regional and national challenges of WHO member states.

- That Objective 1 encourage member states to focus more on providing adequate support and career development to health staff so that they can deliver safe, effective and high-quality care.

- That Objective 1 clearly state that workforce shortages and imbalances between supply and demand are not just national challenges, but regional ones too, and that the economically developed world is as vulnerable to this as other regions.[3]

- That Objective 1 give stronger focus to the role which regulation plays in supporting public confidence in the health workforce, as well as an up-to-date skills-set across the health profession.

- That Objective 1 include the health support workforce (as appropriately defined within each country) within its scope for regulation, and recommend that professionals in this sector also be provided with access to continued professional development and career advancement opportunities.

[3] European Commission, 'Action Plan for the EU health workforce', available at: ec.europa.eu/health/.../staff_working_doc_healthcare_workforce_en.pdf (2015)

- That Objective 1 reiterate and reinforce the WHO's guidance that nursing education be set at degree level (or equivalent), with a minimum of 12 years of general education beforehand.

- That Objective 1 encourage member states to recognise the economic and patient value of investing in advanced and specialist nursing roles and skills-sets.

- That Objective 1 recognise that innovative and effective leadership is dependent on adequate access and support (both in terms of time and finance) for continuing professional development (CPD) throughout a nurse's career. This is true for leadership roles across care setting and functions, from ward managers to executive (board) leaders.

- That Objective 1 include a greater focus on fair pay as a key incentive for attracting and retaining the health workforce.

- That Objective 1 encourage all member states to adopt a progressive, inclusive and constructive approach to setting pay levels.

- That Objective 1 state clearly that employers and regulators have a key role in making sure that health workers are given adequate support and training in fully utilising IT resources and equipment.

Rationale for our recommendations:

1. Workforce planning

The RCN strongly believes that effective workforce planning is fundamental for anticipating and addressing the impact of changing demographics and patterns of disease, as well as technological and policy trends on future service requirements. However, we know that workforce planning is too often seen as a separate and distinct exercise from service and financial planning; and is generally introduced as an afterthought in service and policy development. Workforce planning should be influencing funding allocation, service reconfiguration and staffing decisions to assist organisations or system's planners to make better use of their internal labour market, as well as to map their positions within the wider labour market.[4]

As evidence for this, the RCN has supported efforts within the UK of moving workforce planning away from a local, short-term needs approach and towards a national strategy. As part of this, we continue to support the development of Health Education England (HEE) – the main body set up in 2012 to co-ordinate and commission new training places for the medical workforce in England.[5] HEE is also responsible for

[4] RCN, 'Response to WHO's Strengthening Nursing & Midwifery Consultation' (2015)
[5] HEE, 'About Us', available at: http://hee.nhs.uk/about/ (2015)

reviewing the structure of education and training for medical staff, and we support that these two roles – workforce planning and the structure of training – now come under a single remit.

2. Regulation

The RCN is pleased that **Objective 1, Paragraph 12** recognises the "need for the adoption of more effective and efficient strategies and appropriate regulation for health workforce education." Optimising the global health workforce is dependent on effective and measured regulation which, when done well, can help improve patient care, promote excellence in practice and strengthen the reputation of the entire medical profession to the public. We also welcome the focus which the draft document gives to the role which the WHO Secretariat can play in supporting regulatory bodies, professional councils etc. to "adopt 'right touch' regulation that is transparent, accountable, proportionate, consistent and targeted." **(Objective 1, Paragraph 28)**.

The growth of public expectation in the UK (and other countries) of the health workforce is reflected in the growing focus on revalidation as a means of ensuring that nurses' and doctors' skills-sets are kept up-to-date and that they are given the opportunity to reflect and improve on their practise. The RCN supports the principle of revalidation, and would also like to see a structure of regulation extended to the UK health support workforce also.

