



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

67th session

Budapest, Hungary, 11–14 September 2017

Provisional agenda item 5(c)

EUR/RC67/10

+EUR/RC67/Conf.Doc./5

1 August 2017

170677

ORIGINAL: ENGLISH

Towards a sustainable health workforce in the WHO European Region: framework for action

This document presents a framework for action towards a sustainable health workforce in the WHO European Region.

The framework for action translates the *Global Strategy on Human Resources for Health: Workforce 2030* to the regional context. The overall goal of the framework is to accelerate progress towards achieving the population health objectives of Health 2020, and the longer-term health goals for Member States in the European Region, by sustaining a transformed and effective health workforce within strengthened health systems. It sets out key strategic objectives for Member States in the Region, proposes policy options and implementation modalities, and provides guidance to health policy-makers, planners, analysts and others with a responsibility for health workforce issues.

The framework for action towards a sustainable health workforce is submitted for consideration and approval by the 67th session of the WHO Regional Committee for Europe.

Contents

	page
Introduction	3
Background: the policy context.....	6
Overall goal of the framework	7
Applying the framework: strategic objectives	7
Strategic objective 1: education and performance	7
Strategic objective 2: planning and investment	8
Strategic objective 3: capacity-building	9
Strategic objective 4: analysis and monitoring	9
Enablers for action	9
Strong national leadership	9
Evidence-informed policy, planning and labour market analysis: toolkit for a sustainable health workforce in the WHO European Region	10
Strategic approach to managing change	12
Political commitment.....	12
General cross-cutting considerations	12
Responsibilities of WHO	13
Global.....	13
Regional	14
Recommendations for stakeholders and international partners.....	14
Implementation.....	14
Annex. Global milestones set out in the <i>Global Strategy on Human Resources for Health: Workforce 2030</i>	16

Introduction

1. The health workforce has a critical role to play in tackling 21st-century health challenges related to demographic, epidemiological and technological changes, as well as those resulting from conflict and natural and man-made disasters. Health workers must be at the forefront of meeting these challenges, mitigating the effects of the social determinants of health and providing health promotion, disease prevention and integrated people-centred health services across the delivery of care.
2. Effective health and care in the WHO European Region can only be achieved fully with a sustainable, resilient health workforce, transformed with the knowledge, skills, values, ethics and behaviours to address the existing, emerging and new health challenges. Investment in the health workforce is a key enabler for health systems strengthening in the European Region.
3. Health workforce sustainability can be viewed as a dynamic situation which requires a broad-based policy focus on achieving and sustaining a workforce that best meets identified population health needs. The policy and planning focus must reflect national priorities, resources and international obligations, while taking into account flows of workers between regions, countries and sectors.
4. Achieving a transformed and sustainable health workforce in Member States requires effective policy actions across various sectors, including health, social care, welfare, education, finance, labour and foreign affairs. Intersectoral processes must engage the public and private sectors, civil society, trade unions, health worker associations, regulatory bodies and educational and training institutions. This approach will require national leadership and strong political commitment, as well as effective partnerships and cooperation among organizations, sectors and countries in the Region and globally. It must also be based on a recognition that the workforce is composed of individual health workers with personal and professional rights and responsibilities.
5. While Member States of the European Region have made progress in recent years, many challenges in human resources for health (HRH) must be addressed fully in order to achieve optimal contribution of the workforce. These challenges include supply–demand imbalances, gender inequality and gender imbalances, achieving an appropriate skills mix, geographical maldistribution, gaps in quality, attaining decent working conditions and improving recruitment and retention. In addition, funding constraints will place increasing pressure on decision-makers in many Member States as they work to address these health workforce challenges.
6. Two recent global strategic developments, the *Global Strategy on Human Resources for Health: Workforce 2030*¹ (2016) and *Working for Health and Growth: Investing in the Health Workforce*² (2016), provide a unique opportunity for a paradigm shift in health workforce policy and reinforce the key focus of the Tallinn Charter: Health Systems for Health and

¹ The *Global Strategy*, published by WHO, is primarily aimed at planners and policy-makers of WHO Member States, but its contents are of value to all relevant stakeholders in the health workforce area.

