DOI: 10.1002/hpm.3792

EDITORIAL

WILEY

The workforce crisis in healthcare: Moving the debate to bridge evidence and policy

Abstract

This Special Issue aims to advance the healthcare workforce (HCWF) debate by directing its attention to the implementation of policy recommendations and identifying weaknesses. The selection of articles highlights a wide range of HCWF policies and interventions across various countries. The challenges faced often stem from policy failures and governance gaps at the macro-, meso- and micro-levels of health systems. Recommendations to mitigate the HCWF crisis include interconnected strategies, multi-/transsectoral policies, solidarity-based efforts, collaboration, skill-mix reforms, equity measures, global approaches, and crucially, strong political will. In addition, specific policy solutions are explored, such as community-centred action and employment of community health workers, mental health support initiatives, inclusion of refugees and displaced healthcare workers into the labour market, and preparing the HCWF for the impact of climate change. This Special Issue calls for transformative HCWF policies and multi-level transsectoral governance as essential components needed to effectively address the crisis. This will only be possible, if HCWF policy moves higher up in the public policy arena leading, among other things, to the establishment of HCWF research as a distinct academic field.

1 | BUILDING BRIDGES

There is mounting evidence of the global healthcare workforce (HCWF) crisis as posing a threat to population health and health systems.[1,2] Despite numerous calls for action,[3–7] increasingly backed with urgency and high-level international policy recommendations,[2,8,9] the implementation of these recommendations and the evidence of their impact on resolving the crisis remain clouded. One major problem, identified over two decades ago,[10] is the persistently low placement of the HCWF on the health policy agenda. Although the COVID-19 pandemic has increased attention of workforce shortages and healthcare workers (HCWs) needs, transformative policies are poorly developed, implementation is sparse and changes are rarely sustainable.[11] Other important weaknesses include a lack of attention to actor-centred experiences and needs of the person behind every HCW, as well as gender and other inequalities in the HCWF.[12,13] The 'human face' of the HCWF crisis[14,15]—the impact on working conditions, mental health and the individual needs of HCWs—is still not understood, or simply ignored despite available evidence.[16]

This lack of understanding leaves us with limited implementation ideas and policies to effectively respond to the HCWF crisis. While stronger evidence and more data are important preconditions for effective HCWF policies, they alone do not induce change. The lack of evidence is not enough to explain political inaction. Political

 © 2024 John Wiley & Sons Ltd.

intervention in the area of human resources is often postponed, both because of the complexity imposed by global demand and supply markets, and because of the need for political courage to stand up to corporate and/or economic interests; the 'duty of care' for HCWs[16] does not guide decisions.

The fact that 'one-size-fits-all' approaches are not compatible with different health systems and governance makes benchmarking and knowing how to transfer good practices difficult. There is a need for more planning, monitoring and evaluation of interventions on a stable and continuous basis. There is also the problem of the health ministry's position in the organisation of governments, who are held responsible for finding solutions, ignoring the fact that many of the problems of the HCWF crisis depend on other areas of governance.

Building bridges between evidence, policy and implementation is therefore important,[17] but not an easy task. This endeavour leads to the politics and power dynamics of health systems strongly fragmented by sectors, organisational settings and professional groups including their deeply entrenched gender-based and ethnic/racial inequalities. It also confronts us with national interests and strong global inequalities. The problems have been highlighted from different perspectives, calling for multi-level and trans-sectoral governance[18] and 'escaping the silos',[19] endorsing equity measures including sensitivity to the gender-based intersectional dimensions of the HCWF crisis,[12,13,20,21] and championing equitable global HCWF policies based on solidarity.[22] Consequently, knowledge exchange and learning from country experiences on effective recruitment, retention and equity measures within and between countries and stakeholder groups becomes particularly relevant.

2 | IDENTIFYING GAPS AND POLICY SOLUTIONS: SCOPING THE SPECIAL ISSUE

The selection of articles in this Special Issue highlights a wide range of HCWF challenges, policies and solutions across diverse regions and countries, considering macro-, meso- and micro-levels of HCWF governance and different stakeholder groups. It critically reflects on existing silos[19] and complexity of the HCWF crisis, supporting 'interconnected strategies'[6] and calling for joining forces for effective policies. We seek to foreground problem solving and HCWF needs, making an effort to translate a call for breaking the silos of policy areas, labour markets and professional group into HCWF research.

