# WORKING FOR HEALTH
# MPTF OFFICE GENERIC ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT
# REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2023

## Programme Title & Project Number

- Programme Title: **Working for Health MPTF**
- Programme Number *(if applicable)*
- MPTF Office Project Reference Number: 0116408 0118644, 00125249, 00129348, 00116407, 00140524

## Country, Locality(s), Priority Area(s) / Strategic Results

*Country:* Benin, Cameroon, Central African Republic (CAR), Chad, Ghana, Kenya, Malawi, Nigeria, Pakistan, Senegal, South Africa

*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)

- World Health Organization (WHO)
- International Labour Organization (ILO)
- Organisation for Economic Cooperation & Development (OECD)

## Implementing Partners

- National counterparts
- NGOs
- Social enterprise

## Programme/Project Cost (US$)

Total approved budget as per project document:
MPTF Contribution:

- OECD: $714,641
- ILO: $1,331,924
- WHO: $4,389,587

Agency Contribution

- ***by Agency (if applicable)***

Government Contribution *(if applicable)*

Other Contributions (donors) *(if applicable)*

**TOTAL:** $6,451,198

## Programme Duration

Overall Duration *(151 months)*
Start Date *(23.05.2018)*

Original End Date *(31.12.2022)*

Actual End date *(31.12.2030)*

Have agency(ies) operationally closed the Programme in its(their) system?

| Programme Assessment/Review/Mid-Term Eval. | Report Submitted By |
|---|---|
| Evaluation Completed: Final independent review<br>X Yes Date: 31.12.2022<br>Evaluation Report – Mid-term evaluation<br>X Yes Date: 31.04.2021 | ○ Name: James Campbell<br>○ Title: Director, HWF<br>○ Participating Organization (Lead): WHO<br>○ Email address: campbellj@who.int |

## ABBREVIATIONS

| | |
|---|---|
| CHW | community health worker |
| GDP | gross domestic product |
| HLMA | health labour market analysis |
| HRH | human resources for health |
| HWF | health workforce |
| IADEx | Inter-Agency Data Exchange |
| ILO | International Labour Organization |
| MoH | Ministry of Health |
| MPTF | Multi-Partner Trust Fund |
| NHIF | National Health Insurance Fund, Kenya |
| NHWA | national health workforce account |
| OECD | Organisation for Economic Co-operation and Development |
| OSH | occupational safety and health |
| PHC | primary health care |
| SDGs | Sustainable Development Goals |
| UHC | universal health coverage |
| UNDP | United Nations Development Programme |
| WHO | World Health Organization |
| W4H | Working for Health |

**EXECUTIVE SUMMARY**

The Working for Health (W4H) Multi-partner Trust Fund (MPTF), established in 2018 by the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD), and the World Health Organization (WHO), implements the recommendations of the UN High-Level Commission on Health Employment and Economic Growth and the Working for Health 2022-2030 Action Plan. It is a collaborative partnership to promote investments in health workforce education, employment and retention, and enhance access and availability of essential health care, prevention and promotion services for the benefit of everyone, everywhere.

Working for Health enables multisectoral policy, action and investment through catalytic technical and funding support that empowers countries to optimize, build and strengthen the workforce and deliver universal health coverage (UHC) and achieve Sustainable Development Goals (SDGs) for health, education, gender, and decent work.

W4H has delivered an integrated and multisectoral health workforce investment approach where health workers are positioned at the forefront of national development plans, health policy, and investment plans. This approach has helped secure and leverage investments in workforce education, jobs & skills, through evidence-based workforce policy and action.

In 2023, Working for Health successfully closed out its first phase projects for the period 2018-2022/23, and extended its support to a new 3-year project, covering **11 priority countries**, all with high workforce shortages. These countriescollectively account for approximately one-third of the projected 10 million global health workforce gap by 2030. Five of these countries are continuation from prior MPTF supported projects **(Benin, Chad, Kenya, Pakistan** and **South Africa**) to build on prior MPTF support, to translate policy into action, commitments, investments and impact. Six of these countries will be newly supported, starting from January 2024 **(Cameroon, Central African Republic, Ghana, Malawi, Nigeria**, and **Senegal**).

**Key 2023 achievements:**

These include applying health labor market analyses, developing national strategies and policies for human resources in health (HRH), and creating investment plans to mobilize domestic and international financing; supporting job creation, improving working conditions, training, and employment for health workers, particularly targeting women and youth in rural areas:

<u>Country:</u>

1. **Benin**: a new national Health Workforce Investment Plan resulted in the recruitment of 2032 additional health workers, and Islamic Development Bank funding of **$17.5 million for primary health care (PHC)** to the government of Benin to recruit a further 2384 doctors, nurses, and midwives, and 3000 community health workers (CHW) - a **40% total increase in health workers**, and **29% increase in health workforce (HWF) density** (per 10 000 population) which will lead to a potential **8% improvement in UHC service coverage** over a 3-year period - ensuring accessible essential primary health care services in rural and underserved communities.

