



YOUTH HUB

CALL FOR ACTION

BUILDING A RESILIENT AND ADAPTABLE YOUTH HEALTH WORKFORCE

Signed by:

















Supported by:







2022



CALL FOR ACTION

BUILDING A RESILIENT AND ADAPTABLE YOUTH HEALTH WORKFORCE

The Youth Hub is an intersectoral, inter-professional community of practice hosted by the Global Health Workforce Network (GWHN) and the Health Workforce Department at the WHO. The focus of the hub is youth employment in health and social care, and it aims to engage and include youth-inclusive policy to drive the Human Resources for Health (HRH) agenda.

Echoing the theme of the International Year of Health and Care Workers "Protect. Invest. Together", the Global Health Workforce Network Youth Hub organised in May 2021 an online conference with the theme of "Building a resilient and adaptable youth health workforce" to discuss the importance of protecting youth health and care workers from burnout and indecent working conditions and of the urgent need to invest in the future health workforce. Based on the gathered feedback from thousands of youth and their organisations, the Youth Hub calls on key stakeholders and the global community to take action supporting youth health and care workers globally.

Background:

The COVID-19 pandemic has undeniably made an impact on the world. Particularly with the emerging cases of multiple virus variants, the ongoing COVID-19 pandemic has put significant pressure and has tested the integrity and endurance of sovereign health systems worldwide. Investments are urgently needed to ensure health systems are resilient, people-centred, and of high quality. Nearly all of the 105 countries that responded to WHO's August 2020 Pulse Survey reported substantial disruptions to essential health services, mostly as a result of critical staff shortages, redeployment of staff to the COVID-19 response and insufficient personal protective equipment (PPE) for health workers¹. The impact of the pandemic on working conditions has led to industrial action in at least 84 countries².

The effects of the pandemic have affected health workers, and particularly the youth. Youth health and care workers are involved in every aspect of fighting the pandemic from working frontline jobs to working in healthcare administration, healthcare management, local and

national policy, vaccination drives, and more. The pandemic has exacerbated existing challenges for youth health and care workers, who are often already overworked and overstretched in many parts of the health systems.³ In many countries, young people have been forced to work longer hours with less supervision and often without pay, have had their training pathways affected by redeployment and critical staff shortages, have been exposed to COVID-19 without sufficient personal protective equipment (PPE), and have suffered personal loss, tragedy and grief ^{4,5}.

A recently published systematic review found a 23% prevalence of depression and anxiety, and 39% prevalence of insomnia in health and care workers working during the COVID-19 pandemic.⁶ Furthermore, these effects appear to be further exacerbated in young female health and care workers.⁷ Women are more likely to perform unpaid care work in the home, including caring for aged or sick relatives, and caring for children. With school closures, lockdowns and high community transmission, COVID-19 has increased the unpaid care burden, resulting in decreased wellbeing and mental health of female health and care workers.^{8,9} Many women have been forced to adjust their working hours to manage the workload. They have also missed out on gaining experience and leadership opportunities due to their increased responsibilities outside of work during the pandemic.¹⁰

It should be noted that despite the many hardships brought about by the COVID-19 pandemic, there have also been positive outcomes. Governments have taken unprecedented steps to suppress viral spread, strengthen health systems, and prioritise public health concerns. ¹¹ Furthermore, there have been advances in the utilisation of digital health, in particular taking advantage of emerging telehealth solutions, which may continue to provide benefits in post-pandemic healthcare. ¹² Digital health tools may help to increase access to healthcare for people living in rural and remote locations who generally experience location-based disadvantages. ¹³ The experiences from this pandemic should also create, or even demand, opportunities for increased and stronger investment into the youth health workforce, enabling an environment in which youth health and care workers are adequately supported and have access to the tools they need to learn and grow in their careers. Investment into youth health and care workers and improvement of working conditions will also create more effective and sustainable health systems, underpinned by a motivated and resilient workforce, that will benefit the health of current and future generations.

Call for Action

The COVID-19 pandemic has exacerbated existing difficulties for youth health and care workers who are frequently exhausted and overstretched in numerous health duties. We call upon all relevant stakeholders within low, lower-middle, upper-middle and high-income countries to support and invest in youth health and care workers and improve their working conditions.

