

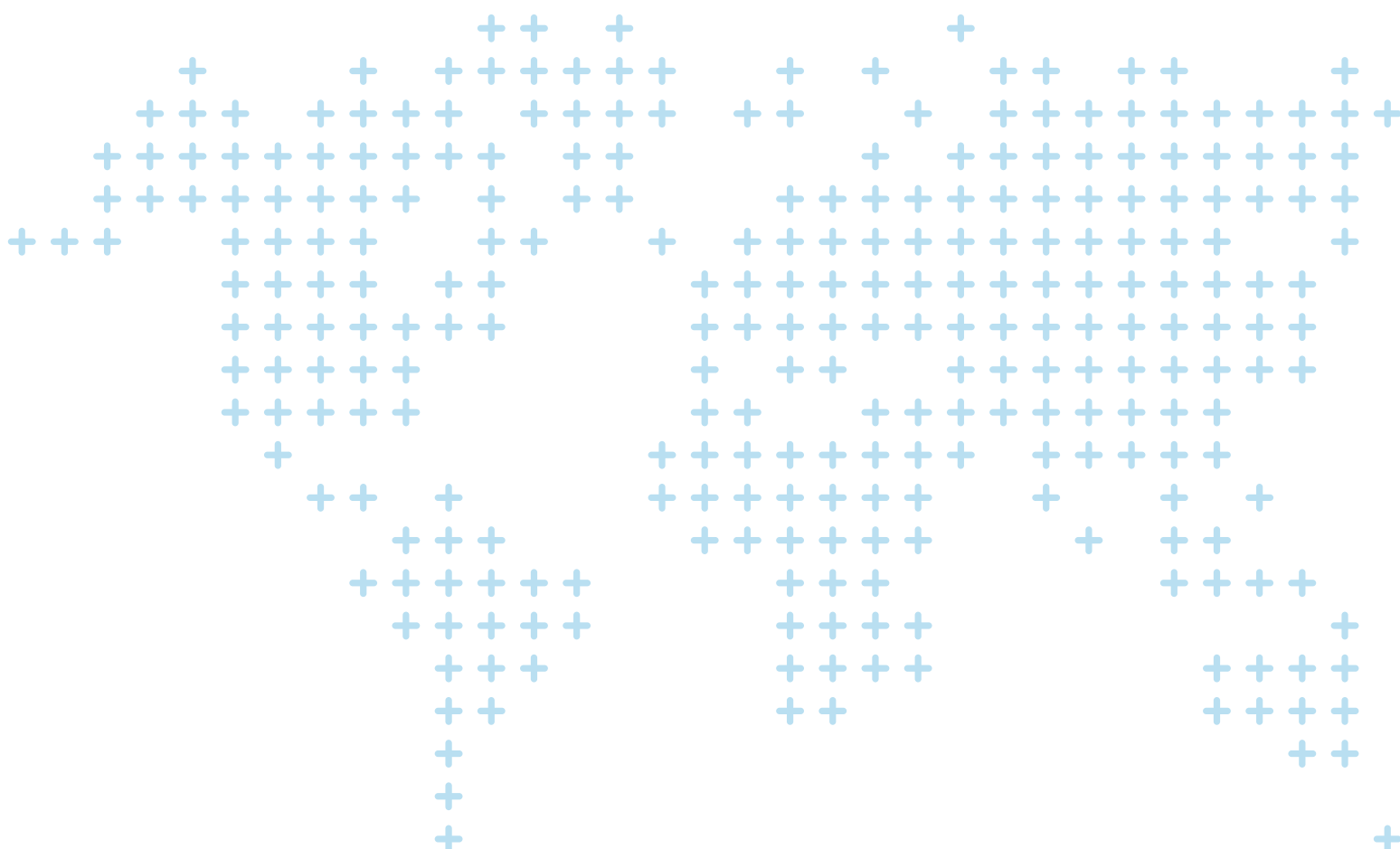
Framing the health workforce agenda for the Sustainable Development Goals

Biennium report 2016–2017
WHO health workforce



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Abbreviations and acronyms

AMR	antimicrobial resistance
CHW	community health worker
ECTS	European Credit Transfer and Accumulation System
EFNNMA	European Forum of National Nursing and Midwifery Associations
GCNMO	Government Chief Nursing and Midwifery Officers
GHWA	Global Health Workforce Alliance
GHWN	Global Health Workforce Network
HiAP	Health in All Policies
HRH	human resources for health
ILO	International Labour Organization
JEE	joint external evaluation
LMICs	low- and middle-income countries
MPTF	multi-partner trust fund
NHWA	national health workforce accounts
NORAD	Norwegian Agency for Development Cooperation
OECD	Organisation for Economic Co-operation and Development
SDGs	Sustainable Development Goals
TVET	technical and vocational education and training
UHC	universal health coverage
UN	United Nations
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for international Development
WEAMU	West African Economic and Monetary Union
WHA	World Health Assembly

At a glance

Key figures

43 million Number of health workers in 2013^a

40 million Number of new health worker jobs to be created by 2030

18 million The potential shortfall in health workers by 2030

Over one third of health investments required for the SDGs will be needed for the health workforce^b

The largest deficit of health workers in 2013 was in South-East Asia (6.9 million) followed by Africa (4.2 million)^c

The **density** of skilled health workers **varies greatly**, from **106.4** per 10 000 population in the European Region to **14.1** per 10 000 population in the African Region

Major shortages of health workers are experienced in the WHO African, South-East Asia and Eastern Mediterranean Regions^c

^a Scheffler R, Cometto G, Tulenko K et al. Health workforce requirements for universal health coverage and the Sustainable Development Goals – Background paper N.1 to the WHO Global Strategy on Human Resources for Health: Workforce 2030. Human Resources for Health Observer Series No 17. World Health Organization, 2016.

^b Stenberg K et al (2017). Financing transformative systems towards achievement of the health SDGs: A model for projected resource needs in 67 low-income and middle-income countries. Lancet Global Health. 2017;5(9):e875–887.

^c WHO (2016). World Health Statistics 2016.

Key global human resources for health frameworks and flagship publications

May 2016:

- Global Strategy on Human Resources for Health: Workforce 2030.

Companion documents:

- Global Strategic Directions for Strengthening Nursing and Midwifery (May 2016)
- National Health Workforce Accounts: A Handbook (November 2017)

September 2016:

- Working for Health and Growth: Investing in the Health Workforce. Report of the United Nations High-Level Commission on Health Employment and Economic Growth

Companion document:

- Working for Health: A five-Year Action Plan for Health Employment and Inclusive Economic Growth (May 2017)

Global events, actions and agreements

October 2016:

- Global Health Workforce Network established

December 2016:

- United Nations General Assembly resolution (A/RES71/159)
- High-Level Ministerial Meeting on Health Employment and Economic Growth

January 2017:

- OECD Health Ministerial Meeting

March 2017:

- 61st Commission on the Status of Women
- West African Economic and Monetary Union Health and labour ministers meeting

April 2017:

- ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services
- ILO, OECD, WHO Interagency Group meeting – data exchange

May 2017:

- G20 health ministers' meeting
- World Health Assembly: Working for Health programme adopted by WHA resolution 70.6

June 2017:

- Joint United Nations statement on ending discrimination in health-care settings
- OECD Health Committee

November 2017:

- Fourth Global Forum on Human Resources for Health (Dublin, Ireland)

Message from the Director

Health workers are the critical pathway to attaining the health targets in Sustainable Development Goal (SDG) 3 (health and well-being). An adequate, well distributed, motivated and supported health workforce is required for strengthening primary health care and to progress towards universal health coverage (UHC); detecting, preventing and managing health emergencies; and promoting the well-being of women, children and adolescents.

But investing in the health workforce also represents an opportunity to create qualified employment opportunities, in particular for women and youth, further spurring economic growth and productivity. Emerging economies are simultaneously undergoing an economic transition that will increase their health resources envelope, and a demographic transition that will see hundreds of millions of potential new entrants into the labour force. The confluence of these factors creates an unprecedented opportunity to design and implement health workforce strategies that address the gaps in equitable and effective coverage that characterize many health systems, while also unlocking economic growth potential. In this sense, health workforce investments can contribute significantly towards SDGs 4 (education), 5 (gender) and 8 (decent work).

The entire global community – countries, partners, global agencies – has been energized since the 2016 adoption of the WHO Global Strategy on Human Resources for Health: Workforce 2030 and the recommendations of United Nations High-Level Commission on Health Employment and Economic Growth, accelerating actions at all levels. The Global Health Workforce Network, a collaborative mechanism facilitated by WHO, has started harnessing this momentum to accelerate actions.

Achievements have been impressive: commitment at global, regional and country level to address issues of the health and social workforce has yielded unprecedented political agreement. Globally, partnerships and hard work across sectors have yielded strong results, preparing a platform for the further investment which must follow. Extensive technical work is under way to support health and social workforce needs.

There is more work to be done. Many countries are reaching out for technical guidance and support to make sustainable improvements to their health workforce education, training and domestic investment. The world must now invest in supporting the technical gaps of those countries in most need. This report showcases selected examples of the actions and commitments made during 2016 and 2017, hoping to provide an inspiration for renewed and expanded effort towards the achieving the implementation of the interagency Working for Health programme and the 2020 milestones of the Global Strategy on Human Resources for Health, which must be our next targets.



James Campbell
Director
Health Workforce Department, WHO

Framing the Global Strategy and vision for a 21st-century health workforce agenda

Central to the actions supported by WHO in 2016 and 2017 have been the guiding frameworks provided by the WHO Global Strategy on Human Resources for Health: Workforce 2030 (Global Strategy) (WHO, 2016a) and the recommendations of United Nations High-Level Commission on Health Employment and Economic Growth (UN Commission) (WHO, 2016b) overviewed here as the starting point for this biennium report.