2. **Chad:** Overall, 220 health workers were trained in occupational safety and health (OSH) using the HealthWISE tool and the COVID-19 checklist; 30 labour inspectors were trained in social dialogue and monitoring of health facilities, resulting in the development and use of a specific inspection visit sheet for health facilities and the establishment of 12 health and safety committees to improve the working conditions for health workers by supporting the development and implementation of specific action plans for improvement.
3. **Kenya**: a health labour market analysis (HLMA) was adapted by government to inform and create responsive workforce policies and decisions to optimize access to health services: including the *Kericho Declaration on Human Resources for Health***,** and the *Primary Health Care Bill*. The outcomes of the HLMA have helped the Government of Kenya to unlock health workforce investment, including the **recruitment of 20 000 additional health workers** in 2023.
4. **South Africa**: through the new national 2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health Coverage, the government of South Africa committed to the creation of and investment in **97 000 additional jobs** in the health sector by 2025, to improve access, service coverage and health outcomes. Over the period 2019-2023 South Africa has managed to recruit against the national HRH Strategy an additional **56 000 health workers** and has integrated a further **46 000 community health workers** into the public health system.

Regional

To develop an **Africa Health Workforce Investment Charter**, in collaboration with WHO Regional Office for Africa, and African Member States and partners to secure the investment and partnerships needed to implement priority health workforce education, employment and retention policy and actions. The Investment Charter provides a platform for mobilizing and aligning domestic and partner funding to strengthen, grow, and retain Africa's health and care workforce and securing the investments needed to cut Africa's critical 5.3 million health workforce shortage in half by 2030 and deliver health for all. The Investment Charter will be launched at a Ministerial-level **Africa Health Workforce Investment Forum** in Namibia in May 2024, co-supported by the ILO-OECD-WHO Working for Health MPTF.

Global

Working for Health developed mechanisms and additional guidance for its **Inter-agency data exchange and workforce analytics**, developed **guidance on fair and ethical health workforce migration**, **skills assessments**, and the **measurement of employment impact** in the health sector.

Looking ahead, sustaining and scaling up health workforce investments, addressing skills gaps, and promoting health labor mobility partnerships are essential for the programme's long-term success.

## I. Purpose

This 2023 Annual Report of the W4H MPTF sets out the key outputs, achievements, and lessons learned. It reflects the implementation and results of W4H MPTF projects over the period 1 January to 31 December 2023, with a no-cost-extension to 30 June 2023 for the following two projects: 'Working for Health Initial Implementation, May 2019 – April 2020' (0116408), and 'Working for Health Country Support January-December 2020' (0118644). The 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.

The report includes a summary of programmatic planning for new project funds received on 21 December 2023 for the new MPTF 3-year project '*Health Workforce action for Countries, regions and Global public goods*' (00140524), to be implemented from January 2024 to December 2026, which includescatalytic and funding support for eleven (11) priority countries.

## II. Results

Below is a summary of results by country level, regional level achievements, and global public goods. Details of the MPTF **programme outcomes** are outlined in the W4H results matrix, including indicators and targets, (Annex 1: Results Matrix: indicator-based performance assessment).

### Country achievements

The following country examples demonstrate the achievements from the first phase projects of W4H and in 2023, and how those results will be built upon as continuation countries in the new 3-year project implementation from 2024 onwards.

#### *Benin*

Benin faces the sixth highest relative shortage of health workers globally, requiring a significant increase in its health workforce by 2030. W4H assisted the Government of Benin in developing a Health Workforce Investment Plan, which resulted in the recruitment of 2032 additional health workers (including 331 doctors, paramedics, and 1701 additional health workers through a rural pipeline programme) and Islamic Development Bank funding of $17.5 million to the Government of Benin for PHC to recruit a further 2384 doctors, nurses, and midwives, and 3000 CHWs. This is over a **40% total increase in health workers**, a **29% increase in HWF density** (per 10 000 population) and a potential **8% improvement in UHC service coverage** in a 3-year period.

With these accomplishments as a foundation, the Working for Health MPTF aims to further support Benin by leveraging stakeholders and partners to address health workforce challenges. This involves utilizing updated HLMA, including gender considerations, to drive multi-sectoral collaboration, partnerships, and long-term

investments. The goal is to address gaps in health workforce availability, access, education, employment, age, and gender, particularly in rural areas.

***Chad***

Chad has the second highest relative shortage of health workers in the world, **requiring an 18-fold increase of its existing stock of health workers** just to meet the needs of its population. The country has a low participation of women in the health and social sector with only 16% of those employed in the health and care sector being women, in contrast to the regional average of 53% women employed in Africa's health sector (ILO/WHO, 2022). The recent **inflows of refugees from Sudan – more than 100 000** so far – also represents an additional challenge for the health system and its workforce.

As part of human resources for health (HRH) development in Chad, technical support was provided to improve working conditions in the health sector and to identify priority actions to improve retention rates. Women are more likely than men to occupy jobs with greater deficits in working conditions and that a clear consequence is lower wages and remunerations (ILO/WHO, 2022); thus, efforts to improve working conditions also seeks to reduce inequalities for women health workers. The multi-sectoral committee involving key ministries, employers' and workers' representatives in the health sector was established in 2020 to guide and manage the implementation of the W4H programme supported activities in Chad; in 2023 the committee continued to meet regularly to coordinate HRH activities in the country.

