



Fifth Global Forum on Human Resources for Health 3–5 April 2023

Protect. Invest. Together.



Protecting, safeguarding, and investing
in the health and care workforce

Civil society action brief

Lessons from the COVID-19
pandemic: recruiting, retaining
and supporting health and
care workers



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About the action brief

This action brief is led and co-developed by civil society organizations (CSO) and wider networks to frame discussions on the advocacy agenda at the Fifth Global Forum on Human Resources for Health, 3-5 April 2023. This brief highlights key actions and a collective agenda on recruiting, retaining and supporting health and care workers based on the lessons learned from the COVID-19 pandemic. It was developed in response to the Forum's evidence-based policy briefs to support governments and communities in addressing pertinent health and care workforce challenges (*WHO & European Observatory on Health Systems and Policies, Policy Brief 52, 2023*). The actions outlined below will also inform future policy dialogues such as the World Health Assembly, the United Nations General Assembly's High-Level Meetings on Universal Health Coverage and Pandemic Prevention, Preparedness, and Response in September 2023.

Civil society's leadership role

The COVID-19 pandemic demonstrated how health systems must be anchored on a well-trained, supported and equitably distributed health and care workforce (HCWF). Appropriate policies to recruit, retain, support, and reskill health and care workers are a crucial starting point towards developing a future fit-for-purpose workforce.¹

Civil society organizations (CSOs) represent the views of interests of health and care workers, including their rights to protection, decent work², and nondiscrimination. Protecting health and care workers from harm, occupational hazards, inequities, harassment, and violence is non-negotiable. They should be accorded pay and protection commensurate with the risks to which they are exposed. Civil society promotes diversity and social inclusion for women, youth and other underrepresented health and care workers (HCWs) to occupy strategic leadership and management roles within health systems.

CSOs represent key health and care worker constituencies, communities, patient groups, gender/sexual minorities, professional bodies, and local and international implementing partners. They can connect communities with governments and the private sector, which is crucial for

1 The impact of COVID-19 on health and care workers: a closer look at deaths. Health Workforce Department – Working Paper 1. Geneva: World Health Organization; September 2021 (WHO/HWF/WorkingPaper/2021.1).

2 According to the International Labour Organization (ILO), decent work is understood as productive work for women and men in conditions of freedom, equity, security, and human dignity, decent work is understood as productive work for women and men in conditions of freedom, equity, security and human dignity. Decent work delivers a fair income; provides security in the workplace and social protection for workers and their families; offers prospects for personal development and encourages social integration. Decent work gives people the freedom to express their concerns, to organize and to participate in decisions that affect their lives and guarantees equal opportunities and equal treatment for all.



optimizing the HCWF. CSOs innovate and develop new technologies and solutions that, when proven, the public sector can take to scale.

Civil society plays a crucial role to achieve universal health coverage (UHC) through whole of society health systems strengthening with a better supported, competent, and effective health and care workforce. Civil society plays a vital role in delivering health services to communities and thus enhancing access, equity utilization, financial protection, and quality of care. Further, CSOs are at the forefront of service delivery, advocating for care that addresses social determinants of health. They monitor accountability for investments in health and coordinate multisectoral action to address the root causes of barriers to care.

Priority actions of civil society

Protect the health and care workforce by collective bargaining for safe and decent working conditions	Reimagine inter-professional education and practice to promote quality health and care services including the use of digital tools	Partner with government to integrate effective HCWF strategies within planning, financing and policy implementation
1.1 Ensure workforce occupational safety and health is upheld, including non-discrimination and non-violence	2.1 Promote inter-professionalism and team-based work	3.1. Promote and inform agile regulatory frameworks to address health and care workforce issues
1.2 Advocate for fair and equal remuneration and recognition for ALL health and care workers	2.2 Advocate for holistic and integrated health and care services	3.2 Strengthen participation on planning and financing of HCWF policy processes
1.3 Gather evidence to address inequities, especially for gender and youth issues	2.3 Optimize the health and care workforce to harness technology, digital tools and education	3.3. Support effective HCWF policy implementation to strengthen effective monitoring accountability mechanisms

Action area 1: Protect the HCWF by collective bargaining for safe and decent working conditions

Given the HCW infirmity and lives lost due to COVID-19, civil society, especially professional associations and trades unions, should organize health and care workers to bargain collectively for safe and decent working conditions in line with national legislation and global commitments, lending from best practices and innovations.

