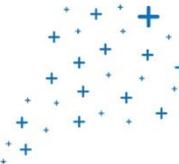




High-Level Commission on
Health Employment
and Economic Growth



**Health Employment and Economic Growth:
A Five-Year Action Plan (2017–21)
Version for consultation**

High-Level Ministerial Meeting
on Health Employment and Economic Growth

14 - 15 December 2016,
Geneva, Switzerland



**Health Employment and Economic Growth:
A Five-Year Action Plan (2017–21)**

**VERSION FOR CONSULTATION
9 December 2016**

**International Labour Organization (ILO)
Organisation for Economic Co-operation and Development (OECD)
World Health Organization (WHO)**

In its report entitled “Working for Health and Growth: Investing in the health workforce”, the High-Level Commission on Health Employment and Economic Growth (“Commission”) has proposed ten recommendations and five immediate actions to transform the health workforce for the achievement of the Sustainable Development Goals. These will require game-changing interventions and action by national governments, led by ministries of health, education, employment and finance, as well as the international community.

As called for by the Commission, the ILO, OECD and WHO have developed the present five-year action plan that sets out how the three agencies in partnership with their constituents and other multilateral organizations can support their member States as they implement the ten recommendations. Member States and relevant stakeholders are invited to review and provide inputs to the finalization of this action plan through a consultative process that will be launched at the High-Level Ministerial Meeting on Health Employment and Economic Growth on 14-15 December 2016, in Geneva, Switzerland.

This consultative process will seek ideas and inputs for the proposed action plan deliverables and indicators. It will also inform the further development of targets, timeframes, and partnerships. Following the High-Level Ministerial Meeting, the three agencies will organize individual consultations with member States through the Permanent Missions in Geneva, discussion with constituents in ILO’s and WHO’s governance structures, consultation with respective regional offices, a public consultation online, and bilateral meetings and consultations with all relevant international and regional organizations, development partners as well as concerned global initiatives.

The consultative process will inform a final version of the action plan, which will be made available by the end of March 2017 for consideration by WHO, OECD and ILO governing bodies.

1. Health employment and economic growth: the impetus for action and investment

The Commission's report presents the unique and urgent opportunity to generate dividends across the 2030 Agenda for Sustainable Development ("2030 Agenda")¹. Dismantling the long-held belief that investment into the health sector drags the economy, the Commission finds that health workforce investments coupled with the right policy action could unleash enormous socio-economic gains in quality education, gender equality, decent work, inclusive economic growth, and health.

The Commission identifies the health and social sectors as a major and growing source of employment, and a strategic area for investment that translates into more decent work opportunities than most other industries, particularly for women and youth².

As populations grow and change, the demand for health workers is expected to almost double by 2030 with the creation of around 40 million new health worker jobs, primarily in upper-middle and high-income countries. Each health and social worker job is supported on average by at least two additional jobs in other occupations in the broader health economy, offering the potential for job creation in and beyond the health and social sectors.

Few economic sectors present opportunities for steady growth in decent work, particularly for youth and women, and especially in light of large potential job losses in other sectors due to automation³. However, the projected growth in jobs takes place alongside the potential shortfall of 18 million health workers, primarily in low- and lower-middle income countries, to achieve and sustain Universal Health Coverage (UHC) by 2030. Without targeted interventions, the situation in poorer settings could be further exacerbated by increased labour mobility towards countries with the greatest demands, thereby undermining already vulnerable health systems. Investing in the quality of jobs in terms of working conditions, labour protection and rights at work is key to retaining health workers where they are needed.

The Commission calls for immediate, bold and game-changing interventions to challenge the status quo and alter the projected health and social workforce trajectories. Achieving a sustainable health workforce is an intersectoral pursuit, which requires coordinated leadership and action across the sectors of government responsible for finance, labour, education, health, social affairs and foreign affairs. Ten recommendations and five immediate actions (Table 1) are proposed in the pursuit of the 2030 Agenda.

The High-Level Commission on Health Employment and Economic Growth

was established by the United Nations Secretary-General on 2 March 2016 in response to United Nations General Assembly Resolution A/RES/70/183 on *Global Health and Foreign Policy: Strengthening the Management of International Health Crises* adopted on 17 December 2015.

