

# Public Health Workforce Development: A Global Issue

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## Outline

- ❑ Describe progression of recent global attention and resources for global health workforce development
- ❑ Define issues shared in the domestic and global public health workforce
- ❑ Summarize President's Emergency Plan for AIDS Relief (PEPFAR) investment in global health workforce development and opportunities for the future

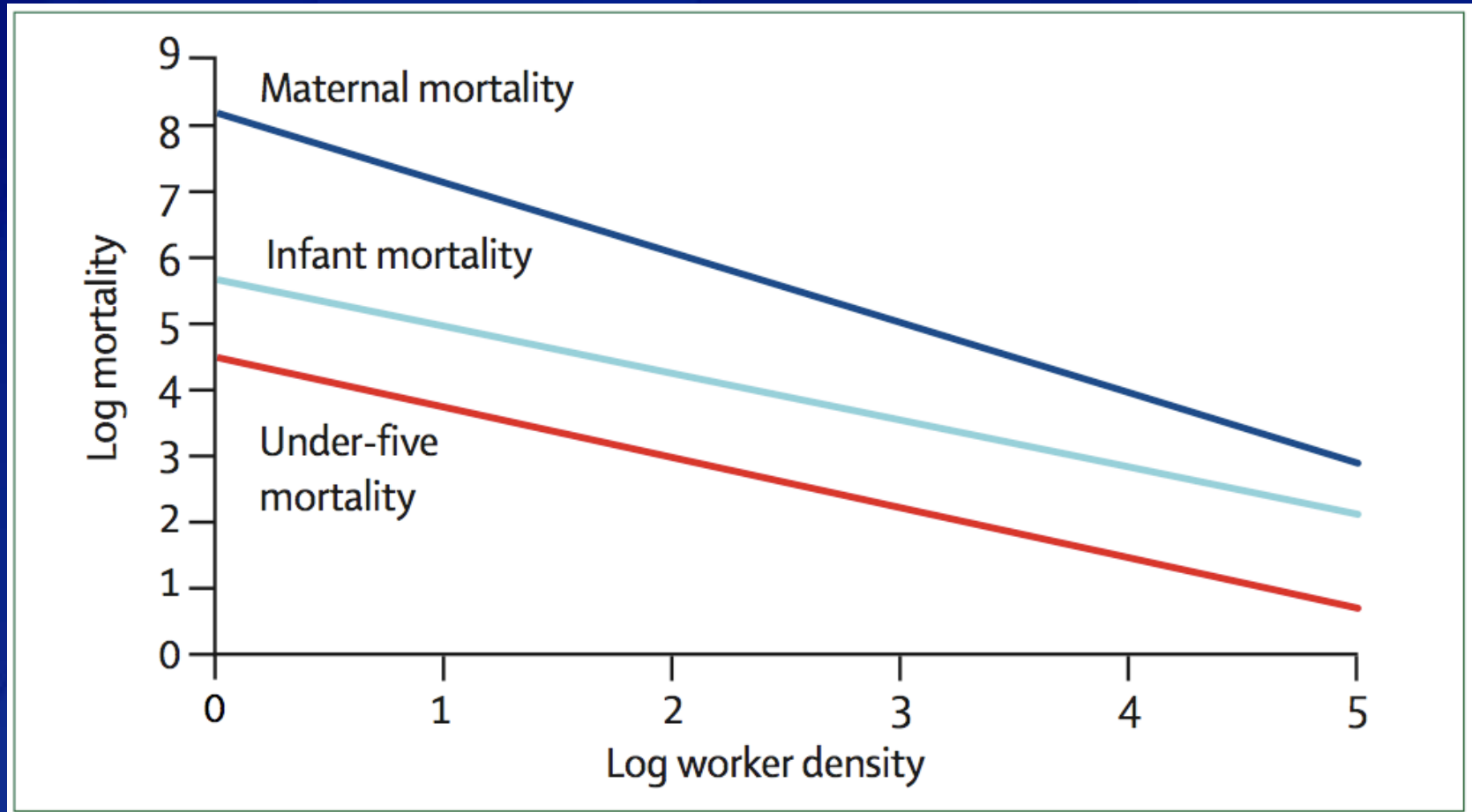
# INCREASING GLOBAL ATTENTION TO HEALTH WORKFORCE DEVELOPMENT

2004-PRESENT

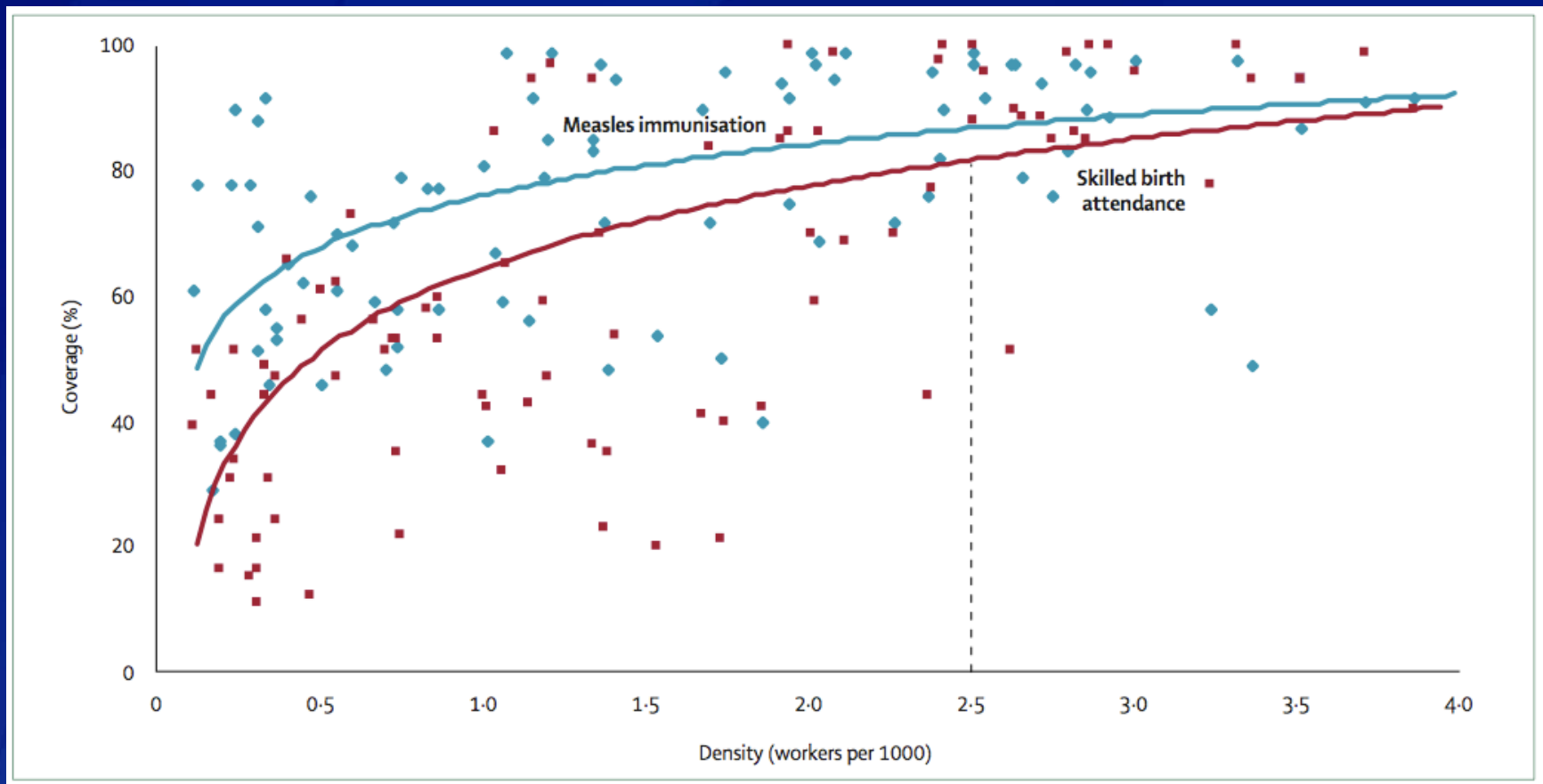
## Increasing Global Attention to HRH

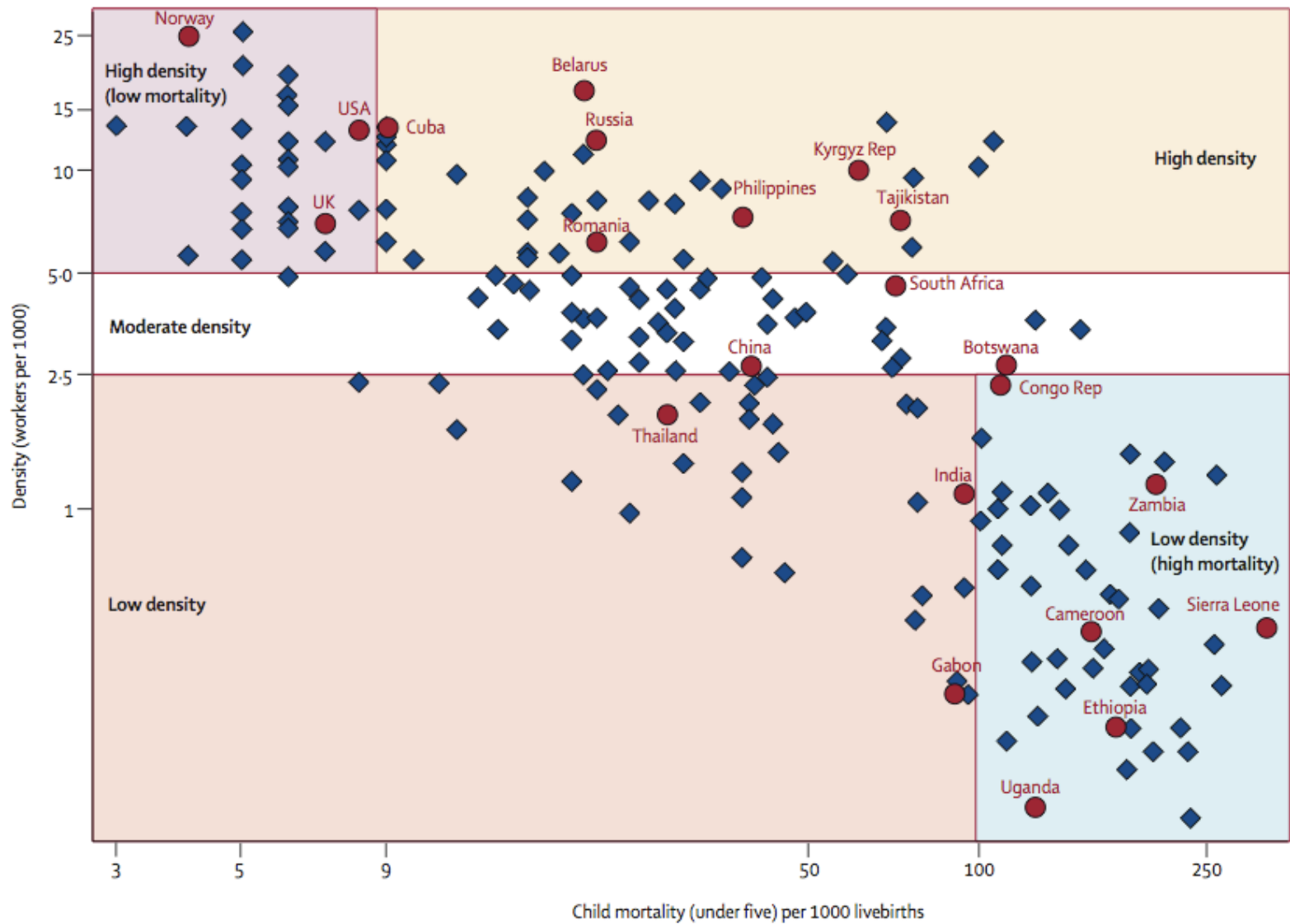
- ❑ **2004: Joint Learning Initiative**
- ❑ 2006: World Health Report; Global Health Workforce Alliance Forms; WHO Treat, Train, and Retain
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# Association between worker density and mortality rates



# Association between worker density and service coverage



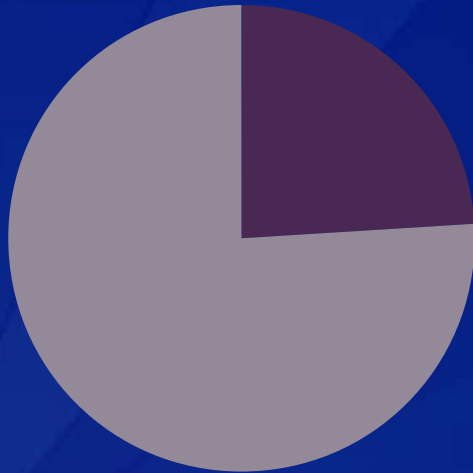


Chen L, Evans T, Anand S, et al. Human resources of health: overcoming the crisis. *Lancet* 2004; 364:1984-90.

