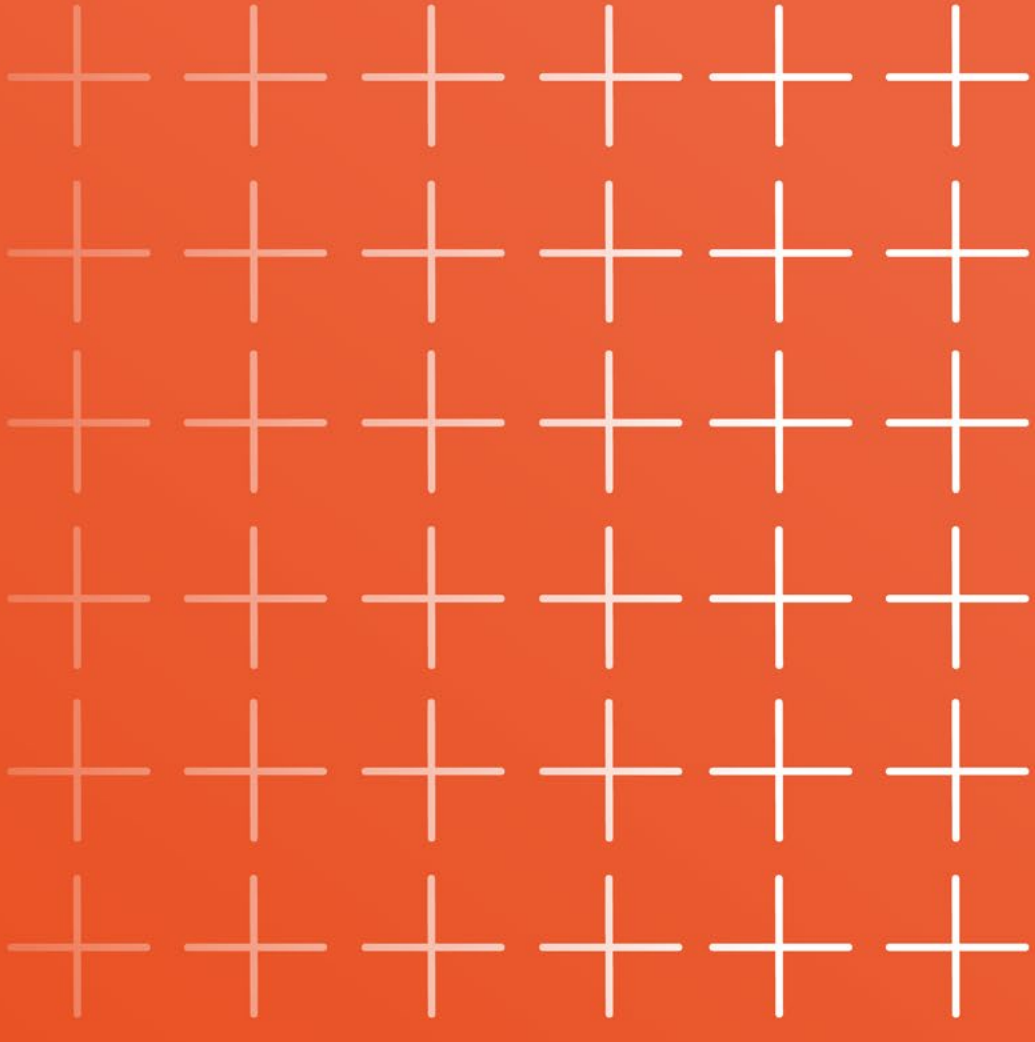
WORKING FOR HEALTH

2022–2030 Action Plan

Protection and performance



World Health Organization

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KEY MESSAGES

- The COVID-19 pandemic has exacerbated the existing protection and performance of the health and care workforce, heightening workforce shortages, leading to excessive workload, mental health conditions and burnout, and the subsequent effects on worker retention which threaten the achievement of universal health coverage and global health security.