The Commission was chaired by H.E. President of France, Mr François Hollande, and H.E. President of South Africa, Mr Jacob Zuma; and co-chaired by Dr Margaret Chan, Director-General of the World Health Organization, Mr Ángel Gurría, Secretary-General of the Organisation for Economic Co-operation and Development and Mr Guy Ryder, Director-General of the International Labour Organization. The Commission launched its report on the margins of the United Nations General Assembly in New York on the 20 September 2016.

¹ Working for health and growth: Investing in the health workforce. United Nations Secretary-General's High-Level Commission on Health Employment and Economic Growth. September 2016. (<http://www.who.int/hrh/com-heeg/reports>, accessed 30 November 2016).

² Investing in the care economy: a gender analysis of employment stimulus in seven OECD countries, March 2016. Brussels: International Trade Union Confederation; 2016 (<http://www.ituc-csi.org/CareJobs>, accessed 5 September 2016).

³ The Learning Generation: Investing in Education for a Changing World. International Commission on Financing Global Education Opportunity. September 2016. (http://report.educationcommission.org/wp-content/uploads/2016/09/Learning_Generation_Full_Report.pdf, accessed 30 November 2016).

Table 1. Recommendations and immediate actions from the High-Level Commission on Health Employment and Economic Growth

Recommendations		Immediate actions by March 2018
Transforming the health workforce	<ol style="list-style-type: none"> 1. Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places. 2. Maximize women’s economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes. 3. Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential. 4. Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas. 5. Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems. 6. Ensure investment in the International Health Regulations core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings. 	<ol style="list-style-type: none"> A. Secure commitments, foster intersectoral engagement and develop an action plan B. Galvanize accountability, commitment and advocacy C. Advance health labour market data, analysis and tracking in all countries D. Accelerate investment in transformative education, skills and job creation E. Establish an international platform on health worker mobility
Enabling change	<ol style="list-style-type: none"> 7. Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers. 8. Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans. 9. Advance international recognition of health workers' qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants' rights. 10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action. 	

There is no one path to effective implementation of these recommendations and actions. But to be effective, the Commission’s recommendations must be driven by countries and be aligned and integrated with national and regional priorities and related agendas on health, social protection, employment and economic growth. Current and future trends and needs must be anticipated and taken into account, such as demographic changes and technological advancements.

All stakeholders have a critical role to play and must work together across sectors of education, health, labour, finance and foreign affairs to invest in and transform current health workforce models to be sustainable and fit-for-purpose. The proposed five-year action plan is a joint intersectoral program of

work across ILO, OECD and WHO that is critical to the effective implementation of the Commission's recommendations. With the goal of supporting and facilitating country-driven implementation, it sets out how the three agencies will support member States as they translate the Commission's recommendation into action, and as such the action plan is a good example of the type of collaborative partnerships required between national governments and international agencies for effective progress in the 2030 Agenda.

2. Translating recommendations into action: the five year ILO OECD WHO action plan 2017–21

The Commission's first immediate action requested ILO, OECD and WHO to convene all relevant stakeholders to agree on a five-year action plan for further consultation. In response, the ILO, OECD and WHO are organizing the High-Level Ministerial Meeting on Health Employment and Economic Growth on 14 and 15 December 2016, in Geneva, Switzerland.

The five-year action plan for 2017–21 is available below for consultation. The plan proposes the strategic approach and activities with which ILO, OECD and WHO can support and facilitate country-driven implementation of the Commission's recommendations, reinforce the implementation of the *Global Strategy on Human Resources for Health: Workforce 2030*, and concomitantly optimize the path for achieving the 2030 Agenda for Sustainable Development, including UHC.

The action plan does not prescribe the actions of countries or key stakeholders required to implement the Commission's recommendations. Rather, it describes how ILO, OECD and WHO will organize its support to respond to the anticipated needs of member States, employers' and workers' organizations and other key stakeholders and, where applicable and requested by member States, could provide technical assistance, capacity building and policy advice. Performance and progress would be assessed through the proposed qualitative and quantitative indicators, and will be further developed and refined through the consultative process.

