Working for Health programme
2022 ANNUAL NARRATIVE PROGRESS REPORT
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Programme Title & Project Number	Country, Locality(s), Priority Area(s) / Strategic Results[1]
• Programme Title: **Working for Health MPTF** • Programme Number *(if applicable)* • MPTF Office Project Reference Number:[2] *00125249, 00118644, 00116408*	*(if applicable)* *Country/Region* *Priority area/ strategic results* ***Health workforce, employment & economic growth***
Participating Organization(s)	**Implementing Partners**
• World Health Organization (WHO) • International Labour Organization (ILO) • Organisation for Economic Cooperation & Development (OECD)	• National counterparts in government • NGOs • and social enterprise
Programme/Project Cost (US$)	**Programme Duration**
Total approved budget as per project document: MPTF /JP Contribution[3]: • OECD: $556,842 • ILO: $877,690 • WHO: $3,369,329 Agency Contribution *by Agency (if applicable)* Government Contribution *(if applicable)* Other Contributions (donors) *(if applicable)*	Overall Duration *(55 months)* Start Date[4] *(23.05.2018)* Original End Date[5] *(31.12.2022)* Current End date[6] *(31.12.2022)*
TOTAL:	
Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Final Independent Review X Yes ☐No Date: *Dec 2022* Mid-Term Evaluation Report – *if applicable please attach* X Yes ☐No Date: *Apr 2021*	○ Name: James Campbell ○ Title: Director HWF ○ Participating Organization (Lead): WHO ○ Email address: campbellj@who.int

[1] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;
[2] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page the MPTF Office GATEWAY
[3] The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the MPTF Office GATEWAY
[4] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY
[5] As per approval of the original project document by the relevant decision-making body/Steering Committee.
[6] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

Abbreviations

CHW	community health worker
HIS	health information system
HLMA	health labour market analysis
HRH	human resources for health
HWF	health workforce
IADEx	Inter-Agency Data Exchange
ILO	International Labour Organization
MoH	Ministry of Health
MOU	memorandum of understanding
MPTF	Multi-Partner Trust Fund
NHWA	national health workforce account
OECD	Organisation for Economic Co-operation and Development
OSH	occupational safety and health
OPT	Occupied Palestinian Territory
RPP	Rural Pipeline Programme
SAA	standard administrative arrangement
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
TOT	training of trainers
TWG	technical working group
UHC	universal health coverage
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
WAEMU	West African Economic and Monetary Union
WHO	World Health Organization
WISN	Workload Indicators Staffing Needs Tool
W4H	Working for Health

EXECUTIVE SUMMARY

The findings and recommendations of the High-Level Commission on Health Employment and Economic Growth[7] in 2016 provides an impetus of the contribution of health sector jobs in driving inclusive economic development. Implementation of these recommendations through the Working for Health (W4H) Five-Year Action Plan for health employment and inclusive economic growth (2017–2021)[8] and its Multi-Partner Trust Fund mechanism (MPTF) have stimulated action and sustained investment in the health and care workforce over the reporting period (1 January – 31 December 2022). The joint W4H initiative and MPTF between International Labour Organization (ILO), Organisation for Economic Co-operation and Development (OECD), and World Health Organization (WHO) supports Member States and partners to deliver these multi-sectoral and multi-SDG recommendations and global agenda through the combined strengths of the three implementing agencies.

During the World Health Assembly (WHA) in May 2021, Resolution WHA74.14: *Protecting, safeguarding and investing in the health and care workforce* was adopted, calling for a Member-State led process to develop a new set of actions and 2030 agenda. At the Seventy-fifth WHA in May 2022, Resolution 75.17: *Human resources for health*, was co-sponsored by over 100 Member States, calling for the adoption and implementation of the Working for Health 2022–2030 Action Plan[9] and utilization of the related Global Health and Care Worker Compact.[10] The launch of the ILO-led UN 'Global Accelerator on jobs for jobs and a just transition'[11] presents a new opportunity for engagement and collaboration with the W4H programme and MPTF.

The world entered the third year of the COVID-19 pandemic, exacerbating weaknesses in health systems and the long-term effects of chronic underinvestment in the health workforce due to a diminishing financing landscape. Whilst countries have shifted to pandemic recovery and planning for future emergencies and health threats; continued challenges still require attention - international migration and growing global demand amid existing workforce shortfalls and service delivery gaps. The additional demands that these have placed on countries necessitated a no-cost extension for 2022, to enable the completion of project commitments in a limited number of supported countries over this extended period.

In 2022, Working for Health enabled direct action in 12 countries[i]; supported regional work in Southern African Development Community (SADC) and the Western African Economic and Monetary Union (WAEMU); and maintained key global public goods, including the International Platform on Health Worker Mobility, the Inter-Agency Data Exchange (IADEx) platform, an approach for anticipating skill needs in the health workforce (HWF), and a methodology for measuring employment impact. Specific highlights include:

- **Country impact:** Four countries strengthened their coordination mechanisms through multisectoral policy dialogue in Chad, Kenya, Mauritania and the Occupied Palestinian Territory (OPT); and three conducted health labour market analyses (HLMA) in Mali, Mauritania and Sudan. These efforts contributed to the development of robust and evidence based multisectoral investment plans on human resources for health (HRH) and the development of national health workforce policies, strategies and interventions in Chad, Mali, Mauritania and Sudan, with ongoing support for their resourcing, financing, implementation and measurement. In the third year of the COVID-19 pandemic, countries continued response and recovery planning with Benin and Somalia training workers in essential packages of health

[7] High-Level Commission on Health Employment and Economic Growth
[8] Working for Health Five-year action plan for health employment and inclusive economic growth (2017-2021)
[9] Working for Health 2022-2030 Action Plan
[10] Global health and care worker compact
[11] UN Global Accelerator on jobs and social protection

services, community health worker surveillance programmes and provision of psychosocial support services. Six countries, (Benin, Chad, Guinea, Mali, Pakistan and South Africa) and more than 350 constituents received training in occupational safety and health (OSH) through the ILO-WHO HealthWISE tool and COVID-19 checklist. In Niger, technical support continued for the implementation of the Rural Pipeline Programme, which is creating training and employment opportunities for expanding access and the availability of community-based health care and services in rural and underserved areas. A study in Pakistan explored gender equality and leadership gaps in the health sector and revealed the need for creating enabling environments and a policy framework for Pakistan's gender equality in the health sector.

- **Regional achievements:** The SADC Secretariat convened 14 Member States in South Africa in June 2022 to facilitate adoption and implementation planning of the SADC Health Workforce Strategic Plan. To foster cross-country learning, participants presented national-level responses to workforce challenges during the COVID-19 pandemic. The meeting supported the preparation of national-level implementation and monitoring plans to adapt the regional HRH strategy to their specific contexts. Additionally, a SADC HRH Technical Committee, tasked as the coordination, monitoring and accountability mechanism for the regional strategy, led by the SADC secretariat was established. Through the ongoing support to WAEMU, a high-level regional policy dialogue on health workforce investment and protection was convened in November 2022 in Accra, Ghana, attended by 26 Member States, development partners and international financing institutions. The outcome of the meeting was the development of a draft Health Workforce Investment Charter, led by WHO AFRO, which was announced at WHO 5th Global Forum on Human Resources for Health in April 2023, and which has already received strong backing and support from numerous countries and sub-regional blocks, including Ghana and the East, Central and Sothern Africa Health Community.

- **Global public goods:** Under the Mobility Platform, the fourth round of reporting on the WHO Global Code of Practice on the International Recruitment of Health Personnel was presented at WHA75 in May 2022. WHO facilitated the updating of the WHO Health workforce support and safeguards list 2023, revising and extending safeguards against active international recruitment of health workers in 55 countries with low health workforce density and projected least likely to achieve universal health coverage (UHC). WHO has also developed the guidance on Bilateral agreements on health worker migration and mobility with support from OECD and ILO to ensure balancing health systems priorities with labour market and health worker rights. For the Inter-Agency Data Exchange (IADEx), WHO supported data strengthening and the use of HR information systems and national health workforce accounts (NHWA) data in Tanzania, Uganda and Senegal. The use of data to support policy analysis in ten (10) countries across the PAHO Pan-American Health Organization (PAHO) region was facilitated by WHO. Finally, all three implementing agencies collaborated on the joint OECD, Eurostat and WHO Regional Office for Europe (EURO) joint questionnaire on health workforce statistics. Under Employment Measurement, a framework to assess employment impact in the health sector was developed by the WHO, ILO and OECD members of the Working for Health Technical Working Group on Employment. This framework is intended to be used by policy makers, development partners and agencies when planning and implementing projects or programmes related to health workforce employment. For future skills, the OECD and ILO jointly produced a report, "*Equipping Health Workers with the Right Skills: Skills Anticipation in the Health Workforce*[ii] A virtual peer-learning workshop was convened with 50 stakeholders on the development or use of skills intelligence for the health workforce. For work under OSH, training on the COVID-19 Checklist to improve occupational safety and health in health facilities took place in seven countries.[iii]

- **Governance:** A final independent programme review took place in 2022. Its findings demonstrated that implementation of the Working for Health Five-year Action Plan (2017–2021) have continued to be highly relevant and contributed to countries' efforts to address challenges in relation to the health and care workforce and health systems strengthening. W4H delivered results in a cost efficient and timely way by providing targeted catalytic funding and technical assistance. Finally, the MPTF mechanism was formally extended through until 2030 by the Steering Committee, initiating project close-out and final reporting, and forward planning for the next phase of project implementation.

I. Purpose

This 2022 report of the W4H MPTF sets out the key outputs, achievements, and lessons learned. The COVID-19 pandemic, as well as insecurity and political changes in a few countries continued to hinder implementation of the planned Working for Health activities between 2020 and 2022. To mitigate this, a one-year no-cost extension was initiated by the Steering Committee in October 2021 to enable the completion of all planned project activities by 31 December 2022 in a limited number of those countries where implementation had stalled.

Over the past four years the W4H MPTF, has supported and responded to critical long-standing workforce shortfalls and underinvestment through evidence-based policy and actions that stimulate investments in workforce education, skills and jobs that are needed to deliver UHC, and progress towards Sustainable Development Goal (SDG 3) to "ensure healthy lives and promote wellbeing for all at all ages". As a multi-SDG initiative, W4H contributes to SDGs 1 (poverty), 4 (education), 5 (gender equality), and 8 (employment and economic growth).

To date its direct catalytic technical and financial support has enabled 13 countries to effectively address pressing policy issues, and to leverage domestic and donor financing and partnerships to drive implementation, sustainability, and impact. W4H further supports regional initiatives, in SADC and WAEMU (covering 24 countries); and continues to build on priority global goods on data (with an additional 6 countries receiving direct support through IADEx), migration, employment and skills. These efforts have enabled and contributed to the development, financing and implementation of multisectoral workforce policies, strategies and plans, and enhanced institutional capacity and analytics to achieve the following expected outcomes:

- The supply of skilled health workers meets assessed country needs.
- Health sector jobs created to match public health and labour market needs.
- Health workers are recruited and retained according to country needs.
- Health workforce data inform effective policy, planning, monitoring and international mobility.

The outcomes of this programme over the reporting period (1 January – 31 December 2022) are outlined in the W4H results matrix, including detailed indicators and targets (see ii. indicator based performance assessment).

II. Results in 2022

Country impact

Benin

The evolution of the pandemic with successive waves and new variants of the SARS-CoV-2 virus called for the urgent need to promote and strengthen the OSH of workers in the health sector in Benin. Training of health personnel was also rolled out as part of the government's contingency plan during the pandemic. This included:

(1) COVID-19 community surveillance training for effective identification and contact tracing in all country departments; and (2) essential health and care workers (psychologists, social workers and health workers) strengthened capacities to provide care and psychosocial support interventions for individuals/families affected/infected by COVID-19, and (3) OSH workshops led by ILO.

