

# Working for Health Multi-Partner Trust Fund Annual report 2021



United Nations  
MPTF Office



International  
Labour  
Organization



OECD  
BETTER POLICIES FOR BETTER LIVES



World Health  
Organization

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# ABBREVIATIONS

<b>BLS</b>	basic life support
CHW	community health worker
ECDoH	Eastern Cape Department of Health (South Africa)
EMT	emergency medical technician
EPHS	Essential Package of Health Services (Somalia)
GDP	gross domestic product
HIV	human immunodeficiency virus
HLMA	health and labour market analysis
HRH	Human Resources for Health
HSSP4	Fourth Health Sector Strategic Plan
HWF	health workforce
IADEx	Inter-Agency Data Exchange
ICU	intensive care unit
ILO	International Labour Organization
IPC	infection prevention and control
IPUMS	Integrated Public Use Microdata Series
LFS	labour force survey
M&E	monitoring and evaluation
MPTF	Multi-Partner Trust Fund
NAP	national action plan
NHWA	national health workforce account
OECD	Organisation for Economic Co-operation and Development

OSH	occupational safety and health
PHC	primary health care
PN4P	private not for profit
P4P	private for profit
<b>RPP</b>	Rural Pipeline Programme
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
TB	tuberculosis
ToT	training of trainers
UHC	universal health coverage
WAEMU	West African Economic and Monetary Union
WHA	World Health Assembly
WHO	World Health Organization
WISN	Workload Indicators Staffing Needs Tool
W4H	Working for Health

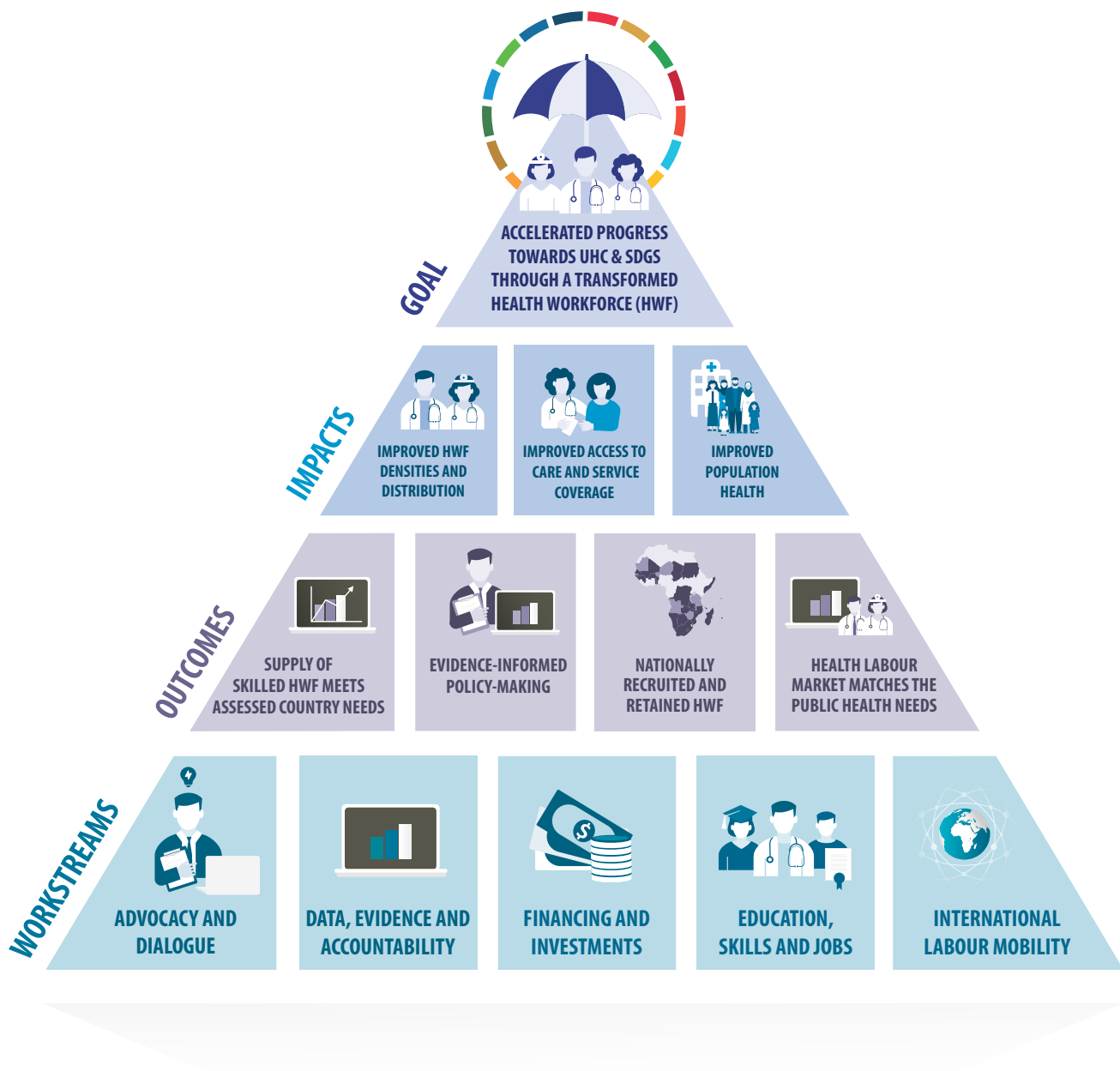
# EXECUTIVE SUMMARY

The findings and recommendations of the High-Level Commission on Health Employment and Economic Growth in 2016 brought a new level of understanding of how health sector jobs drive inclusive economic development. Implementation of its recommendations through the Working for Health (W4H) Action Plan (2017–2021) and its Multi-Partner Trust Fund mechanism (MPTF) has stimulated action for sustained investment in the health and care workforce over the reporting period. At the beginning of 2021 an independent evaluation of the W4H programme’s 5-year action plan (2017–2021) and its MPTF produced recommendations substantiating its continued relevance and effectiveness as a mechanism for enabling country-led action. The corresponding Resolution 74.14 (Protecting, safeguarding and investing in the health and care workforce), and a report by the Director-General on W4H to the 74th World Health Assembly (WHA) in May 2021, resulted in a mandate to develop, through a process led by Member States, a renewed W4H action plan, presented to the 75th WHA in May 2022.

Throughout 2021, the W4H programme has continued to operate in 12 countries and provided support to two regional economic areas – the Southern African Development Community (SADC) and West African Economic and Monetary Union (WAEMU); and established key global goods, including the International Platform on Health Worker Mobility, the Inter-Agency Data Exchange (IADEx) platform, an approach for anticipating skill needs in the health workforce (HWF), and a methodology for measuring employment impact. W4H has contributed to universal health coverage (UHC) and to Sustainable Development Goals (SDGs) 3, 4, 5 and 8, through multisectoral interventions to expand and transform HWF education, skills and jobs.

W4H MPTF key achievements in 2021:

- Country and area impact:** Facilitated multisectoral policy engagement and evidence-based planning and decisions in 12 supported countries and areas, which led to the recruitment and deployment of 1652 health workers in Chad, and the deployment of more than 3000 community health workers (CHWs) in Somalia. W4H also facilitated guidance on investment choices to expand education, skills and jobs enabling the creation of 1540 health workers in 2021 in Niger. In addition, the programme built core capabilities for robust health system strengthening in the 12 supported countries, which, for example, enabled skills development for more than 1500 health workers at hospital and primary health care (PHC) levels in the occupied Palestinian territory, including east Jerusalem and improved capacities to strengthen occupational protection of health workers in seven countries.
- Regional integration:** WAEMU countries have committed to create 40 000 new jobs by 2022, and for SADC a new regional strategy and investment plan calls for an additional 40% in workforce investments over the next 10 years.
- Global public goods:** The International Platform on Health Worker Mobility advanced knowledge and cooperation on health worker mobility through the review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel. A multi-agency technical working group on job creation developed an employment impact methodology to measure job creation in the health sector. Furthermore, the IADEx consolidated workforce data and information exchange between partner organizations of 193 countries through national health workforce accounts (NHWAs).







## KEY HIGHLIGHTS

Over the past 3 years the W4H programme and its MPTF have supported the development of catalytic global public health goods and provided funding, policy advice, direct technical assistance and capacity strengthening support to Member States. At regional, country and area level (see Annex 1), the programme supported a range of intersectoral collaboration, action and capacity-building efforts, which have enabled the development, financing and implementation of multisectoral workforce policies, strategies and plans, and enhanced institutional capacity to achieve the following outcomes:

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

The outcomes of the programme over the reporting period are outlined in the W4H results matrix, including detailed indicators and targets (see Annex 2).