This version of the five-year action plan also reflects the ideas, perspectives and proposals in over 40 submissions received in response to the ILO, OECD and WHO public online call for contributions (25 October – 11 November 2016). These submissions highlighted the breadth of stakeholders across sectors that are actively working towards adopting and implementing the Commission's recommendations at national and international levels. The contributions reinforced the key roles of the three agencies in providing technical assistance; evidence-based policy advice; normative and standards guidance; advocacy support; facilitating networking and coordination contributions from various stakeholders; expanding the evidence base and strengthening data and reporting; and facilitating investments and financing. The action plan will be coordinated and aligned with the work of other global initiatives and programmes as advised by the Commission, including those related to gender equality, youth employment, and decent work, amongst others.

3. Five-year action plan: objectives

1. To facilitate the implementation of multi-sectoral approaches and country-driven action that achieve the Commission's recommendations and immediate actions.
2. To catalyze and stimulate predictable and sustainable investments, institutional capacity building and policy action in the health workforce, with special consideration as requested by the Commission for priority countries where UHC and the Commission's recommendations are least likely to be attained.

4. Integrated approaches across recommendations and cross-cutting considerations

Interventions and investments must be coordinated across relevant sectors. Whilst the five-year action plan is organized to demonstrate how the ILO, OECD and WHO can respond to each recommendation,

achieving the proposed deliverables will necessitate sets of deliverables to be completed in tandem and in coordination with others.

There are important interconnections between recommendations that will be factored into the technical design and operational planning. Stimulating investments in creating decent health sector jobs (recommendation 1) must be connected to efforts to transform and scale-up education and lifelong learning (recommendation 3), take into account reforms in service delivery (recommendation 4), and be appropriately financed (recommendation 7). Social dialogue is an important foundation for effective labour market analysis, which are important to the development, implementation and financing of effective national health workforce strategies and investments (figure 1).

Country ownership, all-of-government approaches, social dialogue and outreach to other partners are essential foundations for implementation of the Commission’s recommendations. With this action plan - the ILO, OECD, WHO, together with other partners and global initiatives across the 2030 Agenda (for example, for quality education, youth employment, gender equality, sustainable business) - can support and facilitate country-driven action with support for institutional capacity building, policy advice, technical assistance, and support to align and leverage greater investments at international, regional and national financial levels.

