

Driving the global health workforce agenda

Jim Campbell et al present a commentary on Africa's workforce challenges, and related Health Workforce (HWF) policy, planning, governance, and collaborative partnership issues.

Two decades of sustained goodwill and collaboration has shaped the global health workforce agenda. Recognition of the importance of health and care workers as key enablers of strong and effective health systems is heightened in many places and calls for further action and investment are growing.

Partnership collaboratives that are driving this global agenda have been key to achievements made to date. Among these partnerships is the WHO-led Global Health Workforce Alliance/Network, which has provided a platform for key stakeholders and workforce experts from across multiple disciplines and sectors to collaborate on the design and implementation of innovative solutions to advance the HRH agenda, in line with the evolving global context and needs. These partnerships are invaluable for helping governments, partners and stakeholders to effectively respond to national workforce priorities through evidence-based policy and decisions, which further draw on the contextual adaptation of the WHO Global Strategy on Human Resources for Health: Workforce 2030, and the recommendations of the report of UN High-level Commission in Health Employment and Inclusive Economic Growth and its Working for Health Five Year Action Plan for Health (2017-2021) agenda.

The success of these partnerships lies in how they have convened multisectoral stakeholders - including ministries of health, finance, education, and employment - around the inputs needed to protect, invest in, and safeguard the health workforce, both as a fundamental human right and an enabler for delivering quality health services across the spectrum of promotion, prevention, response, and recovery. Investing in our health and care workers, with an emphasis on strengthening primary health care, improves access and health outcomes for all. Additionally, multisectoral collaboration and engagement on workforce initiatives increases governments' ability to deliver core public health functions, create employment and economic opportunities for women and youth, enhance social protection and cohesion, and provide the foundation for responding to emergencies.

At this year's Seventy-fifth World Health Assembly in May 2022, reporting on the human resources for health agenda reflected measurable progress achieved against the Global Strategy on Human Resources for Health: Workforce 2030, notably a reduction of the global health workforce gap from 18 million in 2016 to 15 million in 2020. This figure is projected to fall further to 10 million by 2030.¹ However, these figures reflect pre-pandemic projections; data reported by 194 Member States in 2020 reflects an estimated global health workforce of 65 million, a growth of 29% since 2016.

However, of great concern is that most of this workforce shortfall remains in the African and Eastern Mediterranean regions, and principally among low-income countries. As many high-income countries recover from the pandemic and look to close their own workforce gaps through active recruitment, those countries with the largest shortfalls are most at risk of losing their health workers through increased trends which we are now seeing in international health worker mobility and migration. The latest indications

based on the fourth round of reporting on the WHO Global Code of Practice on the International Recruitment of Health Personnel, conducted from March 2021 to March 2022, show that around 15% of the global health and care workforce are working outside their country of birth or of initial professional qualification.²

Workforce outcomes of the Seventy-Fifth World Health Assembly in the African context

Momentum generated through the Seventy-fifth World Health Assembly reflects renewed global, regional, and national commitment to address persistent health workforce constraints, the impact of which have been magnified throughout the COVID-19 pandemic. However, together we need to take advantage of the post-pandemic opportunity to align our collective efforts around one consistent health workforce agenda, that reduces existing fragmented and siloed approaches to addressing workforce constraints. We have seen systemic shortcomings in public health functions and emergency preparedness and response capacity further eroding already fragile health systems. Countries at all stages of economic development have struggled to maintain essential health services, with most countries attributing the key challenges faced in large part to limited health worker availability.³ Meanwhile a proliferation of workforce initiatives have emerged in recent times, quite often driven by theme or occupation (e.g., for building public health core capacity and functions, or for mobilizing community health workers).

While health workforce shortfalls have hindered health system performance, the pandemic's impact on health and care workers themselves has been immense. At least 115,500 health and care workers have died, and many more have endured persistently higher risks of infection; extended working hours; elevated stress, burnout, anxiety, and other mental health issues; as well as violence, harassment, and discrimination. The latest data from WHO shows that although 90% of health and care workers are fully vaccinated, based on data reporting from 138-member states on COVID vaccination uptake, only 56% of health and care workers in the Africa region are fully vaccinated.⁴ Many of these challenges are not new, but the pandemic has magnified these and broadened their impact globally. In the African context, many of these challenges were observed in previous emergencies like the Ebola virus disease outbreak, the HIV/AIDS epidemic or in situations of fragility, conflict, and violence.

We cannot - must not - fail to learn and act upon the lessons again.
We cannot fail our health and care workers again.
We cannot fail to act and invest in protecting, growing, and safeguarding the health workforce again.

