



WORKING FOR HEALTH
MPTF OFFICE ANNUAL FUND NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2025

<p style="text-align: center;">Fund Title & Project Number</p> <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: 00140524 	<p style="text-align: center;">Country, Locality(s), Priority Area(s) / Strategic Results¹</p> <p><i>Countries:</i> Cameroon, Central African Republic, Chad, Ghana, Kenya, Malawi, Nigeria, Pakistan and South Africa.</p> <p><i>Region:</i> African Health Workforce Investment Charter.</p> <p><i>Global:</i> Inter-Agency Data Exchange International Platform on Health Worker Mobility Flexible Skills Pathways.</p> <p><i>Priority area/ strategic results:</i> Health workforce, employment and economic growth</p>																		
<p style="text-align: center;">Participating Organization(s)</p> <ul style="list-style-type: none"> • International Labour Organization (ILO) • Organisation for Economic Co-operation and Development (OECD) • World Health Organization (WHO) 	<p style="text-align: center;">Implementing Partners</p> <ul style="list-style-type: none"> • National counterparts • NGOs • Social enterprise 																		
<p style="text-align: center;">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: MPTF /JP Contribution²:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">• ILO</td> <td style="text-align: right;">US\$ 789,234</td> </tr> <tr> <td>• OECD</td> <td style="text-align: right;">US\$ 357,799</td> </tr> <tr> <td>• WHO</td> <td style="text-align: right;">US\$ 1,558,095</td> </tr> <tr> <td>TOTAL:</td> <td style="text-align: right;">US\$ 2,705,128</td> </tr> </table>	• ILO	US\$ 789,234	• OECD	US\$ 357,799	• WHO	US\$ 1,558,095	TOTAL:	US\$ 2,705,128	<p style="text-align: center;">Programme Duration</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Fund Duration</td> <td style="text-align: right;">84 months</td> </tr> <tr> <td>Fund End Date</td> <td style="text-align: right;">15.12.2030</td> </tr> <tr> <td>Project Duration</td> <td style="text-align: right;">36 months</td> </tr> <tr> <td>Project Start Date</td> <td style="text-align: right;">20.12.2023</td> </tr> <tr> <td>Project End Date</td> <td style="text-align: right;">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\$ 789,234																		
• OECD	US\$ 357,799																		
• WHO	US\$ 1,558,095																		
TOTAL:	US\$ 2,705,128																		
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																		
<p style="text-align: center;">Programme Assessment/Review/Mid-Term Eval.</p> <ul style="list-style-type: none"> • 2023 Independent Review of the Fund (published on the W4H page of the MPTF Office Gateway) • 2024 Final Independent review of Phase 1 implementation • 2025 External evaluation of ILO country component 	<p style="text-align: center;">Report Submitted By</p> <ul style="list-style-type: none"> ○ Name: Khassoum Diallo ○ Title: Unit Head ai, Health Workforce ○ Participating Organization (Lead): WHO ○ Email address: kdiallo@who.int 																		

¹ Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. United Nations Development Assistance Framework) or project document;

² The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

Contents

ACKNOWLEDGEMENTS	3
ABBREVIATIONS AND ACRONYMS.....	4
EXECUTIVE SUMMARY	5
About Working for Health	5
Country results	5
Regional achievements	6
Global public goods	7
Way forward	7
I. Introduction	1
II. Purpose of the report	1
III. Results	2
A. Progress in priority countries	2
B. Regional highlights	15
C. Global level action	16
IV. Independent Mid-Term Evaluation of the ILO Component of Working for Health.....	23
V. Impact of WHO Restructuring on Working for Health.....	24
VI. Resources and looking ahead	24

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 2025. 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 Health Workforce Unit, WHO Headquarters, Meredith Fendt-Newlin; and Maren Hopfe from the ILO Sectoral Policies Department.

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 implementation activities that are described in 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; James Avoka Asamani, WHO Regional Office for Africa; San Boris Bediakon, WHO Regional Office for Africa; Mathieu Boniol, Health Workforce Unit, WHO; Evalyne Chagina, WHO Country Office Kenya; Laurence Codija, Health Workforce Unit, WHO; Giorgio Cometto, Health Workforce Unit, WHO; Fousséni Dao, WHO Country Office Central African Republic; Mady Diagne, ILO Decent Work Technical Support Teams (DWT)/Country Office Yaounde Regional Office Africa; Khassoum Diallo, Health Workforce Unit, WHO; Jean-Christophe Dumont, International Migration Division, OECD; Kerri Elgar, Health Division OECD; Siobhan Fitzpatrick, Health Workforce Unit, 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; Monica Lamonge, Health Workforce Unit, WHO; 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 Unit, WHO; Patrick Makondesa, ILO Country Office Lusaka, Regional Office Africa; Paul Marsden, WHO Regional Office for Africa; Michelle McIsaac, Health Workforce Unit, WHO; 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; Tapas Nair, Health Workforce Unit, WHO; Solome Nampewo, WHO Country Office Malawi; Olumuyiwa Ojo, WHO Country Office Nigeria; Sunny Okoroarfor, WHO Regional Office for Africa; 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 Unit, WHO.

We also wish to thank the independent evaluator, Chris Morris, for the professionalism, rigor and constructive approach applied throughout the evaluation of the ILO country component.

The Working for Health financial report for 2025 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 AND ACRONYMS

AFRO	WHO Regional Office for Africa
AI	artificial intelligence
CHW	community health worker
COSATU	Congress of South African Trade Unions
DEL	Department of Labour (South Africa)
DHSC	Department of Health and Social Care (United Kingdom)
DWT	Decent Work Technical Support Teams (ILO)
ESSI	Employees Social Security Institution (Pakistan)
EURO	WHO Regional Office for Europe
HEEG	High-Level Commission on Health Employment and Economic Growth (UN)
HLMA	health labour market analysis
HRH	human resources for health
HSA	Health Services Academy (Pakistan)
IADEx	Inter-Agency Data Exchange
ILO	International Labour Organization
ISCO	International Standard Classification of Occupations
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and others
LMIC	low- and middle-income countries
MPTF	Multi-Partner Trust Fund
NCDs	non-communicable diseases
NDoH	National Department of Health (South Africa)
NHS	National Health Service (United Kingdom)
NHWA	national health workforce account
OECD	Organisation for Economic Co-operation and Development
OSH	occupational safety and health
PAHO	Pan American Health Organization
PHC	primary health care
PISA	Programme for International Student Assessment
PPE	Personal Protective Equipment
SDG	Sustainable Development Goals
SSL	Health Workforce Support and Safeguards List (WHO)
UHC	universal health coverage
UN	United Nations
USD	United States Dollar
W4H	Working for Health
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

About Working for Health

Working for Health (W4H) is a partnership with World Health Organization ([WHO](#)), the International Labour Organization ([ILO](#)) and the Organisation for Economic Co-operation and Development ([OECD](#)) established in 2017 to implement the recommendations of the [UN High-Level Commission on Health Employment and Economic Growth](#). Its goal is to optimize, build and strengthen the health and care workforce to accelerate progress towards universal health coverage (UHC), the Sustainable Development Goals (SDGs), and health emergency preparedness. With a projected global shortage of 11.1 million health workers by 2030—concentrated overwhelmingly in low- and middle-income countries (LMIC), Working for Health provides catalytic technical and financial support through the [Working for Health Multi-Partner Trust Fund \(MPTF\)](#), administered by the United Nations (UN) Multi-Partner Trust Fund (MPTF) Office.

The programme operates under a strong Member State mandate, most recently reaffirmed through [Resolution WHA78.16 \(2025\)](#): Accelerating Action on the Global Health and Care Workforce by 2030, and is guided by the [Working for Health 2022–2030 Action Plan](#) and the related [Global Health and Care Worker Compact](#).

The distinctive value of W4H lies in the unique convening power of a three-agency partnership operating across all levels of WHO and ILO. By combining WHO's normative authority and country presence, ILO's mandate on decent work and occupational safety, and OECD's expertise in data, governance and policy analysis, the programme delivers integrated support that no single agency could provide alone. This multisectoral approach enables countries to move from evidence to strategy, to investment, and then to measurable workforce outcomes.

Its current 2024–2026 project phase focuses on nine priority countries — **Cameroon, Central African Republic, Chad, Ghana, Kenya, Malawi, Nigeria, Pakistan and South Africa** — most of which appear on the [WHO Health Workforce Support and Safeguards List](#) or face acute workforce shortages, and together account for a significant share of the global health workforce gap.

Country results

In 2025, W4H catalysed major policy, governance and workforce investment milestones across the ten priority countries. Significant progress was achieved on all three Action Plan outcomes: optimizing the existing workforce through evidence-based planning; building workforce capacity to address critical shortages; and strengthening working conditions, occupational safety and health (OSH) and health systems resilience. Though MPTF funding was limited, activities in countries continued to build on the foundations that had been established over the first phase of Working for Health, and in some cases, countries mobilized resources (i.e. domestic and external) to continue to advance the agenda.

Data-driven workforce planning and investment (Outcome 1)

- **Nigeria and Chad:** Health labour market analysis (HLMAs) were completed or substantially advanced, generating evidence to inform national strategic planning for UHC. In Chad, the HLMA informed high-level policy discussions and investment commitments, and an investment plan was developed to guide efforts to reach a density of 20 health workers per 10 000 population by 2030 — more than five times the current density of 3.58.
 - **Central African Republic:** National Human Resources for Health (HRH) Strategy (2025–2036) was developed, with a costed investment plan and investment compact under preparation to mobilize funding from government, development partners and the private sector.
 - **Kenya:** Social Dialogue Handbook was revised and draft assessment report on social dialogue structures finalised, ready for tripartite validation in 2026. ILO contributed normative guidance to
-

the Presidential Taskforce on HRH, established by Executive Order to recommend comprehensive health workforce reforms.

- **Malawi:** the HLMA, which commenced in 2024 with the support of W4H, was completed in 2025 and United Kingdom’s Department of Health and Social Care (DHSC) support, directly informing the development of a new Health Workforce Strategic Plan.

Governance, investment and workforce strategy (Outcomes 1–2)

- **South Africa:** Extensive technical support was provided to the Ministerial Advisory Committee on HRH Policies, generating a consolidated, evidence-informed understanding of gaps across four critical workforce policies (commuted overtime, dual practice, community service, rural allowances), identifying reform options to improve retention and distribution. Technical assistance was also provided to the Presidential Health Compact, with health workforce investment planning as a key outcome.
- **Ghana:** The HLMA was launched, with a ministerial roundtable involving Ministers of Health, Finance and Labour planned for 2026 to develop an investment plan.

Occupational safety, health and decent work (Outcome 3)

- **Cameroon:** National OSH Strategy and Action Plan 2025–2030 was validated through a tripartite, multi-sectoral process involving government, employers, trade unions and civil society. The Ministry of Public Health initiated drafting of a ministerial decree to make OSH committees mandatory in all qualifying health facilities.
- **Malawi:** HealthWISE was embedded in routine supervision across four hospitals; 374 health workers trained (121 women, 253 men); new OSH Directorate established within the Ministry of Health; and the National Care of the Carers Policy amended to align with ILO Convention No. 190 on violence and harassment.
- **Pakistan:** HealthWISE was expanded to Punjab through an ILO and Punjab Employees Social Security Institution (ESSI) Memorandum of Understanding. Punjab ESSI independently expanded to four additional facilities reaching over 1200 health workers. The first-ever National OSH Strategy for the health sector was initiated, and the revised Minimum Service Delivery Standards — the first regulatory framework to integrate OSH and decent work — were officially launched in Islamabad, covering approximately 2500 facilities.
- **South Africa:** National tripartite OSH Strategic Planning Workshop was convened with the National Department of Health (NDoH), ILO, WHO, the Department of Employment and Labour, National Institute for Occupation Health, unions, and academia; steps initiated toward establishing a National Tripartite Health Sector Committee following a formal government request. ILO contributed technical guidance to a Congress of South African Trade Unions workshop on LGBTQI+ inclusion in the health sector, generating union commitments to strengthen workplace protections.

Regional achievements

Across the African Region, implementation of the [Africa Health Workforce Investment Charter](#) and the [Windhoek Statement](#), continued, largely with support from other donors, catalysing political commitment and concrete investments in the health workforce. In 2025, governments (two in W4H-supported African countries) committed to nearly **100 000 new health workforce jobs** across five countries: 32 000 in Zimbabwe, 20 000 in Kenya, 39 000 in Ethiopia, 2000 in Central African Republic, and 1000 in Eswatini. A regional National Health Workforce Accounts (NHWA) workshop supported 2024 data validation across the African Region, with data now informing development of the **Africa Health Workforce Development Plan 2026–2035**. Preparations for the **Second Africa Health Workforce Investment Forum** (Accra,

Ghana, 6–8 May 2026) began in 2025, with the W4H Secretariat serving on the Steering Committee and technical sub-committees.