- More than 115 000 health and care workers may have died from COVID-19 between January 2020 and May 2021. Health and care workers are also experiencing significantly greater impacts on their mental health than before the pandemic; and burnout has been estimated to affect around 50% of health and care workers in the pandemic.

- Protecting and safeguarding health and care workers has the dual benefit of strengthening the sustainability of the workforce (through improved attraction and retention, for example) and enhancing workforce performance so that workers are supported to deliver high-quality care.

- Women, who comprise an estimated 67% of the health and care workforce, continue to experience gender inequality in the form of unequal pay, a lack of gender-sensitive working conditions, and sexual harassment, violence and abuse.

- Workforce composition and scopes of practice present promising opportunities for optimizing workforce performance.

- Investment in the health and care workforce through the decent work agenda, and commitment to a healthy and safe work environment are essential investments in health system resilience, delivering health, social and economic gains.

1. PURPOSE

This thematic brief accompanies the Working for Health 2022–2030 Action Plan, serving as a rationale to the related actions of the Working for Health progression model (see Annex). The brief aims to inform Member States, non-state actors and other users of the Action Plan to guide action on investments on strengthening protection and performance of the health and care workforce, including the relevant policy landscape, key challenges and future directions. In doing so, it provides an expanded exploration of the themes beyond what is provided in the Action Plan itself and reflects the topical issues and considerations that shaped its design, including those issues identified in the World Health Assembly (WHA) Resolution 74.14 to protect, safeguard and invest in the health and care workforce *(1)*. The importance of these themes was again emphasized at the Seventy-fifth WHA, when Resolution 75.17: *Human resources for health (2)* was co-sponsored by over 100 Member States, calling 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 *(3)*.

In the context of this action plan, **protection** refers to the tenets of decent work and the capacity of health systems to deliver them to their workforce. As such, it includes the financial and social protection of workers; positive, safe and supportive working conditions; adequate remuneration and reasonable workloads; as well as protection from all dangers, risks and discrimination in the work environment; protection from violence, including attacks; and from ill health, including both physical and mental health. Protection further encompasses safeguarding the rights and the equitable application of protections to all workers. **Performance** spans both that of an individual worker and of the workforce. The performance of an individual worker is a function of competence, motivation and opportunity to participate or contribute (where competence reflects what a health worker can do, performance is what a health worker does do). The performance of the workforce is a function of availability, competence, responsiveness and productivity; an enabled and well performing workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances *(4)*. It also requires that workers are protected and supported by the health system, their employer and organization to realize these competencies.

