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Framework for action on the health and care workforce in the WHO European Region 2023–2030

The WHO Regional Office for Europe report *Health and care workforce in Europe: time to act*, which was launched at the 72nd session of the WHO Regional Committee for Europe, highlighted the challenges faced by the European health and care workforce. Many of these challenges are long-standing, but they were exacerbated by the COVID-19 pandemic. Urgent action is required to retain health and care workers, especially in rural and underserved areas; to protect their mental and physical health and well-being; to enhance their recruitment; to optimize their performance; and to ensure a supply of health and care workers to meet future needs.

The proposed framework for action on the health and care workforce in the WHO European Region 2023–2030 builds on the 2017 action framework and addresses new realities as well as long-standing challenges. Proposed actions support the advancement of the European Programme of Work, 2020–2025, including its flagship initiatives, and items that will be discussed by the Regional Committee at its 73rd session, such as primary health care, emergency preparedness, and refugee and migrant health.

This working document is submitted to the Regional Committee for consideration at its 73rd session, along with a draft resolution.

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RATIONALE

1. Health and care workers are the backbone of any health system because timely equity of access to quality health and care services depends on having a fit-for-purpose workforce. Member States in the WHO European Region have long recognized the need for a health and care workforce that is better equipped to deal with changing health needs due to ageing populations, rising levels of chronic disease, changing expectations and new technologies, and increasing health threats associated with climate change and health emergencies. But the actions taken to date have been insufficient.

2. The COVID-19 pandemic exacerbated old challenges, such as uneven distribution, suboptimal skill mix, and shortages of health and care workers. It also made emerging challenges more acute, such as (i) increasing difficulties with retention of health and care workers due to pressures from substantial service backlogs, burnout, stress, and concerns about workplace safety and violence; (ii) the importance of protecting mental and physical health and well-being and strengthening gender equality within the health and care workforce; and (iii) the need to attract young people into the health and care professions given the workforce itself is rapidly ageing. These challenges are detailed in the WHO Regional Office for Europe (WHO/Europe) report *Health and care workforce in Europe: time to act*.[1]

3. Although the European Region has the highest density of health and care workers among all the WHO regions and has record absolute numbers of health and care workers, there are critical gaps in health systems' capacity to respond to population needs. In the face of all the challenges mentioned in the paragraphs above, the case for a new approach to health and care workforce policies in the Region is clear.

4. The proposed new framework for action on the health and care workforce in the WHO European Region 2023–2030 is informed by and consistent with current global health workforce strategies and resolutions, including the 2016 Global Strategy on Human Resources for Health: Workforce 2030;[2] the WHO Global Code of Practice on the International Recruitment of Health Personnel;[3] and resolutions WHA74.14 on protecting, safeguarding and investing in the health and care workforce, WHA74.15 on strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery and WHA75.17 on human resources for health. At regional level, Towards a Sustainable Health Workforce in the WHO European Region: Framework for Action[4] is the starting point for the proposed new framework for action.

SCOPE AND PURPOSE

5. The proposed new framework for action has been developed and refined through three technical consultations with Member States and other key stakeholders between February and April 2023, including at the High-level Regional Meeting on Health and Care Workforce, held in Bucharest, Romania, which resulted in the Bucharest Declaration.[5]

6. The framework for action's overall goal is to achieve pandemic recovery, renewed progress on the health-related Sustainable Development Goals (SDGs), and greater capacity to respond to current and future health and care needs as well as during natural and human-induced disasters, in the Region, by investing in and protecting an effective health and care workforce.

[1] See: https://apps.who.int/iris/handle/10665/362379.
[2] See: https://apps.who.int/iris/handle/10665/250368.
[3] See: https://www.who.int/publications/i/item/wha68.32.
[4] See: https://apps.who.int/iris/handle/10665/338467.
[5] See: https://apps.who.int/iris/handle/10665/366519.

7. For this, three specific objectives are proposed:

- to empower health ministers to advocate for the health and care workforce at the national and international levels;
- to update recommendations to meet the current context based on the best available technical evidence; and
- to specify how WHO/Europe can support Member States in taking this work forward.

8. Towards a Sustainable Health Workforce in the WHO European Region: Framework for Action,[6] together with the Toolkit for a sustainable health workforce in the WHO European Region,[7] had started to contribute to advancing health and care workforce development. The proposed new framework for action puts health and care workers and their needs at the centre of efforts to improve access to quality services. It is designed to address new realities as well as long-standing challenges, to increase concerted action and to be the foundation for targeted country work.