Global public goods

Since its inception, Working for Health has built on the foundations established by the three agencies through its cross-cutting global work that benefit all Member States — combining the comparative advantages of all three agencies to produce joint data, analysis, normative guidance and policy tools that no single organisation could deliver alone. In 2025, this included inter-agency data systems, joint analytical publications, and engagement with major intergovernmental processes.

Inter-Agency Data Exchange

WHO leads the NHTA platform with small support from Working for Health. 178 WHO Member States (92%) reported data to the NHTA platform in 2025, with 206 countries and territories having appointed NHTA focal points. A joint OECD–WHO report, [What Do We Know about Young People’s Interest in Health Careers?](#), found declining interest in health careers among 15-year-olds in approximately half of OECD countries between 2018 and 2022, a worrying signal for future workforce supply. Collaboration on the revision of ISCO (International Standard Classification of Occupations)-08 continued, with a first draft of ISCO-28 planned for 2028.

Health Worker Migration and Mobility

Health worker migration is one of the most pressing challenges facing health systems globally, affecting both source and destination countries. Through W4H, the three agencies deepen and extend their existing work in this area, producing joint analysis and tools that strengthen the coherence of health and labour migration policy in ways that demonstrate how UN and international agencies go further together. Chapter 5 of the [OECD International Migration Outlook 2025](#), a jointly authored OECD–WHO analytical chapter, provided comprehensive analysis of international migration trends among doctors and nurses to OECD countries since 2000, and was presented to the Expert Advisory Group on the WHO Global Code of Practice. ILO published the [Training of Trainers Toolkit on Ensuring Policy Coherence in Health and Labour Migration](#), supporting countries to strengthen coherence between labour migration and health policies.

Flexible Skills Pathways

The [OECD–ILO report Flexible Learning Pathways into Healthcare Occupations](#), covering 19 countries with technical input from WHO, will be published in February 2026, accompanied by a joint webinar bringing together ministers, social partners and international organisations. An ILO-led regional study on flexible pathways in Africa (**Tanzania, Cameroon, Zimbabwe, South Africa and Egypt**) is finalised for publication in 2026.

G20 and Global Policy Engagement

W4H provided extensive technical support to South Africa’s G20 Health Working Group Presidency, with health workforce strengthening selected as one of only three priority areas. The [Working for Health 2022–2030 Action Plan](#) was included in the G20 Presidency Outcomes Document. W4H was also featured at the [Second World Summit for Social Development](#) as an innovative solution linking health workforce investment with decent work, gender equality and social justice.

Way forward

The 2025 results demonstrate that targeted, catalytic investment in health workforce planning, governance, decent work and data systems delivers measurable results: from national OSH strategies and investment plans to thousands of health workers trained and political commitments secured. With the current project phase concluding in December 2026, and W4H approaching its 10th anniversary, the programme is at a pivotal moment.

Over 8 years, Working for Health has demonstrated proof of concept: the multisectoral WHO–ILO–OECD model works, and the evidence of impact at country level is clear. Yet the programme's ability to meet rising country demand has been increasingly constrained by the gap between available MPTF resources and the scale of support requested. In 2025, many country and global workstreams were sustained only through complementary contributions from bilateral donors, agency in-kind support, and assessed contributions from the three partner organizations; arrangements that, while reflecting genuine commitment from all sides, are not a sustainable substitute for predictable, pooled MPTF financing.

Donor contributions to the MPTF have been instrumental in generating these results, and the three agencies are deeply grateful for that partnership. The returns on this investment are clear: every dollar channelled through the MPTF has mobilised multisectoral technical expertise, generated country-owned policy reform, and catalysed domestic and external financing that far exceeds the original contribution. Countries on the Support and Safeguards List — those with the greatest need and the strongest appetite for reform — have demonstrated that with the right technical support, they can move quickly: from evidence to strategy, from strategy to investment compact, and from compact to jobs created and workers protected. The opportunity ahead is to build on this foundation at scale.

With increased, predictable MPTF financing, WHO, ILO and OECD can extend this proven model to more countries, deepen support where momentum is strongest, and ensure that the political commitments governments have already made are matched by the sustained technical partnership they need to deliver. The UN80 reform has made the case for pooled funding mechanisms being among the most cost-efficient instruments in the multilateral system, yet remain significantly under funded. Working for Health stands as a concrete demonstration of what sustained, collectively governed investment can achieve.



I. Introduction

Working for Health is a joint programme of WHO, ILO, and OECD, established in 2017 in response to the recommendations of the [United Nations High-Level Commission on Health Employment and Economic Growth](#) (HEEG Commission, 2016). The Commission demonstrated that investing in the health workforce is both a health imperative and an economic opportunity — with the potential to generate over 40 million new health-sector jobs by 2030 — and called for intersectoral action on workforce education, decent jobs, working conditions, and ethical migration. Working for Health was created to translate these recommendations into country-level action, bringing together WHO’s normative and technical expertise, the ILO’s mandate on decent work and labour standards, and the OECD’s comparative data and policy analysis.

The programme operates under a strong foundation of Member State mandates. [Resolution WHA70.6 \(2017\)](#) adopted W4H as the coordinating mechanism for the HEEG Commission’s recommendations. [Resolution WHA74.14 \(2021\)](#): Protecting, Safeguarding and Investing in the Health and Care Workforce, called for accelerated investments in health worker education, skills, employment, and protection to 2030. At the Seventy-fifth World Health Assembly, [Resolution WHA75.17 \(2022\)](#), co-sponsored by over 100 Member States, formally adopted the [Working for Health 2022–2030 Action Plan](#) and the related [Global Health and Care Worker Compact](#). Most recently, [Resolution WHA78.16 \(2025\)](#): Accelerating Action on the Global Health and Care Workforce by 2030, reaffirmed this mandate and called on countries to expand health worker education, employment, and equitable deployment.

The [Working for Health 2022–2030 Action Plan](#) provides a progressive pathway for countries to optimize, build, and strengthen their health and care workforce in support of UHC, the SDGs, and health emergency preparedness. Implemented through the [Working for Health Multi-Partner Trust Fund \(MPTF\)](#), the programme is particularly responsive to countries on the WHO [Health Workforce Support and Safeguards List \(SSL\)](#) — those with the most acute health system vulnerabilities and critical shortages of health workers. Of the 55 SSL countries, 37 are in the African Region. All W4H MPTF priority countries — **Cameroon, Central African Republic, Chad, Ghana, Kenya, Malawi, Nigeria, Pakistan, and South Africa** — face significant workforce shortages, with large gaps between current supply and projected need.

The value of the three-agency partnership is not incidental: health workforce challenges are cross-sectoral by nature, spanning ministries of health, labour, finance and education simultaneously, and cannot be advanced by the health sector alone. Working for Health is designed specifically to deliver coordinated action across all three levels — global, regional and country — bringing WHO, ILO and OECD into alignment rather than parallel operation, and providing the political stewardship across ministerial silos that this agenda requires. The results evidenced in this report reflect what that catalytic model makes possible.

II. Purpose of the report

This 2025 Annual Report of the W4H MPTF sets out the key outputs, achievements and lessons learned over the period 1 January to 31 December 2025. 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.

III. Results

Since 2018, Working for Health has supported 42 countries and two regional economic communities to address workforce policy challenges and catalyse investment in the health and care workforce. This 2025 Annual Report presents results for the period 1 January to 31 December 2025, the second year of the current 2024–2026 project phase, across country, regional, and global workstreams. Detailed indicators and targets are outlined in the Working for Health Results Matrix (see **Annex 1**).

A. Progress in priority countries

Cameroon

Key achievements in Cameroon, 2025	Working for Health implementation model
National OSH Strategy and Action Plan 2025–2030 for the health sector validated through a tripartite, multi-sectoral process involving government, employers, trade unions and civil society	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings (<i>indicator 3.2.5: number of countries with national strategies on OSH for health workers</i>) Output 1.3: Multisectoral engagement, collaboration and commitment is strengthened (<i>indicator 1.3.1 number of countries with multisectoral policy dialogue platforms and mechanisms</i>)
Ministry of Public Health initiated drafting of a ministerial decree to make OSH committees and occupational health services mandatory in all qualifying health facilities	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings
Ministry of Labour advancing measures to strengthen labour inspector capacity to enforce OSH compliance in health facilities	Output 1.1: Effective workforce governance and collaboration at all levels

Cameroon's health workforce remains significantly below levels needed to ensure UHC. According to the WHO NHWA data (2024), the country had a total of 21 698 health workers across key occupational categories, yielding an overall density of 7.45 per 10 000 population. The gap between current supply and projected need is considerable, estimated by a needs-based assessment conducted by WHO's Regional Office for Africa (AFRO) in 2024: Cameroon currently has 2571 medical doctors (density of 0.88 per 10 000) against a projected need of 11 084 (5.16 per 10 000); 16 535 nurses (5.98) against a need of 63 865 (29.75); and 1673 midwives (0.61) against a need of 20 456 (9.18) — meaning the country has roughly one-quarter of the doctors and nurses it requires and this is projected to increase by 24.6% between 2022 and 2030.

Unsafe and unhealthy working conditions further compound this challenge, contributing to burnout, attrition and reduced quality of care. Against this backdrop, and building on a **2022 ILO–Ministry of Public Health joint assessment of OSH conditions in health facilities**, the Ministry of Public Health formally requested ILO technical and financial support under Working for Health to develop a National OSH Strategy for the health sector.

In 2025, this process reached a major milestone with the elaboration and validation of a nationally owned, technically validated **National OSH Strategy and Action Plan 2025-2030** for Cameroon's health sector (*Strategy available upon request*). The strategy provides a coordinated, tripartite and standards-based framework aligned with ILO [Occupational Safety and Health Convention, 1981 \(No. 155\)](#) and [Promotional Framework for Occupational Safety and Health Convention, 2006 \(No. 187\)](#),

structured around three strategic axes: (i) coordination and monitoring; (ii) strengthening the legal and institutional framework; and (iii) reinforcing human, material and infrastructural capacities.

Through a multi-sectoral process involving the Ministries of Public Health, Labour and Social Security, and Employment and Vocational Training, alongside OSH committees and services, the Cameroon Employers' Association, the National Social Insurance Fund, health sector trade unions and civil society, two national workshops were held in 2025. In May, a development workshop (40 participants; 15 women, 25 men) produced a consolidated draft strategy, which was subsequently submitted to a validation workshop held from 19 to 20 November (30 participants; 12 women, 18 men). Participants conducted a final technical review and validated both the strategy and its action plan, which is expected to be formally adopted by the Ministry of Public Health shortly.

The process has already generated concrete policy momentum. The Ministry of Public Health has initiated the drafting of a ministerial decree to make the establishment of OSH committees and occupational health services mandatory in all health facilities meeting the required criteria. In parallel, the Ministry of Labour is advancing measures to strengthen the capacity of labour inspectors to improve compliance of health facilities with OSH standards.

Taken together, these results represent a significant step towards safer and more decent working conditions for health workers in Cameroon, contributing to the resilience and performance of the national health system. With formal adoption and implementation pending, the foundations are now in place for sustained institutional action on OSH in the health sector, a key pillar for retention of health workers and quality service delivery.

Central African Republic

Key achievements in Central African Republic, 2025	Working for Health implementation model
HLMA completed, generating evidence for workforce planning and policy reform, with findings validated through national stakeholder consultations	Output 1.2: Data-driven policy, planning, decision-making and investment is supported (<i>indicator 1.2.1: number of countries that conducted a health labour market analysis in the last 5 years</i>)
Assessment of health workforce education and training institutions completed, identifying priority actions on curricula, faculty development, infrastructure, and new programme introduction	Output 2.1: Critical education, skills and employment needs and gaps are addressed
National Human Resources for Health Strategy (2025–2036) developed, setting priorities for workforce education, governance, multisectoral coordination, recruitment and retention, and data systems	Output 2.2: Sustainable workforce action and investment are leveraged through effective governance and leadership (<i>indicator 2.2.1: number of countries with costed strategic and investment plans</i>)
Costed investment plan and investment compact under preparation to mobilize and align funding from government, development partners, philanthropic organizations, and the private sector	Output 2.3: Increased investment (domestic, development and private) is secured and mobilized (<i>indicator 2.3.1: amount of direct investment mobilized for implementing the Action Plan in countries</i>)

The Central African Republic faces one of the most acute health workforce shortages in the world. According to the WHO NHWA data (2024), the country had a total of just 2876 health workers across key occupational categories, yielding an overall density of 5.40 per 10 000 population. Medical doctors numbered only 532 (density of 1.00 per 10 000), while nursing and midwifery personnel, at 1560 and 771 respectively, constitute the backbone of service delivery. The gap between current supply and projected need is stark: the country currently has just 532 medical doctors (density of 1.00 per 10 000)

against a projected need of 2251; 1560 nurses (2.93) against a need of 14 497 (38.26) (WHO AFRO, 2024); with one of the higher projected growth rates in health workforce need at 26.1% between 2022 and 2030, reflecting a particularly fast-evolving disease and demographic burden.