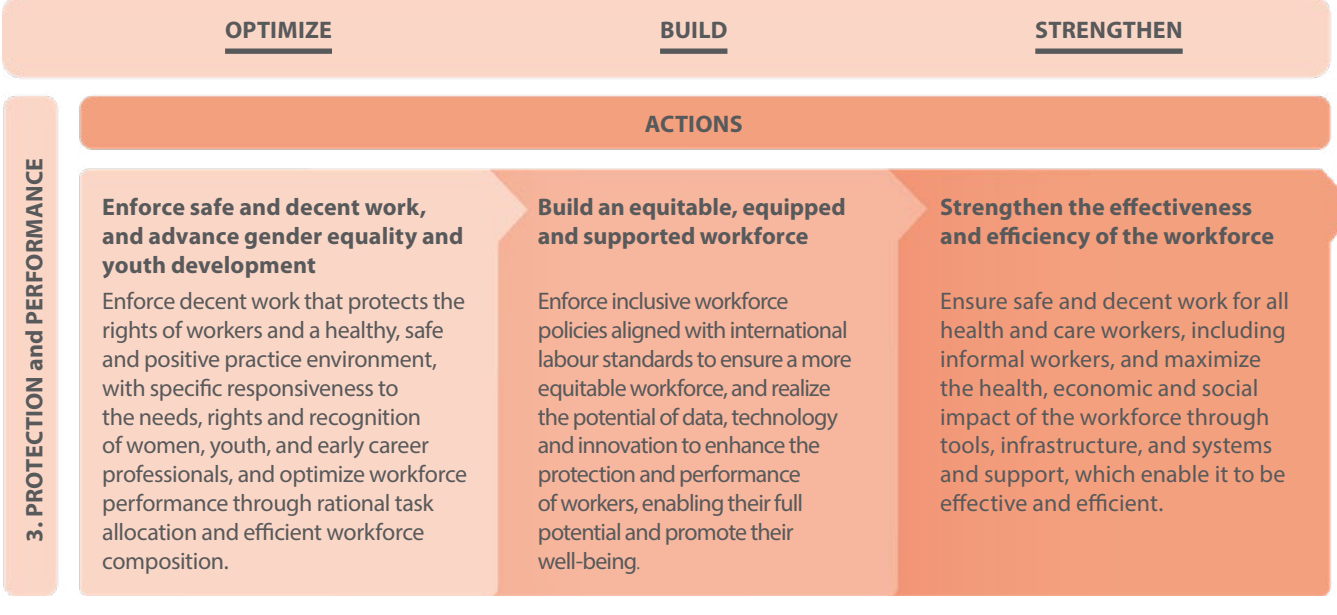
2. WORKING FOR HEALTH PROGRESSION MODEL

The Working for Health progression model, presented in the Annex of this brief, offers a pathway for countries facing critical workforce challenges to progressively optimize, build and strengthen their workforce to deliver universal health coverage (UHC). The actions within the model are framed around three key themes:

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

While this thematic brief concentrates on protection and performance (Fig. 1), the three themes (planning and finance, education and employment, protection and performance) are interconnected, especially in the context of policy implementation and practice. The Working for Health 2022–2030 Action Plan acknowledges and explores the dynamic relationship between each of the three key themes, and readers are encouraged to review the briefs collectively along with the Action Plan to gain a more complete overview of the interdependency and importance of investing and implementing across all thematic areas.

Fig. 1. Protection and performance actions within the Working for Health progression model



3. CONTEXT

A thriving workforce is essential for delivering safe, high-quality, patient-centred care and achieving UHC to meet the UN Sustainable Development Goals (SDGs) by 2030 *(5)*. The protection and performance of the health and care workforce have long been flagged as policy priorities; the COVID-19 pandemic has exposed protection and performance as being central in emergency preparedness and response, public health functions and the delivery of essential health services *(6)*. Throughout the pandemic, health and care workers have experienced increased workloads, redeployment to unfamiliar settings and assignments, extreme fatigue, isolation, fear of infection, increased violence, harassment, stigma, moral distress and injury, and often felt abandoned and undervalued by their organizations – all of which have threatened the health, mental health and well-being of the workforce and ultimately pose a threat to the achievement of UHC and global health security. The protection, safeguarding and performance of the health and care workforce are inextricably linked. 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 *(7)*.

3.1 Policy landscape

Employers and health organizations have a responsibility to provide a safe working environment for all staff, with mandated obligations to protect workers and to make reasonable adjustments to meet the specific needs of individuals. The WHO Global Health and Care Worker Compact, approved by the Seventy-fifth WHA *(3)*, compiles and references existing international legal instruments, labour laws and regulations, and states' obligations, to provide technical guidance on how to protect health and care workers and safeguard their rights. Now enshrined in ILO's core mandate, all ILO Member States commit to respect and promote the fundamental right to a safe and healthy working environment *(8)*. These recent landmark decisions, approved by Member States, evidence the political and technical support for the protection of workers and are preceded by a range of guidance for increased protection and enhanced performance of the health and care workforce, including the WHO *Global strategy on human resources for health: workforce 2030 (9)*, the *Report of the High-level Commission on Health Employment and Economic Growth (10)*, and the WHO Global Code of Practice on the International Recruitment of Health Personnel *(11)*. Specific guidance on protection and performance is also available for public health emergencies *(12)* and the COVID-19 pandemic response *(13)*.

