Working for Health Multi-Partner Trust Fund

MPTF Project document ANNEX 2

Concept notes

Revised according to Steering Committee comments 26 April 2016

Notes

1. The ILO-OECD-WHO Working for Health Secretariat presents this set of 8 concept notes for the Steering Committee's consideration at the meeting on the 26th April 2019 at 16:00 – 17:00 GMT+2.
2. A further concept note to support the work of the Working for Heath Secretariat will be submitted on Monday 8th April for consideration.
3. Concept notes were jointly developed by the ILO, OECD and WHO in collaboration with the relevant regional economic body or national government ministries to address direct requests for support in alignment with the Working for Health programme Terms of Reference.
4. Concept notes follow the approved templates as presented in the Working for Health programme Operations Manual.
5. Budget notes:
    a. The Steering Committee is requested to consider approving a phased disbursement approach based on the availability of funds through the Multi-Partner Trust Fund to enable support to all concept notes for consideration at this time, while ensuring that a minimum threshold of 100,000 USD across the concept notes is met for disbursement to each organization (ILO, OECD and WHO).
    b. Budget narratives are provided as explanatory notes for the concept note budgets.
    c. The indirect rate in each budget shall not exceed 7% of the total of budget categories 1-7, as specified in the Working for Health Multi-Partner Trust Fund Terms of Reference and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to Agency's regulations, rules and procedures.

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Working for Health Multi-Partner Trust Fund

Concept Note Guinea

5 April 2019

Project title	**Guinea Rural Pipeline programme**
Objectives	1. Improve the quality of health services and the work environment through the HealthWISE approach in the convergence communes in which the rural pipeline program will be applied 2. Provide orientation to local government on their new status, responsibilities and accountabilities for the management of health and social care workers. 3. Evaluate the performance of health workers and community workers as well as the needs of teachers and mentors for the implementation of the Rural Pipeline Program

Geographic area	• Guinea (Conakry)
	  ○ Nzérékoré administrative Region
	  ○ Kankan Administrative Region

Implementing entities	WHO, ILO
Timeframe	• 12 months (May 2019-April 2020)
Lead Focal Point	• WHO – Guinea: Mara Karifa, email: Marak@who.int • ILO– CO/DWT Dakar (name to be confirmed)
Background	• Guinea is committed to achieving by 2030 the Sustainable Development Goals (SDGs), particularly those related to the fight against poverty (SDG 1), Health and Well-being (SDG 3), Education for All (SDG 4), Gender Equality and Women's Empowerment (SDG 5), Economic Growth, Employment and Decent Work (SDG 8). Based on the recommendations made by the High-Level Commission on Health Employment and Economic Growth, Guinea has developed strategic options to ensure universal health coverage, create more decent jobs, and generate opportunities, especially for women and youth. • The strategic options reinforce those adopted in the National Economic and Social Development Plan of Guinea (PNDES 2016-2020), the Promotion of good governance for sustainable development (Pillar 1) and Inclusive Development of Human Capital (Pillar 3). • The interventions planned through these pillars will contribute to the resolution of the challenges related to the environment, the working conditions, quality and utilization of the health and social services. • The vision of the National Health Policy (PNS) is "a country where all populations are healthy, economically and socially productive, enjoying universal access to quality health care services, with their full participation". This vision was translated into a National Community Health Policy to meet the needs of the population by strengthening the governance of local health institutions,

	improving the performance of the community health system and contributing to the empowerment of the population, especially youth and women. • HealthWISE, a joint ILO-WHO publication, is a practical and participatory quality improvement tool for health facilities. It encourages managers and staff to work together to improve workplaces and practices, applying smart, simple and low-cost solutions, particularly suited for low-resource settings. HealthWISE topics include occupational safety and health, personnel management and environmental issues.
Alignment with existing policies, strategies, and Development frameworks	• Sustainable Development Goals 1, 3, 4, 5 and 8 • The objectives of the Rural Pipeline Program are in line with the National Health Policy (PNS), the Decent Work Country Programme (DWCP), the National Policy for Decentralization and Local Development (PNDDL). • With the support of ILO, Guinea is implementing the Decent Work Agenda, which focus on two priorities: (1) Promoting decent work and creating jobs for young people and women in the sectors such as: Agriculture, Mining, Construction and Social sectors; (2) Strengthen social dialogue to prevent social crises and promote decent jobs. The two priorities were operationalized through the revision of the National Employment Policy, the Labor and Employment plan, the Social Protection Floor, the respect of fundamental rights at work, the mechanism to improve the skills of workers through retraining and continuing training. • In addition, to operationalize the PNDDL, Guinea has undertaken several flagship actions: the adoption of the Local Public Servant Status, the implementation of the National Program for Convergence Communes (PNACC), the creation of the National Agency for Financing the Local Community (ANAFIC). • The Rural Pipeline Program is thus anchored in several sectoral policies and strategies (Health, Employment, Decent Work, Community and Local Development). It is articulated around the management of community development interventions, the extension and ownership of the Local Public Servant Status and the implementation of the Rural Pipeline Program. • UNDAF framework and development priorities for the SDG 2030 agenda, specifically on inclusive economic transformation, human development and job creation for women and youth • Implementing organization link: ILO Global product on promotion of sectoral approach to decent work (GLO 242)
Beneficiaries	• Rural communities • Health personnel • Trainers and tutors of the community health school • Local government
Stakeholders	• Civil servant Ministry, Ministry of Health, Ministry of TVET and youth employment and rural community • Ministry of Health • Ministry of Decentralisation • Ministry of TVET, Labor, and Employment • Ministry of civil servant • Ministry of youth and youth employment • Civil Society
Impact	• Strengthened collaboration across sectors, government agencies and partners

	• Improved workplace environment • Increased investment and resource mobilization towards skills development, creation of decent jobs, including employment opportunities for women and youth
Project Outputs	
1. Improved working environment for health workers through the implementation of the HealthWISE approach in rural health facilities.	**Working for Health Results Matrix output(s):** 3.1, 3.3. **Activities:** 1.1. Organize two HealthWISE training workshops to improve the quality of health services and the work environment 1.2. Identify the actions to be taken by health facilities to strengthen quality of care by improving the work place through HealthWISE 1.3. Develop action plans to implement learning outcomes of training workshops and local best practices, under the leadership of department heads of care units and in collaboration with health workers 1.4. Assist health facilities to improve the working environment along the action plans. **Description:** • These activities will strengthen health workers on the improving the quality of care and the work environment. It includes theoretical training and practical activities that will be directly applied in the field: with a report produced on the outcomes of the training and concrete actions to be taken through HealthWISE to improve the workplace
2. Rural Pipeline program is developed and adopted by local government and communities	**Working for Health Results Matrix output(s):** 3.1. **Activities:** 2.1 Organize two (2) workshops to engage local government and stakeholders on the development of a social accountability plan to adopt and implement the Rural Pipeline program. **Description:** • Local government and stakeholders are engaged and informed to enable local government to take ownership and understand their accountability responsibilities for the planning and implementation of the Rural Pipeline Program. • Local government and stakeholders have developed and adopted the directives of the Statute of the Local Public Servant status and a plan for implementing the interventions of the Rural Pipeline Program
3. Assessed competencies and training requirements of health workers and community health workers and the needs of teachers	**Working for Health Results Matrix output(s):** 1.3; 3.1 **Activities:** 3.1 Evaluate the competencies of health workers and community health workers who are working in the rural areas in the Kankan and Nzérékoré regions, to identify their upgrading and training requirements as part of the implementation of the Rural Pipeline Program

and mentors in the community health training school	3.2 Assess the training needs of trainers and mentors of community health schools to deliver the rural pipeline program. **Description:** • The evaluation will help identify and prioritize the training needs of the health workers and community workers; and the training needs of the community health school teachers and mentors. It is important to upgrade the competencies of health workers and community health workers to enable the implementation of the rural pipeline program through their effective deployment and retention. • The assessment of the training needs of teachers and tutors and the training needs of the health workers will provide qualitative and quantitative information which will be used for designing short terms training courses for the teachers and tutors needed to achieve the results of the Rural Pipeline Program.
Cross-cutting	• Project activities and interventions will be implemented through a participatory, inclusive and multisectoral approach (see Beneficiaries and Stakeholders above). • Gender aspects will be addressed throughout the activities by applying gender responsive methodologies to identify special needs of women and men health workers and health education personnel.
Monitoring and evaluation plan	• Monthly follow-up by the managers of the services and units of care • Quarterly supervision by regional officials • Semi-annual evaluation by stakeholders • Capitalization documents of good practices
Risks	• Change in leadership that could change the priorities of the country and slow down the pace of health reforms •

Project budget ($ USD)

Ref	Categories	ILO	OECD	WHO	Total
1	**Staff**			10,000	10,000
2	**Supplies, commodities, materials**			15,000	15,000
3	**Equipment, vehicles and furniture**				0
4	**Contractual services (incl. consultants, workshops, meetings, conferences)**	10,000		45,000	55,000
5	**Travel**	8,000		15,000	23,000
6	**Transfers and grants to counterparts**				0
7	**General operating and other costs**			2,000	2,000

Ref	Categories	ILO	OECD	WHO	Total
	SUBTOTAL	**18,000**	**0**	**87,000**	**105,000**
	Indirect Support Costs	**1,260**	**0**	**6,090**	**7,350**
	TOTAL	**19,260**	**0**	**93,090**	**112,350**

Total need	Allocation: MPTF	Allocation: Other (specify)
USD 112,350	**USD 112,350**	$00.00

Budget Narrative (by agency)

1. **Staff costs**
   - WHO: 10 000 USD (0.1 FTE) will be used to contribute to the salary of 1 staff from WHO country office for Monitoring & Evaluation of field activities
2. **Supplies, commodities, materials**
   - WHO: 15 000 USD: This amount will be used to support the procurement of logistics needs and training demonstration Kits,
3. **Equipment, vehicles and furniture**

- N/A

4. **Contractual services (incl. consultants, workshops, meetings, conferences)**

- WHO: 45 000 USD: WHO technical assistance, consultants, workshop/conference packages
- ILO: 10 000 USD: Assistance to the supervision (by the DPS (Prefectural Health Directorates), the Heads of Centers and the community leaders) and the biannual evaluation of the interventions.

