



Working for Health Multi-Partner Trust Fund

Concept Note: Addressing future health workforce skills needs

25 October 2021

Project title	Enhancing the quality and quantity of the Health Workforce Skills to Improve preparedness for future changes
Objectives	<p>The objective of this project is to identify emerging skill needs for current and future generations of health workers and to assist countries in addressing the shortfall of health workers. The project will provide a tool for countries to assess changing skill needs and potential shortfalls in numbers of health workforce. A peer-learning workshop will also allow discussing how this information can be used to adapt health curricula and steer young generations towards health sector jobs.</p> <p>The project will build on previous initiatives undertaken by the OECD and the ILO in the area of skills assessment and anticipation, in other sectors. The term skills will be used to refer to the set of skills, abilities and knowledge as well as to the qualifications that are required to exercise health professions.</p> <p>The project will:</p> <ol style="list-style-type: none">1 Map the methods currently used by countries, including low and middle income countries (LMICs), to measure and forecast health workforce needs – both in terms of numbers and skill requirements.2 Develop a tool that will enable countries to choose the method that is most in line with their context, capacity and needs.3 Initiate a peer-learning discussion on how the information collected can be used to address the shortfall in health workforce and ensure that skills are kept up to date with emerging requirements. Country experiences include: using the information to support career guidance systems for youth and adults; drawing up lists of occupations in shortage to assign work permits in countries with selected migration systems; upgrading curricula to include emerging skill requirements; informing education and training providers as well as public employment services to focus training and re-employment efforts on emerging careers.4 Collect specific examples on how to inform young people of employment opportunities in the health sectors and encourage them to undertake these education and career pathways.5 Collect specific examples on how to adapt curricula in health education to changing skill needs, notably related to the use of new technologies or the changes in job description;

	<p>The project will focus on the global level but provide concrete advice to countries, on measurement methods and examples of good practice on information use, and implications for youth employment and curriculum content.</p> <p>The project will help identify and anticipate the demand for workforce skills, supporting countries to target the creation of jobs in line with this demand.</p> <p>The project aims to enable the creation of more sustainable health workforce jobs by helping countries to: assess future demand in terms of both numbers of health workers and skills needs; create additional jobs aligned with long term sustainable budget projections and projected demand; and ensure the necessary training capacity is supported and strengthened.</p> <p>On the supply side, information on jobs and skill needs will feed into career guidance, encouraging youth to undertake education and career pathways relevant to the emerging needs in the sector and helping countries to plan their human resource development plans as well as retention and migration policies.</p>
Geographic area	Global level
Implementing entities	<ul style="list-style-type: none"> • OECD • ILO
Timeframe	7 months (November 1 st , 2021- May 31 th , 2022)
Lead Focal Point	<ul style="list-style-type: none"> • OECD (Glenda Quintini) • ILO (Christiane Wiskow and Olga Strietska-Illina)
Background	<p>Support countries to build a more resilient health workforce and health system by establishing mechanisms to measure, forecast and address quantitative (in terms of numbers) and qualitative (in terms of skill requirements) workforce gaps.</p> <ul style="list-style-type: none"> • The 2016 ComHEEG report, launched shortly after the Ebola outbreak in West Africa, showed how chronic underinvestment in health compromises human health and has serious economic and social implications. Five years later, the consequences of the COVID-19 pandemic are more dire and this time all countries have felt the consequences. The virus does not discriminate between high or low income countries as it relentlessly reveals a lack of investment in the health systems and workforce preparedness in all countries. • Countries are looking at how they can improve their essential public health functions and the resilience of their health systems as a result. A critical component of resilience is the health workforce, increasing the size of the health workforce and equipping it with the relevant emerging skills will be critical.