### Country and area level

#### South Africa

At the request of the Eastern Cape Department of Health (ECDoH), the W4H programme provided technical guidance and support on occupational safety and health (OSH) and COVID-19 preparedness, response and recovery in close collaboration with the tripartite technical working group established to coordinate all the work related to COVID-19, OSH and human immunodeficiency virus/tuberculosis (HIV/TB) in the world of work. In October 2021, the International Labour Organization (ILO) organized and facilitated a 2-day training for 40 leaders of health institutions and social partners on the International Labour organization ILO-WHO HealthWISE methodology, including the COVID-19 Checklist. HealthWISE is a practical, participatory quality improvement tool for health facilities. The HealthWISE package consists of an action manual and a trainers' guide to combine action and learning. Topics include OSH, personnel management and environmental health. An immediate impact of the training was that the ECDoH Head of Department approved the roll out of HealthWISE implementation in 10 health facilities in the Eastern Cape Province, through continued technical support from ILO.

#### Benin

Through the requested reprogramming of project activities, W4H supported efforts to strengthen the effectiveness of the national COVID-19 response, including enhanced community surveillance, and capacity of professionals (psychologists, social workers and health workers) to provide care and psychosocial support interventions for individuals and families affected or infected by COVID-19. Collaborative partnership was facilitated between the National Agency for Primary Health Care, and the Association of Practising Psychologists of Benin to implement these interventions. Additionally, the programme helped to further strengthen existing initiatives already underway in the region, including Integrated Disease Surveillance and Response. Considering lessons learned from earlier episodes of epidemics (Lassa fever, cholera, meningitis) and the health challenges associated with COVID-19, capacity building of key actors at the community level, including community relays, health workers and social workers, was implemented, to significantly enhance surveillance and response capabilities.



The COVID-19 pandemic has further revealed decent work deficits, including the absence of appropriate OSH management systems to protect health workers and staff. The prevention of occupational accidents and diseases in the health sector is one of the challenges of the national OSH policy validated by the tripartite constitutions and is being adopted by the Government of Benin. This prevention involves strengthening the capacity of the system and the HWF in terms of OSH. Two training workshops were provided on applying the HealthWISE tool, with a focus on the COVID-19 Checklist for health facilities.

## Niger

Niger is experiencing a multidimensional crisis (environmental, security, humanitarian, migration and economic) that is exacerbating the challenges of poverty reduction and sustainable development in the country. Within the framework of the implementation of an economic and social development plan and health development plan, Niger received technical and financial support from W4H partners to support the implementation of its national action plan (NAP), including organizing a resource mobilization roundtable, and the Rural Pipeline Programme (RPP) and its baseline study. The national HWF investment plan and the subsequent national strategic plan for community health are expected to create approximately 40 000 additional jobs in the health sector and contribute to a 10% increase in rural health coverage, to reach 58%. W4H, together with funding from other sources, facilitated the creation of 1005 health worker jobs (doctors, midwives, nurses, laboratory technicians and hygiene technicians) in 2019, 100 jobs in 2020 and 1540 jobs in 2021 out of a projected total of 6000 health workers recruited as part of the NAP. Related to these workforce expansion efforts, access to and the use of health services and care by the population have increased in the regions, with health coverage increasing from 48.3% in 2018 to 53.6% in 2021 (an increase of 5%). Finally, training was provided to 564 youth and women based on the training needs identified in the annual action plans and the national HWF strategy/plan in the health sector.

Within this context, the W4H programme provided technical support to develop an econometric model that evaluates the impact of the RPP and its contribution to the baseline study on employment and professional integration in the three target regions (Diffa, Tahoua and Tillabéri), through the RPP. The methodological contribution developed an impact assessment model specific to the RPP, including its potential to create decent jobs, depending on the regions and areas of intervention; as well as a framework for optimizing the results (effects and impact) predicted by the model.

## Chad

W4H provided technical support to mitigate the impact of COVID-19 on the HWF by: facilitating training on infection prevention and control (IPC) – 136 health workers trained (in two provincial health delegations, four tertiary hospitals and public and private health schools); and on OSH – 206 agents (three university hospitals including two public and one private, a district hospital, a military training hospital, 10 health centres and the provincial health delegation of N'Djamena). Furthermore, W4H supported the production of strategy documents including a models of care document, a benefits package, and a competencies framework for the implementation of UHC. Additionally, a HWF recruitment plan was used to recruit and deploy 1652 new health workers.

A 4-day training workshop enhanced the capacity of 40 participants, including members of the OSH committees in health facilities, on the management of OSH in health facilities, on the training of health workers on protection during COVID-19, and in establishing OSH committees in selected hospitals. To ensure that the objectives of the training were met, a follow-up programme was developed and will be implemented in 2022.

## Mali

The density of health personnel is low in all regions of the country (6 health professionals per 10 000 population). There is further geographical imbalance and disparity between regions, with urban areas favoured over rural – Bamako has 17 health workers per 10 000 compared with Taoudénit with 2 and Mopti with 3 per 10 000 respectively (2019 health human resources statistics directory). Furthermore, the gender disparities are even more striking, where men are more favoured than women. W4H strengthened workforce planning and governance through better coordination among stakeholders and contributed to the improvement of working and employment conditions in the health and social sector and in addressing HWF disparities. Accordingly, the programme facilitated the development of national plans for recruitment, training, career and motivation of human resources and mapping of HWF in public hospital establishments and hospitals' health districts. The COVID-19 pandemic and political instability, embargos and economic sanctions against the country delayed implementation.

The prevention of occupational accidents and diseases in the health sector is one of the priorities of the national OSH policy being developed by the Ministry of Labour. Therefore, in the context of the W4H COVID-19 response, two training workshops for 48 participants were held to improve the OSH capacities of health services for better protection of health workers. The workshops used the HealthWISE methodology and provided guidance on the application of the COVID-19 Checklist for health facilities. The participants, covering 42 health facilities across the country, developed action plans for applying the tools for improving the prevention of occupational injuries and diseases; the implementation will be evaluated in a follow-up workshop.

## Mauritania

Between January and December 2021 and under the leadership of the Human Resources Directorate of the Ministry of Health, W4H provided support for the development of the National Human Resources for Health (HRH) Development Plan, 2022–2026. The W4H programme has enabled and strengthened coordination, collaboration and commitment of multisectoral partners and key stakeholders around the importance of HRH for achieving UHC, and on the joint development and implementation of the National HRH Development Plan, 2022–2026. Within the framework of reforms initiated by the Ministry of Health, notably the decentralization of the functions of the Human Resources Department, a multisectoral steering committee composed of the Ministries of Health, Public Service, Finance and the legal department, other stakeholders and various labour unions was set up as a key mechanism to improve coordination and strengthen governance within decentralization. Further, the W4H programme facilitated a tripartite meeting on 18 February 2020 in Nouakchott in the presence of national stakeholders, technical and financial external partners and proposed the establishment of a national committee for social dialogue comprising community leaders, youth networks, women's cooperatives and other local organizations as well as regional representatives of trade unions, professional associations and employers in the health sector. It was an opportunity to initiate the first discussions on strengthening coordination with a view to promoting access and decent employment, mostly for young people and women. These discussions led to the creation of a multisectoral platform for coordination and collaboration to enable youth and women's decent employment in the health sector. Delayed by the COVID-19 pandemic, in 2021 the activities for the development of an ongoing stakeholder strategic dialogue mechanism were initiated in four regions (Guidimakha, Tagant, Assaba and Brakna). Altogether 92 participants (13 women and 79 men) were trained in the workshops in December 2021. As an immediate outcome, action plans for the implementation of social dialogue mechanisms and for the improvement of OSH protection were developed and agreed.



## Sudan

In 2021, the W4H programme continued to support intersectoral collaboration within the Federal Ministry of Health and other HRH stakeholders and partners to develop the indicators of the NHWA that aim at improving the availability, quality and use of HWF data to support achievement of UHC and other SDGs targets in Sudan. The programme enabled the development and finalization of the National HRH Strategic Framework 2030 in line with the national priorities of the transitional period. WHO supported the establishment of an e-learning platform and website for the Academy of Health Sciences (training institution responsible for pre-service training of nurses and other health professions). The purpose of this platform was to ensure continuity of the training programmes during the COVID-19 pandemic and lockdown.

### occupied Palestinian territory, including east Jerusalem

The W4H programme supported and enabled reprogramming of implementation activities due to the COVID-19 pandemic in occupied Palestinian territory, including east Jerusalem (hereinafter referred to as “occupied Palestinian territory”). Specifically, the Ministry of Health was supported to conduct rapid capacity building activities for health workers, including training 1500 emergency medical technician (EMTs), nurses and doctors working in emergency rooms and COVID-19 intensive care unit (ICU) wards on basic life support (BLS) and 30 of them as BLS trainers. The programme enabled investment in the PHC workforce and pre-service training quality through review of two essential training curricula for EMTs and paramedics and institutional strengthening of HWF planning and regulation through the Workload Indicators Staffing Needs tool (WISN) training and application.

