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POLICY BRIEF : SCOPE FOR A FUTURE OF HEALTH WORKFORCE INITIATIVE

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TABLE OF CONTENTS

SECTION 1

POLICY BRIEF AND A PROPOSED SCOPE FOR THE AFRICA-EUROPE FOUNDATION FUTURE HEALTH WORKFORCE INITIATIVE

POLICY BRIEF

EXECUTIVE SUMMARY

In 2016, experts estimated a shortage of 18 million health workers globally. The ravages of the COVID-19 pandemic have not only highlighted the need for a competent, supported, and motivated health workforce but slowed global progress against existing shortfalls. Health workforce shortages are here now and will worsen as we approach 2030 hindering efforts to meet Universal Health Coverage targets, and equitable access to healthcare.

In Europe, high-income countries are already experiencing the shortfalls previously predicted, while previously stressed health systems in African countries have been further weakened. Both regions are experiencing a loss of health workers through COVID-19 related death, burnout, and resignation. Add to this the horizons of change which include an increased use of digital health services, changing disease burden, more complex healthcare, health worker migration, and a shrinking fiscal environment.

Since 2006, the World Health Organization (WHO) European, and African entities have been documenting the health workforce crisis and strategies needed to address the issue. The problem is worsening. What is needed now is a politically endorsed initiative, aligned with current health workforce best practice thinking, to ensure action is taken at a country and regional level.

A proposed *Future of Health Workforce Initiative*, leveraging current Africa-Europe Foundation (AEF) political relationships, is needed to:

— ***ADVOCATE*** *for the immediate progress of the health workforce development agenda with high level stakeholders and decision makers*
— ***CONNECT*** *state, regional, and country stakeholders across sectors and constituencies to cross-pollinate experience, learning, and solutions to accelerate the pace of change*
— *Ensure that* ***DIGITIZATION*** *is an enabler for health workforces to deliver high quality and efficient health services*
— *Support* ***ANALYSIS*** *and use of health workforce data to ensure data informed decisions for the management and planning of the current and future health workforces*

Through an initial round of stakeholder consultations, the Africa-Europe Foundation has identified the need for a Future of Health Workforce Initiative for Africa and Europe. The Foundation's vision for such an initiative is embedded in the global need for a health workforce to meet current, changing, and future needs. The concept extends beyond the traditional human resources for health (HRH) realm of doctors, nurses, midwives, and community health workers to encompass the range of enabling cadres that are needed to deliver the health services of the future, including but not limited to health workers in information technology, machine learning, robotics, health product and workforce regulation, supply chain, biomedical specialties, etc.

INTRODUCTION

The importance of a sustainable and responsive health workforce is increasingly recognized, but country action is limited in an environment of growing population health needs and economic constraints. Evidence-based health workforce policies have become a critical component in providing equitable and high-quality health services towards attaining universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs). Although these policies and agreed actions exist, enacting them at a country level has been too slow with health workforce needs in Europe and Africa worsening, not improving.

METHODOLOGY

This policy brief and supporting documentation has been developed following a series of initial scoping interviews, two open strategy sessions, a targeted literature review, semi-structured interviews, and an online survey, all engaging a range of regional and global stakeholders active in the realm of health workforce. Using this evidence, a concept note for a 'Future of Health Workforce Initiative' is provided, giving scope for such a project, designed to be aligned with the WHO strategic approach, supporting the policy objectives of both African and European regional priorities and coordination mechanisms as they prepare to meet health workforce needs, both now and into the future.

RESEARCH, RESULTS AND CONCLUSION

Health systems can only function and equitable universal health coverage is only possible with health workers. Improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability, and quality.

THE IMPACT OF COVID-19

The pandemic has had a direct impact on the availability of the health workforce with deaths and burnout-related attrition significant but not quantifiable. Further, the global COVID-19 pandemic has amplified the need to have a real time understanding of the relationship between the health and care workers and addressing the global pandemic, while continuing to provide routine health services.

— *WHO estimates that up to 180,000 health and care workers could have died from COVID-19 in the period between Jan- May 2021.*
— *International Council of Nurses (ICN) reports that the pandemic has exacerbated the existing nurse supply shortfall and has forced rapid and "emergency" policy*

responses to try to increase nurse supply in all countries (Buchan, Catton, and Shaffer 2022).

— *ICN reports that if only an additional 4% (a conservative estimate) of the global nursing workforce were to leave as a result of pandemic impact, this would push the global nurse shortage estimate up to seven million (Buchan, Catton, and Shaffer 2022).*

Sustainability and resilience of health systems, including the health workforce are crucially important in Africa and Europe to prepare countries for emergency preparedness and response.

WHO SETS THE HEALTH WORKFORCE STRATEGY AGENDA

Beginning in 2006, World Health Assembly (WHA) resolutions, passed by all Members, have had an increasing focus on health workforce — calling for countries to build quality, evidence-based information systems for the health workforce, to invest and adequately support the health workforce.

WHO developed a strategy (World Health Organization 2016a), is promoting investment (World Health Organization 2016b), leveraged COVID-19 to increase the focus on public health and emergency preparedness (World Health Organization 2022c), recognises the need to support health workers (World Health Organization 2022e), and has a plan for member states to move forward (World Health Organization 2022).

AFRICA AND EUROPE ARE AWARE OF THE ISSUES AND HAVE OUTLINED STRATEGIC APPROACHES IN SUPPORT OF WHO STRATEGIES

Africa

The African Union (AU) AGENDA 2063: The Africa We Want (African Union 2015) and Africa Health Strategy 2016 — 2030 (African Union - Department of Social Affairs 2016) are the overarching strategy documents guiding health system and health workforce development, including calls for 'health research and innovation', 'investing in adolescents and youth' and 'enhanced multi-country collaboration' as further strategic approaches. The New Partnership for Africa's Development (NEPAD) Agency, AU Center for Disease Control and Prevention (Africa CDC), and the African Medicines Agency (AMA) are three further implementing organizations within the AU which have health workforce development within their agendas. Persisting health workforce issues include:

— Weak political leadership and governance of health workforce
— Poor retention of health workers
— Inadequate and inefficient use of financial and human resources
— Inadequate HRH education and training capacity
— Limited availability of health workforce data

Europe

In the European Union (EU) most responsibility for action in the field of health is held by Member States, but the EU has the responsibility, set out in its Treaty, to undertake certain actions which complement the work done by Member States, for example in relation to cross border health threats, patient mobility, and reducing health inequalities. In 2007 the European Commission adopted a new Health Strategy (European Commission 2007), and historically key health workforce initiatives have been supported including SEPEN - *Support for the health workforce planning and forecasting expert network (2017 — 2018)* (EU Health Programme n.d.) and *Joint Action Health Workforce Planning and Forecasting (2013 — 2016)* (European Health Management Association n.d.).

In 2021 the *programme — a vision for a healthier European Union* (European Commission 2021) was launched as well as BeWell — *Blueprint Alliance for a Future Health Workforce Strategy on Digital and Green Skills* in 2022 (European Health Management Association 2022).

The European Observatory on Health systems and Policies (European Observatory on Health Systems and Policies n.d.) and WHO Europe (World Health Organization - Regional Office for Europe 2010b) both provide extensive evidence regarding health workforce deficiencies and guidance for states to improve the health workforce.

Even in the presence of this guidance, WHO/Europe highlights the existing and worsening health workforce crisis through the Health and Care Workforce in Europe: time to act report (World Health Organization - Regional Office for Europe 2022). The report highlights the immediate and growing issues of:

— Inadequate health and care workforce governance and management mechanisms
— Insufficient recruitment and problems with retention of health and care workers (HCWs)
— Shortages of HCWs across all countries
— Insufficient investment in health workforce
— Lack of strategic planning informed by a sound analysis of the health labour market (HLM)
— Increased internal and international mobility of HCWs

— Skills mismatches
— Inefficient organization of work with unattractive employment and working conditions
— A lack of gender-responsive policies

CONCLUSION

Although WHO, European, and African institutions clearly present health workforce issues and health workforce strategies and actions that are systematic and supported by Member States, the application of this best practice knowledge is not consistent across countries and a worsening health workforce situation continues.
There is a consistent call for governments and health workforce stakeholders to progress the following areas within the health workforce sectors of both Africa and Europe:

— Health workforce data for planning and management
— Health worker resilience, care, and career
— Digitization of healthcare services and health workforce implications
— Health worker education and training
— Migration within and between regions
— Gender, youth, and health workforce

POLICY IMPLICATIONS AND RECOMMENDATIONS

The health workforce issues being experienced in Africa and Europe are clearly documented, as are the actions required to address these immediate and worsening health workforce issues.

A lack of political will, competing health priorities, and an absence of funding have and continue to limit implementation of health workforce development activities in both Europe and Africa.

A proposed Future of Health Workforce Initiative, leveraging current Africa-Europe Foundation political relationships, is needed in support of the collective VISION:

That Africa and Europe have the health workforce required to deliver quality public health functions and emergency preparedness, meeting country universal health coverage (UHC) goals now and into the future

The **MISSION** of the initiative would be:

> *To convene and advocate for health workforce expertise to be at the heart of health policy and planning. Working with stakeholders to support the African and European regions to have a resilient and adaptive health workforce able to meet the health workforce challenges of the future.*

The proposed Future of Health Workforce Initiative would demonstrate the following **VALUES**:

— Respectful of the sovereignty of nations, looking for equitable & mutual benefit in all intercountry exchanges
— Catalysing country driven processes, prioritizing identified country and regional needs
— Forward looking, linked to vision of UHC systems in 2030
— Open and transparent in operations and communications
— Data driven with a proactive approach
— Aligned with WHO as the global lead for health workforce standards and policy direction
— Complementary and cooperative approach with all stakeholders engaged in health workforce with a focus on national level implementation
— Taking health workforce thinking beyond traditional health cadres
— Acknowledging and addressing factors that influence the health labour market

The **SCOPE** of the initiative would aim to:

— ***ADVOCATE*** *for the immediate progress of the health workforce development agenda with high level stakeholders and decision makers. Including:*

- Supporting health workforce development through garnering political commitment to facilitate policy change, domestic and international resource mobilization, & implementation at country and regional levels
- Supporting planning and investments to sustain and grow the workforce to meet future needs (decent jobs, equitable pay, advancing gender equity, improved working conditions, education, psychosocial support, career advancement), aligned with the WHO roadmap
- Encouraging education institutions to foster competency-based education and training of clinical and non-clinical (Including non-traditional e.g., data scientists, supply chain) healthcare cadres to meet current and future needs without compromising professional standards (i.e., digital ready, patient focused, quality-minded.)
- Engaging the next generation of health workers (youth) with their increased focus on innovation and digitization
- Amplifying gender issues as they affect employment opportunities and career progression
- Amplifying the voice of health workers focusing on supporting the workplace change needed for safe, productive, supported, and meaningful work

— ***CONNECT*** *state, regional, and country stakeholders, across sectors and constituencies to cross-pollinate experience, learning and solutions to accelerate the pace of change. Including:*

- Engaging and working with relevant sectors—within and beyond health—including international and regional bodies, educational institutions, professional associations, unions, civil society, for the promotion of the health workforce development agenda
- Providing a platform for relationships for organisational level knowledge and skills sharing, in the area of health workforce. Making information and expertise more accessible to address country/regional challenges, and enabling learning
- Advancing expert thinking on creating solutions in health workforce by facilitating cross-disciplinary thinktanks and ensuring dialogue between policy makers and stakeholders

— *Ensure that* ***DIGITIZATION*** *is an enabler for health workforces to deliver high quality and efficient health services. Including:*

- Expanding on existing health workforce models to include digital competence and digital transformation in health service delivery
- Considering the changing dynamics of the health workforce to meet the more digitised health system of the future. (i.e., what competencies are required for existing cadres, what new cadres are required?)
- Supporting the roll-out of the infrastructure needs required for implementation of the WHO National Health Workforce Accounts (NHWA) (World Health Organization 2018) (Data driven system for workforce planning and management)
- Working with education and training institutions to encourage a future health workforce ready to meet industry needs
- Exploring opportunities offered by EdTech and other digital platforms to expand access to learning in Africa and Europe
- Supporting human resource information systems that are resilient enough to manage changes in response to dynamic, evolving circumstances, in the areas of: supply, demand, gender, migration, technology, and health service delivery

— *Support* ***ANALYSIS*** *and use of health workforce data to ensure data informed decisions for the management and planning of the current and future health workforces. Including:*

- Catalysing health systems research focusing on current health workforce issues and the future, with specific reference to; digitization, domestic resource mobilization, improved quality of care, patient safety, agility, and resilience
- Advancing the implementation of data led health workforce planning and management (e.g., NHWA)
- Advancing health workforce horizon planning through expanding on existing models to include changes in service delivery through digitization, and the inclusion of a wide range of clinical and non-clinical cadres
- Supporting the development of competencies required to analyse and use human resources information systems data for health workforce management and future planning

SECTION 2

FINDINGS AND RECOMMENDATIONS - OVERVIEW

OVERVIEW

In 2016, experts estimated a shortage of 18 million health workers globally, and while this number has been reduced to 15 million in 2020 the ravages of the COVID-19 Pandemic have not only highlighted the need for a competent, supported, and motivated workforce but slowed global progress toward existing shortfalls. It remains that in 2030, there will still be a shortage of health workers (Boniol et al. 2022). In Europe, high-income countries are already experiencing the shortfalls previously predicted, enhanced by the difficulties of COVID-19 (Liu et al. 2017), while already stressed health systems in African countries have been further weakened, through a loss of health workers in the pandemic through death, burnout, brain drain, and resignation. Projected data suggests increased inequity, with high-income countries having a health worker density that is 6.5 times that of low-income countries (Liu et al. 2017; Sheather and Slattery 2021). Add to this the horizons of change that digital health services promise, changing disease burden, more complex healthcare, health worker migration, growth of private sector, greater demands by patients, and a shrinking fiscal environment.

How can we do our best to prepare the future health workforces needed by Europe and Africa to meet these challenges and be ready for 2030 and beyond? Is there a role, in an already busy workforce development landscape for an Africa-Europe Foundation Future of Health Workforce Initiative?

Yes, there is, it is needed, and its role is clear.