² *Working for Health and Growth* is a report of the United Nations High-Level Commission on Health Employment and Economic Growth.

Wealth³ (2008). Member States can build on these strategic directions and on the evidence generated for the United Nations High-Level Commission to develop an approach to health workforce sustainability that recognizes it as a critical investment, not a cost, thereby enabling more effective health services delivery and improved health, well-being and economic prosperity.

7. This framework for action for health workforce sustainability has been developed by the WHO Regional Office for Europe to support Member States of the European Region in moving towards a sustainable workforce by building on the strategic objectives set out in the *Global strategy*, and adapting them to the regional context. A summary of the framework is provided in Fig. 1.

8. The breadth of the framework is extensive and inclusive, covering the full range of HRH, focusing on systems, organizations and individuals (see Box 1).

Box 1. What is the health workforce or human resources for health (HRH)?

The statistical office of the European Union (Eurostat), the International Labour Organization (ILO), the Organisation for Economic Cooperation and Development (OECD) and WHO are working to progressively standardize definitions of the health workforce and to ensure comprehensive coverage. Each Member State should verify that its analysis and policies are based on an inclusive definition of its own health labour market and workforce.

The *Global Strategy on Human Resources for Health: Workforce 2030* and the European framework for action adopt a broad and inclusive definition of HRH, which covers all workers in the health services, public health and in related areas, and workers who provide support to these activities. This broad scope usually includes, but is not limited to, health professionals, other health and social care workers, informal carers, support staff, administrators and managers. Such workers can be located in one or more environments, such as public health, primary and community care, long-term care, secondary and tertiary care, or in support functions.

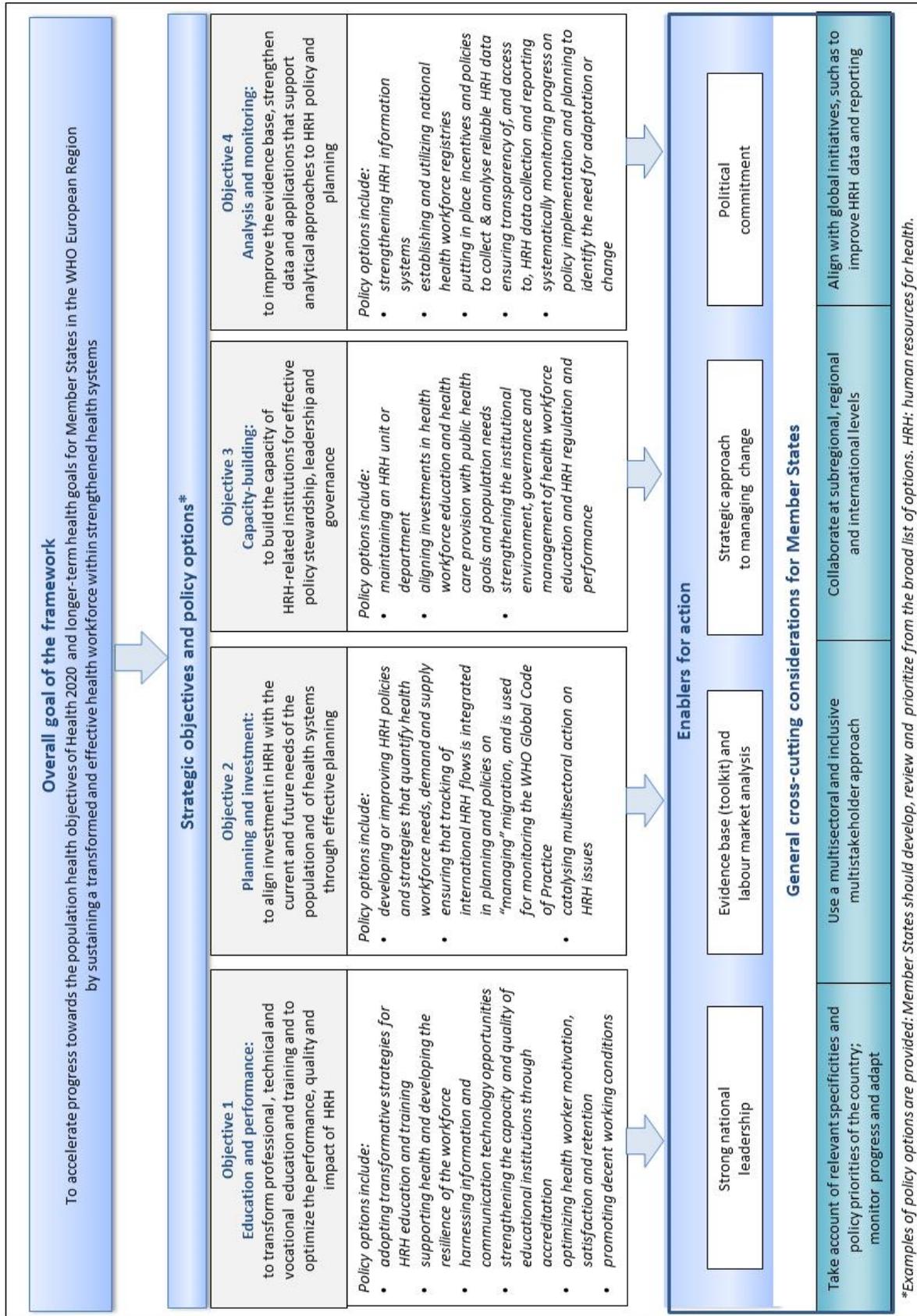
9. The framework for action, which is supported by a toolkit of strategies, planning tools and case studies, consists of three sections:

- the overall goal of the framework, which highlights alignment of the *Global Strategy* with the regional context;
- the four strategic objectives, with associated policy options to be considered for action by Member States; and
- critical enablers and general cross-cutting considerations for Member States applying the framework.

10. The Regional Office for Europe has conducted an extensive consultation process with governing bodies and with other stakeholders on the draft version of the framework. This process has included convening expert group meetings, holding a web-based consultation and consulting with other stakeholders throughout the European Region.

³ The Tallinn Charter is a commitment by Member States in the WHO European Region to improve population health by strengthening health systems, which includes the health workforce.

Fig. 1. Summary of the framework for action: towards a sustainable health workforce in the WHO European Region



Background: policy context

11. In 2015, United Nations Member States unanimously adopted a set of goals to end poverty, achieve good health and well-being, protect the planet and ensure prosperity for all as part of the new 2030 Agenda for Sustainable Development. Each of the 17 Sustainable Development Goals (SDGs) has specific targets to be achieved by 2030, and many have direct or indirect linkages with health workforce issues.

12. Taking the 2030 Agenda for Sustainable Development as its frame of reference, the *Global Strategy on Human Resources for Health: Workforce 2030*, which was unanimously adopted by the Sixty-ninth World Health Assembly in resolution WHA69.19 in May 2016, urges Member States to apply an integrated approach to addressing health workforce challenges at the national and international levels. Such an integrated approach will be informed by a comprehensive health labour market framework and underpinned by the milestones to be achieved by 2020 and 2030 (listed in the Annex), which will be used to assess progress.

13. The *Global Strategy* sets out four objectives for Member States:

- to optimize the health workforce to accelerate progress towards achieving universal health coverage and the SDGs;
- to understand and prepare for the future needs of health systems, harnessing the rising demand in health labour markets to maximize job creation and economic growth;
- to build the institutional capacity to implement this agenda; and
- to strengthen data on HRH, for analysis, monitoring and ensuring accountability for the implementation of national strategies and to support the global monitoring and accountability framework.⁴

14. As emphasized in the introduction, these four strategic objectives have been adapted to the regional context in the framework for action. The recommendations of the High-Level Commission on Health Employment and Economic Growth⁵ focus on proposed solutions to transform the health workforce through the implementation of enabling policies in order to achieve the SDGs. To take these recommendations forward, the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD) and WHO developed a joint intersectoral five-year action plan for health employment and inclusive economic growth (2017–2021), which was adopted by the Seventieth World Health Assembly in resolution WHA70.6 in May 2017.

