
Regional flagship initiative 2: Investing in a resilient health workforce

Executive summary

A skilled health workforce is the backbone of every effective health system and a prerequisite for achieving universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs). However, many countries in the Eastern Mediterranean Region face severe challenges in producing, recruiting and retaining the health professionals they need, while some rely on international recruitment of their health workforce; and on current projections the Region will continue to face serious workforce shortages in the future.

This flagship initiative proposed by WHO's Regional Director for the Eastern Mediterranean aims to turn the situation around and help ensure that every country in the Region can secure the health workforce it needs for the long term. The initiative proposes strategic Region-wide action complemented by high value-added interventions and support tailored to each country context. A major aim of the initiative is to increase investment in the health workforce across the Region to improve production, recruitment and retention. This will not only support significant improvements in population health, but also boost economic growth and development.

Goals and objectives

This flagship initiative has three goals:

- Ensure access to a competent, fit-for-purpose and sustainable health workforce in the Eastern Mediterranean Region, critical for advancing universal health coverage (UHC), other health-related Sustainable Development Goals (SDGs) and health security by 2030.
- Strengthen capacities and mechanisms to regulate health workforce education and practice to enhance the competencies and quality of the health workforce across the Region to meet future needs.
- Protect and safeguard the health workforce to ensure their safety, security and well-being.

Specific objectives include to:

- increase investment in the health workforce;
- scale up the production and retention of suitably qualified and skilled health professionals, with a particular focus on the workforce for primary care and essential public health functions (EPHFs);
- ensure that the health workforce is able to meet future needs by establishing monitoring or forecasting mechanisms for the Region, and working with ministries of education to achieve agility in redirecting the output of the health workforce according to need;
- identify, facilitate and sustain platforms for strengthening the education and training of the health workforce, and strengthening the regulation of education and practice, to improve the qualifications and capacities of health workers across the Region;
- foster regional collaboration on the health workforce to facilitate multilateral and bilateral collaboration and theme-based platforms across the Region;
- advocate for the upholding of international laws and decisions that protect the health workforce and health care facilities.

These objectives will be operationalized through four action areas:

1. Increasing investment in the health workforce, emphasizing the mobilization of resources and prioritizing smarter investments that lead to allocative efficiency. Key actions include forming a regional commission on investment in the health workforce to provide practical recommendations and facilitating policy dialogue and collaboration with financing agencies.
2. Scaling up and retaining the workforce for primary care and EPHFs by optimizing the utilization of the current workforce, increasing employment capacities, improving retention and scaling up education capacities. Countries will develop specific action plans based on health labour market analysis to address their unique challenges and priorities.
3. Building a fit-for-the-future health workforce to meet evolving demands caused by demographic shifts, technological advances and changing health needs. Key actions include exploring future workforce scenarios, transforming health professional education and building capacities for the regulation of health workforce education and practice to improve the quality of the health workforce across the Region.
4. Establishing a regional health workforce collaborative that will serve as a knowledge hub, advocate for capacity-building, facilitate the exchange of experience and expertise, facilitate theme-based platforms and support collaborative agreements in education, employment and investment.

Background

The health workforce is the backbone of every health system, influencing all aspects, including ensuring universal access to quality health care. Indeed, the COVID-19 pandemic highlighted the vital role of health workers. Contrary to a common perception that the health workforce is a financial burden, evidence shows that investing in this sector yields significant returns for both population health and the wider economy. Such investment increases life expectancy, creates jobs, supports economic and social development, and thus accelerates progress on numerous SDGs, including UHC and health security. However, decades of underinvestment in the education, employment and retention of health workers has led to a global and regional undersupply (1), compounded by inadequate and unsafe working conditions that jeopardize their health and well-being.

While health workforce challenges are global, they are particularly acute in the WHO Eastern Mediterranean Region, where shortages are exacerbated by complex political, social and economic contexts. Despite significant progress in increasing health workforce production capacities in most countries, production has not kept pace with population growth and evolving health needs. Projections indicate that while the overall global shortage of health workers is set to decrease by 2030, the Region will face a deficit of 2.1 million doctors, nurses and midwives – over 20% of the projected global shortfall, and disproportionately high given that the Region accounts for less than 10% of the world's population.