By providing an overview of evidence-based policy solutions, the Special Issue introduces more general recommendations on how to respond more effectively to the HCWF crisis, based on international data[18,23,24] and national examples from the Eastern Mediterranean region,[25] Canada[26] and the United Kingdom.[27]

Selected areas of the HCWF crisis, which either introduce new threats or exacerbate existing ones, highlight governance gaps and implementation challenges in more detail. The articles discuss the impact of climate change on the HCWF and strategies to improve preparedness,[28] the resilience actions of HCWs working in high-security challenge areas in the Sahelian zone,[29] and the mental health needs of HCWs in post-pandemic healthcare systems of European countries.[30] Other examples investigate poor workforce planning and mal-allocation of HCWs. Social care workers[31] and HCW workers[32] in rural/remote areas of mostly high-come countries report shortages despite overall high HCW density; the example of Uganda highlights a paradoxical situation of co-existence of important shortages/low HCW density and overproduction/unemployment in some low- and middle-income countries (LMIC).[33]

Studies on new or under-researched groups of HCWs in LMIC countries bringing novel solutions as well as vulnerable groups of HCWs in need of better protection into view. Community health workers (CHWs)[29,34] and refugee or displaced HCWs[35–37] show how these groups might help to mitigate HCWF shortages. The studies also put a spotlight on governance gaps at the crossroads of formal labour markets and informal work that may threaten individual HCWs and hamper labour market capacities.[35–37]

Sensitivity to inequalities within the HCWF are another area that require policy attention. The problems are discussed from a theoretical perspective[38] and indicators proposed that can produce data and inform policy measures.[39] A case study of the English National Health Service adds examples of intersectional gender-based

HCWF inequalities.[40] An assessment of German bilateral recruitment agreements with Colombia, Indonesia and Jordan highlights the need for equity-based approaches in global HCW migration policy.[41]

Finally, the Special Issue investigates the capacity for HCWF recruitment and retention, accentuating organisational and professional levels. The articles reveal the benefits of interprofessional practice on nurses' workload in hospitals,[42] the impact of changes in nursing roles on retention drawing on findings from the Netherlands,[43] needs and benefits of implementation of coaching programmes in countries of the European Union,[44] and investigation in leadership competences in medical education in countries in the Pan American Health Organisation region.[45]

3 | HCWF TRANSFORMATIVE POLICY: LESSONS FROM THE RESEARCH

The collection of articles illustrates the challenges of building bridges for more effective policy implementation. One important finding across different countries, topics and levels of research is the profound impact of policy and governance failures on HCWF issues, echoing the centrality of governance in healthcare at large.[46] Governance gaps and policy failures at macro- and meso-levels are especially visible when looking at the inequitable geographical distribution and mismatches between need, demand and supply of HCWs.[31–33] They are also responsible for poor attention to equity measures and persisting gender inequalities,[12,13,30,39,40] as well as for the missing support for new nursing roles[43] and mental health needs of HCWs.[30]

On a positive note, identifying poor governance as major problem highlights that change is possible! The HCWF crisis can, at least to some degree, be addressed or mitigated through 'prioritisation' and 'investment' in the HCWF,[2,3,9] even where funding and human resources are limited. The findings presented in many of the articles echo demand for, and benefits of 'interconnected strategies'.[6,9,23] They provide in-depth insights into factors such as 'solidarity, alignment and synergy of efforts',[25] a 'multisectoral approach',[32] 'intersectoral' planning, funding and collaboration,[18,24] 'multi-level governance and coherent coordination mechanisms',[30] 'skill-mix reforms',[23] 'structural investments',[43] 'dialogue'[27] and, more generally, 'political will'[18] and 'regulatory and policy factors'.[26]

An illustrative example of the need for multi-level and transsectoral HCWF governance approaches can be seen in the research on refugee and displaced HCWs.[35–37] Policy failures and missing connections between health policy, human rights, and migration policy push these HCWs into the informal care sector, where they remain confined as voluntary workers. Governance gaps thus prevent effective use of available competencies, adversely impacting both the health system and individual HCWs.

