WORKING FOR HEALTH MPTF (PHASE 1) PROGRAMME NARRATIVE REPORT
REPORTING PERIOD: FROM 05.2018 TO 06.2023

Programme Title & Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results**

• Programme Title: **Working for Health MPTF**
  ◦ Programme Number *(if applicable)*
  ◦ MPTF Office Project Reference Number: 0116408 0118644, 00125249, 00129348, 00116407
	Country: Benin, Chad, Guinea, Kenya, Mali, Mauritania, Niger, occupied Palestinian territory (oPt), Pakistan, Rwanda, South Africa, Sudan, and Somalia
	
	Region: Southern African Development Community (SADC); Western African Economic and Monetary Union (WAEMU)
	
	Global: Inter-Agency Data Exchange (IADEx), International Platform on Health Worker Mobility, Anticipating skills needs in the health workforce, Measuring employment, COVID-19 Facilities checklist
	
	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 • NGOs • Social enterprise
Programme/Project Cost (US$)	**Programme Duration**
Total approved budget as per project document: MPTF /JP Contribution: • 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)* **TOTAL:** $4,803,861	Overall Duration *(55 months)* Start Date *(23.05.2018)* Original End Date *(31.12.2022)* Actual End date *(30.06.2023) following a no-cost extension of three projects* Have agency(ies) operationally closed the Programme in its(their) system? Yes **X** Expected Financial Closure date: 30 November 2023, 5 months after end of programme activities (completed 30 June 2023) per the MOU.
Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Evaluation Completed: Final independent review X Yes Date: 31.12.2022 Evaluation Report – Mid-term evaluation X Yes Date: 31.04.2021	○ Name: James Campbell ○ Title: Director, HWF ○ Participating Organization (Lead): WHO ○ Email address: campbellj@who.int

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Abbreviations

CHW	community health worker
EMT	emergency medical technicians
HCW	health care workers
HLMA	health labour market analysis
HRH	human resources for health
HWF	health workforce
IADEx	Inter-Agency Data Exchange
ILO	International Labour Organization
IPC	infection prevention and control
MoH	Ministry of Health
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
PHC	primary health care
RPP	Rural Pipeline Project
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
UHC	universal health coverage
UNDP	United Nations Development Programme
UNPDF	United Nations Peace and Trust Development Fund
WAEMU	West African Economic and Monetary Union
WHO	World Health Organization
W4H	Working for Health

Executive summary

The Working for Health (W4H) Multi-partner Trust Fund (MPTF) between the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO) was launched in 2018 to support the implementation of the recommendations of the UN High-Level Commission on Health Employment and Economic Growth through "Working for Health": the Five-Year Action Plan for Health Employment and Inclusive Economic Growth 2017-2021, adopted under Resolution 70.6 by the World Health Assembly in 2017. The W4H MPTF programme provides technical assistance and catalytic funding to help deliver sustained, country-driven multi-sectoral action and investment in the health and care workforce. Its focus on the expansion and transformation of the health and care workforce contributes towards progress on the sustainable development goals (SDGs), namely: SDG 3 (health), SDG 4 (education), SDG 5 (gender) and SDG 8 (decent work).

The W4H MPTF has enabled direct action in 13 countries[1], with 11 of these identified on the 2023 WHO Health Workforce Support and Safeguards list as those facing the biggest workforce-related challenges in achieving UHC. Broader technical support was extended to 33 countries through work in two regional economic zones, Southern African Development Community (SADC)[2] and the Western African Economic and Monetary Union (WAEMU)[3] to develop regional workforce strategies and investment plans. The W4H programme established and developed key global products, including the joint 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.

Country achievements -

- Applied **Health Labour Market Analysis** (HLMAs) in **9 countries**[4] which enabled countries to better understand the root causes of health worker shortages and surpluses, education and employment challenges, skills mix and geographical imbalances, and suboptimal performance, and to translate the findings into evidence-based policies and strategies to address these.
- Facilitated the development of **17 national strategies and policy interventions in human resources for health (HRH) in 9 countries**[5] including those for nursing and midwifery, community health workers (CHWs) and others, and thereby integrated health workforce policy decisions into health systems strengthening.
- Supported the development and implementation of **5 national workforce investment plans**[6], mobilized domestic and international financing, emphasizing the value of the catalytic support of W4H and proof of concept of its implementation and partnership approach.
    - For example, to draw on the HLMA findings to help the Government of Rwanda leverage financing through the World Bank's Human Capital Development Program Financing, to increase staffing positions at facility level and to support the national workforce agenda.
- Facilitated **job creation, training and employment for 32,360 health workers**, against national targets, including for **women and youth in rural areas:**
    - **10,000** community-based health providers recruited in **Guinea**, half were young women, expanding health coverage for 50% of Guinea's rural population;
    - **2,645** jobs for health workers (doctors, midwives, nurses, laboratory technicians and hygiene technicians); **2,500** CHW jobs and **5,000** indirect jobs created in **Niger,** with **health coverage** increasing from **48.31% in 2018 to 53.6% in 2021** (an increase of 5%)**;**
    - **331** doctors, paramedics and an additional 1,701 health workers recruited in **Benin**, and informed the World Bank-funded project to recruit an additional **2,384** new graduates;

[1] In alphabetical order: Benin, Chad, Guinea, Kenya, Mali, Mauritania, Niger, Occupied Palestinian Territories, Pakistan, Rwanda, Somalia, South Africa, Sudan

[2] 16 member countries

[3] 8 member countries

[4] Benin, Chad, Kenya, Mali, Mauritania., Niger, Rwanda, South Africa, Sudan

[5] Guinea (1), Kenya (1), Mali (2), Mauritania (2), Niger (3), Pakistan (3), Rwanda (1), Somalia (1), South Africa (3)

[6] Benin, Mali, Niger, Rwanda, South Africa,

  - **5,531** new health workforce jobs created in **South Africa**'s public sector;
  - **3,000** community health workers (CHW) trained and deployed in **Somalia** to provide basic essential health services extending to COVID-19 activities;
  - **1,652** additional health workers employed in **Chad** through a national recruitment plan.
- **Strengthened coordination mechanisms and policy dialogue processes in 6 countries**[7] through the establishment and functioning of multisectoral HRH committees/taskforces, to engage representatives from ministries, including labour, health, finance, higher education, and other key stakeholders, including civil society, professional and labour representatives on evidence-based policy and decision making.
- Supported **workforce response and recovery planning initiatives** for the COVID-19 pandemic**;**
  - **Trained health workers** in **Benin** and **Somalia** on the essential packages of health services. Related **CHW surveillance** programmes were established, and **psychosocial support** services were expanded.
  - Built the capacity of **1,500 emergency medical technicians** (EMTs), **nurses and doctors** in **occupied Palestinian territory,** including East Jerusalem (herein referred to as 'oPt') working in emergency rooms and COVID-19 intensive care units;
  - Conducted **24 workshops in 8 countries**[8] and over **900 constituents** in the health sector were trained in **occupational safety and health** (OSH) and COVID-19 response (using **HealthWISE** and the **COVID-19 Checklist** for health facilities).
- Supported training and strengthened the **education curricula for nurses and midwives** in **7 countries**[9].
- Strengthened **labour relations** in the health sector through trainings conducted with ITC ILO Turin in **Kenya and oPt** with over **91 constituents** trained on **social dialogue** in the health sector.

Regional achievements -

- Facilitated the development and endorsement of the **Southern African Development Community** (SADC) ***Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health*,** calling for an **additional 40% health workforce investment over the next 10 years,** aimed at significantly improving the density and distribution of health workers from the current SADC median of 1.02 to 4.45 per 1,000 population.
- Supported eight **West African Economic and Monetary Union** (WAEMU) member countries to develop and endorse **a regional health workforce strategy and investment plan** aimed at providing quality health services to the population of WAEMU countries, through the creation of decent jobs in the health and care sector.
- Supported the development of an **Africa Health Workforce Investment Charter** which was drafted by **WHO AFRO** with the backing and input of **26 Member States.** The Charter is expected to be finalized and launched in December 2023.

Global products -

- Established the **Inter-Agency Data Exchange** (IADEx) mechanism to systematically consolidate, exchange and test health and care workforce data on a defined set of **priority indicators**. This led to National Health Workforce Accounts (NHWA) **data reporting in 8 supported countries**[10], playing a vital role in collecting and comparing **data on health workforce stock and migration** across countries.
- Facilitated the work of the **International Platform on Health Worker Mobility** to make significant progress in understanding the migration of health workers. New **knowledge products**

[7] Chad, Kenya, Mauritania, occupied Palestinian territory, Rwanda, South Africa
[8] Benin, Chad, Guinea, Mali, Mauritania, South Africa, oPt, Pakistan
[9] Benin, Niger, oPt, Pakistan, Somalia, South Africa, Sudan
[10] Burundi, Cameroon, Cape Verde, Chad, Senegal, Sierra Leone, Uganda, United Republic of Tanzania

were developed to implement the WHO Global Code ("the Code") of Practice on the International Recruitment of Health Personnel including **guidance on bilateral agreements**.

- Carried out a **Skills assessment** study for the health sector in **16 countries** to create tools and methodologies to **anticipate skills needs** in specific contexts including education, labour and migration.
- Supported countries to enhance the **occupational health protection of health workers** as first-line responders, as part of COVID-19 reprogramming. A **checklist of measures** to be taken in **health facilities** to protect health workers was developed. The practical and participatory **COVID-19 checklist tool**, applicable in all health facilities, is based on the **HealthWISE** methodology and aims to assist health workers and managers in improving preparedness and response capacity, with a focus on the **protection of health workers.**
- Summarized the **methods and approaches to measure employment impact** across various sectors and proposed a framework specifically tailored for the health sector. The framework distinguishes between different categories of impact to assist policymakers, development partners, and agencies involved in health workforce employment projects or programmes to optimize, build and strengthen their health workforce for optimal skills mix to deliver quality health services where they are needed most.

W4H has brought together a wide range of stakeholders to collaborate and accelerate action on all SDGs related to the health and care workforce. The W4H MPTF demonstrates the high value and effectiveness of applying catalytic flexible funding and technical assistance where it is most needed, and to address immediate country-defined priorities.

In line with the governance requirements of the MPTF, a **mid-point (2020) and end of programme evaluation (2022)** were carried out, validating and reinforcing the continued high relevance of the W4H programme and its MPTF, with **recommendations for its continuity and strengthening.** A corresponding report and recommendations by the WHO Director-General on the Working for Health 5-Year Action Plan: 2017-2021 to the Seventy-fourth World Health Assembly in 2021, Member States resulted in the adoption of resolution WHA74.14 in 2021: Protecting, safeguarding and investing in the health and care workforce, which called on Member States to develop a clear set of actions for accelerating investments in health worker education, skills, employment, safeguarding and protection to 2030. The resultant Working for Health 2022-2030 Action Plan responds to that call, presenting how WHO, Member States, and stakeholders can jointly support countries to optimize, build and strengthen their health and care workforce. At the Seventy-fifth World Health Assembly, over one hundred countries co-sponsored Resolution WHA75.17 on human resources for health to adopt the Working for Health 2022-2030 Action Plan and the related Global health and care worker compact, signaling a progressive pathway for countries with even the most critical workforce challenges to accelerate their progress towards universal health coverage, emergency preparedness and response and the Sustainable Development Goals.

The COVID-19 pandemic was unprecedented in terms of the devastating impact on health, social and economic activity and also impacted implementation of W4H programme activities. Many of the W4H-support countries were subject to lockdown measures for several months, resulting in the implementation of several planned activities being cancelled or delayed. WHO and ILO consulted with stakeholders in countries to assess the situation and identify priority needs in the pandemic context. The flexibility of funding from the MPTF was commended as it allowed countries to immediately respond to the pandemic by reprogramming proposals to address emerging needs.

