

EXPERT GROUP  
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TERMS OF REFERENCE

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The following are the terms of reference and working procedures for Members serving on the Expert Group that is advising the Commission on Health Employment and Economic Growth (hereafter 'Commission').

**Background on the Commission and the Expert Group**

The United Nations has convened a high-level Commission in order to support the creation of health sector employment opportunities as a means to advance economic growth that is sustainable and inclusive. The Commission's specific objective 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, and also to complement the various global development efforts set by the international community.**<sup>1</sup> The Commission is a strategic political initiative designed to complement broader initiatives developed by other international agencies and global health partners.

The Commission will be guided and informed by an Expert Group comprised of technical experts. The technical experts are drawn from the disciplines of economics, education, health, human rights and labour. The Expert Group has two co-chairs, with respective competencies in the areas of health and economics.

**Scope of Work for the Expert Group**

The Expert Group will contribute to the Commission's overall objective, in particular through responding to the Commission's ten articulated tasks:

- 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);

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<sup>1</sup> See TOR for the Commission on Health Employment and Economic Growth.

- 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.

### **Timeframe and Modalities**

The work of the Commission is time bound: the Commission's report will be submitted to the Secretary-General of the United Nations at the margins of the 71st session of the UN General Assembly (13-26 September 2016). During this period, the Expert Group members shall serve according to their professional capacity and expertise in support of the development of the Commission's report. The technical and analytical work carried out will be made available to decision-makers and the public.

A series of technical papers have been commissioned by the Secretariat in order to provide the Commission with a strong base of contemporary evidence. Working with the Secretariat, the Expert Group shall have primary responsibility for reviewing and synthesizing the technical evidence; and for identifying a set of actionable recommendations for Commission deliberation, as related to specific tasks identified above. The co-chairs of the Expert Group shall present to the Commission on behalf of the Expert Group.

Expert Group members will meet virtually on a monthly basis, with at least two face-to-face meetings in 2016. In-person Expert Group meetings are expected to take place in February and April 2016, prior to planned Commission meetings in March and September.