Six countries in the Region (Afghanistan, Djibouti, Pakistan, Somalia, Sudan, Yemen) are included in the 2023 WHO Health Workforce Support and Safeguards List (2), which identifies countries facing the most pressing challenges in advancing UHC. These same countries are also lagging in progress towards other health-related SDGs, highlighting the need to prioritize health workforce investment as a key accelerator for achieving broader SDG targets.

The availability of health workers varies widely across the countries of the Region (see Annex 1), but almost all face shortages in different forms, including overall and cadre-specific deficits. For example, the density of physicians, nurses and midwives per 10 000 population ranges from just eight in Yemen to 108.3 in Qatar (Fig. 1). These shortages are compounded by geographical and skills mix imbalances,

inadequate production, limited employment opportunities, weak governance and regulation, and insufficient information and evidence to inform policies and strategies. In many cases, education and training gaps at both undergraduate and postgraduate levels hinder access to essential health services, particularly in primary care.

Active and prolonged crises in nearly half the countries in the Region further complicate health workforce challenges. Deteriorating working conditions have increased the emigration of health workers from affected countries, making it even more difficult to recruit and retain personnel where they are most needed. The dynamics of international mobility are complex, with several countries being significant sources of migrant health workers, while high-income countries in the Region recruit large numbers of international staff to address their own shortages.

Over the past two decades, there has been a surge in the number of medical and nursing schools across the Region, particularly in the private sector. The Region now has over 500 medical schools, almost 55% of which are located in just four countries: Egypt, the Islamic Republic of Iran, Pakistan and Sudan. Despite this growth, many countries continue to struggle with low production capacities and challenges in ensuring the quality of education; and there is limited alignment between the needs of health systems and the capacities of education systems across the Region.

Member States in the Region have made several commitments to address these challenges. They endorsed the *Framework for action for health workforce development in the Eastern Mediterranean Region (2017–2030)* in 2017 (3), which builds on the *Global strategy on human resources for health: workforce 2030* (4) and the 2016 recommendations of the High-Level Commission on Health Employment and Economic Growth (5). Moreover, at its 66th session in October 2019, the WHO Regional Committee for the Eastern Mediterranean adopted resolution EM/RC66/R.3 on strengthening the nursing workforce to advance UHC in the Region. However, progress in subsequent years was slow, and the COVID-19 pandemic underscored the chronic underinvestment in health workforce, prompting the Regional Committee to issue an urgent call for action to enhance and scale up the health workforce in the Region through resolution EM/RC70/R.4, adopted at its 70th session in 2023.

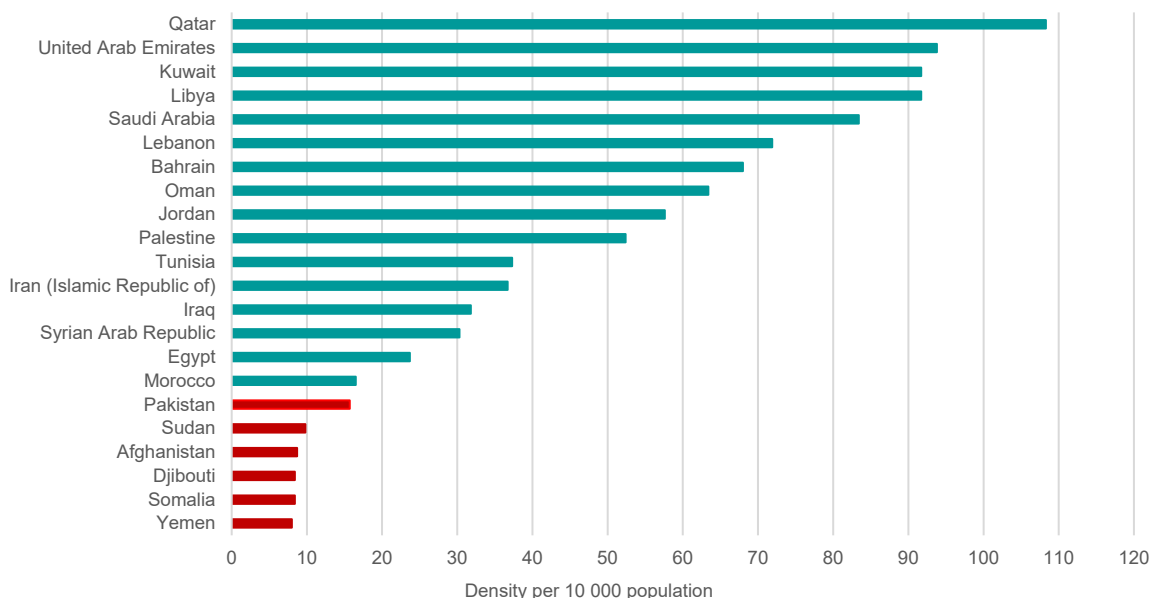


Fig. 1. Density of physicians, nurses and midwives per 10 000 population in the countries and territories of the Eastern Mediterranean Region (2021)

