

WORKING FOR HEALTH
MPTF OFFICE ANNUAL FUND NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2024

Fund and Project Titles - Project Number <ul style="list-style-type: none"> Fund Title: Working for Health MPTF Project Title: Health workforce action for countries, regions and global public goods MPTF Office Project Reference Number: 0014524 	Country, Locality(s), Priority Area(s) / Strategic Results <p><i>Countries:</i> Benin, Cameroon, Central African Republic (CAR), Chad, Ghana, Kenya, Malawi, Nigeria, Pakistan, Senegal and South Africa.</p> <p><i>Region:</i> African Health Workforce Investment Charter.</p> <p><i>Global:</i> Inter-Agency Data Exchange (IADEx) International Platform on Health Worker Mobility Flexible Skills Pathways.</p> <p><i>Priority area/ strategic results:</i> Health workforce, employment and economic growth.</p>																		
Participating Organization(s) <ul style="list-style-type: none"> International Labour Organization (ILO) Organisation for Economic Co-operation and Development (OECD) World Health Organization (WHO) 	Implementing Partners <ul style="list-style-type: none"> National counterparts NGOs Social enterprise 																		
Project Cost (US\$) <p>Total approved budget as per project document</p> <p>MPTF Contribution:</p> <table> <tr> <td>• ILO</td><td>US\$ 454,234</td></tr> <tr> <td>• OECD</td><td>US\$ 157,799</td></tr> <tr> <td>• WHO</td><td>US\$ 1,020,260</td></tr> <tr> <td>TOTAL:</td><td>US\$ 1,632,293</td></tr> </table>	• ILO	US\$ 454,234	• OECD	US\$ 157,799	• WHO	US\$ 1,020,260	TOTAL:	US\$ 1,632,293	Fund and Project Duration <table> <tr> <td>Fund Duration</td><td>84 months</td></tr> <tr> <td>Fund End Date</td><td>15.12.2030</td></tr> <tr> <td>Project Duration</td><td>36 months</td></tr> <tr> <td>Project Start Date</td><td>20.12.2023</td></tr> <tr> <td>Project End Date</td><td>31.12.2026</td></tr> </table>	Fund Duration	84 months	Fund End Date	15.12.2030	Project Duration	36 months	Project Start Date	20.12.2023	Project End Date	31.12.2026
• ILO	US\$ 454,234																		
• OECD	US\$ 157,799																		
• WHO	US\$ 1,020,260																		
TOTAL:	US\$ 1,632,293																		
Fund Duration	84 months																		
Fund End Date	15.12.2030																		
Project Duration	36 months																		
Project Start Date	20.12.2023																		
Project End Date	31.12.2026																		
Fund Assessment/Review <ul style="list-style-type: none"> 2023 Independent Review of the Fund (published on the W4H page of the MPTFO Gateway) 	Report Submitted By <ul style="list-style-type: none"> Name: James Campbell Title: Director, Health Workforce Department Participating Organization (Lead): WHO Email address: campbellj@who.int 																		

ACKNOWLEDGEMENTS

This report was compiled by the World Health Organization (WHO), with substantial contributions from the International Labour Organization (ILO) and the Organisation for Economic Co-operation and Development (OECD). The Working for Health Fund is administered by the United Nations (UN) Multi-Partner Trust Fund (MPTF) Office. The Working for Health annual report, by the W4H Secretariat, evidences the dedication, support and expertise of the many colleagues across the three partner agencies involved in the project implementation, monitoring and evaluation in 2024. We acknowledge and thank them for their invaluable contribution to the programme's achievements.

Conceptualization, technical development and coordination of the report was undertaken by the WHO Regional Office for Africa, James Avoka Asamani and Sunny Okoroarfor; and Health Workforce Department, WHO, Meredith Fendt-Newlin, Monica Lamonge, Paul Marsden and James Campbell.

Working for Health would like to express its appreciation to all actors in partner countries and staff members from ILO, OECD and WHO, at all levels, who have been engaged in and contributed to the content of this report. They include: Kadai Oumar Abatcha, WHO Country Office Chad; Syed Mohammad Afsar, Gender, Equality, Diversity and Inclusion Branch, ILO; Adam Ahmat, WHO Regional Office for Africa; Annalisa Baruffi, Health Workforce Department, WHO; San Boris Bediakon, WHO Regional Office for Africa; Mathieu Boniol, Health Workforce Department, WHO; Evalyne Chagina, WHO Country Office Kenya; Laurence Codija, Health Workforce Department, WHO; Fousséni Dao, WHO Country Office Central African Republic; Mady Diagne, ILO Decent Work Technical Support Teams (DWT)/Country Office Yaounde; Regional Office Africa; Jean-christophe Dumont, International Migration Division, OECD; Kerri Elgar, Health Division OECD; Siobhan Fitzpatrick, Health Workforce Department, WHO; Guillaume Haquin, Resource Management, OECD; Maren Hopfe, Sectoral Policies Department, ILO; Tsuyoshi Kawakami, ILO DWT/ Country Office New Delhi, Regional Office Asia and the Pacific; Gaetan Lafortune, Health Division, OECD; Oliver Liang, Sectoral Policies Department, ILO; Simphiwe Mabhele, ILO DWT/ Country Office Pretoria; Francis Regis Magombo, WHO Country Office South Africa; Hellen Magutu, ILO Country Office Dar es Salaam, Regional Office Africa; Agya Mahat, Health Workforce Department, WHO; Patrick Makondesa, ILO Country Office Lusaka, Regional Office Africa; Sibia Tracy Mjumira, ILO Country Office Lusaka, Regional Office Africa; Pedro Moreno da Fonseca, Skills and Employability Branch, ILO; Peneyambeko Alina Munkawa, ILO Country Office Lusaka, Regional Office Africa; Solome Nampewo, WHO Country Office Malawi; Samuel Ohouo Brou, WHO Country Office Benin; Olumuyiwa Ojo, WHO Country Office Nigeria; Natalia Popova, Labour Migration Branch, ILO; Roohiya Qazi, ILO Country Office Islamabad, Regional Office Asia and the Pacific; Glenda Quintini, Skills Division, OECD; Rabia Razzaque, ILO Country Office Islamabad, Regional Office Asia and the Pacific; Eduard Serra, Sectoral Policies Department, ILO; Adwoa Twumwaah Twum-Barimah, WHO Country Office Ghana; Pascal Zurn, Health Workforce Department, WHO.

The Working for Health financial report for 2024 has been consolidated by the United Nations Development Programme MPTF Office, in its capacity as the Administrative Agent of the Working for Health MPTF, based on the end of year official financial data provided by the respective Participating Organizations' headquarters.

ABBREVIATIONS

CAR	Central African Republic
CHW	community health worker
DHSC	Department of Health and Social Care (United Kingdom)
HSA	Health Services Academy (Pakistan)
HLMA	health labour market analysis
HRH	human resources for health
IADEx	Inter-Agency Data Exchange
IHRA	Islamabad Healthcare Regulatory Authority (Pakistan)
ILO	International Labour Organization
ISCO	International Standard Classification of Occupations
LMIC	low and middle-income countries
MPTF	Multi-Partner Trust Fund
NDoH	National Department of Health (South Africa)
NHWA	National Health Workforce Account
OECD	Organisation for Economic Co-operation and Development
OSH	occupational safety and health
PHC	primary health care
PISA	Programme for International Student Assessment
SDGs	Sustainable Development Goals
UHC	universal health coverage
UK	United Kingdom
UN	United Nations
W4H	Working for Health
WHO	World Health Organization

EXECUTIVE SUMMARY

In the current global context, complicated by geopolitical tensions and increasing fiscal constraints, smarter investments in structural reform, supported by more efficient and effective international co-operation, are needed more than ever.

In January 2024, the Working for Health¹ (W4H) Multi-partner Trust Fund (MPTF) initiated a **new project for the period 2024-2026: ‘Health workforce action for priority countries, regional and global public goods.’** The project sets out to deliver a consolidated **3-year** programme of country, regional and global support and reinforces joint work of International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD), and the World Health Organization (WHO), to continue to implement the recommendations of the 2016 United Nations (UN) High-Level Commission on Health Employment and Economic Growth² and the Working for Health 2022-2030 Action Plan³ while also prioritizing value-for-money investments that leverage high impact results. Implementation of year 1 activities are reported, and activities in years 2 and 3 will be completed by December 2026, subject to available funding.

The ILO-OECD-WHO partnership and W4H MPTF promotes domestic and external investments in health workforce education, supply, jobs, and protection by optimizing, expanding, and strengthening their health workforce capacity and public health functions, and enhancing decent working conditions, gender equity, social inclusion and protection, and equal opportunities.

This new 3-year Working for Health project works strategically across sectors to build more joined up co-operation, bringing together relevant experts from each organisation to provide coordinated data and policy advice for the identification of more coordinated evidence-based solutions to key challenges confronting the health and care workforce now and in the future.

At the national level, it supports **eleven high priority countries** to increase their investments in workforce education, jobs and retention: Benin, Cameroon, Central African Republic (CAR), Chad, Ghana, Kenya, Malawi, Nigeria, Pakistan, Senegal and South Africa. These countries account for **at least one-third of the projected 11.1 million global health workforce shortage** by 2030⁴. Nine of these countries are deemed as those least likely to achieve universal health coverage and are included in the WHO Support and Safeguard's List 2023⁵. Among these eleven countries, **six are newly supported through the W4H MPTF** (Cameroon, CAR, Ghana, Malawi, Nigeria and Senegal) and the other **five countries are building on prior MPTF support** (Benin, Chad, Kenya, Pakistan and South Africa).

At the **regional level**, the project supports the dissemination and implementation of the African Health Workforce Investment Charter⁶ and the Windhoek Statement: investing in Africa's health workforce⁷ to collectively advocate for, promote, and secure domestic and external funding and partnership for taking forward action on the health workforce agenda.

¹ [Working for Health 2024 programme brochure](#)

² [2016 UN High-Level Commission on Health Employment and Economic Growth](#)

³ [Working for Health 2022-2030 Action Plan](#)

⁴ [Director General's Report on the Global Strategy on HRH: Workforce 2030](#)

⁵ [WHO health workforce support and safeguards list 2023](#)

⁶ [African Health Workforce Investment Charter](#)

⁷ [Windhoek Statement: investing in Africa's health workforce](#)

The project continues its objective of advancing **global workforce** policy guidance, normative work, and cross-sectoral partnership on workforce education, skills, and jobs, through health workforce and economic data use and analysis, the promotion of ethical workforce mobility and migration, and the optimization of current and future skills.

Specific highlights over the period January to December 2024:

Country results:

Significant progress was made in all supported countries across the main three project outcomes. The strengthening of workforce stewardship and governance capacity, evidence-based policy and planning, and enhanced collaboration were essential components for securing the health workforce and health systems investments required to accelerate access, availability, and delivery of essential health services.

Data-driven workforce policy, planning, decision-making, and investment:

Supported through the health labour market analysis (HLMA) methodology which generated contextual evidence to address workforce challenges in five countries in 2024⁸

- **Central African Republic:** validated the national HLMA report against its the commitment towards improving workforce capacity for maternal and child survival.
- **Chad:** the national task team on human resources for health (HRH) developed a workforce strategy and investment plan, and initiated a study protocol and roadmap for HLMA implementation, with ongoing data collection. Additionally, **30 health workers** were trained on social dialogue and strengthened labour relations in the health sector.
- **Benin:** made significant progress in the HLMA process, harmonizing and validating data collection tools.
- **Malawi:** a national stakeholder workshop was organized with stakeholders on the use and application of National Health Workforce Accounts (NHWA) data, and to initiate the HLMA data collection process.
- **Benin, the Central African Republic, Chad, Ghana, and Malawi:** high-level multi-sectoral policy and social dialogues on HLMA findings and the development of multisectoral national health workforce strategy /investment plan and compact are planned to follow the completion of the HLMA.

Health workforce stewardship and coordination:

Strengthened through multi-sectoral working groups, comprising representatives from ministries of health and labour, employers, and workers – and social and policy dialogue facilitation and support

- **Malawi and Cameroon:** Cross sectoral health workforce working groups established and supported
- **Kenya and Chad:** Continued support and capacity strengthening of existing cross-sectoral health workforce working groups

⁸ Benin, CAR, Chad, Ghana, Malawi conducted HLMA

- **Pakistan:** two public-private dialogues were organized on investment in the health sector and promoting decent work, with workshops focusing on occupational safety and health (OSH), gender equity in leadership, and creating violence and harassment-free workplaces to foster dignity and respect.
- **Kenya:** an in-depth research study on social dialogue structures was completed.

Sustained investments in the health workforce:

Secured and mobilized through meaningful dialogue and collaboration across sectors. Efforts to build the diversity, availability, and capacity of the health and care workforce were also notable.

