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Building the public health workforce to achieve health-related development goals: Moving forward in collaboration

The World Health Organization (WHO) estimates that 57 countries – 36 of which are in Africa – have severe health workforce shortages, and require some 4.3 million additional health workers to fill critical gaps in fragile health systems. Among the additional 4.3 million health workers needed, 2.4 million are doctors, nurses, and midwives, many of whom perform essential public health functions. Among the remaining 1.9 million, a large proportion is public health workers who support and manage health programmes and services. Critical skills in public health, health policy, and management are often deficient across both clinicians and managers. Furthermore, in almost all countries, a shortage of qualified health workers in remote and rural areas impedes access to life-saving interventions and services. Actions to address shortages, inadequate skill mix, and uneven geographical distribution of the health workforce are considered essential for achieving national health goals, and particularly the health-related Millennium Development Goals (MDGs).^{1,2}

Public health can be defined as collaborative action to improve population-wide health and reduce health inequalities. The public health workforce aims to improve, promote, protect, and restore the health of whole or specific populations.³ It includes those who identify, monitor, and manage population health problems; those who inform, evaluate, and advocate for appropriate health and inter-sectoral policies; as well as

those who plan and manage the health system and service response to population health needs.⁴

While the heart of this workforce is located in government health agencies, it is also distributed through a wide range of public and private organizations, providing both direct and indirect population health services.⁵ The 2008 WHO report on the social determinants of health offered clear evidence of the need to strengthen public health competencies in other sectors – such as housing, agriculture, environment, and public works – in order to integrate a public health perspective into all policies, with the objective of *health in all policies*.⁶

A number of organizations have attempted to describe the complex role of public health in society, leading to frameworks for core public health practices, essential public health services, and essential public health functions.^{7,8} For example, in 1997, WHO drew on an international group of public health experts to identify and prioritize a list of 37 essential public health functions.⁹ In 2000, the Directing Council of the Pan American Health Organization adopted a resolution (CD42.R14) to support Member States in analysing the state of public health in relation to 11 essential public health functions (EPHF), with the aim of improving public health practice and infrastructure.¹⁰

These efforts demonstrate the critical need to define the scope of public health activity in measurable terms as a first step in creating performance frameworks that support the initial and continuous development of a competent and relevant public health workforce. There is a need to promote better understanding and consensus around desired public health functions in order to assist countries in assessing and enhancing the performance of the workforce and in developing flexible and relevant public health education and training programmes.

Although public health is increasingly viewed as central to ensuring a well-functioning health system and to achieving national health goals,¹¹ surprisingly little is known about the size, structure, performance, and training needs of the public health workforce. In other words, little is known about the real contribution of this workforce to the achievement of EPHF. This situation reflects the relatively low priority accorded in many countries to the public health workforce and its related infrastructure, including its long-term development.¹²

Building the public health workforce will require strong leadership from national governments, collaboration between numerous sectors – not least the health and education sectors – as well as support and

investment from a wide variety of international agencies. Within this context, WHO and WFPHA are implementing a collaborative plan for 2010–2012 that focuses on:

- mapping public health education and training institutions across the globe in order to estimate the current capacity for strengthening the public health workforce;
- creating a global education task force representing public health associations and other key stakeholders, such as regional associations of schools of public health, to forge stronger links between practice and education and promote the development of a workforce that is relevant to needs; and
- adapting and testing approaches and tools to assure the quality of public health education and training in low-resource settings.

In addition, WHO is supporting pioneering initiatives in sub-Saharan Africa through networks of institutions to deliver education and training programmes with a focus on health workforce development. The goal of these programmes is to generate competent leaders to tackle the critical shortage of health workers and to spearhead the planning, production, and management of the health workforce for years to come. Two consortia are applying a distance-learning approach to deliver a Master's degree in Public Health with a focus on Health Workforce Development. An Anglophone consortium is led by the University of the Western Cape, School of Public Health, with financial support from the Bill and Melinda Gates Foundation. A Francophone network is coordinated by the University of Geneva, Institute of Social and Preventive Medicine, and partially financed by the Global Health Workforce Alliance. For Portuguese-speaking countries in Africa, the Institute of Hygiene and Tropical Medicine at the New University of Lisbon is leading an advanced training course on Human Resources for Health Policy and Management as part of the European Commission funded project PADRHS-PALOP.

Through such partnerships, WHO aims to strengthen the health workforce and as such support Member States in achieving the health-related MDGs.

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