Furthermore, a priority concern was the need to improve the protection of health workers in the fight against COVID-19. To respond to this need, activities were partially reprogrammed to enhance capacity building on OSH for health workers through the adaptation and application of the COVID-19 Checklist of measures to be adopted in health facilities. The requested support included translation of the checklist into Arabic, training on its practical application and technical assistance in the implementation of action plans resulting from the workplace assessment. The application of the HealthWISE approach was a bottom-up process in line with local OSH measures and programmes. Two training of trainers (ToT) were conducted bringing together 75 participants: a 2-day workshop in the West Bank (August 2021) and a 3-day workshop in Gaza (November 2021) for piloting the COVID-19 Checklist in health facilities. The objectives were to build the capacity of participants to understand the HealthWISE approach, to apply the COVID-19 Checklist in health facilities to improve the protection of health workers and to build a network of trainers who will take the training and implementation of the checklist to other health facilities in their area or district.

## Somalia

Decades of conflict, political instability and underinvestment have weakened and fragmented Somalia’s health system and led to migration of skilled health workers. The HWF density of Somalia is among the lowest in the world, the UHC service index is only 27 out of 100, against the global average of 60.2. The Government of Somalia, with the support of WHO, finalized a health sector project called the Essential Package of Health Services (EPHS 2020). The W4H programme conducted a rapid landscape analysis of existing HWF in both the public and private sector, which provided meaningful insights into the existing HWF regulatory pathways, HRH legislation and accreditation of HWF. During the COVID-19 pandemic, WHO enabled the deployment of over 3000 CHWs. The W4H programme also supported setting standards, policies and developing the business case for sustainable investment in CHWs with a view to harnessing community health services. The W4H programme also collaborated to collect information on the availability and type of HWF at different levels of health system using the Harmonized Health Facility Assessment survey tool. Highlighted through World UHC Day in 2020 and 2021, the catalytic work of W4H contributed to finalization of the national midwifery curriculum for Somalia, which will ensure that all academic institutions for nurses and midwives teach standard concepts in midwifery aligned with international standards. Towards the end of 2021, the programme continued its technical and funding support for the revision of the national HRH strategy of Somalia in line with the EPHS 2020 and other capacity building activities for the Human Resources Department of the Federal Ministry of Health for effective roll out. The W4H programme also supported the development of a training programme for health workers on field epidemiology as part of the newly established National Institute of Health’s plan to build its public HWF for national health security.

## Pakistan

Overall, Pakistan faces a critical shortage of HWF, mainly nurses, and a skill-mix imbalance with a doctor nurse ratio of 1 to 0.5. To overcome this, more than 900 000 nurses need to be produced, absorbed and retained by 2030. The W4H programme supports implementation of a UHC package through HWF strengthening initiatives and is one of the mechanisms accelerating development at local level by ensuring that the nursing workforce (including nurse educators) are trained and capacitated to have the basic “know how” of educational psychology, teaching and learning principles and methods, assessment, curriculum and leadership, professionalism and educational ethos. With W4H support, the Ministry of National Health Services, Regulations and Coordination developed a roadmap to strengthen the Pakistan Nursing Council based on the 2018 assessment. Accordingly, a comprehensive implementation plan of the Nursing Personnel Convention was developed to support the nursing and midwifery education sector. Furthermore, the country’s health system faces many challenges including low financial allocation for health; high out-of-pocket expenditure; and economic, social and geographical constraints to accessing health services.

To strengthen the health system the W4H programme is supporting:

- a comparative assessment study on the ILO Nursing Personnel Convention (No. 149) and working conditions of nursing personnel;
- the Gender Equality in Health (Women in Health Leadership) Study; and
- implementing HealthWISE in Pakistan’s health institutions.

## Regional level

### Southern African Development Community (SADC)

After the successful development, and endorsement of the new SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health that calls for an additional 40% in workforce investments over the next 10 years, the W4H programme supported the dissemination of the detailed, costed, model implementation plan and monitoring framework, including key milestones and indicators. Furthermore, the W4H facilitated preparatory work for the launch and dissemination of the HRH strategy, and for the establishment of an “accountability mechanism” for the SADC Secretariat, to be launched in 2022.

### West African Economic and Monetary Union (WAEMU)

Following the recommendations of the High-Level Commission on Health Employment and Economic Growth, WAEMU has been the first subregional economic group to engage in developing a subregional HWF investment plan, committed to creating 40 000 new jobs by 2022 and intensifying regional cooperation to boost health employment. However, the WAEMU region is facing severe challenges from the COVID-19 pandemic, which has triggered a triple crisis impacting the health, economic and security situations. Both fiscal and monetary policies were relaxed significantly in 2020 to contain the pandemic and support the economy. In 2021, ILO led a study to examine the long-term quantitative employment impacts of WAEMU’s investments in the health sector. Results confirmed that public health and related spending have important long-term impacts on economic growth, the HWF and employment. The results of the study aim to inform WAEMU’s health, labour and employment, finance, education, higher education and civil service ministries’ broader investment allocation framework in support of future subregional health care investment decisions.

## Global level

### International Platform on Health Workforce Mobility

With the COVID-19 pandemic into a second year, 2021 continued to present challenges for health workers worldwide, notably for migrant health workers who often have been on the frontline in ensuring continuity of service at all levels in care homes, public hospitals and private practice. The work carried out as part of the “mobility platform” has continued to improve the evidence base that informs both the public debate in this area and the review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel. This in turn led to publication of WHO’s recommended approach of “health workforce support and safeguards” for 47 countries with the most pressing UHC-related HWF challenges. The approach is informing national policy dialogue and development across WHO Member States, including leading destination nations such as the United Kingdom of Great Britain and Northern Ireland and Germany.

A newly developed dataset and report is enabling cross-referencing of migrant health workers by country of birth and training by the Organisation for Economic Co-operation and Development (OECD), leading to a more granular understanding of international health worker mobility patterns. The platform has also served to monitor policy changes in crucial destination countries regarding entry, stay and recognition of foreign health professional foreign qualifications during the COVID-19 pandemic. Work on the mobility platform concluded this year with the publication of two working papers on the international migration of doctors and nurses. It also includes new work on “how to do” bilateral labour migration agreements for health workers and aims to produce a joint WHO-OECD-ILO practical guide for policy-makers and relevant stakeholders.

### Inter-Agency Data Exchange (IADEx)

The IADEx mechanism aims at consolidating and maximizing the value of existing HWF data and information, ensuring greater consistency and synergy as well as reducing the data collection burden on countries. In the context of NHWA implementation, over 160 countries have nominated focal points to report HWF data on the NHWA platform. Data on HWF stock are available for 175 Member States for the top five occupations – medical doctors, nursing and/or midwifery personnel, dentists and pharmacists – including 193 Member States for medical doctors and 194 Member States for nursing personnel.<sup>1</sup>

Migration data are also available for 120 countries in the NHWA platform. In 2021, OECD continued to provide data on health employment, health education and HWF migration in OECD countries in the context of the joint data collection questionnaire with Eurostat and WHO. The purpose of this work is to avoid duplication of data collection and increase data consistency at the international level. These new robust data allow a continuous monitoring of recent HWF trends in OECD countries (see, for example, the HWF chapter in *Health at a glance 2021: OECD indicators*<sup>2</sup>). Building on the work undertaken in 2019 and 2020, ILO has produced a draft report on the use of labour force survey (LFS) data to monitor variables related to the HWF and working conditions. The report summarizes the analysis of LFS microdata from 56 countries which provided data on health and social care workers in sufficient detail to distinguish between different occupation groups and puts them into the global health context. Further, it reflects on the strengths and limitations of the use of LFS compared with other data sources. A meeting of the inter-agency technical working group discussed and further informed the report results.

<sup>1</sup> Based on data reported on NHWA by Member States for 2011–2020.

<sup>2</sup> Health at a glance. Paris: Organisation for Economic Co-operation and Development (OECD); 2021 (<https://www.oecd.org/health/health-at-a-glance/>, accessed 17 February 2023).





## Measuring employment impact and job creation

A multi-agency technical working group on job creation developed an evidence-based methodology and working paper on assessing employment impact in the health sector. The paper presents a summary of methods and approaches to assess employment impact from across different sectors. It proposes a guiding framework to assess employment impact in the health sector. Additionally, the paper outlines guiding elements that can be used for the measurement and monitoring of employment effects, which can be applied in countries being supported through the W4H programme, as well as in similar contexts.

## Anticipating skill needs in the health workforce

A project on anticipating skills needs in the health workforce started in November 2021, and so far has been preparing the groundwork. A first draft of the joint questionnaire was developed and shared for feedback. Background research to link the project with the WHO competency framework for health professionals was done, and an initial virtual interview with an institution carrying out a skill anticipation exercise for the HWF (Capaciteitsorgaan, based in the Netherlands) was conducted. Further work planned for 2022 will ensure a timely completion of the project.



# RESULTS

## Health workforce strategies improved at country and area level through a multisectoral approach

### South Africa

- Conducted HealthWise training of 40 representatives from the Department of Employment and Labour, ECDoH provincial officials, district coordinators, facility-based OSH coordinators, CEOs of health facilities (hospitals) as well as from the main health sector unions in the Eastern Cape, such as the Health and Other Services Personnel Trade Union of South Africa, National Education, Health and Allied Workers' Union, Public Service Association of South Africa and the Democratic Nursing Organisation of South Africa.

