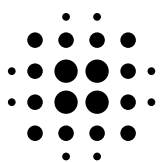


CALL TO ACTION: ADDRESSING THE 18 MILLION HEALTH WORKER SHORTFALL



Submissions received towards the first round of the online call to action from 17 April to 18 May 2019

Call to Action: Addressing the 18 million health worker shortfall

Submissions

Introduction

Investing in the health and social workforce is critical to the attainment of the health Sustainable Development Goals. Around eighty percent of the investment required to achieve universal health coverage by 2030 is for the education and employment of health personnel. However, the WHO projects a shortfall of 18 million health workers to accelerate universal health coverage by 2030, particularly in low- and lower-middle income countries.

Intersectoral action is needed. The failure of global, regional and national health labour markets requires governments and partners across education, employment, health, gender and youth to come together in search of solutions and to leverage investments in jobs. This investment will generate inclusive socio-economic development, particularly for women and youth, in addition to improvements in population health.

Call to Action Campaign

Recognizing the critical role that health worker organizations and youth play in the health labour market, the World Health Organization has launched a **call to action campaign** which aims to stimulate bold collaborative actions of healthcare professional associations and youth organizations with member states to implement ambitious solutions by 2023 to address the health workforce shortfall at country level.

Many contributions by key stakeholders were made through four consultations in 2016 and 2017 which informed the recommendations of the High-Level Commission on Health Employment and Economic Growth and the ILO-WHO-OECD Working for Health Five Year Action Plan. Furthermore, Member States have affirmed their commitment to address the issues facing the health workforce by adopting resolution WHA69.19 which endorsed the “Global Strategy on Human Resources for Health: Workforce 2030”. The call to action serves to accelerate progress towards the 2020 global milestones for the Global Strategy and build further momentum for country impact.

Contributions were open to everyone. A total of 43 complete submissions were received in response to the first round between 17 April – 18 May 2019. Contributors could submit individual or joint actions that have impact at country, regional or international level. Submissions of up to 750 words description of the action were accepted. This document presents 32 selected submissions from the first round, without editorial revisions and in the order in which they were received for contributors that provided permission to publish.

Disclaimer: Contributors who have submitted comments via this call have given consent to WHO to publish their submissions.

Submission 1

- **Organization(s):** Healthcare Information For All (HIFA), Multiple organisations in HIFA network.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
Paradigm shift in health systems policy towards health-worker-centred health care.
- **Action Description:**
People worldwide are receiving low-quality health care largely because the basic needs of frontline healthcare providers are not being met. HIFA describes these needs as SEISMIC. <http://www.hifa.org/about-hifa/hifa-universal-health-coverage-and-human-rights>.
- **Expected Outcomes:**
The basic needs of healthcare providers are explicitly described, and progress towards meeting those needs is measured as a key component of health systems policy.
- **Stakeholders:**
HIFA, WHO, professional associations, patients (HIFA involves more than 3000 organisations committed to improve quality of healthcare, especially in LMICs).
- **Time Frame:** 05/01/2019 - 04/30/2022
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Serving Population Needs: 01_01 Health worker density.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 2

- **Organization(s):** NextGenU.org and multiple collaborating and funding organizations, including CDC, Harvard, Org of Eastern Caribbean States, Stanford, and WHO.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
NextGenU.org is essentially the world's first free university (we're for credit, for free, unlike any other organization). Starting with a focus in the health sciences, our accredited courses are being used by over 6,500 registered users in 191 (of 193) UN Member States/Countries, and we are launching our ultimate outcome in September 2019: the first globally free degree, a Master's in Public Health.
- **Action Description:**
Courses span from college-level pre-health sciences and community health worker trainings, through public health graduate training, and a MedSchoolInABox (codeveloped with Stanford, U of Toronto, and U Central Florida) that includes Graduate Medical Education. This educational system is not a set of Massive Open Online Courses -- courses are competency-based, and include online knowledge transfer, a web-based global peer community of practice, skills-based mentorships, and a free certificate. Our accredited partners, North American universities that are outstanding in each particular course topic, give learners credit for this training (or institutions can adopt them and use them with their students), all for the first time ever cost-free, and also advertisement-free, barrier-free, and carbon-free. Founded in 2001, we globally launched our first full course in March 2012, with a dozen free, tested, and accredited health sciences courses currently offered at NextGenU.org. We will enroll our first residents (in Texas) in July 2020; we are developing these Preventive Medicine residencies with the American College of Preventive Medicine, CDC, European Lifestyle Medicine Organization, Institute of Lifestyle Medicine at Harvard, Stanford Medicine, WHO, and others to create the first globally-available Graduate Medical Education.
- **Expected Outcomes:**
We have tested and published on this free model in North American medical, public health, and undergraduate students, and in community health workers and primary care physicians in Kenya and in India, with as much knowledge gain and greater student satisfaction than with traditional courses, and the creation of a global community of practice.
- **Stakeholders:**
NextGenU.org has multiple stakeholders that has produced a sustainable business model. We have a \$16 million endowment (from the Annenberg Physician Training Program) that covers many core expenses, and receive additional grants and contracts to create, test, and disseminate trainings from governments (e.g., \$1.4 million from Grand Challenges Canada, US CDC), quasi-governmental organizations (e.g., NATO Science for Peace, WHO), universities, foundations, professional societies, and individuals.
- **Time Frame:** 01/01/2001 - 01/01/2199
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_01 Master list of accredited health workforce education and training institutions, 02_02 Duration of education and training, 02_03 Applications for education and training, 02_04 Ratio of admissions to available places in education and training, 02_05 Ratio of students to qualified educators for education and training, 02_06 Exit / drop-out rate from education and training programmes, 02_07 Graduation rate from education and training programmes,

03_01 Standards for the duration and content of education and training, 03_02 Accreditation mechanisms for education and training institutions and their programmes, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_05 Standards for social determinants of health, 03_06 Standards for interprofessional education, 03_07 Agreement on accreditation standards, 03_08 Continuing professional development, 03_09 In-service training, 04_01 Total expenditure on higher education, 04_02 Total expenditure on health workforce education, 04_03 Average tuition fee per student, 04_04 Investment in transformative education and training, 04_05 Expenditure per graduate on health workforce education, 04_06 Cost per graduate of specialist medical education programmes, 04_07 Cost of qualified educators per graduate, 04_08 Total expenditure on in-service training and continuing professional development.

- Labour Force: 08_01 Percentage of health workforce working in hospitals, 08_02 Percentage of health workforce working in residential long-term care facilities, 08_03 Percentage of health workforce working in ambulatory health care, 08_04 Specialist surgical workforce, 08_05 Family medicine practitioners, 08_06 Existence of advanced nursing roles, 08_07 Availability of human resources to implement the International Health Regulations, 08_08 Applied epidemiology training programme, 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_02 Central health workforce unit, 09_03 Health workforce planning processes, 09_04 Education plans aligned with national health plan, 09_05 Institutional models for assessing health care staffing needs, 10_03 HRHIS for reporting on skilled attendance at birth requirements, 10_04 HRHIS for reporting on outputs from education and training institutions, 10_05 HRHIS for tracking the number of entrants to the labour market.
- Serving Population Needs: 01_01 Health worker density, 01_02 Health worker density at subnational level, 01_03 Health worker distribution by age group, 01_04 Female health workforce, 01_05 Health worker distribution by facility ownership, 01_06 Health worker distribution by facility type, 01_07 Share of foreign-born health workers, 01_08 Share of foreign-trained health workers, 01_09 Share of workers across health and social sectors, 05_02 Replenishment rate from domestic efforts, 05_03 Entry rate for foreign health workers, 05_04 Voluntary exit rate from health labour market, 05_05 Involuntary exit rate from health labour market, 06_06 Health worker status in employment, 07_01 Total expenditure on health workforce, 07_02 Total official development assistance on health workforce, 07_03 Total expenditure on compensation of health workers, 07_04 Public expenditure on compensation of health workers, 07_07 Gender wage gap.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
 - All countries have established accreditation mechanisms for health training institutions.

- All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
- All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.
- All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 3

- **Organization(s):** PRIMAFAMED - Primary Care Family Medicine.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
By 2023: -the number of trained family physicians in the Primafamed-countries should be doubled; -there should be more national support for Family Medicine and Primary health care.
- **Action Description:**
Since 1997 the Primafamed-network supports development of Family Medicine in SSA through South-South cooperation. The evolution has been documented in the African Journal of Primary health care and family medicine: www.phcfm.org . The capacity building focuses on human resources (Family Physicians' training), research capacity and advocacy. Scaling up of capacity in order to achieve UHC and strong PHC is needed. Primafamed has been able to stimulate scaling up in the past and wants to help the countries in SSA (South-Africa, Botswana, Mozambique, Lesotho, Namibia, Zimbabwe, Zambia, DRC, Rwanda, Ghana, Ethiopia, Nigeria, Uganda, Kenya, Tanzania,...) to double the number of trained Family Physicians by 2023.
- **Expected Outcomes:**
A doubling of the number of trained Family Physicians by 2023, more support from local governments for Family Medicine training and an investment of 20 % of the resources of vertical disease oriented programs in strengthening primary care.
- **Stakeholders:**
The South-coordinators are: prof. R. Mash (Stellenbosch University), prof. Akye Essuman (University of Ghana), Dr. Innocent Besigye (Makerere University); the supporting North-team consists of Ghent University (B), University of Amsterdam (NL), University of Aarhus (DK) and University of Heidelberg (D).
- **Time Frame:** 06/30/2019 - 12/31/2023
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Labour Force: 08_03 Percentage of health workforce working in ambulatory health care, 08_05 Family medicine practitioners, 08_07 Availability of human resources to implement the International Health Regulations, 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_03 Health workforce planning processes, 09_04 Education plans aligned with national health plan, 09_05 Institutional models for assessing health care staffing needs, 10_04 HRHIS for reporting on outputs from education and training institutions, 10_06 HRHIS for tracking the number of active stock on the labour market, 10_07 HRHIS for tracking the number of exits from the labour market.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

- This action takes advantage of a long history, is embedded in multiple countries and based on University Departments of Family Medicine and PHC / Community Medicine in SSA.

Submission 4

- **Organization(s):** Training for Health Equity Network: THEnet, The Network: Towards Unity for Health & Student Network Organization, The African Forum for Research in Education and Health AFREhealth, Social Medicine Consortium, Réseau international francophone pour la responsabilité sociale en santé (RIFRESS), International Federation of Medical Students' Associations (IFMSA).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
 - Promote multi-sectoral planning and collaboration with social accountability as the conceptual framework for health system strengthening; to integrate education and training, research and service delivery throughout health systems with particular attention to the social, environmental and structural determinants of health.
 - Maximize the impact of investments in socially accountable education and training by promoting: a. service learning and training in primary care settings particularly in underserved regions; b. education and training that provides health workers with locally relevant competencies and skills that match the needs of populations; c. recruitment, academic advancement and support of community-based health practitioners as active faculty members d. increased recruitment and support of students from underrepresented populations groups, along with others deemed likely to choose to work in underserved regions; e. investment in recruitment, training and promotion of faculty across cadres to build competencies relevant to evolving health care needs of underserved populations; f. prevention, primary care and clinical generalism in education, training and models of care supported by technology; g. expanding health professionals' capacity to practice at the top of their education and training to accelerate implementation of needed policies and interventions; h. interprofessional collaboration as well as inclusive, supportive work environments free of discrimination and violence both in academic and clinical settings; i. innovative approaches and interventions to address social and environmental determinants of health and reduce inequities at educational institutions and in clinical and community settings; j. Transform cultural competency curricula into structural competency and social medicine curricula.
 - Increase the role of communities, patients and other stakeholders in designing integrated, effective, equity-oriented and people-centered education and health systems where public, private and academic sectors are being held accountable.
 - Increase research and evaluation of health outcomes and assess social, economic, and health returns on investment in health workforce education to increase evidence on how to reduce the shortfall and maldistribution of health workers as well as quality and equity of service delivery.
 - Expand the number of countries that strengthen competency and performance measurement through national accreditation systems that incorporate social accountability principles and standards.
- **Action Description:**

A growing body of evidence demonstrates that health workforce education must be reoriented towards socially accountable models optimized to increase the likelihood that graduates deploy and remain in underserved areas and have the right competencies to meet the health and social needs of their communities. Whether in high- or low-income countries, most education institutions successfully addressing needs in underserved regions employ similar educational and institutional strategies. These socially

accountable institutions adopt targeted student admission policies, curricula aligned with public health needs, and provide clinical training in primary care setting and underserved regions. They apply systems thinking approaches and work closely with local stakeholders to define current and future needs and strengthen health systems. Their programs are developed, implemented and evaluated in reciprocal partnerships with the communities they serve. Tracking their graduates throughout their careers and regularly assessing impact helps these institutions become people-centered learning organizations, which in turn empowers locally-owned programs and increases accountability. Their strategies include lifelong learning systems approaches such as outreach to support and career guidance for students from underserved communities to encourage them to join the health workforce, creating meaningful and sustainable career pathways, as well as training community leaders to become knowledgeable health advocates. Concurrently, evidence is emerging that Community Health Workers (CHW) as part of an integrated healthcare system are key actors for improving outcomes particularly in underserved populations. CHW evolving role within the healthcare team needs to move toward standardization, training and accreditation, and formal recognition. The WHO and UN High-Level Commission on Health Employment and Economic Growth recognized the need to transform education to achieve UHC. Building on the different strengths of our networks and organizations we believe that by collaborating we are more likely to support the transformation and alignment of education and service delivery to more effectively respond to infectious disease outbreaks, address rising rates of chronic diseases, and eliminate global health inequities. To that end: We call on Members States and health workforce institutions to:

- 1) Guarantee and support the right to health for all people.
2. develop, align and implement national education plans using social accountability principles for the health workforce that align with service delivery priorities
- 3) encourage and incentivize health workforce education institutions to become more socially accountable and address population needs, using models that maximize recruitment from and retention in underserved areas and communities;
- 4) invest in the infrastructure and strengthening of the provision of health services in rural and primary care settings where needs are the greatest including the incorporation of community health workers whose services are supported, supervised and integrated into the health system

We call on Development Partners to support:

- a. global and regional collaborations in health workforce education
- b. institutional capacity development and leadership in underserved regions lead by Global South stakeholders
- c. meaningful and actionable health workforce data collection including implementation research and social return on investments studies that incorporate metrics for community engagement and focus on impact on population health and equity

We as organizations will:

1. Ensure that likeminded interest groups including all signatories and WHO, PAHO, ANHER, Global Health Workforce Network and Beyond Flexner consult and coordinate timing and agenda of conferences related to health workforce development to minimize expenditures and maximize impact
2. Use those gatherings to convene global policymakers, thought leaders, educators, community advocates and practitioners to build consensus on policy recommendations and host global solutions challenges to share new knowledge and policy recommendations
3. Train global health leaders, faculty and institutional leaders on advocating for policy and system change and implementing strategies aligned with the evidence and policy recommendations
4. Foster use of meaningful, equity-oriented data collection tools and indicators that can be compared across contexts, institutions and cadres
5. Collaborate to strengthen the evidence base for social accountability health workforce education transformation. This includes generating and sharing new knowledge by researchers and practitioners through weekly expert symposiums; index

reviewed publishing, practitioner best practice publishing and across listserves and online communities of practice 6. Publish annual policy position papers that include both social impact and economic impact analyses of social accountability; population health; and interprofessional education 7. Collaborate on advocacy including through social media campaigns 8. Building on the WHO Global Strategy on Human Resources for Health: Workforce 2030, we will collaborate on supporting the standardization of the role of the Community Health Worker as part of the healthcare team including defining competencies, recommending formal training and accreditation standards, and making policy recommendations toward formal recognition.

