
Health and Care Workforce

Member States Information Session
10 October 2024, 14:00 – 15:00



Health and Care Workforce - Information Session.

Objectives of today:

1. Permanent Missions updated on the agenda items and scope of the Director-General's reports for EB156 & WHA78.
2. Highlight:
 - Member States success in implementing prior decisions/resolutions.
 - Member States requests for support in PB24-25.
 - Country results (examples)
3. Prompt feedback and/or points of clarification.

EB156: Agenda item 11 – Health and Care Workforce

- WHO Global Code of Practice on the International Recruitment of Health Personnel

The WHO global code facilitates national, regional and global responses on ethical migration of health workers and health systems strengthening. Its articles include provisions for Member States to provide regular reports on its implementation and for the Director-General to maintain the Code as a dynamic text. This report consolidates new evidence and insights for Member States review.

- Global Strategy on Human Resources for Health: Workforce 2030

This report summarizes progress in the implementation of the WHO Global Strategy (WHA69.19 (2016)) and, as requested by the Health Assembly, incorporates progress of related health and care workforce resolutions and decisions (WHA 70.6; WHA72.3; WHA74.14; WHA74.15; WHA75.17) including the joint work of WHO, ILO and OECD on the Working for Health Action Plan (2022-2030) and its Multi-Partner Trust Fund.

EB156: Agenda item 21.3 – Global strategies scheduled to expire within 1 year

- Global Strategic Directions for Nursing and Midwifery (2021-2025)

The 4th edition of the GSDNM was adopted in resolution WHA74.15 Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery; aligned with the WHO Global Strategy. This report takes stock of progress by Member States, WHO Secretariat and partners in implementing the strategic directions with a recommendation to Member States to renew the strategy for the period 2026-2030.

WHO Global Code of Practice on International Recruitment of Health Personnel

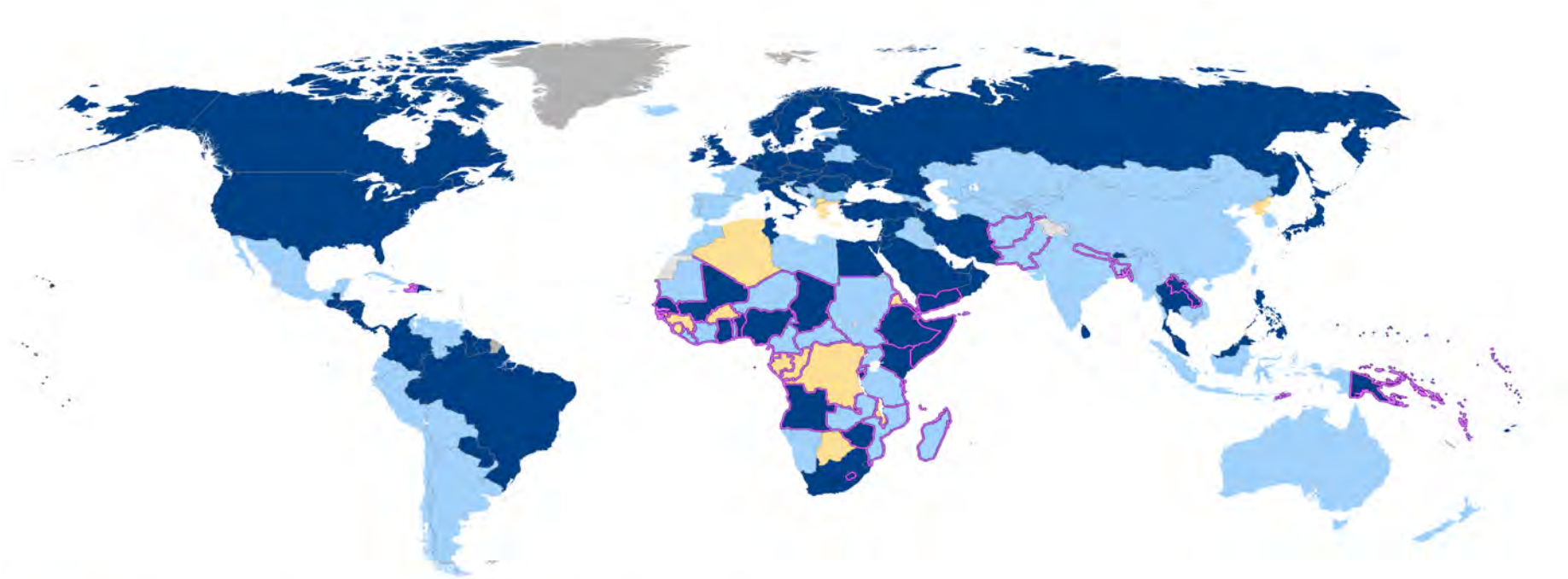
Trend in national reporting for the WHO Global Code of Practice