In several countries, political instability delayed implementation of W4H activities. In Niger, for instance, security is a particular issue in three regions (Diffa, Tahoua and Tillabéry) and impacted on the activities that could be implemented throughout the duration of the programme. Recent political developments have an impact on the sustainability of the activities and possibilities for follow-up actions.

In lieu of COVID-19 disruptions, political instability and reprioritization of planned activities, a no-cost extension was approved by the MPTF Steering Committee through until end of June 2023 allowing the programme to finalize implementation in all countries.

Ensuring continuity and sustainability of the MPTF's achievements will require cooperation at the multilateral, regional and domestic level to sustain (and rapidly scale up) health workforce investments; addressing the health skills supply gap and sustainable health labour mobility partnerships between countries to manage international migration of health workers; and increasing investments in creating health sector jobs, especially for youth and women. Working for Health, in its first phase of implementation, has demonstrated a framework for action that has made a significant impact on the health workforce agenda at country, regional and global levels. The MPTF will now continue into a second phase with an extension to 2030.

I. Overview and purpose of the programme

The findings and recommendations of the UN High-Level Commission on Health Employment and Economic Growth in 2016 highlight the key contribution of health sector jobs in driving inclusive economic development. Implementation of these recommendations through the Working for Health Five-Year Action Plan for health employment and inclusive economic growth (2017–2021) and its Multi-Partner Trust Fund (MPTF) have stimulated action and sustained investment in the health and care workforce.

The Working for Health (W4H) MPTF was established in 2018 as a UN-wide funding and collaboration mechanism for the global health workforce investment and action agenda, in partnership with World Health Organization (WHO), International Labour Organization (ILO), and Organisation for Economic Co-operation and Development (OECD). It leverages inter-sectoral cooperation, partnership and coordination between the finance, labour, education, health, social and foreign affairs sectors, as well as with employers' and professional associations and civil society, on priority workforce policy and investment issues.

By joining forces, the ILO, OECD and WHO provide coordinated policy advice, technical assistance, and capacity strengthening to assist Member States as they prepare enhanced national health workforce policies and strategies, and enable all stakeholders to develop social dialogue, improve accountability structures, and achieve investment efficiencies. Health workforce investment improves health, creates jobs and economic growth and increases equity. W4H takes action to deliver essential services for all communities, improve quality of care, and build resilient health systems.

This report reflects the implementation and results of the W4H MPTF for the following **five projects** over the period **April 2019 to December 2022**, with a n**o-cost-extension to June 2023**.

1. **0116408: Working for Health Initial Implementation, May 2019 – April 2020:**
    a. Country: direct support to four countries - Guinea, Niger, Rwanda, and South Africa;
    b. Regional: workforce investment and planning strategies for two (2) sub-regional intergovernmental initiatives - Southern African Development Community (SADC) and the Western African Economic and Monetary Union (WAEMU);
    c. Global: establishing a joint Interagency Data Exchange (IADEx), as well as an International Platform on Health Worker Mobility
2. **0118644: Working for Health Country Support January-December 2020**
    a. Country: direct support to seven countries - Benin, Chad, Mali, Mauritania, Palestine, Sudan, and Kenya[11]
3. **00125249: Working for Health Country Support, 2020-2021**
    a. Country: direct support to two countries - Pakistan and Somalia
4. **00129348: Working for Health Skills Global**
    a. Global: anticipating skills needs in the health workforce
5. **00116407: Working for Health Secretariat Indirect Costs**
    a. Governance and reporting, including independent evaluations of the MPTF

[11] Kenya, the seventh country, was added when a request for support from the Ministry of Labour, Kenya was received by ILO

This report provides an assessment of MPTF-supported initiatives in countries, regions and global products against the following expected results:
(1) the supply of skilled health workers meets assessed country needs,
(2) health sector jobs created to meet labour market and public health needs,
(3) health workers are recruited and retained according to country needs, and
(4) health workforce data inform effective policy, planning monitoring and international mobility.
Details of the MPTF **programme outcomes** are outlined in the W4H results matrix, including indicators and targets, see **Annex 1**. Results Matrix (indicator-based performance assessment).

II. Assessment of MPTF programme results

PROJECT 1: Initial implementation, May 2019-April 2020

The key areas of support in the first project for the period May 2019 to April 2020 included direct support in response to **country-level** requests from **Guinea, Niger, Rwanda and South Africa** and **regional** workforce investment and planning strategies for **SADC and WAEMU**. The project included work on the two **global** products (**Mobility Platform**, and **IADEX**) and the implementation period was extended to December 2022.

Results at country level

Outcome 1: Health workforce strategies improved at national level through multisectoral approach

The narrative reporting on results of this project is presented below from baseline to end of programme for each country in Table 1. Further details are also provided in Annex 1: Results matrix.

Table 1. Results at country level (Guinea, Niger, Rwanda, South Africa)

	OUTCOMES		**OUTPUTS (including deliverables)**
	Baseline (2018)	End of programme (2022)	
Guinea	- The Operational Action Plan of the twenty (20) Municipalities in the Rural Pipeline approach has a goal to create 16,000 community-based health care providers by 2025 in rural areas, representing an increase of 47% - At baseline the Rural Pipeline Action Plan had not yet been implemented	- Supported **adoption of the Rural Pipeline programme** by local government and communities, by integrating the Operational Action Plans into local development plans - 10,000 community-based health care providers were recruited, half were young women, **expanding health coverage for 50% of Guinea's rural population** - A new category of health workers was	- In 2019, an assessment was conducted of the **training and employment needs of youth and women** - **Assessment of competencies and training requirements of health workers** and community health workers was completed - **Curricula were developed for the community health schools**: who follow a 2-year training

		created – community health workers (CHWs) - Enhanced data use and analysis to inform **key policy and planning decisions** - Increased **multi-stakeholder engagement**, **political commitment and participation**	programme deployed in the rural health facilities **-** **National Community Health Policy** **developed** with multisectoral stakeholder collaboration **- Improved working environment** for health workers through training of 92 health workers on HealthWISE OSH in five rural communes in the Labé region - with focus on protection of health workers and **quality of health services**
Niger	- Rural Pipeline Project in Diffa region (PRP-Diffa) aimed to strengthen the education and health systems and to reinvigorate the local labor market in the region - Niger has only 0.3 health workers per 1,000 inhabitants, which is 8 to 15 times lower than expected thresholds - Rural Pipeline Project is to extend the health coverage to 1.8 million additional people (9% of the total population); to improve the supply of maternal, child and adolescent health services; to	- Strengthened **National Health Workforce Accounts (NHWA)** use for data analysis and validation - The **National Health Workforce investment plan** and the subsequent **National Strategic Plan for Community Health** are driving the creation of approximately **40,000 additional health sector jobs** by 2021 in underserved areas - The programme created **2500 community-based health worker jobs and 5000 indirect jobs** in 2019 in three (3) regions (Diffa, Tillabéri and Tahoua). - By the end of 2021, **2645 out of 6,000 jobs had been created as part of the National**	- Provided **econometric modelling and evaluation support for the Rural Pipeline Project**, supports **job creation for women and youth in rural areas** - Facilitated a **Health Labour Market Analysis** (HLMA) - The **National Health Workforce investment plan** and **National Strategic Plan for Community Health** was developed with W4H support - Conducted a **national quality assessment of nursing, midwifery and training institutions** that launched the opening

	create about 11 500 jobs, including 216 doctors, 1400 nurses, 864 midwives, 1440 staff from other categories of health workers; to strengthen the capacity of 4660 agents	**Plan**, W4H and other funding sources contributing to **an increase of 10% rural health coverage** to reach a total of 58% by 2021	of a Midwifery and Nursing school in the Diffa region - A resource-mobilization roundtable event was held
Rwanda	- The Government of Rwanda was implementing the Health Sector Strategic Plan and the HRH Operational Plan (2018-2024). The MoH requested WHO to conduct an HLMA in the absence of a comprehensive Human Resources for Health (HRH) situation analysis - Absence of a costed national HRH Strategic Plan and investment options	- HLMA were used as evidence for policy dialogue with the Government of Rwanda, and policy development and implementation - World Bank further used the results of the dialogue to support health workforce policy reforms and investment in HRH - Supported catalytic investment that led to flexible funding to implement the **10-Year Government Programme: National Strategy for Health Professions Development 2020-2030** - Increased **positions and staffing** arrangements in health facilities within 5 years - Moved towards **credentialing** of health professionals to ensure staff in facilities meet qualification requirements	- Facilitated an **HLMA** and conducted an **HRH situation analysis** and development and costing of the new **HRH Strategic Plan** - A **multisectoral technical HRH secretariat established** within the Ministry of Health to coordinate, guide and support implementation of the national strategy - Developed the **HRH Roadmap - National Strategy for Health Professions Development 2020–2030** and its costing - Implemented priority **basic and emergency training for medical officers** during COVID-19 in line with the revised HRH Roadmap

| *South Africa* | - To ensure the alignment of South Africa's vision and National Development Plan (NDP) goals for 2030 with health workforce policy, planning and investment with the National Health Insurance System reform agenda, a new National Strategic Plan for HRH: 2019/20 - 2024/25 will be needed to supersede the HRH Strategy for the Health Sector: 2012/13-2016/17 | - Supported updating of the **National HRH strategy,** which supports the role of National Health Insurance, and calls for the creation of 97,000 additional jobs in the health sector by 2025

- To meet the need of the HRH strategy, the Government of South Africa recruited and deployed **5,531 new public sector jobs** in 2020 (1,045 enrolled nurses, 1,236 auxiliary nurses and 3,205 community health workers and outreach team leaders from training into employment)

- Technical and catalytic support on infection prevention control **(IPC) and OSH, in collaboration with a Tripartite Working Group in the Eastern Cape Province for OSH,** included facility assessments for needs in COVID-19, HIV and TB care, led to a provision of **psychosocial support for workers**

- Progress towards strengthening occupational safety and health (OSH) made in close collaboration with the **tripartite Technical Working Group** | - **HLMA and political economy analysis** was completed

- Developed a **tool to assess OSH of health workers** based on ILO and WHO guidance documents. The tool was applied in three (3) selected health care facilities—results were used to advise the Eastern Cape province to develop a work plan for improving health worker protection

- The **2030 National Human Resources for Health Strategy** and its 5-year **HRH Strategic Plan (2020/21 - 2024/25),** including of costing and investment case was developed and endorsed with W4H support

- The **National Strategic Direction for Nursing and Midwifery Education and Practice: Roadmap for Strengthening Nursing and Midwifery in South Africa (2020/21–2024/25)** was developed and endorsed with W4H support

- HRH Indaba September 2019 Presidential Health |

		Summit; HRH Stakeholder Indaba Aug 2018; Presidential Job Summit led to development and launch of **Presidential Health Compact 2019** (Pillar 1 which includes a focus on HRH) and **Presidential Employment Stimulus Programme** - Conducted HealthWISE training of 40 representatives from the Department of Employment and Labour, Eastern Cape Department of Health Provincial Officials and other key health care leaders

Results at regional level

Outcome 2: Institutional mechanisms strengthened to develop and implement multisectoral health workforce strategies at regional level

2.1 Development of SADC Regional Human Resources for Health Strategy and 5-year Action Plan

W4H, together with the SADC Secretariat, facilitated the development and endorsement by SADC Member States of the new SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health; and the decision to establish a Health Workforce Investment Forum.

