



Tomorrow's healthcare professions Summary and recommendations Think tank World Health 2030

The central role played by healthcare professionals was highlighted during the COVID-19 crisis, in France as elsewhere.

On a global scale, the healthcare professions are marked by a number of imbalances: 1) the poor geographical distribution of healthcare professionals, between regions and countries, but also within countries, 2) the unsuitability of professional profiles for new needs, due to demographic, social, health and technological developments, and 3) the significant imbalance between supply and demand for healthcare professionals. The issue of healthcare professions covers a wide range of issues, including recruitment, initial and continuing training, professional development, well-being in the workplace, salary setting and career management. The need to ensure an equitable territorial distribution of healthcare provision adds a further dimension to the above-mentioned issues,

This briefing note summarizes the study carried out in 2022 and 2023 by Maëlle de Seze, with Stéphanie Tchiombiano and Héloïse Mahé for the think tank Santé mondiale 2030, as part of a COPAR agreement with the Agence française de développement. The report is available at [http :xxxxxx](http://xxxxxx) on the Global Health 2030 website. This note first details the highlights of the study, then the current challenges facing human resources in health (shortages, training, changes in professions, with a specific focus on Africa) and, finally, identifies points to bear in mind when implementing new strategies for tomorrow's healthcare professions, in view of the multiple issues affecting healthcare systems (technological advances, environmental health, mobility, discrimination and inequalities, among others). Biographical references in support of this summary are available in the study report.

This summary is followed by the recommendations made by the think tank Santé mondiale 2030 concerning the training and organization of tomorrow's healthcare professions.

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The "Global Health 2030" think tank has been in existence since October 2016. It brings together personalities involved in global health, including Françoise Barré-Sinoussi, Paul Benkimoun, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Eric Fleutelot, Frédéric Goyet, Michel Kazatchkine, Marie-Paule Kieny, Lelio Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Amélie Schmitt and Agnès Soucat. Clara Ruault is the coordinator.

The members of the group are acting in their individual capacities and not on behalf of their respective organizations. This document is the fruit of a collective effort within the group. It in no way commits or reflects the individual opinions of any of its members.



The healthcare professions of tomorrow

Summary note

From the study carried out by Maëlle de Seze, with Stéphanie Tchiombiano and Héloïse for the Think tank Santé mondiale 2030 as part of the COPAR convention of

Agence Française de Développement

Study highlights

The way we think about healthcare is evolving towards a more holistic approach that questions the organization, training, careers and career paths of healthcare professionals within healthcare systems.

Health professions are not limited to the care professions. Other professions such as health mediator, public health professional, logistician or community health worker (for example) are also essential.

The healthcare professions are undergoing a number of transformations, including despecialization, the convergence of healthcare professions and "care" activities, and closer ties with other professions, such as those related to animal health and the environment.

Strategies are being implemented to overcome the shortage of healthcare professionals, including the delegation of tasks between professionals with different levels of qualification, the creation of intermediate professions - such as surgical technicians or advanced practice nurses - and the enhancement of the attractiveness of healthcare professions.

Current training systems are not adapted to new challenges (technological, health, demographic, environmental). It is essential to build bridges between the various healthcare professions, to rethink careers and the status of staff, and to develop training paths based on "skills" rather than "professions".

A worldwide shortage of healthcare workers

Almost all countries are affected by this scourge, but unevenly: there could be a shortfall of 10 million healthcare professionals worldwide by 2030. In 2020, high-income countries had a density of healthcare professionals 6.5 times higher than low-income countries, with less than five healthcare professionals per 10,000 inhabitants in Niger, Chad and the Central African Republic (when the minimum threshold set by the WHO is 50 healthcare professionals per 10,000 inhabitants).

The disinvestment of healthcare professionals in public hospitals, the increasing tendency for professionals to resign, and the rise in medical deserts affect all countries, whatever their income level. The chronic structural underfunding of training and jobs for healthcare professionals is all the more astonishing given that the COVID-19 pandemic has demonstrated their central role in this health and social crisis. Investment in health is too often seen as a cost, not a productive investment, despite the multiplier effect of health on economic growth, social cohesion and human security. ILO estimates suggest that every healthcare professional job created generates 2.3 jobs in non-health professions.