- **Central African Republic:** secured increased investments through partnerships, such as the collaboration with the World Bank on a national health workforce survey. The government committed to the recruitment of **2000 new health assistants**, and **2000 health workers** (a 33% increase) by 2026, 850 with budgeted posts in 2025.
- **Chad:** in 2024, **803 health workers** (doctors, midwives and nurses) were recruited (**an increase of 28%**), with plans and budget to hire **an additional 1000 health workers** in 2025.
- **Kenya:** implemented the **Health Workforce Policy and Strategic Plan**⁹ in 2024 through a collaborative process. The government then secured Ksh 21 billion (**\$162 million**) which led to the **recruitment of 20 000 health workers** – an **11% workforce increase** – to deliver universal health coverage (UHC).
- **South Africa:** launched the HRH Pillar of the Presidential Health Compact 2024-2029¹⁰, leading to the recruitment of **56 000 additional health workers** and **46 000 community health workers (CHWs)** integrated into the public sector to deliver primary health care (PHC) services.

Health workforce policies and strategies:

Four countries were supported to launch health workforce policies and strategies¹¹ as an essential component of broader health sector and PHC investment planning. For example:

- **Ghana:** a multi-sectorial technical working group was supported to guide the HLMA process and produce a comprehensive report on its key findings and recommendations. The government launched the **Nursing and Midwifery Strategic Plan and Services Framework (2024-2028)**¹² aligned with the **Health Sector Medium-Term Development Plan**¹³, the **UHC Roadmap 2020-2030**¹⁴ for Ghana, the Global Sustainable Development Goals (SDGs) and the **WHO Global Strategic Directions for Nursing and Midwifery 2021-2025**¹⁵, aiming to provide a clear roadmap for the education, jobs, leadership, quality service delivery and professional development of nurses and midwives in Ghana.

⁹ [Kenya's Health Workforce Policy and Strategic Plan](#)

¹⁰ [South Africa's Presidential Health Compact 2024-2029](#)

¹¹ Ghana, Kenya, Nigeria, South Africa launched health workforce policies or strategies

¹² [Ghana's Nursing and Midwifery Strategic Plan and Services Framework \(2024-2028\)](#)

¹³ [Ghana's Health Sector Medium-Term Development Plan](#)

¹⁴ [Universal Health Coverage \(UHC\) Roadmap 2020-2030 for Ghana](#)

¹⁵ [WHO Global Strategic Directions for Nursing and Midwifery, 2021-2025](#)

- **Nigeria:** endorsed a new **National Policy on Health Workforce Migration**¹⁶ that aligns with UHC objectives and takes a whole of government approach in collaboration with ministries of education and labour, to strengthen data on migration trends, optimize the current health workforce to strengthen the system and promotes the use of bilateral and multilateral agreements according to **WHO Global Code of Practice on the International Recruitment of Health Personnel**¹⁷ (the “Code”).
- **South Africa:** Developed a Department of Health Management Commitment Charter for Eastern Cape Province, supporting the implementation of the **2030 National HRH Strategy**¹⁸.

Working environments and occupational safety & health:

Five countries supported to promote safe and healthy working environments¹⁹.

- **Malawi and Pakistan:** expanded efforts to strengthen workplace conditions and improve work environments following OSH training of **44 trainers** using the **ILO-WHO HealthWISE**²⁰ approach.
- **Pakistan:** equipped **190 health workers and managers** to implement practical solutions for safer, healthier, and more sustainable workplaces in their health facilities using HealthWISE training. **400 public health students** of the Master of Science in Public Health programme from the Health Services Academy (HSA, Pakistan) benefited from a revised curriculum aligned with ILO standards on OSH, violence and harassment, gender equality, and nursing personnel. Nursing Leadership Boot Camp developed and embedded within the Nursing and Midwifery Leadership Programme of the HSA. Also, **45 nursing professionals** participated in the first Nursing Boot Camp in 2024, which includes structured mentorship and engagement with trade unions and employers in the health sector.
- **Chad:** enhanced capacity of **15 labour inspectors** to promote and enforce workplace safety standards in the health sector with training on occupational risk assessment, training engineering, and strategic compliance planning. Developed a labour inspection strategic plan for compliance in the health sector.

Three countries supported on enhanced health workforce governance, policies, and regulation systems on Occupational Safety and Health (OHS).

- **Cameroon:** developed a National OSH Strategy (2024–2030) to strengthen occupational safety and health in the sector that will be launched in 2025.
- **South Africa:** facilitated an OSH strategic planning workshop for public health sector workers.
- **Pakistan:** updated Minimum Service Delivery Standards for Islamabad Capital Territory, ensuring alignment with ILO standards.

Regional achievements:

¹⁶ [Nigeria’s National Policy on Health Workforce Migration](#)

¹⁷ [WHO Global Code of Practice on the International Recruitment of Health Personnel](#)

¹⁸ [South Africa’s 2030 National HRH Strategy](#)

¹⁹ Cameroon, Chad, Malawi, Pakistan, South Africa supported on OSH

²⁰ [ILO-WHO HealthWISE](#)

At the **regional level**, the project supports efforts to align and mobilize investments to tackle Africa's looming 6.1 million health workforce gap by 2030. The [Africa Health Workforce Investment Charter](#) and the [Windhoek Statement](#) were launched in the presence of Ministers of Health and over 200 delegates at the **Africa Health Workforce Investment Forum**²¹ in May 2024. The Forum brought together leaders and stakeholders to collectively advocate for, promote, and secure domestic and external funding and partnership for taking forward action on the health workforce agenda.

Global public goods:

Inter-agency Data Exchange:

The implementing agencies collaborated on the OECD, Eurostat and WHO EURO joint questionnaire on health workforce statistics. This coincided with the release of PISA (Programme of International Student Assessment) survey data and health-related analysis which showed decreased interest in medical careers in OECD countries which was published in May 2024²². This is significant as OECD countries will continue to seek migrant graduates and early career professionals from non-OECD countries to fill gaps and shortages. The revision of the International Standard Classification of Occupations (ISCO), led by ILO, is ongoing with joint support of WHO on assessing potential revisions for health and care workforce occupations.

Migration:

The **WHO-OECD guidance on bilateral agreements for health worker migration**²³, published in March 2024 after extensive collaboration between the three agencies, serves as a tool for improving the capacity of state actors to develop, negotiate, implement, monitor and evaluate agreements on health worker migration. The guidance was widely disseminated through six WHO regional offices and other regional/global forums. It is being used to assist countries in preparing for bilateral agreements. Additionally, the **5th round of reporting on the WHO Global Code of Practice**²⁴, which includes data on international health personnel and bilateral agreements, facilitated by WHO with input from ILO and OECD, is underway and was presented to the WHO Executive Board in January 2025. ILO led the development of a **Training of Trainers Toolkit on participatory assessment of policy coherence in the health sector** to enhance workforce planning, promotion of fair recruitment, and support sustainable labour migration that is expected to be published in 2025.

Skills pathways:

Joint ILO-OECD work in 2024 concentrated on reviewing flexible pathways into health sector jobs in both OECD countries (Germany, New Zealand, Norway, the UK and US) and non-OECD countries (Bangladesh, India, Malaysia, Nepal, the Philippines and Vietnam). Previous Working for Health results on anticipating skill needs has shown that labour and skill shortages, as well as mismatches, in the health workforce are pervasive. Examples of good practice to facilitate entry (and career development) into the health workforce in OECD countries was analysed in 2024.

Linked with country support in Malawi, a diagnostic study on skills and lifelong learning system development is being conducted by ILO. This work assesses Malawi's health and care sectors by analyzing service provision, identifying skill gaps, evaluating the skills system, and developing a shared vision and recommendations for a lifelong learning and skills strategy.

²¹ [Africa Health Workforce Investment Forum](#)

²² Fewer young people want to become nurses in half of OECD countries

²³ [WHO-OECD guidance on bilateral agreements for health worker migration](#)

²⁴ [5th round of reporting on the WHO Global Code of Practice](#)

Progress in 2024 and looking ahead

Working for Health made notable progress in strengthening health systems and workforce capacities in supported countries through flexible, evidence-based approaches, and multi-stakeholder social and policy dialogue platforms that have elevated health workforce issues across sectors. Its impact in 2024 was reinforced by growing global recognition of the need for investment in health and care workers, yet progress is hindered by significant funding shortfalls for the MPTF, with only a third of the 2025 budget secured. Resource mobilization efforts are ongoing to continue the 3-year programme of work in 2025 and 2026 to provide support at country, regional and global levels. Sustained success will depend on long-term commitment, increased domestic and external resource mobilization, and coordinated partnership between international agencies and national stakeholders.

PURPOSE

This 2024 Annual Report of the W4H MPTF sets out the key outputs, achievements and lessons learned over the period 1 January to 31 December 2024. It reflects the implementation and results of the first year of the new (second phase) 3-year project of W4H MPTF, period 2024-2026. The report provides an assessment of MPTF-supported initiatives in countries, regional and global products against the following expected results:

- (1) The existing health and care workforce is **optimized** through data-driven policy, planning and investment in education, jobs and skills.
- (2) The diversity, availability and capacity of the health and care workforce is **built**, to address critical shortages and meet country needs.
- (3) Health systems resilience and performance are **strengthened** to deliver UHC and respond to public health preparedness through equitable, protected and efficient workforce.

To date in the current project, its direct catalytic technical and financial support has enabled **11 countries** to effectively address pressing policy issues, and to leverage domestic and donor financing and partnerships to drive implementation sustainability and impact. W4H further supported **regional initiatives** in the African continent with collective efforts to align and mobilize investments to tackle Africa's critical health workforce challenges, through The **African Health Workforce Investment Forum** held in Windhoek, Namibia on 6-8 May 2024. The programme also continues to build on **priority global goods** on Inter-Agency Data Exchange (IADEx), International Platform on Health Worker Mobility, and Flexible Skills Pathways.

I. RESULTS

Below is a summary of results by country level, regional level achievements, and global public goods. The outcomes of this project over the reporting period 1 January-31 December 2024 are outlined in the W4H results matrix, including detailed indicators and targets. Case examples from countries and global public goods are also included in section III.

Country achievements

The following country results demonstrate the achievements from the first year (2024) of the new (second) phase 3-year project of W4H (2024-2026), and how those results will be built upon as continuation from 2024 onwards.

The UK Department of Health and Social Care (DHSC) [committed GBP £15 million](#) from government's Official Development Assistance (ODA) budget in 2023 to address critical workforce challenges in Ghana, Kenya and Nigeria. Three levels of WHO, ILO and Global Health Partners (formerly THET), worked together during this period to deliver results in the three countries, aligned with the Working for Health 2022-2030 Action Plan²⁵ to optimise, build and strengthen the health workforce. Key stakeholders in Ghana Kenya and Nigeria also participated in the [NHS England/WHO Working for Health Leadership Programme](#), strengthening health workforce leadership capability and capacity.

Benin

Benin faces one of the most severe health workforce shortages globally with a **density of 0.86 health workers per 1000 people**²⁶. A continuation country from phase one, Working for Health committed to support Benin

²⁵ [Working for Health 2022-2030 Action Plan](#)

²⁶ [WHO National Health Workforce Accounts Data Portal](#), last accessed 18.03.2025

on the health workforce policy reforms launched in 2020 to strengthen PHC and improve access to essential services. With W4H support during the project phase one, Benin set a successful foundation by developing a Multisectoral Health Workforce Investment Plan which helped to **secure USD 22.4 million in domestic and international investments** to support increased health workforce employment and retention, with a strong focus on rural and underserved areas.

In 2024, W4H continued to support Benin to make significant progress with the HLMA process, including harmonized data collection tools, and training for data analysis. An introductory workshop was conducted with the Secretary Generals of the Ministries in attendance, leading to a consensus on policy questions. Data collection tools were harmonized and validated to ensure consistency and accuracy. A total of **58 stakeholders were trained** in the epidemiological needs-based health workforce estimation approach, equipping them with the necessary skills for effective data collection and analysis. The HLMA data collection is currently ongoing and is expected to be analyzed by mid-2025. These efforts aim to enhance the understanding of the health workforce landscape in Benin and inform evidence-based policymaking to improve health service delivery. This comprehensive HLMA provides insights into critical gaps in health worker education, employment and retention in Benin. For more information on Benin, please see the case example in section III.

Cameroon

In Cameroon, unsafe working conditions are a major reason for health workers' stress and burnout. This compromises the quality of care and patient safety with an increased risk of medical errors. Unsafe working conditions, stress or perceived lack of safety are also among the main drivers of attrition among health and care workers²⁷, further exacerbating staff shortages with **Cameroon's health workforce density 0.82 per 1000 population**²⁸.

During phase one of Working for Health, the Ministry of Public Health in Cameroon were supported to carry out an assessment of OSH in Cameroon's health facilities in 2020 as part of the protection of the health and care workforce during the COVID-19 pandemic. The results of this work revealed a significant deficit in decent work and Cameroon continues to experience occupational accidents and illnesses, including psychosocial problems such as violence and harassment in the health sector.