A tripartite technical workshop for the SADC region on *Investing in the health workforce: employment and decent work in the health sector*, 10-12 September 2019, in Johannesburg, South Africa brought together 29 participants from twelve of the sixteen SADC member States, including eight Government, nine Employer and twelve Worker representatives. As an integral part of a Working for Health-supported project, the workshop enhanced inter-sectoral policy dialogue and fostered the involvement of social partners in the review and update of the SADC regional health workforce strategy and development of a regional action plan to invest in the health workforce. The conclusions of the 2019 ILO tripartite technical workshop for the SADC region provided a significant contribution to the strategy process and ensured enhanced collaboration and coordination mechanisms among governments, workers, employers and other relevant stakeholders to promote decent work in the health sector

The SADC Health Workforce Strategic Plan 2020-2030 accelerates member states' efforts towards achieving longer-term health goals through evidence-based policy and investment choices that will help build the sustained health workforce capacity and capability. The overarching goal of the

Strategy is to drive health workforce investments and decent work as a catalyst for UHC, economic growth and enhance public health emergency preparedness in the region. Based on minimum UHC requirements, the strategy estimated that the SADC region collectively requires at least 1.6 million doctors, nurses and midwives by 2020, which will increase to at least 2 million by 2030, and called for an additional 40% in workforce investments over the next 10 years.

The COVID-19 pandemic impacted the immediate implementation of the Strategic Plan as countries prioritized pandemic response activities including several health workforce measures to ensure continuity of essential health services in addition to reducing morbidity and mortality due to COVID-19. To accelerate the progress of implementation, WHO worked with the SADC Secretariat to draft a 4-page summary, and both the SADC Health Workforce Strategic Plan and the summary were translated into the French and Portuguese.

A SADC meeting with 14 Member States was held in June 2022 in Johannesburg to support adoption of the Strategic Plan to fit (post-pandemic) national context and adopt a mechanism for monitoring the implementation of the regional and country-specific strategies across the Member States. The Member States' delegation included representatives of Ministries of Health and Ministries of Labour and Employment; partners included representatives from WHO and ILO across three levels of the organizations.

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. Countries worked towards allocating feasibility scores/ a comprehensive feasibility analysis across the 23 strategic directions outlined in the SADC Strategic Plan.

The SADC HRH Technical Committee was tasked with coordinating and monitoring the implementation of the Strategic Plan. This established mechanism to coordinate the development and implementation of health workforce policies and strategies was one of the key project deliverables.

Achievements:

- Supported the development of the SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health, through technical consultation, mapping, and identification of strategic themes.
  - Conducted a 3-day tripartite technical meeting with representatives from 12 SADC Member States, including Ministries of Health, Ministries of Employment and Labour, employers', and workers' organisations to develop the Strategic Plan.
  - Supported the development of a detailed, costed, model implementation plan and monitoring framework, including key milestones and indicators for the Strategic Plan.
  - Supported the consultative engagement, validation process and presentation for endorsement of the strategic plan at the SADC Health Ministers' meeting in November 2020.

2.2 Implementation of the WAEMU sub-regional HRH Investment Plan 2018-2022

WAEMU/ UEMOA implemented coordinated health workforce investments across its eight member countries (Benin, Burkina Faso, Côte D'Ivoire, Guinea-Bissau, Mali, Niger, Senegal, and Togo).

Following the recommendations of the High-Level Commission on Health Employment and Economic Growth, WAEMU was the first sub-regional economic group to develop a health workforce strategy and investment plan, aimed at harmonizing health system regulation and

governance mechanisms, committing to create 40,000 new jobs by 2022, improve training and retention of community-based health and social care workers, and intensifying regional cooperation to boost health employment.

In 2021, ILO led a study to examine the long-term quantitative employment impacts of WAEMU's investments in the health sector. Results confirmed that public health and related spending have important long-term impacts on economic growth, the HWF and employment. The results of the study aim to inform the WAEMU's Ministries of Health, Labour and Employment, Finance, Education, Higher Education and Civil Service broader consideration of an investment allocation framework in support of future sub-regional healthcare investment decisions.

The region faced severe challenges from the COVID-19 pandemic, compounded by health, economic and security crises in several countries. Reprogramming was required to mitigate the impact of these challenges on the programme and as a result, a report featuring country case studies was developed. Its findings show that the development and implementation of investment plans in health jobs and economic growth by WAEMU countries have led to a moderate increase in the workforce, improved quality of pre- and in-service training, strengthened mechanisms for the deployment and retention of HRH in rural and underserved areas, as well as strengthened HRH planning and governance. Specially, the HRH units within ministries of health increased, which now act as a leadership network to understand the issues of HRH development and management across the eight countries. The various regional legislative and regulatory frameworks (UEMOA, ECOWAS, AfDB, African Union), favorable to investments in HRH and synergies of interventions between countries, have facilitated an intersectoral and multi-actor approach, beyond national borders. However, the recruitment carried out by WAEMU countries (particularly the 24,500 doctors, nurses and midwives) was insufficient to cover the needs provoked by population growth and the impact of health emergencies in the region, thus no significant increase in the density of health workers was observed.

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. This provided a platform to share workforce investment priorities, experiences and challenges, incorporating lessons learnt from the COVID-19 pandemic from regional, sub-regional and country perspectives. The primary outcomes of the meeting 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*."

Since the close of W4H funds in 2022, the African health workforce investment charter has been sustained through an expert group that 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 has strong backing from numerous countries within and beyond the eight WAEMU countries, including Ghana and the East, Central and Southern Africa (ECSA) health community.

Achievements:

- The WAEMU health workforce strategy and investment plan was developed and endorsed by all eight member countries.

- A study was conducted to examine the long-term quantitative employment impacts of WAEMU's investments in the health sector.
- The report, 'Development and Implementation of Investment Plans for Health Jobs and Economic Growth: Lessons Learned from the Experiences of Member States of the West African Economic and Monetary Union,' was drafted in French.
- A high-level regional policy dialogue took place in 2022 with 26 Member States from the African Region, development partners and international financing institutions.
- The African health workforce investment charter was developed with backing from countries in WAEMU and in the African continent.

To ensure continued progress towards UHC in the WAEMU region, countries should consolidate the gains made from the implementation of investment plans in health sector jobs and HRH economic growth. They are called upon to redouble their efforts by updating the investment plans to better take into account recent public health challenges and particular barriers faced by WAEMU countries in health and humanitarian emergencies. Support and advocacy at the highest levels are necessary to intervene where there is macroeconomic convergence, e.g. multisectoral resilience approaches across education and health systems.

Results at global level

Outcome 3: Health workforce data inform effective policy, planning, monitoring and International mobility

3.1 Inter-Agency Data Exchange (IADEx) was established

IADEx is a mechanism aimed at consolidating and maximizing the value of existing health workforce data and information. It reduces the data collection burden on countries and ensures greater consistency and synergies in the data. The IADEx utilizes various datasets, including the Labour Force Survey (LFS), to gather information on health labor market aspects such as employment share, workforce composition, working conditions, employment status, gender, age, and geographical distribution.

To improve the availability and comparability of data across countries, international data collections on graduates from health education programs were reviewed by organizations like OECD, WHO, Eurostat, and UNESCO. The aim was to address workforce shortages and enhance data consistency. An analysis of data from the ILO Labour Force Surveys (LFS) of 56 countries was conducted. The findings highlight specific occupation groups and countries which are at heightened risk of decent work deficits and demographic imbalances. It also provides insights to improve understanding and interpretation of analyses from other sources of data on the health and social care workforce. In addition, the use of detailed occupation information from LFS data provides useful insights into the characteristics and working conditions of the health and social care workforce, which are rarely available from other data sources. As the report analyses data reported before the pandemic, further analysis is recommended with updated data to reflect on the impact of the pandemic on the health and social care workforce.

The National Health Workforce Accounts (NHWA) platform played a vital role in collecting data on health workforce stock and migration for numerous countries.W4H supported NHWA data reporting in eight countries (Burundi, Cameroon, Cape Verde, Chad, Senegal, Sierra Leone, Uganda, United Republic of Tanzania) between 2019-2022. The use of data to support policy analysis in ten (10) countries in the PAHO region was also facilitated by WHO. The IADEx platform achieved milestones such as adding new countries and variables to the database, establishing operating procedures, expanding partnerships with organizations collecting HWF data, improving data availability, and conducting webinars and seminars to enhance HRH planning and service delivery.

Collaboration among the three agencies in the W4H MPTF and other external entities, e.g. EuroStat, ensured the availability of robust data for monitoring health workforce trends in OECD countries. The University of Minnesota's Integrated Public Use Microdata Series (IPUMS) Program also played an active role in the IADEx, gathering data from census and surveys to strengthen health workforce programs. These efforts have contributed to the consolidation and maximization of health workforce data, reduced data collection burden, improved comparability, and supported evidence-based decision-making in the health sector. The collaboration among international organizations and countries has enhanced the availability and quality of health workforce information globally.

Achievements:

- Established and implemented an informal mechanism to systematically consolidate, exchange and test health and care workforce data on a defined set of priority indicators. For example, OECD relevant data are uploaded to the WHO-NHWA data platform; analytics on labour force surveys conducted jointly by ILO and WHO.
- Report, What labour force survey data can tell us about the workforce in the health and social care sector (LINK).
- Conducted a scoping analysis of labour force surveys, adding new data on countries and new variables, while using and adjusting existing data calculation programmes. With support from W4H, data for 13 new countries was added to the database for a total of 65 countries with 300 country-period data points available. Two new variables, Citizenship and Place of Birth may contribute to exploring questions around migration and mobility of health workers.
- National Health Workforce Accounts (NHWA) data reporting was supported in eight W4H countries. Data on health workforce stock is now available for 175 Member States for the top 5 occupations – medical doctors, nursing and/or midwifery personnel, dentists, and pharmacists – including 193 Member States for medical doctors and 194 Member States for nursing personnel. Migration data is also available for 120 countries in the NHWA platform. Conducted global webinars for NHWA focal points to strengthen HRH planning and service delivery.
- Improved HWF data availability and comparability across countries: OECD/Eurostat/WHO Europe joint questionnaire on non-monetary health care statistics (covering 62 OECD and European countries); United Nations Educational, Scientific and Cultural Organization (UNESCO)/OECD/Eurostat (UOE) joint collection of health education statistics; revitalization of data collection in eastern part of Europe as part of the joint data questionnaire.

3.2 Establishment of the International Platform on Health Worker Mobility

The Health Workforce Mobility Platform, supported by the W4H Programme and involving the ILO, OECD, and WHO, has made significant progress in understanding international health worker mobility. New knowledge products have been developed, providing comprehensive insights into this area.

The information gathered through the platform influenced the review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel in 2020. The recommendations of the review were incorporated in the fourth round of reporting (2022) which included 80 Member States, 14 independent stakeholders and 188 private recruitment agencies. 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. It also led to updating of WHO Health Workforce Support and Safeguards list, published in 2023, which calls for (now 55) countries with the most pressing health workforce needs

related to universal health coverage should be identified, and support and safeguards targeted at them.

The platform monitored policy changes in destination countries during the COVID-19 pandemic and published reports on international migration of doctors and nurses. Guidance on bilateral agreements for health worker migration was developed to maximize health system benefits and safeguard workforce rights. A newly developed dataset and report is enabling cross reference of migrant health workers by country of birth and training in the OECD, leading to a more granular understanding of international health worker mobility patterns. These achievements highlight the platform's impact in improving evidence, informing policies, and promoting dialogue on international health worker mobility and providing targeted support at the country and regional levels.

ILO conducted research on skills recognition processes for migrant health workers to analyze the existing modalities of qualification and skills recognition requirements for migrant health workers, and any obstacles and challenges faced by them, with a particular reference to women migrant workers in destination countries. In the initial phase of the research case studies of several origin and destination countries were conducted, namely the Philippines, Egypt, Italy, and Germany. Based on the national reports, ILO prepared a comparative analysis that draws on the national policy lessons and experiences to provide general guidance on how gain access to qualification and skills recognition for migrant health workers.