Building on the achievements between 2020 – 2022, a complementary training was organized in February and March 2023 gathering 30 constituents and labour inspectors where health facilities presented their tailored action plans. This allowed the training team (ILO specialist and local trainers) to identify needs such as the use of the new COVID-19 Checklist (developed as part of W4H in 2021-2022) and to tailor modules of HealthWISE that were less used or understood by the members of the OSH committees.

In June 2023, a national meeting in N'Djamena took place to present and discuss the results and achievements of ILO support to the health sector in Chad under W4H. Overall in phase one of W4H implementation, **220 health workers were trained in occupational health and safety** using the HealthWISE tool and the COVID-19 checklist in health facilities, with **30 labour inspectors trained in social dialogue** and specific monitoring of health facilities in 2023. The development and use of a specific inspection visit sheet for health facilities was supported. This process enabled the labour inspectorate to set up 12 health and safety committees, and to elect its members. The process helped to improve the working conditions of health professionals, thanks to support in drawing up and implementing specific action plans.

Partners and beneficiaries in Chad noted that implementation of Working for Health has been highly beneficial for both the Ministry of Health and the Ministry of Labour. The programme focused on enhancing the capacity of health workers in OSH, addressing errors within health establishments, and improving their effectiveness in protecting staff members exposed to workplace hazards. The HealthWISE tool, recognized for its effectiveness, has played a crucial role in achieving these outcomes. Beneficiaries of the training courses are expected to take

ownership of this tool, utilizing their acquired skills to reinforce their knowledge and extend support to other establishments in ensuring staff protection. It was emphasized that sustaining the acquired knowledge over time and capitalizing on these learnings are essential for scalability. The government of Chad, with the support of ILO and WHO took a multi-sectoral approach to addressing health workforce challenges in the country ensuring that all those concerned have a voice and are included in the processes.

Based on the progress made to date and additional requests from the Government of Chad, W4H will support the Ministry of Health in its rapid deployment of 2500 health workers in rural areas to respond to its refugee crisis; the implementation of the 2021-2025 Community Health Strategic Plan, to train, recruit, and deploy 7000 CHWs to deliver integrated PHC services, supported with improved working conditions. Additionally, an actionable and costed Health Workforce Investment Plan will be created and fully integrated with the Health Workforce Development Plan 2022-2030 that was developed with W4H MPTF support in the previous implementation cycle.

***Kenya***

Kenya faces significant challenges in its health workforce, ranking **among the top 10 countries globally with the largest absolute shortage of health workers, estimated at around 262 000**. Despite efforts to double the health workforce density between 2008 and 2021, Kenya still struggles with a **14% unemployment rate among trained health workers**, and there are urgent calls for multi-sectoral policy, action, and investment.

To tackle this, WHO, supported by the Working for Health MPTF, facilitated a comprehensive Health Labour Market Analysis (HLMA). The HLMA was applied as an economic, investment and policy framework to help create responsive workforce policies and decisions to optimize access to health services, and to unlock the health, economic, and social benefits of investing in health and care workers. Major **outcomes of the HLMA** was the **recruitment of 20 000 additional health workers** in 2023. The HLMA has informed Kenya's groundbreaking work to constitute the ***Kenya Health Human Resources Advisory Council***, to facilitate national dialogue on key health workforce challenges. This has enabled health workforce issues to have prominence in four recent draft parliamentary Bills on *Social Health Insurance, Primary Health Care, Facility Improvement,* and *Digital Health*. A national stakeholder dialogue on the health workforce in October 2023, resulted in the creation of the ***Kericho Declaration on Human Resources.***

The UK Department of Health and Social Care is providing bilateral support to enhance Kenya's health workforce capacity through its 2-year *Global Health Workforce Programme*, including the ethical recruitment of nurses as part of a 2021 bilateral agreement, among other partners investing in Kenya's health workforce (e.g. the Global Fund, the US government with Kenya a USAID Primary Impact country, AMREF Health Africa, and others). The Working for Health MPTF provides a platform for fostering multi-sectoral collaboration and maximizing impact across domestic and donor investments to deliver measurable improvements in health, economic, and social outcomes.

In 2023, the ILO continued its support to the Government of Kenya to expand social health protection to underserved populations, by working with the National Health Insurance Fund (NHIF) to devise strategic options for broader coverage while ensuring financial protection. A feasibility study on the introduction of a maternity cash benefit in Kenya was conducted through a consultative process and consensus building on options and costing of scenarios. The preferred option was for the introduction of a universal maternity benefit whose costing would be less than 0.07 per cent of gross domestic product (GDP) depending on the design of the scheme. A well-designed maternity cash benefit implemented universally can reduce poverty and vulnerability, improve maternal and infant mortality rates, promote the health, nutrition and well-being of mothers and their children, achieve gender equality and advance decent work (ILO, 2023). Key recommendations from the feasibility study also included realistic long-term financial planning, sustainable financing, and extending mandatory health insurance to informal sector segments.

***Pakistan***

Pakistan's health system faces many challenges including low financial allocation for health, and high out of pocket expenditure; economic, social and geographical constraints in access to health services and achieving UHC; weak governance and poor quality in health care delivery; and a critical shortage and maldistribution of human resources for health.

