

Working for Health

Stimulating investments and action
to optimize, build and strengthen
the health and care workforce
for the 2030 Agenda

Terms of reference
for the
ILO-OECD-WHO
Multi-Partner
Trust Fund
(MPTF)

Update
25 May 2023

“Working for Health” is a strategic, intersectoral, multistakeholder programme that leverages the convening power and mandates of the United Nations and the Organisation for Economic Co-operation and Development, our rights-based approaches and standards, and the expertise, resources and support from our diverse constituents and partners to expand and transform the health and care workforce.

Contents

1. Introduction	3
1.1 Background	3
1.2 Working for Health	4
2. Functions of the ILO-OECD-WHO Working for Health MPTF.....	6
3. Working for Health implementation model.....	7
4. Governance arrangements.....	8
4.1 Steering Committee	9
4.2 Secretariat.....	10
4.3 Administrative Agent	11
4.4 Participating Organizations	11
4.5 Country Coordination Committees	11
4.6 Strategic advisory mechanisms	12
5. Fund implementation	12
5.1 Contributions to the MPTF.....	13
5.2 Project approval cycle	13
5.3 Risk management	14
6. Reporting	14
6.1 Reporting to governance structures of the ILO, OECD and WHO	14
6.2 Reporting to the Administrative Agent	15
7. Monitoring and evaluation	15
8. Audit	15
9. Public disclosure	16
Annex 1. The Commission’s 10 recommendations.....	17
Annex 2. Working for Health progression model.....	18
Annex 3. Working for Health implementation model	19

1. Introduction

1. This document sets out the terms of reference for the joint International Labour Organization (ILO), Organisation for Economic Co-operation and Development (OECD) and World Health Organization (WHO) Working for Health (W4H) programme and the related Multi-Partner Trust Fund (MPTF). It sets out the general vision and strategy of the programme and the governance and accountability structures for the programme.
2. The vision of Working for Health is an effective and enabled workforce that delivers universal health coverage (UHC), emergency preparedness and response, and drives inclusive economic growth.¹
3. The goal of Working for Health is to optimize, build and strengthen the health and care workforce to accelerate progress towards the Sustainable Development Goals (SDGs) by 2030. By providing state-of-the-art policy advice, technical assistance and capacity strengthening support to achieve this goal, the ILO, OECD and WHO will assist constituents and partners from governments, the private sector and civil society to achieve the following SDGs:
 - Good health and well-being (SDG 3)
 - End poverty (SDG 1)
 - Quality education (SDG 4)
 - Gender equality (SDG 5)
 - Decent work and economic growth (SDG 8).
4. The ILO-OECD-WHO Working for Health MPTF supports mobilizing multisectoral cooperation, partnership and collaboration on the health and care workforce. Its primary intention is to enable countries to address their health systems and population health needs through effective investment in the health and care workforce, particularly in countries least likely to achieve UHC and where emergency preparedness requires strengthening.²

1.1 Background

5. The health and care workforce is fundamental to the attainment of UHC and to the health of populations, as well as to building health system capacity and to inclusive economic growth. This has become increasingly evident in recent years, as countries at all stages of socioeconomic development have witnessed the invaluable role of health and care workers during the COVID-19 pandemic, the economic consequences of not being adequately prepared to manage pandemics, and the immense challenges they have faced, and the impact this has had on workers themselves and health systems.
6. Emerging evidence reveals that countries with an adequate, trained and capable health and care workforce have been more effective in responding to the COVID-19 pandemic and maintaining essential services, while those countries dealing with capacity constraints and other developmental

¹ [Working for Health 2022–2030 Action Plan](#)

² [WHO health workforce support and safeguards list 2023](#)

challenges have fallen further behind.^{3,4,5} Surges in illness and injury have resulted in burnout, and put workers' health, mental health, well-being and security at heightened risk as they face worsening working conditions (including lack of access to infection prevention and control measures in some instances), violence and harassment.⁶ The COVID-19 pandemic has exacerbated health and care workforce challenges in many countries, increasing the urgency of investment in workforce development, recruitment and retention.

7. In many countries, health and care is a leading sector with job creation potential, especially for women and youth.⁷ Employment in the health and care sectors in OECD countries grew by 49% between 2000 and 2019, compared with 20% across all sectors.⁸ Decent work in the health sector is fundamental to ensuring effective and resilient health systems and is a prerequisite to equality in access to health services, good quality health care, and productivity in societies.
8. Recent evidence shows that investment in the health and care workforce is a central element of improving health systems performance in low- and middle-income countries.⁹ Such investment will enhance access to essential services (by ensuring adequate number and skills mix are present where needed), quality of care (by ensuring people-centred care is streamlined), demand for essential services (by providing quality care for services that are requirement by the local population), and resilience (through means of agile, capacitated and mobile workforce in place). The ILO-OECD-WHO Working for Health MPTF, in its first 5 years, has demonstrated the effectiveness of this scalable approach for strengthening the health and care workforce as a means of building health systems resilience and performance, particularly on mitigating the health system effects of the COVID-19 pandemic.¹⁰

1.2 Working for Health

9. ILO, OECD and WHO launched the 2017–2021 Working for Health Five-Year Action Plan¹¹ to support the implementation of the recommendations of the United Nations (UN) High-level Commission on Health Employment and Economic Growth to stimulate investment in the health and care workforce (the “Commission”). The ILO-OECD-WHO Working for Health MPTF supports Member States (referred to throughout the text as UN members for WHO and ILO, and “countries” for OECD) to translate the Commission’s 10 recommendations on the health and care workforce into action. The Commission’s recommendations are listed in Annex 1.
10. In May 2021, Resolution WHA74.14: *Protecting, safeguarding and investing in the health and care workforce* was adopted by the World Health Assembly (WHA), calling for a new set of actions and

³ Haldane V, De Foo C, Abdalla SM, Jung A-S, Tan M, Wu S et al. Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. *Nat Med.* 2021;27(6):964-980 (<https://doi.org/10.1038/s41591-021-01381-y>, accessed 20 June 2023).