	First round (2012-2013)	Second round (2015-2016)	Third round (2018-2019)	Fourth round (2021-2022)	Fifth round (as of 30 September 2024*)
By WHO Region					
Africa (n=47)	2	9	7	8	15
The Americas (n=35)	4	9	8	13	17
Eastern Mediterranean (n=21)	3	7	15	17	12
Europe (n=53)	40	31	31	24	31
South-East Asia (n=11)	3	6	9	6	3
Western Pacific (n=27)	4	12	10	12	8
By World Bank income group**					
HICs (n=62)	30	35	39	38	36
UMICs (n=54)	17	17	18	15	21
LMICs (n=49)	7	17	18	17	21
LICs (n=26)	2	4	5	9	7
TOTAL	56	74	80	80	86

5th round reporting

- **91** Member States (including extension requests)
- **13** independent stakeholders.
- **38** private recruitment agencies.

Designated national authorities (DNAs) and submitted national reports by Member States *



- Designated national authority available and national report submitted
- Designated national authority available
- No designated national authority
- Data not available
- Health Workforce Support and Safeguard List country
- Not applicable

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: WHO
Map produced by: WHO GIS Centre for Health

Map created on 02 October 2024



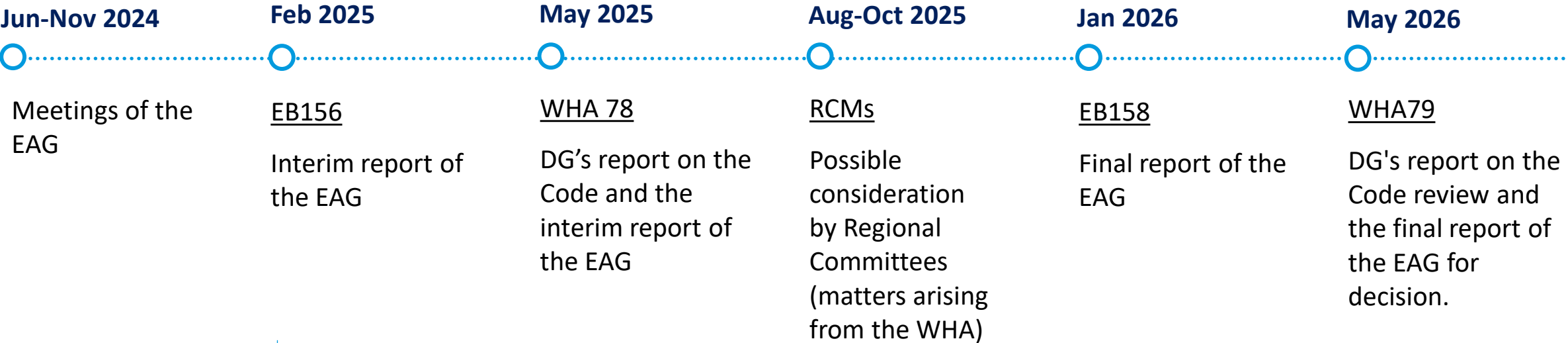
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* 5 Member States requested extension to submit their national reports.

Third review of the WHO Global Code of Practice Expert Advisory Group (EAG) timeline

EAG Member State representatives

Bangladesh	Kuwait
Canada (co-chair)	Norway
Côte d'Ivoire	Pakistan
Ethiopia	Philippines (co-chair)
Fiji	Romania
Guyana	Sri Lanka