With the aim to address the labour migration governance challenges, which stem from, among others, the lack of coherence among the migration, employment, and education/training policies, the ILO develops a manual on participatory assessment of policy coherence that is specifically tailored to the health sector. The manual is based on existing ILO work and constitutes a step-by-step practical guide to conducting a participatory assessment process of policy coherence. It targets assessing coherence among labour migration, employment, education/training and health policies with the aim to support constituents and stakeholders at country level in developing more coherent health worker migration governance. It further aims at enhancing labour market outcomes for migrant health workers and health service delivery.

Achievements:

- The establishment of the ILO, OECD, WHO International Platform on Health Worker Mobility.
- Quantification of international migration and mobility of doctors and nurses to and within OECD countries for the period 2000 to 2017/2018, report published in 2021.
- An analysis of the trade agreements with a service commitment (trade, labour, health, education, migration) was reported by WHO and WTO.
- Organized a public hearing through which members of the International Platform on Health Worker Mobility presented evidence and perspectives from across sectors and stakeholders to the 2nd Member State led review of the WHO Global Code of Practice.
- Supported development of a bilateral agreement guidance on international health worker migration and mobility, forthcoming quarter 4 2023.
- Organized webinars with mobility platform members on the Expert Advisory Group (Health Workers for All Coalition, African Forum for Research and Education in Health, World Trade Organization, International Organization for Migration, African Union, International Council of Nurses, Nursing Now, Commission on Graduates of Foreign Nursing Schools) to advance the principles and articles of the WHO Global Code of Practice, including Health Workforce Support and Safeguards List.
- Technical support provided to Kenya to develop its Healthcare Professionals Migration Policy.

- Technical support provided to the United Kingdom to revise its Code of Practice on Ethical International Recruitment, as consistent with the WHO Global Code of Practice.
- Supported Sudan to operationalize national health worker migration policies, including support to policy dialogue.
- Development of a manual on participatory assessment of policy coherence on labour migration in the health sector and a compendium on skills recognition processes for migrant health workers (forthcoming 2023)
-

3.3 Measuring employment impact and job creation

A multi-agency technical working group on job creation (WHO, ILO, OECD – with additional input from German Technical Cooperation, GTZ) developed a working paper (publication forthcoming) summarizing the methods and approaches to measure employment impact across various sectors and proposed a framework specifically tailored for the health sector. The framework distinguishes between different categories of impact, including the number of people who: (i) gained access to employment in health, (ii) maintained or significantly changed their jobs, and (iii) improved their skills or working conditions. The purpose of this framework is to assist policymakers, development partners, and agencies involved in health workforce employment projects or programmes to optimize, build and strengthen their health workforce for optimal skills mix to deliver quality health services where they are needed most. Application of this framework is expected in priority countries during phase II of Working for Health (2023-2030), to contribute to evidence-based decision-making and the promotion of sustainable employment in the health sector.

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

During the COVID-19 pandemic, the ILO recognized the urgent need to enhance the protection of health workers in their fight against the virus. As a response, the ILO in consultation with the WHO developed a practical tool called the COVID-19 Checklist for health facilities, aiming to improve safety measures. The practical and participatory COVID-19 checklist tool, applicable in all health facilities, is based on the HealthWISE methodology and aims to assist health workers and managers in improving the preparedness and response to COVID-19 with a focus on the protection of health workers. HealthWISE – a joint ILO/WHO publication – is a practical, participatory quality improvement tool for health facilities. It encourages managers and staff to work together to improve workplaces and practices. HealthWISE (Work Improvement in Health Services) promotes the application of smart, simple and low-cost solutions leading to tangible benefits for workers and health services, and ultimately for patients.

In 2022, the ILO provided technical support and conducted trainings on the checklist in seven countries, including Benin, Mali, Mauritania, South Africa, Chad, Guinea, and Pakistan. ILO took steps to enhance access to the COVID-19 checklist by initiating the development of an IT-based application. This application, compatible with Android and iOS devices such as mobile phones, tablets, and computers, aimed to facilitate the use of the checklist, especially for health workers in remote areas.

PROJECT 2: Country support, January-December 2020

The second project covered direct country support in six countries (**Benin, Chad, Mali, Mauritania, oPt,** and **Sudan**) and a seventh country, Kenya, was added when a request for support from the Ministry of Labour (MoL), Kenya was received by ILO. Results from the project are outlined in Table 2, including baseline and end of programme outcomes and final outputs. Further details are available in the Results Matrix, Annex 1.

Table 2. Results at country and area level (Benin, Chad, Mali, Mauritania, occupied Palestinian Territory, Sudan, Kenya)

	OUTCOMES		**OUTPUTS (including deliverables)**
	Baseline (2020)	End of programme (2022)	
Benin	- In need of development of the National Human Resources for Health Investment Plan – the Benin HRH Investment Plan – through the establishment of a health worker rural pipeline programme targeted at increasing the training, recruitment, retention and effective deployment of health workers in rural areas (especially in nursing and midwifery) - Investment will need to be based on analysis of the labour market, workload and efficiencies - Need to engage multisectoral partners to secure buy-in and options for mobilising resources in support of the HRH Investment Plan with a focus on rural areas - The prevention of occupational accidents and diseases in the health sector is one of the challenges of Benin during COVID-19 and there is absence of national OSH policy to protect health workers	- Facilitated the **recruitment of 331 doctors, paramedics** and catalytic funding to recruit an additional **1,701 health workers** - Supported catalytic funding, World Bank has committed to the recruitment of 2,384 young doctors, midwives and nurses for a 2-year duration as a result of resource mobilization from the **HRH Investment Plan** and W4H - Facilitated **collaboration between Ministry of Health and of Education** and helped identify HRH priorities with a focus on underserved rural areas; the National Medical and Health Institute has strengthened training programmes to increase HRH training - Facilitated the priority employment of **women and youth in rural areas** - Supported the development of the **National OSH Policy**, validated by the tripartite Constitutions, and is being adopted by the Government of Benin	-Developed the 2019 Annual Health Statistical Report -Strengthened the **nursing and midwifery training curricula** -Adapted and applied **National Health Workforce (NHWA)**, and **Workload Indicators of Staffing Needs (WISN)** verification -Developed the **Health Workforce Investment Plan**, with inclusive policy dialogue for priority-setting - Delivered **HealthWISE training** for Occupational Safety and Health (OSH) within health facilities, including capacity of health and care workers to provide psychosocial care - Case study drafted of HealthWISE implementation in **Benin**, **Mali** and **Senegal** - Strengthened the national response to COVID-19 by capacity building of **1050 health workers,** including 1,000 for **community surveillance** and 50 health workers trained to provide **psychosocial care and support**

Chad	- There is less than 40% of the population having access to health services, including the lowest density of health care workers (HCWs) in the continent of Africa, with an estimated gap of 30 900 HCW by 2030 - **Chad National Health Policy (2016-2030)** has the goal to ensure universal access to primary health care (PHC) - There is a need to accelerate the production and employment of the future health workforce with the appropriate skills to fit the needs in UHC/PHC - There is a need to optimize health workers retention measures enabling their deployment and retention in underserved areas	- W4H funds made it possible to develop **models of care at the primary level and analyse the skills needed** to implement these models - **Mobilized other funds during COVID-19 and funding through the MUSKOKA** funds for developing health and care workforce policies and strategies - Enhanced **data for planning & analysis** through National Health Workforce Accounts (NHWA) application and use **- Employed 1,652 health workers** through a National Recruitment Plan - Identified the priority workforce needs for the **updating of the National Strategic Plan for the Development of Human Resources for Health 2022-2030** **- Strengthened social dialogue mechanisms** in the health sector to ensure tripartite engagement in the development of national health workforce strategies - Improved occupational safety and health for health workers	- National Health Workforce Accounts (**NHWA**) application and use - Produced **health workforce projections** and developed **models for PHC,** including a **Health Workforce competency framework** to support UHC/PHC - Established & maintained a m**ulti-sectoral HRH Taskforce** - Provided training on IPC for 136 HCWs and OSH for 206 agents - Provided training to more than 200 workers, partners and labour inspectorates on OSH, including through HealthWISE - Provided training to 10 trainers to support the implementation of HealthWISE in local health facilities - Supported the establishment of health & safety committees in 12 health facilities - Developed a control sheet for work inspections in health facilities which will be utilized by labour inspectorates to assess the OSH performances of health facilities- Training of 25 social partners 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 - Conducted an impact study of COVID-19 on HRH
Mali	- The density of health personnel is low in all regions of the country (6 health professionals per 10,000 population), with further geographical imbalance and disparity between regions - At baseline the number of Community Health Centers covers 85% of Mali population - Aligned with recommendations of **National Health Forum on Health System Reform** on improving health system access by increasing the number of qualified health personnel, especially for accelerating UHC in the Northern provinces which has lower density of HCW - There is need for a National Health Workforce Investment Plan aligned with the strategic objectives of the **National Human Resources for Health Development Plan** - There is need for improvement of working conditions for health workers	- Enabled and informed **key policy, planning, and investment** decisions through robust data use & analysis - Enhanced training and **education of women and youth in rural areas** - Improved employment and working conditions in the health and social sector via the **National Strategic Plan** - Successful in mobilizing international resources and finding synergies with the MUSKOKA fund, i.e. to support HealthWISE trainings in OSH in several regions - Support from the Minister of Health and Social Development to mobilize resources for strengthening and extending the implementation of OSH measures for health workers	- Facilitated an **HLMA** - Developed an **Investment Plan** to mobilize and resource key HRH strategies and priorities in the: (1) **Human Resources Development Policy**; (2) **National Strategic Plan for HRH Development (2019–2023)** - Deriving from the National Strategic Plan, developed **national plans for recruitment, training, career** and motivation of human resources in Mali in 5 of 11 regions - The programme's outputs informed the preparations for the development of Mali's new **10-year Social and Health Development Plan (PDDSS 2024-2033)** - Facilitated training on **HealthWISE and the COVID-19 checklist for health facilities** with participants from 41 health facilities across the country

Mauritania	- In regions where poverty rate is above 40%, authorities aim to strengthen youth and women employment - Aligned with the new **National Strategy for Employment** aiming at the creation of 720,000 new jobs by 2030, focusing on developing the health workforce for the most vulnerable population groups while strengthening employment of youth and women - There is a need for an inter-ministerial platform established for multisectoral coordination and collaboration to promote youth and women employment	- Informed **key policy and planning decisions through robust data use & analysis** – especially in findings about the low absorption capacities of the health labour market - W4H provided technical capacity to the MoH staff for the development of evidence-based policies for HRH development **-Established national employment targets** e.g., 1) recruiting 600 additional health workers 2) an increase in financial benefits to improve attraction and retention in remote and rural regions; and 3) a target of recruiting approximately 60 additional teaching staff - **Mobilised funds for retention** incentives in remote regions - Strengthened the planning and quality of **pre-service and in-service training**; and provide professional training in health schools - Strengthened OSH and social dialogue mechanism in the health sector -Supported the **protection of health workers** in the fight against COVID-19	- Created a **multisectoral platform for coordination and collaboration** to enable policy dialogue, youth and women's decent employment in the health sector - Facilitated an **HLMA** - Supported the development and adoption of: (1) **National Health Workforce Development Plan**; (2) **National Health Workforce Strategy, 2022-2026** - Trained 92 participants from Aleg, Kiffa, Sélibay, and Tidjikja on OSH and social dialogue and developed action plans for the implementation of social dialogue mechanisms and for the improvement of occupational safety and health protection
occupied Palestinian Territory	- Health workforce was a priority area for the government who were in	- Enabled sustainable **skills development of over 1,500 health**	- Strengthened planning and regulation based on the **Workload Indicators**

process towards developing its first National Human Resources for Health strategy - Health workforce is challenged by fragile financial condition of the government and unemployment rate in the health sector reported at 32% - Planned health system reform with prioritization of PHC with HCW as underpinning pillar - There is need for strengthening the health workforce governance and regulation systems, and to identify gaps in PHC workforce	**workers** in basic life support at the hospital and primary health care level even beyond the project duration - Facilitated a **collaboration between government and private sector** health facilities on HRH -Enabled **flexible funding** reprogramming – to **train and deploy health workers** - Strengthened social dialogue mechanisms and developed action steps to further enhance sound industrial relations in the health sector - - Strengthened capacity on occupational safety and health for health workers - Enhanced knowledge on sector specific OSH guidelines to strengthen the ability of labour inspectors to coordinate and lead joint inspection operations with different ministries with relevant inspection responsibilities, such as the Ministry of Health	**Staffing Needs tool (WISN) tool** **- Data on unemployment and emigration rates** produced - Developed **national plans to strengthen Ambulance and Emergency and Disaster Management services** - Developed and **implemented Basic life support curricula** and enabled the licensing and re-licensing of paramedics - Trained **1,500 emergency medical technician (EMTs), nurses and doctors** working in emergency rooms and COVID-19 intensive care unit (ICU) wards on basic life support - Trained 75 trainers on the HealthWISE approach and the COVID-19 checklist for health facilities to improve protection of health workers and to implement the approach in health facilities in additional districts and areas **- Delivered training on social dialogue in collaboration with the MoL the MoH and ITC ILO for 38 participants** **- Delivered training on HealthWISE for labour inspectors of the Palestinian Authority**

