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# **Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth**

## **Report by the Secretariat**

1. The Executive Board at its 140th session noted a prior version of this report and adopted decision EB140(3) requesting the Director-General to finalize, in collaboration with ILO, OECD and relevant regional and specialized entities, in consultation with Member States, a draft five-year action plan 2017–2021 and to submit that draft action plan for consideration by the Seventieth World Health Assembly.<sup>1</sup> This updated report provides additional information on the consultative process towards a five-year action plan (paragraph 8) and on resolution 71/159 (Global health and foreign policy: health employment and economic growth) that was adopted by the United Nations General Assembly in December 2016 (paragraph 10). It also contains the draft five-year action plan (2017–2021) “Working for health” (see Annex), which aims to support implementation of the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth in line with WHO’s global strategy on human resources for health: Workforce 2030 (adopted in May 2016 in resolution WHA69.19).

2. Following the request by the General Assembly in resolution 70/183 (2015) to explore steps to meet the global shortfall of trained health workers, the United Nations Secretary-General launched the High-Level Commission on 2 March 2016. Its task was to make recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers, primarily in low- and lower-middle-income countries, by 2030. The Commission was designed as a strategic political initiative to create momentum towards the implementation of WHO’s global strategy on human resources for health.

3. The Commission, chaired by the Presidents of France and South Africa with the heads of ILO, OECD and WHO as Vice-Chairs, submitted its report *Working for health and growth: investing in the health workforce*<sup>2</sup> to the Secretary-General on 20 September 2016. The Commission’s report, through its 10 recommendations and five immediate actions, gives the necessary political and intersectoral momentum to the implementation of WHO’s global strategy on human resources for health, with particular attention to the WHO Global Code of Practice on the International Recruitment of Health

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<sup>1</sup> See document EB140/17, decision EB140(3) and the summary records of the Executive Board at its 140th session, eighth meeting, section 3 and ninth meeting.

<sup>2</sup> Available at <http://www.who.int/hrh/com-heeg/> (accessed 5 April 2017).

Personnel (adopted in 2010 in resolution WHA63.16) and the need to transform health workforce education in support of universal health coverage (resolution WHA66.23 (2013)).

4. This report provides a summary of the Commission's recommendations and their linkages to existing decisions and resolutions of the Health Assembly, United Nations General Assembly and United Nations Security Council.

## **THE COMMISSION'S RECOMMENDATIONS AND IMMEDIATE ACTIONS**

5. In recognition of the impact of the health workforce on attainment of all the relevant Sustainable Development Goals, commissioners were appointed from the education, employment, health, labour and foreign affairs sectors of governments and international organizations, and from health professional associations, trade unions, academia and civil society. An independent expert group and a joint secretariat of staff members from ILO, OECD and WHO consolidated the available evidence and enabled technical and online consultations with multiple constituencies, including five technical consultations with Member States and other relevant stakeholders, 149 online submissions and 17 background papers.<sup>1</sup>

6. The Commission's report presents evidence from the health and social sector, taking economic and labour perspectives, highlighting its capacity as a crucial source of future jobs, particularly for women and young people.<sup>2</sup> The Commission concludes that "to the extent that resources are wisely spent and the right policies and enablers are put in place, investment in education and job creation in the health and social sectors will make a critical positive contribution to inclusive economic growth."

7. The Commission puts forward six recommendations to transform the global health workforce so as to be able to meet the needs for achieving the Sustainable Development Goals, with focus on the following areas: job creation, gender and women's rights, education training and skills, health service delivery and organization, technology, and crises and humanitarian settings. An additional four recommendations, in the areas of financial and fiscal space, partnerships and cooperation, international migration, and data, information and accountability, are made to enable this transformation.

8. Stressing the need for urgency, the Commission identifies five immediate actions to be taken between October 2016 and March 2018. These include the development of a five-year action plan, enhanced accountability, accelerated and progressive implementation of national health workforce accounts, the establishment of an interagency data exchange on the health labour market, creation of an international platform on health workers' mobility to maximize mutual benefits, and the transformation and massive expansion of professional, technical and vocational education and training, skills and jobs. A high-level ministerial meeting was held in Geneva on 14 and 15 December 2016 to propose actions and launch a consultative process that can take these

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<sup>1</sup> All the information is available through the following link: <http://www.who.int/hrh/com-heeg/> (accessed 5 April 2017).

<sup>2</sup> High-Level Commission on Health Employment and Economic Growth. Working for health and growth: investing in the health workforce. Geneva: World Health Organization; 2016 (available at: <http://apps.who.int/iris/bitstream/10665/250047/1/9789241511308-eng.pdf>, accessed 5 April 2017) and the final report of the expert group to the Commission (<http://www.who.int/hrh/com-heeg/reports/report-expert-group/en/>, accessed 5 April 2017).

recommendations forward.<sup>1</sup> The meeting brought together more than 200 participants, including ministers of education, health, labour and foreign affairs as well as representatives from international organizations, civil society, health worker organizations and unions, the private sector, academia and others to garner commitment and momentum for health and social workforce investment and action. Twenty-six statements of commitment were presented. Two online consultative processes were held with Member States and other relevant stakeholders to provide inputs into the development and finalization of the five-year action plan in October–November 2016 and January–February 2017, respectively. An information session for health and labour attachés in permanent missions in Geneva was also held at WHO with ILO and OECD in February 2017. In the course of both consultative processes, more than 60 submissions were received and used to inform the five-year action plan. Submissions were jointly reviewed by the secretariats of ILO, OECD and WHO, categorized into themes, validated against original submissions, and considered in the revised version.