3. Workforce skills mix

The RCN welcomes GHWA's focus on skills-set and competency **(Objective 1, Paragraph 13)**, as well as the importance of ensuring an adequate supply of health workers. This has been a long-standing priority for the RCN.

The RCN has argued that each care setting should be responsive to the needs of patients and conscious of available resources in how it deploys different skills, and as such we have not pushed for a mandatory 'one-size-fits-all' approach. In the UK for example, the RCN has argued that general medical wards should have staff ratio of registered to unregistered nurses of 65:35 per cent. As a point of context, registered nurses in the UK must hold an undergraduate university education in their branch of nursing (or an equivalent qualification recognised by the UK nursing regulator if that nurse is from the EEA/EU and looking to practise in General Nursing).[6]

The RCN remains concerned that the European Union (EU) does not yet require that nursing education be set to degree level. The EU has agreed legislation which retains the option for member states to either require that nurses undergo 10 years of general

[6] Nurses trained in the UK must hold an undergraduate degree in one of the four recognised branches of pre-registration nursing. These are: adult, children (paediatric), learning disability and mental health. Once obtained, this qualification leads to Registered Nurse status.

education combined with access to vocational training, or 12 years general education with access to further university education. The RCN would like to see the WHO's guidance which states that nursing education be set at degree level with a minimum of 12 years of general education beforehand, applied to all EU states.

The RCN's position on this is supported by research published in 2014 which found that every 10 per cent increase in bachelor's degree nurses was associated with a decrease in the likelihood of a patient dying by seven per cent. These associations imply that patients in hospitals in which 60 per cent of nurses had bachelor's degrees and nurses cared for an average of six patients would have almost 30 per cent lower mortality than patients in hospitals in which only 30 per cent of nurses had bachelor's degrees and nurses cared for an average of eight patients.

4. Leadership

Good leadership is vital in maximising the capability of the health workforce and the RCN is pleased that this is cited in **Objective 1, Paragraph 17**. The experience of the UK in nursing specifically is that effective leaders pioneer and integrate new, innovative practices and this in turn is picked up and followed by those who observe them.

A large number of UK Government reports as well as RCN research has recognised the vital role of ward leaders in ensuring that good patient care is delivered and resources are managed effectively. The RCN's international research has also uncovered similar findings in other countries with findings showing that patient care is improved when leaders are empowered to develop new solutions to team management and resource utilisation.

5. Remuneration

In terms of remuneration, again the RCN is pleased to note that **Paragraph 17 of Objective 1** recognises that fair pay is a key driver in the sustainable recruitment and retention of staff. The RCN has advocated that while efficiencies to health spending are necessary, there should be a longer term delivery mechanism which does not focus excessively on reducing salary levels.

In the UK, pay for public sector medical professionals is set out in the Agenda for Change framework.[7] This allocates each post to a set pay band, is designed to deliver fair pay for non-medical staff based on the principle of 'equal pay for work of equal value', and provides better links between pay and career progression using the Knowledge and Skills Framework and harmonise terms and conditions of service such as annual leave, hours and sick pay, and work done in unsocial hours.

[7] NHS Employers, 'Agenda for Change', http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/agenda-for-change-pay/how-agenda-for-change-works (2015)

The Department of Health hears evidence from an independent body (the Independent Pay Review Body) every year to help it decide whether to increase the pay points, taking into account issues such as inflation and changes to working patterns which might increase workloads (such as seven day care). The RCN regularly submits both qualitative and quantitative evidence to the Pay Review Body. This evidence shows how evolving work practices in the NHS, as well as workforce pressures, morale, and developments more widely in the labour market should influence the decision to increase pay.[8]

6. Harnessing IT and eHealth systems

The RCN welcomes the focus provided on IT technology in **Objective 1, Paragraph 18**. In the contemporary approach to clinical practice, there is now a vast skill set involved in delivering health care using eHealth services. To ensure safe practice and to support all practitioners, it is important that there is guidance for staff new to this area, and for those advancing in the field.

