

Human resources for health

Working for Health: draft 2022–2030 action plan

Report by the Director-General

BACKGROUND

1. In May 2021, the Seventy-fourth World Health Assembly adopted resolution WHA74.14 on protecting, safeguarding and investing in the health and care workforce,¹ which requested the Director-General to develop, through a Member State-led process, a clear set of actions, a 2022–2030 agenda and implementation mechanism to be presented to the Seventy-fifth World Health Assembly in 2022, for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection.
2. That process involves building on, and ensuring alignment with, the ILO, OECD and WHO “Working for Health” five-year action plan for health employment and inclusive economic growth (2017–2021),² the existing Working for Health Multi-Partner Trust Fund hosted by UNDP, the WHO Global Strategy on Human Resources for Health: Workforce 2030³ and the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth.⁴
3. This report presents the updated Working for Health: draft 2022–2030 action plan⁵ and implementation mechanism developed through the Member State-led process.

CONTEXT

4. Countries at all stages of economic development are experiencing health and care workforce challenges and shortages, many of which result from pre-existing underinvestment in health systems and emergency preparedness and response and have been further magnified by the coronavirus disease (COVID-19) pandemic. This has led to inefficiencies in health systems, as well as an inability to adequately plan, produce, absorb, invest and develop the health and care workforce and to attain the health, social, gender equality and economic benefits that this is known to generate.

¹ See document WHA74/2021/REC/1, resolution WHA74.14.

² International Labour Organization, Organisation for Economic Co-operation and Development, World Health Organization. Five-year action plan for health employment and inclusive economic growth (2017–2021). Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/272941>, accessed 2 March 2022).

³ See document WHA69/2016/REC/1, resolution WHA69.19 and Annex 7.

⁴ See documents WHA70/2017/REC/1, resolution WHA70.6, and A70/18.

⁵ Final draft available at https://www.who.int/publications/m/item/w4h-action-plan-2022_2030 (accessed 19 April 2022).

5. Since the onset of the COVID-19 pandemic, the health and care workforce has been stretched to its limits, with persistently high risk of exposure to infection and high levels and incidence of burnout, stress, anxiety, insomnia and depression. A WHO study published in the year 2021 estimated that, to date, more than 150 000 health and care workers have lost their lives to COVID-19.¹ In addition, three WHO global pulse surveys published in August 2020, April 2021 and February 2022 confirmed that in the majority of Member States, a lack of available health workers is the largest constraint to ensuring the continuity of essential health services during the pandemic, including the delivery of COVID-19 tools (vaccines, diagnostics and therapeutics).

6. The scale and scope of these challenges requires a pathway with a clear set of actions that draws from the lessons, outcomes and impact of previous programmes and is fully integrated with other initiatives and programmes on health systems strengthening, preparedness and readiness, including those under the Thirteenth General Programme of Work, 2019–2023.

7. In the year 2021, an independent review² of the relevance and effectiveness of the five-year action plan (2017–2021) was conducted. The outcomes of the Working for Health programme include: provision of direct technical support to 16 countries and two regional economic areas (the West African Economic and Monetary Union in western Africa, and the Southern African Development Community in southern Africa);³ completion of health labour market analyses using data from national health workforce accounts, workforce surveys, and economic and employment assessments; integration of gender, equity, rights and decent work into policy dialogue; adoption of evidence-based decisions in national and regional jurisdictions; and leveraging of long-term sustainable financing from domestic resources, multilateral banks and international financing institutions.

WORKING FOR HEALTH: DRAFT 2022–2030 ACTION PLAN – DEVELOPMENT PROCESS AND OVERVIEW

8. The Working for Health: draft 2022–2030 action plan was developed through a Member State-led process co-chaired by representatives from Croatia and Ethiopia.

9. A consultative process informed iterative drafts of the action plan, including through written consultations and in virtual meetings with Member State representatives. The consultations focused on priority-setting of core objectives and thematic action areas, as well as on developing a financing and implementation mechanism to respond to the needs of Member States. These were supplemented by open consultations with relevant stakeholders and partners, trilateral exchanges with ILO and OECD, and consultations with the Steering Committee of the Working for Health Multi-Partner Trust Fund.