Scenario planner and strategist Matt Ranen was commissioned by IntraHealth International to consider the future of health work in Africa and provides us with three potential scenarios regarding the future of health work in the African context, views of a possible future (IntraHealth, 2020):

CYBERPUNK AFRICA

In this scenario, weak or inconsistent governance and ineffective global institutions lead to an influx of new actors and unregulated treatments. New platforms allow for wider (and at times better) care than what was previously available, but also an explosion of unintended consequences.

FURTHER, TOGETHER

In this scenario, new leadership transforms whole systems of care—beyond just optimizing treatment delivery, in an attempt to build a more resilient society and redefines the goals of universal health coverage itself.

MUDDLING THROUGH

In this scenario, economies grow, universal health coverage is declared, and programs are put in place, but inherent tensions and constraints lead to moments of underperformance or disappointment. Reality on the ground is not quite what people were envisioning in 2020.

Fig 1. *Authors impression of the goal of an Africa-Europe Foundation Future of Health Workforce Initiative.*

THE SUN SHINE

12th Dec 2030 WORLD EXCLUSIVES

EU & AU COUNTRIES REACH UHC– ACCELERATED BY FOUNDATION WORKFORCE INITIATIVE

As universal health coverage day dawns this year we celebrated with EU & AU countries as they confirm a minimum set of health services is now accessible by all. On the back of the devastating COVID-19 global pandemic in 2020-22 the two unions supported the development of The Future Health WorkforceInitative

Through unprecedented cooperation, peer learning, advocacy, and political will the Observatory has foster deep understanding of health workforce in country contexts and laid the foundation for accelerated acceptance of a more efficient and technology responsive health system.

HOW CAN WE BETTER PLAN THE HEALTH WORKFORCES FOR AFRICA AND EUROPE, WHAT NEEDS TO BE DONE?

Through an initial round of stakeholder consultations, the Africa-Europe Foundation has identified the need for a Future of Health Workforces Initiative for Africa and Europe. The foundation's vision for such an initiative is embedded in the global need for a health workforce to meet current, changing, and future needs. The concept extends beyond the traditional human resources for health (HRH) realm of doctors, nurses, midwives, and community health workers to encompass the range of enabling cadres that are needed to deliver the health services of the future, including but not limited to health workers in information technology, machine learning, robotics, health product and workforce regulation, supply chain, biomedical specialties, etc.

The importance of a sustainable and responsive health workforce is increasingly recognized, but country action is limited in an environment of growing population health needs and economic constraints (Kuhlmann et al. 2018; Ahmat et al. 2022). Evidence-based health workforce policies have become a critical component in providing equitable and quality health services towards attaining universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs) (Pozo-Martin et al. 2017).

This policy brief and supporting documentation has been developed following a series of initial scoping interviews, two open strategy sessions, and a targeted literature review, semi structured interviews, and an online survey, all engaging a range of regional and global stakeholders active in the realm of heath workforce. Using this evidence, a concept note for a 'Future of Health Workforce Initiative' is provided, giving scope for such a project, designed to support the policy objectives of both the African Union and European Union as they prepare to meet health workforce needs of the future.

Thematic analysis of the above inputs strongly suggests clear opportunities for a 'Future Health Workforce Initiative". In this section we provide a brief statistical overview of the health workforce in Africa and Europe, outline the global standards role of WHO, then present current positioning of the African and European Union regarding health workforce policy, actions, and gaps. Further, we list a range of stakeholders working in this area.

HEALTH WORKFORCE STATISTICAL OVERVIEW

The WHO National Health Workforce Accounts (NHWA) is a global database populated by countries using globally agreed indicators (World Health Organization 2018). The data presented in the Global Health Workforce Statistics database (World Health Organization n.d.) are processed data extracts of the national reporting in the NHWA data platform. Complementing the national reporting, additional sources such as the National Census, Labour Force Surveys and key administrative national and regional sources are also employed.

Due to the use of multiple data sources, considerable variability remains across countries in the coverage, periodicity, quality, and completeness of the original data. The health worker occupations used in these databases are classified according to the latest version of the International Standard Classification of Occupations (ISCO — 08) (International Labour Organization n.d.).

There are great disparities regarding the distribution of health workforce cadres between Europe and Africa.

The following table is provided as a quick reference comparative overview. Deeper analysis of a variety of cadres and countries can be conducted on the Global Health Workforce Statistics database (World Health Organization n.d.).

Table X. *Europe and Africa Health workforce summary table using WHO data from the Global Health Workforce Statistics database.**

Health workforce	Europe	Africa
Medical Doctor Density per 10,000 population	**36.61**	**2.92**
Nurse and Midwives Density per 10,000 population	**83.41**	**12.89**
Dentist Density per 10,000 population	**6.2**	**0.33**
Pharmacists Density per 10,000 population	**6.47**	**0.8**

**Data for the year 2020.*

NB: The data availability varies for every country with some data only available for one particular year.

STATE OF THE WORLD'S NURSING REPORT (SOWN): COUNTRY MONOGRAPHS

In 2020 a SOWN was undertaken utilizing the NHWA framework, producing snapshot country profiles (World Health Organization 2020a). ***Table X and Table X*** provide an overview of midwifery and Nursing density for African and European countries where data was available for 2020. Kenya and Germany country profiles are provided here to demonstrate many of the differences between European and African states. These profiles are available for all countries who provided data for the SOWN report in 2020 but are not routinely updated.

Midwifery Personnel Density in Africa and Europe Region

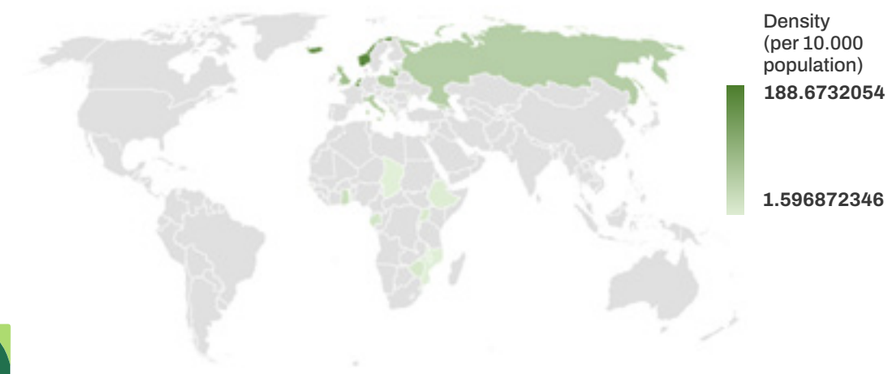
Country	Density (per 10.000 pop.)	Region	Year
Albania	6	EUR	2020
Austria	3	EUR	2020
Belgium	12	EUR	2020
Ethiopia	2	AFR	2020
United Kingdom	5	EUR	2020
Ghana	5	AFR	2020
Gambia	2	AFR	2020
Guinea-Bissau	1	AFR	2020
Israel	3	EUR	2020
Italy	3	EUR	2020
Lithuania	4	EUR	2020
Latvia	2	EUR	2020
Republic of Moldova	1	EUR	2020
Montenegro	4	EUR	2020
Mozambique	2	AFR	2020
Norway	5	EUR	2020
Poland	7	EUR	2020
Russian Federation	3	EUR	2020
Chad	0	AFR	2020
Togo	2	AFR	2020
Uganda	5	AFR	2020
Zimbabwe	6	AFR	2020

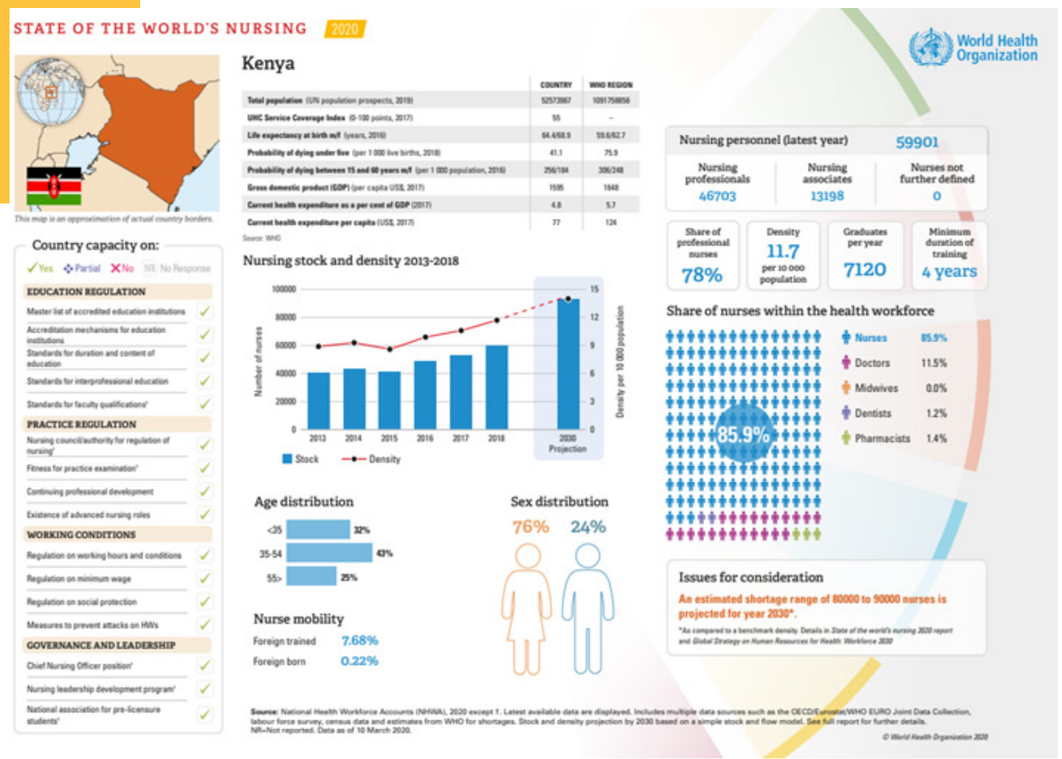
Nursing Personnel Density in Africa and Europe Region

Country	Density (per 10.000 pop.)	Region	Year
Albania	55	EUR	2020
Burundi	6	AFR	2020
Belgium	189	EUR	2020
Ethiopia	6	AFR	2020
Gabon	21	AFR	2020
United Kingdom	84	EUR	2020
Georgia	55	EUR	2020
Ghana	31	AFR	2020
Gambia	7	AFR	2020
Guinea-Bissau	7	AFR	2020
Iceland	168	EUR	2020
Israel	117	EUR	2020
Italy	60	EUR	2020
Lithuania	97	EUR	2020
Latvia	42	EUR	2020
Republic of Moldova	45	EUR	2020
Montenegro	50	EUR	2020
Mozambique	3	AFR	2020
Malawi	7	AFR	2020
Netherlands	116	EUR	2020
Norway	179	EUR	2020
Poland	61	EUR	2020
Russian Federation	59	EUR	2020
Eswatini	25	AFR	2020
Chad	2	AFR	2020
Togo	3	AFR	2020
Uganda	11	AFR	2020
Zimbabwe	15	AFR	2020

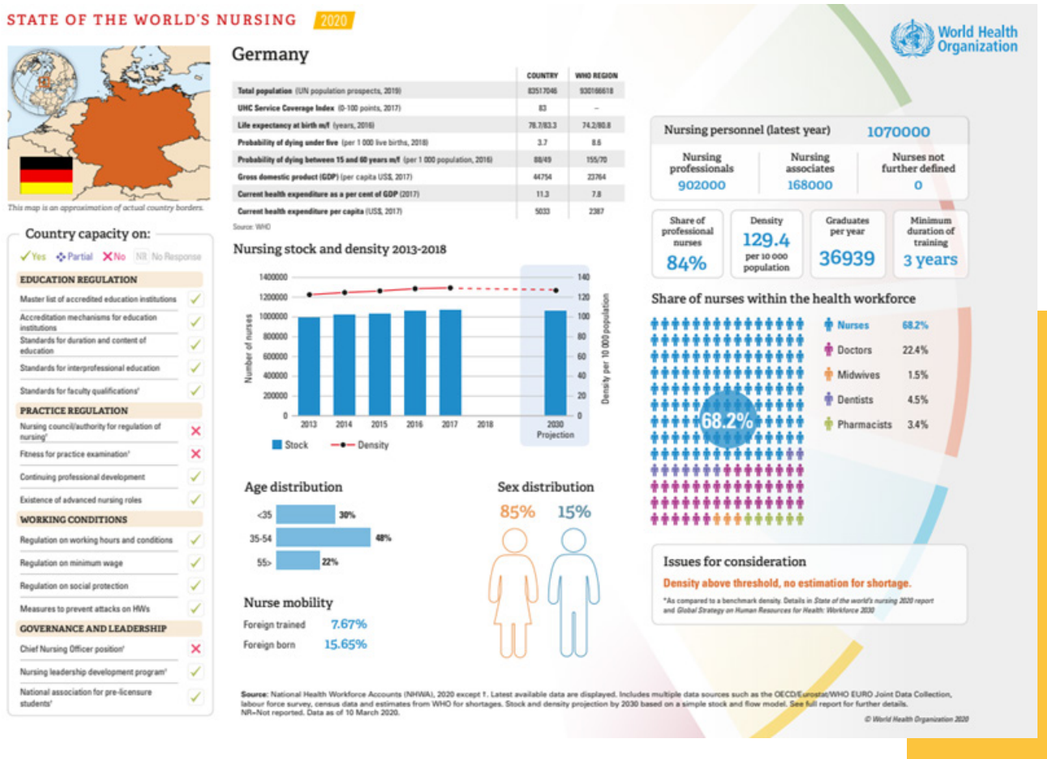
MIDWIFERY PERSONNEL DENSITY IN AFRICA AND EUROPE REGION

NURSING PERSONNEL DENSITY IN AFRICA AND EUROPE REGION





Source: (World Health Organization 2020c)



Source: (World Health Organization 2020b)

Germany

The SOWN report concluded that nursing is the largest occupational group in the health sector, accounting for about 59% of the total health workforce. From an equity perspective:

- *Around 81% of the world's nurses are found in the American, European, and Western Pacific regions, which account for 51% of the world's population.*
- *Individual countries experiencing low densities of nurses are mostly in the African, South-East Asia, and Eastern Mediterranean regions, and parts of Latin America.*
- *Global inequalities in availability of nursing personnel are largely income driven, with a density of 9.1 nurses per 10,000 population in low-income countries compared to 107.7 per 10,000 population in high-income economies.*

The global shortage of nurses, estimated to be 6.6 million in 2016, had decreased slightly to 5.9 million nurses in 2018. An estimated 5.3 million (89%) of that shortage is concentrated in low- and lower middle-income countries, where the growth in the number of nurses is barely keeping pace with population growth, improving only marginally the nurse-to-population density levels. This is further exacerbated by inter-regional and international migration, gender pay gaps, deteriorating working conditions and anticipated resignations. (Since this 2020 report was released, both COVID-19 burnout and resignations due to deteriorating pay and conditions against rising inflation, are worsening the problem. Therefore, there is a need to critically review the current method of health service delivery as well as the skills mix and teams which are required to deliver such services in the future (World Health Organization 2020d).