The COVID-19 pandemic has exacerbated the protection and performance of the health and care workforce, heightening workforce shortages, excessive workload and burnout, and has had a profound impact on the health, mental health and well-being of workers, subsequently effecting quality of care and worker retention *(14)*. Human resources for health are at the centre of reforms to strengthen health systems in the wake of the pandemic. How health and care workers engage with and are supported by the health system matters because it shapes the quality of care they are able to provide, as well as how they engage with the communities they serve in order to promote health. Countries now have an opportunity to invest in national health systems as part of pandemic prevention, preparedness and response, where the rights to health and a safe working environment are protected so that workers and the communities they serve can thrive.

There is broad consensus on the necessity of applying a gender lens to protection and performance, given that an estimated 67% of the health and care workforce comprises women, and that inequalities in pay and gender segregation persist in many countries *(15, 16)*. During the COVID-19 pandemic women have faced a sharp increase in their unpaid care burden *(17)*, which has been linked to poorer mental health outcomes and is a major factor in determining whether women enter and stay in paid employment *(18)*. There are strong recommendations to include women in decision-making and facilitate their participation in leadership, while ensuring that they are protected from sexual harassment and supported through

gender-sensitive working conditions *(1, 10, 19, 20)*. Policy emerging in the context of the COVID-19 pandemic draws specific attention to strategies to support personal caregiving duties, conducting gender analyses to ensure equal pay for equal work, the importance of adequate and equitable access to personal protective equipment (PPE) that is gender-appropriate in terms of size and fit, and using legal frameworks to prohibit discrimination, violence against and harassment of women.

There are calls for greater investment in the education and training of health and care workers preparing for and responding to emergencies, to ensure they are equipped to face the various challenges they encounter safely, and to expand the number of workers available with the necessary competencies *(10)*. These calls occur in the context of a significant global economic downturn, which is likely to impact the investment capabilities of governments, who will require increased support from development and private sector financing organizations and institutions *(21, 22)*.

3.2 Challenges

Inadequate protection and support of the health and care workforce in emergencies

When health emergencies occur in the context of armed conflict, natural or man-made disasters, or the mass displacement of people, they pose even greater threats to health and care worker safety and security *(11)*. Such events can quickly overwhelm workforce capacity, exacerbate existing shortcomings in the delivery of essential health services and place workers at greater risk of acts of violence *(13)*. Not limited to emergency settings, between January 2020 and June 2022, there were 1667 reported (to WHO) attacks on health care, including over 800 on health and care personnel *(23)*. These attacks deprive people of urgently needed care, endanger health and care workers, and undermine health systems. Many of those countries facing the greatest challenges from health emergencies are those with the most compromised health systems and already struggle to deliver basic health services effectively.

Compounding the challenges associated with health and care workforce capacity is the limited education and training received by the workers providing health care in emergency settings, as well as inadequate access to critical resources. This was noted as a major concern during the Ebola outbreak and continues in the context of COVID-19. A lack of training and equipment, particularly in a disrupted and overwhelmed workforce, risks breaches in medical protocols that can cause harm to workers and patients *(10, 13)*.

With the impact of the COVID-19 pandemic being felt by health systems globally, the number of those displaced by political conflicts continuing to expand, and the health risks associated with climate change being felt more acutely, there is greater need than ever before for health and care workforce protection and support to be fully integrated in health emergency preparedness and response plans, and for health and care workers themselves to play an integral role in decision-making *(9)*. Furthermore, there is a need for improved use of data to better understand, prepare for and respond to risks faced by health and care workers in emergency contexts, such as in risk profiling and worker recruitment and deployment *(24)*.

Gender inequality within the health and care workforce

As mentioned, an estimated 67% of the health and care workforce is female, compared with 41% of the total workforce *(15, 16)*. However, the representation and experiences of women within the workforce can vary greatly from that of their male counterparts. Women predominantly occupy lower paid jobs and are underrepresented in positions of leadership, tend to earn less than men with similar qualifications, and are particularly vulnerable to physical and sexual harassment and violence *(10, 16)*. Behind this situation exists a range of broader societal barriers faced by women, including higher levels of illiteracy, certain traditional customs, social and cultural norms and expectations, and limited provisions for maternal responsibilities within workforce and career structures *(9)*. Gender inequality and threats of violence, abuse and harassment are detrimental to the workers themselves and undermine the performance of health systems and economies; they hinder inclusive economic growth, and limit the productivity, retention and motivation of women workers *(10)*.