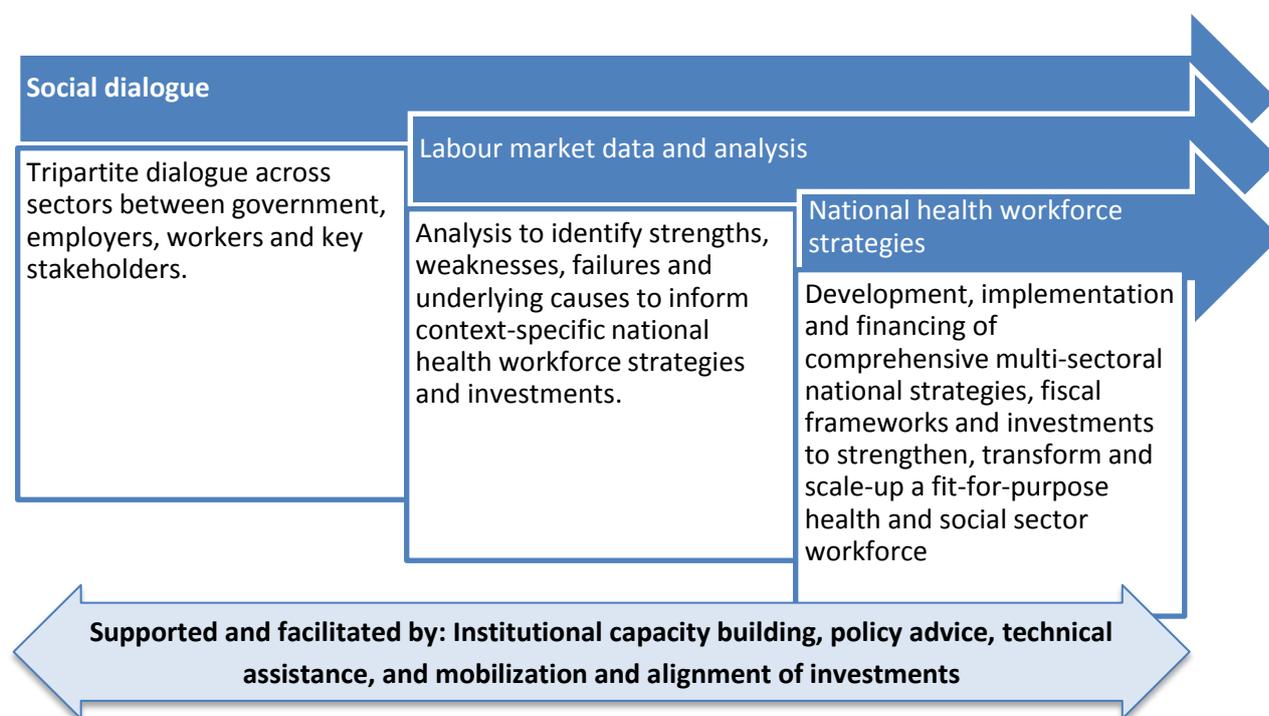
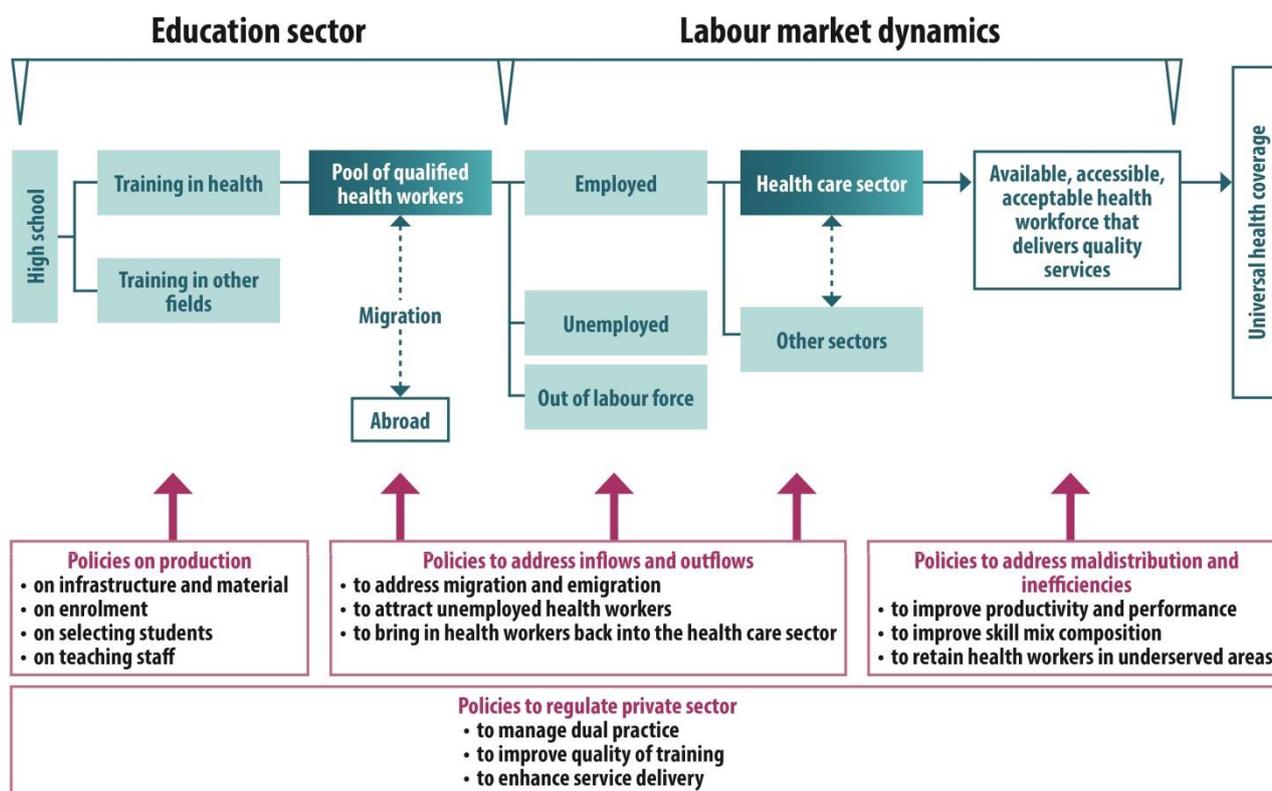