## Global Shortages of Health Workers

- The JLI report identified 100 million health workers globally, with a shortage of 4 million health workers globally
- The shortage in Africa alone is estimated at 1 million health workers

## Global health workforce



- Doctors, Nurses, and Midwives
- Allied, traditional, and community workers

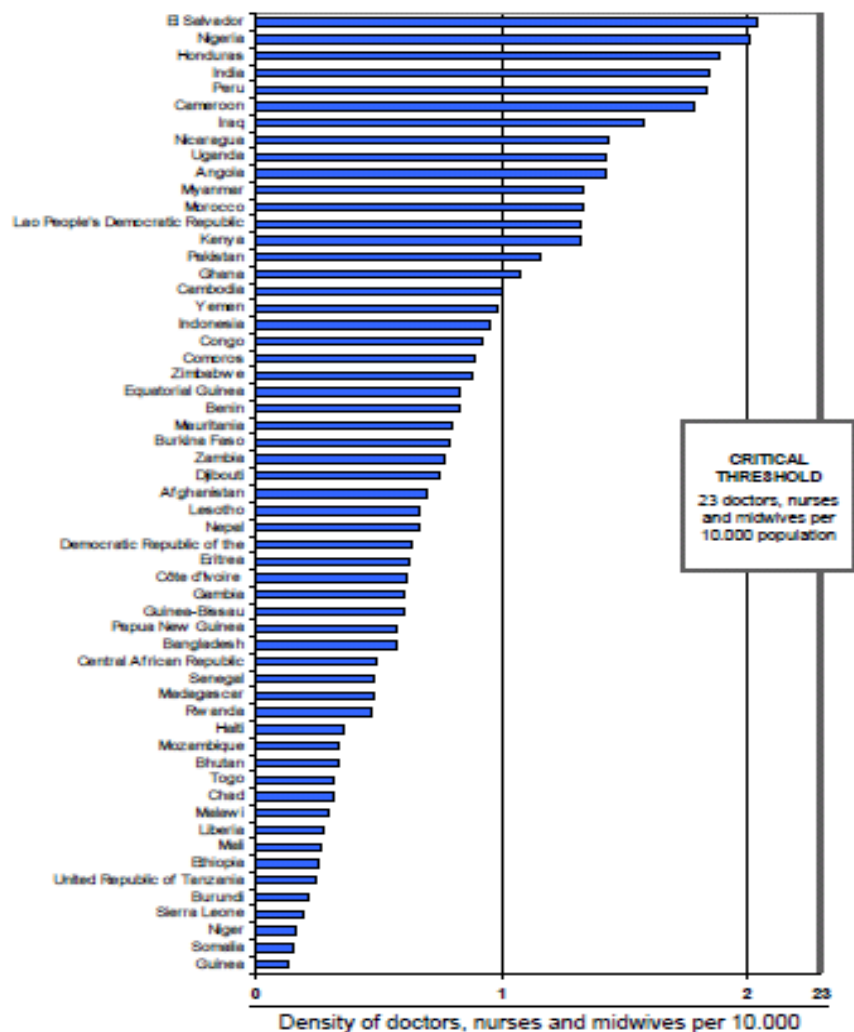
## □ Global HRH Challenges

- Global Shortages
- Skills Imbalances
- Maldistribution
- Poor Work Environments
- Weak Knowledge Base on the Health Workforce (inc. lack of data)