5. **Travel: These amounts will be used for travel for workshops and for TA in the regions**

- WHO: 15 000 USD - including TA and participants fees (per diem) for workshops in communes, prefectures or regions
- ILO: 8 000 USD – including tripartite participants in workshops and ILO staff travel for technical assistance

6. **Transfers and grants to counterparts**

- N/A

7. **General operating and other costs**

- WHO: 2 000 USD to support coordination and logistics

Working for Health Multi-Partner Trust Fund

Concept Note Niger

5 April 2019

Project Title	**Rural Pipeline Project in the Health, Education and Agriculture Sectors to promote the economic development of the Diffa Region in Niger**
Objectives	• The Rural Pipeline Project in Diffa region (PRP-Diffa) aims to strengthen the education and health systems and to reinvigorate the local labor market in the region. The vision is to train local young people and women in decent jobs across health, education and agriculture sectors, to offer them permanent job opportunities and to improve their living conditions and incomes in a sustainable way. • PRP-Diffa was established through a national process of development, validation, and advocacy with the stakeholders: including communications during the Council of Ministerial weekly meeting; Government Seminar; Parliamentary Day; Meeting between the Ministers and the Technical and Financial Partners. • It was adopted by Decree by the President of the Republic, thus marking the appropriation and the full implication of the highest authority of Niger. • The specific objective is to carry out a baseline study to obtain the essential information for the effective implementation of the Project Rural Pipeline.
Geographic Area	• Diffa Administrative Region, Niger.
Implementing Entities	WHO, ILO
Timeframe	12 Months (May 2019 - April 2020)
Lead Focal Point	• Gagara MAGAGI, Chargé de Programme Renforcement du Système de Santé, OMS-Niger : gagaram.@who.int • M. Dramane Haidara, Directeur du Bureau de l'OIT pour la Côte d'Ivoire, le Benin, le Burkina Faso, le Mali, le Niger et le Togo : haidara@ilo.org
Background	• The choice of the Diffa region is motivated by the significant socio-economic, cultural and security challenges it faces; and by the reaffirmed willingness of public authorities to move from emergency interventions to transitional and sustainable development interventions in this region. The Diffa region, located approximately 1,400 km from the capital, is experiencing a multidimensional crisis (security, humanitarian, environmental and economic) which has weakened its education and health systems and has exacerbated the challenges of poverty reduction and sustainable development. • To reverse the situation, a flagship and multisectoral project has been developed: the Rural Pipeline project in the Education, Health and Agriculture sectors to promote the economic development of the Diffa region. • P.R.P-Diffa is under the leadership of the Ministry of Employment, Labor and Social Protection, and brings together a dozen ministries including the Ministry of Health. It is a part of the *National Action Plan for Investment in Health Employment and Economic Growth (N.A.P-Niger, 2018-2021)* through which Niger has adopted the

	ten main recommendations formulated by the High-Level Commission on Health Employment and Economic Growth. • The objectives of the implementation of the N.A.P-Niger and P.R.P-Diffa are to increase the number of girls who go to school and stay in school in the rural area; to improve the performance of the education system, to extend the health coverage to 1.8 million additional people (9% of the total population); to improve the supply of maternal, child and adolescent health services; to create about 11,500 jobs, including 216 doctors, 1,400 nurses, 864 midwives, 1,440 staff from other categories of health workers; to strengthen the capacity of 4,660 agents; to invest in women's empowerment and to improve the rural population's revenue through better productivity in the farm, forestry, pastoral and fishery sectors.
Alignment with existing policies, strategies and Development frameworks	• N.A.P-Niger and P.R.P-Diffa are aligned with the Niger Economic and Social Development Plan (PDES, 2017-2021). Indeed, it will make a significant and direct contribution to the implementation of PDES major interventions related to its Program 1 (Social mobilization for a behavioral changes), Program 2 (Consolidation of democratic and republican culture), Program 3 (Human Capital Development), Program 4 (Population Transition), Program 5 (Private Sector Development) and Program 8 (Strengthening Institutional Effectiveness and Transparency). The involvement of the various ministerial departments has also helped to anchor the N.A.P-Niger and the P.R.P-Diffa to sectoral strategies, notably the Educational Policy, the Health Development Plan, the National Employment Policy, the Decentralization Policy and Agricultural Policy. • In addition, the N.A.P-Niger and the P.R.P-Diffa contribute to the achievement of the Sustainable Development Goals (SDGs) in Niger, mainly SDG 1 (Elimination of Poverty), SDG 2 (Hunger "zero") , SDG 3 (Health and well-being), SDG 4 (Education), SDG 5 (Gender equality), SDG 8 (Decent work and Economic growth), SDG 10 (Reducing Inequality) and SDG 12 (Consumption and Responsible Production). • UNDAF framework and development priorities for the SDG 2030 agenda, specifically on Output 1.1: Women and Youth income, in targeted rural areas, are increased through participation in sustainable income-generating value chains and decent jobs
Beneficiaries	• Populations, including rural communities • Primary and secondary school teachers and students • Students, Teachers and Administrative Staff (Higher, Technical and Professional Education) • Young graduates or qualified youth professionals who have received training (Health, Agriculture, Youth Entrepreneurship) • Women and adolescents • Community Leaders • Public and private training institutions • Public and private health facilities and agricultural institutions • Public and private national and regional governments
Stakeholders	• The National Multi-Sectoral Committee in charge of Monitoring the Implementation of P.R.P-Diffa • Ministries of: Employment, Labor and Social Protection; Public Health; Finance; Public Service; Population; Women's Promotion and Child Protection; Agriculture and

	Livestock; Primary Education; Secondary Education; Vocational and Technical Education; Higher Education; and Ministry of Planning. • Local government and Regional Councils • Orders, Trade Unions and Associations of Professionals • Youth Councils • UN and Cooperation Agencies in Niger • Private Sector
Impact	• Relevant stakeholders informed, mobilized and aware of next steps • Effective planning and implementation of the Rural Pipeline project to contribute to the creation of decent jobs and extension of health coverage • •
Project Outputs	
1: To carry out the Baseline study to obtain the essential information for an effective implementation of the Rural Pipeline Project	**Working for Health Results Matrix output(s):** 1.2; 2.1; 2.2; **Activities:** 1.1 Finalization of data collection tools 1.2 Recruitment and training of supervisors and investigators 1.3 Pilot survey and adjustment of tools and impact analysis protocol 1.4 Data collection, database clearance 1.5 Data analysis, reporting and technical notes **Description:** • The baseline evaluation is the first phase of the P.R.P-Diffa impact assessment process (Before-During-After). It is therefore crucial for the launch, implementation, monitoring, evaluation and capitalization of the project. In addition, it will indicate the appropriate strategies for optimization and governing project interventions and will help to establish appropriate mechanisms for results-based management and ownership by beneficiaries. • The results of this baseline evaluation of P.R.P-Diffa will provide evidence on the region of intervention, concerning: o The baseline situation (2019) of the Project's effects and impact indicators (direct, indirect, induced) by integrating confounding factors and interactions between the intervention sectors; o The value chain of decent jobs for young people and women and the investments to be made there; o The willingness and the ability of the households to pay for the establishment of a universal health coverage system throughout the Diffa region, around 691,360 residents; o Stakeholder analysis and specific expectations of beneficiaries; o Adequate mechanisms for effective and efficient implementation of interventions, as well as those for results-based management
Cross-cutting	The baseline evaluation activities will mobilize all the public and private actors having an expertise or being able to contribute to effective implementation. It will therefore be participatory, inclusive and multisectoral with the different stakeholders.