The RCN has produced guidance to chart the complexities of using eHealth technology and draw together some of the key principles and advice for health care practitioners investigating an eHealth approach for their current clinical practice.[9]

[8] RCN, 'Evidence to Pay Review Body', https://www.google.co.uk/?gfe_rd=cr&ei=3Du_VbboHqLj8wfduJLQBw&gws_rd=ssl#q=RCN+pay+review+body+evidence (2015)

[9] RCN, 'Using health technology to complement nursing practice', available at: https://www.rcn.org.uk/__data/assets/pdf_file/0019/450244/004_228_e-Health_Using_technology_V3.pdf (July 2015)

RCN recommendations for changes to Objective 2: To align HRH investment frameworks at national and global levels to future needs of the health systems and demands of the health labour market, maximizing opportunities for employment creation and economic growth

- That Objective 2 encourage national governments' to be more conscious of the increasing diversification of the health sector and to recognise that investment will need to cover a growing range of patient services - such as community care.[10]

- That Objective 2 - in seeking to support the female health workforce - also focus on those who work part-time, as this section often comprises a majority of women. RCN research shows that this group tends to suffer particularly badly when investment in the workforce is haphazard or poorly directed.[11]

- That Objective 2 - in addition to recognising investment in the global health workforce as an economic positive - recommend that both the IMF and World Bank undertake research to assess the economic damage done by reduced investment in the health workforce.

- That Objective 2 include a recommendation for high income countries to invest in the growth of their own domestic workforce in order to minimise harmful recruitment from more vulnerable health systems.[12]

Rationale for our recommendations:

1. Investment in the domestic health workforce

The RCN welcomes GHWA's recognition that investment in the health workforce needs to be "a strategy for countries at all levels of socioeconomic development" **(Objective 2, Paragraph 31)** and that there are "substantial mismatches in the needs of, demand for and supply of health workers nationally, sub-nationally and globally." **(Objective 2, Paragraph 29)**. GHWA's assertion that the recruitment, deployment and retention of health workers should (as much as possible) not be compromised during periods of economic downturn **(Objective 2, Paragraph 34)** is also welcomed by the RCN.

The RCN has testified to the importance of this point. In our report, 'the Fragile Frontline,' we evidenced how the UK Government's decision to cut student places from

[10] Ibid.
[11] Ibid.
[12] RCN, 'Position Statement on International Recruitment', available at: http://www.rcn.org.uk/__data/assets/pdf_file/0008/629846/RCN_Int_recruitment_PS_WEB.pdf (2015)

2010 has directly contributed to the severity of a current nurse shortage.[13] Even with a reversal of this policy, we believe that it will take at least three years for any significant increase in commissions to be felt by employers.

This is compounded by the ageing profile of the global nursing workforce. Taking the UK as a case study example, the RCN has collected data which shows the shift in age profile among the qualified nursing workforce. In 2015 around half of the workforce was aged 45 or over.[14] It is vitally important therefore that HRH investment adequately covers the need for new recruits into the workforce while incentivising older practitioners to stay and share their knowledge and experience for as long as possible.

The RCN also notes and welcomes the consideration which the draft strategy gives to the impacts and opportunities which constructive workforce investment provides to women **(Objective 2, Paragraph 31)**. In its most recent analysis of the UK health labour market, the RCN has shown that short term reductions to investments in the workforce have had a detrimental impact on women who – in the UK – make up 90 per cent of the nursing workforce.[15]

2. Recognising and evidencing the economic value of investing in the health workforce

Investment in health systems and the health workforce in particular have come under intense scrutiny since the 2008/09 global recession and consequent economic fallout. The RCN welcomes the fact that this strategic document is advancing the view that well-planned health workforce investment should be considered as being pro-growth and pro-job creation, and that there is strong evidence for adopting this perception **(Objective 2, Paragraph 31)**.

