Expanding and transforming the health and social workforce for the Sustainable Development Goals
## TAKING ACTION: Working for Health

### Vision
A world where everyone has equal access to health and social care provided by a skilled and empowered workforce in strong health systems.

### Goals
To expand and transform the health and social workforce for universal health coverage and global health security.

### Agencies
The International Labour Organization (ILO), Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO).

### Sustainable Development Goals
- Good health and well-being (SDG3)
- Quality education (SDG4)
- Gender equality (SDG5)
- Decent work and economic growth (SDG8)

### Five-Year Action Plan
To support governments and stakeholders to implement the recommendations of the High-Level Commission on Health Employment and Economic Growth.

The health sector is about people. Without health workers there is no health care.
**Working for Health** was created in 2017 to assist countries to expand and transform the health and social workforce for the SDGs.

The programme tackles underinvestment and gaps in the health workforce that compromise efforts to stop the spread of disease outbreaks such as with the Ebola and Zika viruses and Avian Influenza.

It emphasizes the opportunities that a growing global health sector can offer by training the workforce, creating jobs and stimulating economic development, particularly for low- and middle-income countries.

The health and social sector has twice the employment growth rate of the rest of the economy. **40 million new health worker jobs can be created by 2030**, each supported by at least two additional jobs in other sectors, offering the potential to create more than 120 million new jobs.

However, most of this job growth will take place in wealthier countries, thereby intensifying migration flows of health workers from lower-income countries to fill the gaps.

The Working for Health programme is partnering with countries to address the 18 million health worker shortfall through the creation of decent jobs in health and social care and, through that, make significant progress toward SDG targets for health, education, gender equity and employment.

Equal access to quality health care and global health security depends on the availability of trained and capable health workers where they are most needed.
The health and social workforce is at the centre of the challenges countries face in meeting the SDGs. The unequal distribution of health workers globally and within countries is a barrier to achieving health equity, as health worker gaps affect the ability to reach the poorest populations. At least half of the world’s population does not have access to essential health services.

Meanwhile, one in three of the world’s working age people are either jobless or in vulnerable employment. Evidence shows that investments in education, skills and the creation of decent jobs in the health and social sectors can improve health and well-being in low-income countries and unleash socioeconomic gains in education, decent work, gender equality and inclusive economic growth.

An additional 2 percent of GDP investment in education, health and social services could increase overall employment rates between 2.4 and 6.1 percentage points.

Addressing the shortfall of 6 million health workers in Africa could boost current rates of job creation by 40 percent.

Actions that strengthen the health and social care workforce are investments, not costs.
Action Needed: A fit-for-purpose workforce

...with the right skills, in the right numbers and in the right places

The Need to Invest in the Workforce
Expanding and transforming the health and social workforce will require countries to make critical investments in job creation — supported with data, tools, social dialogue and evidence-based national health workforce strategies and action plans.

The Need for Gender Equity
While women contribute $3 trillion annually to global health, half of that is in the form of unpaid care work and gender pay gaps in the sector are much higher than average. Expanding the workforce offers tangible opportunities for decent work, gender equity and women’s economic empowerment.

The Need to Maximize the Benefits of Labour Mobility
Without interventions that equitably manage the mobility of labour in the health care sector, many low-income countries will see the migration of their health workers to countries with high demand, further undermining their already vulnerable health systems. Better managed labour mobility and international cooperation are needed to assure mutual benefits to all countries and the protection of migrant health worker rights.

The Need for Data and Evidence
Investment in the health workforce should be guided by analyses of the health labour market, the health economy and population needs. Health workforce data and evidence are vital for developing policy options, national health workforce strategies, financing reforms and investments.

7 out of 10 of the world’s health workers are women.

On average, 22 percent of doctors and 14 percent of nurses across OECD countries are foreign-born.
Working for Health Targets

By 2018, the Working for Health programme will establish...

An interagency global data exchange on the health labour market.

An international platform on health worker mobility.

By 2020, 20 countries will have

Mechanisms in place to coordinate an intersectoral health workforce agenda.

Enhanced national health workforce plans.

Progress on improving data through national health workforce accounts.