Monitoring and evaluation plan	• The Project Management Team will provide routine monitoring of the activities. The National Multi-sectoral Committee in charge of Monitoring the Implementation of P.R.P-Diffa, which has already been created and is operational, is in charge of monthly monitoring of activities. • Through the impact assessment mechanisms of P.P.R-Diffa, an external review will also be required every 2 years. • The approach will seek to adopt and utilize National Health Workforce Account (NHWA) indicators – with emphasis on linking data on the private sector, education, financing, labour market and migration.
Risks	• Change in leadership that could change the priorities of the country and slow down the pace of health reforms •

Project budget ($ USD)

Categories	ILO	OECD	WHO	Total
Staff				0
Supplies, commodities, materials				0
Equipment, vehicles and furniture				0
Contractual services (incl. consultants, workshops, meetings, conferences)	10,000		71,829	81,829
Travel	23,171			23,171
Transfers and grants to counterparts				0
General operating and other costs			5,000	5,000
SUBTOTAL	**33,171**	**0**	**76,829**	**110,000**
Indirect support costs	**2,322**	**0**	**5,378**	**7,700**
TOTAL	**35,493**	**0**	**82,207**	**117,700**

Total need	Allocation : MPTF	Allocation : Other (specify)
$117 700.00	**$117,700.00**	**$00.00**

Budget Narrative (by Agency)

1. **Staff**
- N/A
2. **Supplies, products, materials**
- N/A
3. **Equipment, vehicles and equipment**

- N/A

4. Contractual Services (Consultants, Seminars, Meetings, Conferences)

- WHO: Technical work of the baseline evaluation of the Project of Rural Pipeline; Remuneration of the investigators of the supervisors, the data entry agents; Data analysis and report writing; Presentation and validation workshops; Capitalization; a National Expert for 2.5 months to support the national counterpart in carrying out the baseline evaluation of the Rural Pipeline Project in Diffa: $ 71,829
- ILO: Consultant for technical assistance: $ 10,000

5. Travel

- ILO: Trip and support of the baseline evaluation technical team (Niamey-Diffa-Niamey) in order to train the investigators, to pilot survey and data collection and to present the results to local stakeholders (28 days): $ 23,171

6. Transfers and Grants

- N/A

7. General operating and other costs

- WHO: Support cost for logistical and administrative support to the counterpart: $ 5,000

Working for Health Multi-Partner Trust Fund

Concept Note Rwanda

5 April 2019

Project title	Development of the Rwanda Human Resources for Health Strategic Plan
Objectives	1. Support a comprehensive Human Resources for Health situation analysis 2. Support the development and costing of the HRH Strategic Plan
Geographic area	Rwanda
Implementing entities	WHO/AFRO, ILO (Pretoria and Dar es Salaam)
Timeframe	• 12 months (May 2019 to April 2020)
Lead Focal Point	• Juliet Evelyn Bataringaya: WHO Rwanda bataringayaj@who.int • Christiane Wiskow: ILO HQ; wiskow@ilo.org (regional FP TBD)
Background	• The Government of Rwanda is currently implementing the 4th Health Sector Strategic Plan 2018/19-2023/24 while at the same time implementing the HRH Operational Plan 2016-2018. In October 2018, WHO/Rwanda responded to a request from MoH and provided technical and financial support towards conducting a Health Labour Market Analysis (HLMA) survey. The final draft of the HLMA was submitted to Ministry of Health 20 March 2019. • Following the completion of the HLMA, MoH will embark on the comprehensive HRH situation analysis, development and costing of the new HRH Strategic Plan, under the guidance of the MOH-led HRH technical working group
Alignment with existing policies/strategies/ Development frameworks	• The 4th Health Sector Strategic Plan 2018/19-2023/24 • The 7-Year Government Programme - National Strategy for Transformation 2017-2024 • Universal Health Coverage and Sustainable Development Goals agenda • UNDAF framework and development priorities for the SDG 2030 agenda, specifically on inclusive economic transformation, human development and job creation for women and youth
Beneficiaries	Ministry of Health, Rwanda
Stakeholders	Ministry of Health: National and Districts; Ministries of Labour, Education; Academia, Regulatory bodies, Professional bodies, Civil Society Organizations, Workers' and Employers' Organizations
Impact	• Strengthened collaboration across sectors, government agencies and partners on addressing the health workforce shortfall • Improved workforce planning capacity and capability • Increased investment and resource mobilization towards skills development, creation of decent jobs, including employment opportunities for women and youth
Project Outputs	
1. Comprehensive HRH situation analysis	**Working for Health Results Matrix output(s):** • 1.3, 2.1, 2.2, 2.4, 3.1, 3.2, **Activities:**

	1.1 Carry out a HRH situation analysis – with detailed scope of work, timeframe and methodology 1.2 Undertake a multisectoral and tripartite stakeholder engagement, policy dialogue and in-depth analysis to inform the process 1.3 Draft and present the HRH situation analysis report, key findings and recommendations to the HRH Technical Working Group **Description:** • WHO will support MoH to draft the terms of reference, and to engage a consultant to compile the HRH situation analysis and report. WHO will also support the consultant on the assignment, providing technical backstopping from the Regional Office and Headquarters. The exercise will be conducted under the guidance of the existing HRH Technical Working Group chaired by the Director General (Planning and Health Financing – Ministry of Health) • The HRH situation analysis will take a broad approach to include other line ministries, workers and employers; it will take into consideration multi-sectoral views right from the beginning (what are employment policies in the country? how do they impact on health labour markets? and views on terms and conditions of work to be addressed, as these are critical for retention)
2. A new costed national HRH Strategic Plan and investment options	**Working for Health Results Matrix output(s):** 1.3, 2.1, 2.2, 2.4, 3.1, 3.2, **Activities:** 2.1 Organize two multi-sectoral tripartite dialogue workshops, one to consult on the HRH situation analysis findings and the HRH strategic plan and one to validate the draft plan. 2.2 Provide technical assistance to support the development and costing of the Rwanda HRH Strategic Plan, based on the situation analysis report findings, the recent health labour market analysis, and an inter-sectoral and tripartite dialogue process 2.3 Develop a detailed methodology and roadmap for the strategic plan process 2.4 Establish and support a platform for inter-sectoral and tripartite dialogue as part of the process, through the support of ILO 2.5 Support the MOH-led technical task team to draft the new HRH Strategic Plan, based on a robust workforce data and multisector dialogue – with emphasis on increasing investment in the workforce for skills transformation and job creation 2.6 Support the ministry of health and stakeholders to adopt and utilize National Health Workforce Account (NHWA) indicators – with emphasis on linking data on the private sector, education, financing, labour market and migration. 2.7 Provide technical assistance, support and guidance to the HRH technical task team for establishing key indicators and targets for the HRH strategic plan 2.8 Develop and present feasible costing and investment options for implementing these – based on the anticipated return on Investment **Description:**

	• Under the guidance of the Ministry of Health and the multi-sectoral and multi-partner HRH TWG, WHO will support the development of the new HRH Strategic Plan for Rwanda with workforce projections aligned to the 4th Health Sector Strategic Plan, the National Strategy for Transformation and the UHC/SDG agenda. The Plan will be costed with some scenarios for the country to appreciate the investment choices and the anticipated return on investment.
Cross-cutting	• The development of the HRH Strategic Plan will consider the Community Health Workers Strategy for Rwanda • The HRH strategy process will have a strong emphasis on gender-responsive policy and actions, decent work, job creation and increasing the access of women and youth into the workforce • The process will be supported by broad multisectoral engagement and tripartite dialogue
Monitoring and evaluation plan	• An operational plan will be developed at the start of the project indicating activities, timelines and responsible entities • Indicators will be proposed to measure progress. • While the overall oversight lies with the HRH TWG chaired by DG, MoH, WHO will remain the responsible agency for the implementation of the project and reporting to the donor
Risks	• Change in leadership that could change the priorities of the country and slow down the pace of health reforms •

Project budget ($ USD)

Categories	ILO	OECD	WHO	Total
Staff			22,000	22,000
Supplies, commodities, materials				0
Equipment, vehicles and furniture				0
Contractual services (incl. consultants, workshops, meetings, conferences)			44,352	44,352
Travel	10,400		27,746	38,146
Transfers and grants to counterparts				0
General operating and other costs	800		2,000	2,800
SUBTOTAL	**11,200**	**0**	**96,098**	**107,298**

Indirect Support Costs	784	0	6,727	7,511
TOTAL	11,984	0	102,825	114,809

Total need	Allocation: MPTF	Allocation: Other (specify)
114,451	114,451	$00.00

Budget Narrative (by agency)

1. **Staff**

- WHO: $22,000 – 2x months' NPO staff time to backstop implementation and coordination in-country

2. **Supplies, commodities, materials**

- N/A

3. **Equipment, vehicles and furniture**

- N/A

4. **Contractual services (incl. consultants, workshops, meetings, conferences)**

- WHO: International Consultant estimated at $10,000 for 2 months = $20,000, 2 Consultative/Validation workshops = $24,352
    - 2 stakeholder workshops, one for consultation on the plan and second for validation of the HRH Strategic Plan,
    - Each workshop planned for 2 days
        - Conference facilities (US$ 30/day*50 participants) = $3,000
        - Cost per workshop = $10,676

5. **Travel**

WHO: Total travel costs = $27,746

- Two tickets for two WHO staff estimated = $1,500 x2trips x2staff = $6,000
- Per diem in country estimated at $185 for 5 days per trip = 185 x5days x2trips x2staff = $3,700
- Travel for the International Consultant (#4 above): two plane tickets estimated at $2,000 = $4,000
- Per diem for the International Consultant while in country estimated at $185 per day for 12 days per in country mission. 2 missions planned = 185x10x2 = $4,440
- Travel costs related to the above workshops:
    - Per diem for 4 WHO/Rwanda staff (US$ 146/day/person) = $1,168
    - Per diem for 46 national persons (US$ 64/day/person) = $5,888
    - Transport estimated at US$ 2,550