The WHO Global Strategy on Human Resources for Health: Workforce 2030, adopted in 2016, established for the first time a global vision and framework encompassing the essential goals, principles, objectives and milestones for the health workforce agenda. Endorsed as a global governance document by all Member States through the World Health Assembly (WHA) in May 2016, the objectives of the Global Strategy focus on optimizing the workforce by adopting appropriate policies, investing strategically in health labour markets, building institutional capacity for an effective stewardship of the health workforce agenda in countries, and strengthening health workforce evidence and data for enhanced monitoring and accountability (Table 1).

Former United Nations Secretary-General Ban Ki-moon established the High-Level Commission on Health Employment and Economic Growth in March 2016. The UN Commission launched its report, *Working for Health and Growth*, in September 2016. The Commission was chaired by the

presidents of France and South Africa, with the heads of the International Labour Organization (ILO), Organisation for Economic Co-operation and Development (OECD) and WHO serving as vice-chairs. The UN Commission put forward an irrefutable case for investment in a sustainable health and social workforce; identifying that investing in skills and expanding health employment will contribute to the economic empowerment of women and youth. It also made a strong case that investing in the health workforce can accelerate progress across many of the SDGs, particularly quality education (SDG 4), gender equality (SDG 5) and decent work and inclusive growth (SDG 8).

Addressing key country and global issues, the UN Commission proposed ten recommendations (see Box 1) which complement and expand the objectives of the Global Strategy, and five immediate actions to accelerate UHC and advance inclusive economic growth:

- securing commitment, foster intersectoral engagement and develop an implementation plan;
- galvanizing accountability, commitment and advocacy;
- advancing health labour market data, analysis and tracking in all countries;
- accelerating investment in transformative education, skills and job creation; and
- establishing an international platform on health worker mobility.

Table 1. Objectives of the Global Strategy

Objective 1: Evidence-informed policies to optimize the workforce	To optimize performance, quality and impact of the health workforce through evidence-informed policies on human resources for health, contributing to healthy lives and well-being, effective universal health coverage, resilience and strengthened health systems at all levels.
Objective 2: Catalysing investment in health labour markets	To align investment in human resources for health with the current and future needs of the population and of health systems, taking account of labour market dynamics and education policies; to address shortages and improve distribution of health workers, so as to enable maximum improvements in health outcomes, social welfare, employment creation and economic growth.
Objective 3: Building institutional capacity	To build the capacity of institutions at subnational, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health.
Objective 4: Data for monitoring and accountability	To strengthen data on human resources for health, for monitoring and ensuring accountability for the implementation of national and regional strategies, and the Global Strategy.

Box 1. Recommendations of the UN Commission on Health Employment and Economic Growth



Job creation

Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places.



Gender and women's rights

Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes.



Education, training and skills

Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential.



Health service delivery and organization

Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.



Technology

Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems.



Crises and humanitarian settings

Ensure investment in the International Health Regulations' core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings.



Financing and fiscal space

Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers.



Partnership and cooperation

Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans.



International migration

Advance international recognition of health workers' qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants' rights.



Data, information and accountability

Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.

The Global Strategy and UN Commission recommendations represent overarching global frameworks, which have subsequently been adopted or explicitly reflected in equivalent or related frameworks considered and adopted by WHO regional committees (Box 2).

Globally, the ILO, OECD and WHO have established the joint Working for Health programme (2017–2021) – a five-year action plan to support Member States to effectively implement the recommendations of the Global Strategy and UN Commission. The UN Secretary-General’s progress report on health employment and economic growth to be presented to the UN General Assembly in December 2017 captures the momentum that is now under way.

The adoption of the Global Strategy on Human Resources for Health: Workforce 2030, the recommendations of the High-Level Commission on Health Employment and Economic Growth, and the Working for Health programme are the foundation for an ambitious, forward-looking health workforce agenda to progress towards universal health coverage and the Sustainable Development Goals. At the request of Member States, and building on a proposal by the Board of the Global Health Workforce Alliance, WHO launched in late 2016 the Global Health Workforce Network (GHWN). GHWN serves as a global mechanism for stakeholder consultation, dialogue and coordination on comprehensive and coherent health workforce policies in support of the implementation of

Box 2. Regional frameworks adopting the Global Strategy and UN Commission recommendations

European Region

Towards a Sustainable Health Workforce in the WHO European Region: Framework for Action (http://www.euro.who.int/__data/assets/pdf_file/0011/343946/67wd10e_HRH_Framework_170677.pdf?ua=1) refers to the five-year action plan, and aligns explicitly with the Global Strategy. The resolution http://www.euro.who.int/__data/assets/pdf_file/0006/349143/67rs05e_HRH_170891.pdf?ua=1 recalls the Commission’s report and reaffirms the five-year action plan, and calls upon Member States to act on the Commission’s recommendations and the five-year action plan. It also calls upon the Regional Director to monitor and evaluate progress and report to the Regional Committee in accordance to the milestones of the Global Strategy (consistent with the five-year action plan).

Region of the Americas

The 29th Pan American Sanitary Conference (69th Session of the Regional Committee of WHO for the Americas), adopted, through resolution CSP29.R15, the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=41531&Itemid=270&lang=en) which is in alignment with the Global Strategy and the UN Commission five-year action plan.

African Region

The African regional framework for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030 (http://www.afro.who.int/sites/default/files/2017-08/AFR-RC67-11%20Framework%20of%20the%20implementation%20of%20GSHRH_0.pdf) refers to the five-year action plan. The framework is meant to drive forward the Global Strategy and implementation of the five-year action plan and is structured around the Global Strategy’s four strategic objectives. The regional targets are adapted from the global milestones of the Global Strategy.

Eastern Mediterranean Region

The Framework for Action for Health Workforce Development in the Eastern Mediterranean Region: 2017–2030 was endorsed at the Regional Committee in October 2017 (http://www.emro.who.int/images/stories/health-workforce/HW_Action_Framework_final_for_circulation_at_RC.pdf?ua=1).

Western Pacific Region

The Western Pacific Region focused specifically on regulatory strengthening and convergence for medicines and health workforce (http://www.wpro.who.int/about/regional_committee/68/documents/wpr_rc68_9_medicines_health_workforce.pdf?ua=1). The regional action agenda touches on issues relating to quality and safety with regards to the workforce.

South-East Asia Region

The South-East Asia Region reviewed progress in The Decade for Health Workforce Strengthening in the SEA Region 2015–2024: The First Review of Progress, Challenges and Opportunities (http://www.searo.who.int/mediacentre/events/governance/rc/sea-rc69-13_9.5.pdf?ua=1) listing actions to be taken by Member States taking account of the Global Strategy and the recommendations of the UN Commission.

the Global Strategy on Human Resources for Health and the recommendations the Commission.

This biennium report documents priority actions in 2016 and 2017, categorized according to the four objectives of the Global Strategy.

The evidence behind the Global Strategy and UN Commission

Supporting both development of the Global Strategy and the High-Level Commission recommendations required state-of-the-art evidence and analysis. More than 200 experts contributed to consolidating the evidence around a comprehensive health labour market framework for UHC, published in a synthesis paper laying the foundations to the Global Strategy (GHWA and WHO, 2015). A range of policy briefs provided to the High-Level Commission covered topics including health workforce needs, demand and shortages; gender analyses; skills; migration; sustainability; and country case studies. The policy briefs represent an evidence base to inform the next cycle of health policy and systems research in HRH (WHO, 2016c).

In support of the Commission's work, an Expert Group, chaired by the editor-in-chief of the Lancet was convened to critically review the available evidence. Against a context of high and often growing inequalities and persistently high global unemployment, the Expert Group found that effective investments in the health workforce could generate enormous improvements in health, well-being and human security, as well as decent jobs and inclusive economic growth (WHO, 2016d).