Governments to

Immediately

- Expand domestic investment in the health workforce including the education and employment of future health and care workers;
- Establish policies and accountability mechanisms to protect the youth health and care workforce, safeguard their rights, promote and ensure decent work, and provide an enabling practice environment;
- Strengthen health systems to ensure the continuous delivery of essential public health functions when responding to health emergencies;

In the mid-term

- Increase funding in digital health and infrastructure development as well as enacting laws to regulate its practice;
- Work collaboratively across health, employment and other social sectors to design regulations that allocate key resources and health and care workers in an equal and ethical way;
- Ensure universal access to essential services at community level by providing appropriate training, supervision and remuneration to all community level workers, and by incentivising remote practice;

In the long-term

- Improve and incentivise the collection and analysis of reliable data on human resources
 for health in terms of needs, demand and supply at a national level, as well as ensure the
 tracking of health and care worker migration trends, stratified by age and gender;
- Invest in human and logistics resources to actively combat misinformation and provide

reliable, timely, and comprehensible public health communication;

Ensure greater public access to health products and services including digital health.

Professional bodies to

Immediately

- Provide psychosocial, employment and professional mentorship for early career development of youth health and care workers;
- Promote and adopt interprofessional education and collaboration as well as capacitate practitioners from different backgrounds to work as a team;

In the mid-term

- Empower youth health and care workers both internally and externally to motivate, direct and adopt changes to working environments and systems;
- Encourage the participation of youth health and care workers in national and international policy making;
- Encourage diversity within the health and care workforce and establish support mechanisms for minorities and marginalised health and care workers;

In the long-term

- Create a safe space for health and care workers to network, discuss important topics, share experiences, learn and grow together;
- Regularly monitor the provision of health and care services to limit industry-influenced practises and potential conflicts of interest leading to a decrease in accessibility and quality of care.

Academic and research institutions to:

Immediately

- Educate and train health and care workers based on the needs of the health system and local communities in order to better balance health and care worker distribution and to prevent their burnout and migration;
- Provide health and care worker trainings in digital literacy in order to bridge the gap in access to global learning and development opportunities;
- Actively work towards decreasing barriers to learning such as high fees, language barriers and bandwidth constraints;
- Prioritise the physical safety, mental health and well-being of health and care students and youth workers by creating mental health sensitive training programmes and increasing access to mental and psychological services.

In the mid-term

- Support the health and care workers with equitable and affordable access to evidence-based education and lifelong learning;
- Improve the quality of health and care education by focusing on accreditation of educational institutions to ensure quality education with global standards;
- Reduce hierarchy within the health system by improving peer-to-peer education and collaborative learning by creating platforms that enable health and care workers to share experiences and knowledge;
- Foster intersectoral partnerships with different teaching institutions that can improve learning in health;

In the long-term

- Invest into creating research opportunities for health and care students and youth health and care workers;
- Encourage the development of research programmes that combine local knowledge with up-to-date scientific understanding and methodology;
- Provide opportunities to diversify skills in non-clinical domains such as entrepreneurship and management to support health workers in value creation within connected areas of the local health ecosystem;

Private sector & businesses to:

Immediately

- Foster 'talent partnerships' by creating flexible working opportunities in coordination with national health ministries to retain and attract trained health and care workers;
- Collaborate with health ministries on new technologies and best practices that further democratise inclusive access to health;
- Pursue shared value creation and ensure high quality healthcare through investment in research, development and community-focused innovation;

In the mid-term

• Implement corporate social responsibility initiatives that aim to financially support health programmes and students through scholarships, loans, and grants;

In the long-term

- Form partnerships with academic and research institutions for financial and technical support to assist in training health and care workers in their continuous education and professional development;
- Utilise technology to optimise patients' experiences with particular focus on breaking down cultural and geographical barriers;

Media & community leaders to:

Immediately

- Mobilise commitments and support from international and local financial institutions and philanthropic partners to protect and invest in health and care workers hence accelerating attainment of the SDGs and COVID-19 recovery;
- Advocate for the prioritised vaccination of health and care workers;
- Provide more spaces for spreading public health messaging and information in order to allow the public to make informed decisions around health and disease prevention and control;

In the mid-term

 Improve transparency of public health communication to ensure information available to the public is clear and reliable;

#YouthHub

- Bring together communities and influencers to foster political and social support and solidarity for youth health and care workers;
- Support and capitalise on youth digital health engagement to improve the public's digital access and bridge the information gap;