Source: WHO Eastern Mediterranean Health Observatory (accessed 1 May 2024); Somalia harmonized health facility assessment 2022–2023, Ministry of Health, Federal Government of Somalia; Annual health statistics report 2022, Ministry of Health, Djibouti.

Despite these efforts, health workforce challenges persist, primarily due to chronic underinvestment and unstable political contexts, particularly in countries facing protracted crises. High-level political commitment and strong governance capacities are key to achieving sustained, meaningful improvements in health workforce development.

Approach

WHO's Fourteenth General Programme of Work (GPW 14) highlights that more than half the world's population lacks access to essential health services, with critical gaps in the health and care workforce being a key factor. GPW 14 aims to address these gaps through a comprehensive, long-term approach, including expanding education and employment in the health and care sector, addressing skills gaps, leveraging technology for training, promoting multidisciplinary teams, ensuring safe working conditions and managing international migration ethically.

The flagship initiative outlined in this paper will act as a catalyst and accelerator for advancing the regional implementation of GPW 14 and the strategic operational plan for the Eastern Mediterranean Region (2025–2028) (6). It focuses on enhancing the health workforce as a key enabler to meet other regional health priorities, and aligns with the emphasis in GPW 14 on maximizing WHO's impact in countries and engaging the global community through strengthened partnerships. It builds on existing global and regional commitments, and draws on lessons learned both regionally and globally. It emphasizes priority actions in high-impact areas to close existing health workforce gaps and ensure that health systems are adequate and sustainable.

The initiative comprises four core strategies:

- **Investing more.** More resources must be mobilized to address the chronic underinvestment in the health workforce.
- **Investing better.** Simply increasing resources is not enough; investment needs to be targeted in high-impact priority areas, particularly primary care and EPHFs. Primary care is the most effective and cost-effective way to address most health issues, but many potential health gains across the Region are currently prevented by critical gaps in the primary care workforce in many countries.
- **Ensuring workforce sustainability.** To ensure that progress is sustainable, the Region needs a health workforce that can adapt to emerging health needs, changing contexts and the evolving global and regional health ecosystem.
- **Regional solidarity and collaboration.** To tackle challenges such as the international mobility of health professionals, it is essential to leverage expertise, experience, capacities and resources across the Region.

These strategies will be operationalized through four action areas:

- increasing investment in the health workforce;
- scaling up and retaining the workforce for primary care and EPHFs;
- building a fit-for-the-future health workforce;
- establishing a regional health workforce collaborative.

Key considerations, priority actions and expected results by action area

Action area 1: Increasing investment in the health workforce

Health is a crucial economic sector; it contributed over US\$ 9 trillion globally in 2020 (7). Investment in the health workforce is often limited by the perception that the health sector is primarily a consumption sector (8, 9). In reality, however, such investment yields multiple returns, both in improved

population health and in broader economic terms (5, 10). For every US\$ 1 invested in health and creating decent jobs for health workers, the potential return is about US\$ 9 (11).

Additionally, preventing future pandemics is estimated to require US\$ 5 per person per year, with 66% of this amount needed to improve workforce capacities in prevention, detection and response (12, 13).

In low- and middle-income countries, over half of all investment required to achieve SDG 3 is estimated to be needed for health workforce employment, and this rises to 80% when the investment needed for training is factored in (1).

Underinvestment in the health workforce is a long-standing problem. In its 2023 call for action to enhance and scale up the Region's health workforce, the Regional Committee emphasized the urgent need to meet financing commitments and prioritize health workforce investment. The flagship initiative can only succeed with increased, smarter and sustainable investment. It advocates for mobilizing more resources, investing more effectively and ensuring that the investment is sustainable.