The healthcare sector will account for around 10% of global GDP by 2023, and despite the scale of unmet needs, should be the fastest-growing economic sector between now and 2030 (+13% in France, for example).

A broader definition of healthcare professions

The healthcare professions are all too often summed up as the care professions (and among these, the triptych "doctor/nurse/midwife"). Tomorrow's human resources challenges in the healthcare sector call for a progressive approach:

- public health professionals (health promotion, prevention, epidemiology),
- practitioners working in humanitarian fields,
- new professions, such as advanced practice nurses, digital health specialists, health logisticians, laboratory technicians, community health workers and health mediators, some of whom are struggling to be effectively recognized as part of healthcare systems,
- care" professions

The current shortage and the other challenges of tomorrow call for a transformation in the organization of the healthcare system and the training of healthcare professionals.

Over the past 20 years, international initiatives have been launched to meet the challenges of human resources for health, such as the Global Health Human Resources Alliance (GHWAA), the Kampala Declaration, the WHO Global Code of Practice for the International Recruitment of Health Personnel, the High Level Commission on Health Employment and Economic Growth, and the Global Strategy on Human Resources. These initiatives reflect a gradual, albeit still insufficient, awareness of the need for healthcare professions to evolve in response to multiple challenges:

- **Demographic challenges:** aging populations and migratory phenomena,
- **Technological challenges:** development of new technologies: molecular and cellular biology, genetics, artificial intelligence, e-health,
- **Health challenges:** increase in non-communicable diseases, such as diabetes, cancers or mental health problems, and emerging infectious diseases,
- **Environmental challenges:** natural disasters and the growing health impact of climate change and environmental degradation,
- **Social challenges:** healthcare professionals' aspirations for better working conditions and less discriminatory healthcare systems,
- **Geopolitical challenges:** increasing international mobility of healthcare professionals, against a backdrop of global shortages and highly uneven distribution.

African human resources for health challenges: shortages and inequalities, community health, financing, training and governance

The gaps between the world's regions are widening. The WHO Africa region, which accounted for a quarter of the global shortage of healthcare workers in 2013, is expected to account for 52% of this shortage in 2030.

The number of health professionals in post is below all the minimum thresholds calculated for acceptable health coverage of populations and satisfactory access to care. The **density of health professionals** in the countries of the WHO African region is **exceptionally low**, estimated at 2.9 per 1,000 inhabitants in 2021, whereas the minimum threshold for achieving 70% universal health coverage (UHC) is estimated at 13.4 per 1,000 inhabitants. *At the very least*, the number of healthcare professionals working on the continent would have to *be quadrupled*, even without taking population growth into account.

Community health workers are the subject of much debate about their professionalization, integration into health systems, status and formal recognition. They are seen as a possible response to the shortage of healthcare workers, but the importance of selection methods and the need for appropriate training and decent working conditions are emphasized in the scientific literature.

The lack of financial resources invested by some African governments to create jobs is a central issue. The very low number of jobs financed leads to a phenomenon of

A "paradoxical surplus": trained healthcare professionals are not integrated into healthcare systems, while needs are far from being met, due to governments' inability to fund employment positions. As a result, almost a quarter of the healthcare professionals trained by 2030 could, improbably, constitute a professional surplus kept outside healthcare systems.