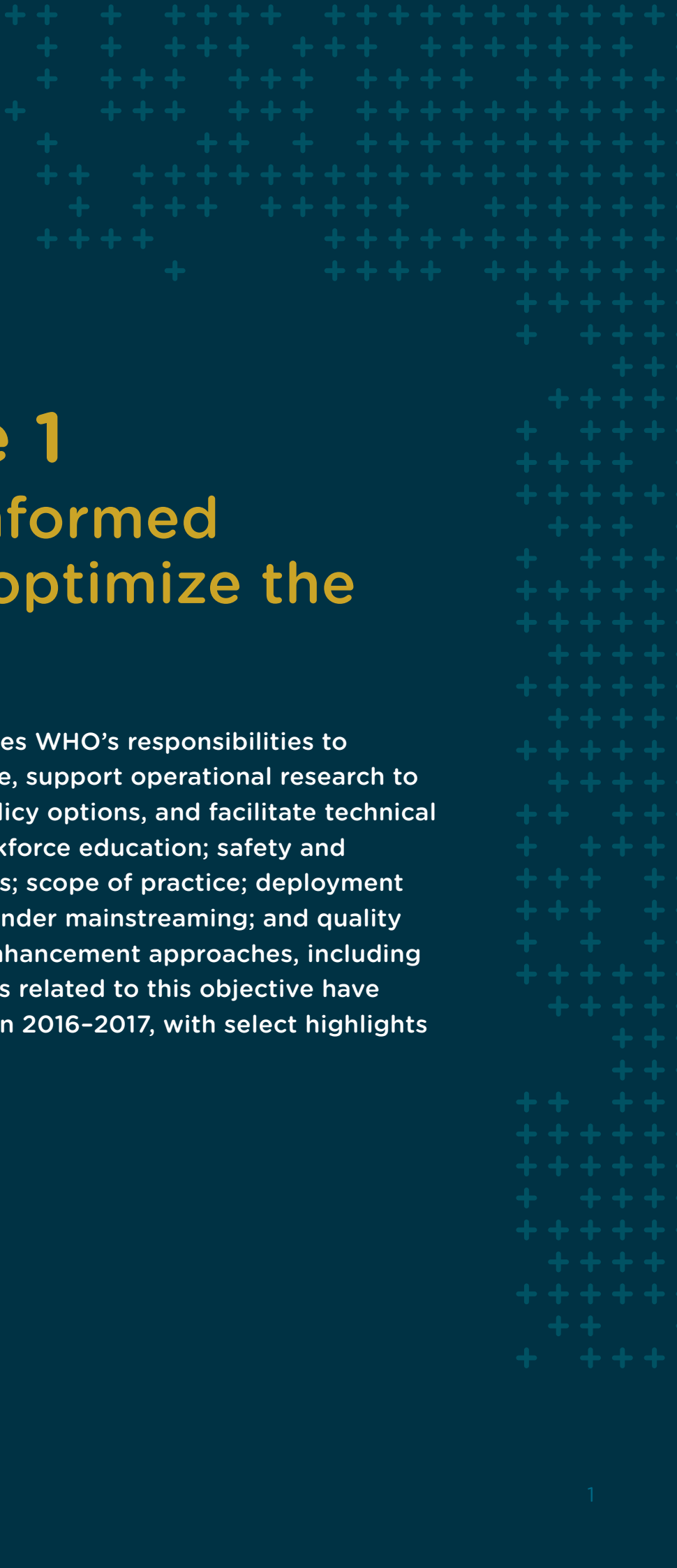
Analytical contributions made in the context of the Global Strategy and UN Commission's work were important in identifying current and future needs, challenges and opportunities:

- **Health workforce implications of the Global Strategy on HRH and the SDGs:** Quantitative analysis provided indicative minimum thresholds for doctors, nurses and midwives per 1000 population, supply projections, and identified needs-based shortages critical to attain a high level of coverage of tracer services required for the achievement of SDG 3 (Scheffler, Cometto et al, 2016).

- **The critical need to address the shortfall in health workers:** The health-related SDGs will not be achieved unless the global shortfall of 18 million health workers by 2030, primarily in low- and lower middle-income countries, is averted.
- **Economic impact:** Emerging evidence on the positive impact of health workforce investments on broader socioeconomic development, with health sector employment contributing significantly to productivity growth, contributed to the UN Commission recommendations.

The case for health workforce strengthening is stronger than ever within the context of global development goals. Investing in the health and social workforce has positive spill-over effects on the economy according to the UN Commission. This investment also creates education opportunities, decent jobs and career pathways for youth in low- and middle-income countries (LMICs), especially in rural economies. In short, creating jobs for health workers, and particularly for youth and women, will not only contribute to SDG 3, but will impact SDG 4 (education), SDG 5 (gender equality) and SDG 8 (decent work and inclusive growth).

- The specific analyses led or supported by WHO's Health Workforce Department build on a body of knowledge that informs the broader policy dialogue around the health workforce. A critical element of the wider evidence base includes the fact that **the health and social workforce is the largest sub-component of resources needed** (over a third of health sector investments) to achieve the health-related SDGs in LMICs (Stenberg et al, 2017).
- **Investment in health worker jobs will improve women's economic empowerment and labour participation.** Women make up more than 70% of the global health workforce. The health sector employs a greater proportion of women than any other sector (average of 41% in all other sectors).
- **Investing in the workforce to accelerate UHC could also address youth unemployment.** Youth unemployment is growing, with 71 million youth unemployed and 156 million youth in poverty. By 2050, one in three young people will be living in sub-Saharan Africa, with a youth population of over 830 million. The lack of employment is driving political instability and migration, with 10–12 million joining the African labour force each year but only 3.7 million jobs created annually.



Objective 1

Evidence-informed policies to optimize the workforce

The Global Strategy identifies WHO's responsibilities to develop normative guidance, support operational research to identify evidence-based policy options, and facilitate technical cooperation on: health workforce education; safety and protection of health workers; scope of practice; deployment and retention strategies; gender mainstreaming; and quality control and performance enhancement approaches, including regulation. Various activities related to this objective have been prioritized for action in 2016–2017, with select highlights summarized below.

Professional, technical and vocational education and training

The need for better investment in professional, technical and vocational education and training (TVET) for the health workforce has been a clear priority throughout 2016–2017; it is acknowledged as contributing to improvements in service delivery and efficiency. Key technical developments to support better education and training include:

- **Global Health Workforce Network education hub:** To support the education and training agenda, recognizing the key role played by education institutions and professional councils, a Global Health Workforce Network (GHWN) thematic hub, with a core group of approximately 20 individuals from existing networks, agencies, academic institutions and individual experts has been established to focus on TVET for learning pathways of under four years.
- **Global competency framework:** The initial deliverable of the education hub will be a global competency framework to underpin health workforce education and training for primary health care, focusing on the competencies required by occupational groups with a pre-service education pathway of 12 to 48 months.
- **Targeted regional support:**
 - » At the regional level, WHO held a subregional meeting for Mekong countries and China in Hanoi, Viet Nam, focusing on key areas for action – competency-based curricula, faculty development, student assessments and quality assurance mechanisms – and provided follow-up technical support in Cambodia, the Lao People's Democratic Republic, Samoa and Viet Nam.
 - » A framework for action on reforming medical education was adopted in the Eastern Mediterranean Region and support provided to the countries in taking action forward. WHO has initiated the development of a regional prototype for a nursing curriculum to guide Member States in developing, reviewing or revising nursing curricula. Related activities on improving nursing/midwifery education in the Islamic Republic of Iran, Libya, Somalia, United Arab Emirates and Yemen were supported.

- » WHO AMRO has assessed the situation of nursing education and analyzed the extent to which baccalaureate level nursing education programs in Latin America and the Caribbean are preparing graduates to contribute to the achievement of UHC.

Development of an interprofessional competency framework on antimicrobial resistance

As an element of the WHO Global Action Plan on antimicrobial resistance (AMR), which calls for raising of awareness and educating and training health workers to improve prescribing behaviours and use of antimicrobials, the Health Workforce Department has convened an expert consultation and initiated the development of tools and approaches on AMR education (WHO, 2017a). Funded by Japan and Germany, this work stream has seen a mapping and analysis of existing AMR education initiative; the launch of a community of practice on AMR education and a repository of relevant education resources; and the development of a draft interprofessional competency framework for AMR education. Developed in collaboration with key experts from academia and professional associations, the AMR competency framework and curriculum addresses several domains, including appropriate antimicrobial prescribing and use; infection prevention and control; AMR awareness; and leadership and surveillance.

Global strategic directions for strengthening nursing and midwifery

The Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020 (WHO 2016e), adopted in 2016, articulate in depth the specific policy implications and requirements for the nursing and midwifery workforce, the largest occupational group globally and in most countries. This global framework recognizes the centrality of nurses and midwives to the delivery of health services and to strengthening health systems. The four objectives include:

- Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive

health systems at all levels and in different settings.

- Optimizing policy development, effective leadership, management and governance.
- Maximizing capacities and potentials of nurses and midwives through professional collaborative partnerships, education and continuing professional development.
- Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development.

Efforts are ongoing to facilitate the implementation of the strategic directions, including through the Global Forum for Government Chief Nursing and Midwifery Officers (GCNMO). The GCNMO is held every two years just before the WHA with the main objective to engage the nursing and midwifery leadership in discussing issues relevant to the professions and to inform inputs into the proceedings of the WHA. The seventh biennial GCNMO Global Forum took place in Geneva from 18–19 May 2016, at which the Global Strategic Directions for Nursing and Midwifery 2016–2020 were launched by Princess Muna al-Hussein. Participants discussed gaps in appropriate nursing and midwifery workforce management and the need to enhance nursing and midwifery leadership in the context of SDGs, UHC, the Global Strategy on Human Resources for Health: Workforce 2030 and the Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020. Preparations have already started for the next GCNMO meeting in May 2018.

Additional activities in this work stream include targeted technical assistance on strengthening the capacity of midwifery educators in select African countries (an initiative supported by the OPEC Fund for International Development) and the development of policy reports on optimizing the role of nursing and midwifery (WHO, 2017b).

At the regional level, representatives from the European Forum of National Nursing and Midwifery Associations (EFNNMA), WHO Regional Office for Europe, and WHO Collaborating Centres for Nursing and Midwifery in the European Region met in March 2017 in Berlin, Germany, to discuss inputs into the forthcoming Towards a Sustainable Health Workforce in the WHO European Region: Framework for Action, and actions to further strengthen nursing and

midwifery in the region. The WHO Eastern Mediterranean Office developed a framework for action for strengthening nursing and midwifery in the Region for 2016–2025. Technical support was provided to Member States to develop national nursing and midwifery strategies in Iraq, Iran, Pakistan, Somali and the United Arab Emirates.

WHO AMRO initiated preparations for a document on Strategic Directions for Nursing in the Region of the Americas with the Government Chief Nursing and Midwifery Officers and WHO Collaborating Centers in the Americas.