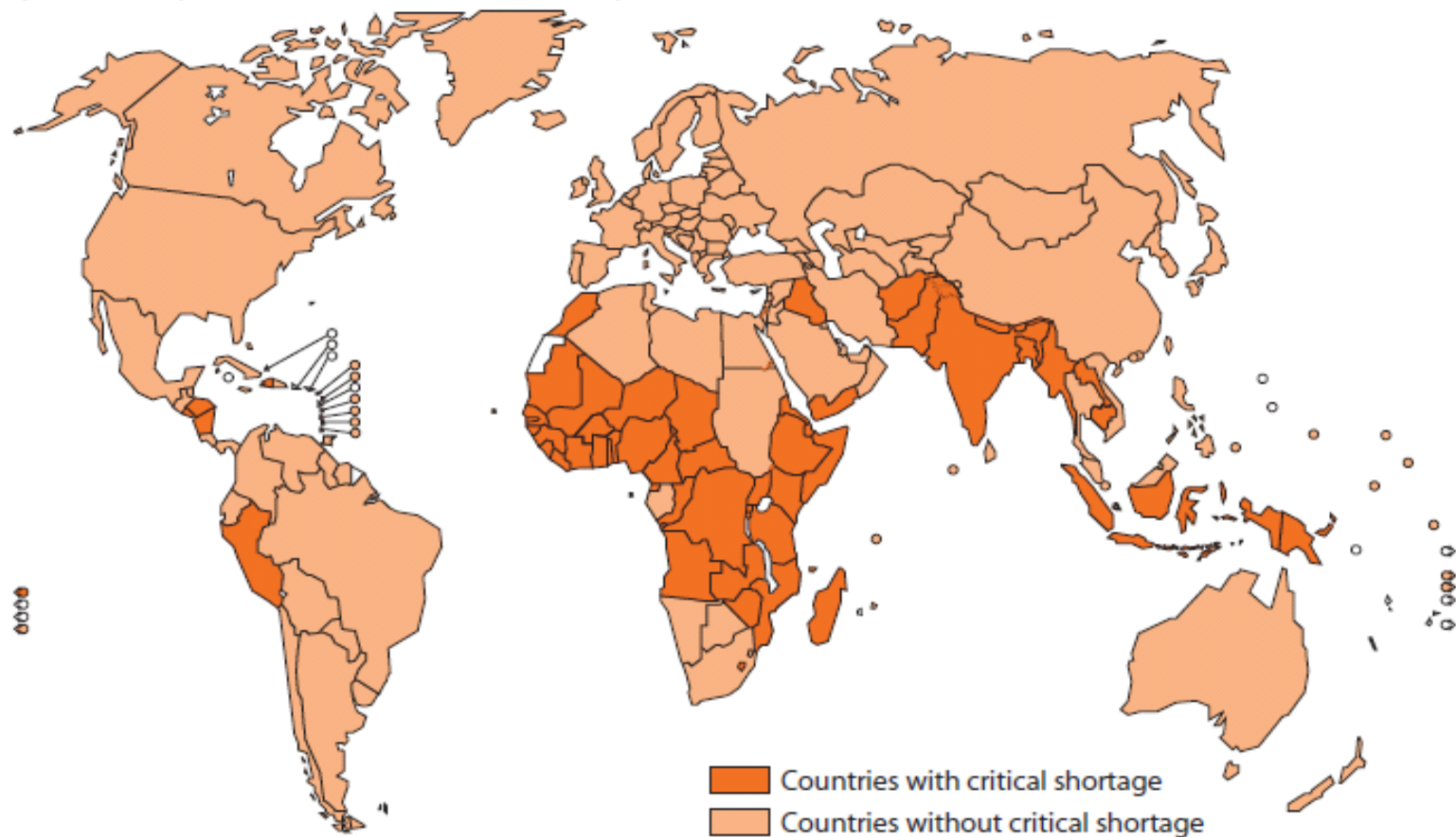
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Density of doctors, nurses and midwives in the 57 countries with a critical health workforce shortage (HRH crisis countries)



## Countries with a critical shortage of health service providers (doctors, nurses and midwives)



Data source: World Health Organization. Global Atlas of the Health Workforce (<http://www.who.int/globalatlas/default.asp>).