The graduate pipeline remains extremely thin, with just 174 graduates across all cadres in the latest reporting year (2023), and no foreign-trained data available, limiting the ability to assess international mobility dynamics. The medical workforce is notably young, with over 67% of doctors aged under 45, pointing to both an opportunity and a retention risk.

WHO began providing technical support to the Government of the Central African Republic through Working for Health in 2023 to address critical health workforce challenges and strengthen national planning. Building on these findings, WHO supported the Government in 2024 to undertake a comprehensive HLMA to generate evidence for workforce planning and policy reform.

In parallel, WHO supported an assessment of the quality of health workforce education and training institutions. Experts reviewed curricula, training policies, and institutional capacity to evaluate the alignment between training programmes and the country’s health needs. The assessment found that while curricula follow regional academic standards, training capacity remains limited and infrastructure insufficient. The assessment identified priority actions, including expanding training capacity, updating curricula, strengthening faculty development, improving infrastructure and equipment, and introducing new programmes such as pharmacy and dental training.

Building on these results, the Government, with Working for Health support, has developed a **National Human Resources for Health Strategy (2025–2036)**³ aimed at improving the availability, competencies, and equitable distribution of health workers. The strategy sets priorities to strengthen health workforce education, improve governance and multisectoral coordination, stimulate recruitment and retention, and enhance workforce data and management systems. A costed investment plan and an investment compact are being prepared to mobilize and align funding from government, development partners, philanthropic organizations, and the private sector.

Chad

Key achievements in Chad, 2025	Working for Health implementation model
HLMA completed, generating evidence on workforce supply, distribution, education pipeline, and working conditions to inform strategic planning and investment priorities	Output 1.2: Data-driven policy, planning, decision-making and investment is supported (<i>indicator 1.2.1: number of countries that conducted HLMA in the last 5 years; 1.2.2 number of countries where health workforce data informs effective policy, planning and monitoring</i>)
Multisectoral technical working group established, bringing together ministries of health, higher education, labour, finance, and civil service to guide HLMA implementation and workforce coordination	Output 1.1 Effective workforce governance and collaboration at all levels (<i>indicator 1.1.1: number of countries with social dialogue mechanisms in the health sector</i>) Output 1.3: Multisectoral engagement, collaboration and commitment is strengthened (<i>indicator 1.3.1: number of countries with multisectoral policy dialogue platforms and mechanisms</i>)
HLMA findings informed high-level policy discussions and investment commitments, with investment plan developed to identify priority actions	Output 2.3: Increased investment (domestic, development and private) is secured and mobilized (<i>indicator 2.3.1: amount of direct investment</i>)

³ Once launched, Central African Republic’s National HRH Strategy (2025-2036) for is expected to be available at WHO’s global repository: <https://extranet.who.int/cpcd/global-repository>

and financing needs to reach a density of 20 health workers per 10 000 population by 2030

mobilized for implementing the Action Plan in countries)

Chad's health system operates under conditions of compounding fragility. With a density of just 3.58 doctors, nurses and midwives per 10 000 population—well under the regional average of 5.35, Chad ranks among the lowest in the African region (WHO AFRO, 2024)—further strained by one of the most severe humanitarian crises. Since the armed conflict in Sudan erupted in April 2023, eastern Chad has faced an influx of over 700 000 Sudanese refugees and more than 200 000 Chadian returnees, placing Chad's already fragile health system under unprecedented pressure. As of late 2025, UN Office for the Coordination of Humanitarian Affairs estimates Chad was hosting more than 1.5 million refugees, alongside hundreds of thousands of internally displaced people and returnees—a population that vastly outstrips existing health infrastructure and workforce capacity. Inadequate numbers of health workers and essential supplies persist nationwide, with rural and displaced populations often travelling long distances on foot to access care.

To help to address those challenges, the Government requested WHO's technical support to conduct an HLMA to inform strategic workforce planning and investment priorities. The analysis notably aims to guide efforts to increase the health workforce density to 20 per 10 000 population by 2030. Based on the findings of the HLMA, an investment plan will be developed to identify priority actions and financing needs to strengthen the health workforce over the next 6 years.

The HLMA findings highlighted several structural challenges affecting the health workforce pipeline. Pre-service education institutions were found to lack adequate infrastructure and rely on outdated curricula dating back to 2014, which contributes to limited attractiveness of health studies. Despite around 4000 training places available for doctors, nurses, midwives and medical technicians, only 2735 candidates applied. The analysis also showed misalignment between health workforce education and evolving health system needs, underscoring the need for stronger coordination between the ministries responsible for health and higher education. In addition, the distribution of health workers remains highly uneven, partly due to a centralized recruitment system in which nearly 70% of allocated positions are concentrated in the capital.

WHO supported the implementation of the HLMA through technical guidance, national consultations, and capacity-building activities. Under the leadership of the Ministry of Health, consultations with national stakeholders helped define priority areas for the analysis, including mapping the health workforce, estimating future workforce needs, and assessing the education sector and working conditions. A multisectoral technical working group was established to guide the process and to respond to HLMA findings that better multi-sectoral coordination is needed, bringing together representatives from the ministries of health, higher education, labour, finance, and civil service, as well as other key stakeholders. The HLMA analysis has already informed high-level policy discussions and investment commitments, and WHO supported the development of the investment plan.

All planned OSH interventions linked to capacity building and social dialogue in the health sector were concluded and finalized in 2024. Due to financial constraints, no additional activities were carried out in 2025, and further implementation has been put on hold pending the availability of additional budgetary resources.

Ghana

Ghana stands out as a champion country for health workforce strengthening in the West African region, having made important strides towards UHC, with the health workforce density more than doubling in the past two decades—rising from 16.56 to 41.92 per 10 000 people (NHWA 2025). It is

one of several Working for Health countries that also received direct support from UK’s Department of Health and Social Care (DHSC) (*see the 2024 annual report for more information*). Yet significant challenges persist: many qualified professionals remain unemployed due to fiscal constraints, experienced specialists are leaving for opportunities abroad, and underserved areas continue to face critical shortages (Ahmat, 2022). These pressures are compounded by labour market mismatches, with an estimated 20 000 to 30 000 health workers (especially nurses and midwives) potentially unemployed, even as rural and remote communities lack adequate coverage (OECD).

Ghana's recognition of these complex dynamics, and its willingness to address them through evidence-based policy reform, makes it a model for the region, and underscores why sustained, coordinated international support for workforce planning, retention, decent work, and financing remains essential. WHO AFRO (2024) estimates Ghana’s potential health workforce financing envelope under an enhanced prioritization scenario could exceed US\$920 million by 2030, indicating that compared to many other African countries, Ghana appears to have enough economic output and government revenue to potentially fund a more robust health workforce — it is not among the most fiscally constrained countries in the region.

In 2024 a HLMA was conducted with support from Working for Health and launched by the Ministry of Health in 2025. WHO Regional Office for Africa (AFRO) planned a Health Workforce Ministerial Roundtable with Ministers of Health, Finance, Labour, with the aim to develop the investment plan and secure investments in 2026. Ghana will also host the Second Africa Health Workforce Investment Forum in Accra, 6-8 May (*more details in regional support*).

Kenya

Key achievements in Kenya	Working for Health implementation model
Draft assessment report on social dialogue structures in Kenya's health sector finalised, strengthening the evidence base for labour relations reform	Output 1.1: Effective workforce governance and collaboration at all levels
Social Dialogue Handbook revised to reflect current legislation, institutional arrangements and emerging labour relations challenges, ready for tripartite validation in 2026	Output 1.1: Effective workforce governance and collaboration at all levels
ILO provided normative guidance to the Presidential Taskforce on Human Resources for Health, contributing evidence-based, rights-based input on decent work, OSH, social protection, gender pay gaps, and fundamental rights at work	Output 1.1: Effective workforce governance and collaboration at all levels Output 3.2: Improved protection, well-being and OSH of health workers in all settings

Kenya has more than doubled its health worker density from 14.47 to 30.14 per 10 000 population between 2006 and 2021, and the WHO NHWA data (2024) records 86 101 health workers across key cadres at a current density of 15.26 per 10 000. Yet the gap between supply and projected need remains substantial: Kenya has 14 662 medical doctors against a projected need of 24 223; 66 098 nurses against a need of 125 392; and only 2288 midwives against a need of 39 893 (WHO AFRO, 2024). While the workforce grows at 3.4% annually, demand for services is rising faster at 4.7% (Boniol, 2022), and Kenya is one of four countries in the region that projections indicate may have a decline in the stock of practicing health workers by 2030 (WHO AFRO 2024). Fiscal constraints on public sector hiring create a striking paradox: an unemployment rate of 14% among trained health workers coexists with severe frontline shortages, and a bilateral agreement to export 30 000 nurses to the UK risks further straining domestic capacity.

However, the government of Kenya has demonstrated strong political commitment to evidence-based health workforce reform, using data and multi-stakeholder dialogues. The 2023 [HLMA](#), supported by Working for Health, found that without decisive reform, workforce coverage is projected to fall from 76.4% of estimated need today to around 60% by 2035. A labour market mismatch rooted in fiscal constraints on public sector hiring creates a paradox: an unemployment rate of 14% among trained health workers coexists with severe shortages at the frontline of service delivery. OECD estimates a 1:9 return on investment in health workers, with 2–3 wider jobs generated per health professional employed.

The HLMA called for doubling of the workforce and directly informed the securing of Ksh 21 billion (United States Dollar (USD) 162 million) to recruit 20 000 additional health workers (an 11% workforce increase) and fed into multisectoral consultations, supported by WHO, through the [UHC Partnership](#), and UK DHSC, which culminated in the signing of the **Kericho Declaration on Health Workforce** in 2024, a landmark multi-stakeholder commitment on employment, remuneration, distribution, retention and performance management. A multi-sectoral policy dialogue for investment planning is planned for 2026.

In parallel, Kenya's health system has long faced recurrent industrial actions, reflecting persistent challenges in labour relations, working conditions, career progression and social protection — weaknesses further exposed by the COVID-19 pandemic. At the request of the Ministry of Labour, the ILO has provided sustained technical support through Working for Health to strengthen social dialogue and labour relations in the health sector, including capacity-building for government, employers' and workers' representatives, and the development of a practical Social Dialogue Handbook aligned with international labour standards.

In 2025, building on a comprehensive assessment of social dialogue structures conducted in 2024, a draft assessment report was finalised and the Social Dialogue Handbook was revised to reflect current legislation, institutional arrangements and emerging labour relations challenges. Due to continued industrial actions in the country, validation of both documents was delayed and are now scheduled for validation by the tripartite technical working group in 2026. The overall objective is to institutionalise robust social dialogue to resolve labour disputes, strengthen collective bargaining and embed decent work principles in sustainable health workforce policy.

Technical support to the Presidential Taskforce on Human Resources for Health

In parallel, the ILO engaged with the **Presidential Taskforce on Human Resources for Health**, established by Executive Order No. 5 of 2024 to identify legal, policy and operational constraints affecting the health workforce and recommend comprehensive reforms. At a high-level consultative meeting on 6 February 2025, the ILO underscored that addressing workforce shortages requires investing in decent work — including remuneration, OSH, social protection, reducing gender pay gaps in the highly feminized health sector, career development and fundamental rights at work — and that OSH is intrinsically linked to patient safety. Through this engagement, the ILO contributed normative guidance to inform evidence-based, rights-based HRH reforms in Kenya.