⁴ Ballard M, Olsen HE, Millear A, Yang J, Whidden C, Yembrick A et al. Continuity of community-based healthcare provision during COVID-19: a multi-country interrupted time series analysis. *BMJ Open.* 2022;12:e052407 (<https://doi.org/10.1136/bmjopen-2021-052407>, accessed 20 June 2023).

⁵ Development co-operation report 2021. Paris: Organisation for Economic Co-operation and Development; 2021.

⁶ [Our duty of care: a global call to action to protect the mental health of health and care workers](#)

⁷ [Youth and decent work in the health and social care sector: an evidence synthesis](#)

⁸ Health at a glance 2021: OECD indicators ([Chapter 8 on health workforce](#)).

⁹ Karamagi HC, Ben Charif A, Ngusbrhan Kidane S, Yohanes T, Kariuki D, Titus M et al. Investments for effective functionality of health systems towards universal health coverage in Africa: a scoping review. *PLOS Glob Public Health.* 2022;2(9):e0001076 (<https://doi.org/10.1371/journal.pgph.0001076>, accessed 20 June 2023).

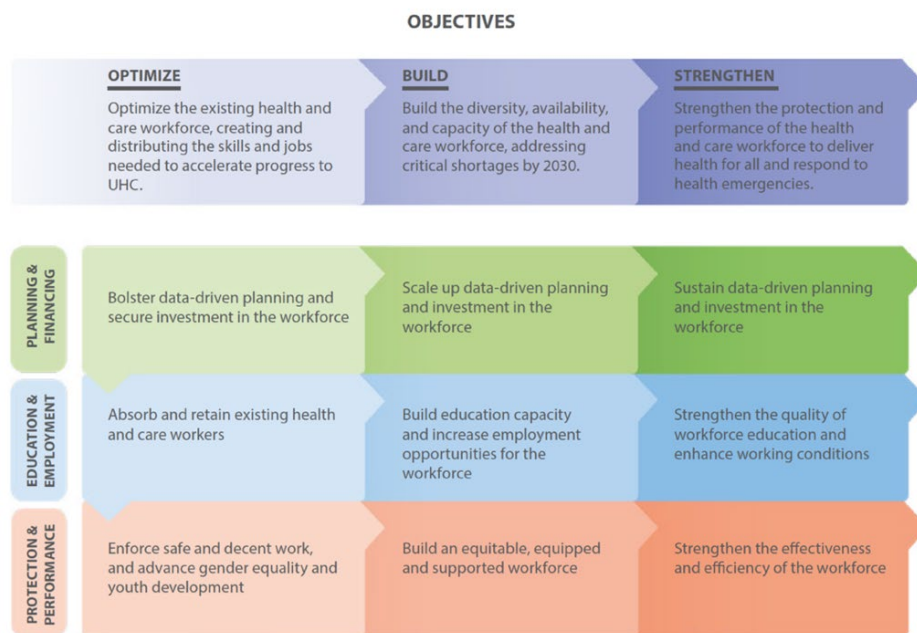
¹⁰ [Working for Health: a review of the relevance and effectiveness of the five-year action plan for health employment and inclusive economic growth \(2017–2021\) and ILO-OECD-WHO Working for Health programme](#)

¹¹ [Working for Health Five-year action plan for health employment and inclusive economic growth \(2017–2021\)](#)

2030 agenda to be developed through a Member States-led process. At the Seventy-fifth WHA in May 2022, Resolution 75.17: *Human resources for health* was endorsed by WHO Member States, and the new Working for Health 2022–2030 Action Plan¹² adopted, together with the related WHO Global Health and Care Worker Compact,¹³ for implementation.

11. Building on the experience and prior achievements from implementation of the 2017–2021 Action Plan, this interagency collaboration aligns with the Working for Health 2022–2030 Action Plan, the aims of the ILO Global Coalition for Social Justice,¹⁴ the ILO Global Call to Action for a Human-centred Recovery from the COVID-19 Crisis,¹⁵ the Conclusions of the ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services,¹⁶ the UN Global Accelerator on Jobs and Social Protection for Just Transition,¹⁷ the OECD Programme of Work and Budget,¹⁸ and the WHO Global Strategy on Human Resources for Health: Workforce 2023.¹⁹
12. As seen in the Working for Health progression model (Fig. 1), the 2022–2030 Action Plan provides a progressive pathway that countries with the most critical workforce challenges can follow to accelerate their progress towards UHC, emergency preparedness and response, and the SDGs. The detailed progression model is available in Annex 2.

Fig. 1. Working for Health progression model



13. The ILO-OECD-WHO Working for Health MPTF is an interagency collaboration to implement a workplan that aligns with the new Working for Health 2022–2030 Action Plan. It is in the context

¹² [Working for Health 2022–2030 Action Plan](#)

¹³ [WHO Global health and care worker compact](#)

¹⁴ [ILO Global Coalition for Social Justice](#)

¹⁵ [ILO Global call to action for a human-centred recovery from the COVID-19 crisis](#)

¹⁶ [ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services](#)

¹⁷ [UN Global Accelerator on Jobs and Social Protection for Just Transition](#)

¹⁸ [OECD Programme of work and budget](#)

¹⁹ [WHO Global strategy on human resources for health: workforce 2023](#)

of the UN Secretary-General's vision on the future of global cooperation, Our Common Agenda,²⁰ that the ILO-OECD-WHO Working for Health MPTF will help leverage intersectoral cooperation and coordination between the finance, labour, education, health, social affairs and external affairs sectors, and closer collaboration with health employers' and workers' organizations, professional associations and other key stakeholders, including civil society, on priority policy issues.

