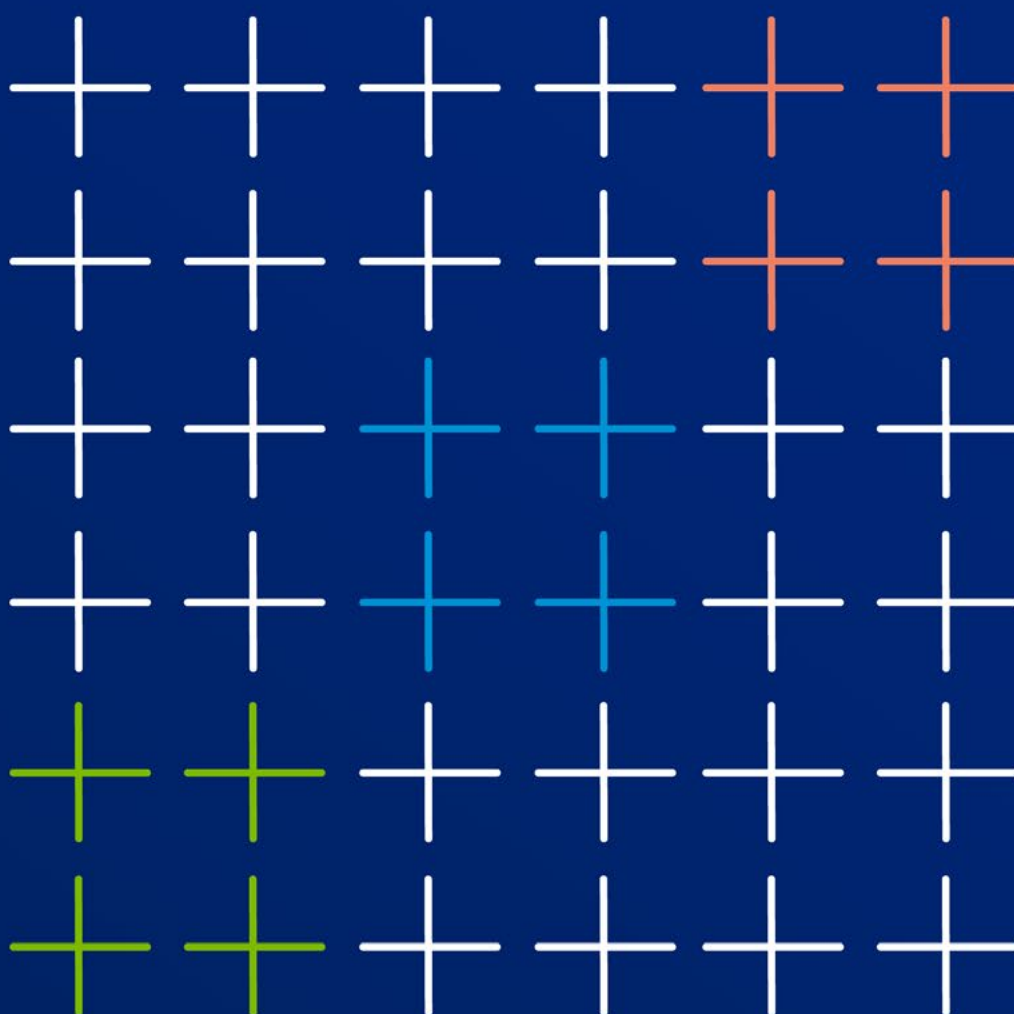


# WORKING FOR HEALTH

2022–2030 Action Plan





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**World Health  
Organization**

## Working for Health 2022-2030 Action Plan

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# ABBREVIATIONS

<b>GDP</b>	gross domestic product
<b>GHWN</b>	Global Health Workforce Network
<b>GPW</b>	General Programme of Work (WHO)
<b>ILO</b>	International Labour Organization
<b>LMICs</b>	low- and middle-income countries
<b>MPTF</b>	Multi-Partner Trust Fund
<b>mSAGE</b>	Multisectoral Advisory Group of Experts
<b>NHWA</b>	national health workforce accounts
<b>OCA</b>	Our Common Agenda
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>SDGs</b>	Sustainable Development Goals
<b>UHC</b>	universal health coverage
<b>UN</b>	United Nations
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization



# EXECUTIVE SUMMARY

The Working for Health 2022–2030 Action Plan (“Action Plan”) joins several other seminal global commitments and strategies that chart the way forward in addressing critical and long-standing health and care workforce challenges. Notably, the report of the United Nations High-level Commission on Health Employment and Economic Growth: *Working for health and growth: investing in the health workforce* (1), and the WHO *Global strategy on human resources for health: workforce 2030* (2), as well as the previous iteration of this Action Plan, the Working for Health Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021) (3), have emphasized the importance of the health and care workforce to the health of populations, the resilience of health systems, and to economic prosperity. This Action Plan, spurred by the urgency for increased investment and action in the health and care workforce made ever more evident by the COVID-19 pandemic, presents a model for progress responsive to the contexts and capacity needs of countries at all stages of socioeconomic development, including those with severe health and care workforce challenges. Beyond the need to improve workforce capacity, in synergy with broader health systems strengthening and innovative lifelong learning initiatives such as the WHO Academy, this Action Plan draws attention to the need to protect and safeguard the health and well-being of the health and care workforce, to enable it through supportive systems and environments, and to take assertive steps to achieving a more gender equitable and inclusive workforce.

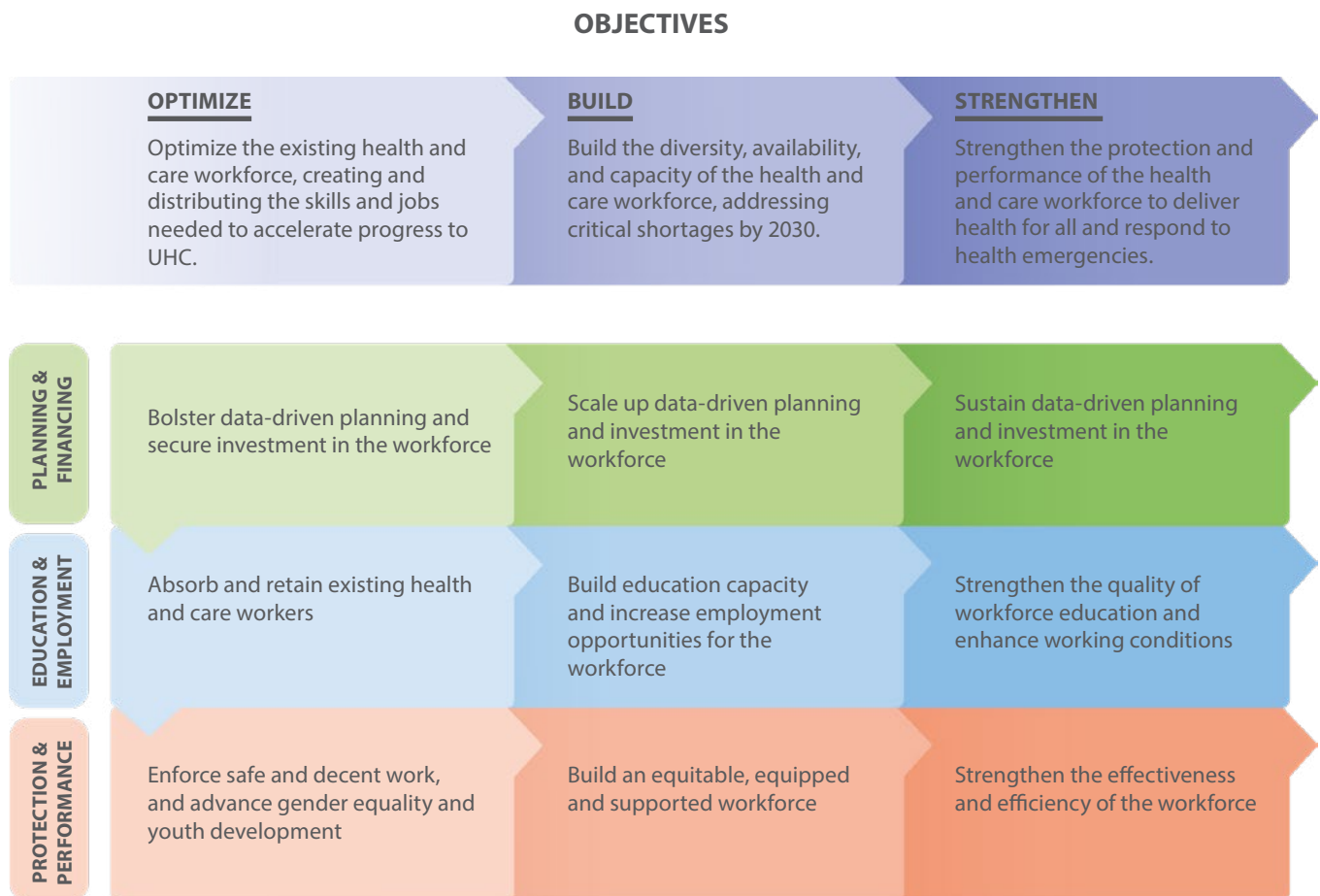
## What is the Working for Health 2022–2030 Action Plan?

The Action Plan presents how WHO, Member States and can jointly support countries to optimize, build and strengthen their health and care workforces. As seen in the Working for Health progression model (Fig. 1), the Action Plan provides a progressive pathway that even countries with the most critical workforce challenges can follow to accelerate their progress towards universal health coverage (UHC), emergency preparedness and response, and the Sustainable Development Goals (SDGs). Reflecting on lessons from the Working for Health Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021), the progression model outlines three key areas for action to ensure workers and countries achieve the greatest health, and social and economic benefits from investments in the health and care workforce:

- **planning and financing**
- **education and employment**
- **protection and performance.**

## Why was the Action Plan developed?

The Action Plan responds to the Seventy-fourth World Health Assembly (WHA) Resolution 74.14: *Protecting, safeguarding and investing in the health and care workforce* (4), which calls for a clear set of actions for accelerating investments in health worker education, skills, employment, safeguarding and protection to 2030. Resolution 74.14 highlights the urgency of responding to the scale and scope of health and care workforce challenges experienced by all countries, and most acutely by low- and middle-income countries (LMICs), small island developing states and those in fragile and conflict-affected settings. The Action Plan was thus developed to provide a clear and actionable pathway for progress that can be tailored according to context, and to catalysing new and sustainable investments in the health and care workforce. At the Seventy-fifth WHA, Resolution 75.17: *Human resources for health* (5), was co-sponsored by over 100 Member States, which called for the adoption and implementation of the Working for Health 2022–2030 Action Plan and utilization of the related Global Health and Care Worker Compact (6).

**Fig. 1. The Working for Health progression model**

### What workforce does the Action Plan apply to?

The Action Plan is concerned with the health and care workforce. This encompasses people whose work is primarily intended to enhance health, and to provide health services, compassionate care and assistance to patients, older people, people with disability and convalescent individuals. These personnel include sometimes neglected or marginalized segments of the workforce, such as health workers in education, community health workers and domestic workers with care responsibilities (7, 8).

### Which countries does the Action Plan apply to?

The Action Plan is relevant and can be tailored to the context of all countries, regardless of their health system's level of maturity. Aligned with broader work on health systems, health financing, emergency preparedness and response and essential public health functions, the Action Plan is particularly responsive to countries who are most at risk of not achieving UHC by 2030 – defined in the WHO Thirteenth General Programme of Work (GPW 13) mainly as those countries with the most extreme and vulnerable health systems. These countries have a UHC service coverage index below 50 and a density of doctors, nurses and midwives that is below the global median of 48.6 per 10 000. Prior to the COVID-19 pandemic, there were 47 such countries according to the 2020 Health Workforce Support and Safeguards List (9). Several small island developing states and fragile and conflict-affected settings will also benefit from the progressive pathway for development, which is presented in the Action Plan's progression model.

## What core principles support the achievement of the Action Plan's objectives in countries?

The Working for Health 2022–2030 Action Plan is guided by five “core principles” (Fig. 4). These are fundamental to the successful implementation of the objectives of the Action Plan and characterize Working for Health's approach to its work with countries and stakeholders.

1. Use **data** to inform and drive decision-making in planning and investment.
2. Engage stakeholders through inclusive cross-sectorial **dialogue**.
3. Promote **equity**, ensuring the benefits reach the vulnerable and underserved.
4. **Align** investment and action with the needs of populations and health systems.
5. Remain **country-led**, empowering national governance and leadership.

## Who contributes to the successful implementation of the Action Plan?

The Action Plan is most successfully implemented through government-led multisectoral partnership, and where there is effective cooperation between education, finance, health, labour and employment and social affairs sectors, as well as collaboration with professional associations, workers' unions and employers (public and private), along with other stakeholders. Some governments may also seek to partner with development agencies, including through triangular cooperation arrangements with the United Nations (UN) system and its Our Common Agenda (OCA) and Global Accelerator on Jobs and Social Protection initiatives, as well as international organizations, and other partners, to support their implementation of the Action Plan.

All partners can make a valuable contribution to achieving the objectives of this Action Plan by actively working to raise awareness of the enormous contributions of the health and care workforce to societal well-being; advocating for, committing to and mobilizing catalytic and sustainable investment in the health and care workforce; building institutional capacity for implementation of the actions; supporting data collection and use to guide policy and decision-making; and promoting action and accountability.

## How will financing and implementation of the Action Plan be supported?

Financing and implementation of the Action Plan are directed towards enabling countries and partner agencies to access the catalytic technical support and pooled funding to optimize, build and strengthen the health and care workforce. This is achieved via the Working for Health Multi-Partner Trust Fund (MPTF) and partnership mechanism, which serves to mobilize and secure long-term sustainable levels of domestic, development and private sector financing. The implementation of the Action Plan is facilitated through technical expertise, cooperation, and harnessing data, and applying these in the context of countries' needs and priorities.

## How will achievement of the Action Plan be measured?

Measurement of the inputs, outputs, outcomes and impact of the Action Plan is made possible through a monitoring framework (Annex 2), which includes indicators, which are mapped to specific health dimensions, and means of verification. More generally, the success of the Action Plan in achieving its goal will be assessed against an **interim target** by 2025 and a **2030 target**, which are aligned with the Action Plan's progression model and theory of change. These targets are further embedded within the strategic focus of WHO, and its aims of increasing health systems resilience, preparedness and response capacity through investments in quality health care services and the delivery of UHC:

- **Interim target ("25 by 25"):** By 2025, at least 25 countries, including those most at risk of not achieving UHC and SDG goals (1), have been supported through the Working for Health 2022–2030 Action Plan MPTF to develop and implement multisectoral costed health workforce strategies and investment plans.
- **2030 target:** By 2030, at least 60 countries, including those most at risk of not achieving UHC and SDG goals, have been supported through the Working for Health 2022–2030 Action Plan MPTF to develop and implement multisectoral costed health workforce strategies and investment plans.