Joint statement on ending discrimination in health-care settings

Recognizing that discrimination in health-care settings is widespread and violates the most fundamental human rights protected in international treaties and in national laws and constitutions, the WHO Health Workforce Department and the UNAIDS Community Support, Social Justice and Inclusion Department jointly facilitated an interagency process that resulted in 12 UN agencies signing a joint statement to end discrimination in health-care settings, committing to:

- Supporting States to put in place guarantees against discrimination in law, policies and regulations.
- Supporting measures to empower health workers and users of health services through attention to and realization of their rights, roles and responsibilities.
- Supporting accountability and compliance with the principle of non-discrimination in health-care settings.
- Implementing the UN Shared Framework for Action on Combating Inequalities and Discrimination.

WHO guidelines on health policy and system support to optimize community health worker programmes

Guidelines on health policy and system support for community health workers (CHWs) are in development. These will provide Member States and other stakeholders with recommendations to optimize performance and impact of CHW initiatives. Specifically, they will provide recommendations on selection, modality and content of education, accreditation and

certification, management, supervision, remuneration, performance enhancement, community and systems support for CHWs. The first meeting of the Guideline Development Group took place in October 2016, defining the scope of the guidelines and providing guidance to inform the collation and review of the evidence (WHO, 2016f). 16 systematic literature reviews were then commissioned and are at an advanced stage of development, and will inform deliberations of the second meeting of the Guideline Development Group, which will convene in December 2017 in Addis Ababa, Ethiopia, to formulate the guidelines' recommendations. With funding support from the United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), Germany, the Global Fund and the Alliance for Health Policy and Systems Research, the guideline process has generated strong interest – and willingness to contribute to dissemination and implementation – by many prominent stakeholders in the global health arena.

A CHW hub of the GHWN has been convened, comprising around 20 members with senior level representation from UNICEF, the World Bank, the Global Fund, leading experts and prominent advocates from academia and civil society. The CHW hub will collaborate with WHO to facilitate wide dissemination and uptake of the guidelines following publication, which is expected mid-2018.

Emergency preparedness and the International Health Regulations' agenda

At a time when emergency preparedness is higher on the global agenda than ever before, the importance of HRH in emergency situations needs to be recognized. Capacity gaps are a challenge to success in emergency preparedness, and work is under way to support Member States to strengthen their capacities (WHO, 2017c). In May 2017,

the WHA considered a report conceptualizing the global health emergency workforce, comprising national responders and international responders from networks and partnerships (WHO, 2017d).

The Health Workforce Department led an analysis of the health workforce implications of the joint external evaluation (JEE) of country preparedness for emergency response. The analysis found that JEE scores correlate with health workforce availability. The health workforce should be at the centre of national efforts to fulfil International Health Regulations' requirements. Further work will be required to improve evidence on the capacity requirements (numbers, skills and competencies) for an integrated public health workforce. The Health Workforce Department also contributed to the refinement of relevant elements of the JEE assessment tools.

Health workforce regulation

The Health Workforce Department has initiated collaboration with the Health Financing and Governance Department to conduct a scoping review of the literature to synthesize evidence on effective approaches in health workforce regulation. At the regional level, to strengthen health workforce regulation in the Western Pacific Region, the 68th Regional Committee discussed the agenda item on "Regulatory strengthening and convergence of medicines and health workers". In addition, WHO held a policy roundtable in Melbourne, Australia, identifying key issues for countries – clear legislative frameworks, capable regulatory bodies, and strong linkages between education institutions and regulatory bodies – and provided follow-up technical support in Cambodia, Fiji, the Lao People's Democratic Republic, Papua New Guinea and Viet Nam. Technical cooperation activities on strengthening health workforce regulation and accreditation are ongoing in the Islamic Republic of Iran, Iraq, Oman and Somalia.



Objective 2

Catalysing investment in
health labour markets to
meet population needs

Health labour market analysis: Critical for the design and implementation of effective health workforce solutions

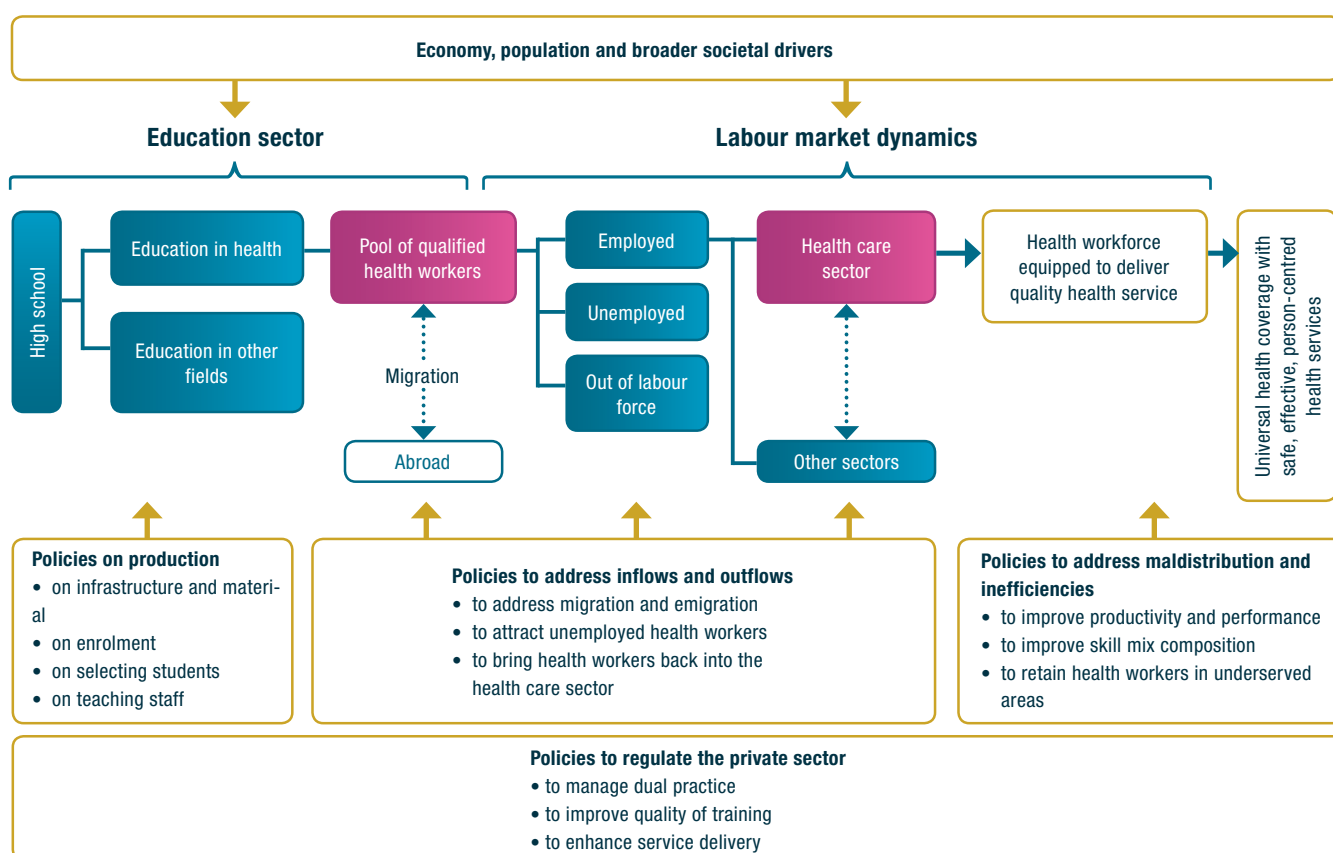
Health workers play a critical role in improving health and in the wider economy; but in many countries there is a fundamental mismatch between the workers the system needs, those it can employ, and those that are actually available. In other contexts, excessive unplanned migration of health workers (from rural to urban areas, or from source to destination countries) poses additional challenges. Health labour market analysis is therefore a critical component of policy formation, and it informs technical cooperation activities between the Health Workforce Department and countries that express demand for support, especially in the context of the development of national health workforce strategies and plans.

Understanding health labour markets entails analysing key factors affecting the demand and supply for health workers to best meet population health needs. This generates evidence to inform effective health workforce policies. Analysis improves the ability of countries to design and implement effective workforce education, financing, deployment and management policies, addressing current needs and anticipating future ones.

In June 2017, WHO convened the first meeting of the health labour market hub, comprising around 15 members drawn primarily from academia and research institutions to identify areas of greatest value added for its work. The hub selected the following as priority areas for action:

- The development of modules to assist national level planners and policy-makers in conducting health labour market analyses.

Figure 1: Labour health market dynamics



Source: Sousa et al (2013). A comprehensive health labour market framework for universal health coverage. Bull World Health Organ. 2013;91:892–894.

- The identification of a methodology to assess the return on investment in the health workforce as an element of the HRH investment case.

Dialogue is ongoing with the USAID-funded HRH 2030 initiative and the World Bank to harmonize with related initiatives.

Country technical support

In line with the health labour market approach, WHO is supporting countries to undertake analyses to identify and address the particular challenges facing the health and social workforce, and identify strategic areas for transformative investment and action. Technical support provided to countries includes assessments and policy advice on:

- **Productivity and workload** within the health sector to optimize the current stock of health workers to efficiently and equitably meet population needs.
- Estimating the **current and projected deficits** of health workers, including occupations at risk of surplus.
- **Analysing financial requirements** for HRH scale-up plans, and assessing their feasibility and affordability vis-à-vis resource envelope and macroeconomic parameters.
- **Valuing the cost of training, maintaining and sustaining a health workforce** which, coupled with estimates on the contribution of the health workforce towards economic growth and achieving the SDGs, is critical to building an investment case for the health and social workforce in most countries. The evidence generated by health labour force analysis helps determine the investment and reforms required to achieve the right number, distribution and skills mix of health and social care workers.