Figure 1. Key strategic phases of country-driven implementation

Key cross-cutting considerations that underpin ILO, OECD and WHO’s five-year action plan and approach include the following:

1. **Labour market approach:** Apply a labour market approach in health and social workforce analysis, action and investments; taking full consideration of the dynamics and drivers across sectors (figure 2).
2. **Coherence and coordinated action across sectors:** Coordinated intersectoral analysis, action and investments across education, health, social, labour, finance, and foreign affairs sectors are critical to effective progress. Policy coherence and alignment across sectors is also essential.
3. **Decent work:** Health and social workforce investments and interventions must strive towards ensuring decent work for all available and future jobs across the health economy and labour rights for all workers.

4. **Gender equality:** Mainstream gender equality as a cross-cutting goal in health and social workforce investments and actions. Including addressing gender inequalities in providing unpaid care in the absence of social protection and skilled care workers.
5. **Empower youth:** Maximize opportunities to improve the quality of education, education opportunities, human capital, decent work and career pathways for youth.
6. **Needs-based, fit-for-purpose health and social workforce:** Health and social workforce investments and actions must respond to the current and future needs of populations not only for universal health coverage, but also global health security. Policies should take into account demographic changes, technological changes, inequities in access to health and social services, and socio-economic transitions. The workforce should be geared towards the social determinants of health, health promotion, disease prevention, primary care and people-centered, integrated, community-based services; including all types of health and social workers and support workers.
7. **Maximize available opportunities:** Maximize and utilize existing opportunities and mechanisms across the agencies through available projects, collaborations, and initiatives to streamline efforts towards the implementation of the five-year action plan.
8. **Sustainability:** Advocate for and support the utilization of existing financing opportunities and sustainable financing strategies for health workforce investments, including general budget, progressive taxation, social health insurance, earmarked funds, private sector etc.
9. **Public health and protracted emergencies, and humanitarian settings:** Take special consideration of the specificities of the health labour market and challenges in the education and training of health workers, decent work, and the protection and security of health workers in public health, protracted emergencies and humanitarian settings; recognizing that these cannot be ignored whilst two thirds of maternal deaths and over half of under-5 deaths take place in settings of humanitarian crises.



Source: Sousa et al, 2013, Bulletin of the WHO.

Figure 2. Public policy levers to shape health labour markets

Key: Immediate actions to be initiated by March 2018

Deliverables derived from the Global Strategy on Human Resources for Health: Workforce 2030

Deliverables	Indicators and targets	Lead agencies	Partner agencies
A. Cross-cutting immediate actions (2017 - March 2018)			
1. Commitments and expressions of support by governing bodies of ILO, OECD, WHO, partner agencies and international decision-making forums secured.	Number of bodies and international decision-making forums that make commitments to implement the Commission's recommendations. <i>Target: xx</i>	WHO, ILO, OECD	
2. Recommendations of the Commission adopted in regional and national forums.	Number of regional and national forums that make commitments to implement the Commission's recommendations <i>Target: xx</i>	WHO, ILO, OECD	
3. Conclusions of the ILO Tripartite Sectoral Meeting on Improving Employment and Working Conditions in Health Services in April 2017 and the 4th Global Forum on Human Resources for Health in November 2017 support implementation of the Commission's recommendations.	Conclusions and statements made by key stakeholders express support for the implementation Commission's recommendations.	ILO, WHO	Global Health Workforce Network, OECD
Recommendations: 2017 - 2021			
1. Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places.			
1.1 Capacity of government, employers' associations and trade unions and other key stakeholders in the health and social sector strengthened to establish dialogue mechanisms and engage in social dialogue processes.	Number of countries with established social dialogue mechanisms in the health and social sector <i>Target: xx</i>	ILO	
1.2 Development of international, regional and national tripartite dialogue across health, education, finance and labour sectors supported as a step towards strengthening or producing national health workforce strategies.	Number of international, regional and national tripartite dialogues towards producing national health workforce strategies and investments. <i>Target: xx</i>	ILO	WHO, OECD