# 1. INTRODUCTION

Universal health coverage (UHC) aims to see all people access safe and quality health services without financial hardship and is a core target of SDG 3: “ensure healthy lives and promote wellbeing for all at all ages” (10). The health and care workforce are fundamental to the attainment of UHC and to the health of populations, as well as to building health system capacity and to inclusive economic growth. This has become increasingly evident in recent years, as countries at all stages of socioeconomic development have witnessed the invaluable role of health and care workers, as well as the immense challenges they have faced, and the impact this has had on workers themselves and health systems.

## 1.1 The vital contributions of the health and care workforce

In addition to contributing to the achievement of UHC, investment in the health and care workforce can present far-reaching health, social, economic and security benefits for countries. Investment in the health and care workforce, accompanied by targeted policy action, accelerates progress across a range of SDGs. For example, there are clear links not only to SDG 3 (good health and well-being), but also to SDG 1 (end poverty), SDG 4 (quality education), SDG 5 (gender equality) and SDG 8 (decent work and economic growth) (1). Indeed, the societal value of the health and care workforce can be realized through its contribution to:

Health and care workers are all of those who are engaged in actions with the primary intent of enhancing health. This includes all of those who provide direct personal care services in the home, in health care and residential settings, assisting with routine tasks of daily life, and performing a variety of other similar routine tasks (7, 8).

- **Population health:** Health and care workers are essential for achieving better population health, enabling people to live longer, more independent and more productive lives, which in turn facilitates economic development, maximizes human capital and enhances the benefits of health, security and social protection to society (1).
- **Local economies:** Health and care workers are an important part of local economies, especially when they offer stable and well-remunerated jobs and pathways for accessing continuing education and employment (1). Health and care workers account for a significant part of the labour force in many smaller communities and their economic participation and well-being contribute significantly to communities. The health and care sector has also become the biggest employer of young people, and employment rates have risen faster for young people in this sector than for any other age strata. This is reflected in nearly every country around the world, regardless of the socioeconomic context (11).
- **Transformational social progress, equity, and rights:** The health and care workforce hold tremendous untapped potential to accelerate social progress, equity and the realization of human rights. Targeted and mainstreamed policy action to address gender inequality in the health and care workforce, such as through creating working conditions conducive to the participation of women and ensuring the equal representation of women in leadership and decision-making roles, can have a profound impact on societies, and the lives of women (12). The health sector is also an important platform for addressing poverty and youth<sup>1</sup> unemployment through creating education pathways and job opportunities (11). The enforcement of decent work can further ensure that people receive fair pay, work in safe and healthy environments that support their well-being, and are free from violence and harassment (14).

<sup>1</sup> Youth refers to young people, who are students or individuals in their early career in the labour market (13).

- **Reducing the burden of care:** The lack of health and care services leaves a significant care burden to be borne by families. This can have severe consequences on labour market attachment, earning potential, poverty and dependency for family members, especially women, who undertake the majority of unpaid care work. The burden of intensive caregiving can have lifelong consequences on economic independence and well-being. The productivity losses associated with burden of care are considerable for individuals, communities and the economy as a whole (15).
- **Maximizing the potential for innovation:** Investment in the health and care workforce can help ensure that the potential for innovation creation and adoption is realized (16). An overworked, underskilled and unmotivated workforce will be less likely to adopt innovation effectively, or participate in its creation. This is a vicious circle that significantly impedes progress towards efficiency gains, quality improvement and better health and service delivery outcomes.

The COVID-19 pandemic has also thrown a stark light on the vital role of health and care workers in enabling health system capacity to respond to emergencies and other stressors (17). Emerging evidence reveals that countries with an adequate, trained and capable health and care workforce have been more effective in responding to the pandemic and maintaining essential services, while those countries dealing with capacity constraints and other developmental challenges have fallen further behind (18–21).

## 1.2 Health and care workforce challenges

The health and care workforce across the world faces challenges associated with labour market failures, health emergencies, health and demographic trends, gender inequality and substantial underinvestment. These challenges, elaborated below, have a direct effect on the physical and mental health and well-being of workers and hamper their health, social and economic contributions to society.

Over the course of the COVID-19 pandemic, and in the context of a broader range of health emergencies, the health and care workforce is under greater stress to respond to increased demand for its services. Surges in illness and injury can result in burnout, and put workers' health, well-being and security at heightened risk as they face worsening working conditions (including lack of access to infection prevention and control measures in some instances), violence and harassment (22). The impact of the pandemic, in terms of worsening the health and well-being of workers, disruptions to health systems, the shifting economic landscape and ongoing economic scarring, will worsen health and care workforce shortages and workloads (19).

Demand is also increasing in light of population ageing and the increasing prevalence of noncommunicable diseases and multimorbidity, which create greater demand for health and care workers in primary health in particular – a level of the health system characterized by difficulties in attracting and retaining workers (2). Concerningly, the need for health and care workers is increasing in the context of shortages, which paradoxically exist side by side with workforce underutilization and unemployment (especially among young workers) in many countries (23). This situation, as well as suboptimal working conditions and neglect of labour protection and rights, contribute to the international mobility and attrition of workers, which further exacerbate worker shortages. Furthermore, pervasive inequalities in the workforce, particularly among women and youth, call for concerted action and investment (2).

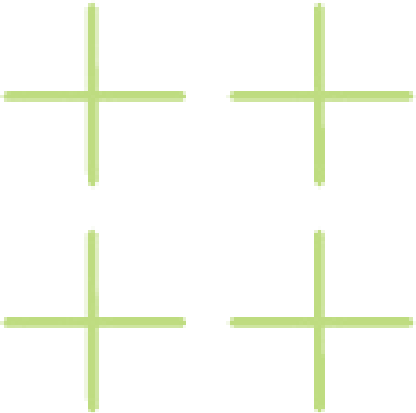
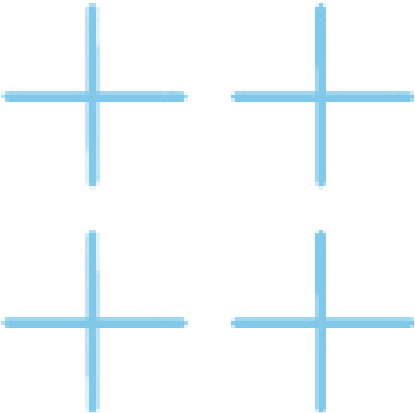
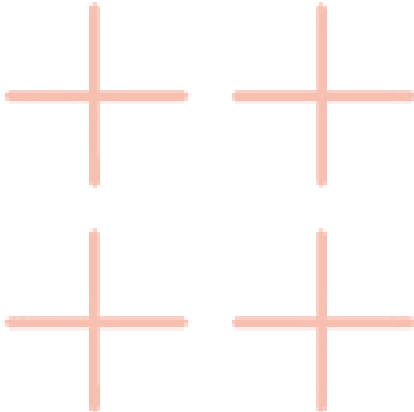
These challenges, among numerous others affecting the health and care workforce, are some of the most urgent facing health systems today. They are often underpinned by limited health system capacity, budgetary constraints and inadequate and/or inefficient planning and investment (24). While countries across all stages of socioeconomic development experience these workforce challenges to some degree, some LMICs experience them most profoundly and bear the most significant proportion of the global health workforce shortage. These countries have a UHC service coverage index below 50 and a density of doctors, nurses and midwives below the global median (48.6 per 10 000) (9). These countries, of which there were 47 prior to the COVID-19 pandemic according to the 2020 Health Workforce Support and Safeguards List, face the greatest challenges in attaining UHC and require targeted action and investment (9).

Workforce challenges also impact certain demographic and occupational sectors disproportionately. An analysis of 189 countries in 2020 found that women constitute 67% of the health and care workforce globally (25) – noting important variations across WHO regions – and encounter gendered issues such as occupational segregation, pay inequality and underrepresentation in leadership and decision-making (12, 26). The informal and unpaid health and care workforce, including community health workers and home-based caregivers, who are also predominantly women, can also be profoundly affected by health and workforce challenges, particularly those related to social protection, working conditions and safety (12).

### **1.3 Investment in the health and care workforce**

Despite the necessity of health and care workers to the efficiency, effectiveness and performance of health systems, to population health and global health security, and to economies, the corresponding levels of commitment, buy-in and investment have been inadequate (1, 27). This situation is perpetuated by a failure to recognize investment in health as a prerequisite for inclusive economic growth and prosperity, and by the long-standing misconception that health and care workforce strengthening, and its associated recurrent costs, represent a drain on national budgets. While it is important to recognize the constraints that the world's poorest countries face in meeting health financing needs, this false narrative is responsible for hindering progress towards UHC and inclusive economic growth, and undermines health security, particularly in the world's poorest countries (1, 28, 29).

The economic crisis resulting from the COVID-19 pandemic and lessons from previous economic crises indicate that countries which spend on health during an economic crisis are building better health system capacity (28, 30). Within the context of COVID-19, countries' concerns about their constrained public spending and debts, emphasize the urgency of sustainable investments in the health and care workforce (31). The "building back better" of health systems in the context of pandemic recovery presents the chance to transform health service delivery and workforce models to be more efficient and enabling of the well-being of workers (17). The benefits of rapidly evolving digital technology, including telemedicine and e-learning, have begun to be realized, and the availability of critical technical guidance and tools is enabling countries to collect, access and share health and care workforce data to inform health policy and action.

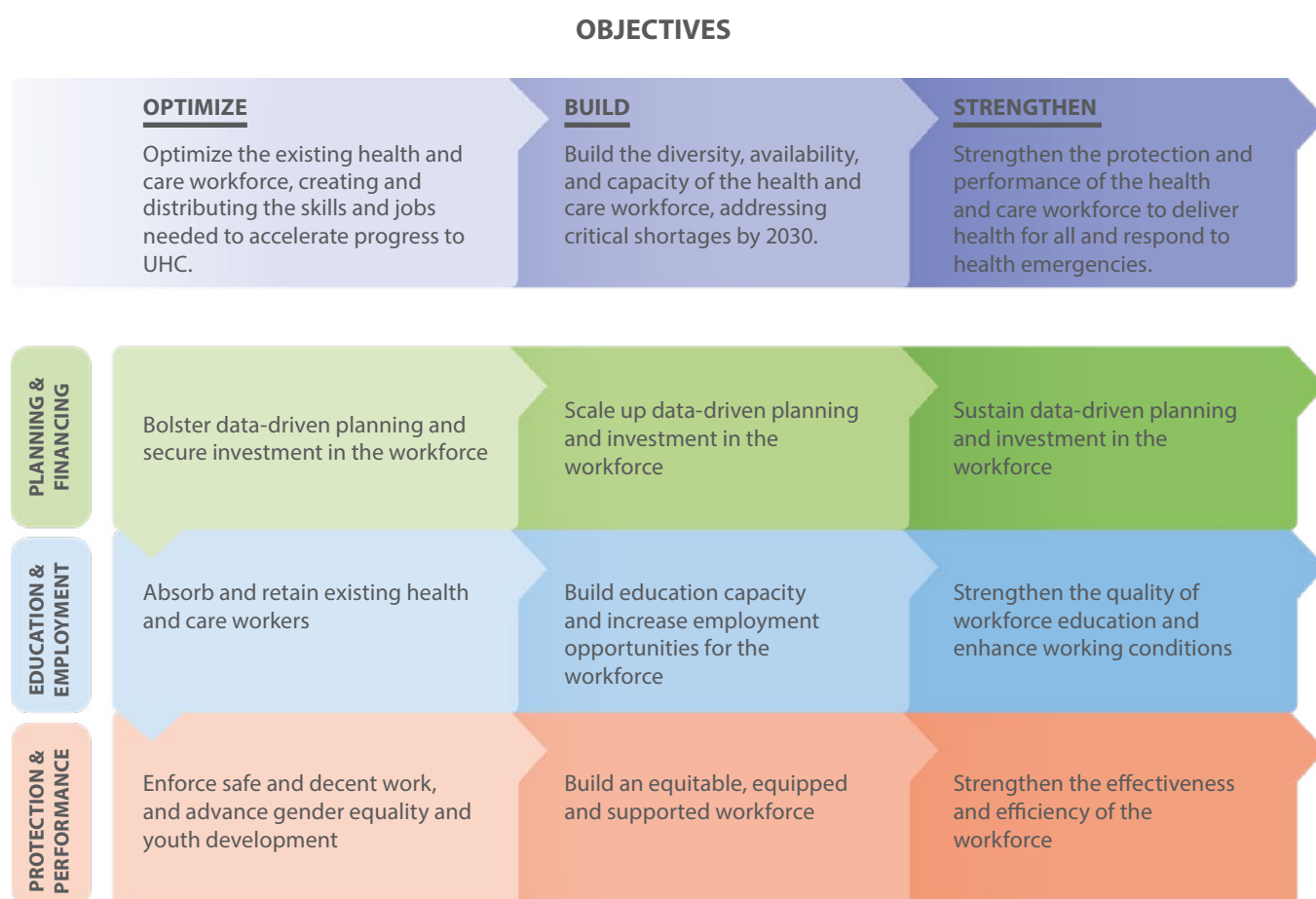




## 2. RESPONDING TO HEALTH AND CARE WORKFORCE CHALLENGES

The 2022–2030 Action Plan responds to the Seventy-fourth World Health Assembly Resolution 74.14: **Protecting, safeguarding and investing in the health and care workforce**, which called for a clear set of actions for accelerating investments in health and care worker education, skills, employment, safeguarding and protection to 2030 (4). As with its 2017–2021 predecessor, the 2022–2030 Action Plan continues to draw on the recommendations of the report of the United Nations High-level Commission on Health Employment and Economic Growth and aligns with the WHO *Global strategy on human resources for health: workforce 2030* (1, 2). The experience of implementing these resources, as well as the national health workforce accounts (NHWA)<sup>1</sup> (32), and the lessons learned through the COVID-19 pandemic and other health emergencies, have contributed to the development of a three-by-three progression model (Fig. 1).

**Fig. 1. The Working for Health progression model**



The progression model forms the foundation of this Action Plan, the objectives, actions and application of which are detailed in Section 4. It demonstrates the critical need for investment in the planning and financing, education and employment, and protection and performance of the health and care workforce. When resourced and implemented in the context of national policies, strategies and plans, these three areas of action are key enablers and contributors towards healthier populations, improved health security and more inclusive societies.

<sup>1</sup> The **national health workforce accounts** is a system by which countries progressively expand the collection and use of health workforce data through monitoring a set of indicators to support achievement of UHC, the SDGs, and other health objectives.

This is a multistakeholder and cross-sectoral action plan, presenting how Member States, partners and stakeholders can jointly respond to health and care workforce challenges in countries. It emphasizes the need for sustained, country-driven action, propelled through intensified technical assistance and catalytic funding. With objectives and actions described across three phases of progress, the Action Plan can be tailored to any country context; the objectives and actions towards “optimizing” the health and care workforce reflect the priorities of those countries facing the most severe challenges and fiscal constraints. At the other end of the progression spectrum, the objectives and actions towards “strengthening” the health and care workforce reflect the priorities of those countries with more mature health systems and larger health budgets.