THE IMPACT OF COVID-19

The global COVID-19 pandemic has impacted all sectors and weakened economies but has also highlighted how essential health workers are to the health and well-being of populations ensuring equitable health care for all. While the economic impact included job losses, job losses in the health sector were fewer as compared to other sectors, even while working conditions have severely deteriorated (World Health Organization 2021b). The Pandemic has had a direct impact on the availability of the health workforce with deaths, and burnout related attrition significant but not quantifiable. Further, the global COVID-19 pandemic has amplified the need to have a real time understanding of the relationship between the health and care workers and addressing the global pandemic, while continuing to provide routine health services.

During the pandemic most countries struggled to have accurate, timely, available data on the health workforce, which has caused significant interruptions in health service delivery and the goal of achieving UHC. Thus, the lack of quality, available, up to date health workforce data made the planning and management of the health and care workers nearly impossible causing overwhelming stress to health workers and gaps in services delivery.

A scoping review published in June 2020, early in the pandemic, revealed consistent reports of stress, anxiety, and depressive symptoms in HCWs as a result of COVID-19 (Shreffler, Petrey, and Huecker 2020). With limited mitigation interventions these health workforce stressors have become more pronounced. In January 2022, the International Council of Nurses (ICN) published 'Sustain and Retain in 2022 and Beyond — The Global Nursing Workforce and the COVID-19 Pandemic' (Buchan, Catton, and Shaffer 2022). This brief focuses on the state of the nursing workforce at a time when a global pandemic continues to rage across the world.

The ICN report summarises the impact of COVID-19 on nurse supply:

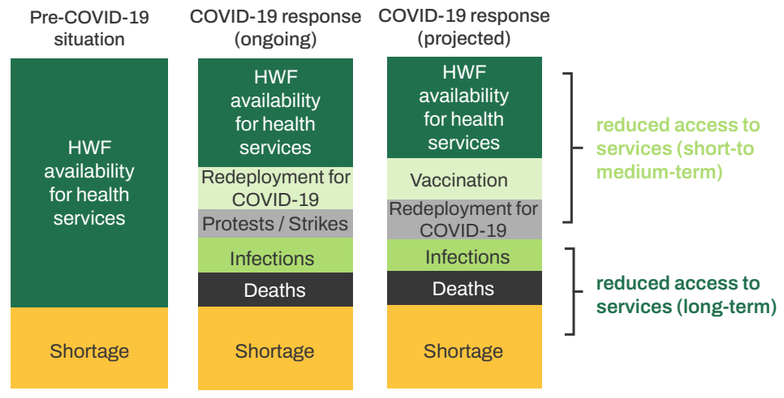
- *The global nursing workforce was estimated in 2019-20 as being 27.9 million nurses.*
- *Prior to the pandemic, the global shortage of nurses was estimated at 5.9 million nurses; nearly all of these shortages were concentrated in low and lower middle-income countries. The pandemic has exacerbated the existing nurse supply shortfall and has forced rapid and "emergency" policy responses to try to increase nurse supply, at the system level, in all countries.*
- *There is a growing evidence base on pandemic impact, both on the personal level (stress, workload, infection risks, demands made of nurses to "cope" and be "resilient", and concern about "moral injury") and on the implications of the system responses (re-deployment, new responsibilities, access to PPE, etc.).*
- *The pre-pandemic shortage of nurses has been exacerbated by the impact of the pandemic. Burnt out nurses are leaving employment or taking leave of absence.*
- *If only an additional 4% (a conservative estimate) of the global nursing workforce*

were to leave as a result of pandemic impact, then the increased outflow of nurses would be more than one million; this would push the global nurse shortage estimate up to seven million.

In one recent USA survey, 55% of frontline clinicians reported that their experiences during the COVID-19 pandemic have somewhat or significantly reduced their interest, willingness, or ability to continue working in their field. About 35% forecast they were not at all or only a little likely to still be working in the field in 5 to 10 years (Hendrickson et al. 2022). Data from Europe and Africa has been spasmodic (baring a new report from WHO Euro Sept 2022), but these themes were reinforced by our semi-structured interview respondents and media reports.

There is limited data from WHO and other sources that systematically documents the impact of COVID-19 on the health workforce. In October 2021 WHO estimated that between 80 000 and 180,000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths (World Health Organization 2021). A tragic loss to an already depleted workforce. ***Figure x*** provides a conceptual overview of the effect of COVID-19 on the availability of health workers in the context of the existing global shortage. Countries across Europe and Africa are feeling that loss in terms of reduced health services and further resignations of health workers from the industry due to burnout and stress.

Figure X. *WHO conceptual overview of the effect of COVID-19 on the availability of health workers in the context of existing global health workforce shortages.*



Similarly, while health coverage has traditionally been measured for essential health workers (doctors, nurses, midwives, pharmacy), the pandemic has emphasized the importance of a broader skills mix (James Buchan, Gemma A. Williams, and Tomas Zapata 2021). There is an emerging need for other professional categories, and this skills gap, changing care delivery models, and workplace conditions require changes in both the training of health workers and the cadres of workers needed to deliver health care services. However, education and training of health professionals are not keeping pace with these changes; an over-emphasis on the traditional health cadres of doctors and nurses in comparison to other professional workers is becoming more pronounced (Maeda, A., & Socha-Dietrich, K 2021).

WHO has documented that COVID-19 has caused major disruptions and backlogs in health care over the course of the pandemic (World Health Organization — Regional Office for Europe n.d.). The global pulse survey dashboard represents findings from the third round of the WHO Global pulse survey on continuity of essential health services during the COVID-19 pandemic (World Health Organization 2021c). 129 countries, territories, and areas participated in the third round during November-December 2021 (reflecting the situation during previous 6 months). One aspect of the survey determined the main bottlenecks and priority needs to scale up essential COVID-19 services. Health workforce challenges are highlighted as a main barrier: For COVID-19 diagnostics and testing (56% report Health Workforce challenges), COVID-19 therapeutics availability (64% Health Workforce challenges, COVID-19 vaccination (35% Health Workforce challenges). Although the survey noted 87% countries making investments in health workforce capacity strengthening the fiscal value of these investments is not clear and the need continues (World Health Organization 2022b).

There is a global consensus that the COVID-19 Pandemic has and continues to erode health gains of the past two decades. As noted in the Lancet 'COVID-19 *threatens to reverse the progress of SDG 3, which aims to ensure healthy lives and wellbeing for all. During the crisis, 70 countries have halted childhood vaccination programmes, and in many places, health services for cancer screening, family planning, or non-COVID -19 infectious diseases have been interrupted or are being neglected. Health service disruptions could reverse decades of improvement, warns the report. Allowing people to slip through these service gaps could affect population health for years to come.'* (The Lancet Public Health 2020)

Sustainability and resilience of health systems, including the health workforce has become increasing important to prepare countries for emergency preparedness and response, both in Africa and Europe (Coates et al. 2021; de Biase, Dougherty, and Lorenzoni 2022). The 2021 World Health Assembly further reinforced that Member States should prioritize investments in a sustainable health and care workforce that is responsive to population needs, UHC, and future preparedness and response capacities (World Health Assembly 74 2021a).

Against this backdrop and the challenges that have emerged over the last few years, the need for global solidarity and faster progress towards building resilient health systems has become more urgent. Efforts should focus on what is being done (or not done) to ensure dialogue and resource mobilization to achieve sustainable and resilient health systems. This was further emphasized by WHO in 2022 with the release of The Working for Health Action Plan (2022-2030) (World Health Organization 2022). This plan presents how WHO, Member States, and stakeholders can jointly support countries to optimize, build and strengthen their health and care workforce. The Action Plan provides a progressive pathway that countries with even the most critical workforce challenges can follow to accelerate their progress towards equitable universal health coverage (UHC), emergency preparedness and response, and the Sustainable Development Goals (SDGs).

Figure X. *The WHO Working for Health Action Plan (2022-2030) Health Progression Model.*

	OBJECTIVES		
	OPTIMIZE	**BUILD**	**STRENGTHEN**
	Optimize the existing health and care worforce, creating and distributing th eskills and jobs neede to accelerate progress to UHC.	**Build the diversity, availability, and capacity of the health and care workforce, addressing critical shortages by 2030**	**Strenghten the protectiobn and performance of the health and care workforce to deliver health for all and respond to health emergencies.**
PLANNING & FINANCE	**Bolster data-driven planning and secure investment in the workforce**	**Scale up data-driven planning and investment in the workforce**	**Sustain data-driven planning and investment in the workforce**
EDUCATION & EMPLOYEMENT	**Absorb and retain existing health and care workers**	**Build education capacity and increase employment opportu-nities for the workforce**	**Strengthen the quality of workforce education and en-hance working conditions**
PROTECTION & PERFORMANCE	**Enforce safe and decent work, and advance gender equality and youth development**	**Build an equitable, equipped and supported workforce**	**Strengthen the effectiveness and efficiency of the workforce**

The following principles underpin The Working for Health Action Plan:

I. Use data to inform and drive decision-making in planning and investment.
II. Engage stakeholders through inclusive cross-sectorial dialogue.
III. Promote equity, ensuring the benefits reach the vulnerable and underserved.
IV. Align investment and action with the needs of populations and health systems.
V. Remain country-led, empowering national governance and leadership.

These principles, combined with the above Health Progression Model, reinforce how an Africa-Europe Foundation supported Future of Health Workforce Initiative can mobilise health workforce investments in and between African Union and European Union member states.

GLOBAL HEALTH WORKFORCE PERSPECTIVES FROM WHO

URGENCY OF CURRENT SITUATION FROM WHO

Health systems can only function and universal health coverage is only possible with health workers. Improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability, and quality. WHO projects a shortfall of 15 million health workers by 2030, mostly in low- and lower-middle income countries, with the recent COVID-19 pandemic creating a greater strain on the global health workforce, these projected needs have increased to a larger, but unknown global figure.

WHO notes that countries at all levels of socioeconomic development face difficulties in the education, employment, deployment, retention, and performance of their workforce to varying degrees. The chronic under-investment in education and training of health workers in some countries and the mismatch between education and employment strategies in relation to health systems and population needs are contributing to continuous shortages. These are compounded by difficulties in deploying health workers to rural, remote, and underserved areas, now further exacerbated by the COVID-19 pandemic.

In addition, increasing international migration of health workers may exacerbate health workforce shortfalls and undermine the equitable availability of health workers between countries and regions; low- and lower-middle income countries are particularly effected. Human resources for health information systems are often inadequate to take stock of health workers from within the public sector, while data is rarely from the private and informal sector. In some countries (e.g., Kenya), there is significant unemployment of health workers, due to over-supply and a lack of finance to increase employment levels. As a result, some countries face the paradox of health worker unemployment co-existing with major unmet health needs. Applying a data-driven health labour market perspective, where supply, demand, and need are considered can counter these issues.

WHO's focus on improving the availability, retention and optimal use of the health workforce has never been more critical.

HISTORY OF WORLD HEALTH ASSEMBLY RESOLUTIONS ON HEALTH WORKFORCE

Beginning in 2006, World Health Assembly (WHA) resolutions passed by all member states (currently there are 194 member states), have had an increasing focus on health workforce, calling for countries to build quality, evidence-based information systems for the health workforce, to invest in and adequately support it. Guided by input from member states, WHO has set a clear and logical path to improve health workforce, with implementation varying in countries and regions based on country priorities and avai-

DATE	RESOLUTION	IMPORTANCE
May 2006	WHA 59.27 Strengthening nursing and midwifery (World Health Assembly 59 2006)	Focused on the global shortage of doctors, nurses, and midwives; similar timing as the World Health Report
May 2007	WHA 60.27 Strengthening of health information systems (World Health Assembly 60 2007)	Encouraged WHO member states to develop and use accurate data to estimate the workload for health workers
May 2010	WHA 63.15 Monitoring of the achievement of the health-related Millennium Development Goals (World Health Assembly 63 2010)	Encouraged WHO member states to develop health information systems to monitor the implementation of the health-related Millennium Development Goals.
May 2016	WHA 69.19 Global Strategy on HRH: Workforce 2030 (World Health Assembly 69 2016)	Instrumental in laying out four major initiatives: having evidence-informed policies to optimize the workforce; catalysing investments in health labour markets to meet population needs; building institutional capacity and partnerships in HRH governance and leadership; and using data for monitoring and accountability including the implementation of the National Health Workforce Accounts (NHWA) and annual reporting to the Global Health Observatory
January 2017	EB 140.3 - Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth (Executive Board 2017)	Motion by the Executive Board to finalize and submit for consideration at WHA 70 the Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021)
May 2017	WHA 70.6 Working for health: five-year action plan for health employment and inclusive economic growth (2017–2021) (World Health Assembly 70 2017)	A mechanism for coordinating the intersectoral implementation of the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth, supporting WHO's Global Strategy on Human Resources for Health: Workforce 2030 and advancing Universal Health Coverage. It gave impetus to 2 recommendations related to HRH data: 1) the establishment of an inter-agency data exchange and an online knowledge platform on the health and social service workforce; and 2) the establishment of an international platform on health worker mobility.
May 2019	WHA 72.3 Community health workers delivering primary health care: opportunities and challenges (World Health Assembly 72 2019b, 3)	Encouraged Member States to align the design, implementation, performance, and evaluation of community health worker programmes with programme development and financing decisions to support human capital and health workforce development
May 2019	WHA 72(19) 2020: International Year of the Nurse and the Midwife (2019) (World Health Assembly 72 2019a)	Decision that designated 2020 as the international year of the nurse and midwife.
May and Nov 2020	WHA A73/9 WHO Global Code of Practice on the International Recruitment of Health Personnel (2020) (World Health Assembly 73 2020a)	Report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel
May and Nov 2020	WHA 73(30) Human resources for health (World Health Assembly 73 2020b)	World Health Assembly decision concluding the work of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel, noting its report, and encouraging Members to implement the Expert Advisory Group recommendations.
May 2021	WHA A74/8 WHO results framework: an update Strengthening of health information systems (World Health Assembly 74 2021c)	Measures progress made toward implementing WHA60.27 (HIS) and given COVID-19 highlights the importance of data and health information systems (HIS) in guiding policy responses to the crisis; current data and HIS are inadequate to track health emergency protection, preparedness, and recovery.
May 2021	WHA 74.14 Protecting, safeguarding and investing in the health and care workforce (World Health Assembly 74 2021a)	Resolution calling on Member States to continue implementation of the Global Strategy on Human Resources for Health: Workforce 2030, including through the Global Health Workforce Network
May 2021	WHA 74.15 Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery (World Health Assembly 74 2021b)	Resolution adopting the global strategic directions for nursing and midwifery 2021 – 2025 (World Health Organization 2021a) and calling on Member States to implement the policy priorities identified in the strategic directions.
May 2022	WHA 75.17 Human resources for health (World Health Assembly 75 2022, 75)	Resolution building on WHA 74.14 adopting the Working for Health 2022–2030 Action Plan18 as a platform and implementation mechanism for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection; calling on Member States to implement the Action Plan.