Sudan	- New civilian government is planning a major health system reform. Sudan's **National Health Policy 2017-2020** was endorsed in Feb 2018, with health workforce identified as both a specific and cross-cutting priority - The MOH seeks support for its HRH Initiative, including development of 1) a National Strategic Plan on HRH 2030 – to be based on intersectoral Engagement, 2) to strengthen HRH Information System and health workforce observatory, and 3) enhancing coordination of nursing education and training across health and education sectors	- The HLMA enabled Sudan to triangulate data to evaluate the health labour market before and after the implementation of the HRH strategy. - **National HRH Taskforce** increased collaboration with the Ministry of Higher Education - The implementation of **PHC model of care is the drive for investments** in workforce supply, recruitment and retention in two supported states (Gazira & North Darfur) -	- Trained HRH Observatory staff on **National Health Workforce Accounts** (NHWA) -Developed with stakeholders, **indicators of the NHWA** that aim at improving the availability, quality and use of HWF data - Facilitated a detailed **HLMA** - Facilitated broad **stakeholder partnership and collaboration under the HRH Observatory** - Supported the Nursing Initiative, with a focus on improving alignment across Health and Education sectors - Produced an **HRH stakeholder analysis, mapping and HRH Stakeholders Forum** - Developed the **National HRH strategic Framework 2030** which was adopted by the Sudanese government - Supported **Diaspora Engagement and Resource Mobilization Strategy** - Supported the Academy of Health Sciences to conduct the **annual review meeting** of education and quality for the directors of the States branches of the **Academy**

			of Health Sciences and nursing stakeholders - Revised **curricula for family medicine, nursing, midwifery and paediatric medicine** - Established a **medical professionalism training** programme (5 days) including the training of 25 trainers - Developed an **e-learning platform** for the Academy of Health Sciences to ensure continuity of training during the pandemic
Kenya	- Kenya's public health system has been affected by frequent strikes ranging from halting work for a couple of hours to complete stoppage of work for several days, highlighting the underlying and long-term frustration amongst public sector health workers in Kenya - Ministry of Labor reached out for support in capacity building and social dialogue to strengthen labour relations in the health sector that will inform sustainable health workforce policies and strategies in Kenya - The Tripartite Meeting on Improving Employment and Working Conditions in Health Services concluded on the need for social dialogue with	- Enabled and informed key **policy, planning, and investment decisions** through robust data use & analysis - Promoted social dialogue and collective bargaining for equitable employment relations - Capacity building on social dialogue and dispute resolution enabled health system strengthening via sound, supportive and outcome-oriented labour relations	- Provided technical support to complete an **HLMA** - Established the **Tripartite Technical Working Group** of health and labour experts - Developed the **Roadmap for Sound Industrial Relations**, building on the Ministry of Labour Strategic Plan 2018-2022 moving now to action plan - Delivered a 5-week course for the **support of good labor relations in the health sector** in Kenya for 46 government representatives and workers' and employers' organizations representatives - Developed a **Practical Manual on Social Dialogue**

health sector stakeholders to promote decent working condition, employment and education		

PROJECT 3: Country support, 2020-2021

The third project supported two countries, Pakistan and Somalia. The outcomes of this project are reported below from baseline to end of programme for both countries in Table 3.

Table 3. Results at country level (Somalia, Pakistan)

	OUTCOMES		**OUTPUTS (including deliverables)**
	Baseline (2020)	End of programme (2022)	
Somalia	- Somalia government is undergoing reform of the projected workforce profile and skills mix needed to deliver the Essential Package of Health Services (EPHS) to almost half of the population that are yet to be covered, underpinning by critical shortage of HCW (density of 0.34/1,000) - To meet the UHC density level of 4.45/1,000 will require a near ten-fold increase in the workforce to around 97,000 doctors, nurses and midwives - There is need for expanding community-based primary health care through the targeted training and deployment of health workers to increase the availability and delivery of the EPHS, in line with the roll-out of the Somali government's **UHC Roadmap**	- W4H in Somalia combined emergency response across the pandemic, drought and conflict, with long-term planning in HRH strategies and policy-making - Implemented **IPC and OSH measures**, including stress and **psychosocial support for health workers** in the informal health sector - W4H contributed towards the coordination of protection and psychosocial support of HCW involved in managing trauma and blast injuries following the devastating bomb blast in Mogadishu city in October 2022 which claimed over 100 lives - Enabled the finalization of a **programme to deliver integrated mental health care** in PHC and for	- Conducted a **rapid Landscape Analysis of the health workforce** in the public and private sector - Collected & analysed **data on availability & type of health workers** across levels through a **Harmonized Health Facility Assessment** survey - Finalized Somalia's **Essential Package of Health Services, 2020** for UHC - Revised the **National Health Sector Strategic Plan 2022-2026 (HSSPIII)** and linked **HRH Strategic Plan** - Prepared a **business case for sustainable investments in CHWs**

		supporting critical care at the secondary and tertiary level care	- Finalized the **national midwifery curriculum** -Facilitated the finalization of the **statute of professional conduct regulations** by the National Health Professional Council - Developed a training programme for **field epidemiology** practitioners - Trained and **deployed 3,000 CHWs** to provide basic essential health services extending to COVID-19 activities
Pakistan	- Pakistan has a large population and face a critical shortage of HCW: (1.4 physicians, nurses, midwives per 1,000 population density) - HWF information is fragmented and incomplete - A national **HRH Vision 2030** was launched in 2018 and provincial health workforce strategic plans are being developed to strengthen the HWF	- Strengthened the **UHC District Health Information System** and **health workforce registry** - Using NHWA data, estimated the **projected number of health care workers** needed per year to meet UHC goals, including **900,000 additional nurses by 2030** - Strengthened OSH for health workers in selected facilities and raised awareness on the importance of **protecting health workers** and strengthening of OSH at national level - Consensus built on creating enabling environments and a	- Produced a National assessment of nursing and midwifery including **working conditions of nursing personnel** - Developed **Pakistan Nursing Council Roadmap** and a **plan for supporting the ratification of the ILO Nursing Personnel Convention, 1977 (No. 149)** - Created a certified **course for nursing educators** and **trained 43 nurse educators** in 2021 & 2022 - Conducted a study on **Gender Equality in Health, Women in**

	policy framework to enhance gender equality in leadership positions in the health sector - Capacity building, advocacy and strengthening of the **Pakistan Nursing Council**	**Health Leadership** at different levels of the health system - Reviewed the national **UHC health strategy including Human Resource for Health Strategy, 2018-2030** at PHC level, and produced **HRH strategies** for two districts - Trained six national resource persons from the Directorate of Workers Education on applying the HealthWISE methodology - Implemented HealthWISE in three health facilities - **developed a certificate course curriculum for nursing educators**

PROJECT 4: Skills global

The purpose of this project was to support countries in deciding how to assess and anticipate changing skill needs and potential shortfalls in numbers of health workers. In doing so, it supported greater resiliency in health systems by giving countries a toolkit on research methods that can be adopted to make their health workforces better prepared to anticipate changing skill demands.

Narrative reporting on results

This project has strengthened resilience in health systems by taking stock of the different types of research methods that are used to assess and anticipate skill needs in the health workforce and illustrating how such skills intelligence can be used to address shortages in this critical sector. Building and developing skills supply in the health workforce requires forward planning, as it can take several years to train health professionals, particularly high-skilled health workers such as physicians. Policy responses will only be effective if informed by accurate information about current and future skill needs in the health workforce. Effective anticipation of future skills needs is crucial in this respect, and this project brought attention to the fact that improving the resilience of the health workforce involves both increasing the size of the health workforce and equipping it with the relevant emerging skills.

Specifically, the project strengthened resilience in health systems by delivering three key outputs:

- **Report**: 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 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: HERE and the ILO web page: HERE.
- **Toolkit**: The team produced a toolkit to support countries considering which research methods to adopt to anticipate skill needs in the health workforce. The toolkit 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.
- **Peer-learning workshop**: 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.

Feedback suggests that the project outputs have been useful for beneficiaries. The team received positive feedback from participants in the peer-learning workshop that presentations and discussions were useful for reflecting on countries' methods for anticipating skill needs. When the report was launched, we had feedback via social media welcoming the report's findings and policy guidance. We have also received invitations to share the report findings more widely, including presenting at the WHO's 5th Global Forum on Human Resources for Health, and by participating in a new Steering Committee led by the European Health Management Association as part of the BeWell project (BeWell – Blueprint alliance for a future health workforce strategy on digital and green skills).

The partnership between the ILO and OECD on this work was highly productive. It leveraged both institutions' expertise related to skills assessment and anticipation and provided many opportunities for mutual learning. It provided an opportunity to share and harmonize data which allowed the team to present common indicators from the Skills for Jobs database for both OECD and low-and medium-income countries. According to the project outline, the OECD took the lead on drafting the report and collecting data for OECD countries, while 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.

Overall, the project was highly successful in achieving desired outcomes while strengthening partnerships with stakeholders and between the ILO and OECD teams. Beneficiaries include young people who will benefit from improved information about skill needs in the health sector, patients who will benefit from enhanced access to healthcare and training providers who will be better equipped to design relevant curricula.

Project evaluation

The evaluation of this project was carried out as part of notes and reflections taken during regular update meetings with the cross-institutional team made up of researchers from the OECD and ILO.

One challenge the team encountered early in the project was policy questionnaire fatigue. Initially, we planned to distribute policy questionnaires to Ministries of Health, Labour and Education via OECD committee channels. However, given the ongoing pandemic, colleagues received feedback that ministries were overburdened with policy questionnaires relating to health. We therefore took a different approach and targeted institutions that we knew from desk research were conducting skills anticipation for the health workforce and invited them to participate in semi-structured interviews. This way we effectively bypassed the intermediary and were able to go directly to institutions that were directly relevant for our research. While in "normal" times, there are advantages to going through official channels, this approach worked well for our context.

The implications of the COVID-19 pandemic also meant that all interviews were carried out virtually rather than face-to-face, and that there were some delays in data collection. Early on, ILO colleagues reported that contacts in LMICs were facing barriers related to funding and clearance which were causing delays in data collection. Given these delays, the team adapted its drafting approach: the OECD prepared a first draft of each chapter, and the ILO contributed their input from LMICs later on as it became available.