	<p>Indeed countries are already starting to assess future health workforce needs in terms of numbers and skills.</p> <ul style="list-style-type: none"> • Some countries have systems in place to assess and anticipate skill needs for the health workforce. Depending on the structure of the health system, the capacity of the statistical infrastructure and specific country objectives, some methods to assess changing skill needs might be more appropriate than others in a given country • Good information on future skill needs in the health workforce can provide valuable inputs for youth and graduates making professional and training choices.
Alignment with existing policies, strategies, and Development frameworks	<ul style="list-style-type: none"> • The WHO Global Strategy on Human Resources for Health: Workforce 2030 • The 2022–2030 agenda and implementation mechanism • G20 Health Ministers commitments on health workforce, including skills • The WHO Academy • The WHO Global Competency Framework for UHC (forthcoming) • WHO Interim Guidance: Health workforce policy and management in the context of COVID-19 pandemic response • WHA resolution 74.14 on Protecting, safeguarding and investing in the health and care workforce
Beneficiaries	<ul style="list-style-type: none"> • Youth; • Patients (through enhanced access to healthcare); and • Health workers
Stakeholders	<ul style="list-style-type: none"> • Government (health, education and employment ministries); • Healthcare institutions; • Training providers;
Impact	<ul style="list-style-type: none"> • Health systems that are better prepared to withstand pressure from future emergencies and pandemics; • Young people aware of and attracted to career and employment opportunities in the health sector; and • Future workforce is equipped with skills needed. • Countries create additional health sector jobs and enable deployment in flexible teams.
Project Outputs	
1. Analysis of approaches to anticipate skill needs of health workforce	<p>Working for Health Results Matrix output(s): 1.2; 2.1; 2.3; 3.1; 3.2</p> <p>Activities:</p> <p>2.1 Identify research methods that countries use to assess existing and future skill needs in the health workforce, through an analysis of the global literature on this topic. A range of methods are already used in several countries and sectors to assess how skill needs are changing, ranging from forecasts, foresight and including other quantitative and qualitative assessments. Adapted</p>

	<p>to the health sector, these systems would allow assessing how the size of the future health workforce, as well as of specific professional profiles, is expected to evolve, and the skills that different types and teams of health practitioners and professionals will need going forward, particularly in light of the need to align future skills and jobs with integrated people-centred health .</p> <p>2.2 Through desk research, analysis of previous data collections, and/or additional questionnaires distributed to relevant Ministries and social partners, the project will provide more in-depth information on 5 LMICs, across different regions, to identify any existing practices and potential barriers.</p> <p>2.3 The results could inform options for LMICs, for the purpose of education planning, curriculum setting, career guidance or migration quotas. Examples from higher income countries as well as examples from other sectors (e.g. education) will also be used to provide insights.</p> <p>Description: Covid-19 has underscored the existence of significant shortfalls and skills gaps in the health workforce in several countries. Beyond size, the composition of the health workforce is also evolving in line with changing skill requirements. The aim is to define ways for countries to set up or improve their systems for assessing and anticipating staff and skill needs in the health sector and to inform policy action to address the anticipated changes.</p> <p>Outputs</p> <ul style="list-style-type: none"> • A report analysing approaches to skills assessment and anticipation in the health sector [OECD], including across 5 LMICs [ILO], with lessons to be learnt from other sectors
<p>2. Initiate peer-learning and develop tool to assess future skills needs in the health workforce to inform health workforce policies and planning.</p>	<p>Working for Health Results Matrix output(s): 1.2; 2.1; 2.3; 3.1; 3.2</p> <p>Activities:</p> <ul style="list-style-type: none"> • The project will organise a virtual exchange with representatives of approximately 20 country to discuss how the information that is generated through skills assessment exercises is currently used to: adapting curricula; providing career guidance classes to youth making education and career choices. • Produce a Note, following the workshop, to summarise examples collected from participating countries in two areas: specific examples on how to inform young people of employment opportunities in the health sectors and encourage them to undertake these studies;

	<p>specific examples on how to adapt curricula in health studies to changing skill needs, notably related to the use of new technologies or the changes in job description;</p> <ul style="list-style-type: none"> • The project will develop a tool for countries to understand what options and systems are available for assessing staff and skill needs in the health sectors and present the pros and cons of each option, including the feasibility, taking into account the infrastructure and the capacity available in each country The project will place a particular emphasis on the implication of staff and skill needs on international recruitment and migration flows. • Upon completion, dissemination activities will focus on raising awareness of the importance and benefits of skills assessment and anticipation among relevant stakeholder stool <p>Description: While systems to assess staff and skill needs exist in several countries, the information is sparse and not accessible to countries wanting to set up such systems. In addition, few countries use the information effectively. The information on staff and skill needs in the health sectors can help make education and training systems more responsive to short term skill shortages and longer term shifts in skills needs. Most notably, it can be used to improve the school/education-to-work transitions for youth and graduates, including by making curricula more responsive, adapting the quantity of courses available and guiding choices of students and adults seeking retraining and facilitate occupational mobility. It will support countries to improve service-wide skills need assessments.</p> <p>Outputs</p> <ul style="list-style-type: none"> • A virtual workshop attended by approximately 20 country representatives to discuss ways in which the information that is generated through skills assessment exercises is currently used to: adapt curricula; provide career guidance classes to youth making education and career choices [OECD lead] • A tool for assessing and forecasting skill needs to guide countries in the choice of the most appropriate approach to assess skill needs in the health workforce in light of their capabilities and constraints. [OECD lead]
Cross-cutting	The work will contribute to greater preparedness of health systems in the face of future changes in staff and skill needs and assist countries in moving towards the achievement of Universal Health Coverage (UHC).
Monitoring and Evaluation Plan	<ul style="list-style-type: none"> ▪ An implementation workplan, and Monitoring framework will be developed at project inception ▪ Project outputs will be aligned with the Working for Health Result Matrix, timeline, and related indicators:

Risks	<ul style="list-style-type: none"> • With many countries still struggling to respond to Covid-19, the capacity to respond to detailed questionnaires is limited currently. To mitigate this, data collection tools will be simplified as much as possible. • Although the proposal anticipates some face to face meetings being possible in the second half of 2021 and 2022, contingency plans for virtual meetings will also be developed. • The implications of the COVID-19 pandemic on the health workforce will need to be addressed, particularly for all parallel support, collaboration and coordination on future health workforce preparedness capacity and capability.
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Project budget (\$ USD)

Categories	ILO	OECD	WHO	Total
1. Staff	\$67,500.00	\$187,667.78	\$00.00	\$255,167.78
2. Supplies, commodities, materials	\$00.00	\$00.00	\$00.00	\$00.00
3. Equipment, vehicles and furniture	\$00.00	\$00.00	\$00.00	\$00.00
4. Contractual services (including consultants, meetings, workshops and conferences)	\$00.00		\$00.00	\$00.00
5. Travel	\$00.00	\$1,594.86	\$00.00	\$1,594.86
6. Transfers and grants to counterparts	\$00.00	\$00.00	\$00.00	\$00.00
7. General operating and other direct costs	\$00.00	\$24,321.82	\$00.00	\$24,321.82
Subtotal	\$67,500.00	\$213,584.46	\$00.00	\$.281,084.46

8. Indirect support costs ^{1*}	\$4,725.00	\$14,360.54	\$00.00	\$19,085.54
TOTAL	\$72,225.00	\$227,945.00	\$00,000.00	\$300,170.00
Total need	Allocation: MPTF		Allocation: Other (specify)	

Budget Narrative (by entity)

1. Staff costs:

- ILO: USD 67,500
- OECD: USD 187,667.78

2. Supplies, commodities, materials

3. Equipment, vehicles and furniture

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

5. Travel

- OECD: USD 1,594.86

6. Transfers and grants to counterparts

7. General operating and other costs

- OECD: (Per person chargeback, Mobility Worspace & Event) USD 24,321.82)

8. Indirect Support Cost:

- ILO: USD 4,725.00
- OECD: USD 14,360.54

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

Proposal Assessment Checklist – Working for Health MPTF

Part A. Meeting information	
Steering Committee meeting number:	Project ² number: SSI0XX (placeholder, No. to be provided by MPTF Office)
Date of meeting: Virtual approval	Steering Committee members in attendance at meeting: OECD: Stefano SCARPETTA, Director, Employment, Labour and Social Affairs ILO: Alette VAN LEUR, Director, Sectoral Policies Department WHO: Jim CAMPBELL Director, Health Workforce Department UN MPTF Office: Jennifer TOPPING NORAD: Ingvar OLSEN, Policy Director SILATECH: Ag Executive Director, SILATECH
Part B. Project summary	
Date of submission: 25 October 2021	Participating organization receiving funds: ILO, OECD
	Name and title: OECD Nick TOMLINSON Global Health Advisor +33 1 85 55 4504 nick.tomlinson@oecd.org ILO Christiane WISKOW Health Specialist +41227997869 wiskow@ilo.org
Lead focal point of the participating organization(s): OECD (Glenda Quintini) ILO (Christiane Wiskow and Olga Strietska-Ilina)	Project title: Enhancing the quality and quantity of the Health Workforce Skills to Improve preparedness for future changes Project location(s): Global

² The term “project” is used for projects, programmes and joint programmes.