CURRENT WHO DIRECTION AND POINTS OF FOCUS FOR MEMBER STATES

WHO is seen as the global standard-setter for health workforce and the UN entity that dominates the global direction of health workforce strategy. Further, WHO has regional offices which are more directly engaged in regional and country implementation. Third party Initiatives on health workforce need to align with their approach and take care not to compete or be seen as competing with WHO to avoid unnecessary friction in the health workforce arena.

Currently WHO is encouraging countries to focus on the following strategic areas, ***Table X***.:

TABLE X. SUMMARY OF WHO GLOBAL HEALTH WORKFORCE FOCUS (2022)

	WHO STRATEGIC INITIATIVE	OVERVIEW OF STRATEGIC FOCUS
I.	Global strategy on human resources for health: Workforce 2030 (World Health Organization 2016a)	Overall goal of the document is to improve health, social and economic development outcomes by ensuring universal availability, accessibility, acceptability, coverage and quality of the health workforce through adequate investments to strengthen health systems, and the implementation of effective policies at national, regional and global levels. This is supported by four strategic objectives, which span policy, investment, capacity building, and data.
II.	Working for Health and Growth: Investing in the health workforce (World Health Organization 2016b)	Document making recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers, primarily in low- and lower-middle income countries, by 2030. Includes 10 recommendations to transform the health workforce for the Sustainable Development Goals and enable change.
III.	Health workforce policy and management in the context of the COVID-19 pandemic response: interim guidance (World Health Organization 2020e)	Consolidates COVID-19 guidance for human resources for health managers and policymakers at national, subnational and facility levels to design, manage and preserve the workforce necessary to manage the COVID-19 pandemic and maintain essential health services.
IV.	Global Strategic Directions for strengthening Nursing and Midwifery (2020-2025) (World Health Organization 2021a)	Presents evidence-based practices and an interrelated set of policy priorities that can help countries to ensure that midwives and nurses optimally contribute to achieving universal health coverage (UHC) and other population health goals. The document comprises four policy focus areas: education, jobs, leadership, and service delivery. Each area has a "strategic direction" articulating a goal for the five-year period and includes between two and four policy priorities.
V.	WHO Global Code of Practice on the International Recruitment of Health Personnel (World Health Organization 2010)	Recalling resolution WHA57.19 in which the World Health Assembly requested the Director-General to develop a voluntary code of practice on the international recruitment of health personnel in consultation with all relevant partners.
VI.	Delivered by women, led by men: a gender and equity analysis of the global health and social workforce (World Health Organization 2019)	WHO Gender Equity Hub identified and reviewed over 170 studies in a literature review of gender and equity in the global health workforce, with a focus on four themes: occupational segregation; decent work free from bias, discrimination and harassment, including sexual harassment; gender pay gap; and gender parity in leadership.
VII	National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response (World Health Organization 2022c)	A roadmap to: – Outline the actions to identify the skills and competencies needed to deliver the essential public health functions, including a specific focus on emergency preparedness and response. – Develop a shared understanding on the definition, classification and scope of practice of the workforce engaged in delivering these functions. – Provide high-level guidance and develop global public goods in public health workforce policy and planning, the measurement and assessment of workforce capacity, and competency-based education to help countries bolster their national workforce capacity and readiness.
VIII.	Support for Global health and care worker compact at the Seventy-fifth World Health Assembly (World Health Organization 2022f)	The objective of this document is to provide technical guidance for Member States, and relevant stakeholders on how to protect and safeguard the health, safety, and human rights of health and care workers everywhere, and ensure they have safe, supportive enabling work environments.
IX.	Working for Health 2022-2030 Action Plan (World Health Organization 2022)	The Working for Health Action Plan (2022-2030) presents how WHO, Member States, and stakeholders can jointly support countries to optimize, build and strengthen their health and care workforce. The Action Plan responds to the Seventy-fourth World Health Assembly resolution WHA74.14 in 2021: Protecting, safeguarding and investing in the health and care workforce, which calls for a clear set of actions for accelerating investments in health worker education, skills, employment, safeguarding and protection to 2030.
X.	Working for Health Multi-Partner Trust Fund Expanding and transforming the global health workforce (United Nations n.d.)	Established by the International Labour Organization (ILO), Organisation for Economic Co-operation and Development (OECD), and World Health Organization (WHO), the vision of the MPTF is to provide everyone with equal access to health services provided by skilled and empowered health and social workers.
XI	National Health Workforce Accounts (NHWA) Implementation Guide (World Health Organization 2018)	The National Health Workforce Accounts (NHWA) is a system through which countries progressively improve the availability, quality, and use of data on their health workforce, and thus achieving universal health coverage, the United Nations Sustainable Development Goals and other national and global health objectives. The Guide proposes recommendations that enable countries to develop or improve systematic gathering and use of relevant HRH information in a sustainable and standardized manner.

Three of these strategic initiatives require specific mention as they underpin what is required for successful health workforce development to meet current and future needs:

GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH: WORKFORCE 2030

This strategy is the key guiding document with the following principles and objectives (World Health Organization 2016a):

- *Promote the right to the enjoyment of the highest attainable standard of health.*
- *Provide integrated, people-centred health services devoid of stigma and discrimination.*
- *Foster empowered and engaged communities.*
- *Uphold the personal, employment and professional rights of all health workers, including safe and decent working environments and freedom from all kinds of discrimination, coercion, and violence.*
- *Eliminate gender-based violence, discrimination, and harassment.*
- *Promote international collaboration and solidarity in alignment with national priorities.*
- *Ensure ethical recruitment practices in conformity with the provisions of the WHO Global Code of Practice on the International Recruitment of Health Personnel.*
- *Mobilize and sustain political and financial commitment and foster inclusiveness and collaboration across sectors and constituencies.*
- *Promote innovation and the use of evidence.*

WORKING FOR HEALTH AND GROWTH: INVESTING IN THE HEALTH WORKFORCE

The High-Level Commission on Health Employment and Economic Growth identified investments in the following 10 pathways as critical to meeting health workforce needs, outlining a call to action for specific stakeholders including political leaders, The UN Secretary-General, National governments, and the international community (World Health Organization 2016b).

Table X. Summary of High-Level Commission on Health Employment and Economic Growth required investments in health workforce if current and future needs are to be met.

PATHWAY FOR INVESTMENT		PURPOSE FOR THIS INVESTMENT
1.	JOB CREATION	Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places
2.	GENDER AND WOMEN'S RIGHTS	Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes.
3.	EDUCATION, TRAINING AND SKILLS	Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential.
4.	HEALTH SERVICE DELIVERY AND ORGANIZATION	Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.
5.	TECHNOLOGY	Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems.
6.	CRISES AND HUMANITARIAN SETTINGS	Ensure investment in the International Health Regulations core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings.
7.	FINANCING AND FISCAL SPACE	Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers
8.	PARTNERSHIP AND COOPERATION	Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans.
9.	INTERNATIONAL MIGRATION	Advance international recognition of health workers' qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants' rights.
10	DATA, INFORMATION & ACCOUNTABILITY	Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.

AFRICAN POLICY AND DIRECTION

NHWA & HEALTH LABOUR MARKET THINKING

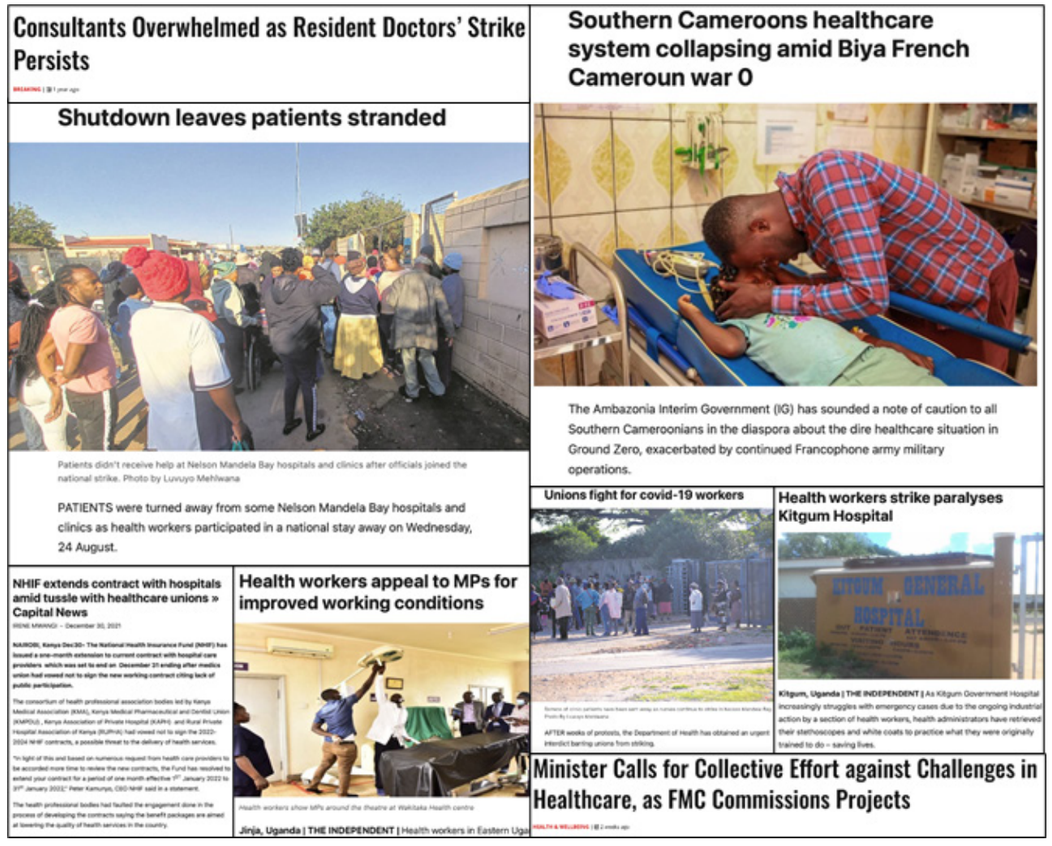
The National Health Workforce Accounts (NHWA) is a system through which countries progressively improve the availability, quality, and use of standardized data on their health workforce to enable evidence- based decisions regarding strategy, planning and managing of the health workforce (World Health Organization 2018).

The NHWA follows a health labour market analysis framework (labour supply, demand, and need), in which key indicators have to be monitored to provide a comprehensive overview of the dynamics of the health workforce in the country. This framework encompasses several health workforce sectors (education, health services, government, private sector), to produce an inclusive assessment of HRH data, requiring not only information on the density of health workers, but also information on health workforce education, finance, and migration.
In addition, an international NHWA web platform was elaborated for countries to store data, monitor their indicators and report key national statistics on their health workforce to WHO (World Health Organization 2022b). Access to the web platform and to NHWA supporting documents is available on the WHO Health Workforce Department website. The WHO notes that data is incomplete and not always timely.

CURRENT GAPS

Although the WHO health workforce strategy is clear, logical and supported by member states, the application of these suggested approaches is not consistent across countries. Lack of political will, multiple competing health priorities and an absence of funding has and continues to limit implementation. There is an existing opportunity for the Africa-Europe Foundation to focus on **Advocacy, Connection, Digitization and Analysis** to assist WHO in operationalizing its health workforce strategies. Key actions include but are not limited to; health system resilience, building back better approaches, improving interagency collaboration, improving HWF training and availability, harnessing technological advancements, domestic resource mobilization, supporting governments for strategic interventions to strengthen a regional approach to health system interventions

URGENCY AND SHORTCOMINGS FROM MEDIA



CURRENT ORGANIZATIONS AND POLICY DIRECTION

The African Union (AU) is made up of 55 Member States which represent all the countries on the African continent with an estimated current population of approximately 1.4 billion people (Worldometers.info n.d.). AU Member States are divided into five geographic regions. which were defined in 1976: Central Africa, Eastern Africa, Northern Africa, Southern Africa, Western Africa.