Working for Health supportedhealth system strengthening in Pakistan during the first phase of implementation, including: (i) Comparative assessment study on ILO Nursing Personnel Convention (No. 149); (ii) Gender Equality in Health (Women in Health Leadership) Study; and (iii) implementing HealthWISE in Pakistan health institutions were implemented.

Continuous support was provided in 2023 to further advance the government's objectives and identify gaps for achieving sustainable improvements in the health system. This included finalizing gaps analyses for the Occupational Safety and Health Convention, 1981 (No. 155), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). Additionally, engagements were held with the Ministry of Overseas Pakistanis and Human Resource Development to discuss the ratification of the ILO Nursing Personnel Convention (No. 149) and the implementation of measures to address identified gaps in the gaps analysis for C149. Consultations with the Employers Federation of Pakistan were undertaken to advocate for prioritizing investments in the health sector, with a particular focus on OSH issues. These endeavors signify crucial steps towards the overarching goals and underscore the continuous commitment to promoting sustainable, safe, and equitable working environments in the health sector in Pakistan.

***South Africa***

The Working for Health MPTF has played a crucial role in assisting the government of South Africa in developing key strategies for the health sector. This includes a long-term human resources plan, 2030 Human Resources for Health (HRH) Strategy: Investing in the Health Workforce for Universal Health Coverage, which commits to the creation and investment in 97 000 additional jobs in the health sector by 2025. Over the period 2019-2023 South Africa has **managed to recruit against the national HRH Strategy an additional 56 000**

**health workers and has integrated a further 46 000 community health workers into the public health system**.

Approximately 78% of the health and social sector workforce are women (ILO/WHO, 2022). The gender pay gap is high with women earning around 70 cents to a dollar that men make in the sector - and particularly high among those working in the semi to low skilled occupational categories. In response, gender transformative policy, practice and working conditions are front and centre in the 2030 HRH Strategy.

Under the new 3-year project, W4H will support the government of South Africa to develop an investment case, with the aim of securing the sustained level of domestic financing needed to successfully implement the 2030 HRH Strategy and its policy agenda.

**Regional achievements**

Regional support was provided in 2023 to develop and disseminate the **Africa Health Workforce Investment Charter**, through a Member-State led consultation process. The investment charter is a strategic framework for guiding investments in Africa's health workforce and health systems to tackle Africa's projected 5.3 million workforce shortage across the continent. It aims to align, secure and sustain domestic and external partner investments in health workforce education, employment, and retention across the region, with the goal of reducing inequalities in access to health services and achieving the Africa Union's Agenda 2063.

The Investment Charter will be launched at a Ministerial-level **Africa Health Workforce Investment Forum** in Namibia in May 2024. Significant preparatory work onthe Forum took place over the reporting period. The Forum will provide an opportunity to review the progress made in health workforce investment and discuss strategies to protect health workforce budgets amid global economic downturn and debt distress. It aims to ensure that investment and partnerships are leveraged to increase the quantity and quality of health and care workers across the continent, to improve the health, social and economic outcomes of communities through enhance Universal Health Coverage, primary health care, and health security. The Forum will also be an opportunity to secure commitments from key stakeholders, partners and investors for the Investment Charter's uptake and implementation, for which the Working for Health MPTF is positioned an essential modality to support its operationalization. The Africa Health Workforce Investment Charter is a core part of W4H's regional support within the new 3-year implementation project.

**Global level achievements**

***Interagency Data Exchange***

The Interagency Data Exchange (IADEx) maximizes the value of consolidating existing health workforce data and information to reduce the data collection burden on countries and ensure greater consistency and synergies in data use, analytics, and reporting. Key activities and achievements during 2023 included:

- In 2023, the final report of the analysis of data from the ILO Labour Force Surveys (LFS) of 56 countries was published. 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.

- In 2023, the NHWA was revised, based on an extensive assessment of five years of its implementation and feedback from NHWA focal points, WHO regional offices and technical experts from various sectors and organizations (including ILO), and an updated NHWA handbook containing an optimized set of indicators and various examples of NHWA data use was released.
- National Health Workforce Accounts (NHWA)
    - Two global webinars were held in March and May 2023 for NHWA focal points to sensitize them about NHWA version 2 and data calls for the year. 154 focal points from 73 countries participated along with WHO regional office staff.
    - Workshops were held to support NHWA implementation and HRH information system (HRHIS) strengthening for focal points from 47 African countries and 38 countries from the Regional of the Americas, and 9 countries in the South East Asian Region.
    - The Health Workforce Department's NHWA secretariat conducted a national training for NHWA implementation during a mission to Seychelles. They also provided virtual technical assistance to focal points of various countries and conducted a virtual training for Myanmar's focal points.
    - As a result of these efforts, 190 countries, territories, and areas (including 92% of WHO Member States) have designated focal points for annual reporting to the NHWA data platform by the end of 2023. In the same year, 135 Member States (70%) provided new data on the NHWA platform.
- 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) and revitalization of data collection in eastern part of Europe as part of the joint data questionnaire. 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 and Eastern European countries. These efforts have contributed to the consolidation of this data on the NHWA platform, 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.