Malawi

Key achievements in Malawi	Working for Health implementation model
HLMA completed with W4H and UK DHSC support, informing the development of a new Health Workforce Strategic Plan	Output 1.2: Data-driven policy, planning, decision-making and investment is supported (<i>indicator 1.2.1: number of countries that conducted a health labour market analysis in the last 5 years</i>)

HealthWISE embedded in routine supervision visits across four hospitals and institutionalised under a newly established OSH Directorate within the Ministry of Health	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings Output 1.1: Effective workforce governance and collaboration at all levels
W4H also contributed to the establishment of a new OSH-focused office within the Ministry of Health.	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings
Expanded HealthWISE outreach from 40 trained trainers to 374 additional health workers across four pilot districts, resulting in facility-level OSH action plans.	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings
National Care of the Carers Policy amended to align with ILO Convention No. 190, strengthening protections against violence and harassment (ongoing).	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings (<i>indicator 3.2.4: number of countries with legislation/guidance to prevent violence and harassment in the health sector</i>)
Documentary video and multimedia package produced across four pilot sites, for dissemination including at World Day for Safety and Health at Work 2026.	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings
Diagnostic Study on Skills and Lifelong Learning finalized and validated, providing the evidence base for a forthcoming National Health and Care Sector Skills Development Strategy	Output 2.1: Critical education, skills and employment needs and gaps are addressed

Malawi’s health system faces persistent challenges, including critical shortages of health workers, limited financial and technical resources, high disease burden, and significant labour migration. According to the WHO NHWA (2024), the country has 14 677 health workers across key cadres, a density of 6.78 per 10 000 population. The supply-need gap is severe: there are only 1815 medical doctors (0.84 per 10 000) compared to projected need of 7220 (4.67); 11 889 nurses (5.49) against a need of 43 102 (28.62). Overall, Malawi has roughly one-quarter of the required doctors and nurses, but also has one of the higher projected growth rates in workforce need at 24.6% between 2022 and 2030 (WHO AFRO 2024).

Rural areas are disproportionately affected, with major gaps in service quality, infrastructure, and access to essential supplies. The country remains heavily reliant on overseas development assistance. Meanwhile, high levels of unpaid care work—largely undertaken by women—represent untapped potential for skills development and employment in health and community care. However, flexible training pathways and systems for recognizing prior learning remain limited.

An HLMA conducted in Malawi between 2024-2025 with financial and technical support from Working for Health and supplemented by direct funding support from the UK DHSC, which enabled the development of a new **Health Workforce Strategic Plan** using the HLMA results.

In 2025, the ILO’s support to Malawi under Working for Health, at the request of the Ministry of Health, focused on consolidating and scaling achievements in OSH, strengthening governance frameworks, and advancing skills development reforms in the health and care sector. A multi-sectoral Taskforce was established in 2024 and mandated to oversee the implementation of W4H activities and continues to guide coordination at the country level.

Advancing occupational safety and health for health workers in Malawi

A joint senior-level assessment (25–30 May 2025) brought together the Ministry of Health, Ministry of Labour and ILO to review HealthWISE implementation across four facilities: Ntchisi District Hospital, Mponela Rural Hospital, Salima District Hospital and Chezi Health Centre. The assessment confirmed strong progress in workplace safety, communication and staff engagement, with HealthWISE increasingly embedded in routine management through multidisciplinary committees and low-cost improvements. Agreed priorities include integrating HealthWISE into the national *Care of the Carers* framework, embedding it within supportive supervision systems, and institutionalising it under the newly established MoH OSH Directorate — to which W4H directly contributed — with a national roadmap for scale-up to follow.

Expanding workforce capacity through cascade training

Building on the Trainers of Trainers in October 2024, which was conducted with the financial support from Working for Health and RB funds from the ILO’s Gender, Equality, Diversity and Inclusion Department, cascade training was implemented between June and July 2025 across the four pilot facilities and surrounding health centres. Due to budget constraints, two-day orientation sessions were delivered across all eight HealthWISE modules, reaching 374 health workers (121 women, 253 men). These trainings strengthened staff capacity to identify and mitigate workplace hazards, improved coordination between workers and management, and resulted in facility-level OSH action plans. While awareness and engagement increased significantly, challenges related to limited resources, short training duration and incomplete staff coverage remain. Priorities include expanding training reach, strengthening personal protective equipment (PPE) provision, institutionalizing OSH systems, and ensuring follow-up and refresher training.

Strengthening visibility and advocacy

To document results and support advocacy, the ILO produced a multimedia package capturing implementation across the four pilot sites. Outputs included a 5-minute **documentary video**, four **short social media clips** and a professional **photo package**, showcasing “before and after” improvements in workplace safety and teamwork. These materials will be disseminated through national and global platforms, including **World Day for Safety and Health at Work 2026**, to support policy dialogue and scale-up.

Delivering evidence for skills system reform

The **Diagnostic Study on Skills and Lifelong Learning in the Health and Care Sector** was finalized and validated in 2025, following stakeholder consultations and analysis of labour market dynamics. It identified key systemic challenges — including weak labour market information systems, limited coordination between training and health institutions, insufficient recognition of prior learning, and persistent workforce imbalances — and provides actionable, costed recommendations to inform a forthcoming **National Health and Care Sector Skills Development Strategy**. By strengthening data-driven workforce planning and promoting inclusive lifelong learning pathways, the study establishes a foundation for more resilient and responsive health workforce development in Malawi. A policy brief is under preparation to support dissemination and uptake.

Nigeria

Key achievements in Nigeria	Working for Health implementation model
HLMA implemented with WHO technical support, including secondary data collection, health facility and health worker surveys, and group modelling to estimate future workforce needs	Output 1.2: Data-driven policy, planning, decision-making and investment is supported (<i>indicator 1.2.1: number of countries that conducted a health labour market analysis in the last 5 years</i>)

Multi-sectoral Task Team established to drive the HLMA technical process, strengthening national capacity on health labour market analysis concepts, methods and tools	Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened (<i>indicator 1.3.1 Number of countries with multisectoral policy dialogue platforms and mechanisms</i>)
--	--

Nigeria continues to face a significant shortage of health workers, with the latest WHO NHWA data (2024) showing a total health workforce density of only 23.72 per 10 000 population — including 4.14 medical doctors and 11.52 nursing personnel per 10 000. A WHO AFRO needs-based analysis (2024) estimates Nigeria alone accounts for 18% of the entire African Region's health workforce requirement, the largest share of any country, and requires densities of 5.41 generalist medical practitioners and 35.09 nursing professionals per 10 000 population to adequately address its disease burden — targets that remain far out of reach. These shortages are compounded by challenges related to their distribution and quality, despite ongoing efforts to strengthen the health workforce and accelerate progress towards UHC. Notably, 18.5% of medical doctors are foreign-trained, and workforce distribution remains skewed, with 73.6% of medical doctors concentrated in public facilities (NHWA, 2024).

The Government's [2024–2027 Health Sector Strategic Blueprint](#) outlines key priorities and strategies to improve health outcomes, including measures to address workforce gaps. In August 2024, the Federal Executive Council approved the [National Policy on Health Workforce Migration](#), following its earlier endorsement by the Minister of Health. WHO provided technical support for the development of this policy, which aims to better manage health worker migration and address shortages of skilled professionals, particularly in rural and underserved areas.

Within this context, and building on the WHO support provided to Nigeria in 2024, WHO supported the implementation of an HLMA to generate evidence and guidance to inform strategic planning for UHC and facilitate future investments in the health workforce. Given Nigeria's large population and the scale of its workforce challenges, the HLMA represents an important exercise for both national planning and the broader global health agenda.

WHO facilitated workshops to strengthen national capacity on HLMA concepts, methods and tools. The workshops provided hands-on training for a newly established **Multi-sectoral Task Team** responsible for driving the technical process. WHO experts also supported the collection of secondary data from regulatory bodies, the Federal Ministry of Health, and other stakeholders to inform the descriptive and predictive components of the analysis.

In addition, WHO has supported analytical steps, including health facility and health worker surveys, key informant interviews, and group modelling with clinical experts to estimate future health workforce needs. WHO also facilitated data cleaning, analysis and report preparation, ensuring that the HLMA produces robust evidence to inform national health workforce policies and planning for UHC.

Pakistan (ILO)

Key achievements in Pakistan	Working for Health implementation model
HealthWISE expanded to Punjab through an ILO–ESSI Memorandum of Understanding, training 10 master trainers who cascaded to 33 health workers across 2 hospitals; Punjab ESSI independently expanded to 4 additional facilities, reaching over 1200 health workers	Output 3.2: Improved protection, well-being and OSH of health workers in all settings
Leadership and Hospital Management Course revised to embed ILO decent work principles and	Output 3.2: Improved protection, well-being and OSH of health workers in all settings

conventions, planned for biannual delivery from 2026, reaching an estimated 250–300 ESSI professionals by 2030 ($\geq 30\%$ female per cohort)	Output 2.1 Critical education, skills and employment needs and gaps are addressed
Inter-provincial Community of Practice among ESSIs established under HSA stewardship to advance workplace safety and institutional learning across Pakistan's social security healthcare system	Output 1.1: Effective workforce governance and collaboration at all levels
Development of Pakistan's first National OSH Strategy and Implementation Framework for the health sector initiated, with finalization expected in 2026	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings (<i>indicator 3.2.5: number of countries with national strategies on OSH for health workers</i>) Output 1.1: Effective workforce governance and collaboration at all levels
Revised Minimum Service Delivery Standards launched in Islamabad, the first regulatory framework in Pakistan's health sector to integrate OSH and decent work principles, established as a model for replication across provinces, covering approximately 2,500 facilities	Output 3.2: Improved protection, well-being and OSH of health workers in all settings

Pakistan's health workforce data reveals a system under strain. Despite a relatively high medical doctor density of 12.84 per 10 000 population (WHO NHWA data, 2024), nursing personnel stand at just 4.51 per 10 000 and midwifery at 0.72, figures far below what is needed to deliver comprehensive primary and reproductive health services. The workforce is heavily feminised at lower cadres: community health workers (CHWs) are 100% female, 50% of medical doctors and 86% of nursing personnel are women, raising concerns about occupational stratification, wage equity, and whether women are absorbed into formal, protected employment or remain in precarious, poorly remunerated roles. These imbalances reflect labour market failures that speak to the need for adequate employment opportunities, fair conditions of work, and protection for health workers.

In 2025, ILO, through Working for Health, made significant strides in embedding OSH and decent work principles across Pakistan's health sector, spanning regulatory reform, institutional capacity building, national policy development and multi-stakeholder engagement.

Expanding HealthWISE to Punjab

Building on earlier implementation in the Islamabad Capital Territory, HealthWISE expanded to Punjab through a formal [Memorandum of Understanding](#) with the **Punjab Employees Social Security Institution** (Punjab ESSI) in April 2025. Punjab ESSI is one of Pakistan's largest social protection organisations, providing health services to over 1.2 million insured workers and 7.4 million dependents across a network of 22 hospitals serving more than 8.5 million patients annually. HealthWISE was piloted in two Punjab ESSI hospitals in Lahore: the 500-bed Nawaz Sharif Social Security Teaching Hospital and the 100-bed Maternal, Newborn and Child Health Centre, Kot Lakhpat. establishing 10 master trainers who trained 33 staff and generating concrete institutional improvements: OSH committees, incident reporting systems, harassment and grievance mechanisms, infection prevention policies, and staff wellness services. The impact has multiplied: Punjab ESSI has since independently expanded HealthWISE to four additional facilities using its own financial resources—now reaching over 1200 health workers, a significant sustainability achievement.

Strengthening health workforce education and leadership training

At the Health Services Academy (HSA), faculty orientation sessions were delivered to operationalise a revised MSc in Public Health curriculum integrating OSH principles, ILO conventions, and

HealthWISE, with 13 faculty members trained, strengthening their capacity to deliver modules on workplace hazards, infection prevention, violence and harassment, and gender-responsive leadership to future cohorts of public health workers. Faculty training will continue in 2026.

The **Leadership and Hospital Management Course** for Punjab ESSI administrators was revised to embed decent work principles and key ILO conventions ([Occupational Safety and Health Convention, 1981 \(No. 155\)](#), the [Promotional Framework for Occupational Safety and Health Convention, 2006 \(No. 187\)](#), the [Nursing Personnel Convention, 1977 \(No. 149\)](#), the [Violence and Harassment Convention, 2019 \(No. 190\)](#), and the [Equal Remuneration Convention, 1951 \(No. 100\)](#)) into health facility governance training. Planned for biannual delivery from 2026, the programme is expected to reach 250–300 ESSI professionals over five years, with a target of at least 30% female participation per cohort.