PILLARS OF THE FRAMEWORK FOR ACTION 2023–2030

9. The framework for action has five interrelated pillars (Fig. 1):

- pillar 1: retain and recruit
- pillar 2: build supply
- pillar 3: optimize performance
- pillar 4: plan
- pillar 5: invest.

Fig. 1. Framework for action on the health and care workforce in the WHO European Region 2023–2030

HCWF: health and care workforce; SDG: sustainable development goal; HRH: human resources for health.

[6] See: https://apps.who.int/iris/handle/10665/338467.
[7] See: https://apps.who.int/iris/handle/10665/345687.

10. Successful implementation will require links with other WHO work, especially that of the Pan-European Mental Health Coalition (to design and implement effective solutions to support the mental health and well-being of health and care workers including in emergencies, in line with WHO European Framework for Action on Mental Health 2021–2025) and the Empowerment through Digital Health flagship initiative (to ensure effective integration of digital health technologies to support the health and care workforce, in line with the Regional Digital Health Action Plan for the WHO European Region 2023–2030). Above all, links with primary care are essential to ensure that the primary care health and care workforce – including in rural and remote areas – is strengthened in ways that enhance the delivery of primary care.

11. Effective implementation will require concerted action by multiple partners across all five pillars. WHO/Europe will capitalize on existing networks of partners, including Member State representatives involved in the framework consultations and the High-Level Regional Meeting in Bucharest, WHO collaborating centres, the WHO/Europe Government Chief Nursing and Midwifery Officers Hub, the Small Countries Initiative Human Resources for Health working group, and multilateral partners such as the Organisation for Economic Co-operation and Development and the European Commission. In addition, at all levels, close collaboration with associations representing health and care workers will be necessary to ensure effective implementation. New collaborations will also be sought with institutions, including at country level, to ensure tailored approaches to implementation.

12. The proposed accountability framework aims to help Member States track progress in implementing actions across the five pillars.

Pillar 1. Retain and recruit: address health and care workers' needs

13. Improved retention of existing health and care workers, and the return of those who have left the professions, will have early benefits for workforce availability and, as a consequence, service delivery and quality. These actions have become more urgent following the pandemic, given that more workers are leaving their jobs due to a continued heavy workload from service backlogs, continued burnout and stress, and the risk of violence. Gender pay gaps, a sense of being undervalued, and a lack of modern management practices are part of the problem. A growing number of Member States are experiencing substantial outmigration of health and care workers, and migration patterns are complex. The recruitment – and return – of health and care workers is being affected by competition from other more attractive occupations. Private sector actors have a variable but significant role in health and care worker employment in the Region. Retention and recruitment in rural and other underserved areas need special attention. Evidence shows that a package of interventions is required to improve retention. The same strategies may have different effects on different age groups, professions, locations and genders, and retention packages need to be tailored accordingly. Recruitment should be merit based and ethical. International recruitment from within and beyond the Region should conform to the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Actions for Member States

- Develop strategies to improve working conditions, including reasonable workload and work–life balance, positive workplace culture, supportive management, career advancement and workplace safety.
- Ensure fair and effective approaches to remuneration for health and care workers.
- Protect the mental and physical health and well-being of health and care workers, including protection against occupational risks, and take actions to reduce stigma associated with mental health challenges.
- Pay attention to gender balance and ensure policies and practices that address gender inequality.
- Implement zero tolerance for abuse and violence.

- Attract young students into the health and care professions.
- Recruit and retain staff in rural and other underserved areas.
- Improve information and understanding of workforce migration patterns.
- Ensure ethical recruitment practices are observed, especially for international recruitment.[8]

Actions for WHO

- Share latest evidence, experience and guidance on the effectiveness of different interventions to improve retention and recruitment of health and care workers throughout their careers and in understaffed occupations.
- Support countries in reviewing current retention and recruitment strategies and in undertaking the policy dialogue required to develop new, evidence-informed strategies where needed, putting increased emphasis on protection of workers' physical and mental health, well-being and safety; policies addressing gender inequality; ethical recruitment; and ways to attract more young people into the health and care professions.
- Support development and monitoring of strategies that include attracting and retaining health and care workers in rural and other underserved areas.
- Help identify where changes are needed in workforce legislation, management or financing.
- Support better data and understanding of health and care worker migration patterns and effective interventions by low- and higher-income countries.

Pillar 2. Build supply: strengthen education and training, skills and competencies

14. Building the supply of health and care workers is a long-term endeavour. Future health and care workers will have different roles and tasks from today. They will need additional competencies, such as the ability to use digital health tools including artificial intelligence, to work in interprofessional teams and to analyse and adopt new evidence. Health and care workers need to acquire new knowledge and skills throughout their careers. New ways of learning exist, including through the use of digital learning tools. New thinking is needed about how to attract students into the health and care professions, as occupational prestige is changing. Private sector actors play a variable but significant role in health and care worker education and training. Greater openness to alternative routes into the health and care professions, including through vocational training, is needed.

