



COMMISSION ON HEALTH EMPLOYMENT AND ECONOMIC GROWTH

TERMS OF REFERENCE

Context

- 1. The Sustainable Development Goals (SDGs) adopted by the United Nations Member States in September 2015 set an ambitious agenda, particularly with respect to ensuring healthy lives for all, in a context where the recent outbreak of Ebola in West Africa has confirmed the urgency of building resilient health systems and strengthening global health security.** This includes decisively implementing the International Health Regulations, and the UN roadmap for strengthening health systems and healthy lives, involving an investment in the health workforce.
- 2. The related health workforce needs are enormous:** By 2030, the global economy is projected to create around 40 million new health sector jobs, mostly in middle- and high-income countries. This demand is unequal however, and despite the growth in jobs there will be a projected shortage of 18 million health workers to achieve the Sustainable Development Goals in low- and lower middle-income countries. This shortage would be exacerbated due to increasing trends in the migration of health personnel, especially from countries with fragile health systems.
- 3. This mismatch poses a threat to the stability of health systems and global health security.** A global strategy, implemented at national and local level, is therefore essential to support the determined development of decent jobs, in line with the wider goals set by the United Nations, the G7 and the G20¹.
- 4. The development of employment in the health and social sector is not only an imperative of international public health. It constitutes a major economic and social opportunity to promote inclusive economic growth and creation of decent jobs, especially for women and youth.** Despite the global financial crisis, the percentage growth in health and social sectors has outpaced most other sectors and contributes to global economic growth. It now represents 10.3% of global wealth.

¹ **UN:** Universal Health Coverage, building resilient health systems, primary health care initiative, development of human resources, the right to health, and the Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health.

G7 / G20: Post-Ebola strategy; Commitment to increasing world GDP beyond baseline projections, ensuring that this additional growth is inclusive, with ample scope for job-creation.

5. The promotion of investment in health workforce should be based on the following clear principles:

- the opportunity for individuals to receive training in their country of origin, which requires the development of teaching capacities in low-income countries, in particular through the strengthening of scientific research, vocational training and university partnerships;
- the need to invest in the area of health personnel, particularly in underserved geographical areas and to extend health care coverage to the whole populations;
- the right to freedom of movement, in an environment where skills are acquired and developed as a result of the exchange and circulation of knowledge, and hence the hosting of foreign students;
- the need to better manage supply and demand in national, regional and global labour markets, and to anticipate migration flows, so as not to discourage investment in the health workforce in low- and middle-income countries, and to break the vicious circle of loss of expertise.

6. Investing in health means that financing is secured and guarantees universal access to affordable and quality essential health services.

On the supply side, the creation of major funds in the early 2000s (the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance and UNITAID) enabled reduction in the cost of treatments and vaccines thereby ensuring their availability to populations that previously had no access to them. This action must be continued, particularly at global level, with a view to strengthening health systems and ensuring integrated, people-centred health services.

In parallel, the demand for services in countries must be viable to ensure maximum utility and return on health investments (including social benefits). Beyond official development assistance and private sector investments, strengthening of domestic funding is crucial, whether this involves:

- increasing the share of public resources allocated to health (i.e. the commitment of African leaders to allocate 15% of their public budget to health – Abuja Declaration 2001); or
- generating new public revenue: e.g. taxes on alcohol and tobacco, innovative funding through the use of new technologies such as mobile phones, and taxes on financial transactions or extractive industries.

7. In December 2015, by its resolution 70/183, the United Nations General Assembly recognized that investing in new health workforce employment opportunities may also add broader socio-economic value to the economy and contribute to the implementation of the 2030 Agenda for Sustainable Development, and requested the United Nations Secretary-General to explore steps to meet the global shortfall of trained health workers. This initiative is a response to the request of Member States.

Scope of the Commission

8. **The objective of the Commission on Health Employment and Economic Growth (“the Commission”) is to propose actions in support of the creation of around 40 million new jobs in the health and social sector by 2030, paying specific attention to addressing the projected shortage of 18 million health workers by 2030, primarily in low- and lower middle-income countries. These actions will need to contribute to global inclusive economic growth, creation of decent jobs and achieving Universal Health Coverage, and also to complement the various global development efforts set by the international community.**
9. **The Commission is a strategic political initiative designed to complement broader initiatives developed by other international agencies and global health partners.**
10. **More specifically, the tasks of the Commission are:**
 - a. to determine (i) the conditions needed for investment in employment in the health and social sector to produce inclusive economic growth (particularly for women and young people) as the result of a local and sustainable source of new decent jobs (ii) how the sector contributes more broadly to the global and local economy and employment, and estimate social and economic costs of inaction (particularly with regard to global health security and a loss of economic growth);
 - b. identify obstacles in the development of health human resources capacity for achieving SDGs and progress towards Universal Health Coverage (UHC), taking account of assessments over the next 15 years in terms of demand and production (at global level and by main area of specialization);
 - c. to analyse the risks of global and regional imbalances and unequal distribution of health workers, and assess the potential disparities between needs and the availability of human resources, in light of the specific health challenges faced by different regions in the world;
 - d. to study the potential beneficial and adverse effects of international mobility (financial transfers, innovation, movement of qualified staff, obstacles to the deployment and retention of workers, discrimination and stereotypes in access to employment), and recommend innovative alternatives;
 - e. to make recommendations on the revision of education and training models and the development of the range of skills in the health and social sector, to facilitate the production of qualified health personnel, especially in the poorest countries and in disadvantaged geographical areas (rural physicians, community nurses, etc.), and to ensure that health worker competencies are in line with priority health services and the health needs of populations;
 - f. to identify sources of funding, including innovative financing, to initiate action, as well as identify means to maximize future return on investment by 2030;

- g. to make recommendations on the institutional reforms required, such as combating corruption, effecting international and national governance mechanisms, in order to achieve the objectives set;
- h. to make recommendations for a multisectoral response that extends beyond the health sector and includes economic, social and other relevant sectors. The development, protection and security of health workers require commitment across sectors and of partners beyond government;
- i. to generate the political commitment from governments and key partners necessary to support the implementation of the Commission's recommendations.

Results

- 11. The Commission will submit its report to the Secretary-General of the United Nations at the margins of the 71st session of the UN General Assembly (13-26 September 2016).** The technical and analytical work carried out will be made available to decision-makers and the public. **The final report (around twenty pages long) will be available in the six official languages of the United Nations.**

Modus operandi

- 12. The Commission will be co-chaired by two Heads of State.** It will be composed of about 25 senior officials in government, representatives from international organizations, development actors, executives from private-sector commercial and non-profit organizations, academics and figures from civil society.
- 13. Commission members will have the opportunity to meet twice in 2016,** and the designated collaborators will be able to interact continuously *via* a virtual collaboration platform ("contact group").
- 14. An *ad hoc* secretariat will be composed of agency members** from WHO, OECD and ILO.
- 15. A group of independent experts (approx. 12 members) will be appointed by the Secretariat** to consider the evidence and inform the Commission's deliberations. /.