### Benin

- Six training modules were developed including a trainer's guide for CHWs for the surveillance of COVID-19 and other diseases with epidemic potential; and training support for health workers and social workers for the psychosocial support/care of individuals and families infected and/or affected by COVID-19.
- 50 professionals from the country's 12 health departments trained on psychosocial interventions.
- An expert engaged to develop a mobile application capable of generating basic statistical data of people cared for by health professionals (number of cases taken care of, locality, gender, age, etc.).
- Trained 145 trainers (77 majors, 34 social action and mobilization research and 34 heads of epidemiological surveillance centres) from health zones on the use of COVID-19 community surveillance tools.
- Trained 57 health workers and their managers in two 5-day HealthWise workshops in Bohicon and Parakou, organized in collaboration with the Ministry of Labour and Ministry of Health. Participants were trained on the basic concepts of OSH; fundamental principles of occupational risk management; use of the HealthWISE approach as a practical tool for the improvement of work practices in health services; and the use of the COVID-19 Checklist in health care facilities.

### Niger

- Baseline study on employment and professional integration in the three target regions (Diffa, Tahoua and Tillabéry) of the RPP. The implementation of this activity involved several steps, including:
  - finalization of the data collection tools (WHO contributed to the review process);
  - recruitment and training of supervisors and interviewers;
  - completion of a pilot survey and adjustment of tools and impact analysis protocol;
  - data collection (in progress).



- Organization of a resource mobilization roundtable for the implementation of the NAP and the RPP was delayed due to a national election. The NAP Coordination and Monitoring Committee held a series of meetings to brief the new authorities after the election, which led to the Prime Minister signing a letter instructing the relevant ministers to get involved in the organization of the roundtable. As part of the implementation of this activity, several subactivities were carried out, including:
  - Capitalization, at ministerial department level, of the Government's efforts in the implementation of the NAP and regional action plans, through a situational analysis, an evaluation of the achievements of 2018–2020 and an estimate of the Government's contribution for the coming years.
  - Revision of the NAP and RPP documents and translation from French into English and Arabic.
  - Assessment of the funding needs/gaps of the NAP.
  - Development of the concept note for the roundtable.
  - Revision of technical documents (project sheets) to reflect current achievements by the Government in the framework of NAP implementation.

## Chad

- Supported the development of PHC models to implement UHC strategy, including national consultation workshops and HRH stakeholders.
- Supported the development of the HWF competency framework for PHC/UHC.
- Provided technical support for the HWF projection exercise to estimate the number of HWF needed per year to achieve UHC goals by 2030.
- Facilitated the recruitment of 1652 new health workers to support implementation and delivery of the PHC/UHC strategy.
- Supported development of the NHPA platform.
- Strengthened the HWF capacity in the fight against COVID-19 by providing training on IPC in health care establishments responsible for case management.
- Strengthened the capacity of health workers in OSH, knowledge and practical implementation, including the application of the HealthWISE tool, with a focus on the COVID-19 Checklist for health facilities.
- Assisted in the establishment of health and safety committees in health care.
- Supported the Human Resources and Training Department to carry out a study of the impact of COVID-19 on HRH to inform the strategic planning of human resources development.

## Mali

- Supported the development of the human resources development policy and the National Strategic Plan for HRH Development (2019–2023):
  - conducted an HRH situation analysis and logical framework;
  - supported the finalization of the investment plan;
  - facilitated the establishment and functioning of a human resources thematic group, created to serve as a resource mobilization catalyst for the implementation of the national investment action plan.
- Supported the development of national plans for the recruitment, training, career and motivation plans of human resources in Mali in five regions (out of a total of 11).
- Supported the mapping of health personnel in public hospital establishments and health district hospitals in four regions of the country (out of a total of 11).
- Finalization of the national recruitment, training, career and motivation plans to take place after workshops were organized in all regions.
- Conducted two 5-day training workshops on OSH for 48 participants from 42 health facilities. The workshops took place in November and December 2021 in Bamako and Ségou. The participants included doctors, nurses, hospital managers, human resources managers, and those in charge of hospital hygiene.

## Mauritania

- Strengthened HWF planning:
  - Health labour market analysis (HLMA) addressed the situation and dynamics of HLM training (initial and ongoing), recruitment, deployment and retention.
  - Developed and implemented an HRH strategy, informed by HLMA evidence.
  - An HRH situation analysis was developed and validated by HRH stakeholders, which addressed HWF profile, retirement, migration, absenteeism, financing with a fiscal space analysis and assessment of HRH needs according to national standards.
- HWF governance strengthened through better coordination among stakeholders:
  - Established a coordination and consultation framework to promote the access of women and youth to decent employment in the health sector.
  - Held a tripartite consultative meeting to discuss HWF challenges and to introduce the W4H programme to key stakeholders; identify key priorities to facilitate the creation of decent employment for youth and women in the health sector; and to facilitate and discuss the future national HWF plan with an emphasis on decent employment and strengthening consultation and collaboration among HRH stakeholders.
- Established a functional multisectoral platform for coordination and collaboration on youth and women's employment in the health sector and alignment and management of interventions for HWF.
- Conducted four regional workshops aimed at contributing to the effective participation of stakeholders in the establishment and ownership of the sectoral social dialogue framework of the health sector.

## occupied Palestinian territory

- Increased investment in the PHC workforce and pre-service training quality:
  - Review of pre-service curricula for 2-year EMT programme and newly started 4-year paramedic programme. Dialogue started between the Ministry of Health and universities on the curricula to ensure technical skills match the skills needed to perform.
  - BLS local curriculum developed and adopted.
  - BLS trainers' curriculum developed and adopted.
- Institutional strengthening of HWF planning and regulation:
  - WISN tool implementation started. Two technical trainings were conducted for technical teams on how to implement the WISN tool. Steering committee meeting conducted, headed by the Minister of Health, to set priorities for WISN implementation. Expert groups were formed to support the implementation of WISN.
  - Licensing of EMTs officially approved by the Ministry of Health and published in the newspaper for public knowledge.
  - Data collection started to capture data on unemployment and emigration rates among health workers.
- Skills development for the HWF at hospital and PHC levels:
  - Over 1000 EMTs, nurses and doctors trained on BLS.
  - Around 30 selected EMTs, nurses and doctors trained as trainers on BLS.
- Conducted HealthWise training on OSH with a focus on protection during COVID-19. Two ToT sessions brought together 75 participants: a 2-day workshop in the West Bank (August 2021) and a 3-day workshop in Gaza (November 2021) for piloting the COVID-19 Checklist in health facilities. The objectives were to build the capacity of participants to understand the HealthWISE approach, to apply the COVID-19 Checklist in health facilities to improve protection of health workers, and to build a network of trainers who will take the training and implementation of the checklist to other health facilities in their area or district.

## Sudan

- Provided specialist support to finalize the National HRH Strategic Framework 2030.
- Supported drafting HRH list of indicators for the NHPA.
- Conducted data collection (pre-test) for the NHPA supported by community medicine registrars in the Sudan Medical Specialization Board.
- Conducted capacity building/orientation for HRH Observatory staff in data analysis and interpretation.
- WHO supported development of e-learning platform and website for the Academy of Health Sciences (training institution responsible for pre-service training of nurses and other health professions).

## Pakistan

- Enhanced HWF production and retention:
  - Supported the development of the HRH strategy for the Sindh and Balochistan Health Department, which sets policies on the production and retention of HWF and manages the impact of dual practice on reducing access to and availability of quality care at all health care levels as well as underserved areas.
  - Conducted national-level assessment of the strengthening and upgrading of nursing and midwifery within the health sector.
  - Technical assistance to review the UHC health strategy at PHC level for HWF strategy development.
- Improved nursing education and leadership capacities:
  - Provided technical support for the HWF projection exercise to estimate the number of health care workers needed per year to achieve UHC goals.
  - Organized consensus building meeting on the development of a certified course for nursing educators.
  - Stakeholder consultative engagement on the finalization of the certified course for nursing educators.
  - Provided catalytic and technical support on 10-day ToT workshop for the certificated course for nurse educators.
  - Supported refurbishing one nursing institute building in Turbat, Balochistan. Procured nursing hostel furniture, IT equipment focusing on underserved areas with the aim of creating a decent living environment for nursing trainees.
  - Technical assistance to oversee the implementation of a UHC benefit package through strengthened nursing HWF.
- Strengthen HWF information system and HWF Observatory for nursing:
  - Provided support to the Ministry of National Health Services Regulation and Coordination to organize back-to-back consultative meetings on the UHC District Health Information System HWF registry system.
- Strengthened regulation of HWF practice and education:
  - Developed Pakistan Nursing Council roadmap based on the 2018 need assessment.
  - Provided technical support to the Ministry of National Health Services Regulation and Coordination on the development of the Nursing Personnel Convention implementation plan.
- Comparative assessment study on the ILO Nursing Personnel Convention, 1977 (No. 149) and working conditions of nursing personnel:
  - Tripartite validation meeting brought together 25 participants from various government agencies, health workers, including nursing personnel, research organizations, and international/nongovernmental organizations.
  - Report to be submitted to the Government of Pakistan to support the ratification process of Convention No. 149 and strengthen the provision of a decent work environment for nursing personnel in line UHC.
- Conducted Gender Equality in Health (Women in Health Leadership) Study to assess the gender situation in health leadership – particularly, women’s leadership role in the health system at institutional, structural, policy and service delivery level and provide recommendations.