1.1. Ensure workforce occupational safety and health is upheld, including non-discrimination and non-violence

CSOs advocate for transparent, standardized, disaggregated data collection and reporting on HCW infections, harm, and deaths, as well as biological, chemical, physical, and psychosocial hazards and the recognition of pandemics and other severe workplace exposures, as an

occupational risk. CSOs will promote transparency and accountability to address workplace hazards and uphold the International Labour Organization (ILO) fifth fundamental principle and right at work: a safe and healthy working environment.³ This includes promoting environments that support excellence and safe working conditions and prioritize mental health support for HCWs, thereby preserving health systems and the quality of care they deliver; and advocating for integrated systems that implement evidence-based infection, prevention, and control (IPC) training in all health and care settings.

CSOs ensure health and care workers are protected from work-related violence and harassment⁴, especially women and youth, who disproportionately face sexual exploitation, abuse, and harassment. CSOs will advocate for good practice and innovation in positive practice environments. CSOs advocate for accountability, legislation, data collection, reporting mechanisms, training/education, public awareness, and support for survivors.

1.2 Advocate for fair and equal remuneration and recognition for ALL health and care workers

CSOs can support collective bargaining for fair, equal, consistent, and timely pay for all health and care workers, including closing the 24% gender pay gap in the health and care sector⁵ and ending unpaid and grossly underpaid work by formalizing all health and care workers. CSOs identify inequities in health leadership and advocate for inclusion of diverse health and care workers, a majority of whom are women in many countries, in all levels of health systems planning, strategy, and decision-making. Civil society advocates for development and use of country-specific career progression guidelines, supervision and mentoring programmes, including for community-based HCWs.

1.3 Gather evidence to address inequities, especially for gender and youth issues

CSOs gather evidence to support accountability to legislation and policies that protect health and care workers, for example by designing and sizing personal protective equipment to protect women, ensuring vaccines are developed with trials including pregnant and breastfeeding women. CSOs support underrepresented groups to attain leadership positions on a basis of equality and advocate for action to address historic underrepresentation. CSOs, including organizations of health professionals, advocate for policies to address the special needs of students and early career health and care workers who are disproportionately subject to discrimination and lack of protection.

Action area 2: Reimagine interprofessional education and practice to promote quality health and care services, including the use of digital tools

Increased interprofessional teamwork in health and care leads to better quality and continuity of care, improved patient outcomes, and handling of complex and multidimensional health problems. During the COVID-19 pandemic, HCWs performed above and beyond the call of

³ ILO Fundamental principles and rights at work

⁴ Violence and Harassment Convention, 2019 (No. 190)

⁵ The gender pay gap in the health and care sector a global analysis in the time of COVID-19



duty, pushed themselves to their personal limits, and as a team, did extraordinary work in unprecedented circumstances. It's an example of HCWs' agility and willingness to work as a team; it should not have needed a global pandemic and profound impact on their health and mental health to demonstrate the benefits of integrated care.

2.1 Promote inter-professionalism and team-based work

CSOs can advocate for increased investments for team-based work, adequate education and agile regulatory frameworks, continuing professional development for improved skill mix and workforce collaborations to meet the demand of increasingly complex issues and addressing the social determinants of health to improve outcomes. CSOs have a role to play in connecting the health and education sectors, including stakeholders in government, academia, the private sector, professional associations, and the HCWF to be included in the design and implementation of interprofessional competency-based education.

In health and care settings, CSOs call for better distribution of multidisciplinary primary care teams including facility, outreach, and community based HCWs in urban and rural areas. They can ensure health and care worker buy-in when team-based roles are agile and adjustment in scope of practice is needed. Ensuring competency in new or expanded roles is essential to improve HCW confidence and knowledge and to avoid burnout. Interprofessional health teams need effective leadership and clear lines of responsibility, including defined legal responsibility, and skills for effective, frequent, formal, and informal shared communication.

2.2 Advocate for holistic and integrated health and care services

CSOs ensure accountability for national commitments to UHC. National reforms to strengthen health systems based on primary health care (PHC) approach are needed, which include individualised care, strengthened referral systems and essential public health functions. For the successful implementation of such reforms the buy-in of all stakeholders is important, which is where civil society has a unique role.

CSOs can check the rationale for health spending so that health systems in general, and PHC in particular, are adequately financed, minimising financial hardship for patients and health and care workers and promoting equity. Involvement of the private sector through public-private partnerships for the provision of PHC oriented services and protection of private sector health and care workers is essential.

2.3 Optimize the health and care workforce to harness technology, digital tools, and education

Given rapid developments in digital health, CSOs can draw on those public-private partnerships to emphasize that digital tools should improve quality of care, patient safety, and equitable access to services. Digital solutions should not replace the face-to-face patient-worker interactions. Opportunities exist for digital tools to optimize public health services, surveillance infrastructure, and health promotion throughout the life course. This requires the involvement of HCWs in the development and implementation of digital solutions, to ensure they meet the needs of patients and the workforce. Education of the HCWF should include effective digital

tools, communication, interprofessional collaboration, and ethical principles. CSOs advocate for digital health data confidentiality, giving consent, privacy, and special provisions to be put in place for data storage.