In 2024, the Ministry of Public Health in collaboration with the Ministry of Labor and Social Security and the support of the ILO established a multi-sector working group, including social partners and health and labour experts. The working group provided technical support to develop a National Occupational Health and Safety Strategy for the health sector in Cameroon that complies with the requirements of International Labour Organization (ILO) conventions, in particular the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

The draft strategy recognizes that decent work drives inclusive and sustainable economic growth and that the lack of targeted action limits national solutions to occupational risks. It highlights that multiple workplace risk factors — including physical, psychosocial, and emerging threats like HIV, COVID-19, and other illnesses — endanger health and care workers' safety, health, and lives. A coordinated approach by the Ministry of Public Health, combined with good workplace practices, is essential to prevent these risks and improve healthcare

²⁷ OECD 2024, [Are working environments for healthcare workers improving?](#)

²⁸ Ahmat A, Okoroafor SC, Kazanga I, et al. The health workforce status in the WHO African Region: findings of a cross-sectional study. *BMJ Global Health* 2022;7:e008317. doi:10.1136/bmjgh-2021-008317; [WHO National Health Workforce Accounts Data Portal](#), last accessed 18.03.2025

workers' well-being, morale, and productivity. The strategy will be finalized in early 2025 and undergo a validation workshop to ensure broad stakeholder consensus before its implementation.

Central African Republic

The health workforce situation in the Central African Republic (CAR) is characterized by **severe shortages (0.074 doctors per 1000 people²⁹)**, uneven distribution with most health workers concentrated in the capital city Bangui, and limited capacity to meet the population's health needs.

In CAR, few medical training institutions exist, leading to low numbers of newly trained professionals each year. An assessment of health professional training quality was conducted in 2024, focusing on human resources production efficiency, training policy, and alignment with care needs. An HLMA was completed, with findings validated and a policy brief prepared to inform an investment dialogue planned for 2025. The HLMA revealed that out of 13 182 health workers in the country, CHWs make up the largest share (23%). Some occupations, such as specialized doctors and pharmacists, are critically underrepresented, while general practitioners represent just 2.5% of the workforce, and specialists only 0.91%. Most nurses are women, while 77% of doctors are male. A deficit of 11 000 health professionals exists in 2024 to achieve 48 UHC score out of 100 (from 32), and this shortage is projected to reach 37 593 by 2039, if further investment in the health workforce is not made.

These actions are driving government reforms, including lifting numerous embargoes on training institutions, enabling medical and nursing schools to admit more students based on capacity. Additionally, the government plans to train **2000 health assistants by 2026** for deployment in remote areas and has committed to **recruit 2000 health workers** (doctors, nurses and midwives) by 2026, with **850 funded posts** included in the 2025 budget. These initiatives aim to enhance the quality and availability of health professionals.

CAR also made strides in health workforce development through strategic partnerships and active participation in regional forums. In April 2024, a workshop was organized to collect, consolidate, and validate health workforce data. This workshop aimed to provide a comprehensive understanding of the current workforce landscape, informing future policy and planning efforts. In May 2024, the Ministers of Health and Public Service attended the Africa Health Workforce Investment Forum in Namibia, engaging with key stakeholders to discuss investment opportunities and strategies for health system strengthening. The commitment to improving maternal and child survival was further demonstrated by the Minister of Health's participation in Regional Committee side events in Brazzaville on 28-29 August 2024.

These events focused on turning commitments into actionable strategies, emphasizing the importance of operationalizing health charters. From 24-26 September 2024, CAR conducted a Pre-Forum workshop to validate the HLMA report. This forum was crucial in ensuring the accuracy and relevance of the findings, which will guide future health workforce initiatives. A national policy dialogue and forum is planned for 2025 where Ministers would discuss how to address the HRH issues and prioritize investments in the health workforce with perspectives from health, labour, education finance and others.

CAR has partnered with the World Bank to secure investments for conducting a national health workforce census in 2024 which informed the HLMA and NHWA. The evidence gathered from this survey will inform health workforce planning and policy development.

Chad

²⁹ [WHO National Health Workforce Accounts Data Portal](#), last accessed 18.03.2025

Chad is among the countries with the **lowest densities in the African region at 0.26 per 1000 population**³⁰. A national recruitment plan was implemented, resulting in **1652 additional health workers** (doctors, nurses and midwives) employed in 2023, **803 health workers recruited** in 2024, **a 28% increase**, and **1000 health workers budgeted to be recruited** in 2025.

To ensure the retention of these workers, policy and strategy documents were developed by the multi-sectoral national task team on HRH, alongside the training of health and safety workers in OSH within health facilities. This included the following W4H supported activities:

- A 3-day workshop on social dialogue was organized by the Ministries of Public Service and Public Health for **30 participants (15 labour inspectors and 15 union representatives)**. The collaboration between the Government of Chad, ILO, and WHO has been instrumental in creating a sustainable framework for social dialogue, laying the foundation for the successful implementation of HealthWISE and better health outcomes for health workers and, ultimately, service users.
- Strengthened capacities of **15 labour inspectors** on occupational risk assessment, training engineering, and strategic compliance planning. The workshop culminated in the development of a strategic compliance plan, including four immediate objectives and eight outputs with a 1-year implementation timeframe, and the establishment of a task force to oversee its execution.

The 2022 and 2023 National Health Workforce Accounts were updated and submitted in the global portal, providing valuable insights into the health workforce landscape. An HLMA was also commenced, with data collection completed and health workforce needs-based projections undertaken. These efforts collectively strengthened the health workforce and improve health service delivery in Chad. Significant progress was also made in Chad with a study protocol with data collection tools and a roadmap for HLMA implementation developed. Data collection is ongoing, including from the private sector, with the HLMA report scheduled for finalization in 2025.

Ghana

Ghana has made significant progress in improving access to health services, as demonstrated by the increase in the health workforce, particularly doctors and nurses, in the past 20 years. The health workforce density has **improved from 0.1 per 1000 population in 2005 to 4.5 in 2023**³¹.

However, access to health services is still limited with Ghana listed on the [WHO Health workforce support and safeguards list 2023](#), of those countries with the lowest health workforce densities and an inability to meet UHC targets. The health sector is affected by high unemployment of qualified health workers and thousands of Ghanaian nurses and doctors leave annually for the UK, US, and Canada, exacerbating domestic shortages. Low salaries, lack of essential medical equipment, and poor working conditions contribute to job dissatisfaction and staff attrition.

Ghana established a multi-sectoral technical working group that led the HLMA process. The HLMA report was validated in 2024 and awaits a sign-off and a national multi-sectoral policy dialogue (expected in 2025).

³⁰ Asamani JA, Bediakon KSB, Boniol M, Munga'tu JK, Akugri FA, Muvango LL, Bayiga EDZ, Christmals CD, Okoroafor S, Titus M, Titi-Ofei R, Gotora B, Nkala B, Twum-Barimah AT, Moussound JB, Sowah R, Kipruto H, Kidane SN, Droti B, Bisorborwa G, Ahmat A, Chukwujekwu O, Cabore JW, Mwinga K; Expert Working Group on Health Workforce Needs Analysis. Projected health workforce requirements and shortage for addressing the disease burden in the WHO Africa Region, 2022-2030: a needs-based modelling study. *BMJ Glob Health*. 2024 Oct 22;7(Suppl 1):e015972. doi: 10.1136/bmjgh-2024-015972

³¹ [WHO National Health Workforce Accounts Data Portal](#), last accessed 18.03.2025

The HLMA found the **workforce is comprised of approximately 69.5% nurses and midwives** (totaling 207 231), and 3.1% doctors (at 9347). The number of employed health workers in the public sector tripled between 2013 and 2022, with an annual increase of 31.3%. However, the HLMA found the **unemployment rate among qualified health workers was almost 40%**, and about 63% of the health workforce had intentions to migrate in the future. If the country trains the health workforce to meet the populations health needs, it is projected that this would **cost an average of USD 167 million between 2022 and 2030**.

Continued MOH-led multi-partner collaboration in Ghana, drawing on the HLMA recommendations and the UK-supported Global Health Workforce Programme, are paving the way for integrating health workforce policy actions into national priorities for UHC.

Key stakeholders participated in the NHS England/WHO Working for Health Leadership Programme, to further develop health workforce leadership capability and capacity. These initiatives are strengthening health workforce management and improving health service delivery in Ghana.

Additionally, support was provided in the dissemination of the [Nursing and Midwifery Strategic Plan and Services Framework \(2024-2028\)](#) which is aligned with the [Health Sector Medium-Term Development Plan](#), the [UHC Roadmap 2020-2030](#) for Ghana, the Global Sustainable Development Goals (SDGs) and the [WHO Global Strategic Directions for Nursing and Midwifery, 2021-2025](#). It aims to provide a clear roadmap for the professional growth and development of nurses and midwives and outlines strategies that promote interdisciplinary collaboration, leadership, and evidence-based practice to provide quality nursing and midwifery services to the people living in Ghana and beyond.

Kenya

Kenya is facing 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**; and struggles with **14% unemployment** rate among qualified health workers.

The [Kenya Health Workforce Policy and Strategic Plan 2023-2027](#)³² was developed with funding from the UK DHSC and Working for Health through a collaborative process involving several ministries of health and the county government. These efforts aimed to strengthen the health workforce policy landscape towards ensuring quality health service delivery. There are plans to develop an investment plan and compact in 2025 to ensure sustained funding for health workforce development.

During the W4H project phase one, the Government of Kenya partnered with ILO and WHO to enhance social and policy dialogue for improving labour relations in the health sector in Kenya. Since then, Kenya has implemented significant health system reforms aimed at achieving UHC and enhancing health service delivery. A pivotal development was the replacement of the **National Health Insurance Fund** with the **Social Health Authority** through the enactment of the *Social Health Insurance Act* in October 2023³³.

However, Kenya's health sector continues to experience challenges, marked by frequent strikes—some lasting over 90 days—primarily due to salary disparities, delayed promotions, unsafe working conditions and inadequate medical coverage. A notable concern has been the delayed posting of medical interns, exacerbating

³² Kenya Health Workforce Policy and Strategic Plan 2023-2027

³³ Makoni, Munyaradzi. [New laws bring major reform to Kenyan health care](#). *The Lancet*, Volume 402, Issue 10413, 1613

staff shortages and impacting patient care.³⁴ In response, the ILO through W4H in 2024 continued its support to strengthening stable labour relations in the health sector in Kenya.

Activities in 2024 included conducting a comprehensive assessment of social dialogue mechanisms in Kenya's health sector through literature review and stakeholder interviews and developing a revised **Social Dialogue Handbook** that reflects Kenya's legal, policy, and regulatory frameworks and aligns with recent developments. The assessment shed light on the complex architecture of the health system, offering background and guidance to navigate its multifaceted structures. The accompanying handbook complements this by providing practical and concrete, step-by-step guidance on engaging in social dialogue at various levels, with the goal of fostering stable labour relations in the health sector through capacity building on social dialogue and negotiations.

Due to ongoing strikes and health system challenges in 2024, the handbook's validation and finalization are planned for 2025. In addition, it is foreseen to explore opportunities with the Kenya School of Government and relevant stakeholders on institutionalizing training on social dialogue and labour relations in the health sector in Kenya.

*Please see section III for further information on the impact of Working for Health support in Kenya.

Malawi

Malawi's health system faces significant challenges due to limited financial and technical resources, a high disease burden, and a critical shortage of health workers (**density of 0.57 per 1000 population**³⁵), exacerbated by labour migration and weak training infrastructure. Rural areas experience gaps in universal health coverage, low service quality, and limited access to medical supplies and transport.

Through Working for Health support in Malawi, joint planning began with **28 participants** in an ILO-WHO consultation with the ministries of health and labour in April 2024, along with employers and workers, to initiate the implementation of 2024 Working for Health activities. Key actions include: conducting an HLMA, addressing skills gaps across the entire health value chain, scaling up HealthWISE nationwide, expanding its use across sectors, and health worker migration.

Working for Health facilitated a national stakeholder workshop on the NHWA and HLMA. A **multi-sectoral taskforce** was established, comprising representatives from ministries of health and labour, workers, employers and other key stakeholders³⁶ in the health sector to guide health workforce developments in Malawi and to lead the national HLMA data collection. Using the HLMA framework, a health worker survey tool was developed and deployed. These efforts aim to gather comprehensive data to inform the completion of the HLMA.

Malawi has high levels of unpaid care and domestic work, providing women with experience that could help them gain qualifying training for decent jobs in health and community services.³⁷ The women in unpaid care work have untapped potential for upskilling, but flexible training opportunities, especially in rural areas, are lacking. Against this background, the Ministry of Health's developed the [National Care of the Carers](#)

³⁴ Nakweya G. [Doctors in Kenya end strike after threat of court action](#) *BMJ* 2024; 385 :q1088 doi:10.1136/bmj.q1088

³⁵ [WHO National Health Workforce Accounts Data Portal](#), last accessed 18.03.2025

³⁶ Employers Consultative Association of Malawi, Malawi Congress of Trade Unions, Nurses and Midwives' Council of Malawi, Ministry of Gender, Physician Assistants' Union of Malawi, National Organization of Nurses and Midwives of Malawi, Medical Council of Malawi, and Christian Association of Malawi

³⁷ UN Women: [landscape of care - malawi.pdf](#)

[Workplace Guidelines](#) in 2020 to enhance the well-being and productivity of health workers by addressing OSH concerns. Work in 2024 continued to support its implementation, among others, through ILO-WHO HealthWISE training.