AGENDA 2063: The Africa We Want is the AUs master plan for transforming Africa into the global powerhouse of the future. It is the continent's strategic framework that aims to deliver on its goal for inclusive and sustainable development and is a concrete manifestation of the pan-African drive for unity, self-determination, freedom, progress and collective prosperity pursued under Pan-Africanism and African Renaissance. Health and Health Workforce are present in two key Aspirations:

- Aspiration 1): A Prosperous Africa, based on Inclusive Growth and Sustainable Development
  - o Goal (3): Healthy and well-nourished citizens
- Aspiration 6): An Africa whose development is people driven, relying on the potential offered by African People, especially its Women and Youth, and caring for Children
  - o Goal (17): Full Gender Equality in All Spheres of Life

The AU Africa Health Strategy 2016 — 2030 (African Union - Department of Social Affairs 2016) overarching document is inspired by other continental and global commitments which it does not seek to replace nor duplicate but is intended to enhance further the commitments reflected in these global and continental instruments. This strategy provides strategic direction to Africa's Member States in their efforts in creating better performing health sectors, recognizes existing continental commitments and addresses key challenges facing efforts to reduce the continent's burden of disease mainly by drawing on lessons learned and taking advantage of the existing opportunities. Its strategic directions require multi-sectoral collaboration, adequate resources along with leadership to champion its implementation and to ensure effective accountability for its results. In the AUs aim to achieve UHC by 2030 the following Health Workforce strategic priority is noted:

- *Creating adequate national human resource management frameworks to substantially increase health worker training, recruitment, deployment, regulation, support and retention. It is crucial to address health worker education in Africa as well as to address the challenges of health worker education, mobility and migration as a key emerging issue.*

Further, the following strategic approach is highlighted:

- Prioritizing human resources for health. Health sector reforms must ensure there is a human resource management plan and capacity that: promotes all aspects of human resources for health development and retention, addresses policies, strategic plans, information, training, recruitment, deployment and retention, administration, working and living conditions and the health of staff. Good performance of all health staff should be rewarded. Expertise in health management should be developed. The establishment of continental/sub regional norms and standards of training and licensing should be instituted. All countries should establish National Health Workforce Observatories. Mechanisms to enhance cooperation and sharing experience among countries should be encouraged. Additionally, a continental mechanism to regulate and better manage intra and extracontinental migration of health workers needs to be established.

In addition, the AU Africa Health Strategy 2016 — 2030 calls out for 'Health research and innovation', 'Investing in adolescents and youth' and 'enhanced multi-country collaboration' as further strategic approaches.

New Partnership for Africa's Development (NEPAD) Agency, AU Center for Disease control (Africa CDC), and the African Medicines Agency (AMA) are three further implementing organizations within the AU which have health workforce development within their agenda.

NEPAD / AU Development Agency is the implementing arm for the AU's Agenda 2063 development strategy (African Union 2015). NEPAD is based in South Africa and is mandated to facilitate and coordinate the implementation of regional and continental priority development programmes and projects, and to push for partnerships, resource mobilisation and research and knowledge management. The Health, Humanitarian Affairs and Social Development entity (HHS) (African Union n.d.) works to promote the AU's health, labour, employment, migration, social development, drug control, crime prevention, sport and cultural agenda. Within this structure the Directorate of Health and Humanitarian Affairs oversees health workforce activities (African Union n.d.).

The Agency has the primary objective of transforming Africa. It focuses on:

— Incubating high-impact projects that demonstrate proof-of-concept to translate the AU's continental strategic development frameworks into national development priorities
— Enhancing knowledge sharing among countries, supported by evidence-based feedback on best practices for regional integration
— Brokering partnerships and resource mobilisation for the implementation of the First Ten-Year Implementation Plan of Agenda 2063.

The Agency's programmes are in the areas of Human Capital Development (skills, youth, employment, and women's empowerment).

AU Center for Disease Control and Prevention (Africa CDC) is a specialized technical institution of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control, and respond quickly and effectively to disease threats.

With regard to health workforce specifically, Africa CDC is mandated to "support Member States in capacity building in public health through, medium and long-term field epidemiologic and laboratory training programmes". The Africa CDC Framework for Public Health Workforce Development, 2020-2025 guides this agenda with a focus on the following priorities (Africa Centres for Disease Control 2020):

- *Advocating at the highest government levels for epidemiology, laboratory, and informatics training programs as key components of health security*
- *Promoting accreditation of existing Field Epidemiology Training Programs*
- *Collaborating with African schools of public health to increase the number of Africans with graduate-level training*
- *Promoting development of new programs for laboratory leadership and public health informatics, including standard curricula*
- *Advocating for civil service career tracks for epidemiologists, laboratory leaders, and informaticians within government health agencies*
- *Developing an Africa CDC Institute for Workforce Development to provide online training and continuous tracking of professional development*

AU, Africa CDC Institute for Workforce Development (IWD) was established in partnership with the Rollins School of Public Health at Emory University to strengthen public health workforce in Africa through training of public health professionals already working at National Public Health Institutes, Ministries of Health and other related institutes in African Union Member States (African Union n.d.). The courses are delivered online, in-person or through a combination of both channels, by a carefully selected faculty, using context-appropriate, culturally sensitive and technically instructive modules that are tailored to the needs of trainees and their Member States.

AU, Health Workforce Task Team At the 35th ordinary session of the Assembly of the African Union Summit, President Cyril Ramaphosa, the African Union Champion for Covid-19, proposed the establishment of the African Union Health Workforce Task Team, which was endorsed by the Summit. Lead by Africa CDC the task team is currently being established but will have a focus on funds mobilization and aligning efforts to prioritize health and health systems (African Union and Africa Centres for Disease Control 2022b)

AU African Medicines Agency (AMA) will be established as a Specialized Agency of the African Union (AU) dedicated to improving access to quality, safe and efficacious medical products and technologies on the continent (AUDA-NEPAD 2022). The AMA Treaty was adopted by the AU Assembly on 11 February 2019 with the development of the agency underway. Rwanda has recently been chosen to be the home of the AMA. The operationalization of this agency highlights the African focus on improved self-sufficiency in the area of medicines and technologies and highlights the need for necessary health workforce cadres to support not only the AMA but the expanding pharmaceutical industry that the AU seeks to see established (African Union 2019).

WHO — Regional Office for Africa (AFRO)

WHO AFRO as a regional WHO office seeks a future where every African can enjoy a life of better health and well-being. AFRO leverages global WHO strategy and approaches, seeking to implement these initiatives in a contextualized way with WHO member states in Africa.

In regards to Health Workforce specifically the Human Resources for Health Programme it aims to ensure an available, competent, responsive and productive health workforce in order to improve health outcomes at country level (World Health Organization. Regional Office for Africa 2021). The AFRO Health Workforce Programme consists of the following components:

- Advocacy, Resource Mobilization and Partnership
- Health Sciences Education Systems including Medical Education
- Human Resource Intelligence
- Management of the Health Workforce

In recent years AFRO have increased their focus on availability and use of health systems data with three data observatory initiatives:

- The Integrated African Health Observatory which has three aspects (World Health Organization - Regional Office for Africa 2022b):
  - Data & Statistics — Acting as a clearing house for health and health-related data, organizing it in standardized formats to enable analysis and comparison.
  - Analytics - Seeking to understand health trends and providing actionable insights.
  - Knowledge and Evidence — Synthesis of evidence for further investigation, sharing insights and lessons learned to inform decision making
- Africa Health Workforce Observatory (World Health Organization - Regional Office for Africa 2022a) including National Health Observatories (World Health Organization - Regional Office for Africa 2022c) which have four main aspects:
  - Health Workforce Data — Data related to all people engaged in actions whose primary intent is to enhance health.
  - Training Institutions — A directory of the existing Education & Training Institutions in

Health in the 47 countries in the region.

- Resources and Guides — Various documents and guides related to health workforce policy and planning.
- Nursing and Midwifery — Support, monitor and evaluate nursing and midwifery accomplishments.

CURRENT GAPS

In 2017 WHO AFRO convened a 'Regional committee for Africa' and produced the African regional framework for the implementation of the global strategy on human resources for health: workforce 2030: report of the Secretariat''. At that time, it was noted that minimal improvement has occurred since the publication of the 2006 report and 36 Member States out of the 57 facing health workforce crisis globally that are from the Region were still under the recommended minimum threshold of 2.3 doctors, nurses, and midwives per 1000 population. The following health workforce gaps are taken from that report, although some progress has been made, these gaps remain in many African Nations (World Health Organization - Regional Committee for Africa 2017):

— **Weak leadership and governance of health workforce:**
Persistent weak political leadership and governance of Human Resources for Health (HRH) is a major threat in achieving UHC in the African Region. Sustained political will and policy champions are necessary to coordinate the various aspects of HRH. Furthermore, the weak capacity of HRH departments in the ministries of health should be strengthened to improve the quality and implementation of HRH strategic plans.

— **Poor retention of health workers:**
Retaining the available HWs is critical to improving coverage and equity of access to health services. Furthermore, poor working conditions, unattractive remuneration, inadequate protection and little incentives play a role in demotivating HWs. Migration of HWs poses a challenge for Member States. There is inequitable distribution between urban and rural areas. It is a challenge getting HWs to serve in remote and rural areas, hence they are underserved.

— **Inadequate and inefficient use of financial and human resources:**
In 2014, only Liberia, Rwanda, Swaziland and Zambia met the Abuja Declaration target of allocating 15% of annual budget for health. Although most Member States have national HRH plans, their implementation has been a challenge. For example, some Member States cannot afford to absorb all HWs produced, leading to the paradox of HW unemployment amidst shortages in the health system.

— **Inadequate HRH education and training capacity:**
Some training schools are not accredited which implies that the quality of education provided is not assured. There are only 168 medical schools in the Region, with 11 of the Member States having no medical school and 24 only one medical school. However, there is a significant increase in the number of health science training schools for other categories of health workers, partly due to increasing involvement of the private sector in education.

— **Limited availability of health workforce information:**
In 2015, thirty-four Member States had not yet established a workforce observatory. Availability of accurate health worker data is crucial in informing evidence-based policies. However, the capacity to collect, analyse and use HRH information is weak in the Region. In addition, HRH research and dissemination of best practices have been limited.

The African Union, and its implementing agencies have identified both gaps and priority actions needed for improvement in health and health workforce as they seek UHC for the continent of Africa. The most recent AU Call to Action: Strengthening Public Health Emergency Operations Centres in Africa, from July 2022 emphasizes concern regarding preparing for the future, while the recently proposed Health Workforce Task Team, led by Africa CDC points to a move to increased coordinated action for health workforce response (African Union and Africa Centres for Disease Control 2022a). In addition, WHO AFRO continues to prioritise health workforce strategy, policy recommendations and technical guidance on what is required to address health workforce issues for both immediate health service delivery, emergency and future needs. With vast health workforce issues still present and exacerbated by the COVID-19 pandemic there continues to be great need in this area.

An Africa-Europe Foundation supported 'Future of health Workforce Initiative' could definitely play a role in areas of **Advocacy, Connection, Digitization, and Analysis** in support of African health workforce objectives, particularly bridging the gap between available knowledge and needed country-based actions in support of health workforce improvements.

EUROPEAN UNION POLICY AND DIRECTION

URGENCY AND SHORT COMINGS FROM MEDIA

CURRENT ORGANIZATIONS AND POLICY DIRECTION

The European Union (EU) is made up of 27 Member States representing a population of approximately 447 million people. The European Commission is the EU's politically independent executive arm. It is alone responsible for drawing up proposals for new European legislation, and it implements the decisions of the European Parliament and the Council of the EU.

Most responsibility for action in the field of health is held by Member States, but the EU has the responsibility, set out in its Treaty, to undertake certain actions which complement the work done by Member States, for example in relation to cross border health threats, patient mobility, and reducing health inequalities. In 2007 the European Commission adopted a new Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013' (European Commission 2007). Building on current work, this Strategy aims to provide, for the first time, an overarching strategic framework spanning core issues in health as well as health in all policies and global health issues. The Strategy aims to set clear objectives to guide future work on health at the European level, and to put in place an implementation mechanism to achie ve those objectives, working in partnership with Member States.

The European Commission encourages EU-wide activities in health workforce planning and forecasting, to support EU countries in applying theory to practice in building national capacities. Since 2012, it has contributed to addressing the challenges and demands through the following initiatives:

Action plan for EU health workforce (2012)

In order to address these challenges and boost employment, an action plan was drawn up by the European Commission in 2012 to encourage EU countries to work together to (European Commission 2012):

- *Improve health workforce planning and forecasting*
- *Anticipate future skills needs and improving continuous professional development.*

The following actions were agreed:

Forecasting Health Workforce Needs

- *Anticipating skills needs in the health professions (Including development of new integrated care delivery models, and growth of new technologies, new medical appliances, and diagnostic techniques)*
- *Share good practice on effective recruitment and retention of health professionals*
- *Addressing the ethical recruitment of health professionals (Including to attract and recruit young people into the health professions)*

The European Commission, Health and Food safety Directorate General had convened an Expert Group on European Health Workforce in 2016 with **Fig. X** outlining its action plan (European Commission 2016). (The authors were unable to find refence to the group beyond 2016).

Sources:
France: (Agence France-Presse 2022)
Greece: (eKathimerini 2022; 2021)
Ireland: (Fegan 2022)
Spain: (Mouzo 2021)
Europe: (European Public Service Union 2022)

Fig. X. Action plan form European Commission, Expert Group on European Health Workforce, Nov 16.

SEPEN - Support for the health workforce planning and forecasting expert network (2017 — 2018)

Expertise and knowledge sharing on improving health workforce was to be driven through SEPEN, an expert network on planning and forecasting, the latest action supported by the EU's Health programme (EU Health Programme n.d.). Building on the previous work of the Joint Action for health workforce planning and forecasting (2013-2016) (European Health Management Association n.d.), this action aimed to:

— Develop expert networking to structure and exchange knowledge and provide a forum to address health workforce challenges
— Map national health workforce policies in all EU countries
— Foster the exchange of knowledge and good practices on health workforce through European workshops
— Provide tailored support to some countries on national implementation of health workforce planning
— Publicise and document these actions on the website (EU Health Programme n.d.).

Joint Action Health Workforce Planning and Forecasting (2013 — 2016)

The Commission's joint action on workforce planning and forecasting financed under the Health Programme, had 30 associated partners and 34 collaborative partners from 28 European countries working together on advancing the issue (Executive Agency for Health and 2012).

More recently (2021) the **'BeWell — Blueprint Alliance for a Future Health Workforce Strategy on Digital and Green Skills'** has emerged (European Health Management Association 2022). This ERASMUS+ Programme funded project aims to prepare a strategy on upskilling and reskilling the European healthcare workforce to be able to cope with future challenges and evolving societal expectations. Contributing to the Pact for Skills (European Commission n.d.) initiative launched by the European Commission under the European Skills Agenda 2020, BeWell will launch a large-scale skills partnership engaging with a wide range of healthcare stakeholders at local, regional and national levels. The aim of the partnership is to gather insights and implement the strategy to enhance the digital and green transition in the sector. BeWell involves 5 associated partners, namely; Erasmus MC; European Hospital and Healthcare Employers' Association — HOSPEEM, European Public Service Union — EPSU, Standing Committee of European Doctors — CPME, and KU Leuven.