Community-based surveillance to contain the pandemic was a top priority for the Ministry of Health. Evidence has shown that the use of community relays for the early detection and systematic notification of COVID-19 cases, including contact tracing within communities, especially the most affected, strongly contributes to breaking down chains of transmission[12]. A trainer's guide for community health workers (CHW) was developed in collaboration with the National Agency for Primary Health Care (Agence Nationale des Soins de Santé Primaires) for the surveillance of COVID-19 and other diseases. A total of 145 trainers and 1000 CHWs from 12 departments in the country were trained on the use of COVID-19 community surveillance tools. The trainers included 77 managers, 34 Social Action and Mobilization Research Fellows / Chargé de Recherche Action et mobilisation sociales (CRAMS) and 34 Heads of Epidemiological Surveillance Centres / Responsables de Centre de Surveillance Epidémiologique (RCSE).

The toll of the COVID-19 pandemic on the mental health and wellbeing of the population was recognized as a critical area for intervention. Psychosocial care for those affected by the pandemic and the prevention of mental health conditions was highlighted in the national response strategy. A collaboration was developed with the Association of Psychologists to develop a training programme for health workers and social workers on psycho-social care and support interventions for individuals and families in the context of COVD-19 and beyond. Fifty (50) professionals from the country's 12 health departments were trained on psychosocial interventions. An expert consultant was mobilized to develop a mobile application (in progress) capable of generating basic statistical data (number of cases taken care of, locality, gender, age, etc.) of people cared for by front-line professionals.

The prevention of occupational accidents and diseases in the health sector is one of the challenges of the national OSH policy validated by the tripartite constitutions and currently being adopted by the government of Benin. This prevention involves strengthening the capacity of the system and the health workforce in terms of OSH.

In May 2022, a follow-up workshop took place in Bohicon with the aim of monitoring and evaluating the progress and implementation of activities related to the anticipated outcomes and recommendations of the two training workshops on ILO/WHO HealthWISE and the COVID-19 checklist for health facilities in Bohicon and Parakou conducted in 2021. The workshop brought together 48 participants (22 women and 26 men) representing nurses or general supervisors of wards or hospitals, labour inspectors, hospital administrators and occupational physicians of the health structures present. In total, 40 health facilities from the twelve 12 departments of Benin, participated in the follow-up workshop.

The practical organisation of the training was carried out by the Ministry of Health and the Ministry of the Civil Service and Labour of Benin through its Directorate in charge of OSH. During the workshop the participants presented the activities carried out in their organisations and the actions taken within the framework of the agreed action plans submitted during the 2021 sessions. The two sub-committees established during the training held in Bohicon and in Parakou and the National Monitoring Committee presented activities for implementation.

[12] Health workforce policy and management in the context of the COVID-19 pandemic response: interim guidance (2020)

During the workshop, a total of 35 health facilities reported success, sharing training achievements, 32 health facilities were successful in raising awareness among health personnel about the importance of OSH through the ILO/WHO HealthWISE tool and the COVID-19 checklist for health facilities. Additionally, 26 health facilities had developed and submitted an advocacy plan for the implementation of the HealthWISE approach. Moreover, 20 health facilities have designated a health worker in charge of OSH in their health facility, and five facilities have established one or more focal points for monitoring HealthWISE activities. In total, 25 health facilities established an Occupational Health and Safety Committee, however, few confirmed the development and adoption of an OSH charter or policy within their facilities. Twenty-six health facilities assessed the OSH situation in their facility, of which 18 have developed an OSH action plan in response to the assessment.

The results of the monitoring and evaluation workshop showed that there had been significant progress in strengthening OSH among health facility and health workers in Benin. However, sustainable implementation remains a challenge. At the end of the workshop recommendations on the sustainable implementation of HealthWISE programme and the COVID-19 checklist was released. The workshop supported participants to tackle implementation challenges to ensure the sustainability of the planned actions in the area of strengthening OSH of all workers in the health sector in Benin.

Chad

Interventions in Chad were geared towards improving the assessment and planning of the health sector and strengthening governance for HRH through better coordination of stakeholders.

The WHO Country Office, together with the Human Resources and Training Department in the Ministry of Health and the Multisectoral Technical Committee for HRH Development provided support in the development of the following technical guidance documents and reports: (1) care delivery models to achieve UHC, (2) the HRH Competency Framework, (3) the impact study of COVID-19 on HRH, and the NHWA. The evidence and guidance made it possible to identify the priority challenges of health and care workers and the critical workforce needs for the updating of the National Strategic Plan for the Development of Human Resources for Health 2022-2030.

The establishment of the Multisectoral Technical Committee for the Development of HRH made it possible to address issues relating to production, recruitment, deployment and retention with all Ministries and civil society. The technical and financial support provided under by W4H has led to meaningful and frequent engagement of all stakeholders, contributing to prioritization of HRH in Chad. Coordination further enabled an agreement to be signed between the Ministry of Public Health and Prevention, HRH division and the ILO so that activities on health and safety and social dialogue could be implemented.

In the context of the COVID-19 pandemic ILO discussed priority needs with the partners. As a result, partners agreed on a concept to build capacity on the management of OSH in health facilities, including the training of health workers on protection during COVID-19 as well as establishing occupational safety and health committees in selected hospitals.

In 2021, WHO and ILO provided technical support on basic OSH principles, knowledge and practical implementation, including the application of the ILO-WHO HealthWISE tool, with a focus on the COVID-19 checklist for health facilities. To ensure that the objectives of the training were met, a follow-up programme, involving the Ministry of Labour and the labour inspectorates was developed and implemented in 2022 in collaboration with the Directorate of Human Resources and Training of the Ministry of Public Health and National Solidarity of Chad. The aim of the programme was to strengthen capacity building of CHS members,

social partners and labour inspectorates on HealthWISE and the COVID-19 action list as well as on social dialogue.

In October and November 2022 two training workshops to promote OSH for health sector workers in Chad took place. The workshops brought together representatives of health workers and labour inspectors from N'Djamena and the provinces. The training combined theoretical sessions on HealthWISE and the COVID-19 checklist for health facilities with practical exercises, including the development and elaboration of a draft control sheet for work inspections in health facilities. The trainings also included two field visits to health facilities: the Good Samaritan of Walia and the Mother and Child Hospital, where participants received practical experiences on applying the HealthWISE approach.

By the end of 2022, more than 200 workers, partners and labour inspectors have been trained on OSH, including 10 trainers that have been trained to support the implementation of HealthWISE in local health facilities. The workshops further initiated the establishment of health & safety committees in numerous facilities. In addition, 25 social partners were trained on strengthening social dialogue in the health sector in Chad to improve labour relations and to support tripartite engagement in the development of national health workforce strategies. The government of Chad, with the support of ILO and WHO took implemented a multi-sectoral approach in addressing health workforce challenges in the country ensuring participatory processes and fostering equal partnerships.

Guinea

The Ministry of Health of Guinea through the National Directorate of Human Resources with the technical and financial support of the ILO-OECD-WHO Working for Health Programme organised training sessions for regional and prefectural trainers in 2021 in Quality Management through the HealthWISE approach in the administrative regions of Nzérékoré, Faranah and Kankan between September – October 2021. In total 55 participants were trained through three sessions (20 from Nzérékoré; 16 from Faranah and 19 from Kankan), participants included Deputy Directors of regional hospitals, Infection Prevention and Control Officers and Human Resource Focal Points across 15 health districts.[iv] In addition to capacity building, resolutions were taken to consolidate the effective implementation of OSH management systems in target establishments. Thus, recommendations were made to the various entities involved in the process. These recommendations constituted the framework for monitoring the implementation of actions for the continuous improvement of working conditions through the HealthWISE approach.

From 29 November to 02 December 2022 the ILO in collaboration with WHO and through the support of the ILO-OECD-WHO Working for Health Programme conducted a workshop on the monitoring, evaluation, and reinforcement of the training of health workers in Conakry. The workshop brought together 29 participants representing health workers and managers of 18 health structures from the Faranah, Kankan and Nzérékoré regions.

The workshop was organized in three sequences, addressing the assessment of activities relating to the recommendations of previous trainings by the 18 health facilities, including a summary assessment of the OSH situation in these health facilities; a refreshing on the fundamentals of OSH and the HealthWISE approach; and group work that resulted in the collaborative development of the following strategic documents:

- A minimum package of activity 2023 for the 18 health structures engaged.
- A scheme for the implementation of the OSH Management system in a health structure according to the constraints and specificities of the health context and policy of Guinea.

- A strategy to extend the process to other health facilities in the country.
- A strategy of resource mobilization for the extension to other structures in Guinea

A WhatsApp group including all participants and trainers has been created to promote shared experiences and further learning. The workshop contributed to strengthening participants ability to respond during emergencies as well as prioritize OSH management system. However, the process of setting up OSH management systems integrating the COVID-19 is still in its early stages including 18 target health facilities. The workshop contributed to defining a set of recommendations -

- Realisation of the minimum package of activities for OSH in 2023;
- Extension of the HealthWISE training to non-beneficiary regions, involving the private sector;
- Involvement of national managers in OSH trainings
- Development and realisation of an OSH national strategy.

Kenya

In their Conclusions, the Tripartite Meeting on Improving Employment and Working Conditions in Health Services[13] (April 2017) recommended that constituents in the health sector should actively engage in effective social dialogue in its various forms to advance areas of common interest and to promote decent work and productive employment as well as continued professional development and lifelong learning for all health workers. Given these contextual challenges and commitments, the Ministry of Labour in Kenya reached out to ILO to support capacity building and social dialogue to strengthen e labour relations in the health sector to inform sustainable health workforce policies and strategies in Kenya. The ILO responded to the request with the support of the ILO-OECD-WHO Working for Health Programme and provided technical support to Kenya through capacity building activities involving government and social partners in the health sector to engage in effective social dialogue. The two main activities included (i) conducting social dialogue training, and (ii) developing a practical manual for labour relations in the health sector in Kenya.

Social dialogue training in the health sector in Kenya

The promotion of social dialogue, and in particular collective bargaining at all levels, is key to productive, equitable and stable employment relations. While an enabling regulatory framework and other measures to promote collective bargaining are essential, the effectiveness of collective bargaining is often hampered by the poor negotiating skills of the bargaining parties. To strengthen the resilience of the health system, including supportive and outcome-oriented labour relations, capacity building in social dialogue and dispute resolution is needed.

The ILO and its training centre in Turin (ITCILO), in collaboration with the Ministry of Labour delivered a 5-week course for the support of sound labour relations in the health sector in Kenya. The training was held virtually during the COVID-19 pandemic. The social dialogue training targeted stakeholders involved in negotiations in the health sector at national and county levels and provided participants with knowledge and practice of negotiation skills and techniques. The training aimed to provide participants with the skills and tools to help understand conflict dynamics and effective approaches to dispute resolution; to apply consensus-based

[13] Tripartite Meeting on Improving Employment and Working Conditions in Health Services

methods of dispute resolution; and to create a mutual understanding of how to relate to each other and lay the basis for sound industrial relations in the health sector.

In total, 46 representatives (23 women and 23 men) from the Ministry of Labour, Ministry of Health, and workers' and employers' organizations participated in the training. During the training, participants developed a road map for sound industrial relations and elaborated a draft action plan applicable in their respective working settings to strengthen labour relations.

Development of manual on social dialogue for the health sector in Kenya

To further strengthen labour relations in the health sector in Kenya the ILO supported the development of practical manual on social dialogue for the health sector in Kenya. The manual is based on ILO resources and aims to provide practical advice and guidance on implementing social dialogue processes in Kenya.