## **LINKAGES TO EXISTING DECISIONS OF THE WORLD HEALTH ASSEMBLY, UNITED NATIONS GENERAL ASSEMBLY AND UNITED NATIONS SECURITY COUNCIL**

9. The Commission's recommendations and immediate actions reinforce the pressure to implement WHO's global strategy on human resources for health and prior resolutions of the Health Assembly related to human resources for health.<sup>2</sup> They also call for further strengthening of the health workforce implicit within related Health Assembly resolutions on the International Health Regulations (2005) and those relating to humanitarian settings and public health emergencies.<sup>3</sup> The Commission and the draft five-year action plan emphasize the need to ensure the protection and safety of health workers, as called for by United Nations General Assembly resolution 69/132 (2014) and United Nations Security Council resolutions 2175 (2014) and 2286 (2016).

10. The Commission's report was welcomed by the General Assembly in resolution 71/159 (2016)<sup>4</sup> in which it recognized "the need for consideration of and action on its recommendations with the aim of contributing to global inclusive economic growth and the creation of decent jobs and achieving universal health coverage, and for the effective implementation of the 2030 Agenda for Sustainable Development and to meet the targets of the Sustainable Development Goals". The General Assembly encourages Member States to strengthen their institutional mechanisms to coordinate an intersectoral health workforce agenda and urges them to consider the recommendations of the Commission. The General Assembly called upon Member States to make greater investments and promote decent work with adequate remuneration in the health and social sectors, enable safe working environments and conditions, effective retention and equitable and broad distribution of the health workforce, and strengthen capacities to optimize the existing health workforce, to contribute to the achievement of universal health coverage. The General Assembly also requested the Secretary-General in close

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<sup>1</sup> The outcome is published on the WHO website at: [http://www.who.int/hrh/com-heeg/high-level\\_meeting/en/](http://www.who.int/hrh/com-heeg/high-level_meeting/en/) (accessed 5 April 2017).

<sup>2</sup> Resolution WHA63.16 (2010) adopting the WHO Global Code of Practice on the International Recruitment of Health Personnel, resolution WHA64.7 (2011) on strengthening nursing and midwifery, and resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage.

<sup>3</sup> For instance, resolution WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems; see also decision WHA68(10) (2015) which contains a section on the global health emergency workforce and document A68/27 on global health emergency workforce.

<sup>4</sup> On global health and foreign policy: health employment and economic growth.

collaboration with the Directors-General of ILO and WHO, as well as other relevant international organizations, to report to the General Assembly at its seventy-second session on the operationalization of the immediate actions and the five-year action plan.

11. The Commission's recommendations and immediate actions align closely with WHO's priorities in support of universal health coverage, with specific links to integrated people-centred health services, meeting workforce requirements for preparedness and response to emergencies, demographic and epidemiological transitions (for example, ageing populations and the increasing importance of noncommunicable diseases), WHO's gender strategy and related area of work, and International Health Partnership for Universal Health Coverage 2030.<sup>1</sup>

12. Through its recommendations and immediate actions the Commission aims to deliver gains across the 2030 Agenda for Sustainable Development, including those in particular towards Sustainable Development Goals 1 (End poverty in all its forms everywhere), 3 (Ensure healthy lives and promote well-being for all at all ages), 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), 5 (Achieve gender equality and empower all women and girls) and 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all). The development of the draft five-year action plan is a unique example of the type of interagency and intersectoral collaboration required for effective progress towards the goals of the 2030 Agenda.

#### **ACTION BY THE HEALTH ASSEMBLY**

13. The Health Assembly is invited to note the report and consider the draft five-year action plan 2017–2021.

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<sup>1</sup> <http://www.internationalhealthpartnership.net/en/> (accessed 20 October 2016).

## ANNEX

## WORKING FOR HEALTH

**DRAFT FIVE-YEAR ACTION PLAN FOR HEALTH EMPLOYMENT AND  
INCLUSIVE ECONOMIC GROWTH (2017–2021)**

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**Summary**

One vision:	Accelerate progress towards universal health coverage 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:	International Labour Organization (ILO), Organisation for Economic Cooperation and Development (OECD) and the World Health Organization (WHO)
Four Sustainable Development Goals:	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 workstreams:	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.

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## 1. Background

1. In its report entitled *Working for health and growth: investing in the health workforce*, the High-Level Commission on Health Employment and Economic Growth (“the Commission”) proposed 10 recommendations and five immediate actions to transform the health and social workforce for the achievement of the 2030 Agenda for Sustainable Development.<sup>1</sup> Implementation of these will require game-changing interventions and action by Member States, led by ministries of health, education, employment and finance, as well as the international community.

2. Dismantling the long-held belief that investment in the health workforce is a drag on the economy, the Commission found that health workforce investments coupled with the right policy action could unleash enormous socioeconomic gains in quality education, gender equality, decent work, inclusive economic growth, and health and well-being. This paradigm shift provides new political impetus for Member States to implement WHO’s global strategy on human resources for health: *Workforce 2030*<sup>2</sup> adopted by the Sixty-ninth World Health Assembly in May 2016.<sup>3</sup>

**The High-Level Commission on Health Employment and Economic Growth** was established by the United Nations Secretary-General on 2 March 2016 in response to United Nations General Assembly resolution 70/183 on Global Health and Foreign Policy: Strengthening the Management of International Health Crises adopted on 17 December 2015.

The Commission was chaired by H.E. President of France, Mr François Hollande, and H.E. President of South Africa, Mr Jacob Zuma; and co-chaired by Dr Margaret Chan, Director-General of the World Health Organization, Mr Ángel Gurría, Secretary-General of the Organisation for Economic Co-operation and Development and Mr Guy Ryder, Director-General of the International Labour Organization. The Commission launched its report on the margins of the United Nations General Assembly in New York on 20 September 2016.

The Commission’s report was welcomed by the United Nations General Assembly at its seventy-first session.<sup>1</sup> The General Assembly urged Member States to consider its recommendations, “including the development of intersectoral plans and investment in education and job creation in the health and social sectors” with the aim of “contributing to global inclusive economic growth and the creation of decent jobs and achieving universal health coverage”.