Aside from this specific research, the RCN has also evidenced that reducing HRH investment leads to increased overall costs for the health system. This emanates particularly from increased sickness rates, more patient time spent awaiting discharge from expensive hospital beds and, in the case of the UK, care settings becoming more dependent on recruiting temporary staff from agencies to plug gaps – often at high premiums.[16]

We also echo GHWA's call that, "the International Monetary Fund, the World Bank, regional department banks and others should recognise investment in the health

[13] RCN, Frontline First, 'The Fragile Frontline', available at: http://royalnursing.3cdn.net/9808b89b8bfd137533_krm6b9wz7.pdf (2015)
[14] RCN, Labour Market Review, 'An Uncertain Future', available at: www.rcn.org.uk/__data/assets/pdf_file/0005/597713/004_740.pdf (July 2015)
[15] Ibid.
[16] RCN, Frontline First, 'Runaway Agency Spend', available at: http://www.rcn.org.uk/__data/assets/pdf_file/0005/608684/FF-report-Agency-spending_final_2.pdf (2015)

workforce as a productive sector, with the potential to create millions of new jobs." **(Objective 2, Paragraph 41)**.

We also affirm the recommendation contained in **Objective 2, Paragraph 44** that the Organisation for Economic Co-operation & Development (OECD) should establish more robust data collection systems to measure the degree of financial support accorded to HRH across member states.

3. Long term planning for future workforce configuration

While closely tied to the comments provided on point 1, 'Investment in the domestic health workforce', the RCN welcomes GHWA's recognition that more money in HRH on its own is not sufficient. There needs to be a clear strategy for utilising these resources in such a way that patient needs today are met and patient needs tomorrow are prepared for **(Objective 2, Paragraph 32)**.

This point ties in strongly with the recommendation in Objective 1 that there should be a correct configuration of generalists and specialists within the global health workforce, and that this should be reviewed and adapted as patient needs and expectations change.

There have been several high-profile reviews into the UK health workforce which have drawn attention to the need for more effective planning to map and meet patient needs, and the RCN has fed into many of these. The Shape of Caring review for example (2014-2015) has focused on ways in which health care assistants (HCAs) can move into the nursing profession through adequate career and education pathways.[17] This is a principle which the RCN firmly supports, and which complements the draft strategy's recommendation that states should "consider opportunities for re-skilling workers…to be redeployed into the health and social care sectors." **(Objective 2, Paragraph 36)**.

4. Sustainable and ethical international recruitment

The RCN accepts the draft recommendation's focus on the need for low- and middle income countries to implement more holistic strategies for the retention of their own health workers as a means of combatting limitless international recruitment, as set out in **Objective 2, Paragraph 37**.

Key to this is engaging in effective, sustainable and long-term workforce planning; investing in education and training and creating healthy and supportive work environments so as to attract and retain staff, committed to meeting the current and future needs of the populations they serve.

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[17] RCN, 'Response to the Shape of Caring review,' available at: http://www.rcn.org.uk/support/consultations/responses/shape_of_caring_review_call_for_evidence (2015)

For the UK's health services, but potentially replicable internationally, this will involve:

- commissioning sufficient education places to meet the predicted future need for health workers in a range of settings, including in the community and private services

- investing in the health care support workforce

- greater employer support for continuing education/CPD to ensure that staff are able to adapt to changing health challenges and work to their full potential

- effective recruitment and retention strategies, particularly given the ageing health workforce.

The RCN would also recommend that the draft strategy take note and seek to replicate the UK Department of Health's ethical international recruitment code (2001, revised in 2004).[18] This codes share the common principle with the WHO's own code that active international recruitment of nurses and other health professionals should not be targeted at low and middle income countries with critical nursing shortages.

The RCN believes that international recruitment policies should not prevent individual nurses from seeking to gain experience and opportunities to practice outside the country where they have trained. Actions to combat the skills drain need to balance a population's right to health with the individual rights of health practitioners.