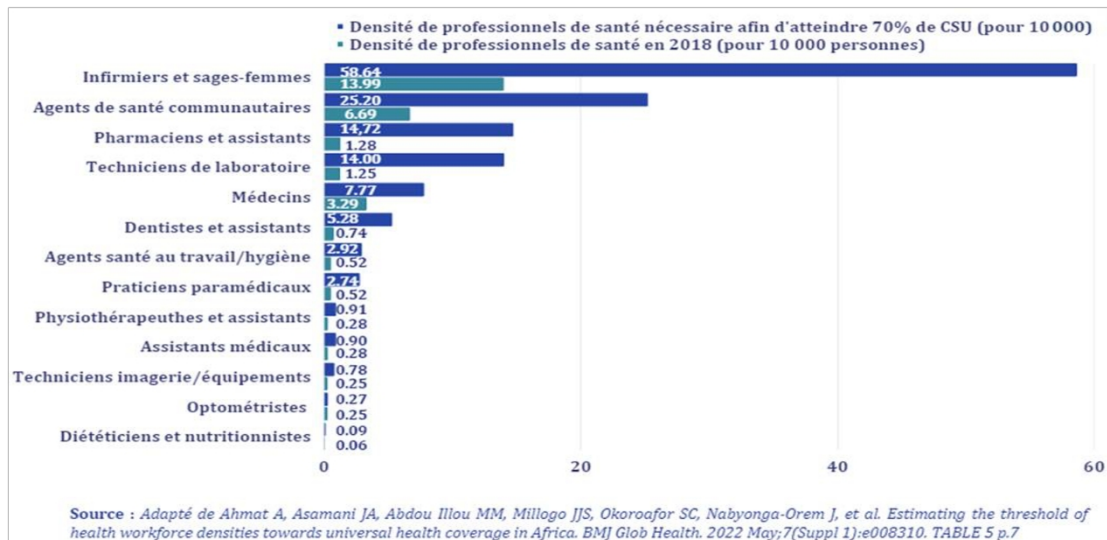
The question of the **quality of training**, which is very uneven across the continent, is crucial. The private sector manages around 45% of the continent's training establishments. Significant progress has been made: over 80% of countries have set up an accreditation system (with a target of 100% by 2030), even if its existence is not sufficient to certify its operational nature and reliability.

Despite the introduction of **incentive or regulatory strategies to attract and retain healthcare professionals in rural and remote areas**, the situation remains highly problematic. Over 80% of the population in these areas have no access to essential health services. While financial incentives (salary increases, bonuses, tax or registration fee exemptions, for example) remain the most frequently implemented strategy, many interventions are aimed at improving the living and working conditions of healthcare professionals in rural areas (setting up professional networks to break isolation, creating housing, improving access to electricity and water, drawing up career plans, rehabilitating health infrastructures and medical equipment, for example). Published scientific studies show that it is necessary to implement combinations of joint interventions (financial and non-financial) to have a significant impact in the medium term. Setting up training establishments in rural areas is also a winning strategy, provided that these establishments are sufficiently endowed with funding, materials and quality teachers.

One of today's major challenges is to strengthen **health policy programming and management strategies**. Out of 47 African countries surveyed, only 32 had national strategic plans dedicated to Human Resources for Health in 2022, with several concrete operational challenges:

- Regular monitoring of the workforce, which remains uncertain despite the progress made in recent years. Some countries still do not have digital information systems on these issues and continue to manage information on paper documents.
- Relatively weak technical expertise and political oversight related to these issues: while many expert groups have been set up in recent years in ministries of health, they are not always technically well-equipped to analyze population ~~health~~ ~~needs~~ accurately and implement appropriate strategies.

Comparison between the density of healthcare professionals in the WHO African Region in 2018 (per 10,000 people) and the theoretical density required to achieve over 70% universal health coverage.



8 key areas of focus for the years ahead

The changing face of healthcare :

- Decompartmentalizing by building bridges between professions, statuses and careers within the healthcare, care and social professions, and in all sectors that contribute to improving people's health.
- Challenging the hospital-centric model, towards a more holistic, preventive, person-centric vision of healthcare.
- Emergence of new intermediate professions providing coordination or assistance between different healthcare professionals, and new hybrid professions (advanced practice nurses and healthcare logisticians, for example).
- Emergence or growth of cross-disciplinary professions dedicated to public health, health promotion, healthcare systems organization or occupational health.

The role of digital innovation in training and practice: Information technologies and artificial intelligence (AI) are transforming the way we learn (distance learning platforms, computer-assisted learning, digital assistants, etc.). Digital innovation is also affecting the whole range of professional activities (e-health and

telemedicine, diagnostic algorithms, remote-controlled robotic interventions, for example).