***International Platform on Health Worker Mobility***

The information gathered through the International Platform on Health Worker Mobility influenced the review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel in its fourth round of reporting (2022). The WHO report on global health worker mobility was published, presenting consolidated data on health worker mobility gathered across

diverse data sources and geographies, covering 134 countries using three operational mechanisms (NRI periodic reporting, NHWA annual reporting, and data mining from population census and other sources). It is the culmination of concerted efforts involving the three levels of WHO and effective partnerships with OECD and Eurostat, which have been instrumental to the improved data availability, particularly in the period 2011–2021.

This 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.

WHO, in collaboration with OECD, published a guidance document on **bilateral agreements on health worker migration and mobility**. The document offers policy and implementation considerations for the development of ethical and mutually beneficial government-to-government agreements where international migration or mobility of health workers is linked with proportionate benefits to health systems of participating countries. The development of this document is part of the ILO-OECD-WHO Working for Health Programme and it comes in response to requests from Member States.

In addition, the WHO programme of work (2024-2025) on international migration of health and care workers was developed, which will provide the framework for guiding ethical recruitment and migration, and the strengthening of the WHO global Code of Practice.

ILO published a Manual on participatory assessment of policy coherence that is specifically tailored to the health sector. The manual is based on existing ILO guidance with the aim to address the labour migration governance challenges by supporting countries to develop more coherent health worker migration governance structures and enhance labour market outcomes for migrant health workers and health service delivery.

***Skills***

Building on the achievements from the first four years of W4H and linking with other regional/global initiatives, OECD joined BeWell Partnership Steering Committee, part of the European Union Pact for Skills, to establish a multistakeholder partnership on up- and re-skilling of the health workforce in the European Region. In 2023 two Steering Committee meetings took place, in May and November. The project runs until June 2026 and one of their major outputs is a Skills Strategy for the health workforce, now out for public consultation which will refer to the previous W4H outputs from the skills project.

***COVID-19 Checklist and health facilities***

During the COVID-19 pandemic, ILO constituents raised as a priority concern the need to improve the protection of health workers in the fight against COVID-19. To respond to this need, a practical tool, a COVID-19 Checklist for application in health facilities, was developed for use in all countries.
In addition, the ILO initiated the development of an IT-based application to further improve access to the COVID-19 checklist for health facilities, particularly for health workers in rural and remote areas. The development of the COVID-19 checklist app for health facilities was challenged by security threats and

ongoing cyber-attacks against the ILO and partner organizations in 2022. In 2023, the COVID-19 checklist application was successfully released and is now available for use on Android and iOS mobile phones, tablets and computers.

## III. Other Assessments or Evaluations

In 2023, the Independent review of the Working for health programme and its multi-partner trust fund: 2017-2022 was published, validating and reinforcing the continued high relevance of Working for Health. The review found 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 that countries have strengthened capacities and put systems in place to sustain the W4H MPTF's 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.

## IV. Programmatic Planning – Phase II

In 2023, Working for Health transitioned to its second phase of project implementation, the mandate for the W4H MPTF and Working for Health partnership extended to 2030. In 2023, two new donors committing funds: the UK Department of Health and Social Care pledged GBP£1 million (US$1.2 million) for the 1-year period 2023-2024, and the Swiss Agency for Development and Cooperation committed US$2.5 million for the 5-year period 2023-2027.

Building on the success of the first phase of MPTF projects and in response to continued requests for support from governments and constituents, the W4H secretariat in 2023 jointly develop follow-up multi-year project proposals for country, regional, and global initiatives, covering the 3-year implementation period from January 2024 to December 2026, with committed funding for 2024. The new 3-year project - '*Health Workforce action for Countries, regions and Global public goods*' (00140524), to be implemented from January 2024 to December 202 - principally aims to support countries to secure investments for health workforce education, employment and protections, using evidence-based economic and labour market analysis, multisectoral policy dialogue and investment planning initiatives. In addition to continued regional support to drive health workforce investments, and global initiatives on migration, data, and skills, which further inform country implementation.

**Country support:** The new 3-year project includes **Eleven (11) countries**, which are identified as high priority; among those countries with the lowest relative shortages of health workers globally:

1. Benin
2. Cameroon
3. Central African Republic (CAR)
4. Chad
5. Ghana
6. Kenya

7. Malawi
8. Nigeria
9. Pakistan
10. Senegal
11. South Africa

These countries account for over one-third of the projected 10 million global health workforce shortage by 2030. Nine (9) of these countries are deemed as **least likely to achieve universal health coverage** and are included in the WHO Support and Safeguard's List (2023).

W4H will provide technical assistance and catalytic funding to help deliver sustained, country-driven action and investment in the health and care workforce in these eleven countries. **Six (6) new countries will be supported by W4H** (Cameroon, CAR, Ghana, Malawi, Nigeria, and Senegal) and the other **five (5) countries are a continuation** (Benin, Chad, Kenya, Pakistan and South Africa), building on their prior achievements from the W4H MPTF to cement policy action into practice and translate commitment into investment. For example, in South Africa the Human Resources for Health 2030 Strategy was officially adopted, and an investment case which will make a strong economic argument and justification for increased and integrated domestic workforce investments, will now be developed by the National Department of Health and be submitted to the National Treasury. A high-level multi-sectoral dialogue will be facilitated to secure additional workforce investments and domestic resources. Furthermore, technical support to help drive the implementation of the Strategy will be provided.