The Executive Board of the World Health Organization at its 140th session in January 2017 considered and welcomed the Commission’s report. It requested the Director-General of WHO to work with Member States to adopt measures focusing on the key recommendations.

<sup>1</sup> High-Level Commission on Health Employment and Economic Growth. *Working for health and growth: Investing in the health workforce*. Geneva: World Health Organization; 2016 (<http://www.who.int/hrh/com-heeg/reports>, accessed 5 April 2017).

<sup>2</sup> Available at: [http://www.who.int/hrh/resources/pub\\_globstrathrh-2030/en/](http://www.who.int/hrh/resources/pub_globstrathrh-2030/en/) (accessed 5 April 2017).

<sup>3</sup> Resolution WHA69.19.

3. The Commission identifies the health and social sector<sup>1</sup> as a major and growing source of employment, and as strategic areas for investment that translate into more decent work opportunities than most other industries and sectors, particularly for women and young people.<sup>2</sup> As populations grow and change, the demand for health workers is estimated to almost double by 2030 with the expected creation of around 40 million new health worker jobs, primarily in upper-middle and high-income countries.<sup>3</sup> Each health and social worker job is supported on average by at least two additional jobs in other occupations in the broader health economy, offering the potential for job creation in and beyond the health and social sector. Few economic sectors present opportunities for steady growth in decent work, especially in light of large potential job losses in other economic sectors due to rapid technological advances and the changing organization of production and work.<sup>4</sup>

4. However, the projected growth in jobs takes place alongside the potential shortfall of 18 million health workers if universal health coverage is to be achieved and sustained by 2030, primarily in low- and middle-income countries as envisaged in WHO's global strategy on human resources for health. Without targeted interventions, the situation in resource-constrained settings could be further exacerbated by increased labour mobility towards countries with the greatest demands, thereby undermining already vulnerable health systems. Investing in the quality of jobs in terms of working conditions, labour protection and rights at work is the key to retaining health workers where they are needed.

5. The Commission called for immediate, bold and game-changing interventions to challenge the status quo and alter the projected trends in the health and social workforce. Achieving a sustainable health and social workforce is an intersectoral pursuit that requires coordinated leadership and action across the sectors of government responsible for finance, labour, education, health, social affairs and foreign affairs, as well as close collaboration with employers' and health workers' organizations, professional associations and other key stakeholders. Ten recommendations and five immediate actions (Table 1) are proposed in the pursuit of the Sustainable Development Goals.

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<sup>1</sup> Note that the draft five-year action plan includes all occupations that contribute towards improved health and well-being in the health and health-related social care sectors, and thus refers to the health and social workforce engaged in health care in all its deliverables.

<sup>2</sup> Investing in the care economy: a gender analysis of employment stimulus in seven OECD countries, March 2016. Brussels: International Trade Union Confederation; 2016 (<http://www.ituc-csi.org/CareJobs>, accessed 5 September 2016).

<sup>3</sup> Liua JX, Goryakin Y, Maeda A, Bruckner TA, Scheffler RM. Global health workforce labor market projections for 2030. Policy Research Working Paper. Report number WPS7790. Washington, DC: World Bank; 2016 (<http://documents.worldbank.org/curated/en/546161470834083341/Global-health-workforce-labor-market-projections-for-2030>, accessed 5 April 2017).

<sup>4</sup> See Report of the ILO's Director-General: The future of work centenary initiative. Conference paper. 104<sup>th</sup> International Labour Conference, 2015 ([http://www.ilo.org/ilc/ILCSessions/104/reports/reports-to-the-conference/WCMS\\_369026/lang--en/index.htm](http://www.ilo.org/ilc/ILCSessions/104/reports/reports-to-the-conference/WCMS_369026/lang--en/index.htm), accessed 5 April 2017) and The Learning Generation: Investing in Education for a Changing World. International Commission on Financing Global Education Opportunity. September 2016. ([http://report.educationcommission.org/wp-content/uploads/2016/09/Learning\\_Generation\\_Full\\_Report.pdf](http://report.educationcommission.org/wp-content/uploads/2016/09/Learning_Generation_Full_Report.pdf), accessed 30 November 2016).

**Table 1. Recommendations and immediate actions from the High-Level Commission on Health Employment and Economic Growth**

	<b>Recommendations</b>	<b>Immediate actions by March 2018</b>
<b>Transforming the health workforce</b>	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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.</li> <li>3. Scale up transformative, high-quality education and life-long learning so that all health workers have skills that match the health needs of populations and can work to their full potential.</li> <li>4. 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.</li> <li>5. Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems.</li> <li>6. Ensure investment in the International Health Regulations (2005) 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.</li> </ol>	<ol style="list-style-type: none"> <li>A. Secure commitments, foster intersectoral engagement and develop an action plan</li> <li>B. Galvanize accountability, commitment and advocacy</li> <li>C. Advance health labour market data, analysis and tracking in all countries</li> <li>D. Accelerate investment in transformative education, skills and job creation</li> <li>E. Establish an international platform on health worker mobility</li> </ol>
<b>Enabling change</b>	<ol style="list-style-type: none"> <li>7. 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.</li> <li>8. 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.</li> <li>9. 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.</li> <li>10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.</li> </ol>	



6. There is no one path to effective implementation of the Commission's recommendations and immediate actions. To be effective, the implementation of the Commission's recommendations must be driven by Member States and be aligned and integrated with national and regional priorities and related agendas on health, social protection, employment and economic growth across sectors. Policies and action must be implemented through continuous social dialogue with representatives of employers and health and social workers. Current and future trends and needs must be anticipated and taken into account to ensure equity and inclusivity, such as demographic and epidemiological changes, migration flows, climate change, inequities in access to health services, technological advancements and socioeconomic transitions. Investments must be coupled with a transformative agenda and the right policies to ensure that they result in achieving the right skills for the right jobs, in the right places.