A total of **40 trainers from four (4) health facilities** (two secondary and two primary level) were trained as Trainer of Trainers on the HealthWISE methodology and nine (9) health facilities were identified for piloting the HealthWISE tool, ensuring geographical, care level, and ownership balance. A diagnostic study on skills and lifelong learning development needs in the health and care sector in Malawi was also launched in 2024 and results are expected in 2025.

Nigeria

Nigeria faces a severe shortage of skilled health workers (**2.09 per 1000 population**), with the **population expected to reach 263 million by 2030** and a growing trend of trained health workers leaving the country, this problem is poised to worsen unless addressed effectively³⁸.

A multi-sectoral technical task team, mostly drawn from the **National HRH technical working group**, was established in Nigeria to drive efforts to enhance the availability of evidence for health workforce planning. WHO provided technical support to Abia and Benue States to hold health workforce policy dialogues. WHO also assisted in generating evidence, strengthening the state health workforce registries for evidence-based planning, and developed annual state health workforce profiles to inform advocacy efforts.

Nigeria's Federal Executive Council approved the [National Policy on Health Workforce Migration](#) in August 2024, following its initial approval by the Minister in the first quarter of 2024. WHO provided technical support to develop the national policy. The new policy aims to strategically manage health workforce migration to address the fundamental problems of the shortage of skilled healthcare professionals in Nigeria, particularly in rural and underserved areas.

A key focus is to strengthen the monitoring of migration trends. It aligns with UHC objectives and takes a whole of government approach in collaboration with ministries of education and labour, amongst others, involved in ensuring the optimization of the present health workforce for health systems strengthening and the production of a future health workforce that is responsive to the needs of the country and the world. It proposes the use of bilateral and multilateral agreements for international recruitment according to WHO Code and recognizes the role of the private sector as a source of innovation and health as a service.

Additionally, WHO has established a data collection system to publish an annual health workforce profile, which includes information on migration trends. In May 2024, a workshop was held with regulatory bodies to facilitate the submission of data for the 2023 Health Workforce Profile which is currently under development.

Pakistan

Pakistan's health system faces numerous challenges such as inadequate financial resources, workforce shortages, gender and geographical disparities, a lack of appropriate skill mix, poor health related laws and accreditation, internal and external immigration and unsafe working environments³⁹.

³⁸ Olatunji, Gbolahan et al. (2024). [Nigeria's new policy: solution for the health-care workforce crisis?](#) The Lancet, Volume 404, Issue 10460, 1303 – 1304.

³⁹ Amna Ahmed, Aribah, & Muhammad Ibrahim. (2024). Medical brain drain, a critical challenge to Pakistan's healthcare sector. *Journal of the Pakistan Medical Association*, 74(3), 614–614. <https://doi.org/10.47391/JPMA.10024>

Since project phase one, W4H has supported a comprehensive, multi-dimensional strategy to address these challenges which has continued into phase two with a focus on promoting safe and healthy working environments for health and care workers, strengthening workforce governance and policies, and advancing gender-responsive and non-discriminatory workplaces. Aligned with the ILO's Decent Work Agenda and the W4H implementation model, these efforts also aimed to raise awareness of relevant international labour standards and promote policies and practices that ensure fair and inclusive working conditions in the health sector in Pakistan.

In 2022, the ILO recognized “a safe and healthy working environment” as a fundamental principle and right at work⁴⁰, requiring Member States to ensure safe conditions in all workplaces. Health workers face heavy workloads, long hours, and risks such as violence, harassment, and various occupational hazards. To address these challenges, W4H in 2024 expanded the pool of HealthWISE trainers, implemented HealthWISE in four additional public and private health facilities in Islamabad, integrated OSH principles into public health curricula at the Health Services Academy (HSA), and supported Islamabad Healthcare Regulatory Authority (IHRA) in aligning its regulatory framework with international labour standards and health sector guidelines.

Key achievements include:

- Built institutional capacities of IHRA to respond to evolving safety issues of workers in the sector and to align current health regulations with ILO standards and tools following training of four (4) trainers in HealthWISE.
- Supported IHRA to update the Minimum Service Delivery Standards aligned with ILO Standards on OSH, Violence and Harassment, Gender Equality.
- Facility level action plans were developed during a training of 190 health workers and managers (25% women) on HealthWISE, and four hospitals established bi-partite OSH Committees to implement the action plans focusing on short to long term changes with respect to Safety and Health, working conditions including compensation and HR, equality of treatment and access to opportunities and training, women in leadership, violence and harassment, waste management, social dialogue among others.
- Public health education was strengthened when HSA was supported by ILO to conduct an analysis of its curricula to ensure alignment with ILO conventions and tools promoting occupational safety and health, non-discrimination and gender equity in health services and other occupational settings. The curriculum revisions led to a significant increase in teaching hours, expanding the initial 16 hours of class work to a total of 56 hours—an addition of 40 hours. Around 400 public health students benefitted from a revised curriculum including alignment with ILO Standards on OSH, Nursing Personnel, Violence and Harassment, and Gender Equality. The curriculum revisions will be extended to other courses run by HSA.
- A total of 45 nursing professionals attended the Nursing Boot Camp, which is now integrated into the Nursing and Midwifery Leadership Programme. This initiative includes a mandatory week-long session focused on mentorship, on-the-job training, and engagement with trade unions and employers in the health sector. Rooted in the broader objectives of capacity building, gender equity, and leadership development, the bootcamp equipped participants with essential tools, strategies, and confidence to tackle systemic challenges and drive positive institutional change. The bootcamp revealed a critical lack of awareness among nurses about their professional rights, particularly regarding the ILO Nursing Personnel Convention, 1977 (No. 149), which advocates for equitable pay, safe working conditions, and career advancement. Participants highlighted the absence of nursing representation in policy-

⁴⁰ [ILO safe and healthy work environment as a fundamental principle and right at work](#)

making processes and the scarcity of leadership training opportunities, which hinders career progression and advocacy efforts.

Work has begun to develop a national action plan to strengthen OSH for health and care workers in Pakistan. The plan will build on previous efforts and aim to address key challenges, enhance regulations, and improve safety measures in healthcare settings. Next steps in 2025 include finalizing the action plan with the Ministry of Health and developing an OSH strategy for the sector that will be used to mobilise domestic public resources to prioritise the actions envisaged in the action plan and initiating its implementation across healthcare facilities to improve the working conditions of health and care workers.

South Africa

South Africa faces stark inequities in its health workforce. As of 2019, the **national density of medical specialists was 16.5 per 100 000**, with the **private sector employing 69 per 100 000 and the public sector just 7 per 100 000**⁴¹. Rural areas experience low densities of skilled health workers, reflecting severe regional imbalances in access to essential public health services, and the critical need to increase investments in health workforce education, employment, skills, retention, and protections.

In March 2020 the South African Government adopted the [2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health Coverage](#), which was developed with the support of WHO and ILO during the first phase of Working for Health. For more information on achievements in South Africa from phases one and two, please see section III.

In 2024, WHO provided strategic support to the South Africa National Department of Health (NDoH) to review the 2030 HRH Strategy, focusing on health systems resilience and health security, and integration of disease-specific initiatives such as HIV response. This process also involved social partners in line with International Labour Standards to promote an enabled, productive motivated and empowered health workforce in South Africa. Support was also given to the NDoH in HRH data reporting, including the status of nursing and midwifery data. These efforts aim to strengthen the health workforce and enhance health service delivery in South Africa.

Strategic input was provided for the development of the **HRH Pillar of the Presidential Health Compact 2024-2029**, titled “Accelerating Health System Strengthening and National Health Insurance Implementation.” This initiative is anticipated to secure investments for health workforce development and ensure that South Africa’s health workers are adequately trained, motivated, and equipped to meet the evolving health needs of the population.

Working for Health supported strengthening meaningful involvement of social partners in implementing the HRH Strategy during an Occupational Health and Safety Strategic Planning Workshop for Workers in the Public Health Sector. This included 59 representatives of various national and provincial government departments, Labour, Department of Public Service Administration, South African Medical Health Service, South African Local Government Association, ILO, WHO, organized labour (The Health & Other Services Personnel Trade Union of South Africa, Democratic Nursing Organisation of South Africa, and Public Servants Association of South Africa) and academia.

The main outcome of the workshop was the Department of Health’s **Management Commitment Charter for the Eastern Cape Province** to support the regional implementation of the 2030 HRH Strategy, reaffirming its

⁴¹ [South Africa’s 2030 HRH Strategy](#)

dedication to upholding the highest standards of service delivery, ethical conduct, and accountability. The charter commits to empowering a strong and resilient health workforce by promoting well-being, safety, professional development, and ensuring access to the resources, training, and working conditions necessary for healthcare workers to perform their duties effectively and efficiently.

Regional achievements

The [Africa Health Workforce Investment Charter](#) and the Windhoek Statement: [investing in Africa's health workforce](#) were launched at the [Africa Health Workforce Investment Forum](#), held in Windhoek, Namibia, on 6–8 May 2024. The Forum convened high-level leaders, development partners, and stakeholders to formally adopt the Charter, secure commitments, and advance strategies to strengthen and sustain Africa's health workforce for improved health, economic, and social outcomes. This is a collective effort to align and mobilize investments to tackle Africa's looming 6.1 million health workforce gap by 2030⁴², and critical related challenges of workforce education, employment, and retention.

Under the theme “**Aligning and Stimulating Investments to Address Health Workforce Challenges in Africa,**” the Forum brought together Ministers of Health, Finance, Labour, and Public Service to discuss mechanisms for securing sustainable financing, protecting health workforce budgets amid economic constraints, and ensuring that investment strategies translate into real improvements in workforce availability, distribution, and working conditions.

With support from the MPTF, Working for Health had a prominent role in the preparation, deliberations and delivery of the Forum. This enabled alignment of the Charter with the [Working for Health 2030 Action Plan](#), and reaffirmed commitment across Member States in the African region and beyond. The event also served as a platform to discuss the growing challenges posed by economic downturns and rising debt distress, emphasizing the need for resilient and sustainable workforce financing mechanisms. The Charter sets the foundation for long-term investment mechanisms, and aims to establish an **Africa Health Workforce Investment Platform**, with the mandate to coordinate subregional investment compacts, concessional financing, and debt-for-health swaps.

Global level achievements

Inter-Agency Data Exchange (IADEx)

The IADEx aims to collect and analyse data across countries to monitor health workforce supply (including education). An ongoing collaboration exists between OECD, WHO EURO, and Eurostat on a joint questionnaire on health workforce statistics. The key deliverable for 2024 included an analysis of students' interest in health careers in OECD countries and non-OECD countries, using PISA (Programme of International Student Assessment) survey data and national administrative data on student applications and admissions in health-related education programmes.

The results, [highlighting a decrease in interest in health careers in many OECD and non-OECD countries](#), were released first through a policy brief in May 2024 focusing on interest in nursing in connection with International Nurses Day ([Fewer young people want to become nurses in half of OECD countries | OECD](#)) and through a broader final report that was completed in December 2024 and released in January 2025 ([What Do We Know about Young People's Interest in Health Careers? | OECD](#)).

⁴² WHO 2024. **A decade review of the health workforce in the WHO African Region, 2013-2022**, <https://www.afro.who.int/publications/decade-review-health-workforce-who-african-region-2013-2022>

Data from the PISA survey indicates that 15-year-old girls are far more likely than boys to express interest in careers not only in nursing, but also to become doctors in nearly all OECD and non-OECD countries and economies. A persisting major challenge therefore in most countries is to attract more males into health professions, and particularly in nursing.

National administrative data on applications and admissions in health education programmes provide additional insights into students' interest in pursuing health careers, especially at the stage when they are making their higher education and career choices. In the limited number of OECD countries for which consistent trend data are available, applications in nursing programmes increased during the early pandemic years, but subsequently decreased in 2022 and 2023 in several countries, signaling reduced interest.

Improving the working conditions and pay of nurses is key to attracting and retaining more young boys and girls to the profession. If OECD countries are unable to attract a sufficient number of qualified and motivated young people into nursing, they will continue to rely on international recruitment to fill needs. To avoid exacerbating shortages in source countries that are struggling to meet their own health system needs, there will be a need for a fair and ethical management of international recruitment.

The partner agencies also collaborate strongly on health workforce data through a broader partnership that supports shared strategic objectives. These efforts include for example collaboration on the revision of the International Standard Classification of Occupations (ISCO-28). The ILO is the custodian for the International Standard Classification of Occupations. The current latest version (ISCO-08, endorsed by governing body of the ILO in 2008), is under revision since June 2021. Topic specific technical working groups conduct extensive international consultative process, reviewing ISCO-08 skill model, specific group, updating and improving ISCO-08 structure, and more broadly modernization of ISCO. For the health and care occupations, WHO is part of the technical working group to support ILO in the revision of ISCO. Several proposals were received by the technical working group and assessed, and a series of technical dialogue with stakeholders and WHO technical units covering various aspects of health and occupations (workforce involved in nursing, midwifery, rehabilitation, eye care, oral care, traditional medicine) were conducted. From 2023 to 2028, the technical working group is working on the finalization of a first draft. This will be completed by methodological notes, and implementation companion as well as indexes and bridging tables, for a planned release in 2028.