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# U.S. Initiatives in Global Health

- ❑ PEPFAR mandate to strengthen health systems, integrate health and development programs, and to “Train and Support Retention of 140,000 health workers”
- ❑ Global Health Initiative Priorities further emphasize “Sustainability” and “Country Ownership”



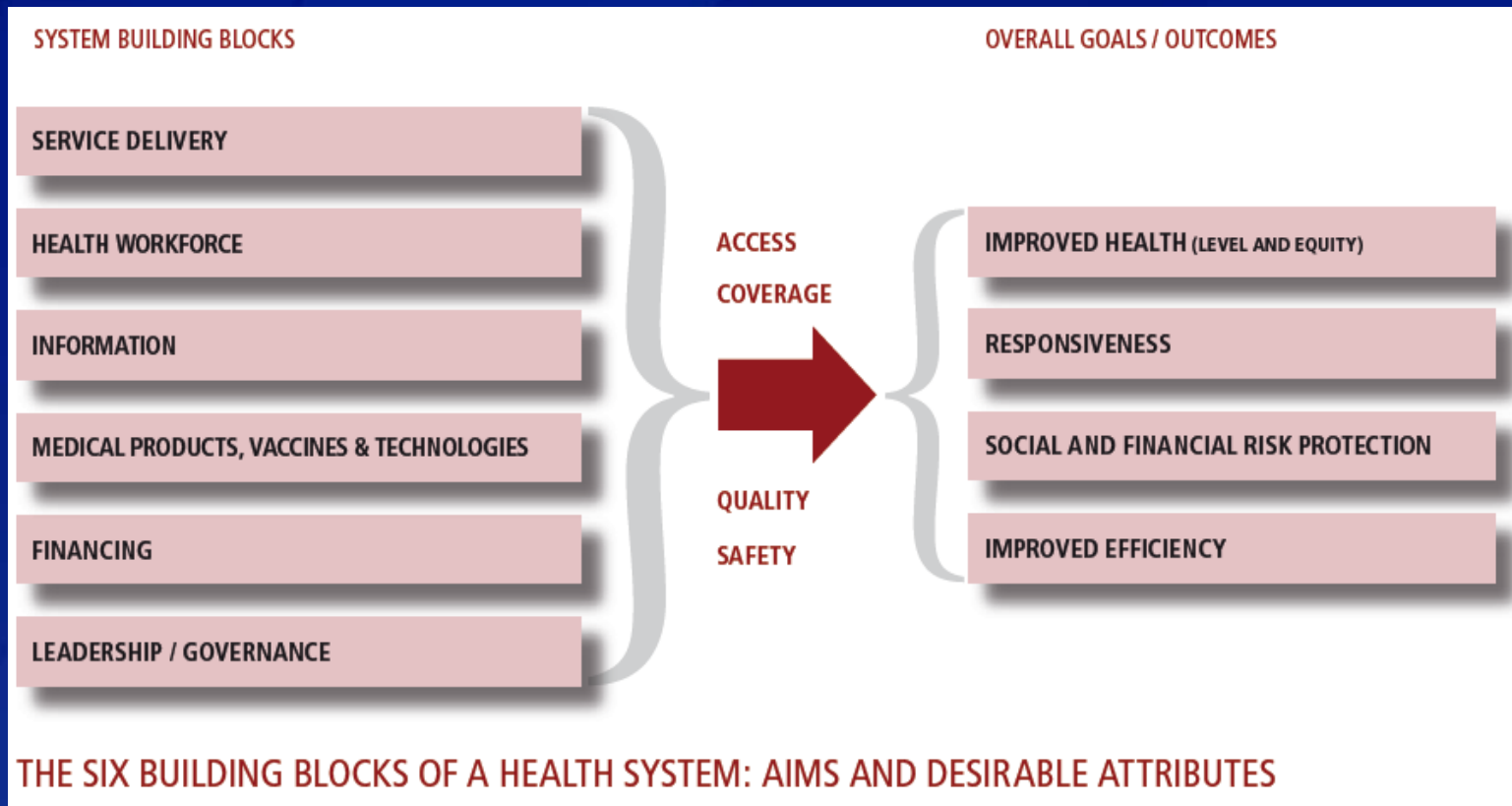
The United States Government  
Global Health Initiative



## PEPFAR Support for HRH

- ❑ The national HRH plan and MOH HRH planning and management
- ❑ National 'human resource information systems' and the use of HR data for decision-making
- ❑ Pre-service education for clinical and non-clinical staff, including community health workers
- ❑ In-service-training that is nationally standardized and coordinated
- ❑ Workforce productivity and performance
- ❑ Recruitment and retention
- ❑ Health worker regulation and policy
- ❑ The HRH evidence base