By 2021, 20 countries will have

Secured financing to implement national health workforce plans.
Working for Health in Action
Building the Rural Health Worker Pipeline in Guinea

Job creation expands health coverage by 50 percent

The 2014–15 Ebola outbreak in Guinea, which caused more than 2,500 deaths and spread to other countries, reflected the weakness of the country’s health system and most notably the critical shortage of health workers in rural areas where the disease was rampant. Guinea has only one-sixth of the health care workers it needs to meet SDG targets, with over half of them located in the capital city of Conakry. In response, Working for Health is supporting the government on a technical training and rural job creation programme that will produce and employ 10,000 community-based health workers. With the involvement of a broad range of ministries and partners, the Rural Health Worker Pipeline programme is now a national priority programme for rural economic development in Guinea.

Maximizing Benefits for the International Migration of Health Workers

Creating a platform on health worker mobility

To address the continuing migration of health workers, the Working for Health programme has established an International Platform on Health Worker Mobility. The platform will convene stakeholders in policy dialogue that will result in systematic, evidence-based and ethical responses to health worker mobility and migration. It will improve global data and information and assist source and destination countries to establish bilateral agreements, consistent with the WHO Global Code of Practice on the International Recruitment of Health Personnel and international labour migration standards.

The migration of doctors and nurses to OECD countries has increased by 60 percent over the past decade.
A Regional, Intersectoral Approach to Boosting Investment in Health Care Employment

The West African Economic and Monetary Union

With guidance, economic analyses and resource mobilization support from the Working for Health programme, the West African and Economic Monetary Union (UEMOA) became the first sub-regional economic group to engage in developing a multisectoral health workforce investment plan. A broad range of ministries — including health, labour and finance — from UEMOA's eight countries worked together on a policy response to UEMOA's existing criteria that capped spending on health employment in public budgets and thereby were an obstacle to development. The process culminated in the creation of eight national plans and a regional investment plan that enables countries to take action to expand and transform their health workforce. The Working for Health Programme will support a similar request from the Southern African Development Community (SADC) and the Asia Pacific Economic Cooperation (APEC) member states.

A Portal for Health Workforce Information

The Inter-Agency Data Exchange

Driving investment for the development of health workforce will require not only an enormous amount of current data, but also a way for stakeholders to easily access, understand, analyze and share it. Currently, while there is a multiplicity of available data and labour market information on the health and social workforce, the information is housed in different places and there is limited interoperability between platforms. Harnessing the combined amounts of data already housed at the ILO, WHO and OECD, the Working for Health programme is developing a health worker inter-agency data exchange in an open-access, real-time platform that will support countries in their efforts.

A groundbreaking initiative to bring a vast amount of relevant data into a mechanism for data exchange, so it can be studied and used to understand and advance health workforce development.
Get in on the Action

The Working for Health programme is already supporting requests from more than three dozen countries.

The Working for Health Multi-Partner Trust Fund

Accelerating investment in transformative education, skills and job creation in the health and social workforce

The Working for Health Multi-Partner Trust Fund (MPTF) will finance catalytic, coordinated policy advice, technical cooperation and capacity strengthening activities; including ways to build a fit-for-purpose health workforce to provide Universal Health Coverage, tackle Non-Communicable Diseases and ensure Global Health Security. Work within countries will be supported by engagement across regional economic areas and by facilitating global public goods.

Countries can formally request support from the Working for Health programme in writing.

The government of Norway has committed to supporting the MPTF as a way to finance investment in transformative education, skills and job creation in the global health care workforce.

The People’s Republic of China, through the China-UN Peace and Development Fund, has committed to invest in the Working for Health programme’s efforts to expand and transform the health workforces in Cambodia, Krygyzstan, Nepal and Sri Lanka.

For more information on how your government or organization can participate, either as a donor or recipient, email the programme at working4health@who.int.
Investments in skilled, trained and empowered health and social care workers are an urgent and essential requirement for countries to provide better health care and meet SDGs on health, employment, education and gender equality.

In September 2016, the United Nations Secretary General’s High-Level Commission on Health Employment and Economic Growth proposed 10 recommendations and five immediate actions to stimulate the creation of health and social sector jobs to support universal health coverage and advance inclusive economic growth. Following extensive consultations with Member States and other key stakeholders, the 70th World Health Assembly, OECD Health Committee and the 331st ILO Governing Body adopted the Five-Year ILO-OECD-WHO Action Plan on Health Employment and Inclusive Economic Growth in 2017. The Working for Health programme was established by the three agencies to assist countries in carrying out the plan.