Governance is also relevant at the operational level, with in the healthcare organisations and professions. Benefits of effective governance include inclusive work arrangements and investment in HCW training/education, such as 'interprofessional work' and 'communication',[42] 'coaching programs',[44] 'leadership competences',[43,45] and broader commitment to diversity, equality and inclusion.[30,40]

The research presented in this Special Issue also illustrates the importance of global knowledge exchange. For instance, while acknowledging that CHWs are not 'quick fixes' for the HCWF crisis and come with their own unique challenges,[47] community-centred transformations can help countries, irrespective of their economic status, to prepare better for crises and to mitigate shortages of HCWs. In addition, they may also challenge established professional hierarchies thereby contributing to breaking down the existing silos within the healthcare sector.

4 | CONCLUSION

Addressing the HCWF crisis demands a shift towards transformative polices and multi-level transsectoral governance, coupled with increased attention to the individual needs of HCWs. Prioritising a resilient HCWF and ensuring the wellbeing of HCWs, based on evidence and international recommendations, requires deep-cutting changes in the public policy arena thereby challenging politics and power relations. Effective solutions will only

be possible, if HCWF policy is elevated to a more prominent position on the public policy agenda and within institutional frameworks. An important pre-requisite would be the establishment of HCWF policy research as a recognised academic field.

KEYWORDS
global healthcare workforce, governance, healthcare workforce crisis, human resources for health, policy implementation

ACKNOWLEDGEMENTS
The theme of this special issue was inspired by an invited session (co-chaired by Michelle Falkenbach and Ellen Kuhlmann) at the WHO High-level Regional Meeting on Health and Care Workforce in Europe, Bucharest, 2023. We thank the organisers and panellists for putting the 'evidence and policy' challenges on the agenda, especially Matthias Wismar (European Observatory on Health System and Policies) and Tomas Zapata (WHO Regional Office for Europe). We are also very grateful to the reviewers of this special issue for their time and invaluable support. This Editorial did not receive specific funding.

CONFLICT OF INTEREST STATEMENT
None.

ETHICS STATEMENT
Not applicable.

Ellen Kuhlmann[1,2]
Gabriela Lotta[3]
Gilles Dussault[2,4]
Michelle Falkenbach[5,6]
Tiago Correia[2,4]

[1]*Institute for Economics, Labour and Culture, Goethe-University Frankfurt, Frankfurt, Germany*
[2]*WHO Collaborating Center for Health Workforce Policies and Planning, Instituto de Higiene e Medicina Tropical (IHMT), Universidade Nova de Lisboa (UNL), Lisbon, Portugal*
[3]*Department of Public Administration, Getulio Vargas Foundation, São Paulo, Brazil*
[4]*Associate Laboratory in Translation and Innovation Towards Global Health, LA-REAL, Global Health and Tropical Medicine (GHTM), Instituto de Higiene e Medicina Tropical (IHMT), Universidade Nova de Lisboa, Lisboa, Portugal*
[5]*European Observatory on Health Systems and Policies, Brussels, Belgium*
[6]*Department of Health Management and Policy, University of Michigan, Ann Arbor, Michigan, USA*

Correspondence
Ellen Kuhlmann,
Institute for Economics, Labour and Culture, Goethe-University Frankfurt, Eschersheimer Landstraße 121, Frankfurt 60322, Germany.
Email: e.kuhlmann@em.uni-frankfurt.de

DATA AVAILABILITY STATEMENT
No original data were used in this paper.