The manual takes into consideration the legal context, existing rules and regulations in Kenya. It presents approaches to social dialogue in the health sector and highlights the ways in which these approaches can be used to advance constructive labour relations which underpin effective health workforce policies and contribute to improving health outcomes. It captures variations in the scope and application of social dialogue, including how social dialogue can be used to address such matters as: recruitment, retention, and qualifications; employment and working conditions; education, training and continuous professional development; compensation; social protection; and governance. The manual takes into account issues related to gender, disability and other special groups particularly in relation to representation, content, and process of social dialogue mechanisms.

The development was supported by a tripartite technical working group of health and labour experts in Kenya. As part of the handbook development process, virtual consultative meetings and a two-day physical consultation workshop on social dialogue for improving labour relations in the health sector in Kenya was organized in July 2022. The consultation meetings brought together the members of the Technical Working Group (TWG), which consists of government and workers' and employers' representatives and relevant stakeholders from the health and labour sector at national and county level.

The participants reviewed the draft manual to ensure accuracy and relevance of the content, identified gaps and provided relevant case study examples from labour relations in the health sector in Kenya. Representatives from the Ministry of Labour, Ministry of Health, County Governments, employers' and workers' organizations emphasized the importance of the technical support the ILO is providing to strengthen labour relations in the health sector, which continued to be challenged by health budget constraints, workforce shortages, challenging working conditions, the devolution of government responsibilities from national to county levels and frequent strikes. Stakeholders expressed a need for further technical support from the ILO to build upon and continue the ongoing work on capacity building in social dialogue and dispute resolution in the health sector. The manual for social dialogue in the health sector in Kenya will be finalized in 2023 with further support required for dissemination and roll-out.

Mali

A HLMA was conducted in Mali in 2022 and has contributed to the country's investment plan on HRH as well as preparations for the development of Mali's new ten-year social and health development plan (PDDSS 2024-2033), with its five-year plan implementation tool, the "*Social and Health Development Programme*." The new strategic plans will integrate the updated epidemiological profile described by the HLMA and also the model of primary care on which the country will build its new strategies, with details on production, recruitment, distribution and retention. Validation of the report findings is expected in the first quarter of 2023 to identify the causes for health workforce shortages, explain the possible methods to identify the drivers of health workforce shortages, identify the stakeholders who will participate in this analytical phase and prepare a timetable for the implementation of the second phase.

In the context of the Working for Health (W4H) COVID-19 response in 2021, two training workshops were held to improve the OSH capacities of health services in Mali for a better protection of health workers, one in Bamako and one in Segou. The workshops used the HealthWISE methodology and provided guidance on the application of the COVID-19 Checklist for health facilities. Two committees to follow up on the recommendations of the workshops were established. Each committee is comprised of 10 members representing different health facilities from the Bamako and Segou region.

In May 2022 the two committees met in Segou for a follow-up workshop to evaluate the implementation of OSH management systems agreed during the workshops in Bamako and Ségou in 2021. The aim of the workshop was to evaluate the implementation of OSH management systems integrating the HealthWISE approach and the COVID-19 threat in 41 health facilities participating in the trainings in Bamako and Segou in 2021.

The workshop revealed that of the 41 health facilities, 35 were making progress on the implementation of OSH measures. Twenty-two health facilities reported the designation of a focal point responsible for monitoring the implementation of HealthWISE. Twenty-two facilities of the 35 adopted a note on the organization and functioning of the health and safety committees and set up and/or reactivated the committee; 6 health facilities have developed, signed and adopted an OSH charter and 22 have conducted an OSH assessment of their facility using the HealthWISE checklist combined with the COVID-19 checklist for health facilities. Finally, 21 of the 35 facilities have already adopted an action plan based on this assessment.

Building on these results, workshop participants developed -

- a minimum package of activities for 2022/2223 for the 35 health facilities involved;
- a scheme for implementing the checklist in a health facility according to the constraints and specificities of the context and Mali's health policies;
- a strategy for extending the process to other health facilities in the country; and
- a strategy for mobilizing resources for extension to other health facilities in Mali.

To further strengthen OSH measures in Mali, the following recommendations were adopted:

- Monitor the process in the 35 structures involved by supporting the implementation of the minimum package of activities selected and to organize a monitoring workshop in 12 months.
- Support the principals in the use of the strategy documents developed to set up the SMSST in all the country's health structures.
- Take into account and possible collaborate with private structures in the process of extension of the initiative by organising dedicated training/action workshops.
- Consider briefing sessions on HealthWISE for workers' and employers' organisations.
- Consider training the 2 occupational health doctors involved in the project so to be competent in HealthWISE training for Mali.

- Strengthen the collaboration between WHO, ILO and the government to ensure sustainable continuation of the activities.

Photo 6-8. Impressions of the monitoring and evaluation workshop in Mali 2022

Mauritania

Within the framework of reforms initiated by the Ministry of Health, specifically, the decentralization of the functions of the Human Resources Department (HRD), there is an effort to strengthen governance through improved communication between stakeholders.

The WHO Country Office (WCO) in Mauritania provided technical and financial support to facilitate dialogues with the Health Resource (HR) Directorate of the Ministry of Health, to identify the priority challenges of the health workforce in preparation for the development of a new National Health Workforce Strategy, 2022-2026. These dialogues were informed by the results from the HLMA that was supported by W4H. This has resulted in a stronger commitment to invest in HRH to achieve UHC and the need for better coordination of HRH interventions. This programme also provided technical capacity to the MoH staff for the development of evidence-based policies for HRH development.

The HLMA identified eight main needs in Mauritania, including: (i) strengthening of health workforce training quality, (ii) increasing recruitment of health workers in line with health system needs, considering sustainable budgetary capacity, (iii) decreasing regional maldistribution of the health workforce through contracting and implementation of relevant and adapted motivation and retention incentives, (iv) strengthening of health workforce information systems and implementation of research activities in health for evidence-based decision-making, (v) strengthening of policy dialogue for HRH development, (vi) improving the HR Branch of the Ministry of Health functioning, (vii) decentralization of health workforce management at regional and subnational levels and, (viii) implementation and the use of high-performance and transparent job and skill management system.

To address the challenges of health workforce, the following actions were selected in the health workforce strategy: (i) strengthen the planning and the quality of pre-service and in-service training, (ii) provide professional training in health schools, (iii) reduce the national health workforce needs by 42%, (iv) identify and implement relevant incentives for strengthening the motivation and retention of health workers, (v) mobilize funds for financing the implementation of selected incentives, (vi) harmonize the allowances for public employees in the health sector, (vii) prioritize the evidence-based decision-making in the planning and the management of HRH, (viii) revise the organization chart of the Ministry of Health, (ix) strengthen the decentralization in the HRH management and (xi) implement research activities for HRH development.

A steering committee composed of the Ministry of Health (administrative monitoring), the Ministry of Public Service (career management), the Ministry of Finance (for payroll), and the legal department, as well as other stakeholders, was set up to improve coordination in the context of decentralization. This committee included labour unions that provided oversight of processes related to the deployment of health personnel.

A tripartite meeting held 18 February 2020 in Nouakchott proposed the establishment of a national committee for social dialogue concerning health personnel to promote intersectoral collaboration between the stakeholders. Delayed by the COVID-19 pandemic, in 2021, the activities for the development of an ongoing strategic dialogue mechanism between stakeholders was initiated, starting at regional levels in four pilot regions, namely the wilayas (regions) of Guidimakha (capital, Sélibaby), Tagant (capital,Tidjikja), Assaba (capital,Kiffa) l, and Brakna (capital, Aleg).

To complement the workshops in the four target regions in Mauritania, ILO with the support of partners convened a national workshop from 17- 18 March 2022 in Nouakchott. The national workshop aimed at providing training on social dialogue, decent work and OSH to strengthen the capacity of the member of the social dialogue platform to sustainably implement mechanisms of social dialogue to advance decent work in the health sector in Mauritania. The results of the workshop fed into the development of the Human Resources for Health Development Plan (Plan de Développement des Ressources Humaines pour la Santé (PDRHS)) for Mauritania.

The health workforce strategy was developed but it is yet to be validated at a national level and is partially budgeted. In 2023, comprehensive costing will be carried out for the strategy before organizing a national validation workshop.

Niger

Building on the development of an econometric model to guide the assessment of the employment creation potential of the Rural Pipeline Programme (RPP), the ILO in 2022 developed additional materials and a final evaluation report of the RPP. The report (a) proposed a pedagogical and methodological approach to analyse data, (b) identified data to be collected, (c) recalled the canonical presentation of the models to be estimated in relation to the outcomes sought by the Rural Pipeline Programme (employment, professional insertion, social service delivery, food insecurity and poverty), (d) proposed Stata programmes that allow for the reproduction of results and (e) showed how to interpret the results. The final report is a sound tool that can support the impact evaluation process of the RPP on expected outcomes in the context of the envisaged interventions.

ILO contributed to knowledge development, on the use of micro econometric methods to assess the causal effect of employment creation programs including training programs, or any other interventions implemented over multiple periods on employment outcomes. Evaluations can help build accountability and transparency in the implementation of employment creation programs. By assessing the impact of these programs, development partners and governments can demonstrate to their stakeholders that they are using public resources effectively and efficiently to achieve their objectives.

Occupied Palestinian Territory

Social dialogue contributes positively to the development and reforms of health services and is particularly important in times of structural change. In the health services, it is based on certain values and principles, including patients' needs, professional ethics, and affordable and universal access to health care. Effective social dialogue requires strong, representative and independent social partners who recognize each other's legitimate roles. Through dialogue, the tripartite or bipartite partners can advance on interests they have in common and reach compromises about matters on which their views differ.[14]

In their Conclusions, the ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services (April 2017)[15] recommended that constituents in the health sector should actively engage in effective social dialogue in its various forms to advance areas of common interest and to promote decent work and productive employment as well as continued professional development and lifelong learning for all health workers.

[14] ILO: Improving Employment and Working Conditions in Health Services: Report for discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 2017).
[15] ILO: Tripartite Sectoral Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 24-28 April 2017) - Conclusions (Geneva, 2018)

In May and June 2022, the ILO and its training centre (ITCILO), in collaboration with the Ministry of Labour and the Ministry of Health, delivered an online course for the support of sound labour relations in the health sector in OPT. The course brought together 38 participants (13 women and 25 men) from West Bank and Gaza representing the Ministry of Health, the Ministry of Labour and health sector unions. The aim of the programme was to provide participants with the skills necessary to lay the basis for and engage in sound industrial relations in the health sector. The course offered participants an opportunity to gain knowledge and skills to create a mutual understanding of how to relate to each other; understand the conflict dynamic and effective approaches for dispute resolution; and get equipped with the skills and tools to apply consensus-based methods of dispute resolution. During the final sessions of the training participants provided ideas on action steps that OPT will take in the future.

Support from the W4H MPTF also contributed to essential training materials for Basic Life Support training in collaboration with the WCO OPT. This enabled the Ministry of Health General Directorate of Emergency to sustain basic life support capacity building and training, beyond the project duration. The Ministry of Health continues to deliver monthly trainings and capacity building in Basic Life Support for primary health care (PHC) workers and private and NGO emergency medical technicians, ensuring these critical skills and services are expanded and available.

Pakistan

W4H provided technical support through WHO and ILO-led initiatives to strengthen the health system in Pakistan: (1) capacity building, advocacy and strengthening of the Pakistan Nursing Council; (2) gender equality in health (women in health leadership) study; and (3) implementing HealthWISE in Pakistan health institutions.

Capacity building, advocacy and strengthening of the Pakistan Nursing Council

The certificate course curriculum for nursing educators, developed in 2021 with Ministry of National Health Services Regulations & Coordination (MoNHSR&C) and Pakistan Nursing Council, was rolled out in 2022 to build the capacity of nursing faculty members, enhance the quality of nursing education, and deliver patient-centered and high-quality health services. The first training of the trainers (ToT) was delivered to 21 nurse educators in October 2021, with a second ToT held in 2022 for 24 participants to be trained as master trainers in Sindh Province. These educators and master trainers will contribute significantly to the quality of nursing education through better teaching, learning and assessment practices for nursing teachers, facilitators, and leaders.