Addressing these issues requires a significant change in our traditional approaches to workforce governance, planning, resourcing, and management. This can only be achieved through a more inclusive multisectoral engagement and partnership with

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stakeholders, including the private sector and civil society. Key to the success of this approach is intentional investment to build a critical mass of competent human resources for health expertise that is capable of driving evidence-based policy, decisions and investments that are aligned with one common global health workforce agenda that informs and drives regional and national priorities and actions. These human resources for health experts and champions will need the skills, competency, and political support to convene and leverage all sectors and key stakeholders around our common workforce vision.

At this year's 75th World Health Assembly over 100 Member States, including the Africa group, co-sponsored Resolution 75.17 'Human Resources for Health',⁵ which puts forward our common agenda for protecting, safeguarding, and investing in the health and care workforce, as set out in the four Human Resources for Health DG report submissions to WHA75.⁶ Through this resolution, Member States endorsed the new Working for Health 2022-2030 Action Plan and its progression model, which sets out a framework for how African countries can generate and leverage additional domestic and development investments in health worker skills, education, and jobs, including through its Multi-partner Trust Fund (MPTF) implementation and financing mechanism. Contextual and country-led adaptation of the Action Plan can help facilitate and convene all partners under country-led strategic workforce investment plans that draw on multisectoral partnership and collaboration as an enabler of workforce policy, planning and implementation.

Explicit to the human resources for health agenda and the Action Plan is the aim of leveraging collaborative support to tackle the systemic issue of fiscal space restrictions. These restrictions result in a demand and supply paradox for some low-income countries with critical health worker shortages: where budget constraints appear to prevent absorption of additional health workers, resulting in unemployment, even as population needs exceed capacity.

Sub-regional platforms and mechanisms can play a strong collaborative role within the African region, and where marked progress is being made. For example, countries in the West African Economic and Monetary Union (WAEMU) have collectively developed a multisectoral regional health workforce investment plan as well as country specific investment plans. These have resulted in the ability to challenge wage bill fiscal constraints to increase the numbers of health workers in rural and underserved areas, as part of a drive to create 40,000 new health workers jobs by 2022. In the Southern Africa Development Community, Member States have developed a regional health workforce investment strategy that calls for an additional 40% in domestic and development investments in the health workforce over the next 10 years, to meet priority population health needs and demand. Further, the new African Union Health Workforce Task Team⁷ represents a continent-wide initiative to align stakeholders and resource mobilization to build a fit-for-purpose health workforce. In its first quarter, the task team already has attracted significant resource support.⁸

How the global workforce agenda and movement responds to the key challenges faced

As a key driver of health workforce action, commitments and investment, the Working for Health Action Plan targets many of the long-standing workforce constraints and challenges: persistent underinvestment, shortages, skill-mix imbalances, and maldistribution. Similarly, it addresses related issues that impinge upon the practice environment, including suboptimal working conditions, lack of support, inequity and disparities that further undermine workforce motivation, retention, and performance.



Training on use of PPE courtesy of Cooper Inveen (Photo courtesy of Reuters)

Aligned to the Action Plan and its agenda, a new WHO Global Health and Care Worker Compact provides a welcome technical reference and policy guidance to ensure that adequate and appropriate measures are taken on workforce safeguards, protection, and the promotion of occupational health and safety, rights and decent work. The four domains of the care compact - protecting health workers, providing support, safeguarding rights and inclusivity, along with the recommended enabling actions will aid countries to adopt holistic approach to the workforce that drills down into the root causes of workforce shortages, including their impact on those who deliver services.

Following on the fourth round of reporting on the Code and recognizing the grave concerns expressed by Member States and other stakeholders, WHO will reconvene the Expert Advisory Group to review the Support and Safeguard List,⁹ which is composed of those 47 countries with the most pressing UHC-related health workforce needs. The advisory group will consider the acute impact of the pandemic, service disruptions and additional country vulnerabilities and will recommend supports and safeguards that should be targeted at a revised range of priority countries to stem and address health worker migration.

Finally, the global agenda adopted by the World Health Assembly will enable countries to make the best use of the existing workforce through enhanced high-quality skills, transformative competency-based education and learning, and the adaptation of innovative technologies and tools including telemedicine and e-health. Achieving and sustaining progress towards global health goals such as universal health coverage and health security requires a health and care workforce that can deliver the full range of essential public health functions, including emergency preparedness and response. As countries recover and turn attention to investments in health systems to meet diverse challenges, now is an opportune time to bolster the public health workforce, including those personnel charged with emergency preparedness and response functions. The Public health and emergency roadmap¹⁰ launched in April 2022 is the result of joint efforts across leading public health and emergency response experts, organizations and associations.

