



Fifth Global Forum on
Human Resources for Health
3–5 April 2023

Protect. Invest. Together. 

Protecting, safeguarding, and investing in the health and care workforce

Call for Civil Society Leadership, Participation and Engagement in the Fifth Global Forum on Human Resources for Health

Deadline: 30 November 2022 by 12:00 midnight CEST

Background:

The Fifth Global Forum on Human Resources for Health¹ is organized, during the 2023 World Health Worker Week, under the theme of **protecting, safeguarding** and **investing** in the health and care workforce. The Forum will bring together high-level stakeholders from across the world for a 3-day hybrid in-person and virtual event. This presents an opportunity to

1. Share progress on the implementation of the Global Strategy on Human Resources for Health: Workforce 2030; and
2. Examine the required policy solutions, investments and multisectoral actions needed to address health and care workforce challenges and build their capacities and capabilities to advance health systems towards universal health coverage and health security.

The Forum also provides an opportunity to guide and further engage with the flagship Working for Health 2022-2030 Action Plan and its Multi-Partner Trust Fund (MPTF). The Forum will coincide with the World Health Worker Week (2-8 April 2023).

The programme will consist of –

- 1) High-level roundtable dialogues on three main topics which will be informed by three evidence-based policy briefs developed through engagement with relevant stakeholders in a policy dialogue and consensus building process ahead of the Forum. This component is organized jointly with the European Observatory on Health Systems and Policies.
- 2) Parallel sessions based on a call for submissions (https://www.who.int/news-room/articles-detail/5gf_call_submissions) that was launched on 9 October 2022.
- 3) Additional roundtables and sessions to convene stakeholders around the common agenda and theme of the Global Forum.

<https://www.who.int/teams/health-workforce/about/5thglobalforum-hrh/>

The Forum aims to bring stakeholders together to pursue key actions and commitments to increase investment and policy action on the health and care workforce, this can only be achieved through multi-stakeholder efforts which include civil society. Civil society organizations (CSOs) play a critical role in supporting advocacy and driving implementation and action.

The World Health Organization is calling for an expression of interest (EOI) from CSOs to co-lead and co-produce briefs with recommended actions for multi-stakeholder groups. This is in response to the evidence-based policy briefs to support governments and communities to address pertinent health and care workforce challenges. The work will be guided by the WHO Secretariat.

Overview of the High-Level Policy Briefs

Three evidence-based policy briefs are in development in partnership with the European Observatory on Health Systems and Policies, an overview of each brief is provided in Annex 1, below are the three main topics covered -

- *Policy brief 1: What policies and practice are needed to attract, retain, support and re-skill health and care workers during the COVID-19 pandemic and what needs to inform the future of workforce development?*
- *Policy brief 2: What intersectoral governance, planning and decision-making actions will improve the education, employment and retention of the health and care workforce?*
- *Policy brief 3: Where do we find the money to scale-up investment in the health and care workforce? Improving efficiency of spending and raising revenues through domestic and international financing mechanisms?*

CSO Working Groups

Selected CSOs are expected to form working groups to co-lead and co-develop the CSOs action briefs. Three working groups will be formed, linked to the three policy brief topics above. Each organization is limited to participating in one of the three working groups established. Working groups will be expected to -

- Convene a diverse working group linked to the specific policy brief
- Review the policy brief and identify action areas where CSOs can leverage their support.
- Develop an action brief to inform multi-stakeholder groups on how CSOs can strengthen implementation of the Working for Health Action Plan in countries and regions.

In addition to the action briefs, CSOs will be invited to participate in key technical discussions on the policy briefs and other possible opportunities in the build-up to the Forum. A session for the CSO action briefs will be organized during the Global Forum to consult on the briefs and discuss the way forward.

Proposed timeline and key activities –



Selection Criteria

- Organizations that demonstrate experience and advocacy on the proposed topics for the action briefs, namely, health and care worker protection, retention, education, employment, governance and investments.
- Capacity and expertise to support the drafting and finalization of action briefs.
- CSOs which are geographically diverse and representative, leading advocacy across regions, programming in LMICs or with operations in LMICs.
- Organizations with wide networks and the ability to lead and convene other CSOs or to form a conglomeration of organizations including smaller scale and more localized NGOs.

Submission deadline: 30 November 2022, 12:00 midnight CEST

EOIs should be submitted via the dedicated link.

Disclaimer

These sessions are completely voluntary-led and successful CSOs are not eligible for any WHO funding or endorsements. WHO reserves the right to appoint CSOs to working groups for the Forum, adapt or tailor processes and topics.

Due to the large volumes of applications being anticipated, only successful CSOs will be contacted. Only one application to participate in one working group/ action brief per organization will be considered.