Key considerations

- **Mobilizing funds:** Health workforce investment will require increased domestic resources as well as contributions from external partners, particularly in low-income countries. WHO collaborates with countries and partners, including multilateral development banks, to advocate for increased investment in a health workforce that aligns with current and future population health needs.
- **Investing efficiently and effectively:** With limited financial resources, evidence-based priority setting is crucial. Investment strategies should align with concrete priorities, targeting smarter investments that lead to greater efficiency. Major investments are needed in health workforce education, employment, retention and safeguarding, as well as in building institutional capacities for governance and regulation. Addressing shortages in the Region involves both job creation and expanding production capacities.
- **Ensuring that investment is sustainable:** Sustainable investment in the health workforce is vital, and government leadership will be essential to improve efficiency and avoid inefficiencies resulting from duplicative efforts and poor coordination. Long-term commitments from partners are needed to accelerate progress.

Priority actions

- Undertake analysis of the current situation and trends in the Region to guide action and monitoring.
- Convene a regional commission on investment in the health workforce to improve the evidence base in this area and provide recommendations on increasing and directing investments effectively.
- Using the recommendations of the commission, facilitate country-level policy dialogues to increase domestic and external resources and structured dialogues with financing institutions to mobilize more investment in the health workforce.

Expected results

- A high-level report by the regional commission on investment in the health workforce, with clear recommendations on investing in the health workforce.
- A 15% increase in public financing from domestic sources for health workforce investment in at least six countries
- A 10% increase in health workforce investment in at least six countries.

Action area 2: Scaling up and retaining the workforce for primary care and EPHFs

The flagship initiative focuses on directing resources to high-impact workforce cadres where there are major gaps, prioritizing the primary care workforce. Strengthening the workforce at the primary care level is key to improving access and achieving UHC, SDG 3 and the other health-related SDGs.

It is widely recognized that primary care requires strengthening in most countries of the Region. Person-centred primary care services and EPHFs are the foundation of primary health care-oriented health systems that support UHC, health security and well-being. Primary care is well positioned to identify local determinants of health, facilitate intersectoral engagement and meet 80–85% of health needs. The COVID-19 pandemic highlighted the importance of the health workforce and the gaps in their ability to deliver EPHFs, especially during emergencies.

Investing in the primary care workforce is more cost-effective than delivering the same services through specialized referral care (14). Strengthened primary care services improve overall health outcomes and ensure equitable access to services.

The flagship initiative adopts the WHO definition of primary care as the core functions of first-contact accessibility, comprehensiveness, continuity and coordination for person-centred services (15). This approach encourages generalist-led, multidisciplinary teams trained to meet population health needs at the primary care level.

However, in the Eastern Mediterranean Region the workforce for primary care and EPHFs often faces inadequate training and low remuneration and recognition, hampering recruitment and retention (14). There is also a lack of up-to-date information on the workforce situation in the Region.

Each country has its own model of service delivery, with varying settings, skills mixes and challenges. A country-specific approach is therefore required, addressing specific needs based on service delivery models, workforce gaps and challenges such as shortages, poor working conditions and retention issues.

Key considerations

- **Optimizing utilization and increasing employment:** Short-term gains can be achieved by optimizing the existing workforce, revising scopes of practice and creating team-based roles. Investment in job creation at the primary care level is crucial, with adequate packages to attract and retain the workforce (16, 17).
- **Improving retention:** Retaining the workforce, especially in underserved areas, is a challenge in many countries in the Region. Policies must address attraction and retention based on service delivery models, labour market dynamics and workforce needs. A combination of interventions, including education, regulatory measures, financial incentives and professional support, is required (18). The safety and security of health workers and secure working conditions also play a critical role in improving workforce retention.
- **Scaling up education capacities:** Investment in education and training can improve workforce quantity, skills and diversity. Transforming education to meet the needs of primary care and EPHFs requires a shift towards community-based, interprofessional education, with well-defined competencies for all health professionals in the multidisciplinary teams.
- **Building health workforce governance and leadership capacities:** Implementing action on the health workforce requires multisectoral, multistakeholder governance capacities for steering and implementing country action plans. The initiative will initially prioritize governance capacities in ministries of health and at the subnational level, as well as the governance of health professions education.

Priority actions

- Develop/update and implement country action plans, based on health labour market analysis, to address workforce gaps and challenges, taking into account the above-mentioned key considerations, including improving education, optimizing the available workforce, improving working conditions and retention, and ensuring the safety and well-being of health workers.
- Collaborate on building health workforce governance and leadership capacities through programmes at regional and country levels, with a focus on ministries of health and institutions for health professions education.