ORCID

Ellen Kuhlmann https://orcid.org/0000-0002-7337-114X
Gabriela Lotta https://orcid.org/0000-0003-2801-1628
Gilles Dussault https://orcid.org/0000-0002-8407-9240
Michelle Falkenbach https://orcid.org/0000-0001-5073-5193
Tiago Correia https://orcid.org/0000-0001-6015-3314

REFERENCES

1. World Health Organisation (WHO). *High-level Commission on Health Employment and Growth*. World Health Organisation; 2016. Accessed January 11, 2024. https://iris.who.int/bitstream/handle/10665/250047/9789241511308-eng.pdf?sequence=1
2. World Health Organisation Regional Office for Europe (WHO Europe). *Health and Care Workforce in Europe: Time to Act*. World Health Organisation; 2022. Accessed 11 January 2024. https://www.who.int/europe/publications/i/item/9789289058339
3. Agyeman-Manu K, Ghebreyesus TA, Maait M, et al. Prioritising the health and care workforce shortage: protect, invest, together. *Lancet Glob Health*. 2023;11(8):e1162-e1164. https://doi.org/10.1016/s2214-109x(23)00224-3
4. Azzopardi-Muscat N, Zapata T, Kluge H. Moving from health workforce crisis to health workforce success: the time to act is now. *Lancet Reg Health Eur*. 2023;35:100765. https://doi.org/10.1016/j.lanepe.2023.100765
5. Kuhlmann E, Batenburg R, Wismar M, et al. A call for action to establish a research agenda for building a future health workforce in Europe. *Health Res Policy Syst*. 2018;16(1):52. https://doi.org/10.1186/s12961-018-0333-x
6. World Health Organisation (WHO). *Global Strategy on Human Resources for Health: Workforce 2030: Reporting at Seventy-Fifth World Health Assembly*. World Health Organisation; 2022. Accessed January 11, 2024. https://www.who.int/news/item/02-06-2022-global-strategy-on-human-resources-for-health--workforce-2030
7. Zapata T, Azzopardi Muscat N, Falkenbach M, Wismar M. From great attrition to great attraction: countering the great resignation of health and care workers. *Eurohealth*. 2023;29(1):6-10. Accessed January 4, 2024. https://www.ehfg.org/fileadmin/downloads/21-press/2023/Eurohealth_EHFG2023.pdf
8. Declaration B. *Bucharest Declaration on the Health and Care Groups, High-Level Meeting*. World Health Organisation; 2023. Accessed 11 January 2024. https://www.juniordoctors.eu/sites/default/files/2023-04/Bucharest-decl-2023-eng.pdf
9. World Health Organisation (WHO). *Human Resources for Health*. World Health Organisation; 2022. Seventy-fifth World Health Assembly, Agenda item 15, 28 May 2022. Accessed January 11, 2024. https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R17-en.pdf
10. Dussault G, Dubois C.-A. Human resources for health policies: a critical component in health policies. *Hum Resour Health*. 2003;1:1. https://doi.org/10.1186/1478-4491-1-1
11. Burau V, Buch Mejsner S, Falkenbach M, et al. Post-COVID health policy responses to healthcare workforce capacities: a comparative analysis of health system resilience in six European countries. *Health Pol*. 2024;139:104962. https://doi.org/10.1016/j.healthpol.2023.104962
12. Lotta G, Fernandez M, Pimenta D, Wenham C. Gender, race and health workers in the COVID-19 pandemic. *Lancet*. 2021;397(10281):1264. https://doi.org/10.1016/S0140-6736(21)00530-4
13. Women in Global Health (WGH). Why Women Workers Are Leaving. Women in Global Health; 2023. Accessed January 11, 2024. https://www.womeningh.org
14. Kuhlmann E, Dussault G, Wismar M. Health labour markets and the human face of the health workforce: resilience beyond COVID-19. *Eur J Public Health*. 2020;30(S4):iv1-iv2. https://doi.org/10.1093/eurpub/ckaa122
15. George AS, Campbell J, Ghaffar A, the HPSR reader collaborators. Advancing the science behind human resources for health: highlights from the health policy and systems research reader on human resources for health. *Hum Resour Health*. 2018;16(1):35. https://doi.org/10.1186/s12960-018-0302-z
16. Abdul Rahim HF, Fendt-Newlin M, Al-Harahsheh ST, Campbell J. *Our Duty of Care: A Global Call to Action to Protect the Mental Health of Health and Care Workers*. World Innovation Summit for Health; 2022. Accessed January 11, 2024. https://www.who.int/publications/m/item/wish_report
17. Cavalcante de Oliveira AP, Galante ML, Maia LS, et al. Implementation of policy and management interventions to improve health and care workforce capacity to address the COVID-19 pandemic response: living systematic review. *Popul. Med*. 2023;5(suppl ment):A1726. https://doi.org/10.18332/popmed/165571
18. Tancred T, Falkenbach M, Raven J, Caffrey M. How can intersectoral governance help improve the education, recruitment, employment, and retention of the health and care workforce? A scoping review. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3773