2. Functions of the ILO-OECD-WHO Working for Health MPTF

14. The ILO-OECD-WHO Working for Health MPTF is fully aligned with the UN Secretary-General's vision, Our Common Agenda, to support countries in their efforts to implement the 2030 Agenda for Sustainable Development in a coherent and integrated manner.
15. As an interagency pooled fund seeking to leverage and mobilize resources, financing and technical expertise from across multiple sectors and sources to provide integrated policy support to countries, key functions of the ILO-OECD-WHO Working for Health MPTF include:
 - **Fostering coordinated policy advice and assistance:** The ILO-OECD-WHO Working for Health MPTF will provide countries with the combined policy expertise and technical assistance of the three agencies to address challenges to health and well-being, gender equality, decent work and inclusive economic growth, by facilitating and providing multidisciplinary and multisectoral policy support, tailored to each country's needs and demands.
 - **Harmonizing and aligning support of donors and development partners:** Catalytic support for the ILO-OECD-WHO Working for Health MPTF will strengthen and facilitate multisectoral policy and planning, and accelerate sustainable action and investments, and the crowding in of additional domestic and donor resources and partnerships in supported countries, for integrated workforce implementation and investment planning, sustainable financing, building core workforce functions and capacity, and demonstrating the impact of investments. Financing from donors and development partners aligned with national development priorities will be mobilized to support implementation of the Working for Health 2022–2030 Action Plan agenda, and will leverage other funding mechanisms and partnerships to implement and support this.
 - **Meeting demand from countries to scale up:** Where requested by Member States, the ILO-OECD-WHO Working for Health MPTF can be leveraged to further build on the first-stage assessments of short-, medium- and long-term capital and operational expenditures required to graduate, develop and deploy a fit-for-purpose health and care workforce. Modelled on the results achieved in the 2017–2021 Action Plan, it will identify and support Member States to develop and implement a clear process and roadmap to secure the pooled funding, investments, grants and loans that are needed to supplement domestic resource allocations for the health and care workforce.
 - **Maximizing UN and international organization technical expertise:** The ILO-OECD-WHO Working for Health MPTF will contribute catalytic finance and technical support toward joint products and results from the pooled efforts, mandates and expertise of the three agencies, thereby achieving greater efficiencies and synergies as compared with separate efforts by each organization.
 - **Promoting policy coherence:** The ILO-OECD-WHO Working for Health MPTF will provide catalytic financing for joint interventions by the three agencies to improve policy coherence,

²⁰ [UN Our Common Agenda](#)

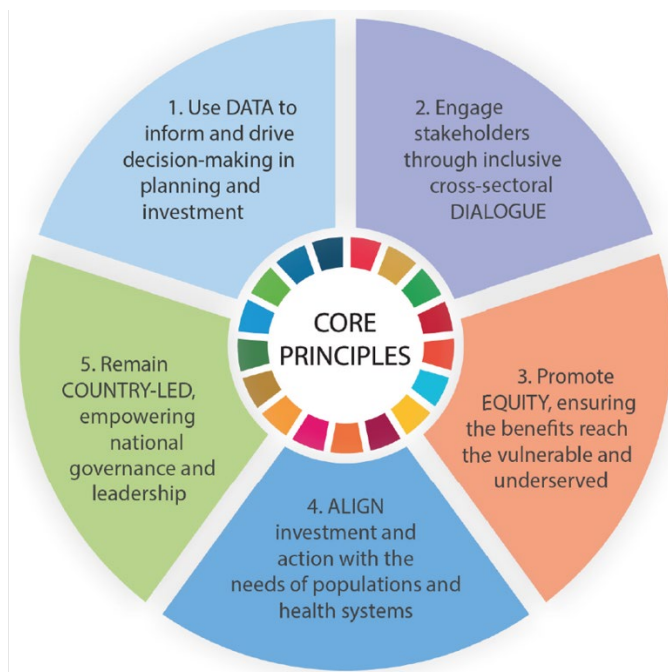
both among and within governments and with employers' organizations, professional associations and workers' organizations.

- **Facilitating innovation and experimentation:** The ILO-OECD-WHO Working for Health MPTF will allow the three agencies to jointly develop new, innovative policy solutions for sustainable development.
 - **Deepening normative policy operational links:** Improved risk management and greater fund predictability will allow the three agencies to extend their policy support beyond the normative level and engage in the policy-making cycle as well as in operational activities, thus generating synergies between these core functions for the benefit of countries.
 - **Managing risks:** The ILO-OECD-WHO Working for Health MPTF offers a way for Member States and donors to share and manage risks. It does so by pooling funds from different sources, enabling a diversified project portfolio, across different types of interventions and recipient countries. Projects implemented directly and indirectly through the MPTF also benefit from a comprehensive and robust risk- and results-based management system.
16. To facilitate rapid response to country demand and efficient interagency cooperation, the MPTF will be the primary vehicle for mobilizing resources for the ILO-OECD-WHO Working for Health programme.

3. Working for Health implementation model

17. The implementation model (Annex 3) aligns with the Working for Health 2022–2030 Action Plan to describe the coordination of technical expertise between ILO, OECD and WHO to implement the 2022–2030 Action Plan agenda at country, regional and global levels. It builds on the Recommendations of the High-Level Commission on Health Employment and Economic Growth. The model seeks to deepen and concretize the goals of the 2022–2030 Action Plan by leveraging the expertise and experience in health, labour and economics of the three agencies through common programming and action.
18. The implementation of the ILO-OECD-WHO Working for Health MPTF will follow the five “core principles” (Fig. 2). These are fundamental to the successful implementation of the objectives of the 2022–2030 Action Plan and characterize the Working for Health approach to its work with countries and stakeholders.

