Youth Hub

Terms of reference

August 2018

Background

The year 2016 was a remarkable year to the Human resources for health agenda. It witnessed the adoption the Strategy on Human Resources for Health: Workforce 2030 and the adoption the Report of the High Level Commission on Health Employment and Economic Growth (the commission). That coincided with the adoption of the Sustainable Development Goals (SDGs), setting a clear goal to achieve better health and wellbeing for all by 2030, through delivering Universal Health Coverage (UHC).

The strategy, the commission and the 5-year action plan “Working for Health” created a body of policy guidance to strengthen health systems and deliver Universal Health Coverage through investments in human capital, and transforming and expanding the health and social care workforce.

The Fourth Global Forum on Human resources for health hosted for the first time ever the Inaugural Youth Forum on Human Resources for Health, in November 2017; the youth forum brought together leaders from all over the world, providing them with the opportunity to meet and build a network of change agents for better health and wellbeing.

The Youth forum brought together over one hundred prominent young women and men, students and early career professionals from 32 countries across 6 continents. The youth forum culminated with the launch of the Youth Call For Action on Human Resources for Health. The Call for Action is a commitment of youth to the human resources for health agenda to achieve

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better health for all and to support the path to Universal Health Coverage. It calls upon all relevant stakeholders from across health and social care and other sectors, spanning from local to global levels, to take the needed policy measures to expand and transform the workforce in health and social sectors, ensuring a sustainable fit-for-purpose health workforce, which meets the needs of the current and future generations.\(^4\)

In the Youth Call For Action, the signatories called upon the World Health Organization to establish a thematic WHO Hub on Youth within the Global Health Workforce Network (GHWN). The thematic WHO Hub on Youth to support the full implementation of the Global Strategy on Human Resources for Health: Workforce 2030 and the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth through capacity building, supporting the human resources for health agenda and aligning the advocacy efforts on national, regional and global levels. As an immediate response to the calls of Youth, WHO announced the establishment of the Youth Hub at GHWN.

**About GHWN\(^5\)**

The purpose of the WHO Global Health Workforce Network\(^6\) is to promote the implementation of the Global Strategy’s vision to: “Accelerate progress towards universal health coverage and the UN Sustainable Development Goals by ensuring equitable access to health workers within strengthened health systems through inter-sectoral engagement. In this regard, Network activities is aligned with the evolving work of another thematic network facilitated by WHO focused on health evidence, the Data Collaborative; the emerging governance arrangements for health systems strengthening and universal health coverage\(^1\); and the outcomes of the High-Level Commission on Health Employment and Economic Growth, launched by the United Nations Secretary General in March 2016.\(^2\)

**The Nexus between Youth Health Employment and Socioeconomic Development**

With 1.8 billion people between the ages of 10 and 24 living mostly in low- and middle- income countries, the world has more young people than ever before, creating unparalleled potential

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\(^5\) For more information please visit (http://www.who.int/hrh/network/en/)

for economic and social progress. This presents an unprecedented window of opportunity: a demographic dividend through youth.\(^7\)

Today the world is facing a twin crisis of high youth unemployment rates and a global shortage of health workforce skills and global youth unemployment estimated at 13% between 2012 and 2014. \(^8\) Youth employment remains a global challenge and a top policy concern with 71 million unemployed youth worldwide and 156 million young workers living in poverty. \(^9\) Two in five economically active young people are either underemployed or working but living in poverty. Growing youth vulnerability and marginalization not only undermines their potential, but could also fuel social instability. \(^2\) Investments in health workforce provide a golden opportunity to avert the rising youth unemployment, through creating decent jobs particularly for women and youth and closing the global shortfall in health workforce, in addition to contributing to social stability.

The High-Level Commission on Health Employment and Economic Growth was established by United Nations Secretary-General in 2016. Its task: to make recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers, primarily in low- and lower-middle- income countries, by 2030.\(^2\)

Health and social care sector is an excellent arena for social entrepreneurship, where youth not only seek and fill jobs but also create economic and employment opportunities, design models that provide better livelihoods and maximize public gains, and bring out the creative power of citizens to solve health problems through social business.

The purpose of transforming and expanding the Health Workforce of the future makes it clear that policy making must be inclusive to youth, their challenges and priorities. Youth must have a seat on the table, where their voice is meaningfully heard and acted upon in any policy dialogue aimed at achieving the 2030 agenda.

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\(^7\) United Nations Population Fund defines the demographic dividend as the economic growth potential that can result from shifts in a population’s age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older).