Also in 2021 the EU4Health programme 2021-2027 — a vision for a healthier European Union was launched with a €5.3 billion budget during the 2021-27 period (European Commission 2021). This programme was adopted as a response to the COVID-19 pandemic and to reinforce crisis preparedness in the EU, bringing a contribution to long-term health challenges by building stronger, more resilient, and more accessible health systems. There are four main areas of intervention in the programme:

— ***Improve and foster health***
  • Health promotion and disease prevention, in particular cancer
  • International health initiatives and cooperation
— ***Protect people***
  • Prevention, preparedness and response to cross-border health threats
  • Complementing national stockpiling of essential crisis-relevant products
  • Establishing a reserve of medical, healthcare and support staff
  • Access to medicinal products, medical devices and crisis-relevant products
  • Ensuring that these products are accessible, available and affordable
— ***Strengthen health systems***
  • Reinforcing health data, digital tools and services, digital transformation of healthcare
— ***Enhancing access to healthcare***
  • Developing and implementing EU health legislation and evidence-based

decision making
• Integrated work among national health systems

EU4Health is implemented by annual Work Programmes supporting a broad range of actions that are clustered under four overarching “strands” with a cross-cutting focus on cancer (European Commission 2022a). These strands include: crisis preparedness, health promotion & disease prevention, health systems & healthcare workforce, and digital.

European Observatory on Health systems and Policies

Together WHO and the European Commission, national and regional governments, public health organizations and academia form the consortium driving the European Observatory on Health Systems. The Observatory is a partnership that brings together different policy perspectives to identify what health systems and policies evidence Europe’s decision makers need. The Observatory then generates and shares the evidence in print, in ‘person’ and on-line — acting as a knowledge broker and bridging the gap between academia and practice.

The Observatory has four core functions (European Observatory on Health Systems and Policies n.d.):

— *Country monitoring: providing analytic and evaluative descriptions of country health systems and systematically monitoring developments*
— *Analysis: exploring how health systems ‘work’ through secondary and comparative research, multi-disciplinary studies, and policy briefs on key and emerging challenges*
— *Performance assessment: supporting the development and interpretation of indicators for practical policy use and to help improve performance*
— *Knowledge brokering: making Observatory evidence visible and useful to its target audiences by unpacking and sharing it in a range of formats.*

For the partnership period 2019-23, the Observatory has four analytic priorities that reflect Europe’s health systems challenges:

— *Economics of health and health systems*
— *Governance for better public health*
— *Organizational models, skill mix and financing for effective integrated care,*
— *Implementing organizational and technological innovation*

Specifically in relation to health Workforce the observatory is focusing on four key areas with extensive publications:

— **The health workforce**. Dealing with the entire spectrum of the health workforce across different settings, always seeking to focus attention on particular aspects or challenges as the health workforce develops to respond to needs.
— Health professional education and training. Including:
  • Health Professional education (with a focus on doctors and nurses) including basic and (post) graduate education or specialization
  • Creating conditions for lifelong learning and continuous professional development
  • Cross-border collaboration in health workforce development
  • Cross-border training experiences of health professionals
  • Training for skill-mix innovations in primary and chronic care (forthcoming).

— **Skill-mix and task-shifting.** Monitoring skill-mix and task shifting innovations in primary and chronic care. This includes both country case studies and systematic reviews. An emphasis is currently placed on the following aspects:
  • Skill-mix and task shifting innovations in prevention and health promotion, ambulatory care including transitional care, chronic care for patients that can live independently, palliative care and skill-mix for rural underserved and urban deprived areas
  • Education, implementation and change management for skill-mix innovations

— **Mobility and health professionals**. Embraces the comprehensive research on the mobility of health professionals and including:
  • Country case studies that allow for an in-depth and contextualized analysis of the causes and consequences of mobility
  • Thematic research that analyses the broader aspects of health professional mobility across countries
  • Frameworks that help to understand the ethical and efficiency trade-offs of health professional mobility
  • Opportunities for cross-border collaboration on issues including mobility in the health workforce

The Organisation for Economic Co-operation and Development (OECD)

OECD is an international organisation that works to build better policies for better lives (Organisation for Economic Co-operation and Development (OECD) 2022). With a goal to shape policies that foster prosperity, equality, opportunity, and well-being for all. They work together with governments, policy makers and citizens,
The OECD advises countries on how to meet future demand for health professionals and how to manage the supply of health workers, by reviewing policies related to education and training, continuous professional development, geographic distribution,

and immigration. 2021 guidance included:

- Empowering the health workforce to make the most of the digital revolution (Socha-Dietrich, Karolina 2021)
- International migration and movement of doctors to and within OECD countries - 2000 to 2018 (Socha-Dietrich, Karolina and Dumont, Jean-Christophe 2021a)
- International migration and movement of nursing personnel to and within OECD countries - 2000 to 2018 (Socha-Dietrich, Karolina and Dumont, Jean-Christophe 2021b)
- Skills for the future health workforce - Preparing health professionals for people-centred care (Maeda, A., & Socha-Dietrich, K 2021)

WHO Europe

In September 2017, the WHO Regional Committee for Europe, building on the Tallinn Charter and a number of other resolutions, endorsed resolution EUR/RC67/R5 addressing health workforce policies in the WHO European Region (World Health Organization - Regional Committee for Europe 2017b). The Regional Committee highlighted the consensus that exists on the prevailing global crisis in human resources for health, the responsibilities of Member States for the development of their national health workforce policies and plans, and the continued need for collective efforts to tackle international migration.

In 2017, the 67th session of the Regional Committee (EUR/RC67/R5) adopted the Regional Framework for Action Towards a Sustainable Health Workforce in the WHO European Region (World Health Organization - Regional Committee for Europe 2017a). The overall goal of the framework was to accelerate progress towards achieving long term population health goals for Member States by sustaining transformed and effective health workforce within strengthened health systems. The Framework for Action aimed to achieve a sustainable health workforce in the WHO European Region to meet these needs. It outlines 4 key strategic objectives, enablers for action and cross-cutting considerations. The four strategic objectives are:

- *To transform professional, technical, and vocational education and training and to optimize the performance, quality and impact of human resources for health*
- *To align investment in human resources for health with the current and future needs of the population and of health systems through effective planning*
- *To build the capacity of human resource for health-related institutions for effective policy stewardship, leadership and governance*
- *To improve the evidence based, strengthen data and applications that support analytical approaches to human resources for health policy and planning*

CURRENT GAPS

WHO Europe has identified the following workforce issues taken from an analysis of Core Health Indicators in the WHO European Region (World Health Organization - Regional Office for Europe 2010b):

- *Health workforce imbalances and shortages are a major concern in the European Region. Although the number of physicians and nurses has increased in general in the region by approximately 10% over the past 10 years, it is unlikely that this increase will be stable and sufficient to cover the needs of ageing populations. Simultaneously, inequalities in the availability of physicians and nurses between countries are large: there are 5 times more doctors in some countries than in others. The situation regarding nurses is of even greater concern, as nurses play a significant role in the care of the elderly; however, the data show that some countries have 9 times fewer nurses than others.*
- *In order to strengthen primary health care in the region, the proportion of general practitioners (GPs) among all physicians should be increased. However, the majority of physicians in Europe are specialists: the specialist to GP ratio is 1 to 3.2, a relation that has been constant over the past decade.*
- *The right skills-mix of health workers is indispensable for effective and efficient health care delivery. Although there is no standard for the optimal composition of a health workforce, the nurse to physician ratio varies considerably across the Region, from below 1 nurse to every physician in Georgia and Greece and between 4 and 5 nurses per physician in Finland and Ireland.*
- *The age and gender structure of the health workforce in Europe is changing. Physicians are getting older, and nearly one out of three physicians is more than 55 years old. This is an increase of 6% over the past 7 years. In order to guarantee at least the same availability of physicians, the number of medical graduates must increase in the future. The proportion of female physicians has increased and 52% of physicians today are female, an increase of 4% over the past 10 years. This has important implications, as women tend to work shorter hours and have slightly shorter careers.*

The State of the Health in the EU (European Commission 2021) and its companion report highlight the importance of promoting reforms aimed at tackling critical health workforce issues such as supply, distribution, and a traditional skill mix, in order to strengthen prevention, primary care and integrated service delivery. The 2021 edition of the State of Health in the EU's Companion Report highlights a focus on European health systems' resilience in the face of the COVID-19 pandemic (European Commission 2022b). The analysis is focused on 3 main takeaways:

- **Understanding the far-reaching health impacts of the COVID-19 pandemic.**

The complex, direct and indirect health impacts of the COVID-19 pandemic are only partly captured by currently available indicators. Reaching a full understanding of these will require further data collection and analysis in the coming years.

— **Locking in the advantages of digital innovation in healthcare delivery and public health.** COVID-19 induced a massive acceleration in the uptake of digital health tools in healthcare delivery and public health. In the aftermath of the pandemic, assessing the efficacy, cost-effectiveness, and overall impact of these tools will be paramount to harness and sustain the use of these digital health technologies in the long-term.

— **Rethinking health workforce strategies and planning after the COVID-19 pandemic.** The longstanding issue of health workforce shortages was thrown into sharp relief during the peaks of the pandemic in most European health systems. Building resilience in the health workforce will require action on multiple levers, including more sophisticated workforce planning and increased investment in skill-mix innovations in combination with a sustained expansion of the workforce.

The European Commission published an interview with Andrzej Rys, European Commission Director of Health Systems, Medical Products and Innovation, in Health-EU newsletter 250, March 2020, pre COVID-19 pandemic (Andrzej Rys 2020). As this health crisis was forming, he noted that the health workforce itself faces both external and internal challenges such as shortages of staff, geographical inequalities, lack of specific training, changing technologies and care demands and insufficient workforce planning. The following quotes are taken from this interview, representing health workforce issues at that time, but these quotes also reflect health workforce issues that remain in the European context now, some even amplified since the COVID-19 Pandemic:

'The challenges across the Members States are similar: in the sense that it is not possible for health systems to deliver high quality care to all Europeans without a health workforce in sufficient numbers, with the right skills and in the right places.

There is an estimated shortage of nearly 1 million health workers in Europe. There is also a 'brain drain' of doctors and nurses who move to countries with better working conditions and pay, leaving other countries with shortages.

Equally worrying is the skills mismatch among health professionals, which wastes human capital, strains public resources, and undermines the cost-effective delivery of healthcare.

We also need to ensure that technological changes in healthcare are adjusted to the needs of the health workforce as well as of the patient, that the workforce can adapt to new situations and that the changes do indeed improve care delivery.
There is no one-size-fits-all solution - each Member State must develop its own reforms according to the needs of its health system.'

The **European Observatory on Health systems and Policies** notes that many countries in Europe have decided to strengthen primary care and care integration (European Observatory on Health Systems and Policies n.d.). These reforms also fundamentally affect the health workforce. It requires a thorough rethink of the distribution of tasks and roles of health professionals over the health system. Further, the Observatory notes that there is a lot of additional pressure on human resources for health:

— *Demand for health workers is constantly growing in Europe, in many countries however, the domestic pool is shrinking due to demographic changes*
— *Recruitment and retention often remain challenging because of limited training capacity and challenging working conditions*
— *Maldistribution between urban and rural areas remains a problem causing issues in accessibility*
— *The health workforce is ageing, and work and workload needs to align with this factor*
— *Inside the European Economic Area (including Switzerland) there is a labour market of health professionals but there is neither joint monitoring nor forecasting let alone planning*
— *Innovation, including new models of care, new diagnostic and curative technologies and digital health require targeted and effective continuous professional development of health workers*

Further, in Sept 2022, the Health and care workforce in Europe: time to act report was released by WHO /Europe (World Health Organization - Regional Office for Europe 2022). The report notes that all countries of the European region currently face severe challenges related to the health and care workforce. An ageing workforce is chief among them. The analysis finds that 13 of the 44 countries that reported data on this issue have a workforce in which 40% of medical doctors are already aged 55 years or older. The COVID-19 pandemic has demonstrated the strengths and fragilities of the HCWF in the European Region, Health system recovery and future preparedness will fail without a strengthened HCWF.
The report calls out the following continuing health workforce issues across EU countries, with significant variation between countries:

• *Shortages of health and care workers (HCWs):*
• *Insufficient recruitment*
• *Problems with retention of HCWs*
• *Difficulties in attracting HCWs*
• *Increased internal and international mobility of HCWs*
• *Skills mismatches*

- *Inefficient organization of work*
- *Unattractive employment and working conditions*
- *A lack of gender-responsive policies*
- *Inadequate HCWF governance and management mechanisms*
- *Lack of strategic planning informed by a sound analysis of the HLM*
- *Insufficient investment*

WHO/Europe is urging all Member States — even those that currently have above-average workforce densities — to waste no time by taking the following **10 actions** to strengthen the health and care workforce:

- ✔ align education with population needs and health service requirements
- ✔ strengthen professional development to equip the workforce with new knowledge and competencies
- ✔ expand the use of digital tools that support the workforce
- ✔ develop strategies that recruit and retain health workers in rural and remote areas
- ✔ create working conditions that promote a healthy work—life balance
- ✔ protect the health and mental well-being of the workforce
- ✔ build leadership capacity for workforce governance and planning
- ✔ improve health information systems for better data collection and analysis
- ✔ increase public investment in workforce education, development and protection
- ✔ optimize the use of funds for innovative workforce policies.

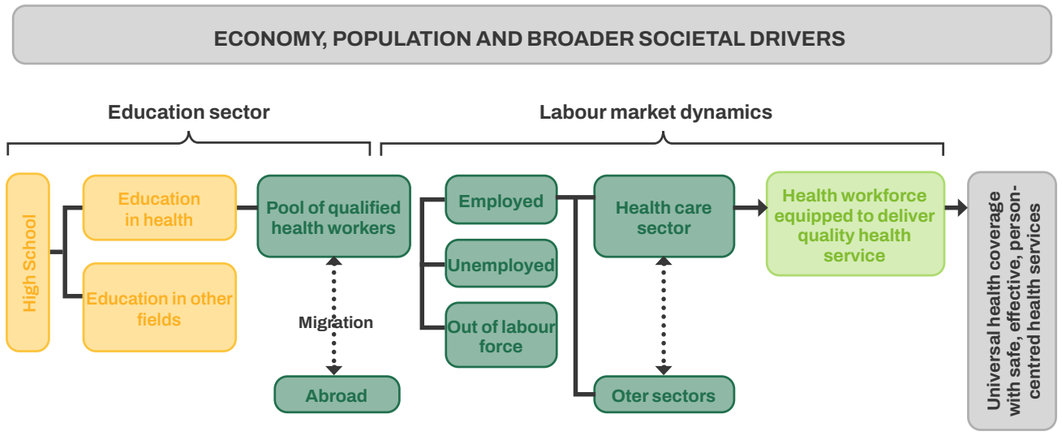
The European Union, through the European Commission, The European Observatory on Health Systems and Policies, and WHO Europe have identified both health workforce gaps and the priority actions that are needed in the area of health workforce. With significant health workforce issues still present in Europe and these issues exacerbated by the COVID-19 pandemic there continues to be great need in the health workforce development arena.