Another challenge we encountered was how to encourage active participation during the online peer-learning workshop. Our first idea was to organize breakout rooms that would allow opportunities for small group interaction. ILO colleagues raised the issue based on their experience that many people in LMICs do not have strong enough internet connection to support this type of online engagement. We therefore agreed to set up online voting as an alternative way to engage participation, in addition to offering participants opportunities to comment and ask questions using their microphones or through the chat. Engagement via microphone and chat was minimal, unfortunately, but participation in the online voting was high.

Overall, a key lesson learned from the challenges we encountered is to be ready to adapt in the face of unforeseen changes in context, delays, etc. Regular and open communication between the OECD and ILO allowed us to overcome the above challenges smoothly so that we could adapt our approach quickly and move forward to complete project outputs.

PROJECT 5: Secretariat direct costs

The purpose of this project was to provide strategic, programmatic, operational and logistic support to the joint ILO, OECD, WHO Working for Health Multi-Partner Trust Fund. Narrative results are presented below for the two project outputs.

1. **Project Output 1: MPTF & programme coordination, implementation and monitoring & evaluation ensured**

   The project covered the mid-term evaluation of the Working for Health MPTF and programme where the independent review report *"A review of the relevance and effectiveness of the five-year action plan for health employment and inclusive economic growth (2017-2021)"* was launched in April 2021. This independent review report was commissioned by WHO in November 2020, and conducted by the Institute of Tropical Medicine, Antwerp. The report presents policy options for the continuation of the W4H programme agenda in 2022 and beyond.

   A final end of programme independent review was also commissioned in 2022, *"Opportunities for future programming"* which will be available online in August 2023. The review looks to the future of sustaining investment and support for implementation of W4H, offering three considerations for moving forward: collaboration and joint advocacy from the three agencies, financing the global health workforce agenda, and investment in global public goods.

A corresponding report and recommendations by the WHO Director-General on the Working for Health 5-Year Action Plan: 2017-2021 to the Seventy-fourth World Health Assembly (WHA) Resolution 74.14: *Protecting safeguarding and investing in the health and care workforce*, called for a clear set of actions for accelerating investment in health worker education, skills, employment, safeguarding and protection to 2030. In response to this, through a Member States-led process, the *Working for Health 2022-2030 Action Plan* was developed and adopted at the Seventy-fifth WHA, Resolution 75.17: *Human resources for health*. The Action Plan was co-sponsored by over 100 Member States.

The project also covered the operational costs of the Secretariat such as travel, a Secretariat retreat in 2022, consultancy contract, publication and printing as well as other operational costs.

1. **Project Output 2. Sustainability and visibility of W4H programme & MPTF ensured through resource mobilization, communications, and partnership coordination**

The Secretariat project contributed towards the staff cost at WHO for one secretariat staff member over a one-year period at P3 level, as well as consultancy support on knowledge management. As for the visibility of the programme, WHO and ILO created and linked their webpages of the W4H programme within the two organizations websites and they are accessible for the public. The project also covered the development of programme annual reports (2019, 2020, 2021, 2022) which are published on these webpages as well as the MPTF Office Gateway. The Working for Health 2022-2030 Action Plan gained more visibility through the Fifth Global Forum on Human Resources for Health which was held on 3 – 5 April 2023. The project also contributed to the development of advocacy materials of the W4H programme which were used at this event including a new Working for Health orientation video

III. Qualitative assessment and lessons learned

Working for Health draws on the combined expertise of WHO, ILO, and OECD through its MPTF to support Member States and partners to deliver the multi-sectoral and multi-SDG recommendations of the *2017 UN High-level Commission on Health Employment and Economic Growth* and the *Working for health five-year action plan for health employment and inclusive economic growth (2017–2021)*. Its objective to stimulate workforce strengthening in alignment with national, regional and global strategies and plans, was achieved by successfully mobilizing and leveraging workforce investments in evidence-based policy, education, skills, OSH, employment and institutional capacity building in 13 countries, two subregional economic zones and three global public goods. W4H directly supported those countries with significant workforce gaps, and where UHC is least likely to be achieved.

Since 2018, the W4H MPTF has mobilized US$ 4.8 million in contributions from Norway, through the Norwegian Agency for Development Cooperation and from Qatar, through the Silatech foundation. This was less than the anticipated US$ 70 million, although the United Nations Peace and Trust Development Fund (UNPDF) provided an additional US$ 2.9 million funds through the Government of China in a bilateral agreement with WHO to implement the W4H approach in an additional four countries[12] over the 3-year period 2018–2021.The German government funded a P2 Junior Professional Officer (JPO) position in ILO to support W4H, and all three agencies contributed in-kind support at the country, regional and global levels, as well as to the W4H MPTF technical secretariat.

The W4H multisectoral approach starts with understanding the context, inclusive and evidence-based policy dialogue, bottom-up planning, adaptation and adoption of tailored implementation methods based on

[12] Cambodia, Kyrgyzstan, Myanmar, Sri Lanka

national priorities. It is aligned with the UN One Common Agenda, leveraging inter-sectoral cooperation and coordination between the finance, labour, education, health, social and foreign affairs sectors to deliver sustained, country-driven action and investment, through intensified technical assistance and catalytic funding. The programme 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.

Independent evaluations

A mid-term 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 2020 and a final independent review was conducted in 2022, validating and reinforcing the continued high relevance of the W4H programme and its MPTF. The reviews indicated W4H has contributed to countries' efforts to address challenges in relation to the health and care workforce and health systems strengthening.

The final independent review found that in all countries and economic regions, W4H resulted in evidence-informed and data-driven changes concerning national health and care workforce strategies, inclusive policy dialogue and decisions. It showed countries have strengthened capacities and put systems in place to sustain the W4H MPTF's interventions and results over time. It raised the profile of health and care workforce issues and contributed to putting the health and care workforce on the global, regional and national agenda.

The W4H MPTF delivered results in a cost-efficient and timely way by providing targeted catalytic funding and technical assistance where it is most needed, and to address immediate country-defined priorities. Countries were supported through the W4H MPTF via short, 1-year catalytic funding of US$ 100,000 to 300,000 per country, which was used to mobilize additional resources and partnerships in support of workforce investments. Although the catalytic model is considered effective by stakeholders, the considerable underfunding of the W4H programme has affected its expansion and scope in supported countries to design and initiate multi-year investment programmes, and to secure and sustain the funding and partnerships needed to drive implementation and results.

W4H's catalytic funds and technical assistance have been used to support the development of longer-term HRH strategic development planning in countries and at regional level. W4H also helped mobilize other partners and funding for additional HRH activities and policies. In **Benin**, for instance, the World Bank committed to the recruitment of 2,384 young doctors, midwives and nurses as a result of resource mobilization. In **Chad**, W4H helped to mobilize other funds during COVID-19 with financing through the Muskoka Fund for developing health and care workforce policies and strategies.

In **Rwanda**, the W4H funds were used to support adapting and applying a country-led HLMA which provided an evidence-based understanding of health labour market dynamics to facilitate policy action that aimed to address systemic health workforce challenges. Working for Health supported the development and roll-out of several health workforce policies/ strategic documents, including the HRH roadmap/Ministry of Health-led development of the 10-year government programme: National Strategy for Health Professions Development 2020–2030. This led to the Government of Rwanda's health workforce agenda successfully leveraging financial support under the World Bank Human Capital Development Program Financing in 2020. The workforce initiatives now supported by the Government of Rwanda and the World Bank are: (1) to increase the number of positions and staffing in health facilities within 5 years; (2) to validate and recognize health professionals' qualification and competence requirements (through credentialing) to ensure the quality of care in health facilities; and (3) to strengthen health workforce data.

The support in SADC and WAEMU enabled the two regional economic communities to develop and implement harmonized health workforce strategies to expand education, skills and jobs, and investment

plans. The final independent review demonstrated how political engagement at the regional level took considerable time to involve all relevant stakeholders and political cycles. However, this resulted in effectively generating regional coherence and commitment (e.g., by agreeing on fiscal space levels) to investment in health employment, including in providing for flexible adjustments during the COVID-19 pandemic.

Stakeholders from the three agencies consider the new knowledge products that have been developed through the W4H partnership on the IADEx and the International Platform on Health Worker Mobility, and the projects on anticipating skill needs and employment measurement, to be valuable. The work on these global public goods reached additional countries and influenced the policy landscape on key topics, e.g., migration and mobility flows of health workers. More support and visibility, and hence capacity, would be needed to ensure the uptake and application of these global public goods to be sustained long-term. The products should also be tested against country-level challenges, activities and achievements in the future.

Project management

The structure and governance of the MPTF are considered strong and appropriate for multi-stakeholder engagement. One of its strengths is that donors co-share potential risks compared with bilateral funding. Also, the W4H and its MPTF support the normative side of informed policy and investment in the health and care workforce, through its global products.

The COVID-19 pandemic and political and social instability in countries where the W4H programme was implemented (e.g., **Benin, Niger, Mali, Sudan**) imposed challenges and caused delays to implementing planned activities. By March 2020, nearly all country and regional activities stopped, and the global public goods suffered delays, due to shifting priorities towards crisis response. The pandemic challenged health systems at all economic levels and tested the strength of the W4H partnership, with stakeholders in countries sometimes taking separate decisions.

The flexibility to re-programme and re-prioritize based on changing country needs during the COVID-19 pandemic was considered a success factor. The decision-making and approval timeframe needs to be significantly streamlined and shortened to not lose momentum at country level. Given these lessons from the first phase of implementation, the W4H MPTF Terms of Reference were revised in quarter one 2023 following agreement at the 10th Working for Health MPTF Steering Committee, on 7 December 2022, to further simplify and streamline its administrative and decision-making processes and to enable the MPTF steering committee to play a more strategic role.

Coordination across the three agencies, including through the W4H MPTF technical secretariat, requires long-term commitment, continuous engagement, transparency and communication as it cannot be taken for granted. All three organizations have different mandates and different decision-making mechanisms. It remains important for all three to internally advocate for (investing in) the health and care workforce and keep it high on the agenda of the senior leadership.

The value of the W4H MPTF is clear and demonstratable from its first four years of implementation. To enhance visibility, members of the 9th MPTF Steering Committee on 21st June 2022 stated the partnership could benefit from more branding to raise its identity and better showcase the technical work done through the partnership. Communications activities were increased in the final year of the programme and will be prioritized in the next phase of implementation.

IV. Continuity and sustainability

The W4H implementation model and approach is effective in understanding and responding to labour market policy failures and to manage workforce migration issues, particularly in W4H-supported countries with the biggest workforce gaps and needs. Its catalytic technical and financial support empowers countries

and partners to raise the profile of health workforce issues, and position policy, action and investment in the health workforce firmly on the national, regional, and global agenda.

W4H has facilitated the development of long-term HRH strategic and investment plans at both country, and regional level, and helped to leverage the domestic and donor resources, and partnerships needed to secure long-term sustained levels of funding for the recurrent costs and financing needed to deliver these. The strengthening of multi-stakeholder policy engagement is sustained through enhanced collaboration with representatives from ministries of labour, health, finance, higher education, and foreign affairs, as well as with social partners, and is an important element for coordinating key health workforce policy issues at a technical, financial, and political levels, and to help convene all key stakeholders and partners to work together toward one common goal, informed by the use of robust workforce data and analytics.

Health and care workforce development requires a long-term commitment from countries and partners alike to enable sustainable impact. The final independent review showed that the W4H implementation approach has been able to contribute to UHC and to SDGs 3, 4, 5 and 8, through multisectoral interventions to expand and transform health and care workforce education, skills and jobs.

At global level, W4H leverages the collective expertise of WHO-ILO-OECD to guide policy on the comprehensive access, use and sharing of data for decision making (e.g., national health workforce accounts, labour force surveys, economic data); managing mobility and migration, including through the WHO Global Code of Practice on International Recruitment of Health Personnel; and on defining and measuring skills and employment need and trends – and their contribution towards improved health, social and economic outcomes.