The impact of technological advances on the ethical aspects of healthcare: Biotechnological advances, genomic medicine, AI and the use of mass data (*Big Data*) are opening up new ethical and technical issues for healthcare professionals: impact on the relationship with patients, repercussions on diagnosis and the choice of treatment methods, changes to the coordination of care due to the centralization of medical data, for example. Several issues are linked to the implementation of these advances: conditions of access for the poorest countries, the need to inform professionals and patients so that they have confidence in these advances, and the importance of ongoing, regular training for healthcare professionals throughout their careers.

International mobility of healthcare professionals: According to the Organisation for Economic Co-operation and Development (OECD), one in six doctors practicing in OECD countries studied abroad, and the number of foreign-born doctors and nurses rose by 20% in the 2010s compared with the previous decade. Tools and mechanisms (such as the World Health Organization's (WHO) global code of practice for the international recruitment of healthcare personnel, and a list of countries considered particularly vulnerable) have been put in place at international level to regulate this mobility and avoid a net loss for training countries, as well as the frequent downgrading of healthcare professionals in the destination country. This fundamental trend will have repercussions on the scope of tomorrow's professions and on training needs.

Gender inequalities among healthcare professionals :

- Lack of recognition of women's contribution to the healthcare system: depending on the country, women devote between 2 and 10 times more time than men to caring for the elderly, sick or disabled. Almost half of their contribution is neither paid nor recognized.
- Gender discrimination in the workplace, confining women to less well-paid, less secure and less socially valued healthcare jobs.
- Pay inequalities, with an overall pay gap of over 25% between men and women, greater in healthcare than in other economic sectors in 2022.
- Lower participation of women in organizational management bodies: women account for 70% of healthcare professionals worldwide, but occupy only 25% of executive positions in large companies and ministerial posts, and 30% of executive positions in international organizations dedicated to healthcare.

The impact of social discrimination on community health. A number of studies show that differentiated care can be offered according to ethno-racial categories or sexual orientation, in every country in the world, and at every stage of life. Numerous strategies exist to combat such discrimination (integration of dedicated modules into training programs, promotion of diversity among healthcare professionals, for example), but their implementation is slow and far from systematic.

The empowerment and participation of civil society and community players, particularly to reach the most precarious and marginalized populations: the central role of caregivers, health mediators and community health workers, with all the challenges of training, professionalization and institutional recognition that this poses. An important point in the study is the gradual empowerment of patients themselves to manage their own health (self-diagnosis, self-administration of treatment). In return, this empowerment implies a change in the role of healthcare professionals.

Last but not least, **the links between human health, animal health and the environment are increasingly being taken into account in the design of healthcare professions.** The cross-disciplinary approach required to take these interactions into account has already led to the creation of new training courses and the rise in importance of certain professions (epidemiology, toxicology, demography, economics, geography and sociology of health, in particular), as well as the recognition of new skills needed to drive strategies for decarbonizing healthcare systems.

Several examples are given below, illustrating renewed approaches and conceptions of healthcare professionals' professions and training. These may involve specific cases of task delegation or cooperation protocols, specialization processes (as with advanced practice nurses) or the acquisition of new prerogatives (as with surgical technicians). They may also involve new training courses and new professions (such as extension agents, medical assistants or healthcare logisticians).

Focus on a few intermediate or hybrid professions



Ethiopia's health extension workers (AVS) have been responsible for a major nationwide increase in life expectancy since their introduction in 2003. They receive one year's training, are paid as formal employees and are responsible for health promotion, prevention and treatment of certain diseases in the community, such as malaria, pneumonia, diarrhoea and malnutrition. By 2020, Ethiopia had around 40,000 AVSs.



Surgical technicians in Mozambique are non-physician health professionals trained to perform certain essential surgeries such as caesarean sections, amputations and hysterectomies. Less documented than in the case of SVAs, this example of the creation of a healthcare profession to meet the needs of a population has proved conclusive in the studies devoted to it. Similar initiatives have been set up in Tanzania and Malawi.