Regulatory reform and national policy development

The revised Minimum Service Delivery Standards were officially launched by the Islamabad Healthcare Regulatory Authority — the first regulatory framework in Pakistan's health sector to systematically integrate OSH and decent work standards, covering workplace risk assessment, infection prevention, and prevention of violence and harassment, with particular emphasis on protecting female health workers. The standards are now being considered as a model for provincial replication. [More on the launch event.](#)

At the national level, a preliminary review found that existing national health and human resource strategies inadequately address decent work and OSH for health workers. The development of a **National OSH Strategy and Implementation Framework** was initiated in collaboration with the Ministry of National Health Services, with finalization expected in 2026/2027, positioning OSH as central to workforce retention, quality care, and pandemic preparedness.

National tripartite dialogue and multi-stakeholder engagement

A two-day national ESSI discourse organised by HSA with Working for Health support brought together 30 representatives from provincial ESSIs, senior HSA leadership, and ILO staff to advance interprovincial collaboration on OSH governance. The event laid the foundation for an inter-provincial community of practice under HSA stewardship. [More on the event.](#) At the national conference "*Transforming Care Systems*," organised by UNWomen, the ILO led a dedicated session on decent work in the care economy, attended by around 45 participants from government, civil society, and health sector partners. Representatives from **Islamabad Healthcare Regulatory Authority**, HSA, Punjab ESSI, and the **Pakistan Community Health Workers Federation** highlighted how Working for Health-supported reforms are contributing to health workforce transformation and called for sustained investment in workforce development and social protection for care workers.

In May 2025, the ILO marked **International Nurses Day** with a national webinar — "*Decent Work for Nurses: Investing in Safety and Economic Growth*" — attended by 39 participants from key national institutions. Discussions focused on workforce shortages, working conditions, and governance frameworks for the nursing profession, with outcomes contributing to national discussions on potential ratification of the ILO [Nursing Personnel Convention, 1977 \(No. 149\)](#). [More on the event.](#)

These combined achievements in 2025 reflect a maturing national ecosystem in Pakistan where OSH and decent work for health workers are increasingly embedded in regulation, education, institutional governance, and national policy — moving from project-supported pilots toward sustainable, government-owned systems.

South Africa

Key achievements in South Africa	Working for Health implementation model
Technical support provided to the Ministerial Advisory Committee on HRH Policies, generating a consolidated, evidence-informed understanding of gaps across critical workforce policies and identifying preliminary reform options	Output 1.1: Effective workforce governance and collaboration at all levels Output 1.2: Data-driven policy, planning, decision-making and investment is supported
Technical assistance provided to the Presidential Health Compact, with health workforce investment planning as a key outcome	Output 2.3: Increased investment (domestic, development and private) is secured and mobilized
National tripartite OSH Strategic Planning Workshop convened (NDoH, ILO, WHO, Department of Employment and Labour, National Institute of Occupational Health, unions, academia), positioning OSH as a core pillar of the 2030 HRH Strategy and building consensus on standardising OSH policies, ring-fencing budgets, and institutionalising worker participation	Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings (<i>indicator 3.2.5: number of countries with national strategies on OSH for health workers</i>) Output 1.1: Effective workforce governance and collaboration at all levels Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened
Initiated establishment of a National Tripartite Health Sector Committee, advancing structured OSH governance aligned with international labour standards	Output 1.1: Effective workforce governance and collaboration at all levels Output 3.2: Improved protection, well-being and occupational safety and health of health workers in all settings
ILO contributed technical guidance to a COSATU workshop on LGBTQI+ inclusion in the health sector, generating union commitments to strengthen inclusive policies, training and workplace protections	Output 3.1: Gender bias and inequalities in health workforce policy and practice reduced
Extensive technical support provided to the NDoH G20 Presidency Task Team on health workforce (see global level achievements)	Output 1.3: Multisectoral engagement, collaboration and commitment is strengthened Output 3.1: Gender bias and inequalities in health workforce policy and practice reduced

South Africa is relatively well-resourced by regional standards, yet persistently challenged by deep health workforce inequities. According to the latest WHO NHWA data (2024), South Africa has a total health workforce density of 53.38 per 10 000 population, including 7.66 medical doctors and 41.54 nursing personnel. Yet these aggregates mask a starkly divided system with 54.2% of medical doctors working in the private sector, serving a minority of the population, while 74.5% of nurses are in the public sector carrying the majority of the disease burden. The WHO AFRO needs-based analysis projects South Africa's health workforce requirement to grow by 15.8% between 2022 and 2030, but it is one of only four countries (with Kenya, Liberia and Seychelles) expecting their stock of practising health workers to decline, particularly among nurses and midwives (WHO 2024).

South Africa has the largest absolute health workforce financing envelope in the region, with the public sector alone estimated at nearly US\$8 billion in 2030, suggesting the challenge is less about fiscal space and more about workforce retention and deployment.

It is in this context that Working for Health support has focused on strengthening the policy and institutional architecture needed to address these systemic challenges — including health labour market analysis, human resources for health policy development and investment planning, and efforts to improve working conditions and retention of health workers, particularly in underserved areas.

Building on the significant strides made in 2024, Working for Health continued to deepen its partnership with South Africa's NDoH in 2025, with a particular focus on translating strategic commitments into actionable policy reform. A central contribution was the provision of extensive technical support to the **Ministerial Advisory Committee on Human Resources for Health Policies**, which is undertaking a time-limited, high-level review of four critical workforce policies — commuted overtime, dual practice, community service, and rural allowances. Drawing on WHO normative guidance and international experiences from countries including **Kenya, Thailand, Rwanda, Australia**, and the **United Kingdom**, WHO and ILO provided evidence-based policy options to address unintended systemic consequences and improve governance, accountability, sustainability and equity across these measures.

The November 2025 national consultation generated a consolidated, evidence-informed understanding of gaps and inconsistencies across all four policies, mapped common challenges including uneven provincial implementation and rural-urban disparities, and identified preliminary reform options aimed at improving health worker retention and distribution. This convergence laid the foundation for a more coherent policy framework to guide the next phase of formal revision and decision-making.

This work carries particular significance given South Africa's co-chairmanship — alongside France — of the [2016 UN High-level Commission on Health Employment and Economic Growth \(HEEG\)](#), the landmark body whose recommendations on investing in health workforce education, jobs, and decent work gave rise to the Working for Health programme itself, which reaches its 10 year anniversary in 2026.

South Africa's ongoing reforms are closely linked to the [2030 Human Resources for Health Strategy](#) and the objectives of the **National Health Insurance** rollout, and the [African Health Workforce Investment Charter](#), with the next steps of Working for Health's involvement focused on supporting the NDoH Secretariat to align policy revisions with long-term investment and financing plans. In parallel, Working for Health supported a national health workforce planning agenda centred on data-driven decision-making and labour market intelligence, including enhanced data reporting through the NHWA and integrated HRH information systems, and strengthened ministerial and inter-sectoral mechanisms for implementation of the **2030 HRH Strategy**. Technical assistance was also provided to the development of the latest **Presidential Health Compact**, in which health workforce investment planning is a key outcome.

OSH Governance

OSH was positioned as a central pillar of workforce resilience in 2025. A two-day national tripartite **OSH Strategic Planning Workshop** was convened jointly by the NDoH, ILO, WHO, the Department of Employment and Labour, the National Institute for Occupational Health, health sector unions, and academia. The workshop strengthened policy coherence between health workforce planning and occupational safety frameworks. The workshop surfaced systemic challenges including fragmented governance, resource shortfalls, and weak information systems, while building consensus around the urgency of standardising OSH policies, ring-fencing budgets, and institutionalising worker participation. Workplace violence and harassment were identified as central and urgent priorities.

Following the DEL's formal request for ILO technical assistance in March 2025, steps were initiated toward establishing a **National Tripartite Health Sector Committee**, a "Tripartite Plus" governance structure bringing together government, organised labour, and the private sector to jointly address OSH priorities in the health sector. This marks a significant institutional step toward structured OSH governance aligned with ILO [Violence and Harassment Convention, 2019 \(No. 190\)](#) and the recognition of safe and healthy working environments as a [fundamental right at work](#).

Equity, inclusion, and regional engagement

Reflecting Working for Health's commitment to equity as a cross-cutting priority, the ILO contributed technical guidance to a **Congress of South African Trade Unions** workshop on LGBTQI+ inclusion in the health sector (12–13 November 2025). The workshop elevated the voices of LGBTQI+ health workers, validated experiences of workplace discrimination and harassment, and generated emerging commitments to strengthen inclusive policies, union-level training, and sector-specific protections, reinforcing that decent work frameworks are essential to equitable health service delivery.

At the **5th African Nursing Conference**, a regional platform bringing together policymakers, nursing leaders, and stakeholders from across the continent, the ILO presented guidance on ILO [Nursing Personnel Convention, 1977 \(No. 149\)](#) and [Violence and Harassment Convention, 2019 \(No. 190\)](#) as instruments for advancing health equity, protecting nursing personnel through strengthened labour standards, and reinforcing gender equality within the nursing workforce.

Throughout 2025, Working for Health support in South Africa achieved a clear transition from isolated, issue-specific interventions toward institutionalised, multi-stakeholder frameworks, positioning OSH, decent work, and equity as core components of national health workforce reform. Working for Health also provided extensive technical support to South Africa's NDoH on the G20 Presidency Taskteam (*see global level achievements*).

B. Regional highlights

WHO Regional Office for Africa (AFRO), in collaboration with Member States, ILO and key partners, and with support from Working for Health, developed and launched the [Africa Health Workforce Investment Charter](#) in 2024, which was adopted through the [Windhoek Statement on Investing in Africa's Health Workforce](#) at the [inaugural Africa Health Workforce Investment Forum](#) held in Namibia in May 2024. Working for Health further supported early uptake and implementation of the Charter in 2024, guided by the Member State mandated **Working for Health 2022-2030 Action Plan**.

The **Africa Health Workforce Investment Charter** is a unifying framework to align government stakeholders, development partners and the private sector around shared national investment plans for the health workforce. It encourages the use of HLMA to develop and formalize multi-sectoral commitments by signing national investment compacts, creating mutual accountability and greater transparency for the kind of sustained, coordinated financing that health workforce strengthening requires.

In 2025, multi-sectoral engagement continued at technical level to ensure that the commitments under the Charter were translated into concrete national support. WHO AFRO continued to support countries to develop their own investment compacts, largely with support from other donor sources due to limited funding available from Working for Health MPTF. This work galvanized strong political commitments and tangible reforms, with governments committing to nearly 100 000 new health workforce jobs in five countries alone (32 000 in Zimbabwe, 20 000 in Kenya, 39 000 in Ethiopia, 2000 in the Central African Republic, and 1000 in Eswatini).

The **Second Africa Health Workforce Investment Forum** is planned to take place in Accra, Ghana from 6-8 May, 2026. Preparations since late 2025 have included technical support from Working for Health, with WHO and ILO serving on the Steering Committee and technical sub-committees. The 2nd Forum will engage multisectoral high impact leadership to take stock and garner more political commitment and modalities for operationalising the Charter to translate the continental aspirations

into priorities for country-led actions and regional flagship interventions, consensus will be built for an “*Africa Health Workforce Agenda for 2026–2035: Plan, Train and Retain*” championed by the new WHO Regional Director for Africa. This technical support also aims to ensure alignment with the recommendations of the [UN High-level Commission on Health Employment and Economic Growth](#), the [Working for Health 2022-2030 Action Plan](#), and relevant international labour standards, including the [Violence and Harassment Convention, 2019 \(No. 190\)](#), the [Biological Hazards in the Working Environment Convention, 2025 \(No. 192\)](#), and the [Nursing Personnel Convention, 1977 \(No. 149\)](#).

A regional workshop to support NHWA implementation and HRH information systems strengthening was conducted for focal points in the African Region to review and validate the 2024 health workforce data through the NHWA. This data is now being used to inform the development of the next regional health workforce strategy – **the Africa Health Workforce Agenda 2026-2035: Plan, train, retain** – under the guidance of a technical working group, comprising WHO experts.

C. Global level action

The global workstreams represent distinctive contributions of the three-agency partnership. Unlike country and regional level support, which are led primarily by WHO and ILO, this body of work draws equally on the core programmes and comparative advantages of all three agencies — WHO's normative authority, technical capacity and health workforce data systems, ILO's mandate on labour standards, decent work and governance, and OECD's expertise in economic analysis, skills policy and international data collection. The activities described in this section were undertaken in 2025 and build directly on the analytical and institutional foundations established during Phase 1 of Working for Health; they are not standalone outputs but part of a sustained, cumulative agenda that deepens with each programme cycle.

