



**REPORT**  
**Commonwealth Civil Society Policy Forum 2025**  
Friday 28 February 2025

**Fit for Our Commonwealth**  
... toward a resilient and sufficient  
health and wellbeing workforce ..





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## **1. INTRODUCTION**

Commonwealth Health Ministers meet annually prior to the commencement of the annual World Health Assembly of the World Health Organisation. Over many years, with the ongoing support of the Commonwealth Secretariat and the Commonwealth Foundation, Commonwealth civil society has actively sought an opportunity to interact with Commonwealth Health Ministers at their annual meeting and inform them about issues of concern to civil society across the Commonwealth. Civil society brings a unique perspective to the deliberations of Commonwealth Health Ministers and it is important that their voice is heard.

## **2. COMMONWEALTH CIVIL SOCIETY POLICY FORUM**

The Commonwealth Health Professions and Partners Alliance (CHPA) host a policy forum each year in conjunction with the Commonwealth Health Ministers' meeting. The CHPA have a commitment to optimise civil society interaction with Commonwealth Health Ministers and see this as an important forum for influencing health policy and practice on behalf of the practitioners they represent and for citizens across the Commonwealth.

The theme for the 2025 Commonwealth Civil Society Policy Forum (CCSPF) was '*Fit for our Commonwealth ... toward a resilient and sufficient health and wellbeing workforce*'. The 2025 CCSPF was held online. The success of previous online Forums have demonstrated the advantages of an online format to facilitate access for those unable to attend the CCSPF in person. The Forum generates recommendations to be presented to Commonwealth Health Ministers when they meet face to face in Geneva in May 2025. The recommendations are widely circulated to Ministries of Health of all Commonwealth countries, as well to Commonwealth civil society, international development partners, and intergovernmental agencies.

### 3. CCSPF 2025 OBJECTIVES

The objectives for the 2025 CCSPF were:

- To raise awareness of the need for a resilient and sufficient health and wellbeing workforce across Commonwealth countries.
- To emphasise the necessity for adequate financing, forward planning, and effective retention strategies for the health and wellbeing workforce, to ensure a healthy and economically productive and socially stable populations.
- To propose actionable recommendations for Commonwealth Health Ministers on effective strategies to address the three themes of the Forum: adequate financing, forward planning, and effective retention strategies.

### 4. THE THREE THEMES FOR THE FORUM

The CCSPF had three themes and invited speakers addressed these themes:

1. Sustainable financing for a sufficient health and social care workforce
2. Planning for a sufficient health and social care workforce for the future
3. Return on investment from a resilient and sufficient health and social care workforce

### 5. RATIONAL FOR THE FORUM THEMES

The World Health Organisation (WHO) estimates a projected shortfall of 11 million health workers by 2030, mostly in low- and lower-middle income countries, although they note that countries at all levels of socioeconomic development face, to varying degrees, difficulties in the education, employment, deployment, retention, and performance of their workforce. Improving health service coverage in a country, the WHO state, and realizing the right for the population to enjoy the highest attainable standard of health, is dependent on the availability, accessibility, acceptability and quality of a country's health workforce.<sup>1</sup>

The anticipated global health workforce shortage is the consequence of a number of factors:

- the chronic under-investment in education and training of health workers in some countries;
- the mismatch between the education and employment of health workers in relation to population needs;
- weak human resources information systems with inadequate contemporary data on the qualifications and deployment of the health workforce;
- difficulties in deploying health workers to rural, remote and underserved areas;
- the lack of capacity by the public sector to absorb the supply of health workers due to budgetary constraints,
- the increasing international migration of health workers, particularly in low- and lower-middle income countries, seeking better remuneration and working conditions.<sup>2</sup>

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<sup>1</sup> World Health Organisation *Health Workforce* accessed 31.01.25 available from: [https://www.who.int/health-topics/health-workforce#tab=tab\\_1](https://www.who.int/health-topics/health-workforce#tab=tab_1)

<sup>2</sup> ibid

A sufficient ‘fit for purpose’ health and social care workforce contributes to economic prosperity and to social stability and security by promoting health, preventing unnecessary and costly disease, and enabling rapid recovery from ill health. Investing in the health and social care workforce brings economic and social benefits to the government budget and overall economy far in excess of the cost.

The WHO state that the health workforce has a vital role in building the resilience of communities and health systems to respond to disasters caused by natural or artificial hazards, as well as related environmental, technological and biological hazards and risks. They further note that 67% of the health and social workforce are women. Investing in the health workforce is an opportunity to create decent employment opportunities, in particular for women and youth.<sup>3</sup>

However, a ‘fit for purpose’ health and social care workforce, if it is to add value and save money, needs to be sufficient in number, appropriately educated, and receive long term sustainable financing.

To achieve that, a health and social care workforce fit for the future requires formal forward national planning linked to a country’s health and social care data profile. While the situation is different for different countries, and it is difficult to predict what the future might look like, particularly taking into account the impact of artificial intelligence (AI), forward planning is essential: what do countries want their health and social care system to look like five to ten years into the future, and how will they produce and retain the necessary health and social care workers to meet that future.

