

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

Resolution

The Regional Committee,

Recognizing the fundamental role of health and care workers¹ in building, maintaining and ensuring strong and resilient health systems that contribute to national resilience, and their dedication and sacrifice to addressing the needs of the population on a day-to-day basis, advancing universal health coverage, as well as during emergencies, while improving their working conditions, guaranteeing decent remuneration, providing psychological support and avoiding a shortage of health and care workers and the consequent overburdening of the current active health workforce;

Recognizing an urgent need to address changing health and care workforce realities as well as longstanding health and care workforce challenges to ensure sustainable and effective delivery and timely and equitable access to quality health services, fully respecting gender sensitivity and taking into account the physical and mental health needs;

Concerned about increasing difficulties in motivating, retaining and recruiting health and care workers, continuing challenges of uneven distribution, and the growing number of Member States experiencing substantial outmigration of health and care workers at a time of growing population health needs and expectations, increasing demands on health services due to climate change related health impacts, recruitment challenges in some areas and service backlogs following the COVID-19 pandemic, as well as the need to optimize training opportunities and the use of the health workforce;

¹ All people engaged in actions whose primary intent is to enhance positive health outcomes, including Doctors, Nurses, Dentists, Midwives, Pharmacists, and also Rehabilitation Specialists (including OT, PT, SLT etc), Long Term Care workers, Social Workers, Managers, and staff involved in the running of hospitals, Ministries, PHC and other Health Units as well as community service providers.

In this context, recognizing the need for gender-sensitive, sustainable and ethical solutions to address the additional specific challenges being faced by different Member States, including the unique health workforce challenges regularly faced by small countries;

Recognizing the need to sustain the unprecedented efforts made by many Member States to support the health and care workforce in terms of volume, salaries, working conditions, and distribution of health and care workforce, before and especially since the COVID-19 pandemic outbreak;

Recognizing further the importance of quality education and training, continuous professional development, and developing and recruiting a skilled health workforce as well as improving opportunities for unskilled workers to attain skills without prejudice to the quality of care and safety of patients;

Increasingly aware of the need to take necessary steps at the regional and country levels to safeguard the rights and to protect health and care workers through adoption and implementation of relevant policies and mechanisms from all forms of harm, attacks, harassment and discriminatory practices; and to support a culture of zero violence, including sexual violence, and to promote a decent and safe working environment and conditions at all times, as well as ensure health and care workers' physical and mental health and well-being;

Building on the previous regional framework for action, Towards a Sustainable Health Workforce in the WHO European Region: Framework for Action, adopted in resolution EUR/RC67/R5;

Recalling the Thirteenth General Programme of Work, 2019–2025, adopted by the Seventy-first World Health Assembly in resolution WHA71.1, and the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”, adopted in resolution EUR/RC70/R3;

In line with existing global instruments on the health workforce, including the Global Strategy on Human Resources for Health: Workforce 2030, adopted in resolution WHA69.19; the 2017 report of the United Nations High-level Commission on Health Employment and Economic Growth and its recommendations to transform the health workforce as an important action towards achieving the Sustainable Development Goals; and the need to continue to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel, adopted in resolution WHA63.16; the action plan of the Global Strategy, the Working for Health 2022–2030 Action Plan, adopted in resolution WHA75.17; the global health and care worker compact called for in resolution WHA74.14; and the WHO Global Strategic Directions for Nursing and Midwifery 2021–2025 adopted in resolution WHA74.15;

Taking note of the WHO Regional Office for Europe (WHO/Europe) report *Health and care workforce in Europe: time to act*, which was launched at the 72nd session of the Regional Committee;

Having considered the Framework for action on the health and care workforce in the WHO European Region 2023–2030,² which was developed through consultation with Member States in the WHO European Region;

Acknowledging the need for political commitment and partnership among all relevant stakeholders to address these longstanding and new health and care workforce challenges more effectively, building on measures that are already being taken;