19. Correia T, Ricciardi W, McKee M. *Preparing for the 'next Pandemic': Why We Need to Escape from Our Silos*. Int J Health Plann Mgmt; 2024. online. https://doi.org/10.1002/hpm.3757
20. Kluge H, Azzopardi-Muscat N. The health workforce crisis in Europe is also a gender equality crisis. *BMJ*. 2023;380:554. https://doi.org/10.1136/bmj.p554
21. WHO Alliance for Health Policy and Systems Research (HSPR). *Gender and Intersectionality*. WHO HSPR; 2023. Accessed January 11, 2024. https://ahpsr.who.int/what-we-do/thematic-areas-of-focus/gender-and-intersectionality
22. WHO. *Managing Health Workforce Migration – the Global Code of Practice*. World Health Organisation; 2023. Accessed January 11, 2024. https://www.who.int/teams/health-workforce/migration/practice
23. McPake B, Dayal P, Zimmermann J, Williams G. How can countries respond to the health and care workforce crisis? Insights from international evidence. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3766
24. Williams GA, Ziemann M, Chen C, Forman R, Sagan A, Pittman P. Global health workforce strategies to address the COVID-19 pandemic: learning lessons for the future. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3762
25. Gedik G, Jalal A, Wajid G, Mataria A, Hajjeh R, Al-Mandhari A. Health workforce in the Eastern Mediterranean region: from COVID-19 lessons to actions. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3756
26. Bourgeault I, Coates A, Mihailescu M. Emergency responses to a health workforce under pressure: systemic lessons learned from Canadian responses to the first wave of the pandemic. *Int J Health Plann Mgmt*. 2024. special issue.
27. Lamont T, Chatfield C, Walshe K. Developing the future research agenda for the health and social care workforce in the UK: findings from a national forum for policymakers and researchers. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3775
28. Zurynski Y, Fisher G, Wijekulasuriya S, et al. Bolstering health systems to cope with the impacts of climate change: a review of the evidence on workforce planning, upskilling, and capacity building. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3769
29. Ouedraogo O, Siguré S, Sanou S, Kaboré A, Dahany MM, Diallo S. Landscape analysis of human resources in health and resilience actions in the Sahelian context of high security challenge areas: the case of Burkina Faso. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3764
30. Kuhlmann E, Falkenbach M, Brînzac M.-G, Correia T, Panagioti M, Ungureanu M.-I. The mental health needs of healthcare workers: when evidence does not guide policy. A comparative assessment of selected European countries. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3752
31. Carson D, Joansson AB, Schaumberg M, Hurtig A.-K. Solving the workforce crisis in (rural) social care? Ideas and evidence from contemporary literature. *Int J Health Plann Mgmt*. 2024. special issue. https://doi-org/10.1002/hpm.3774
32. Gonzalez AI, Dubas-Jakóbczyk K, Domagała A, et al. Medical deserts in Spain: insights from an international project. *Int J Health Plann Mgmt*. 2024. special issue.
33. Hutchinson H, Kiwanuka S, Muhindo R, et al. The paradoxical surplus of health workers in Africa: the need for research and policy engagement. *Int J Health Plann Mgmt*. 2024. special Issue. https://doi.org/10.1002/hpm.3745
34. Lehmann U, Gedik G, Jalal A. Mapping and analysing community health worker programmes in the Eastern Mediterranean Region. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3772
35. Palmer J, Sokiri S, Bol JN, Amuna V, Ferris D, Dak JJ. From humanitarian crisis to employment crisis: the lives and livelihoods of refugee health workers in Uganda. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3777
36. Odii A, Hutchinson E, Onwujekwe O, et al. Government don't know me and if I stopped going, they won't know": a qualitative study on the lived experiences of volunteer health workers in the Nigerian health system. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org.10.1002/hpm.3783
37. Rees GH. Forced displacement and the health workforce crisis: Venezuelan healthcare workers in Peru. *Int J Health Plann Mgmt*. 2024. ; special issue. https://doi.org/10.1002/hpm.3758
38. Côté N, Denis J.-L. Anomy, dislocation and health crisis workforce: policy implications of a socially sensitive and inclusive approach to human resources. *Int J Health Plann Mgmt*. 2024. special issue.
39. Santric-Milićević M, Scotter CDP, Bruno-Tome A, Scheerens C, Elington K. Health workforce equity for health equity: an overview of its importance for the level of primary healthcare. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3790
40. Chekar CK, Brewster L, Lambert M, Patel T. Gender, flexibility and workforce in the NHS: a qualitative study. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3784
41. Sax dos Santos GL, Efendi F, Putri NK, et al. The impact of international health worker recruitment on health systems in source countries: case studies in Colombia, Indonesia, and Jordan. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3776