Advanced practice nurses (APNs) in France represent a partial response to the shortage of doctors by enabling a number of tasks previously carried out by doctors to be performed by APNs, freeing up doctors' time to perform other tasks. While the law introducing advanced practice for paramedics in France dates back to 2016, the first classes of advanced practice nurses only began their training in 2018 for the



Physician assistants (PAs) in the USA: these are so-called "intermediate" healthcare professionals who receive two years' postgraduate training following a four-year Bachelor of Science degree. They play an important role in cancer care, for example.



Health mediators are seen as a significant step towards bridging the gap between healthcare systems and communities. They act as a local interface, facilitating access to rights, prevention and care for the most vulnerable members of the public, and raising awareness among health system players of the obstacles encountered by the public in accessing health care.



The **health logistics** profession was created in 2011 in Burkina Faso to manage health product supplies and stocks, replacing pharmacists and pharmacy technicians. Significant efforts have been made to create an environment conducive to the professionalization of healthcare logistics: a three-year strategic plan has been drawn up, an initial training program has been designed, pilot projects have been set up in three regions, and the country's legislation has been revised to enable the creation of this profession and its integration into the healthcare system. A professional master's degree in health logistics has been specially created at the National School of Public Health in Ouagadougou.



The healthcare professions of tomorrow

Recommendations

Think Tank Global Health 2030

Our recommendations are based on the results of the study summarized above - carried out with the financial support of the Agence Française de Développement - on the healthcare professions of tomorrow¹. Five recommendations, detailed below, stand out from our collective reflections:

- 1- Recognizing the plurality of "health-related professions", beyond the care professions: an indispensable revolution
- 2- Invest massively in human resources in healthcare, in France and abroad
- 3- Train more, train everywhere, train differently
- 4- Pay particular attention to decent working conditions
- 5- Encourage international dialogue on the issue of mobility for healthcare professionals, to ensure that mobility is both beneficial to professionals and equitable in terms of the healthcare needs of training countries.

1 Our recommendations

1- Recognize the plurality of "health-related professions", beyond the care professions

Healthcare is a sector of activity traditionally organized around care activities, i.e. professions, actions and resources whose aim is to protect health by providing a diagnostic and therapeutic response to treat illnesses. Historically, it has been organized around healthcare establishments. Health care professionals rightly play a central role in it. These professionals include all personnel trained and qualified to provide medical care to patients and, more broadly, medical services². These professions play a decisive role in the organization of the healthcare system, from medical care to the representation of professional interests within the healthcare sector, via multiple roles in the governance of healthcare policies. They are responsible for the treatment of disease, which places them at the forefront of patient care, and makes them a key player in defining responses to major public health challenges. The efficiency and quality of healthcare systems depend largely on the high-level training of these professionals, as well as on the human, financial and techno-scientific resources allocated to them.

However, a healthcare system is not just a system of care³. Health is conditioned by diverse, interconnected factors. It is affected by all human activities, by the evolution of socio-economic determinants, by the transformation of natural ecosystems, and more recently by the rise of technology. As a result, an effective and comprehensive healthcare policy requires the involvement of a wide range of non-medical professions. These professions cover a wide range of fields and occupations that contribute to protecting the health and well-being of individuals and populations, by promoting practices that are beneficial to health, improving disease prevention, facilitating the coordination of health activities, fostering psychosocial support for people in need, and so on.

¹ This study - summarized in the first part of this document - shows the recent dynamics, challenges and prospects for the evolution of healthcare professions, with a focus on French-speaking Africa within the framework of a COPAR agreement with Agence Française de Développement (AFD). The results will be presented publicly in April 2024, at a workshop co-organized by the Think Tank Santé mondiale 2030 and AFD.

² These care professionals include, among others, doctors, midwives, nurses, care assistants, pharmacists and paramedics.

³ See CCNE Opinion n°140 p.5 for more information on the distinction made between "care system" and "health system".

and reducing health inequalities. In collaboration with healthcare professionals, they help build a healthcare system based on patients' needs.

It is therefore absolutely essential to rethink our healthcare systems by integrating all the non-medical professions that are essential if we are to ensure that the system meets patients' needs. These professions include, for example, health educators and mediators, psychologists, occupational therapists, nutritionists, laboratory assistants and ambulance drivers, as well as the administrators of public and private structures involved, directly or indirectly, in the coordination of care pathways and the provision of care. It also includes the research and analysis professions, whose main activity is to study and understand health problems, from the public health sector (studying the physical, psychosocial and sociocultural determinants of health, and the best ways of dealing with them) to the many fields of health research and the production of drugs and other medical technologies.