- Implementation of HealthWISE in health facilities to improve OSH by conducting a 3-day ToT workshop in collaboration with the Directorate of Workers Education. In a second step, two HealthWISE introductory workshops, with 62 participants, were held in Islamabad (26 October 2021) with 33 health workers and management representatives from 13 health facilities, and in Gilgit (28 October 2021) with 28 representatives from 12 health institutions.

## Somalia

- Provided technical and catalytic funding support for rapid HWF landscape analysis.
- Conducted an analysis of health services providers in the private sector with the overarching aim of engaging the private sector in the delivery of the Essential Package of Health Services (EPHS 2020) to achieve UHC.
- Developed a policy and business case for sustainable funding and investment for the recruitment, deployment and support of CHWs to harness their services for basic health care at the community and primary level through task shifting.
- Trained over 3000 CHWs on providing basic essential health services at community level, including COVID-19 case detection during the COVID-19 pandemic, to offset the disruption to essential health services.
- Reprogrammed part of the catalytic support for the health and care workforce through strengthened IPC and OSH measures and addressed issues of stress and psychosocial support for health workers, especially within the informal HWF sector.
- Provided technical guidance and support to the Federal Ministry of Health for revision of the national HRH strategy.





## Health workforce data inform effective policy, planning, monitoring and international mobility

### International Platform on Health Workforce Mobility

- Published OECD health working papers: International migration and movement of doctors to and within OECD countries – 2000 to 2018<sup>3</sup> and International migration and movement of nursing personnel to and within OECD countries – 2000 to 2018.<sup>4</sup>
- WHO led the development of guidance on bilateral agreements and international health worker migration and mobility with support from OECD and ILO facilitated by the WHO Technical Expert Group on Bilateral Agreements.
- Supported evidence generation for the guidance on bilateral agreements through a rapid literature review, textual analysis of bilateral agreements including categorization by focus area (trade, labour, health, education, migration) and key stakeholder interviews led by WHO.
- Elaboration of the linkages between the WHO Global Code and the Global Compact for Safe, Orderly and Regular Migration, including exploring the potential of new skill partnerships in the health sector.
- Conducted research on a compendium on skills recognition processes for migrant health workers to analyse the existing modalities of qualification and skills recognition requirements for migrant health workers, and any obstacles and challenges faced by them, with a particular reference to women migrant workers in destination countries. In the initial phase of the research, case studies of several origin and destination countries were conducted, namely Egypt, Germany, Italy and the Philippines. Based on national reports, ILO is preparing a comparative analysis that draws on national policy lessons and experiences to provide general guidance on access to qualification and skills recognition for migrant health workers.
- Developed a manual on participatory assessment of policy coherence on labour migration in the health sector. ILO targets assessing coherence among labour migration, employment, education/training and health policies with the aim to support constituents and stakeholders at country level in developing more coherent health worker migration governance. The manual is currently under final review and will be published in 2022.

### Inter-Agency Data Exchange (IADEX)

- Revitalization of data collection in eastern Europe as part of the joint data questionnaire.
- WHO organized a global seminar on NHWA in November 2021, in which all partners contributed, with the aim of strengthening HRH planning and service delivery.
- The University of Minnesota Integrated Public Use Microdata Series (IPUMS) programs used in the IADEX meeting in November 2021 with ILO and WHO to provide updates on the latest availability on census and survey data.
- IPUMS organized a session on how data availability impacts policy and use of population census for strengthening HWF programmes.
- Working with national statistics offices, IPUMS is now gathering LFS data in addition to population census datasets.
- ILO led joint work on LFS in continuation of foundational work on the use of LFS in HWF analysis. The analysis showed that some health and social care workers work outside of the health and social care sector. This work speaks to relevant HWF planning areas. An IADEX technical working group meeting was convened to discuss the findings and the way forward. The final report will be published in 2022.
- WHO technical and financial support for NHWA implementation in six African countries: Burundi, Cabo Verde, Cameroon, Chad, Senegal and Sierra Leone.

<sup>3</sup> Socha-Dietrich, K. and J. Dumont. International migration and movement of doctors to and within OECD countries - 2000 to 2018: Developments in countries of destination and impact on countries of origin, OECD Health Working Papers, No. 126. Paris: OECD Publishing; 2021 (<https://doi.org/10.1787/7ca8643e-en>, accessed 17 February 2023).

<sup>4</sup> Socha-Dietrich, K. and J. Dumont. International migration and movement of nursing personnel to and within OECD countries - 2000 to 2018: Developments in countries of destination and impact on countries of origin, OECD Health Working Papers, No. 125. Paris: OECD Publishing; 2021 (<https://doi.org/10.1787/b286a957-en>, accessed 17 February 2023).

## ACHIEVEMENTS, CHALLENGES, LESSONS LEARNED AND NEXT STEPS

The High-Level Commission on Health Employment and Economic Growth in 2016 brought a new level of understanding of how health sector jobs drive inclusive economic development. Implementation of its recommendations through the W4H Action Plan (2017–2021) provided further stimulus towards sustained investment in the health and care workforce with:

- operations in over 12 countries and areas;
- continued support in two regional economic areas, SADC (a new regional strategy and investment plan calls for an additional 40% in workforce investments over the next 10 years), and WAEMU (countries committed to creating 40 000 new jobs by 2022);
- three global goods established: International Platform on Health Worker Mobility; IADEX; and the anticipating skill needs in the HWF project.

In addition to the multi-agency technical working group on job creation assessment of employment impact in the health sector, W4H has contributed to UHC and to SDGs 3, 4, 5 and 8, through multisectoral investments and interventions to expand and transform HWF education, skills and jobs.

The COVID-19 pandemic has drawn attention to how chronic underinvestment in our health systems compromises human health and leads to serious economic and social setbacks. We have witnessed the most vulnerable countries falling further behind as they lack the fiscal space to make the necessary investments in the workforce to build more resilient health systems. Consequently, the pandemic has impacted the implementation of the W4H-supported activities with national restriction measures causing delays and re-programming. Further, political and social instability in many countries (Benin, Mali, Niger and Sudan) posed challenges causing delays because of insecurity, high staff turnover and restructuring of national counterparts at middle and senior management level.

Overall, the flexibility to adjust to the changing context-specific needs of constituents should be seen as a success factor in the effective and sustainable impact of the W4H programme. The pandemic challenged health systems at large and tested the strength of the W4H partnership within country systems. W4H country focal points built stronger partnerships with national implementers, mainly ministries of health, and were committed in providing support to implement W4H interventions. This effective implementation has resulted in attracting additional funds.

An independent review of the relevance and effectiveness of the W4H Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021) was conducted in 2021, validating and reinforcing the continued high relevance of the W4H programme and its MPTF. The WHO Director-General's report to the 74th WHA in the action plan's final year presented a pathway for the programme's continuity and recommended a renewed W4H action plan and agenda. In May 2021, Resolution WHA 74.14 on “protecting, safeguarding and investing in the health and care workforce” was adopted by the WHA, and called for a new set of actions and 2030 agenda to be developed through a Member States-led process. Building on the last 5 years' experience and lessons learned, the new action plan, 2022–2030, is aligned with, enables and supports health systems strengthening and financing for UHC, essential public health functions, and emergency preparedness and response, as well as the core programmes that support them. It is guided by Target 3.c of the SDGs, and by the specific needs and priorities of each country and the best available evidence and data to leverage sustainable multisectoral country-driven action aimed at driving policy, implementation and investment.





## ANNEX 1: COUNTRY AND AREA CASE STUDIES

In 2020, the W4H programme expanded its support to 10 countries and areas: Benin, Chad, Guinea, Mali, Mauritania, Niger, Rwanda, South Africa, Sudan and the occupied Palestinian territory.

### **Mauritania: strengthened health workforce planning and national HRH strategy development**

The COVID-19 pandemic affected HWF programming in Mauritania. However, a key success has been the establishment of a multisectoral platform focusing on youth and women's employment as well as an HLMA guiding the development of the national HWF development plan of Mauritania.

Building on this strong foundation, progress is being made towards developing the National HRH Development Plan (2022–2026). Mauritania reports that the HLMA continues to contribute to strengthened and sound HWF planning, specifically, guiding training, recruitment and retention. The HLMA is considered to be an essential national tool providing insights into health worker absenteeism and migration as well as drawing attention to the fiscal space. Such strategic and evidence-based planning are the cornerstones of stronger health care systems and UHC.