International Platform on Health Worker Mobility

The international migration and mobility of health workers have grown in both scale and complexity in recent decades and has reportedly increased steadily in the past 3 years since the onset of the COVID-19 pandemic. If not properly managed, the migration of health workers from low- and middle-income countries can worsen shortages, weaken health systems, and increase inequities, ultimately threatening global health security and impacting economies and societies worldwide.

To deal with this complex scenario, it becomes vital to ensure policy coherence between the health sector and labour migration at the national, regional, and international levels. Lack of such coordinated approach will result in substantial mismatches between labour supply and demand of health services. To address these challenges and to strengthen policy coherence and institutional capacity, the ILO with the support of W4H during its first phase has developed a **manual for participatory assessment of policy coherence in the health sector** to allow countries to assess and strengthen coherence between labour migration and health policies by including all relevant stakeholders through a structured participatory approach. In 2025, building on the previously developed manual, a **Training of Trainers Toolkit on Participatory Assessment of Policy**

Coherence in the Health Sector, with a focus on international labour migration, was developed alongside an implementation guide.

Government-to-government agreements offer significant potential to ensure that both health workers and the health systems in participating countries benefit from migration and mobility. WHO-OECD guidance on **bilateral agreements on health worker migration and mobility** was published in close collaboration with ILO in March 2024. This guidance serves as a tool to strengthen the capacity of state actors involved in developing, negotiating, implementing, monitoring, and evaluating agreements related to international health worker migration, ensuring alignment with the **WHO Global Code of Practice on the International Recruitment of Health Personnel** (the Code). The guidance was widely disseminated through WHO Regional Offices in all six regions as well as in multiple national and international forums including: Policy Dialogue for African countries, Nordic Nursing Federation, Canadian Network of Agencies for Regulation, CLEAR International Symposium on Workforce Mobility, and MMS Symposium on the health workforce crisis, Switzerland and PSI Affiliates' Global Online Consultation on Health and Care Workforce Migration. The French and Spanish translations of the guidance is ongoing with co-funding from other donors to expand its uptake in countries. The guidance has also been used to provide country specific support to prepare for a potential bilateral agreement on nursing (e.g., to Ireland).

The guidance was also integrated into a special chapter for the **OECD International Migration Outlook 2024**, part of the OECD's 48th report for continuous reporting system on migration. WHO and OECD collaboration continues on a special chapter on health worker migration and mobility for the 2025 OECD International Migration Outlook and an assessment and recognition of foreign qualification for doctors and nurses (contingent on new funding).

The **5th round of reporting** on the WHO Global Code of Practice implementation is ongoing and was presented to the **WHO Executive Board** in January 2025. The Seventy Eighth World Health Assembly in May 2025 marks the 15-year anniversary of the adoption of the Code. Results indicate that 94% of Member States were taking measures for health workforce sustainability and to address the geographical maldistribution and retention of health and care workers; 78% indicated that international recruitment of, or reliance on, foreign-trained health personnel is an issue of national concern. Additionally, 67% of countries reporting have requested support to strengthen implementation of the Code. The reporting on the Code has benefitted a joint WHO/OECD collaboration on data related to international health personnel, particularly from high-income countries and OECD countries. It is also the main source of information on the existence of bilateral agreements on health worker mobility and migration.

The third review of the WHO Global Code of Practice led by a Member State-led Expert Advisory Group and facilitated by WHO started in 2024. Representatives from ILO and OECD provided their perspectives in first meeting of the Expert Advisory Group in June and second meeting in November 2024.

Flexible Skills Pathways

Previous work by the OECD and ILO, with WHO's involvement, highlighted widespread labour and skill shortages, as well as mismatches in the health workforce across high-income and low and middle-income countries (LMICs). A competent workforce is essential for public health, socio-economic stability, and crisis resilience, as seen during COVID-19. Expanding higher education alone is insufficient; reskilling and qualifying adults already in the labour market, including informal care workers, is key to addressing short-term shortages. This requires systems for skills assessment, gap identification, and modular training.

In 2024, joint ILO-OECD work, with WHO support, concentrated on reviewing evidence, guidance, and frameworks on flexible skills pathways into health professions, including recognition of prior learning and modular training. The review was conducted in both OECD countries (Germany, New Zealand, Norway, the UK and US) and non-OECD countries (Bangladesh, India, Malaysia, Nepal, the Philippines and Vietnam). The work informs the development of flexible pathways into entry-level healthcare professions, which are guiding countries to:

- Enhance flexible training pathways for entry-level health positions, by incorporating modular learning strategies, flexible content, and leveraging new technologies to allow adults to retrain for the healthcare sector.
- Expand recognition of prior learning to facilitate workforce transitions is also crucial, to make health sector careers more accessible and reduce skill shortages.
- Improve access to career guidance for individuals considering job transitions from outside the health sector or within.
- Strengthen public-private partnerships to align training with labour market demands and attract a broader range of adult learners.
- Map the skills and training needs of different healthcare occupations in user-friendly and accessible online tools.

A technical workshop, led by OECD and supported by ILO and WHO is planned for 2025. It will present evidence and key findings. This work also paved the way for plans in 2025 for ILO and OECD to develop an implementation model for investing in lifelong learning pathways into health occupations, based on country application, outcomes and lessons learned. There is also a plan to develop standards to recognize learning achievement for health and care workers, covering formal education, non-formal education, and informal learning. These standards aim to address disparities in the validity of awards for learning achievement in continuing education across diverse occupations and geographies, by leveraging principles of adult learning theory, and be compatible with digitally enabled systems such as micro-credentials or digital passports.

II. STORIES FROM THE FIELD

How Strategic Investments are Transforming Benin's Health Workforce

Health workforce challenge

Benin faces a severe shortage of health workers, with a density of only **0.86 health workers per 1000 people**. The country is on the WHO Support and Safeguard List, highlighting the urgent need for workforce strengthening. High maternal (391 per 100 000 live births) and child (96 per 1000 under five) mortality rates, limited healthcare access (26.1% of the population), and high out-of-pocket expenses (40% of total health costs) exacerbate the challenges.

Working for Health interventions

In response, Benin launched health sector reforms in 2020, focusing on expanding primary health care (PHC) and financial protection through the Assurance pour le Renforcement du Capital Humain (ARCH) insurance programme. The ILO-OECD-WHO Working for Health programme supported Benin's workforce policy reforms by providing guidance to:

- Strengthen data-informed policy and decisions through National Health Workforce Accounts, including Workload Indicators for Staffing Needs
- Conduct a Health Labour Market Analysis (HLMA) to identify workforce gaps.
- Develop a Multisectoral Health Workforce Investment Plan, which helped to secure domestic and international investments of **USD 22.4 million to support increased health workforce employment and retention**.
- Advocate for mobilization of resources and partnerships to jointly support the implementation of the health workforce investment plan, including through intersectoral coordination and partnership mechanisms

Achievements and results

Between 2020 and 2024, Benin recruited 4,416 additional health workers, including over 1,700 in a rural pipeline programme, and 3000 CHWs were employed. This is a **40% increase in the total number of health workers and offers a potential 8% improvement in UHC Service Coverage Index**.

The country's revised nursing and midwifery curricula has enhanced education quality. Workforce safety has improved through a National Occupational Safety and Health Policy, ensuring better working conditions. Additionally, the Lives and Livelihood Fund aims to recruit 5,557 more health workers, which will **increase workforce density by 29%** per 10 000 population and deliver essential health services where they are most needed.

"Before, we lacked staff, and many mothers gave birth without skilled assistance. Now, we can provide timely and quality care, saving more lives." – Fatima, midwife in a rural clinic.

Lessons learned

Benin's success highlights the importance of data-driven workforce planning, multisectoral collaboration, and sustained investments in education and working conditions. These efforts strengthen health access and retention, laying the foundation for ensuring Universal Health Coverage.

Enabling multisectoral policy, action, and investment in Kenya

Health workforce challenge

Kenya faces a critical health workforce shortage, ranking **among the top 10 countries globally with an estimated deficit of 262 000 health workers**. Despite efforts to increase workforce density, the country struggles with a **14% unemployment rate among trained health workers**, recurrent strikes due to labour disputes, and gaps in workforce governance and investment.

Working for Health interventions

Kenya, with joint support from the International Labour Organization (ILO) and the World Health Organization (WHO) through Working for Health, is making significant progress in strengthening its health workforce.

- **Policy and Strategic Planning:** Reinforced health workforce planning and investment strategies, conducting a comprehensive HLMA that provided critical data and information to inform the development of responsive policies and decision-making, including the adoption of the **Kenya Human Resources for Health Strategic Plan (2019-2023)**.
- **Governance and Coordination:** Establishing the **Kenya Health Human Resources Advisory Council** and thematic working groups to foster social and policy dialogue, strengthen governance and policy coherence, and align reforms with the **17-point Kericho Declaration on Health Workforce** (October 2023), which provides clear action points and a structured roadmap for improving workforce management and development.
- **Labour Relations and Social Dialogue:** Developing a **Roadmap for Sound Industrial Relations** to improve employment conditions and prevent labour disputes, building on the **Ministry of Labour Strategic Plan (2018-2022)** to foster improved labour relations.
- **Education and Training Expansion:** Liberalizing health training institutions, expanding medical colleges, and introducing competency-based training for healthcare managers.

Achievements and results

Kenya's commitment to scaling up its health workforce to meet population's health needs enabled the country to secure funding and make progress in increasing health worker density, adding **at least 8,200 health workers annually**, representing an approximate **11% annual improvement**.

In 2023 alone, **20 000 additional health workers were recruited**, further reinforcing the health system's capacity. Workforce policy reforms also influenced key legislative developments, including the **Social Health Insurance Bill**, the **Primary Health Care Bill**, the **Facility Improvement Bill**, and the **Digital Health Bill**.

Better data-driven strategic planning secured sustainable financing for country's health workforce development. Efforts to strengthen relationships with key international partners—including the Global Fund, USAID, the UK Department of Health and Social Care, and AMREF Health Africa—have helped unlock funding for workforce education, training, and employment, ensuring long-term investment and aligning both domestic and donor resources.

"With better workforce planning, more trained professionals can serve our communities, ensuring no one is left behind." – Kenyan health worker.

Lessons learned

Working for Health has been instrumental in catalysing Kenya's efforts to restructure its health workforce. By leveraging the support of the W4H Multi-Partner Trust Fund, the initiative has provided a robust platform for

fostering multi-sectoral collaboration. This has enabled the alignment of domestic and donor investments, optimizing resources to drive measurable improvements in health, economic, and social outcomes.

Through these coordinated efforts, W4H has significantly contributed to strengthening the country's health system, ensuring a sustainable, well-structured workforce capable of meeting current and future health challenges.

By addressing critical gaps and advocating for comprehensive workforce strategies, the country successfully elevated the visibility of health workforce challenges, ensuring their integration into legislative reforms, policy implementation with results in jobs, education and retention and ultimately strengthening the capacity of the entire health system to deliver quality health services.

South Africa's Health Workforce Transformation

South Africa faces critical health workforce challenges, including a shortage of skilled professionals, an unequal distribution between urban and rural areas, and disparities between public and private sectors. In 2019, while the private sector had 69 medical specialists per 100 000 people, the public sector had only 7 per 100 000, reflecting severe regional imbalances in access to primary health care and essential public health services.

To address these challenges, **Working for Health (W4H)**, supported by WHO and ILO, collaborated with the South African National Department of Health. Key interventions included:

- Conducting a **Health Labour Market Analysis (HLMA)** to inform workforce planning.
- Developing the **2030 Human Resources for Health (HRH) Strategy** and a **five-year Strategic Plan (2020/21–2024/25)** to expand workforce capacity.
- Establishing the **Health Workforce Consultative and Advisory Forum** to coordinate stakeholders and monitor progress.
- Strengthening **Infection Prevention and Control** and **Occupational Health and Safety policies**.
- Protecting health workers, strengthening retention with the establishment of a **tripartite working group in Eastern Cape province** to coordinate activities that promote workplace safety, addressing risks in the workplace.

Achievements and results:

South Africa has made significant strides in strengthening its health workforce. The 2030 HRH Strategy and 5-year Strategic Plan are designed to address critical workforce challenges through a multi-disciplinary approach centered on three key priorities: *training* a health workforce that aligns with population health needs, *increasing the density* of health workers across the country and *addressing gender pay disparities* while expanding community health services.

With a clear strategy in place, South Africa was able to unlock critical funding for workforce expansion that has resulted in:

- The recruitment of **56 000 additional health workers** between 2019 and 2023, significantly strengthening service delivery in rural and underserved areas.
- The integration of **46 000 CHWs** into the public health system to enhance primary health care access where it is most needed.
- The creation of **5531 new nursing jobs** in the public sector under the Presidential Employment Stimulus Program, supporting the expansion of primary health care services, especially in remote areas
- A national **Nursing and Midwifery Education and Practice framework** introduced competency-based training.

- Gender equality targets integrated into the 2030 HRH Strategy to address the **gender pay gap** and improve conditions for women.