Planning should address inequalities of access to services within countries, as well as inequalities of access to health and social care workers with the skill and education to meet identified needs. Planning should also consider innovative models of service delivery, and which health workers are most appropriate to deliver the services necessary to ensure an economically productive population. Health and social care workers with a lower level of training can often deliver services more cost effectively providing they are part of a team and have the support and supervision of workers with a higher level of training.

Additionally, a return on the investment of educating an integrated health and social care workforce requires a focus on effective retention strategies.

A vibrant and effective health and social care workforce requires a positive working environment: positive leadership, understanding and support; access to continuing education; motivation and encouragement; reasonable workloads; and appropriate remuneration, reward and career progression. A toxic workplace that includes excessive workloads, burnout, and bullying, drives the health and care workforce to migrate to greener pastures, and is a wasted investment. A happy workforce is one which will be retained.

The WHO *Global Strategy on Human Resources for Health: Workforce 2030* sets out the following guiding principles:

- promote the right to the enjoyment of the highest attainable standard of health;
- provide integrated, people-centred health services devoid of stigma and discrimination;

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<sup>3</sup> World Health Organisation *Health Workforce* accessed 31.01.25 available from: [https://www.who.int/health-topics/health-workforce#tab=tab\\_1](https://www.who.int/health-topics/health-workforce#tab=tab_1)

- foster empowered and engaged communities;
- uphold the personal, employment and professional rights of all health workers, including safe and decent working environments and freedom from all kinds of discrimination, coercion and violence;
- eliminate gender-based violence, discrimination and harassment;
- promote international collaboration and solidarity in alignment with national priorities;
- ensure ethical recruitment practices in conformity with the provisions of the *WHO Global Code of Practice on the International Recruitment of Health Personnel*;
- mobilize and sustain political and financial commitment; and
- promote innovation and the use of evidence.<sup>4</sup>

## 6. 2025 SPEAKERS



### Mr Layne Robinson

Head of Social Policy Development, Commonwealth Secretariat

Mr Robinson represented the Commonwealth Secretary-General at the Forum. On behalf of the Commonwealth Secretariat, Mr Robinson convenes the Commonwealth Advisory Committee for Health and the annual Commonwealth Health Ministers' meeting. The content of the Forum and the recommendations coming from the Forum are presented to both the CACH and the CHMM, both of which are facilitated by Mr Robinson.



### Dr Anne Gallagher

Director General, Commonwealth Foundation

Anne's presentation to the Forum provided an introduction to the topic and an overview of the importance of the three themes to the health and wellbeing of peoples across the Commonwealth: adequate health financing which included the health and social care workforce; adequate planning to educate a sufficient and 'fit for purpose' health and social care workforce to meet population needs; and the critical importance of a workplace environment that encouraged workers to remain in-country.



### Mr Jim Campbell

Director, Health Workforce, World Health Organisation

Jim's presentation was titled: *Sustainable financing for a resilient and sufficient health and wellbeing workforce*. Jim has vast experience in health workforce planning. He shared the multi-dimensional demands on health systems and pointed out that the main financial gap to achieving the SDG goal on health was the health workforce. He pointed out that health has not been a priority for many years for governments in low income countries, relying on overseas aid. He concluded his presentation by listing the issues for consideration both for sustainable financing and for a sustainable health and care workforce.

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<sup>4</sup> World Health Organisation *Health Workforce – impact at country level* accessed 31.01.25 available from [https://www.who.int/health-topics/health-workforce#tab=tab\\_2](https://www.who.int/health-topics/health-workforce#tab=tab_2)

**Professor James Buchan**

Senior Fellow, Health Foundation London UK; Visiting Professor, University of Edinburgh; Adjunct Professor, University of Technology, Sydney, Australia

Professor Buchan spoke to the second CCSPF theme: Planning for a sufficient health and care workforce for the future. Jim said there were four elements of planning: the policy context; identifying and using a framework that connected policy and planning; identifying key points of guidance; and adopting a sustainable approach. Jim commented that an inclusive definition of 'health workforce' was required, not just professionals and focusing not just on 'new' workers but retaining the current workforce.

**Professor Lisa Nissen**

Director, Centre for Business and Economics of Health, University of Queensland, Australia

Professor Nissen shared the work she has been doing on the health workforce. She said there were six main considerations: workforce shortages; workforce ageing; training; retention; distribution; and wellbeing. She said the key drivers were to improve access; sustainable funding and care models; care integrated across health sectors; workforce optimization; innovative models of care; exploring and using digital care; and leadership and culture change.

**Dr Cornelia Junghans Minton**

Senior Clinical Fellow in Primary Care and Social Care Lead, School of Public Health, Imperial College London

Cornelia spoke to the third CCSPF theme: return on investment from a resilient and sufficient health and social care workforce. Cornelia said the answer to the question of a return on investment of finance for health care is a pivot to prevention rather than care. She shared the success of a model of care which incorporated Community Health Workers to work with small communities to identify health issues when they can be treated early in the community environment before costly interventions were required.