## 2.1 Overview of Working for Health

Working for Health is a strategic platform for mobilizing multisectoral cooperation, partnership and collaboration in the health and care workforce. Its primary intention is to enable countries to address their health systems and population health needs through effective investment in the health and care workforce, particularly in countries least likely to achieve UHC and where emergency preparedness requires strengthening. Low- and middle-income countries, predominantly from Africa, but also from the Americas, Eastern Mediterranean, South-East Asia, and small island states of the Western Pacific, have been identified as those requiring targeted technical support, and sustainable levels of long-term investment that will help deliver policy change, action, results and impact.

Working for Health was initiated in 2017 as a joint initiative between the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD) and WHO. The three organizations launched the 2017–2021 Working for Health Five-Year Action Plan to support the implementation of the recommendations of the High-level Commission on Health Employment and Economic Growth to stimulate investment in the health and care workforce (3). In May 2021, Resolution WHA74.14: *Protecting, safeguarding and investing in the health and care workforce* was adopted by the WHA, calling for a new set of actions and 2030 agenda to be developed through a Member States-led process (4). This 2022–2030 Action Plan responds to this call, in line with Working for Health’s vision, mission and goal.

Vision	Mission	Goal
An effective and enabled workforce that delivers UHC, emergency preparedness and response, and drives inclusive economic growth.	Support all interested countries, including those experiencing the most severe health and care workforce challenges, to make meaningful progress towards the SDGs and UHC through multisectoral collaboration, and sustained and catalytic investment.	Optimize, build and strengthen the health and care workforce to accelerate progress towards the SDGs by 2030.

Working for Health supports countries to achieve their aims through a whole-of-government and whole-of-society approach, which calls for the active engagement and cooperation of the health, finance, labour, education, foreign affairs, and other social affairs sectors, as well as development partners, civil society and the private sector. By bringing together all key stakeholders, Working for Health aligns critical workforce data, the expertise and cooperation of stakeholders, and pooled public and private financing to country needs and priorities. By aligning relevant technical and financial resources to country needs and priorities, the specific health and demographic trends, health system strengths and opportunities, and historical context of each country are considered in all aspects of policy, planning and decision-making.

Where requested by Member States, Working for Health provides catalytic funding, technical assistance and policy advice to enable countries and regions to:

- generate improved **data and evidence** on the health and care workforce, through strengthened data analysis and use, governance, progressive implementation of the NHWA, and health labour market analysis, including gender analysis;<sup>1</sup>
- engage diverse sectors and stakeholders in inclusive **social and policy dialogue**;
- develop and enhance health and care workforce **strategic plans**, and integrate these within broader health sector and national development plans; and
- mobilize a combination of **sustainable investment** through domestic and external sources to implement action and maintain recurrent expenditure levels where they are needed most.

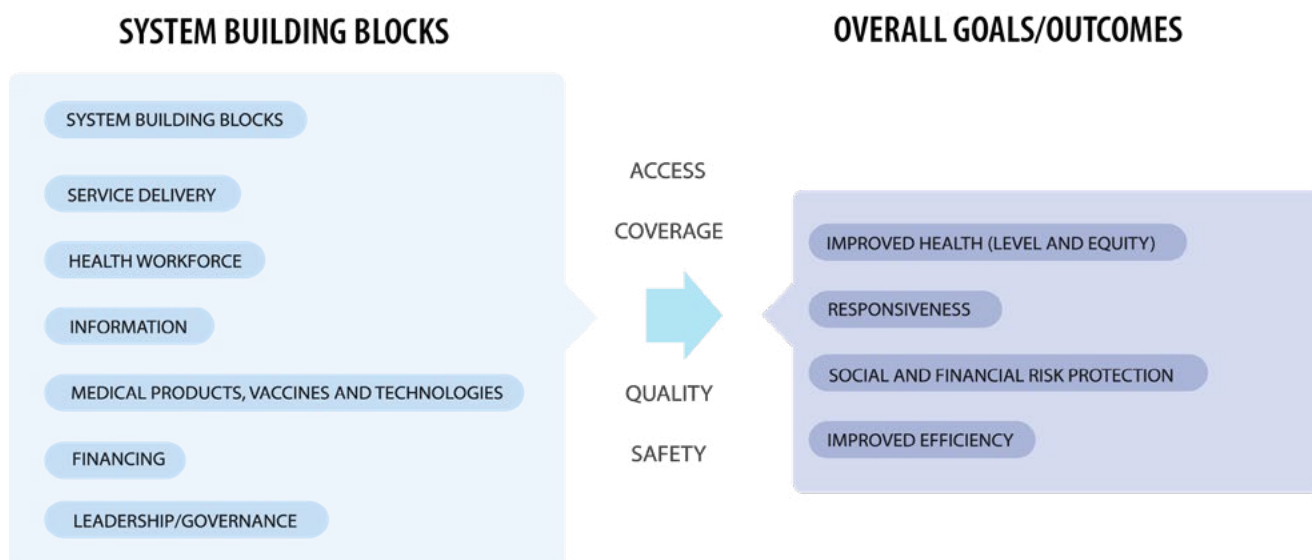
**Box 1.**

**The health and care workforce in the context of health system strengthening and UHC**

SDG 3.8 calls on health systems across the world to ensure that all people have access to the health services they need (including health promotion, prevention, treatment, rehabilitation and palliative care), when and where they need them, without financial hardship (10, 36). Attaining this ambitious target requires policy interventions to strengthen the health system as a whole, from governance, financing, information systems, medical products, vaccines and technologies and infrastructure, and the health and care workforce, towards the progressive expansion of health services (37). The health and care workforce, as one of the six health system building blocks (Fig. 2), is affected by and impacts other building blocks. For example, financing interventions to increase the affordability of health care may increase demand for health services, which the health and care workforce is ill-equipped to meet (38). Similarly, the benefits of investment in the health and care workforce will not be fully realized without complementary investment in the medical products, vaccines and technologies (and environments) it requires to perform effectively and exercise its full scopes of practice. As such, the health and care workforce cannot be seen in isolation. Rather it should be conceptualized as a key input, along with the other health system building blocks, within the results chain towards UHC and healthier populations (38).

While increasing the reach, uptake and impact of health and care workforce norms and standards, these developments promote policy change, and help galvanize political commitment, support and accountability to expand and transform the health and care workforce.

**Fig. 2. WHO health systems framework (39)**



<sup>1</sup> In May 2007 the Sixtieth World Health Assembly adopted WHA60.25: *Strategy for integrating gender analysis and actions into the work of WHO* (33). Gender analysis is described in the report by the Secretariat, *Integrating gender analysis and actions into the work of WHO* (34) and gender analysis tools presented in WHO’s *Gender mainstreaming for health managers: a practical approach* (35). The Working for Health Action Plan utilizes these tools to review the role of women in the health and care workforce.

While part of a broader and complex health systems dynamic, the health and care workforce is recognized as central to the delivery of health services. The health labour market ultimately determines the alignment of the workforce with population needs and health system functions, ensuring a synergy between need, supply and demand (2, 38, 40). As stated in the 2014 report of the Global Health Workforce Alliance Secretariat and WHO, there is “no health without a workforce” (38). Nevertheless, the interconnection of health system building blocks demands the efforts to strengthen the health and care workforce occur in harmony with the immediate and peripheral health policies, institutions, actions, approaches and tools to ensure that all pull together towards the same goal (37).

## 2.2 Working for Health theory of change (2022–2030)

The theory of change (Fig. 3) presents the inputs, outputs, outcome and impact of the Action Plan, as well as the underlying assumption on which the theory is based, and the preconditions for its success. The various components of the theory of change are explained below.

### 2.2.1 Assumptions and preconditions

The assumptions of the theory of change are those underlying beliefs that inform the design and operationalization of the Action Plan. The assumptions reflect the contribution of the health and care workforce to inclusive economic growth and health security, and the conviction that meaningful change requires multisectoral and country-led action.

### 2.2.2 Inputs

The inputs of the theory of change are the “key ingredients” required to generate the outputs and achieve the outcome and impact of the Action Plan in countries. The theory of change includes four inputs:

- **Data** (including global, national and subnational data) are a key input to inform action. The availability and ease of access to data will vary by country, but may encompass data related to supply, demand and employment of workers, and concern the education sector, and public and private sector. Data are needed to not only identify workforce challenges, but to understand them and their underlying causes.
- **Expertise** is an intangible yet critical input for success and requires the engagement of a range of stakeholders with various fields of knowledge and experience. Expertise may be sought across sectors to gain insight into issues such as the health labour market, equity and diversity, education, legal and regulatory frameworks, and safety and protection, among others.
- **Financing** is key enabler for action and essential for realizing meaningful change in countries. In the theory of change, financing as an input refers to catalytic funding and investment for the implementation of the plan.
- **Cooperation** is required across sectors and among stakeholders to ensure action and investment is efficient, effective and synergistic with broader health and social goals, policies and plans.

Considering and responding to country priorities is of utmost importance to realizing the impact of the Action Plan. The inputs listed above need to be utilized in considering the social, cultural, political and economic context of each country, and appreciate (or help identify) the priorities specific to each country.

### 2.2.3 Outputs

The outputs of the theory of change are those events, products or investments that result when the inputs are applied in the context of country priorities, and that collectively contribute to successful action. The theory of change includes four key outputs:

- **Labour market analysis** is an analysis of factors affecting the need for, supply of, and demand for health and care workers, and includes a gender analysis. The process of implementing, and the data derived from, health labour market analysis, promote intersectoral social dialogue (see below) and support informed decision-making and investment (24).
- **Social and policy dialogue** convenes stakeholders, including civil society and topic experts, and governments around important issues to gain a shared understanding and generate common ways forward to address identified problems.
- **Strategic plans** respond to the findings of health labour market analysis and other data sources, and the outcomes of social and political dialogues, defining the objectives, actions needed and associated resource requirements. Strategic plans may be regional, national or subnational.
- **Domestic, development and private sector investment** can be generated through the collective inputs, and is fundamental to achieving sustainable, country-led multisectoral action to address workforce challenges. Domestic, development and private sector investment encompasses that from national and subnational governments (domestic investment), and bilateral agencies, international financing institutions, and development partners (donor investment) and private sector investment.

### 2.2.4 Areas for action

The theory of change reflects the three thematic areas for action of this Action Plan:

- **planning and financing**
- **education and employment**
- **protection and performance.**

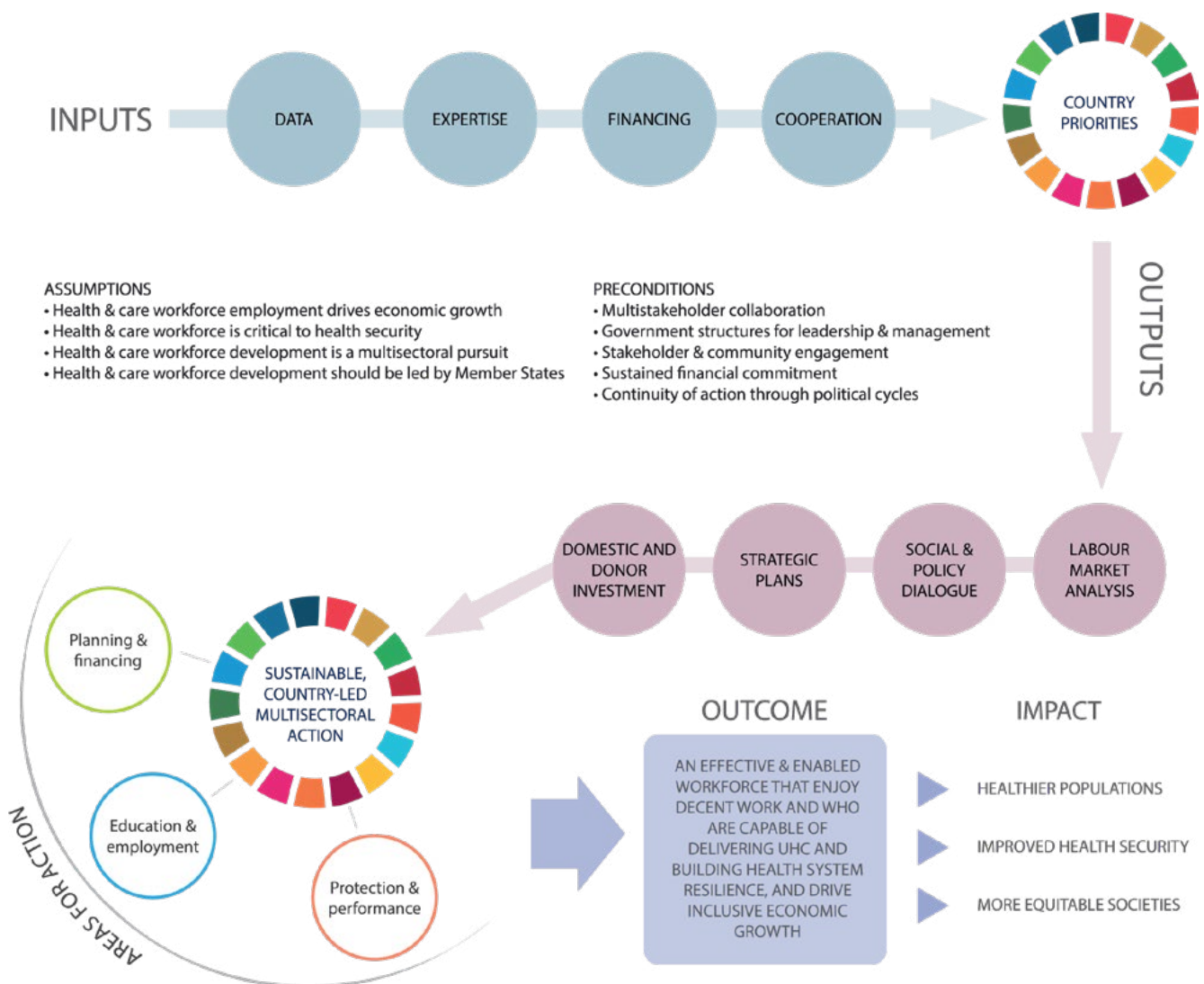
These areas for action are elaborated in the progression model (Fig. 1) and in the objectives, actions and application detailed in Section 4. How action in these three thematic areas is realized within countries will vary and will depend heavily on the needs and priorities of the country, political will, the commitment of stakeholders, and the level of investment achieved.

### 2.2.5 Outcome

The outcome of the theory of change mirrors the vision of Working for Health, and the ultimate aspiration for countries' health and care workforces. The outcome acknowledges that workforces need to be enabled by the system in which they work, and that they are critical to the achievement of UHC, health system resilience and inclusive economic growth.

### 2.2.6 Impact

The theory of change presents the three primary impacts in countries, including healthier populations, more resilient health systems, and more equitable societies. While these impacts will not be realized exclusively, the achievement of the objectives of the Action Plan, implemented according to the core principles (see Section 3), will make a considerable contribution toward them.

**Fig. 3. Working for Health theory of change, 2022–2030**

## 2.3 Scope and targets of the 2022–2030 Action Plan

### 2.3.1 Relevant workforce

The core principles, objectives and actions of this Action Plan apply to all health and care workers, from generalists to specialists, from planners to practitioners, including those in informal employment and those who are unpaid. It is relevant to a wide range of occupations, appreciating the diverse composition of workers needed to deliver health promotion, prevention, treatment, rehabilitation and palliation services. This encompasses all variations of the health and care workforce that contribute towards health and care service delivery at every level – across the public, private and not-for-profit sectors, as well as scientists, field epidemiologists, zoologists and entomologists working in the field of human-to-animal and environmental health.