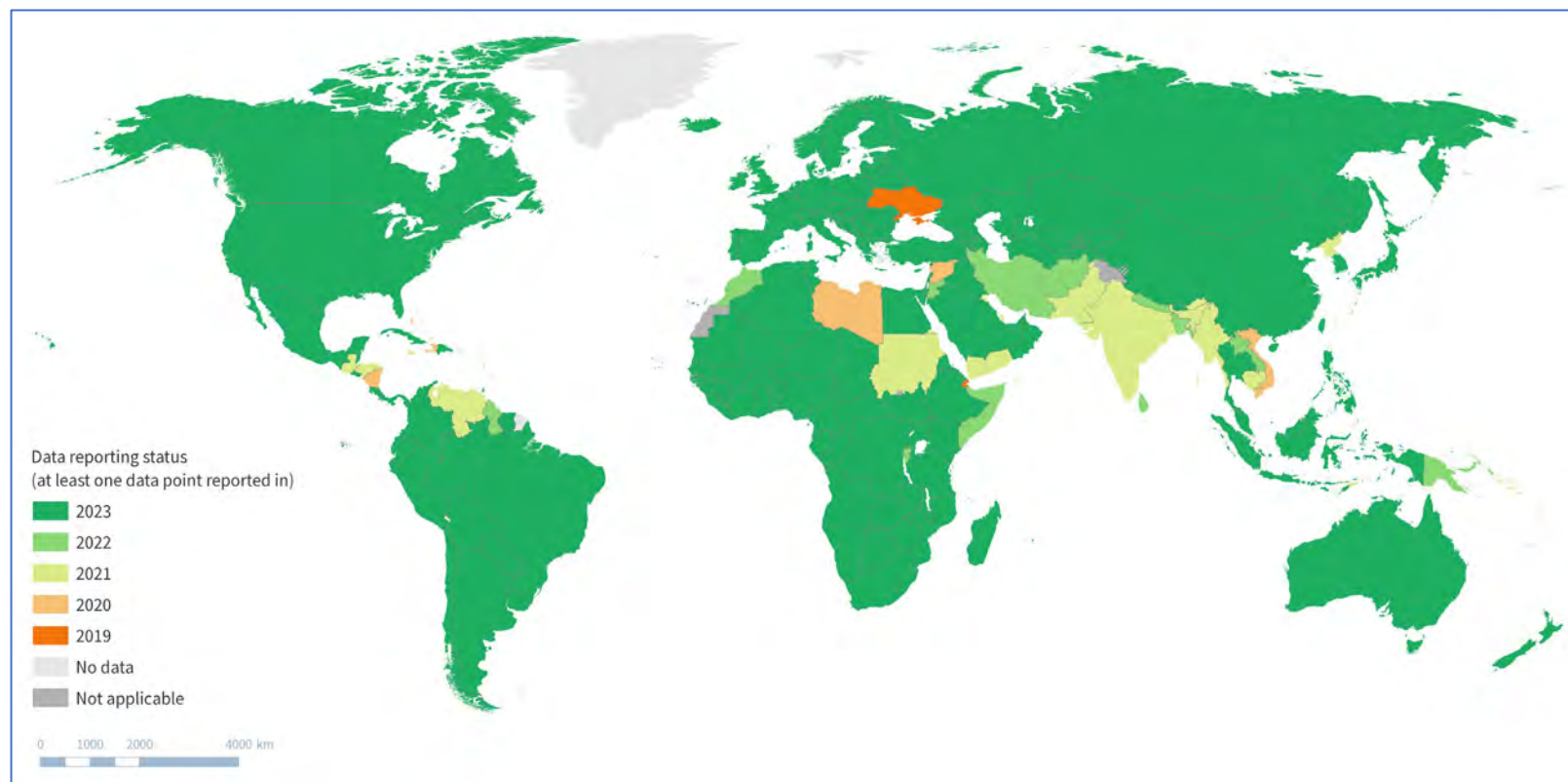
← Member State feedback, including through the EB, WHA and RCMs. →

Global Strategy on Human Resources for Health: Workforce 2030

Director-General's consolidated report on the following resolutions:

- [WHA69.19](#) **Global Strategy on Human Resources for Health: Workforce 2030.**
- [WHA70.6](#) **Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth.**
- [WHA72.3](#) **Community health workers delivering primary health care: opportunities and challenges.**
- [WHA74.14](#) **Protecting, safeguarding and investing in the health and care workforce.**
- [WHA74.15](#) **Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery.**
- [WHA75.17](#) **Human resources for health.**

National Health Workforce Accounts (NHWA): Improved health workforce data availability