Through the Working for Health programme, WHO plans for an expansion of this work stream in the near future and a deeper collaboration in policy dialogue at country level, together with ILO, OECD, the World Bank and other partners.

Technical cooperation with countries takes place on a routine basis through engagement with multiple countries in all WHO regions. Relevant experiences are documented with publications in the literature. For example, the European regional peer reviewed journal, Public Health Panorama

covered HRH issues in its September 2017 edition entitled “Tomorrow’s human resources for health – today’s priority”, with a focus of policy issues of particular relevance in the European Region (<http://www.euro.who.int/en/publications/public-health-panorama/journal-issues/volume-3,-issue-3,-september-2017>).

While the technical cooperation activities in support of countries are too numerous to list here, the example of ministerial support in West Africa is given (Box 3). And it is important to highlight the structured collaboration initiatives supported via specific grants, such as the European

Box 3. Intersectoral ministerial commitment and actions in West Africa

In March 2017, the first meeting of the ministers responsible for health and employment in the West African Economic and Monetary Union (WAEMU) was convened by Côte d'Ivoire, with the objective of adopting a subregional action plan to implement the recommendations of the UN Commission. There was a particular focus on addressing the challenge of excessively restrictive macroeconomic policies hampering the required investments in the health and social workforce (a challenge identified by both the Global Strategy and the UN Commission).

- Ministers emphasized the importance of developing regional training schools for the health sector; private sector participation in the health sector; job creation; and subregional mobility of health workers. Ministers called for a widespread “rural pipeline” strategy to overcome desertion of health professionals in remote areas.
- Ministers also stressed the importance of meeting the challenges of health emergencies, particularly for health prevention and promotion, and the issue of inequity in access to health services for people living in deprived areas.

Following the ministerial meeting, national intersectoral budgeting workshops took place in each of the WAEMU countries. The results of these workshops were synthesized and discussed during a subregional expert meeting convened in November 2017 by the Ministry of Health and Public Hygiene and the Ministry of Employment and Social Protection in Côte d'Ivoire. The implications of the convergence criteria (a macroeconomic policy that limits public spending on the education and health sector workforce to 35% of the budgets allocated to these sectors) on WAEMU countries were also considered and proposals formulated to reconcile the latter with the budgetary implications of the action plan. The reform will consider the employment of health workers as a human capital investment rather than an operating expenditure and remove restrictions on domestic revenue mobilization.

Commission and Norwegian Agency for Development Cooperation (NORAD)-funded Brain Drain to Brain Gain programme, supporting implementation of the WHO Global Code of Practice on International Mobility of Health Personnel (Box 4); and the French-funded initiative supporting health workforce collaboration through the G7 Muskoka initiative on reproductive, maternal, newborn and child health (Box 5).

Box 4. European Commission-funded Brain Drain to Brain Gain project

The Brain Drain to Brain Gain: Supporting the WHO Global Code of Practice on the International Recruitment of Health Personnel project, co-funded by the European Commission and NORAD, was implemented by the WHO Health Workforce Department in collaboration with WHO country offices, partners and stakeholders from civil society and academia. During its three-year implementation, the initiative promoted innovative activities in India, Ireland, Nigeria, South Africa and Uganda (a mix of both source and destination countries for international migration).

This initiative found new evidence that health worker migration patterns are more dynamic than traditionally thought. In fact, there is significant intraregional, South-South and North-South migration of health workers, in addition to the understood patterns of South-North migration (WHO, 2017e). The project also highlighted inequity in career opportunities, the importance of globalization of education and training, and the strong need for better linking and sharing of migration data with employment data.

Furthermore, the project supported the development of global evidence and best practices, facilitated the review of effectiveness and relevance of the Code by WHO, thereby supporting policy dialogue at global and regional levels and giving the project a wider relevance and impact. It contributed to increasing the reporting rate – in the second round of reporting (2015–2016), 74 countries reported on the implementation of the Code, a considerable improvement over the first round of reporting in 2012–2013, when only 56 countries reported. http://who.int/hrh/migration/infographic_EB2016_updt9may.pdf?ua=1

The successful completion of the project's activities will culminate in a high-level event taking place at the Fourth Global Forum on HRH, contributing to the launch of an "International Platform on Health Worker Mobility" (as recommended by the UN Commission). Beyond the duration of the project, support to the WHO Code implementation will continue, with the third round of reporting, commencing in 2018.

Box 5. Support to French-speaking countries – the G7 Muskoka initiative

Since 2011, the Government of France has provided support to four UN agencies (UNICEF, UN Population Fund, UN Women and WHO) as part of its commitment to the G7 Muskoka Initiative to advance high impact maternal, newborn, child and adolescent health interventions in nine French-speaking countries. Technical and financial support, in line with the framework of the Global Strategy on HRH and the UN Commission, has enabled application of the relevant policy options and recommendations across countries. To improve the availability of maternal, newborn and child health workers in the health facilities, three levels of actions have been supported:

- **At health facility level:** Short-term training was given to health workers to improve midwifery competencies and to strengthen the quality of services by providing formative supervision, in line with the quality enhancement and continuous professional development of the Global Strategy on HRH.
- **At national level:** A midwifery training school accreditation process has been established and the national HRH strategic plans have been strengthened through labour market and workload analysis, another cornerstone of the Global Strategy.
- **At the subregional level:** Advocacy for more investment in health workers living and working in the WEAMU – a concrete example of intersectoral action being enabled by the investment case made by the UN Commission recommendations.

The French Muskoka initiative sponsored health labour market analysis and policy dialogue activities in nine west African French-speaking countries (Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal and Togo). The work within the Fonds français Muskoka contributes to the achievement of SDGs through support to governments in creating jobs in the health sector, developing qualified health workers, and matching the right health professionals to the right positions in the right places. As a result of the job preferences and health labour market activities:

- Guinea has adopted the "rural pipeline" approach to strengthen its health workforce and improve health workforce distribution, recruitment and retention in rural and remote areas.
- Burkina Faso has adopted a package of incentives for professional cadres working in remote areas and for hospital civil servant workers.
- Togo has met its recruitment targets – in 2016, 437 health workers were recruited and deployed in provinces with a high shortage of personnel in remote and rural areas; and in 2017, 800 health workers have been recruited.
- Technical and financial support were given to Chad, Côte d'Ivoire, Mali and Togo to establish the midwifery training schools' accreditation process to improve the quality of training, to match trainees' competencies with health service needs and to strengthen the interprofessional collaboration.

Optimizing the value of international financing and policy initiatives for HRH

Two main activities were undertaken during 2016–2017 to align policy initiatives and funding support by development partners to the provisions of the Global Strategy and UN Commission:


- In collaboration with the Secretariat of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Health Workforce Department has developed a Global Fund technical brief on strategic support for HRH (<http://www.theglobalfund.org/en/applying/funding/resources/>). This document provides guidance on how Global Fund resources can be used to strengthen the health workforce, including, as relevant and applicable to the context, investing in the development of core capacities in health workforce strategy, policy, management, information systems, as well as funding both pre-service training and recurrent costs (salaries) of general service health workers. This represents a substantial step forward, going beyond the past preferential focus on short-term disease specific in-service training and salary top-ups, creating an opportunity to better align Global Fund support to national health system needs, and to contribute to the implementation of the WHO Global Strategy.
- In parallel, a tool has also been developed to conduct ex-ante assessment of HRH implications and requirements of HRH policy initiatives, programmes and grants. In their adoption of WHA resolution 69.19, WHO Member States requested all bilateral and multilateral initiatives to conduct impact assessments of their funding to HRH. The UN Commission similarly proposed that official development assistance for health, education, employment and gender are best aligned in creating decent jobs in the health and social workforce. No standard tools exist for assessing the impact of global health initiatives on the health workforce. Drawing from good practice principles, identified through a literature review, a draft health workforce impact assessment tool, based on an established health labour market framework, was conceptualized. The tool is designed to be applied before implementation. It consists of a relatively short and focused screening module to be applied to all relevant initiatives, followed by a more in-depth assessment to be applied only to initiatives for which the screening module indicates that significant implications for HRH are anticipated. The application of the new tool has the potential to ensure that health workforce implications are incorporated into global health decision-making processes from the outset, to enhance positive HRH impacts and avoid, minimize or offset negative impacts (Nove et al, 2017).



Objective 3

Building institutional capacity and partnerships

The Global Strategy emphasizes the importance of strengthening governance and leadership for effective HRH actions at national and international levels. Throughout the biennium, WHO has been working both to “provide technical support and capacity building to develop core public competency in HRH policy, planning, projections, resource mobilization and management” and to “strengthen global capacity to implement the transnational HRH agenda”.



Strengthening HRH governance capacity in countries

The 2016–2017 biennium has seen two main initiatives on national level capacity building commence:

- Recognizing that developing and implementing effective health workforce interventions require adequate health workforce policy, planning and management capacity, a tool to assess the functions, structure, staffing and resources of health workforce units/departments in ministries of health was developed and piloted in the South-East Asia Region, in collaboration with country and regional offices. The results will be analysed and presented at a regional HRH workshop in April 2018 to inform national capacity-building efforts and to enhance technical cooperation. Capacity-building workshops for strengthening health workforce governance capacities were organized in 2016 and 2017 in the Eastern Mediterranean Region.
- Terms of reference for a GHWN HRH leadership hub have been developed and include an emphasis on collaborative work, in partnership with relevant education institutions, to design a core syllabus on HRH leadership and development. The work of the hub addresses the Global Strategy recommendation that “capacity-building efforts may be facilitated by the development of an internationally recognized, postgraduate professional programme on HRH policy and planning”. As a preliminary activity to support this work stream, a survey, mapping existing HRH leadership courses and related capacity-building initiatives, has been undertaken (WHO, 2017f). The objective was to identify and analyse human resource development courses and training materials globally, to inform the development of an approach to build country and stakeholder capacity in HRH governance, policy and planning, management, metrics and evaluation, in alignment with the priorities and vision of the Global Strategy. The analysis identified several strategic, governance and content elements that should inform revision of existing and design of new HRH leadership initiatives (see Box 6).