Inadequate availability of decent work and exposure to occupational hazards

Working conditions and occupational hazards are linked to the protection and performance of the health and care workforce. The decent work agenda, which encompasses both, has attracted much attention in workforce literature. Decent work speaks to the nature and quality of work, its remuneration, opportunities for advancement, equality and fairness, and the ability to voice concerns and contribute to decisions *(7, 9)*. Poor working conditions occur when decent work is not upheld, which can be a major demotivator and deterrent for retaining existing workers and attracting young professionals, and is associated with high levels of attrition and worker turnover, and, in some instances, increase workers' exposure to occupational hazards *(7)*. The COVID-19 pandemic has evidenced this; about 115 500 (population-based estimate) health and care workers may have died from the disease between January 2020 and May 2021 *(25)*. It is anticipated that the international migration of health and care workers from low-resource countries is likely to expand substantially in the context of the COVID-19 pandemic as workers seek safer and more supported working conditions abroad. This in turn will exacerbate existing worker shortages, increase workloads, and place further stress on the existing pool of health and care workers *(26)*.

Due to the challenging work conditions and high-stress environments, health and care workers have long been a population at risk of mental health conditions, which has been heightened by the pandemic *(27)*. Compared with pre-pandemic levels, anxiety symptoms have been estimated to have increased by 25.6% in the first year of the pandemic, while depressive symptoms increased 27.6% *(28)*. The effects of the pandemic on workers are also demonstrated in the rise of industrial action globally (including strikes and walkouts) that impact on the provision of health services. Health and care workers voice concerns of a lack of risk allowance, insurance, overtime payment, or delayed salary; shortages in staff, equipment and supplies, including PPE; and poor working conditions in general. As the pandemic wore on, 41% to 52% experienced burnout and moral distress *(29, 30)*, and many health and care workers either left or reported their intention to leave work *(31, 32)*, signalling the need for urgent action to protect, support and maintain the workforce.

Limited regulatory capacity

Regulation of the health and care workforce is a cornerstone for improving workforce competency and delivering quality care. It can be a key mechanism through which to manage and optimize scopes of practice, including in the context of team-based service delivery, task sharing and interprofessional collaboration, and afford health and care workers recognition of their qualifications *(9)*. However, a large proportion of the health and care workforce, predominantly long-term care workers (a large proportion of whom are female and/or migrant workers), are unregulated. This can leave them vulnerable to less favourable working conditions, lacking social protections, un- or underpaid, and without income security *(7)*. Furthermore, many countries do not have the technical capacity nor the resources they need to effectively regulate their health and care workforce.

IMPLEMENTATION SPOTLIGHT

Protecting and safeguarding the workforce through the Global Health and Care Worker Compact

The WHO Global Health and Care Worker Compact *(3)* outlines the legal foundations and support for developing, implementing, monitoring and enforcing the necessary laws, regulations and policies to safeguard the health, safety and rights of health and care workers, and ensure they have supportive, enabling work environments. The Global Health and Care Worker Compact further provides recommended actions to protect health and care workers, which simultaneously promote their optimal performance. For example, actions are outlined that address work environment hazards, health services for workers, protection against violence and harassment, equal treatment and non-discrimination, among others *(3)*.

Using m-learning to support expanded scopes of practice for community health workers

Expanding the scopes of practice of health and care workers can be an important way to optimize the workforce and ensure people can access the care they need, especially in situations of severe worker shortages. Ensuring workers are supported with information and clinical tools to perform their expanded roles is critical to the success of this approach. In Sierra Leone, a mobile-based tool, the Mobile Training and Support System (MOTS), is used to train community health workers adopting expanded scopes of practice. The tool provides information with immediacy and convenience, and in a range of local languages *(33)*.