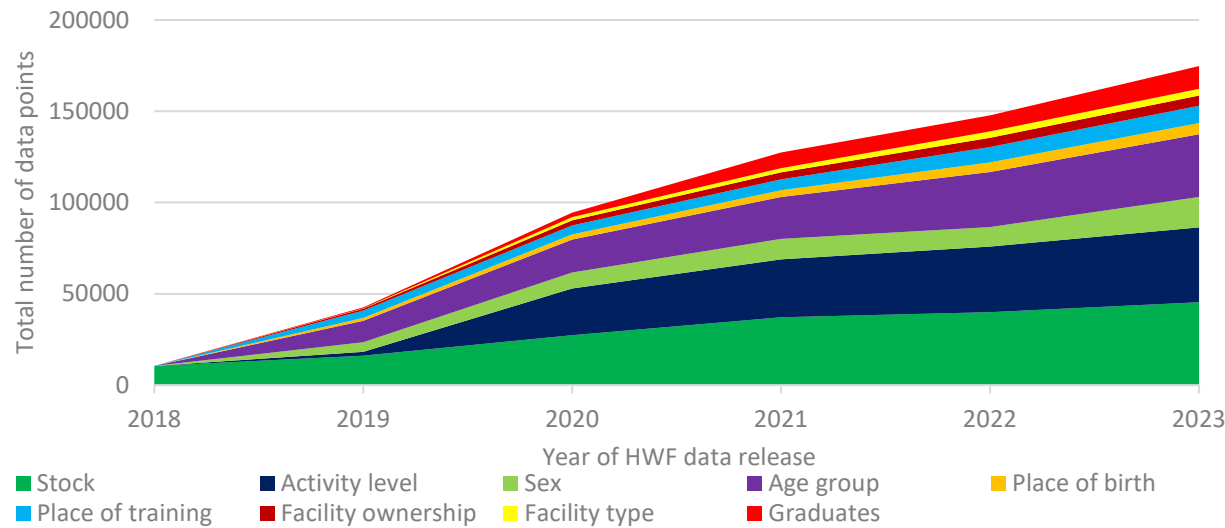


- 190 countries, territories and areas appointed NHTA focal points.
- 135 Member States (70%) reported new data during 2023-2024*.
- 20-fold increase in data availability on health workforce since 2013.

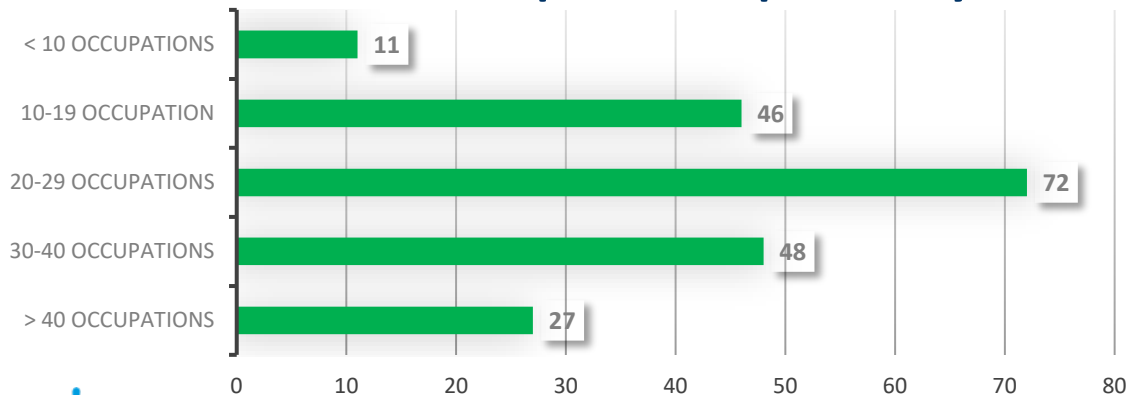
THANK YOU!

Health workforce data – progressive implementation (3 examples):