Box 6. Key recommendations for the design of HRH leadership initiatives

- Address skills needed/lacking for effective leadership, stewardship, planning, governance and management of HRH, including aspects currently under-emphasized (such as health labour economics and health workforce metrics/ evaluation).
- Focus on developing a flexible syllabus that can be: either included on a modular basis in longer programmes (public health or health sector management course); or a generic core syllabus that could be adopted for short HRH courses directed at institutional leaders (managers or hospitals or health centres) and HRH policy-makers, or expanded into a one-year course entirely dedicated to HRH from a health systems perspective.
- Encourage inclusion of the modular HRH package into well-established public health/health sector management training programmes.
- Encourage the adoption of relevant pedagogic approaches including problem-based learning and cases relevant to the students' professional contexts.
- Make better use of information and communication technology-based teaching (including distance learning) and teaching methods to improve access and to support innovative delivery modalities.
- Encourage the adoption of a shared credit system – the European Credit Transfer and Accumulation System (ECTS) seems to be the system most widely used.
- Link programme accreditation and adoption of ECTS or other credit system to incentives, including financial ones.
- Address sustainability issues from the outset.

Source: WHO (2017). Mapping and analysis of capacity-building initiatives on human resources for health leadership. Human Resources for Health Observer Series No. 23.

Member States' commitment 2016–2017

Important to building institutional capacity is high-level political commitment, which supports in-country and global actions. Throughout 2016 and 2017 Member States' commitments and partnerships have been strong, demonstrating clear support for health workforce development and action.

Table 2. Member States' and other political commitments 2016–2017

2016	<p>May 2016: Release of the Global Strategy on Human Resources for Health: Workforce 2030 (WHO).</p> <p>September: Release of Working for Health and Growth: Investing in the Health Workforce. Report of the High-Level Commission on Health Employment and Economic Growth.</p> <p>December: Report endorsed by United National General Assembly resolution (A/RES71/159); and the High-level Ministerial Meeting on Health Employment and Economic Growth.</p> <p>October 2016: Global Health Workforce Network established including global development partners; public and private representation; representatives of the health workforce, including professional associations and trade unions; private sector and health sector employees; and civil society, academia and foundation representatives (WHO, 2016g).</p>
2017	<p>January: WHA Executive Board; France-Africa Bamako Summit; OECD Health Ministerial Meeting.</p> <p>March: 61st Commission on the Status of Women; West African Economic and Monetary Union health and labour ministers meeting.</p> <p>April: ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services.</p> <p>May: G20 Health ministers' meeting; WHA.</p> <p>June: OECD Health Committee.</p> <p>April: Cross-organization technical meeting (ILO, OECD, WHO) to design interagency data exchange.</p> <p>June: Joint UN statement on ending discrimination in health-care settings. On 30 June 2017, 12 UN entities committed to work together to support Member States to provide health-care services free from stigma and discrimination, issuing a powerful statement to end discrimination in health-care settings.</p> <p>June: Finalization of the Working for Health programme (ILO, OECD, WHO) adopted by the 70th WHA, May 2017 (WHA 70.6); supported by the OECD Health Committee and considered by the 331st session of the ILO governing body.</p> <p>November: Fourth Global Forum on Human Resources for Health, Dublin, Ireland.</p>

The Global Health Workforce Alliance legacy

Central to advancing the momentum and global commitment on HRH has been the work of the Global Health Workforce Alliance (GHWA), a partnership hosted and administered by WHO which was launched in 2006 and whose mandate came to a successful completion in 2016. A report published in April 2016 (Insource, 2016) articulated the impressive contribution of the Alliance to global policy and frameworks for the health workforce, often made in challenging and changing circumstances. The accomplishments in terms of partnership, progress and the platform on which global health workforce issues are to be further progressed, are best articulated by the authors themselves (Box 7).

Box 7. Taking stock of the Global Health Workforce Alliance's legacy

“... At the time of its emergence, GHWA was the right organization to promote ‘workforce evolution’ at the level of global systems – clarifying priorities, advocating for better practice, developing resources for global governance, and bringing together diverse actors to build an inclusive movement.

... A decade later, GHWA leaves a substantial legacy: widespread understanding of the complexity of HRH issues; a proven framework for country-level action; a wealth of evidence for innovation; and an empowered stakeholder base. Specific accomplishments include the WHO Code, the Global Strategy, and commitments to greater accountability on the part of national actors.”

Source: Insource (2016). Assessing the legacy of the Global Health Workforce Alliance through the lens of complex adaptive systems. 21–22.

Establishing the Global Health Workforce Network

The GHWN was established in October 2016 to support the implementation of the Global Strategy and of the UN Commission's recommendations by maintaining high-level political commitment, promoting intersectoral and multilateral dialogue, public-private collaboration, and facilitating the alignment of a range of partners to the priorities outlined in the Global Strategy. GHWN differs from GHWA in that it is a collaborative platform facilitated directly by the Health Workforce Department of WHO, with funding from Ireland, Norway, France, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other development partners (whereas GHWA was a WHO-hosted partnership with an independent governing board). However, the GHWN does take forward some of the functions of the GHWA in terms of providing a forum which promotes global partnership and dialogue (Insource, 2016). GHWN also serves as a mechanism for multistakeholder engagement for the Working for Health programme.

The broad objectives of GHWN include: to make a robust investment case for expanding and transforming the health and social workforce; and to strengthen action towards implementing the Global Strategy. Technical work is ongoing in several work streams via an initial two-year plan (WHO, 2016g).

As the preceding sections illustrate, the CHW hub is collaborating with WHO on activities to promote the dissemination and uptake of the emerging guidelines on policy and systems support for CHWs; the education hub is facilitating the development of a competency framework for primary health care for occupations with a two- to four-year education pathway, in line with the TVET agenda; the labour market hub is developing modules for health labour market analysis and on the return on HRH investments. Other emerging hubs will address topics such as a curriculum to strengthen HRH leadership through formal accredited courses and mainstreaming gender in the health workforce agenda.

A Strategic Advisory Committee, established by WHO, chaired by Ireland, has the function of advising WHO, on all aspects of the work of the GHWN. This committee also provides a strategic opportunity to engage key actors from relevant sectors and constituencies at a policy level.

Global forums on HRH: Bolstering political commitment for investment

A core activity of the GHWA, and now of the WHO Health Workforce Department, with GHWN funding, has been the organization every few years of global forums on HRH. There has been a logical progression in the political and technical objectives of the global forums, framing health workforce priorities in relation to the overarching development agenda, and eliciting political commitment (Figure 2).

The Fourth Global Forum on Human Resources for Health: Building the Health Workforce of the Future was held in Dublin, Ireland from 13-17 November 2017. Attended by more than 800 participants, the Forum represented an important milestone for advancing the workforce agenda for universal health coverage, health security and the Sustainable Development Goals.

The Forum programme included pre-conference activities (side events and Youth Forum) and the main programme sessions (plenaries, parallel track sessions, and oral presentations). Thirty-three side events, including seven thematic hubs sessions of the Global Health Workforce Network, were organised over a two day period. The first ever Youth Forum culminated in the Youth Call for Action - "Health workers are an investment, not a cost", which resulted in the establishment of a thematic hub on Youth.

The main programme was built around four workforce sub-themes aligned with the WHO Global Strategy on HRH:

- Aligning education and utilization of skills to optimize workforce performance;
- Policies and planning for labour market transformation and employment for health;

- Decent work, rights and responsibilities; and
- Moving forward: improving governance for effective implementation of the Global Strategy on HRH.

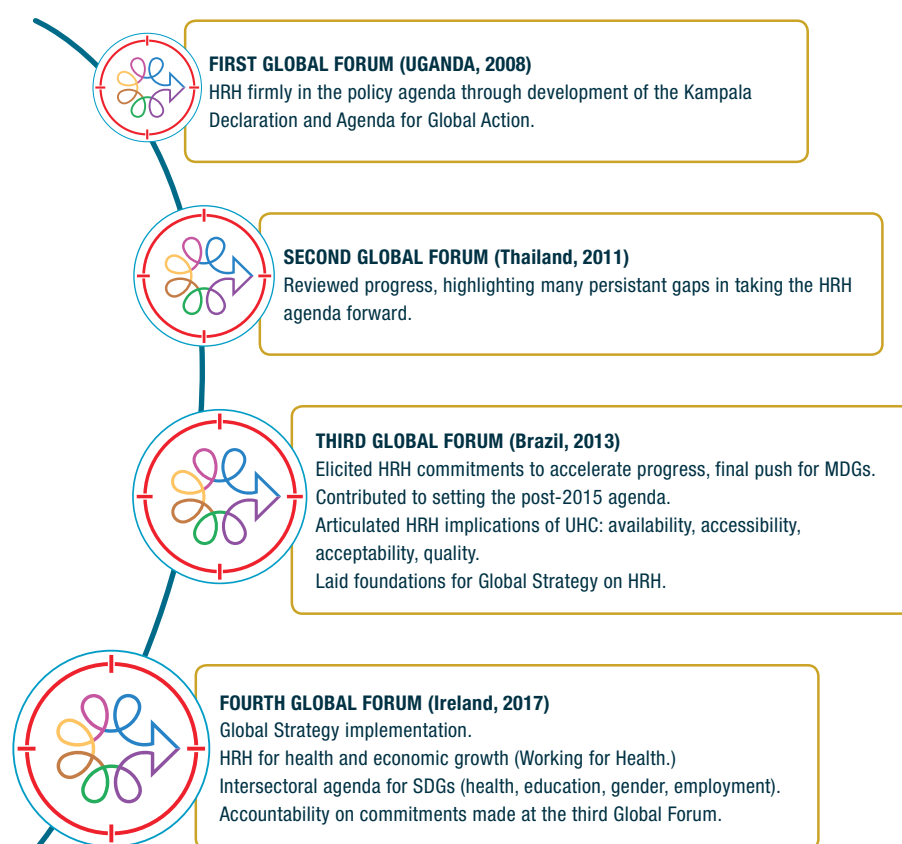
The Forum brought unprecedented momentum to the concept of an intersectoral health workforce agenda and the investment case for HRH, leveraging the political capital built through the work of the UN Commission and the opportunities opened by the Working for Health programme.