7. ILO, OECD and WHO organized the High-Level Ministerial Meeting on Health Employment and Economic Growth (Geneva, 14 and 15 December 2016) and presented for a first round of consultation a draft plan for how the three agencies can support their Member States in translating the recommendations of the Commission into action. WHO's Executive Board at its 140th session in January 2017 in turn requested the Director-General in decision EB140(3) to finalize the five-year action plan in time for the Seventieth World Health Assembly in May 2017 – in collaboration with ILO, OECD and relevant regional and specialized entities and in consultation with Member States.

8. Two rounds of open consultation have informed the development of this action plan, with more than 60 contributions both before (25 October–11 November 2016) and after (15 December 2016–17 February 2017) the High-Level Ministerial Meeting on Health Employment and Economic Growth. The draft action plan was also discussed with more than 80 representatives of permanent missions to the United Nations in Geneva through an information session on 9 February 2017. The contributions highlight the breadth of Member States and stakeholders across sectors that are actively working towards adopting and implementing the Commission's recommendations at national, regional and international levels.

### **Objectives of the draft five-year action plan**

9. The five-year action plan is a joint intersectoral programme of work across ILO, OECD and WHO that is critical to supporting Member States in the effective implementation of the Commission's recommendations in line with WHO's global strategy on human resources for health. With the aim of supporting and facilitating country-driven implementation, it sets out how the three agencies will work with Member States and key stakeholders as they translate the Commission's recommendations into action in line with national, regional and global plans and strategies. As such, the action plan is a good example of the type of collaborative partnerships between international agencies that are needed to support Member States in realizing the 2030 Agenda.

10. The action plan does not prescribe the actions of Member States or key stakeholders required to implement the Commission's recommendations. Rather, it sets out the deliverables that ILO, OECD and WHO will generate in order to respond to the expected demands and requests of Member States, employers' and workers' organizations and other key stakeholders. Where applicable and requested by Member States, the organizations could engage in technical cooperation, convening and coordination, capacity development, research, facilitating investments and financing, and normative guidance.

11. The specific objectives of the five-year action plan are to:
- (a) facilitate Member States' implementation of intersectoral, collaborative and integrated approaches and country-driven action that advance the Commission's recommendations and immediate actions in line with WHO's global strategy on human resources for health.
  - (b) catalyse and stimulate predictable and sustainable investments, institutional capacity-building, and transformative policy action and practice in the health and social workforce, with special consideration to priority countries where universal health coverage and the Commission's recommendations are least likely to be attained.<sup>1</sup>

## Approach

12. The leadership and stewardship role of Member States and other key stakeholders are critical to implementation of the Commission's recommendations in line with WHO's global strategy on human resources for health and guided by resolution WHA69.19 (2016) adopting that strategy and the United Nations General Assembly's resolution 71/159 (2016) on Global health and foreign policy: health employment and economic growth. All stakeholders have a critical role to play and must work together across sectors of education, health, labour, finance and foreign affairs to invest in and transform current health workforce models to be sustainable and fit-for-purpose.

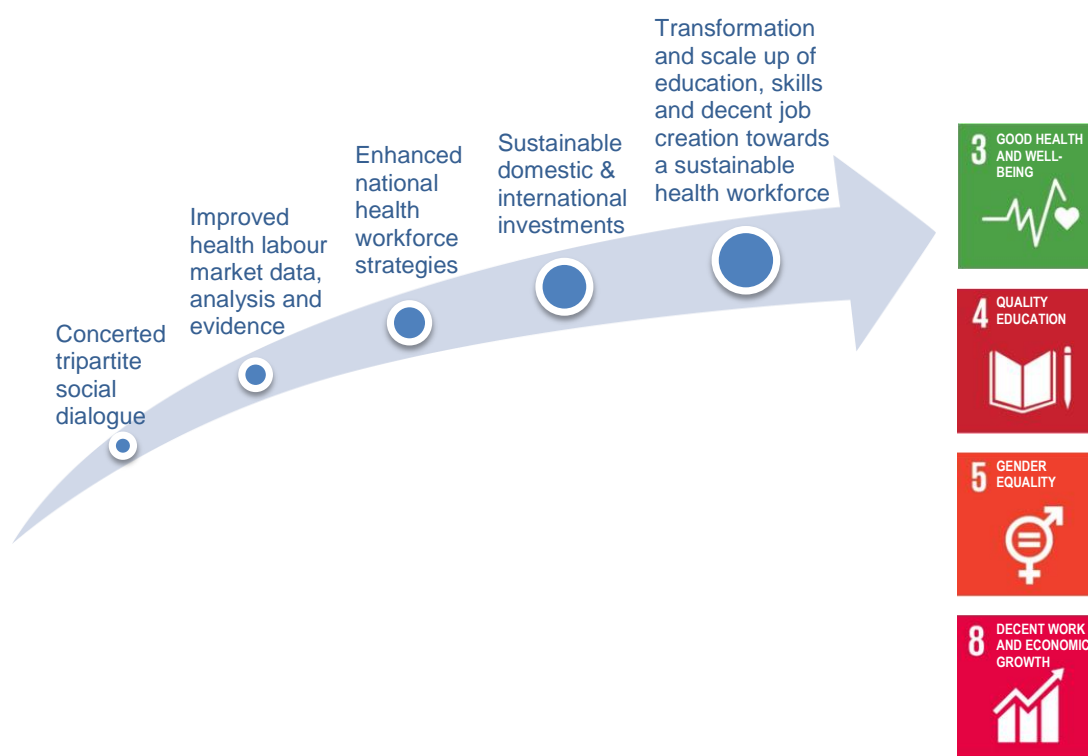
13. Country ownership, all-of-government approaches, social dialogue and outreach to other partners are essential foundations for the implementation of the Commission's recommendations. With this action plan ILO, OECD and WHO, together with other partners and global initiatives working on relevant goals of the 2030 Agenda (for example, for quality education, youth employment, gender equality, and sustainable business) can support and facilitate country-driven action.

