High-Level Commission on Health Employment and Economic Growth: Call for contributions

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1. Background to our response

1.1 The United Nations (UN) Secretary-General established a High-Level Commission on Health Employment and Economic Growth on the 2 March 2016.

1.2 The Commission published its findings on the 20 September 2016.[1] This report proposed ten specific recommendations, supported by five immediate actions on health employment. Together, these are intended to help foster a change in the global perception of the health sector as a key economic contributor and job generator.

1.3 The recommendations and immediate actions also make a clear connection between investing in high quality health employment and the attainment of Universal Health Coverage (UHC) and delivery of the 17 Sustainable Development Goals (SDGs).

1.4 This Commission has invited key stakeholders to reflect on the ten recommendations and five immediate actions. Our response sets out how we, as the Royal College of Nursing (RCN), will help to implement them at national, regional and/or global levels. Our contribution will help inform the next phase of this work.

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[1] United Nations/World Health Organisation, 'High-Level Commission on Health Employment and Economic Growth', available at: http://www.who.int/hrh/com-heeg/en/ (2016)

2. The next steps for the Commission

2.1 The UN has recognised that such an ambitious plan will require unprecedented levels of collaboration and partnership. To that end it has requested that the International Labour Organisation (ILO), the Organisation for Economic Co-operation and Development (OECD) and World Health Organisation (WHO) should develop a five-year implementation plan for the ten recommendations by the end of 2016.

2.2 This implementation plan will set out strategies and activities, the responsibilities of agencies/key stakeholders, resource requirements and operational indicators for the period 2017-2021.

2.3 Once done, the implementation plan will be discussed by the ILO, the OECD and WHO at a High-Level Ministerial Meeting on Health Employment and Economic Growth on 14-15 December 2016 in Geneva. This meeting will also bring together government representatives, as well as civil society bodies, health worker associations and unions (among other key stakeholders) to agree the five-year plan and to generate momentum for action at the national, regional and global level.

3. Recommendations we are addressing in this submission

3.1 We have focused our response on four of the ten recommendations set out by the Commission. While all ten are relevant to our membership and organisational purpose, the four identified below are more clearly aligned to our overarching strategic focus.

3.2 The four recommendations we are addressing are:

I. Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places

II. Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes

III. Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential

IV. Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and

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the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans

4. Immediate actions we are addressing in this submission

4.1 As with section 2, we have focused on those actions which we consider to be most relevant to our organisational purpose. Of the five actions set out by the Commission, we are responding to the following three:

I.   Secure commitments, foster intersectoral engagement and develop an implementation plan

II.   Galvanize accountability, commitment and advocacy

III.   Advance health labour market data, analysis and tracking in all countries

5. Our view on the role of international agencies going forward

5.1 While the recommendations/actions set out in the Commission's report will need to be considered and acted upon by individual countries, we also believe that the WHO, the ILO and the OECD have a vital role to play in supporting all countries to initiate positive change.

5.2 To that end, we believe that all three organisations should collaborate together on:

- Maintaining high-level political commitment to this strategy and recommendations, including looking beyond the 14-15 December 2016 meeting in Geneva

- Facilitating the alignment of the Commission's work to other active global health initiatives, such as the WHO's human resources for health plan.[2] Presently, there are a number of global health strategies and these need to work effectively together in order to minimise unnecessary overlap and maximise effective use of resources

- Promoting inter-sectoral and multilateral policy dialogue with all stakeholders identified by the Commission. The WHO's Global Health Workforce Network could be an ideal platform for this as long as it makes sure that the views of all relevant stakeholders are sought after and integrated to ensure recommendations are holistic and joined-up

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[2] WHO/GHWA, 'Global Strategy on Human Resources for Health: Workforce 2030', available at: http://www.who.int/hrh/resources/pub_globstrathrh-2030/en/ (2015)

- Encouraging national governments to be more transparent and collegiate in how they develop and assess policy options. Engaging the expertise and insights of civil/professional groups (such as the RCN) is crucial for tackling siloed decision-making to make sure that policy solutions are comprehensive and well-informed

- Refining international datasets. This is especially true for the OECD's Health Statistics database. The RCN would welcome any opportunity to work with the OECD on the development of more robust international data sources which can help inform policy decisions. This will help ensure that decisions made are more likely to be effective

6. Our role in supporting these recommendations / immediate actions going forward

6.1 This section sets out specific actions which we will undertake to drive the Commission's recommendations and immediate actions forward over the next five years.

6.2 As requested by the Commission, we have limited our contribution to 750 words describing our core activities, the ideal outcomes of these activities and timelines (where known).