**Ms Crishni Waring**

Chair, Northamptonshire Healthcare NHS Foundation Trust and Leicestershire Partnership NHS Trust; Chair, Integrated Care Board for Herefordshire and Worcestershire

Crishni also addressed the issue of financing and shared a model used in a local NHS Trust based on distributive leadership. Leadership was identified as the central driver to developing a positive culture and improving quality of care. Distributive leadership means more leaders doing the right thing. There was a financial investment in leadership education, support, encouragement, and experience which resulted in positive financial performance; improved staff satisfaction; and an enhanced quality culture.



Ms Victoria Rutter, Chairperson of the Commonwealth Health Professions and Partners Alliance (CHPA) and Executive Director of the Commonwealth Pharmacists Association, chaired the CCSPF.



Dr David N Jones from the CHPA Executive team and the Commonwealth Organisation for Social Work moderated the CCSPF panel which followed the presentations.

Panel speakers were:



**Professor Lisa Nissen**

Director, Centre for Business and Economics of Health, University of Queensland, Australia



**Mrs Rosemarie Josey**

Nurse Manager, Public Hospitals Authority, Nassau, The Bahamas



**Dr Zeni Thumbadoo**

Director, National Association of Child Care Workers, South Africa

The video of the CCSPF can be downloaded from: <https://www.youtube.com/watch?v=5jBYtRtgU0s>.

## 7. PARTICIPANTS

Eight hundred and twenty four people from 45 Commonwealth countries and 20 non-Commonwealth countries registered their interest in the forum and the recommendations. Two hundred and 14 persons actively participated in the 2025 CCSPF. Following the CCSPF, a survey was sent to all 824 registrants for their comment on the draft recommendations with a 19.4% response rate (n=160). The results of the survey are outlined beneath each recommendation. Minor suggested amendments from the survey have been incorporated into the recommendations.

## 8. RECOMMENDATIONS

A long term investment in the health and care workforce brings economic and social rewards far in excess of the initial investment. Commonwealth governments are encouraged to seriously consider the following recommendations and plan for their implementation.

### RECOMMENDATION 1

Commonwealth governments, recognising that a sufficient ‘fit for purpose’ health and social care workforce:

- contributes to economic prosperity, social stability, and security by promoting health, preventing unnecessary and costly disease, and enabling rapid recovery from ill health, and
- saves more than it costs by keeping the population healthy and economically productive, commit to sustainable long-term financing for their entire health and social care workforce to ensure they are sufficient in number, integrated across health and social care (primary care to intensive care), and appropriately educated.

**This recommendation was supported by 99.4% of survey respondents.**

### RECOMMENDATION 2

Commonwealth governments, while acknowledging that it is difficult to predict the future, particularly the impact of artificial intelligence, commit to initiating formal forward national planning for their health and social care workforce, linked to the country’s health and social care needs and data profile and include consultation with:

- the existing health and social care workforce, and
- the young people who will form the health and social care workforce of the future.

Planning should address inequalities of access to services and the health and social care workforce within countries; consider innovative models of service delivery; and which health workers are most appropriate to deliver the services necessary to ensure an economically productive, socially stable, and secure population.

**This recommendation was supported by 98.6% of survey respondents.**

### **RECOMMENDATION 3**

Commonwealth governments, in order to obtain a return on their investment in educating and employing their health and social care workforce, commit to developing and implementing effective retention strategies for their health and social care workforce, recognising that:

- investing in the health workforce requires investing in working conditions that keeps workers in the system;
- a vibrant and effective health and social care workforce requires a positive working environment: positive leadership, understanding and support; access to continuing education; motivation and encouragement; reasonable workloads; and appropriate remuneration, reward and career progression;
- a toxic workplace that includes excessive workloads, burnout, and bullying, is a wasted investment and drives the health and social care workforce out of the sector or to migrate to greener pastures; and
- a happy workforce is one which will be retained and give a positive return on investment.

**This recommendation was supported by 98.6% of survey respondents.**

### **RECOMMENDATION 4**

The CCSFP discussed the freeze of USA overseas aid at very short notice and expressed concern that this action has:

- put lives at risk when life-saving medications, medical procedures, and essential research have been withdrawn without time to put alternative arrangements in place;
- brought significant hardship to the people who benefited from those programs, and to local people working within those programs;
- resulted in the immediate cessation of programs and the consequential closure of organisations and agencies, dispersal and unemployment of staff, and loss of infrastructure, which will be costly to replace.

The CCSFP recommends:

That the Commonwealth Secretariat, working with Commonwealth governments, the World Health Organization, and other relevant agencies, including Commonwealth civil society, facilitate the collection of data and other information about programmes in each Commonwealth country which were receiving USA overseas development aid, to identify the short, medium and long term impact of the withdrawal of USA overseas aid, both to recipients of the aid and the local programme workforce, and prioritise those in need of immediate assistance to save lives and prevent harm.

**This recommendation was supported by 97.0% of survey respondents.**