Deliverables	Indicators and targets	Lead agencies	Partner agencies
1.3 Labour market and fiscal space analysis supported and institutional capacity strengthened for the development of policy options to inform national health workforce strategies and investments.	Number of countries that have completed health labour market and fiscal space analysis. <i>Target: 20 priority countries</i>	WHO	ILO, OECD
1.4 Development and implementation of national health workforce strategies, medium-term fiscal frameworks and investments supported with technical assistance and institutional capacity building to ensure decent work and current and future sustainable health workforce.	Number of countries that have developed national health workforce strategies with decent work elements <i>Target: xx</i> Implementation status of national health workforce strategies. <i>Target: xx</i>	WHO	ILO, OECD
1.5 Alignment of domestic resources and official development assistance with national health workforce strategies and investments facilitated.	Health workforce expenditures as a proportion of total expenditure on health. <i>Target: 20 priority countries</i>	WHO	
2. Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes.			
2.1 Global policy guidance developed and regional and national initiatives accelerated to address gender biases and inequalities in education and the health labour market (e.g. increasing opportunities for formal education, transforming unpaid care and informal work into decent jobs, equal pay for work of equal value, decent working conditions and occupational safety and health, promoting employment free from harassment, discrimination and violence, equal representation in leadership positions, social protection/child care, elderly care).	Global policy guidance on addressing gender biases and inequalities in education and health labour markets. <i>Target: xx</i> Number of regional and national strategies on gender in education and health labour markets developed and resourced. <i>Target: xx</i>	ILO, WHO, OECD	
2.2 Policy development and implementation capacity to address gender biases and inequalities in education and the health labour market supported.	Number of countries that implement policies. <i>Target: 20 priority countries</i>	ILO, WHO	

Deliverables	Indicators and targets	Lead agencies	Partner agencies
3. Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential.			
3.1 Scale-up of education and lifelong learning and inter-sectoral coordination integrated in the development and implementation of health workforce strategies.	Number of countries with national health workforce strategies that integrate initiatives to scale up education and lifelong learning in the sector. <i>Target: xx</i>	WHO	ILO, OECD
3.2 Massive scale-up of socially accountable and transformative professional, technical and vocational education and training supported with technical assistance, institutional capacity building and financing.	Number of countries that have expanded the number of students enrolled in professional, technical and vocational education and training. <i>Target: 20 priority countries</i> Number of institutions strengthened to expand education and training provision. <i>Target: xx</i>	WHO	ILO
3.3 Professional, technical and vocational education, training and lifelong learning systems strengthened for priority health and social workforce cadres (including community-based health workers) to achieve integrated people-centered care.	Guidance on policy, regulation, financing and technology for professional, technical and vocational education, training and lifelong learning systems produced. Occupational standards and guidance produced (qualifications and curriculum frameworks). Assessment tools and evidence produced to strengthen education, training and life-long learning systems. <i>Target: xx</i>	WHO	ILO, OECD
3.4 Health workforce skills assessment tools developed and assessments of health labour markets supported and implemented to assess skills mix, shortages and mismatches to support greater alignment of skills with jobs and integrated people-centered care.	Skills assessment toolkit produced, and key policy options identified to address skill mismatch around anticipation of future health workforce. Number of countries that complete skills assessment, and produce and utilize policy papers to optimize health labour market skills.	OECD	ILO, WHO, Global Health Workforce Network