42. Cucolo DF, Lucas J, Salvador RA, Galan M, Mininel VA, Alcântara Marcelino da J. Effects of interprofessional practice on nurses' workload in hospitals: a systematic review. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3779
43. Felder M, Kuijper S, Allen D, Bal R, Wallenburg I. Job crafting as retention strategy: an ethnographic account of the challenges faced in crafting new nursing roles in everyday practice. *Int J Health Plann Mgmt*. 2024. special issue. https://doi.org/10.1002/hpm.3780
44. Jansen E, Czabanowska K, Pagter APJ, Koeijer RJ. A climate for coaching: the barriers and facilitators to implementing coaching interventions for healthcare professionals in the European Union. *Int J Health Plann Mgmt*. 2024. special Issue. https://doi.org.10.1002/hpm.3761
45. Rodriguez P, Paric M, Flórez LJH, Babich S, Czabanowska K. Critical route for leadership competencies in medical students: a scoping review and thematic analysis of PAHO countries. *Int J Health Plann Mgmt*. 2024. special issue.
46. Greer SL, Vasev N, Jarman H, Wismar M, Figueras J. *It's the Governance, Stupid! TAPIC: A Governance Framework to Strengthen Decision Making and Implementation*. Vol 33. World Health Organisation; 2019. Policy Brief. Accessed February 11, 2024. https://eurohealthobservatory.who.int
47. Lotta G, Wenham C, Nunes J, Pimenta DN. Community health workers reveal COVID-19 disaster in Brazil. *Lancet*. 2020;396(10248):P365-P366. https://doi.org/10.1016/S0140-6736(20)31521-X

AUTHOR BIOGRAPHIES

Ellen Kuhlmann, PhD, MPH, is adjunct senior researcher at the Institute of Economics Labour and Culture, Goethe-University Frankfurt, Germany and member of the WHO Collaborating Centre on Health Workforce Policy and Planning, Portugal. She has been initiator and past-president of European Public Health Association (EUPHA) section Health Workforce Research.

Gabriela Lotta, PhD, is a Professor of Public Administration at Fundação Getulio Vargas (FGV), São Paulo, Brazil. She was a visiting professor at Oxford University, United Kingdom, in 2021. She is a researcher at the Center for Metropolitan Studies (CEM), Brazil, and associate editor of the Journal Public Administration Research and Theory.

Gilles Dussault, PhD, is member of the Global Health and Tropical Medicine research group at the Institute of Hygiene and Tropical Medicine (IHMT), Lisbon, Portugal, where he has been a Professor between 2006 and 2018, occupying various functions. Before joining IHMT, he worked as Senior Health Specialist at the World Bank Institute.

Michelle Falkenbach, PhD, is a technical officer at the European Observatory on Health Systems and Policies in Brussels, Belgium, and adjunct clinical assistant professor, Department of Health Management and Policy, University of Michigan, USA. Her work focuses on health policy, health politics, governance, healthcare workforce, intersectoral action and the Sustainable Development Goals.

Tiago Correia, PhD hab, is Associate Professor of International Health at NOVA-Institute of Hygiene and Tropical Medicine, Portugal, Head of WHO Collaborating Centre on Health Workforce Policy and Planning, and Editor- in-Chief of International Journal of Health Planning and Management.