Expected results

- Country action plans implemented to scale up, employ and retain the workforce for primary care and EPHFs.
- Workforce shortages in the Region to be 20% lower by the end of 2028 than the shortages currently projected.
- Contribution to the reduction of maternal mortality to 140 per 100 000 live births by 2028.
- Contribution to the reduction of under-5 mortality to 32 per 1000 live births by 2028.
- Skilled birth attendance to be at least 80% in six high-burden countries.

Action area 3: Building a health workforce that is fit for the future across the Region

The health workforce must adapt to evolving epidemiological and demographic transitions, technological advances, and market forces. The future workforce in the Region needs to be prepared for these challenges, to ensure that health systems are resilient and health gains are sustainable (19).

This initiative advocates for innovations in workforce utilization to meet future challenges. It focuses on preparing the workforce to fit the changing health ecosystem.

Key considerations

- **Exploring future workforce requirements:** Identifying future workforce needs in the context of advancing technologies, digitalization and labour market dynamics is critical. Future scenarios will be explored to determine the necessary size and profile of the workforce and thereby support educational institutions to produce competent health professionals.
- **Transforming health professions education:** Sustainable health workforce development requires education that is community-based, competency-based and interprofessional. Education systems must transform to prepare health professionals with competencies aligned with future labour market needs.
- **Building regulatory capacities for health workforce education and practice:** Strengthening institutional capacities to regulate health workforce education and practice is essential. Regional dialogues will focus on improving standards and processes to ensure a competent health workforce across the Region.

Priority actions

- Establish a forecasting and monitoring platform for the Region to define future scenarios for the required workforce competencies and skills mix to ensure that the health workforce is able to meet future needs.
- Work with ministries of education to orient strategies to future needs and for agility in redirecting the output of health professions education according to need. Develop regional guidance on transforming health professions education and strengthening education for public health

professionals to guide the work with ministries of education and health. The work will be guided by the evidence from a mapping study of existing health professions education capacities, systems and curricula.

- Work with ministries of finance, the civil service and labour to orient employment capacities and policies to future needs.
- Establish a network of institutions involved in the regulation of the health workforce education and practice to identify regional strategies and standards for regulation of both health workforce education (accreditation) and practice (including licensing, relicensing and continuous professional development). The commonly agreed standards and procedures may eventually lead to increased quality of the health workforce and mutual recognition of qualifications across the Region.
- Establish a platform bringing together boards and stakeholders for postgraduate specialization education to develop common standards and processes that reflect future needs and are mutually recognized.

Expected results

- Regional guidance on transforming health professions.
- Regional strategies and standards for regulation of health workforce education and practice.
- Updated workforce strategic plans in at least 10 countries addressing future health workforce needs.

Action area 4: Regional health workforce collaborative

Since health workforce challenges transcend national boundaries, regional collaboration is essential. Collaboration can also enhance resilience against crises and ensure that improvements in the workforce are sustainable. The flagship initiative will foster regional collaboration and solidarity, engaging a broad range of stakeholders.

A regional health workforce collaborative will be established to:

- serve as a knowledge hub and enhance operational research capacities;
- advocate and build capacity for the workforce, especially at the primary care level;
- facilitate the exchange of experience and expertise;
- promote multilateral and bilateral collaboration in education, employment and investment; and
- develop special programmes for diaspora engagement, educational exchange and South–South cooperation.

The Region already hosts successful examples of bilateral collaboration on supporting the health workforce, such as that between Oman and Yemen, Afghanistan and Pakistan, Saudi Arabia and Sudan, and others, as well as of collaboration and cooperation among partners. The platform will build on existing partnerships and networks, bringing together United Nations agencies, development partners, regional organizations, donors, academic institutions and national institutions to collaboratively develop the workforce across the Region.

Priority actions

- Establish a regional health workforce collaborative and facilitate ongoing dialogue and collaboration among stakeholders.
- The collaborative will facilitate theme-based networks and task forces to ensure the delivery of activities under action areas 2 and 3, including through providing:
 - a platform for institutions that regulate the health workforce education and practice;
 - a platform for postgraduate health specialization boards;
 - an action learning network for forecasting the future health workforce.
- The collaborative will also bring together stakeholders and partners for:
 - multilateral and bilateral agreements/modalities to manage the international mobility of health professionals across the Region;
 - twinning programmes to strengthen institutional capacities in education, regulation, research and other relevant areas;
 - mobilizing partners, host countries and diaspora organizations for effective diaspora engagement.

Expected results

- A functional regional health workforce collaborative with demonstrated activities to strengthen the workforce across the Region.