It's impossible to draw up an exhaustive list of these healthcare professions in a constantly evolving context, with titles that vary from country to country.

1.1 WHO classification of healthcare professions

The WHO proposes a classification of healthcare occupations based on the International Standard Classification of Occupations (ISCO)¹ which includes, in addition to healthcare occupations, a number of occupations that are not specific to the healthcare sector but are necessary for the proper functioning of a healthcare system.

This document¹ includes 370 occupations, practised by some 50 typical professions, divided into 5 main groups¹ : healthcare professionals, healthcare-related professionals, personal care staff in healthcare services, healthcare management and support staff, and other healthcare service providers not elsewhere classified.

1.2 Source WHO, 2021, *Caring for carers and Classifying health workers*, 2019, <https://www.who.int/publications/m/item/classifying-health-workers>

This holistic, open approach to healthcare professions must be reflected in the field of governance: we need to ensure that representatives of these different professions participate in the major orientations of healthcare systems for the decades to come, far from a conception of healthcare focused exclusively on the role of doctors⁴.

Finally, one of the major aspects of this transformation involves the *transfer of tasks*. This practice has proved its worth in the South, primarily in contexts of shortage, but not exclusively. The North must learn from these experiences and integrate them to renew the overall approach to care, and enable the valorization of practice, the refocusing on *skills* more than *professions*, and more broadly the decompartmentalization of the healthcare system that prioritizes the needs and wishes of the patient and not the professional.

2- Invest massively in human resources in healthcare, in France and abroad

The World Health Organization (WHO) estimated in ²⁰²³⁵ that there would be a global shortfall of at least 10 million healthcare professionals by 2030. In reality, a great many will be needed

⁴ Whereas a few years ago, doctors' unions were the only ones at the negotiating table, today other professions are increasingly represented by their unions, which helps to improve the necessary discussion of changes in fields of practice (for example, in France, for the nursing profession alone, nursing executives, advanced practice nurses, nurse anesthetists, etc. each have their own union, which can join forces if necessary to discuss common points of view).

⁵ <https://gh.bmj.com/content/7/6/e009316.long>

more so if we take into account all the healthcare professions, the increase in demand expected over the next few years (due in particular to an ageing world population and the rise in chronic diseases) and tensions over supply (linked in particular to the growing participation of women in the labour market, even though they are very often in charge of caring for the elderly and disabled free of charge.⁶). Indeed, the Lancet's 2019 estimate of needs to 2030 was 43 million caregivers⁷, well above the WHO's 2023 estimate.

Private and public investment in training and job creation for healthcare professionals should not be seen as a burden on the economy, but as a profitable investment. It has a knock-on effect on other sectors, and should be seen as an engine of economic growth. The High-Level Commission on Health Employment and Economic Growth organized in 2016 under the aegis of the WHO, the International Labour Organization (ILO) and the Organisation for Economic Co-operation and Development (OECD) already pointed to a triple return on investment⁸ linked to the creation of new jobs: 1) improved health and health safety, 2) stimulated economic growth and 3) increased autonomy for women and young people.

Investments in human resources for health are long-term investments in human capital, and must be integrated into national training and employment strategies, and into public investment trajectories, including the mobilization of debt financing.

3- Train more, train everywhere, train differently

More training

It is imperative to take steps to address the shortage of healthcare professionals by increasing the number of people trained. States must invest massively in the training of healthcare personnel. It is also necessary to abolish the *numerus clausus*⁹, if it still exists, and to increase the number of places available in university courses, as well as opportunities for practical training.

Regulation of access to the healthcare professions must guarantee both the quality of services and equity between the genders, sexual orientations and socio-economic categories of the professionals trained. In a context where the state is seeking to reduce public expenditure, but where the demand for doctors and other healthcare professionals is growing, one solution may be to call on the private sector to provide part of the training. In fact, the private sector is already playing an increasingly important role in the training of healthcare professionals, including in France. It is therefore essential to recognize, regulate and provide a framework for this role.