ILO: Total travel cost - $10,400

- Travel for ILO Staff (transport & DSA): 7,150 USD (1 mission HQ expert/ 5 days = 3,900; 2 missions x 2 regional experts / 5 days = 3,250)

6. **Transfers and grants to counterparts**

- N/A

7. **General operating and other costs**

WHO Rwanda Country Office

- General Operating costs including communication, fuel, printing costs, internet costs, etc estimated at $2,000
- ILO: 800 USD additional Workshop costs for 6 national tripartite participants to the 2 workshops (Ministry of Employment, health sector employers' representatives (private health sector) & health workers' representatives; 2 each)

Working for Health Multi-Partner Trust Fund

Concept Note South Africa

5 April 2019

Project title	**South Africa: Development of a new Health Workforce Strategic Framework: 2019-2030 and HRH Strategic Plan Sector: 2019/20-2024/25**
Objectives	To support a national multisectoral HRH workforce planning process to produce a new health workforce strategy and strategic plan, aligned with South Africa's health sector reform agenda and 2030 vision.
Geographic area	The Republic of South Africa
Implementing entities	WHO (RSA & AFRO), ILO (RSA & Southern Africa)
Timeframe	• 12 Months (May 2019 to April 2020)
Lead Focal Point	• Rajesh Narwal: WHO RSA narwalr@who.int • Simphiwe Mabhele: ILO RSA mabhele@ilo.org
Background	• South Africa's shift towards UHC is being driven through the National Health Insurance (NHI) System. The National Department of Health published the NHI Bill in June 2018, which sets out the health system reforms and regulatory framework which will be adopted for South Africa • To ensure the alignment of South Africa's vision and National Development Plan (NDP) goals for 2030 with health workforce policy, planning and investment with the above-mentioned reform agenda, a new National Strategic Plan for HRH: 2019/20 - 2024/25 will be developed to supersede the HRH Strategy for the Health Sector: 2012/13-2016/17. • Based on the prevailing burden of disease, the NDP and the priorities of the health Medium-Term Strategy Framework (MTSF) 2014-2019 the Plan will draw from broad multisectoral engagement in South Africa and international developments in HRH; the recommendations of the High-Level Commission on Health Employment and Economic Growth (HEEG); the WHO global HRH strategy: Workforce 2030; and a comparative analysis of other similar countries. Specific focus will be made on the unique workforce experiences and challenges faced by South Africa.
Alignment with existing policies/strategies/ Development frameworks	• Contributes to SDGs 3, 4, 5 and 8. • National Development Plan (NDP) Vision 2030 • National Health Insurance (NHI) Bill • Medium-term Strategy Framework: 2014-2019 Outcome 2 • United Nations Development Assistance Framework (UNDAF) results framework and development priorities for the SDG 2030 agenda, specifically on employment and economic growth, human development and social protection • Implementing organization link: ILO Global product on promotion of sectoral approach to decent work (GLO 242)

Beneficiaries	• Government of South Africa
Stakeholders	• National Departments of Health: Labour, Education; Treasury, and the Office of the President • Regulatory bodies, professional association, and trade unions • Private sector health care providers • HWSETA, training institutions and civil society
Impact	• Strengthened collaboration across sectors, government agencies and partners on addressing the health workforce shortfall to effectively delivery the NHI and health for all • Increased investment and resource mobilization towards skills development, creation of decent jobs, including employment opportunities for women and youth
Project Outputs	
1. A National Health Workforce Strategic Framework: 2019-2030 and HRH Strategic Plan Sector: 2019/20-2024/25 based on inter-sectoral and tri-partite dialogue and health labour market analysis	**Working for Health results matrix output(s):** • 1.3, 2.1, 2.2, 2.4, 3.1, 3.2, **Activities:** 1.1. Support and facilitate a mechanism for inter-sectoral and tripartite dialogue as part of the process, with the assistance of ILO 1.2. Support the collation and analysis of existing data sets (PERSAL, Health Professions Council, Nursing Council) and National Health Workforce Account (NHWA) indicators – with emphasis on linking data on the private sector, education, financing, labour market and migration. 1.3. Carry out a comparative analysis of key global health workforce trends with South Africa 1.4. Carry out a stakeholder analysis, and a health labour market analysis of key policy issues and challenges as determined by the ITAC 1.5. Support the NDOH to develop a short-term HRH Action Plan (2-month): to respond to immediate and pressing HRH priorities 1.6. Support the ITAC and its thematic sub-teams to develop a High-level Health Workforce/HRH vision and Strategic Framework for 2019-2030 1.7. Support the ITAC and its thematic sub-teams to develop a 5-year HRH Strategic Plan for the Health Sector: 2019/20-2024/25 **Description:** • WHO and ILO will provide technical support to develop South Africa's next iteration multisectoral health workforce strategy. • Effective facilitation, inter-sectoral and tri-partite social dialogue will be integral to developing a comprehensive and all-inclusive strategy. • A gender-responsive health labour market analysis will be carried out on selected key policy issues for the future workforce in South Africa • Thematic Task Teams will be established under the guidance of the ITAC for: 1: Needs & Costs; 2: Education; 3: Leadership & Management; 4: Conditions of Service; and 5: Monitoring & Information. • The scope will include supporting the work of the assigned multi-sector Interim Technical Advisory Committee (ITAC); the review of

	implementation progress on their existing HRH Strategies & Plans; the development and analysis of data and evidence – including NHWA; and the development of new intersectoral National Health Workforce Strategies and projections, that are in alignment with global and SADC workforce 2030 strategies on human resources for health, and the recommendations of the High-level Commission on Health Employment and Economic Growth – with key issues informed by robust workforce data, NHWA and health labour market analysis. • To help strengthen multisectoral coordination and collaboration – existing mechanisms, joint working sessions of the ITAC, workshops and other related initiatives will be supported
Cross-cutting	• The HRH strategy process will have a strong emphasis on gender-responsive policy and actions, decent work, job creation and increasing the access of women and youth into the workforce • The collection and analysis of existing health workforce data sets should be linked with ongoing work of the development of a comprehensive and multi-agency national HRH Registry system and NHWA indicators. • The national HRH Strategy process will be supported by broad multisectoral engagement and tripartite dialogue – with the Departments of Labour, Education, Office of the President, Treasury, Unions and professional and regulatory agencies. • The process will link national HRH strategy with national employment and skills development initiatives – including close alignment with the outcomes and actions of the 2018 Presidential Summit on Jobs
Monitoring and evaluation plan	• A detailed scope of work, implementation plan, initial baseline assessment and M&E framework for joint WHO and ILO support will be developed at project inception • Expected deliverables and timelines will be guided by the overarching scope and terms of reference of the ITAC and its Task Teams • Project outputs are aligned with the Working for Health Result Matrix and related indicators, in particular: - *Outcome 1: Output 1.3* - *Outcome 2: Outputs 2 2.1; 2.2; 2.3 and 2.4* - *Outcome 3: Outputs 3.1; 3.2*
Risks	• Change in leadership that could change the priorities of the country and slow down the pace of health reforms • Long process of approval within the implementing agencies that can delay implementation

Activity budget ($ USD)

Ref	Categories	ILO	OECD	WHO	Total
1	**Staff**	14,300			14,300
2	**Supplies, commodities, materials**				0
3	**Equipment, vehicles and furniture**				0
4	**Contractual services (incl. consultants, workshops, meetings, conferences)**	10,000		75,000	85,000
5	**Travel**	12,500		32,000	44,500
6	**Transfers and grants to counterparts**				0
7	**General operating and other costs**			5,000	5,000
	SUBTOTAL	**36,800**	**0**	**112,000**	**148,800**
	Indirect Support Costs	**2,576**	**0**	**7,840**	**10,416**
	TOTAL	**39,376**	**0**	**119,840**	**159,216**

Total need	Allocation: MPTF	Allocation: Other (specify)
$**159,216**	$**159,216**	$00.00

Budget Narrative (by agency)

1. **Staff**
- ILO: Technical assistance by regional based ILO expert (1 work month)

2. **Supplies, commodities, materials**
- N/A

3. **Equipment, vehicles and furniture**
- N/A

4. **Contractual services (incl. consultants, workshops, meetings, conferences)**
- WHO: $35,000 for technical assistance including strengthening national capacity for labour market analysis and development of National HRH Strategy; $40,000 for organization of 4 inter-sectoral dialogues / thematic task team sessions through the HRH Forum, of up to 40 participants.
- ILO: tripartite dialogue workshop, 30 participants; $ 10,000

5. **Travel**
- WHO regional and HQ planning, health labour market and NHWA specialists – up to 8 missions to support the ITAC: $32,000
- ILO staff travel, HQ and regional staff: $5,000; travel workshop participants $7,500 (30 persons)

6. Transfers and grants to counterparts

- N/A

7. General operating and other costs

- WHO: regional and country office communications and dissemination costs =$5,000

Working for Health Multi-Partner Trust Fund

Concept Note Southern African Development Community (SADC)