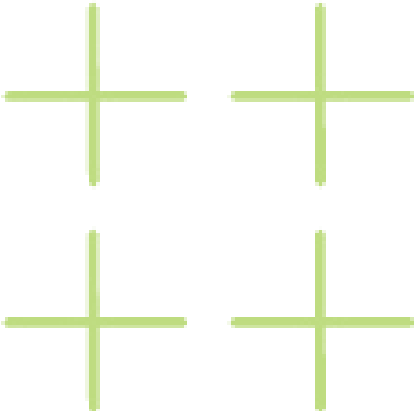
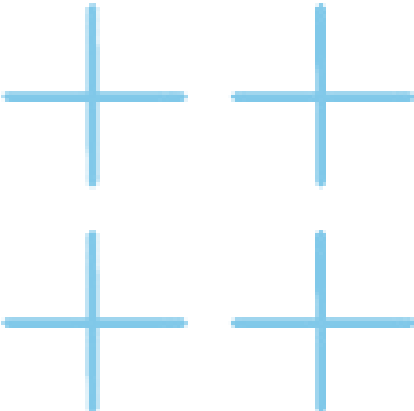
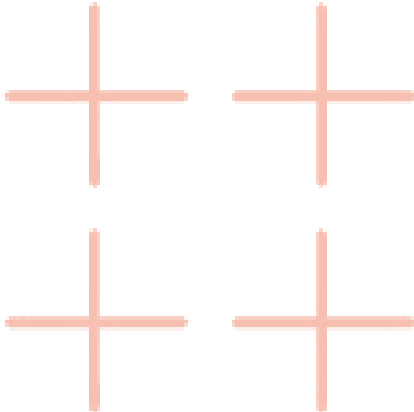
### 2.3.2 Applicable settings

The Action Plan applies to all levels of the health system and the range of settings and service delivery settings from which health and care workers practise, such as homes, schools, community facilities, clinics and hospitals.



### 2.3.3 Nature of guidance

The Action Plan provides high-level objectives and broad actions, with suggestions for their application, that can be tailored to a country's specific context and priorities. In particular, the implementation of the Action Plan can be further enabled in synergy with other broader health systems strengthening initiatives, and by strengthening both institutional and individual capacities and capabilities through the WHO Academy and other relevant initiatives. The Action Plan does not attempt to provide specific or stepwise guidance for the implementation of these objectives, acknowledging the wealth of existing resources available and respecting the diversity of national and subnational contexts and jurisdictional responsibilities. The Action Plan has a strong emphasis on financing, implementation and measurement, with Section 6 detailing implementation and operational structures and the approach to monitoring and reporting. This is supported through interim and 2030 targets and a monitoring framework (Annex 2), which sets out key indicators to measure inputs, outputs, outcomes and impact for all countries and initiatives that are supported through the Working for Health 2022–2030 Action Plan MPTF.

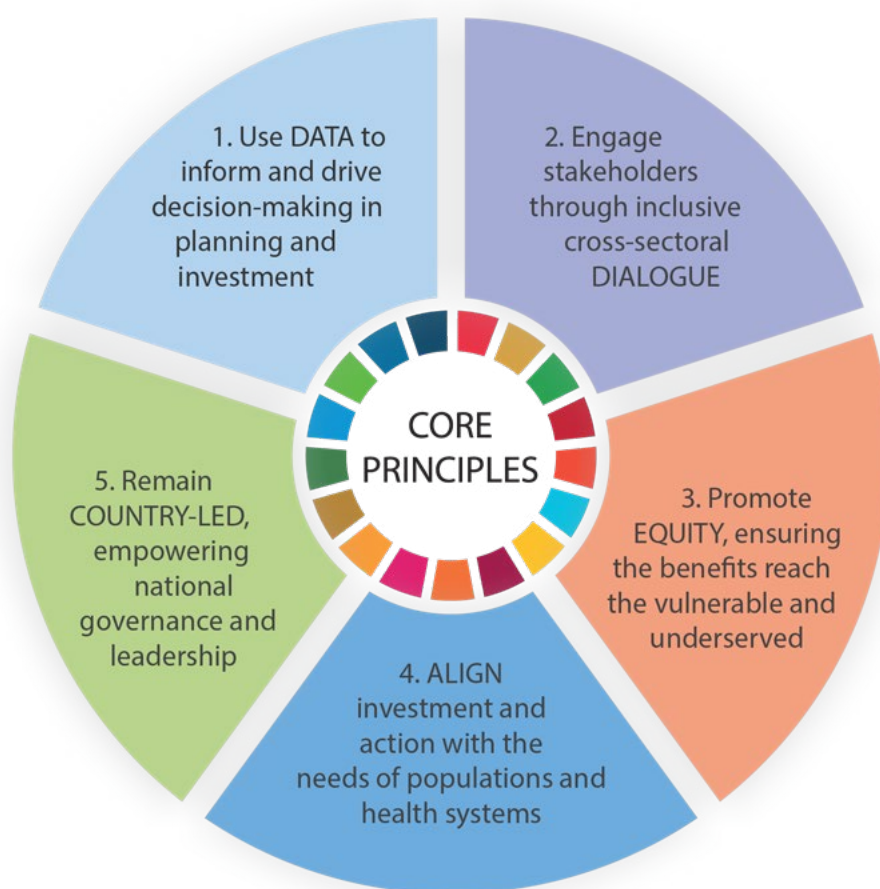




### 3. CORE PRINCIPLES

The Working for Health 2022–2030 Action Plan is guided by five “core principles” (Fig. 4). These principles are considered fundamental to the successful implementation of the objectives of the Action Plan and characterize Working for Health’s approach to its work with countries and stakeholders.

**Fig. 4. Core principles of Working for Health**



**1. Use data to inform and drive decision-making in planning and investment**

Health and care workforce policy, investment and decision-making should be informed by reliable intersectoral and disaggregated data, including by gender and other stratifiers such as age and education, as well as research and analysis. This is achieved, in part, through routine workforce data collection at all levels of the health system, such as using and strengthening national human resource for health information systems, and progressively implementing the NHWA to utilize health and care workforce data for planning and policy-making. Health and care workforce strategic and investment plans further benefit from the comprehensive data obtained through labour market analysis.

## **2. Engage stakeholders through inclusive cross-sectoral dialogue**

Effective action to strengthen the health and care workforce requires whole-of-government and whole-of-society engagement and collaboration. This includes between health, labour, education, finance and social affairs sectors, and all stakeholders that contribute to developing, employing, supporting and funding health and care workers. This engagement and collaboration are enabled through data-driven intersectoral and multistakeholder dialogue, which require well-governed convening platforms for effective communication. Such dialogue can be facilitated through data from the NHWA and the process and findings of a health labour market analysis (24).

## **3. Promote equity, ensuring the benefits of investment in the health and care workforce reach the vulnerable and underserved**

Efforts to strengthen the health and care workforce must support equity, including by addressing inequalities and discrimination associated with gender, age, class, education, ethnicity, migration status and any other demographic characteristics relevant to the country context. Gender equality should be supported through targeted action and gender integration in health and care workforce policies and plans, including legislative and regulatory development, ensuring that these serve to promote equal opportunities for women and men to obtain decent work. Gender equality issues need to adopt an intersectional lens – a cross-cutting component of decent work, understanding how socially constructed factors such as race, class, ethnicity, gender identity, sexuality and ability intersect with youth workers in the health and social care sector is vitally important (11). Consideration should be given to the pervasive occupational segregation by gender in the health and care sector and the need for policy action to address gender leadership gaps and gender pay gaps. Such action should also pay attention to creating and supporting opportunities available to youth, acknowledging the potential to reduce youth unemployment and poverty through health and care workforce education and employment. Young people and people from vulnerable and disadvantaged communities, including indigenous communities, should be empowered to participate meaningfully in the health sector.

## **4. Align investment and action with the needs of populations and health systems**

Action to strengthen the health and care workforce should respond to a country's specific population and health system needs. This entails careful consideration of a country's existing and emerging demographic, epidemiological and technological trends in planning and investment, working to ensure that the composition, knowledge and skills of the health and care workforce are developed and deployed accordingly, and that work environments support optimal workforce protection, performance and well-being. Investment in the health and care workforce should further align with the needs of those populations facing the greatest barriers to health and care services, such as persons with disabilities, and those with mental disorders, or those living in remote or conflict-affected regions.

## **5. Remain country-led, empowering national governance and leadership of the health and care workforce agenda**

Approaches to health and care workforce strengthening should enhance country-led action, governance, leadership and management, and empower national and subnational stakeholders to advance the workforce agenda.

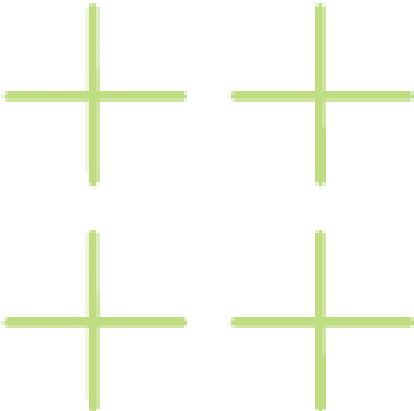
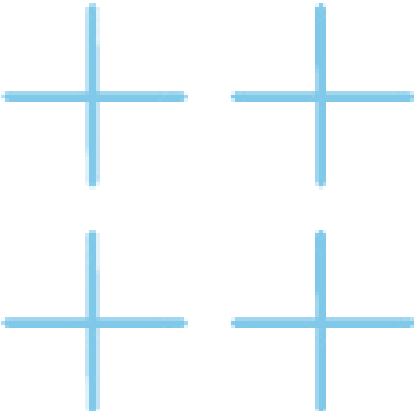
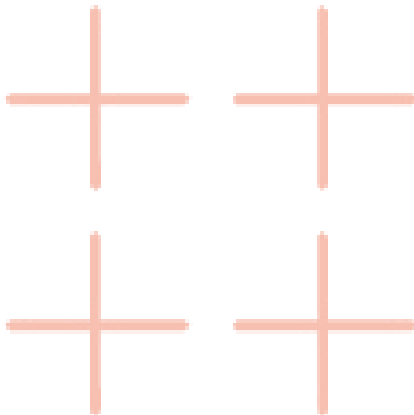
**Box 2.****Making gender equality central to the Working for Health agenda**

The health sector, with its high potential for decent jobs growth, and with 67% of wage employees being women, has a key role to play in women's economic empowerment and the broader SDG 5 agenda (10, 25). As such, the Working for Health programme presents a critical opportunity to strengthen gender equality and accelerate progress towards SDG 5. Gender-based discrimination, violence and harassment towards women health and care workers remain ongoing concerns. Recent evidence (25) suggests that on average women in the health and care sector earn 24 percentage points less than men; this is higher than the average in non-health sectors (25). Occupational segregation by gender, the underrepresentation of women in the highest paid occupations and the "motherhood penalty" seem to play an important role in gender pay disparities (25). Women also tend to carry high care burdens outside of work; they make an immense contribution, an estimated US\$ 1.5 trillion annually, to societies in the form of unpaid health and care work (41). This has further increased in the context of COVID-19. Women's unpaid care work in the home, which can restrict their ability to participate in formal employment, may contribute to gender disparities in paid employment, such as those linked to working fewer hours. The additional care burden placed on women also increases their risk of chronic stress and mental ill-health (42).

Effort across health, labour, education, finance and social affairs agendas are needed to ensure that policy and action serve to empower women and enable their equal access to higher status roles and leadership in the health and care sector, close the gender pay gap, end unpaid and grossly underpaid work, and reduce violence against and harassment of women health and care workers (25, 14, 43). To this end, several critical success factors have been identified:

- applying a gender lens to planning and policy-making in all relevant sectors;
- ensuring equal representation of women in decision-making and planning processes, who are adequately qualified and supported; and
- ensuring gender disaggregation and analysis of health and care workforce data, especially related to decent work, and their use in guiding planning and policy (43).

An understanding of gender, its intersection with other personal identity stratifiers, and the origins of gender norms, roles and relations is essential knowledge to guide policy, targeted investment, and policy-making that promotes gender equality (24). The gains of advancing gender equality within the health and care workforce go beyond greater advancement towards UHC; they have a powerful multiplier effect on economic growth and benefit entire communities (12). This Action Plan, along with the evidence and technical references consolidated in the Global Health and Care Worker Compact (6) to inform the safe and decent work agenda, have the potential to act as vehicles to progress efforts towards gender equality and operationalize these critical success factors.



## 4. IMPLEMENTATION OF THE WORKING FOR HEALTH PROGRESSION MODEL

The following objectives and actions are framed by the Working for Health progression model (Fig. 1) and present a guide to countries and stakeholders on where to concentrate investment for greatest impact. The progression model and its objectives and actions draw on the lessons, outcomes and impact of previous programming, including the Working for Health MPTF mechanism, and is designed to be fully integrated with, and an enabler for, other health systems strengthening, preparedness and readiness programmes and initiatives, including the WHO's Thirteenth General Programme of Work (GPW 13).

As per the Action Plan's core principles and theory of change, the implementation of the actions should be country-driven, with the full acknowledgement that they will only be realized with the collective and coordinated efforts of stakeholders and across sectors, as outlined in Table 1 (Section 5. Contributions to action).

There are three objectives, which address how to: **optimize** the utilization of the existing and emerging health and care workforce as the foundation for targeted investment; **build** the density and capacity of the health and care workforce to address critical population needs and health systems gaps; and **strengthen** the health, social and economic outcomes and impact through an enabled and supported health and care workforce, in mature and functioning health care delivery systems.

These objectives can be achieved through concerted action in the areas of **planning and financing, education and employment** and **protection and performance**. Collectively, they serve to accelerate countries' progress to UHC, support the health and well-being of workers, ensure quality care and services, and maximize return on investment in the recurrent costs associated with the education and employment of health and care workers. The application of these objectives and actions should be tailored to each country's specific context and be informed by the best available evidence and data, including that derived from the NHWA and national health labour market analysis.

Framed around the progression model, the actions and their application are presented in a grid format, which reflects an evolution in health and care workforce development and health systems maturity from "optimize" to "strengthen". This is a conceptual progression, intended to provide a starting point and pathway relevant to those countries facing critical workforce challenges and severe economic constraints. However, countries may select any "starting point" and this may vary from one thematic area to another. Further, the actions and their application within the progression model, including within the same thematic area, are not necessarily mutually exclusive, and may be implemented simultaneously.

## 4.1 Objectives

The proceeding actions work to achieve the following three objectives. These objectives are presented as the progression a country may pursue, from optimizing their existing workforce towards strengthening its well-being and impact. These objectives are not mutually exclusive, and countries will continue to work on each, as they progress and develop.