In France, in order to preserve the social mission of training, the public sector should receive adequate funding to remain in the majority and accessible to financially disadvantaged students. Where the role of the state is not assured, it is preferable for private non-profit organizations¹⁰ (such as cooperatives, mutual societies or players in the social economy) to take charge of training. When the for-profit private sector invests in training healthcare professionals,

⁶ Tomorrow, we'll have to create jobs to do what these women have been doing until now, and are still doing, for many of them, for free.

⁷ Considering only doctors, nurses, midwives, dentists and pharmacists.

⁸ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00532-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00532-3/fulltext)

⁸ <https://www.who.int/fr/news/item/22-03-2016-health-workers-a-triple-return-for-health-economic-growth-and-employment>

⁹ In France, for example, the *numerus clausus* has officially been lifted, but in practice, university absorption capacity has not increased, so the number of students trained remains very limited.

¹⁰ One example is the Catholic University of Lille.

it should be obliged to include students from disadvantaged backgrounds, subsidizing them from the profits generated by its activity. It is also necessary to strengthen the accreditation system and validate diplomas through national examinations to guarantee the quality of the teaching provided and the acquisition of the necessary skills.

Finally, we must ensure that students' economic and social level is not an obstacle to accessing the healthcare professions. Scholarship schemes must be systematically set up and supported to make training accessible to all.

Training everywhere

It is essential to develop training **relocation** strategies¹¹ for all healthcare professions, including by implementing "affirmative action" approaches aimed at identifying

1.3 WHO recommendations for the training of health workers in rural areas rural and remote

1. Apply admissions policies targeting rural students in health training programs
2. Locate health training facilities closer to rural areas
3. Subjecting students to practical internships in various health care professions in rural and remote communities, and to clinical practices in rural areas.
4. Integrate rural health issues into health worker training
5. Design and provide access to continuing education and professional development programs that meet the needs of rural health workers, to boost their retention.

1.4 *Extract from WHO guidelines for the production, attraction, recruitment and retention of health workers in rural and remote areas; 9789240031395-fre.pdf (1.498Mb)*

young people to be trained locally in medical deserts. These strategies will make it possible to fill the gaps in the supply of healthcare professionals in under-resourced regions.

In addition, it is crucial to capitalize on the **results of research already carried out** into retention strategies for healthcare professionals in rural and remote areas. These studies provide valuable information on effective measures and incentives to encourage healthcare professionals to work in these specific geographical areas.

Using this knowledge, targeted policies and support programs can be put in place to attract and retain healthcare professionals in rural and remote areas.

Training differently

New approaches to training are essential to meet the current and future needs of healthcare professionals. This means expanding the range of initial training courses to include new professions, and ensuring that all healthcare professionals receive appropriate training. This also includes healthcare professionals who are not directly involved in care, such as health mediators. They need to be provided with skills adapted to technological advances such as e-health and artificial intelligence (AI), as well as to new emerging needs, such as environmental health issues (Une santé). In addition, soft skills such as therapeutic education and empathy need to be emphasized.

¹¹ <https://apps.who.int/iris/handle/10665/343011> and <https://apps.who.int/iris/handle/10665/346558>

Another essential aspect is the further development of e-learning offerings. This type of training offers many advantages for healthcare professionals, whether for continuing education or initial training. Distance learning offers invaluable temporal and geographical flexibility, making it easier for healthcare professionals to reconcile their professional obligations with their training needs. It also provides access to a wide range of specialized content, helping to develop knowledge in specific fields. What's more, distance learning offers the possibility of self-directed learning, enabling learners to progress at their own pace and focus on the subjects that interest them most. Finally, it encourages the exchange of experience and knowledge between healthcare professionals through discussion forums and online collaboration tools.

Finally, it is important to make progress towards decompartmentalizing the various healthcare professions. We need to **move away from a training logic centered on "professions"** to one based on **"skills"**, by creating gateways and opportunities for evolution. We need to encourage flexible careers, allowing those with the will and ability to change functions and levels. This will promote an integrated, cross-disciplinary approach to healthcare, enabling health professionals to broaden their skills and adapt to the changing needs of the healthcare system.