5 April 2019

Project title	SADC Regional Human Resources for Health Strategy and a 5-year Action Plan
Objectives	Enable the Southern African Development Community (SADC) Secretariat and Member States to strengthen capacity across member states on intersectoral health workforce planning, labour market analysis and resource mobilization, by: 1. Supporting the development of a long-term SADC regional Human Resources for Health (HRH) Strategy, aligned with the health goals of member states 2. Supporting the development of a 5-year Action Plan for the SADC region
Geographic area	SADC sixteen Member States: Angola, Botswana, Comoros, Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe
Implementing entities	World Health Organisation (HQ/AFRO/Namibia), ILO (HQ and Southern Africa)
Timeframe	• 12 months (May 2019-April 2020)
Lead Focal Point	• Paul Marsden (WHO) marsdenp@who.int • Jennifer Nyoni (WHO) nyonij@who.int • Martins Ovberedjo (WHO) ovberedjom@who.int • Simphiwe Mabhele (ILO) mabhele@ilo.org
Background	• This proposal builds on the Working for Health-supported SADC meeting of HRH Directors and Managers in November 2017, hosted by South Africa as the SADC Chair to translate the High-Level Commission on Health Employment and Economic Growth (HEEG) into a regional 5-year inter-sectoral Action Plan on health employment and economic growth; inspired by a similar approach adopted in 2017/18 by member states of the West-African Economic and Monetary Union (UEMOA). • SADC Ministers of Employment & Labour and social partners also agreed in March 2018 to include the item 'Health Employment and Economic Growth' as one of their four inter-sectoral 'issues for noting'. • Action is called for by SADC HRH Directors and Managers to avert health workforce shortages and challenges across the region, to align and mobilize workforce and health systems investment with the SDGs, and to leverage the potential health, economic and social gains to be made from increasing youth and women's participation in employment. • Specific attention is needed on the analysis and understanding of existing health workforce supply production mismatches with demand and job creation across member states, to ensure that the current and

	projected workforce is responsive to anticipated changes in demand for health services over the next 10 years – and that this is informed by robust health workforce and labour market data and analysis, including national health workforce accounts (NHWA).
Alignment with existing policies/strategies/ Development frameworks	• Contributes to SDGs 3, 4, 5 and 8. • SADC Human Resources for Health Strategic Plan 2007- 2019. • SADC Joint Meeting of SADC Ministers of Health and Ministers Responsible for HIV and AIDS, 9 November 2017; Record, Decision 21. • SADC Regional Indicative Strategic Development Plan • African Union: Africa Health Strategy 2016-2030 Strategic Objective 1, Strategic approach (e): Prioritizing Human Resources for Health. • United Nations Development Assistance Framework (UNDAF) results framework and development priorities for the SDG 2030 agenda, specifically on employment and economic growth, human development and social protection • Implementing organization link: ILO Global product on promotion of sectoral approach to decent work (GLO 242)
Beneficiaries	• Member State ministries and departments of health, labour, education, finance and treasury; professional associations and regulatory bodies; employers' and workers' organisations; training institutions and agencies; and private sector institutions
Stakeholders	• SADC Secretariat • SADC Troika members (Namibia, South Africa, Eswatini) • Ministries and Departments of Health, Finance, Labour, Education, Public Service, Local Government • Regulatory bodies, professional association, and employers' and workers' organisations • Training institutions • Civil society
Impact	• Strengthened collaboration between member states on addressing the health workforce shortfall across the SADC region • Increased investment and resource mobilization towards the creation of decent jobs, including employment opportunities for women and youth
Project Outputs	
1. A SADC regional Human Resources for Health Strategy and a 5-year Action Plan that meets goals and targets for employment	**Working for Health results matrix output(s):** 1.1, 1.2, 1.3, 2.2, 2.3, 2.4, 3.5 **Activities:** 1.1. Engage a SADC Secretariat team to establish a multi-sectoral Technical Working Group (TWG) to develop a methodology, roadmap, and coordinate the development of the SADC HRH Strategy. 1.2. Carry out a rapid review of the current HRH Strategic and Business Plan and produce a situation analysis report 1.3. Incorporate an analysis of existing data and National Health Workforce Account (NHWA) indicators – with emphasis on linking data on the private sector, education, financing, labour market and migration.

	1.4. Translate the analysis findings into core strategic themes 1.5. Convene an inter-sectoral tripartite meeting to identify strategic priorities and targets for the region and provide consulted, consolidated input to the development of the HRH Workforce Strategy, and decent work in the health sector. 1.6. Support the TWG to develop and draft strategic objectives and a new multisectoral HRH Strategy document, to be submitted to and agreed by member states 1.7. Support the multisectoral TWG to translate the HRH Strategy into a SADC 5-year HRH Action Plan and resource mobilisation plan 1.8. Support the presentation of the HRH Strategy and 5-year Action Plan to a high-level inter-ministerial meeting of Ministers in Health, Education, Labour and Finance for adoption – including the development of technical briefs and background documents **Description:** • Enable the SADC Secretariat – through assigned Troika representatives (Namibia, South Africa and Eswatini) - to provide effective oversight, coordination and input to the HRH Strategy and 5-year Action Plan process; including organizing technical working group sessions, convening meetings and driving other key steps in the process. • Produce a regional HRH Strategy, a 5-year HRH Action Plan and a resource mobilization strategy, contextualized for SADC and aligned with the SADC Framework for Action, the recommendations of the High-level Commission on Health Employment and Economic Growth, and the WHO Global Strategy on HRH: Workforce 2030.
Cross-cutting	• The HRH Strategy and 5-Year Action Plan will have a strong multisectoral and gender focus • The project will link to and inform SADC members' national HRH and health and employment strategies, including youth employment

Monitoring and evaluation plan	• An implementation plan, initial baseline assessment and M&E framework will be developed at project inception
	• Project outputs are aligned with the Working for Health Result Matrix and related indicators, in particular:
	  • ***Output 2.2:*** *Improved capacity to develop multisectoral national health workforce strategies and plans;*
	  • ***Output 2.3:*** *Strengthened countries capacity to secure sustainable funding for health workforce strategies and plans;*
	  • ***Output 2.4:*** *Strengthened tripartite intersectoral mechanisms to coordinate the development and implementation of health workforce policies and strategies*

Risks	• Change in leadership that could change the priorities of member states and slow down the pace of regional reforms •

Activity budget ($ USD)

Categories	ILO	OECD	WHO	Total
Staff	28,600	-	-	28,600
Supplies, commodities, materials	-	-	-	0
Equipment, vehicles and furniture	-	-	-	0
Contractual services (incl. consultants, workshops, meetings, conferences)	-	-	60,000	60,000
Travel	36,000	-	90,000	126,000
Transfers and grants to counterparts	-	-	-	0
General operating and other costs	-	-	5,000	5,000
SUBTOTAL	**64,600**	**0**	**155,000**	**219,600**
Indirect Support Costs	**4,522**	**0**	**10,850**	**15,372**
TOTAL	**69,122**	**0**	**165,850**	**234,972**

Total need	Allocation: MPTF	Allocation: Other (specify)
$284,972	$234,972	ILO: $50,000[1]

Budget Narrative (by agency)

1. **Staff**
- ILO: $28,6000 – for technical assistance from regional based staff (salary x 2 months)

2. **Supplies, commodities, materials**
- NA

3. **Equipment, vehicles and furniture**
- NA

4. **Contractual services (incl. consultants, workshops, meetings, conferences)**
- WHO: $50,000 – for regional-based consultant x 5 months
- WHO: $10,000- for a 1-day Troika workshop (venue TBD)

5. **Travel**
- WHO: Troika workshop 12 x pers. = $25,000

[1] *Additional allocation from ILO: $50,000 for activity 1.5 to convene an inter-sectoral tripartite meeting. The allocation is to provide for national consultants, ILO staff travel, conference package costs and contribution towards tripartite participant travel.*

- WHO: Inter-ministerial meeting[2] (Johannesburg or TBD) 44 x pers. =$65,000
- ILO: Travel costs for tripartite meeting participants (Johannesburg) 47 x pers. = $45,700 (MPTF: $36,000; ILO: $9,700)

6. Transfers and grants to counterparts

- N/A

7. General operating and other costs

- WHO: regional and country office coordination, administration and communications costs =$5,000

[2] Ministers' Meeting: inclusive travel costs for 44 delegates, including two (2) from WHO HQ and AFRO, and one (1) from ILO HQ to support the SADC Member States in the presentation and justification of the 5-year Investment Plan to the SADC Inter-Ministerial Meeting - to take place in Q3 or Q4 of 2019

Working for Health Multi-Partner Trust Fund

Concept Note West African Economic and Monetary Union (WAEMU/UEMOA)

16 April 2019

Concept note title	**Implementation of the UEMOA sub-regional HRH Investment Plan 2018-2022**
Objectives	Support the West African Economic and Monetary Union (WAEMU/UEMOA) to mobilize investment to implement the sub-regional 2018-2022 HRH and social care workforce investment plan, and consider the extension of the investment plan to Economic Community of West African States (ECOWAS) countries
Geographic area	ECOWAS: • Benin, Burkina Faso, Cape Verde, Ghana, Guinea, Guinea Bissau, Ivory Coast, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo
Implementing entities	World Health Organisation (HQ/AFRO), ILO (HQ, regional and country offices)
Timeframe	12 months (May 2019 to April 2020)
Lead Focal Point	• Adam Ahmat, WHO AFRO ahmata@who.int • Laurence Codjia, WHO HQ codjial@who.int • Christiane Wiskow, Health Services Specialist, ILO wiskow@ilo.org • Kavunga Kambale, ILO CO, Abidjan, kambale@ilo.org
Background	• This proposal builds on the WAEMU/UEMOA sub-regional HRH and social care workforce 2018-2022 Investment Plan, developed in 2018 with the support of WHO and ILO, with the financial support of the Muskoka French Grant. The goal of this intersectoral Investment Plan is to provide quality health services to the population of the WAEMU member states and to support sustainable economic growth by creating decent jobs in the health and social sectors. According to the investment plan's projections for four WAEMU member countries (Niger, Ivory Coast, Togo, Burkina Faso), these investments will generate 39,202 direct decent jobs across all these countries over the next five years • The WAEMU/UEMOA HRH sub-regional HRH and social care workforce Investment Plan was developed through a participatory and multisectoral process, building on the consolidation of each of the UEMOA member states' country-specific HRH investment plans. These country plans are targeted at key areas such as job creation, the scale up of training of community-based health and social care workers, improvements in the work environment and the use of digital and new technologies. • The sub-regional HRH and social care workforce investment plan was validated and adopted by the Ministers of Health, Finances, and Labor of the eight WAEMU countries during the inter-ministerial meeting held in Abidjan in May 2018.