The three cross-cutting areas—inter-agency data exchange, health worker migration and mobility, and flexible skills pathways—demonstrate the full spectrum of health workforce action: education, employment and retention. Migration cannot be governed without data; skills recognition cannot be reformed without labour market evidence; workforce planning cannot function without both. Fragmented, single-agency action consistently falls short in these areas, and the partnership model is a key to progress.

In May 2025 at the 78th World Health Assembly (WHA), Member States formally reaffirmed commitment to the [Working for Health 2022–2030 Action Plan](#) and the [Global Strategy on Human Resources for Health: Workforce 2030](#), embedding health workforce development as central to UHC, primary health care (PHC), and resilient health systems through the adoption of Resolution [WHA78.16 Accelerating action on the global health and care workforce by 2030](#). WHA78.16 urged accelerated implementation of the global workforce agenda, calling on countries to expand education, employment, retention, and equitable deployment of health and care workers. The resolution strengthened WHO's mandate to support countries, requesting the Director-General to prioritize technical cooperation. Member States, professional associations, partners and other donors publicly announced support for WHO's technical work on health workforce and urged reprioritization amidst the restructuring of 2025.

Inter-Agency Data Exchange

The Inter-Agency Data Exchange (IADEX) is a mechanism aimed at consolidating and maximizing the value of existing health workforce data and information by facilitating collaboration by the partner agencies. It reduces the data collection burden on countries and ensures greater consistency and

synergies in the data, utilising various datasets to gather information on health labour market aspects such as workforce composition, working conditions, employment characteristics, gender, age, mobility, and geographical distribution.

A joint OECD-WHO technical report, [What Do We Know about Young People's Interest in Health Careers?](#) examined the availability and comparability of data on students' interest in health sector careers — a critical upstream indicator of future workforce supply — drawing on two main sources: the **OECD Programme for International Student Assessment (PISA)** survey, covering around 80 OECD and non-OECD countries and economies, and student applications and admissions to health education programmes based on national administrative data collected jointly by the OECD and WHO.

Key findings from the report carry important implications for health workforce planning, reinforcing the importance of investing in early career awareness, gender-responsive recruitment strategies, and education pipeline monitoring as integral components of HLMA (*see box 1*).

Lessons from the joint OECD-WHO report on young people's interest in health careers

Declining interest in health careers among young people

Interest among 15-year-olds in pursuing careers as doctors or nurses decreased in approximately half of OECD countries between 2018 and 2022, with similar trends observed in several non-OECD countries.

A persistent gender gap in career aspirations

Girls are far more likely than boys to express interest in health careers across nearly all countries surveyed, reflecting longstanding gendered associations with care work and pointing to the need for broader efforts to diversify the health workforce pipeline across all cadres.

Post-pandemic decline in nursing applications

In OECD countries with available trend data, applications to nursing education programmes rose during the early COVID-19 years but fell again in 2022 and 2023 — a worrying reversal at precisely the moment when workforce shortages are intensifying.

The conceptualisation and implementation of the NHTWA continues to reflect the impact of partner collaborations fostered under the IADEX. The occupational groups listed in the NHTWA are aligned with the **ILO's International Standard Classification of Occupations (ISCO)**, while the indicators in the NHTWA are aligned with the sections on 'health employment and education' and 'health workforce migration' in the **Joint Questionnaire on Non-Monetary Healthcare Statistics**, organised by the OECD in collaboration with **Eurostat** and the WHO Regional Office for Europe (EURO). This mechanism collects data from 62 countries in the OECD and Eastern Europe and serves as an official channel of health workforce data to the NHTWA, ensuring the availability of robust data for monitoring health workforce trends. These efforts have contributed to the consolidation of data on the NHTWA

platform, reduced data collection burden, improved comparability, and supported evidence-based decision-making in the health sector.

NHWA data reporting was supported through a global webinar for NHWA focal points in March 2025, presenting an overview of progress in global health workforce data availability and quality and sensitising focal points on key data calls for the year. The webinar was attended live by focal points from 113 countries as well as staff from all WHO regional offices. In addition, a series of monthly interactive technical sessions, "*NHWA clinics*" were initiated, focusing on capacity building, data management, troubleshooting, and country presentations on best practices from the progressive implementation of the NHWA. A mission was also conducted to **Uzbekistan**, in coordination with WHO EURO colleagues, to support the assessment and strengthening of the country's national human resources for health information system capacity.

As a result of these activities, 206 countries, territories, and areas (including 98% of WHO Member States) have appointed focal points for annual reporting either directly to the NHWA data platform or through official channels such as the Joint Questionnaire.

During 2025, 178 Member States (92%) reported data on the NHWA platform. Data is available for key health workforce topics across the majority of countries, including stock (100%), activity level (93%), distribution by sex (90%), distribution by age group (79%), graduates (78%), distribution by facility ownership (68%), distribution by facility type (65%), distribution by place of training (63%), and distribution by place of birth (59%) for the period 2018–2024. The validated data is published annually on the NHWA data portal as a global public good, used by countries, regional offices, and partner organisations to generate evidence, conduct health labour market analysis, and develop workforce policies. In 2025, regional reports on the health workforce were developed based on NHWA data by the WHO Pan American Health Organization (PAHO) and EURO colleagues.

Under the IADEx, collaboration is also ongoing on the revision of the **International Standard Classification of Occupations (ISCO-08)**, for which ILO is the custodian. The current version, endorsed in 2008, has been under revision since June 2021. WHO participates in the technical working group for health and care occupations, and during 2025, several proposals were assessed and a series of technical dialogues conducted with stakeholders and WHO technical units covering nursing, midwifery, rehabilitation, eye care, oral care, and laboratory medicine. A first draft for ISCO-28 is planned for release in 2028, complemented by methodological and implementation notes, indexes, and bridging tables.

Finally, improving data and evidence on health workforce education and training remains a key IADEx objective. WHO initiated a collaboration with Stellenbosch University, South Africa to develop a health worker education database for African countries, listing over 1000 institutions offering education and training programmes in medicine, nursing, midwifery, dentistry, and pharmacy across the continent — capturing information on year of establishment, ownership, types of programmes offered, and training places. National correspondents have been identified to provide data on health workforce education and training pathways, and country profiles have been developed with qualitative insights on programme accreditation. The data collected through this initiative will be channelled into the NHWA.

International Platform on Health Worker Mobility

Although the recruitment of international health workers in OECD countries has increased in the past two decades, the destination country's investments in source-country workforce development, retention and health system strengthening have remained limited. Of the 55 countries identified by

WHO as those requiring priority investments for health workforce, 37 are in the African region and most countries receiving direct support from Working for Health are on the SSL. While some countries have enforced policies to minimize active recruitment from these countries, these have not been accompanied with investments or support on health workforce in these countries.

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 by addressing source country priorities, meeting destination-country demand and ensuring rights and welfare of health and care workers. The [OECD-WHO guidance on bilateral agreements on health worker migration and mobility](#), published in close collaboration with ILO in March 2024, has now been translated into [French](#) and [Spanish](#) with funding from other donors to expand its uptake in countries. The guidance emphasizes health system benefits to source country health systems, a fundamental feature of ethical recruitment but one that has often been overlooked.

Published in November 2025, **Chapter 5 of the [OECD International Migration Outlook 2025](#)** is a jointly authored OECD-WHO analytical chapter produced in the context of the IADEx and the Mobility Platform. It provides a comprehensive analysis of international migration trends among doctors and nurses to OECD countries since 2000/01, examining the evolution of migration in the context of growing workforce shortages and increasing global competition for talent. The chapter considers the implications for source countries, including the risk of health workforce capacity erosion and offers comparative insights on countries' migration policies to facilitate international recruitment in the health sector, including recent changes affecting health professionals and developments in the recognition of foreign qualifications and licensing across the OECD. A global perspective on health worker migration is also included, drawing on data from the NHWA. The analysis provides important evidence to inform policy dialogue on health workforce mobility and the importance of implementing the **WHO Global Code of Practice on the International Recruitment of Health Personnel** to its full scope, and was presented to the **Expert Advisory Group on the Code** in November 2025.

In 2025, the ILO finalised and published the [Training of Trainers Toolkit on Ensuring Policy Coherence in Health and Labour Migration](#), building on a [Manual for Participatory Assessment of Policy Coherence in the Health Sector](#) developed under Working for Health and published in 2024. The toolkit is designed to support countries in strengthening coherence between labour migration and health policies through structured multi-stakeholder engagement, and responds to growing global pressures on labour migration and health governance systems driven by demographic trends, rising non-communicable diseases (NCDs), and recurrent health emergencies. Pilot implementation of the tools is planned, subject to budget availability.

ILO also initiated analytical work on the role of artificial intelligence (AI) in the recognition of skills and qualifications for migrant health workers in 2025. This is an area that remains limited and insufficiently documented despite growing digitalisation of credential verification processes. A comprehensive analytical report was commissioned, covering AI applications in digital credentialing, mapping of AI-driven tools and platforms, assessment of their effectiveness and associated risks (including transparency, data protection, and bias) and policy recommendations. The report is expected to be published in 2026 and will contribute to ongoing work under the International Platform on Health Worker Mobility, complementing analysis on the internationalisation of medical and nursing education and the recognition of foreign qualifications. Together with the policy coherence toolkit published in 2025, this work strengthens the evidence base for fair, transparent, and efficient recognition systems for migrant health workers.

Flexible skills pathways to improve access to health and care occupations

In 2025, Working for Health advanced a significant joint research agenda on flexible and competency-based pathways into healthcare professions, completing a global evidence base that spans high-income OECD countries, South and Southeast Asia, and Africa.

The culmination of this joint work was the **OECD-ILO report [Flexible Learning Pathways into Healthcare Occupations](#)**, produced with technical input and review from WHO, and covering 19 countries across high-income, middle-income, and lower-income settings including **Australia, Canada, Denmark, Germany, India, South Africa, Tanzania, the United Kingdom, and Zimbabwe**. The report consolidates findings from three complementary regional studies — covering high-income OECD countries, South and Southeast Asia, and Africa — into a unified global evidence base on how flexible, modular, and competency-based learning pathways can address health workforce shortages, improve skills recognition, and support more equitable access to health services.

The report was published in February 2026 and was accompanied by a joint **OECD-ILO webinar held in December 2025**, which brought together ministers, social partners, professional bodies, and international organisations to disseminate findings and foster dialogue. Country experiences from England, Denmark, South Africa, and India highlighted innovative approaches to expanding the health workforce through flexible and modular learning systems. The webinar recording is available [here](#).

Underpinning the joint report, the ILO led a regional study in 2025, *Flexible Pathways into Healthcare Professions in Africa*, examining workforce shortages, unemployment, and skills mismatches across **Tanzania, Cameroon, Zimbabwe, South Africa, and Egypt**. The study assessed flexible qualification pathways, recognition of prior learning, governance arrangements, and labour market absorption challenges across primary care, long-term care, and related health occupations. Key findings highlighted a persistent production–deficit–absorption paradox: where increased training output coexists with unemployment, rural shortages, and competence gaps, as well as fragmented credentialing systems, weak inter-ministerial coordination, and the critical but largely unrecognised role of informal providers such as community health workers. Gender inequalities were also prominent, with women forming the majority of the health workforce yet remaining concentrated in lower-paid roles with limited leadership representation. A final report and complementary policy brief of this regional assessment are scheduled for publication in 2026. The OECD conducted a parallel study focused on high-income OECD countries, with both studies feeding into the joint report alongside the earlier South and Southeast Asia research.

Across all three regional studies, consistent themes emerged: the importance of competency-based and stackable training pathways, recognition of prior learning mechanisms, coordinated governance across health, education, and labour systems, and inclusive policies supporting women, rural populations, and informal care workers. Building on this body of work, a joint **Guidance Note for Implementing Flexible Learning Pathways into Healthcare Occupations** is currently being prepared, scheduled for publication in 2026.

In 2026, WHO together with ILO and UNESCO are launching a programme of work to create a global policy framework to recognise learning achievement in continuing education for health and care workers, supported by external funding sources. The Policy framework may encompass content relating to the assessment and evidence of learning achievement through formal, non-formal and informal learning pathways, as well as the validity of the award or micro-credential; the application of the learning to practice; stackability and interoperability with established systems such as e-portfolios and digital wallets. The Policy framework is intended to be an essential reference document for use by academic institutions, workplace-based learning providers, and other education providers in the health and care sector; as well as accrediting organizations, health and care policy organizations, health

and care workforce employers, regulatory authorities, and other identified organizations. This joint work builds on the long-standing Working for Health collaboration between WHO and ILO on flexible skills pathways.