14. By joining forces ILO, OECD and WHO will be better able to work with Member States in the formulation of comprehensive, intersectoral and integrated national health workforce strategies. Using their convening power and drawing on their data and analytical work, the three organizations can facilitate concerted tripartite social dialogue<sup>2</sup> and improved health labour market data and evidence, which are critical to the formulation of a new generation of national health workforce strategies and the mobilization of domestic and international resources to implement these (Figure 1). Investments coupled with the transformation and expansion of education, skills and decent job creation will contribute towards a sustainable health workforce, and in doing so, achieve socioeconomic dividends across Goals 3, 4, 5 and 8.

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<sup>1</sup> Priority countries were defined by the Commission's report as countries where universal health coverage and the Commission's recommendations are least likely to be attained. Criteria will be developed by the organizations which could be used by Member States to determine eligibility to access enhanced, targeted support.

<sup>2</sup> Social dialogue includes all types of negotiation, consultation or simply exchange of information between, or among, representatives of governments, employers and workers, on issues of common interest relating to economic and social policy.

**Figure 1. Theory of change**

15. The five-year action plan demonstrates how ILO, OECD and WHO will respond to each recommendation with a number of deliverables at the national, regional and global level that will support Member States in translating these recommendations into action, and also realize related goals of WHO's global strategy on human resources for health and the global strategic directions for strengthening nursing and midwifery.<sup>1</sup> The deliverables will be organized through five workstreams that respond to the available global strategies and recommendations, with priorities set for each year through operational planning processes (Table 2).

**Table 2. Workstreams mapped to global strategies and recommendations**

Workstreams	Commission's recommendations and immediate actions	WHO's global strategy's objectives	Strategic directions for strengthening nursing and midwifery thematic areas
1. <b>Advocacy, social dialogue and policy dialogue.</b> Galvanizing political support and momentum and building intersectoral commitment at the global, regional and national levels, and strengthening social dialogue and policy dialogue for investments and action.	1–10, A, B	1, 2, 3, 4	2, 4

<sup>1</sup> WHO. Global strategic directions for strengthening nursing and midwifery 2016–2020. Geneva: World Health Organization; 2016 ([http://www.who.int/hrh/nursing\\_midwifery/global-strategy-midwifery-2016-2020/en/](http://www.who.int/hrh/nursing_midwifery/global-strategy-midwifery-2016-2020/en/), accessed 5 April 2017).

<b>Workstreams</b>	<b>Commission's recommendations and immediate actions</b>	<b>WHO's global strategy's objectives</b>	<b>Strategic directions for strengthening nursing and midwifery thematic areas</b>
2. <b>Data, evidence and accountability.</b> Strengthening data and evidence through implementation of the national health workforce accounts and the Global Health Labour Market Data Exchange; enhancing accountability through monitoring, review and action; and strengthening knowledge management.	10, C	3, 4	1, 2
3. <b>Education, skills and jobs.</b> Accelerating the implementation of intersectoral national health workforce strategies designed to achieve a sustainable health workforce.	1–6, D	1, 2, 3	1, 3
4. <b>Financing and investments.</b> Supporting Member States in catalysing sustainable financing for increased investments in health and social workforces through financing reforms and increased domestic and international resources.	7, D	1, 2, 3	4
5. <b>International labour mobility.</b> Facilitating policy dialogue, analysis and institutional capacity-building to maximize mutual benefits from international labour mobility.	9, E	1–4	

16. Activities integral to each workstream include: analysis and research, advice on norms and international labour standards, technical cooperation, coordination, knowledge management, institutional capacity-building and catalytic resource mobilization. Operational plans will be produced including programmatic details on the activities towards achieving implementation of deliverables, targets, timeframes, qualitative and quantitative metrics for monitoring and evaluation, the specific roles of each agency, collaboration with stakeholders and resource requirements at national, regional and international levels.

17. There are important interconnections between the workstreams that will be factored into the technical design and operational planning. For example, stimulating investments in creating decent health sector jobs must be connected to efforts to transform and expand education and life-long learning, take into account reforms in service delivery, and be appropriately financed.

## 1. Key principles

18. The implementation of the five-year action plan will follow the key principles of:

- (a) supporting the achievement of the 2030 Agenda for Sustainable Development
- (b) being guided by United Nations General Assembly resolutions, World Health Assembly resolutions, normative frameworks and instruments, and International Labour Standards
- (c) being country-led and driven, with the agencies working in close consultation with governments, employers and workers' organizations as well as other key partners at the country, regional and global levels

- (d) focusing on making an impact and achieving tangible results at the country level and in key sectors
- (e) combining immediate action and longer-term strengthening of laws, policies and institutions
- (f) making full use of institutional mandates, strengths and value-added activities across three agencies without duplication; including utilizing existing initiatives, knowledge platforms, networks and lessons learned, particularly those related to education and skills, gender equality, youth employment and decent work, health emergencies amongst others
- (g) harnessing and building on credible data and analysis to monitor progress and impact at the national, regional and global levels.

