
Insofar as it furthers health, which is essential to human productivity and economic progress, UHC – and the health workforce needed to attain it – serves as a foundation to sustainable development.

Gaps in the health workforce – in number, distribution and skills – undermine service availability, acceptability, accessibility and quality. Such gaps can also create financial barriers and impoverish people when they have to seek care without being covered by a social health protection system or scheme. Access to quality services is vitally dependent on the existence of a health workforce that is able to meet needs and enjoy decent working conditions, characterized by training opportunities, attractive employment, good career prospects, fair remuneration, adequate social protection, a safe work environment and access to dispute settlement mechanisms, as described in the ILO Nursing Personnel Convention No. 149.\(^2\) International Labour Organization [Internet]. C149 – Nursing Personnel Convention, 1977 (No. 149). Geneva: ILO; 2012. Available from: http://www.ilo.org/dyn/normlex/en/f?p=10... p=NORMLEXPUB:12100::NO:12100:P12100_ILO_CODE:C149 [accessed 25 July 2013].

Service accessibility is further compromised by factors external to the health sector that influence the financing of health and of the health workforce. Of particular relevance are the socioeconomic contexts in which people live and work. Poverty, unemployment and low wages affect a household’s ability to pay for needed health care, be it through taxes, employee contributions, premiums or out-of-pocket expenditure. At the national level, high poverty rates and the existence of large informal economies often result in tax revenues that are insufficient for adequate funding of health care and that challenge governments’ technical capacity to supply services in areas where unregistered workers and their families live. In highly vulnerable countries, defined by the ILO\(^3\) World social security report 2010/11: providing coverage in times of crisis and beyond. Geneva: International Labour Office; 2010. Available from: http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_146566/lang--en/index.htm [accessed 25 July 2013].


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\(^4\) Scheil-Adlung X. Revisiting policies to achieve progress towards UHC in low-income countries: realizing the payoffs of national social protection floors. Int Soc Secur Rev 2013. Forthcoming


\(^6\) Scheil-Adlung X, Bonnet F, Wiechers T, Ayangbayi T. New approaches to measuring deficits in social health protection coverage in vulnerable countries. Geneva: World Health Organization; 2010 (World Health Report 2010 Background Paper 56). The SAD measures the relative difference between a particular country’s health workforce density and the population-weighted median health workforce density in a group of countries defined by the ILO as having low vulnerability (and hence used as the global standard). These are countries with low poverty levels and small informal economies and therefore with the potential to successfully tackle the root causes of health workforce gaps and access-related deficits in UHC and, ultimately, to achieve sustainable development.
Countries must, however, make internal decisions to achieve an equitable health workforce distribution and adopt socioeconomic policies embedded in national development strategies to create synergy between increased wealth and improved health.

**Competing interests:**

- None declared.

**References**

Universal health coverage (UHC) is increasingly recognized as the best way to achieve the Sustainable Development Goal targets on health. But with 400 million people lacking access to essential health services and a projected shortage of 18 million health workers, it will take unprecedented effort and funding. Universal Health Coverage, Sustainable Development and the Post-2015 Agenda. JeaneAe Vega The Rockefeller Foundation. Universal Health Coverage. Disease and health-specific goals cannot be met without a functioning health system that enables all people to access health services they need without incurring financial hardship. • UHC is a catalyst for change, more efficient and equitable government spending. • Resulting in a more efficient, accountable health system. • Greater access to health services. • Financial protection • A sustainable, healthier and more productive society. 5.