	• The WAEMU Ministers also decided to advocate for the extension of the WAEMU/UEMOA states HRH and social care workforce investment plan to all countries across the ECOWAS region
Alignment with existing policies/strategies/ Development frameworks	• Contributes to SDGs 3, 4, 5 and 8. • African Union: Africa Health Strategy 2016-2030 Strategic Objective 1, Strategic approach (e): Prioritizing Human Resources for Health. • Implementing organization link: ILO Global product on promotion of sectoral approach to decent work (GLO 242) • United Nations Development Assistance Framework (UNDAF) results framework and development priorities for the SDG 2030 agenda, specifically on employment, sustainable economic transformation, and human capital development
Beneficiaries	WAEMU and ECOWAS countries member state ministries and departments of health, labour, education, finance and treasury; civil society; professional associations and regulatory bodies; trade unions, employer and worker organisations; training institutions and agencies; and private sector institutions
Stakeholders	• WAHO • UEMOA and ECOWAS Secretariat • Country focal points
Impact	• Expanded collaboration between member states on addressing the health workforce shortfall across ECOWAS • Increased investment and resource mobilization towards the creation of decent jobs and employment opportunities for women and youth • Attained five-year targets for job creation by member states
Outputs	
1. The sub-regional HRH Investment Plan is resourced, and implementation is initiated to expand and transform the health and social workforce across WAEMU/UEMOA	**Working for Health Results Matrix output(s):** • 1.3, 2.1, 2.3, 2.4, 2.5 **Activities:** 1.1. Establish and operationalize a functioning Monitoring and Evaluation framework for the sub-regional HRH and social care workforce investment plan, with results, indicators, targets and regular/annual reporting 1.2. Carry out dissemination and advocacy in all countries for the implementation of the investment plan 1.3. Develop a resource mobilization strategy and mechanism for the implementation of the WAEMU sub-regional HRH and social care workforce Investment Plan 1.4. Assist countries to secure investments and resources for the implementation of the investment plan 1.5. Establish a ministerial and a technical level coordination and cooperation mechanism between regional bodies, partners and UN organization and countries to support the implementation of the investment plan

	Description: • A sub-regional Monitoring and Evaluation committee will be established in WAHO, based on the decision of the WAEMU ministers. • A sub-regional mechanism will be established in WAHO to implement a regional advocacy and resources mobilization strategy that will assist countries in securing resources for the implementation of the HRH Investment Plan. • WHO AFRO/HQ, and ILO Offices in Abidjan and Dakar will provide technical support to WAHO to manage and facilitate the monitoring and evaluation, and resource mobilization processes, and the overall cooperation and coordination mechanisms at ministerial and technical levels and alignment with employment policies and strategies at country and sub-regional levels
2. WAEMU/UEMOA support to potentially extend the implementation of the 2018-2022 HRH Investment Plan to the broader ECOWAS region	**Working for Health Results Matrix output(s):** • 2.1, 2.2, 2.3, 2.4 **Activities:** 2.1. Support the development of a roadmap for the potential extension of HRH and social care workforce Investment Plans to other ECOWAS countries 2.2. Organize and facilitate a multisectoral workshop and dialogue on the potential expansion of HRH and social care workforce Investment Plans to ECOWAS **Description:** • The ministerial and technical coordination mechanisms, with the support of WAHO, will facilitate the discussions with ECOWAS for the extension of the WAEMU regional plan to the remaining ECOWAS countries (Ghana, Nigeria, Capo Verde, Guinea, Sierra Leone, Liberia) • A multisectoral workshop will be organized for the six ECOWAS countries to prepare and advance the potential extension of the HRH and social care workforce investment plan

Cross-cutting	• The HRH investment plans will have a strong multisectoral and gender focus • The project will link to and inform UEMOA members states' national HRH, job creation and employment strategies, and programmes
Monitoring and evaluation plan	• An implementation plan, initial baseline assessment and M&E framework will be developed at project inception • Project outputs are aligned with the Working for Health Result Matrix and related indicators, in particular: • ***Output 2.2:*** *Improved capacity to develop multisectoral national health workforce strategies and plans;*

	• ***Output 2.3:*** *Strengthened countries capacity to secure sustainable funding for health workforce strategies and plans;* • ***Output 2.4:*** *Strengthened tripartite intersectoral mechanisms to coordinate the development and implementation of health workforce policies and strategies*
Risks	• Change in leadership that could change the priorities of member states and slow down the pace of regional reforms •

Activity budget ($ USD)

Ref	Categories	ILO	OECD	WHO	Total
1	**Staff**		-	25,000	25,000
2	**Supplies, commodities, materials**	-	-	-	0
3	**Equipment, vehicles and furniture**	-	-	-	0
4	**Contractual services (incl. consultants, workshops, meetings, conferences)**	20,000	-	166,000	186,000
5	**Travel**	30,000		35,000	75,000
6	**Transfers and grants to counterparts**				
7	**General operating and other costs**			34,400	34,400
	SUBTOTAL	**50,000**	**0**	**260,400**	**310,400**
	Indirect Support Costs	**3,500**	**0**	**18,228**	**21,728**
	TOTAL	**53,500**	**0**	**278,628**	**332,128**

Budget Narrative (by agency)

1. **Staff**
- WHO: USD 25,000 (technical assistance)
2. **Supplies, commodities, materials**
- N/A
3. **Equipment, vehicles and furniture**
- N/A
4. **Contractual services (incl. consultants, workshops, meetings, conferences)**
- WHO: Coordination through WAHO - meetings 1 x USD 66,000 (3-day meeting) with up to 50 participants; including 2 pers. from ILO and 2 pers. from WHO.
- WHO :2 consultants for one year to support WAHO: coordination, implementation, technical assistance, monitoring and evaluation, capacity building.
- ILO: Consultant/s for technical assistance: 20,000
5. **Travel**
- WHO: For WAHO coordination meetings - 15 x pers. $2000 = $30,000
- WHO: $5,000 (2 pers.)
- ILO: $30,000 – tripartite participant travel for WAHO stakeholder meeting (3 days) and ILO staff travel for WAHO coordination meetings (2 expert missions from Abidjan; 2 expert missions from Dakar; 1 expert mission from HQ;
6. **Transfers and grants to counterparts**
- N/A

7. General operating and other costs

- WHO: regional and country office coordination, communications and administrative support costs – $34,400

Working for Health Multi-Partner Trust Fund

Concept Note Inter-Agency Data Exchange (IADEx)

(16 April 2019)

Project title	**Inter-Agency Data Exchange (IADEx)**
Objectives	• To establish and strengthen partnerships and mechanisms for improved availability, analysis, dissemination and use of health workforce (HWF) data, with the aim of consolidating and maximizing the value of existing data and information, ensuring greater consistency and reducing data collection burden on countries. • To increase countries' capacity in gathering, monitoring and using HRH information.
Geographic area	• Activities at global level will support regional, sub-regional and national level action. • Targeted support and technical assistance will be provided to selected countries and sub-regions, based on demand.
Implementing entities	ILO, OECD and WHO
Timeframe	1st May 2019 to 30th April 2021 (24 months)
Lead Focal Points	• Khassoum Diallo (WHO) kdiallo@who.int • Gaetan Lafortune (OECD) Gaetan.LAFORTUNE@oecd.org • Christiane Wiskow (ILO) wiskow@ilo.org
Background	• The UN High Level Commission on Health Employment and Economic Growth requested ILO, OECD, WHO and other relevant partners to establish a global interagency data exchange (IADEx) on health labour market. • ILO, OECD and WHO each collect as core activities data relevant for health workforce. These data often have different sources, definitions and methodologies. • The IADEx will provide an opportunity to improve harmonization, standardization, comparability and use of HWF data across agencies, countries and regions. • The activities for the IADEx described in this concept note are separated between those that will be carried out during the first year (May 2019 to April 2020) and those that will be started in the first year and completed in the second year (May 2020-April 2021) with the available resources and funding. •
Alignment with existing policies/strategies/ Development frameworks	• The World Health Assembly resolution 69.19 on the Global Strategy on HRH calls for strengthened HWF data through the progressive implementation of National Health Workforce Accounts (NHWA). WHO launched the NHWA as a system for countries to monitor, use and report statistics on health workforce along the health labour market framework. • SDG target 3c aims to "substantially increase health financing and the recruitment, development, training and retention of the