Implementation arrangements

The flagship initiative will encompass regional cross-cutting actions with regional results as well as country-specific actions. It will serve as a regional accelerator, addressing critical priorities across countries.

The regional-level actions and outcomes will inform country-specific action. The four action areas of the initiative are relevant to and encompass all countries in the Region, with an emphasis on scaling up, retaining, safeguarding and ensuring the sustainability of the health workforce. While the initiative addresses all countries, it recognizes the need for country-specific differentiated approaches and interventions to take account of varying service delivery models, skills mixes and challenges. Country-level action will be designed and planned accordingly, especially as almost half the countries in the Region are grappling with protracted crises and emergencies, necessitating distinct approaches.

Countries on the WHO Health Workforce Support and Safeguards List – Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen – require special attention. These countries are also lagging in progress on the SDGs and four of them are classified as fragile and conflict-affected states, emphasizing the need for a resilient health workforce that can function effectively during emergencies. Strengthening the health workforce, particularly at the primary care level, will enhance access to essential health services and contribute to achieving the SDGs.

Theory of change

The theory of change for the initiative outlines how the development strategies for the health workforce will be transformed into an action-oriented, impactful programme (see Fig. 2). The desired impact will be realized through the development of clear strategies and the definition of actions at both regional and country levels to achieve the intended outcomes.