The last day included additional debates on fiscal policy and financing for jobs, and on galvanizing commitment, change and accountability. The Forum concluded with the adoption by multiple stakeholders across different sectors of the “Dublin Declaration on Human Resources for Health: Building the Workforce of the Future.”

The Forum was co-organized by Trinity College, the Departments of Health, Foreign Affairs and Trade and the Health Service Executive of Ireland, WHO and the Global Health Workforce Network.

The Fourth Global Forum served also as an opportunity for reviewing progress and promoting accountability on the HRH commitments made by countries and other stakeholders at the Third Global Forum. Encouragingly, dedicated analyses showed substantial progress in most countries that made explicit HRH commitments at the 2013 conference (Box 8).

Figure 2: From Kampala to Dublin: A brief history of the global forums on HRH



Box 8. Follow-up analysis of Third Global Forum HRH commitments

At the Third Global Forum for HRH in Brazil (2013), countries made a call to action:

“... We as leaders are committed to attaining universal health coverage and recognize that we need an improved health workforce to achieve it.... We therefore commit ourselves to an ambitious agenda for health workforce development at all levels, in particular at country level, and urge all stakeholders and the international community to provide support and foster the required collaboration at all levels, working together towards the shared vision that all people, everywhere have access to a skilled, motivated health worker, within a robust health system.”
(GHW, 2013.)

Countries, development partners and other stakeholders were invited to commit to specific health workforce action that would accelerate the agenda in their respective contexts. A few years later, WHO commissioned follow-up analyses on the HRH commitments. In-depth country case studies in three of the countries (Indonesia, Sudan and the United Republic of Tanzania) were conducted and published in the journal *Human Resources for Health*. The case studies demonstrated that in each country substantial progress had been made in implementing the actions described in the commitment, and that the commitment process had created an opportunity for policy dialogue that would otherwise not have existed (Dussault et al, 2016). A subsequent analysis covering all 57 countries that made HRH commitments, and published in the *British Medical Journal Global Health*, corroborated the results of the country case studies, showing meaningful progress in the implementation of commitments in the majority of countries surveyed (van de Pas et al, 2017).



Objective 4

Data for monitoring and accountability

The Global Strategy requires WHO to:

- Support development and strengthening; and review the utility of and update and maintain tools, guidelines and databases relating to data and evidence on HRH for routine and emergency settings.
- Facilitate the progressive implementation of national health workforce accounts (NHWA) to support countries to strengthen and establish a standard for the quality and completeness of their health workforce data.
- Streamline and integrate all requirements for reporting on HRH by WHO Member States.
- Adapt, integrate and link the monitoring of targets in the Global Strategy to the emerging accountability framework of the SDGs and other resolutions adopted by the UN General Assembly.

National health workforce accounts

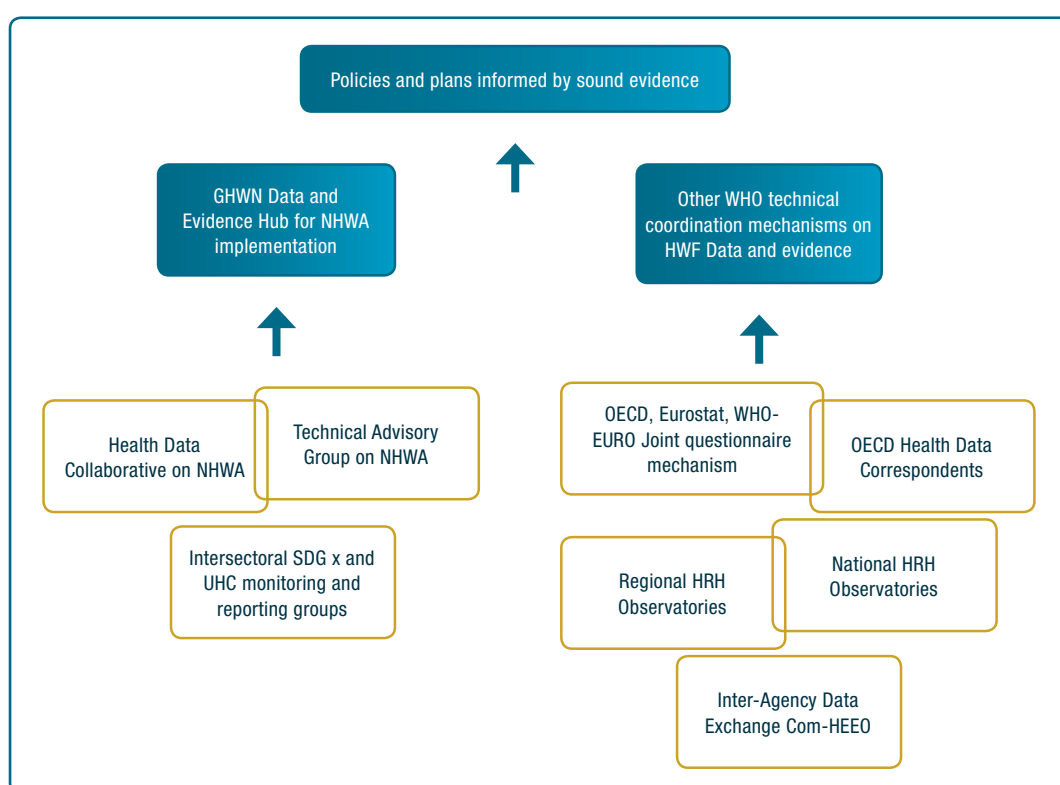
Country health information systems will be vital in informing decision-making and monitoring progress (WHO, 2017g). A key challenge at country level is the availability, completeness and quality of HRH data. Member States need to strengthen or establish health personnel information systems in order to collect, analyse and translate data into effective health workforce policies and plans (WHO, 2016h). Both the Global Strategy and the UN Commission call for improving HRH data at all levels through the progressive implementation of NHTWA. The NHTWA concept has been adopted in relevant resolutions and workplans in WHO regions.

A data and evidence hub of the GHWN coordinates and interacts with a number of existing thematic initiatives on health workforce information systems; some of these have a focus on high-income countries, others an emphasis on low- and middle-income countries; some are managed by WHO, others in collaboration with other entities or led by national or regional authorities (Figure 3).

Through the work of the GHWN data and evidence hub and the various existing HRH information initiatives, in 2016 and 2017, the Health Workforce Department coordinated the development of operational materials to facilitate the implementation of NHTWA, including:

- A **NHTWA handbook** with indicators aligned to international standards, covering all aspects of the health labour market framework.
- A **NHTWA brochure** for advocacy purposes.
- An **implementation guide** to provide practical guidance on how to implement NHTWA in the context of national settings.
- A dedicated online **web platform** that offers to Member States, country and regional offices tools to upload, verify and visualize HRH data. The NHTWA data platform will also serve as a public good for dissemination of the most recently available health workforce data. The NHTWA handbook and the implementation will be officially launched during the Fourth Global Forum on HRH in Dublin, 13–17 November 2017.

Figure 3: The coordinating role of the GHWN data and evidence hub



To support the implementation of NHA, a series of regional workshops have been conducted in the African, South-East Asia and Eastern Mediterranean regions, reaching over 40 countries and more than 150 national experts, and will be progressively extended to other regions in 2018. These workshops are critical to raising awareness and bolstering momentum for NHA implementation, and are resulting in concrete action plans to operationalize NHA in the country context. Health workforce observatories are being strengthened and expanded in the Eastern Mediterranean Region as a mechanism to facilitate implementation of NHA.

In partnership with USAID, joint NHA activities have been undertaken (in Indonesia) and planned for Africa and other Asian countries, in 2018.

SDG reporting: Health workforce

Despite real progress in the data tools available for countries, and global coordination to improve data exchange, reporting for the SDGs shows deficiencies in the health workforce data, which must be addressed if real progress is to be achieved.

Reporting for SDG Target 3.c. in 2016 and 2017 shows that many countries have major shortfalls in terms of their health workforce and infrastructure (2017f).

- There is an estimated deficit of approximately 17.4 million health workers in 2013. Regionally, the largest deficit of health workers was in South-East Asia (6.9 million) followed by Africa (4.2 million) (Scheffler, Cometto et al, 2017).
- Density of skilled health workers varies greatly across WHO regions, from 106.4 per 10 000 population in the European Region, to 14.1 per 10 000 population in the African Region (Figure 5).
- Major shortages of physicians and nurses/midwives are of concern in most countries in the WHO African, South-East Asia and Eastern Mediterranean regions (WHO, 2016i).