Lessons learned:

Sustained investment, multisectoral collaboration, and gender-sensitive policies are crucial for achieving **universal health coverage**. Looking ahead, South Africa will advocate for **long-term workforce funding** and leverage its **2025 G20 Presidency** to promote global investment in health worker education and employment.

III. OTHER ASSESSMENTS OR EVALUATIONS

Strategic insights on flexible pathways into health professions

Previous work by Working for Health highlighted widespread labour and skill shortages, as well as mismatches in the health workforce across high-income and low and middle-income countries (LMICs). A competent workforce is essential for public health, socio-economic stability, and crisis resilience, as seen during the COVID-19 pandemic. Expanding higher education alone is insufficient; reskilling and qualifying workers already in the labour market, including informal care workers, is key to addressing short-term shortages. This requires systems for skills assessment, gap identification, and modifications to education and training.

Working for Health interventions

To inform national solutions, the OECD and ILO, with WHO's support, reviewed evidence, guidance, and frameworks on flexible skills pathways into health professions, including recognition of prior learning and modular training. The OECD focused on high-income countries, while the ILO examined LMICs in South and Southeast Asia, including Bangladesh, India, Malaysia, Nepal, the Philippines and Vietnam.

The research focused on providing an initial appraisal of policies and programmes to promote flexible pathways within and into primary care and long-term care services. It identified skill gaps primarily in underserved rural areas, where health workforce challenges are often most acute.

Results

Key findings from the ILO and OECD study sites are described below.

Outcomes from ILO study in LMIC	Outcomes from OECD countries
<ul style="list-style-type: none"> ▶ The need for locally tailored solutions that meet contextual diversity brought by different demographics and economic situations, as well as evolving medical needs. ▶ The prevalence of rural-urban disparities and a prevalent brain-drain, that require widening of access to training, pairing of skills development with infrastructural investment and policies that encourage retention/return of professionals. ▶ The key role of utilizing flexible career pathways, especially at points of entry, paired with digital solutions, to promote equal access to health coverage. 	<ul style="list-style-type: none"> ▶ Developing flexible training solutions by implementing modular learning approaches, new technologies and promotion of accelerated pathways to workforce entry. ▶ Reinforcing promotion of recognition of prior learning in healthcare, with greater efforts in formalisation and by enabling lateral entry from related fields. ▶ Promoting quality career guidance, with raised awareness about programs for healthcare careers, specialized counselling for non-traditional candidates and a focus on engaging underrepresented groups.

<ul style="list-style-type: none"> ▶ The importance of scaling up public-private partnerships to scale up flexible training solutions. ▶ The importance and practicalities of competence based and community-based training to broaden access to skills development. ▶ The need for multipronged, comprehensive approaches to lifelong skills development in health and care occupations 	<ul style="list-style-type: none"> ▶ Encouraging strategic partnerships between the public and private sector and developing job-ready training programs. ▶ Leveraging digital tools and developing accessible digital learning platforms.
---	--

Next steps

Based on both research efforts, a joint paper will be published in 2025 alongside a technical workshop to present the findings, offering broad geographical coverage and relevance. The work will be expanded in 2025 to include the African region and begin developing a health workforce pathways framework based on the findings and lessons learned.

IV. PROGRAMMATIC REVISIONS

Despite concerted efforts, the project has encountered unanticipated implementation delays in several countries. These have primarily resulted from government reprioritization, changes in national schedules, and other factors such as health sector strikes. As a result, not all year 1 project activities planned for the period November 2023 to December 2024 were completed within the original timeframe. Nevertheless, the promising and multi-sectoral approaches adopted across all participating countries—including ongoing, nationally led workforce policy dialogues and investment planning processes—highlight the importance of ensuring the continued and successful delivery of technical support.

Given that the programme is structured around a three-year implementation timeline (subject to the availability of additional funds), some year 1 activities remain ongoing in 2025 and will require sustained financial and technical support in the subsequent two years. A no-cost extension of year 1 activities for ILO enabled the continuation of priority technical work while resource mobilization efforts are actively pursued to support the full implementation of the programme as originally planned.

V. RESOURCES AND CONCLUSIONS

Working for Health has demonstrated significant success in building capacities and institutionalizing effective systems across countries, enabling them to sustain and scale up the programme's outcomes over time. Notably, international and national forums, such as the African Health Workforce Investment Forum and the ILC Resolution on Decent Work and the Care Economy, have reinforced the growing recognition of the need to invest in and strengthen the health and care workforce, with particular focus on the African region, that holds the largest shared of health workforce shortages. These priorities continue to gain momentum on political and technical levels, confirming the relevance and importance of W4H.

One of the key successes of the programme has been the establishment of multi-stakeholder policy dialogue platforms, with participation from ministries of labour, health, finance, higher education, foreign affairs, as well as workers' and employers' representatives. These platforms have proven crucial in elevating health workforce

policy issues across technical, financial, and political dimensions in 2024, particularly in countries like Malawi and Kenya, and at the regional level through the African Health Workforce Investment Forum.

Overall, the flexibility of the programme, in adapting to the evolving needs of countries and stakeholders, has proven to be a critical success factor in achieving sustainable impact. Future implementation of W4H priority actions should prioritize both the flexibility to adjust to changing contexts and the adequate preparatory time to ensure robust, effective, and lasting engagement with all relevant stakeholders.

While the current project delivered positive results in 2024, the effectiveness of W4H remains constrained by limited funding, only securing approximately one third of the projected budget for 2025. The MPTF raised less funding than anticipated, and the underfunding — even a reduction in funding — despite increased political acknowledgment of the programme's importance, has impeded the programme's ability to expand and constrained its scope in various countries. The sustainability of health workforce development requires a long-term commitment from partner countries, social partners, and funders to enable lasting impact.

In 2025 a greater integration into the mainstream resource mobilization efforts of ILO, OECD and WHO is anticipated, allowing for fuller leveraging of multi-sectoral cooperation and coordination. Successful implementation is contingent on strong coordination among all agencies at all levels, ensuring alignment with country-specific needs and contexts.

Annex 1: Results Matrix: indicator-based performance assessment for year 2024.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills						
OUTPUT 1.1 Effective Workforce Governance & Collaboration at All Levels <i>Indicator 1.1 Number of countries with multisectoral policy dialogue platforms & governance mechanisms.</i> <ul style="list-style-type: none"> • Process design and understanding and buy-in from Government/MOH secured, inception missions • Baseline and roadmap for a 3-year programme of support established • A Multi-Sectoral Technical Task Team constituted • HLMA Methodology Workshop facilitated, and main policy questions defined • Existing HWF strategic plan reviewed & 	CHAD					
	<ul style="list-style-type: none"> • A strategic orientation and planning document has been developed and available for the period 2022-2030 • A multisectoral technical mechanism has been in place since January 2023. 	In Progress	<ul style="list-style-type: none"> • Recruitment of 803 health workers with funding from technical and financial partners thanks to policy documents developed with the support of the Working for Health programme • Development of policy and strategy documents, training of health and safety workers in occupational health and safety in health facilities to ensure retention • Conduct and submission of the 2022 and 2023 National Health 	<ul style="list-style-type: none"> • Strategic Human Resources Development Plan available • Various policy and strategy documents and NHWA Training and Country Reports for 2022 and 2023 • Social dialogue training report 	<ul style="list-style-type: none"> • Insufficient domestic resources for the recruitment of all workers in all categories, including community health workers • Limited number of technical and financial partners in support of HHR development. • Insufficient domestic financial resources for recruitment and regular certification of health workers. • Limited financial resources to expanding Social Dialogue training to underserved and remote areas 	<ul style="list-style-type: none"> • Finalize and develop a national report on the HLMA • Mid-term review of the 2022-2030 National Health Workforce Strategic Plan. • Update the 2022-2030 National Health Workforce Strategic Plan and development of the 2025-2030 HRH Investment Plan based on current evidence. • Organize a national policy dialogue to mobilize resources for significant support to HRH

evaluated (if applicable)			<ul style="list-style-type: none"> Workforce Accounts Conduct of health labour market analysis (HLMA) commenced – data collection completed, and needs-based projection undertaken. 30 health workers trained on Social Dialogue and strengthened labour relations in the health sector in Chad. 			(production, recruitment, deployment, and retention).
	GHANA					
	The Human Resources for Health Directorate of the MOH	In Progress	<ul style="list-style-type: none"> Multi-sectorial technical working group established during HLMA HLMA finalized and report ready for sign-off and policy dialogue Participation of key stakeholders in the NHS England/ WHO Working for Health 	<ul style="list-style-type: none"> ToR of technical working group with minutes/reports of meetings Action Learning Sessions 	<ul style="list-style-type: none"> Ad hoc meetings with stakeholders Logistical constraints 	Formalize the establishment of the multi-sectorial Task team / technical working group / national health workforce management

			Leadership Programme.			
	MALAWI					
	<ul style="list-style-type: none"> National committee that provides technical and oversight functions to both the NHWA and HLMA roadmaps. Orientation of MOH senior management on the NHWA/HLMA methodologies. 	In progress	<p>WHO and ILO organized a national stakeholder workshop where stakeholders were briefed about the NHWA and HLMA plans. High-level meeting with the secretary for health and other senior MOH officers was also conducted. The 15-member NHWA/HLMA Technical Committee was oriented on HLMA principles and methodologies and has progressed with the planning and implementation of the project. HLMA policy questions and tools are being used to guide data collection and the National Health Worker Survey.</p>	<p>Inception meeting report.</p> <p>Workshop reports</p>	<ul style="list-style-type: none"> The HLMA data collection process goes beyond the workshop and the current gaps require further work. The HLMA exercise needs a committed national task team composition of the broader NHWA/HLMA Technical Committee. 	<ul style="list-style-type: none"> Complete the missing information in the HLMA data collection tools. Draft the HLMA report Complete the health worker survey based on the sampled districts, health facilities, and health workers. Update the HRH Technical working group and MoH senior Management on the progress of the HLMA.

	KENYA					
	•		<ul style="list-style-type: none"> • In-depth assessment of social dialogue structures in Kenya conducted. • Revised the social dialogue handbook, including a step-by-step guidance tool aligned with Kenya's legal and policy environment to support health workers and stakeholders in engaging effectively in social dialogue and fostering stable labour relations (ongoing). 	<ul style="list-style-type: none"> • Draft research report • Draft revised handbook 	<ul style="list-style-type: none"> • Due to ongoing strikes and health system challenges in 2024, the validation and finalization are planned for 2025. 	<ul style="list-style-type: none"> • Finalization and launch of research and handbook on Social Dialogue in the health sector in Kenya. • Explore opportunities to institutionalize training on Social Dialogue and labour relations.
	PAKISTAN					
	•		<ul style="list-style-type: none"> • Two Public-Private Dialogues on investment in the health sector and promoting decent work, with workshops focusing on OSH, gender equality in 	<ul style="list-style-type: none"> • Workshop reports • Action plans 	<ul style="list-style-type: none"> • Lack of voice and representation of nurses in policy and decision-making processes. • Lack of awareness about violence and harassment, reporting mechanisms and prevention strategies in the sector. • Joint commitment of all participants to implement the agreed action plans. 	<ul style="list-style-type: none"> • Strengthen the enforcement of existing international labour standards on OSH, violence and harassment, discrimination, equal

			leadership, and creating violence and harassment-free workplaces to foster dignity and respect were organized in Pakistan.			remuneration and others. <ul style="list-style-type: none">• Support and advocate for ratifying related conventions like ILO Violence and Harassment Convention, 2019 (No. 190)
	SOUTH AFRICA					
	<ul style="list-style-type: none">•		<ul style="list-style-type: none">• Supported development of a Department of Health Management Commitment Charter for Eastern Cape Province, South Africa, supporting the implementation of the national HRH Strategy.	<ul style="list-style-type: none">• Charter	<ul style="list-style-type: none">• Commitment to empowering a strong and resilient health workforce by promoting well-being, safety, professional development, and ensuring access to the resources, training, and working conditions necessary for healthcare workers to perform their duties effectively and efficiently.	<ul style="list-style-type: none">• Continue support to implementation of national HRH strategy.
	NIGERIA					
<ul style="list-style-type: none">• Advocacy made to FMOH and State HRH focal points on HLMA (a webinar was hosted on HLMA during a National HRH TWG with support from AFRO.• Request letter sent to WHO to	In progress	<ul style="list-style-type: none">• Support was provided to 2 states (Abia and Benue States) to hold policy dialogue on the health workforce situation in the respective states. WHO has also supported evidence	<ul style="list-style-type: none">• Meeting reports of implementation in Abia and Benue States• Nigerian HLMA concept note.	<ul style="list-style-type: none">• The change in the leadership of FMOH has caused delays in implementation at a national scale as planned. Advocacy has been made and a decision made to start at the state level.• Ongoing Health sector reform initiatives by the new administration including the development of a Health sector strategic blueprint have delayed implementation of key activities including HLMA.	<ul style="list-style-type: none">• Policy dialogue planned for Lagos State to review the present HRH situation (17 – 19 December 2024).• National workshop on HLMA January 2024• Implementation in Lagos and	

	provide support.		<p>generation, strengthening the state health workforce registry to provide information for evidence-based planning, including discussions on implementing HLMA, and developing an annual state health workforce profile for evidence-based advocacy.</p> <ul style="list-style-type: none"> • In Abia state, the HRH policy and strategic plan have been reviewed. • Nigeria has also constituted a multi-sectoral technical task team mostly drawn from the National HRH TWG. • Nigeria also developed a concept note adapted from the Regional HLMA template and intends to implement HLMA in at 			Jigawa State (February to May 2024)
--	------------------	--	--	--	--	--

			<p>least 2 states, and a general one for the country.</p> <ul style="list-style-type: none"> The implementation has been delayed because of changes in leadership in the FMOH, however, the program intends to start with one of the states – Lagos State. 			
<p>OUTPUT 1.2 Data-driven policy, planning, decision- making and investment is supported</p> <p>Indicator 1.2 <i>Number of supported countries that have conducted a Health Labour Market Analysis</i></p> <ul style="list-style-type: none"> HLMA updated and investment plan priorities & roadmap defined (Chad) Study protocols & data mapping Data collection and analysis Epidemiological Approach Need-based Analysis for HWF carried out 	<p>BENIN</p>					
	Multisectoral Technical Working Group in place	In progress	<ul style="list-style-type: none"> Introductory workshop on the conduct of the HLMA and consensus on policy questions with the Secretaries General of the Ministries in attendance. Data collection tools harmonized and validated. Training of focal points in the epidemiological need-based health workforce 	Workshop Report	Focal points in ministries, organizations and structures are not properly mandated.	Institutionalization of the mandate of the focal points with a view to their integration into the HRH Observatory (whose decree will have been updated).

