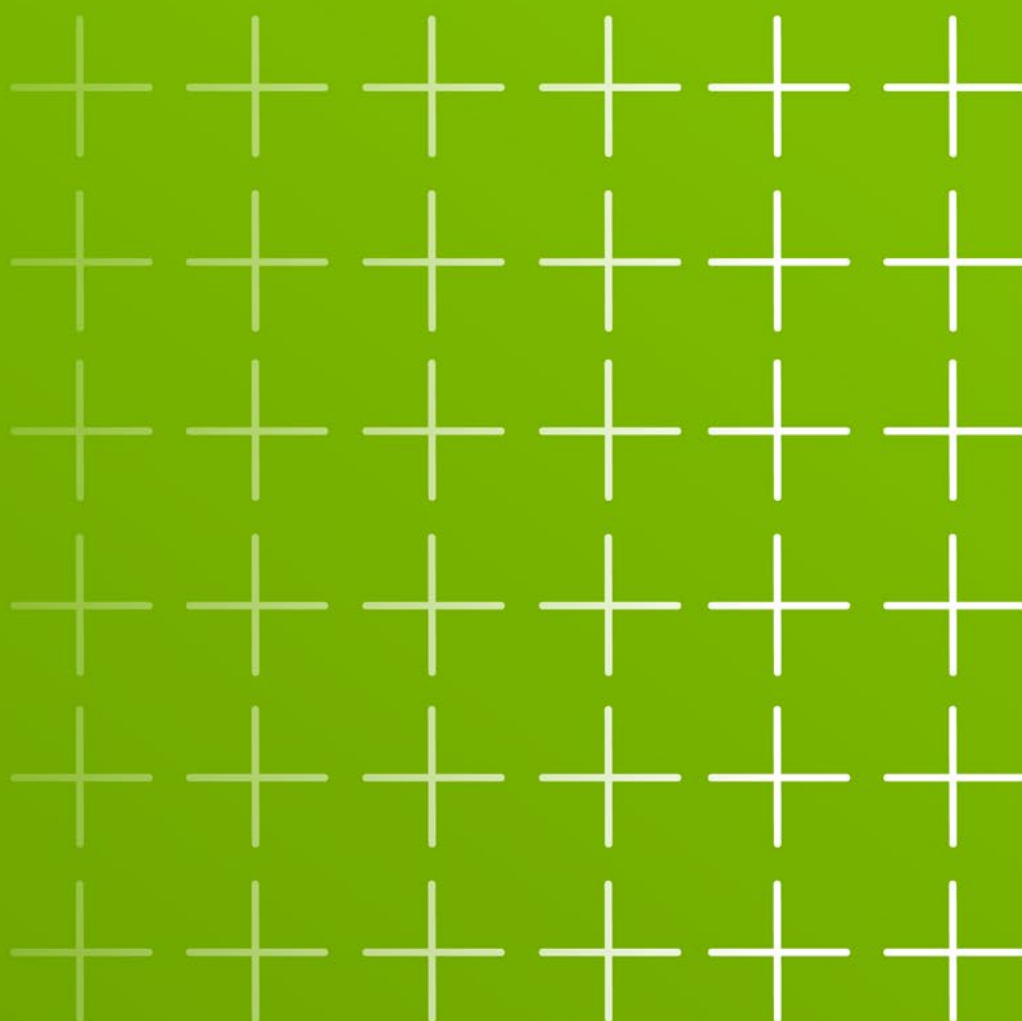


WORKING FOR HEALTH

2022–2030 Action Plan
Planning and financing



World Health
Organization

WORKING FOR HEALTH

2022–2030 Action Plan
Planning and financing



Working for Health 2022-2030 Action Plan: planning and financing

ISBN 978-92-4-006338-9 (electronic version)

ISBN 978-92-4-006339-6 (print version)

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Working for Health 2022-2030 Action Plan: planning and financing. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

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

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Graphic design and layout by Linda Alpern.

CONTENTS

Key messages	4
1. Purpose	5
2. Working for Health progression model	6
3. Context	7
3.1 Policy landscape	7
3.2 Challenges	7
4. Future directions	10
References	12
Annex: Working for health progression model.	13

KEY MESSAGES

- Planning and financing are integral to the effective development and implementation of health and care workforce policies.
- Sound planning and financing are required to achieve efficient, cost-effective spending and to ensure that investment is coordinated across sectors, and aligned with population and health system needs.
- The technical and institutional capacity to support planning and financing for the health and care workforce is inadequate in many low- and middle-income countries (LMICs). Building this capacity is a priority considering the strained economic environments and challenges health systems now face with constricted fiscal space for health.
- Given the contribution of health and care workers to strengthening health systems resilience, human resources for health (HRH) planning and financing should be integrated in regional and national emergency preparedness and response strategies.

