



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

Enhancing domestic and
international financing for
investments in the health and
care workforce

Enhancing domestic and international financing for investments in the health and care workforce

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 enhancing domestic and international financing for investments in the health and care workforce. 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 54, 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 on Pandemic Prevention, Preparedness and Response in September 2023.

Civil society organizations (CSOs), are vested in collectively advocating for optimal life and work conditions for health and care workers. This Action Brief will provide general guidance as to what non-state actors can do to champion increased finance for human resources for health (HRH). Achievement of its objectives will be dependent on partnership between civil society, governments, the World Health Organization (WHO) and other partners on the health and care workforce agenda. Otherwise, the actions laid out in this document run the risk of becoming another set of repeated non-actionable reminders.

Systematic and coordinated action is needed for sustained investment

Health is a human right. Access to quality healthcare and protection from health threats are basic conditions that countries must create to guarantee the wellbeing of all. However, in most contexts, especially in low- and middle-income countries, there is limited funding and fiscal space available for investments in healthcare in general, and in human resources for health (HRH) particularly. The insufficient investment in HRH has a real impact on the population's health, as it further exacerbates inequities in access to quality health services for all, especially in the midst of a global shortage of the health and care workforce (HCWF). Enhancing the fiscal policy space to enable needed public funding for health and the employment of an adequate health and care workforce is crucial for the realization of the right to health for billions of people across the world.

The lack of strong and harmonious global leadership has hindered the development of an international agenda to strengthen HRH financing. The current landscape is fragmented and there are gaps in coordination, with external financing institutions prioritizing disease-specific programmes. Cohesive and persuasive global leadership is crucial to commit external partners,



bring global financial solidarity into the mainstream, and mobilize catalytic political will to make investments on a significant scale.

Countries have little room to construct comprehensive strategies for the strengthening of the HCWF. Structured government ownership of HRH programming is necessary to encourage sustainable national, sub-national and community health delivery systems. Government leadership is of the essence for costing, promoting and progressively expanding funding allocations for the education, employment, support, protection and payment of HCWF for quality health service delivery, including community health workers (CHWs).

The conversations to address the global shortage of HCWF often happen in parallel with a focus on disease-specific programmes, limiting the impact of current and future resources from domestic and international sources. In most low-income countries, the health and care workforce takes up the largest share of current expenditures in national health budgets. Unfortunately, health and care workers themselves, a majority of whom are women in many countries, are typically not involved in the budget prioritization decisions, despite serving at the forefront of care delivery. In order to increase the allocation of investments towards HRH, systematic and coordinated actions must be taken.

Priority actions of civil society

Elevate evidence-based practices for health and care workforce investment	Increase investments in the health and care workforce through robust advocacy strategies	Action Area 3: Promote adoption of monitoring & accountability frameworks in line with national HCWF commitments
1.1 Develop landscape mapping of planning and financing for HRH that includes actors, trajectories and impact	2.1 Campaign for HCWF investment, recruit and mobilize CSOs working on multisectoral issues to serve the national agenda and health needs	3.1. Promote transparency in HRH investments
1.2 Provide critical examination of investment in health and care workforce education and training	2.2 Ensure alignment between national strategies, policies, and investments with global HCWF agenda	3.2 Monitor implementation of existing instruments in line with global, regional and local commitments
1.3 Analyse the state of investment in health and care workforce protection	2.3 Include, participate, and promote health and care workers' voices in decision-making and health sector investment policy processes	3.3. Call for accountability on existing commitments and resolutions, including pooling of resources across partners

Action Area 1: Elevate evidence-based practices for health and care workforce investment

It is imperative to recognize the depth and diversity of expertise across civil society in addressing the challenges faced by the HCWF. To achieve meaningful actions, comprehensive engagement with health associations and unions is necessary to elevate evidence for increased

investments that reflect the obstacles and opportunities faced by the HCWF.¹ By bridging the work done in different spaces, CSOs can ensure direct representation in all decision-making spaces and leverage the unique technical expertise each one offers.

Technical expertise shall be leveraged to develop relevant analyses of the financing landscape for strengthening the HCWF. Products such as case investments, mapping of actors,² and identification of financing gaps must frame the capacity-building strategies at the national level. This is essential for the formulation of evidence-based policies and legislation that increase and sustain the financing for education, recruitment, deployment, compensation, and retention.

Emphasis must be placed on identifying actions to increase the public sector's capacities to absorb the current and future supply of health and care workers. This should include analysis of, and proposals for how fiscal justice can concretely feed into resource mobilization for expansion of the HCWF, as envisaged in the UN High-Level Commission on Health Employment and Economic Growth 2016 report, "Working for health and growth: investing in the health workforce"³ and affirmed by Member State adoption of the Working for Health 2022-2030 Action Plan⁴, at the Seventy-fifth World Health Assembly in May 2022.

Complementing the analyses, civil society must partner with health and care workers to develop, refresh and disseminate costed evidence-based practices that contribute to the effective and equitable strengthening of the workforce.⁵ A special focus must be placed at the grassroot level, where a large portion of civil society and local non-governmental actors work, including those serving remote and vulnerable populations.