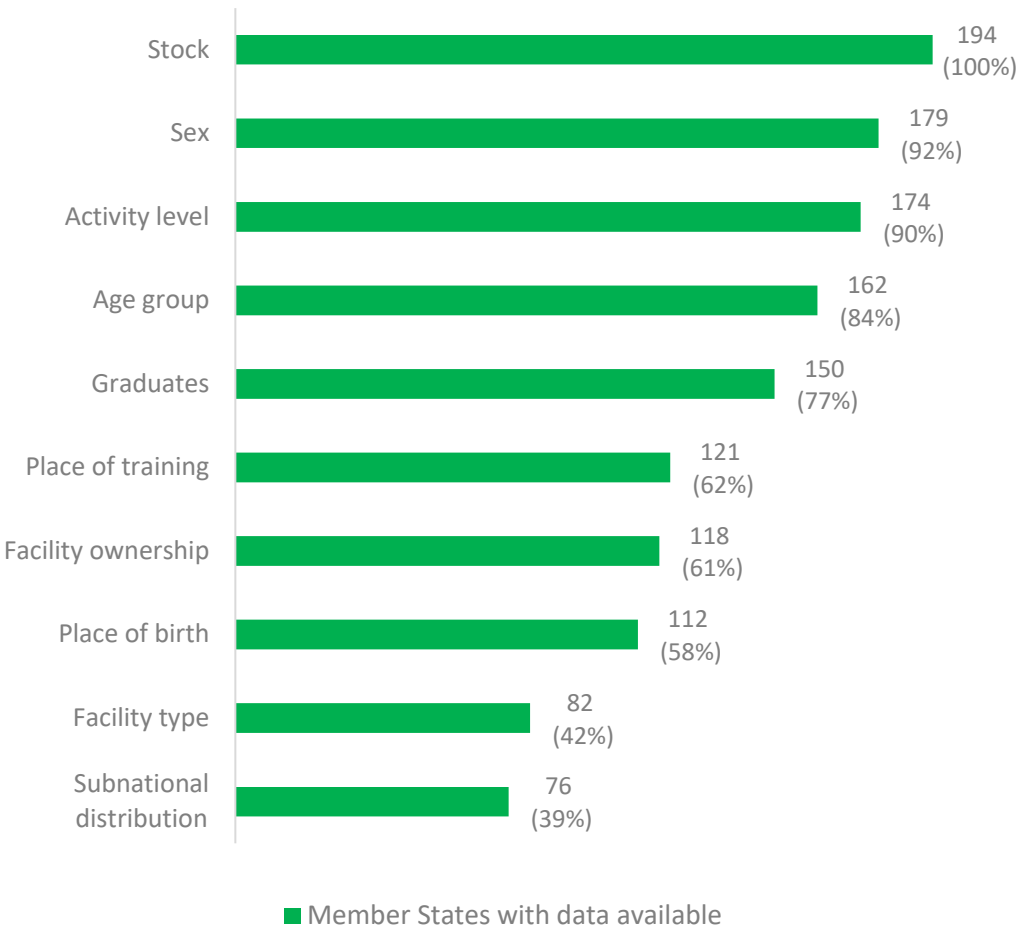
Trend in data volume by topic



Number of occupations reported by country



Status of data availability by topic



Increasing demand from Member States*



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[DETAILS](#)

THE WHO PROGRAMME BUDGET PORTAL

Welcome to WHO's Programme Budget Portal, providing further details of the Organization's work, financing and implementation progress across its General Programme of Work.

With monthly updates this portal presents a better breakdown of our work around the different strategic priorities, global