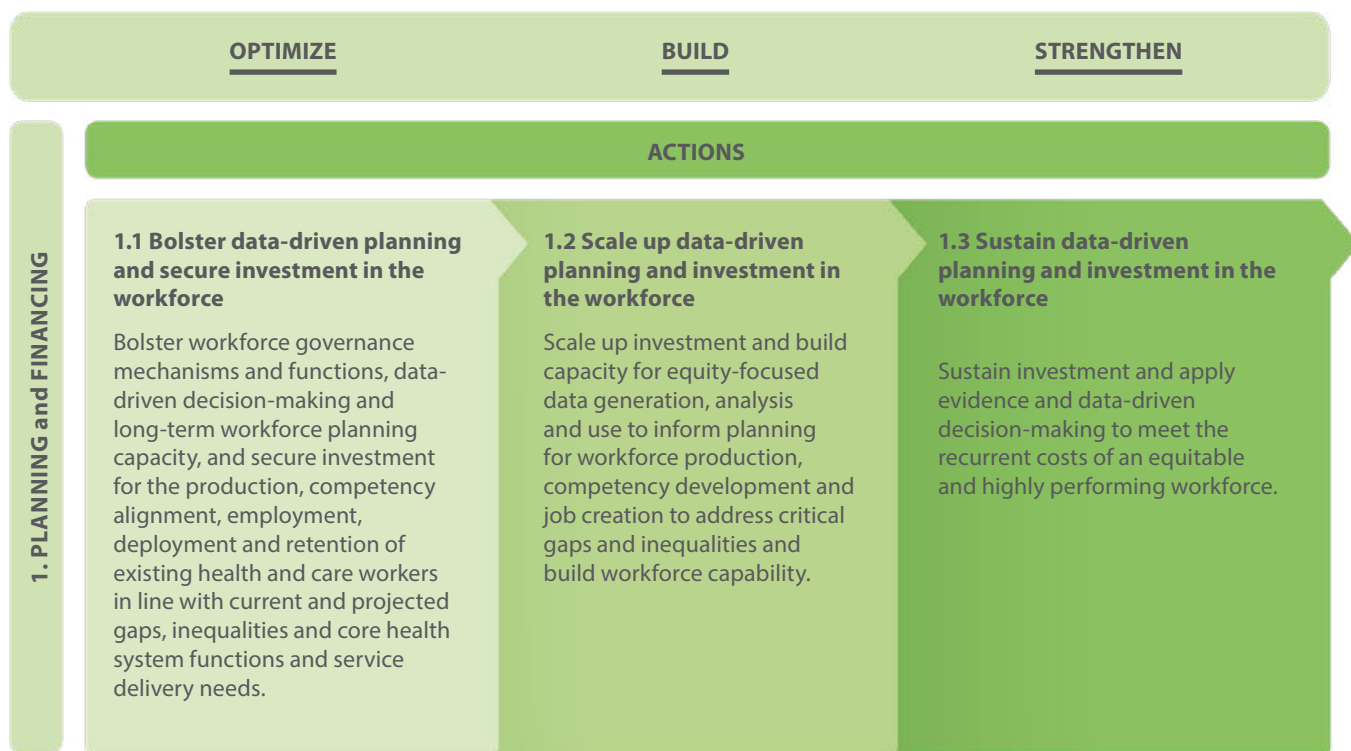
## 4.2 Actions and their application

The actions for each thematic area of the progression model are presented below, along with suggestions for their applications, which should be tailored to the context of the country.

The order in which the themes are presented does not reflect an order of priority and countries are encouraged to undertake action across the three areas simultaneously, acknowledging that they are complementary to each other, and success in one area will accelerate success in others.

### 4.2.1 Planning and financing

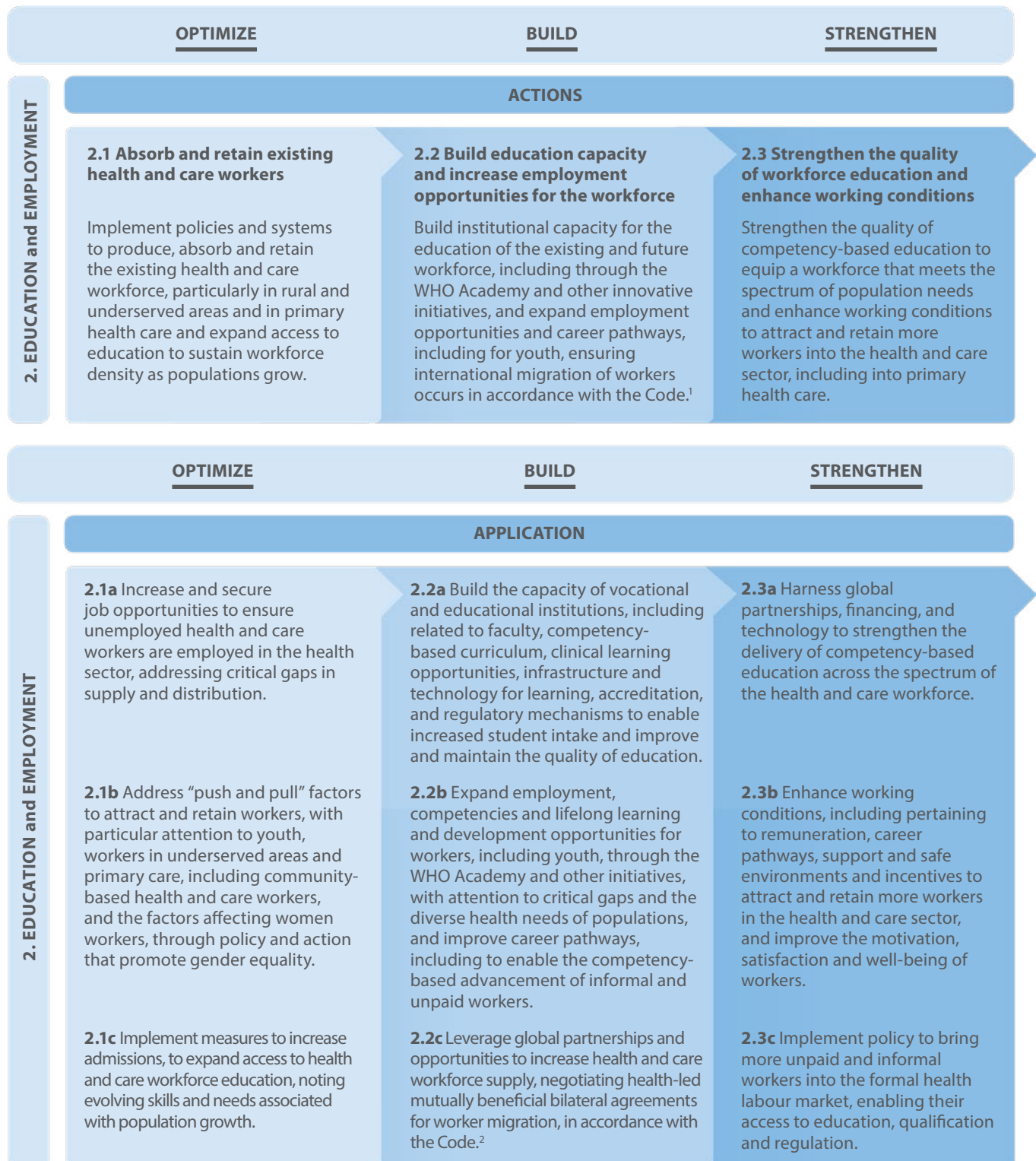
The historic underinvestment in the health and care workforce and the constraints on fiscal space associated with COVID-19 make sound planning and strategic financing for enhancing the capacity and capability of the health and care workforce more important than ever. The challenges faced in LMICs, such as building labour market demand for health and care workers, mobilizing sufficient and sustainable revenue, and producing, attracting, developing and retaining workers within the health system, call for careful and considered planning and renewed investment. This entails cross-sectoral dialogue and broad stakeholder engagement, as well as building sound technical and institutional capacity through state-of-the-art innovative learning and development. While achieving these will require concerted action and investment, and substantial external support to countries, there has been clear demonstration of their necessity and benefits; sound planning and financing can optimize the impact of investment in the health and care workforce, ensuring it is developed and used as efficiently as possible and to the best effect, with broad health, economic and social gains (1, 2).





## 4.2.2 Education and employment

Supply shortages, inadequate employment of available graduates in the pool of qualified workers, skills mismatches and suboptimal performance and distribution of workers in the health system are several of the most pressing challenges facing LMICs (24). Education and employment are at the heart of these challenges. Together, they shape the effective coverage of the health and care workforce and have the potential to accelerate or hinder progress towards UHC (2). As populations grow and age, epidemiological profiles shift, and health systems continue to respond to and recover from health emergencies, there is a greater need for health and care workers than ever before (1, 2).



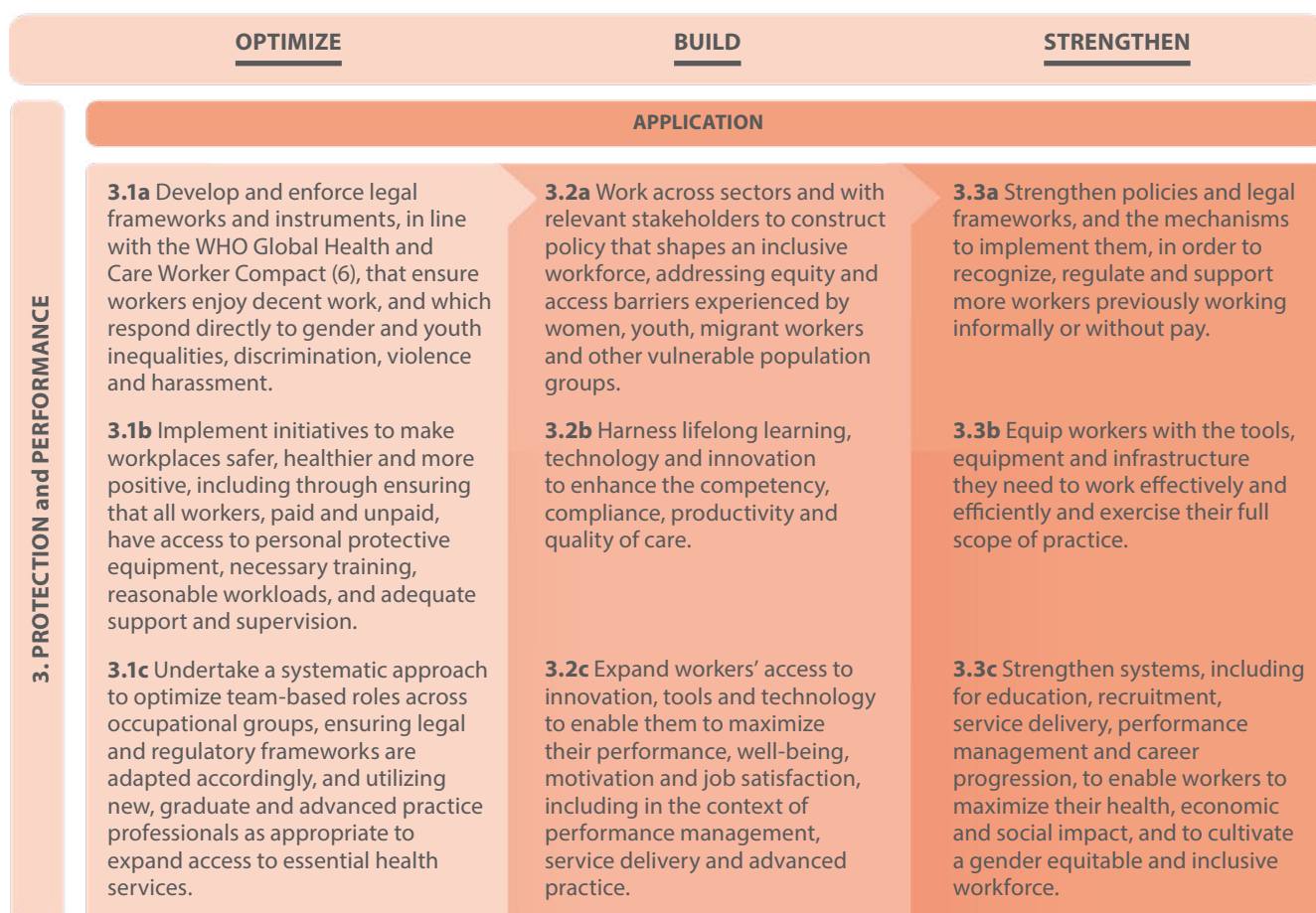
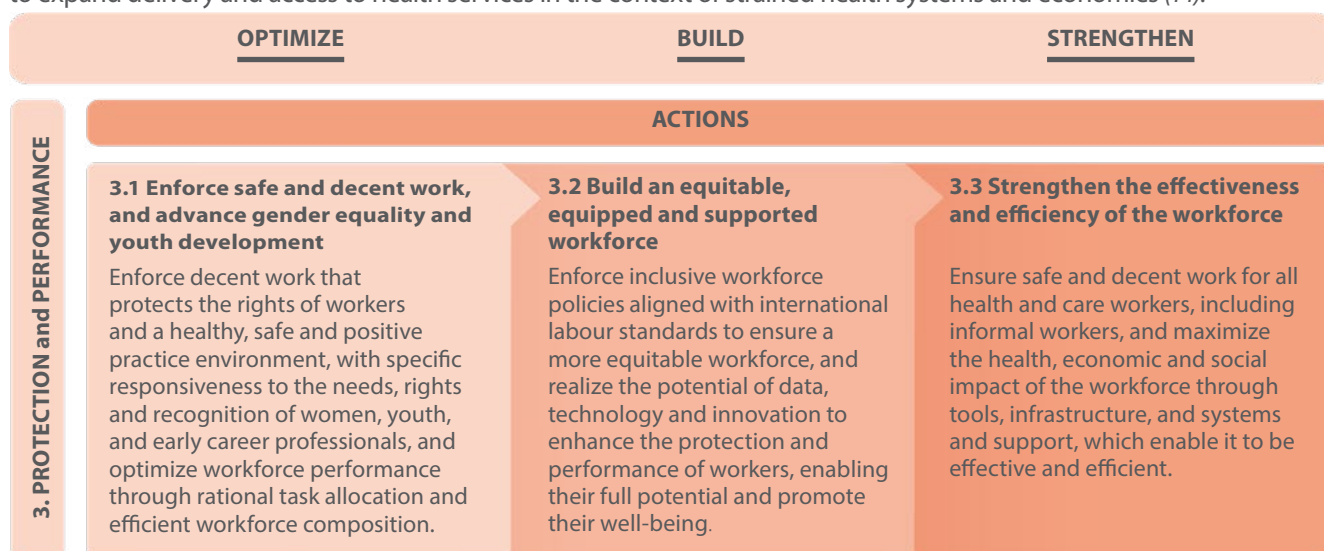
<sup>1</sup> WHO Global Code of Practice on the International Recruitment of Health Personnel (44).

<sup>2</sup> Ibid.