1. PURPOSE

This thematic brief accompanies the Working for Health 2022–2030 Action Plan, providing a rationale for the related actions of the Working for Health progression model (see Annex). This brief aims to inform Member States, non-state actors and other stakeholders vested in implementing the Action Plan to consider the context of planning and financing for 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 the Action Plan, planning encompasses the practices that shape sound planning processes and outcomes, including the collection and use of data, governance, stakeholder engagement, multisectoral collaboration, and monitoring and evaluation. Financing refers to the core functions of health financing, including revenue raising, pooling of funds and purchasing of services to enable relevant sectors to implement the objectives of health and care workforce strategic plans.

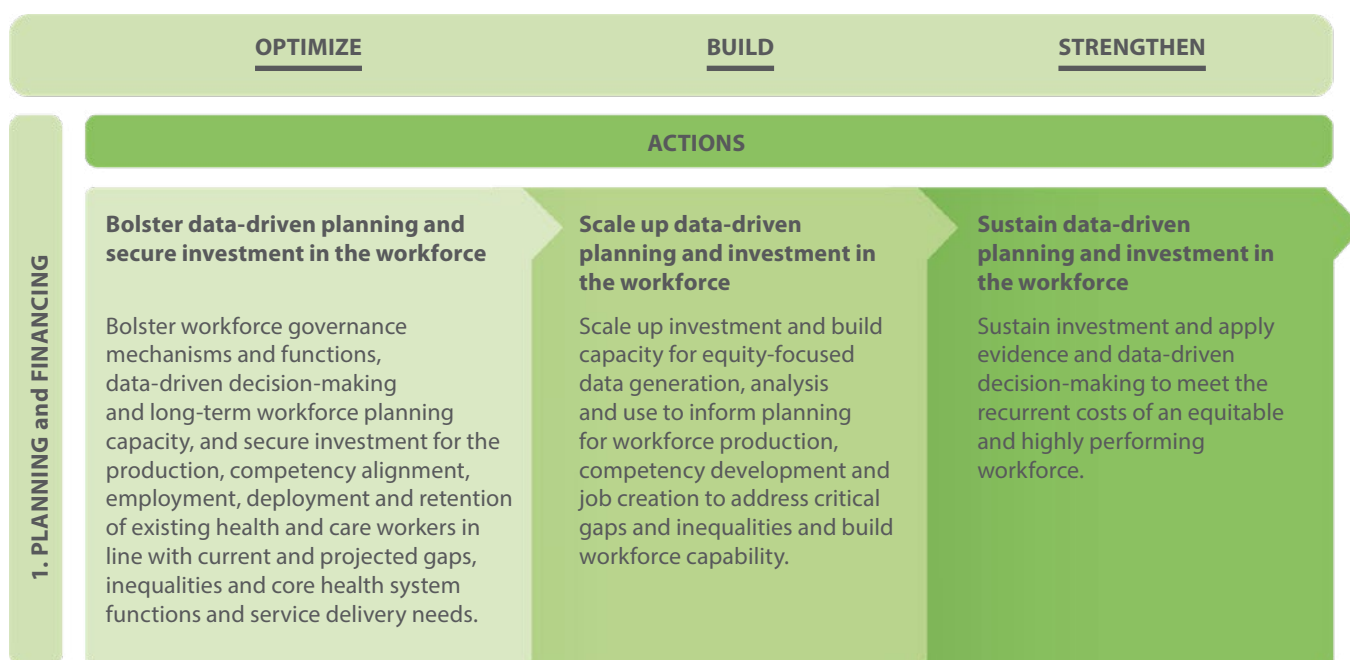
2. WORKING FOR HEALTH PROGRESSION MODEL

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 planning and financing specifically (Fig. 1), the themes are deeply interconnected, especially in the context of policy implementation and practice. Although not addressed within this brief, 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.