outcomes and outputs through which WHO's work is delivered. WHO organizational entities (Country Offices, Regional Offices and Headquarters' divisions) specify any financial details at activity (output) level in order to meet WHO's requirement for IATI compliance.

CURRENT BIENNIUM: 2024-25
Choose your biennium using below selector.

[2024-25](#)

USEFUL LINKS

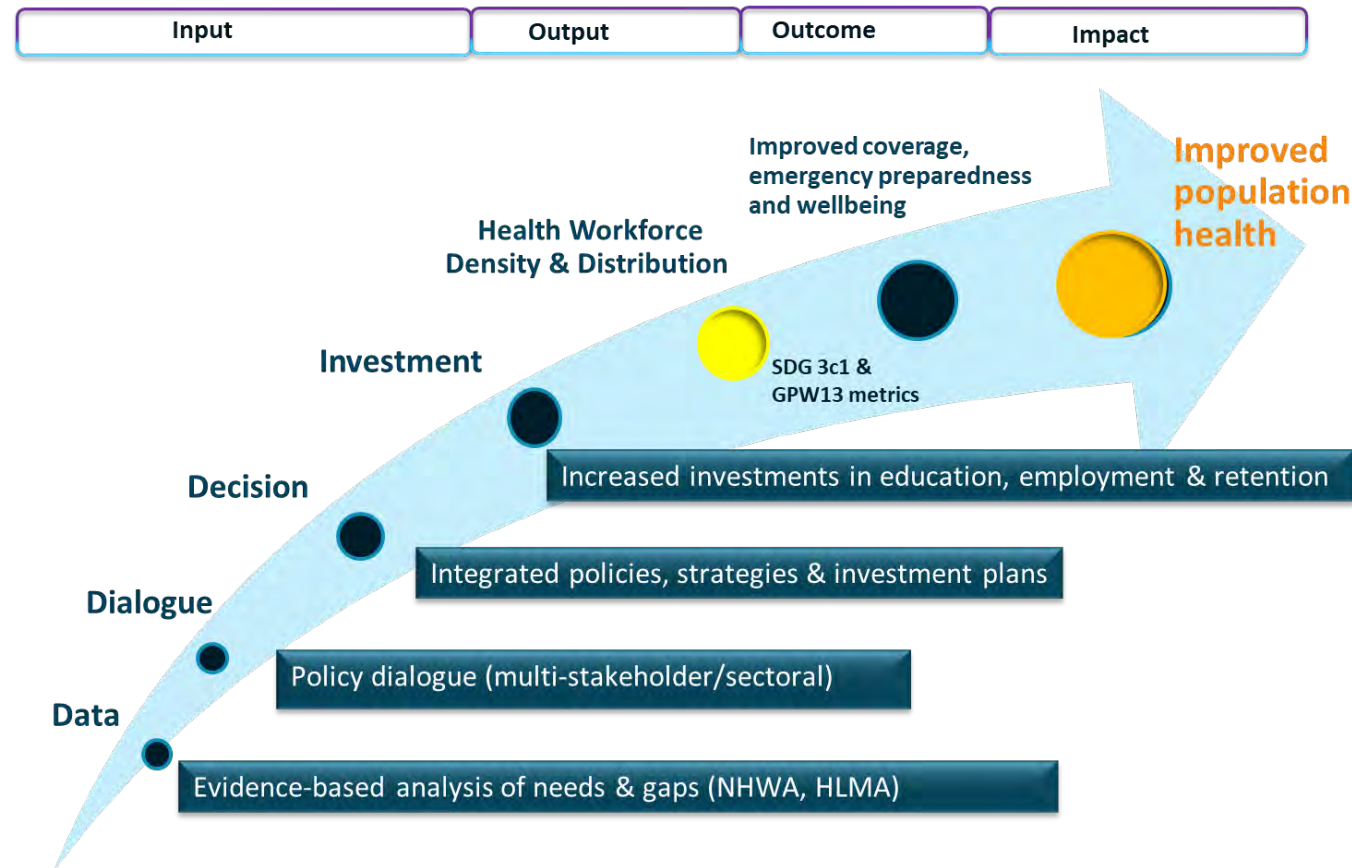
- [Programme Budget 2024-2025](#)
- [Programme Budget 2024-2025 - Resolution](#)
- [WHO Investment Case 2.0](#)
- [Extending the Thirteenth General Programme of Work 2019-2023 to 2025](#)