On the occasion of the International Nurses Day on 12 May 2022, MoNHSR&C and Pakistan Nursing Council in collaboration with the WCO Pakistan commemorated the day and ILO in collaboration with the WHO, International Council of Nurses (ICN), and Women in Global Health organized a national seminar on "*Nurses: A Voice to Lead - Invest in Nursing and respect rights to secure global health*". The aim was to raise awareness about the importance of nurses, the major challenges they face in decent working conditions, gender equality and adherence to international labour standards, and to strengthen a network of research and advocacy for addressing nursing workforce shortages in Pakistan. The national seminar was attended by 77 participants (42 women and 35 men) representing government, employers and workers representatives, healthcare workers, nursing colleges, regulatory authorities, academia, UN partner organizations and national and international development organizations.[16][17]

[17] Pakistan Social media: International Nurses Day; Health for All; Health security

Participants agreed that there is a need to improve the working conditions of nurses and health staff in Pakistan. An informal network was established to share knowledge, good practices, and information on training opportunities. Going forward, there was a request for ILO and WHO to work together with the Government of Pakistan to develop a concrete action plan to pursue further collaboration. The Government representative highlighted that a joint strategic plan of the two UN agencies would be a welcome initiative.

The Pakistan Nursing Council (PNC) is an autonomous, regulatory body licensing nurses, midwives, lady health visitors, and nursing auxiliaries to practice in Pakistan. Their role is to organize high-level meetings with policymakers and coordinate with the Federal Health Department and Provincial Nursing Directorates to strengthen the nursing sector. On the request of the registrar PNC, WHO Pakistan provided support for enhancing conferencing capabilities for the PNC to enhance policy dialogues.

Gender equality in health (women in health leadership) study

In 2021, the ILO conducted a study which aimed at exploring the topic of women's leadership in the health sector at different levels, including within health institutions and within hierarchies in public health institutions, in staff associations and trade unions, and in other settings. More specifically, the study assessed gender equality in health leadership in Pakistan at institutional, structural, policy and service delivery levels and provided recommendations to address gender equality and leadership gaps in the health sector in Pakistan at all levels.

ILO organized a tripartite consultation workshop in April 2022 with 23 participants from government, workers and employers, regulatory bodies and service providers in the health sector to review the findings of this study and to validate its assessment and the recommendations. Participants agreed on the need for creating enabling environments and a policy framework to enhance gender equality in leadership positions in the health sector. The final report will be distributed to the government, social partners and key stakeholders for considering possible improvements in health regulations and creating more opportunities for women's leadership.

Implementation of HealthWISE in Pakistan health facilities

Based on the HealthWISE Introductory Workshop in Islamabad, a guided implementation of a complete HealthWISE Programme cycle with three selected pilot health facilities in Islamabad who committed to a full HealthWISE implementation was initiated. Three types of entities were selected: a public hospital – namely the Federal Government Services Polyclinic Hospital, a private hospital – namely the MaxHealth Hospital and a semi-public hospital – namely the Punjab Employees Social Security Institution hospital. The reason for piloting in three different settings was to assess their responsiveness to changes and improvements proposed under the HealthWISE model. The implementation of HealthWISE was undertaken on pilot basis by the six national resource persons from the Directorate of Workers Education (DWE), the Ministry of Overseas Pakistanis and Human Resource Development.

The implementation of HealthWISE in the pilot health facilities comprised the following phases: (i) inaugural meeting; (ii) orientation sessions (training on the 8 HealthWISE modules); (iii) risk assessment/ implementation checklist; (iv) development of Action Plans; (v) follow-up meetings to ensure sustainable implementation of action plans.

All three hospitals established a committee/ working group composed of management and workers representatives to lead and ensure sustainable implementation of the HealthWISE approach in their respective health facilities. Improvements were reported in all three health facilities. These include, among others, the development of occupational safety and health policies, awareness raising sessions on various topics, including

on infection prevention and control and ergonomic hazards, the establishment of reporting and complaint mechanisms for incidents related to violence and harassment, the introduction of labelling and warning system for various categories of waste, the creation of designated rest, dining and changing areas for staff and the provision of adequate furniture to prevent musculoskeletal injuries.

The HealthWISE pilot revealed certain enablers that helped in achieving results and improvements. These included, among others, an enabling environment, a strong commitment of direct management and staff self-motivation. However, few barriers impacted the implementation and the achievements of expected outcomes, such as the lack of financial incentives to implement structural and high-capital improvements combined with weak commitment from higher management.

The timeframe allocated for the implementation of HealthWISE Pilot was 90 days. However, some of the identified risks required long-term solutions, involving proper planning, financial allocation and approval process. It was suggested for future implementation phases to consider allocating a longer period for the implementation of the action plan to also include the facilitation of the realisation of identified intermediate and long-term measures.

To raise awareness on the importance of protecting health workers and strengthening of occupational safety and health in the health system in Pakistan, the ILO produced a video documentary that summarises the key activities; initial results; lessons learned; successes stories; and challenges faced. The video can be accessed on the ILO Health Services Sector website[18].

As a follow up to with the three health facilities on the progress made towards achieving goals set out in the action plans and to help them deliberate on the need for developing sustainable OSH management systems (OSH-MS), the ILO organized a 1-day workshop in September 2022. The workshop brought together representatives from the management and workers of the three health facilities as well as the six (6) HealthWISE trainers from DWE. During the workshop, the three health facilities shared their experiences and status of the implementation of the OSH measures identified during the HealthWISE implementation. Furthermore, the ILO's OSH Specialist for the region, provided training on how to develop an Occupational Safety and Health Management Systems (OSH-MS) using the ILO-OSH 2001 guidelines. The participants agreed on next steps towards the development of OSH-MS and provided guidance on how the best expand the HealthWISE approach to other health facilities in Pakistan.

Based on the improvement made in the three pilot hospitals in Islamabad, the ILO received request, among others from the organization of private hospitals, to provide technical support in strengthening occupational safety and health for health workers by implementing HealthWISE in all private health facilities in Pakistan.

Somalia

While Somalia has not fully recovered from COVID-19 pandemic, the country is facing one of the most severe droughts in its history, on top of protracted conflict, where half of the country's population is need of humanitarian assistance with thousands are at risk of facing extreme food hunger and famine. W4H in Somalia combined emergency response across the pandemic, drought and conflict, with long-term planning in HRH strategies and policy-making.

Responding to the complex situation in Somalia, the government is preparing to roll out the Essential Package of Health Services (EPHS). As part of the efforts to prepare the EPHS in 2022, W4H provided technical and

[18] ILO video, forthcoming, April 2023

financial assistance for a health workforce mapping exercise in Somalia in both private and public sector using the Harmonized Health Facility Assessment Tools, aimed to generate data on health workforce availability by the type of facilities and services. From this data, policy options were developed on harmonized service structures and competency requirements for healthcare professionals working at the critical primary health care levels.

W4H contributed towards the coordination of protection activities for psychosocial support and stress management of health and care workers involved in managing trauma and blast injuries following the devastating bomb blast in Mogadishu city in October 2022 which claimed over 100 lives. Additionally, MPTF support enabled the finalization of a programme to deliver integrated mental health care in PHC and for supporting critical care at the secondary and tertiary level care.

As part of COVID-19 pandemic response, recovery and preparedness efforts, a study was conducted on the acceptance and hesitancy of COVID-19 vaccination in health and care workers to inform vaccination strategies in settings where there is an acute shortage of health and care workers. An observational study was conducted on the compliance to COVID-19 infection prevention and control (IPC) measures in Somalia with plans to institutionalize IPC measures at facility level for safety and protection of health and care workers.

To support implementation of ongoing vaccination strategies, W4H provided technical and financial assistance to **recruit and deploy over 2000 community health workers** in drought-affected areas for delivery of integrated health and nutrition care and vaccination community outreach programmes. Over 70 health and care workers were trained to support epidemic detection and response activities under the newly established Frontline-Field Epidemiology Training Program of the Federal Ministry of Health as part of broad workforce capacity building and expansion efforts.

W4H provided technical and operational support to the Federal Ministry of Health to finalize the statute of professional conduct regulations by the National Health Professional Council which is an autonomous body for registering and licensing all health and care professionals in the country.

South Africa

In 2020, the ILO had received a request from the Eastern Cape Department of Health (ECDoH) to assist in addressing the impact of COVID-19 in the hospitals. In 2021, the ILO provided technical guidance and support to the Eastern Cape Department of Health on matters related to OSH and COVID-19 in close collaboration with the tripartite Technical Working Group that had been established to coordinate all the work related to COVID-19, OSH and HIV/TB in the world of work.

As immediate impact of the training and following the recommendation of the Tripartite Technical Working Group the ECDoH approved a pilot of HealthWISE implementation in 10 health facilities in the Eastern Cape Province once training on all HealthWISE modules have been completed. The selected health facilities located in two Metropolitan Municipalities (Buffalo City and Nelson Mandela) and the districts (O.R. Tambo, Chris Hani and Sara Baartman) and they employ 10,756 health workers (8,053-females and 2,703-males) combined, which is about 26 per cent of the +41,000-health workforce in the Eastern Cape (both in public and private sectors).

In June 2022, a 3-day workshop was organized that aimed at completing the four remaining modules of HealthWISE addressing the topics of a green and healthy workplace, the key role of staff: recruitment, support, management, retention, working time and family-friendly measures, and selecting, storing and managing equipment and supplies. It further focussed on ToT and the development of facility-based implementation-

plans. The workshop brought together 20 participants (15 women and 5 men) including from Organized Labour (DENOSA, HOSPERSA, NEHAWU and PSA), Provincial/District Officials and OSH Coordinators based in the health facilities. During the workshop Action-Plans were drafted by the Provincial/District Officials and the Facility-based OSH Coordinators. The ILO provided further technical support to the ten health facilities during the implementation phase.

Sudan

W4H played a vital role in facilitating and stimulating actions for sustained investment in the health workforce in Sudan. In 2022, three key areas of technical support were provided that align with the Framework for Action for Health Workforce Development in the Eastern Mediterranean Region 2017 – 2030:

(1) support the development of a National Strategic Plan on Human Resources for Health 2030;
(2) strengthen HRH Information System and health workforce observatory; and
(3) support the Nursing Initiative, with a focus on improving alignment across Health and Education sectors.

Through the W4H programme, WHO supported the Federal Ministry of Health, Sudan to develop and endorse its National Strategic Plan on Human Resources for Health 2030. The strategic framework was developed in consultation with the HRH Stakeholders Forum, which includes health professional organizations, academic institutions, representatives of related Ministries, international agencies, NGOs, and donors. It is a crucial platform for communication and sustainable coordination between all concerned stakeholders and decision makers. The HRH Stakeholder Forum provides strategic guidance to address the HRH challenges and bottlenecks based on the identified priorities. The stakeholders agreed a stronger and more resilient health system is needed by strengthening and investing in HRH strategy implementation and NHWA)

An agreement was reached on the importance of strengthening primary healthcare through investing in the production, equitable distribution, skill mix, and retention of health workforce to attain UHC. WHO has since supported the design and implementation of the PHC-oriented Model of Care in two states (Gazira and North Darfur). The model of care is an approach to operationalize and implement the National Health Sector Strategic Plan 2022 – 2024 and has a major component of health workforce.

To inform the consultations on the National Strategic Plan on Human Resources for Health 2030, a HLMA was conducted in 2022. It was carried out under guidance of the Ministry of Health-led HRH technical working group. The aim of the HLMA was to provide clear understanding of Sudan's current situation of the labour market dynamics; to identify challenges, opportunities, and areas for urgent action in this complex market; and to provide evidence on best practices to inform decision-making related to the health workforce. The HLMA enables Sudan to triangulate data to evaluate the health labour market before and after the implementation of the HRH strategy.