15. In order to transform health services delivery and move towards universal health coverage, these two key global HRH strategic initiatives (the *Global Strategy* and *Working for Health and Growth*) emphasize that health workforce policy must be integrated with health services and public health policy. In the European Region, Health 2020 sets out the required direction of strategic change for health services: the adoption of inclusive models of health care; a people-centred approach; the reorientation of health systems towards a collaborative

⁴ For the complete monitoring and accountability framework, Member States should refer to Annex 3 of the *Global Strategy*.

⁵ The recommendations of the High-Level Commission on Health Employment and Economic Growth were adopted by the United Nations General Assembly at its seventy-first session in resolution 71/159 in December 2016.

primary care approach, built on team-based care; and the realization of the potential for technological innovation, such as e-health.

Overall goal of the framework

16. The overall goal of the framework for action is to accelerate progress towards achieving the population health objectives of Health 2020 and the longer-term health goals for Member States in the European Region by sustaining a transformed and effective health workforce within strengthened health systems. The framework aligns with and builds on the *Global Strategy* and *Working for Health and Growth*. It is intended for Member States and other relevant stakeholders.

17. The framework provides guidance to health policy-makers, planners and analysts and others with a responsibility for health workforce issues. It goes hand in hand with a toolkit, which provides access to relevant diagnostic, situation assessment, policy and planning tools, analytical approaches and examples of good practice. The toolkit takes a multisectoral approach and is structured to enable Member States and other stakeholders to access, review and implement policies, plans, strategies and tools that support the attainment of the four strategic objectives.

Applying the framework: strategic objectives

18. Member States of the European Region can progress towards achieving a sustainable health workforce by implementing the four strategic objectives identified in the *Global Strategy*, which have been adapted to the regional context as follows:

- to transform education and performance
- to align planning and investment
- to build capacity
- to improve analysis and monitoring.

19. These four strategic objectives are discussed in more detail below. They provide an outline of how Member States can develop a more comprehensive and adaptive approach to HRH challenges. The *Global Strategy* provides milestones to assist Member States with tracking progress at two marker dates: 2020 and 2030. These milestones are listed in the Annex. Member States can use the framework to assess their policy priorities and utilize the toolkit to evaluate their national situation and to identify evidence and good practice for implementing transformative workforce policies. They can also apply the milestones as a means of tracking and reporting on progress towards achieving health workforce sustainability.

Strategic objective 1: education and performance

20. Strategic objective 1 is to transform professional, technical and vocational education and training and to optimize the performance, quality and impact of HRH through evidence-informed policies, contributing to healthy lives and well-being, effective universal health coverage, and resilient and strengthened health systems at all levels.

21. There is a range of policy options for Member States to improve health workforce education and performance. These include but are not limited to:

- (a) scaling up transformative, high-quality professional, technical and vocational education and training and lifelong learning so that all health workers have skills that match the health needs of the population and can work to their full potential;
- (b) ensuring the development and delivery of health workforce education that aligns system and individual needs in order to address national requirements for leadership, health, public health and care requirements;
- (c) harnessing information and communication technology to support the delivery of transformative education and bolster health workforce performance;
- (d) strengthening the capacity and quality of educational institutions through accreditation; and
- (e) supporting health workforce performance, motivation, satisfaction, retention and well-being by promoting decent work (as defined by the ILO)⁶ and positive working environments.

Strategic objective 2: planning and investment

22. Strategic objective 2 is to align investment in HRH with the current and future needs of the population and of health systems through effective planning. This must take account of the dynamics of the health labour market and give consideration to approaches to better align planning and investment in the workforce with service delivery priorities. It will also necessitate using planning approaches to address identified shortages and to improve the distribution of health workers and skills mix.

23. Policy options that Member States should consider in relation to investment approaches and to effective HRH planning include:

- (a) stimulating investments in creating decent health sector jobs with the right skills in the right numbers and in the right places, particularly for women and young people;
- (b) undertaking comprehensive analysis of the labour market in order to develop appropriate policies and strategies;
- (c) developing tools and plans that quantify health workforce needs, demand and supply for projected future scenarios;
- (d) catalysing multisectoral action and engagement to agree on investment in HRH;
- (e) developing policies and tools to assess and to optimize the required skills mix; and
- (f) investing in long-term public policy stewardship and strategies, particularly with regard to respecting the rights of female workers.