An Africa-Europe Foundation supported 'Future of health Workforce Initiative' could play a role in areas of **Advocacy, Connection. Digitization, and Analysis** in support of European Union health workforce objectives, particularly bridging the gap between available knowledge and needed country-based actions in support of health workforce improvements. Further, it is noted that a number of the health workforce Issues identified here are similar to those identified in the African context, which provides impetus for the proposed 'Future of Health Workforce Initiative' to facilitate activity between the Africa and Europe.

HEALTH WORKFORCE STAKEHOLDERS AND INITIATIVES

It is important to consider health workforce development activities in the context of the stakeholders who are active in the health workforce labour market, internationally, regionally and at the country level. The NHWA labour market framework provides us with a lens to consider the range of actors or are involved in the health workforce labour market.

Figure X: *Health Labour Market Framework from WHO NHWA (World Health Organization 2018)*



System actors and functional actors are the two main stakeholder groups that exist within the health labour market at the country level.

System Actors: Are stakeholders at the national level with a holistic view of health workforce systems and who have a responsibility and authority to govern health workforce systems, setting the legislative and policy framework for the health labour market to meet county needs. This would include relevant government ministries (e.g. Ministries of Health, Planning, Education, Public Service and Finance), regulatory health professional councils or boards.

Function Actors: Are stakeholders who are active in the supply and demand of health workforce. Supply included, academic institutions and the vocational or TVET sector, and health professional associations. Demand side organisations include Ministry of Health service delivery arms, private sector and faith-based health service delivery organisations. In addition to systems and functional actors, health worker unions, UN agencies (e.g.

WHO, UNFPA), donors (e.g. Bilateral, Global fund, Gates), social sector and capacity development organisations (NGOs, faith based organisations and private sector), seek to advocate within and support aspects of the health labour market.

It was not within the author's scope to complete a systematic mapping of these entities, but Table X provides a summary of a number of global or regional entities who are working within the health workforce space, as funders, donors, advocates, think tanks, offering some level of support to health workforce. (The entities of WHO, African Union and European Union are considered separately in previous sections).
The 'Future of Health Workforce Initiative' needs to understand these organisations, align with them and has a role to aid advocacy, connection, and collaboration with the aim of better health workforce outcomes for both the AU and EU.

Table X: *Summary of selected global organizations engaged in health workforce development*

ORGANIZATION	HEALTH WORKFORCE INITIATIVE	CURRENT STATUS
International Labour Organisation (ILO)	Caring for those who care (World Health Organization and International Labour Organization 2020)	Published 18 February 2022
WHO, ILO, OECD	Working4Health Programme (Working4Health 2022)	Started 2017
The WHO led - Global Health Workforce Network	https://www.who.int/teams/health-workforce/network (World Health Organization 2022a)	Established 2016
G20	2021 Declaration of the G20 Health Ministers (G20 Research Group 2021) 2022 (Salinatri 2022)	Occurred 6 September 2021 Occurred 21 June 2022
G7	Partnership for Global Infrastructure and Investment (The White House 2022c; 2022a)	Announced by Biden 26 June 2022
World Bank	Health System Strengthening for Better Maternal and Child Health Results Project (PDSS) (World Bank 2015)	Closing 30 June 2023
USG	Global Action Plan (World Health Organization 2022d) PEPFAR (U.S. Department of State 2022) Biden-Harris (The White House 2022b)	Ongoing (began 2019) Ongoing (began 2003)
Frontline Health Workers Coalition	https://www.frontlinehealthworkers.org/ (Frontline Health Workers Coalition 2022)	Began April 2020, 13 mo duration

SECTION 3

ANNEXES

ANNEX 1 – A PROPOSED SCOPE FOR THE AFRICA-EUROPE FOUNDATION FUTURE HEALTH WORKFORCE INITIATIVE

MISSION

TO CONVENE AND ADVOCATE FOR HEALTH WORKFORCE EXPERTISE TO BE AT THE HEART OF HEALTH POLICY AND PLANNING. WORKING WITH STAKEHOLDERS TO SUPPORT THE AFRICAN AND EUROPEAN REGIONS TO HAVE A RESILIENT AND ADAPTIVE HEALTH WORKFORCE ABLE TO MEET THE HEALTH WORKFORCE CHALLENGES OF THE FUTURE.

VISION

That Africa and Europe have the health workforce required to deliver quality public health functions and emergency preparedness, meeting country universal health coverage (UHC) goals now and into the future.

VALUES

— Respects sovereignty of nations, looking for equitable and mutual benefit in all intercountry exchanges
— Catalysing a country driven process, prioritizing identified country and regional needs
— Forward looking, linked to vision of UHC systems in 2030
— Open and transparent in operations and communications
— Data driven with a proactive approach
— Aligned with WHO as the global lead for health workforce standards and policy direction
— Complementary and cooperative approach with all stakeholders engaged in health workforce with a focus on national level implementation
— Takes health workforce thinking beyond traditional health cadres
— Acknowledges and addresses factors that influence the labour market for healthcare workers

ACTIVITY SCOPE

Advocate *for the immediate progress of the health workforce development agenda with high level stakeholders and decision makers. Including:*

— Support health workforce development through garnering political commitment to facilitate policy change, domestic and international resource mobilization, and implementation at country and regional levels
— Foster an understanding and implementation of the WHO-endorsed whole of labour market approach, with its systematic consideration of health workforce and flexibility to meet emergency needs
— Support planning and investments to sustain and grow the workforce to meet future needs (decent jobs, equitable pay, advancing gender equity, improved working conditions, education, psychosocial support, career advancement), aligned with the WHO roadmap
— Encourage education institutions to foster competency-based education and training of clinical and non-clinical (including non-traditional e.g., data scientists, supply chain), healthcare cadres to meet current and future needs without compromising professional standards (i.e., digital ready, patient focused, quality-minded).
— Advocate for the necessary employment and career paths for clinical and non-clinical (non-traditional) healthcare cadres to meet current and future needs in the public and private sector
— Engage the next generation of health workers (youth) with their increased focus on innovation and digitization
— Amplify gender issues as they affect employment opportunities and career progression
— Increase the understanding of the multidisciplinary team needed for improved healthcare delivery
— Support a wider understanding of the skills mix required to address future health needs and optimizing the use of cadres (i.e., specific competencies, alternative cades)
— Amplify the voice of health workers focusing on supporting the workplace change needed for a safe, productive, supported, and meaningful career
— Improve attraction and retention of health workers in the areas of need for service delivery both now and into the future

Connect *state, regional, and country stakeholders, across sectors and constituencies to cross pollinate experience, learning and solutions to accelerate the pace of change. Including:*

— Engage and work with relevant sectors—within and beyond health— including international and regional bodies, education institutions, professional associations, unions, civil society, for the promotion of the health workforce development agenda
— Provide a platform for relationships for organisational level knowledge and skills sharing, in the area of health workforce. Making information and expertise more

accessible to address country/regional challenges, and enabling learning
— Advance expert thinking on creating solutions in health workforce by facilitating cross-disciplinary thinktanks and ensuring dialogue between policy makers and stakeholders
— Ensure that **Digitization** is an enabler for health workforces to deliver high quality and efficient health services. Including: expand on existing health workforce models to include digital competence and digital transformation in health service delivery
— Consider the changing dynamics of the health workforce to meet the more digitised health system of the future. (i.e., what competencies are required for existing cadres, what new cadres are required)
— Support the roll-out of the infrastructure needs required for implementation of the WHO National Health Workforce Accounts (NHWA) (World Health Organization 2018). (Data driven system for workforce planning and management)
— Work with education and training institutions to encourage a future health workforce ready to meet industry needs
— Explore opportunities offered by EdTech and other digital platforms to expand access to learning in Africa and Europe
— Support human resource information systems that are resilient enough to manage changes in response to dynamic, evolving circumstances, in the areas of: supply, demand, gender, migration, technology, and health service delivery
— Support ***Analysis*** and use of health workforce data to ensure data informed decisions for the management and planning of the current and future health workforces Catalyse health systems research focusing on current health workforce issues and the future, with specific reference to: digitization, domestic resource mobilization, improved quality of care, patient safety, agility and resilience
— Advance the implementation of data led health workforce planning and management. (e.g., NHWA)
— Advance health workforce horizon planning through expanding on existing models to include changes in service delivery through digitization, and the inclusion of a wide range of clinical and non-clinical cadres
— Support the development of competencies required to analyse and use human resources information systems data for health workforce management and future planning

ANNEX 2 — STATEMENT OF WORK

Foresight Observatory for Future Health Workforces for Africa and Europe

4 FEBRUARY 2022

RESPONSE TO REQUEST FOR EXPRESSION OF INTEREST

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INTRODUCTION

The Africa-Europe Foundation (hereafter, Foundation) approached Management Sciences for Health, Inc. (MSH), initially due the expertise of Dr. Andrew Brown (Senior Principal Technical Advisor [SPTA], Governance & Capacity Development), to inquire about developing a concept note in the area of health workforce. The Foundation is seeking international expertise through MSH to lead the development of the initial concept note for an envisioned Foresight Observatory for Future Health Workforces for Africa and Europe. Through an initial round of stakeholder consultations, the Foundation has identified the need for this Observatory and the potential for private and state actor donors to fund the project.

The Foundation's vision for an Observatory is embedded in the global need for a health workforce to meet the changing and future needs. The concept extends beyond the traditional human resources for health (HRH) realm of doctors, nurses, midwives, and community health workers to encompass the range of enabling cadres that are needed to deliver the health services of the future, including but not limited to health workers in information technology, machine learning, robotics, health product and workforce regulation, supply chain, biomedical specialties, etc. For this project to be successful, a complete health systems lens needs to be applied in the context of health labor market

considerations in and between the African Union (AU) and European Union (EU), with consideration of the public and private sectors.
It is envisaged that this Observatory will:
— Provide insight into health workforce cadre requirements and their competencies
— Advocate for governments to adopt necessary changes to modify their health systems to accommodate technological changes

REQUIREMENTS

— Numerically estimate the numbers of cadres required in different contexts
— Consider the role of gender, youth, and migration in the health workforce
— Inform government thinking in regard to domestic resource mobilization to adequately finance future health workforce needs

At this early stage, the Foundation has laid out the following aspirations for the proposed Observatory:
— Forward looking, linked to vision of health systems in 2030
— Complementary to other initiatives on global health workforce
— Data driven and evidence based
— Comprehensive in the vision of health workforce, beyond the traditional biomedical professions
— Proactive in analyzing skills gaps
— Open in approach to partnership with governments, regulators, academia, and private sector
— Transparent in operations and communications

MSH, a nonprofit international organization founded in 1971, is committed to saving

MSH CAPACITY

lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health. Through a multinational staff of more than 1,000 and offices in over 40 countries, MSH works collaboratively with health care policymakers, managers, providers, and consumers in the public, nongovernmental, and private sectors to strengthen health systems and improve access to and quality of services. We provide expertise in health systems strengthening—human resources for health (HRH); leadership, management, and governance; health financing and policy reform; pharmaceutical management; service delivery; and information for management—to support work in maternal, newborn, and child health (MNCH); family planning and reproductive health; HIV/AIDS; and infectious disease control and prevention.
MSH understands that the health workforce is the driver for sustainable health services that improve and save lives. For more than 20 years, MSH has built local capacities in HRH in collaboration with Ministries of Health (MOHs), national AIDS commissions, nongovernmental organizations (NGOs) and local civil society organizations. We offer broad experience and proven expertise in human resources (HR) strategy and policy reform; HR leadership and governance; HR management, including workforce planning and deployment; HR information systems; and performance incentives. MSH works to strengthen HR management systems and build local capacity to manage the workforce well, which fosters increased employee satisfaction and performance. MSH has expertise in a broad array of health workforce and health systems-related technical areas, bringing the full force of 50 years of knowledge and experience to this initiative.

MSH'S APPROACH TO OBSERVATORY CONCEPT NOTE

MSH applies systems thinking to strengthen health systems for greater impact. Addressing the complex challenges that affect how people seek and receive health care requires a holistic approach to understanding all of the elements that affect health system performance, including the political economy, the availability of resources, local culture and regulations, and the impact of other sectors such as agriculture and education.

In the case of the future health workforce, we understand that the availability of adequate numbers of competent health workers, optimized to deliver patient-centered services, requires an understanding of the health workforce labor market and the forces within that market. Understanding the supply and demand of the future health workforce in Europe and Africa requires not only an understanding of government, private sector, and civil society as contributors to this marketplace, but a considered technical understanding of what the future of health service delivery may look like, how these services may be delivered and financed, and what is required in terms of cadres and their competence.

MSH will develop a draft concept note which covers the scope and context for a proposed Foresight Observatory for Future Health Workforces for Africa and Europe, the political and policy opportunities, and links to horizon planning for health systems as outlined in the terms of reference provided.

METHODOLOGY

To achieve this, MSH will use a landscape analysis approach combining a targeted grey and bibliographic literature search, informed by initial Open Strategy thinking, supplemented with key informant interviews. Our search and interview protocols will cover the topics identified in the 'scope' and 'policies and processes' with defined review points, engaging Health Strategy Group of the Africa-Europe Foundation during the process.

The final output will be a 10,000-word technical report, aligned with the 'scope' and 'policies and processes' framework and structure identified in the terms of reference (TOR) provided, and a 30 slide PowerPoint presentation that succinctly communicates the contents of the report.

This work will be led by Dr. Andrew Brown, Senior Principal Technical Advisor, who has more than 30 years of experience in international health systems strengthening, including a specialty interest in health workforce development. The extended team will include Nina Pruyn, Practice Area Lead, HRH and Capacity Development, with more than 20 years of experience in global health. CVs can be found in Annex 1.