Recommendation (as listed in 2.2)	Action (as listed in 3.2)	Core RCN activities	Ideal outcomes	Timelines for delivery
Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places

AND

Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and | Secure commitments, foster intersectoral engagement and develop an implementation plan | Analyse current workforce trends across the UK and use this data to shape practical policy solutions for the UK Government to increase investment in key recruitment and retainment levers in order to grow the domestic workforce and reduce our dependence on international recruitment. Work with other UK-wide organisations within a coalition (the Cavendish Coalition)[3] bringing together key stakeholders from across the health and social care system to strengthen our lobbying voice. | The RCN helps to drive a constructive, evidenced vision of what the future nursing workforce needs to look like in the UK. This workforce will be able to deliver better patient outcomes, manage changing demographic demand and demonstrate a positive economic and social return for public investment. In return, the nursing workforce is well-incentivised, rewarded and recognised. | Ongoing |
| | | Lobby the UK Government (again as part of the Cavendish Coalition) to assure the rights of health workers working in the UK from the European Economic Area (EEA) to remain and work here indefinitely after the UK has left the European Union (EU). | EEA nationals are allowed to remain and work in the UK irrespective of the final terms for the UK's withdrawal from the EU. | Ongoing |
| | Galvanize accountability, | Utilise the skills, expertise and collective influencing capability of the Cavendish Coalition to develop joined-up, practical policy solutions for the UK | | 2017 |

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[3] Cavendish Coalition (2016) http://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition

Recommendation (as listed in 2.2)	Action (as listed in 3.2)	Core RCN activities	Ideal outcomes	Timelines for delivery
the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans	commitment and advocacy	Government. Position ourselves and the Coalition as proactive, constructive partners in this process – articulating what our contribution to any recommendation(s) will be.	The interests of the nursing profession are voiced more strongly in collaboration with other professional health groups	
	Advance health labour market data, analysis and tracking in all countries	We already collect and analyse available data on nursing workforce patterns across the UK. This data includes: levels of recruitment, and the intentions of nurses working in the health and social care sector to either remain or leave the profession. This data is published in our annual Labour Market Review[4] which we use to lobby the UK Government on the need for more investment in pay as a key incentive to grow nursing numbers and retain those already in the system.	We are able to embed this data more effectively into our political messaging and recommendations, leading to a UK nursing workforce which is fairly remunerated and incentivised.	Annually
	Secure commitments, foster intersectoral engagement and	In 2015 we fed into a report by a group of UK parliamentarians on how the development of nursing globally could be better supported,[5]including in	There is a robust chief nursing officer role at the most senior level of Government to	Ongoing

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[4] RCN, 'Labour Market Review' (2016) https://www.rcn.org.uk/professional-development/publications/005779

[5] All-Party Parliamentary Group on Global Health, 'Triple Impact – how developing nursing will improve health, promote gender equality and support economic growth' (2016) http://www.appg-globalhealth.org.uk/

Recommendation (as listed in 2.2)	Action (as listed in 3.2)	Core RCN activities	Ideal outcomes	Timelines for delivery
Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes	develop an implementation plan AND Advance health labour market data, analysis and tracking in all countries	terms of its impact on gender balance, economic growth and healthier populations. We welcomed the report's recommendations and have committed to supporting a number of these, including: developing nurse leaders and nurse leadership, enabling nurses to work to their full potential and raising the profile of nurses and nursing within health policy. We believe that these areas especially are pertinent to the empowerment of women globally, since nursing remains an overwhelmingly female profession.	ensure that nursing concerns are integrated across health policy decisions. We will support the all-party parliamentary group (APPG) on its recommendations for the future development of nursing – specifically: building a stronger evidence base for measuring effective nursing interventions and convening a high-level global summit on nursing, aimed at generating will among political and health leaders to improve the opportunities and potential of nursing.	2017/18
		In 2016 we launched a UK-wide RCN accreditation service for advanced practice nursing. This voluntary standard will set out the minimum educational and practice requirements for nurses working at an advanced level of practice across specialities – the first such standard in the UK. Those nurses who meet this criteria will be awarded formal recognition by the RCN	The visibility and standardisation of advanced practice is improved across the UK. The career prospects for nurses either working at, or aspiring to work at, an advanced level benefit as a result.	2016/17
	Galvanize accountability,	We have revamped and relaunched our in-house Political Leadership Programme (PLP). This training	Nurses across the UK are better supported in understanding and influencing the national/devolved political landscape	2016 onwards

Recommendation (as listed in 2.2)	Action (as listed in 3.2)	Core RCN activities	Ideal outcomes	Timelines for delivery
	commitment and advocacy	module helps nurses across the UK become more familiar and confident in lobbying political leaders		
Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential	Secure commitments, foster intersectoral engagement and develop an implementation plan AND Galvanize accountability, commitment and advocacy	Develop a comprehensive vision for the future education model (both pre-and post-registration), including specific policy recommendations for UK/devolved UK Governments to increase the funding and quality for education provision, life-long learning (continuing professional development) and shadowing/mentoring opportunities for both the regulated and unregulated nursing workforce. We are working to identify, analyse and connect all of the key elements of the education model going forward in order to generate a coherent future framework which ensures that education is of high quality and accessible.	The UK's nursing education policy is joined up and able to deliver a nursing workforce which is self-sufficient and able to meet future patient demand.	207/18

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