⁶ According to the ILO, “Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.” (<http://www.ilo.org/global/topics/decent-work/lang--en/index.htm>, accessed 28 June 2017).

Strategic objective 3: capacity-building

24. Strategic objective 3 is to build the capacity of HRH-related institutions for effective policy stewardship, leadership and governance of actions in order to develop and to maintain a sustainable health workforce.
25. The capacity-building policy options for active consideration of Member States include:
- (a) ensuring that the importance of the governance, system stewardship and leadership of HRH is clearly articulated and evident in the national policy framework;
 - (b) maintaining an HRH unit or department at the appropriate national and regional levels with sufficient capacity and standing to conduct analysis, convene stakeholders and enact policy reporting across government; and
 - (c) improving and strengthening the institutional environment, governance and management of health workforce education, and HRH regulation, accreditation and performance.

Strategic objective 4: analysis and monitoring

26. Strategic objective 4 is to improve the evidence base and to strengthen the data and applications that support analytical approaches to HRH policy and planning. The *Global Strategy* sets out policy options for Member States on approaches to improve HRH data collection, reporting and analysis. These include:
- (a) supporting evidence-informed policy and planning by strengthening HRH information systems and other mechanisms for the effective collection, reporting and analysis of reliable HRH data, such as national health workforce registries and national health workforce accounts;
 - (b) ensuring the transparency of and access to HRH data and its regular reporting; and
 - (c) monitoring progress on policy implementation and planning by applying labour market analytical approaches in order to identify the need for any adaptation or change.

Enablers for action

27. The four strategic objectives set out above can be achieved only once enabling efforts and mechanisms are in place. The enablers described below reinforce the core need for strong leadership by Member States and for coordinated efforts across national boundaries, underpinned by the use of the evidence-informed toolkit and by labour market analysis and supported by change management and sustained political commitment.

Strong national leadership

28. Resolution WHA69.19 urges Member States to adopt the *Global Strategy*. Achieving the four Region-specific strategic objectives set out in the framework will require intersectoral action and engagement with the public and private sectors, civil society, professional associations, trade unions, nongovernmental organizations, regulatory bodies and training institutions, as well as a coordinated, whole-of-government response. Member States are

encouraged to demonstrate leadership by ensuring that governance and regulation mechanisms covering the performance of the entire health sector are in place. They should also develop labour market policies to foster the demand for a sustainable health workforce.

29. In addition, Member States would benefit from exercising strong leadership in terms of strengthening capacities so as to support and enable the existing health workforce to contribute to the achievement of universal health coverage. This can be done by analysing, forecasting and actively addressing gaps between health workforce needs, demand and supply, and by building institutional capacity at the subnational and national levels for the effective governance and leadership of HRH. Member States will need to allocate sufficient financial resources to support transformation and change and to ensure consolidation of a core set of health workforce data for policy and planning purposes and for annual reporting within the global monitoring and accountability framework⁷ and to provide an evidence base for national policy and planning.

Evidence-informed policy, planning and labour market analysis: a toolkit for a sustainable health workforce in the WHO European Region

30. Achieving a transformed and sustainable health workforce requires a systematic and integrated policy focus. This necessitates whole system analysis and thinking, shaped by an understanding of labour market dynamics and policy connections, and supported by the application of relevant strategies, and planning and analytical tools.

31. Fig. 2 sets out the key elements of a labour market analytical approach. It emphasizes the multiple policy options that exist at different stages of the labour market cycle as well as the critical need to ensure that implemented policies are in alignment. When Member States and other stakeholders consider which health workforce policies to implement, they must be able to make informed and coordinated policy decisions that take into consideration all aspects of the health workforce – production, work life-cycle, flows, existing maldistribution and inefficiencies. In short, full consideration should be given to health-care labour market dynamics.