WHO supported strengthening the HRH information system through activation of the Human Resources for Health Observatory (training and provision of IT equipment). An E-Learning platform was established for the Faculty of Nursing, University of Khartoum to continue the training programmes in the context of COVID-19 and other concurrent heath emergencies and outbreaks.

As part of the Ministry of Health resource mobilization strategy, technical assistance was provided to the Diaspora Engagement and Development (DEDD) unit in the Ministry of Health to develop the Diaspora Engagement Strategy, ToRs, operations manual and other guidelines. A situational analysis for the current diaspora engagement activities and review of methods to mobilize funds through diaspora engagement was conducted. An agreement was reached to pilot the diaspora engagement strategy with commitment from partners on functions and action plan.

The Academy of Health Sciences is the main educational institution to produce qualified allied health professionals. W4H supported the Academy of Health Sciences to conduct and organize the annual review meeting for the directors of the States branches of the Academy of Health Sciences and nursing stakeholders. This meeting was considered an important platform to review and improve performance at state and federal levels, it was attended by 50 participants from Federal Ministry of Health and 17 state branches. The main outcomes of the meeting were a review and evaluation of the performance, educational process and quality standards, development of a unified harmonized management plan and training of trainers on medical professionalism.

In a collaboration with Sudan Medical Council (SMC) to build the capacities of health personnel in the country, the W4H programme supported a five-day ToT training on medical professionalism. The purpose of this training is to build a pool of competent trainers through establishing Medical Professionalism Training programme at national, state, and local health system levels. The WHO committed to support SMC to address the gaps and reform the curricula of medical schools and implementing CPD courses on professionalism for all health professionals. The attendees were 25 participants selected from Educational Development Centers (EDCs) of eight universities. The training covered different aspects of professionalism including social accountably, patient's safety, medication safety, infection control protocol, adult learning, and professional behavior and communication skills.

Regional achievements

Western African Economic and Monetary Union

Most programme activities in WAEMU concluded in 2021, however the W4H programme's ongoing portfolio of sub-regional support to WAEMU in 2022 included the development, resourcing and implementation of sub-regional health workforce investment plans.

A high-level regional policy dialogue on health workforce investment and protection was convened in November 2022 in Accra, Ghana, attended by 26 Member States, development partners and international financing institutions. The three-day regional health workforce investment policy dialogue provided country representatives and stakeholders—including sub-regional representatives from SADC, ECSA and the ACHEST and AFREHealth NGO and civil society networks; and donor representatives from the US government and USAID, the Global Fund, the World Bank and the Buffet Foundation—with a platform to share their specific workforce investment priorities, experiences and challenges, incorporating lessons learnt from the COVID-19 pandemic from regional, sub-regional and country perspectives. It further explored workable solutions on an integrated way forward. The policy dialogue was co-hosted with Government of Ghana, with welcome and closing remarks provided by both the Honorable Minister and Deputy Minister for Health.

A main outcome of the policy dialogue was securing consensus to develop an African health workforce investment charter that will advance the Regional Committee's resolution AFR/RC67/11 of 13 June 2017 with a firm 2030 target for "*all Member States have reduced at least by half inequalities in access to a health worker.*"[19] The African health workforce investment charter will enhance deeper dialogue, broker negotiations among partners/stakeholders and ensure the alignment of investment priorities between Member States, sub-

[19] WHO Regional Office for Africa, *The African Regional Framework for the Implementation of the Global Strategy on Human Resources for Health: Workforce 2030* (2017).

regional bodies, development partners and investors to stimulate better and more efficient investment in the health workforce across their education, employment, retention and management.

An expert working group was commissioned to review the available evidence and develop the draft Health Workforce Investment Charter for consultation with Member States in 2023, with high-level meetings in 2023 planned to endorse the Charter and broker negotiations to stimulate more and sustained health workforce investments in countries (e.g., Fifth Global Forum on Human Resources for Health in April 2023; WHO Regional Committee for Africa in August 2023; African Health Workforce Investment Forum and UN high-level meeting on UHC in September 2023). The investment charter will be formally announced at the 5th Global Forum on HRH in April 2023, and has strong backing from numerous countries, including Ghana and the East, Central and Southern Africa (ECSA) health community.

In 2021, the ILO led a study to examine the long-term quantitative employment impacts of WAEMU's investments in the health sector. With this study, the ILO proactively responded to its constituents' request by effectively identifying the factors that influence the relationship between health sector investment, employment, and economic growth in the WAEMU region. Moreover, the study formulated policy recommendations for improving the impact of health sector investment on employment and economic growth in the WAEMU region. In 2022, the study was translated into French and is now available in English and French.[20]

Southern Africa Development Community

The SADC Health Workforce Strategic Plan: 2020-2030[21], adopted in November 2020, was published online along with a 4-page summary in English, French and Portuguese. Given that the implementation of the strategic plan was in its second year and the COVID-19 pandemic continued impact on human resources for health in countries, the SADC Secretariat held a Member State meeting from 20th to 22nd June 2022 in Johannesburg. The meeting generated impetus and momentum to accelerate implementation of the SADC Health Workforce Strategic Plan 2020-2030. It was attended by 14 of the 16 SADC member states in the region, namely Angola, Botswana, Comoros, Kingdom of Eswatini, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, RSA, United Republic of Tanzania (URT), Zambia, and Zimbabwe. Representatives from Madagascar and Democratic Republic of Congo (DRC) were absent with apologies. The Member States' delegation included representatives of Ministries of Health and Ministries of Labour and Employment as well as employers' and workers' representatives from the SADC Private Sector Forum and the Southern Africa Trade Union Coordination Council respectively. The partners in attendance included ILO and WHO (Botswana, AFRO and HQ). The meeting was facilitated by WHO and the SADC Secretariat.

Countries were supported to prepare for national-level adaptation of the SADC Health Workforce Strategic Plan using HRH planning tools to determine the stage of strategic planning process and analyze the feasibility of adaptation and policy options including assessing the strategic interventions/commitments aligned to the Strategic Plan. They worked towards a comprehensive feasibility analysis across the 23 strategic directions outlined in the Strategic Plan and adapted key indicators to create fit-for-purpose monitoring plans.

Member States prioritized COVID-19 response activities including several health workforce measures to ensure continuity of essential health services in addition to reducing morbidity and mortality during the pandemic; this delayed prior implementation of the Strategic Plan. They described challenges in the availability and distribution, health and well-being of the workforce, and working conditions. There was a decline of gross domestic product (GDP) with under-investments in the health and care workforce. To consider emergent opportunities to strengthen the workforce, Member States adopted the Term of Reference and proposed

[20] Forthcoming link in 2023
[21] SADC Health Workforce Strategic Plan 2022-2030

membership to the SADC HRH Technical Committee tasked to coordinate and monitor the implementation of the Strategic Plan. An established mechanisms to coordinate the development and implementation of health workforce policies and strategies was one of the key project deliverables.

Global public goods

1. **IADEX and NHWA supported countries**
   WHO supported data strengthening and the use of human resources for health information systems and NHWA data in Tanzania, Uganda and Senegal. The use of data to support policy analysis in ten (10) countries in the PAHO region was facilitated by WHO. Finally, all three implementing agencies collaborated on the joint OECD, Eurostat and WHO EURO joint questionnaire on health workforce statistics.

2. **International guidance and standards on health worker mobility**
   80 Member States, 14 independent stakeholders and 188 private recruitment agencies participated in the fourth round of reporting on the WHO Global Code of Practice on the International Recruitment of Health Personnel that was presented at the Seventy-fifth World Health Assembly (WHA) in May 2022.[22] The report noted that the negative health, economic and social impact of COVID-19, coupled with the increasing demand for health and care workers in high-income countries, might be increasing vulnerabilities within countries already suffering from low health workforce densities.

   As noted by the 74th World Health Assembly, the Expert Advisory Group on the relevance and effectiveness of the Code was reconvened to review all countries with low health workforce density (below the global median .49 per 10 000 population) and consider how vulnerabilities brought about by COVID-19 might require the revision and extension of safeguards against active international recruitment. Following the recommendations of the EAG, The WHO Secretariat published the WHO Health workforce support and safeguards list 2023.[23][24][25]
   WHO has developed the guidance on Bilateral agreements on health worker migration and mobility: Maximizing health system benefits and safeguarding health workforce rights and welfare through fair and ethical international recruitment with support from OECD and ILO to help strengthen the capacity of state actors involved in the development, negotiation, implementation, monitoring and evaluation of agreements related to international health worker migration and mobility, keeping health system priorities at the fore.

3. **A framework to assess employment impact**
   A framework to assess employment impact in the health sector was developed by the WHO, ILO and OECD members of the Working for Health Technical Working Group on Employment. This framework provides guidance for assessing and monitoring employment effects in the health sector and

[22] WHA Code progress report Human resources for health - WHO Global Code of Practice on the International Recruitment of Health Personnel: fourth round of national reporting
[23] SSL WHO health workforce support and safeguards list 2023;
[24] SSL press release WHO renews alert on safeguards for health worker recruitment
[25] Media releases on SSL https://www.bbc.co.uk/news/health-64722953; https://www.reuters.com/world/uk/uk-doctors-begin-strike-likely-be-most-disruptive-health-service-2023-03-13/; https://www.bbc.co.uk/news/uk-england-bristol-64938340; https://www.independent.co.uk/news/ap-junior-doctors-england-london-british-medical-association-b2299710.html; https://www.aljazeera.com/news/2023/3/11/uk-protest-backs-health-staff-as-doctors-prepare-to-strike; https://www.theguardian.com/uk-news/2023/mar/13/junior-doctors-strike-prompts-tens-of-thousands-of-hospital-cancellations; https://www.spectator.co.uk/article/how-to-stop-the-junior-doctors-strike/

differentiates between how many people: (i) gained access to employment in health; (ii) maintained and/or substantively changed their jobs; iii) improved their skills or working conditions.

A paper presenting and discussing the framework has been written and is organized as follows: Section 2 presents a summary of a review of literature on methods and approaches to assess employment effects in different sectors. Section 3 introduces the guiding framework to assess employment effects in health. It starts by introducing the dimensions of employment, then it proposes a layered approach to explain that depending on the health-related project and on the information, one could have simpler to more complex ways of identifying the effects of employment. The last part of this section maps examples of proposed indicators with the dimensions of employment in health. The final section presents concluding remarks.

This framework is intended to be used by policy makers, development partners and agencies when planning and implementing projects or programmes related to health workforce employment.

4. Addressing future health workforce skills needs

The OECD and ILO jointly produced a report, "*Equipping Health Workers with the Right Skills: Skills Anticipation in the Health Workforce*" which analyzed approaches to skills assessment and anticipation in the health sector. It covered sixteen OECD and low and medium-income countries: Argentina, Australia, Bangladesh, Canada, Colombia, Ethiopia, Finland, Germany, Ghana, Ireland, Korea, the Netherlands, Norway, South Africa, Sweden, and the United States. The ILO led data collection for low and medium-income countries. The ILO's expertise with the challenges faced by people in low and medium-income countries greatly enriched the analysis and recommendations.

The report identified the types of methodologies that are applied to anticipate skill needs in the health workforce in different countries and examines the ways in which this information is used to shape education, labour, and migration policies as well as collective bargaining processes. The aim of the report was to facilitate knowledge transfer between countries and to assist countries in developing skills anticipation exercises for the health workforce. The report is now publicly available on the OECD publications page and the ILO web page.[26]

In addition, the team produced a toolkit to support countries considering which research methods to adopt to anticipate skill needs in the health workforce. The toolbox consisted of a decision tree, outlining the key decisions involved in deciding which research methods to adopt, taking into account a country's policy objectives and available resources. It also consisted of a detailed table outlining the advantages and disadvantages of the different types of research methods. It is publicly available as part of the report above.