Rationale of the youth hub

The future workforce that will deliver UHC and achieve the SDGs will be a young workforce, probably younger than ever before. The commission sets 10 recommendations and immediate actions to transform and expand the workforce in health and social sectors. This goal will not be achieved except through serious investments in education and adopting youth inclusive policies. Health workforce planning and policy making must put the youth health workforce, their aspirations and challenges in the center taking a holistic labour market approach. In addition, youth must be represented in policy dialogues and their voice needs to be carefully heard and acted upon.

Youth is a dynamic demographic group, spanning generations. Effective youth inclusive policies have generational impacts, that will not only give quick fixes to the current health systems but rather provide sustainable and transformative change to the status quo.

Although education and health worker production are key policy directions, adequate attention to decent working conditions of the youth health workforce is essential for effective policy making to build the 2030 health workforce. The youth health workforce is facing particular additional challenges on top of the challenges faced by the further age groups, in addition to a magnified impact of the common challenges. The challenges include access to the labour market, low or nil remunerated contracts for training, insufficient supervision and training, bureaucratic red tape, study loans, gender biases, long working hours, violence at the workplace including gender based violence.

Many of the health workforce dropouts occur during the first years of practice. One study from the United States concluded that nearly 50 percent of doctors are experiencing burnout, and many of which consider leaving the doctor workforce for other professions, seeking a better work/life balance. Student dropout rates during medical studies are not less alarming. In the UK, more than 300 student doctors quit medical school due to stress and associated mental health problems. That constitutes nearly 5 % of the current capacity of the UK to produce doctors, in a country where 7 to 10 % of the doctor jobs are vacant and nearly 25% of its doctor workforce are foreigners.

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11 https://www.thetimes.co.uk/article/300-british-student-doctors-quit-university-each-year-7p8q697vz
In Europe, the age and gender structure of the health workforce is changing. Physicians are getting older, and nearly one out of three physicians is more than 55 years old. In addition, the population is ageing and the burden of noncommunicable diseases is increasing with heightened need for health and social care. This situation makes it clear that investments in health worker production and policies addressing decent working condition should be in the heart of any of the policy options under consideration.

Africa - the continent of youth - where 70% of the population is under 30 remains the continent of the lowest health worker density in the world, serious youth inclusive policies are needed for health worker production, especially to improve the working conditions, social accountability and livelihood of the health workforce. Game changing solutions are needed to ensure having a fit-for-purpose health workforce to achieve the 2030 targets.

**Vision**
Youth inclusive evidence based health workforce policy making to develop human capital aimed at delivering UHC and realizing the SDGS, achieving a demographic dividend through youth.

**What is the Youth hub?**
An intersectoral inter-professional community of practice hosted by the Global Health Workforce Network and the Health Workforce Department at WHO; concerned with youth employment in health and social care; and aimed at engaging youth at the table, working for youth and driven by youth to promote the human resource for health agenda on national, regional and global levels.

The Youth Hub builds on the momentum of the Inaugural Youth Forum on Human Resources for Health hosted at the Fourth Global Forum on HRH, Dublin, where it was launched by the Global Health Workforce Network in November 2017.

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The youth hub supports the full implementation of the Global Strategy on Human Resources for Health: Workforce 2030, the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth and the 5 Year Action Plan: Working for Health, through capacity building, supporting the human resources for health research agenda and aligning the advocacy efforts on national, regional and global levels.

What is Change that Youth Hub aim to bring?
In two years’ time the Youth Hub aims to induce the following change:

1. Youth are engaged in relevant policy dialogues and their priorities are being promoted across sectors nationally, regionally and globally.

2. Human resources for health mainstreamed strategically as an area of work within the institutional mandate of youth organizations

3. Students and early career professionals are aware of their labour rights and have the capacity to advocate and negotiate for them on the national, regional and global levels.

4. Youth are working together inter-professionally across sectors to address education and youth employment issues in the health and social sector.

5. Strengthened data and evidence on education and youth employment in health and social care and its connection to SDGs.

What are the objectives of the Youth Hub?

1- Create an inter-professional dialogue among the young professionals and student’s associations of the various professions of health and social care to foster inter-sectoral collaborative and integrated approaches tackling employment in health and social care, and inform the policy makers with the youth health workforce priorities and aspirations;

2- Promote and coordinate advocacy efforts and meaningful youth participation in the global, regional and national fora that intersect with the health workforce priorities; that includes those fora concerned with health, employment, decent work, economic
growth and human capital development; ensuring that youth health workforce have a seat at the table and their voice is carefully heard and acted upon;

3- Build the capacities and raise awareness of the youth health workforce on the human resources for health (HRH) challenges and HRH policy planning, to make sure they are aware of the best practices to be able to advocate for them and induce change within their circles of influence in the present time and the future, leading generational changes in health systems.