10. The resulting draft action plan is aligned with, enables and supports health systems strengthening and financing for universal health coverage, essential public health functions, and emergency preparedness and response, as well as the core programmes that support them. It is guided by target 3.c of the Sustainable Development Goals, as well as by the specific needs and priorities of each country

¹ The impact of COVID-19 on health and care workers: a closer look at deaths. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/345300>, accessed 2 March 2022).

² International Labour Organization, Organisation for Economic Co-operation and Development, World Health Organization. Working for health: a review of the relevance and effectiveness of the five-year action plan for health employment and inclusive economic growth (2017–2021) and ILO-OECD-WHO Working for Health programme. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/340716>, accessed 2 March 2022).

³ The Southern African Development Community and the West African Economic and Monetary Union.

and the best available evidence and data to leverage sustainable multisectoral country-driven action aimed at driving policy, implementation and investment.

11. Although the draft action plan is applicable to all countries, low- and middle-income countries seeking to attain universal health coverage by 2030, those on the WHO Health Workforce Support and Safeguards List (2020),¹ small island developing States and countries affected by fragility, conflict and violence may wish to request support from the Secretariat for the implementation of their country cooperation plans.

12. The draft action plan presents a set of strategic actions and provides a platform for enabling domestic, multisectoral and international cooperation and coordination. It is designed to harness and direct catalytic funding for intensified technical assistance that will lead to the mobilization of domestic resources and sustainable international financing, where relevant. Its foundation is a progression model structured around three core objectives aimed at:

- (a) optimizing the use of the existing health and care workforce, and creating and distributing the jobs and skills needed to achieve universal health coverage;
- (b) building the diversity, availability and capacity of the health and care workforce, and addressing critical shortages; and
- (c) strengthening the economic, health and social impact of health and care workforce investments, enhancing health systems resilience and performance, and strengthening the capability of the workforce to deliver universal health coverage and essential public health functions and enhance emergency preparedness and response.

13. The three core objectives will be achieved through concerted action across and within the following three interrelated areas:

- (a) **Planning and financing** which aims at securing, scaling up and sustaining data-driven planning and investment in the health and care workforce. Action will be targeted towards producing, employing and retaining health and care workers in line with projected gaps, population growth and health system needs by building workforce capacity and sustaining the recurrent cost of an equitable health and care workforce.
- (b) **Education and employment** which sustains, builds and enhances the quality and employment of the health and care workforce supply. Action will be targeted towards addressing the production, absorption and retention of health and care workers, particularly in rural and underserved areas; enhancing capacity and opportunities to access competency-based education and life-long learning; and creating employment opportunities that expand access to equitable and quality health and care services.
- (c) **Protection and performance** which promotes, supports and enables an equitable and efficient health and care workforce. Action will be targeted towards advancing decent work that ensures a safe practice environment, with specific attention on protecting the needs, rights, recognition and reward of women and health and care workers in all settings; ensuring inclusive and equitable health and care workforce policy, including through the implementation of the

¹ Available at: <https://www.who.int/publications/m/item/health-workforce-support-and-safeguards-list> (accessed 2 March 2022).

Global health and care worker compact; enhancing workforce preparedness, motivation, performance and well-being; and maximizing the health, social and economic impact of workforce investments.

14. Underpinning the draft action plan are five cross-cutting principles:

- (1) the use of data to inform policy, planning and investment decisions;
- (2) the engagement of stakeholders through cross-sectoral dialogue processes;
- (3) the promotion of equity – in particular gender equity – to ensure that the benefits of investments reach the vulnerable and underserved;
- (4) the alignment of investments and action with the needs of populations and essential health system functions; and
- (5) the empowering of national governance and leadership to drive the health and care workforce agenda.

IMPLEMENTATION AND FINANCING

15. Implementation of the action plan at the country level will include advocating for, committing to and mobilizing catalytic and sustainable investment in the health and care workforce; strengthening governance and leadership capacity for implementation; and supporting data collection and use to guide decision-making and promote accountability. This will require country-driven planning, coordination and cooperation between the health, finance, education, labour and social affairs sectors and engagement with a broad range of partners and stakeholders, including professional and occupational associations, workers' unions and employers in both the public and private sectors.