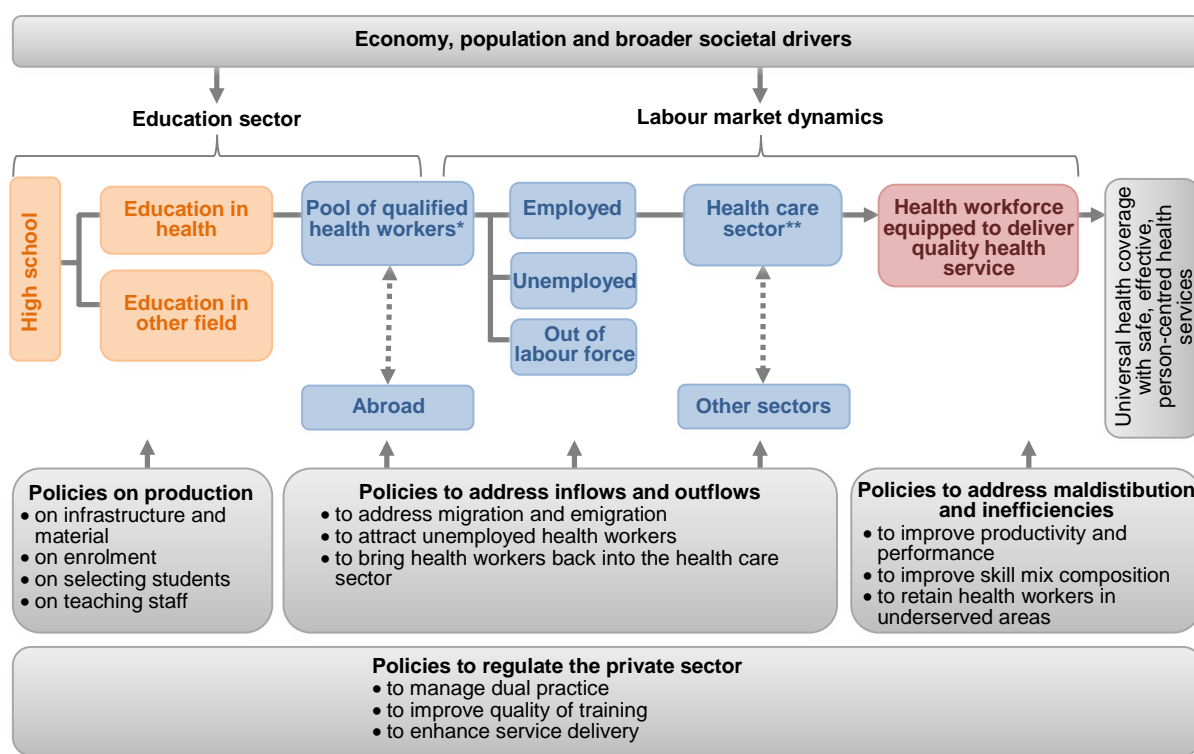
## 2. Key cross-cutting considerations

19. Key cross-cutting considerations that underpin the five-year action plan and approach include the following:

- (a) **Labour market approach.** A labour market approach will be applied in health and social workforce analysis, action and investments, taking full consideration of the dynamics and drivers across sectors (Figure 2). This approach includes analysis of the education sector, pre-service education systems, available workforce pool (for example, demographics, skills and distribution), life-long learning systems (for example, continuing professional development and continuing education), employment, and workforce investments against current and future population health and social care needs. A suite of appropriate policies, reforms, regulatory frameworks and incentives may be required to address labour market and public failures identified through labour market analysis.
- (b) **Coherence and coordinated action across sectors.** Coordinated intersectoral analysis, action and investments across education, health, social, labour, finance, and foreign affairs sectors are critical to effective progress. Policy coherence and alignment across sectors are also essential.
- (c) **Decent work.** Health and social workforce investments and interventions must strive towards ensuring decent work for all available and future jobs across the health economy. Attention must be paid to improving working conditions, job security and occupational health and safety as well as the effective recognition and application of labour rights.
- (d) **Gender equality.** Gender equality will be mainstreamed as a cross-cutting goal in gender-transformative investments and actions for the health and social workforces. Gender inequalities must be analysed and redressed; an example is women's provision of unpaid care in the absence of social protection and skilled care workers. Ensure women are appropriately represented in social dialogue mechanisms. Strengthen and use sex-disaggregated data; undertake gender analysis as an integral part of labour market analysis; and develop and strengthen national health workforce strategies, policies and investments that address identified gender biases and inequalities, including gender-sensitive considerations regarding women's security, working conditions and mobility.

- (e) **Youth empowerment.** Opportunities to improve the quality of education, education opportunities, human capital, decent work and career pathways for youth will be maximized. Empower young people and people from vulnerable and disadvantaged communities, including indigenous communities.
- (f) **Social dialogue.** Social dialogue between governments, employers and workers as well as other relevant health sector stakeholders will be strengthened as a fundamental process in health and social workforce policy development. Social dialogue facilitates consensus building and contributes positively to health sector reforms and is particularly important in times of structural change.
- (g) **Needs-based, fit-for-purpose health and social workforce.** Health and social workforce investments and actions must respond to the current and future needs of populations not only for universal health coverage, but also global health security. Policies should take into account demographic changes, technological changes, inequities in access to health and social services, and socioeconomic transitions. The workforce should be geared towards the social determinants of health, health promotion, disease prevention, primary care and people-centred, integrated, community-based services; including all types of health and social sector workforce. Coherent public action with partnerships with a range of stakeholders is urgently required to develop labour market policies conducive to stimulating demand for a sustainable health workforce, particularly in underserved areas.
- (h) **Maximize available opportunities and reinforce linkages with existing initiatives.** Existing opportunities and mechanisms across agencies will be utilized to the greatest extent possible through available projects, collaborations and initiatives, and strengthening international, South–South and triangular cooperation to streamline efforts towards the implementation of the five-year action plan.
- (i) **Sustainability.** Reforms and improved use and management of existing financing opportunities will be advocated and supported. Sustainable financing strategies for health workforce investments must be expanded, including general budget, progressive taxation, social health insurance, earmarked funds, and the private sector.
- (j) **Public health and protracted emergencies, and humanitarian settings.** Take special consideration of the specificities of the health labour market and challenges in the education and training of health workers, decent work, and the protection and security of health workers in public health, protracted emergencies and humanitarian settings.