The RCN has stated clearly that the UK will continue to rely on recruitment of nurses from within and outside the EU to make up for a shortfall in UK nurses until and unless it is able to address long-term systemic issues such as cuts to and insufficient investment in education places, an ageing nursing workforce and effective retention of those already working in the UK health sector, including internationally recruited nurses.

[18] Department of Health, 'Code of Practice for the international recruitment of health professionals', available at: http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/international-recruitment/uk-code-of-practice-for-international-recruitment (2015)

RCN recommendations for changes to Objective 3 - To build the capacity of national and international institutions for an effective leadership and governance of HRH actions

- That Objective 3 clearly state that the global nursing and midwifery workforce is a key asset for ensuring good public health outcomes (as evidenced by research undertaken by both the RCN and the WHO Europe Region / the European Federation of National Nursing and Midwifery Associations).[19]

- That Objective 3 articulate more strongly the unique role which professional associations (such as the RCN) play in gathering and analysing evidence on issues of significance to the health workforce, as well as in supporting civil society by holding political authorities to account. The RCN would like to see this extended to all WHO members, irrespective of income level.

Rationale for our recommendations:

1. Aligning education and workforce development to public health goals

The RCN affirms this document's recognition that education and workforce planning strategies must be aligned with public health priorities in order to make preventative efforts tenable **(Objective 3, Paragraph 50)**. The RCN has produced a holistic guidance document, 'Going upstream: nursing's contribution to public health'[20] which evidences how utilising the nursing profession bolsters good public health through preventing factors which cause poor health to worsen unnecessarily, protecting health across rural and urban areas and promoting healthier lifestyles across communities.

In addition to this, we would also reference the report 'Nurses and Midwives: A Force for Heath' done by the World Health Organisation (WHO) in Europe, in partnership with the European Federation of National Nursing and Midwifery Associations (EFNNMA). This document evidences and states unequivocally that nursing and midwifery is a vital component of the health workforce and are acknowledged professionals who contribute significantly to the achievements of public health and the Millennium Development Goals (MDGs).[21]

2. Strengthening the institutional environment for health workforce production deployment, retention and performance management

[19] WHO in Europe, available at: http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery (2015)
[20] RCN, 'Going upstream: nursing's contribution to public health', available at: https://www.rcn.org.uk/__data/assets/pdf_file/0007/.../004203.pdf (2015)
[21] WHO Europe, 'http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2010/nurses-and-midwives-a-force-for-health-2009 (2015)

The RCN welcomes the consultation's call for 'building up the human and institutional capacities required for the design, development and delivery of pre-service and in-service education of health workers; development of health professional associations; the design of effective performance management and reward systems; the collaboration with and regulation of private sector educational institutions and health providers' **(Objective 3, Paragraph 53)**. In its previous submission to GHWA's human resources for health strategy, the RCN set out the critical role which professional associations particularly can play in advocating for better working and remunerative conditions, as well as feeding into the development of effective professional and regulatory standards.[22]

[22] RCN, 'Response to GHWA Strategy Document: Strengthening Nursing & Midwifery', available at: http://www.rcn.org.uk/support/consultations/responses/strengthening_nursing_and_midwifery2._european_strategic_directions_towards_2020_goals (2015)

RCN recommendations for changes to Objective 4 - To ensure that reliable and up-to-date HRH data, evidence and knowledge underpin monitoring and accountability of HRH efforts at national and global levels

- That Objective 4 include a recommendation that all countries, irrespective of income level, collect and publish key datasets on HRH from politically impartial and reliable sources to ensure like-for-like data which presents a true picture of the health workforce situation.

Rationale for our recommendations:

1. **Better HRH data and evidence as a critical enabler for enhanced planning, policy making, governance and accountability at national and global levels**

The RCN supports the recommendation **(Objective 4, Paragraph 60)** that stronger data collection systems are required in order to advance progress in the HRH life-cycle. Effective action is unlikely to occur without a stronger evidence base rooted in statistical information. All countries should be encouraged to ensure that they provide information that is reliable, useful and like-for-like comparable.