W4H will now transition to deliver on the new Working for Health 2022-2030 Action Plan agenda[13], which was endorsed by the Seventy-fifth World Health Assembly in May 2022, under Resolution 75.17: *Human resources for health*[14]. TheW4H programme partnership and MPTF is extended to 2030, to ensure continuity and a 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 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 and implementation framework is now in place. W4H is playing a key role as part of the technical support facility 'Hub of Experts' and will contribute towards country support and implementation, in alignment with the W4H agenda.

Against this background a second phase of the W4H MPTF programme was launched in 2023 which is extended to 2030. In 2023, two new donors committed funds to the W4H MPTF. The UK Department of Health and Social Care committed GBP£1 million (US$1.2 million) between 2023-2024, and the Swiss Agency for Development and Cooperation committed US$2.5 million to 2027. This continued support is expected to enable, among others, **Chad, Kenya, Pakistan** and **South Africa** to build upon achievements made in the first phase of W4H. For example, Chad is facing inflows of refugees from Sudan – more than 100,000 so far – which represents an additional challenge for the health system and health workforce. A

[13] Working for Health 2022-2030 Action Plan
[14] WHA Resolution 75.17: Human Resources for Health

direct request from the Honourable Minister of Health to the WHO Director General will build on the HLMA and functioning Multisectoral HRH Taskforce established in the first phase of W4H, to support rapid deployment of 2,500 health workers at health centre level and in rural areas to respond to its refugee crisis needs.

Regional achievements will be further sustained through the Regional Health Workforce Investment Charter that will align all stakeholders and partners around one common investment approach and agenda for the region. Technical and financial support provided through W4H's subregional support enabled the high-level regional health workforce investment policy dialogue in 2022, attended by 26 Member States, development partners and international financing institutions, where the Charter was conceptualized. In 2023, the Charter was drafted and open for public consultation ahead of an investment forum planned in quarter four.

A recent review of investments by development actors in health workforce programmes and job creation (van de Pas et al., 2023) found that across many HRH development programmes, there has been limited actionable progress made for the enablers required to transform the workforce, including generation of fiscal space for health that would strengthen jobs in the health sector, the development of health workforce partnerships and its global agenda, and the governance of international health workforce migration. Working for Health was observed as a stand-out in these programmes, having developed strategic guidance and norms, and making a sustainable impact by supporting multisectoral technical capacity in countries on the application of national HLMA to develop policies and actions. The review described its unique role in aligning international cooperation and investments with national health, labour and education strategies has enabled coordination between several ministries, international development partners, and professional associations on HRH policy action.

Several policy recommendations for international health workforce investments by development actors were outlined in the recent paper (van de Pas, 2023), and are in-line with the considerations offered by the W4H final independent review.

1. Develop a coherent global health workforce financing agenda, where cooperation at the multilateral, regional and domestic level are required to sustain health workforce investments.
2. Address the health skills supply gap of the global market through provision of financial incentives to graduates in LMIC.
3. Significantly increase Official Development Assistance (ODA) funding via investments in creating health sector jobs, especially for youth and women.
4. Create sustainable health labour mobility partnerships between countries.
5. Rapidly scale up health workforce investments with macro-economic policy enablers that supplement domestic finance and development aid to open fiscal space.

Together with the lessons from the past five years of Working for Health and its Multi-partner Trust Fund, there is a clear path forward for cooperative action on health workforce investment where the value of the W4H MPTF and its multisectoral partnership and approach to drive policy, action, and investment in countries with the greatest workforce needs has the potential for true impact.

Annex 1: Results matrix (years 1, 2, 3, 4)

	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 established Frontline-Field Epidemiology Training Program of the Federal	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

	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 staffing needs for health service delivery (Yes/No/Partly) **Baseline:** 0 **Planned target:** 20 countries supported	Three countries Benin, Guinea and Niger fully implemented the workload indicators staffing needs (WISN) methodology.	Three countries (**Guinea** and **Niger** partially, and **Benin**)	Currently, there is only funding to support 12 countries not 20 Targets should be revised to 12	Data from annual reports
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 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	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

	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 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	87.5% (seven WAEMU countries)	N/A	Data from the WHO NHWA portal and country reports

	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 **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	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

	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 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 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	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

	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 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.	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

	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.			
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 established to enhance coordination with different stakeholders. An e-learning platform	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 assessment of policy coherence for international labour	N/A	Data from annual reports

	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 o**Pt** (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 quality of nursing education, and deliver patient-centered and high-quality health services.	migration in the health sector was developed.		
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	All W4H countries	**SADC countries:** Updated and revised data and baseline; implementation plan,		Data from annual reports

health workforce strategies **Baseline: 0** **Planned target:** 20 countries		costing model and M&E framework initiated **WAEMU countries:** Monitoring framework developed and pilot is ongoing in two countries		
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 **Baseline:** Based on country assessment **Planned target:** % change based on country assessment	No baseline data to compare with because there were no data on the NHWA portal	N/A	N/A	N/A
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	**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	**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	N/A	SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health; WHO NHWA portal

based on country level assessment	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 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	per 10 000 population (*country-specific data is in table 5 of the strategy document*) **WAEMU:** planned but due to COVID-19 not executed		
Output 3.2: Strengthened capacity to address gender bias and inequalities in health workforce policy and practice				
Indicator 3.2.1: Gender wage gap	W4H advocates gender equality in all the countries.	**SADC:** Set an objective of developing and implementing strategies to	N/A	

Baseline: Based on in country assessment **Planned target:** % change to be determined based on country level assessment	**Pakistan:** Research to assess gender equality in health leadership was completed and results validated in national tripartite workshop.	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		
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 health and safety plans or programmes integrated in health workforce strategies **Baseline:** Based on in country assessment **Planned target:** 10 countries	The HealthWISE approach and the COVID-19 checklist 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.		N/A	Data from annual reports
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	HealthWISE training in 8 countries addressed questions of working hours and workload	N/A	N/A	N/A

conditions (Yes/No/Partly) **Baseline:** Based on in country assessment **Planned target:** 10 countries	**Chad:** development of a draft control sheet for work inspections in health facilities.			
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 **Baseline:** 0 **Planned target:** 20 countries	N/A	N/A	N/A	N/A
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; source of countries with a designated national authority or submitted a national report in the fourth round of reporting on the Code (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; provided support to develop one bilateral agreement (Kenya and UK)	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
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: Working for Health outputs

Foundational resources, Resolutions and action plans

- High-level Commission on Health Employment and Economic Growth (Link)
- (2017) (Link)
- Working for Health' Five-Year Action Plan for Health Employment and Inclusive Economic Growth: 2017-2021 (Link)
- WHA75.17 Human Resources for Health (2022) (Link)
- WHA74.14 - Protecting, safeguarding and investing in the health and care workforce (2021) (Link
- Working for Health 2022-2030 Action Plan (Link)
  - Working for Health 2022-2030 Action Plan: protection and performance (Link)
  - Working for Health 2022-2030 Action Plan: education and employment (Link)
  - Working for Health 2022-2030 Action Plan: planning and financing (Link)
- Global health and care worker compact (Link)
- Conclusions of the Tripartite Sectoral Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 24-28 April 2017) (Link)

Annual progress reports

- Working for Health Multi-Partner Trust Fund Consolidated Annual Progress Report 2022 (*forthcoming on WHO website*)
- Working for Health Multi-Partner Trust Fund Annual Report 2021
- Working for Health Multi-Partner Trust Fund Annual Report 2020
- Working for Health Multi-Partner Trust Fund Annual Report 2019

Programme evaluations

- A review of the relevance and effectiveness of the five-year action plan for health employment and inclusive economic growth (2017-2021) (Link)
- Working for Health Programme and its Multi-Partner Trust Fund 2017–2022: Opportunities for future programming (Link to final programme evaluation, *forthcoming*)

Country outputs

Project 0116408: Working for Health Initial Implementation

- **Guinea** National Community Health Policy (Link)
- **Rwanda** 10-Year Government Programme: National Strategy for Health Professions Development 2020-2030 (Link)
- **Rwanda's** health workforce effort: multisectoral health labour market analysis and health workforce data drive policy and investments (*forthcoming*)
- **South Africa** 2030 National Human Resources for Health Strategy (Link)
- **South Africa** Human Resources for Health Strategic Plan (2020/21 - 2024/25) (Link)
- **South Africa** National Strategic Direction for Nursing and Midwifery Education and Practice: Roadmap for Strengthening Nursing and Midwifery in South Africa (2020/21–2024/25) (Link)
- **South Africa** launch of the Presidential Health Compact 2019 (Link)
- **South Africa** Presidential Employment Stimulus Programme (Link)

Project 0118644: Working for Health Country Support Jan-Dec 2020

- **Benin** WISN report 2019 (available in shared drive)
- **Benin** Analysis of HRH and budget planning (available in shared drive)
- **Chad** Strategic Development Plan on HRH, 2022-2030 (available in shared drive)

- **Mali** HLMA report (HLMA report available in shared drive)
- **Mauritania** Strategic Development Plan for HRH, 2022-2026 (available in shared drive)
- **Niger**: stories from the field (Link)
- Case study HealthWISE implementation in **Benin**, **Mali** & **Senegal** available in FR, *(forthcoming)*
- Handbook on social dialogue in the health sector in **Kenya** (*forthcoming*)

Project 00125249: Working for Health Country Support 2020-2021

- **Somalia** National Health Sector Strategic Plan 2022-2026 (HSSPIII) (Link) and associated HRH Strategic Plan
- **Somalia** Essential Package of Health Services, 2020 (Link)
- Brief and video on pilot implementation of HealthWISE in **Pakistan** *(*available in ENG*, brief forthcoming, link to video)*
- Women in health leadership in **Pakistan** *(*available in ENG*, forthcoming)*

Regional outputs

- **Southern African Development Community** (SADC) Health Workforce Strategic Plan 2020-2030 (Link)
- ILO tripartite technical workshop for the **Southern African Development Community** (SADC) region Investing in the health workforce: employment and decent work in the health sector – Conclusions (Link)
- **West African Economic and Monetary Union** (WAEMU) Health Workforce Strategy and Investment Plan (Link)
- **WAEMU** convened high-level Africa regional policy dialogue on investment and protection of health workforce, November 2022 (Link)
- Africa Health Workforce Investment Charter, draft for public consultation (Link)
- African Health Workforce Investment meeting in Ghana, November 2022 (Link)
- Health sector investment impacts on employment and economic growth: A panel ARDL analysis in the **West African Economic and Monetary Union** (WAEMU) *(*available in ENG and FR*)*
- Development and Implementation of Investment Plans for Health Jobs and Economic Growth: Lessons Learned from the Experiences of Member States of the **West African Economic and Monetary Union** (available in FR, *available in shared drive*)

Global public goods

Inter-Agency Data Exchange (IADEx)

- National Health Workforce Accounts (NHWA) portal (Link)
- University of Minnesota's Integrated Public Use Microdata Series (IPUMS) Program (Link)
- What labour force survey data can tell us about the workforce in the health and social care sector (LINK)

International Platform on Health Worker Mobility

- WHO Global Code of Practice on the International Recruitment of Health Personnel, fourth round of reporting (2022) (Link)
- International migration and movement of nursing personnel to and within OECD countries - 2000 to 2018 (Link)
- Ethically Managing International Health Worker Mobility: Bilateral and Regional Agreements (Link)
- Public hearing on the 2nd Member State led review of the WHO Global Code of Practice (Link)
- Compendium on skills recognition processes (*forthcoming*)

Project 00129348: Working for Health Skills Global

- Equipping health workers with the right skills (ILO Link, OECD Link)
- Skills at the Fifth Global Forum on Human Resources for Health hosted by WHO (Link)
- LinkedIn posts on the Skills report (Link 1, Link 2, Link 3, Link 4)
- OECD blog post about the Skills report (Link)

Tools

- COVID-19 checklist for health facilities (available in ENG, FR, ES, Arabic; Link)
- HealthWISE Checkpoints Application for iOS and Android (available in ENG, FR, ES, Arabic; Link)
- International labour migration in the health sector - A manual for participatory assessment of policy coherence (Link)

Videos and social media

- Working for Health programme video
- **X/Twitter:** Working4H
- HealthWISE implementation in Pakistan (Link)

Related resources

- Framework for Sri Lanka's health workers' mobility adopting fair and ethical recruitment practices (Link)
- Meeting report: Cross learning event: Working for Health Cambodia, Kyrgyzstan, Nepal and Sri Lanka, January 2022 (*forthcoming*)
- Working paper on Measuring employment impact and job creation (*forthcoming*)
- van de Pas R, Mans L, Koutsoumpa M. An exploratory review of investments by development actors in health workforce programmes and job creation. Hum Resour Health. 2023 Jul 7;21(1):54. doi: 10.1186/s12960-023-00835-3.
- Synthesis of multi-country reports and policy impact of HLMA in the African Region (*forthcoming online, available in shared drive)*.