1. ADOPTS the Framework for action on the health and care workforce in the WHO European Region 2023–2030;
2. TAKES NOTE of the Bucharest Declaration on the health and care workforce (see Annex);
3. URGES Member States:³
 - (a) to prioritize intensified and concerted strategic action to address these health and care workforce challenges in order to reach COVID-19 pandemic recovery, renewed progress on the health-related Sustainable Development Goals, particularly universal health coverage, and greater capacity to respond to current and future health and care needs, including during emergencies in the Region, guided by the five interrelated pillars in the Framework for action on the health and care workforce in the WHO European Region 2023–2030 (retain and recruit; build supply; optimize performance; plan; invest);
 - (b) to safeguard rights and to improve retention of health and care workers, by using measures shown to work at different stages of careers, including those impacting on gender inequality, working conditions, salary level, career progression, workplace safety, work-life balance and provision of other support including adequate access to resources and modern technologies in the workplace; paying special attention to retaining and attracting health and care workers, particularly in rural, remote and other underserved areas and actions to decrease uneven distribution across specialties, and reducing gender employment and pay gaps, as well as discrimination, and enhancing organizational practices that cultivate innovation to improve efficiency, productivity, and overall performance;

² Document EUR/RC73/8.

³ And, where applicable, other partners.

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- (c) to address health and care workforce migration through the development of comprehensive ethical international recruitment agreements in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel;
 - (d) to adopt and implement a policy of zero tolerance of harassment and violence against health and care workers including sexual harassment in the workplace and at all times, including by reinforcing organizational, management and leadership capabilities;
 - (e) to develop, introduce and evaluate policies and practices likely to protect the mental health and well-being of health and care workers, and optimize their performance and protection, that take into account financial realities, geographical-, gender-, age- and disability-based differences in workers' risks and needs;
 - (f) to promote appropriate, rational and user-driven utilization of digital technologies by health and care workers, and support implementation of telemedicine and other digital solutions in the provision of health care as well as in education and training of health and care workers;
 - (g) to promote task sharing, task shifting and enhanced protective organizational measures so the health and care workers can use their competence in order to improve efficiencies in the use of the workforce to adapt and expand the provision of health and care services to better address increasing population needs, and to prevent exhaustion and overburden;
 - (h) to improve the quality of health and care workforce data and information systems, and ensure robust evidence and disaggregated data are used in the development of workforce policies, strategies and plans;
 - (i) to strengthen partnerships between the many stakeholders involved in health and care workforce strengthening: whole of government, academia, professional associations, the life sciences industry, employee representatives, the media, civil society and nongovernmental organizations to ensure that Health for All policy principles and standards are met, and to ensure social participation for health;
 - (j) to ensure appropriate levels of sustainable public investment in health and care workforce education, development, continuity and protection, drawing on domestic and international evidence;
 - (k) to empower the health workforce to respond to climate health impacts, engage meaningfully on climate change policy development in the health sector and ensure more climate-resilient health systems by implementing sustainable workforce policies, strengthening capacities and climate literacy and tackling with mental health effects of the climate crisis on health workforce;

4. REQUESTS the Regional Director:

- (a) to provide the latest evidence, experience and guidance to Member States on the effectiveness of actions implemented under the five pillars of the framework for action including by mapping gaps and providing further recommendations;
- (b) to support Member States in reviewing current health and care workforce strategies, and help strengthen capacity through the provision and use of effective workforce planning approaches and tools, including conducting health labour market analyses, improving succession planning and retention of institutional knowledge and enhancing organizational practices that cultivate innovation to improve efficiency, productivity and overall performance;
- (c) to support Member States in identifying where changes are needed in workforce regulatory frameworks and/or legislation, management, service configuration, professional and educational standards, skills-mix and education and training curricula, including digital health competencies;
- (d) to support Member States in the development of health and care workforce strategies including the reinforcement and strengthening of organizational and health leadership capabilities; in undertaking multistakeholder policy dialogue; and ensuring the social participation required to develop and implement new strategies where needed, including actions that will eliminate gender inequalities and promote the inclusion of persons with disabilities;
- (e) to support in developing better health and care workforce data infrastructure and information systems, including understanding of migration patterns;
- (f) to ensure that, within WHO, links are maintained with other related WHO work, especially that of the WHO Academy, the Pan-European Mental Health Coalition, and the Empowerment through WHO/Europe's Digital Health flagship initiative;
- (g) to facilitate concerted action by multiple partners by capitalizing on relevant regional networks including but not limited to the WHO/Europe Government Chief Nursing and Midwifery Officers Hub, the Small Countries Initiative on human resources for health working group and relevant multilateral partners;
- (h) to advocate for greater investment in the health and care workforce especially using a whole-of-government and whole-of-society approach;

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- (i) to advocate for and further develop, if requested by Member States, a monitoring, reporting and accountability framework in coordination with Member States to track progress and to allow regional comparability using existing and validated tools and indicators; and
 - (j) to report on the progress made by submitting a midterm report to the Regional Committee at its 77th session (2027) and a final report at its 80th session (2030).