This EOI and the appointment of CSO will be guided by the WHO Framework of Engagement with Non-State Actors (FENSA).

For further information/ queries contact the Secretariat at 5GF-submissions@who.int including **CSO Engagement** as the subject line.

Annex 1:

Policy brief 1: What policies and practice are needed to attract, retain, support and re-skill health and care workers during the COVID-19 pandemic and what needs to inform the future of workforce development?

COVID-19 affirmed that health systems capacity to manage essential health services and respond to emergencies is dependent on the health and care workforce. To ensure health systems are better placed to meet population health needs and tackle future shocks, it is critical that all countries review and take steps to tackle long-standing issues related to shortages, maldistribution, and an insufficient skills mix, while also improving protection and performance. This will require sustained actions to protect, support, attract, and retain health and care workers.

This policy brief aims to support national policy makers and other stakeholders by systematically identifying and assessing the effectiveness of different strategies during the COVID-19 pandemic to attract, recruit and retain health and care workers and ensure sufficient skills mix and competences in different contexts and under different circumstances. It will specifically capture the "opportunities" arising from COVID-19 to create change by assessing the emergency policy options that many countries put in place to recruit, protect and support health and care workers and create flexibility in the workforce during the pandemic through upskilling and re-skilling and use of digital health tools. The different context and challenges facing each region will be highlighted, such as ageing populations and workforces, a rise in noncommunicable diseases, climate change, health workforce migration issues and protracted health and non-health crises beyond COVID-19.

Policy brief 2: What intersectoral governance, planning and decision-making actions will improve the education, employment and retention of the health and care workforce?

COVID-19 has laid bare the multiple deficiencies in the education, employment and development of the health and care workforce. Pre-existing deficiencies were aggravated by the pandemic, hampering effective responses. Among those deficiencies are widespread shortages in total workforce headcount and across clinical occupations; maldistribution and "medical deserts", particularly in rural, remote, and urban deprived areas; an inadequate skill-mix limiting the effectiveness of multi-disciplinary teams, and insufficient competencies in digital technologies. The absence of robust intersectoral governance structures, decision-making, management, and workforce planning capabilities have been identified as key reasons for the mismatch between education and employment in the health and care sector. This often results in the quantity, quality and competencies of health and care workers not meeting population needs for their health and wellbeing.

The aim of this policy brief is to explore how intersectoral governance can be enhanced to ensure that education, employment, and retention are considered holistically. More specifically, the poor alignment of education policies with health sector needs is used as an illustrative example of the challenges in intersectoral HRH governance. It will explore, 1) the benefits of better cooperation between sectors – health and education - and across different levels of government (from the local to global) for health and care workforce planning and development; 2) the governance structures, institutional capacity and other measures that need to be put in place to realize these benefits effectively.

The brief will also consider policy options to incentivize government sectors to co-invest in education, employment, health, and social protection outcomes through targeted action in the health and care sector. The different contexts across regions and countries and how this will inform governance approaches will be considered.

Policy brief 3: Where do we find the money to scale-up investment in the health and care

workforce? Improving efficiency of spending and raising revenues through domestic and international financing mechanisms?

Health system recovery from the COVID-19 pandemic will be dependent on strengthening the health and care workforce to overcome long-standing challenges related to shortages, maldistribution and insufficient skills mix. Doing so will require greater and more strategic investment. Countries must therefore be able to mobilize innovative domestic and, where needed, international sources of financing. At the same time, it must be ensured that this money is invested smartly in measures that improve technical and allocative efficiency.

The expected economic fall-out from the pandemic is, however, raising fears that many governments will not be able to mobilize sufficient resources for much needed investment. A prevailing narrative that health is an unproductive sector also raises concerns that investment in the health and care workforce will not be politically prioritised. For many countries, specifically, low-and-middle-income countries, these challenges are compounded by limitations in international sources of financing. For example, some international donors have rules that restrict funding of recurrent health workforce costs or that are not aligned with national strategic priorities. Concerted efforts and commitments are therefore needed to raise more money for the global health and care workforce and to ensure any investment is used strategically to best meet health system goals and priorities.

This policy brief has two primary aims: 1) to lever out more money for investment in the health workforce; 2) to show where 'smart' investments in the health workforce can be made by improving efficiency of spending - this will link to strategies explored in briefs 1 and 2, such as improving skills mix, rationalizing health workforce planning and investing in digital skills. The brief will demonstrate that numerous financing options are available to secure funding to build a sustainable health workforce globally to continue progress towards universal health coverage, for priority areas (including primary and long-term care), and for essential public health functions - including emergency preparedness and response- even in countries with limited fiscal space.