Fig. 2. Core principles of the Working for Health MPTF

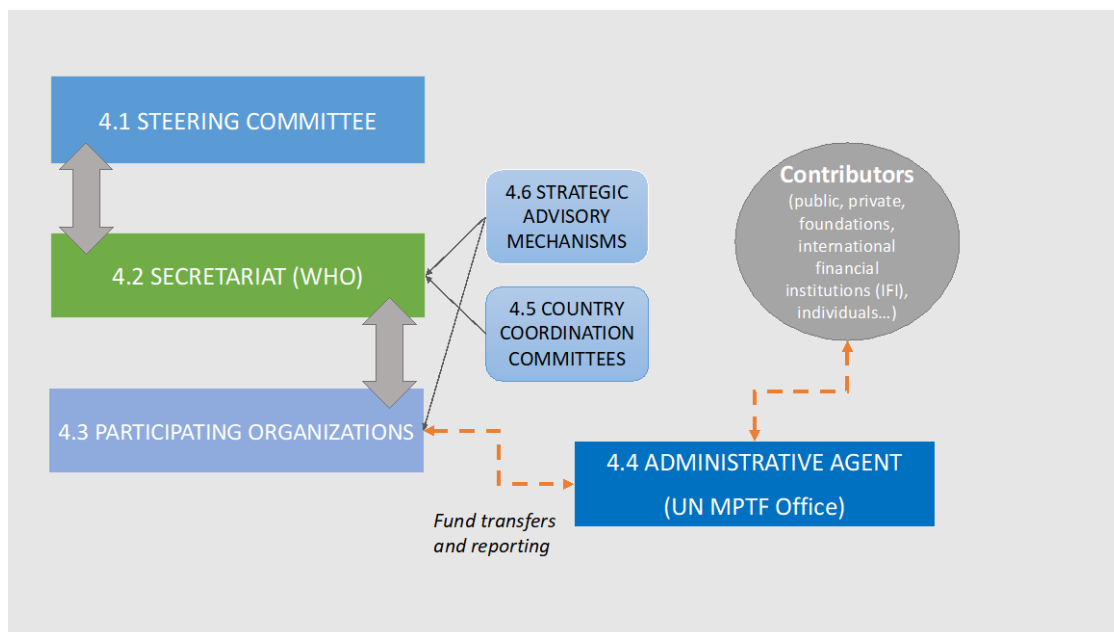


4. Governance arrangements

19. The governance arrangements for the Working for Health MPTF are defined by the standard UN Development Group (UNDG) governance requirements and best practices for MPTFs (Fig. 3). To provide strategic direction and decision-making of the MPTF, a senior level Steering Committee of the three organizations and selected donor representatives, will be reconvened (see 4.1). Administration of the Fund will be led by the UN MPTF Office, as the MPTF Administrative Agent. Working under the direction of the Steering Committee, a technical Secretariat, hosted by WHO, will be responsible for developing annual and multiyear operational plans based on the approved MPTF project document(s), ensuring effective implementation, communications and knowledge management, stakeholder management, consultative processes, monitoring and reporting (see 4.2).

20. Effective implementation of the MPTF’s operational plans, and the corresponding Working for Health 2022–2030 Action Plan will require intersectoral and multistakeholder engagement and collaboration. Regular consultative processes with countries and key stakeholders, led jointly or, as appropriate, separately, by the three Participating Organizations, will be embedded into the implementation process of the MPTF operational plan, and the 2022–2030 Action Plan to facilitate collaboration and the joint leveraging of financial and technical support. ILO, OECD and WHO will explore engagement with key stakeholders across sectors at global, regional and national levels as an integral part of conducting their work and drawing on available institutional capacities to derive added value in implementing the MPTF operational plan and the 2022–2030 Action Plan in the most effective and efficient way.

Fig. 3. Working for Health MPTF governance and financing architecture



4.1 Steering Committee

21. The Steering Committee will be responsible for the overall strategic direction of the Working for Health programme and its MPTF and will meet on an annual basis or as needed. Decisions are taken by consensus. Working closely with the Secretariat (see 4.2), the Steering Committee will support and guide the programme to ensure an effective impact.
22. The main functions of the Steering Committee, in line with UNDG guidance on multi-partner trust funds, are as follows. These are further outlined in the operations manual.
 - provide oversight and accountability of the ILO-OECD-WHO Working for Health MPTF;
 - define the strategic direction of the ILO-OECD-WHO Working for Health MPTF;
 - approve the MPTF risk management strategy and review risk monitoring regularly;
 - receive the recommendations of the Secretariat to approve by no-objection proposals submitted for funding, and requests for reprogramming and/or no-cost extension;
 - decide the allocation of funds within the ILO-OECD-WHO Working for Health MPTF, within the defined levels of 70% of fund allocation for country work, 15% of fund allocation for regional work and 15% of fund allocation for global work;
 - advise on mechanisms for sustainable financing;
 - review MPTF status and oversee the overall progress against the MPTF results framework through monitoring, reporting and evaluation;
 - review and approve the periodic progress reports consolidated by the Administrative Agent and the Secretariat based on the progress reports submitted by the three Participating Organizations;
 - commission mid-term and final independent evaluations on the overall performance of the ILO-OECD-WHO Working for Health MPTF;
 - approve direct costs related to the MPTF operations supported by the Secretariat;

- approve MPTF extensions and updates to the terms of reference of the MPTF and its operations manual, as required; and
 - approve resource mobilization strategies to capitalize the ILO-OECD-WHO Working for Health MPTF.
23. The Steering Committee will include two high-level representatives from each of the three agencies (ILO, OECD, WHO), or their nominated deputies.
 24. The Steering Committee will meet at least once per year, preferably in person, with the option of scheduling additional meetings if needed. The Steering Committee will be chaired by a representative from one of the three agencies on a rotating basis for 1 year at a time.
 25. The Steering Committee may, at its discretion, invite observers to attend meetings of the Steering Committee where confidential matters are not discussed; invitation of observers will be in accordance with the relevant procedures of the three Participating Organizations.