4- Lead a research agenda on the changing demography of health employment, with the purpose of understanding the extent of the existing literature, identify gaps and generate evidence through country level research in collaboration with the national, regional and global young professional and student organizations, and academic institutions and WHO collaborating centers.

**How to be a member?**

The hub membership is open to organizations and individuals behind the cause of transformation and expansion of the Health Workforce.

**Membership requirements and procedure**

- Write to workforce2030@who.int

N.B. The SC will communicate with prospect members to invite them to the subsequent meeting following filling the enrolment form.

- Commit to one of the hub activities

N.B. Following the first meeting the prospect member must commit to one or more of the hub deliverables.

- Sign the youth call for action

N.B. Applies only for organization. Optional.

- The steering committee has the right to reject the enrolment in consultation with WHO.
- The steering committee has the right to terminate the membership of one of the members in consultation with WHO.
Governance, Roles and Responsibilities

Chair
The Chair of the Hub is appointed by WHO, maintains the hub on daily bases. The chair liaises the connection of the hub members to the WHO and the Network. The Chair host the weekly meeting of the SC and the monthly meetings of the Hub. As a hub member, the chair contributes to one or more of the hub deliverables.

Steering committee members
The hub is run by a steering committee (SC) composed of members from the hub. It SC is diverse interprofessionally and inter-sectorally. It runs the work of the hub on daily bases, and convenes weekly. The SC chooses the activities and the leads and sets the timeline in collaboration with WHO. The SC membership is strictly for one year since the start of the term.

Hub members (HMs)
The hub membership is open to organizations and individuals behind the cause of transformation and expansion of the Health Workforce. The hub member organizations are invited to sign the youth call for action as the strategic document of the youth hub. The HMs commit to the agreed changes that the hub want to bring. HMs convene monthly, appoint a focal point that can be appointed for at least a year. For the Hub member organizations, membership will be open to further individuals at the respective organizations, allowing attending the monthly meetings and contributing to the deliverables. Membership to the hub is bound to contributing to the one or more of the hub deliverables. All contribution to delivered global public goods produced by the hub will be duly acknowledged.

Leads
Each of the hub deliverables is executed by a working group led by one of the hub members. The Leads are responsible about task distribution, meeting the timelines agreed, and regular reporting to the steering committee.

Working Groups
Working group is the mode of work of the Youth Hub. Each of the hub deliverables and related activities has a working group led or co-led by one of the hub members (leads). The working groups convene virtually as the need arise. The recommended frequency of meetings is to meet weekly. Working groups may decide to meet more or less frequently.

Annual Convention
The annual convention main objectives are to:

1- Ensure sustainability of the Youth Hub and its deliverables
2- Promote collaboration around the youth hub deliverables
3- Share experience and build capacity in areas of interest such as research and policy and the role of youth health workforce.

Proposed format
The convention runs throughout 2 working days. The morning session of the first day will be dedicated to the steering committee to review the work of the hub throughout the year that passed revisit the strategic plan and suggest relevant changes; as well as discuss with GHWN / WHO / partners how the work completed complements the rest of the strategy and how to move forward. In the morning session of each convention the Steering Committee approves the annual report that will be presented to GHWN / WHO / partners.

Representatives from Youth Organizations and individual hub members and interested youth are invited to attend the convention throughout the afternoon of the first day and the second day to present or participate in discussions about thematic work of the hub, using the format of the Inaugural Youth Forum as an exemplary format. In addition, trainings are delivered to individuals to enable them to carry out activities of the Youth Hub, and how to transition dialogue from global to regional levels. Speakers invited to the convention should come from a mix of Youth: students and early career professionals with remarkable achievements, leaders of students and early career professional associations and early career researchers and experts from diverse backgrounds from academia civil society, policy and international organizations. Following the success of the Inaugural Youth Forum the convention shall maintain geographical and gender balance.

Accountability
Each of the hub members has a clear commitment developed at the stage of establishing membership. Commitments can be upgraded or downgraded in coordination with the working group leads and the steering committee.

Commitments and evaluation of fulfillment is reported in the steering committee report to WHO/GHWN.