Actions for Member States

- Align the education and training of health and care workers with the needs of people and communities, informed by the characteristics of the labour market. Review and update health and care education curricula so they reflect population needs and service requirements, consider creating additional entry points for students into the health and care professions, and strengthen the teaching capacity of health and education institutions.
- Strengthen continuous professional development (CPD) by, for example, adapting CPD standards and approaches; ensure opportunities are available across the health and care workforce.
- Improve opportunities for unskilled health and care workers, in particular, to attain and formalize their skills and competencies during their careers.
- Build digital health competencies into training curricula, and incorporate the use of digital tools into training, to better prepare students for clinical practice.

[8] In accordance with relevant international instruments such as the *WHO Global Code of Practice on the International Recruitment of Health Personnel*.

Actions for WHO

- Support health and care education and training institutions in reviewing and updating health and care education curricula and programmes; share evidence on more diverse approaches to student selection.
- Support development and strengthening of the regulation and accreditation of health and care education and training institutions and programmes.
- Provide support in improving CPD standards and approaches for the health and care workforce and access to CPD opportunities where appropriate.
- Support the development of guidance and frameworks to equip health and care workers with digital competencies.

Pillar 3. Optimize performance: redefine teams and skill mix; use digital solutions

15. Optimizing the performance of existing health and care workers will have early to medium-term benefits for service quality and efficiency. While many of the actions mentioned under pillars 1 and 2 – such as better working conditions, attention to workers' health and well-being, policies and practices to address gender inequality, and alignment of education and training with changing needs and context – will help improve performance, measures focusing on the way work is organized, the use of digital solutions, and the provision of adequate facilities and equipment also affect performance.

Actions for Member States

- Redefine teams and skill mix: creating multiprofessional teams, implementing task-shifting to free up time for care delivery and to ensure health and care professionals use their knowledge and skills to best effect, and giving teams greater autonomy have all been shown to improve performance.
- Help managers introduce effective management systems to enable and support optimal health and care workforce performance.
- Develop regulatory mechanisms for professional standards that have patient safety and public protection as the priority focus.
- Reconfigure services to be more efficient: for example, new technologies provide opportunities to change the balance between ambulatory and inpatient care.
- Improve interactions with patients by promoting a culture of person-centred care and empowered patients.
- Promote appropriate use of digital solutions by health and care workers and by patients.

Actions for WHO

- Share the latest evidence, experience and guidance on reconfiguring services, using digital health technologies and redefining teams and skill mix in both primary and secondary care, and their effects on optimizing performance.
- Support countries in reviewing service configurations, strengthening management capacities and undertaking the policy dialogue required to develop new, evidence-informed strategies related to optimizing health and care workforce performance where needed.

Pillar 4. Plan: implement comprehensive health and care workforce policies; improve data; coordinate multiple stakeholders in line with changing needs

16. Planning for the health and care workforce is both a technical and political exercise. It requires reliable information on current and future needs and on health system goals and priorities, as well as an understanding of context, including changing models of care, health labour markets, the role of the private sector in education and employment, and the roles of national and local authorities. Such planning should be based on the best available evidence and should take a multiprofessional approach. Leadership capacity is needed to guide and coordinate the many stakeholders involved. Better and more disaggregated data focused on real policy questions, along with trends over time, are essential for good planning. Women perform most of the paid and unpaid health and care work in most countries, and specific actions may be needed to reduce gender pay gaps, value unpaid care work and promote gender balance in decision-making positions and in service delivery. Planning needs to be accompanied by effective regulation, the scope of which may range from health and safety to regulation of educational institutions and professions. The monitoring of plan implementation and the assessment of results are integral parts of any planning cycle so that course corrections can be made where needed.

Actions for Member States

- Plan strategically using the best available evidence, including future projections of health and care workforce needs, and taking account of local context.
- Adopt an intersectoral approach to planning. Beyond health, key ministries are finance and education; others are determined by national arrangements. Engage other key stakeholders including professional associations, patient organizations and private sector actors.
- Strengthen capacity for strategic workforce planning, including through greater human resources for health (HRH) capacity; ensure more equitable representation of women in decision-making positions.
- Regulate health and care education and training institutions, health and care professions, and health and care services; legislate for decent working conditions where needed.
- Strengthen health information systems; optimize use of available research and data to create a picture of the whole health labour market, including private and public sectors.