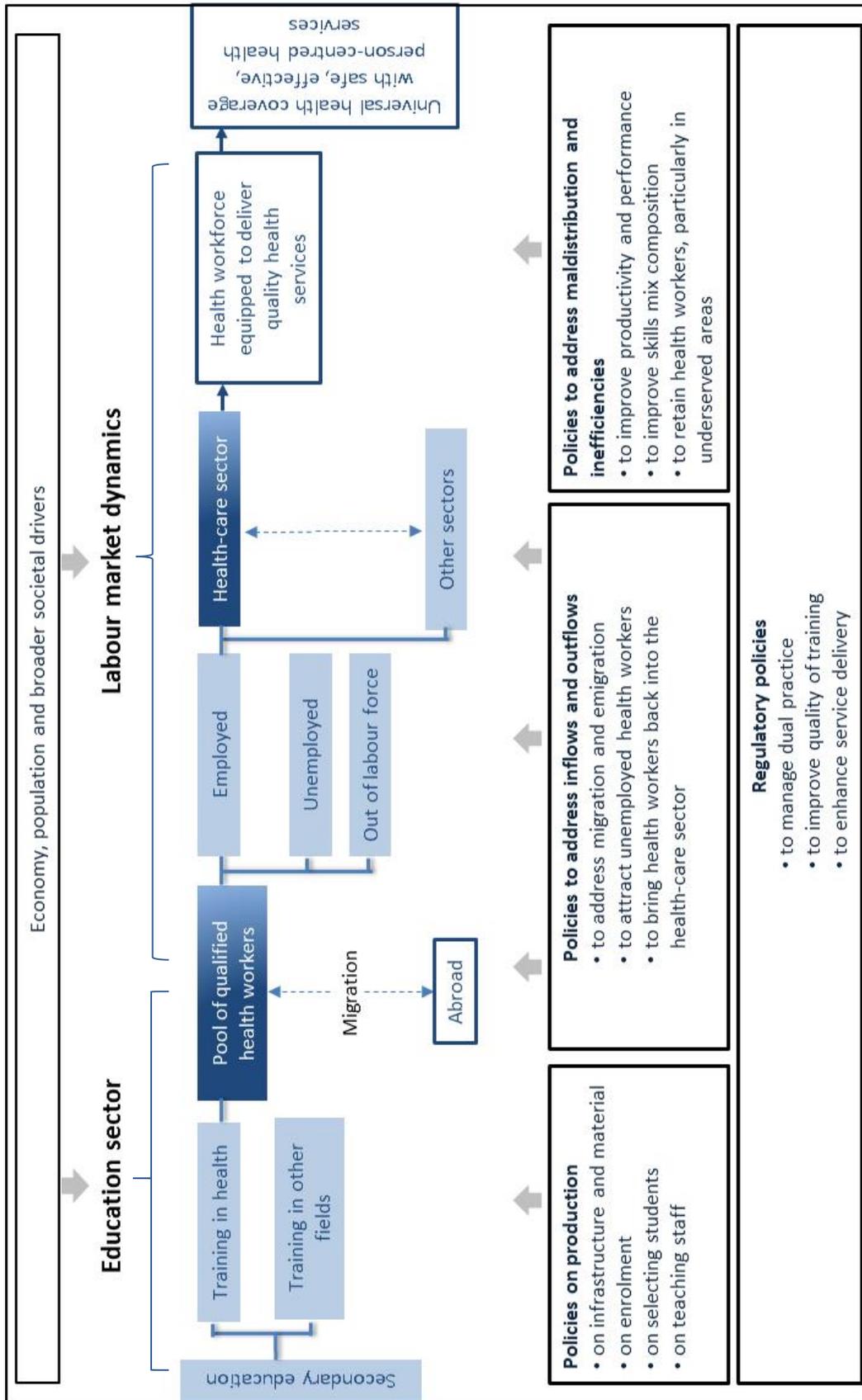
32. The toolkit (see Box 2) will support Member States and other stakeholders in the implementation of the framework for action, and in related labour market analysis.

33. The toolkit draws on a wide range of relevant resources and materials, such as WHO studies and recommendations, the work of the European Union Joint Action on Health Workforce Planning and Forecasting, the European Commission Expert Group on European Health Workforce, the OECD, country case studies and other research and analytical sources. It provides support materials to assist in assessing the current HRH situation and to guide HRH policies and actions in accordance with individual Member State priorities and context.