Global Code of Practice on the International Recruitment of Health Personnel

Adopted by the 63rd WHA in 2010, this Code was designed by Member States to establish voluntary principles and practices for the ethical international recruitment of health personnel, including to discourage active recruitment of health personnel from developing countries, which face critical shortages of health workers. In 2016–2017, 74 countries reported on progress made towards implementing the Code. Work is ongoing to streamline reporting requirements for the

Figure 4: Overview of NHA modules

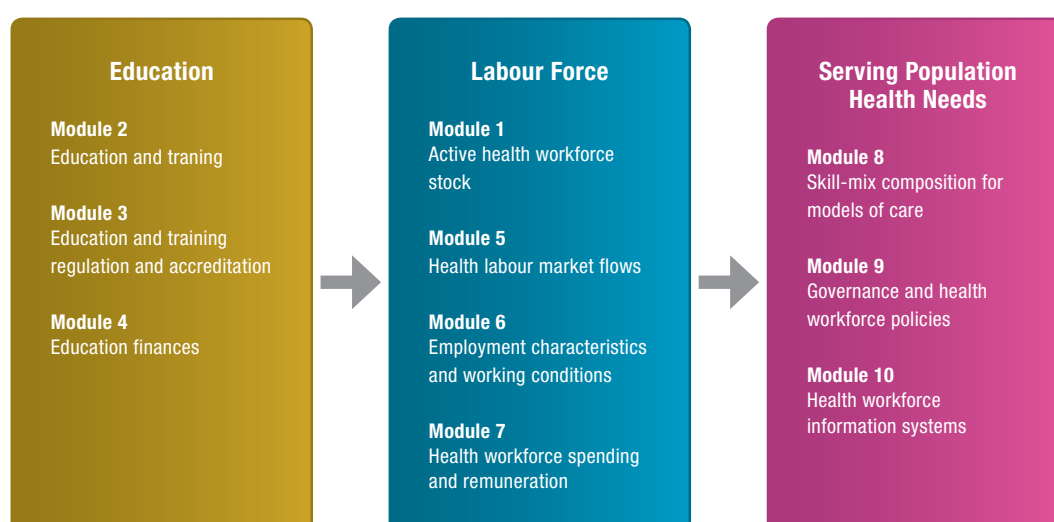
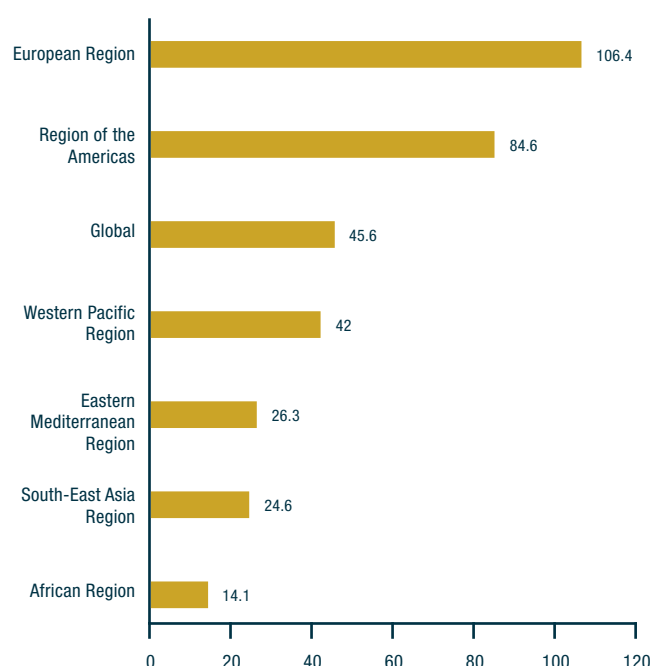


Figure 5: Density of skilled health workers per 10 000 population (WHO regions 2005–2015)



Source: WHO (2017). World Health Statistics 2017.

third round of Code reporting, due in 2018, with a view to harmonize, as much as possible, data needed and the reporting schedule with the evidence and accountability requirements of the Global Strategy.

Bilateral agencies' assessment and information exchange

The Global Strategy calls for strengthened data on HRH for monitoring and accountability of national and regional

strategies, and the Global Strategy, through milestones for 2020, including that development partners will have strengthened health workforce assessment and information exchange; and that all countries will have made progress on:

- Establishing registries to track health worker stock, education, distribution, flows, demand, capacity and remuneration; and
- Sharing HRH data through NHWAs and submitting core indicators annually to the WHO Secretariat.

Stronger data partnerships were forged between global partners to support country data development. At the global level, work towards establishing an interagency data exchange began in 2017 between ILO, OECD and WHO, to support coordination and improvement of global data on the health and social workforce. Linked to the work of the GHWN data and evidence hub, a global committee was formed in 2016 under the auspices of the Health Data Collaborative and in collaboration with partners including USAID, in order to coordinate partner activities and focus in countries in greatest need.

Strengthening the intersectoral approach

The Global Strategy on Human Resources for Health calls for strengthening the intersectoral approach in evidence generation. Specialized areas of data development, important to building UHC, have been given targeted attention throughout 2016 and 2017. Particular attention has been paid to strengthening data for health workers in surgical and cancer domains, eye care and disability, and for skilled delivery workers. Analytical work has been conducted using the JEE data for 48 countries.



Next steps

2018–2020

Commitment to HRH at the global level has never been stronger, as the adoption of the Global Strategy, the UN Commission recommendations and the Working for Health programme demonstrate. Simply adopting these global frameworks, however, will not improve workforce availability, quality and performance in countries. If results are to be achieved where they matter most, they must be followed by commitment and action in countries.

What remains to be done?

The Global Strategy emphasizes milestones for countries and bilateral and multilateral agencies to be achieved by 2020 (Table 3). The next phase will focus on delivering coordinated actions to support for countries to achieve these milestones.

Table 3. Global milestones by 2020

All countries	<ul style="list-style-type: none"> Inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda. HRH unit with responsibility for development and monitoring of policies and plans. Regulatory mechanisms to promote patient safety and adequate oversight of the private sector. Established accreditation mechanisms for health training institutions. Progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration. Progress on sharing data on HRH through NHWAs and submit core indicators annually to the WHO Secretariat.
All bilateral and multilateral agencies	<ul style="list-style-type: none"> Strengthened health workforce assessment and information exchange.

Working for Health: A five-year action plan for health employment and inclusive economic growth

Recognizing that the momentum concerning HRH must focus now on capacity at country level, the Working for Health programme (Table 4) aims to deliver state-of-the-art policy advice, technical assistance and capacity strengthening to countries to accelerate progress towards the SDGs. Released in May 2017 by ILO, OECD and WHO, the programme's objectives respond to the UN Commission – by 2030, to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to address the projected shortfall of 18 million health workers, primarily in low- and middle-income countries.

Table 4. Working for Health: A Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021)

One vision	Accelerate progress towards UHC and attaining the goals of the 2030 Agenda for Sustainable Development by ensuring equitable access to health workers within strengthened health systems.
Two goals	Invest in both the expansion and transformation of the global health and social workforce.
Three agencies	ILO, OECD, WHO.
Four SDGs	Ensure healthy lives and promote well-being for all at all ages (Goal 3); ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4); achieve gender equality and empower all women and girls (Goal 5); and promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (Goal 8).
Five work streams	To facilitate the implementation of intersectoral approaches and country-driven action and catalyse sustainable investments, capacity-building and policy action: (1) advocacy, social dialogue and policy dialogue; (2) data, evidence and accountability; (3) education, skills and jobs; (4) financing and investments; and (5) international labour mobility.

Source: WHO (2017). 70th World Health Assembly A70/18 provisional agenda item 13.1 Human resources for health and implementation of the outcomes of the UN High-Level Commission on Health Employment and Economic Growth: Report by the Secretariat.

The 70th WHA adopted the joint WHO, ILO, OECD Working for Health five-year action plan (WHA 70.6) in May 2017. The OECD Health Ministerial Meeting adopted the UN Commission recommendations in January 2017 and supported Working for Health at its biannual meeting on the 26 June 2017. The Working for Health agenda will be considered by the 331st session of the ILO governing body in November 2017. The Working for Health programme was costed at US\$ 70 million over five years. Working for Health has been recognized by the United Nations Department of Economic and Social Affairs (UN DESA), the UN multi-partner trust fund (MPTF) office in the United Nations Development Programme (UNDP), and Member States in various forums as an exemplary partnership, where UN agencies and international organizations work together across sectors to achieve multiple SDGs. The actions are

intended to be globally catalytic and highly relevant to countries: delivering global public goods adapted for use in any country; providing targeted technical assistance for evidence-based national strategies; improving accountability structures; achieving efficiencies in existing and future investments; and making it easier for domestic and international partners to invest in future work. There is high demand from Member States for the Working for Health programme, with requests for assistance from 26 Member States to date, which ILO, OECD and WHO are jointly working to respond to.

A multi-partner trust fund

Investments in the health and social workforce comprise more than one third of the necessary health sector investments

required to achieve better health and well-being by 2030, as documented by the recent publication of a Lancet paper on financing transformative health systems to achieve the health SDGs (Stenberg et al, 2017). In addition, substantive investments are needed to obtain quality workforce data that can inform national, evidence-based policy decisions as well as support global efforts towards UHC (WHO, 2016h).

With the Working for Health programme governance established in 2017, ILO, OECD and WHO are setting up a MPTF to support implementation of the five-year action plan. The fund is designed to work coherently with a range of other financing facilities, by supporting technical needs specific to the generation of national health workforce plans and investments in line with the UN Commission recommendations.

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