	health workforce...” with specific indicator on HWF density and distribution calling for availability, quality and timeliness of HRH data. Accurate and timely HWF information and evidence will inform not only SDG 3 on health but also other SDGs such as 4, 5, 8 and 10 of the Agenda 2030. • The report of the High-Level Commission for Health Employment and Economic Growth, adopted by WHA resolution 70.6, recommends strengthening of HWF data, information and accountability by using harmonized metrics and methodologies, urging countries to accelerate the progressive implementation and reporting of National Health Workforce Accounts. • The Working for Health (W4H) programme aims to accelerate progress on UHC and gains across SDGs 3, 4, 5 and 8, through increased investment in decent health sector jobs, skills transformation and the mitigation of projected health workforce shortfalls. The outputs of this concept note are aligned with W4H results matrix. • The project aligns with the United Nations Development Assistance Framework (UNDAF) results framework and development priorities for the SDG 2030 agenda, specifically on the co-creation, generation and use of data in support of country-specific priorities.
Beneficiaries	• Countries, regions and global community
Stakeholders	• Organizations and agencies collecting and/or hosting HWF related data
Impact	• Reduced burden of health workforce reporting at all levels using consolidated indicators and common data sources • Enhanced coordination and alignment between agencies and institutions • Improved data quality, availability and use to inform health workforce policy, planning and investment at all levels (global, regional and national)
Project Outputs	
1: An inter-agency mechanism for HRH data exchange (IADE governance)	**Working for Health Result Matrix output(s):** Outcome 4 – Output 4.4, 4.5 **Activities:** 1.1 Define the structure and scope of the IADEx, including (Year 1): Lead WHO • Comprehensive operating procedures for the IADEx • Roles and responsibilities across and between agencies documented • Data sharing protocols agreed upon 1.2 Establish and implement a mechanism to systematically consolidate, exchange and test health and social care workforce data on a defined set of priority indicators (Year 1) Lead WHO

	1.3 Expand the scope of the exchange mechanism to other agencies and institutions collecting and hosting HWF data (Year 1&2) Lead WHO **Description:** • ILO, OECD and WHO - have all established platforms and repositories for data collection, management and reporting. A systematic mechanism will be developed to facilitate and coordinate the data exchange and define priority activities related to analytical work (including priority occupations and indicators) will be established. • In addition, there is untapped data on HWF available from institutions and agencies not currently involved in the IADE and Working for Health processes (e.g. UNESCO, World Bank). It is important to initiate the expansion of the IADE project and begin to bring these stakeholders on board to enable more comprehensive and complete consolidation of health workforce data and statistics. These agencies have different strengths and can play key roles in the IADEx. • To ensure its optimal functioning, the scope of the IADEx, including roles, responsibilities and operating procedures will be defined in line with the Working for Health programme and global frameworks.
2: Improved HWF data availability and comparability (data development)	**Working for Health Result Matrix output(s):** • Outcome 4 – Output 4.4, 4.5 **Activities:** 2.1 Expand and improve analysis of existing data (e.g. LFS micro-data) relevant for the health sector (Year 1) Lead ILO 2.2 Generate an overview of existing health and social care workforce data sources, definitions, systems and practices identifying differences, commonalities and gaps, with a specific focus on: • The stock of active health workers (Year 1&2) Lead WHO • New graduates from different health-related training programmes (Year 2) Lead OECD • Health workforce migration (Year 2) Lead WHO and OECD • Considering the possibility of widening the scope of work to cover other relevant NHWA indicators (Year 2) 2.3 Develop a strategy for improved data availability and comparability on the indicators listed under 2.2 through strengthened harmonization of definitions, sources and methodologies (Year 2) Lead WHO, OECD, ILO **Description:** • To improve health and social care workforce data availability and comparability, a stock take of existing data sources, definitions and systems should be conducted, focusing on agreed-upon priority areas. This exercise will guide the identification of

	differences, commonalities and gaps in different data collection processes sources. • Given the wide variety of counterparts and data sources, it is important to agree on data quality and sharing standards to ensure comparability. • Definitions, concepts and methodologies should be harmonized and the use of International Standard Classification of Occupations (ISCO) 4 digits and other agreed international classifications promoted in HWF related data collections (e.g. LFS and Population censuses).
Cross-cutting	• Gender aspects are addressed by improving availability of sex-disaggregated data on the health workforce.
Monitoring and evaluation plan	• An implementation plan, initial baseline assessment and M&E framework will be developed at project inception • Project outputs are aligned with the Working for Health Result Matrix: Outcome 4 – Output 4.4: *Harmonized metrics and definitions established through an inter-agency global data exchange on the health labour market*; and with Outcome 4 – Output 4.5: *Improved quality and reporting of health workforce data through National Health Workforce Accounts*
Risks	• Lack of engagement and buy-in of countries, regions and partners

Indicative Project budget ($ USD) – *for Year 1 and Year 2 activities

Ref	Categories[3]	ILO	OECD	WHO	Total
1	**Staff**		Y1: 28,843 Y2: 28,863		57,706
2	**Supplies, commodities, materials**				0
3	**Equipment, vehicles and furniture**			Yr2: 10,000	10,000
4	**Contractual services (incl. consultants, workshops, meetings, conferences)**	Y1: 50,000		Y 1: 45,000 Y 2: 45,000	140,000
5	**Travel**	Y1:1,500 Y2:1,500	Y1: 795 Y2:795	Y 1: 7,500 Y 2: 7,500	19,590
6	**Transfers and grants to counterparts**			Y 1: 15,000 Y 2: 15,000	30,000

[3] For further details on the allocation of funds, please see the budget narrative on the following page.

7	**General operating and other costs**[4]		Y1:4,450 Y2: 4,430		8,880
	SUBTOTAL	53,000	68,176	145,000	266,176
	Indirect Support Costs	3,710	4,584*	10,150	18,444
	TOTAL	**56,710**	**72,760**	**155,150**	**284,620**

Total need	**Allocation: MPTF**	**Allocation: Other (specify)**
$**284,620**	$**284,620**	$00.00

*** OECD calculate the Indirect support costs as 6.3% of Total cost.**

Budget Narrative (by agency and outputs)

1. **Staff**
- OECD: Year 1: $28,843; Year 2: $28,863
2. **Supplies, commodities, materials**
- N/A
3. **Equipment, vehicles and furniture**
- WHO: equipment includes technical development, update or revision of NHWA online data platform and/or data portal to support outputs 1, 2 and 3 including collection, consolidation, exchange and analysis of HWF data within the IADEx activities (Year 2: 10,000)
4. **Contractual services (incl. consultants, workshops, meetings, conferences)**
- ILO: consultant (senior expert) for output 2, activity 2.3.: exploring LFS micro data availability at 3-4-digit level, building on previous WHO-ILO collaboration. Year 1: 50,000
- WHO: contractual services: Year 1: 45,000; Year 2: 45,000 for:
  - Consultant for analytical work to support outputs 2 and 3 (Years 1-2)
  - Organizing meetings and workshop to support Output 1 - IADE governance and Output 2 - improved HWF data availability and comparability (Years 1-2)
5. **Travel**
- OECD: Staff Missions in Europe (Year 1: $795; Year 2: $795)
- ILO: Staff travels, e.g. inter-agency technical meetings (Year 1: 1,500; Year 2: 1,500)
- WHO: Staff travels, e.g. inter-agency technical meetings, workshops, country support missions (Year 1: 7,500; Year2: 7,500)
6. **Transfers and grants to counterparts**
- WHO: support countries in implementing NHWA. Contributes to output 2 on Improved HWF data availability and comparability (Year 1: 15,000; Year 2: 15,000)
7. **General operating and other costs**

[4] The rate shall not exceed 7% of the total of categories 1-7, as specified in the Working for Health Multi-Partner Trust Fund Terms of Reference and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, according to Agency's regulations, rules and procedures

- OECD: Per Person Chargeback & Mobility workspace, (Year 1: $4,450; Year 2 $4,430)

Working for Health Multi-Partner Trust Fund

Concept Note International Platform on Health Worker Mobility

16 April 2019

Project title	International Platform on Health Worker Mobility
Objectives	To maximize the developmental impact from health worker migration and mobility, as consistent with the WHO Global Code on the International Recruitment of Health Personnel (WHO Global Code), relevant ILO Conventions and Recommendations, and the Global Compact on Safe, Orderly and Regular Migration (GCM).
Geographic area	Evidence and policy dialogue at global and regional level will support national policy and practice. Targeted support and technical assistance will be provided to select countries and economic sub-regions, based upon demand and the availability of internal and external funding.
Implementing entities	ILO, OECD and WHO
Timeframe	• 1st May 2019 – 30th April 2021 (24 Months), with respective deliverables for Year 1 (May 2019-April 2020) and Year 2 (May 2020-April 2021) identified. • The volume of deliverables is weighted towards Year 1 (given anticipated level of funding).
Lead Focal Point	• Jim Campbell, WHO, campbellj@who.int • Jean-Christophe Dumont, OECD Jean-Christophe.DUMONT@oecd.org • Christiane Wiskow, ILO wiskow@ilo.org
Background	• The international migration and mobility of health workers is increasing with patterns of health worker movement growing in complexity. • Establishment of an International Platform on Health Worker Mobility, is a priority deliverable of The Working for Health Five Year Action Plan (2017-2021) with the objective to maximize benefits from health worker migration and mobility through strengthened implementation of the WHO Global Code and relevant ILO Conventions and Recommendations. • The WHO Global Code, the key global governance instrument in this area, is approaching its 10-year anniversary, with its second relevance and effectiveness review as an opportunity to strengthen the global governance instrument to strengthen its relevance and effectiveness. • As part of the 3rd round of WHO Global Code reporting, 61 countries have requested technical support to better manage health worker migration and mobility. • Strengthening international collaboration on health worker migration and mobility is fundamental to implementation of the GCM (see https://www.devex.com/news/opinion-as-the-world-seeks-migration-solutions-the-health-sector-can-help-94085). • The portion of women migrant workers providing care and health services work is significant and calls for gender-responsive migration policies.