Taking the UK as example, the RCN has clearly demonstrated to the UK Government that there is a pervasive lack of adequate workforce data which undermines policy decisions on key areas such as immigration reform and long-term workforce planning. The evidence we submitted regarding proposed immigration changes found that the UK regulator of nurses and midwives – the Nursing & Midwifery Council (NMC) – did not hold data on the break-down of even the most basic specialist nursing qualifications, and because of this we could not get a sense of the skill-mix of new entrants.[23]

[23] RCN, 'Response to Migration Advisory Committee consultation', available at: www.rcn.org.uk/a/603101 (accessed 2015)

Part 2: The seven targets

Introduction: Attached to each of the four objectives (addressed earlier) are seven targets. Of these seven, four are attached to Objective 2, while Objectives 1, 3 and 4 have one target each. As well as providing key delivery metrics for the objectives, these targets have also been designed to complement the ongoing process of identifying a new set of Sustainable Development Goals (SDGs) at the United Nations (UN).

To provide context, the SDGs will succeed the Millennium Development Goals (MDGs) which expire at the end of 2015. The health workforce comprises a critical part of the proposed SDG health goal, with a target to "increase substantially…the recruitment, development and training and retention of the health workforce in developing countries, especially in Least Developed Countries and Small Island Developing States". The RCN is conscious however that the human resources for health agenda is a global priority and that all countries has a vested interest in developing systems that are long-term, sustainably financed and evidence-based.

In 2015, the World Health Assembly recognised that the SDG health goal and its 13 associated health targets (all of which are currently under consideration) will only be attained through substantive and strategic investments in the global health workforce.

The seven targets in this consultation are:

Objective 1, Target 1: All countries: by 2030, 80% of countries have halved disparity in health worker distribution between urban and rural areas.

Objective 2, Target 1: All countries: by 2030, 80% of countries allocate at least [xx]% of their GDP to health worker production, recruitment, deployment and retention, within a balanced allocation taking into account other health and social development priorities.

Objective 2, Target 2: High and middle-income countries: by 2030, all countries meet at least 90% of their health personnel needs with their own human resources for health, in conformity with provisions of the WHO Code of Practice on International Recruitment of Health Personnel.

Objective 2, Target 3: Low-and middle-income countries: by 2030, to create, fill and sustain at least 10 million additional jobs in the health and social care sectors to address unmet needs for the equitable and effective coverage of health services.

Objective 2, Target 4: High-income countries: to ensure that by 2030 all OECD countries can demonstrate allocating at least 25% of all development assistance for health to HRH.

Objective 3, Target 1: All countries: by 2030, 80% of all countries have institutional mechanisms in place to effectively steer and coordinate an inter-sectoral health workforce agenda.

Objective 4, Target 1: All countries: by 2030, 90% of countries have established mechanisms for HRH data sharing through national health workforce accounts, and report on a yearly basis core HRH indicators to WHO Secretariat and publish them.

RCN feedback:

The RCN firmly supports the principle of including targets in this strategy. The MDGs provided a clear, positive precedent for this approach and we believe that these will not only help professional associations, trade unions and other civic bodies hold governments', donors' and other state authorities to account, but will also set clear benchmarks for measuring this strategy's progress.

The RCN also notes that a robust, flexible set of targets within this strategy can help to focus efforts and resources on tangible health outcomes, and that this is likely to be especially beneficial to developing countries which comprise the majority global population base.

- On Objective 2, Target 2, '*High and middle-income countries: by 2030, all countries meet at least 90% of their health personnel needs with their own human resources for health, in conformity with provisions of the WHO Code of Practice on International Recruitment of Health Personnel.*'

  The RCN supports some form of target on international recruitment and believes that this should balance concerns over adequate self-sufficiency in workforce numbers, without restricting the right of individual health professionals to move across borders - given the mutual benefits of shared knowledge and experience that this can bring. In the UK for example, there are schemes which support the advanced specialist training of overseas health professionals who, upon completing this, then return with this expertise to their home country.