Action Area 2: Increase investments in the health and care workforce through robust advocacy strategies

Civil society has a unique role in advocating for increased and sustained investments to develop the health and care workforce. As non-state actors, CSOs can ensure alignment between national health and care workforce strategies, policies, and investments with evidence-based global initiatives. Civil society can adapt WHO strategies, frameworks and guidance to their national context and health needs, while mobilizing their constituency to create windows of opportunity for additional spending dedicated to strengthening the health and care workforce. This incentivizes Member States to adopt policies that recognize, pay, support, protect and supply all cadres of health and care workers.

Outside of direct governmental and legislative action, civil society must advocate for global solidarity to achieve firm and sustained financing for low-and middle-income countries facing severe workforce shortages. Global advocacy campaigns must emphasize the need to increase the fiscal space of those countries most in need by calling on debt relief, progressive taxation, and transparency in the flow of funds. This includes a concrete effort to change the narrative

-
- 1 "Nothing about us without us": no policy should be adopted without the direct participation of the group affected by those policies
 - 2 Health and care workforce, development partners, donors, financial institutions, relevant national economic and health institutions
 - 3 Working for health and growth: investing in the health workforce - High-Level Commission on Health Employment and Economic Growth
 - 4 Working for Health 202-2030 Action Plan
 - 5 Educated, supported, supplied, paid, protected and integrated into the formal health system



from viewing HRH funding as “costs” to acknowledging it as “investments” that yield benefits beyond health a society experiences.

HRH needs and benefits are intersectoral—there is an opportunity for civil society to recruit and mobilize CSOs involved in labour, education, gender, climate change, and other overlapping areas, amplify their messages during high-level meetings, key political platforms, and consultation processes related to the workforce. For example, the health sector could and should as outlined in the High Level Commission on Health Employment and Economic Growth (2016) make a larger contribution to sustainable development by addressing and valuing women’s unpaid and paid work by implementing gender-based budgeting. Similarly, the inclusion, participation and promotion of health and care worker voices must be at the core of the work conducted by civil society to guarantee that any decision-making process related to the HCWF is responsive to their realities and advances their protection, recognition, and professionalization.

Action Area 3: Promote adoption of monitoring & accountability frameworks in line with national HCWF commitments

To realize the development of a sustainable, fit-for-purpose health and care workforce, non-state actors must promote the adoption of monitoring and accountability frameworks to bring transparency to HCWF financing. This includes the implementation of existing instruments developed at national, regional, and global levels, ensuring the appropriate mobilization of financial resources from domestic and international partners.

In parallel, CSOs must jointly call for the accountability of governments and relevant international agencies regarding the non-implementation of international covenants and resolutions adopted. A special focus must be placed on the percentage of the national budget allocated to health, first, and then to the health and care workforce, guaranteeing a legislative budget line exclusively written for its development. The realization of appropriate domestic investments must also come accompanied by coordinated pooling of resources from donors, development partners, CSOs and others to support the national agenda.

Mechanisms for action

Civil society has and continues to work towards ensuring equitable and quality access to health for all. Robust evidence shows access to well-trained, equipped, protected, supplied, and paid HCWF is key to realizing this human right. Civil society will continue to collaborate with governments, donors, and global health initiatives in the three main areas outlined above to realize the ambitions of a fully funded, equipped, supported and motivated health and care workforce.

Although systematic changes have been made since the start of the COVID-19 pandemic, the delicate situation the HCWF is facing has not improved at the necessary pace and depth. Investing in the health and care workforce makes populations more productive and consequently wealthier. It also makes communities safer, more resilient, and self-sufficient. The moment before us is too important not to act.

Acknowledgements

Working group members

Baba Aye, Health and Social Sector Officer, Public Services International; Amanda Banda, Global Health Advocate, WEMOS; Francisco Rodriguez Garza, Senior Manager, Advocacy, Last Mile Health. Cristina Kfuri, WEMOS, provided copy editing for this brief.

Consultations

This Action Brief was created in collaboration with partner CSOs through a dialectic and multilateral process, with the main goal of assuring the representation of health workers in all their forms. We would like to thank the Frontline Health Worker Coalition, Community Health Impact Coalition (CHIC), IntraHealth International, Partners In Health (PIH), and Seed Global Health in particular for their valuable insights.

We would also like to thank all participants and organizations who attended and shared their knowledge during our webinar: Georgetown University, Catalyst Foundation, Global AIDS Interfaith Alliance (GAIA), Women Deliver, Medic, Santé Intégrée, mothers2mothers (m2m), Tropical Health and Education Trust (THET), Institute of Tropical Medicine Antwerp, Living Goods, NHS Employers, TIP Global Health, Verein demokratischer Ärzt*innen (vdää*), Center for Health, Human Rights and Development (CEHURD), International Institute For Primary Health Care (IPHC-E).

WHO Secretariat

Technical support and coordination was provided by the WHO Fifth Global Forum Secretariat and the Working for Health Programme team, Shakira Choonara and Meredith Fendt-Newlin. James Campbell and Rania Kawar provided strategic guidance for the development of the briefs. Design by Subhankar Bhowmik.