The team organized and hosted a virtual peer-learning workshop to discuss ways in which the information generated through skills assessment and anticipation exercises is currently used in education, employment, and migration policies. This workshop offered a forum to discuss how skills intelligence can be used in policy making. To promote discussion, the workshop was on an invite-only basis, and about 50 stakeholders involved in the development or use of skills intelligence for the health workforce participated. The ILO provided insights into the skills anticipation and assessment exercise in South Africa.

5. COVID-19 and health facilities: Checklist of measures to be taken in health facilities

[26] OECD Skills report webpage; ILO Skills report webpage

During the COVID-19 pandemic, ILO constituents raised as a priority concern the need to improve the protection of health workers in the fight against COVID-19. To respond to this need, a practical tool, a COVID-19 Checklist for application in health facilities, was developed for use in all countries. In 2022, the ILO continued to provide technical support in forms of trainings on the COVID-19 checklist in 7 countries (Benin, Mali, Mauritania, South Africa, Chad, Guinea, Pakistan).

In addition, the ILO initiated the development of an IT-based application to further improve access to the COVID-19 checklist for health facilities, particularly for health workers in rural and remote areas. This COVID-19 checklist application can be used on Android and iOS mobile phones, tablets and computers. Due to security concerns, the release of the App was slightly delayed. It will be available in early 2023.

III. Other Assessments or Evaluations

A final independent review of the relevance and effectiveness of the W4H Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021) was conducted in 2022, validating and reinforcing the continued high relevance of the W4H programme and its MPTF. The review methodology was based on the evaluation criteria of relevance, efficiency, effectiveness, impact and sustainability.

The final independent review found the W4H programme delivered results in a cost efficient and timely way by providing targeted catalytic funding and technical assistance. Countries have strengthened capacities and put systems in place to sustain the programme's interventions and results over time. In all countries and economic regions, the W4H programme resulted in evidence-informed and data-driven changes concerning national health and care workforce strategies, inclusive policy dialogue and decisions. The programme's flexibility to adjust to evolving needs and priorities related to country context, especially fuelled by the COVID-19 pandemic, was commended.

Stakeholders from the three agencies consider the new knowledge products that have been developed through W4H partnership on the Interagency Data Exchange Platform (IADEx) and the International Platform on Health Worker Mobility valuable. More support, and hence capacity, would be needed to ensure the uptake and application of these global public goods to be sustained long-term.

Observations from this review of the implementation of the W4H programme and an analysis of development actors' investments in health and care workforce programmes and job creation indicate available donor commitments to the MPTF as well as the broader health workforce agenda have so far remained modest. As a response, the review looked to the future of sustaining investment and support for implementation of subsequent projects under the new Working for Health 2022–2030 Action Plan and its MPTF. It offered three considerations for moving forward:

(1) from competition to collaboration and joint advocacy,
(2) financing the global health and care workforce, and
(3) from "tragedy of the commons" to investing in global public health goods.

IV. Programmatic Revisions

In several countries, the W4H programme experienced considerable delays to implementation.

In Benin, the Ministry of Health embarked on a reform and reorganization. The National Agency for Primary Health Care / Agence Nationale des Soins de Santé Primaire (ANSSP) had a newly created unit for the response

to health emergencies. A new National Community Health Policy that incorporates an integrated "one health" approach has been put in place to improve health indicators. However, the country still from a lack of human and logistical resources to continue essential public health functions whilst responding to emergencies. The strong involvement of the national staff (Ministry of Health) in the project' objectives formulation is crucial in the programme smooth running and achieving results.

In Chad, despite all efforts, the implementation of activities faced significant delays, partially due to administrative challenges caused by the lack of ILO representation in the country and due to the continuous restrictions and complex situation caused by the COVID-19 pandemic. Therefore, implementation of remaining activities will be continued during the first half of 2023 through a no-cost extension approved by the Steering Committee in December 2022.

V. Sustainability of Working for Health results

Working for Health, in the last 5 years, has demonstrated that countries have built capacities and institutionalised effective systems to sustain and scale-up the programme's outcomes and results over time. The project's flexibility to adjust to changing needs in countries, such as those fueled by the COVID-19 pandemic, as well as socio-political and economic instability, has ensured effective and sustainable impact.

Working for Health is highly responsive to national priorities and needs. It has proven to be relevant and effective in responding to failures in the health labour market, and on managing workforce migration issues. The programme's catalytic technical support empowered countries and implementing partners to raise the profile of health workforce issues, and position policy, action and investment in health workforce education, skills, and jobs firmly on the national, regional, and global agenda. It effectively facilitated the development of longer-term HRH Strategic and Investment Plans at both country, and regional level, and leverage the domestic and donor resources, and partnerships needed to deliver these. The establishment of multi-stakeholder policy dialogue platforms, with representatives from ministries of labour, health, finance, higher education, and foreign affairs, as well as workers' and employers' representatives has been especially important in elevating and sustaining key health workforce policy issues at a technical, financial, and political levels (for example in Chad and other countries).

The W4H 2022-2030 Action Plan was adopted by the 75th WHA in May 2022, presenting a pathway for the programme's continuity and sustained agenda. Building on the last 5 years' experience and lessons learned, the new 2022–2030 Action Plan is aligned with, enables and supports health systems strengthening and financing for UHC, essential public health functions, and emergency preparedness and response, as well as the core programmes that support them. It is guided by SDG 3.C, and by the specific needs and priorities of each country and the best available evidence and data to leverage sustainable multisectoral country-driven action aimed at driving policy, implementation and investment.

The Working for Health programme is also aligned with the UN One Common Agenda approach, it's interagency partnership drawing on the expertise from across ILO-OECD-WHO. The UN 'Global Accelerator on Jobs and Social Protection for Just Transitions' was established in 2021, led by ILO, with the aim of creating 400 million decent jobs across green, digital and care economies. As part of the coordination and forward planning for its implementation and roll out a Technical Support Facility (TSF) and implementation framework is now in place. Working for Health is playing a key role as part of the TSF 'Hub of Experts' and will contribute towards country support and implementation, in alignment with the W4H agenda.

Working for Health has been effective in enabling countries to strengthen and sustain intersectoral collaboration and coordination mechanisms by supporting governments to make their existing mechanisms

and partnerships more strategic and functional and help convene all key stakeholders and partners to work together toward one common goal.

A country perspective on sustainability

Somalia is slowly progressing from the brink of protracted level of crisis and climatic shocks which has plagued the country into a complex humanitarian situation. The lack of underinvestment on health systems and health workforce has made the country fragile in terms of delivery of services and care. This has resulted in poor quality of care transcending into one of the worst health and nutrition outcomes for its population in Somalia, especially women and children. The country also faces an acute shortage of health workforce in the country (less than 1 per 1000). In order to accelerate progress towards achieving UHC and Sustainable Development Goals, the country needs to invest and strategize its health workforce as well as map availability and supply with the population's health needs. The multilateral agencies need to support the government for training, retention and recruitment of health workforce including community health workers as human resources for health underlay the expansion of, and access to, quality health services and are an essential investment for a resilient health system in fragile countries.

Annex 1: W4H Results Matrix 2022

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
Outcome 1: The supply of appropriately skilled health workers meets assessed country needs				
Indicator 1: Total public sector expenditure on health workforce pre-service education **Baseline:** Based on country level assessments **Planned target:** % increase to be determined based on country level assessment	N/A	N/A	No data for Guinea and Niger on NHWA portal	Data from annual reports NHA, WHO NHWA portal
Indicator 2: Ratio of newly active domestic trained health workers to total stock of active health workers **Baseline:** Based on country level assessments **Planned target:** Extent of change to be determined based on country level assessment – threshold to be defined at national level	**Benin:** 1050 health workers have strengthened capacity to manage the COVID-19 pandemic. 145 trainers [77 Majors, 34 Social Action and Mobilization Research Fellows (CRAMS) and 34 Heads of Epidemiological Surveillance Centre (RCSE)] from health zones were trained on the use of COVID-19 community surveillance tools (*ongoing*). 1000 community health workers trained to identify, track and trace potential cases within the community. 50 health workers trained on psychosocial care and support interventions. **Somalia:** Trained and deployed 3126 Community Health Workers to support the COVID-19 response efforts who have been retained for providing essential health services at the community level in 2021. Over 70 HCW trained under the newly	N/A	**Chad**: planned to recruit an estimated 5000 health workers but this was not realized due to the political instability	Data from annual reports, WHO NHWA portal

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	established Frontline-Field Epidemiology Training Program of the Federal Ministry of Health in 2022. Over 2000 community health workers were recruited and deployed in drought-affected areas for delivery of integrated health and nutrition care and vaccination community outreach programmes. 204 first responder health workers were trained to provide basic psychosocial skills training on PFA and other key elements of MHPSS to cope with extreme stress and acute emergencies.			
Output 1.1: Strengthened country accreditation mechanisms to align types of education and training with health labour market demand and population needs				
Indicator 1.1.1: Existence of national and/or subnational mechanisms for accreditation of health workforce education and training institutions and their programmes (Yes/No/Partly) **Baseline:** 0 **Planned target:** 20 countries supported	**OPT:** Led by the MoH, international standards and best practices were reviewed for licensing requirements for EMTs and paramedics; licensing criteria drafted for paramedics and advanced EMTs in order to initiate the process of regulating these professions. **Somalia:** Conducted a rapid landscape analysis of existing health workforce, regulatory pathways for recruitment and retention and accreditation system for health workforce in the country.	N/A	N/A	Data from annual reports
Output 1.2: Models developed for assessing staffing needs for health services delivery				
Indicator 1.2.1: Existence of institutional models for assessing and monitoring	Three countries Benin, Guinea and Niger fully implemented the workload	Three countries (**Guinea** and **Niger** partially, and **Benin**)	Currently, there is only funding to	Data from annual reports

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
staffing needs for health service delivery (Yes/No/Partly) **Baseline:** 0 **Planned target:** 20 countries supported	indicators staffing needs (WISN) methodology.		support 12 countries not 20 Targets should be revised to 12	
Output 1.3: Strengthened institutional capacity to align skills and competencies with health labour market and population needs				
Indicator 1.3.1: Existence of national education plans for the HWF, aligned with the national health plan and the national health workforce strategy/plan (Yes/No/Partly) **Baseline:** 0 **Planned target:** 20 countries	**Chad**: Models of care developed for the implementation of the UHC strategy; Competencies framework for PHC developed. **Mali: HLMA informed drafting of** country's investment plan on HRH, new ten-year social and health development plan and new model of primary care. **Mauritania:** A comprehensive analysis was developed that addressed all issues related to the situation and dynamics of the health care labour market: training (initial and ongoing), recruitment, deployment and retention. A separate stakeholder analysis was conducted on: health workforce profile, retirements, migration, absenteeism, financing with a fiscal space analysis and assessment of Human Resources for Health needs according to the national standards. Results of the HLMA informed dialogues on the new National Health Workforce Strategy, 2022-2026 which includes	Seven countries reported (**Chad**, Mali, Mauritania, **Niger, OPT, Sudan, Somalia**)	Currently, there is only funding to support 12 countries not 20 Targets should be revised to 12	Data from annual reports

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	commitment to reduce the national health workforce needs by 42%. **Niger:** Continued training youth and women in health jobs to provide them with permanent employment opportunities and improve their skills. **OPT:** Developed curriculum and ensured adoption for two core courses in support of a national emergency training center: basic life support (delivered to over 200 workers and 15 trainers); advanced life support (delivered to 80-100 health workers); critical care and infection prevention and control courses (50-70 health care workers). **Somalia:** Supported the revision of national human resources for health strategy and its effective roll out by building institutional capacity of federal ministry of health. Also supported the establishment of National Institute of Health to support building public health workforce, especially for the front-line health workers. **Sudan**: established an e-learning platform for training of nurses and other allied health professionals. Conducted a review of the performance, educational process and			