4- Pay particular attention to decent working conditions

Over and above the massive investment required to meet the shortage (which partly explains the deterioration in working conditions and the current disaffection with the healthcare professions), the issue of **working conditions** is essential if we are to retain healthcare workers.

While salary is obviously a key factor in attractiveness, quality of service and quality of life, it is also a key factor in the success of a company.

When it comes to "retention" in the healthcare professions, other factors are also important, such as team management, career development capabilities, opportunities to change jobs, constant exchanges on practices and networking with other professionals. In contexts where the shortage of healthcare professionals is most acute, living conditions also play an important role, particularly security in conflict zones, and opportunities for children to go to school.

Particular attention needs to be paid to supporting teams and professionals in dealing with **ethical issues**. The care and health professions are not just any professions, and they regularly place professionals at the heart of ethical dilemmas that need to be regularly discussed and worked on as a team, with all care professions. New aspirations call for a renewal of governance practices (more participative and horizontal, with less hierarchical compartmentalization, and in particular a greater role for professionals other than doctors (notably nurses, midwives and care assistants) in governance.

5- Encourage international dialogue on the mobility of healthcare professionals to ensure fairer mobility.

The mobility of healthcare professionals is national, regional and international. Globalization of the healthcare labor market is a complex and delicate issue. We need to establish rules of the game that take into account the constraints of each party, while **maximizing the benefits for all**: destination countries, countries of origin and the healthcare professionals themselves ("win-win-win" logic). France could take this issue to the United Nations high-level meeting on the CSU on September 21, 2024.

Two points seem important to us:

1- **Reflection on the limitations of the instruments put in place to date**, such as the WHO Global Code of Practice for the International Recruitment of Health Personnel ¹² adopted in

¹² <https://www.who.int/news/item/02-06-2022-who-global-code-of-practice-on-the-international-recruitment-of-health-personnel--fourth-round-of-reporting>

2010 by the World Health Assembly (which is little applied due to its non-binding ^{nature}¹³) or the international platform set up by the WHO, ILO and OECD to promote bilateral or regional agreements and safeguard the economic interests of training countries. The issue of skills certification and international recognition of diplomas is central.

1.5 An example of an international agreement to facilitate the international mobility of healthcare professionals: Germany's "Triple Win" project

1.6 To cope with the shortage (experts predict that around 500,000 additional nurses will be needed in Germany by 2030) and facilitate the international mobility of qualified nurses to Germany, the German government has signed agreements with seven countries (India, Vietnam, Tunisia, Serbia, Bosnia-Herzegovina, Philippines, Jordan).

1.7 These agreements provide a framework for the selection and placement of healthcare personnel: Foreign caregivers receive preparation for their future employment in Germany, both linguistically and professionally, and are monitored to help them integrate. They follow a 12-month procedure to have their professional qualifications recognized. These agreements are known as the "triple win project", to emphasize that employers, the country of origin and the nurses themselves are all winners.

1.8 Since the program's launch in 2013 and until 2021, over 4,700 nurses from the countries concerned have come to work in Germany using this scheme.

Source. Website of the Federal Employment Agency (Bundesagentur für Arbeit):

<https://www.arbeitsagentur.de/vor-ort/zav/projects-programs/health-and-care/triple-win>

2- The **need to implement incentive rather than constraint mechanisms** to address the various imbalances (national, regional, international).

The mobility of healthcare professionals is an important dimension of the globalization of healthcare (one in 6 doctors practicing in OECD countries graduated outside the ^{OECD}¹⁴), and should be seen as an opportunity (capitalizing on different medical cultures, setting up international networks). The aim is not to create new barriers or limit this mobility, but rather to accompany it with incentives.

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¹³ <https://human-resources-health.biomedcentral.com/articles/supplements/volume-14-supplement-1>

¹⁴ <https://drees.solidarites-sante.gouv.fr/sites/default/files/2021-01/11%20International%20comparisons%20of%20physicians%20and%20nurses.pdf>