⁷ For the complete monitoring and accountability framework, Member States should refer to Annex 3 of the *Global Strategy*.

Fig. 2. Policy levers and the health-care labour market

Source: adapted from the *Global Strategy on Human Resources for Health: Workforce 2030*.



Box 2: Toolkit for a sustainable health workforce in the WHO European Region

Focusing largely on regional specific evidence, the toolkit provides Member States and other stakeholders with structured access to effective strategies, planning tools and case studies of HRH practice.

The toolkit underpins the framework's four strategic objectives:

- education and performance
- planning and investment
- capacity-building
- analysis and monitoring.

The materials highlighted in the toolkit are categorized as follows:

- international/national HRH strategic documents
- analytical, planning and management tools
- case studies
- research and evaluation.

Strategic approach to managing change

34. Effective governance and leadership requires harnessing the evidence base and establishing mechanisms for managing change in health systems, which will include the ability to adapt and be responsive to changing environments, priorities and innovations. This necessitates a strategic, adaptive and dynamic HRH approach, not a “one-off” plan, and should be based on continuous review of environmental and contextual factors that affect the performance of the health workforce and the delivery of services, and informed by lessons learned from practice.

35. More broadly, any action-oriented approach to achieving sustained transformation requires effective change management, setting a clear direction supported by effective communication, engaging with stakeholders, piloting and evaluating innovations, and sustaining a process of implementation, review and adjustment.

Political commitment

36. Unwavering support at the highest level of government and policy will be a key success factor. A sustained approach to addressing such health workforce challenges requires a policy focus on identifying how best to plan, educate, deploy, manage, motivate and reward health workers, and on the subsequent implementation of such processes. Mobilizing political commitment and financial resources for the health system and for its critical workforce at the country level will be critical to addressing such challenges.

General cross-cutting considerations

37. In addition to ensuring that enabling actions are in place, Member States will need to take the following four broader cross-cutting considerations into account in developing a transformative and sustainable approach to health workforce management.

The approach must be context specific.

38. Member States, together with other stakeholders, will seek to ensure that their approach to identifying and to implementing policy priorities takes the relevant demographic, geographic, labour market and organizational specificities of their country or subregion into account.

The approach must be inclusive, multisectoral and multistakeholder.

39. While Member States will need to demonstrate strong leadership in setting the direction for change and in the overall coordination of policy prioritization and governance, it is also necessary to consider how best to engage effectively with other sectors and stakeholders and to maximize their contributions. Various stakeholders may lead the implementation of the different policies and approaches. A multisectoral approach is therefore required and the participation of civil society, nongovernmental organizations and the private sector will be vital.

An effective approach will include collaboration at the subregional, regional and international levels.

40. Member States have a clear leadership role in the process and they can achieve this within an enabling international environment. The core HRH challenges are common to all countries. There is much to be gained from effective collaboration on health workforce sustainability issues with other Member States and with international bodies, such as the European Union, the ILO and the OECD through subregional, regional and international policy dialogue, knowledge exchange and cooperation.

The approach must align with relevant global and regional initiatives.

41. Within the European Region, Health 2020 provides the broad policy direction; the framework draws on the *Global Strategy* and the recommendations of the High-Level Commission as the two key sources of guidance in developing an approach that is relevant to the regional context. Continued implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel will also be a critical element in monitoring the international mobility of the health workforce and in assisting Member States to move towards achieving sustainable health workforces.

Responsibilities of WHO

Global

42. Resolution WHA69.19 requests WHO to provide support to Member States on the implementation and monitoring of the *Global Strategy*, and to submit a regular report to the World Health Assembly on progress made towards the milestones established by the *Global Strategy*, aligned with reporting on the WHO Global Code of Practice.

Regional

43. The Regional Office for Europe will have several main areas of responsibility in taking forward the framework. It will:

- (a) promote the use of the framework by Member States as they consider the *Global Strategy*, its milestones and the recommendations of the High-Level Commission;
- (b) compile, maintain and update the toolkit to ensure that it remains relevant in supporting Member States and other stakeholders as they identify and address health workforce priorities;
- (c) provide the necessary technical assistance to Member States as they identify and address their individual health workforce priorities within the framework, consider the *Global Strategy* milestones and other potential indicators of progress; and
- (d) support regional, subregional and national policy dialogues on health workforce issues that emerge as critical priorities.