Mauritania is at the forefront of ensuring the prioritization of decent work among women and youth in the health sector among key stakeholders. The W4H programme supports the ongoing multisectoral dialogue among stakeholders (tripartite meetings), establishing a coordination and consultation framework to promote and work towards developing interventions targeting women and youth yielding the following outcomes:

- Increase in the number of young women in the Faculty of Medicine (from 40% to 45% of students).
- Gradual absorption of the stock of unemployed youth from medical schools (1000 recruitments made out of 3000 unemployed young people).
- Commitment of the Ministry of Finance to open 700 positions each year for the benefit of the health sector.

### **Mali: challenging humanitarian and sociopolitical context – HRH interventions and investments**

There is a low density of health personnel across all regions of Mali – 6 health professionals per 10 000 inhabitants (2019 statistics). The W4H programme has supported Mali for the past 3 years (2019–2021). Initially, an HRH situational analysis was carried out leading to the human resources development policy and the National Strategic Plan for HRH Development (2019–2023). Since 2019, there has been a concerted effort and interest to finalize a national investment plan and to improve employment conditions in the health and care sector.

Mali's HRH priority interventions are:

- The development of a national recruitment, training, career and motivation plan stemming from the National Strategic Plan for HRH Development (2019–2023) to improve employment and working conditions in the health and social sector in 5 of 11 regions in the country.
- Mapping of health personnel in public hospital establishments and health district hospitals in 4 out of 11 regions of the country.
- Finalization of the national recruitment, training, career and motivation plan.

The implementation of HRH interventions in the country are severely hampered by a long-standing humanitarian crisis, and ongoing sociopolitical instability, exacerbated by the onset of the COVID-19 pandemic. The Ministry of Labour through the national OSH policy prioritizes the prevention of occupational accidents and diseases in the health sector. Within this framework the W4H COVID-19 response supported two training workshops (HealthWISE) to improve the OSH capacities for better protection of health workers. Despite challenges, Mali is committed to implementation and upscaling HRH intervention across all regions.

## occupied Palestinian territory: catalytic funding supports COVID-19 emergency response

Daily, health care workers lives are at risk as they attempt to provide services in humanitarian settings such as the occupied Palestinian territory. More so, health systems in conflict settings require strong emergency and disaster management, and rapid coordination and response including financing, technical support and HRH. In the occupied Palestinian territory, attention is drawn to the fact that staff outside of hospitals are undertrained and often underregulated, impacting the quality of health care services provided.

The onset of the COVID-19 pandemic compounded the HRH challenges in the area. W4H technical and financial support was re-oriented to respond immediately to an intensified emergency landscape. The W4H programme worked in close partnership with the Ministry of Health, conducted capacity building activities for health workers serving as frontline staff, also enabling investment in the PHC workforce and pre-service training quality through review of two essential training curricula for EMTs. BLS training was conducted among 1500 EMTs, nurses and doctors working in emergency rooms and COVID-19 ICU wards in hospitals and at PHC level. In addition, selected staff (30 nurses and doctors) transitioned to BLS trainer roles. The BLS national curriculum and BLS trainers' curriculum was developed and adopted in 2021.

With the aim to improve health worker OSH protection, ILO piloted the COVID-19 Checklist for health facilities and conducted two HealthWISE ToT in the area. The specific objectives included: building the capacity of participants to understand the HealthWISE approach; the application of the COVID-19 Checklist in health facilities to improve the protection of health workers during the pandemic; and building a network of trainers.

To some extent, other W4H programming continued, e.g. strengthening HWF planning. In particular, the WISN tool trainings were rolled out. As an initial step, a steering committee meeting was conducted, led by the Minister of Health, to set priorities for WISN implementation. Further expert groups were formed to support the implementation of WISN. Other efforts included attempts to capture data on unemployment and emigrations rates.

Overall, these measures were immediate and imperative steps to building and supporting a resilient HWF amidst emergency responses. A key lesson learned from programming in humanitarian responses is that funding must be flexible in order to be tailored to rapidly changing situations/emergencies.

## Pakistan: investments in nursing education and regulation

Pakistan, with a population of 223 million people, has a severely constrained health system characterized by low investments in HRH, high out-of-pocket expenditure, poor quality of services and an inequitably distributed HWF.

Currently, there is a severe shortage of health workers, specifically nurses, in Pakistan. There is a skills imbalance of more doctors than nurses with a ratio of 1 to 0.5 vs the recommended threshold of 1 to 3. To address these HRH challenges, it is estimated that Pakistan requires up to 900 000 nurses to be produced, absorbed and retained by 2030.

Since 2019, the W4H programme has provided support across different levels of the health care system (federal, provincial and district), supporting the Ministry of National Health Services Regulations and Coordination as well as provincial counterparts. Programmatic focus includes the implementation of Pakistan's UHC benefit packages through various HWF strengthening initiatives, enhancing the institutional capacity, policy advice, technical assistance and building capacity of the HWF. ILO works together with several partners to roll out three main activities: a comparative assessment study on the ILO Nursing Personnel Convention (No. 149) and working conditions of nursing personnel; Gender Equality in Health (Women in Health Leadership) Study; and implementing HealthWISE in Pakistan's health institutions.

Pakistan's HRH priority areas include:

- enhanced HWF production and retention;
- improved nursing education and leadership capacities;
- strengthened HWF information systems and a HWF observatory for nursing;
- strengthened regulation of HWF practice and education.

Interventions range from supporting the development of an HRH strategy for the Health Department of Sindh and Balochistan; conducting national-level assessments to strengthen nursing and midwifery; technical assistance to review the UHC strategy on PHC for HWF strategy development, and, through expert consultations, supporting the District Health Information System.

There has been a significant focus on strengthening nursing education and regulation. The Ministry of National Health Services Regulations, Pakistan Nursing Council and WHO Pakistan developed a certificated nursing course to build capacity of nurse educators on teaching methodologies. The course was launched in October 2021 with a 10-day ToT. Through this course, 21 master trainers have been trained from all provinces and areas to build their capacities on an evidence-driven approach to teach undergraduate students as per the current requirement. The W4H programme provided financial support for infrastructure and technology at a nursing institute in Turbat, Balochistan, as well as in other underserved areas. Within the W4H programme support, the Ministry of National Health Services Regulations developed a roadmap to strengthen the Pakistan Nursing Council. Further, an implementation plan of nursing PC-1 was developed to guide the nursing and midwifery education sector.

Previously, a diploma in general nursing was offered at the majority of public and private institutions; however, the Pakistan Nursing Council phased this out and prioritized a BSc in Nursing Education. Teaching the BSc in Nursing Education requires experts with knowledge of educational psychology, teaching and learning principles and methods, assessment, curriculum and leadership, professionalism, and educational ethos. However, there has been no parallel capacity building for nurse educators; this poses a significant challenge to addressing the nursing shortfall the country faces.





# ANNEX 2: WORKING FOR HEALTH RESULTS MATRIX 2021

	Achieved indicator targets (at country and area level)	Achieved indicator targets (across countries and areas)	Reasons for variance with planned targets (if any)	Source of verification
<b>Outcome 1:</b> The supply of appropriately skilled health workers meets assessed country needs				
<b>Indicator 1.1:</b> Total public sector expenditure on health workforce pre-service education <b>Baseline:</b> Based on country level assessments <b>Planned target:</b> % 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
<b>Indicator 1.2:</b> Ratio of newly active domestic trained health workers to total stock of active health workers <b>Baseline:</b> Based on country level assessments <b>Planned target:</b> Extent of change to be determined based on country level assessment – threshold to be defined at national level	<b>Benin:</b> 1050 health workers have strengthened capacity to manage the COVID-19 pandemic. 145 trainers (77 majors, 34 social action and mobilization research fellows and 34 heads of epidemiological surveillance centre) from health zones were trained on the use of COVID-19 community surveillance tools ( <i>ongoing</i> ). 1000 CHWs trained to identify, track and trace potential cases within the community. 50 health workers trained on psychosocial care and support interventions.  <b>Somalia:</b> Trained and deployed 3126 CHWs to support COVID-19 response efforts who have been retained to provide essential health services at the community level.	N/A	<b>Chad:</b> 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



Output 1.1: Strengthened country and area accreditation mechanisms to align types of education and training with health labour market demand and population needs				
<b>Indicator 1.1.1:</b> Existence of subnational and/or area mechanisms for accreditation of health workforce education and training institutions and their programmes (Yes/No/Partly) <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries supported	<b>occupied Palestinian territory:</b> Led by the Ministry of Health, international standards and best practices were reviewed for licensing requirements for EMTs and paramedics; licensing criteria drafted for paramedics and advanced EMTs in order to initiate the process of regulating these professions. <b>Somalia:</b> Conducted a rapid landscape analysis of existing HWF, regulatory pathways for recruitment and retention and accreditation system for HWF in the country.	N/A	N/A	Data from annual reports
Output 1.2: Models developed for assessing staffing needs for health services delivery				
<b>Indicator 1.2.1:</b> Existence of institutional models for assessing and monitoring staffing needs for health service delivery (Yes/No/Partly) <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries supported	Three countries ( <b>Benin, Guinea and Niger</b> ) have fully implemented the WISN methodology.	Three countries ( <b>Guinea</b> and <b>Niger</b> partially, and <b>Benin</b> )	Currently, only funding to support 12 countries not 20 Targets should be revised to 12	Data from annual reports