<ul style="list-style-type: none"> HLMA Report produced (including workshop) Technical Validation of HLMA evidence and policy options 			<ul style="list-style-type: none"> estimation approach HLMA data collection is ongoing and expected to be analysed by mid-2025. 			
	CENTRAL AFRICAN REPUBLIC					
		Completed	<p>Assessment of the quality of the training of health professionals completed – scope included an analysis of the efficiency of human resources production, training policy, adequacy of training with care needs, internal and external efficiency, the performance of coordination bodies, mapping of stakeholders and proposing the necessary orientations for the improvement of the quality of the production of human resources in health in CAR. Health Labour Market Analysis (HLMA) completed, and validation of the findings undertaken. Policy brief developed and preparations</p>	Evaluation report	<ul style="list-style-type: none"> The HRH gap to be filled requires a combination of interventions Several normative documents, including an HRH development plan, an HRH staffing plan, an HRH management plan including a career plan and a performance management plan, operational plan for HR deployment, need to be developed. Capacity anesthetists' assistants need to be built. Need to integrate health worker data into the national health information system 	<p>Organization of the National Forum on Human Resources in Health and Maternal and Child Health 10-15 December 2024</p> <p>Health worker capacity building:</p> <ul style="list-style-type: none"> at least 200 matrons health care providers on Emergency Obstetric and Neonatal Care a pool of 7 national trainers in the maintenance of biomedical equipment deployment of 3 medical specialists (1 gynecologist, 1 pediatrician, and 1 anesthesiologist in regional hospitals (05) to strengthen

			<p>underway for an investment dialogue.</p> <p>Key reforms and investments have been undertaken by the government:</p> <ul style="list-style-type: none"> • Lifting of the numerous clauses in the training institutions: Limitation on the intake of students in public schools have been lifted, allowing medical schools and other health professional schools to take as many students as their capacities allow. This will translate into more than 50 students for the medical school, 17 for nursing school (where the numerus clauses were set at 50 but, only 17 are admitted every year) and more than 50 nursing school. • Training of 2,000 health assistants by 			<p>the capacity of in situ care providers</p> <ul style="list-style-type: none"> • national teachers for the training of health workers in regional health schools. • Capacity building for technicians at the National Public Health Laboratory in Bangui with the support of the Institut Pasteur de Bangui (IPB) • Support the organization of a workshop to update the training curriculum of health schools.
--	--	--	--	--	--	--

			<p>2026: The government has approved the proposal made by the minister of health which consist to train more health assistants to be deployed in remote areas.</p> <ul style="list-style-type: none">Recruitment of 850 health workers: The government has decided to recruit 2000 health workers by 2026. To join deeds to words, the ministry of civil service has planned this year 850 funded posts for the health workforce.			
CHAD						
HLMA methodology workshop conducted.	In progress	<ul style="list-style-type: none">Development of the research protocol with data collection toolsDevelopment of the roadmap for implementationMobilization of additional resourcesRecruitment of national consultants	<ul style="list-style-type: none">Workshop and activity reportsResearch Protocol Document and Tools	Difficulties in mobilizing financial resources from other Technical and Financial Partners for the whole process.	<ul style="list-style-type: none">Finalize data collection, analyze data, and project health workforce needsProduce the HLMA Report by the end of the yearDevelop an investment plan	

			<ul style="list-style-type: none"> • Ongoing data including from the private sector • Data collection tools developed on the basis of the research protocol. 			
	GHANA					
	The Human Resources for Health Development Directorate of the MOH	In progress	<ul style="list-style-type: none"> • Finalized the HLMA report • Conducted a validation meeting with all key stakeholders. • Participation in a pre-forum event at the African Health Workforce Forum, in Namibia to share a presentation on the recent HLMA conducted in Ghana, • Supported the printing of the Nursing and Midwifery Strategic Plan and Services framework (2024-2028) 	<ul style="list-style-type: none"> • HLMA report • Presentation slides and report of the validation meeting with stakeholders. 	<ul style="list-style-type: none"> • The change in leadership at the Ministry of Health in March required a new orientation on the HLMA. • Unable to convene a high-level policy dialogue due to conflicting schedules with political appointees due to national elections scheduled for December 2024. • Heightened tension on the labor front, on migration and unemployment, coupled with fiscal challenges, leading to a reluctance of the MOH to lead the discussion on the findings of the HLMA, with a few months to the election. 	<ul style="list-style-type: none"> • Conduct a High-level multi-sectorial policy dialogue on the HLMA by March 2024 and launch the HLMA report • Development of an investment plan for strengthening the health workforce in Ghana.
	MALAWI					
	HLMA methodology workshop conducted.	In progress	<ul style="list-style-type: none"> • Reviewed and digitalized the health worker survey tool for the 	HLMA study protocol.	<ul style="list-style-type: none"> • Incomplete data collection on macroeconomics policy and planning and some health worker cadres. 	<ul style="list-style-type: none"> • Epidemiological Approach Need-based Analysis

			<p>exploratory HLMA. The tool was pilot-tested and revised based on the feedback from the health workers</p> <ul style="list-style-type: none"> • Data collection for the health worker survey has started and will be completed within November 2024. 		<ul style="list-style-type: none"> • Missing data on health workers from the private sector. 	<ul style="list-style-type: none"> • Data analysis and HLMA report writing • Technical Validation of HLMA evidence and policy dialogue
	NIGERIA					
		In progress	<p>As part of efforts to strengthen coordination and uptake of recommendations from the Health Labour Market analysis, WHO supported the setup of HRH TWG in Abia and Benue State in Nigeria.</p>			
	SOUTH AFRICA					
		Not started	<ul style="list-style-type: none"> • Supported the NDoH with strategic input in reviewing the HRH Strategic plan about health systems resilience and health security. • Engaged in supporting the HRH dialogue for integrated HIV response. 		<p>Changing priorities for the National Department of Health (NDoH). The NDoH initially expressed interest but despite follow-up, the NDoH did not indicate if still interested. The WCO is following up.</p>	

			<ul style="list-style-type: none"> Supported the NDoH in HRH data reporting including the status of nursing and midwifery data. 			
<p>OUTPUT 1.3 Multisectoral engagement, collaboration and commitment is strengthened</p> <ul style="list-style-type: none"> High-level multi-sectoral Policy & Social Dialogues on HLMA outcomes facilitated Multisectoral National HWF Strategy /Investment Plan produced (actions & investments) Costing and feasibility analysis of the HWF investment plan HWF priorities, scenarios and funding secured across sectors Model for strategic design and financing of national investment plans developed (Chad) At the regional level, support to the Africa Health Workforce Investment Forum 	BENIN					
	Multisectoral Technical Working Group made up of the focal points of the various ministries, professional organizations, and Civil Society Organizations (CSOs) in Benin	In progress			<ul style="list-style-type: none"> Consider relocating training workshops to allow participants to get away from their daily obligations to better focus. The various focal points are called upon to report to their respective hierarchies to set up a formal framework for the collection and analysis of the labor market. Train the focal points of the NHWA and HLMA on the methodology and on drafting technical notes. 	<ul style="list-style-type: none"> Finalize the stakeholder analysis matrix (political economy analysis) Start data collection Prepare for the Human Resources for Health Strategic Plan Evaluation Workshop Populate the data collection tool Organize data triangulation, analysis, and validation workshops
	KENYA					
	Descriptive, exploratory, and predictive HLMA conducted.	In Progress	Review and development of Health Workforce policy and Strategic	HWF strategic plan document.	A key challenge was Divergent Stakeholder Opinions: Managing differing views, particularly on HRH governance (e.g., recentralizing specific functions), creating a	<ul style="list-style-type: none"> Validation Strategic plan and presentation to MOH leadership.

	<ul style="list-style-type: none"> High-level multi-sectoral Policy dialogue held which resulted in a Kericho Declaration on Health workforce. 		Plan with funding from the DHSC and Working for Health program		Health Service Commission, or centralizing workforce management, etc.	<ul style="list-style-type: none"> Development of National HWF Investment Plan and compact Roundtable discussion facilitated between Senior Management of MOH and the Ministry of Finance on HRH priorities, funding scenarios and opportunities.
CHAD						
Strategic coordination of the HLMA by the MOH leadership	In Progress	Several meetings were organized, and documents validated, and the official launch of the process done.	Report of the launch workshop and validated documents (research protocol, etc.)			<ul style="list-style-type: none"> Develop HLMA report in the first quarter of 2025.
CAMEROON						
		<ul style="list-style-type: none"> Two multi-sectoral working groups, comprising representatives from Government, Workers, Employers and other key stakeholders in the health sector to guide health workforce developments were newly established. 	<ul style="list-style-type: none"> Meeting reports 	<ul style="list-style-type: none"> Important step toward inclusive, coordinated health workforce planning, strengthening social dialogue and ensuring sustainable, well-informed policy decisions. 		<ul style="list-style-type: none"> Continue strengthening multi-sectoral engagement and joint management of HRH challenges and policies.
MALAWI						

			<ul style="list-style-type: none"> Two multi-sectoral working groups, comprising representatives from Government, Workers, Employers and other key stakeholders in the health sector to guide health workforce developments were newly established. 	<ul style="list-style-type: none"> Terms of reference for the technical working group 	<ul style="list-style-type: none"> Important step toward inclusive, coordinated health workforce planning, strengthening social dialogue and ensuring sustainable, well-informed policy decisions. 	<ul style="list-style-type: none"> Continue strengthening multi-sectoral engagement and joint management of HRH challenges and policies.
<p>OUTPUT 1.4 International health worker migration trends established</p> <ul style="list-style-type: none"> Collect new data for 2020/21 based on population census - and up to 2023 based on professional registries Produce emigration rates by country of origin and training Produce a series of data & policy briefs to support the monitoring & implementation of the WHO Code 	<p>Nigeria has a National Health workforce registry to monitor its health workforce, however, there are challenges in having up-to-date data and the registry has not been established in some States.</p>	<p>In progress</p>	<ul style="list-style-type: none"> The Federal Executive Council approved the National Policy on Health workforce migration in August 2024. The policy was approved by the Minister earlier in the first quarter of 2024. WHO provided technical support to develop the document, which was validated in 2023, thereafter in Q1 2024, WHO provided technical support for the internal 	<ul style="list-style-type: none"> National Policy on Health Workforce Migration, 2023 	<ul style="list-style-type: none"> Delay in data collection for 2023 for the health workforce profile, is largely due to the poor data management system of the regulatory bodies. An assessment of the data management system of the regulatory bodies has been done, analysis is ongoing. 	<ul style="list-style-type: none"> Data analysis workshop for the 2023 and 2024 HWF profile Development of an implementation plan for the National HWF Migration policy

			<p>review by the teams in FMOH and supported the HRH branch to update in line with recommendations.</p> <ul style="list-style-type: none"> One of the key areas to be strengthened is the monitoring of migration trends. Nigeria will put in place exit interviews for all staff leaving public health services before retirement age. WHO has also established a system for data collection to publish an annual health workforce profile, which provides information on the migration trend. A workshop was held in May 2024 with Regulatory bodies for the submission of data for the 2023 HWF profile. 	<ul style="list-style-type: none"> Nigerian Health workforce profile 2022, published 2024. 		
	GHANA					
	2019 National Health Workforce International	In-progress	Developed a concept note with a budget for a National Health	Concept Note		A review of the National Health Workforce International