### 4.2.3 Protection and performance

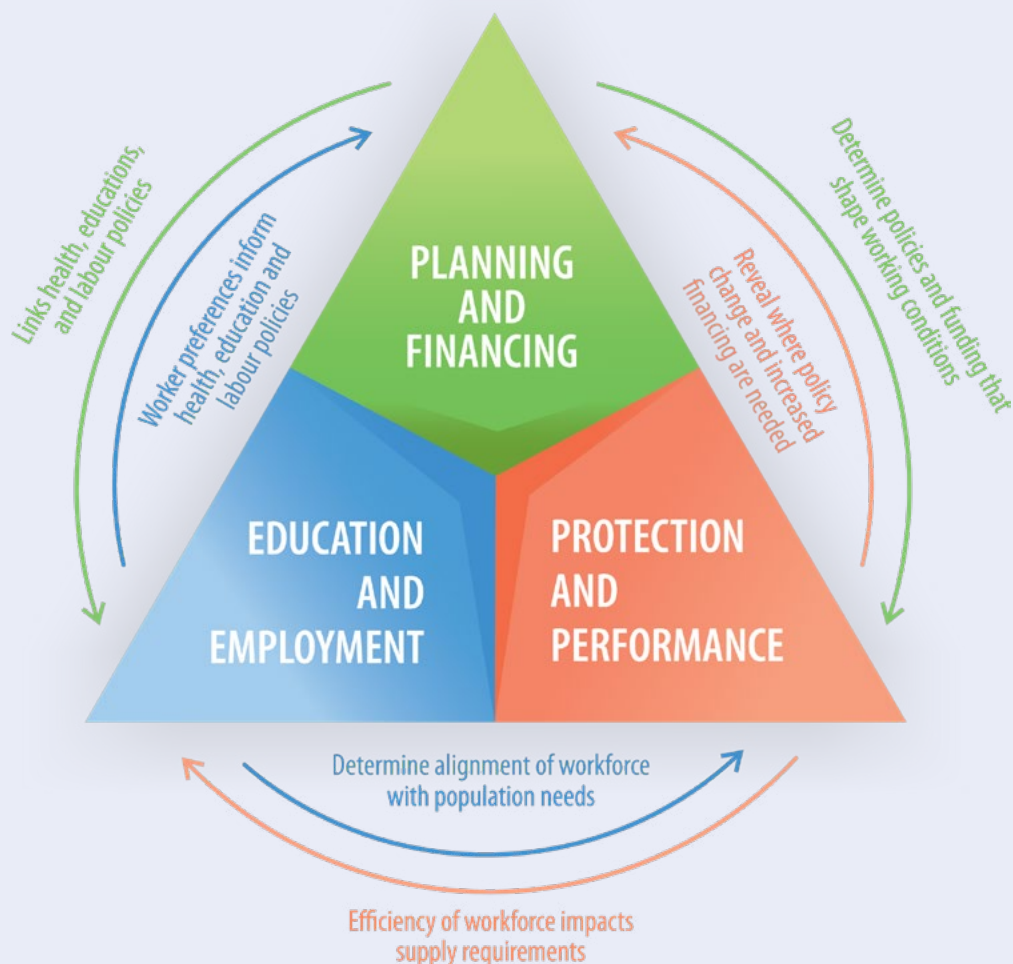
While the protection and performance of the health and care workforce have long been flagged as policy priorities, the COVID-19 pandemic has magnified their critical role in emergency preparedness and response, public health functions, and the delivery of essential health services (45). The strain that the pandemic has placed on health systems throws into stark relief the importance of decent work in the health sector, the physical and mental health and well-being of workers, the sustainability of the workforce, the quality of care and the capacity of the health system (14). Indeed, the protection, safeguarding and performance of the health and care workforce are inextricably linked. Employment insecurity, suboptimal working conditions, inadequate remuneration and excessive workloads are only some of the factors contributing to ineffective health services and poor health outcomes (1, 14). Without significantly increased investment and action, workers are likely to experience further intensified workloads and deteriorating conditions, particularly as countries move to expand delivery and access to health services in the context of strained health systems and economies (14).



**Box 3.****Interconnectedness of the Working for Health progression model themes**

The Working for Health progression model consolidates health and care workforce development into three thematic areas: planning and finance; education and employment; and protection and performance. This division of what is a highly dynamic and complex network of factors helps draw attention to specific areas for action and provides a framework to facilitate dialogue. While presented as three distinct themes, meaningful impact on the health and care workforce can only be achieved when action across all areas occurs in a coordinated and synergistic way, acknowledging the multilateral influence of each theme. Fig. 5 presents only a few examples of the themes that may directly or indirectly influence each other, highlighting the necessity of adopting a holistic approach to implementation of the progression model.

**Fig. 5. Examples of potential interconnections between the Working for Health progression model themes**



How the themes interact when the actions are implemented will be greatly impacted by the national context, including political, institutional, cultural and demographic factors. Conducting a health labour market analysis, including a gender analysis, can help bring deeper understanding to how each theme presents within a specific national context and guide how the actions are applied.

## 5. CONTRIBUTIONS TO ACTION

Leveraging these opportunities is a multisectoral pursuit. The implementation of the Action Plan and its policy agenda goes beyond the responsibility of a single agency and sector and requires effective partnership, coordination, cooperation, financing and leadership. The success of the Action Plan is contingent on cooperation between the health, finance, education, labour and social affairs sectors, as well as engagement from professional and occupational associations, workers' unions and employers (public and private), along with other stakeholders. The multiplicity of actors encompassed in the health and care workforce agenda calls for strong country governance and leadership mechanisms and capacity to facilitate multisectoral dialogue, collaboration and joint planning to ensure policy coherence. Shared health and care workforce action and investment plans, informed by labour market analysis, are key to the successful multisectoral cooperation as they define shared objectives that lead stakeholders to "pull in the same direction". However, undertaking comprehensive labour market analysis, translating the findings into effective strategic plans, ensuring these are adequately financed, and driving their implementation, and monitoring and evaluation are considerable challenges, especially in countries where health and care workforce development is most urgent.

All parties can make a valuable contribution to achieving the objectives of this Action Plan, advocating for, committing to, and mobilizing catalytic and sustainable investment in the health and care workforce; building institutional capacity for implementation of the actions; and supporting data collection and use to guide decision-making and promote accountability. Key contributors to the implementation of this Action Plan and the various roles they play, while not exhaustive, are outlined below.

**Table 1.**

**Contributors to the financing and implementation of the 2022–2030 Action Plan and their respective roles**

CONTRIBUTORS	ROLES
<p><b>Governments (national and subnational, as applicable)</b></p> <ul style="list-style-type: none"> <li>Ministries of health, labour, education, social affairs, finance, planning and development, immigration and foreign affairs; ministries responsible for women's empowerment and gender equality policies; and ministries of local government</li> <li>Other government bodies, including civil service commissions and departments, parliament, and committees contributing to the investment in, development, employment, support and protection of the health and care workforce</li> </ul>	<ul style="list-style-type: none"> <li>Lead social and political dialogue</li> <li>Prioritize and commit required domestic funding and budget execution to sustained implementation of the actions, including investments in gender and youth</li> <li>Take steps to ensure the implementation of actions are aligned with international standards, including the WHO Global Code of Practice on the International Recruitment of Health Personnel (44) and as well as standards referenced in the WHO Global Health and Care Worker Compact reference tool (6)</li> <li>Ensure actions are implemented according to the country context, guided by the findings of necessary assessments and data evaluation, and aligned with the wider goals of UHC, global health security, employment and decent work</li> <li>Build national and subnational capacity to support the implementation of actions, including capacity for intersectoral coordination, data analysis, planning, monitoring and reporting</li> <li>Engage relevant sectors and stakeholders in assessment, planning, implementation and monitoring and evaluation</li> <li>Create a regulatory environment that enables the private sector's contribution to health and care workforce development while ensuring it upholds decent work for health and care workers, and the provision of quality health care to the population</li> <li>Measure, monitor, evaluate and report on the implementation and impact of the actions, including to assess progress towards gender equality and youth employment</li> </ul>

CONTRIBUTORS	ROLES
<p><b>Stakeholders</b></p> <ul style="list-style-type: none"> <li>• Representative bodies such as health and care workers, professional associations and councils, regulatory bodies, trade unions, regional or subregional unions, civil society, including women’s, patients’ and youth organizations</li> <li>• Financing and development bodies such as development partners, bilateral and multilateral partners and international financing institutions</li> <li>• Public and private sector employers</li> <li>• Education and research institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Participate actively in social and political dialogue</li> <li>• Mobilize collective action and advocacy for supporting investments in the health and care workforce</li> <li>• Help to generate and sustain political will to commit to and implement the actions</li> <li>• Commit adequate catalytic and sustained investment to supplement domestic funding for the health and care workforce that are aligned with national policies and plans</li> <li>• Contribute to strengthening the institutional environment for health and care workforce education, deployment, retention and performance management</li> <li>• Support national and subnational health and care workforce data collection, analysis and use for improved planning and accountability</li> <li>• Support knowledge exchange and mutual learning that can accelerate the adoption of best practices and innovation</li> </ul>
<p><b>International and UN agencies</b></p> <ul style="list-style-type: none"> <li>• ILO</li> <li>• OECD</li> <li>• WHO</li> <li>• Other UN agencies, including International Office of Migration and UN Women</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and support the use of normative guidance to accelerate implementation of the actions</li> <li>• Facilitate cross-sectoral and multistakeholder communication, knowledge exchange and collaboration at global, regional and country levels</li> <li>• Provide technical assistance, as requested, to support the implementation of the actions</li> <li>• Disseminate and encourage the use of data and information to guide decision-making and funding allocation</li> <li>• Advocate with government and other stakeholders to promote action towards health and care workforce development as an imperative measure of human capital development to revitalize development assistance for health</li> <li>• Champion gender equity in the leadership of health and care workforce</li> <li>• Develop and support the dissemination and delivery of education and training resources and programmes for health and care workers, including through the WHO Academy</li> </ul>

# 6. FINANCING AND IMPLEMENTATION MECHANISMS

## 6.1 Contextualizing the financing and implementation of the Action Plan

### 6.1.1 COVID-19 pandemic impacting and transforming global health and beyond

The COVID-19 pandemic marks a new era for global health and beyond. The pandemic is far more than a health crisis; while it is affecting population health across the world, putting health systems under great pressure and having significantly negative impacts on the health and care workforce, COVID-19 is also affecting societies and economies at their core.

### 6.1.2 Economic downturn and the risk to UHC and the health-related SDGs

The momentum for global recovery has weakened and economic uncertainty has increased. The COVID-19 pandemic has shrunk global gross domestic product (GDP), and its impact is likely to be long-lasting, notably through an increase in inequality and poverty. For LMICs, the prospect of downside economic risks is expected to lead to a contraction, or at best a stagnation, in public spending. In turn, this will most likely negatively impact public health spending, and hence represents a serious threat for progress toward UHC and health-related SDGs.

### 6.1.3 Need to generate additional investment and domestic financing for health and care workers

Health and care workers are a key element of the health system. Prior to the COVID-19 pandemic, health and care workers have been identified as the largest single cost component required to achieve the health-related SDGs. The COVID-19 pandemic has exacerbated health and care workforce challenges in many countries, increasing the urgency of investment in workforce development, recruitment and retention.

### 6.1.4 Need for development financing

The dramatic consequences of underinvestment in the health and care workforce have reached higher levels with the COVID-19 pandemic. Within this context there is a critical need to generate additional investments to supplement domestic financing for the health and care workforce. The role of Member States, international financing institutions, regional development banks and other public and private financing institutions is key to support prioritized sustainable investments in the health and care workforce, ensuring that these are aligned and integrated with other core programmes and initiatives for strengthening health system preparedness and readiness.

### 6.1.5 Need for a financing mechanism

The scope of the Action Plan is global and requires innovative financing and implementation, building on the lessons from the joint ILO-OECD-WHO Working for Health partnership and MPTF mechanism. Implementation will be through intensive technical support, pooled catalytic funding, and delivery expertise via the Working for Health MPTF, which is needed to help countries mobilize and secure long-term sustained levels of domestic, development and private sector financing and investment to:

- **Optimize** and absorb the existing health and care workforce by reframing the narrative of persistent underinvestment, fiscal constraint and partnership as a means of stimulating workforce investment in health, employment, economic and social outcomes.
- **Build** the capacity, skills and availability of the health and care workforce by mobilizing and advocating for sustainable long-term investments targeted at reducing projected workforce shortfalls, increasing health system preparedness and response capability/global health security, and eliminating the potential 10.2 million health worker gap by 2030 (46).
- **Strengthen** the health and care workforce by securing the level of long-term funding needed to drive its continued development, to meet the recurrent cost of employing, protecting and safeguarding the workforce, and to maximize its performance, efficiency and capability.

## 6.2 Implementing the Action Plan

The Working for Health MPTF mechanism provides a common UN framework for national governments to access the technical expertise, resources and delivery capacity of WHO and partners, including ILO, and OECD, thus delivering on the UN OCA and aid effectiveness agendas. The implementation of the Action Plan and the Working for Health MPTF are fully leveraged as an enabling platform that aligns and integrates with other core initiatives, such as the WHO Academy, with programmes for health systems strengthening, preparedness and readiness, and for creating employment opportunities and decent work for youth and women.

The Working for Health MPTF is effectively a platform for enabling domestic, multisectoral and international cooperation and coordination. It is designed to harness and direct catalytic funding for intensified technical assistance and delivery expertise that leads to the approval of domestic resources and sustainable international financing, where relevant. The Working for Health MPTF therefore effectively drives the implementation of the Action Plan and provides a robust accountability mechanism to enable increased commitment, buy-in and financing in support of its agenda, at a significantly greater level of ambition and financial commitment than was leveraged under the previous Working for Health Action Plan (2017–2021) (3) and MPTF. A particular focus will be to deliver, monitor and report on specific gender equity goals and outcomes, which will be embedded across all actions, applications and programmes.

The comparative advantage of the existing Working for Health MPTF and partnership harnesses their collective strengths and capabilities in planning and financing, education and employment, and protection and performance, as well as their convening power to leverage and connect multisectoral partnerships across health, education, financing, employment and labour, and integrates these within existing programmes and initiatives.

Implementation will also leverage the joint resources and capacity of the public and private sectors and enable governments to adopt a multi-SDG and whole-of-society approach to workforce investment and action, that is aligned with and supports the uptake of national development plans and priorities, through a long-term focus on investments in health education, employment and skills to deliver high-impact gains.



To effectively drive the implementation of the Action Plan at country level, it is anticipated that each country will draw on its application and adaptation to define a combination of actions and applications which responds to immediate policy priorities and addresses workforce and service delivery gaps and needs, both at national and subnational level. Prioritization of actions and applications will therefore align with each country's specific context, with the aim of delivering measurable impact on health, society and the economy. While the specific actions and applications will be identified based on the prevailing context, prioritization and need, their implementation will follow the main outputs outlined in the theory of change (Fig. 3), specifically:

1. Facilitating **multisectoral social and policy dialogue** and collaboration through existing engagement mechanisms.
2. Drawing on **health labour market analysis** as a basis for responding to priority policy questions and generating the robust evidence base needed to support decision-making and investment choices.
3. Developing and implementing effective **workforce strategies and investment plans**, with clear forward-looking objectives, resource and capacity requirements and level of ambition.
4. Mobilizing **domestic, development and private sector financing and investment** to deliver sustainable country-driven action, outcomes and impact.