Output 1.3: Strengthened institutional capacity to align skills and competencies with health labour market and population needs				
<b>Indicator 1.3.1:</b> Existence of national education plans for the health workforce, aligned with the national health plan and the national health workforce strategy/plan (Yes/No/Partly) <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries	<b>Chad:</b> Models of care developed for the implementation of the UHC strategy; competencies framework for PHC developed. <b>Mauritania:</b> A comprehensive analysis was developed that addressed all issues related to the situation and dynamics of the health care labour market: training (initial and ongoing), recruitment, deployment and retention. A separate stakeholder analysis was conducted on: HWF profile, retirements, migration, absenteeism, financing with a fiscal space analysis and assessment of HRH needs according to national standards. <b>Niger:</b> Continued training youth and women in health jobs to provide them with permanent employment opportunities and improve their skills. <b>Somalia:</b> Supported the revision of national HRH 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 HWF, especially for health workers. <b>Sudan:</b> Established an e-learning platform for training of nurses and other allied health professionals. <b>occupied Palestinian territory:</b> Developed curriculum and ensured adoption for two core courses in support of a local emergency training centre: BSL (delivered to over 200 workers and 15 trainers); advanced life support (delivered to 80–100 health workers); critical care and IPC courses (50–70 health care workers).	Five countries and areas reported ( <b>Chad, Niger, Sudan, occupied Palestinian territory, Somalia</b> )	Currently, only funding to support 12 countries not 20 Targets should be revised to 12	Data from annual reports

Outcome 2: Health sector jobs created to match labour market and public health needs				
<p><b>Indicator 2.1:</b> Percentage of active health workers employed by type of facility ownership</p> <p><b>Baseline:</b> Based on country assessment</p> <p><b>Planned target:</b> Extent of change based on country assessment</p>	<p><b>Baseline data for the WAEMU countries:</b></p> <p><b>Benin in 2018:</b> Medical doctors: 71.0% in public, 18.4% in private for profit (P4P), 10.6% in private not for profit (PN4P); nurses: 94.3% in public, 1.5% in P4P, 4.2% in PN4P.</p> <p><b>Burkina Faso in 2017:</b> Medical doctors: 100% in public; nurses: 100% in public.</p> <p><b>Chad in 2020:</b> Medical doctors 12.5% in PN4P, 87.5% in P4P.</p> <p><b>Côte d'Ivoire in 2018:</b> Nurses: 100% in public.</p> <p><b>Guinea-Bissau in 2018:</b> Nurses: 100% in public.</p> <p><b>Mali in 2018:</b> N/A.</p> <p><b>Niger in 2016:</b> 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.</p> <p><b>Senegal:</b> No data.</p> <p><b>Togo in 2018:</b> 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.</p> <p><b>Somalia:</b> The rapid landscaping analysis of HWF and regulatory framework revealed the following findings: of the 13 236 current HWF in Somalia, 7073 (53.4%) are doctors, nurses and midwives, and 70% work in the private sector (NGOs and for-profit sector).</p>	87.5% (seven WAEMU countries)	N/A	Data from the WHO NHWA portal and country reports

<p><b>Indicator 2.2:</b> Density of health workers per 10 000 population</p> <p><b>Baseline:</b> Based on country assessment</p> <p><b>Planned target:</b> % change based on country assessment</p>	<p><b>Change in comparison to the baseline:</b></p> <p><b>Benin 2018–2019:</b> -0.14 for medical doctors; -0.71 for nurses; -0.15 for midwives; no change for pharmacists.</p> <p><b>Burkina Faso 2017–2019:</b> +0.09 for medical doctors; +0.18 for nurses; +0.26 for midwifery; -0.01 for dentists; no change for pharmacists.</p> <p><b>Chad 2018–2020:</b> +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.</p> <p><b>Côte d'Ivoire 2018–2019:</b> +0.01 for medical doctors; -1.67 for nurses; +2.18 for midwifery; +0.01 for dentists; no change for pharmacists.</p> <p><b>Guinea-Bissau 2018–2020:</b> +0.69 for medical doctors; -1.62 for nurses; no change for midwifery; -0.09 for dentists; no change for pharmacists (2016).</p> <p><b>Mali in 2018:</b> +1.29 for medical doctors; +2.71 for nurses; 1.70 for midwives; 0.01 for dentists; 0.1 for pharmacists. 6 health professionals per 10 000 inhabitants in 2021.</p> <p><b>Niger 2018–2020:</b> +0.18 medical doctors.</p> <p><b>2016–2018:</b> -0.45 nurses; -0.01 midwives; no change for dentists; +0.02 pharmacists. The density is: 4 per 10 000 inhabitants in 2021. 2645 additional jobs created in the health sector (1540 in 2021 including doctors, nurses, midwives, laboratory technicians, hygiene technicians).</p> <p><b>Senegal 2017–2019:</b> +0.19 for medical doctors; +1.94 for nurses; +0.33 for midwifery; +0.05 for dentists; and +0.01 for pharmacists.</p> <p><b>Togo in 2018–2020:</b> +0.06 for medical doctors; +0.5 for nurses; +0.48 for midwifery; no change for dentists; +0.01 for pharmacists.</p> <p><b>Somalia:</b> 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.</p>	N/A	<p>Densities in the eight WAEMU countries</p> <p><b>Niger:</b> 3355 additional jobs in the health sector have yet to be created due to insufficient domestic resources dedicated to HRH</p>	WHO NHWA portal
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<b>Indicator 2.3:</b> Ratio of previous year graduates who started practice to total number of previous year graduates <b>Baseline:</b> Based on country assessment <b>Planned target:</b> % change based on country assessment	N/A	N/A	N/A	N/A
<b>Output 2.1:</b> Strengthened country capacity on gender-responsive health labour market analysis, to inform and feed into the development of workforce policies, strategies and reforms				
<b>Indicator 2.1.1:</b> Number of W4H-supported countries where health labour market analysis has been applied to inform health workforce planning <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries	<b>Mauritania:</b> Existence of a functional multisectoral platform for coordination and collaboration on youth and women's employment in the HWF.  <b>Somalia:</b> Revised the national HRH strategy to meet the need and requirement of EPHS 2020.	10% (two countries: <b>South Africa:</b> National Health Workforce Strategic Framework: 2019–2030 and HRH Strategic Plan Sector: 2019/20–2024/25 based on intersectoral and tripartite dialogue and HLMA. <b>Rwanda:</b> Comprehensive HRH situation analysis; initiated the development and costing of the new HRH roadmap and 2-year implementation plan.	Currently, only funding to support 12 countries not 20 Targets should be revised to 12 Achieved targets should be then 16.67%	Data from annual reports
<b>Output 2.2:</b> Improved capacity to develop enhanced multisectoral national health workforce strategies and plans				
<b>Indicator 2.2.1:</b> Existence of mechanisms and models for health workforce planning (Yes/No/Partly) <b>Baseline:</b> Eight WAEMU countries <b>Planned target:</b> 20 countries	<b>Mauritania:</b> A multisectoral steering committee was established as a key mechanism to improve coordination and strengthen governance. National HRH Development Plan 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 situation analysis and stakeholders of the HWF. Validation is ongoing. <b>Sudan:</b> Developed and finalized the National HRH Strategic Framework 2030.	50% (10 countries): eight countries of <b>WAEMU</b> have elaborated investment plans with situation analysis, HRH projections and scenarios with estimated costing and health service coverage, plus <b>South Africa</b> and <b>Rwanda</b> ).	N/A	Data from annual reports

<b>Output 2.3:</b> Strengthened countries' capacity to secure sustainable funding for health workforce strategies and plans				
<b>Indicator 2.3.1:</b> Number of W4H-supported countries with investment case for job creation in the health sector (public and private) <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries	<b>South Africa:</b> 100% catalytic funding support toward the development and endorsement of three national HRH strategies.	All eight <b>WAEMU</b> countries did return on investment studies – 100% case studies on job creation potential of health sector planned in three countries; <b>Mali</b> conducted situational analysis for the development of the investment case; <b>Somalia</b> developed a business case for sustainable investment on CHWs with a view to harnessing the community health services.	Currently, only funding to support 12 countries not 20 Targets should be revised to 12 Achieved targets should be then 100%	Data from annual reports
<b>Output 2.4:</b> Strengthened tripartite intersectoral mechanisms to coordinate the development and implementation of health workforce policies and strategies				
<b>Indicator 2.4.1:</b> Existence of institutional mechanisms or bodies to coordinate an intersectoral health workforce agenda (Yes/No/Partly) <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries	<b>Benin and Chad:</b> Established OSH committees in selected hospitals. <b>Sudan:</b> Nursing and Midwifery Working Group established to enhance coordination with different stakeholders. <b>Mali:</b> Workshops organized in four regions to prepare for finalizing national HWF plans. <b>Mauritania:</b> Held a tripartite consultative meeting to discuss HWF challenges. Social dialogue platform for HWF development initiated through training in four pilot regions.	All eight <b>WAEMU</b> countries have either a national committee on HRH or HRH Observatory or HRH working group. ILO provided support for multisectoral tripartite dialogue to four countries ( <b>Benin, Chad, Mauritania, South Africa</b> ) plus SADC region.	N/A	Data from annual reports