Deliverables	Indicators and targets	Lead agencies	Partner agencies
	<i>Target: xx</i>		
3.5 Platform for knowledge exchange, analysis and identification of policy options established to address skill mismatch and improve the alignment of skills of the health labour market to meet the SDGs.	Knowledge platform established.	Global Health Workforce Network, OECD, ILO	
4. Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centered primary and ambulatory care, paying special attention to underserved areas.			
4.1 Governance, regulation, accreditation and quality improvement mechanisms improved and supported with guidance and institutional capacity building to ensure safe, ethical, effective and people-centered practice that protects the public's interests and rights.	<p>Guidance for governance and quality improvement of health worker practice.</p> <p><i>Target: xx</i></p> <p>Number of countries supported to develop an enabling environment for diversified quality public services, whilst including integration of integrated people-centered models (e.g., the cooperative model)</p> <p><i>Target: xx</i></p>	WHO, ILO	
4.2 Guidance developed for provision of interprofessional education and organization of multidisciplinary care, including recommendations on skills mix and competencies to achieve integrated people-centered care.	<p>Guidance for provision or interprofessional education and organization of multidisciplinary care.</p> <p>Number of countries implementing above guidance.</p> <p><i>Target: xx</i></p>	WHO	OECD
4.3 Evidence and guidance developed on practices to ensure an adequate proportion of the workforce in primary health care appropriately distributed to underserved areas and marginalized groups (e.g., recruitment practices, education methods, professional development opportunities, incentive structures, etc.).	<p>Guidance on practices to ensure adequate proportion of workforce in primary health care</p> <p>Guidance on distribution, deployment and retention of health workers in underserved areas.</p>	WHO, ILO	OECD

Deliverables	Indicators and targets	Lead agencies	Partner agencies
5. Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems.			
5.1 Efficacy and efficiency of information and communication (ICT) tools with a target product profile that could enhance health worker education, people-centered health services and health information systems mapped and reviewed.	Evidence review of ICT tools published	WHO	
6. Ensure investment in the International Health Regulations core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings.			
6.1 Workforce strategies for International Health Regulations (IHR), emergency and disaster risk management and response capacity integrated into national health workforce and emergency strategies and supported.	<p>Occupational standards (competency frameworks) and skills guidance developed for IHR, emergency and disaster risk management and response.</p> <p>Monitoring and evaluation framework for IHR reviewed and revised to reflect the workforce requirements, security and occupational health and safety.</p> <p>Number of countries with IHR, emergency and disaster risk response capacity integrated into national health workforce and emergency strategies.</p> <p>Percentage of priority most vulnerable countries which have demonstrated progress in IHR critical core capacities for health emergencies and global health security. <i>Target: 20 priority countries</i></p>	WHO	ILO
6.2 Evidence and guidance on metrics, methodologies, practices, reporting and information systems that improve the security and protection of healthcare and health workers in all settings strengthened, including humanitarian and emergency settings.	<p>Data collection tools and methodologies produced on attacks and their consequences.</p> <p>Guidance on reporting and information systems on attacks on healthcare and health workers produced.</p>	WHO	

Deliverables	Indicators and targets	Lead agencies	Partner agencies
6.3 Capacities of high-risk countries to protect occupational health and safety of health and emergency aid workers strengthened.	Number of countries receiving technical support for protecting occupational health and safety in emergency preparedness and response. <i>Target: xx</i>	WHO	ILO
7. Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers.			
7.1 Development of national health workforce strategies and global, regional and national institutional financing reforms that identify and commit adequate budgetary resources for investments in transformative education, skills and job creation supported.	Number of countries with national health workforce strategies linked to national economic development strategies. <i>Target: xx</i>	WHO	ILO
7.2 Funding mechanism established and/or supported to expand sustainable financing for expanding and transforming health workforce.	Number of countries supported to establish funding mechanisms <i>Target: 20 priority countries</i>	WHO	ILO
7.3 Mechanisms to track the alignment of official development assistance (ODA) for education, employment, gender, health and skills development in health workforce investments.	Progress made on improving predictability and alignment of ODA for health workforce. <i>Target: xx</i>	WHO	OECD
7.4 Tools and methodologies to analyse health workers productivity, performance and wages reviewed and advanced.	Tools and methodologies for health workforce productivity, performance and wages reviewed and advanced. Number of countries supported to conduct wage studies. <i>Target: 15 countries</i>	WHO	ILO, OECD
8. Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans.			
8.1 Global Health Workforce Network established and	Establishment of a global health workforce network and strategic	WHO	ILO, OECD