- **Expected Outcomes:**

- Reduced fragmentation, increased efficiencies and enabling policy environment for increasing the number, quality and distribution of health workers through collaborative planning and implementation across sectors and ministries in collaboration with key stakeholders, including education and service providers and communities;
- Reduced brain drain from low and middle income countries and rural and remote regions to urban settings;
- Increased number of education and training institutions that are community-engaged, equity-oriented and socially accountable and that are intrinsically linked to service delivery;
- Increased number of graduates who are trained, supported and able to deliver needed services, build interprofessional and community partnerships, share power and decision making, and advance health equity;
- Resources maximized by reducing over-reliance on specialist and tertiary care supported by low-cost technologies;
- The number, capacity and quality of education institutions producing health workers willing to work where they are most needed, is increased by establishing evaluation and accreditation mechanisms that include social accountability as an element of the accreditation standards used at national or regional levels;
- Systematic, streamlined and actionable health workforce data collection, including graduate tracking, implementation research, evaluation, and assessment of social, economic, and health returns on investments in health workforce education to inform policy-making and investments.
- Increased number of community health workers who are qualified to work as a member of the health team defined through formal training and accreditation.

- **Stakeholders:**

Governments, academic and training institutions, service providers, accreditation and regulatory agencies, professional and youth associations, youth and community groups.

- **Time Frame:** 07/01/2019 to 06/30/2023

- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**

- Education: 03_02 Accreditation mechanisms for education and training institutions and their programmes, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_05 Standards for social determinants of health, 03_07 Agreement on accreditation standards, 04_04 Investment in transformative education and training.
- Labour Force: 08_01 Percentage of health workforce working in hospitals, 08_02 Percentage of health workforce working in residential long-term care facilities, 08_03 Percentage of health workforce working in ambulatory health care, 08_04 Specialist surgical workforce, 08_05 Family medicine practitioners, 08_07 Availability of human resources to implement the International Health

Regulations, 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_03 Health workforce planning processes, 09_04 Education plans aligned with national health plan, 10_04 HRHIS for reporting on outputs from education and training institutions, 10_05 HRHIS for tracking the number of entrants to the labour market, 10_06 HRHIS for tracking the number of active stock on the labour market.

- Serving Population Needs: 01_01 Health worker density, 01_02 Health worker density at subnational level, 01_03 Health worker distribution by age group, 01_04 Female health workforce, 01_05 Health worker distribution by facility ownership, 01_06 Health worker distribution by facility type, 01_07 Share of foreign-born health workers, 01_08 Share of foreign-trained health workers, 01_09 Share of workers across health and social sectors, 05_01 Graduates starting practice within one year.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have established accreditation mechanisms for health training institutions.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.

Submission 5

- **Organization(s):** Global Alliance for Musculoskeletal Health (G-MUSC), Australian Musculoskeletal Education Collaboration (AMSEC), World Spine Care (WSC), Arthritis and Musculoskeletal Health Alliance (ARMA), Global Spine Care Initiative (GSCI).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
 - Coordinate a Global MSK Education Network to develop and maintain an Online Education Hub for Musculoskeletal (MSK) Education and Training (Supports NHWA Module 3 – standards for IPE, continuing professional development, in-service training and upskilling).
 - Maximize the capabilities of existing workforce and train new workforce recruits to deliver person-centred and integrated MSK care (NHWA Module 1 – workforce distribution and utilization of existing workforce, Module 9 – aligning education plans with national health plans).
 - Support prevention, self-management and community-based best practice MSK Models of Care (Supports NHWA Module 8 – skill distribution, family medicine practitioners, advanced nursing skills).

- **Action Description:**

Title: Action plan to enhance musculoskeletal health workforce development and delivery of care.

Musculoskeletal (MSK) conditions: a major global burden of disease Musculoskeletal conditions comprise the greatest global burden of disease with respect to years lived with disability .[1] Arthritis, osteoporosis, spinal conditions, occupational, recreational injuries, and fragility fractures all cause disabling pain and reduced mobility, impacting people of all ages throughout the lifecourse. [1] This societal and economic burden for countries is increasing with the ageing population. Health systems for MSK conditions are currently poorly coordinated and many rely on limited and expensive specialist services as well as inadequately trained primary care services for ongoing MSK care and support. These conditions frequently co-exist with other NCDs and are often related to the same lifestyle determinants. They require person-centred interprofessional management, most of which can be accessed/screened and managed by non-specialist first contact providers (GPs, nurses, physiotherapists, chiropractors) with MSK care competency and skills, as has been demonstrated through initiatives in developing and developed countries [2,3]. Significant work has gone into identifying the inadequacy of the competencies of the current workforce to deal with this growing burden [4] and into developing competency and capability frameworks to support a fit for purpose workforce. Best practice MSK Models of Care also require interprofessional collaborative skills relevant to different levels of health workers and to different socio-economic settings. These models have been piloted in LMICs to increase capability at the first points of contact in health systems as exemplified by the World Spine Care program in Botswana [2]. Required MSK competencies have been described in the Australian Musculoskeletal Education Collaboration (AMSEC) competency framework on the Bone and Joint Decade Education Task Force's recommendations for graduating health professionals and are applicable to the existing workforce for continuing professional development. [5] The AMSEC framework facilitates MSK competency implementation into multiple health provider training programs, mitigating the differences typically seen in siloed educational programs and supports interprofessional education and future collaborative MSK practice. Plan G-MUSC, will utilize input from its broad network of stakeholders (educational institutions, professional associations, and patient/clinical organisations) to

create a global, web-based education network. An educational hub will be developed to support health care provider and patient/community education and training, bringing a common curriculum and competencies together, accessible across communities, professions and systems. The Hub will be structured to accommodate 4 levels of MSK health literacy/competency 1. Basic / screening level – a basic level for non-expert health workforce including community health workers 2. MSK specific problem first contact provider (nurses, allied health practitioners and GPs) 3. Community based MSK subspecialty units (MSK interested providers) 4. Expert level Specialists. The project will initially target the first 2 levels supporting the non MSK expert health workforce and first point of contact practitioners. It will initially focus on addressing the common, high burden conditions with goal of improving prevention, self-management and community-based care strategies where there is most potential for reducing burden of disease through increasing access to appropriate care by using an existing but upskilled workforce. The iterative educational database will be built on the basics of the AMSEC framework and integrate knowledge on best practice models of MSK and spine care [5, 6], established clinical guidelines, interprofessional collaboration competency frameworks [7], and examples of successful national approaches [3]. Particular attention will also be given to successful models being delivered in underserved communities. [2] This architecture will enable the site the flexibility for both vertical and horizontal integration into curricula providing educational content at multiple competency levels from patients/clients to specialist and across disciplines and professions. It will support the creation of country-specific health agenda planning and coordination of health workforce efforts to address the significant burden of MSK disorders in local jurisdictions. Online training and education modules will be developed with assessment and accreditation capabilities. While the online resources can provide and assess knowledge components for learning, support will also be provided for a blended-learning approach by utilizing the network to work with local clinical trainers/organisations/academic institutions to promote clinical and critical reasoning skills relevant to the local context. Educational resources will be comprised of existing quality sources and the development of new materials as required, ensuring consistency of information provided within and across cultural and language applications. Whilst the content will be freely available as part of Creative Commons License, future sustainability will be achieved through multiple funding options including G-MUSC member organisation funding and “good will”, government, industry and philanthropist funding, and service monetization through subscription and knowledge certification with funding from richer nations used to subsidize the poorer.

- **Expected Outcomes:**

- Creation of an on-line MSK education hub accessible to all stakeholders.
- Engagement of multiple, international stakeholders in a network to support hub content and management.
- Improved availability of health literacy resources for people with musculoskeletal conditions
- Accessible information/resources for communities and front-line health care workers about prevention and self-management approaches.
- Improved first contact health provider knowledge base on prevention, screening, assessment and management of MSK conditions within the context of collaborative, person-centred care.
- Shifting care of people with common MSK conditions to MSK competent primary care/community-based services.

- **Stakeholders:**

Patients and patient organizations Governments and Policy Makers Educational

institutions and training programs Health providers Professional Associations Academic program accreditation bodies Health profession regulators.

- **Time Frame:** 12/02/2019 - 12/29/2023
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 03_06 Standards for interprofessional education, 03_08 Continuing professional development, 03_09 In-service training.
 - Labour Force: 08_04 Specialist surgical workforce, 08_05 Family medicine practitioners, 08_06 Existence of advanced nursing roles, 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_03 Health workforce planning processes, 09_04 Education plans aligned with national health plan.
 - Serving Population Needs: 01_09 Share of workers across health and social sectors.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.

Submission 6

- **Organization(s):** World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (Wonca)
- **Country/Regional/International Impact:** It has an impact at international level
- **Main Objectives:**

One of the main barriers to health in rural areas is lack of workforce. This is so significant that some areas have no workforce. To address this Rural Wonca has with WHO developed a Checklist for implementing rural pathways to train and support health workers in low and middle income countries. The implementation of the pathway will ensure that rural areas have appropriate, sufficient and sustainable workforce to overcome the severe disadvantage that presently exists for rural areas across the world
- **Action Description:**

Although it is tempting to think that there is a single or simple answer to addressing the shortage of rural health professionals, experience across the world shows that the most sustained results are achieved by rural pathways which recruit, train and support health workers in rural communities. But when it comes to taking action there has been, until now, no practical framework which works as a comprehensive one stop guide. Existing material is commonly focused on one discipline or action, failing to address integrated activity to produce strong healthcare teams working at broad scope to address the needs of rural communities. The World Health Organization sponsored the Wonca Working Party on Rural Practice in collaboration with Monash University to develop an evidence-based Checklist specifically focused on low and middle income (LMIC) countries. Rural Wonca will collaborate with health professional bodies, governments and WHO to develop the pathway further, share exemplars and assist in implementing the pathway.
- **Expected Outcomes:** Improved, accessible, appropriate and sustainable health workforce in rural areas
- **Stakeholders:**

Health Professional organisations, governments, rural communities, WHO
- **Time Frame:** 11/01/2018 - 10/15/2019
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_02 Duration of education and training, 02_03 Applications for education and training, 02_04 Ratio of admissions to available places in education and training, 02_06 Exit / drop-out rate from education and training programmes, 02_07 Graduation rate from education and training programmes, 03_01 Standards for the duration and content of education and training, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_05 Standards for social determinants of health, 03_06 Standards for interprofessional education, 03_07 Agreement on accreditation standards, 03_08 Continuing professional development, 03_09 In-service training, 04_04 Investment in transformative education and training, 04_08 Total expenditure on in-service training and continuing professional development.
 - Labour Force: 08_01 Percentage of health workforce working in hospitals, 08_03 Percentage of health workforce working in ambulatory health care, 08_05 Family medicine practitioners, 08_06 Existence of advanced nursing roles, 08_07 Availability of human resources to implement the International Health Regulations, 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_03 Health workforce planning processes, 09_04 Education plans

aligned with national health plan, 09_05 Institutional models for assessing health care staffing needs.