The anticipated acceleration of our common workforce protection, safeguarding and investments agenda requires effective global advocacy, coordination, partnership, and collaboration. Similarly, sustained levels of domestic and international financing must be both generated and maximized to meet recurrent and operational health workforce expenditure needed to meet population health needs and thus achieve global ambitions toward universal health

coverage and the Sustainable Development Goals. This can only be realized with effective leadership that is government-led, multisectoral, and based on mutual partnership with all institutions, organizations, and stakeholders united to mobilize domestic, development and catalytic financing, cross-sectoral collaboration, and technical assistance. A key entry point is working within, strengthening, and adapting existing governance structures, systems, and collaborative partnerships around our one common workforce agenda.

Unity of effort must drive contextualization and evidence-based implementation of the latest key workforce strategies, tools, and guidance, including the global strategy for human resources for health, the working for health 2022-2030 action plan, the global code of practice on international recruitment, the global health and care worker compact, the health labour market analysis guidance, the national health workforce accounts, the global competency and outcomes framework for UHC, and the roadmap for national workforce capacities to implement public health functions including emergency preparedness and response. This means that, more than ever we will need to build the core capacity and capabilities for enabling a unified approach to effective workforce leadership, governance, policy, planning and management, and ensure that the means and resources that are required for this are visibly embedded within broader health systems strengthening programmes and initiatives.

As countries move forward within the ongoing COVID-19 pandemic, and their priorities shift towards recovery, it is imperative that we clearly illustrate the need for targeted and sustained health workforce investment. The “investment case” must clearly illustrate the economic, labour, gender and social derivatives and benefits of health workforce investment, in addition to the evident health and global health security returns. We must think broadly. Healthy children who learn become healthy adults who earn; a village with a school and sanitation will better retain health workers.

In an uncertain economic landscape, our case must be compelling and unified to build stronger post-pandemic workforce capacity and capability. Effective partnership and collaboration across regional and global initiatives should channel efforts to support national strategies and supplement domestic financing. However, given the multiple competing priorities, and the demands that is placed on post-pandemic recovery efforts, our ability to secure sustained and targeted investment in the workforce remains uncertain.

This is where the need to leverage effective partnership, collaboration, and financing on our common workforce agenda across multiple global initiatives and programmes is critical. For example, this agenda should help channel our efforts towards directing other emerging initiatives at global, regional, and country level to support and supplement domestic financing for health systems resilience and readiness. This includes working through the emerging World Bank Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response as a mechanism for financing global health security, which aligns with the Working for Health Action Plan Multi-Partner Trust Fund and its agenda. Another opportunity to advance the common workforce agenda is the joint African Union and Africa CDC health workforce task team established as part of the emerging post-pandemic recovery ‘new public health order’ declaration initiative to build back better public health capacity and capability. Additionally, the new US government ‘global health workforce initiative’ aims to invest upwards of US\$ 1 billion in targeted support to those countries that are at most risk of delivering universal health coverage and their SDG targets.

The way forward

In the words of Professor Francis Omaswa, “health is made at home, and hospitals are for repair”. We need to advocate for evidence-based arguments to drive the importance of investment and

partnership in the health workforce to deliver essential services, and public health functions. Changing the prevailing narrative of health as a cost drain on scarce resources, rather than a key enabler of health, inclusive economic growth and social protection requires a coordinated political and technical approach.

Health and care workers are the backbone of strong health systems. We must urgently build and expand the global health workforce around our common agenda, including the core capacity and capabilities that are required to plan, implement, measure and advocate for these workers at subnational, national, regional, and global levels. This calls for human resources for health leaders, planners, and decision makers to work in collaboration with government, partners, and key sectors to develop and implement strong, economic, and evidence-based investment cases for enhancing skills, education, and jobs, and to translate these into measurable health, economic and social benefits.

As we look ahead to the Fifth Global Forum on Human Resources for Health in April 2023, and to the United Nations High-level Meeting on Universal Health Coverage in September 2023, there is an opportunity to reinforce our collective efforts to drive our common health workforce agenda. Now is the time to renew and refresh our efforts to harness the power and strength of this renewed global movement and agenda and put the necessary steps in place to deliver the credible political and technical approach for the future.

We must build upon the marked progress made by the global health workforce network collaboratives and other major initiatives, and on the lessons from the pandemic to create a new global model of collaboration. Under the leadership of WHO, a strategic and functional multisectoral advisory group of experts (mSAGE) will be established in 2023 as the principal global policy and advisory platform and inclusive coalition for delivering on our workforce agenda and its mandate. This mSAGE will support Member States to tap into the levels of domestic and external financing and investments needed to meet their critical health workforce priorities and needs.

Let us reconvene, refresh, resource and recommit to building the health workforce the world wants and needs to ensure Health for All.

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