Support to South Africa's G20 Presidency

South Africa's G20 Presidency in 2025 marked a historic milestone as the first time the African continent had hosted this high-level forum, and the selection of health workforce strengthening as one of only three priority areas within the Health Working Group — alongside UHC, NCDs, pandemic preparedness, and science and innovation — was a significant recognition of the progress made in the country, reflecting the influence of five years of Working for Health support to the NDoH and the extensive strides in health workforce development observed over that period.

Working for Health provided extensive technical assistance to the South Africa G20 Presidency Task Team, working in close collaboration with NDoH to advance health workforce as a priority topic within the Health Working Group, particularly during the [Third Health Working Group Meeting](#) in May 2025 under the theme *"Investing in the Health and Care Workforce for Health and Economic Growth."* This engagement helped elevate health workforce investment as a key item on the G20 agenda, with a particular emphasis on decent work, ethical migration, workforce competencies, retention, and equitable access to health workers — framed explicitly as drivers of inclusive economic growth, including the potential to generate over 173 million jobs globally by meeting SDG health targets. A central contribution was making the case for stronger cross-sectoral stewardship, calling on health, finance, education, and labour ministries to work in closer alignment to strengthen workforce supply, quality, planning, and protection — with Working for Health highlighted as a leading example of this integrated approach in action.

Key outcomes of the meeting included strong consensus on sustained domestic investment in health workforce education, employment, decent work, and retention in PHC settings, as well as agreement on the role of digital health and AI in improving workforce efficiency, and the importance of digital literacy and curriculum reform. A dedicated side event, co-hosted by South Africa, ILO, WHO, and OECD, focused specifically on managing international recruitment and migration of health personnel. The session concluded with G20 countries and the Presidency being encouraged to adopt an approach that mitigates the negative impacts of health worker migration on source countries. This includes advancing concrete actions drawn from the **WHO Global Code of Practice on the International Recruitment of Health Personnel**, such as promoting mutually beneficial bilateral agreements aligned with international labour standards, supporting coinvestments in health systems, and building consensus on priority enhancements to the Code aligned with G20 and African regional priorities. The role of youth engagement and collective bargaining in strengthening workforce voice and policy responsiveness was also underscored. The [Working for Health 2022-2030 Action Plan](#) was included in the **Outcome's Document** of the G20 Presidency (*available upon request and shared with the Steering Committee on 23 January 2026*).

In 2025, WHO and ILO also demonstrated strategic leadership at the G20 Empowerment of Women Working Group under South Africa's Presidency — an engagement closely aligned with gender equality and women's empowerment as a key cross-cutting theme within the [Working for Health 2022–2030 Action Plan](#) and the [ILO Resolution concerning decent work and the care economy](#). Through the technical assistance provided, health sector priorities were enhanced, including working conditions for health and care workers, disability and long-term care, UHC, and violence and harassment against women. This deepening engagement shaped the Expert Working Group agenda in meaningful ways. At the second meeting, WHO co-organised a UN system-wide presentation alongside ILO, UN Women, and OHCHR, ensuring that the care economy — encompassing both paid

and unpaid care work — remained a central theme, drawing on evidence from the [WHO-ILO Gender Pay Gap in Health and Care Report](#) (2022) and WHO’s [Fair Share for Health and Care Report](#) (2024), both of which were disseminated to G20 members and helped shape negotiations on the Ministerial Declaration. The support provided by WHO and ILO to South Africa’s NDoH strengthened alignment between the health and gender equality agendas, reinforcing the health sector’s pivotal role in advancing women’s economic empowerment, and deepening the global partnerships needed to drive sustained investment in the care economy.

Working for Health – National Health Service England Partnership

The partnership between Working for Health and the UK’s National Health Service (NHS) England leverages the expertise and technical cooperation of both organizations to address national health workforce priorities across various countries. The partnership’s **Working for Health 2030: Building Health Workforce Leadership programme** is delivered through the WHO Collaborating Centre for Human Resources for Health at NHS England, thus it is not financially supported by the MPTF but remains an important strategic partnership for Working for Health, building on the Year of the Health and Care Worker programme, which delivered a similar programme during 2021 – 2022.

The **Working for Health 2030: Building Health Workforce Leadership programme** equips key health workforce leaders, policymakers and planners with the analytics, tools, and practices needed to implement innovative workforce education, employment and retention solutions to address national workforce challenges and policy priorities. The programme aligns with the WHO Working for Health 2022-2030 Action Plan, by responding to the growing demand to optimise, build and strengthen the health workforce, and invest in their education, employment and retention. By strengthening workforce governance and capacity, the programme enhances the availability, accessibility, and quality of health care workers, and develops a workforce that is equipped to meet current and future health challenges and deliver improved health, economic and social outcomes.

The Leadership Programme delivers a series of facilitated Action Learning Sets through Salford University—providing a platform for collaborative discussions, peer problem-solving, and shared learning on key common workforce challenges and solutions across 22 countries to date including Working for Health priority countries: **Kenya, Ghana and Nigeria**; and open access seminars, 15 have been delivered to date, including four in 2025. The seminars consistently attract large, diverse audiences with each seminar now having 1000+ registrations and 500+ live participants from at least 133 countries.

- i) **Seminar 1: [‘Here, There, and Everywhere’: Enabling equitable distribution of health and care workers in urban and rural settings](#)**, delivered 23 January 2025. In the seminar, a reflection of Canada’s multi-pronged approach to attracting and retaining health professionals in rural communities sparked debate from participants in countries such as Kenya, India, and the Philippines on how these approaches could be adapted to their contexts.
- ii) **Seminar 2: [‘Structures for Success: the Power of Effective Workforce Governance’](#)**, delivered 2 April, 2025. The seminar explored how effective use of data and analytics, meaningful stakeholder engagement, and regulatory reform can drive workforce governance improvements — with speakers from contexts including South Africa, Syria, Niger, Georgia, and the UK, as well as organized labour sharing lessons on addressing education, employment, and retention gaps across fragile and well-resourced settings
- iii) **Seminar 3: [Our Duty of Care: Protecting Mental Health and Preventing Burnout in Health and Care Workers](#)**, delivered 17 July 2025. The seminar included speakers with lived and professional experience of burnout to highlight the systemic failures that leave health and care workers without adequate mental health support — prompting discussion across participant

countries on low-cost retention strategies, while the WHO and ILO perspectives underscored that burnout is not an individual failing but a policy challenge, anchored in the [WHO/WISH *Our Duty of Care* report](#), the [WHO Global Health and Care Worker Compact](#), and the [ILO Declaration on Fundamental Principles and Rights at Work](#) — all of which affirm that a safe and healthy working environment is a fundamental right, and that protecting health worker wellbeing is inseparable from building resilient health systems.

- iv) **Seminar 4: [People at the Heart of Progress: Optimising the Workforce through Skills, Innovation, and Localisation](#)**, delivered 12 November 2025. The seminar brought together a diverse range of stakeholders from high- and low- and middle-income countries — including a former Minister of Health, WHO representatives, academics, and national health system leaders from contexts as varied as the Seychelles, Sweden, Scotland, and Kenya — to examine how skills development, digital innovation, and localisation can help address the projected global shortfall of 11.1 million health workers by 2030.

Together, these seminars ([W4H 2025–26 Seminar Series page](#)) have grown beyond being “just webinars” — they now function as a platform for shaping global dialogue, amplifying shared learning, and connecting a truly international community of health workforce professionals.

Second World Summit for Social Development

Working for Health was featured at the high-level [Doha Solutions Forum for Social Development](#), where it was showcased as an innovative solution contributing to inclusive social development. The presentation highlighted Working for Health’s focus on strengthening health worker skills development, promoting decent employment opportunities, and advancing women’s participation and economic empowerment within the health and care sector.

In addition, Working for Health was presented by the ILO Director of the Secretariat of the Global Coalition for Social Justice during a dedicated [Solutions Spotlight Session](#). The intervention underscored the programme’s role in linking health workforce investment with decent work, gender equality and broader social justice objectives, reinforcing its relevance within global social development dialogues.

Beyond the Summit, **WHO Director General’s** statement at the [64th Session of the Commission for Social Development](#) reaffirmed commitment to collaboration across the UN, with labour, gender equality, social protection, and calling on Member States to action the [Doha Declaration](#).

IV. Independent Mid-Term Evaluation of the ILO Component of Working for Health

In 2025, an independent mid-term evaluation of the ILO component of the Working for Health programme was conducted, covering ILO support from January 2024 across six countries: Chad, Cameroon, Malawi, Kenya, Pakistan, and South Africa — with in-depth analysis in Malawi and Pakistan. The evaluation assessed relevance, effectiveness, efficiency, sustainability, coordination, and emerging impact, consulting 27 stakeholders (12 women, 15 men) through a mixed-methods approach combining desk review with remote interviews. The full evaluation report is available [here](#).

The evaluation found the ILO component to be **highly relevant** to national priorities and decent work challenges in the health sector, with the participatory design of country-level interventions — involving tripartite constituents, ministries beyond labour, and national partners — identified as a key strength. Most planned outputs were delivered despite significant funding constraints, with key achievements including HealthWISE implementation in pilot facilities, support to policy and regulatory reforms, strengthening of

labour inspectorates, social dialogue tool development, and integration of OSH and gender equality into training curricula.

"When the ILO came and people trained us on HealthWISE, it was an eye opener. Usually, we just look for the patients' wellbeing. HealthWISE taught us that their (worker) safety was important and we needed to look after each other ourselves." — **External Stakeholder, Malawi**

In terms of emerging impact, the evaluation identified promising progress in OSH governance reform and tangible behavioural and institutional changes in HealthWISE pilot facilities. Sustainability prospects are strengthened by national ownership and institutionalisation of policies and curricula, though the lack of predictable multi-year funding remains a key risk. The evaluation recommends strengthening outcome measurement, ensuring sustained technical follow-up, and securing more predictable funding to consolidate and scale results.

V. Impact of WHO Restructuring on Working for Health

The 2025 WHO restructuring introduced significant organisational changes that have affected the Working for Health programme's operational capacity at headquarters. As part of a broader realignment of WHO's technical functions, the health workforce portfolio was relocated to the WHO Academy in Lyon, where it has been integrated with the organization's training institute. Within this context, the dedicated Working for Health Secretariat was reduced, a substantial change that has required the team to work with considerably greater selectivity in how it allocates its technical resources and pursues resource mobilisation for the MPTF. The loss of supportive corporate functions that previously facilitated multilateral engagement and access to UN pooled funding has added an additional layer of complexity to sustaining the programme's financing base.

Despite a significantly reduced team and constrained budget, the programme has maintained delivery across country, regional, and global workstreams in 2025—as demonstrated by this report—advancing policy reform, expanding institutional partnerships, contributing to the G20 health workforce agenda under South Africa's Presidency, and generating a substantial body of joint analytical work with ILO and OECD partners. This reflects both the strength of the partnerships that underpin Working for Health and the commitment of the joint Secretariat to protect the quality and continuity of support to Member States. Looking ahead, sustaining and ideally strengthening the programme's technical base will be essential to meet rising country demand and to deliver on the global health workforce agenda as Working for Health approaches its 10-year anniversary in 2026.

VI. Resources and looking ahead

In 2025, Working for Health operated under significant resource constraints, with MPTF contributions falling short of the level needed to fully meet country demand. Financial management remained sound, with funds disbursed and accounted for through the UN MPTF Office in accordance with established standards.

Additional resources mobilized in 2025 for continuation activities outside the MPTF include:

- **Domestic resource mobilisation:** In several priority countries, notably Pakistan and South Africa, governments and institutions (Punjab ESSI) independently scaled up activities initiated in earlier years with W4H support, demonstrating early sustainability of programme investments.
- **Bilateral donors:** Complementary contributions from the UK DHSC supported the completion of the Malawi HLMA and the development of the new Health Workforce Strategic Plan; other bilateral partners provided in-kind and financial support across several country and regional workstreams to build on the foundations started with Working for Health.

- **Agency in-kind contributions:** WHO, ILO and OECD each contributed significant staff time, as well as coordination between the three agencies to sustain global public goods workstreams, including the NHWA platform, the OECD – WHO migration analysis, and G20 technical support.
- **Regional and multilateral platforms:** W4H leveraged its role on South Africa’s G20 Health Working Group Presidency and Steering Committee of the 2nd Africa health Workforce Investment Forum to channel political and financial attention toward health workforce financing and advocate for greater investment in health workforce in countries to meet the gaps that were worsened by ODA cuts in 2025.