Annex. Bucharest Declaration on the health and care workforce

High-level Regional Meeting on Health and Care Workforce in Europe: time to act

22–23 March 2023, Bucharest, Romania

1. We, participants of the WHO Regional Office for Europe Regional Meeting on the Health and Care Workforce in Bucharest, Romania, recognize that health and care workers are the backbone of any health system.
2. We note that despite the historically high numbers of health and care workers across the WHO European Region, national health systems are experiencing difficulties in meeting the increased demand for health services as a result of ageing populations, increases in chronic diseases, service backlogs due to the COVID-19 pandemic, increasing expectations from users of services, and health threats associated with climate change and health emergencies.
3. We take account of the WHO Regional Office's report Health and care workforce in Europe: time to act that identifies the key workforce challenges facing national health systems, including shortages, uneven distribution, mismatches in skill-mix, insufficiencies in developing skills to meet evolving health and care needs and new digital and other technologies. The workforce is also ageing and labour markets are changing, with increasingly complex worker mobility and migration. Some countries are finding it increasingly difficult to attract and retain young people in the health and care workforce.
4. We note these long-standing challenges have been exacerbated by the COVID-19 pandemic, which has also highlighted the need to protect the mental and physical health and well-being of workers, many of whom continue to experience stress, burnout and violence, with some leaving their jobs.
5. We acknowledge that governments are aware of these challenges and many are already taking important measures to address them. We recognize continued attention is needed and call for effective measures to be further amplified and strengthened in collaboration with all stakeholders. We call for experience to be shared between countries in designing and implementing solutions.
6. In line with the regional report, we call for improving the **supply** of health and care workers by:
 - generating evidence on current and future workforce needs;
 - supporting health and education institutions to adapt curricula, student selection and learning strategies, and strengthen their teaching capacity, to include the teaching of innovative and environmentally sound health and care practices;
 - building capacity for effective regulation and accreditation of the health and care workforce;
 - strengthening continuing professional development (CPD) by adapting CPD standards and approaches, encouraging leadership development and ensuring lifelong learning opportunities are available across the health and care workforce; and
 - expanding the appropriate use of digital tools to deliver more effective, efficient and accessible services.
7. We call for improvement in **retention and recruitment** of health and care workers by:
 - encouraging the use of retention measures shown to work at different stages of careers and in different locations, including those impacting on working conditions, career progression and the provision of other support;

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- ethically and effectively managing international recruitment policies in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel, including monitoring of migration;
 - paying special attention to retaining and attracting health and care workers in rural, remote and other underserved areas; and
 - embracing zero tolerance of violence against health and care workers.
8. We commit to optimizing the **performance** of the health and care **workforce** by:
- creating decent, safe, adequately staffed work environments and terms of employment that motivate and support health and care workers, ensure their occupational health and safety, and protect their health and mental well-being – users and services will benefit when workers are better supported;
 - taking into account gender- and age-based differences in workers’ risks and needs, such as burnout, violence, workplace safety, and child and family care support; and
 - ensuring health and care workers’ capabilities are used to the full extent in delivering health and care services.
9. We call for better strategic health and care workforce planning by:
- taking account of health labour market dynamics by promoting more cross-government and intersectoral action, including working with ministries of finance and education to support the future supply of health and care workers, and ensuring stakeholder engagement in all policy processes;
 - strengthening health and care workforce information systems, and ensuring research and data are used to inform policy-making; and
 - recognizing that women perform the majority of the paid and unpaid health and care work in most countries and that specific action needs to be taken to eliminate gender inequalities such as gender pay gaps, value unpaid care work, and promote gender balance in all decision-making positions and service delivery.
10. We call for increased and smarter **public investment** in workforce education, development and protection by:
- allocating sufficient resources for the education and employment of adequate numbers of health and care workers;
 - optimizing the use of public investment through policies that promote performance and quality of care, including use of environmentally sound solutions;
 - delineating efficient division of roles and supporting integrated multiprofessional health and care teams;
 - improving digital skills among the health and care workforce;
 - devising more flexible working arrangements; and
 - improving working conditions and developing other policies to attract and retain health and care workers.
11. We recognize there are links between these priorities, and that to make meaningful progress it is important to involve all key stakeholders, including representatives of the health and care workforce, their employers, national ministries of finance and education, and international non-profit organizations, trusts and foundations. It is in this spirit of cooperation that we put forward this declaration.