Fig. 1. Planning and financing actions within the Working for Health progression model



3. CONTEXT

The historic underinvestment in the health and care workforce and the constraints on fiscal space associated with COVID-19 render effective planning and strategic financing for 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 attracting 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 technical and institutional capacity for HRH planning and financing. Sound planning and financing can optimize the impact of investment in the health and care workforce, ensuring it is used as efficiently as possible and to the best effect, with broad health, economic and social gains (4, 5).

3.1 Policy landscape

The WHO *Global strategy on human resources for health: workforce 2030* (Global Strategy) presents a range of policy options to advance the health and care workforce agenda. These options emphasize the need to strengthen the integration and synergy of health workforce policy with broader development strategies to ensure consistency between sectors, and the urgent need to build capacity for planning and financing in countries, including analytical capacity, to strengthen the use of workforce and health system data. This will further support policies aiming to improve the efficiency of spending and cost-effective resource allocation, which will be more important than ever considering the current economic environment, with global economic growth projected to decelerate from 5.5% in 2021 to 4.1% in 2022 (6). There is a call to countries to expand the fiscal space for health in order to strengthen investments into the health and care workforce, which will require mobilizing revenue from a more diverse range of sources, both traditional and innovative, e.g. general budget, progressive taxation, social health insurance, dedicated earmarked funds and others (4). These policy priorities are reflected in the Seventy-fourth World Health Assembly Resolution (WHA74.14),

which further points to the necessity of accelerating the measurement, monitoring and reporting of disaggregated data through the implementation of national health workforce accounts (NHWA). It also points to the importance of engaging relevant sectors and promoting intersectoral collaboration at national and subnational levels (1). Importantly, both the Global Strategy and WHA74.14 underscore the need to customize policy approaches according to the context of the country, ensuring they respond effectively to the economic reality, as well as the specific population and health system needs, and the need for special attention to be given to equity, gender, diversity and inclusion in health and care workforce planning and financing (1, 4).

3.2 Challenges

Financial resources allocated to health and care workforce are constrained by the economic crises facing many countries

The COVID-19 pandemic dealt both a health and an economic blow to countries, many of which were already facing economic constraints. In addition to millions of lives lost, the pandemic triggered the greatest economic downturn since the Second World War (7). The result will have a devastating impact on poverty and inequality levels, particularly for sub-Saharan Africa and South Asia, and cause an inevitable shift in economic priorities (7, 8). Prior to the pandemic, LMICs were already facing significant financial shortfalls to attain UHC, and external investment for health was stagnating. Funding to support countries to implement the Working for Health Action Plan (2017–2021) was well below expectations, and encouraging new investment faced resistance from those considering the health and care workforce an economic burden (7, 8).

The need for substantial increases in financial investment in the health and care workforce comes at a time when fiscal constraints are being felt more strongly than ever. This is expected to lead to a contraction or, at best, a stagnation in public spending for LMICs in particular, which will in turn negatively

impact public health spending. Within this context, for lower income countries, external financing will be critical to their pandemic recovery and to building the health and care workforce capacity required to address the needs of populations. Policies will need to have a focus on achieving outcomes in these constrained fiscal environments, and efficiency in spending will be paramount (7).

Limited technical and institutional capacity for health and care workforce planning and financing in many LMICs

Countries requires policy stewardship and the operational structures and mechanisms to effectively plan and finance the health and care workforce (4). However, many countries lack the technical and institutional capacity to translate evidence-based information into policy development and implementation (9). This can result in inefficiencies in spending, as well as a poor allocation of funds. At a time when every dollar counts, countries cannot afford to waste or misuse funding allocated to health.

Technical and institutional capacity for planning and financing is required not only at the national level, but also at subnational levels of governance, especially where the distribution of funds and policy implementation is highly devolved (4). Sound technical and institutional capacity for the health and care workforce is especially critical considering the necessity for highly efficient and strategic planning and financing. Public financial management must ensure that investment is used equitably and targeted towards priority areas of action. Doing so requires data, systems and expertise to analyse and use data in decision-making, as well as accountability mechanisms. Limited technical and institutional capacity for planning and financing will directly impact health system performance, and ultimately, the health care available to populations (7).

Lack of data to inform planning and guide decision-making

Sound planning and the effective and efficient use of financing relies on the availability, analysis and use of quality data. This includes data routinely collected through health information systems, as well as through other sources such as population and labour force surveys, and health labour market analysis (HLMA).