  In addition, consideration needs to be given to the complex global dynamic between supply and demand for health workers, and the fact that many countries rely on the remittances and expertise of health workers who go on to work (often only temporarily) abroad and may even "train for export".

The experience of the UK on international recruitment of health personnel highlights the importance of having a clear, measurable target which can be robustly assessed. Self-sufficiency in workforce numbers has been a long-standing priority, but successive Government policies including reductions in the number of new student placements for nurses between 2010 to 2013, lack of investment in retention strategies, as well as a dilution of the skills mix of the established nursing workforce means that the UK remains heavily dependent on the international recruitment of nurses, as well as doctors and other health workers.

The RCN does accept that such a target needs to take into account the multi-disciplinary nature of health teams, and the different staffing needs of different care settings so that patient safety remains the paramount priority. As such we recognise that flexibility needs to be built into any target so that different care settings are able to deliver this. However, we also recognise that investing in workforce self-sufficiency is good for patient outcomes, supports efficient use of health resources (such as by reducing expensive spending on agency staff), and ensures that global health systems are robustly prepared for the aging of both their patient and workforce demographics.

As a result, the RCN believes that maintaining a target on workforce self-sufficiency is vitally important and ties in neatly with this strategy's aim of promoting HRH as a pro-growth investment. We also believe that this target should be supported with robust metrics and/or indicators so that progress by member states can be measured and assessed.

- The RCN supports the current draft of Objective 2, Target 4: '*High-income countries: to ensure that by 2030 all OECD countries can demonstrate allocating at least 25% of all development assistance for health to HRH.*'

  The RCN, along with a number of other UK and international development NGOs, endorsed the WHO's 50:50 principle[24] which aims to ensure that at least 25 per cent of new UK government development funding for health is directed to support human resources for health.

However, the RCN is also aware of a number of challenges regarding the inclusion of targets, and we would encourage GHWA and its partners to consider these going forward.

[24] This principle stipulates that WHO member states should earmark 50 percent of their entire overseas development assistance budgets to health priorities, and that of this funding - 50 per cent should be dedicated to human resource development.

To be clear however, the RCN firmly believes that the existence of these challenges SHOULD NOT be used as an excuse to exclude targets altogether.

Potential challenges for consideration include:

- Ensuring that the targets included in this document support the new SDG framework, especially the draft health goal and its associated indicators. This should mean that the SDG's and the WHO targets do not overlap or contradict each other.

- We urge GHWA to consider any unintended consequences of target setting, such as forcing practitioners to work in rural settings away from their families and with restricted opportunities for further career progression for example. This is particularly relevant to *Objective 1, Target 1: All countries: by 2030, 80% of countries have halved disparity in health worker distribution between urban and rural areas.*

- As was clearly articulated in **Objective 4** of this consultation, there is a pervasive lack of reliable health workforce data across member states which needs to be addressed as a key priority. The RCN is concerned that the inclusion of specific numbers within some of these targets – especially around GDP spend – is reliant on incomplete, unreliable data. In addition, we are concerned that there may be a perception in some countries that they have to be "seen" to be making the right sort of target achievable when in fact there are other pressures that need to be considered.

  To help address this concern, we would recommend that key international organisations such as the Organisation of Economic Co-operation & Development (OECD), the International Monetary Fund (IMF) and the World Bank be supported to identify and collect more accurate data around specific sections of the health workforce (such as nurses) in order to better inform the decision-making process.

- The RCN is also concerned that the use of specific numbers within the targets risks overlooking regional and national disparities across health systems, resources and outcomes. We believe that greater flexibility within the suggested targets is needed in recognition that different countries will make progress at different paces.

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