# WHO Health Systems Building Blocks





# THE PUBLIC HEALTH WORKFORCE

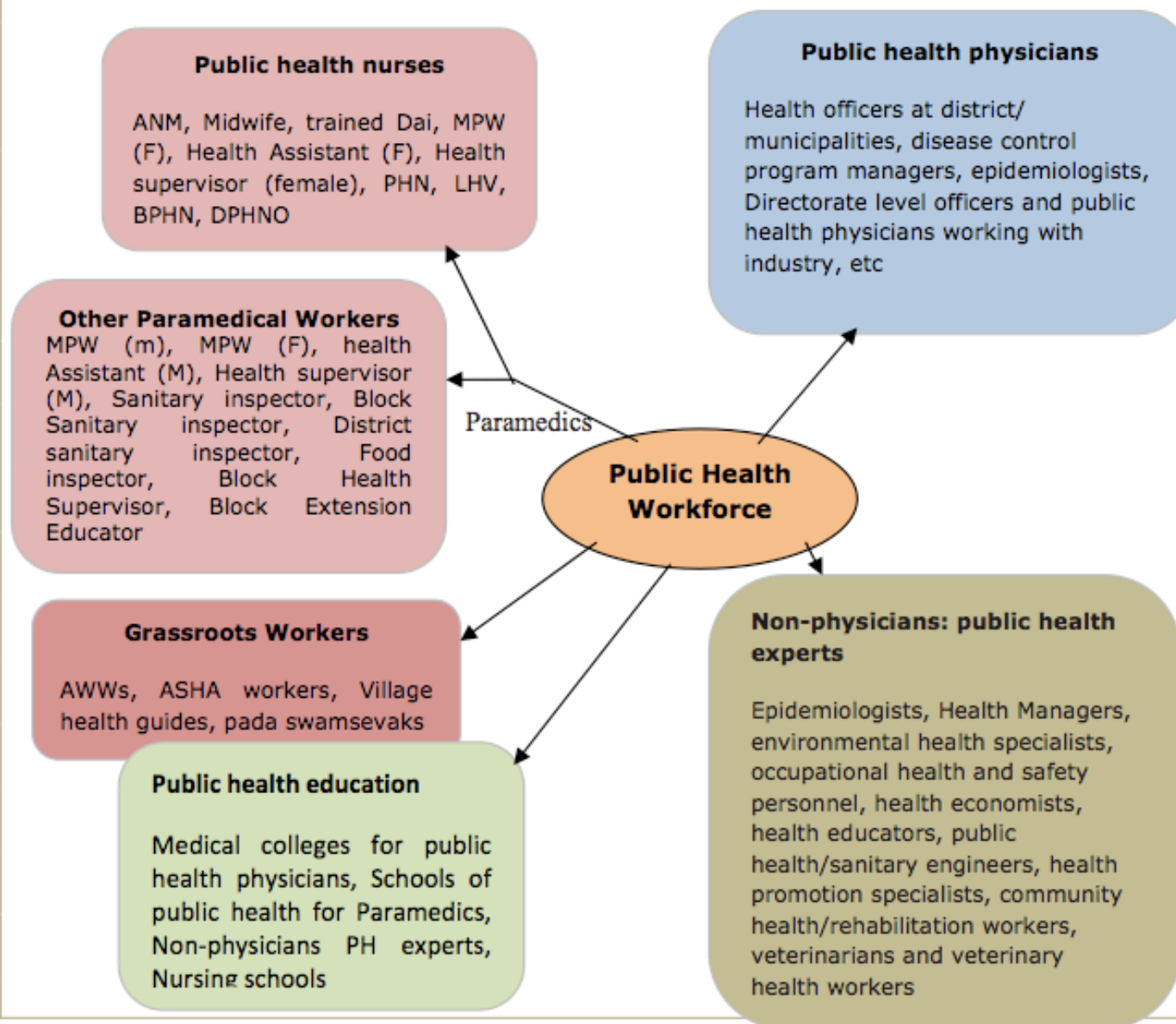
# Defining the Public Health Workforce

- “...the public health workforce includes all those responsible for providing the services identified in the *Public Health in America statement*”\*