Output 2.5: Improved systems and processes for monitoring of and accountability for health workforce strategies at country level				
<b>Indicator 2.5.1:</b> Number of W4H-supported countries producing annual monitoring and accountability reports for health workforce strategies <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries	All W4H countries and areas	<b>SADC countries:</b> Updated and revised data and baseline; implementation plan, costing model and monitoring and evaluation (M&E) framework initiated. <b>WAEMU countries:</b> Monitoring framework developed and pilot ongoing in two countries.		Data from annual reports
Outcome 3: Health workers are recruited and retained according to country needs				
<b>Indicator 3.1:</b> Density and distribution of active health workers, by occupation and subnational level <b>Baseline:</b> SDG – based on country assessment <b>Planned target:</b> 15% increase	All W4H countries and areas	<b>SADC:</b> As of 2020, the SADC density of health workers median of 1.02 to 4.45 per 1000 population; across the SADC countries 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
<b>Indicator 3.2:</b> Ratio of unfilled posts to total number of posts <b>Baseline:</b> Based on country assessment <b>Planned target:</b> 10% increase	No baseline data to compare because there were no data on the NHWA portal	N/A	N/A	N/A
<b>Indicator 3.3:</b> Ratio of active health workers voluntarily leaving the health sector labour market to total stock of active health workers <b>Baseline:</b> Based on country assessment <b>Planned target:</b> % change based on country assessment	No baseline data to compare because there were no data on the NHWA portal	N/A	N/A	N/A

Output 3.1: Health workforce deployment and distribution mechanisms strengthened for primary health care in rural and underserved areas				
<b>Indicator 3.1.1:</b> Density of active health workers per 10 000 population by occupation at subnational level <b>Baseline:</b> Based on in country assessment <b>Planned target:</b> Density change to be determined based on country level assessment	<b>Change in comparison to the baseline:</b> <b>Benin 2018–2019:</b> -0.14 for medical doctors; -0.71 for nurses; -0.15 for midwives; no change for pharmacists. <b>Guinea-Bissau 2016–2018:</b> No change in medical doctors; +1.7 nurses; no change for midwifery; no change for dentists; no change for pharmacists (2016). <b>Burkina Faso 2017–2019:</b> +0.09 for medical doctors; +0.18 for nurses; +0.26 for midwifery; -0.01 for dentists; no change for pharmacists. <b>Côte d'Ivoire 2018–2019:</b> +0.01 for medical doctors; -1.67 for nurses; +2.18 for midwifery; +0.01 for dentists; no change for pharmacists. <b>Mali in 2018:</b> +1.29 for medical doctors; +2.71 for nurses; 1.70 for midwives; 0.01 for dentists; 0.1 for pharmacists. <b>Niger 2021:</b> doctors 0.5; nurses 2.5; midwives 2.3. RPP was evaluated in three target regions; an economic model was used for forecasting and a framework for optimizing the results was predicted by the model. <b>Senegal 2017–2019:</b> +0.19 for medical doctors; +1.94 for nurses; +0.33 for midwifery; +0.05 for dentists; +0.01 for pharmacists. <b>Togo in 2018–2019:</b> +0.01 for medical doctors; +0.17 for nurses; +0.37 for midwifery; +0.02 for dentists; no change for pharmacists.	<b>SADC:</b> 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 ( <i>country-specific data in Table 5 of the strategy document</i> ). <b>WAEMU:</b> 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

Output 3.2: Strengthened capacity to address gender bias and inequalities in health workforce policy and practice				
<b>Indicator 3.2.1:</b> Gender wage gap  <b>Baseline:</b> Based on in country assessment <b>Planned target:</b> % change to be determined based on country level assessment	W4H advocates gender equality in all the countries and areas.  <b>Pakistan:</b> Research to assess gender equality in health leadership was initiated	<b>SADC:</b> Set an objective of developing and implementing strategies to mainstream gender equality in the HWF; two-thirds of SADC countries indicated the existence of a comprehensive approach to HWF education which is gender-responsive; the strategy will guide countries in addressing and eliminate gender inequities; workforce profile data will be disaggregated by gender.	N/A	
Output 3.3: Improved occupational health and safety of health workers in all settings at local level				
<b>Indicator 3.3.1:</b> Existence of local occupational health and safety plans or programmes integrated in health workforce strategies  <b>Baseline:</b> Based on in country and area assessment <b>Planned target:</b> 10 countries and areas	The HealthWISE approach and the COVID-19 Checklist for health facilities were implemented with ILO support in 15 workshops conducted in three regions (African Region: Benin, Chad, Mali, Mauritania, Somalia, South Africa; Eastern Mediterranean Region: occupied Palestinian territory, Pakistan).		N/A	Data from annual reports
Output 3.4: Strengthened health workforce social protection coverage				
<b>Indicator 3.4.1:</b> Existence of national/ subnational policies/ laws regulating social protection (Yes/No/Partly)  <b>Baseline:</b> based on in country assessment <b>Planned target:</b> 10 countries	<b>Chad:</b> Developed models of care the implementation of UHC strategy, which included social health protection strategy.	N/A	N/A	Data from annual reports; SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health

Output 3.5: Improved occupational health and safety of health workers in all settings at national level				
<b>Indicator 3.5.1:</b> Existence of national/ subnational policies/ laws regulating working hours and conditions (Yes/No/Partly)  <b>Baseline:</b> Based on in country assessment <b>Planned target:</b> 10 countries	HealthWISE training in 7 countries addressed questions of working hours and workload.	N/A	N/A	N/A
Outcome 4: Health workforce data inform effective policy, planning, monitoring and international mobility				
<b>Indicator 4.1:</b> Number of countries that have developed health workforce policy, planning and monitoring, including on mobility, based on harmonized metrics and definitions  <b>Baseline:</b> 0 <b>Planned target:</b> 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				
<b>Indicator 4.1.1:</b> Number of countries participating in the platform  <b>Baseline:</b> 0 <b>Planned target:</b> 50	Seven W4H countries ( <b>Benin, Chad, Rwanda, Pakistan, Sudan, South Africa, Somalia</b> ) have a designated national authority, and/or submitted a national report.	<b>SADC:</b> Set an objective of creating a multilateral framework on HWF mobility.	N/A	SADC Health Workforce Strategic Plan (2020–2030): Investing in Skills and Job Creation for Health; WHO Global Code of Practice on the International Recruitment of Health Personnel: report of the WHO Expert Advisory Group (May 2020)

**Output 4.2:** Strengthened country capacity to understand and manage health worker flows, in order to inform the development of national policies and bilateral agreements

<b>Indicator 4.2.1:</b> Platform established to maximize benefits from international health worker mobility <b>Indicator 4.2.2:</b> Number of national policies and bilateral agreements supported <b>Baseline:</b> 0 <b>Planned target:</b> 10 countries	N/A	Platform established; one bilateral agreement signed.	OECD started a consultation process with its Member States on the bilateral agreements. ILO co-facilitated development of the UN Network on Migration guidance on bilateral labour migration agreements (adopted 2021 publication 2022).	
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**Output 4.3:** Increased monitoring of health worker mobility through the WHO Global Code of Practice reporting system

<b>Indicator 4.3.1:</b> Number of countries supported by W4H which report on the WHO Global Code <b>Baseline:</b> 0 <b>Planned target:</b> 20 countries	17 countries appointed a designated national authority of which three countries submitted their report.	N/A	Fourth round of code reporting took place.	Secretariat report to the WHA; meeting notes
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**Output 4.4:** New harmonized metrics and definitions established through an interagency global data exchange on the health labour markets

<b>Indicator 4.4.1:</b> Number of countries using the data exchange platform <b>Baseline:</b> 0 <b>Planned target:</b> 50 countries	Eight W4H countries reported nursing workforce data for 2016–2019 in the WHO NHWA portal; eight W4H countries reported medical doctor workforce data for 2016–2019 in the WHO NHWA portal; 11 W4H countries reported workforce data to the Global Health Observatory data repository. ILO extended analysis of LFS microdata on HWF for 56 countries.	N/A	Currently, only funding to support 12 countries, not 50.	WHO NHWA portal; Global Health Observatory data repository
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**Output 4.5:** Improved quality and reporting of health workforce data through national health workforce accounts


<b>Indicator 4.5.1:</b> Number of W4H-supported countries that report NHWA core indicators to WHO annually <b>Baseline:</b> 0 countries <b>Planned target:</b> 20 countries	Eight countries ( <b>Benin, Chad, Guinea, Niger, Mali, Mauritania, Rwanda, South Africa</b> ): 2016–2020.	N/A	Currently, only funding to support 12 countries, not 20. Targets should be revised to 12. Achieved targets should be then 66.7%.	WHO NHWA portal
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## ANNEX 3: FUND FINANCIAL PERFORMANCE

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