**Regional support:** The dissemination and uptake of the Africa Health Workforce Investment Charter will be supported, to collectively advocate for, promote, and secure domestic and development funding and partnerships for taking forward progress and actions on the health workforce agenda. With the ongoing technical and financial support of the Working for Health MPTF and partnership over the reporting period, the World Health Organization (WHO) AFRO Regional Office has facilitated a member state and partner collaboration to further develop and finalize an Africa Health Workforce Investment Charter. This investment charter aims to coordinate and sustain investments in the education, employment, and retention of the health workforce across the region and aligns with the Africa Union's Agenda 2063 to reduce inequity and access to health.

The inaugural African Health Workforce Investment Forum, 6-8 May 2024 in Windhoek Namibia, will launch the investment charter, and seek commitments from stakeholders for its support and implementation. The forum will debate strategies to protect health workforce budgets, recurrent costs and investments amid existing domestic and global economic challenges and debt concerns.

**Global public goods** aim to tackle the most pressing health workforce issues. Through the joint Mobility Platform, countries will strengthen their capacities for designing and implementing rights-based policies and strategies to address the steadily increasing labour migration of health workers, and its impact on fragile health systems. Coordinated data collection and analysis through the Interagency Data Exchange (IADEx) will enable

a better understanding and monitoring of education supply capacity and labour market demand of countries to maximize investments in the supply, absorption, and retention of their health workforce to meet critical gaps in the access and delivery of essential health services. As part of the workplan, the WHO, in collaboration with OECD and ILO, will conduct analytics and generate evidence on the career aspirations (OECD PISA survey) to inform trends in youth employment and the health workforce supply capacity (NHWA graduates analytics) of countries. Through the joint work on skills, countries will identify specific strategies to drive investments that will address labour and skill shortages in the health workforce, including in rural and underserved areas. Recognizing the ongoing need for sustained efforts in improving health outcomes, these proposals were carefully crafted to align with the evolving needs and priorities of the governments, social partners and other key stakeholders.

Through collaborative efforts and strategic planning, the W4H secretariat aimed to leverage the momentum generated during the initial phase to further advance impactful interventions at various levels. This proactive approach underscores the commitment to fostering long-term positive change and underscores the dedication to addressing pressing health workforce challenges effectively. The second phase of project implementation will also take advantage of the significant progress made in existing countries to date through the support of the Working for Health MPTF, as well as economies of scale with other newly evolving country and regional programmes – for example the UK Department of Health and Social Care supported Global Health Workforce Programme in Kenya, Ghana and Nigeria, the joint NHS-England & WHO Working for Health 2030: Building Health Workforce Leadership Programme, the emerging African Union Africa Centres for Disease Control (CDC) Health Workforce Task Team for the New Public Health Order for Africa, and the emerging Community Health Development Partnership, among others.

**Annex 1: Results Matrix:** indicator-based performance assessment up to 30 June 2023

| | 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<br>**Baseline:** Based on country level assessments<br>**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<br>**Baseline:** Based on country level assessments<br>**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.<br>**Chad:** 220 health workers were trained in OSH using the HealthWISE tool and | 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 |

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| | the COVID-19 checklist; 30 labour inspectors trained in social dialogue and specific monitoring of health facilities.<br>**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 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 | **OPT:** Led by the MoH, international standards and best practices were reviewed for licensing requirements for EMTs | N/A | N/A | Data from annual reports |

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| training institutions and their programmes (Yes/No/Partly)<br>**Baseline:** 0<br>**Planned target:** 20 countries supported | and paramedics; licensing criteria drafted for paramedics and advanced EMTs in order to initiate the process of regulating these professions.<br>**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. | | | |
| **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)<br>**Baseline:** 0<br>**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<br>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)<br>**Baseline:** 0<br>**Planned target:** 20 countries | **Chad**: Models of care developed for the implementation of the UHC strategy; Competencies framework for PHC developed.<br>**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.<br>**Mauritania:** A comprehensive analysis | Seven countries reported (**Chad**, Mali, Mauritania, **Niger, OPT, Sudan, Somalia**) | Currently, there is only funding to support 12 countries not 20<br>Targets should be revised to 12 | Data from annual reports |

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| | 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%.<br>**Niger:** Continued training youth and women in health jobs to provide them with permanent employment opportunities and improve their skills.<br>**OPT:** Developed curriculum and ensured adoption for two core courses in support of a national emergency training center: basic life support (delivered to over 200 workers and 15 trainers); advanced life support (delivered to 80- | | | |

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| | 100 health workers); critical care and infection prevention and control courses (50-70 health care workers).<br>**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.<br>**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<br>**Baseline:** Based on country assessment | **Baseline data for the WAEMU countries:**<br>**Benin in 2018:** Medical doctors: 71.0% in public, 18.4% in P4P, 10.6% in PN4P; nurses: 94.3% in | 87.5% (seven WAEMU countries) | N/A | Data from the WHO NHWA portal and country reports |