In the long-term

- Advocate for better health systems and give support for building resilient health systems;
- Harness and utilise technology for health advocacy and community empowerment;

Civil society and NGOs to:

Immediately

- Support health systems strengthening in developing countries and countries with transitioning economies that are experiencing critical health workforce shortages and support their work to implement the WHO Global Code of Practice of International Recruitment of Health Personnel;
- Advocate for a safe training and working environments for youth health and care workers;
- Advocate for health and care workers' mental health preservation and provide mental health resources, support systems, and resilience capacity to health and care workers;

In the mid-term

- Support national health workforce data collection, analysis and use for improved planning and accountability, in alignment with the national health workforce accounts framework, while advocating for the inclusion of age and gender disaggregated data;
- Provide resources to facilitate digital health education and literacy of health and care workers;

In the long-term

 Create platforms and spaces for youth to share knowledge and experiences, work together to develop innovative solutions and improve peer-to-peer learning;

Closing segment

We call upon all relevant stakeholders within low, lower-middle, upper-middle and high-income countries to invest in youth health and care workers, and improve their working conditions. Engaging and supporting them will create more effective and sustainable health systems fostered by a motivated and resilient workforce. This will in turn, positively benefit the health of current and future generations.

There is no health without a resilient health workforce and no resilient health workforce without adequately cared for and emotionally balanced youth health and care workers.



References

- 1. World Health Organization. Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, [27 August 2020]. World Health Organization. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1. [Accessed 19 June, 2021].
- 2. Green, D. Voices from the pandemic frontlines: Health worker protests and proposals from 84 countries. Oxfam, October 20, 2020. Available from: https://oxfamapps.org/fp2p/voices-from-the-pandemic-frontlines-health-worker-protests-and-proposals-from-84-countries/. [Accessed 19 June, 2021].
- GHWN Youth Hub. Youth and decent work in the health and social care sector. World Health Organization, 3 February, 2020. Available from: https://www.who.int/publications/m/ item/youth-and-decent-work-in-the-health-and-social-care-sector. [Accessed 19 June, 2021].
- Gibson, A, Willyard, C. COVID-19 Crisis Exposes Resident Abuse. [April 28, 2020] Medscape.
 Available from: https://www.medscape.com/viewarticle/929607#vp_1. [Accessed 1 October, 2021].
- 5. Gallagher, T.H., Schleyer, A.M. "We Signed Up for This!"—Student and Trainee Responses to the Covid-19 Pandemic. New England Journal of Medicine, 382(25), e96.
- 6. Pappa, S, Ntella, V, Giannakas, T et al. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. Brain, Behavior, and Immunity, 88, 901–907.
- 7. The United Nations. (2020). Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses. Available from:https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova. Paper_.pdf. [Accessed 1 October, 2021].
- 8. Rimmer, A. (2021). Covid-19: Female doctors felt compelled to step up during the pandemic, says BMA. BMJ, 372, n658. https://doi.org/10.1136/bmj.n658
- 9. Vera San Juan, N., Aceituno, D., Djellouli, N., Sumray, K., Regenold, N., Syversen, A., Mulcahy Symmons, S., Dowrick, A., Mitchinson, L., Singleton, G., & Vindrola-Padros, C. (2021). Mental health and well-being of healthcare workers during the COVID-19 pandemic in the

- UK: Contrasting guidelines with experiences in practice. BJPsych Open, 7(1), e15. https://doi.org/10.1192/bjo.2020.148
- 10. Woodhams, C., Dacre, J., Parnerkar, I., & Sharma, M. (2021). Pay gaps in medicine and the impact of COVID-19 on doctors' careers. Lancet (London, England), 397(10269), 79–80. https://doi.org/10.1016/S0140-6736(20)32671-4
- 11.Nelson, B. (2020). The positive effects of covid-19. BMJ, 369, m1785. https://doi.org/10.1136/bmj.m1785
- 12.Monaghesh, E., Hajizadeh, A. The role of telehealth during COVID-19 outbreak: a systematic review based on current evidence. BMC Public Health 20, 1193 (2020). https://doi.org/10.1186/s12889-020-09301-4
- 13.Bradford, N., Caffery, L. and Smith, A., 2016. Telehealth services in rural and remote Australia: a systematic review of models of care and factors influencing success and sustainability.



CONTACT US

Scan this QR code to become a member of the Youth Hub



Email: ghwn.youthhub@gmail.com