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	quality standards with the Academy of Health Sciences and nursing educators to develop a unified harmonized management plan and training of trainers on medical professionalism.			
Outcome 2: Health sector jobs created to match labour market and public health needs				
Indicator 1: Percentage of active health workers employed by type of facility ownership **Baseline:** Based on country assessment **Planned target:** Extent of change based on country assessment	**Baseline data for the WAEMU countries:** **Benin in 2018:** Medical doctors: 71.0% in public, 18.4% in P4P, 10.6% in PN4P; nurses: 94.3% in public, 1.5% in P4P, 4.2% in PN4P **Burkina Faso in 2017:** Medical doctors: 100% in public; nurses: 100% in public **Chad in 2020:** Medical doctors 12.5% in private not for profit (PN4P), 87.5% in private for profit (P4P). **Côte d'Ivoire in 2018:** Nurses: 100% in public **Guinea-Bissau in 2018:** Nurses: 100% in public **Mali in 2018:** N/A **Niger in 2016:** Medical doctors: 84.1% in public, 15.9% in P4P, 0% in PN4P; nurses: 86.8% in public, 13.2% in P4P, 0% in PN4P. **Senegal:** No data **Togo in 2018:** Medical doctors: 75.5% in public, 24.5% in P4P, 0% in PN4P; nurses: 78.5% in public, 21.6% in P4P, 0% in PN4P	87.5% (seven WAEMU countries)	N/A	Data from the WHO NHWA portal and country reports

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	Somalia: The rapid landscaping analysis of health workforce and regulatory framework revealed the following findings: Of the 13 236 current health work force in Somalia, 7073 (53.4%) are physicians, nurses and midwives. 70% of these health workforce work in the private sector (NGOs and for-profit sector).			
Indicator 2: Density of health workers per 10 000 population **Baseline:** Based on country assessment **Planned target:** % change based on country assessment	**Change in comparison to the baseline:** **Benin 2018–2019: -** 0.14 for medical doctors; - 0.71 for nurses; - 0.15 for midwives; no change for pharmacists **Burkina Faso 2017–2019:** +0.09 for medical doctors; +0.18 for nurses; +0.26 for midwifery; -0.01 for dentists; no change for pharmacists **Chad 2018-2020**: +0.09 for medical doctors; no change for nurses; +0.43 for midwifery; no change for pharmacists; dentists N/A. The density is 2.67 per 10 000 inhabitants in 2020. An additional 1652 new health workers have been deployed in 2021. **Côte d'Ivoire 2018–2019:** +0.01 for medical doctors; -1.67 for nurses; +2.18 for midwifery; +0.01 for dentists; no change for pharmacists **Guinea-Bissau 2018–2020:** +0.69 for medical doctors; -1.62 for nurses; no change	N/A	Densities in the eight WAEMU countries **Niger**: 3355 additional jobs in the health sector have yet to be created due to insufficient domestic resources dedicated to HHR	WHO NHWA portal

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	for midwifery; -0.09 for dentists; no change for pharmacists (2016) **Mali in 2018:** +1.29 for medical doctors; +2.71 for nurses; 1.70 for midwifery; 0.01 for dentists; 0.1 for pharmacists. 6 health professionals per 10 000 inhabitants in 2021. **Niger 2018-2020:** +0.18 medical doctors; **2016-2018:** -0.45 nurses; -0.01 midwives; no change for dentists; +0.02 pharmacists. The density is: 4 per 10 000 inhabitants in 2021. 2645 additional jobs created in the health sector (1540 in 2021 including physicians, nurses, midwives, laboratory technicians, hygiene technicians). **Senegal 2017–2019:** + 0.19 for medical doctors; + 1.94 for nurses; + 0.33 for midwifery; +0.05 for dentists; and + 0.01 for pharmacists **Togo in 2018–2020:** +0.06 for medical doctors; +0.5 for nurses; +0.48 for midwifery; no change for dentists; +0.01 for pharmacists **Somalia: I**n 2014-2015, less than 1 doctor/nurse/midwife per 1000 population; No change has been observed pending the detailed assessment to be done through the harmonized			

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	health facility assessment survey.			
Indicator 3: Ratio of previous year graduates who started practice to total number of previous year graduates **Baseline:** Based on country assessment **Planned target:** % change based on country assessment	N/A	N/A	N/A	N/A
Output 2.1: Strengthened country capacity on gender-responsive health labour market analysis, to inform and feed into the development of workforce policies, strategies and reforms				
Indicator 2.1.1: Number of W4H-supported countries where health labour market analysis has been applied to inform health workforce planning **Baseline:** 0 **Planned target:** 20 countries	**Mali:** HLMA contributed to new strategic plans including the country's investment plan on HRH, new ten-year social and health development plan and the model of primary care. **Mauritania:** Existence of a functional multisectoral platform for coordination and collaboration on youth and women's employment in the health workforce. **Somalia:** Revised the national human resources for health strategy to meet the need and requirement of EPHS 2020. **South Africa:** National Health Workforce Strategic Framework: 2019–2030 and HRH Strategic Plan Sector: 2019/20–2024/25 based on intersectoral and tripartite dialogue and health labour market analysis. **Sudan**: HLMA conducted in 2022 was connected to	100% HLMA have been conducted in 21 W4H countries (this includes indirect support provided through regional economic zones SADC and WAEMU and those from UNPDF programme): **Benin, Burkina-Faso, Chad, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Malawi, Mali, Mauritania, Mozambique, Namibia, Nepal, Niger , Rwanda, Sierra Leone , South-Africa, Sri Lanka, Sudan, Togo, United Republic of Tanzania, Zambia, Zimbabwe**		Data from annual reports

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	implementation of the PHC-oriented model of care in two states - Gazira and North Darfur. **Rwanda:** Comprehensive HRH situation analysis; initiated the development and costing of the new HRH roadmap and 2-year implementation plan with further financing for HWF provided by domestic and international funds.			
Output 2.2: Improved capacity to develop enhanced multisectoral national health workforce strategies and plans				
Indicator 2.2.1: Existence of mechanisms and models for health workforce planning (yes/no/partly) **Baseline:** Eight WAEMU countries **Planned target:** 20 countries	**Mauritania**: A multi-sectoral steering committee was established as a key mechanism to improve coordination and strengthen governance. The National Human Resources for Health Development Plan was developed with the involvement of key stakeholders. The strategic components of this plan were defined from the rapid assessment of the previous plan and the priority challenges and associated recommendations resulting from the analysis on the situation and stakeholders of the health workforce. Validation is ongoing. **Sudan**: developed and finalized the national Human Resources for Health Strategic Framework 2030. Chad: Established a multi-sectorial committee for	50% (10 countries: eight countries of **WAEMU** have elaborated investment plans with situation analysis, HRH projections and scenarios with estimated costing and health service coverage, plus **South Africa and Rwanda**)	N/A	Data from annual reports

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	addressing health workforce challenges in the country ensuring that all those concerned have a voice and are included in the processes.			
Output 2.3: Strengthened countries' capacity to secure sustainable funding for health workforce strategies and plans				
Indicator 2.3.1: Number of W4H-supported countries with investment case for job creation in the health sector (public and private) **Baseline:** 0 **Planned target:** 20 countries	**South Africa:** 100% Catalytic funding support toward the development and endorsement of three national HRH strategies.	All eight **WAEMU** countries did return on investment studies – 100% case studies on job creation potential of health sector planned in three countries; **Mali** conducted situational analysis for the development of the investment case; **Somalia** developed a business case for sustainable investment on CHWs with a view to harnessing the community health services.	Currently, there is only funding to support 12 countries not 20 Targets should be revised to 12 Achieved targets should be then 100%	Data from annual reports
Output 2.4: Strengthened tripartite intersectoral mechanisms to coordinate the development and implementation of health workforce policies and strategies				
Indicator 2.4.1: Existence of institutional mechanisms or bodies to coordinate an intersectoral health workforce agenda (Yes/No/Partly) **Baseline:** 0 **Planned target:** 20 countries	**Benin, Chad, Pakistan & Guinea:** Established OSH committees in selected hospitals. **Chad**: Established a multi-sectorial committee for addressing health workforce challenges in the country ensuring that all those concerned have a voice and are included in the processes. 25 partners trained on strengthening social dialogue in the health sector. **Sudan:** Nursing and Midwifery Working Group	All eight **WAEMU** countries have either a national committee on HRH or a HRH Observatory or a HRH working group ILO provided support for multisectoral tripartite dialogue to four countries (Benin, **Chad, Mauritania, South Africa**) **plus SADC** region. A manual for participatory	N/A	Data from annual reports

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	established to enhance coordination with different stakeholders. An e-learning platform established for the Faculty of Nursing, University of Khartoum to continue the training programmes in the context of COVID-19 and other concurrent heath emergencies and outbreaks. 25 participants selected from Educational Development Centers (EDCs) of eight universities training on medical professionalism. **Mali**: Workshops organized in four regions to prepare for the finalization of national health workforce plans. **Mauritania**: Held a tripartite consultative meeting to discuss HWF challenges. Social dialogue platform for health workforce development initiated through training in four pilot regions and through a national workshop. Social dialogue training held in **Kenya** (46 representatives) and **OPT** (38 participants) to strengthen labour relations in the health sector. Roadmap for further action developed. **Pakistan**: 24 nurse educators trained as trainers to build the capacity of nursing faculty members, enhance the	assessment of policy coherence for international labour migration in the health sector was developed.		

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	quality of nursing education, and deliver patient-centered and high-quality health services.			
Output 2.5: Improved systems and processes for monitoring of and accountability for health workforce strategies at country level				
Indicator 2.5.1: Number of W4H-supported countries producing annual monitoring and accountability reports for health workforce strategies **Baseline: 0** **Planned target:** 20 countries	All W4H countries	**SADC countries:** Updated and revised data and baseline; implementation plan, costing model and M&E framework initiated **WAEMU countries:** Monitoring framework developed and pilot is ongoing in two countries		Data from annual reports
Outcome 3: Health workers are recruited and retained according to country needs				
Indicator 3.1: Density and distribution of active health workers, by occupation and subnational level **Baseline:** SDG – based on country assessment **Planned target:** 15% increase	All W4H countries	**SADC:** As of 2020, the SADC density of health workers median of 1.02 to 4.45 per 1000 population; across the SADC countries there are wide variations in the density of medical doctors, dentists, midwives and nurses, ranging from 0.9 to 120 per 10 000 population.	N/A	SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health
Indicator 3.2: Ratio of unfilled posts to total number of posts **Baseline:** Based on country assessment **Planned target:** 10% increase	No baseline data to compare with, because there were no data on the NHWA portal	N/A	N/A	N/A
Indicator 3.3: Ratio of active health workers voluntarily leaving the health sector labour market to total stock of active health workers	No baseline data to compare with because there were no data on the NHWA portal	N/A	N/A	N/A