- Serving Population Needs: 01_01 Health worker density, 01_02 Health worker density at subnational level, 01_03 Health worker distribution by age group, 01_06 Health worker distribution by facility type, 01_09 Share of workers across health and social sectors, 05_02 Replenishment rate from domestic efforts, 05_07 Vacancy rate, 06_03 Regulation on working hours and conditions, 06_06 Health worker status in employment, 06_08 Regulation on compulsory service, 07_01 Total expenditure on health workforce, 07_02 Total official development assistance on health workforce, 07_03 Total expenditure on compensation of health workers.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 7

- **Organization(s):** International society of Radiographers and Radiological Technologists ISRRT.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
Invest in both the expansion and transformation of the global health and social workforce.
- **Action Description:**
Call to Action: Invest in both the expansion and transformation of the global health and social workforce International Society of Radiographers and Radiological Technologists (ISRRT) 'Collaborate with ILO, WHO and OECD to ensure that ISCO-08 International Standard Classification of Occupations moves the Radiographers/Medical Radiation Technologists currently ranked at a Level 3 Technicians and Associate Professionals to a Level 2 Professional status to create economic growth and stability.' WHO's Five -year action plan for health employment and inclusive economic growth (2017-2021) has dismantled the long-held belief that investment in the health workforce is a drag on the economy. The Commission found that health workforce investments coupled with the right policy action unleashes enormous socioeconomic gains in quality education, gender equality, decent work, inclusive economic growth, and health and well-being. This report states that there is a need to invest in enabling change by promoting 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. In this report was the need to 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. The ISRRT therefore submits an action plan for the ISRRT to collaborate with the ILO, WHO and OECD to ensure that the ISCO-08 International Standard Classification of Occupations moves the Radiographers/Medical Radiation Technologist from Level 3 Technicians and Associate professionals to a Level 2 Professional status to create economic growth and stability. The ISRRT has worked with its stakeholders surveying its member societies and collected all evidence based supporting documentation and submitted to ISCO to support this change. You may ask why we need this change and what benefit this change will have on the short fall of health care worker by 2030. The entry level and prequalification to the Radiography profession is changing in line with the introduction of more sophisticated technology and complex procedures and radiopharmaceutical products requiring a highly skilled workforce. Upon qualification the Radiographer and Technologist ensures that the request for medical imaging is justified and that the radiation dose levels are appropriate. Radiographers performing imaging studies require a high level of basic knowledge following a bachelor's degree educational program. From an ISRRT survey of member societies we are finding that even developing countries have implemented four-year degrees to ensure the workforce has the appropriate education. The correct international classification is important because each country has to set up their national classifications which are often closely related to the ISCO grouping. An incorrect classification can have major consequences for the radiographers at the national level. It is important that for the new workforce generation that strategies are developed to implement this change to ensure the right skill set is established and that healthcare worker can go and work where the need is the greatest. The new workforce generation have higher expectation of their career paths and it makes sense to seek for professions

which combine responsibilities with their associated authorization. Coupled with the transformation and expansion of education, skills and decent job creation will contribute towards a sustainable health workforce, and in doing so, achieve socioeconomic dividends across Goals 3, 4, and 8. The ISRRT believes this plan fits into the Five-year action plan recommendation number one; 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 with the deliverable matching of 1.1, 1.4 and 1.5. The ISRRT also believes that his plan aligns well with recommendation number eight; 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 with the deliverable matching of 8.1 and 8.2. Finally the ISRRT believes that by collaborating for this changes as international stakeholder we will strengthen the ability of health care worker to move around in the workforce to meet the shortage in some countries using the recommendation number nine to 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 with deliverable matching of 9.1, 9.2 and 9.3.

- **Expected Outcomes:**
To ensure that the ISCO-08 International Standard Classification of Occupations moves the Radiographers/Medical Radiation Technologist from Level 3 Technicians and Associate professionals to a Level 2 Professional status to create economic growth and stability.
- **Stakeholders:**
ISRRT - ILO - WHO - OECD
- **Time Frame:** 06/01/2019 - 06/01/2019
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Labour Force: 09_04 Education plans aligned with national health plan
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
 - All countries have established accreditation mechanisms for health training institutions.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.

Submission 8

- **Organization(s):** International Society of Radiographers and Radiological Technologists ISRRT.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
Invest in both the expansion and transformation of the global health and social workforce.
- **Action Description:**
Call to Action: Invest in both the expansion and transformation of the global health and social workforce International Society of Radiographers and Radiological Technologists (ISRRT) 'Promotion of a Reformed Service Model for Radiography – Introduction of a Four Tier Educated Radiographer Profession' Advancements of medical imaging modalities including advancement in technology software, Artificial Intelligence, Hybrid Equipment and the demand for more diagnostic and interventional procedures and interventions are happening at a quick pace faster than the current education system can address. Introduction of various health public screening services such as breast screening requiring the use of mammography equipment and aortic aneurysm screening using diagnostic ultrasound equipment has put the demand for more skilled and suitably qualified radiographers/radiological technologists. Additionally, there is a strain in providing enough radiologists to read the ever-increasing number of images generated from the various imaging modalities available such as plain x-ray studies i.e. chest X-ray, general and obstetric ultrasound, CT, MRI, Hybrid studies i.e. PET-CT, Angiography procedures as well the many interventional procedures such as vascular stent insertion and other complex interventions requiring a high proportion of the radiologist time. Solutions are needed in many countries, especially in low-resource settings, to train radiographers in both basic radiography and in the more advanced radiological procedures. The diversity of radiographic practice, together with increasing service demand and the introduction of new technologies dictates that radiographers require constant updated education and training. With this comes the inclusion of new roles/positions to develop individuals to undertake specific tasks and activities that fill the gaps in service delivery due to shortages of trained staff including radiologists. This will not only benefit the patient but also address the need to develop career progression opportunities for the workforce. With new roles comes the need to develop/enhance education and training programs. With such heavy demand on both radiographers/technologists and radiologists a team approach is paramount which will incorporate new ways of working in order to deliver a timely and effective medical imaging service. The ISRRT therefore submits an action plan that it will encourage all its member organisations to adopt a Reformed Service Model for Radiography with the introduction of a Four-Tier Radiography Profession in their respective countries. Many middle-to-high income countries have/are employing a Four-Tiered Radiography staffing structure as part of major modernisation initiatives in imaging services. Such changes are supported by the establishment of a corresponding Four-tiered education system which has at its core the development of the relevant skills required for each staff group thus enabling them to undertake the specific roles and tasks required. Such training and education covers basic radiography to post graduate education up to Masters Level. Improvements in service delivery has been accomplished in such models with improvement in patient access and shorter waiting times linked to agreed pathways of care. This system could address the needs in low-to-middle-resource countries. 1. Assistant Radiographer An assistant practitioner performs protocol-limited clinical tasks usually under the direction and supervision of a registered practitioner or could work

unsupervised by defining the scope of practice. 2. Radiographer A practitioner autonomously performs a wide-ranging and complex clinical role; is accountable for his/her own actions and for the actions of those they supervise. 3. Advanced Radiographer An advanced practitioner, autonomous in clinical practice, defines the scope of practice of others and continuously develops clinical practice within a defined field. 4. Consultant Radiographer/Radiologic Assistant A consultant practitioner provides clinical leadership within a specialisation, bringing strategic direction, innovation and influence through practice, research and education. The advantage of this system allows for entry level Radiographers directly from school to have a qualification within a short period of training of approximately 2 years; and for those Radiographers wishing to continue training an opportunity for career progression to the position of Radiographer. It also addresses the shortage of Radiologists in many countries where the Advanced and Consultant Radiographers assisting with reporting on images, and other high-level tasks. The ISRRT believes this plan fits into the Five-year action plan deliverables i.e. recommendation number 3 i.e. Scale up transformative, high quality education and life-long learning so that all health workers have skills that match the health needs of populations etc. with the deliverables matching 3.1, 3.3 and 3.4. The ISRRT also believes that by promoting and implementing this initiative it will strengthen recommendation number four; 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 etc. with the deliverables matching 4.2 and 4.3.

- **Expected Outcomes:**
A Reformed Service Model for Radiography with the introduction of a Four-Tier Radiography Profession in their respective countries.
- **Stakeholders:**
ISRRT member societies
- **Time Frame:** 06/01/2019 - 06/01/2024
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_01 Master list of accredited health workforce education and training institutions, 02_02 Duration of education and training, 02_03 Applications for education and training, 02_04 Ratio of admissions to available places in education and training, 03_01 Standards for the duration and content of education and training, 03_07 Agreement on accreditation standards, 03_08 Continuing professional development.
 - Labour Force: 09_04 Education plans aligned with national health plan, 09_05 Institutional models for assessing health care staffing needs.
 - Serving Population Needs: 01_02 Health worker density at subnational level, 01_03 Health worker distribution by age group, 01_04 Female health workforce, 01_05 Health worker distribution by facility ownership, 01_08 Share of foreign-trained health workers, 05_01 Graduates starting practice within one year.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have established accreditation mechanisms for health training institutions.

Submission 9

- **Organization(s):** International Society of Radiographers and Radiological Technologists (ISRRT).
- **Country/Regional/International Impact:** It has an impact at international level
- **Main Objectives:**
Invest in both the expansion and transformation of the global health and social workforce.
- **Action Description:**
The ISRRT submits an action plan for the ISRRT organisation to collaborate with other stakeholders to promote to its over 85 member countries and over 500,000 members an international campaign explaining the importance to countries of the necessity for a defined basic level of education in math and science in high school to ensure the future workforce has the correct base line education knowledge needed to successfully enter the field as a radiographer/radiological technologist. There is a need for collaboration with international stakeholders to create an international campaign targeted at disseminating the basic educational needs required to invest in educational requirements necessary for training and employment in the health and social sector in order to achieve Universal Health Coverage and to produce inclusive economic growth, particularly for women and youth. According to the Bureau of Labour's Statistics, the employment of a radiographer is projected to grow 9 percent from 2014 to 2024, faster than the average for all occupations. As the population grows older, there will be an increase in medical conditions that require imaging as a tool for making diagnoses. This is actually a positive growth as some professions are not showing a projected growth. However, there is a need to ensure that the correct base line education is available to ensure the correct suitably trained health care work force will be available to meet this projected growth. In order to meet the sustainable goals, set with specific emphasis on 80% technology by 2025 a clear emphasis needs to be put on Education and specialization for high school student. Learners considering a career as a professional in Radiography need an agreed and determined basic level of education in biology, chemistry, math and physics. This need is universal both for developed as well as developing countries. The same base line education is needed in order to ensure success when exiting high school education and entering training for the field of radiography at graduate level. This campaign should also encourage countries to establish opportunities in the basic math and science areas for women. WHO's Five - year action plan for health employment and inclusive economic growth (2017-2021) has supported this concept to dismantle the long-held belief that investment in the health workforce is a drag on the economy. The commission found that health workforce stimulated 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 coupled with the right policy action will unleash enormous socioeconomic gains. The Commission report also described the key principles including Youth empowerment; with opportunities to improve the quality of education, education opportunities, human capital, decent work and career pathways for youth to maximise their opportunities. Young people and people from vulnerable and disadvantaged communities, including indigenous communities should be empowered. Therefore the ISRRT submits an action plan for the ISRRT organisation to collaborate with other stakeholders to promote to its over 85 member countries and over 500,000 members an international campaign explaining the importance to countries of the necessity for a defined basic level of education in math and science in high school to ensure the future workforce has the correct base line education knowledge needed to successfully enter the field as a

radiographer/radiological technologist . By educating our member societies we will contribute to the sustainable Development Goals; Ensure healthy lives and promote well-being for all at all ages (Goal 3); Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4); Achieve gender equality and empower all women and girls (Goal 5); and Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (Goal 8). The ISRRT believes this plan fits into the Five-year action plan recommendation number one; 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 with the deliverable matching of 1.1 and 1.4. The ISRRT believes this plan fits into the Five-year action plan deliverables i.e. recommendation number 3 i.e. Scale up transformative, high quality education and life-long learning so that all health workers have skills that match the health needs of populations etc. with the deliverables

- **Expected Outcomes:**

The ISRRT submits an action plan for the ISRRT organisation to collaborate with other stakeholders to promote to its over 85 member countries and over 500,000 members an international campaign explaining the importance to countries of the necessity for a defined basic level of education in math and science in high school to ensure the future workforce has the correct base line education knowledge needed to successfully enter the field as a radiographer/radiological technologist.

- **Stakeholders:**

ISRRT and Member Societies.

- **Time Frame:** 06/01/2019 - 12/30/2021

- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**

- Labour Force: 08_01 Percentage of health workforce working in hospitals

- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**

- All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

Submission 10

- **Organization(s):** International Society of Radiographers and Radiological Technologists (ISRRT).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:** Invest in both the expansion and transformation of the global health and social workforce.
- **Action Description:**
- The ISRRT submits an action plan for the ISRRT to collaborate with other stakeholders to promote the ISRRT E-learning platform and established distance learning education programs from within our members societies that could be used to teach basic information for radiography programs and speciality training on specific subjects which can be used to elevate health care workers skill set as part of their continuous professional development (CPD). The diversity of radiographic practice, together with increasing service demand and the introduction of new technologies dictates that radiographers require constant updated education and training. With this comes the inclusion of new roles/positions to develop individuals to undertake specific tasks and activities that fill the gaps in service delivery due to shortages of trained staff including radiologists. With new roles also comes the need to develop or enhance education and training programs. Another factor contributing for the need for CPD in the Public and Private sectors either using traditional or non-traditional platforms is the recent introduction of hybrid imaging systems, e.g. PET with CT, PET with MRI, SPECT CT. One effective way to facilitate health workforce CPD is to use innovative global distance learning programmes with already established programs for teaching basic programs or speciality training on specific subjects or skill sets needed in the radiographic profession. Some of this training can be done using traditional education frameworks and some using non-traditional education platforms. Many basic and some post graduate courses are already available through traditional and non-traditional platforms with the appropriate language needs to meet the local health care within a country. This may be achieved through a tertiary course that is already established or through a professional organisation that may also have education modules that can be used to train Radiographers and prepare the workforce needed for the future. This will decrease the overall cost for education in the profession and help achieve sustainable development goals ensuring inclusive and equitable quality education and promotion of lifelong learning opportunities for all (Goal 4) as well as promotion of sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (Goal 8). Also, by working with professional societies many distance learning education programs are available to elevate health care workers in specific areas of practice and in established languages. Therefore the ISRRT submits an action plan for the ISRRT to collaborate with other stakeholders to promote the ISRRT E-learning platform and established distance learning education programs from within our members societies that could be used to teach basic information for radiography programs and speciality training on specific subjects which can be used to elevate health care workers skill set as part of their continuous professional development (CPD). ISRRT has developed an e-learning platform which is a resource based on the knowledge and experience of practicing radiographers worldwide, representing best practice in radiology and combining traditional proven teaching models with state-of-the-art technology to facilitate CPD and professional knowledge. The content written and developed by expert radiographers/radiologic technologists is designed to support and enhance the learning of on the basics of radiation protection as well as advanced technology to reinforce, strengthen or maintain core knowledge in our profession. This is ready to be launch later

this year. The ISRRT believes this plan fits into the Five-year action plan recommendation number three; scale up transformative, high quality education and life-long learning so that all health workers have skills that match the health needs of populations and can work to their full potential with the deliverable matching of 3.1,3.2,3.2 and 3.4. The ISRRT also believes that this plan will initiate and support the recommendations number four; 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 with deliverable matching of in 4.2 and 4.3 ensuring guidance development on practice and multidisciplinary care is introduced to achieve people centered care.

- **Expected Outcomes:**

The ISRRT submits an action plan for the ISRRT to collaborate with other stakeholders to promote the ISRRT E-learning platform and established distance learning education programs from within our members societies that could be used to teach basic information for radiography programs and speciality training on specific subjects which can be used to elevate health care workers skill set as part of their continuous professional development (CPD).

- **Stakeholders:**

ISRRT member Societies and Associated Educational institutions

- **Time Frame:** 11/01/2019 - 01/31/2022

- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**

- Education: 02_02 Duration of education and training

- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**

- All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

Submission 11

- **Organization(s):** Corvus Health, Gertrude's Children's Hospital, Honoris United Universities.
- **Country/Regional/International Impact:** African Region.
- **Main Objectives:**
 - Set up and maintain quality PGE programs across Africa and Kenya
 - Improve the skills of physicians, specialists and nurses
- **Action Description:**

Developing countries today face a shortage of quality postgraduate education for physicians and nurses. Due to the rise in non-communicable diseases, these countries need a constant flow of trained specialty physicians and specialty nurses at the tertiary care level to supplement their primary care systems. Corvus Health is partnering with Gertrude's Children's Hospital, the only children's hospital in East Africa (population 500 million) to improve the quality of their existing PGE programs and to set up new PGE programs for physicians and nurses. Corvus Health helped Honoris United Universities set up a world-class simulation centre at Tunis to serve as an affordable regional location for state-of-the-art skills training for health professionals. We will work with Honoris to help the sim center receive accreditation and to expand its PGE offerings. Since access to patients is a challenge in PGE, the sim centre will enable students to practice skills needed for complex procedures.
- **Expected Outcomes:**
 - Increase in the quality of existing PGE programs in Kenya and regionally
 - Increase in the number of PGE programs in Kenya and regionally
 - Increase in the number and availability of qualified specialty physicians and specialty nurses at the tertiary care level in Kenya and regionally
- **Stakeholders:**

Corvus Health, Gertrude's Children's Hospital, Honoris United Universities, national governments and regulators
- **Time Frame:** 06/01/2019 - 12/31/2022
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_07 Graduation rate from education and training programmes
 - Labour Force: 08_04 Specialist surgical workforce, 08_05 Family medicine practitioners, 08_06 Existence of advanced nursing roles, 09_04 Education plans aligned with national health plan
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 12

- **Organization(s):** Corvus Health (CH), Honoris United Universities, University of South Dakota (USD), Gertrude's Children's Hospital.
- **Country/Regional/International Impact:** African Region.
- **Main Objectives:**
Create world-class skilled HRH and management professionals at local costs Improve the quality of healthcare management training available in the African region.
- **Action Description:**
TITLE: Increasing/Expanding access to healthcare management training.
Developing countries face a shortage of qualified HRH and health systems/management professionals, largely due to the dearth of affordable training programs in the region. Corvus Health is thus partnering with Honoris United University and the University of South Dakota to provide a world-class online MBA to international students in an affordable manner. It is estimated that increased local access to such training will increase admissions to HRH programs and thus increase the number of HRH professionals and the number of health systems/health facility management professionals. We are also working with Gertrude's children hospital in Kenya to provide affordable leadership development training to new and existing managers, to enable them to support their teams to provide more efficient patient care.
- **Expected Outcomes:**
Increase in the number of health management training programs in the African region & Kenya
Increase in number of practitioners and health workers with management & leadership skills in the African region & Kenya.
- **Stakeholders:**
Increase in the number of health management training programs in the African region & Kenya
Increase in number of practitioners and health workers with management & leadership skills in the African region & Kenya.
- **Time Frame:** 11/01/2019 - 12/31/2022
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_03 Applications for education and training, 02_04 Ratio of admissions to available places in education and training, 03_08 Continuing professional development, 03_09 In-service training
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have established accreditation mechanisms for health training institutions.

Submission 13

- **Name/Position:** Dr Kate Tulenko, CEO of Corvus Health.
- **Organization(s):** Corvus Health (CH), Amrita Institute of Medical Sciences (AIMS), Strathmore University, Society for Human Resource Management.
- **Country/Regional/International Impact:** Kenya, India.
- **Main Objectives:**
Interest & engage students in the field of HRH Obtain an out-of-box perspective to current HRH challenges Generate innovative ideas and possible implementation plans for India and Kenya.
- **Action Description:**
Title: HRH innovation contest with future HRH professionals
Students studying in fields relevant to HRH such as healthcare/HR/management professions will be encouraged to take part in a competition that teaches them about the current state of HRH in their countries and the world. They will then debate about current and future challenges and compete to come up with innovative solutions to national and global HRH problems. Extra points will be awarded if they develop plans for implementation in their own countries. Students will be rewarded with cash prizes as well opportunities for internships. In many developing countries, no HRH training programs exist, and those that exist do not have sufficient admissions. This initiative will also generate interest in the field of HRH among students. As relevant, we will also work to engage central govt HRH units in this initiative.
- **Expected Outcomes:**
Innovative solutions to current and future global HRH challenges Effective implementation plans for India and Kenya.
- **Stakeholders:**
Corvus Health, Amrita Institute of Medical Sciences, Strathmore University, Society for Human Resource Management.
- **Time Frame:** 11/01/2019 - 12/31/2022.
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 03_08 Continuing professional development, 03_09 In-service training.
 - Labour Force: 09_02 Central health workforce unit, 09_03 Health workforce planning processes.
 - Serving Population Needs: 05_01 Graduates starting practice within one year.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

Submission 14

- **Organization(s):** GlobalMentalHealth@Harvard, 7 Cups Foundation.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**

EMPOWER is a collaboration between GlobalMentalHealth@Harvard and the 7 Cups Foundation. Our goal is to deploy a digital platform for building the world's mental health care workforce. We are developing digital tools to ensure that this workforce has the clinical skills and competencies to deliver brief science-based psychological treatments for mental health problems. The goals of this initiative are aligned with the recommendations of the recent Lancet Commission on Global Mental Health and Sustainable Development (2018): "to exponentially increase access to quality, cutting-edge psychological therapies for mood, anxiety, trauma related and substance use disorders globally".
- **Action Description:**

Empower: building the world's mental health workforce

Psychological treatments are proven to be potent interventions for common mental health and substance use problems. Yet, despite this evidence and patient preference for psychological treatments, there is virtually 0% coverage in most of the world's population. Failure to deliver psychological treatments represents the single biggest challenge in global mental health. The barriers to delivering these treatments are related to the content of the therapies, the supply of providers, and the cost of training. Most psychological treatments are complex packages, with multiple variants for each mental disorder, requiring extensive learning and supervision to deliver. There is a massive shortage and an inequitable distribution of skilled providers ("therapists") in all countries. Currently, programs delivering psychosocial interventions via community health workers rely on long, face-to-face trainings and supervision by experts. Highly trained providers are costly and time-intensive to train and, because they typically work in mental health care settings, difficult and expensive to access. However, recent innovations have created a unique opportunity to overcome these barriers. Research has shown that specific psychological therapy components (or 'elements') are effective in helping people with mood, anxiety, trauma related and alcohol related mental health problems recover. There are a range of treatments based on these elements that non-specialists can be trained to deliver effectively. Non-specialist providers have been found to be acceptable to consumers, achieve recovery rates comparable to specialist care models, and are excellent value for money. In addition, peer supervision is just as effective as supervision by experts. Most importantly, digital technologies can help scale training at lower cost, offering new opportunities to support the scale up of these treatments. It has been shown that digital training to learn and deliver psychological treatments is just as effective as face to face training approaches. Digital platforms can also be used to track remotely and in real time the effects of training on patient outcomes, and to support providers through access to supervision and real-time assistance. This is why we are developing EMPOWER: an open-access, comprehensive, and connected digital training platform for learning, mastering, and delivering quality-assured psychological therapies.
- **Expected Outcomes:**

Within two years, the EMPOWER team will develop digital training programs for four treatments: anxiety, depression, alcohol abuse and trauma, as well as develop and validate tools for assessment of clinical competencies of the providers. Our goal is to achieve clinical competency of 1000 providers in this phase. In the years following, EMPOWER will expand the range of treatment and conditions, create a bridge to

patient-facing digital apps, and personalize training strategies for learners. We will expand to 1 million providers supporting over 5 million patients.

- **Stakeholders:**

EMPOWER is a collaboration between the 7 Cups Foundation and GlobalMentalHealth@Harvard. 7 Cups will design and build the digital platform using its expertise in app-based training of psychosocial therapies. The 7 Cups platform has helped ~40 million people in 189 countries, in 140 languages, with their online listening service, and has already developed several of the functionalities key to the Empower platform. GlobalMentalHealth@Harvard is an initiative of Harvard University seeking to transform mental health globally through education, research, innovation and engagement. They will provide academic oversight to inform the content of the platform, assessments of clinical skills and competency, quality, and impact of the training on provider and patient outcomes. The initiative is guided by a panel of the world's leading psychological treatment scientists and engages a research design group to standardize the methodology for digitizing curricula and competency assessments. Beyond the key collaborators (GlobalMentalHealth@Harvard and 7 Cups Foundation), EMPOWER will partner with governments, Ministries of Health, NGOs, and other organizations to train their workforce. For example, we have discussed possible partnerships with Sangath (a mental health NGO in India that works with community mental health workers), ThriveNYC (an initiative to implement a comprehensive mental health plan for New York City), the Ministry of Health of Jamaica and JAMPRO (the Jamaica Promotions Corporation), Medecins Sans Frontieres (an international humanitarian medical organization), BRAC (an international NGO based in Bangladesh), and colleagues in Nairobi, Kenya.

- **Time Frame:** 09/01/2019 - 09/01/2023

- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**

- Education: 02_02 Duration of education and training, 03_01 Standards for the duration and content of education and training, 04_04 Investment in transformative education and training.
- Labour Force: 08_07 Availability of human resources to implement the International Health Regulations.
- Serving Population Needs: 01_01 Health worker density, 01_02 Health worker density at subnational level.

- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**

- All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 15

- **Organization(s):** USAID, UNFPA.
- **Country/Regional/International Impact:** Multiple countries which have trained providers of Family planning.
- **Main Objectives:**
To provide an online resource of training tools to be used by trainers of family planning.
- **Action Description:**
The Family Planning Training Resource Package (TRP) is found at fptraining.org. It contains training materials (session plans, facilitators guides, powerpoints, case studies, role plays, handouts, evaluation tools and references on various modules on contraceptive methods and programmatic issues. These are freely downloadable for use or adaptation. Though presently only the English version is updated, the French version is being updated and the Spanish version is being prepared.
- **Expected Outcomes:**
Different cadres of health providers of family planning would be using standardized evidence based training materials on family planning (based on WHO guidelines and tools) to establish a well informed workforce of providers.
- **Stakeholders:**
Ministries of health and of education, academe, professional organizations, lay groups
- **Time Frame:** 05/15/2019 - 12/31/2020
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_02 Duration of education and training, 03_01 Standards for the duration and content of education and training, 03_06 Standards for interprofessional education, 03_07 Agreement on accreditation standards, 03_08 Continuing professional development, 03_09 In-service training.
 - Serving population needs: 01_01 Health worker density, 01_02 Health worker density at subnational level, 01_05 Health worker distribution by facility ownership, 01_06 Health worker distribution by facility type.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 16

- **Organization(s):** WHO through the HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction).
- **Country/Regional/International Impact:** Zambia, Zimbabwe, Kenya, Mozambique, Malawi, Tanzania, Cote D'Ivoire, Ghana , Guinea, Cameroon
- **Main Objectives:**
Assess the prevalence of curable sexually transmitted infections within general populations and pregnant women.
- **Action Description:**
Sexually transmitted infections (STI) are the most common communicable conditions yet services and surveillance are critically underfunded and under prioritized. STIs in pregnant women cause adverse birth outcomes due to vertical transmission. This proposal aims to provide support to countries to conduct STI prevalence surveys among pregnant women and to model estimates of syphilis gonorrhea and chlamydia among general and high risk populations in these countries.
Expected Outcomes:
Advocacy messaging for improved STI service delivery within a UHC framework
- **Stakeholders:**
WHO, Avenir Health
- **Time Frame:** 09/01/2019 - 09/30/2021
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
Serving population needs: 01_02 Health worker density at subnational level
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

Submission 17

- **Organization(s):** International Pharmaceutical Federation (FIP).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objective:**
Achieve transformation in academia and educational provision for pharmacy through the Curriculum Transformation Guide on LMICs by 2023.
- **Action Description:**
FIP is supporting the transformation of the both the content and the delivery of the pharmaceutical education. Through its wide network of pharmacy educators (700+), pharmacy schools (170) and various education stakeholders all around the world, FIP is utilizing its wealth of tools and resources (e.g. FIP Nanjing Report) that are aligned with major global health policies. In 2020, FIP will launch a global needs analysis survey to its member to identify the needs and priorities around the world on pharmacy education. The results of this survey will help FIP understand which FIP tools and resources can be used to solve which challenges through national, regional and international partnerships (e.g. accreditation, lack of academic capacity, utilization of technology in education), especially in LMICs. FIP is currently piloting this strategy through FIP-UNESCO UNITWIN Center for Excellence in Africa, a regional network of pharmacy schools from Uganda, Nigeria, Malawi, Zambia, Ghana, Kenya and Namibia. FIP utilized its resources and conducted a comprehensive survey to pharmacy schools from this countries, which will be launched as "Pharmacy Education in Africa: Policy Report" by the end of 2019, an evidence-based policy tool to draw attention to key issues in pharmacy Education in Africa, and engage with key decision makers on pharmacy education in the region. FIP is an official partner in the SPHEIR (Strategic Partnerships for Higher Education Innovation and Reform) Kenya-Nottingham Partnership Project, funded by UKAid. The project aims to reinvigorate the outdated pharmacy curriculum in Kenyan pharmacy schools and develop a competency based curriculum to meet the healthcare needs of the country. FIP is bringing its experience, tools, resources and expertise through FIP-UNESCO UNITWIN Center for Excellence in Africa, and support the development and delivery of the curriculum by September-2021. FIP will initiate development of a "Curriculum Transformation Guide" with the learnings from this project to support its network of pharmacy educators in 2020.
- **Expected Outcomes:**
By 2023, selected 30 pharmacy schools from LMICs, based on the identified needs with the FIP survey, to enrolled into a the curriculum transformation programme by using the guide.
- **Stakeholders:**
Professional associations, educators, practitioners, students, regulators
- **Time Frame:** 10/01/2019 - 12/31/2020
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_03 Applications for education and training, 02_04 Ratio of admissions to available places in education and training, 02_05 Ratio of students to qualified educators for education and training, 02_06 Exit / drop-out rate from education and training programmes, 02_07 Graduation rate from education and training programmes, 03_01 Standards for the duration and content of education and training, 03_02 Accreditation mechanisms for education and training institutions and their programmes, 03_03 Standards for social accountability,

03_06 Standards for interprofessional education, 04_03 Average tuition fee per student, 04_04 Investment in transformative education and training.

- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have established accreditation mechanisms for health training institutions.

Submission 18

- **Name/Position:** Ms Zuzana Kusynova, Lead for Policy, Practice and Compliance in the International Pharmaceutical Federation (FIP).
- **Organization(s):** International Pharmaceutical Federation (FIP).
- **Country/Regional/International Impact:** It has an impact at international level
- **Main Objectives:**
To establish and maintain a master list of accredited pharmacy schools.
- **Action Description:**
FIP has taken on the initiative of compiling the most comprehensive World List of Pharmacy Schools. The FIP World List of Pharmacy Schools is the most extensive and up-to-date list available and is regularly updated and reviewed by those listed, providing the latest contact information. This list will act as a tool to outline the accredited institutions that provide pharmacy education.
- **Expected Outcomes:**
An up to date master list of pharmacy schools in the world.
- **Stakeholders:**
Pharmacy schools, pharmacy educators, accreditations bodies, national professional associations.
- **Time Frame:** 05/15/2019 - 12/31/2022
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_01 Master list of accredited health workforce education and training institutions, 02_03 Applications for education and training.
 - Labour Force: 09_03 Health workforce planning processes.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 19

- **Organization(s):** International Pharmaceutical Federation (FIP).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**

FIP has developed a Workforce Transformation Programme (WTP) to drive transformation of the pharmacy workforce worldwide. The vision for WTP's for every country is to have a needs-based, national strategy and action plan for pharmaceutical workforce development. The FIP WTP directly supports the implementation of the WHO Global Strategy on Human Resources for Health - Workforce 2030 - with a meaningful and targeted approach to the pharmacy workforce. WTP contributes to the HRH Global Milestones 2030: • All countries to have inclusive institutional mechanisms in place to coordinate an intersectoral health (pharmacy) workforce agenda; • All countries to have a human resources for health (pharmacy) unit with responsibility for development and monitoring of policies and plans; • All countries to be making progress on health workforce (pharmacy) registries to track pharmacy workforce stock, education, distribution, flows, demand, capacity and remuneration. The WTP principal objectives are to: • Assist WHO member states in assessing their pharmacy workforce needs and priorities in alignment with national, regional and international health workforce strategies; • Support WHO member states in developing needs-based national workforce strategies and infrastructure to deliver quality health services to progress the universal health coverage and the sustainable development agenda; • Provide co-created solutions, tools, mechanisms and resources for implementation to address workforce capacity building needs, shortages and identifies priorities for action.
- **Action Description:**

Investing in the development of an adaptable, flexible, and competent global pharmacy workforce contributes towards achieving UHC, SDGs and strengthening health systems. This includes investing in the existing workforce to ensure flexibility, capability and adaptability for national needs, and the future workforce to deliver on the emerging population health challenges, linked to service provision development. FIP is and has always been committed to transforming the global pharmacy workforce – we made this commitment clear in 2016 when we launched our consensus driven global workforce development Roadmap. The Roadmap includes a Global Vision with clear, consensus-based objectives consistent with global health strategies, and the Pharmaceutical Workforce Development Goals. Both the Vision and Roadmap were intentionally aligned with WHO policies on Human Resources for Health. FIP leads on action [through the Vision and Roadmap] to have a needs-based, national strategy and action plan for pharmaceutical workforce development for every country in each WHO Region. In April 2019, we were delighted to launch the first FIP Workforce Transformation Programme (WTP) for Jordan, in collaboration with the Jordanian Pharmacists Association (JPA). This programme offers concrete solutions for evidence-led planning and development of the national pharmacy workforce. Whilst it was launched first in Jordan, we plan many EMR countries to follow. The Programme is a comprehensive assessment and implementation framework that supports country-level member organisations and stakeholders in leading the advancement of their national pharmacy workforce. It is designed to support countries in developing needs-based, national workforce transformation strategies, workforce planning and actions based on our accumulated evidence and expertise. With the projected shortfall of 18 million health workers to accelerate universal health coverage by 2030, the WTP directly addresses key national needs-based workforce challenges and development needs with a clear set of

achievable country-level objectives, mechanisms, implementation processes and governance structures. The WTP is a practical and flexible four-phase model with each phase having a clear scope, defined activities and tangible outcomes. The four phases revolve around the following primary activities: (1) national needs assessment and Vision; (2) advocacy and stakeholders engagement; (3) prioritization and action plan for the Vision; and (4) long-term commitment to action and re-defining priorities. Starting at baseline needs-assessment (Phase 1), every country's national pharmacy workforce accounts will be assessed against the FIP's Pharmacy Workforce Development Goals and the WHO's National Health Workforce Account indicators to monitor impact of the Programme on health (pharmacy) workforce progress throughout the duration of the partnership. Since the WTP launch in April 2019 (a mere 4 weeks ago), two member states (Jordan and Indonesia) have already signed programme agreements with FIP, with several more in discussion. Our current plans envision recruitment of 50 member states by 2022 crossing all WHO regions. High-level multi-stakeholders engagement ensures alignment with regional health priorities, national health needs and national pharmacy needs identified through the WTP stakeholder mapping process. Our programme demonstrates a clear example of collaborative action with other stakeholders. Every WTP partnership consists of multiple partners and various stakeholders to ensure successful uptake and implementation. We launched this Programme at our first Eastern Mediterranean Regional conference, with a focus on how pharmacists across all sectors can contribute to and deliver primary health care. The conference took place in Amman, Jordan, with support and participation from the WHO regional office. It gathered over 1200 leaders and delegates from >30 countries across the EMR. One significant outcome was the first pharmacy "Commitment to Primary Health Care" known as the Amman Commitment, the first of many Commitments to cover all WHO regions in coming months and years. It is a direct action from FIP following our endorsement of the WHO Astana Declaration on Primary Health Care. We will continue to work closely with our member organisations across 120 countries to align both our medicines and health delivery mission and our pharmacy workforce transformation programme with the WHO global health workforce strategy. We aim to support WF transformation in every WHO region by 2021. Evidence, data and monitoring of the global pharmacy workforce are key to this mission.

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key national needs-based workforce challenges and development needs with a clear set of achievable country-level objectives, mechanisms, implementation processes and governance structures. The WTP is a practical and flexible four-phase model with each phase having a clear scope, defined activities and tangible outcomes. The four phases revolve around the following primary activities: (1) national needs assessment and Vision; (2) advocacy and stakeholders engagement; (3) prioritization and action plan for the Vision; and (4) long-term commitment to action and re-defining priorities. Starting at baseline needs-assessment (Phase 1), every country's national pharmacy workforce accounts will be assessed against the FIP's Pharmacy Workforce Development Goals and the WHO's National Health Workforce Account indicators to monitor impact of the Programme on health (pharmacy) workforce progress throughout the duration of the partnership. Since the WTP launch in April 2019 (a mere 4 weeks ago), two member states (Jordan and Indonesia) have already signed programme agreements with FIP, with several more in discussion. Our current plans envision recruitment of 50 member states by 2022 crossing all WHO regions. High-level multi-stakeholders engagement ensures alignment with regional health priorities, national health needs and national pharmacy needs identified through the WTP stakeholder mapping process. Our programme demonstrates a clear example of collaborative action with other stakeholders. Every WTP partnership consists of multiple partners and various stakeholders to ensure successful uptake and implementation. We launched this Programme at our first Eastern Mediterranean Regional conference, with a focus on how pharmacists across all sectors can contribute to and deliver primary health care. The conference took place in Amman, Jordan, with support and participation from the WHO regional office. It gathered over 1200 leaders and delegates from >30 countries across the EMR. One significant outcome was the first pharmacy "Commitment to Primary Health Care" known as the Amman Commitment, the first of many Commitments to cover all WHO regions in coming months and years. It is a direct action from FIP following our endorsement of the WHO Astana Declaration on Primary Health Care. We will continue to work closely with our member organisations across 120 countries to align both our medicines and health delivery mission and our pharmacy workforce transformation programme with the WHO global health workforce strategy. We aim to support WF transformation in every WHO region by 2021. Evidence, data and monitoring of the global pharmacy workforce are key to this mission.

- **Expected Outcomes:**
By 2023, FIP will contribute towards achieving UHC, SDGs and strengthening health systems in 60 countries through an initiation of the global Workforce Transformation Programme and developed national pharmacy workforce strategies.
- **Stakeholders:**
WHO member states, professional associations, health ministries, regulators, educators, practitioners.
- **Time Frame:** 05/15/2019 - 12/31/2022
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 03_01 Standards for the duration and content of education and training, 03_02 Accreditation mechanisms for education and training institutions and their programmes, 03_06 Standards for interprofessional education, 03_08 Continuing professional development, 03_09 In-service training, 04_04 Investment in transformative education and training
 - Labour Force: 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_03 Health workforce planning processes, 09_04 Education plans

aligned with national health plan, 10_04 HRHIS for reporting on outputs from education and training institutions, 10_05 HRHIS for tracking the number of entrants to the labour market, 10_06 HRHIS for tracking the number of active stock on the labour market, 10_07 HRHIS for tracking the number of exits from the labour market, 10_08 HRHIS for producing the geocoded location of health facilities.

- Serving Population Needs: 01_01 Health worker density, 01_04 Female health workforce, 06_06 Health worker status in employment, 07_02 Total official development assistance on health workforce, 07_06 Policies on public sector wage ceilings.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 20

- **Organization(s):** International Pharmaceutical Federation (FIP).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
Launch a leadership capacity development programme for academic pharmacy leaders
- **Action Description:**
FIP supports the leadership development of the decision-makers of pharmacy education, academic leaders of pharmacy school: Deans, Vice-Deans, Department Heads etc. Through the FIP Academic Institutional Membership Global Academic Leaders Forum, organized every year at the FIP congress, FIP delivers education and training to academic leaders from around the world on key leadership needs in academia - including leading a curriculum revision, entrepreneurship to support faculty finances, promoting the pharmacy as a profession to future students. FIP provides condensed training modules to academic leaders through webinars throughout the year. Building on the success of this ongoing activity, FIP will launch an Academic Leadership Development Programme, targeted to academic leaders mainly from LMICs, to strengthen the leadership capacity in academia, both for transforming education and transforming people. All leaders will receive a module on the global health issues and priorities of the world. The programme will have a specific focus on women in academic and science. This programme is planned to be launched in 2020.
- **Expected Outcomes:**
By 2023, 100 academic pharmacy leaders in FIP network across all WHO regions to be trained with this module.
- **Stakeholders:**
Educators with a focus on leadership (Deans, Vice Deans, Department Heads) and women in academia and science.
- **Time Frame:** 01/01/2020 - 12/31/2023
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 03_01 Standards for the duration and content of education and training, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_05 Standards for social determinants of health, 03_08 Continuing professional development, 03_09 In-service training.
 - Serving Population Needs: 01_04 Female health workforce.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 21

- **Organization(s):** International Pharmaceutical Federation (FIP)
- **Country/Regional/International Impact:** It has an impact at international level
- **Main Objectives:**
Set up global standards and parameters for pharmacy schools to promote progress gender equity for women in science and academia
- **Action Description:**
Achieving gender equity in is at the heart of the FIP's agenda. Aligned with major global policies, FIP Pharmaceutical Workforce Development Goal: Gender and Equity Balances is a target that FIP set globally to ensure a balanced gender distribution and diversity in a profession substantially represented by women. FIP tackles gender equity issues in pharmaceutical workforce, practice and education (&science) streams. FIP's objective for education (&science) stream are to identify multiple barriers that students and academics face in pharmacy and pharmaceutical sciences education through organizing consensus development panels in each FIP congress (starting from 2019) to measure discriminatory practices and norms and initiate establishing a global standards system in 2020 for pharmacy schools to promote progress towards equity. This work will help improve how gender equity results are framed, monitored and reflected in education sector, strengthen accountability for results, and ultimately help achieve gender equity both in and through education.
- **Expected Outcomes:**
By 2023, 100 pharmacy schools in FIP network across all WHO regions to be measured against the global standards and parameters strengthen their accountability for gender equity in academia and science.
- **Stakeholders:**
Professional associations, educators, practitioners, students
- **Time Frame:** 01/01/2020 - 01/01/2023
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented.
 - Serving Population Needs: 01_04 Female health workforce, 07_07 Gender wage gap.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 22

- **Organization(s):** World Health Professions' Alliance: FDI World Dental Federation, International Pharmaceutical Federation (FIP), International Council of Nurses (ICN), World Confederation for Physical Therapy (WCPT), World Medical Association (WMA).
- **Country/Regional/International Impact:** It has an impact at international level
- **Main Objectives:**
 - Improve the health of populations worldwide through the efficient, effective and equitable delivery of preventive, curative, rehabilitative and palliative services.
 - Educate HPs and policy makers on ICP and the provision of effective ICP-enabling circumstances.
- **Action Description:**

Health professionals strive to deliver high quality services within their scope of practice and with respect for the expertise of other members of the team. However, for individuals accessing health services, there may appear to be duplication, gaps and discontinuity as they progress through the health system. This is a challenge that health professions can address positively together and with other agencies through the implementation of interprofessional collaborative practice (ICP). In a culture of social responsiveness, effective ICP should be guided by:

 - Policies and governance structures which facilitate and support opportunities for ICP
 - Health system infrastructures that enable ICP
 - Education programmes and opportunities that promote and facilitate shared learning
 - ICP policies and practice that are based on sound available evidence
 - Professional practice that centres on the needs of the individual recognising the skills and attributes of individual professions
 - The WHPA's statement includes a number of key principles required for effective ICP, including recommendations for policy and governance structures, health system infrastructures, and education programmes and opportunities.
 - The WHPA will further promote ICP, through the dissemination of the WHPA statement and provision of case studies of successful ICP.
- **Expected Outcomes:**

Increased understanding and uptake of effective ICP internationally by HPs, which in turn will ultimately lead to:

 - improved access to health interventions and improved coordination between different sectors for individuals and their families with more involvement in decision making;
 - a comprehensive, coordinated and safe health system that is responsive to the needs of the population;
 - efficient use of resources;
 - reduced incidence and prevalence of disability. In particular disability associated with noncommunicable diseases when health systems embrace ICP across the full course of the disease (health promotion, illness and injury prevention as well as disease management and cure, and rehabilitation); and
 - increased job satisfaction, with reduced stress and burnout of health professionals.
- **Stakeholders:**

Health professionals, countries, academia.
- **Time Frame:** 01/06/2019 - 31/12/2023
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_03 Applications for education and training, 03_06 Standards for interprofessional education, 03_08 Continuing professional development.
 - Labour Force: 09_03 Health workforce planning processes
 - Serving Population Needs: 01_09 Share of workers across health and social sectors.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**

- All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
- All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
- All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.

Submission 23

- **Organization(s):**International Association of Dental Students (IADS)
- **Country/Regional/International Impact:** It has an impact at international level
- **Main Objectives:**

To gear the education of future oral health workforce towards addressing the social determinants of health, health promotion and disease prevention. To encourage dental students globally to ask for more interprofessional education that targets patient-centered care and prepares them for being part of the local primary care networks.
- **Action Description:**

In order to achieve Universal Health Coverage the current educational systems of healthcare must be transformed to align better with population needs thus also contributing to health workforce retention, decent working conditions and patient-centered care. Literature shows that educational models bringing together various health professionals such as interprofessional education and problem-based learning encourage patient-centered and comprehensive care and bring together health workforce.

The world of healthcare is in constant change with more focus being gradually put on interprofessional and multisectoral collaboration. In a large number of dental universities the training of dentists is still focused primarily on technical skills and competencies. At the same time the dental labor market is gradually becoming more corporate and private therefore moving further away from global goals such as encouraging member states to integrate basic oral care services and oral disease prevention to Universal Health Coverage (UHC). Dental education needs transformation to support the integration of oral care to UHC. The training of young dentists must be focused on social accountability to ensure that the educational curricula meets the oral health needs of local communities.

In order to change the training of oral health professionals it is important to analyse the current knowledge and interest of dental students regarding global health and the education they are being provided with. The healthcare labour market is waiting for oral health professionals to engage in discussions and health policy work. In order for this to happen dental students should receive socially accountable education targeting social determinants of health both on a local and global scale already during their undergraduate training. Dentistry is currently in a transformational phase and also the future oral health workforce must receive modern education to fit the needs of the future healthcare labour market and contribute to decreasing the lack of 18 million health workers by 2030.

A global survey was conducted among dental students and young professionals by the International Association of Dental Students to evaluate the current knowledge and interest students have towards global health, social determinants of health and their motivation towards studying global health as part of their undergraduate curricula. This survey is the first of a series of research initiatives on the future of dental education that will run at least until 2023. The aim is to advocate on national levels for transforming dental education globally based on data gathered from dental students worldwide. This change in training should bring about a more patient-oriented, socially accountable future oral health workforce, boost sustainable and comprehensive primary healthcare teams where human health (including oral health) is fully targeted. By changing the way dentistry is being taught from a restorative model to social determinants of health being targeted more, the future dental workforce is more likely to retain from migrating abroad and rather work in their local communities.
- **Expected Outcomes:**

- Increased rate of interprofessional education models being implemented in dental curricula worldwide.
- Rise in student initiatives on local and national levels in health promotion and prevention of oral disease from social determinants of health perspective.
- Governmental policies on including oral health to primary healthcare facilities.
- This reform in dental education should create future oral health workforce that is more knowledgeable and active in policy work and health advocacy on national, regional and global levels.
- Increased workforce retention due to more socially accountable education
- **Stakeholders:**
 - Local level: Universities, training facilities for healthcare.
 - National level: ministries (education, health, social), national accreditation bodies, National Dental and Medical Associations, dental student associations
 - International level: World Dental Federation (FDI), WHO, healthcare student associations (IFMSA, IPSF, IVSA), NGOs working on healthcare education (theNET, etc), ADEE (Association for Dental Education in Europe), ADEA (American Dental Education Association).
- **Time Frame:** 01/10/2018 - 01/01/2023.
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_03 Applications for education and training, 03_01 Standards for the duration and content of education and training, 03_04 Standards for social accountability effectively implemented, 03_05 Standards for social determinants of health, 03_06 Standards for interprofessional education.
 - Serving Population Needs: 01_06 Health worker distribution by facility type, 01_09 Share of workers across health and social sectors, 05_03 Entry rate for foreign health workers, 05_04 Voluntary exit rate from health labour market.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have established accreditation mechanisms for health training institutions.

Submission 24

- **Organization(s):** International Pharmaceutical Federation Young Pharmacists Group (FIP YPG).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**

The main objective of this call for action is to provide an overview on activities which have been or will be done by the Young Pharmacists Group (YPG) in facing workforce issue. Some activities are related to the improvement of young pharmacists or pharmaceutical scientists' skills and their professional development. The FIP YPG also plan to gather evidences on following issues related to young pharmacists:

- Migration
- Role of young pharmacists organisations around the world.
- Needs and challenges of early career pharmacists in their practice.
- Job satisfaction (wages and salaries) of early career pharmacists.
- Evidences collected will be informed to the professional organisations.

- **Action Description:**

Today, there are 1.2 billion young people aged 15 to 24 years, accounting for 16 percent of the global population. Following the publication of this report, in 2018, the WHO launched a report on the importance of engaging young people in achieving sustainable development goals and improving health care outcomes. Some initiatives of the FIP Young Pharmacists Group (YPG) related to this issue are described below.

Existing work and plan of actions on the workforce

FIP YPG has been involved in multiple FIP projects related to strengthening the pharmacy workforce. In the largest retrospective study on pharmacy workforce capacity and trends, FIP YPG was involved in the process of data collection and data analysis. At the first regional conference of FIP in Amman Jordan, FIP YPGs, International Pharmaceutical Student Federation (IPSF) EMRO and Jordan Pharmaceutical Student Association conducted a workshop with students and early career pharmacists focused on the needs and challenges of pharmacy students and young pharmacists in EMRO. At this conference, FIP YPG also committed to the first pharmacy "Commitment to Primary Health Care," known as the "Amman Commitment," to support the Workforce Transformation Programme.

During the 2018 Congress in Glasgow, the FIP YPG held their inaugural Leadership Development Workshop in collaboration with the FIP Academic Pharmacy Section (AcPS). Topics included, but were not limited to, project management skills, succession planning, leadership styles, how to run effective meetings, and communication skills. The FIP YPG plans to hold an annual Leadership Development Workshop in the World Congress in Abu Dhabi 2019. FIP YPG also organises public health events and webinars for members to be involved, which will help members improve their skills and professional development on the topic area. Moreover, the FIP YPG developed a mentorship program which aims to provide career insights for YPG members. YPG collaborates with all Sections and Special interest Groups (SIGs) to match an experienced FIP member with a YPG member who is looking for advice and guidance in career development and self-fulfillment. With flexible and self-designed plans for each pair of mentor and mentee, the vision of the program is to strengthen the connections between all FIP members and help young members explore their interests in pharmacy/pharmaceutical sciences.

Together with Workforce Development Hub (WDH) and IPSF, the YPG is currently involved in a project on professional migration of pharmacists. This project can provide FIP, members and partner organisations with workforce intelligence on trends of

professional migration of pharmacists. It is hoped that this project will map the identified migration flow of pharmacists and identify motivation drivers of professionals migrating to other countries.

In collaboration with FIP and IPSF, the FIP YPG is involved in the development of global survey: FIP Atlas Survey to identify the needs and priorities of all FIP members. This survey is to explore our members' needs and priorities in order to identify the plan of actions to support the development of the organisation.

FIP YPG intends to gather information on the regional and national YPG level around the world to achieve a cohesive network of global young pharmacists. FIP YPG believes that evidenced-based research will be able to support the policy development in a nations. Therefore there are three projects which FIP YPG plans to conduct.

Firstly, to gather information on the role of young pharmacists organisations around the world, the FIP YPG will work collaboratively with regional and national YPGs to gather evidence on the role of their respective organisations in promoting public health in their nations. Findings from these results will show the potential role of young pharmacists organisations in facilitating networking, delivering youth voice, and advocating their role in public health.

Secondly, following the workshop which was conducted in Amman, Jordan, FIP YPG intends to gather more information related to the needs and challenges of early career pharmacists in their practice at the global level. This evidence will allow FIP YPG to address the needs and challenges and provide recommendations for both national and regional professional organisations, which intend to provide support for young pharmacists, whom will therefore be less likely to leave the workforce.

Finally, FIP YPG plans to gather evidence related to job satisfaction. In developed countries, 40% of nurses leave health employment in the next decade. This may be because many young individuals of the health workforce receive few incentives to remain in their profession. FIP YPG believes that gathering information on job satisfaction, especially related to wages and salaries for early career pharmacists, may provide evidences to support policy development on remuneration.

- **Expected Outcomes:**

Findings from these projects will help us to improve our members skills and professional development and to provide suggestions and recommendations for the identified issues of our young pharmacists to the national and regional organisations.

- **Stakeholders:**

Member organisations of the International Pharmaceutical Federation (FIP), International Pharmaceutical Students' Federation (IPSF), Regional or National Young Pharmacists Groups.

- **Time Frame:** 01/09/2018 - 31/12/2021

- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**

- Education: 03_08 Continuing professional development
- Labour Force: 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_04 Education plans aligned with national health plan
- Serving Population Needs: 01_01 Health worker density, 01_04 Female health workforce, 01_07 Share of foreign-born health workers, 01_08 Share of foreign-trained health workers, 05_03 Entry rate for foreign health workers, 06_03 Regulation on working hours and conditions, 06_04 Regulation on minimum wage, 06_05 Regulation on social protection, 07_05 Entry-level wages and salaries, 07_07 Gender wage gap.

- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**

- All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
- All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
- All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.

Submission 25

- **Organization(s):** Cameroon Baptist Convention Health Services.
- **Country/Regional/International Impact:** African Region.
- **Main Objectives:**

The goal of this project is to strengthen the organizational and programmatic capacity of the Cameroon Baptist Convention Health Services Regional Training Centre for Excellence (CBCHS-RTC), to build and strengthen human resource for health and scientific capacity of Health Care Workers (HCWs) to conduct standardized, high-quality health system and policy research in Cameroon and other LMICs.

Objectives of the proposed training project:

- To identify knowledge and skill needs for HCWs in Cameroon and other LMICs;
 - To identify, customize curricula and deliver training courses related to identified training needs;
 - To create a research-friendly environment and promote implementation and health system and policy research using existing program data;
 - To monitor and evaluate the impact of training conducted, and provide a platform for post-training research implementation for graduates and independent researchers;
 - To support the CBCHB Research and Evaluation Committee for Health Improvement in the expansion of research activities within the organization;
 - To strengthen existing partnership with educational stakeholders in research and training (including local and international institutions of higher learning, and other academic partners);
 - To implement, adapt and develop other advanced training modalities, such as distance learning to scale up training and to reach HCWs and researchers in remote areas;
 - To strengthen partnership and leverage existing partners' resources;
 - To promote training and research twinning programs between international universities and faculties and local counterparts in Cameroon and other LMICs.
- **Action Description:**

Established in 1936 by the American Baptist missionaries, the Cameroon Baptist Convention Health Services (CBCHS) fully transitioned to local ownership and leadership in 1975. CBCHS is today a renowned well established faith based healthcare provider in Cameroon meeting critical health needs of millions of people annually through a network of seven tertiary hospitals, 83 medium and small size health facilities, community outreach programs and training institutions in 7 of the 10 regions of Cameroon with a staff strength of more than 4,500 employees. Since inception, the CBCHS has continued to apply through clinical, operations and implementation research, novel approaches to alleviate human sufferings from a public health perspective. Annually, CBCHS trains hundreds of Health Care Workers from Cameroon and other low and middle-income countries (LMICs) through its specialized training institutions namely: the Baptist Institute of Health Sciences that trains surgeons and internal medicine specialists; Center for Clinical Pastoral Care and Social Services; the Baptist Training School for Health Personnel for mid-level healthcare providers; the Baptist Vocational Training Center and The Regional Training Center for Excellence (RTC). The RTC was established in 2004, when CBCHS' Prevention of Mother to Child Transmission (PMTCT) of HIV Program was recognized as a "best and promising practice" by USAID's Action for West African Regional Program (AWARE HIV/AIDS and AWARE Reproductive Health). USAID then awarded CBCHS two Cooperative Agreements (CoAg) to strengthen the existing work in Cameroon and replicate it as a

model in the West and Central African region from 2004 to 2008. The action plan included the creation of an AWARE Regional Training Center where 58 trainees from 16 other countries (Senegal, Mauritania, Togo, The Gambia, Liberia, Sierra Leone, Mali, Guinea, Niger, Togo, and Chad, Botswana, Zambia, Tanzania, Nigeria, and Ivory Coast) including district program managers supported by the AWARE project came for a one week onsite training on PMTCT service delivery and were assisted in developing feasible scale-up plans for their various countries. With additional support from the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), experienced faculty of the RTC also carried out follow-up visits and technical assistance to beneficiary countries to provide mentorship and technical assistance in the implementation of national PMTCT programs. After the inaugural project, CBCHS has continued to strengthen health leadership and workforce development in Cameroon and other sub-Saharan African countries through the RTC by delivering long term diploma and degree courses including health systems strengthening in addition to initial training programs in HIV/PMTCT. The RTC receives global health undergraduate and postgraduate students for internship/practicum from various universities/institutions of higher education worldwide such as University of Washington Department of Global Health, Liberty University, Loma Linda University in U.S.A, London School of Hygiene and Tropical Medicine and University of North Carolina. The RTC maintains an independent Institutional Review Board (IRB) that is registered with the Office for Human research protection (OHRP) and operates in accordance with the US Department of Health and Human Services (HHS) regulations. RTC's IRB provides scientific guidance and ethical approval for the conduct of research in the country. Some strategies replicated in other countries under the RTC include the bottom-up approach to PMTCT service delivery; community engagement strategies; the opt-out approach; visionary leadership skills; the client-oriented provider efficient service (COPE) approaches; facilitative supervision; systems thinking; and continuous service quality improvement among others. In partnership with Uganda Mildmay Institute for Health sciences (MIHS), The RTC runs work based modular Diploma and degree health related courses validated by Manchester University in UK, Mbarara University of science and Technology in Uganda as well as Uganda National Council for Higher Education. Courses are clinical (counselling and palliative care) and non-clinical (Health and social systems management, medical records and health information, public health, community HIV and AIDS care and management). The RTC has 3 campuses located in Mutenguene (Southwest Region), Douala (Littoral Region) and Yaoundé (Center Region) with up to date academic infrastructure in secure and serene environment. WHO support would enable the RTC to address the shortfall of HCWs and strengthening the research capacity of HCWs in Cameroon and the Sub-Saharan African region. New courses that will be developed and implemented are a combination of short (6 weeks) and medium-term (6 months) courses. They include fundamentals of Implementation Science, Research Ethics, Capacity building in leadership and management in Health and Research, Scientific writing and Monitoring and Evaluation for Global Health Program. The practical part will include a variety of mentoring methods, implementation of a research project or writing of a short thesis/project related to the course.

- **Expected Outcomes:**
 - Increase health workforce skills and performance
 - Increase capacity to conduct health system and policy research
 - strengthen leadership and governance in the Cameroon health sector
 - Achieve universal health coverage in Cameroon and other LMICs through provision of qualified HCWs
- **Stakeholders:**

Mildmay Institute of Health Sciences and Cameroon Ministry of Public Health

- **Time Frame: 01/01/2019 - 31/12/2022.**
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_02 Duration of education and training, 02_03 Applications for education and training, 02_04 Ratio of admissions to available places in education and training, 02_05 Ratio of students to qualified educators for education and training, 02_06 Exit / drop-out rate from education and training programmes, 02_07 Graduation rate from education and training programmes, 03_01 Standards for the duration and content of education and training, 03_08 Continuing professional development, 03_09 In-service training, 04_03 Average tuition fee per student, 04_06 Cost per graduate of specialist medical education programmes, 04_07 Cost of qualified educators per graduate.
 - Labour Force: 08_01 Percentage of health workforce working in hospitals, 08_04 Specialist surgical workforce, 08_06 Existence of advanced nursing roles, 08_07 Availability of human resources to implement the International Health Regulations, 09_03 Health workforce planning processes, 09_04 Education plans aligned with national health plan, 09_05 Institutional models for assessing health care staffing needs, 10_01 HRHIS for reporting on International Health Regulations, 10_02 HRHIS for WHO Code of Practice reporting, 10_04 HRHIS for reporting on outputs from education and training institutions.
 - Serving Population Needs: 01_04 Female health workforce, 01_05 Health worker distribution by facility ownership, 01_06 Health worker distribution by facility type, 05_01 Graduates starting practice within one year, 06_01 Standard working hours, 06_03 Regulation on working hours and conditions, 06_04 Regulation on minimum wage, 06_05 Regulation on social protection, 06_06 Health worker status in employment, 06_07 Regulation on dual practice, 06_09 Measures to prevent attacks on health workers.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries have established accreditation mechanisms for health training institutions.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

- **Submission 26**
- **Organization(s):** HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
Protection of health workers providing SRHR services
- **Action Description:**
“By 2023, HRP with partners will advocate at national, regional and international level to protect rights of all health workers, particularly those working on sexual and reproductive health and rights issues”.
- **Expected Outcomes:**
Increased recognition and efforts made for protection needs for health workers providing SRHR services
- **Stakeholders:**
Professional organisations, health workers, human rights mechanisms.
- **Time Frame:** 01/06/2019 - 31/05/2023
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Serving Population Needs: 06_09 Measures to prevent attacks on health workers, 06_10 Attacks on health-care system
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.

Submission 27

- **Organization(s):** WHO Reproductive Health and Research / HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction).
- **Country/Regional/International Impact:** It has an impact at international level
- **Main Objectives:**
To describe, define, and improvement measurement of skilled health personnel in order to assure the availability of an integrated team of competent maternal newborn health professionals (MNH) and more broadly health professionals who are competent and able to provide care across the life continuum with regard to sexual and reproductive health needs. These include in alphabetical order, anaesthetists, doctors [such as obstetricians and paediatricians], midwives and nurses, working to optimize the health and well-being of women and newborns.
- **Action Description:**
To achieve health goals related to maternal, newborn health and the wider scope of sexual and reproductive health and continuum of care across the life course within the concept of universal health coverage requires a health workforce which is enabled to provide high quality care.
As individuals and within a team, they are competent to:
 - provide and promote evidence-based, human-rights-based, quality, socioculturally sensitive and dignified care to women and newborns;
 - facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and
 - identify and manage or refer women and/or newborns with complications.Referred here as MNH professions, these individuals:
 - Have the requisite knowledge, skills, behaviours and experience in the fields of midwifery, nursing, obstetrics, neonatology, social sciences, primary health care, public health, data analysis and reporting, monitoring and response, quality improvement, and ethics. With this cumulative knowledge, they are able to optimize the management of the relevant sociocultural, biological and psychological processes, and the provision of quality care for women, newborns and their families, by managing pregnancy, childbirth and the immediate postnatal period, in addition to common obstetric and neonatal complications.
 - Provide, promote, advocate for, and communicate on all aspects of sexual and reproductive health, including health education, family planning and contraception counselling and services, gender-based violence awareness and bereavement care, as needed, to all women and their families in all settings. Healthcare professionals can also play an important role in informing women/patients about and referring them to other services that could provide them with crucial assistance to help them overcome social, financial and legal issues, including those related to employment rights and/or welfare support.
 - Provide comprehensive and evidence-based pre-pregnancy care and antenatal care for adolescent girls and women. This includes health promotion and information about self-care, early identification of and support/management for risk factors for fetal loss/stillbirth and other adverse outcomes, and early detection and treatment or timely referral of

complications to optimize the health and wellbeing of women and fetuses during pregnancy.

- Provide evidence-based, human-rights-based, quality, socioculturally sensitive and dignified care, and facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience. As needed, they identify and manage or refer women and/or newborns with complications. In addition, as part of an integrated team of MNH professionals (including, in alphabetical order, anaesthetists, doctors [such as obstetricians and paediatricians], midwives and nurses), they perform all signal functions of emergency maternal and newborn care (basic emergency obstetric and newborn care – BEmONC; comprehensive emergency obstetric and newborn care – CEmONC) to optimize the health and well-being of women and newborns.
- Provide comprehensive and evidence-based postpartum and postnatal care. This includes education on breastfeeding and family planning, and provision of contraceptive services, as well as provision of or referral for lactation support and for bereavement care after miscarriage, stillbirth, neonatal and/or maternal death.
- Provide comprehensive and evidence-based postnatal care for all newborns, which includes all elements of essential newborn care (ENC), such as neonatal resuscitation, thermal protection, breastfeeding/nutritional support, meticulous hygiene, and consultation/referral, as needed (14). They provide immunization services and promote newborn well-being by educating caregivers and parents, linking them to continued care from primary health care centres and assisting with birth registration.
- Provide a range of individualized abortion-related or postnatal (including postpartum) services based on respectful care and shared decision-making (involving the woman, her partner and the provider) for women requiring or experiencing pregnancy termination, stillbirth, miscarriage or neonatal death. This care should be provided according to applicable laws, regulations and international protocols.
- Provide advocacy, leadership and management that contributes towards the creation and maintenance of a favourable work environment that enables effective and efficient provision of BEmONC and CEmONC services, and promotes communication and effective teamwork across all levels of health care delivery. They evaluate their physical setting, equipment and hygiene practices, and promote improvement of quality, in order to attain the highest standard of care. They also facilitate the education, training and development of leaders, and support the integration of MNH services and health promotion within the wider health system and the local community.

REF:

Defining competent maternal and newborn health professionals. Background document to the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA: definition of skilled health personnel providing care during childbirth
<https://apps.who.int/iris/bitstream/handle/10665/272817/9789241514200-eng.pdf?ua=1>

- **Expected Outcomes:**

Improved quality of care will be accessible, available and acceptable by improved definition and articulation of the expectations for who should be considered a “competent” skilled health professional. In term, improved description and definition of

the skilled health professional will clarify issues related to reporting and improve the measurement of related indicators (eg SDG 3.1.2); which is meaningful only if accurate data are collected, analysed and evaluated based on a clear definition of “skilled health personnel” with reference to competencies for providing care during labour and childbirth and based on internationally agreed standards so that the data can be directly compared between countries. It is also essential to interpret this indicator with consideration for the context of data collection and analysis systems at the national, regional and global levels, which will vary. In addition, functional monitoring and evaluation systems, informed by accurate documentation, are needed for health services, quality of care and for educational and training programmes; these systems need to be based on accurate information and data, so that in turn the results can meaningfully inform policy and programming improvements.

The continuum of care ranges from pre-pregnancy to pregnancy, intrapartum and the postnatal period, and care is most effectively provided by an integrated team of MNH professionals (anaesthetists, doctors, midwives and nurses, at all levels of the health system, available and referred to as indicated by the needs of each woman and newborn), within an enabling environment, i.e. a well functioning health system. Integrated primary-, secondary- and tertiary-level health services, including effective communication and referral systems for consultation as well as availability of functional and affordable transportation, are essential to achieve high standards and ensure quality care. Service delivery is further optimized when financial and institutional barriers to care are eliminated through universal health coverage for women and newborns. Safe and non-hazardous working conditions as well as a supportive environment are paramount to the effectiveness of the competent professional.

RHR/HRP commits to advancing this agenda, to improve the measurement of Skilled Health Personnel and to inform efforts related to education, regulation, certification of skilled health personnel.

- **Stakeholders:**
 - International Organizations (WHO, UNICEF, UNFPA, in particular)
 - Professional organizations (FIGO, ICM, ICN, IPA, among others)
 - Policy makers and programme managers
 - Women
- **Time Frame:** 15/06/2018 - 31/12/2030
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_01 Master list of accredited health workforce education and training institutions, 02_02 Duration of education and training, 02_03 Applications for education and training, 03_01 Standards for the duration and content of education and training, 03_02 Accreditation mechanisms for education and training institutions and their programmes, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_05 Standards for social determinants of health, 03_06 Standards for interprofessional education, 03_07 Agreement on accreditation standards, 03_08 Continuing professional development, 03_09 In-service training.
 - Labour Force: 08_01 Percentage of health workforce working in hospitals, 08_03 Percentage of health workforce working in ambulatory health care, 08_04 Specialist surgical workforce, 08_05 Family medicine practitioners, 08_06 Existence of advanced nursing roles, 09_01 Mechanisms to coordinate an intersectoral health workforce agenda, 09_03 Health workforce planning processes, 10_03 HRHIS for reporting on skilled attendance at birth requirements.

- Serving Population Needs: 01_01 Health worker density, 01_02 Health worker density at subnational level, 06_01 Standard working hours, 06_03 Regulation on working hours and conditions, 06_05 Regulation on social protection, 06_06 Health worker status in employment.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
 - All countries have established accreditation mechanisms for health training institutions.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 28

- **Organization(s):** The Commonwealth Pharmacists Association.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**

To work with Commonwealth countries (and specifically their national pharmacy associations and ministries of health) to support the implementation of the WHO Global Strategy on Human Resources for Health - Workforce 2030 - with a focus on the pharmacy workforce.

Working with Commonwealth governments and national pharmacy associations, the CPA's current strategy (agreed at the 2017 CPA Council meeting in Sydney, Australia) focuses on three areas: education, regulation and collaboration. The objectives within these areas contribute to the HRH Global Milestones 2030 as follows:

- All countries to have inclusive institutional mechanisms in place to coordinate an intersectoral health (pharmacy) workforce agenda.
 - Assist Commonwealth member states in assessing their pharmacy workforce needs and priorities in alignment with national, regional and international health workforce strategies.
 - Co-creation of evidence to support the impact of pharmacists on the health and wellbeing of the people of the Commonwealth, providing data to support the investment in the pharmacy workforce.
 - All countries to have a human resources for health (pharmacy) unit with responsibility for development and monitoring of policies and plans.
 - Lobby Commonwealth governments and support Commonwealth national pharmacy associations and ministries of health to ensure timely development of needs-based national workforce strategies and infrastructure to deliver quality pharmaceutical care services to progress the universal health coverage and the sustainable development goals.
 - All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
 - Create opportunities and platforms for dialogue and education around the significant health threat of falsified and substandard medicines in Commonwealth countries.
 - Represent the pharmacy profession across the Commonwealth in high-level discussions around medicines regulation with a view to improving these processes throughout the Commonwealth based on best practices.
 - All countries to be making progress on health workforce (pharmacy) registries to track pharmacy workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - Work with the national pharmacy associations of the Commonwealth to collect workforce data to help target interventions/inform programmes of work.
 - Co-develop interventions to address workforce shortages and help sustainably develop an effective pharmacy workforce who are fit for purpose.
- **Action Description:**
Achieving universal health coverage (UHC) and ensuring access to quality healthcare and medicines in order to progress the sustainable development goals (SDGs) is a key focus of the Commonwealth, which encompasses many low- and middle-income countries. As an affiliated organization of the Commonwealth the CPA fully supports this mission. The 18 million shortfall of health workers is magnified in many of the low-middle income Commonwealth countries, and as there is no healthcare without a health workforce, this is clearly something that must be addressed.

The CPA is a charity whose mission is to empower pharmacists throughout the Commonwealth to improve the health and wellbeing of their citizens. We know that an appropriately trained and resourced pharmacy workforce with an increased scope of practice can have significant positive outcomes for health and wellbeing. However, in many Commonwealth nations the development of the pharmacy profession is in its infancy, the profession is not well represented at a government and policy level and there are few patient-facing ('clinical') roles. It is these roles that have been shown to improve the use and safety of medicines. Together with building capacity of the workforce regulation of both the pharmacy workforce and medicines must be developed in tandem to ensure quality of both practice and medicinal products.

The CPA is actively working with the Commonwealth Health Professions Alliance to advocate for the investment in the health workforce, with a focus on pharmacy. Recent recommendations to the Commonwealth health ministers and heads of government have recognized the role that pharmacists have in tackling substandard and falsified medicines and antimicrobial resistance and asked for investment in the pharmacy workforce.

The CPA have also been representing the pharmacy profession across the Commonwealth in the pooled procurement workgroup led by the Commonwealth Secretariat to support the analysis of current procurement of medicines regulation, medicines regulation and registration with a view to harmonizing these processes throughout the Commonwealth based on best practices.

The CPA is currently working with the UK Department of Health and Social Care in partnership with the tropical health and education trust (THET) on the Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS). This has seen pharmacy-led initiatives of UK-based teams partner with 12 African health institutions to help develop their antimicrobial stewardship capacity. This has provided data on the pharmacy workforce in these countries and the potential impact they could have on antimicrobial prescribing – thus highlighting the need for increasing capacity. It is case studies such as these that can provide country specific data that help to build a case for investment in the pharmacy workforce.

The International Pharmaceutical Federation (FIP) is very much leading the global policy developments around the pharmacy workforce and our work has become increasingly aligned. In May 2018 the CPA and FIP formalized their partnership by signing a MoU, committing to collaborative working on shared goals around the WHO-endorsed FIP global Pharmacy Workforce Development Goals (PWDGs) in Commonwealth countries. The CPA's networks and scope of work closely complements that of FIP by opening up new advocacy networks and engaging with Commonwealth grass roots organizations on the 'how?' in order to support the interpretation of policy to practice in their own countries. A 'joint programme of work' was produced, which in summary outlines the intention of continuing to support each organization's advocacy work whilst working up the following 3 steps:

- Needs assessment – this focuses on assessing workforce development needs in Commonwealth countries and nations. FIP and CPA would work together to identify - through a Commonwealth wide survey study - workforce development needs in the Commonwealth using the PWDGs as a mapping tool to form a needs-based development agenda.
- Gap analysis – this uses the results of the needs assessment step to identify priority areas and countries for development.
- Action planning – a refined targeted action plan would be developed based on all the above, with a focus on working with national pharmacy associations and Commonwealth governments to meet their needs.

FIP has also more recently developed a Workforce Transformation Programme (WTP) to drive transformation of the pharmacy workforce worldwide. The vision for WTP's for every country is to have a needs-based, national strategy and action plan for pharmaceutical workforce development. The FIP WTP directly supports the implementation of the WHO Global Strategy on Human Resources for Health - Workforce 2030 - with a meaningful and targeted approach to the pharmacy workforce. The outputs from our collaborative work will feed directly into this programme.

- **Expected Outcomes:**
By 2023, CPA will contribute towards achieving UHC, SDGs and strengthening health systems in the 53 Commonwealth nations by supporting the development of (a) better systems of medicines (and pharmacist/pharmacy) regulation and (b) the Commonwealth-wide pharmacy workforce, including contributing to FIP's global Workforce Transformation Programme.
- **Stakeholders:**
Commonwealth member states, national pharmacy associations, health ministries, regulators, educators, practitioners.
- **Time Frame:** 17/05/2019 - 17/05/2023
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 03_01 Standards for the duration and content of education and training, 03_02 Accreditation mechanisms for education and training institutions and their programmes, 03_08 Continuing professional development, 03_09 In-service training, 04_04 Investment in transformative education and training.
 - Labour Force: 09_04 Education plans aligned with national health plan, 10_06 HRHIS for tracking the number of active stock on the labour market.
 - Serving Population Needs: 01_01 Health worker density.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.

Submission 29

- **Organization(s):** International Pharmaceutical Students' Federation (IPSF)
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
 - To raise awareness on the Health Labour Market and Workers Mobility.
 - To highlight the importance of human resources for health in the Health Labour Market.
 - To expose pharmacy students to “working for health “Programme.
- **Action Description:**
 - Promote the importance and raise awareness of HRH through a series of interactive social media campaigns by first giving a background information on what is HRH, then addressing different challenges currently faced and provide possible solutions and also interventions that healthcare professionals or pharmacy students can be part of Health Labour Market Dynamics and policies .
 - Bring health workers back into Health-care sector. Emphasising on the training of health workers as supply of new graduates in aim to improve competency, productivity and performance.
 - Addressing migration and emigration→Increasing wages and providing a preferable work conditions→Attract more employed and unemployed health workers.
 - Balance between two sectors(private and public)→regulation in posting and assigning system→Enhance service delivery in response to health needs.
 - Recommendations to transform the health workforce for the SDGs and to enable change.
 - Provide recommendations and encourage discussion among fellow members among social media platforms.
 - Engaging and empowering health workforce to maintain and improve workforce satisfaction while ensuring they develop the best practice.
 - Encouraging inter-sectoral collaboration among healthcare professionals by leveraging one another's expertise to improve the coordination of care and patient experience
 - Launch a Post Card Campaign appreciating Pharmacists as part of the healthcare workforce.
 - Using #InspiredToBeTheBest #iAppreciate hashtags, members are encouraged to share their thoughts and experiences to appreciate the pharmacy profession and its role in the healthcare workforce.
- **Expected Outcomes:**
 - Raise awareness on the Health Labour Market and Workers Mobility amongst members and young professionals
 - Exposure for pharmacy students to “working for health “Programme.
- **Stakeholders:** Members
- **Time Frame:** 01/05/2019 - 07/05/2019
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_03 Applications for education and training, 03_01 Standards for the duration and content of education and training, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_05 Standards for social determinants of health, 03_06 Standards for interprofessional education, 03_08 Continuing professional development.

- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Submission 30

- **Organization(s):** Youth Hub of the Global Health Workforce Network.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
 - Identify challenges faced by youth accessing in the health labor market as well as causes of early attrition.
 - Provide tools for youth to advocate for decent work to prevent early attrition.
 - Convene students and young professionals interprofessionally towards socially accountable education.
- **Action Description:**

The Global Health Workforce Network Youth Hub has adopted a 2-year work plan to act on addressing the shortfall of health workforce. Firstly, the Youth Hub aims to build the capacity of future generation of health workforce with awareness, knowledge, and skills to be active change agents and advocates for transforming the global health workforce with particular focus on the challenges of the youth demographic. Early attrition of health professionals is on the rise, and addressing this problem will play a significant role in addressing the shortfall.

Secondly, the Hub through intersectoral and interprofessional dialogue across global, regional and national levels will bring together different health professions around education, social accountability and collaborative practice. Finally, the Youth Hub seeks to provide the evidence on research gaps with regards to youth on accessing the health labor market and the challenges they face. Youth are expected to be the largest group to contribute to the future health workforce towards addressing the shortage, and the evidence gathered will serve to address issues that are a barrier to retention of youth in the health and social sector.
- **Expected Outcomes:**
 - Improve education and retention of students and young professionals in the health and social sector.
 - Increase social accountability in education and training.
- **Stakeholders:**

Student and young professionals entering the health and social sector, labor unions, policy makers, health advocates.
- **Time Frame:** 01/03/2019 - 31/12/2020
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_06 Exit / drop-out rate from education and training programmes, 02_07 Graduation rate from education and training programmes, 03_03 Standards for social accountability.
 - Labour Force: 09_03 Health workforce planning processes, 10_07 HRHIS for tracking the number of exits from the labour market.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.

Submission 31

- **Organization(s):** World Congress of Chiropractic Students.
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
 - Maximize the economic participation of women via mentorship.
 - Call on educational institutions to focus 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.”
 - Support sustainable models of care provision to low and middle income countries.
 - Create statement on interprofessional education.
- **Action Description:**
 - Maximize the economic participation of women. The High- Level Commission on Health Employment and Economic growth found this to be a major recommendation in pursuing stronger healthcare systems and the sustainable development goals. The WCCS pledges to support women in leadership roles by ensuring gender representation at our conferences and creating a mentorship program to encourage the institutionalization of women in leadership roles. The mentorship program would be available to both male and female students with both male and female mentors also available. One of the goals of the initiative will be to keep females and males in the workforce through strong mentorship. The framework for a mentorship program will be created by July 2019 and a call for mentors and mentees will be released in August 2019. The project will run for one year at which point a survey will be distributed to participants to gear the success of the project and create further steps.
 - Act on the call of the High Level Commission to focus 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.” The WCCS seeks to encourage the teaching of integrated care by highlighting initiatives of educational institutions to provide affordable, integrated, community-based, people centred care in underserved communities. The WCCS will create a framework for chiropractic programs engaging in community work as described above. Highlighting grassroots efforts in this framework will encourage the adoption of these programs across educational institutions and encourage collaboration to ensure the success of said programs. A call for participation in a working group to create framework on educational institutions providing affordable, integrated, community-based, people centered care in underserved communities, by July 2019. The framework will be drafted by July 2020 and disseminated to other key stakeholders for input. The framework will be finalized by January 2021 and distributed.
 - Continue to support sustainable models of care provision to low and middle-income countries. For example the support of World Spine Care, which seeks to increase access to neuromusculoskeletal conditions in underserved countries in a sustainable way. The current level of support of sustainable models of care provision to low and middle-income countries will be reviewed by August 2019. New ways to provide support will be included in a plan for engagement with organizations providing sustainable models of care provision to low and middle-income countries by December 2019.

- Create statement on the value of interprofessional education and the WCCS support of interprofessional education being a requirement for chiropractic programs.
- **Expected Outcomes:**
 - Increased economic participation by female chiropractors, leading to equal economic participation of male and female chiropractors in the long term.
 - Increased focus 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” by educational institutions. This will lead to increased access to neuromusculoskeletal care and a decreased burden of disability.
 - Increased support for sustainable models of care provision to low and middle-income countries.
 - Increased interprofessional education in chiropractic programs.
- **Stakeholders:**
- Chiropractic students and young professionals, Chiropractic education programs and educational institutions, The public, Other healthcare providers
- **Time Frame:** 01/06/2019 - 31/01/2021
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_06 Exit / drop-out rate from education and training programmes, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_06 Standards for interprofessional education.
 - Serving Population Needs: 01_04 Female health workforce, 05_01 Graduates starting practice within one year.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
All countries have established accreditation mechanisms for health training institutions.

Submission 32

- **Organization(s):** International Federation of Medical Students' Associations (IFMSA).
- **Country/Regional/International Impact:** It has an impact at international level.
- **Main Objectives:**
 - Raise awareness and build capacity among youth and medical students across the world to become informed advocates for the health workforce.
 - Transform health professions' education to meet the needs of the community as well as international standards as such created by the WFME.
 - Incentivize member states to increase investment and funding for the health sector as well as the education sector.
 - Advocate for decent working conditions across all health professions, as a necessary measure to also ensure patient safety.
 - Encourage member states to follow the WHO Global Code for Practice of International Recruitment of Health Personnel and align their migration policies with it.
 - Support IFMSA member organizations to develop activities pertaining to the awareness and problem solving of the Global Health Workforce crisis.
- **Action Description:**

As IFMSA, we will:

 - Participate in and develop awareness, education campaigns and activities on the Health Workforce related topics.
 - Education and build capacity among our members to create informed advocates through peer- and non-formal education, as well as more formal activities.
 - Engage medical students and civil society in the ongoing debates of health workforce education, conditions and labor market.
 - Acquire evidence-based knowledge pertaining to the Global Health Workforce Crisis and be an active advocate in this field.
 - Identify stakeholders and work actively on advocating for the quality assurance of Medical Education, to implement accreditation mechanisms that follow the international standards.
 - Work closely with the WHO, the WFME, as well as other health sector related organizations and advocate for the delivery of quality health professions education and healthcare delivery as well as sufficient government expenditure in the health sector.
 - Work closely with the GHWN Youth Hub and continue to push its development forward, together with other health professions organizations.
- **Expected Outcomes:**
 - Capacitated young health professionals, active in the health workforce discussions on a local, national and international level.
 - Increased advocacy towards governments and policy makers to address the health workforce crisis.
 - Increased number of graduates who are able to meet the needs of the community and are trained according to international standards.
 - Increased involvement of youth in international global health spaces, such as the WHO.
 - GHWN Youth Hub engagement increased and activities such as capacity building, advocacy and research completed and results shared.
- **Stakeholders:**

Governments, academic and training institutions, service providers, accreditation and regulatory agencies, professional and youth associations and specifically health professions' students, as well as other civil society organizations.

- **Time Frame:** 06/03/2018 - 06/03/2021
- **NHWA labour market component(s) the action falls under and the relevant indicator(s):**
 - Education: 02_03 Applications for education and training, 02_04 Ratio of admissions to available places in education and training, 02_05 Ratio of students to qualified educators for education and training, 02_06 Exit / drop-out rate from education and training programmes, 02_07 Graduation rate from education and training programmes, 03_01 Standards for the duration and content of education and training, 03_02 Accreditation mechanisms for education and training institutions and their programmes, 03_03 Standards for social accountability, 03_04 Standards for social accountability effectively implemented, 03_06 Standards for interprofessional education, 03_07 Agreement on accreditation standards, 03_08 Continuing professional development, 03_09 In-service training, 04_01 Total expenditure on higher education, 04_02 Total expenditure on health workforce education, 04_03 Average tuition fee per student, 04_04 Investment in transformative education and training, 04_05 Expenditure per graduate on health workforce education
 - Serving Population Needs: 01_01 Health worker density, 01_02 Health worker density at subnational level, 01_03 Health worker distribution by age group, 01_04 Female health workforce, 01_07 Share of foreign-born health workers, 01_08 Share of foreign-trained health workers, 06_01 Standard working hours, 06_03 Regulation on working hours and conditions, 06_04 Regulation on minimum wage, 06_05 Regulation on social protection, 06_06 Health worker status in employment, 06_09 Measures to prevent attacks on health workers, 06_10 Attacks on health-care system, 07_01 Total expenditure on health workforce, 07_02 Total official development assistance on health workforce, 07_03 Total expenditure on compensation of health workers, 07_04 Public expenditure on compensation of health workers, 07_07 Gender wage gap.
- **Global Milestones (2020) of the Global Strategy on Human Resources for Health: Workforce 2030, the action contributes to:**
 - All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
 - All countries have a human resources for health unit with responsibility for development and monitoring of policies and plans.
 - All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
 - All countries have established accreditation mechanisms for health training institutions.
 - All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
 - All countries are making progress on sharing data on human resources for health through national health workforce accounts and submit core indicators to the WHO Secretariat annually.
 - All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.