Actions for WHO

- Support countries in strengthening capacity for health leadership and strategic partnerships when developing national health and care workforce strategies, and other aspects of workforce governance, by providing leadership training through the WHO/Europe Executive Course on Health Workforce Leadership and Management and facilitating action-learning programmes.
- Support countries in strengthening HRH units' strategic planning and management capacities.
- Support countries in implementing effective workforce planning approaches and tools, including conducting health labour market analyses by training a critical mass of analysts.
- Support national policy dialogues on health and care workforce analysis and policy development.
- Share evidence and experience with innovative approaches to the regulation and accreditation of education and training institutions and of health and care professions.
- Support countries in assessing their HRH information systems and developing plans for the systems' improvement. Support the strengthening of data collection and analysis for policy decision-making.

Pillar 5. Invest: increase and sustain smarter public investment in the health and care workforce, which contributes to economic growth and societal cohesion

17. Targeted and smart investment in health and care workers is a productive social and economic investment. The economic argument is sound: the returns on investment in the health and care workforce were estimated to be 9 to 1 by the High-level Commission on Health Employment and Economic Growth in 2016.[9] Discussions on funding levels and modalities must be part of strategic planning, to decide where investments should be made and what the expected results are. This will help build stronger partnerships and trust with finance ministries and other potential funders. Increasing funding also depends on a country being able to create the fiscal space to spend more.

Actions for Member States

- Update the case for investment in the health and care workforce, and the probable health, social and economic consequences of underinvestment, for dialogue with finance and other critical ministries. This will include evidence on the economic and social contribution of the health and care workforce (and returns on investment), the workforce's fundamental role in ageing societies and in rural development, and the workforce's contribution to the 2030 Agenda for Sustainable Development as a whole.
- Ensure appropriate level of public investment in health and care workforce education, development and protection.
- Make smarter use of funds through innovative health and care workforce policies to increase the workforce's availability, accessibility and productivity. Such policies may include defining new roles; introducing multiprofessional teams and more integrated approaches to working across levels of care; improving digital health skills; introducing more flexible working arrangements; and improving working conditions. Prioritizing investment in the primary health care workforce is the best strategy to improve performance of health services.

Actions for WHO

- Support countries in making the case for the social and economic returns on investment to finance ministries and other potential sources of funds.
- Support countries in making the case to education and labour ministries for increased and targeted investment in the health and care workforce.
- Support the development of comprehensive investment strategies to optimize performance – taking into account levels and modalities of funding.
- Support strengthening of the primary health care workforce.

REPORTING AND ACCOUNTABILITY FRAMEWORK

18. The proposed framework for action is designed to help Member States renew progress on national health goals and strengthen their capacity to respond to health and care needs by investing in and protecting an effective health and care workforce. Results will be judged by improvements in access to quality health and care services. All Member States have their own indicators. Internationally, the UHC [universal health coverage] service coverage index[10] is a composite indicator that is already part of reporting on SDG 3 progress.

[9] See: https://apps.who.int/iris/handle/10665/250040.
[10] See: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4834.

19. There is value in also monitoring progress on this regional framework for action. The indicators need to reflect important concerns. Interpretation may need knowledge of local context as well as time-trend data. Region-wide monitoring should be simple and manageable. Following consultation with Member States and monitoring experts, a two-track approach is proposed.

20. First, a pragmatic track will be implemented, which will begin with a small set of relevant indicators for which definitions and reporting mechanisms already exist, and where at least public sector data are wholly or partly available. WHO's *National health workforce accounts: a handbook* gives the metadata for these indicators. Two reports, *Health and care workforce in Europe: time to act* and *Global strategy on human resources for health: Workforce 2030*, together provide baseline data for most of these indicators, initially for six health professions (medical doctors, nurses, midwives, dentists, physiotherapists and pharmacists). The three-yearly monitoring of progress on implementing the Global Code of Practice on the International Recruitment of Health Personnel provides some migration data.

21. Second, a parallel development track will be initiated. WHO/Europe will establish a working group to guide the development of ways to track progress on critical issues that currently cannot be monitored, for which a small number of additional indicators is desirable, or where the scope of what is monitored needs expanding.

22. For the purposes of monitoring regional progress on this framework for action, two rounds of reporting are proposed, with midterm (2027) and final (2030) progress reports.

23. The Annex provides an overview of the proposed set of 14 indicators, for the majority of which international reporting already exists.[11] It also indicates policy issues raised during the consultation process for which monitoring is considered desirable but for which indicators and/or data are not yet widely available. The task of the proposed working group would be to address the monitoring of these issues.