For more information, please visit:

1. WHO: Working for Health
2. ILO: Health services sector (ilo.org) and ILO-OECD-WHO Working for Health Programme (W4H)
3. OECD: Health Workforce
4. Working For Health UN MPTF Gateway page: https://mptf.undp.org/fund/whl00

Annex 3: Case examples from countries and regions supported by Working for Health

Case study 1: South Africa

Supporting national-level HRH strategies & COVID-19 preparedness

Context: South Africa aims to attain Universal Health Coverage for all through the implementation of National Health Insurance reforms, for which a strategic approach to the health workforce development and investment are essential. There are commitments in South Africa towards job creation from the highest-level in the country. In 2018, the Presidential Jobs Summit set a target of creating 275,000 new jobs annually, including jobs within the health and care sector. In addition, the Presidential Health Compact 2018, specifically pillar 1 focuses on "augmenting human resources for health". Political commitment (Presidential Employment Stimulus Programme) yielded 5,531 new jobs in the public sector in 2020 (1,045 enrolled nurses, 1,236 auxiliary nurses and 3,205 community health workers and outreach team leaders from training into employment)

Programme interventions & results: Working for Health provided support to the National Department of Health multistakeholder process for developing national-level Human Resources for Health (HRH) strategies, including direct technical assistance to the assigned Ministerial Task Team to conduct a rapid health labour market and political economy analysis. Through this support, South Africa developed and adopted its 2030 HRH Strategy, the HRH Strategic Plan 2020/21–2024/25 and initiated an investment case for the HRH Strategy. In addition, there has been traction in supporting the development of the National Strategic Direction for Nursing and Midwifery Education and Practice: Roadmap for Strengthening Nursing and Midwifery (2020/21–2024/25).

The Eastern Cape Department of Health requested assistance during the COVID-19 pandemic. W4H provided technical support to the health the health and care workforce with a focus on infection prevention and control/IPC and occupational safety and health/OSH including psychosocial support for workers. There was also support provided for a Tripartite Working Group in the Eastern Cape Province for OSH, COVID-19, HIV and TB as well rolling out HealthWISE training across the province. In June 2022, a 3-day workshop focused on a training of trainers for HealthWISE and the development of facility-based implementation plans. The workshop brought together organized labour[15] 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.

Lessons learned:

- Technical and catalytic funding supported the government led development of evidence-based national multisectoral HRH policies and strategies and are critical for securing commitments on defined targets, actions and investments in the health and care workforce.
- Flexible funding allowed for re-programming/ tailoring interventions in line with provincial and district level preparedness during the COVID-19 pandemic, with the prioritization of sound infection prevention and control/IPC and occupational safety and health/OSH.

Case study 2: Niger

A model of gender equality in the health and care workforce in rural areas

Context: Within the framework of "Niger's Renaissance Programme", the government has moved towards implementing essential reforms such as Niger's Economic and Social Development Plan. These reforms aim

[15] (Democratic Nursing Organisation of South Africa (DENOSA); Health & Other Services Personnel Trade Union of South Africa (HOSPERSA); National Education, Health and Allied Workers' Union (NEHAWU); Public Servants Association of South Africa (PSA))

to strengthen the resilience of the economic and social development system and achieve the Sustainable Development Goals. The *National Action Plan investing in health and social sector jobs for economic growth* was adopted by presidential decree.

W4H programme interventions & results:

- Facilitated a Health Labour Market Analysis (HLMA), which is currently in the process of being updated.
- Provided econometric modelling and evaluation support for the Rural Pipeline Project/RPP. The RPP supports the creation of jobs for women and youth in rural areas, by linking education into training and employment. In 2019, 2,500 community-based health worker jobs and 5,000 indirect jobs were created in Diffa, Tillabéri and Tahoua region.
- Development of an HRH Investment Plan and investment dialogues.

Lesson learned: The Rural Pipeline Project shows the importance of political commitment and potential for upscale and replicability to address health and care workforce issues in terms of gender, youth and delivering rural-based health services. Specifically, through local investments in education, training and employment that are part of the broader national economic and social development agenda.

Case study 3: Rwanda

Health labour market analysis and health workforce data drive policy and investments

Context: Rwanda's Vision 2050 sets out its health-related targets for universal health coverage and the Sustainable Development Goals (SDGs). Efforts centre on the 7-year National Strategy for Transformation (Vision 2050) and the Fourth Health Sector Strategic Plan (HSSP4) and have contributed to increasing the number of skilled health workers (physicians, nurses and midwives) from 0.48 to 0.79 personnel per 1000 population (more than 60%) within a 10-year period from 2005 to 2015.

W4H programme interventions & results: Adapting and applying a country-led health labour market analysis/HLMA has enabled policy actions, decisions and investments to strengthen the health workforce. In 2020, the Government of Rwanda successfully leveraged financial support under the World Bank Human Capital Development Program Financing for its health workforce agenda. The main workforce initiatives led by the Government of Rwanda under this financing are to increase the number of positions and staff in health facilities within 5 years, to validate and recognize health professionals' qualification and competence requirements through credentialing. to ensure the quality of care in health facilities and to strengthen health workforce data. Direct technical and financial support to the Rwanda multi-sectoral HRH Technical Committee has enabled the development of the HRH Roadmap: National Strategy for Health Professions Development 2020–2030 and the costing of the new national strategic plan.

Lessons learned:

- The health labour market analysis (HLMA) is a strategic policy, planning and advocacy tool that enables governments, partners and stakeholders to jointly garner multisectoral support, commitment, and investment on the health workforce agenda.
- A nationally led health labour market analysis helps provide an evidence-based understanding of health labour market dynamics and facilitates policy dialogue on actions to address the root causes of systemic health workforce challenges.

Case study 4: Pakistan

Significant strides to supporting nurses and UHC

Context: Pakistan has a population of approximately 230 million people, 2.95% of the gross domestic product is spent on health expenditure, and there is a health workforce density of 18.22 per 10,000 population. Pakistan

is on the 2023 WHO Supports and Safeguards List of countries with the most pressing health workforce needs in terms of universal health coverage/UHC. Pakistan is working towards implementation of the UHC agenda and there has been a focus on the implementation of the benefit package couples with health workforce strengthening efforts.

W4H programme interventions to support UHC

- Support to review the UHC health strategy at primary health care/PHC level for the Health Workforce strategy development.
- Strengthened the UHC District Health Information System, and health workforce registry.
- Conducted a Gender Equality in Health study, *Women in Health Leadership* at different levels of the health system, andsupported a tripartite consultation process to review and validate its findings and recommendations and the way forward.

W4H Interventions to support nursing

- Produced a national assessment of nursing and midwifery.
- Developed Pakistan Nursing and Midwifery Council roadmap.
- Developed an implementation plan for the ILO Nursing Personnel Convention.
- Developed a certified course for nursing educators and trained 43 nurse educators in 2021 and 2022.

Interventions for occupational safety and health

- Delivered HealthWISE training to improve occupational safety and health/OSH measures in select health facilities.

Lesson learned: Participants in the tripartite consultation workshop on the Gender in Health study, recognize and committed to the need creating enabling environments and a policy framework to enhance gender equality in leadership positions in the health sector.

Case study 5: occupied Palestinian territory

A focus on emergency services

"The value of Working for Health is that it provides flexible funding and catalytic support, to help secure further investments and financial resources. During COVID-19 we could immediately re-programme funds to support the pandemic response, for example to strengthen Basic Life Support training and capacity, and helped to secure additional funding for our partners from other sources." - Hadeel Qassis, Palestinian National Institute of Public Health

W4H programme interventions & results: Working for Health supported reprogramming of implementation due to COVID-19 pandemic disruptions. The Ministry of Health conducted capacity building activities, training 1,500 emergency medical technician/EMT, nurses and doctors working in emergency rooms and COVID-19 Intensive Care Unit/ICU wards on Basic Life Support/BLS. In addition, the Occupied Palestinian Territory developed national plans to strengthen Ambulance and Emergency and Disaster Management services as well as ensuring the licensing and re-licensing of paramedics. In May and June 2022, the ILO and its training centre, 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.

Lesson learned: Flexibility of funding and technical support allows for responsive reprogramming that aligns with new and emerging country priorities e.g., to respond to the urgent need to develop critical basic life support and emergency medical skills for selected health workers during the COVID-19 pandemic.

Case study 6: Sri Lanka

Enhancing multi-sectoral commitment and coordination through Working for Health in Sri Lanka,with support from UNPDF

Context: In addition to the projects supported through the ILO-OECD-WHO Working for Health Multi-Partner Trust Fund (MPTF), four additional countries were supported (Cambodia, Kyrgyzstan, Nepal, Sri Lanka), multi-year funding through the UN Peace and Development Fund. managed by WHO with ILO collaboration which further demonstrated the value of the Working for Health implementation model and its catalytic technical support and funding

Key challenges in **Sri Lanka**'s health sector are three-fold and are amplified by the inconsistency across various government sectors responsible for health workers: (1) *strategic***:** lack of synergies and coherence among health policies and strategies (2) *financial:* shrinking fiscal space for health, and (3) *operational*: disparities in distribution of health workforce and skill mismatches. ILO and its local social partners, through the Working for Health approach provided technical support to (1) enhance inter-sectoral commitment, social dialogue and policy dialogue for health and social workforce investments and action and (2) strengthen capacity to negotiate arrangements to maximize the mutuality of benefits from international health worker labour mobility.

W4H programme interventions & results: ILO conducted a baseline analysis of existing Social Dialogue mechanisms in the Public Health sector in Sri Lanka and supported the establishment of internal grievance procedures, establishing Workplace Cooperation Committees and a pool of trainers to strengthen capacity building for managers and trade unions in social dialogue, negotiation, and collective bargaining. Two pilot sites in the public health sector were selected to undergo training which led to a Dispute Prevention/ Resolution being integrated into the **Human Resources for Health Roadmap 2030** for Sri Lanka. Since the W4H programme inception, more than 18,000 health and care workers have participated in trade union action.

ILO and WHO further collaborated on the Working for Health initiative in collaboration with the EU-funded "Global Action to Improve the Recruitment Framework for Labour Migration" (REFRAME) towards the longer-term goal of a comprehensive health workforce policy. REFRAME and WHO/ILO, through the W4H partnership, conducted a sector study on migration and recruitment in the health sector. The findings of the study point to the decent work deficits that health workers in Sri Lanka experience and how these factors can thus, shape the decision to migrate. Its report further proposes a framework that could be considered for adoption to facilitate policies and strategies for fair migration and return of health workers in Sri Lanka. The report can be accessed here.

Lesson learned: Multi-sectoral action is critical given the strong role of trade unions in Sri Lanka. The collaborative partnership between WHO and ILO on this programme has been important to improve dialogue between ministries and across social partners.