Recommendations for other stakeholders and international partners

44. The contents of the framework and toolkit are of relevance and value to other stakeholders in the health workforce area, including employers in the public and private sectors, nongovernmental organizations, professional associations, educational and training institutions, labour unions, civil society, bilateral and multilateral development partners and international organizations.

45. Stakeholders are advised to give full consideration to the framework and the toolkit to inform and shape their input when participating in policy dialogues and in making other contributions to improving HRH policy and planning. Some examples include:

- (a) educational institutions adapting their education programmes and training models to meet population health priorities and to align with national accreditation standards (norms);
- (b) educators, employers and funders reaching informed agreement on how to plan for, train and develop a sufficient number of health workers of appropriate quality while promoting gender equality;
- (c) professional councils, associations and regulatory bodies that hold relevant HRH data collaborating to ensure that reliable and comprehensive data is accessible for analysis; and
- (d) researchers and analysts focusing on evaluating cost-effective approaches to implementing HRH policies.

Implementation

46. The framework and toolkit are intended to support Member States in the European Region. At the country level, the situation assessment and policy options identified as most relevant to the individual Member State should be embedded in its national health and development strategies and plans.

47. Member States will need to consider how best to include specific HRH targets and indicators when developing national policies and strategies. It is assumed that existing effective processes and mechanisms for a health sector review at the country level will include a regular assessment of progress on the health workforce agenda in the national context.

48. The *Global Strategy* provides a monitoring and accountability framework to assess progress towards achieving the milestones listed in the Annex. Global accountability will include a progressive agenda, facilitated by the WHO Secretariat, to implement national health workforce accounts, with annual reporting by countries on core HRH indicators. The overall aim is to streamline reporting requirements for Member States by progressively improving HRH data, effectively linking the monitoring of the *Global Strategy* with that of the WHO Global Code of Practice and other HRH-focused global and regional resolutions and strategic documents.

49. While the four main strategic objectives of the framework are derived from the *Global Strategy* and linked to the report of the High-Level Commission, they are tailored to regional specificities and priorities, and the policy options of the toolkit are intended for consideration by Member States in the European Region. The relevance and applicability of policy options must be determined by the specific realities of each Member State vis-à-vis the health needs of the population, education policies, labour market dynamics and health system requirements.

Annex. Global milestones set out in the *Global Strategy on Human Resources for Health: Workforce 2030*

The *Global Strategy on Human Resources for Health: Workforce 2030* provides milestones to track progress at two marker dates: 2020 and 2030.

Milestones to be achieved by 2020

- (a) All countries have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.
- (b) All countries have a HRH unit with responsibility for the development and monitoring of policies and plans.
- (c) All countries have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
- (d) All countries have established accreditation mechanisms for health training institutions.
- (e) All countries are making progress on health workforce registries to track health workforce stock, education, distribution, flows, demand, capacity and remuneration.
- (f) All countries are making progress on sharing data HRH through national health workforce accounts and are submitting core indicators to the WHO Secretariat annually.
- (g) All bilateral and multilateral agencies are strengthening health workforce assessment and information exchange.

Milestones to be achieved by 2030

- (a) All countries are making progress towards halving inequalities in access to a health worker.
- (b) All countries are making progress towards improving the course completion rates in medical, nursing and allied health professional training institutions.
- (c) All countries are making progress towards halving their dependency on foreign-trained health professionals, implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- (d) All bilateral and multilateral agencies are increasing synergies in official development assistance for education, employment, gender and health, in support of national health employment and economic growth priorities.
- (e) As partners in the United Nations Sustainable Development Goals, all countries are reducing barriers in access to health services by working to create, fill and sustain at least 10 million additional full-time jobs in the health and social care sectors to address the needs of underserved populations.
- (f) As partners in the United Nations Sustainable Development Goals, all countries are making progress on target 3.c to increase health financing and the recruitment, development, training and retention of the health workforce.