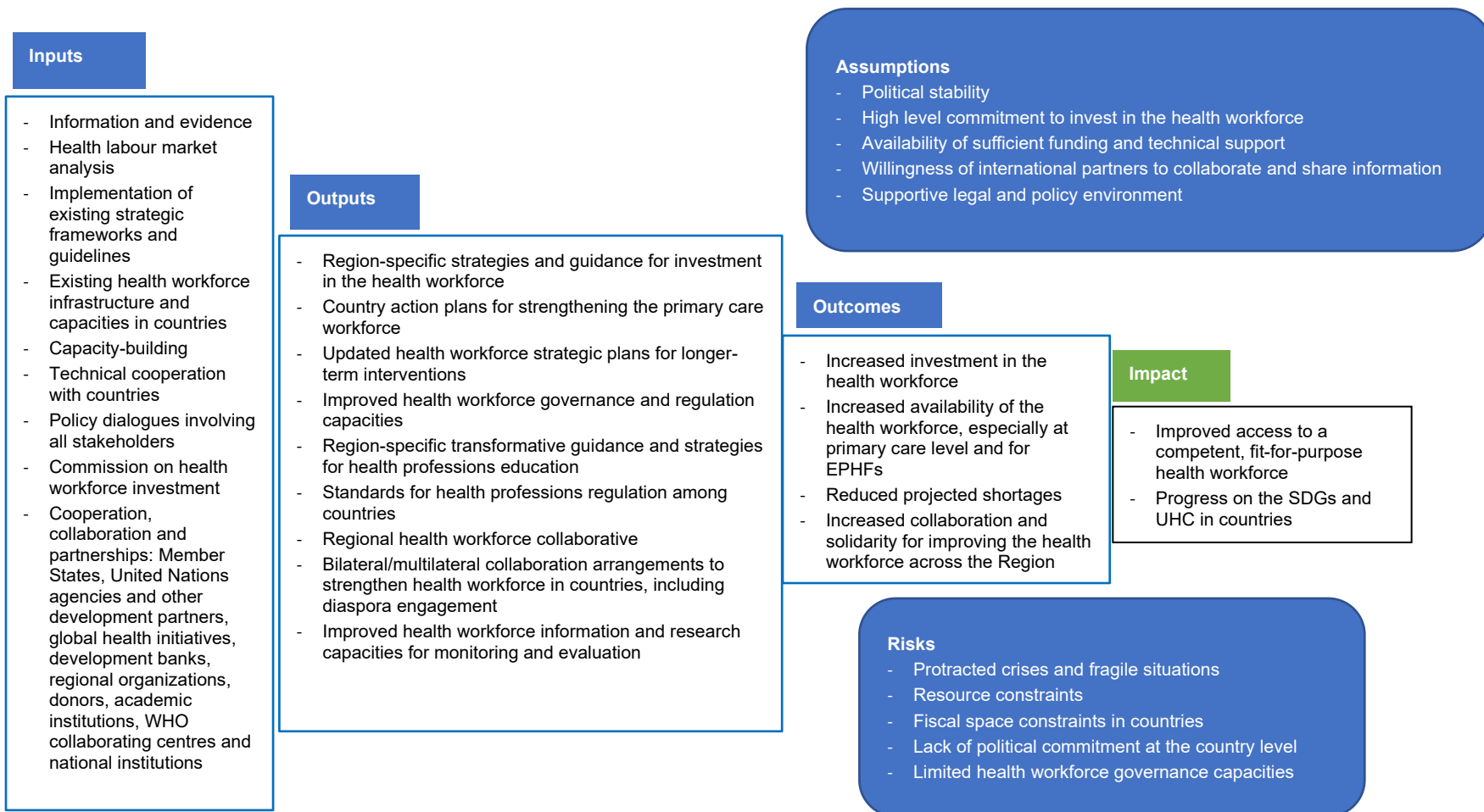


Fig. 2. Theory of change

WHO's contribution

Recognizing that progress on health workforce-related actions is closely tied to commitment by countries and that results emerge over an extended period, WHO will focus on advocacy to promote the health workforce agenda and on providing technical support to countries to implement the initiative. WHO will also play a crucial role in generating information and evidence across the Region to bolster country action and fulfill its convening role.

WHO's role in implementing the initiative can be summarized as:

- curating evidence on health workforce dynamics;
- providing technical support for the development and implementation of country action plans;
- building institutional capacities at all levels;
- facilitating monitoring and evaluation of the activities of the initiative;
- sharing experiences and best practices; and
- facilitating partnerships and collaboration among stakeholders and partners across the Region.

For the estimated budget see Annex 3.

Expected outcomes and results

The initiative will have a comprehensive monitoring system designed to track expected outcomes, which include:

- increased investment in the health workforce and infrastructure;
- strengthened workforce for primary care and EPHFs, leading to improved access to essential health services;
- countries equipped with robust health workforce strategic plans in preparation for future requirements; and
- active and effective regional collaboration enhancing the overall health agenda.

Monitoring and evaluation are crucial and need to be conducted at both regional and national levels, recognizing that country-specific action is pivotal to the initiative's success. While the existing regional indicators are monitored consistently, specific indicators for national monitoring are outlined in Annex 2. The targets will be tailored to each country and integrated into their respective action plans.

These selected indicators align with those in relevant WHO databases such as the Regional Health Observatory, National Health Workforce Accounts, and Global Health Expenditure Database. This alignment aims to enhance the feasibility and availability of data. However, there are still challenges in data collection and some indicators lack corresponding data in these databases. Therefore, significant analytical efforts are necessary to refine the baseline information for the initiative and ensure continuous monitoring.

The monitoring and evaluation strategy will thus include capacity-building efforts focused on:

- enhancing **health workforce information systems** to ensure that Member States can report data accurately and promptly; and
- conducting **operational research** to monitor the effectiveness of interventions and generate further evidence to support health workforce improvements.

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**Annex 1. Current health workforce situation in the Eastern Mediterranean Region:
density of health workers per 10 000 population, by occupation (latest available year)**

Country/territory	Physicians	Nurses	Midwives	Dentists	Pharmacists	Generalist medical practitioners (including family medicine practitioners)	Specialist medical practitioners	Obstetricians/gynaecologists	Surgical specialists
Afghanistan	3.1	3.5	1.9	0.1	0.3	–	1.2	0.2	–
Bahrain	8.4	23.4	–	0.8	1.6	–	–	0.3	0.7
Djibouti	2.1	1.2	0.7	0.2	0.0*	–	1.4	0.2	–
Egypt	7.3	18.2	–	1.9	4.3	3.0	4.0	0.5	–
Iran (Islamic Republic of)	15.1	15.6	4.2	4.2	2.8	10.0	7.2	0.4	1.5
Iraq	10.1	24.2	1.9	4.9	6.1	6.5	3.1	0.3	0.8
Jordan	14.0	24.0	2.0	7.0	17.0	14.0	6.0	0.8	–
Kuwait	22.9	45.8	–	4.8	3.7	–	–	–	–
Lebanon	22.6	16.6	1.7	11.8	14.9	6.3	5.7	2.0	3.6
Libya	21.6	65.8	1.6	9.0	6.2	14.7	6.9	–	–
Morocco	7.3	12.8	1.8	1.4	2.6	2.6	4.8	–	1.3
Oman	20.6	46.5	1.7	3.7	7.2	–	10.4	0.5	2.1
Pakistan	10.8	3.9	0.7	1.1	1.5	8.7	2.1	–	–
Palestine	21.7	17.2	2.3	7.2	11.3	15.6	6.1	0.3	–
Qatar	24.9	71.2	1.1	6.2	8.9	4.7	23.9	–	–
Saudi Arabia	30.8	58.7	1.3	6.6	9.3	6.5	22.5	2.1	5.6
Somalia	2.9	3.9	1.5	0.1	–	–	0.6	0.2	0.3
Sudan	2.6	11.4	3.9	2.1	0.2	–	–	0.1	–
Syrian Arab Republic	11.9	14.2	–	6.6	9.8	–	–	–	–
Tunisia	12.6	24.3	1.9	3.6	2.4	5.5	7.4	0.7	0.4
United Arab Emirates	31.6	67.1	–	8.9	14.7	10.9	20.6	2.0	3.7
Yemen	1.9	5.9	1.9	0.2	0.6	–	0.8	0.0*	0.0*