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| **Planned target:** Extent of change based on country assessment | public, 1.5% in P4P, 4.2% in PN4P<br>**Burkina Faso in 2017:** Medical doctors: 100% in public; nurses: 100% in public<br>**Chad in 2020:** Medical doctors 12.5% in private not for profit (PN4P), 87.5% in private for profit (P4P).<br>**Côte d'Ivoire in 2018:** Nurses: 100% in public<br>**Guinea-Bissau in 2018:** Nurses: 100% in public<br>**Mali in 2018:** N/A<br>**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.<br>**Senegal:** No data<br>**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<br>**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). | | | |

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| **Indicator 2:** Density of health workers per 10 000 population<br>**Baseline:** Based on country assessment<br>**Planned target:** % change based on country assessment | **Change in comparison to the baseline:**<br>**Benin 2020-2023:** recruited 2032 additional health workers (331 doctors, paramedics, and 1701 additional health workers through a rural pipeline programme), commitment to recruit 2384 doctors, nurses, and midwives, and 3000 CHWs. Over a 40% total increase in health workers, a 29% increase in HWF density (per 10 000 population) and a potential 8% improvement in UHC service coverage in a 3-year period.<br>**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<br>**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.<br>**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 | N/A | Densities in the eight WAEMU countries<br>**Niger**: 3355 additional jobs in the health sector have yet to be created due to insufficient domestic resources dedicated to HHR | WHO NHWA portal |

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| | **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)<br>**Kenya in 2023:** Based on outcomes of the HLMA, an additional 20 000 health workers were recruited in 2023.<br>**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.<br>**Niger 2018-2020:** +0.18 medical doctors;<br>**2016-2018:** -0.45 nurses; -0.01 midwives; no change for dentists; +0.02 pharmacists.<br>The density is: 4 per 10 000 inhabitants in 2021.<br>2645 additional jobs created in the health sector (1540 in 2021 including physicians, nurses, midwives, laboratory technicians, hygiene technicians).<br>**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 | | | |

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| | **Somalia:** In 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.<br>**South Africa 2019-2023:** recruited an additional 56 000 health workers and has integrated a further 46 000 community health workers into the public health system.<br>**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 | | | |
| **Indicator 3:** Ratio of previous year graduates who started practice to total number of previous year graduates<br>**Baseline:** Based on country assessment<br>**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 | **Mali:** HLMA contributed to new strategic plans including the country's investment plan on HRH, new ten-year social and | 100% HLMA have been conducted in 21 W4H countries (this includes indirect support provided through | | Data from annual reports |

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| inform health workforce planning<br>**Baseline:** 0<br>**Planned target:** 20 countries | health development plan and the model of primary care.<br>**Mauritania:** Existence of a functional multisectoral platform for coordination and collaboration on youth and women's employment in the health workforce.<br>**Somalia:** Revised the national human resources for health strategy to meet the need and requirement of EPHS 2020.<br>**South Africa:** National Health Workforce Strategic Framework: 2019–2030 and HRH Strategic Plan Sector: 2019/20–2024/25 based on intersectoral and tripartite dialogue and health labour market analysis.<br>**Sudan**: HLMA conducted in 2022 was connected to implementation of the PHC-oriented model of care in two states - Gazira and North Darfur.<br>**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. | 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** | | |
| **Output 2.2:** Improved capacity to develop enhanced multisectoral national health workforce strategies and plans | | | | |

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| **Indicator 2.2.1:** Existence of mechanisms and models for health workforce planning (yes/no/partly)<br>**Baseline:** Eight WAEMU countries<br>**Planned target:** 20 countries | **Mauritania**: A multi-sectoral steering committee was established as a key mechanism to improve coordination and strengthen governance.<br>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.<br>**Sudan**: developed and finalized the national Human Resources for Health Strategic Framework 2030.<br>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. | 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 |
| **Output 2.3:** Strengthened countries' capacity to secure sustainable funding for health workforce strategies and plans | | | | |

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| **Indicator 2.3.1:** Number of W4H-supported countries with investment case for job creation in the health sector (public and private)<br>**Baseline:** 0<br>**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<br>Targets should be revised to 12<br>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)<br>**Baseline:** 0<br>**Planned target:** 20 countries | **Benin, Chad, Pakistan & Guinea:** Established OSH committees in selected hospitals.<br>**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.<br>**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<br>ILO provided support for multisectoral tripartite dialogue to four countries (Benin, **Chad, Mauritania, South Africa**) **plus SADC** region.<br>A manual for participatory assessment of policy coherence for international labour migration in the health sector was developed. | N/A | Data from annual reports |

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| | 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.<br>**Mali**: Workshops organized in four regions to prepare for the finalization of national health workforce plans.<br>**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.<br>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.<br>**Pakistan**: 24 nurse educators trained as trainers to build the capacity of nursing faculty members, enhance the quality of nursing | | | |

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| | education, and deliver patient-centered and high-quality health services. | | | |
| **Output 2.5:** Improved systems and processes for monitoring of and accountability for health workforce strategies at country level | | | | |
| **Indicator 2.5.1:** Number of W4H-supported countries producing annual monitoring and accountability reports for health workforce strategies<br>**Baseline: 0**<br>**Planned target:** 20 countries | All W4H countries | **SADC countries:** Updated and revised data and baseline; implementation plan, costing model and M&E framework initiated<br>**WAEMU countries:** Monitoring framework developed and pilot is ongoing in two countries | | Data from annual reports |
| **Outcome 3: Health workers are recruited and retained according to country needs** | | | | |
| **Indicator 3.1:** Density and distribution of active health workers, by occupation and subnational level<br>**Baseline:** SDG – based on country assessment<br>**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<br>**Baseline:** Based on country assessment<br>**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 | No baseline data to compare with because there were no data on the NHWA portal | N/A | N/A | N/A |