As a starting point, it is suggested that a baseline assessment and health labour market analysis be applied at country level to establish policy issues and priority areas for action and investment. This should include the strengthening of existing governance functions and engagement mechanisms to effectively resource implementation.

### 6.2.1 Building capacity and capability for financing and implementation

Emphasis is placed on mobilizing multisectoral engagement, cooperation and partnerships to drive the agenda and uptake of the Action Plan. In parallel, the Action Plan focuses on building the level of governance and human resource capacity and capability needed at all levels to enable the sustained financing, production, development, protection, safeguarding and performance of the health and care workforce. As presented in the Working for Health theory of change (Fig. 3), this is achieved through four key inputs: data, expertise, financing and cooperation. Examples of how these can be prioritized and operationalized are presented below.

#### Data

- Optimizing the availability and use of “real-time” data and evidence to drive implementation, impact and results.

#### Expertise

- Providing technical assistance and support to all Member States that request engagement as relevant to their needs.
- Providing intensive technical assistance over an extended period to those countries most at risk of not meeting their SDG and UHC targets, with sustained levels of funding aligned with country priorities.
- Leveraging technical assistance, policy advice and capacity building through established national and external partnerships, providers, technical experts and subject specialists.
- Securing and delivering interconnected technical assistance, capacity building and learning (including virtual and action-based learning).
- Providing a platform for the inclusion of global public goods to drive implementation, e.g. applying health labour market analysis, adapting competency-based continuous and lifelong learning, including through the WHO Academy.
- Leveraging innovative models of delivering technical assistance “services” to build capacity, competency and capability: shifting away from a traditional “inputs and outputs” approach to technical assistance.

- Aligning support to manage international health and care worker mobility, including through mutually beneficial bilateral agreements that are informed by the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Leveraging the national and global employment agenda to promote decent jobs for youth and women.
- Expanding skills, education and employment opportunities in both the public and private sector.

## Financing

- Unlocking and aligning sustainable levels of domestic financing.
- Leveraging international financing institutions and concessionary financing approaches to drive long-term sustainable investment.
- Securing and protecting investments in the health and care workforce.
- Demonstrating the cost-effectiveness, efficiency and impact of these investments in terms of health, employment, economic and social gains.
- Facilitating access to flexible funding; and adapting the existing Working for Health MPTF financing and implementation mechanism to leverage pooled funding to drive the Action Plan agenda.
- Integrating health and care workforce investment into all programmes, policies and plans.

## Cooperation

- Adopting multisectoral approaches, partnerships and models for health system strengthening, which put the health and care workforce front and centre.
- Leveraging established global and country-specific partnerships and initiatives, as well as existing country coordination mechanisms.
- Broadening UN agency partnerships and the leveraging of the UN OCA and Global Accelerator on Jobs and Social Protection initiatives where collaboration, integration and economies of scale make sense.

## 6.3 Financing the implementation of the Action Plan

The Working for Health MPTF applies a two-stage approach to its financing. First and foremost, as a catalytic pooled financing and technical assistance mechanism for countries to apply a health labour market analysis approach to help assess, identify and develop evidence-based policy choices, strategies and investment plans. This will enable these countries to mobilize and secure the sustainable levels of investments required to optimize, build and strengthen the workforce for UHC, the essential public health functions, and emergency preparedness and response.

Secondly, where specifically requested by Member States, the Working for Health MPTF can be leveraged to further build on the first-stage assessments of short-, medium- and long-term capital and operational expenditures required to graduate, develop and deploy a fit-for-purpose health and care workforce. This approach is modelled on the results achieved in the 2017–2021 programme, where 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 to supplement domestic resource allocations for the health and care workforce. For this stage, the role and commitment of Member States, international financing institutions, regional development banks and other public and private financing institutions will be key.

The focus of the Working for Health MPTF will therefore be to maximize engagement and investment in those countries where health and care shortages are the most pronounced – especially in those countries most at risk of not achieving UHC and SDG goals – with critically low health workforce density and UHC service coverage index measurements. Additionally, the Working for Health MPTF will respond to all country requests for support, as identified in their respective country support plans, where available funding levels permit.



Member States, multilateral institutions and philanthropic partners are invited to capitalize the MPTF through official development assistance and other instruments, as per the terms of reference for the Working for Health MPTF and standard UN systems processes.

The Working for Health MPTF supports the efficient use of catalytic technical assistance and funding that directly responds to country-specific prioritization of actions by:

- Developing evidence-based and data-driven strategic and investment plans for the health and care workforce in countries, which are underpinned by health labour market analysis, and that are integrated and aligned with cross-sectoral strategies and plans.
- Attracting a broad range of national, regional and international donors and partners, including the private sector.
- Expanding and mobilizing the existing Working for Health MPTF as an innovative multisectoral pooled fund.
- Harnessing a multi-agency partnership to implement the Working for Health MPTF, building on the strengths of the existing WHO-ILO-OECD partnership.
- Attracting additional funding for capital and operational expenditures via international financing institutions – through a mix of concessionary loans, grants and, where relevant, blended financing instruments.
- Securing a continued minimum sustainable level of MPTF funding to drive an intensified programme of technical assistance in selected priority countries.
- Ensuring alignment and integration with other global programmes and initiatives (see Section 6.5).

## 6.4 Implementation and operational structures

Governance, leadership and technical capacity are essential to enable the effective implementation of the Action Plan. This requires that the strengthening of oversight functions, and of the key roles and responsibilities that are needed to help drive the agenda in MPTF-supported countries, are adequately built into the resourcing, capacity building and sustainability elements of the Action Plan.

### 6.4.1 Governance functions

Implementation builds on the existing Working for Health MPTF terms of reference, where participating agencies (ILO, OECD and WHO) are coordinated through the administrative agent at the UN MPTF Office, which is responsible for the fund design and administration of contributions. Learning from the previous period (2012–2021), the structures, governance and operational functions will be updated to harness the strength of collaboration across ILO, OECD and WHO while extending engagement to accommodate additional advisory inputs from multilateral development banks and international financing institutions. A secretariat at WHO will coordinate the Action Plan's programmatic, financial, logistic and operational functions.

### 6.4.2 Operational functions

The Working for Health MPTF instrument provides an effective and efficient inter-agency pooled financing mechanism, enabling implementing agencies to draw on intersectoral resource mobilization, which a single agency would not be able to access alone. The Action Plan then leverages these pooled resources to reinforce joint work on the intersectoral agenda and implementation in supported countries. The revised scope of operational guidance for the Working for Health MPTF will be set out in a detailed terms of reference and operations manual, including mechanisms for country coordination, policy support and donor coordination. Additionally, these will also describe the full scope of administrative and financial regulations governing the fund, its monitoring and reporting requirements, its financial viability and resource mobilization plan, and its risk management strategy.

Additionally, an accountability mechanism will be established for the financing, implementation and measurement of the Action Plan, aligned with the WHO Programme of Work, programme budget, planning cycles and country cooperation plans.

The Action Plan will benefit from the use and further development of data collection and sharing instruments at the national, regional and international level including the ILO-OECD-WHO Inter-Agency Data Exchange, and the International Labour Mobility Platform. The NHWA provide a core set of health and care workforce data and indicators to support the effective collection and use of data in Working for Health countries (32), as well as for the Action Plan's continued monitoring and reporting.

## 6.5 Intersectoral and multistakeholder partnerships

Building on the lessons of the previous period, the 2022–2030 Action Plan requires intersectoral and multistakeholder partnerships at national, regional and global level. These partnerships help ensure that action is coordinated and efficient. Partnerships will include the engagement of relevant UN agencies and their programmes and initiatives, along with other key stakeholders (see Table 1), given that the policy agenda extends beyond the responsibility of a single agency and sector. Established partnership principles and agreements will be adopted, ensuring the full engagement, alignment and complementarity of the Action Plan's objective and actions, and its MPTF mechanism, with the:

- UHC Partnership
- UN Global Accelerator on Jobs and Social Protection for a Just Transition
- UN Economic and Social Council on Financing for Development
- Action Coalitions' Global Acceleration Plan for Gender Equality
- Global Financing Facility
- Global Fund
- GAVI, The Vaccine Alliance
- UN COVID-19 Response and Recovery Fund.

### 6.5.1 Linkages across the UN common system

The Working for Health Action Plan and MPTF will be delivered and facilitated through the UN common system approach. The Action Plan takes careful note of and aligns with the UN Secretary-General's OCA<sup>1</sup> and the outcomes of the September 2021 Meeting of Heads of State and Government on Jobs and Social Protection for Poverty Eradication,<sup>2</sup> including the launch of the UN and ILO Global Accelerator on Jobs and Social Protection for a Just Transition ("Global Accelerator") (46).

In January 2022, the Executive Office of the Secretary-General convened relevant UN entities to review UN system-wide coordination that will benefit government and multisectoral government responses to the OCA and the Global Accelerator, including how to: a) increase levels of funding devoted to social protection; b) develop a common roadmap to integrate informal workers into formal economies and to benefit from women's formal participation in the workforce; c) facilitate women's economic inclusion, including through large-scale investment in the care economy and equal pay; and d) improve labour market outcomes for youth. These key areas, when applied to the health and care sector, fully reflect the original (2017–2021) and continuing (2022–2030) themes in the Working for Health programme.

<sup>1</sup> <https://www.un.org/en/content/common-agenda-report/>

<sup>2</sup> <https://www.un.org/en/coronavirus/financing-development/meeting-jobs-social-protection-poverty-eradication>

The WHO Secretariat will therefore: a) engage with and across the UN system to ensure that the necessary long-term investments in education and employment in the health and care economy are fully integrated in the OCA and the Global Accelerator; and b) establish, following standard WHO procedures, a Multisectoral Strategic Advisory Group of Experts (mSAGE) from education, employment, finance, development, gender equality, civil society and the health and care sector as a policy and advisory platform for the implementation of the Action Plan and its agenda.

## 6.6 Monitoring and reporting

### 6.6.1 National-level monitoring

The Working for Health Secretariat will provide coordination, as well as technical and financial support for national-level monitoring and reporting of the Action Plan and MPTF. The measurement and monitoring of the Action Plan's implementation, financing and outcomes will be achieved using relevant SDG targets and indicators, specifically SDG 3.c.1. Reporting tools and indicators, drawn principally from NHWA, will be standardized across all countries, with set intervals for reporting.

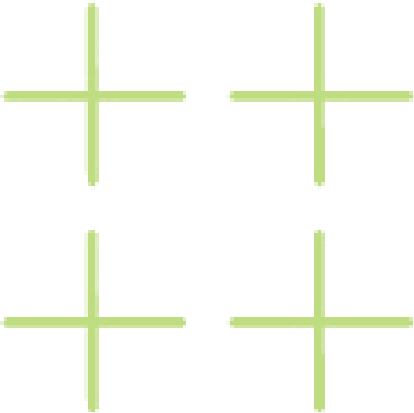
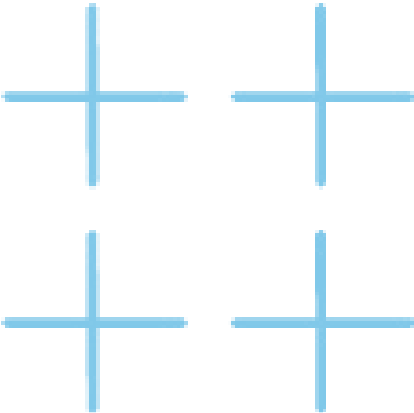
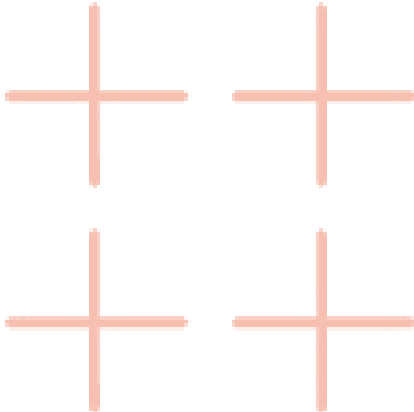
### 6.6.2 Reporting

The Secretariat will submit a report on the Action Plan to the WHA, as required by Resolution 74.14 (4). Reporting will be aligned with that of the WHO *Global strategy on human resources for health: workforce 2030* (2). The burden of reporting will be minimized by ensuring alignment and coordination with existing national planning and reporting cycles and mechanisms.

### 6.6.3 Measuring results

The Action Plan aims to accelerate investments in health worker education, skills, employment and protection to deliver UHC and measurable gains across SDGs 3, 4, 5 and 8. To quantify and measure the impact and outcomes of the Action Plan, the monitoring framework (Annex 2) sets out the relationship between the Action Plan's theory of change (Fig. 3), and its objectives, actions and targets, which are aligned with the core milestones of the *Global strategy on human resources for health: workforce 2030* (2) and with NHWA indicators (32). The achievement of its targets is dependent on available funding levels and resource mobilization.

Specific indicators in the monitoring framework are selected to track and measure progress at country level and are drawn from the NHWA (32), adopted by the WHA in 2016 (Resolution WHA69.19) (47). These indicators provide standardization of workforce data to enable countries to track progress towards UHC, the SDGs and the *Global strategy on human resources for health: workforce 2030* (2). Initial baseline assessments in supported countries will provide the basis to measure and monitor change, and to demonstrate measurable improvements and results. Independent mid-point (2026) and final evaluations (2030) of the Action Plan will complement scheduled monitoring and reporting, with the findings of these feeding into modifications, adjustments and revisions of the Action Plan and its implementation.

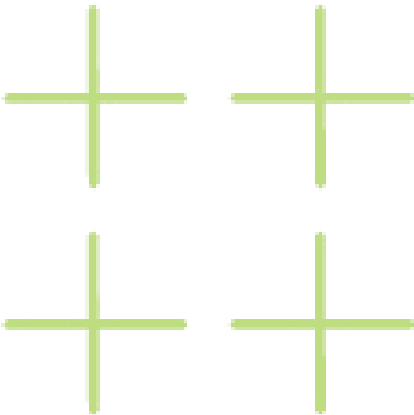
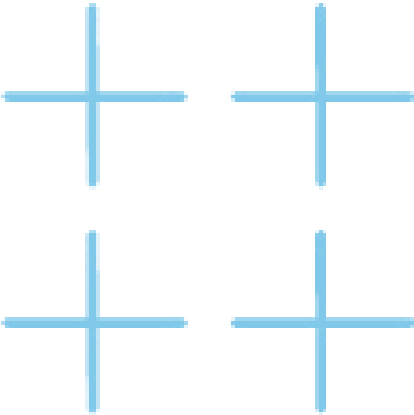
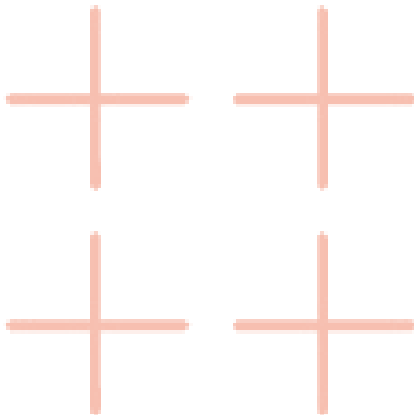


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# ANNEX 1:

## DEVELOPMENT PROCESS

In 2020–2021, an independent review examined the relevance and effectiveness of the Working for Health Five-Year Action Plan for Health Employment and Economic Growth (2017–2021) and the ILO-OECD-WHO MPTF (3). This was followed by a report by the WHO Director-General to the Seventy-fourth WHA, which recommended the renewal of the Working for Health Action Plan and its mandate. At the Seventy-fourth WHA, through Resolution WHA74.14: *Protecting, safeguarding and investing in the health and care workforce*, the WHO Director-General was requested to develop, through a Member State-led process, a new set of actions for accelerating investments in the health and care workforce for 2022–2030 (4).