	• A two-year work programme is presented, with activities in year 2 building on outputs delivered in the year 1.
Alignment with existing policies/strategies/ Development frameworks	• Contributes to SDGs 3, 4, 5, 8, 10 • WHO Global Code on International Recruitment of Health Personnel • Global Compact on Safe, Orderly and Regular Migration • United Nations Development Assistance Framework (UNDAF) results framework and development priorities for the SDG 2030 agenda specifically on human mobility and sustainable human development • Organizational development (programming) link: ILO Global Product on Promoting the sectoral approach to decent work (GLO 242)
Beneficiaries	• Migrant and refugee health workers • Source and destination country health systems and populations
Stakeholders	• Governments (decisions, law and policy makers in education, health, immigration, labour, and trade ministries) • Regulatory bodies, professional associations, workers' and employers' organizations, civil society (including diaspora)
Impact	• Improved management, coordination and collaboration within countries on health worker mobility • Increased utilization of ethical bilateral agreements between source and destination countries, consistent with the WHO Global Code and ILO conventions • Effective monitoring and reporting on global mobility trends and policy implementation
Project Outputs	
New evidence generated	**Working for Health Results Matrix output(s):** • Outcome 4 – Output 4.1 **Activities:** **Year 1** Generation of the following evidence products (e.g. reports): 1.1. Quantification of international migration and mobility of doctors and nurses to and within OECD countries: 2006 to 2017 Lead OECD 1.2. A mapping and review of the bilateral agreements notified to WHO through the WHO Global Code, trade agreements notified to WTO, and labour agreements notified to ILO Lead WHO 1.3. Elaboration of the linkages between the WHO Global Code and the Global Compact for SOR Migration, including exploring potential of new skill partnerships in the health sector Lead OECD 1.4. Review and report on the gender impact in relation to international health worker migration Lead WHO/ILO **Year 2** 1.5. Methodology developed to quantify resource transfers as related to international health worker migration and mobility, including analysis in relation to education pipeline and overseas development assistance Lead WHO 1.6. Development of a bilateral agreement guidebook on international health worker migration and mobility and derivative products Lead OECD

	1.7. Report on innovation in skill partnerships in the health sector Lead OECD **Description:** • Key knowledge products summarizing emerging trends and policies in relation to international health worker migration and mobility • Development of a bilateral agreement guidebook on international health worker migration and mobility, including mechanisms for monitoring and assessment (e.g. link to ILO tool for assessing bilateral labour migration agreements), as well as development of derivative learning and training materials

Strengthened policy dialogue and governance at the global and regional level	**Working for Health Results Matrix output(s):**
	• Outcome 4 – Output 4.2 &4.3
	Activities: Lead WHO
	Year 1
	2.1. Convene a meeting of the International Platform to present inter-sectoral/multi-stakeholder evidence and perspectives to the WHO Member State-led 2nd Review of WHO Global Code's Relevance and Effectiveness (June 2019)
	2.2. Host a workshop or policy lab to support technical capacity on regional harmonization in relation to health professional education and regulation (Dec 2019)
	Year 2
	2.3. Convene a meeting of the International Platform or policy lab to support technical capacity on development, implementation and monitoring of bilateral agreement (date TBD)
	Description:
	• Participants of the International Platform will contribute evidence and perspective to inform the 2nd Review of Code Relevance and Effectiveness.
	• Thematic workshops/ policy labs to strengthen policy dialogue, including:
	  • Strengthen technical capacity (Dec 2019) for 15-20 participants from national governments and regulatory bodies, as well as sub-regional economic zones, on ongoing processes related to the regional harmonization of health professional regulation.
	  • Support to build technical capacity (date TBD) for 15 -20 participants from National Governments, on negotiation, development and implementation of bilateral agreements in this area

Policy and practice advanced at national level	**Working for Health Results Matrix output(s):** • Outcome 4 – Output 4.2 &4.3 **Activities: Lead WHO/ILO** **Year 1** 3.1. Support one country to develop and/or operationalize National Health Worker Migration Policies, including support to policy dialogue.

	3.2. Establish a network of Designated National Authority (DNA) of the WHO Global Code to strengthen information exchange and Code implementation. **Year 2** 3.3. Support one country to develop and/or operationalize National Health Worker Migration Policies, including support to policy dialogue. 3.4. Support two countries to enter into a new generation of ethical bilateral agreements that maximize benefits from international health worker migration and mobility (based upon demand) **Description:** • 61 requests from WHO Member States to strengthen implementation of the WHO Global Code received, including requests to strengthen policy dialogue, and for the development, implementation and monitoring of bilateral agreements
Cross-cutting	• Given the large share of women in the health workforce (particularly for certain occupations in demand – nursing and long-term care), gender considerations, transformative strategies, and disaggregated data will be incorporated throughout.
Monitoring and evaluation plan	• An implementation plan, initial baseline assessment and M&E framework will be developed at project inception • Project outputs are aligned with the Working for Health Result Matrix: Outcome 4 – Output 4.1: *An international health labour mobility platform established to advance knowledge and international cooperation*; with Outcome 4 – Output 4.2: *Strengthened country capacity to understand and manage health worker flows in order to inform the development of national policies and bilateral agreements; and with* Outcome 4 – Output 4.3: *Increased monitoring of health worker mobility through the WHO Global Code of Practice reporting system*
Risk	• Lack of engagement and buy-in of countries, regions and partners • Capacity issues in host organizations.

Project budget ($ USD)

Categories	ILO	OECD	WHO	Total
Staff		Y1:106,061 Y2:106,634		$212,695
Supplies, commodities, materials				$0
Equipment, vehicles and furniture				$0
Contractual services (incl. consultants, workshops, meetings, conferences)	Y1: 5,000 Y2: 20,000		Y1: 20,000	45,000
Travel	Y1: 19,000		Y1: 30,000	94,097

Categories	ILO	OECD	WHO	Total
	Y2: 19,500		Y2: 25,597	
Transfers and grants to counterparts			Y1: 10,000 Y2: 30,000	40,000
General operating and other costs		Y1: 13,939 Y2: 13,366		27,305
SUBTOTAL	63,500	240,000	115,597	419,097
Indirect support costs	4,445	16,137*	8,092	28,674
TOTAL	**67,945**	**256,137**	**123,689**	**447,771**

Total need	Allocation: MPTF	Allocation: Other (specify)
$447,771	**$447,771**	**$00.00**[5]

*** OECD calculate the Indirect support costs as 6.3% of Total cost.**

[5] *Additional funding from WHO may be required, as associated with Output 2.*

Budget Narrative (by agency)

1. **Staff**

- OECD Year 1 :$106,061 ; Year 2: 106,634

2. **Supplies, commodities, materials**

- N/A

3. **Equipment, vehicles and furniture**

- N/A

4. **Contractual services (incl. consultants, workshops, meetings, conferences)**

- ILO $25,000
  - Year 1: $5,000 (consultants $5,000)
  - Year 2: $20,000 (consultants $20,000)
- WHO:
  - Year 1: $20,000 (consultants $20,000; direct cost associated to meetings and workshops is required from WHO funding).

5. **Travel**

- ILO: $38,500
  - Year 1: $ 19,000 labour sector participant travel to meetings and workshops for 6 persons; $15,000; staff travel $4,000).
  - Year 2: $ 19,500 (labour sector participant travel to meetings and workshops for 3 persons $7,500; staff travel $12,000).
- WHO:
  - Year 1: $30,000 (participant travel at meetings and workshops for 10-12 persons; additional participant travel cost will be required from WHO funding).
  - Year 2: $25,597 (participant travel at meetings and workshops for 10-12 persons; additional participant travel cost will be required from WHO funding).

6. **Transfers and grants to counterparts**

- WHO: $40,000
  - Year 1: $10,000 to WHO country office for activity 3.1
  - Year 2: $10,000 to WHO country office for activity 3.3 and $20,000 for 3.4

7. **General operating and other costs**

- OECD: Per Person Chargeback & Mobility workspace $27,305