The NHWA include a broad range of indicators that demonstrate the scope and disaggregation of data that contribute to effective planning and financing (10). These indicators contribute to a better understanding of factors such as the supply of health and care workers; employment; education, including working conditions. However, there are significant data gaps limiting evidence-informed planning and financing (11, 12).

Poor alignment between the investment agendas of funding bodies

Where fiscal space is limited, it is especially important that investment in the health and care workforce is well coordinated and guided by the needs and priorities of the country. This can be a challenge when different funding bodies, whether international financial institutions, nongovernmental organizations, or bilateral agencies, have their own investment agendas, which may or may not align with a country's national plan. Without careful planning and cooperation, including across the education, finance and health sectors, investment for the health and care workforce can become fragmented and disjointed (4). This can result in inefficiency and policy inconsistency (13).

IMPLEMENTATION SPOTLIGHT

Supporting health and care workforce measurement, monitoring and reporting through implementation of NHWA

The NHWA system supports countries to improve the availability quality and use of data through a set of indicators linked to the achievement of UHC. The data framework used encompasses several sectors, requiring information on workforce density, education, finance and migration, which are critical to informing workforce policies and plans, and assessing the effectiveness of their implementation (8).

Supporting countries to answer key policy questions through Health Labour Market Analysis

In 2021, WHO launched the *Health labour market analysis guidebook* (14). Grounded in evidence and extensive experience of HLMA in countries, the guidebook offers a robust and standardized approach to understanding labour market dynamics and facilitates development of appropriate policy recommendations. Given the complexity of factors and forces underlying labour market failures, such as shortages, surpluses, skills-mix and geographical imbalances, among others. It is imperative that countries are equipped with the methods and tools to translate lessons into policy solutions.

Guiding countries to conduct national budgetary dialogue to strengthen health financing

Within the context of the COVID-19 pandemic and its health and economic consequences, a process guide for national budgetary dialogue (15) was produced under the auspices of the ACT-A Health Systems Connector by a team of WHO, World Bank, Global Financing Facility staff and the P4H Network. This process guide adapts best practices in health financing reform to the specific demands of COVID-19. It aims to support key stakeholders involved in health financing reform to reorient budgetary arrangements so that governments can better respond to the COVID-19 pandemic and deliver therapeutics, diagnostics and vaccine services to their populations. Reorienting budgetary arrangements positions governments to sustain the capacity to mitigate and respond to COVID-19 while concurrently delivering other essential health services and working towards UHC.

4. FUTURE DIRECTIONS

There are several challenges to health and care workforce planning and financing, and the COVID-19 pandemic exposes the risk of underinvestment in HRH impacting health care systems globally. This brief shows that understanding of the health and care workforce financing dynamics amidst fiscal space is imperative. There are opportunities to rally the public and private sectors, increase domestic financing and external financial support. The following areas expand and point to implementing the actions of the progression model.

Maximizing returns on investment

The financial constraints faced by countries make it more critical than ever that health systems maximize the return made on investments into the health and care workforce through robust and strategic planning and financing. The High-level Commission on Health Employment and Economic Growth estimates the return on investment in the health and care workforce to be nine to one (5). However, for countries to realize the return on investment made in the health and care workforce, issues of inefficiency and waste need to be addressed. Thus, there are many avenues for strengthening the efficiency of spending on the health and care workforce that can be leveraged with adequate planning and financing. Planning and financing, and strong governance to ensure implementation, are foundational to successful investment, particularly in light of the multiple sectors and stakeholders involved, and the decentralized organization of many health systems, which demand highly targeted budget allocation and systematic implementation (16).

Strengthening governance mechanisms and functions, and expanding capabilities for data collection and use in planning and financing

Strong governance mechanisms and functions are cornerstones to effective planning and financing. Investment is needed to strengthen these, through optimizing the use of existing coordination and collaboration mechanisms and leveraging the support of development cooperation providers, including

through triangular cooperation arrangements with the United Nations (UN) system, international organizations and other partners. The progressive implementation of NHWA and expanding digitization of health and health information systems open the door for more rapid advancement of systematic data collection, analysis and use. Realizing these opportunities requires investment not only in the necessary technology and infrastructure, but in the knowledge and skills within the workforce for its effective use across all levels and functions of the health system (12, 17).

Integrating health and care workforce planning and financing at national and subnational levels

While the health and care workforce requires targeted planning and financing, it is also important that it is well integrated within broader health, social and education sector plans and budgets. This is important to ensuring alignment between the workforce and population needs. Furthermore, when health and care workforce planning and financing occur in silos, there is less chance of synchronicity with broader health, social and economic objectives. The health and care workforce is inextricably linked to issues such as unemployment and poverty, gender inequality, emergency preparedness and economic growth. It therefore should be mainstreamed within and coordinated with relevant strategic policies, plans and budgets (9).

Building health system resilience

Health emergencies can devastate economies, overwhelm health systems, and undo years of progress towards the Sustainable Development Goals. Experience has shown that countries with too few health workers perform poorly in disease surveillance, prevention and control. Investment in the health and care workforce is critical in emergency and disaster risk management, building the resilience of the health system to shocks and surges in demand (4, 5). The ability to avoid or minimize the impact of disease outbreaks and other health emergencies can potentially minimize the haemorrhaging of national budgets as seen in the COVID-19 pandemic.

National and subnational emergency plans that proactively include health and care workforce considerations can help ensure countries are better placed to prevent and respond to disasters and outbreaks, and may motivate greater investment in workforce education, employment and performance management.

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

Contact: working4health@who.int

REFERENCES

1. Resolution WHA74.14: Protecting, safeguarding and investing in the health and care workforce. 31 May 2021. Geneva: World Health Organization; 2021 (https://apps.who.int/gb/e/e_WHA74.html, accessed 27 January 2023).
2. Resolution WHA75.17: Human resources for health. 27 May 2022. Geneva: World Health Organization; 2022 (https://apps.who.int/gb/e/e_wha75.html, accessed 27 January 2023).
3. Global health and care worker compact. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/m/item/carecompact>, accessed 17 January 2023).
4. Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/250368>, accessed 17 January 2023).
5. Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/250047>, accessed 17 January 2023).
6. Global economic prospects, January 2022. Washington, DC: World Bank; 2022 (<https://www.worldbank.org/en/publication/global-economic-prospects>, accessed 17 January 2023).
7. Kurowski C, Evans DB, Tandon A, Hoang-Vu EP, Schmidt M, Irwin A et al. From double shock to double recovery: implications and options for health financing in the time of COVID-19. Health, Nutrition and Population Discussion Paper. Washington, DC: World Bank; 2021 (<https://openknowledge.worldbank.org/handle/10986/35298>, accessed 17 January 2023).
8. Independent review of the relevance and effectiveness of the five-year action plan for health employment and inclusive economic growth (2017–2021) and ILO-OECD-WHO Working for Health programme. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/340716>, accessed 17 January 2023).
9. Health workforce 2030: towards a global strategy on human resources for health. Geneva: Global Health Workforce Alliance, World Health Organization; 2015 (<https://apps.who.int/iris/handle/10665/330092>, accessed 17 January 2023).
10. National health workforce accounts: a handbook. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259360>, accessed 17 January 2023).
11. Kunjumen T, Okech M, Diallo K, Maquide P, Zapata T, Campbell J. Global experiences in health workforce policy, planning and management using the Workload Indicators of Staffing Need (WISN) method, and way forward. Hum Resour Health. 2022;19(1):152 (<https://doi.org/10.1186/s12960-021-00695-9>).
12. Empowering the health workforce: strategies to make the most of the digital revolution. Paris: Organisation for Economic Co-operation and Development; 2021 (<https://doi.org/10.1787/37ff0eaa-en>).
13. WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva: World Health Organization; 2010 (<https://apps.who.int/iris/handle/10665/3090>, accessed 17 January 2023).
14. Health labour market analysis guidebook. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/348069>, accessed 17 January 2023).
15. Health financing for the COVID-19 response: process guide for national budgetary dialogue: ACT-A Health Systems Connector. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/343368>, accessed 17 January 2023).
16. Bourgeault IL, Maier CB, Dieleman M, Ball J, MacKenzie A, Nancarrow S et al. The COVID-19 pandemic presents an opportunity to develop more sustainable health workforces. Hum Resour Health. 2020;18(1):83 (<https://doi.org/10.1186/s12960-020-00529-0>).
17. Nicol E, Turawa E, Bonsu G. Pre- and in-service training of health care workers on immunization data management in LMICs: a scoping review. Hum Resour Health. 2019;17(1):92 (<https://doi.org/10.1186/s12960-019-0437-6>).

ANNEX: WORKING FOR HEALTH PROGRESSION MODEL



 @working4h
#working4health