4. FUTURE DIRECTIONS

Building more resilient health systems

The COVID-19 pandemic is demonstrating the necessity of investing in the health and care workforce to ensure more resilient health systems. Health emergencies affect health systems and workers, who are often at increased risk of occupational hazards and deteriorating working conditions, and poor mental health and well-being *(9)*. Investing in health system resilience means investing in the protection and safeguarding of the health and care workforce, and ensuring it is equipped and enabled to perform to the best standard and deliver quality health services *(10)*.

Building a more gender equitable workforce

There are wide calls for working conditions and career structures to be designed to better support women's participation and advancement in the health and care workforce, and for the use of gender analysis to understand the challenges and opportunities specific to each context *(9, 34)*.

Investing in decent work to protect, safeguard, attract, retain and motivate health and care workers

Investment in decent work for health and care workers is essential to supporting the health and well-being of workers and is more critical than ever considering the extreme demands placed on, and risks faced by workers in the context of COVID-19. Investments in decent work need to respond particularly to the needs and priorities of women, drawing on gender analysis of the health and care labour market to ensure these are adequately understood. Protecting the rights of women and achieving gender equality in the health sector will require working conditions and career structures to support the participation of women, including in leadership and decision-making roles, and concerted action to address the incidence of sexual harassment and abuse *(9, 34)*.

In addition to protecting the rights of workers and supporting their health, mental health and well-being, investing in decent work has the simultaneous benefit of attracting, retaining and enabling workers to perform more effectively, and keeping them in the communities and facilities where they are most needed. Attractive working conditions and prioritization of workforce protection and well-being optimize workforce performance, improve health and mental health outcomes and reduce costs associated with low productivity, attrition and worker migration. They are also important to attracting workers, who have historically sought employment that offers better protections from occupational hazards, such as infectious disease. Improving working conditions and reducing exposure to occupational hazards involves a suite of interventions, including both monetary and non-monetary incentives, which may be customized to attract and retain workers in areas of particular need within the health system *(9)*. Investment in decent work is also linked to enhanced workforce performance, improved quality of care and better patient outcomes. For example, higher staffing levels are closely associated with lower mortality and morbidity among patients *(7)*.

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Optimizing health and care workforce composition and scopes of practice

There is a range of strategies that can be used to enhance the performance of the workforce, prominent among them being optimization of workforce composition and scopes of practice. These strategies aim to ensure the most effective and extensive use of skills within the health and care workforce to expand and rationalize access to health care *(35, 36)*. This may involve investment in education and training to adapt the configuration of workers to align best with population and health system needs, and in bolstering regulatory systems to ensure that adapted or expanded scopes of practice occur within a sound legal framework *(9)*.

Community health workers and mid-level categories of workers have been widely deployed in many parts of the world to build the primary health care and maternal and child health workforces in particular. Similarly, nurse practitioners and physician assistants are used in some countries to enable a more rational allocation of tasks *(35)*. The shortened training time and lower salaries of some of these occupational groups enable countries to more rapidly address shortages in the health and care workforce at a lower cost *(37)*. The emergence of new information and communication technologies present further opportunities for investment given their demonstrated utility in enabling new categories of workers *(10)*.

Harnessing technology to enhance productivity and quality of care

The 21st century presents a prime opportunity to harness the potential of new and evolving technologies to enhance the performance of the health and care workforce. COVID-19 served as an accelerator for the uptake and advancement of some of these technologies, such as telemedicine, mobile health and electronic health records, which can save time, reduce costs and expand access to workers, especially for people in rural and remote areas *(35)*. Health technologies may further strengthen the performance of the workforce through connecting different categories of health workers, such as doctors and nurses, improving their communication and collaboration, and enabling specialists to have greater reach into communities *(9)*.

Further information: https://www.who.int/publications/m/item/w4h-action-plan-2022_2030

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ANNEX:
WORKING FOR HEALTH PROGRESSION MODEL

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