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| market to total stock of active health workers<br>**Baseline:** Based on country assessment<br>**Planned target:** % change based on country assessment | | | | |
| **Output 3.1:** Health workforce deployment and distribution mechanisms strengthened for primary health care in rural and underserved areas | | | | |
| **Indicator 3.1.1:** Density of active health workers per 10 000 population by occupation at subnational level<br>**Baseline:** Based on in country assessment<br>**Planned target:** Density change to be determined based on country level assessment | **Change in comparison to the baseline:**<br>**Benin 2018–2019: -** 0.14 for medical doctors; - 0.71 for nurses; - 0.15 for midwives; no change for pharmacists<br>**Guinea-Bissau 2016–2018:** No change in medical doctors; + 1.7 nurses; no change for midwifery; no change for dentists; no change for pharmacists (2016)<br>**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<br>**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<br>**Mali in 2018:** +1.29 for medical doctors; +2.71 for nurses; 1.70 for midwifery; 0.01 for dentists; 0.1 for pharmacists<br>**Niger 2021:** | **SADC:** As of 2020, the SADC density of health workers median of 1.02 to 4.45 per 1000 population; across the SADC countries there are wide variations in the density of medical doctors, dentists, midwives and nurses, ranging from 0.9 to 120 per 10 000 population (*country-specific data is in table 5 of the strategy document*)<br><br>**WAEMU:** planned but due to COVID-19 not executed | N/A | SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health; WHO NHWA portal |

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| | 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.<br>**Senegal 2017–2019:** + 0.19 for medical doctors; + 1.94 for nurses; + 0.33 for midwifery; +0.05 for dentists; + 0.01 for pharmacists.<br>**Togo in 2018–2019:** + 0.01 for medical doctors; + 0.17 for nurses; + 0.37 for midwifery; + 0.02 for dentists; no change for pharmacists | | | |
| **Output 3.2:** Strengthened capacity to address gender bias and inequalities in health workforce policy and practice | | | | |
| **Indicator 3.2.1:** Gender wage gap<br>**Baseline:** Based on in country assessment<br>**Planned target:** % change to be determined based on country level assessment | W4H advocates gender equality in all the countries.<br>**Pakistan:** Research to assess gender equality in health leadership was completed and results validated in national tripartite workshop. | **SADC:** Set an objective of developing and implementing strategies to mainstream gender equality in the health sector workforce; two-thirds of SADC countries indicated the existence of a comprehensive approach to health workforce education which is gender-responsive; the | N/A | |

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| | | 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<br>**Baseline:** Based on in country assessment<br>**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) | **Chad:** Developed models of care the implementation of UHC strategy, which included | N/A | N/A | Data from annual reports; SADC Health Workforce Strategic Plan (2020–2030): |

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| **Baseline:** based on in country assessment<br>**Planned target:** 10 countries | social health protection strategy**.** | | | Investing in Skills and Job Creation for Health |
| **Output 3.5:** Improved occupational health and safety of health workers in all settings at national level | | | | |
| **Indicator 3.5.1:** Existence of national/subnational policies/laws regulating working hours and conditions (Yes/No/Partly)<br>**Baseline:** Based on in country assessment<br>**Planned target:** 10 countries | HealthWISE training in 8 countries addressed questions of working hours and workload<br>**Chad:** development of a draft control sheet for work inspections in health facilities. | N/A | N/A | N/A |
| **Outcome 4: Health workforce data inform effective policy, planning, monitoring and international mobility** | | | | |
| **Indicator:** Number of countries that have developed health workforce policy, planning and monitoring, including on mobility, based on harmonized metrics and definitions<br>**Baseline:** 0<br>**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<br>**Baseline:** 0<br>**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 |

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| | | | | 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<br>**Indicator 4.2.1:** Number of national policies and bilateral agreements supported<br>**Baseline:** 0<br>**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<br>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<br>**Baseline:** 0<br>**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<br>**Baseline:** 0<br>**Planned target:** 50 countries | Eleven W4H countries reported nursing workforce data for 2018–2022 in the WHO NHWA portal; Eleven W4H countries reported medical doctor workforce data for 2017–2022 in the WHO NHWA portal; Eleven W4H countries reported | N/A | Currently, there is only funding to support 12 countries, not 50 | WHO NHWA portal; Global Health Observatory data repository |

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| | workforce data to the Global Health Observatory data repository<br>ILO extended analysis of LFS micro-data on health workforce for 56 countries | | | |
| **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<br>**Baseline:** 0 countries<br>**Planned target:** 20 countries | 11 countries **(Benin, Chad, Guinea, Niger, Mali, Mauritania, Rwanda, Senegal, South Africa, Tanzania, Uganda):** 2016–2023 | N/A | Currently, there is only funding to support 12 countries, not 20<br>Targets should be revised to 12<br>Achieved targets should be then 66.7% | WHO NHWA portal |