	Projected project duration: 7 months (November 1 st , 2021- May 31 th , 2022)		
Proposed project, if approved, would result in: <input checked="" type="checkbox"/> New project <input type="checkbox"/> Continuation of previous funding <input type="checkbox"/> Other (explain) <input type="checkbox"/> No-cost extension: (from-to)	Total project budget: \$300,170 Amount of MPTF funds requested: \$300,170 Percentage of indirect support costs from MPTF contribution: 7 percent		
Projected annual disbursements:	n/a		
Projected annual commitments:	n/a		

Annex A. Detailed descriptions of revised harmonized expense categories

The following definitions are as per the UN Development Group harmonised budget category F&BN WG paper, which form part of the approved decision.

Staff and other personnel costs: Includes all related staff and temporary staff costs including base salary, post adjustment and all staff entitlements.

Supplies, commodities, materials: Includes all direct and indirect costs (for example, freight, transport, delivery, distribution) associated with procurement of supplies, commodities and materials. Office supplies should be reported as “general operating”.

Equipment, vehicles and furniture including depreciation: For those reporting assets on UNSAS or modified UNSAS basis (i.e. expenses up front), this would relate to all costs to put assets into service. For those who do donor reports according to IPSAS, this would equal depreciation for the period.

Contractual services: Services contracted by an organization that follow the normal procurement processes. In IPSAS terminology this would be similar to exchange transactions. This could include contracts given to nongovernmental organizations if they are more similar to procurement of services than a grant transfer.

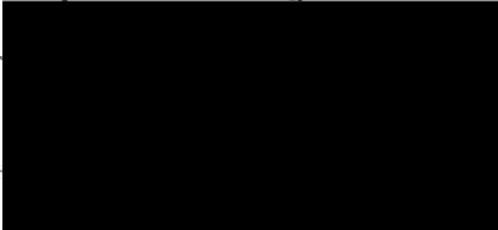
Travel: Includes staff and non-staff travel paid for by the organization directly related to a project.

Transfers and grants to counterparts: Includes transfers to national counterparts and any other transfers given to an implementing partner (for example, nongovernmental organizations), which are not similar to a commercial service contract as per above. In IPSAS terms, this would be more similar to non-exchange transactions.


General operating and other direct costs: Includes all general operating costs for running an office. Examples include telecommunication, rents, finance charges and other costs that cannot be mapped to other expense categories.

Indirect support costs: (No definition provided).

Part C. Initial review of proposal (to be completed by the Working for Health technical secretariat)		Comments
(a) Objectives, activities and outputs of the proposal contribute to the Working for Health programme targets and results matrix	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(b) Integration of gender equality	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(c) The project is achievable, sustainable and cost-efficient	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

(d) The implementing participating organization(s) have the institutional capacity to support and implement the proposal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(e) The proposal engages joint working relationships across ILO, OECD and WHO at the various levels (global, regional, national)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(f) The proposal provides for the inclusion of relevant stakeholders	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(g) The proposal is aligned with regional and/or national health and social workforce policies and strategies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(h) The proposal complements (and does not duplicate) other health workforce programmes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(i) The proposal includes a monitoring and evaluation plan	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(j) The proposal has a clear description of budget requirements using the UNDG budget categories and explicit links with any other sources of direct support and financing of the proposal, from domestic and/or partner resources	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(k) Implementation period of no more than two years, renewable; subject to approval and available funding	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
(l) Implementation is expected to be completed before the operational end date of the MPTF in effect at the time of the decision	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Part D. Decision of the Steering Committee (to be completed by the Steering Committee)		
5. Decision of the Steering Committee <input checked="" type="checkbox"/> Approved for a total budget of US \$300,170 <input type="checkbox"/> Approved with modification or condition <input type="checkbox"/> Deferred or returned with comments for further consideration <input type="checkbox"/> Rejected		
Comments/justification:		
Chairperson of the Steering Committee 		
Date		12 . NOV . 2021

**Part E. Participating United Nations organization acknowledgement
(To be completed by the participating United Nations organization)**

Focal point of participating United Nations organization receiving funds	Name/title	Date	Signature
	Alette van Leur, Director, Sectoral Policies Department, ILO	08 November 2021	
	Stefano Scarpetta, Director for Employment, Labour and Social Affairs, OECD	<u>November 2021</u>	

Stefano SCARPETTA,
Director for Employment,
Labour and Social Affairs,
OECD

8 November

2021