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
Baseline: Based on country assessment **Planned target:** % change based on country assessment				
Output 3.1: Health workforce deployment and distribution mechanisms strengthened for primary health care in rural and underserved areas				
Indicator 3.1.1: Density of active health workers per 10 000 population by occupation at subnational level **Baseline:** Based on in country assessment **Planned target:** Density change to be determined based on country level assessment	**Change in comparison to the baseline:** **Benin 2018–2019: -** 0.14 for medical doctors; - 0.71 for nurses; - 0.15 for midwives; no change for pharmacists **Guinea-Bissau 2016–2018:** No change in medical doctors; + 1.7 nurses; no change for midwifery; no change for dentists; no change for pharmacists (2016) **Burkina Faso 2017–2019: +** 0.09 for medical doctors; + 0.18 for nurses; + 0.26 for midwifery; - 0.01 for dentists; no change for pharmacists **Côte d'Ivoire 2018–2019:** + 0.01 for medical doctors; - 1.67 for nurses; + 2.18 for midwifery; + 0.01 for dentists; no change for pharmacists **Mali in 2018:** +1.29 for medical doctors; +2.71 for nurses; 1.70 for midwifery; 0.01 for dentists; 0.1 for pharmacists **Niger 2021:** physicians 0.5; nurses 2.5; midwives 2.3. Rural Pipeline Project was evaluated in three target regions; an econometric	**SADC:** As of 2020, the SADC density of health workers median of 1.02 to 4.45 per 1000 population; across the SADC countries there are wide variations in the density of medical doctors, dentists, midwives and nurses, ranging from 0.9 to 120 per 10 000 population (*country-specific data is in table 5 of the strategy document*) **WAEMU:** planned but due to COVID-19 not executed	N/A	SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health; WHO NHWA portal

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
	method to assess employment impact in the health sector for the Rural Pipeline Project was developed. The model was used for forecasting and as a framework for optimizing the results was predicted by the model. **Senegal 2017–2019:** + 0.19 for medical doctors; + 1.94 for nurses; + 0.33 for midwifery; +0.05 for dentists; + 0.01 for pharmacists. **Togo in 2018–2019:** + 0.01 for medical doctors; + 0.17 for nurses; + 0.37 for midwifery; + 0.02 for dentists; no change for pharmacists			
Output 3.2: Strengthened capacity to address gender bias and inequalities in health workforce policy and practice				
Indicator 3.2.1: Gender wage gap **Baseline:** Based on in country assessment **Planned target:** % change to be determined based on country level assessment	W4H advocates gender equality in all the countries. **Pakistan:** Research to assess gender equality in health leadership was completed and results validated in national tripartite workshop.	**SADC:** Set an objective of developing and implementing strategies to mainstream gender equality in the health sector workforce; two-thirds of SADC countries indicated the existence of a comprehensive approach to health workforce education which is gender-responsive; the strategy will guide countries in addressing and eliminate gender inequities; workforce profile data will be disaggregated by gender	N/A	
Output 3.3: Improved occupational health and safety of health workers in all settings at national level				
Indicator 3.3.1: Existence of national occupational	The HealthWISE approach and the COVID-19 checklist		N/A	Data from annual reports

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
health and safety plans or programmes integrated in health workforce strategies **Baseline:** Based on in country assessment **Planned target:** 10 countries	for health facilities were implemented with ILO support in 24 workshops conducted in eight countries in three regions (AFRO: **Benin, Chad, Mali, Mauritania, Somalia, South Africa; Guinea** EMRO: **Occupied Palestinian Territories**; **Pakistan**). Over 900 constituents in the health sector were trained in OSH and COVID-19 response.			
Output 3.4: Strengthened health workforce social protection coverage				
Indicator 3.4.1: Existence of national/subnational policies/laws regulating social protection (Yes/No/Partly) **Baseline:** based on in country assessment **Planned target:** 10 countries	**Chad:** Developed models of care the implementation of UHC strategy, which included social health protection strategy**.**	N/A	N/A	Data from annual reports; SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health
Output 3.5: Improved occupational health and safety of health workers in all settings at national level				
Indicator 3.5.1: Existence of national/subnational policies/laws regulating working hours and conditions (Yes/No/Partly) **Baseline:** Based on in country assessment **Planned target:** 10 countries	HealthWISE training in 8 countries addressed questions of working hours and workload **Chad:** development of a draft control sheet for work inspections in health facilities.	N/A	N/A	N/A
Outcome 4: Health workforce data inform effective policy, planning, monitoring and international mobility				
Indicator: Number of countries that have developed health workforce policy, planning and monitoring, including on mobility, based on harmonized metrics and definitions	N/A	N/A	N/A	N/A

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
Baseline: 0 **Planned target:** 20 countries				
Output 4.1: An international health labour mobility platform established to advance knowledge and international cooperation				
Indicator 4.1.1: Number of countries participating in the platform **Baseline:** 0 **Planned target:** 50	Seven W4H countries **(Benin, Chad, Rwanda, Pakistan, Sudan, South Africa, Somalia):** have a designated national authority, and/or submitted a national report	**SADC:** Set an objective of creating a multilateral framework on health workforce mobility	N/A	SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health; WHO Global Code of Practice on the International Recruitment of Health Personnel: report of the WHO Expert Advisory Group (May 2020)
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				
Indicator 4.1.2: Platform established to maximize benefits from international health worker mobility **Indicator 4.2.1:** Number of national policies and bilateral agreements supported **Baseline:** 0 **Planned target:** 10 countries	N/A	Platform established; one bilateral agreement signed	The OECD started a consultation process with its Member States on the bilateral agreements ILO co-facilitated development of the UN Network on Migration guidelines on Bilateral Labour Agreements (adopted in 2021 publication 2022)	
Output 4.3: Increased monitoring of health worker mobility through the WHO Global Code of Practice reporting system				
Indicator 4.3.1: Number of countries supported by W4H which report on the WHO Global Code **Baseline:** 0 **Planned target:** 20 countries	17 countries appointed a DNA of which 3 countries submitted their report	N/A	Fourth round of code reporting took place	Secretariat report to the World Health Assembly; meeting notes

	Achieved indicator targets (at country level)	Achieved indicator targets (across countries)	Reasons for variance with planned targets (if any)	Source of verification
Output 4.4: New harmonized metrics and definitions established through an interagency global data exchange on the health labour markets				
Indicator 4.4.1: Number of countries using the data exchange platform **Baseline:** 0 **Planned target:** 50 countries	Eight W4H countries reported nursing workforce data for 2016–2019 in the WHO NHWA portal; Eight W4H countries reported medical doctor workforce data for 2016–2019 in the WHO NHWA portal; 11 W4H countries reported workforce data to the Global Health Observatory data repository ILO extended analysis of LFS micro-data on health workforce for 56 countries	N/A	Currently, there is only funding to support 12 countries, not 50	WHO NHWA portal; Global Health Observatory data repository
Output 4.5: Improved quality and reporting of health workforce data through national health workforce accounts				
Indicator 4.4.1: Number of W4H-supported countries that report NHWA core indicators to WHO annually **Baseline:** 0 countries **Planned target:** 20 countries	11 countries **(Benin, Chad, Guinea, Niger, Mali, Mauritania, Rwanda, Senegal, South Africa, Tanzania, Uganda):** 2016–2022	N/A	Currently, there is only funding to support 12 countries, not 20 Targets should be revised to 12 Achieved targets should be then 66.7%	WHO NHWA portal

Annex 2: Specific stories

A multi-pronged tailored approach to addressing compounding contextual challenges in Somalia

The country context continues to be challenging, there is ongoing conflict, malnutrition, and the country is still recovering from the impacts of the Covid-19 pandemic. Somalia has a severe drought with more than 6.1 million people affected and 759 400 people internally displaced. Despite these challenges, Somalia has continued to make advances towards increasing infection prevention and control (IPC), driving emergency and climate responses and universal health coverage.

Working for Health provided multi-pronged support for Somalia's interventions, namely;

- Technical and financial assistance for a health workforce mapping exercise in Somalia in both private and public sector using the Harmonized Health Facility Assessment Tools, aimed at generating data on health workforce availability by the type of facilities and services, which informed the development of the Essential Package of Health Services (EPHS).
- With WHO technical guidance and partnering with the Somali Mental Health Association, the Federal Ministry of Health provided basic psychosocial skills training on Psychological First Aid (PFA) and other key elements of mental health and psychosocial support (MHPSS) to cope with extreme stress and acute emergencies for 204 first responder health workers, in eight main hospitals in Mogadishu where most of the October-blast-victims were received and treated.
- Expanding the scope of Community Health Workers (CHWs) to include home-based care of diarrhoea and malaria, as well as the provision of life-saving commodities to children under 5 years and women of child-bearing age. CHWs are also tasked with also screening children for severe acute malnutrition and pneumonia and referring to nutrition treatment centres, providing essential micronutrients to children and pregnant women, and creating demand for health services such as immunization, nutrition, and reproductive, maternal, neonatal, and child health care.
- Scaling up emergency life-saving interventions in drought-affected districts, including South West, Jubaland and Galmudug states, to expand access to essential health services (including the deployment of community health workers), strengthening disease surveillance activities and establish outreach services for vaccination, malnutrition screening and treatment of micronutrient deficiency disorders.
- Integrating mental healthcare into PHC and to support critical mental health services at the secondary and tertiary levels.
- Covid-19 response and recovery, conducting a study on vaccine hesitancy among health and care workers and carrying out an observational study on IPC to institutionalize measures at health facilities. Other activities include employing close to 2000 community health workers to implement vaccination, nutrition programmes, specifically in drought-affected areas. Frontline health workers were trained to support epidemic detection through the established Frontline-Field Epidemiology Training Program.
- Technical and operational support to the Federal Ministry of Health to finalize the statute of professional conduct regulations by the National Health Professional Council.

CHWs continue to play a leading role in providing health care services, and increasing service coverage. Through targeted CHW programming, between January to April 2022, 629 896 households were visited by 2400 CHWs deployed, reaching close to 2 643 530 people. During the same period (January - April 2022) CHWs screened 8876 children for malnutrition and referred 3893 children to the PHC centres for supplementary feeding while 1697 children with one or more danger signs were referred to stabilization centres. To support programming in humanitarian settings such as Somalia, it is important to ensure investments and interventions are tailored and integrated and able to address multiple issues – Covid-19 pandemic, climate change and strengthening human resources for health through better data, training and strengthening safety measures.

The development & implementation of key Human Resources for Health National Level Policies in Sudan

In Sudan, the following interventions were supported through W4H –

- Working for Health supported the Federal Ministry of Health multi-stakeholder consultations through the HRH Stakeholder Forum.
- Supported and designed the implementation of the PHC- oriented model of care in two states - Gazira and North Darfur.
- Conducted a HLMA.
- Technical assistance to support the Ministry of Health resource mobilization strategy to develop and pilot the Diaspora Engagement Strategy.
- Supported the Academy of Health Sciences to review and evaluate the performance, educational process and quality standards, development of a unified harmonized management plan and training of trainers on medical professionalism.
- Roll-out of a five-day TOT training in a collaboration with Sudan Medical Council (SMC) on medical professionalism including social accountably, patient's safety, medication safety, infection control protocols, adult learning, and professional behavior and communication skills.

Interventions achieved the following outcomes –

- Implementing the National Health Sector Strategic Plan 2022 – 2024, including the health workforce component through the PHC- oriented model of care.
- The endorsement of the National Strategic Plan on Human Resources for Health 2030.
- HLMA informing the National Strategic Plan on Human Resources for Health 2030.

Interventions which continue to support strengthening data, as well as multi-stakeholder engagement continue to prove to be critical in the development, adoption and implementation of key national HRH strategies.

[i] Benin, Chad, Guinea, Kenya, Mali, Mauritania, Niger, Occupied Palestinian Territory (OPT), Pakistan, South Africa, Sudan, and Somalia
[ii] Argentina, Australia, Bangladesh, Canada, Colombia, Ethiopia, Finland, Germany, Ghana, Ireland, Korea, the Netherlands, Norway, South Africa, Sweden, and the United States
[iii] Benin, Mali, Mauritania, South Africa, Chad, Guinea, Pakistan
[iv] Districts of N'Nzérékoré, Beyla, Macenta, Guéckédou, Lola, Yomou, Faranah, Kissidougou, Dinguiraye, Dabola, Kankan, Kérouané, Mandiana, Siguiri and Kouroussa.