ACTION BY THE REGIONAL COMMITTEE

24. This proposed framework for action is submitted to the WHO Regional Committee for Europe at its 73rd session in 2023, together with a draft resolution.

25. The Regional Committee is further invited to provide guidance on the following questions.

- Which of the pillars and accompanying actions are the main priorities for your country?
- What support can WHO provide in taking these pillars and actions forward?
- What opportunities and limitations do you foresee in implementing the priority actions?

[11] The framework indicators will initially cover the six professions for which quality data are available: medical doctors, nurses, midwives, physiotherapists, dentists and pharmacists.

Annex. Accountability framework and proposed indicators

Table A1. Proposed indicators for monitoring the implementation of the framework for action

Initial indicators (for which definitions and data collection strategies exist)	**Rationale**	**Issues for which indicators/data are noted as desirable** (but not yet available)
Pillar 1. Retain and recruit		
1. Geographical distribution of health workers: differences in density – urban/rural or by district* 2. Health workforce distribution by age* 3. Health worker ratio female/male* 4. Annual intake of health workers from other countries, disaggregated by occupation and sex†	Indicators 1–3: together, and with trend data, provide a profile of the health workforce and its changes over time in terms of the geographical, age and gender distribution. Indicator 4: metric of migration flows.	• Measure of improved retention, such as reduced exit of health and care workers or plans to leave the workforce • Measures of gaps or vacancy rates or of specific occupational losses • Measure of mental health and well-being of health and care workers • Measure of outmigration
Pillar 2. Build supply		
5. Health workforce density, /10,000* population 6. Graduates per year/100,000 population, disaggregated by occupation and sex* 7. Existence of national and/or subnational mechanisms for accreditation of education and training institutions and their programmes*,‡	Indicator 5: simple summary measure of health workforce stock and availability. Indicator 6: measure of health worker replenishment pipeline and future female/male ratio. Indicator 7: measure of commitment to quality education and training.	
Pillar 3. Optimize performance		
8. Ratio of nurses and midwives to doctors* 9. Existence of regulatory mechanisms promoting health worker safety and patient safety‡	Indicator 8: measure of skill-mix composition, in relation to models of care. Indicator 9: measure of actions being taken to protect health workers and provide decent working conditions.	• Health and care workforce distribution between primary care, hospital care and long-term care • Adoption of technological innovation (suggestions: unit exists to support adoption of new technologies; responsiveness of regulatory framework to encourage uptake of new technologies; availability of professionals who can use innovative technologies) • Percentage of time spent on clinical care • Staff/patient ratios as an indicator of care safety and quality

Pillar 4. Plan		
10. Existence of up-to-date national (or subnational) health and care workforce policies and plans 11. Existence of a health workforce unit responsible for developing and monitoring policies and plans for the health workforce*,‡ 12. Existence of institutional mechanisms to coordinate an intersectoral health workforce agenda*,‡ 13. Existence of a human resources for health information system that can report outputs from education and training institutions and track labour market exits per year*,‡	Indicator 10: measure of actions being taken to address future as well as current health workforce needs. Indicators 11 and 12: measures of strategic policy and planning capacity, including ability to work with multiple partners. Indicator 13: measure of capacity to monitor results of health workforce policies.	• Measure of forecasting capacity
Pillar 5. Invest		
14. Public expenditure on health workforce as a proportion of total current public health expenditure§	Indicator 14: measure of alignment of investment with commitment to health workforce strengthening.	• Indicators for investment need, drawing on national health accounts • Some indicators from other pillars (e.g., trends in workforce distribution between primary and hospital care) could provide indirect information on resource allocation

Note: for initial indicators, current definitions and data are only available for health workers, not care workers.
Sources of metadata/data:
* *National Health Workforce Accounts: a handbook* (https://apps.who.int/iris/bitstream/handle/10665/259360/9789241513111-eng.pdf); WHO National Health Workforce Accounts Data Portal: (https://apps.who.int/nhwaportal).
† Eurostat Health workforce migration data set (https://ec.europa.eu/eurostat/databrowser/view/hlth_rs_wkmg/default/table?lang=en) and explanatory notes (https://ec.europa.eu/eurostat/cache/metadata/Annexes/hlth_res_esms_an13.pdf).
‡ *Global strategy on human resources for health: Workforce 2030*, Annex 3: Monitoring and accountability framework (https://www.who.int/publications/i/item/9789241511131).
§ *A system of health accounts 2011* (https://www.oecd.org/publications/a-system-of-health-accounts-2011-9789264270985-en.htm).

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