16. Implementation of the action plan by the Secretariat, with support from ILO, OECD and partners, will build on the existing Working for Health Multi-Partner Trust Fund mechanism and governance structures, which have been operational since 2018.¹ This will provide value for money through the use of a common United Nations framework for national governments to access the technical expertise, resources and delivery expertise from multiple organizations of the United Nations system and partners, thereby delivering on the One United Nations and aid effectiveness agendas and ensuring that the action plan and Working for Health Multi-Partner Trust Fund are fully leveraged as an enabling platform for alignment and integration with other core programmes for health systems strengthening, preparedness and readiness.

17. The action plan and Multi-Partner Trust Fund will follow a two-stage approach to financing. The first stage will involve a catalytic pooled financing and technical assistance mechanism for countries to apply a health labour market analysis approach to help to assess, identify and develop evidence-based policy choices, strategies and investment plans that will enable them to mobilize and secure the sustainable levels of investment required to optimize, build and strengthen the health and care workforce for universal health coverage, essential public health functions and emergency preparedness and response. Member States, multilateral institutions and philanthropic partners are invited to capitalize the

¹ The Multi-Partner Trust Fund is administered by UNDP. The ILO, OECD and WHO Multi-Partner Trust Fund operations manual developed and agreed with UNDP in 2017 will be adjusted to accommodate lessons learned and the draft action plan, with WHO as the lead entity.

Fund through official development assistance and other instruments in accordance with standard UNDP processes.

18. The second stage, in support of Member States, where requested, will build on the stage one assessments of short-, medium- and long-term capital and operational expenditures required to train, develop and deploy a fit-for-purpose health and care workforce. This approach will build on the results achieved through the five-year action plan (2017–2021) under which Member States were able to leverage catalytic funding and technical assistance to secure long-term sustainable financing from international financing institutions based on their costed national action plans. It will identify and support Member States in securing the pooled funding, investments, grants and loans required to supplement domestic resource allocations for the health and care workforce. The role and commitment of Member States, international financing institutions, regional development banks and other public and private financing institutions will be key. This approach will be partly facilitated through linkages across the United Nations common system.

LINKAGES ACROSS THE UNITED NATIONS COMMON SYSTEM

19. The draft action plan has been developed taking note of, and in alignment with, the United Nations Secretary General's Our Common Agenda¹ initiative and the outcomes of the Meeting of Heads of State and Government on Jobs and Social Protection for Poverty Eradication held in September 2021,² including the launch of the Global Accelerator on Jobs and Social Protection for a Just Transition, led by ILO in collaboration with other United Nations entities.³

20. In January 2022, the Executive Office of the Secretary-General convened relevant United Nations entities to review United Nations system-wide coordination that will benefit government and multisectoral responses to the Our Common Agenda and Global Accelerator initiatives, including ways to: increase levels of funding devoted to social protection; develop a common road map to integrate informal workers into formal economies and benefit from the formal participation of women in the workforce; facilitate the economic inclusion of women, including through large-scale investment in the care economy and equal pay; and enhance labour market outcomes for young people.

21. The areas identified by the Executive Office of the Secretary-General through the review, when applied to the health and care sector, fully reflect the themes of the Working for Health programme set out in both the five-year action plan (2017–2021) and the draft 2022–2030 action plan. The Secretariat will therefore engage with entities across the United Nations system to ensure that the necessary long-term investments in education and employment in the health and care economy are fully integrated into the Our Common Agenda and Global Accelerator initiatives. It will also establish, following standard WHO procedures, a multisectoral advisory group of experts from the education, employment, finance, gender equality, and health and care sectors to provide policy advice in support of the global health and care workforce agenda, and the implementation of the action plan.

¹ For further information, see the Our Common Agenda webpage (<https://www.un.org/en/content/common-agenda-report/>, accessed 2 March 2022).

² For further information, see the webpage on the Meeting of Heads of State and Government on Jobs and Social Protection for Poverty Eradication (<https://www.un.org/en/coronavirus/financing-development/meeting-jobs-social-protection-poverty-eradication>, accessed 2 March 2022).

³ Secretary-General's policy brief: investing in jobs and social protection for poverty eradication and a sustainable recovery. United Nations Sustainable Development Group; 2021 (<https://unsdg.un.org/resources/secretary-generals-policy-brief-investing-jobs-and-social-protection-poverty-eradication>, accessed 2 March 2022).

ACTION BY THE HEALTH ASSEMBLY

22. The Health Assembly is invited to note this report and to provide guidance on the Working for Health: draft 2022–2030 action plan.

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