Figure 2. Public policy levers to shape health labour markets



\* Supply of qualified health and social workforce willing to work

\*\* Demand for health and social workforce in the health and health-related social care sectors

## Coordinating implementation of the five-year action plan

20. ILO, OECD and WHO will oversee and coordinate the implementation of the five-year action plan (Table 3) through regular decision-making meetings at the senior management level; a Steering Committee of the three organizations is being established for that purpose. Working under the direction of the Steering Committee, a joint Technical Secretariat will be responsible for developing annual operational plans, ensuring effective implementation, communications and knowledge management, stakeholder management, consultative processes, monitoring and evaluation, and reporting. Expertise across the three organizations will be organized into the five workstreams to design and implement the technical strategy required to implement the action plan at national, regional and global levels. A high-level Advisory Committee will provide strategic input and political support.

21. Effective implementation of the five-year action plan will require intersectoral and multistakeholder engagement and collaboration. Regular consultative processes with Member States and key stakeholders will be embedded into the implementation process of the five-year action plan to facilitate input and technical exchange. ILO, OECD and WHO will explore engagement with key stakeholders across sectors at global, regional and national levels as an integral part of conducting their work and drawing on available institutional capacities to derive added value in implementing the action plan in the most effective and efficient way. A website will be established as an online knowledge platform to strengthen intersectoral knowledge management, coordination, analysis, and dissemination of evidence and best practice to inform intersectoral plans, actions and investments.

22. The Global Health Workforce Network,<sup>1</sup> coordinated by WHO at the request of Member States, will serve as a mechanism across all workstreams to engage other United Nations agencies, organizations and stakeholders across sectors in the implementation process of the five-year action plan at national, regional and global levels.

23. With the exception of a limited number of deliverables which can be achieved through existing programmes with available institutional resources, additional resources will be required by ILO, OECD and WHO to achieve the deliverables articulated in this action plan.

### Monitoring, evaluation and reporting

24. As described in the Commission's report, success will be measurable by the extent to which progress is achieved on the relevant targets and indicators for Sustainable Development Goals 3, 4, 5 and 8. Process metrics including qualitative and quantitative measures will be developed as part of annual operational plans for regular monitoring, evaluation and reporting.

25. The first report on the operationalization of the immediate actions and the five-year action plan will be submitted in September 2017 for consideration by the United Nations General Assembly at its seventy-second session, as requested in its resolution 71/159. Annual progress reports, with formal reporting on performance against the five-year action plan, will be submitted to the Health Assembly, aligned with reporting on the implementation of WHO's global strategy on human resources for health.

**Table 3. Five-year action plan deliverables<sup>2</sup>**

Cross-cutting immediate actions (2017–March 2018)	Deliverables	Lead <sup>a</sup>	Partner
	1. Commitments and expressions of support by the governing bodies of ILO, OECD, WHO, partner organizations and international decision-making forums secured.	ILO, OECD, WHO	
	2. Recommendations of the Commission adopted in regional and national forums.	ILO, OECD, WHO	
	3. Conclusions of the ILO Tripartite Sectoral Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 24–28 April 2017) and the 4th Global Forum on Human Resources for Health (Dublin, 13–17 November 2017) support implementation of the Commission's recommendations in line with WHO's global strategy on human resources for health.	ILO, WHO	OECD
	4. An online knowledge platform established to strengthen intersectoral knowledge management, coordination, analysis, and dissemination of evidence and best practice to inform health and social workforce plans, actions and investments.	ILO, OECD, WHO	

<sup>1</sup> See <http://www.who.int/hrh/network/en/> (accessed 11 April 2017).

<sup>2</sup> Supporting documents from the consultation exercises and frequently asked questions are available on the WHO website at: <http://who.int/hrh/com-heeg/action-plan-annexes/en/>.



Recommendations	Deliverables	Lead <sup>a</sup>	Partner
<b>1. 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.</b>	1.1 Capacity of governments, employers' associations and trade unions and other key stakeholders in the health and social sectors strengthened to establish dialogue mechanisms and engage in social dialogue processes.	ILO	
	1.2 Development of international, regional and national tripartite dialogue across health, education, finance and labour sectors supported as a step towards strengthening or producing national health workforce strategies.	ILO	OECD, WHO
	1.3 Labour market, gender and fiscal space analysis supported and institutional capacity strengthened for the development of policy options to inform national health workforce strategies, financing reforms and investments.	WHO	ILO, OECD
	1.4 Development and implementation of national health workforce strategies, medium-term fiscal frameworks and investments supported with technical assistance and institutional capacity-building to ensure decent work, gender-transformative approaches, and current and future sustainable health workforce.	WHO	ILO, OECD
	1.5 Alignment of domestic resources and official development assistance with national health workforce strategies and investments facilitated.	WHO	
<b>2. 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.</b>	2.1 Gender-transformative <sup>1</sup> global policy guidance developed and regional and national initiatives accelerated to analyse and overcome gender biases and inequalities in education and the health labour market across the health and social workforce (for example, increasing opportunities for formal education, transforming unpaid care and informal work into decent jobs, equal pay for work of equal value, decent working conditions and occupational safety and health, promoting employment free from harassment, discrimination and violence, equal representation in management and leadership positions, social protection/child care, and elderly care).	ILO, OECD, WHO	
	2.2 Gender-transformative policy development and implementation capacity to overcome gender biases and inequalities in education and the health labour market supported.	ILO, WHO	

<sup>1</sup> Gender-transformative approaches seek to re-define women's and men's gender roles and relations to promote gender equality and achieve positive development outcomes by transforming unequal gender relations in order to promote shared power, control of resources, decision-making, and support for women's empowerment.