4.2 Secretariat

26. The Secretariat for the ILO-OECD-WHO Working for Health MPTF will support the Steering Committee and will be responsible for preparing the necessary information and recommendations to allow the Steering Committee to make its decisions.
27. In line with UNDG guidance on multi-partner trust funds, its support functions include to:
 - advise the Steering Committee on strategic priorities, and multiyear programmatic and financial allocations (as defined in paragraph 22) in accordance with the MPTF Operations Manual;
 - provide logistical and operational support to the Steering Committee;
 - develop and implement resource mobilization in accordance with approved strategies and in collaboration with the three agencies;
 - serve as the central point of contact to provide information for external partners and liaise with existing and potential resource partners to mobilize financing for the ILO-OECD-WHO Working for Health MPTF;
 - organize calls for proposals and convene the necessary technical expertise to appraise such proposals, ensuring their conformity with the requirements of the fund terms of reference and those of donors; review proposals and make recommendations for funding that are shared with the Steering Committee for no-objection approval;
 - ensure the monitoring of projects as well as potential operational risks and MPTF performance, including through consolidated annual, mid-term and final narrative and financial reports;
 - facilitate collaboration and communication between the three agencies to ensure that the ILO-OECD-WHO Working for Health MPTF is implemented effectively and ensure activities between the agencies are harmonized and aligned;
 - collate and share knowledge including lessons learned and good practices; and
 - liaise with the Administrative Agent on Fund administration, including on issues related to fund extensions and project closure.
28. The Secretariat will be composed of four professional staff members from WHO and will be housed

by WHO in Geneva, Switzerland. These staff, principally dedicated to the implementation of the ILO-OECD-WHO Working for Health MPTF, will be:

- Coordinator, Working for Health
- Programme Officer (support to country-level action)
- Communications and Knowledge Management Officer
- Partnerships and Resource Mobilization Officer.

29. The Secretariat will also comprise one staff member from each of the OECD and the ILO. They will act as focal points for the MPTF and will support the work of the Secretariat on a regular basis to ensure that contributions and inputs from departments across the ILO and OECD are well coordinated and delivered on time. Although part of the Secretariat, these focal points will work in their respective organizations.

4.3 Administrative Agent

30. The ILO-OECD-WHO Working for Health MPTF will be administered by the UN MPTF Office, which will act as the MPTF's Administrative Agent. As such, it will be responsible for fund design and administration. Key administrative functions include receiving and administering contributions and transferring them to the participating UN organizations and participating non-UN organizations (as per the ILO-OECD-WHO Working for Health MPTF Steering Committee decisions) as well as consolidating financial reports with narrative reports prepared by the Secretariat. The UN MPTF Office is well placed to take on the Administrative Agent role for the ILO-OECD-WHO Working for Health MPTF, given its interagency nature and the UN MPTF Office's proven experience in carrying out this function for other pooled funds. The UN MPTF Office Gateway online portal will provide direct open access to all available technical, financial, governance, partnerships, reporting and results on the Working for Health MPTF and its implementation.

4.4 Participating Organizations

31. ILO, OECD and WHO will be the Participating Organizations of the Working for Health MPTF. The three agencies will be responsible for implementing projects approved by the Steering Committee. The ILO, OECD and WHO will actively explore opportunities to establish synergies and linkages between the projects financed by the MPTF and new and existing projects in related fields (e.g. skills, social protection, UHC, migration) being financed by donors outside the MPTF or by the organizations' regular budgets. The three agencies will encourage other development organizations to provide parallel financing as well.
32. The Participating Organizations will operate under their own financial regulations, rules and policies and will assume full financial and programmatic accountability for the funds disbursed to them by the UN MPTF Office for the implementation of the project and will provide financial and narrative progress reports to the Administrative Agent on their activities.

4.5 Country Coordination Committees

33. In countries where the Working for Health programme will provide significant support and assistance, existing country coordination mechanisms will be strengthened, pending discussion with representatives of the government in these countries. If existing coordination mechanisms do not exist, they may be established, pending available resourcing and scope of the programme. These committees often play an important role in ensuring country ownership, policy coherence

and coordination at the national level. They are sometimes established as part of emergency response initiatives and may need to be re-engaged and re-purposed for health systems strengthening.

34. Country Coordination Committees may consist of representatives from ministries of health, labour, education and, preferably, finance, national statistics institutions, employers' associations, trade unions, professional associations, think tanks, academia and civil society organizations, and be supported by WHO and ILO country (and regional) offices. The UN Resident Coordinator, and representatives from other UN agencies in country will also be invited in order to leverage the support of ILO-OECD-WHO Working for Health MPTF.

4.6 Strategic advisory mechanisms

35. Strategic input and political support will be provided by the WHO-led and convened high-level multisectoral Strategic Advisory Group of Experts (mSAGE). The mSAGE is mandated to provide advice and recommendations to the WHO Director-General on global policy and strategy to address health and care workforce constraints within the context of delivering UHC through health systems, based on a primary health care approach, with essential public health functions, including emergency preparedness and response.