- **98** Member States (70%) identified health workforce as a 'High Priority' in PB24-25.
- **997** technical activity requests in PB24-25.
- **2 out of 5** requests from AFRO Member States
- **28%** increase in demand since PB18-19.

Voluntary contributions not keeping pace

Technical assistance and results

Technical assistance: Theory of change



Country results (examples)

India, state of Chhattisgarh:

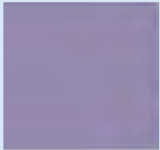
HLMA (2019) - Policy decisions

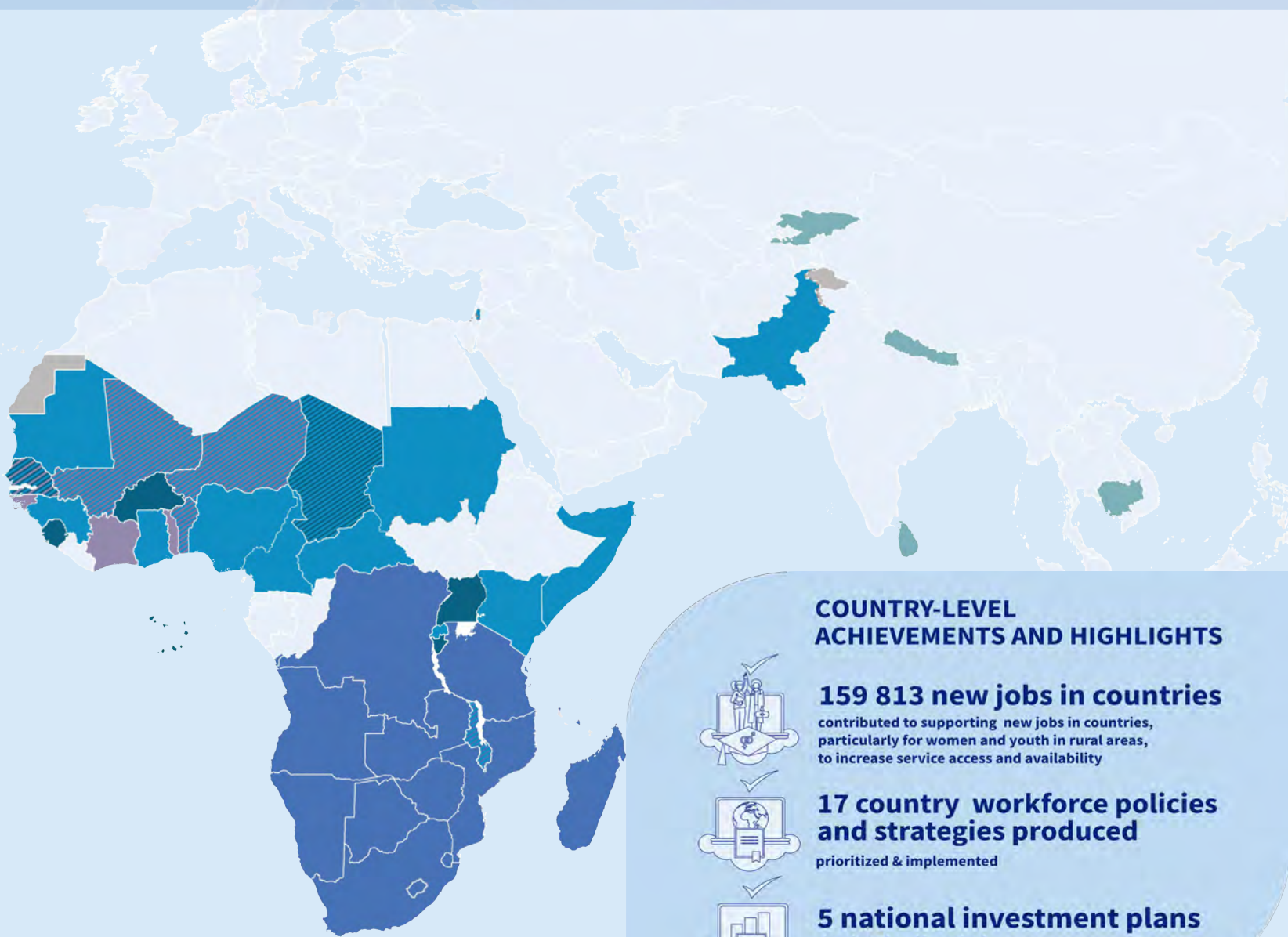
- Increased financial investments
- Reduced vacancies from 40% to below 20% between 2018-2021
- 60% increase in health workers over three years
- 30% improvement in UHC service coverage between 2018-2023