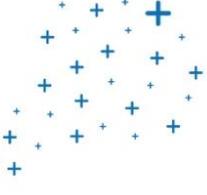
Deliverables	Indicators and targets	Lead agencies	Partner agencies
developed for effective coordination, alignment and accountability established for the global strategy on human resources for health and Commission's recommendations with international, regional and national stakeholders.	hubs <i>Target: 5 network hubs and platforms established on priority areas of action.</i>		
8.2 Intersectoral collaboration and coordination for the implementation of national health workforce strategies strengthened and capacity developed among relevant ministries (health, labour, education, finance, etc.), professional associations, labour unions, civil society, employers, the private sector, local government authorities, education and training providers and other constituencies.	Number of countries that have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda. <i>Target: xx countries</i>	ILO, WHO	
8.3 Global health initiatives aligned to contribute towards implementation of national health workforce strategies at institutional, organizational and individual levels, beyond disease-specific in-service training and incentives.	Number of bilateral and multilateral agencies signatory to the Global Compact reinforcing alignment to national health workforce strategies in line with national strategies. <i>Target: xx</i>	WHO	
9. Advance international recognition of health workers' qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants' rights.			
9.1 Platform established to maximize benefits from international health worker mobility through two pillars of work: i. Improved monitoring of labour mobility; building on the success of the OECD/WHO/Eurostat collaborative work and with a progressive international scale-up and implementation of the National Health Workforce Account; ii. Strengthen evidence analysis, knowledge exchange and	Data and analysis on labour mobility collected and published. Publish policy briefs and case studies on good practices published. Number of countries reporting data on labour mobility. <i>Target : xx</i>	OECD, WHO, ILO	

Deliverables	Indicators and targets	Lead agencies	Partner agencies
global public goods on mobility, resource transfers, good practices and policies.			
9.2 Implementation of existing instruments, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel and ILO Conventions on Migrant Workers, strengthened and supported; and policy dialogue facilitated for new innovations and voluntary commitments that maximize the mutuality of benefits informed by lessons from the Paris Agreement (COP21 mechanism).	<p>Number of countries reporting on the implementation of existing instruments.</p> <p>Global policy dialogue initiated towards voluntary commitments on maximizing the mutuality of benefits from the international mobility of health workers.</p>	ILO, OECD, WHO	
9.3 Management of health worker migration improved to ensure mutuality of benefits through institutional capacity building to governments, employers, workers and other relevant stakeholders in both countries of origin and destination.	<p>Number of countries supported to build institutional capacity to ensure mutuality of benefit from health workforce migration.</p> <p><i>Target: xx countries</i></p>	ILO, WHO	
10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.			
10.1 Annual health workforce monitoring, financing and accountability reports produced.	Annual report published on the global health labour market and progress against the Commission's recommendations.	WHO	ILO, OECD
10.2 National Health Workforce Accounts implementation and reporting supported and institutional capacity for implementation strengthened.	<p>Number of countries with health workforce registries, labour force surveys and other sources of information that can track health workforce stock, distribution, flows, demand, supply, capacity and remuneration.</p> <p><i>Target: xx countries</i></p> <p>Number of countries supported to build institutional capacity for labour market statistics and analysis.</p> <p><i>Target: xx countries</i></p>	WHO	ILO, OECD

Deliverables	Indicators and targets	Lead agencies	Partner agencies
	<p>Percentage of countries able to report gender disaggregated health workforce statistics. <i>Target: xx countries</i></p>		
<p>10.3 An interagency global data exchange and interactive dashboard on the health labour market with harmonized metrics and definitions is established and maintained.</p>	<p>Development and publication of harmonized interagency health labour market data definitions, core indicators and guidance on data sources and collection methodologies.</p> <p>Number of countries reporting data to the interagency global data exchange. <i>Target: xx countries</i></p>	WHO	ILO, OECD
<p>10.4 A health workforce research agenda established, research methodologies advanced, and evidence base expanded for decent work and effective health labour market interventions that optimize the socio-economic returns on health workforce investments.</p>	<p>Publication of a 2030 health workforce research agenda.</p> <p>Research evaluating the socio-economic returns (including gains in universal health coverage, quality education, gender equality, creation of decent work in the health economy) on health workforce investments supported. <i>Target: xx studies</i></p> <p>Progress on bibliometric indicators of research quantity and performance against the research agenda. <i>Target: 2017 baseline, 2021 evaluation</i></p>	WHO	ILO, OECD



High-Level Commission on
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