5. Fund implementation

36. The Fund will be administered by the UNDP MPTF Office. As UNDP's financial regulations and rules only allow them to provide services to UN organizations and member countries, the ILO and WHO will assume overall responsibility for the actions and activities funded by the trust fund and undertaken by the OECD. Whilst recognizing the need for this accountability arrangement to comply with UNDP rules, the ILO, OECD and WHO regard each other as equal partners in delivering the programme of work.
37. The OECD has entered into privileges and immunities agreements with its member countries and a limited number of other countries. It has therefore agreed with WHO and ILO that for activities under the MPTF in countries where the OECD has not entered into agreements on privileges and immunities, or where the OECD determines that those agreements do not provide a satisfactory level of protection to enable its MPTF activities in such countries, OECD staff will be loaned to one of the participating UN organizations subject to a separate written agreement, and/or invited to participate in a specific MPTF event or activity by the participating UN organizations. As such, OECD staff will be considered as experts on mission for the purposes of these activities, and will enjoy the privileges and immunities of the participating UN organizations.
38. The ILO, OECD and WHO will work closely with, and coordinate all actions with, the global health initiatives or funds, other UN agencies, the World Bank Group, regional development banks, bilateral donors and foundations, as well as governments, employers' associations and health workers' associations or unions. However, pending any future decision of the Steering Committee, the ILO-OECD-WHO Working for Health MPTF will operate alongside other resource mobilization efforts for implementation of the Working for Health 2022–2030 Action Plan.
39. In the event that financing is provided to governments, employers' associations, health workers' associations or unions, academia, think tanks, consultants, nongovernmental or civil society organizations, such funds will be provided through, and overseen by, either the ILO, OECD or WHO.

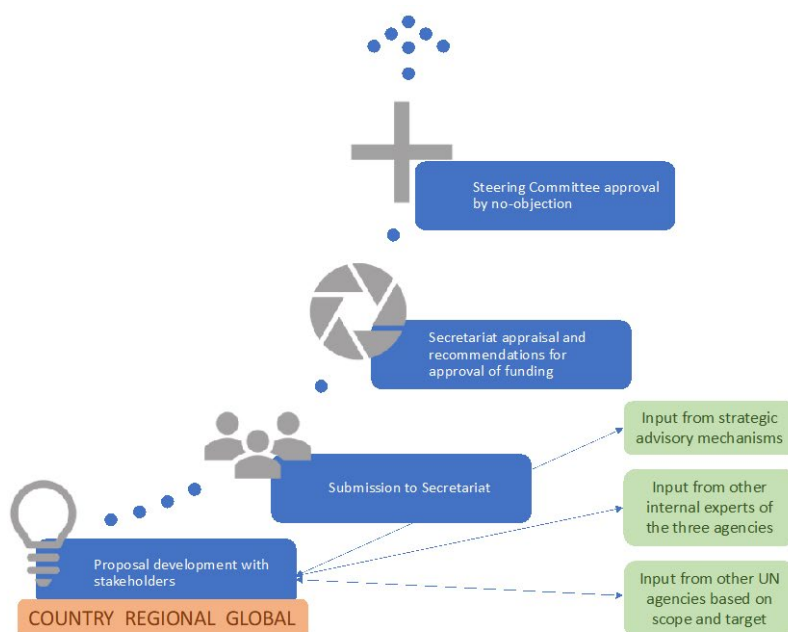
5.1 Contributions to the MPTF

40. Contributions to the Working for Health catalytic MPTF can be made by governments, foundations, public and relevant private sector entities (in line with principles agreed by the Steering Committee, taking into account the three organizations' rules and policies, including WHO FENSA requirements). The receipt of funds from private sector companies is subject to UNDP's risk assessment tool for the assessment and approval of funding from non-state actors.
41. To ensure maximum flexibility and adaptation to national priorities, donors are strongly encouraged to contribute multiyear, non-earmarked resources.
42. However, if this is not possible, earmarking by donors will be allowed to the level of the global public goods described above or to activities in a specific country. Earmarking to a Participating Organization is not permitted. It is expected that the percentage of earmarked resources will diminish over time.

5.2 Project approval cycle

43. The Secretariat will facilitate the development, review and approval – subject to available MPTF funding – of multiyear proposals of up to 3-years' duration for specific projects or activities that will achieve the deliverables of the Working for Health 2022–2030 Action Plan. These proposals can be country specific, regional or global in scope, but must follow the MPTF project proposal template and criteria developed by the Secretariat (Fig. 4).
44. If any of the three Participating Organizations receive an urgent and sufficiently important request for assistance from a country, the Secretariat will review the proposal put forward by the agency and determine whether it should be recommended for immediate funding and sent to the Steering Committee for no-objection approval under a fast-track procedure.

Fig. 4. Call for proposals



5.3 Risk management

45. A risk management strategy will be developed by the Secretariat, taking into account the nature of risks in relation to the implementation of the MPTF operational plan and the Working for Health 2022–2030 Action Plan. It defines the MPTF’s risk tolerance, establishes policies in relation to identified risks, and determines the risk treatment through mitigation measures or adaptation. It will be updated on an annual basis by the Secretariat with approval from the Steering Committee; and found in the operations manual.
46. Key mitigation or adaptation measures taken in accordance with the risk management strategy and their direct influence on achieving the expected results will be highlighted. Particular attention will be given to risks arising from the three Participating Organizations’ work in relation to the recommendation to strengthen global preparedness and capacity to respond to public health emergencies and to ensure the protection and security of all health workers and all health facilities in conflict situations and emergencies.

6. Reporting

47. As described above and in the 2022–2030 Action Plan, the impact of the ILO-OECD-WHO Working for Health MPTF will be measured by the extent to which progress is achieved on the relevant targets and indicators for SDGs 1, 3, 4, 5 and 8. The Working for Health 2022–2030 Action Plan outlines an interim target (“25 by 25”) and a final target by 2030.