Zimbabwe:

HLMA (2022) - Policy decisions:

- 55% reduction in attrition between 2021-2023
- US\$166m potential investments over the next 3 years
- -> Double the health workforce by 2030
- -> Improved population access and health outcomes

-  Direct country support
W4H MPTF / 19 COUNTRIES
-  United Nations Peace and Development Trust Fund
UNPDF / 4 COUNTRIES
-  **Regional** West African Economic and Monetary Union
WAEMU / 8 COUNTRIES
-  **Global** Interagency Data Exchange Platform
IADEX / 8 COUNTRIES
-  **Regional** Southern African Development Community
SADC / 16 COUNTRIES



**COUNTRY-LEVEL
ACHIEVEMENTS AND HIGHLIGHTS**



159 813 new jobs in countries
contributed to supporting new jobs in countries, particularly for women and youth in rural areas, to increase service access and availability



17 country workforce policies and strategies produced
prioritized & implemented



5 national investment plans
developed and launched

Global Strategic Directions on Nursing and Midwifery (2021-2025)



Global Strategic Directions for Nursing and Midwifery (2021-2025)

12 Policy Priorities to Achieve a “Strategic Direction” in Four Areas

Education

1. Levels of education
2. Quality of education
3. Number of graduates
4. Qualified faculty

Leadership

9. Senior government leaders
10. Leadership development

Jobs

5. Planning for services
6. Increasing demand/jobs
7. Recruitment and retention
8. International migration

Service Delivery

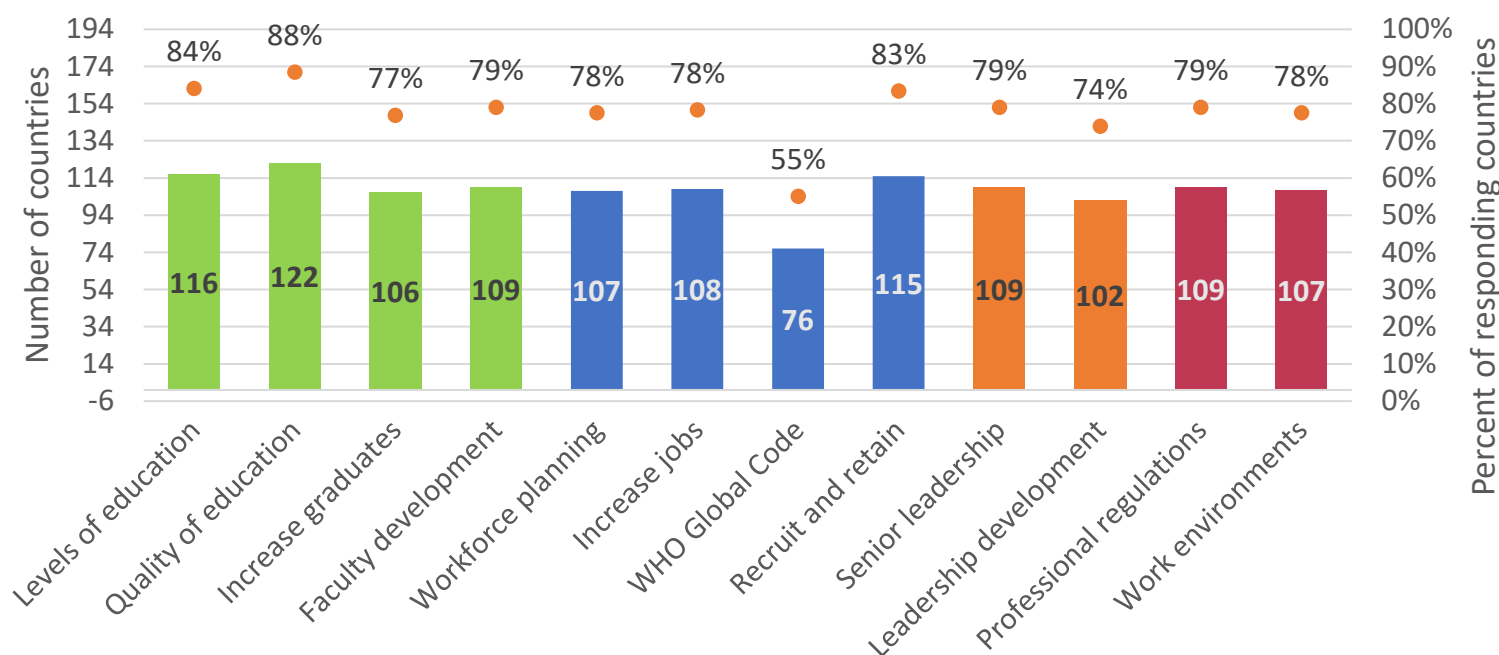
11. Professional regulations
12. Work environment

Member States and partners actively engaged in 2023-2024 monitoring

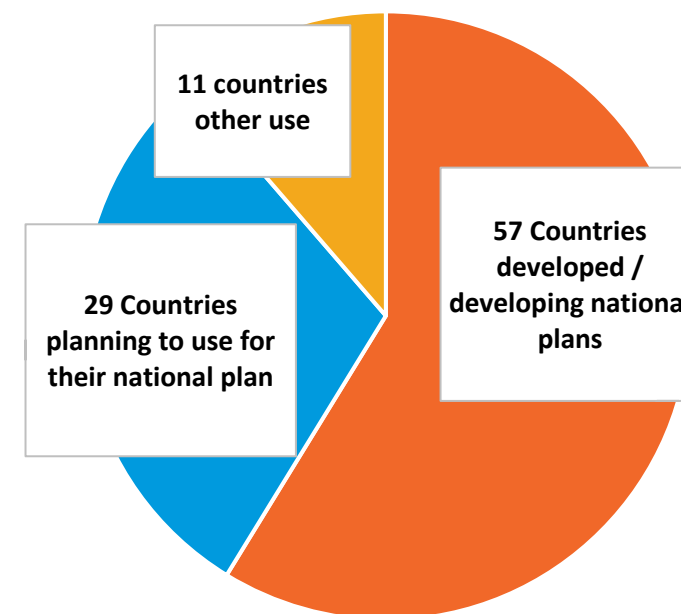
Global Strategic Directions for Nursing and Midwifery (2021-2025)

Implementation and uptake through June 2024*

Number and percent of countries active in each policy priority
(N=135 Member States**)



Use for national nursing and
midwifery strategic planning
(N=97 Member States)



Health and Care Workforce – Recap/next steps.

1. Record engagement by Member States in data/knowledge exchange with the Secretariat
 - Secretariat to complete analysis, finalize the DG reports, and questions for EB's guidance. E.g:
 - o What are the priority actions for MS, partners and WHO to accelerate progress by 2030?
 - o How to strengthen the relevance and effectiveness of the Code, including its “dynamic text”?
 - o What are the priority actions for MS, partners and WHO in the extension of the Nursing & Midwifery strategy?
2. DG reports: production -> editing -> translation -> release (provisionally 25 November)
3. Ongoing exchange with Member States in advance of EB156.
 - Regional Committee Meetings and events (e.g. Asia Pacific Action Alliance, PAHO/EURO migration)
 - 2nd meeting of the Expert Advisory Group on the Global Code of Practice (November).
 - Support available through UHL, Chief Nursing Officer and GBS

Thank you

For more information:

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This presentation has been designed to be accessible, for a positive and inclusive user experience for all.