With the current 2-24-2026 project phase concluding in December 2026, securing predictable, increased MPTF financing for the next phase of the programme is one of the most pressing operational priorities for the Secretariat. Donor contributions have consistently generated returns in policy reform, jobs created and domestic investment catalysed, that far exceed the original MPTF investment. Continued and expanded resource mobilisation is essential to sustain this momentum and extend the proven W4H model to additional countries ahead of the programme’s 10th anniversary in 2027.

This imperative is directly reinforced by the UN80 reform process. The January 2025 UN80 mapping exercise established clearly that pooled funds work and are cost-efficient, yet remain significantly underfunded, accounting for barely 5% of all voluntary UN financing against the Funding Compact's own 30% target by 2027. Working for Health exemplifies why this model matters: health workforce shortages span borders, ministries, and budget lines—they are collective action problems that pooled mechanisms are structurally built to address in ways that earmarked, siloed, bilateral funding cannot replicate.

Critically, the value W4H delivers through its coordination role, aligning WHO, ILO and OECD mandates behind shared country priorities, connecting national reform processes to regional and global policy platforms, and enabling coherence across health, labour and finance agendas—represents a multiplier effect that bilateral funding alone often fails to achieve.

References

1. AFRO. Africa Health Workforce Investment Charter. *Africa health workforce investment charter*. Brazzaville: WHO Regional Office for Africa; 2023. (<https://iris.who.int/handle/10665/376689>, accessed 8 March 2026).
2. AFRO. *Inaugural Africa health workforce investment forum: conference report*. Brazzaville: WHO Regional Office for Africa; 2024. (<https://iris.who.int/handle/10665/378689>, accessed 8 March 2026).
3. AFRO. *Windhoek statement on investing in Africa's health workforce*. Brazzaville: WHO Regional Office for Africa; 2024. (<https://iris.who.int/handle/10665/376872>, accessed 8 March 2026).
4. Ahmat A, Okoroafor SC, Kazanga I, Asamani JA, Millogo JJS, Illou MMA, et al. *The health workforce status in the WHO African Region: findings of a cross-sectional study*. *BMJ Global Health*. 2022;7(Suppl 1):e008317. doi: 10.1136/bmjgh-2021-008317. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9109011/>, accessed 8 March 2026).
5. Asamani JA, Bediakon KSB, Boniol M, Munga'tu JK, Akugri FA, Muvango LL, et al. *Projected health workforce requirements and shortage for addressing the disease burden in the WHO Africa Region, 2022–2030: a needs-based modelling study*. *BMJ Global Health*. 2024;7:e015972. (<https://doi.org/10.1136/bmjgh-2024-015972>, accessed 8 March 2026).
6. Boniol M, Kunjumen T, Nair TS, Siyam A, Campbell J, Diallo K. *The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage?* *BMJ Global Health*. 2022;7(6):e009316. doi: 10.1136/bmjgh-2022-009316. (<https://doi.org/10.1136/bmjgh-2022-009316>, accessed 8 March 2026).
7. Doha Declaration on the Second World Summit for Social Development. *Doha declaration*. New York: United Nations; 2025. (<https://documents.un.org/doc/undoc/ltd/n25/259/32/pdf/n2525932.pdf>, accessed 8 March 2026).
8. G20 South Africa Presidency. *Outcome document of the Third Health Working Group Meeting: Investing in the Health and Care Workforce for Health and Economic Growth*. Pretoria: G20 South Africa; 2025. (Available upon request.)
9. Global Coalition for Social Justice/ILO. *Working for Health: presented at the Doha Solutions Forum for Social Development*. Geneva: ILO; 2025. (<https://social.desa.un.org/world-summit-2025/programme/doha-solutions-forum-for-social-development>, accessed 8 March 2026).
10. ILO. *Declaration on fundamental principles and rights at work*. Geneva: International Labour Organization; 1998 (amended 2022). (<https://www.ilo.org/ilo-declaration-fundamental-principles-and-rights-work>, accessed 8 March 2026).
11. ILO. *Equal Remuneration Convention, 1951 (No. 100)*. Geneva: International Labour Organization; 1951. (https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312245:NO, accessed 8 March 2026).
12. ILO. *Occupational Safety and Health Convention, 1981 (No. 155)*. Geneva: International Labour Organization; 1981. (https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312300:NO, accessed 8 March 2026).
13. ILO. *Nursing Personnel Convention, 1977 (No. 149)*. Geneva: International Labour Organization; 1977. (https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312294:NO, accessed 8 March 2026).
14. ILO. *Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)*. Geneva: International Labour Organization; 2006. (https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312332:NO, accessed 8 March 2026).

15. ILO. *Violence and Harassment Convention, 2019 (No. 190)*. Geneva: International Labour Organization; 2019. (https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:3999810:NO, accessed 8 March 2026).
16. ILO. *Biological Hazards in the Working Environment Convention, 2025 (No. 192)*. Geneva: International Labour Organization; 2025. (https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:4438405:NO, accessed 8 March 2026).
17. ILO. *Manual for participatory assessment of policy coherence in the health sector*. Geneva: International Labour Organization; 2024. (<https://www.ilo.org/publications/international-labour-migration-health-sector-manual-participatory>, accessed 8 March 2026).
18. ILO. *Resolution concerning decent work and the care economy*. Geneva: International Labour Organization; 2024. (<https://www.ilo.org/resource/record-decisions/resolution-concerning-decent-work-and-care-economy>, accessed 8 March 2026).
19. ILO. *Training of trainers toolkit on ensuring policy coherence in health and labour migration*. Geneva: International Labour Organization; 2025. (<https://www.ilo.org/resources/tools-and-guides/ensuring-policy-coherence-health-and-labour-migration>, accessed 8 March 2026).
20. ILO; OECD. *Flexible learning pathways into healthcare occupations*. Geneva/Paris: International Labour Organization/Organisation for Economic Co-operation and Development; 2026. (<https://www.ilo.org/publications/flexible-learning-pathways-healthcare-occupations>, accessed 8 March 2026).
21. Kenya Ministry of Health. *Kenya health labour market analysis 2023*. Nairobi: Government of Kenya; 2023. (https://labourmarket.go.ke/media/resources/Final_Kenya_HLMA_Report_2023_v8.pdf, accessed 8 March 2026).
22. Lauren A, Ramalho J, Dumont JC, Lafortune G, Mahat A, Nair T. International migration of health professionals to OECD countries. In: *International migration outlook 2025*. Paris: Organisation for Economic Co-operation and Development; 2025:161–235. (<https://doi.org/10.1787/ae26c893-en>, accessed 8 March 2026).
23. National Health Workforce Accounts data portal [online database]. *National health workforce accounts*. Geneva: World Health Organization; 2025. (<https://apps.who.int/nhwportal/>, accessed 8 March 2026).
24. Nigeria Federal Ministry of Health. *Health sector strategic blueprint 2024–2027*. Abuja: Federal Ministry of Health; 2024. (<https://www.scribd.com/presentation/889717578/Operationalizing-the-Health-Sector-Strategic-Blueprint-HSSB-2023-2027-1-Pptx-AutoRecovered>, accessed 8 March 2026).
25. Nigeria Federal Ministry of Health. *National policy on health workforce migration*. Abuja: Federal Ministry of Health; 2024. (<https://health.gov.ng/national-policy-on-health-workforce-migration/>, accessed 8 March 2026).
26. OECD; WHO. *Guidance on bilateral agreements on health worker migration and mobility*. Geneva/Paris: World Health Organization/Organisation for Economic Co-operation and Development; 2024. (<https://www.who.int/publications/i/item/9789240073067>, accessed 8 March 2026).
27. OECD; WHO. *What do we know about young people's interest in health careers?* Paris: Organisation for Economic Co-operation and Development; 2025. (https://www.oecd.org/en/publications/what-do-we-know-about-young-people-s-interest-in-health-careers_002b3a39-en.html, accessed 8 March 2026).
28. PAHO. *The health workforce in the Americas: regional data and indicators*. Washington D.C.: Pan American Health Organization; 2025. (<https://iris.paho.org/handle/10665.2/66642>, accessed 8 March 2026).

29. South Africa National Department of Health. *Human resources for health 2030 strategy*. Pretoria: National Department of Health; 2023. (<https://www.health.gov.za/wp-content/uploads/2023/06/2030-HRH-Strategy-Final.pdf>, accessed 8 March 2026).
30. United Nations High-Level Commission on Health Employment and Economic Growth. *Working together for health and growth: collaborative action on health employment and economic growth*. Geneva: World Health Organization; 2016. (<https://www.who.int/publications/i/item/9789241511308>, accessed 8 March 2026).
31. WHA. *Resolution WHA70.6: Working for Health: a five-year action plan for health employment and inclusive economic growth (2017–2021)*. Geneva: World Health Organization; 2017. (https://www.who.int/teams/health-workforce/hwf_governance, accessed 8 March 2026).
32. WHA. *Resolution WHA74.14: Protecting, safeguarding and investing in the health and care workforce*. Geneva: World Health Organization; 2021. (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R14-en.pdf, accessed 8 March 2026).
33. WHA. *Resolution WHA75.17: Health and care workforce: addressing critical gaps for universal health coverage, primary health care, and health emergency preparedness*. Geneva: World Health Organization; 2022. (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R17-en.pdf, accessed 8 March 2026).
34. WHA. *Resolution WHA78.16: Accelerating action on the global health and care workforce by 2030*. Geneva: World Health Organization; 2025. (https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R16-en.pdf, accessed 8 March 2026).
35. WHO. *Global strategy on human resources for health: workforce 2030*. Geneva: World Health Organization; 2016. (<https://www.who.int/publications/i/item/9789241511131>, accessed 8 March 2026).
36. WHO. *Africa health workforce agenda 2026-2035: Plan, train, retain*. Brazzaville: WHO Regional Office for Africa; 2026. (<https://www.afro.who.int/news/countries-experts-agree-10-year-africa-health-workforce-agenda>, accessed 6 May 2026).
37. WHO. *Fair share for health and care: gender, power and the health and care workforce*. Geneva: World Health Organization; 2024. (<https://www.who.int/publications/i/item/9789240082854>, accessed 8 March 2026).
38. WHO. *Global health and care worker compact*. Geneva: World Health Organization; 2022. (<https://www.who.int/publications/i/item/9789240073852>, accessed 8 March 2026).
39. WHO. *Health workforce support and safeguards list 2023*. Geneva: World Health Organization; 2023. (<https://www.who.int/publications/i/item/9789240063631>, accessed 8 March 2026).
40. WHO. *Our duty of care: protecting the mental health and well-being of health and care workers*. Geneva: World Health Organization/WISH; 2022. (https://www.who.int/publications/m/item/wish_report, accessed 8 March 2026).
41. WHO. *Needs-based health workforce requirements to address Africa's disease burden and demographic evolution: implications for investing in the education and employment of health workers, 2022–2030*. Brazzaville: WHO Regional Office for Africa; 2024.
42. WHO. *Working for Health 2022–2030 action plan*. Geneva: World Health Organization; 2022. (<https://www.who.int/publications/i/item/9789240063341>, accessed 8 March 2026).
43. WHO; ILO. *Gender pay gap in health and care: evidence brief*. Geneva: World Health Organization/International Labour Organization; 2022. (<https://www.who.int/publications/i/item/9789240052895>, accessed 8 March 2026).
44. WHO Regional Office for Europe. *Health workforce migration in the WHO European Region: country case studies from Albania, Armenia, Georgia, Ireland, Malta, Norway, Republic of Moldova, Romania and Tajikistan*. Copenhagen: WHO Regional Office for Europe; 2025. (<https://iris.who.int/handle/10665/382570>, accessed 8 March 2026).



Annex 1: Results Matrix

Indicator-based performance assessment — 2025 and cumulative to Project Phase II

Working for Health Multi-Partner Trust Fund | WHO · ILO · OECD

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
Outcome 1: The existing health and care workforce is OPTIMIZED through data-driven policy, planning and investment in education, jobs and skills						
Output 1.1 Effective workforce governance and collaboration at all levels Indicator 1.1 Number of countries with multisectoral policy dialogue platforms and governance mechanisms						
CHAD						
	Strategic orientation and planning document available 2022–2030. Multisectoral technical mechanism in place since January 2023.	In progress	<p>2025: Multisectoral technical working group established, bringing together ministries of health, higher education, labour, finance, and civil service to guide HLMA implementation and workforce coordination. <i>(See Output 1.2 for full HLMA findings and investment plan details.)</i></p> <p>Cumulative: 803+ health workers recruited; 30 health workers trained in social dialogue; multisectoral task team operational.</p>	Strategic HRH development plan. Policy and strategy documents. NHWA country reports 2022 and 2023. