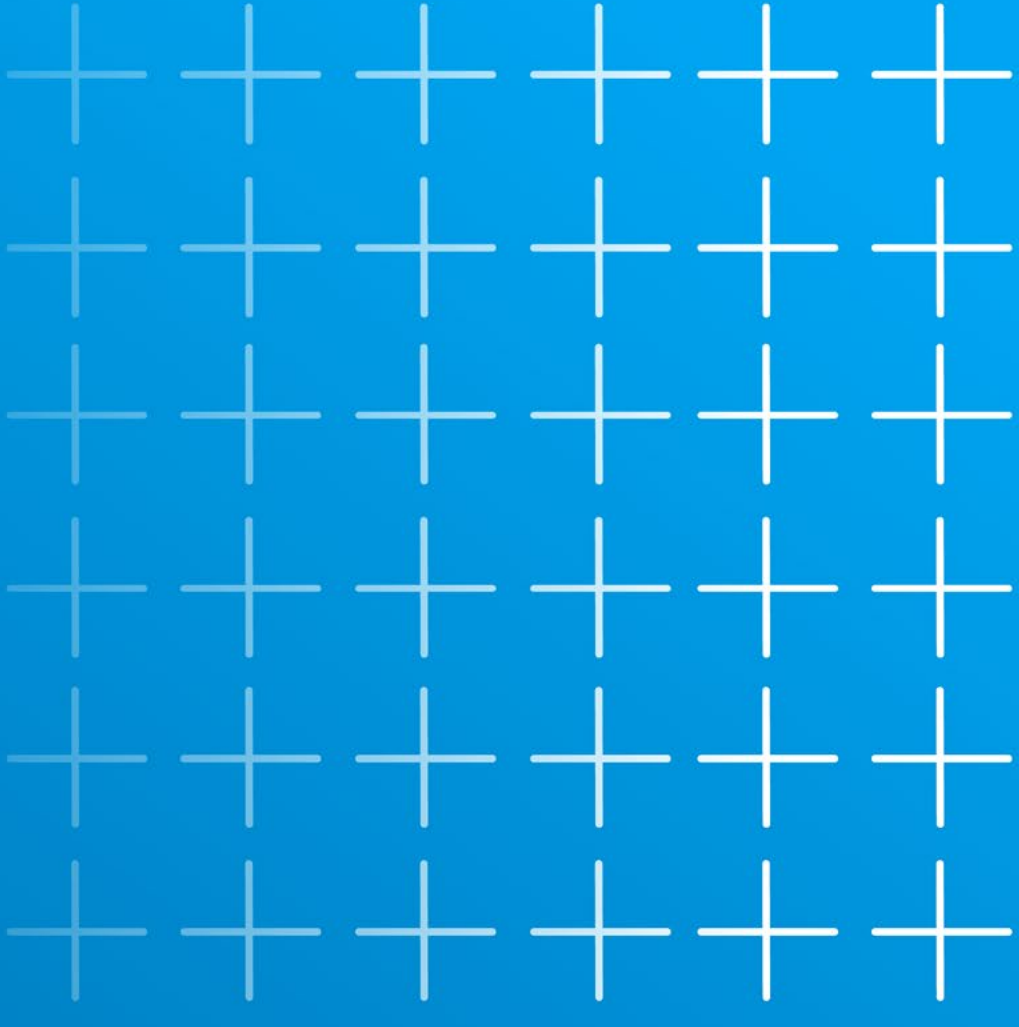
WORKING FOR HEALTH

2022–2030 Action Plan

Education and employment



World Health Organization

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CONTENTS

KEY MESSAGES

- Ensuring that health and care workers from the existing pool are employed in the labour market to reduce unemployment, realize returns on investment in education and training, and accelerate progress towards universal health coverage (UHC)

- Investing in education and employment of the health and care workforce stimulates economic growth through creating jobs, and needs to be aligned to support population health demands and centred on primary health care.

- The education and employment of health and care workers can aid in addressing diversity challenges, gender equality, and issues of discrimination and harassment.

- International migration can exacerbate health and care workforce shortages, but when the risks are managed, global partnerships can be mutually beneficial, including through supporting skills transfer and correcting situations of employment over- or undersupply.

1. PURPOSE

This thematic brief accompanies the Working for Health 2022–2030 Action Plan, serving as a background and 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 on the context of health and care workforce education and employment, 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 Seventy-fourth 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, **education** encompasses pre- and post-service professional, technical and vocational education and training, including lifelong learning; while **employment** refers to both formal and informal employment.

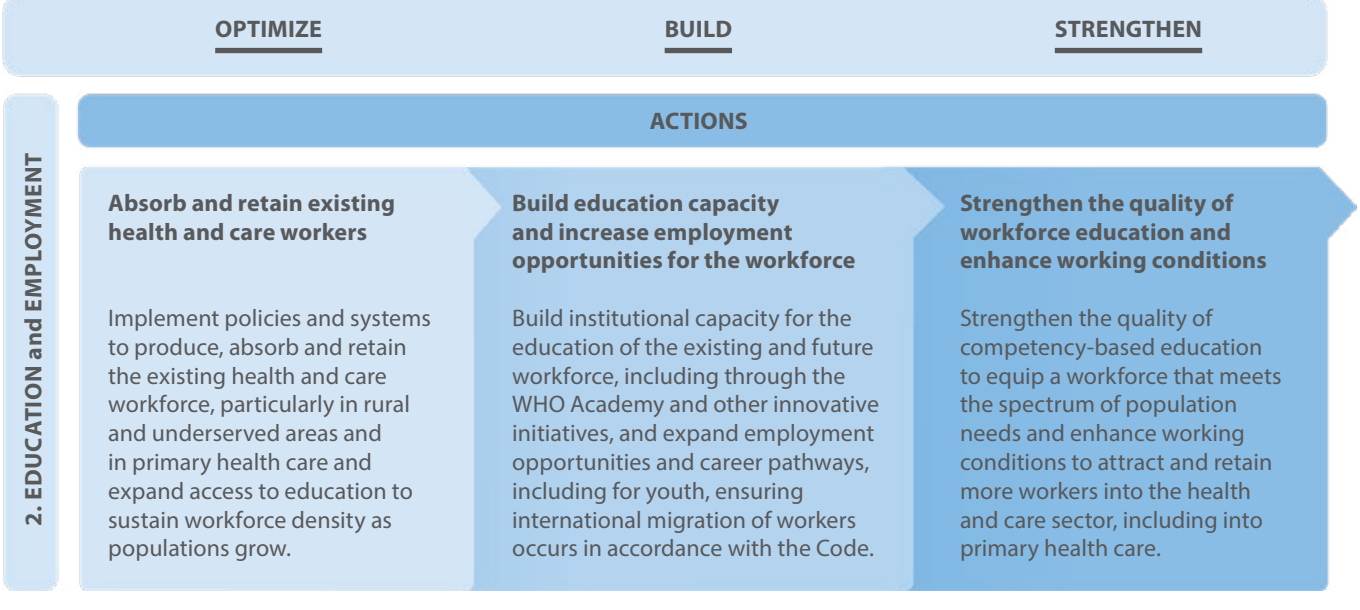
2. WORKING FOR HEALTH PROGRESSION MODEL

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 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 education and employment 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. Education and employment actions within the Working for Health progression model



3. CONTEXT

Supply shortages, inadequate employment of workers, skill mismatches and suboptimal performance and distribution of workers in the health system are several of the most pressing challenges facing low-and middle-income countries (LMICs) *(4)*. Education and employment span two separate yet interconnected sectors at a national level. Together, education and employment shape the effective coverage of the health and care workforce and have the potential to either accelerate or hinder progress towards UHC *(5)*. 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 *(6, 7)*.

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. Among these, options targeting education and employment are strongly represented. The policy options address the transformation and expansion of education, the strengthening of institutional capacity, and highlight the importance of accreditation and regulation to strengthen quality. The policy options further emphasize the necessity of boosting health and care workforce supply and labour market demand in accordance with population needs and ensuring appropriate incentives to draw workers to where they are needed most. The Global Strategy also presents policy options for small island states and low-resource settings, including the pooling of health workforce education, accreditation and regulation, tailoring workforce composition and scopes of practice, harnessing the potential of telemedicine, and enhancing referral mechanisms *(7)*. The policy priorities of the Global Strategy are reflected in WHA Resolution 74.14, *Protecting, safeguarding and investing in the health and care workforce*, which highlights the need for optimal utilization of available workers across the public and private sectors, and for mobilization of investment in job creation and educational capacity *(1)*.

Importantly, the Global Strategy and WHA74.14 underscore the critical need to strengthen the governance, institutional and operational capacity to develop, implement and monitor the impact of health and care workforce education and employment policies. They note the general underinvestment hindering their effectiveness to date and the need to ensure policies and plans are sufficiently resourced, drawing on traditional and innovative sources *(1, 7)*.

3.2 Challenges

Around the world, but particularly in LMICs, health systems experience several challenges linked to health and care worker education and employment. The following challenges are commonly observed, and most adversely impact progress towards UHC.

Inadequate investment in the education and employment of health and care workers

Despite the widespread acknowledgment of the importance of health and care workers to health systems and the health of populations, there continues to be gross underinvestment in education and employment, largely due to a constrained fiscal space *(6, 8)*. Threats include:

- Constricted employment opportunities, resulting in under/unemployment and attrition, including through migration, which prevent governments and health systems from realizing returns on investment in education and training *(6)*.
- Limited institutional capacity for education, training and lifelong learning, including infrastructure, faculty development and support, clinical supervision and accreditation; and inadequate regulatory capacity, resulting in worker shortages, suboptimal quality of care and skills mismatches *(7)*.
- Outdated curricula focused on knowledge acquisition with inadequate opportunities for supervised clinical experience during pre-service programmes, resulting in poor preparedness for practice and suboptimal quality of care *(9)*.
- Less access to decent work offering fair incomes, security, social protection and prospects for professional development *(10)*.

There is a pervasive narrative that investment in the recurrent costs associated with health and care workforce education and employment is an economic burden and drain on often constricted economies and should be contained. Such assumptions fail to recognize the numerous and sizable health, social and economic gains that investment in the health and care workforce produce *(6)*.

Misalignment between population needs and the education and employment of workers

The enrolment and education of learners and their opportunities for employment directly impact the alignment of the health and care workforce with population and health system needs. In the education sector, trends and patterns in enrolment can be driven more powerfully by job opportunities and earning potential than by the priorities of the health system. For example, students typically seek education and employment associated with more lucrative health jobs, often in more highly specialized areas of practice, while health systems are seeking to expand more generalist jobs in primary health care *(11)*. The nature and content of education is also integral to building a workforce with the knowledge, skills and behaviours relevant to population needs. Ageing populations and the rising prevalence of noncommunicable diseases and multimorbidity mean that populations require greater access to health promotion, disease prevention, early detection and chronic management of health conditions in primary health care *(6, 12)*. However, not enough health education programmes are delivering competency-based curricula equipping learners to effectively meet these needs.

Within the labour sector, an imbalance in supply and market-based demand (jobs) for health and care workers is frequently observed in countries, leading to a range of labour market failures, such as unemployment, maldistribution and suboptimal performance. The supply and demand for workers can directly impact the distribution of health and care workers geographically, across levels of the health system, and between public and private sectors. They also impact the composition of the workforce, with job opportunities largely shaping which, and how many, health and care workers are required and how they are deployed. In many LMICs, limited absorption of workers into the labour market (i.e. inadequate employment) can result in a paradox of simultaneous health and care worker unemployment (supply surplus) and unmet population needs *(4, 6)*.

Attrition of health and care workers through international mobility

The emigration of health and care workers exacerbates existing shortages in the domestic labour market and can prevent the public system recouping the full return on investment made in workers' education and development *(13)*. The international mobility of health and care workers is widespread and increasing. The number of migrant doctors and nurses from countries with serious workforce shortages increased by 84% between 2006 and 2016, while one in eight nurses practise in a country other than where they were born or trained *(14)*. The emigration of specialists and workers from rural and remote areas can severely impact on the delivery of health services given the scale of pre-existing shortages *(13)*.

There are a range of motivations ("push and pull factors") for health and care workers seeking work abroad. While higher salaries, better working and living conditions, and greater chances of employment are significant factors, health and care workers are also reported to emigrate in search of learning and professional development opportunities and the chance to develop their careers in health systems offering greater pathways for advancement *(15)*. The profound shortage of health and care workers is therefore not necessarily the direct result of a lack of supply of workers, but rather the inability of the health system to provide the conditions, remuneration and opportunities sought by workers, resulting in workers seeking these benefits abroad *(13, 16)*.

International migration can also have positive impacts for health systems, as well as for the migrant workers *(17)*. It has the benefit of technology transfer and increasing the skills of returning health workers to the home country and can be mutually beneficial in instances when workers migrate from a country with oversupply to one of undersupply. However, migrant workers can struggle to have their qualifications and experience recognized, encounter unethical or unfair recruitment practices, and disregard for worker rights *(17, 18)*. Since the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel *(17)*, there has been a notable

increase in the production of domestic health and care workers in higher income countries, reducing their dependence on migrant workers. This has been motivated by the growing burden of ageing populations on the health systems, as well as an ageing workforce (approximately 17% of the nursing workforce are over 55) *(13, 15)*. Nevertheless, the demand for migrant workers is anticipated to grow in the coming years *(6)*. The strain that COVID-19 has placed on health systems is likely to result in even higher levels of international migration of health and care workers, including from countries with the most vulnerable and disrupted health systems *(19)*. Since the pandemic, there has been an increase in direct advertising by international recruiters targeting health and care workers from LMICs *(14)*.

IMPLEMENTATION SPOTLIGHT

Increasing investments for employment in Rwanda

The Ministry of Health of the Republic of Rwanda conducted a health labour market analysis in 2019 to inform strategic planning and investment in the health and care workforce. The findings of the analysis revealed that 13% of registered health and care workers were unemployed and seeking employment, while simultaneously, facilities were understaffed *(20)*. The Republic of Rwanda has since been granted a loan from the World Bank that will enable it to increase health and care worker jobs in the public sector from 24 000 to 27 500 by 2030. This increase in public health sector jobs will help expand access to health and care workers, reduce unemployment and support the country's recovery from COVID-19, which resulted in a slowdown in hiring.

Harnessing digital learning to expand access to health and care education

Acknowledging the widespread barriers to education, training and lifelong learning, the WHO Academy aims to scale up learning for millions of health and care workers through open access in-person, online and blended learning programmes. Learners will be able to gain digital credentials to verify their competencies and advance their careers in a wide range of areas (learn more here).

The potential of technical and vocational training to address critical workforce gaps

The International Labour Organization (ILO) estimates that there are approximately 64 million unemployed youth, and 145 million youth living in poverty *(21)*. The health sector is the largest employer of youth and is projected to create an additional 40 million new jobs by 2030 *(22)*. The potential of the health sector to address youth unemployment and poverty is being harnessed in South Africa through technical and vocational training to bolster the pharmacy workforce. While antiretroviral treatment programmes expand, the shortage of pharmaceutical workers hinders efforts. To address this issue, five provinces in South Africa embarked on a pharmacist assistant leadership programme, in partnership with a nationally accredited training academy. A 2-year training programme, consisting heavily of supervised practice, has seen 515 learners qualified as a "post-basic pharmacist assistant", 91% of whom were employed as of 2018 *(23)* (learn more here).

4. FUTURE DIRECTIONS

While the challenges associated with the education and employment of the health and care workforce can be substantial, investments yield economic, health and social benefits. The following elaborate on the actions of the progression model and highlight several areas for investment and action.

Better aligning health worker education with population needs and health system functions

Health worker education should prioritize the design and delivery of programmes with competency-based outcomes that are integrated and aligned with population health needs, reflecting the roles and responsibilities learners will require to meet contextual needs. This will require sustained and substantial investment to:

- update clinical curricula;
- strengthen and support faculty to deliver competency-based programmes;
- ensure that learners have adequate exposure interprofessional collaboration and clinical environments, including in remote and rural locations;
- ensure access to clinical supervision;
- support to bridge the transition from education and practice; and
- ensure access to lifelong learning.

These are fundamental to ensure learners develop competencies for practice. The return on investment made in education and training will not be realized without also strengthening the clinical practice environments in which training is delivered, and the employment conditions for faculty and clinical colleagues *(9)*. Building the institutional capacity for health and care workforce collaboration is likely to require countries to harness global partnerships, solidarity and financing.

Policy interventions are required to counteract trends and patterns in enrolment that lead to education market failures. For example, public sector subsidization of specific education programmes can help address the greatest gaps in the health and care workforce by attracting learners to pursue careers in occupations that would not be otherwise produced in sufficient quantities if left purely to market forces.

Fully harnessing the potential of health sector employment to boost job creation and stimulate economic growth, while expanding the availability of health workers

Several countries worldwide face a growing employment crisis. The health sector can make a substantial contribution to job creation in the formal sector, including in rural and remote areas where employment opportunities from other sectors, such as agriculture, may be declining *(6, 10, 24)*. Furthermore, the health sector employs workers across a broad range of qualifications, including those with limited formal education. This has been highlighted as an important opportunity for reducing unemployment and poverty among demographics with limited earning potential *(6, 10, 25)*. Importantly, employment of health and care workers also stimulates job creation for non-health occupations. It has been estimated that 2.3 non-health occupation jobs are created, within and beyond the health sector, for each health job created (see the Planning and financing thematic brief for further details) *(24)*.

Making health services more equitable and inclusive

Beyond economic growth and the expansion of UHC, investment in health and care workforce education and employment supports equitable access to health services. Together they have the potential to shape a diverse and representative workforce that has been instilled with public service ethics, professional values and attitudes that ensure respectful and acceptable care to populations, including to women, older people and those from minority groups *(7)*. Through investing in employment opportunities, economic empowerment and decent work, the health sector can contribute to Sustainable Development Goals (SDGs) 3 (Good health and well-being), 4 (Quality education), 5 (Gender equality) and 8 (Decent work and economic growth), with far-reaching health, social and economic benefits *(6, 26)*.

Health and care workforce education and employment have a particularly critical role in supporting gender equality. The health sector is among the highest employers of women (it comprises of an estimated 67% women, compared with 41% in the remaining labour market *(6, 27)*, and thus has the potential to contribute substantially to addressing issues of gender inequality, discrimination and harassment *(6, 28)*. Removing barriers to education for women, ensuring equal pay and opportunities (including in leadership and decision-making roles) and providing working conditions that enable women to balance family and work responsibilities can continue to attract and retain women in the workforce, stimulating further economic growth, and promote women's rights *(18)*.

Health and care workforce education and employment also present opportunities to make access to health services more equitable through expanding the distribution of health and care workers in rural and remote areas. Where workers choose to work is influenced by employment opportunities, including working conditions and incentives, as well where education and training are provided, and admission policies *(16)*. Increasing education and employment opportunities for people in these geographic regions can also contribute to reducing unemployment and poverty, including among women and youth *(16)*.

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

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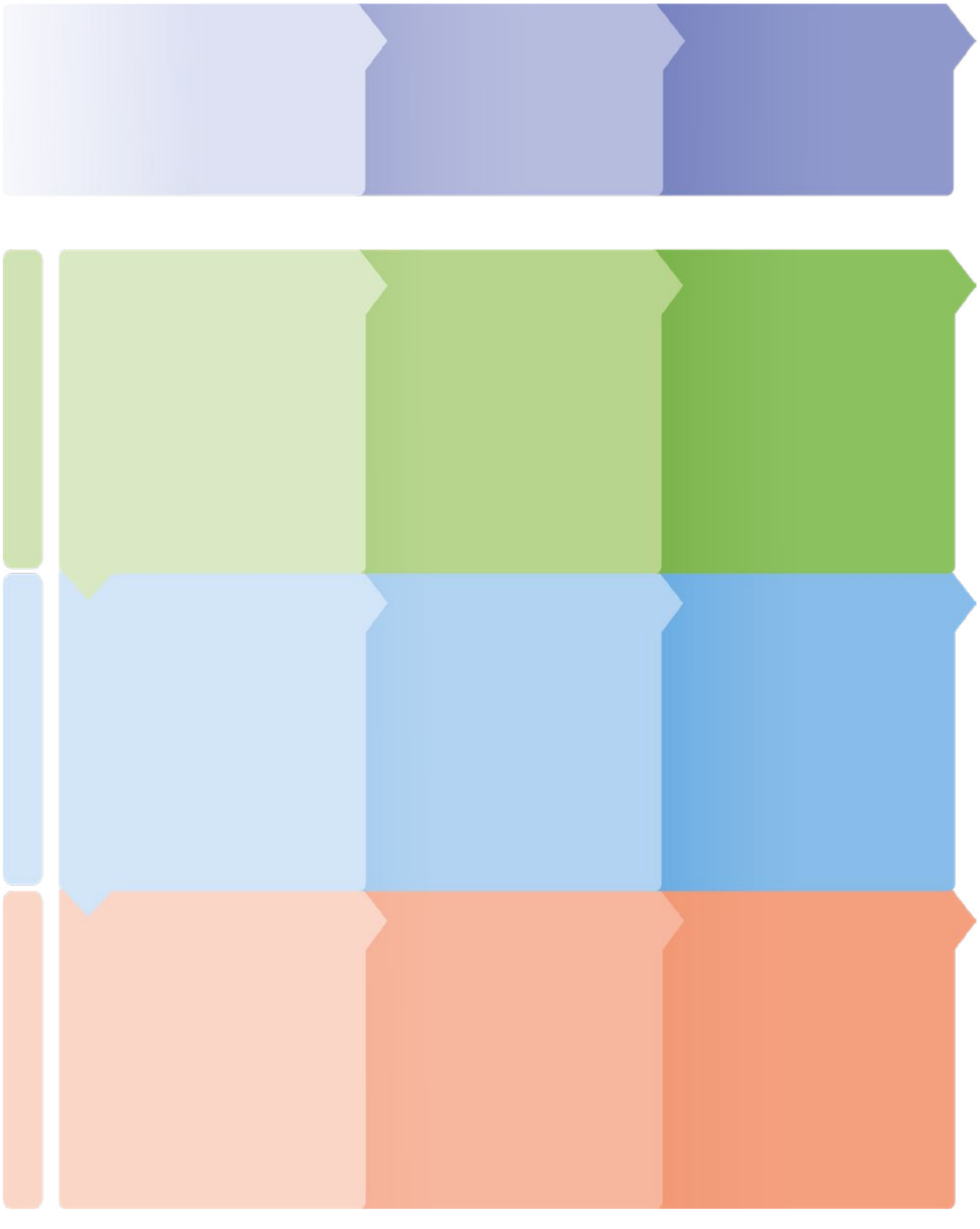
ANNEX:
WORKING FOR HEALTH PROGRESSION MODEL



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