### Overview of the development process

Central to the development of the Action Plan is the engagement of Member States across WHO regions, with a focus on priority setting and developing an implementation mechanism. Inputs were sought across ILO, OECD and WHO. A strong focus was placed on stakeholder engagement, including partnerships such as with the Global Health Workforce Network (GHWN), civil society, professional associations, trade unions, development partners, donors and representatives from academia. Multiple engagement platforms were utilized, including virtual individual and group consultations, to solicit inputs and feedback. A detailed assessment captured the lessons learned from the implementation of the previous (2017–2021) Working for Health Action Plan.

### Development process phases

There were four key phases to the development of the Action Plan:

#### Phase 1: Preparation (May 2021 – August 2021)

A zero draft of the Action Plan, including the identification of thematic priorities, objectives and core principles, was developed by WHO, with input from ILO and OECD. In parallel, stakeholder engagement and consultation processes were established.

#### Phase 2: Process initiation (August 2021 – October 2021) Introduction to the Working for Health 2022–2030 Action Plan

Information sessions presenting the planned engagement process, outcomes and zero draft of the Action Plan were conducted with WHO Member States and stakeholders.

#### Phase 3: Technical inputs (October 2021 – February 2022)

Feedback was gathered through online consultations with WHO Member States, and virtual consultations with the GHWN, civil society and professional associations. These inputs were collated and integrated to further develop and finalize the first and second draft iterations of the Action Plan.

#### Phase 4: Validation (March – April 2022)

In accordance with official WHO processes, the final draft Action Plan was validated, finalized and submitted to the Seventy-fifth WHA.

<b>Activity</b>	<b>Start date</b>	<b>End date</b>
WHO internal development of zero draft	01/05/2021	20/08/2021
WHO technical consultations (headquarters/regional offices)	21/08/2021	21/09/2021
Complete and disseminate zero draft Action Plan	22/09/2021	21/10/2021
<b>Member State information session no. 1</b>	<b>21/10/2021</b>	
Member States review of zero draft Action Plan: “Please Review” platform	21/10/2021	03/12/2021
Stakeholder online consultation	24/10/2021	03/02/2022
Revise and complete: first draft Action Plan	04/12/2021	09/12/2021
<b>First Member State open consultation session</b>	<b>10/12/2021</b>	
Member States review of first draft Action Plan: “Please Review” platform	10/12/2021	14/01/2022
Revise and complete: second draft Action Plan	14/01/2022	14/02/2022
Member States review of second draft Action Plan: “Please Review” platform	15/02/2022	03/03/2022
<b>Member State information session no. 2</b>	<b>07/03/2022</b>	
Revise and complete: third draft Action Plan	25/02/2022	15/03/2022
<b>Second Member State open consultation session</b>	<b>23/03/2022</b>	
Revise and complete: final draft Action Plan	23/03/2022	31/03/2022
Preparation for WHA (translation and dissemination to Member States)	23/03/2022	08/04/2022
Design, layout of 2022–2030 Action Plan	01/06/2022	30/06/2022
Dissemination	01/07/2022	

# ANNEX 2:

## MONITORING FRAMEWORK

The Working for Health 2022–2030 Action Plan aims to optimize, build and strengthen the health and care workforce to accelerate progress towards the SDGs and expand access to UHC by 2030.

The monitoring framework for the Action Plan is aligned with the progression model (Fig. 1) and theory of change (Fig. 3). The framework enables the Working for Health Secretariat and national focal points to track and monitor the Action Plan's implementation in those countries which are directly supported through the MPTF, and consolidates, assesses and measures this at the level of outputs, outcomes and impact. Regional and country-level interventions will be adapted in line with specific priorities, needs, conditions and context, and will be more detailed at the output level.

To effectively implement the Action Plan at country level, it is anticipated that each country will adapt and apply a combination of actions and interventions responding to their immediate workforce policy priorities, gaps and needs, both at national and subnational level. Prioritization of actions is therefore aligned with each country's specific context. In supported countries a baseline assessment will be carried out as a key initial activity, drawing on existing monitoring and reporting mechanisms.

Overall interim (2025) and 2030 targets are defined for the 2022–2030 Action Plan. Specific indicators are selected to track and measure progress at programme and country levels – drawn from global SDG indices, NHWA and national reports.

A report on the Action Plan will be prepared and submitted to the WHA (2025, 2028 and 2030), aligned with reporting on the *Global strategy on human resources for health: workforce 2030*, and the WHO Global Code of Practice on the International Recruitment of Health Personnel. Independent evaluations will be carried out at both the mid-point (2026) and end point (2030) of the Action Plan implementation.

### Goal

Optimize, build and strengthen the health and care workforce to accelerate progress towards the SDGs by 2030.

### Baseline

Establish baseline and national targets in 2022/2023.

### Targets

**Interim 2025 target:** By 2025, at least 25 countries including those most at risk of not achieving UHC and SDG goals<sup>1</sup> have been supported through the Working for Health 2022–2030 Action Plan MPTF to develop and implement multisectoral costed health workforce strategies and investment plans.

**2030 target:** By 2030, at least 60 countries including those most at risk of not achieving UHC and SDG goals have been supported through the Working for Health 2022–2030 Action Plan MPTF to develop and implement multisectoral costed health workforce strategies and investment plans.

### Reporting

Reporting to the Seventy-eighth and Eighty-first WHA (2025 and 2028) and to the Eighty-third WHA (2030).

<sup>1</sup> Health Workforce Support and Safeguards List 2020

**Impact: Contribute to the acceleration of progress towards SDGs and UHC through transformed health and care workforce within strengthened health system**

Impact indicators	2030 target	Data source
1. Coverage of essential health services (SDG indicator 3.8.1)	Target 3.8 <sup>1</sup> : Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	WHO
2. Density and distribution of active health workers (SDG indicator 3.c.1), by occupation and subnational level	15% increase	NHWA

**Outcome 1: The existing health and care workforce is OPTIMIZED through data-driven policy, planning and investment in education, jobs and skills**

Output	Indicator	Data source
1.1 Effective workforce governance and collaboration at all levels	Workforce governance and planning	NHWA
1.2 Data-driven policy, planning, decision-making and investment is supported	Number of countries that conducted health labour market analysis in the last 5 years	WHO National reports
1.3 Multisectoral engagement, collaboration and commitment is strengthened	Number of countries with multisectoral policy dialogue platforms and mechanisms	NHWA National reports

**Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country needs**

Output	Indicator	Data source
2.1 Critical education, skills and employment needs and gaps are addressed	Number of established and functioning accreditation mechanisms for education and training institutions and national systems for continuing professional development	NHWA National reports
2.2 Sustainable workforce action and investment are leveraged through effective governance and leadership	Number of countries with costed strategic and investment plans	WHO National reports
2.3 Increased investment (domestic, development and private) is secured and mobilized	Amount of direct investment mobilized for implementing the Action Plan in countries	National reports

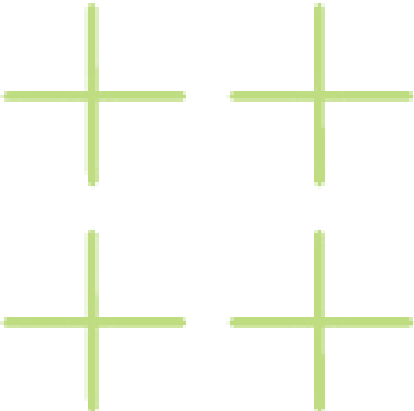
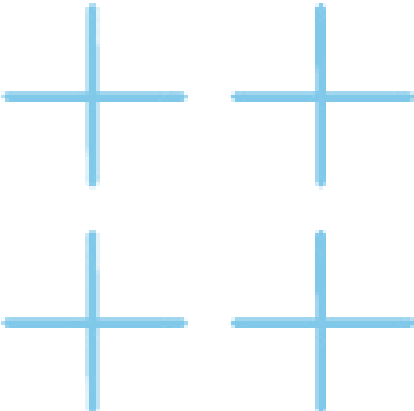
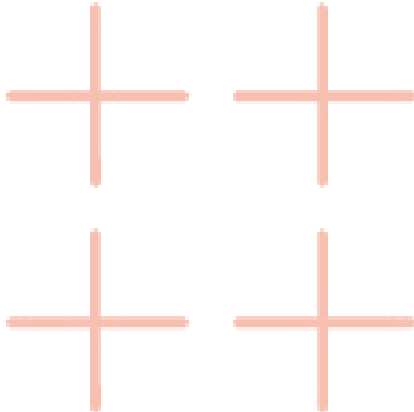
**Outcome 3: Health systems resilience and performance are STRENGTHENED to deliver UHC and respond to public health preparedness through an equitable, protected and efficient workforce**

Output	Indicator	Data source
3.1 Gender bias and inequalities in health workforce policy and practice reduced	Gender and youth equality and participation (SDG 5.1, 5.4)	SDG database National reports
3.2 Improved protection, well-being and occupational health and safety of health workers in all settings	Employment conditions and safe and decent work (SDG 8.5)	NHWA SDG database National reports

<sup>1</sup> Details available from: [Metadata-03-08-01.pdf \(un.org\)](#)

In supported countries, specific actions will be adapted and implemented based on the prevailing context, prioritization and need. The monitoring of country implementation at input level is therefore aligned with the Action Plan's theory of change inputs, through corresponding indicators and data sources as set out below.

Input / activities	Input description		Input indicator	Data source
	Data	Data on private sector	Number of countries reporting data on private sector workforce (any occupation)	NHWA
		Data on education	Number of countries reporting graduate data	NHWA
		Intensified technical assistance	Number of countries with intensified workforce policy, planning, financing and implementation support	National reports
	Expertise	Diversity of stakeholders and partners	Number of partners from different sectors (Table 1) involved in the Action Plan implementation	National reports
		Expertise in workforce education, skills, employment, or health labour market analysis within partner agencies	Stakeholders covers at least two health labour market related topics	National reports
	Financing	Catalytic funding	Contribution of catalytic funding for Action Plan implementation	National reports
		Sustainable financing and Investment	Number of countries with increased and sustained levels of workforce spending	NHWA National reports
	Cooperation	Implementation of the Action Plan and Working for Health MPTF	Number of partners involved in the Action Plan and MPTF implementation	National reports
		Governance and leadership of the workforce agenda	Number of countries with workforce functions and units for coordinating policy, planning and investment	NHWA



# ANNEX 3:

## HEALTH AND CARE WORKFORCE RESOURCES

The following WHO strategies and instruments, technical resources and resolutions provide data and information that reinforce the rationale for this Action Plan and can support and inform its implementation. This is not an exhaustive compilation but aims to include those key documents and resources with direct significance to the Action Plan.

### WHO strategies and instruments

WHO region	Title	Year	Access link
Global	Global strategy on human resources for health: workforce 2030	2016	<a href="#">Link</a>
	Working for health and growth: investing in the health workforce. Report of the High-level Commission on Health Employment and Economic Growth	2016	<a href="#">Link</a>
	Working for Health Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021)	2017	<a href="#">Link</a>
	Working for Health: Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021). Report by the Director-General	2021	<a href="#">Link</a>
	WHO Global Code of Practice on the International Recruitment of Health Personnel	2021	<a href="#">Link</a>
	Health Workforce Support and Safeguards List	2020	<a href="#">Link</a>
	Global Strategic Directions for Nursing and Midwifery 2021–2025	2021	<a href="#">Link</a>
	Global Strategy on Digital Health 2020–2025	2021	<a href="#">Link</a>

WHO region	Title	Year	Access link
African	The state of the health workforce in the WHO African Region 2021	2021	<a href="#">Link</a>
	Health workforce thresholds for supporting attainment of universal health coverage in the African Region	2021	<a href="#">Link</a>
	Regional guide for determining health workforce staffing norms and standards for health facilities	2021	<a href="#">Link</a>
Americas	Strategy on Human Resources for Universal Access to Health and Universal Health Coverage	2017	<a href="#">Link</a>
	Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023	2018	<a href="#">Link</a>
	Handbook for Monitoring the Plan of Action and Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023	2021	<a href="#">Link</a>
	Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023: Progress Report (CD59/INF/16)	2021	<a href="#">Link</a>
Eastern Mediterranean	Health workforce response to the COVID-19 pandemic	2020	<a href="#">Link</a>
	Framework for Action on Health Workforce Development in the Eastern Mediterranean Region 2017–2030	2017	<a href="#">Link</a>
European	Nurse workforce sustainability in small countries: monitoring mobility, managing retention. Policy brief	2022	<a href="#">Link</a>
	Roadmap to professionalizing the public health workforce in the European Region	2022	<a href="#">Link</a>
	The toolkit for a sustainable health workforce in the WHO European Region	2018	<a href="#">Link</a>
South-East Asian	Improving retention of health workers in rural and remote areas	2020	<a href="#">Link</a>
	Decade for health workforce strengthening in SEAR 2015–2024	2020	<a href="#">Link</a>
Western Pacific	Health workforce regulation in the Western Pacific Region	2016	<a href="#">Link</a>



## Technical resources

Theme	Title	Year	Access link
Data	National health workforce accounts	2019	<a href="#">Link</a>
Planning and finance	Health labour market analysis guidebook	2021	<a href="#">Link</a>
	Working for health and growth: investing in the health workforce	2016	<a href="#">Link</a>
Employment and education	Global Competency and Outcomes Framework for Universal Health Coverage	2022	<a href="#">Link</a>
Protection and performance	Global Health and Care Worker Compact	2022	<a href="#">Link</a>
	WHO guideline on health policy and system support to optimize community health worker programmes	2018	<a href="#">Link</a>
	Caring for those who care: guide for the development and implementation of occupational health and safety programmes for health workers	2022	<a href="#">Link</a>
	WHO guideline on health workforce development, attraction, recruitment, and retention in rural and remote areas	2021	<a href="#">Link</a>

## Resolutions

Number	Title	Year	Access link
WHA75.17	Human resources for health	2022	<a href="#">Link</a>
WHA74.14	Protecting, safeguarding and investing in the health and care workforce	2021	<a href="#">Link</a>
WHA74.15	Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery	2021	<a href="#">Link</a>
WHA70.6	Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth	2017	<a href="#">Link</a>
WHA69.19	Global strategy on human resources for health: workforce 2030	2016	<a href="#">Link</a>





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