Action area 3: Partner with governments to integrate effective HCWF strategies within planning, financing, and policy implementation

Lending from the civil society engagement process with UHC2030⁶, civil society proposes HCW-focused actions to improve quality of and access to care in the attainment of UHC and global health security.

3.1. Promote and inform agile regulatory frameworks to address HCWF issues

CSOs should help to facilitate political processes by providing evidence and HCW perspectives to inform the development of new legislation in the health, labour, education, finance, and foreign affairs sectors that impact HRH development. A stronger evidence base on effective approaches for HRH protection, optimization, technology, regulation, and leadership is needed. Civil society may borrow from global best practices when building on country-led initiatives.

CSOs can support priority setting by conducting evidence-based participatory research, and monitoring and evaluation (M&E) to ensure that professional regulation within the health and care sector is conducive to retain and support the workforce. CSOs are also responsible for challenging harmful legislation and protecting the self-regulation of professions to ensure quality of care. CSOs must mobilize for governments to provide the required political leadership and effective governance of the health and care sector and the workforce in particular.

3.2 Strengthen participation on planning and financing of HCWF policy processes

For planning, CSOs can provide direct input in the development and implementation of multisectoral policies and strategies. By ensuring involvement of health and care workers, health professional organizations, communities, and patient organizations in national reforms, they can help contextualize implementation activities to be feasible within local settings, so that they are equitable and achieve intended health outcomes. Civil society's involvement in planning also facilitates better communication and trust in reforms within communities.

For budgeting HRH policy reforms, civil society has a role to play in campaigning for increased health budgets at national, subnational, and local levels, and ensuring accountability. CSOs can call for transparency and value for money for HRH-related reforms, checking rationale for health spending, and analysing budget and finance plans, including at the local level. CSOs can also independently verify costs and provide assessment on the labour market. CSOs can also engage private sector resources to finance elements of HRH reforms, for example, creating and sustaining jobs.

6 Civil society engagement process with UHC2030



3.3. Support effective HCWF policy implementation to strengthen effective monitoring accountability mechanisms

CSOs can advocate and explain reforms to patients, health and care workers, and society. They can build trust and acceptance into reforms, give routine feedback and reporting to optimize reforms. In times of public health emergencies and crises, CSOs should be involved in the development of policies and understand their full implementation potential of reforms, which can help mitigate the impact of these crises.

Civil society is responsible for M&E, development, enforcement, and impact of new and existing legislation, such as through community-led accountability mechanisms which can improve accessibility, responsiveness, and quality of services. They can ensure data gathered at appropriate stages of policy implementation to measure progress on health and care workforce protections and improvements to quality of care, making use of country-led information systems and other existing M&E approaches where possible.

Mechanisms for action

- 1. Build strategic alliances** – CSOs will leverage existing HCW initiatives (as appropriate) to support the proposed priority actions. This includes brokering strategic partnerships with governments, private sector, health and care professional bodies, patient groups, educational institutions, and other non-state actors to raise resources, and identify and implement targeted actions geared towards health and care workforce development.
- 2. Model best practice for health and care worker protection** – Based on evidence from implementation, CSOs will design, test and create innovative models for protecting health and care workers, particularly in limited resource settings. These models will be co-developed with governments in close collaboration with health professionals to ensure ownership. Where appropriate, CSOs will provide necessary technical assistance towards scale-up of these models.
- 3. Amplify the voices of health and care workers** – CSOs will build the capacity of health and care worker bodies (associations and labour unions as appropriate) to effectively engage and negotiate with governments and employers at all levels of health systems planning, strategy, and decision-making. Civil society will develop and appropriately channel succinct messages for commitment on efficient use resources for recruitment, retention, and support of health and care workers. To achieve this, CSOs will layer on current platforms and, if required, create new fora, and share advocacy resources, tools, technical support, and digital platforms.
- 4. Meaningful engagement with the political economy** – CSOs will identify holders of power, curate persuasive evidence, make necessary connections, build trust, and create dependable allies and champions of health and care workers in key government ministries and departments. These champions will be entry points to advocate for necessary legislation, policies, frameworks, and increased HCWF investments.

5. Advocate for effective intersectoral mechanisms to address health and care worker challenges – CSOs will generate knowledge; curate messages for different target constituencies; build allies within government and other key sectors including private; strengthen existing intersectoral platforms; seek high-level political buy-in, and target key ministries, including finance, education and public service.

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