Recommendations	Deliverables	Lead <sup>a</sup>	Partner
<b>3. Scale up transformative, high-quality education and life-long learning so that all health workers have skills that match the health needs of populations and can work to their full potential.</b>	3.1 Transform and expand education and lifelong learning and intersectoral coordination integrated in the development and implementation of health workforce strategies.	WHO	ILO, OECD
	3.2 Massive scale-up of socially accountable and transformative professional, technical and vocational education and training supported with technical cooperation, institutional capacity-building and financing.	WHO	ILO
	3.3 Professional, technical and vocational education, training and lifelong learning systems strengthened for health and social occupations (including community-based health workers) to achieve integrated people-centred care.	WHO	ILO, OECD
	3.4 Develop skills assessment tools and approaches to evaluate the skills of the health and social workforce, including assessment of skills mix, shortages and mismatches to support greater alignment of skills with jobs and integrated people-centred care.	OECD	ILO, WHO
<b>4. 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.</b>	4.1 Governance, regulation, accreditation and quality-improvement mechanisms improved and supported with guidance and institutional capacity-building to ensure safe, ethical, effective and people-centred practice that protects the public's interests and rights.	WHO, ILO	
	4.2 Guidance developed for provision of interprofessional education and organization of multidisciplinary care, including recommendations on skills mix and competencies to achieve integrated people-centred care.	WHO	OECD
	4.3 Evidence and guidance developed on practices to ensure an adequate proportion of the workforce in primary health care appropriately distributed to achieve equitable access in underserved areas and for marginalized groups (for example, recruitment practices, education methods, professional development opportunities, and incentive structures).	ILO, WHO	OECD
<b>5. Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems.</b>	5.1 Efficacy and efficiency of information and communication tools with a target product profile that could enhance health worker education, people-centred health services and health information systems mapped, reviewed and disseminated for national adoption.	WHO	
<b>6. Ensure investment in the International Health Regulations (2005)</b>	6.1 Workforce strategies for full implementation of the International Health Regulations (2005), emergency and disaster risk management and response capacity integrated into national health workforce and emergency strategies and supported.	WHO	ILO

Recommendations	Deliverables	Lead <sup>a</sup>	Partner
<b>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.</b>	6.2 Evidence and guidance on metrics, methodologies, practices, reporting and information systems that improve the security and protection of health workers in all settings strengthened, including humanitarian and emergency settings.	WHO	
	6.3 Capacities of high-risk countries to protect occupational health and safety of health and emergency aid workers strengthened.	WHO	ILO
<b>7. 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.</b>	7.1 National health workforce strategies and global, regional and national institutional financing reforms that identify and commit adequate budgetary resources for investments in transformative education, skills and job creation developed and supported.	WHO	ILO
	7.2 Sustainable financing for expanding and transforming the health and social workforce expanded, particularly for countries where universal health coverage and the Commission's recommendations are least likely to be attained.	WHO	ILO
	7.3 Mechanisms to track the alignment of official development assistance for education, employment, gender, health and skills development with national health workforce strategies strengthened.	WHO	OECD
	7.4 Tools and methodologies to analyse health and social workforce productivity, performance and wages reviewed and advanced.	WHO	ILO, OECD
<b>8. 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.</b>	8.1 The Global Health Workforce Network engaged to support coordination, alignment and accountability for WHO's global strategy on human resources for health and implementation of the Commission's recommendations with international, regional and national stakeholders.	WHO	ILO, OECD
	8.2 Intersectoral collaboration and coordination for the implementation of national health workforce strategies strengthened and capacity developed among relevant ministries (for instance, health, social, labour, education, finance, and gender), professional associations, labour unions, civil society including women's civil society organizations, employers, the private sector, local government authorities, education and training providers and other constituencies.	ILO, WHO	
	8.3 Global health initiatives ensure that all grants and loans include an assessment of health workforce implications and align contributions with implementation of national health workforce strategies beyond disease-specific in-service training and incentives.	WHO	

Recommendations	Deliverables	Lead <sup>a</sup>	Partner
<b>9. 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.</b>	9.1 Platform established to maximize benefits from international health worker mobility through: (a) improved monitoring of labour mobility; building on the success of the OECD/WHO EURO/Eurostat collaborative work and with a progressive international scale-up and implementation of the National Health Workforce Accounts; (b) strengthened evidence analysis, knowledge exchange and global public goods on mobility, recognition of qualifications, remittances, resource transfers, good practices and policies.	ILO, OECD, WHO	
	9.2 Existing instruments, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel and ILO Conventions on Migrant Workers, strengthened and implementation supported; and policy dialogue facilitated for new innovations and voluntary commitments that maximize mutual benefits informed by lessons from other international instruments.	ILO, OECD, WHO	
	9.3 Management of health worker migration improved to ensure mutuality of benefits through institutional capacity-building to governments, employers, workers and other relevant stakeholders in countries of both source and destination.	ILO, WHO	OECD
<b>10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.</b>	10.2 Health workforce monitoring, financing and accountability reports produced.	WHO	ILO, OECD
	10.3 Implementation of national health workforce accounts and disaggregated reporting supported and institutional capacity for implementation strengthened.	WHO	ILO, OECD
	10.4 An interagency global data exchange on the health labour market with harmonized metrics and definitions established and maintained.	WHO	ILO, OECD
	10.5 A health workforce research agenda established, research methodologies advanced, and evidence base expanded for decent work and effective health labour market interventions that optimize the socioeconomic returns on health workforce investments.	WHO	ILO, OECD

<sup>a</sup> The agency or agencies designated as the lead in the action plan will hold or share responsibility for leading the coordination and implementation of the deliverable. The agency or agencies designated as partners will take a supportive role in contributing specific inputs towards the deliverable.

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