- Monitor health status
- Diagnose and investigate
- Inform, educate, and empower
- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to needed services / assure care
- Assure a competent workforce
- Evaluate health services
- Research

## Categories of Public Health Workforce



## Public Health Workforce in India: Career Pathways for Public Health Personnel

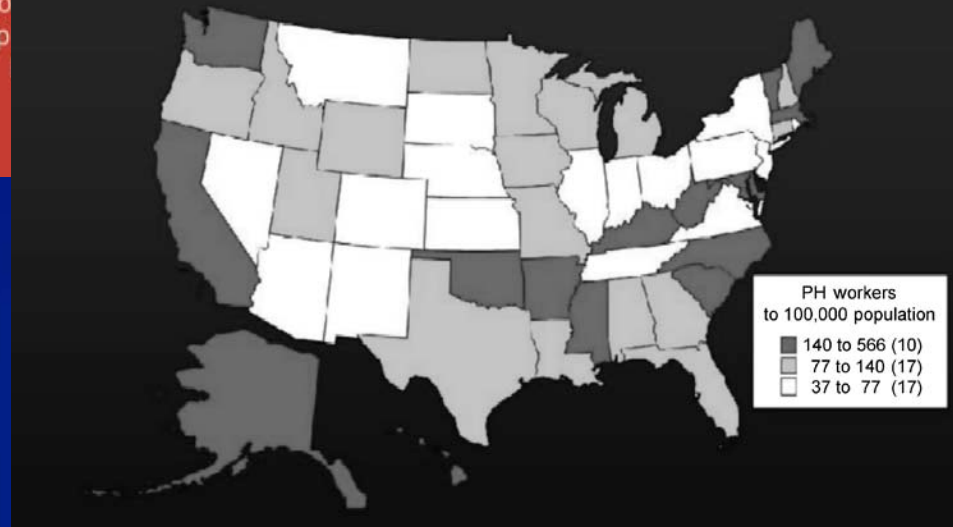
Dr. M. Friedman, CDC, 2010

# PROTECTING YOUR HEALTH



Source: Association of Schools of Public Health

## Public health worker density



CONFRONTING THE PUBLIC HEALTH WORKFORCE CRISIS: ASPH STATEMENT ON THE PUBLIC HEALTH WORKFORCE. Association of Schools for Public Health. 2008

The Public Health Workforce. Hugh Tilson and Kristine M. Gebbie. Annual Review of Public Health. Vol. 25: 341-356 (Volume publication date April 2004)

# Challenges to Public Health Workforce Development in the U.S.

- ❑ Inadequate knowledge about competencies needed;
- ❑ Lack of formal training in public health and in the application of broad public health competencies to emerging new functions;
- ❑ Limited public health professional certification requirements that can serve as incentives for participation in training and education;
- ❑ Indecision about workforce development across multiple public health and health financing agencies;
- ❑ Absence of stable funding for public health and the fragmentation imposed by categorical funding streams; and
- ❑ Failure to use advanced technology to its full potential, e.g., to provide training

## **Additional Global Challenges Facing the Public Health Workforce**

- ❑ Major resource constraints force a difficult trade-off between investing in scarce clinical staff versus public health workers**
- ❑ Lack of awareness of the composition and profile of the public health workforce in diverse health systems**
- ❑ Lack of career development/ opportunities**
- ❑ Major decentralization efforts forcing lower level jurisdictions to manage complex health programs**
- ❑ Donor coordination is an additional burden for public health officials**

# Examples of CDC Investment in the Global Public Health Workforce

Field  
Epidemiology and  
Laboratory  
Training Program  
(FELTP)

Sustainable  
Management  
Development  
Program (SMDP)

Developing  
Human Resource  
Information  
Systems

Strengthening  
Schools of Public  
Health

Developing new  
cadres

Direct Cooperative  
Agreements with  
Ministries of  
Health (MOH)

National Planning  
of the Public  
Health Workforce

## Opportunities

- ❑ Mapping of the Epidemiology, Surveillance and Response Workforce in 6 countries
- ❑ Applied Public Health Program Management Training
- ❑ NASTAD global programs
- ❑ WHO-CDC Collaborating Center on Public Health Workforce Development
- ❑ National Institutes for Public Health

# Thank you!

**For more information please contact Centers for Disease Control and Prevention**

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Center for Global Health

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