Activities

Step 1: Landscape analysis informed by Open Strategy Thinking
As a first step, MSH will use selected senior technical staff from a range of disciplines in the Global Health Strategy Innovations division to explore the wider dimensions of "The Future of Health Workforce" in a facilitated Open Strategy design session. Open Strategy uses a new approach to guide stakeholders in strategy development—opening up strategic thinking to a diverse group of individuals that can contribute from multiple perspectives and areas of expertise. Through this technique, MSH will seek the contributions of colleagues working beyond health workforce in areas such as health financing, health technology assessment, forecasting and modelling, digital health, strategic information, pharmaceutical management, supply chain, health systems strengthening, program delivery, and more.

The results of this session will be used with the detailed 'scope' and 'policies and processes' information provided in the TOR to develop the targeted literature review strategy involving both grey and bibliographic literature. In addition, three scoping interviews (influential EU and AU stakeholders for this initiative), will be conducted to obtain a more detailed overview of scope, possibilities, and expectations. These results will be used to inform the development of an initial 'stakeholder analysis,' preliminary insights into 'scope,' and 'policies and processes' questions. From this material, we will develop a semi-structured interview guide and proposed list of 20 key informant interviews, to be confirmed by the Health Strategy Group.

Milestones:
- To conclude this step, we will provide an inception report and prepare an interactive presentation with Health Strategy Group to discuss results and confirm direction for Step 2.

Step 2: Key informant interviews
Using the agreed upon semi-structured interview guide, 20 key informant interviews will be undertaken (anticipated as 8 AU, 8 EU, and 4 cross cutting), and the collected information thematically analyzed. Using a 'snowball' approach, we will also consider if further key informant interviews may be required. If so, these will be undertaken.

Milestones:
- To conclude this step, we will prepare an interactive presentation with Health Strategy Group to discuss results and confirm direction for Step 3.

Step 3: Synthesis
Information and data retrieved from Step 1: Landscape analysis and Step 2: Key informant interviews will be synthesized into a draft technical report to be submitted within 6 weeks of contract signature. The draft report will be reviewed by the Health Strategy Group and feedback provided within 2 weeks, with the MSH team updating the submitted draft with this first round of feedback to submit an advanced draft a week later. Further opportunity for stakeholder feedback will be provided within one month of submission of the advanced draft with MSH providing an updated final report 2 weeks thereafter. A PowerPoint presentation will be developed, aligning with the methodology of this consultancy and the resulting technical report, to facilitate communication of the findings.

Outputs:
- Advanced draft 10,000-word technical report
- Executive summary
- Background and context: synthesis of international efforts on global health workforce needs
- Lessons from COVID-19: key shortages, skill shifting, skills mix, examples from different European and African countries
- Future projections on workforce needs, skills gaps, training, and accreditation pathways
- Conclusions and recommendations
- 30-slide PowerPoint slide deck

Optional Step 4 (subject to the availability of additional funds): Peer-reviewed commentary for WHO HRH Journal

Considering the unique nature of this work, the potential exists to publish a peer-reviewed commentary in the Human Resources for Health Journal, focusing on the need to consider future health workforce needs in Africa and Europe and what the Foundation is seeking to do about this need. Although, outside of this contract, we would encourage the Foundation to consider the relevance of such an activity with the understanding that MSH would welcome the opportunity to support the completion of the activity under a separate contract.

ANNEX 3 — METHODOLOGY

The overall design for this effort was mixed method in nature to address the terms of reference. Qualitative methods of research were used to conduct scoping interviews and initial meetings with selected high-level individuals to gauge the receptiveness and general views on the relevance of such an initiative. Secondly, based on the outcomes of the scoping interviews, Open Strategy sessions were conducted to guide stakeholder discussions on strategy development—opening up strategic thinking to a diverse group of individuals that can contribute from multiple perspectives and areas of expertise. This technique gathered inputs from areas beyond health workforce such as health financing, leadership and governance, health products regulation and technology assessment, forecasting and modelling, digital health, strategic information, pharmaceutical management, supply chain, health systems strengthening, program delivery, and more. The outcomes of the scoping interviews and open strategy sessions were used to guide, evaluate, and refine the initial understanding, assumptions, and concepts in this project and allowed for gauging the themes that were covered in the key informant interviews and online survey tool.

The data obtained from key informant interviews and online survey were qualitatively analysed in terms of content and themes. The results of these were used to guide the development of the concept note outlining the context and political and policy opportunities for the Initiative. The concept note (Annex 1) also outlined the potential scope and focus areas the Initiative may want to explore.

The following section briefly outlines the inputs used to gather data, including the scoping interviews and open strategy sessions. It also presents the initial observations and outcomes.

INPUTS AND RESULTS

SCOPING INTERVIEWS

Three scoping interviews and a number of initial meetings were held with high level stakeholders to gauge the receptiveness and general views on the relevance of such an initiative as to avoid confusion of its purpose and scope. This clarification will also assist in stakeholder engagement and management, clearly delineate the area of interest and promote areas of synergies. This was critical during engagement with other bodies such as WHO, Africa-CDC and EHMA.

Specifically, it was noted that WHO is seen as the global standard-setter for health workforce and a UN entity that dominates the global direction of health workforce strategy. Initiatives on health workforce need to align with their approach and take care not to compete or be seen as competing with WHO to avoid unnecessary friction in the health workforce arena.
Furthermore, sound reputation, integrity and a foundation of “trust of mutual benefit”

would ensure open and frank dialogue between the two regions. The Initiative should also observe and encourage national sovereignty and local context to promote regional objectives and implementation, while facilitating access to relevant information to enable evidence-based decision making. The Initiative could further add value in terms of promoting linkages in the following areas:

— health worker expansion, composition, and migration
— HRH strategy implementation
— health professions regulations
— political commitment and support
— resource mobilization
— digital transformation

OPEN STRATEGY SESSIONS

Open Strategy is an approach that promotes transparency and/or inclusiveness in strategy development processes. The key dimensions, practices, and impacts of Open Strategy guides perspectives and builds cumulative knowledge regarding strategic directions for the Initiative. Two Open strategy sessions were conducted that explored what is required in terms of scope and context for a 'future of health workforce' initiative that aims to meet the health workforce needs of Africa and Europe in 2050 and beyond. The sessions allowed for brainstorming those innovations, perspectives, and ideas to identify trends in health workforce; develop scenarios and challenge assumptions of what the future health workforce «should» look like; identify that which would be disruptive and any risks of new workforce directions; break free of the usual approaches, innovate in thinking about the future health workforce and its needs in terms of populations it will serve; technology/digital health, new and growing health worker cadres, health worker migration, educational needs, procurement and supply management systems and MERL.

The broad topics covered included innovations on the future of health workforce, HRH cadres, management and policies; effects of demographic changes on HRH needs including youth, gender, migration and population; the effects of healthcare markets and health finance on health workforce; effects of technological advancements on HRH needs including digital health, data, monitoring, evaluation, and learning (MEL), competencies and cadres; effects on procurement, supply chain and medical products. The themes that emerged were:

— new cadres
— enhanced management and strategic collaboration
— emphasis on youth and employment creation
— redressing gender inequalities
— climate change
— health worker migration
— changing population health needs and demographic trends
— resource mobilization
— critical areas for impact and priorities for initiative
— advocacy for policy change from HRH as a cost to HRH as an investment

TARGETED LITERATURE REVIEW

A targeted literature review was conducted to ascertain the existing landscape and emerging trends in health workforce and HRH, the various steering organizations currently operating in the area, their roles and their outputs or areas of support. A search of both grey and bibliographic literature revealed that there are a myriad of organizations operating in the health sector and working in areas of **advocacy, connection, digitalization, and analysis** (the core thematic areas envisioned for the proposed future of health workforce initiative), and operating on a global scale or specifically in Europe or Africa. The findings of this review are summarized below, and a synopsis of these results included in Annex C.

Further refinement of the initial search terms is shown in the table below:

BROAD THEMES	TARGETED SEARCH TERMS
Cross cutting	financing, gender, youth, migration
Advocacy	political commitment, whole market approach, planning/investments, alternative career tracts, educational institutions, career paths
Connection	sector engagement, proving platforms for dialogue, think-tanks
Digitalization	service delivery, training, data for decision-making
Analysis	health systems research, implementation of agendas, workforce planning

This targeted search resulted in about 20 international and regional agencies, membership associations, alliances and institutions that address health systems and health workforce related issues. These included African Development Bank (AFDB), African Federation of Public Health Associations (AFPHA), AMREF Health Africa (formerly the African Medical and Research Foundation — AMREF), Africa

Health Organisation (AHO), African Union (AU) and specifically, Africa Center for Disease Control (Africa CDC), East, Central and Southern Africa Health Community (ECSAHC), European Health Management Association (EHMA), European Public Health Association (EUPHA), Healthcare Information and Management Systems Society (HIMSS), International Council of Nurses (ICN), Institute for Health Metrics and Evaluation (IHME), International Labor Organization (ILO), International Monetary Fund (IMF), Nursing Now, Organisation for Economic Co-operation and Development (OECD), World Organisation of Family Doctors (WONCA), World Bank, United Nations (UN) and specifically, World Health Organization (WHO). The literature also indicated a number of international donor, consulting and tertiary/training organizations.

Further research indicated that there are very few organizations operating to facilitate dialogue specifically between Europe and Africa and even fewer who focus on the future of health workforce. There is no evidence suggesting that any organization is focused on the combination of the two. Therefore, it can be concluded that there is space for an organization which supports African and European governments and international bodies to meet their health workforce engagements, advocacy for investment in the future of health workforce, resource mobilization to adequately finance future health workforce needs to ensure that both regions will have resilient health workforce that can deliver for future population health needs.
The following section briefly describes the activities that were undertaken in support of the completion of this project.

COMPLETED ACTIVITIES

STAKEHOLDER ANALYSIS

Initial stakeholder mapping has been completed. The collected information guided the choices of individuals and organizations that were included in the initial meetings, scoping interviews, and key informant interviews. The balance of stakeholders identified were targeted for feedback as online survey respondents. Further analysis of stakeholders will continue to further understand which organizations are currently active in the sphere of health workforce development, their areas of focus, and if possible, the magnitude of their impact.

SEMI STRUCTURED INTERVIEW GUIDE

The required outputs as set out in the scope of work is 20 key informant interviews to be undertaken (anticipated as 8 African, 8 European, and 4 cross-cutting). The data from the interviews were cleaned and the collected information thematically analysed. Using a 'snowball' approach, we also considered if further key informant interviews were required. If so, these will be undertaken after consultation.

ONLINE SURVEY TOOL

Furthermore, a focused online survey tool was developed and deployed. It is envisioned that the survey will be deployed to a wider group of identified stakeholders as set out in the stakeholder mapping document. The targeted response rate to the survey is between 50 and 100 responses. Similar to the interview feedback, the data from the online survey tool will be cleaned and the collected information thematically analysed.

SYNTHESIS

Information and data retrieved from the landscape analysis and the data collection phase (i.e., key informant interviews and online survey) were synthesized into this report. The feedback from this group will be incorporated and the draft report would be shared with a wider range of stakeholders for additional inputs, after which the report would be finalized. A PowerPoint presentation was developed, aligning with the methodology of this consultancy and the resulting technical report, to facilitate communication of the findings.

FOLLOWING UP STRATEGIC RELATIONSHIPS

During the initial meetings and scoping interviews, strategic relationships were identified as a major contributor or inhibitor for success. Therefore, a strong emphasis must be placed on following up strategic relationships as a means to facilitate and cement the Initiative's commitment to ensuring alignment with existing policy directions, agendas, and strategic objectives. Furthermore, these strategic relationships will assist in creating a common understanding of the Initiative's strategic placement, envisioned roles and responsibilities for the harmonization of political and policy opportunities. Additional meetings and consultations with key stakeholders and strategic alliances will be held to continue supporting strategic relationships.

ANNEX 4 - REFERENCES

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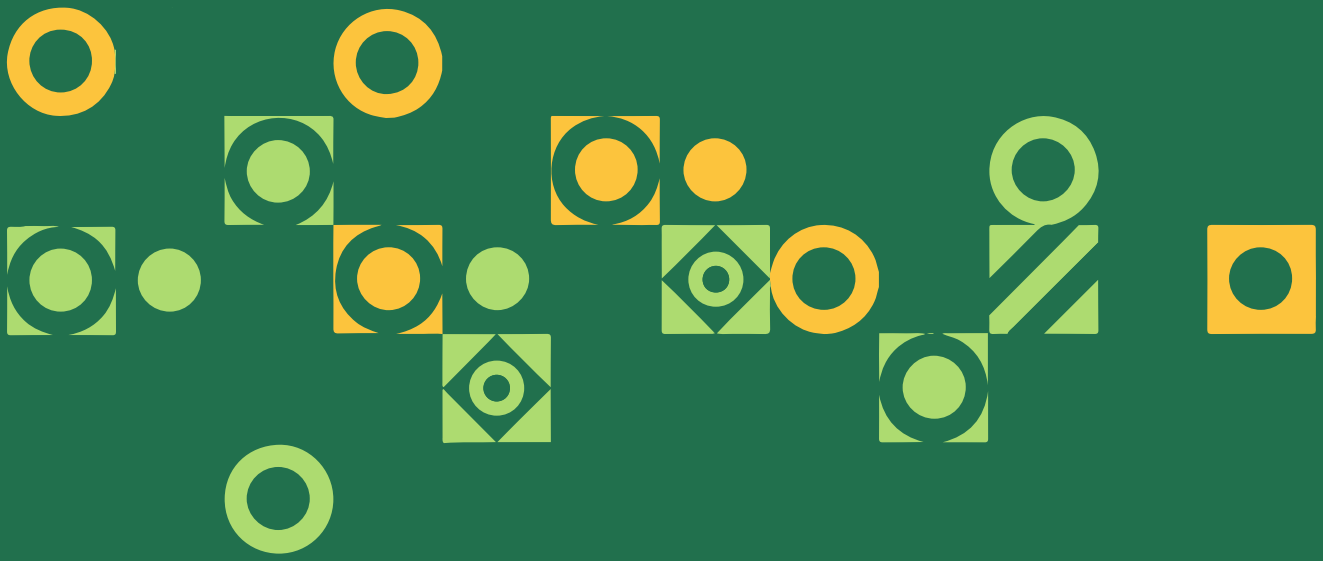

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