Source: National Health Workforce Accounts (latest available years, accessed 30 September 2024); Somalia harmonized health facility assessment 2022–2023, Ministry of Health, Federal Government of Somalia; Health labour market analysis 2023, Ministry of Health, The Hashemite Kingdom of Jordan.

* For the purpose of standardization, the numbers are reported up to single decimal digits. The reported density of pharmacists in Djibouti is 0.02 per 10 000 population. In Yemen, the reported density of obstetricians/gynaecologists is 0.03 per 10 000 population and surgical specialists is 0.04 per 10 000 population.

Annex 2. Implementation plan

Action areas	Actions	Focus	2024	2025	2026	2027	2028	Targets	Monitoring Indicators
Increasing investment in the health workforce	Commission on investment in health workforce	Regional	X	X				Increase investment in the health workforce by 10% in at least six countries	Current expenditure on health as % of GDP
	Policy dialogues on the recommendations of the commission	Regional/country		X	X	X	X		Primary health care (PHC) expenditure per capita
	Strategic country plans for increasing investment in health workforce	Country	X	X	X	X	X	Increase public financing from domestic sources directed towards investment in the health workforce by 15%	PHC expenditure as % of current expenditure on health
	Implementation of strategic country plans	Country		X	X	X	X		Government PHC spending as % of government health expenditure
								Total expenditure on health professionals' pre-service education	
									Ratio of unfilled posts to total number of funded posts
									Health workforce expenditure as % of current health expenditure
Scaling up and retaining the health workforce for primary care and EPHFs	Health labour market analysis	Country	X	X	X	X	X	Reduce overall health workforce shortage by 20%	Density of health workers per 10 000 population
	Country action plans for scaling up the primary care workforce	Country	X	X	X	X	X		Voluntary and involuntary exit rate from labour market
	Implementation of country action plans	Country		X	X	X	X		
Building a fit-for-the-future health workforce in the Region	Capacity-building programmes for health workforce governance	Regional/country		X	X	X	X	Update health workforce strategic plans, with primary care focus, in 10 countries	Number of admissions in health professions education institutions
	Strengthening health workforce regulation, standards and processes	Regional/country		X	X	X	X		Graduates from health professions education institutions per 10 000 population
	Improvement of education and training of public health professionals	Regional/country	X	X	X	X	X		
	Health professions education and employment reform mechanisms developed	Country		X	X	X	X		
Regional health workforce collaborative	Regional health workforce collaborative established	Regional	X	X				Regional health workforce collaborative is functional with demonstrated activities	Number of multilateral and bilateral arrangements
	Ongoing collaborative activities	Regional		X	X	X	X		

Annex 3. Estimated budget

Item	Budget (US\$)				
	2025	2026	2027	2028	Total
Commission on investment in health workforce	300 000	–	–	–	300 000
Establishment of regional collaborative	200 000	–	–	–	200 000
Analytical work, including monitoring	400 000	150 000	300 000	300 000	1 150 000
Catalytic funding for diaspora engagement	500 000	1 000 000	1 000 000	750 000	3 250 000
High-level meetings/policy dialogues	300 000	300 000	300 000	500 000	1 400 000
Catalytic funding for country action and technical cooperation	4 000 000	6 000 000	5 000 000	3 000 000	18 000 000
Staff	400 000	400 000	400 000	400 000	1 600 000
	6 100 000	7 850 000	7 000 000	4 950 000	25 900 000