6.1 Reporting to governance structures of the ILO, OECD and WHO

48. ILO, OECD and WHO will report on progress to their governance structures at regular intervals.

6.2 Reporting to the Administrative Agent

49. For each project approved for funding, the Participating Organizations will provide the Secretariat and the Administrative Agent with annual narrative progress reports and final reports. They will also provide annual and final financial reports in accordance with the timelines indicated in the memorandum of understanding(s) signed with the Administrative Agent:
 - annual consolidated narrative progress reports;
 - annual consolidated financial reports;
 - a final consolidated narrative report with a summary of the results and achievements compared with the goals and objectives of the Working for Health programme.
50. These annual and final reports will be results-oriented and evidence-based. The reports will give a summary of results and achievements and a comparison with projected results provided in the approved project document.
51. Both programmatic and financial performance indicators will be monitored at the outcome and output level (programme and project level). Every project will monitor its contribution to the key outcome indicators of the Working for Health programme. The output indicators will be specific for each project.
52. The final report will also contain an analysis of how the outcomes and outputs have contributed to the overall impact, lessons learned and programme sustainability.
53. The prime responsibility for collecting data lies with the Participating Organizations and will be one of the key elements reflected in the W4H MPTF annual reports. The Secretariat will be responsible for coordinating and consolidating the data collection and ensuring the proper use of the standard reporting format.

7. Monitoring and evaluation

54. The Secretariat will be responsible for consolidating the data reported by the ILO, OECD and WHO together with the financial reported expenditure into a single monitoring and evaluation framework. This tool will be used by the Steering Committee to review the overall progress against expected results and assess the achievement of performance targets.
55. Similarly, country-level implementation will be monitored and reviewed by the Country Coordination Committees (see 4.5).
56. In addition, the Steering Committee will commission two independent reviews/evaluations on the overall performance of the MPTF. These evaluations will take place at mid-term (2025) and at the closure of the MPTF (2030) respectively. The aim of these evaluations, to be described in further detail in the evaluation terms of reference, will be to assess the performance of the MPTF against agreed objectives and impact against the theory of change. The mid-term evaluation will make specific recommendations to the Steering Committee for the revision of the objectives and the underlying theory of change, if necessary.

8. Audit

57. The Administrative Agent and Participating Organizations will be audited in accordance with their organizational financial regulations and rules and, in the case of participating UN organizations,

with the Framework for Joint Internal Audits of UN Joint Activities, which has been agreed to by the Internal Audit Services of participating UN organizations and endorsed by the UNDG in 2014.

9. Public disclosure

58. The Secretariat and the Administrative Agent will ensure that the MPTF's operations are disseminated on the Administrative Agent's website (mptf.undp.org). Information posted on the website will include contributions received stating from whom contributions were received, funds transferred, annual expenditures, summaries of proposed and approved projects, the workplan and MPTF progress reports.
59. The ILO, OECD and WHO will take appropriate measures to promote the ILO-OECD-WHO Working for Health MPTF. Information shared with the press regarding fund beneficiaries, official notices, reports and publications will acknowledge the MPTF's role. More specifically, the Administrative Agent will ensure that the role of the contributors is fully acknowledged in all external communications related to the MPTF.

Annex 1. The Commission’s 10 recommendations

10 recommendations	
Transforming the health workforce	<ol style="list-style-type: none"> 1. Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places. 2. Maximize women’s economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes. 3. Scale up transformative, high-quality education and life-long learning so that all health workers have skills that match the health needs of populations and can work to their full potential. 4. Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas. 5. Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems. 6. Ensure investment in the International Health Regulations (2005) core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings.
Enabling change	<ol style="list-style-type: none"> 7. Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers. 8. Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers’ organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans. 9. Advance international recognition of health workers’ qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants’ rights. 10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.

Annex 2. Working for Health progression model



Annex 3. Working for Health implementation model

Healthier populations, improved health security and more equitable societies

Impact: Contribute to the acceleration of progress towards the SDGs and UHC through transformed health and care workforce within a strengthened health system

Goal: Optimize, build and strengthen the health and care workforce to accelerate progress towards the SDGs by 2030

Impact indicators	2030 target	Data source
1. Coverage of essential health services (SDG indicator 3.8.1)	Target 3.8: Achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	WHO
2. Density and distribution of active health workers (SDG indicator 3.c.1), by occupation and subnational level	15% increase of density and distribution of active health workers	National Health Workforce Accounts (NHWA)

Outcome 1: The existing health and care workforce is OPTIMIZED through data-driven policy, planning and investment in education, jobs and skills

Output	ILO/OECD/WHO action	Indicator	Links to the Commission's 10 recommendations	Data source
1.1 Effective workforce governance and collaboration at all levels	<p>Work to strengthen capacity of governments, employers' associations and trade unions and other key stakeholders in the health and social sectors to engage in social and policy dialogue on health policy and health workforce issues</p> <p>Encourage enhanced working conditions, including pertaining to remuneration, career pathways, safety and health, and incentives to attract and retain more workers in the health and care sector, and improve the motivation, satisfaction and well-being of workers</p> <p>Promote strengthening of policies and legal frameworks, and the mechanisms to implement them, in order to recognize,</p>	<p>1.1.1 Number of countries with social dialogue mechanisms in the health sector</p> <p>1.1.2 The supply of skilled health workers is sustainable and meets assessed country needs</p>	<p>1. Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places</p> <p>9. Advance international recognition of health workers' qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants' rights</p>	NHWA

	<p>regulate and support more workers previously working informally or without pay</p> <p>Improve monitoring of labour mobility; building on the success of the OECD/WHO European Region/Eurostat collaborative work and with a progressive international scale-up and implementation of the NHWA</p> <p>Collect/analyse data on implementation of WHO Global Code of Practice on the International Recruitment of Health Personnel, ILO standards on migrant workers, and the UN Guidance on Bilateral Labour Migration Agreements and related instruments</p> <p>Develop capacity of institutions and stakeholders to manage health worker migration in countries of both origin and destination</p> <p>Strengthened evidence analysis, knowledge exchange and global public goods on mobility, recognition of qualifications, remittances, resource transfers, good practices and policies</p>			
1.2 Data-driven policy, planning, decision-making and investment is supported	<p>Strengthen health workforce monitoring, financing and accountability systems</p> <p>Encourage strengthening of NHWA and disaggregated reporting on health workforce</p> <p>Further develop the interagency global data exchange on the health labour market with harmonized metrics and definitions</p>	<p>1.2.1 Number of countries that conducted health labour market analysis in the last 5 years</p> <p>1.2.2 Number of countries where health workforce data, research and robust analysis inform effective policy, planning and monitoring of health workforce</p>	10. Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action	WHO National reports
1.3 Multisectoral engagement, collaboration and commitment is strengthened	Promote intersectoral collaboration and coordination for the implementation of national health workforce strategies among relevant ministries (for instance, health, social, labour, education, finance,	1.3.1 Number of countries with multisectoral policy dialogue platforms and mechanisms	8. Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align domestic and	NHWA National reports

and gender), professional associations, labour unions, civil society including women's civil society organizations, employers, the private sector, local government authorities, education and training providers and other constituencies

international cooperation to support investments in the health workforce, as part of national health and education strategies and plans

Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country needs

Output		Indicator	Links to the Commission's 10 recommendations	Data source
2.1 Critical education, skills and employment needs and gaps are addressed	<p>Promote strengthened coordination between education, training, labour and health authorities for the development and implementation of health workforce strategies</p> <p>Promote scale up and strengthening of professional, technical and vocational education, training and life-long learning systems for health and social occupations (including community-based health workers)</p> <p>Develop skills assessment tools and approaches to evaluate the skills of the health and social workforce, including assessment of skills mix, shortages and mismatches to support greater alignment of skills with jobs</p> <p>Harness global partnerships, financing and technology to strengthen the delivery of competency-based education across the spectrum of the health and care workforce</p>	2.1.1 Number of established and functioning accreditation mechanisms for education and training institutions and national systems for continuing professional development (SDG 4.3)	<p>3. Scale up transformative, high-quality education and life-long learning so that all health workers have skills that match the health needs of populations and can work to their full potential</p> <p>5. Harness the power of cost-effective information and communication technologies to enhance health education, people-centred health services and health information systems</p> <p>1. Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places</p>	NHWA National reports

<p>2.2 Sustainable workforce action and investment are leveraged through effective governance and leadership</p>	<p>Develop effective, efficient and sustainable information and communication tools for delivery of people-centred health services and health information systems</p> <p>Support institutional capacity to carry out analysis on health, labour and financial dimensions to inform health workforce strategies</p> <p>Promote development and implementation of national health workforce strategies, medium-term fiscal frameworks and investments for sustainable health workforce</p>	<p>2.2.1 Number of countries with costed strategic and investment plans</p>	<p>4. Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas</p>	<p>WHO National reports OECD people-centred health system scorecard</p>
<p>2.3 Increased investment (domestic, development and private) is secured and mobilized</p>	<p>Promote global, regional and national institutional financing reforms that identify and commit adequate budgetary resources for investments in transformative education, skills and job creation in health</p> <p>Track the alignment of development finance (official development finance and other beyond-aid flows) for education, employment, gender, health and skills development with national health workforce strategies</p> <p>Develop tools and methodologies to analyse health and social workforce productivity, performance and wages reviewed and advanced</p>	<p>2.3.1 Amount of direct investment mobilized for implementing the Action Plan in countries</p>	<p>7. Raise adequate funding from domestic and international sources, public and private where appropriate, and consider broad-based health financing reform where needed, to invest in the right skills, decent working conditions and an appropriate number of health workers</p>	<p>National reports OECD Creditor Reporting System (CRS) and Total Official Support for Sustainable Development (TOSSD)</p>

Outcome 3: Health systems resilience and performance are STRENGTHENED to deliver UHC and respond to public health preparedness through an equitable, protected and efficient workforce

Output		Indicator	Links to the Commission's 10 recommendations	Data source
--------	--	-----------	--	-------------

<p>3.1 Gender bias and inequalities in health workforce policy and practice reduced</p>	<p>Develop gender-transformative global policy guidance and national initiatives to overcome gender biases and inequalities in education and the health labour market across the health workforce</p> <p>Support development of specific policies to address equal opportunities for women in education; the transformation of unpaid care and informal work into decent jobs; equal pay for work of equal value; decent working conditions and occupational safety and health; employment free from harassment, discrimination and violence; equal representation in management and leadership positions; and access to social protection</p>	<p>3.1.1 Gender and youth equality and participation (SDG 5.1, 5.4, 8.5)</p> <p>3.1.2 Number of women in health work and representation in leadership, governance and social partner institutions</p>	<p>2. Maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labour market, and tackling gender concerns in health reform processes</p>	<p>National reports SDG database</p>
<p>3.2 Improved protection, well-being and occupational health and safety of health workers in all settings</p>	<p>Collect evidence and develop guidance on metrics, methodologies, practices, reporting and information systems that improve the security and protection of health workers in all settings, including humanitarian and emergency settings</p> <p>Encourage countries to equip workers with the tools, equipment and infrastructure they need to work effectively and efficiently and exercise their full scope of practice</p> <p>Strengthen capacity of countries to protect occupational safety and health of health and emergency aid workers</p>	<p>3.2.1 Employment conditions and safe and decent work (SDG 1.3, 8.5)</p> <p>3.2.2 Occupational illness and accident rates</p> <p>3.2.3 Incidents of violence reported</p> <p>3.2.4 Number of countries/number of health facilities with legislation/guidance to prevent violence and harassment in the health sector</p> <p>3.2.5 Number of countries with national strategies on occupational safety and health for health workers</p>	<p>1. Stimulate investments in creating decent health sector jobs, particularly for women and youth, with the right skills, in the right numbers and in the right places</p> <p>6. Ensure investment in the International Health Regulations (2005) core capacities, including skills development of national and international health workers in humanitarian settings and public health emergencies, both acute and protracted. Ensure the protection and security of all health workers and health facilities in all settings</p>	<p>NHWA SDG database National reports WHO surveillance system for attacks on health care</p>