	Deployment and Re-integration Policy		Workforce Migration Strategy			Deployment and Re-integration Policy
	GLOBAL PUBLIC GOODS					
<p>OUTPUT 1.5</p> <p>Comparability of medical and nursing education and recognition of foreign qualification for health workers</p> <ul style="list-style-type: none"> Analyze trends in the internationalisation of medical & nursing education; Based on policy questionnaires to main destination countries in OECD & non-OECD member countries, analyse recent changes in recognition of foreign qualifications for nurses & doctors; Identify gender vulnerabilities in labour migration of health professions, where certain occupations are dominated by women migrant workers (e.g., nursing); Organize a workshop on results of the analysis with stakeholders and identify policy responses in the context of WHO Code implementation 		In progress				

<p>OUTPUT 1.6 Advocacy of the Code and investment in health system strengthening</p> <ul style="list-style-type: none"> • Advocacy and translation of the Code and the WHO guidance on Bilateral Agreement (years 1-2) and dissemination in regions/countries (years 1-3). • Launch online database with repository of bilateral agreements submitted to WHO through the Code reporting (years 1-3). 		In progress				
<p>OUTPUT 1.7 International health worker migration policies assessed, to ensure that effective global safeguards are in place</p> <ul style="list-style-type: none"> • Research and analysis of existing documentation on labour migration policy • Develop & validate a training manual (guide) to assess policy coherence (year 1) • Implement & test the assessment of policy coherence in selected countries (Years 2-3) 		In progress	Developed a Training of Trainers Toolkit on participatory assessment of policy coherence in the health sector to enhance workforce planning, promotion of fair recruitment, and support sustainable labour migration (global work on Mobility Platform)	Draft toolkit	The toolkit strengthens capacity building for designing, implementing, and monitoring more coherent labour migration policies, enhancing labour market outcomes for migrant health workers and improving health service delivery. It is flexible, supporting various event formats, including multi-stakeholder training, capacity-building on specific labour migration and health aspects.	Launch the toolkit

<p>OUTPUT 1.8 Data on career aspirations and interests analysed to inform trends in youth employment</p> <ul style="list-style-type: none"> Analyse the available data on the career aspirations of young people in a large number of OECD and non-OECD member countries after the pandemic, drawing on two main data sources. This analysis will include a big focus on youth and gender issues. A report presenting the most recent data on young people's interest in pursuing careers as doctors and nurses in OECD and non-OECD member countries following the pandemic and identifying key data gaps and possible ways forward to address these gaps. 		Completed	<ul style="list-style-type: none"> Responses to the questions in the OECD Programme for International Assessment (PISA) survey about career aspirations of 15-year-old secondary school students (covering about 80 countries); and Results from the WHO NHWA data collection and OECD ad hoc data collection on student applications and admissions in nursing education programmes. 		<p>Initial policy brief focussing on interest in nursing careers released in May 2024 in connection with International Nursing Day (https://www.oecd.org/en/publications/fewer-young-people-want-to-become-nurses-in-half-of-oecd-countries_e6612040-en.html). Final report on students' interest in health careers more broadly completed in December 2024 and released in January 2025 (https://www.oecd.org/en/publications/what-do-we-know-about-young-people-s-interest-in-health-careers_002b3a39-en.html).</p>	
<p>OUTPUT 1.9 Global health workforce supply capacity is quantified, measured, and tracked against existing stock</p> <ul style="list-style-type: none"> Analyse the availability and quality of graduate statistics from OECD/Eurostat/WHO- 		In progress				

<p>EURO joint questionnaire on non-monetary statistics, and the data collected from the NHA.</p> <ul style="list-style-type: none"> • These data will be compared with the stock of health workers in each occupation, and the age structure in these occupations to assess replacement needs over time. If possible, the analysis will also include migration pattern (as another source of potential inflows or outflows). • Various analytical approaches will be tested and applied to graduate statistics. 						
<p>OUTPUT 1.10 Global health workforce demand is quantified, measured, and tracked</p> <ul style="list-style-type: none"> • Feasibility study on global skills taxonomy (with a focus on health care sector): The objective of this study is to conduct an analysis on the rationale and feasibility of constructing a global skills taxonomy, with a view of supporting the measurement of skill needs and gaps, 		In progress				

<p>transparency, and comparability of skills taxonomies, and informing policymakers and practitioners in designing and implementing effective skills development and lifelong learning policies and programmes, focusing on health care sector.</p> <ul style="list-style-type: none"> • Employment projection by occupation at ISCO-08 2-digits based on care economy policy scenario: The objective of this study is to produce Regional, Income group and Sectoral estimates of the net employment impact by 2030, under a care economy scenario. The employment projections are to be disaggregated by age group (15-29,30+), gender, and occupation (at ISCO-08 2-digit level, where possible), while enabling cross-tabulation to the extent possible. 						
OUTCOME 2: The diversity, availability, and capacity of the health and care workforce is BUILT, to address critical shortages and meet country's needs						
	MALAWI					

OUTPUT 2.1 Critical education, skills and employment needs, and gaps are addressed		In progress	Diagnostic study on skills and lifelong learning system development	Draft study report	Study finalization was delayed and is expected in 2025.	Validation workshop and launch of study findings.
OUTPUT 2.2 Sustainable workforce action and investment are leveraged through effective governance and leadership	CENTRAL AFRICAN REPUBLIC					
<ul style="list-style-type: none"> Special roundtable discussion facilitated between Senior Management of MOH and the Ministry of Finance on HRH priorities, funding scenarios, and opportunities 			<ul style="list-style-type: none"> Participation of the Ministers in charge of Health and Public Service in the Africa Investment Forum held in Namibia from 6 to 8 May 2024 Organization of the workshop on the collection, consolidation, and validation of health workforce data in April 2024. Participation of the Minister of Health in Regional Committee side events: commitment of national delegations to maternal and child survival on 28 August 2024 and Turning words into action: operationalizing the charter for on 29 August 2024 in Brazzaville. 	<ul style="list-style-type: none"> Proceeding reports Health Profile Document of the Central Africa Republic 2023-2024 (CAR) Report on the census of health personnel in CAR 		

			<ul style="list-style-type: none"> Conducted the CAR Pre-Forum workshop which swerved to validate the HLMA report from September 24 to 26, 2024. Developed the Health Profile of the Central African Republic 2023-2024 (CAR) with the support of two national consultants under the supervision of WHO AFRO. 			
<p>OUTPUT 2.3 Increased investment (domestic, development, and private) is secured and mobilized</p> <ul style="list-style-type: none"> Collaborative partnerships established & secured to support implementation HWF investment negotiations & commitments secured with partners Domestic and external financing & development assistance is negotiated and secured An Investment Case developed and presented to National Treasury (South Africa) 	CENTRAL AFRICAN REPUBLIC					
		Completed	Partnership with the World Bank in funding enumerators for the health workforce survey.			
	SOUTH AFRICA					
		Completed	Strategic input into the development of the HRH Pillar of the Presidential Health Compact 2024-2029 “Accelerating Health System Strengthening and National Health Insurance (NHI) Implementation”		The HRH pillar theme is “Augment human resources for health (HRH)”. The pillar lays out the necessary strategies and multisectoral investment to accelerate the HRH Strategic Plan including equitable distribution and absorption of community health workers.	

OUTPUT 2.4 Skills gaps and recognition of learning achievements are improved through evidence, guidance, and frameworks	REGIONAL					
		In progress	Regional assessment on flexible pathways into healthcare professions in Southern and Southeast Asia (global work on skills)	Research report	The report offers key recommendations for context-specific, inclusive, and flexible health workforce strategies, emphasizing equitable access, lifelong skills development, and stronger public-private collaboration.	Expand research to African region
<p>(a) Draft a background report scanning evidence, guidance and frameworks that could enable increased flexibility in the health workforce to identify and address skills gaps and mismatches. The report will be based on desk research and stakeholder consultation. It will include evidence from both OECD member countries and low and middle-income countries, and the report will draw on the technical and normative work of both WHO and ILO in this area, including competency standards and credentialing. Such initiatives can support more equal opportunities for women in education and decent jobs.</p> <p>(b) Deliver a technical workshop to present findings and evidence and establish options for where the three agencies could co-develop promising pathways model further.</p>						
OUTPUT 2.5 Health workforce pathways defined to strengthen the		In progress				

link between education and employment						
(a) Develop an adaptable health workforce lifelong learning pathways model, oriented for country piloting and application.						
(b) Establish a robust framework to monitor and measure the pathways model and its impact on increased investment and improved health, social and economic outcomes, including gender equity.						
OUTCOME 3: Health systems resilience & performance are STRENGTHENED to deliver UHC and respond to public health preparedness through an equitable, protected & efficient workforce						
OUTPUT 3.1 Gender bias and inequalities in health workforce policy and practice reduced	PAKISTAN					
			<ul style="list-style-type: none"> Nursing Leadership Boot Camp developed and embedded in Nursing and Midwifery Leadership Programme of the HSA Pakistan 45 nursing professionals participated in the first Nursing Leadership Boot Camp 	<ul style="list-style-type: none"> Bootcamp curriculum Bootcamp report 	<ul style="list-style-type: none"> Nurses face restrictions and challenges in forming and joining a union Nursing boot camp includes structured mentorship and engagement with trade unions and employer organizations Post-training assessments revealed 85 per cent improvement in leadership competencies, encompassing key areas such as policy advocacy and effective communication 	<ul style="list-style-type: none"> Boot Camp integrated in regular HSA Nursing and Midwifery leadership programme Establish regional leadership hubs to provide nurses and other health workers with equitable access to training opportunities across all regions in Paki
	CAMEROON					

OUTPUT 3.2 Improved protection, well-being, decent work and occupational safety and health of health workers in all settings		In progress	<ul style="list-style-type: none"> National OSH Strategy (2024-2030) to strengthen occupational safety and health in the health sector developed 	<ul style="list-style-type: none"> Draft strategy 	<ul style="list-style-type: none"> Validation and launch of the strategy planned for 2025 	<ul style="list-style-type: none"> Launch and implementation of OSH strategy
	CHAD					
			<ul style="list-style-type: none"> 15 labour inspectors trained on occupational risk assessment, training engineering, and strategic compliance planning enhancing their capacity to promote and enforce workplace safety standards in the health sector Developed a pilot labour inspection strategic plan for compliance in the health sector 	<ul style="list-style-type: none"> Training report 	<ul style="list-style-type: none"> The strategic compliance plan includes four immediate objectives and eight outputs with a one-year implementation timeframe, and the establishment of a task force to oversee its execution There is a need for systematic engagement of all partners to sustainably implement the compliance plan 	<ul style="list-style-type: none"> Pilot and implement labour inspection strategic plan for compliance in the health sector
	MALAWI					
			<ul style="list-style-type: none"> 40 trainers trained in ILO-WHO HealthWISE approach 	<ul style="list-style-type: none"> Training reports 	<ul style="list-style-type: none"> Translation of HealthWISE into local language requested Request for financial support to scale up HealthWISE in all regions 	<ul style="list-style-type: none"> Strengthen monitoring and evaluation of HealthWISE implementation and broader implementation of the Care for Carers policy to promote OSH for

						health and care workers
	PAKISTAN					
			<ul style="list-style-type: none"> 4 trainers trained in ILO-WHO HealthWISE approach HealthWISE implemented in 4 health facilities in Islamabad Capital Territory (ICT) region with a total of 190 health workers and managers being trained 400 public health students in Pakistan benefited from a revised curriculum aligned with ILO standards on OSH, violence and harassment, gender equality, and nursing personnel. Minimum Service Delivery Standards (MSDS) from Islamabad Healthcare Regulatory Authority (IHRA) updated to align with ILO standards on OSH, violence and harassment, 	<ul style="list-style-type: none"> Training reports Implementation reports Updated curriculum by HSA Draft revised MSDS for ICT 	<ul style="list-style-type: none"> In all four health facilities greater emphasis has been placed on health worker safety, including mental health, PPE, and protection and prevention from violence and harassment, aligned with ILO Conventions 155, 187, 190, and 149 Establishment of a network /community of practice on HealthWISE, which will provide an opportunity to all the practitioners trained on HealthWISE to exchange best practices and tools and techniques they have adopted at the facility level to bring change. Request for support to develop resource mobilization strategies for sustainable financing of OSH for health workers MSPH programme of HSA was strengthened to better prepare students to lead in promoting occupational safety and health, and gender equity in the health sector in Pakistan The suggested changes to the MSDS are approved by the Board and will be notified in 2025. A dissemination event is planned in 2025 to sensitise hospitals on the amendments and how these may be applied at workplaces. 	<ul style="list-style-type: none"> Support development of national OSH strategy for the health sector Expand HealthWISE training and implementation to Punjab region

			and gender equality (in progress)			
	SOUTH AFRICA					
			<ul style="list-style-type: none"> Facilitated OSH strategic planning workshop for public health sector workers in Eastern Cape and Gauteng 	<ul style="list-style-type: none"> Workshop report Department of Health Management Commitment Charter 	<ul style="list-style-type: none"> Participants in the meeting and through the Charter commit to empowering a strong and resilient health workforce by promoting well-being, safety, professional development, and ensuring access to the resources, training, and decent working conditions. 	<ul style="list-style-type: none"> Support implementation of RSA national HRH strategy Strengthening meaningful involvement of social partners in implementing the RSA national HRH strategy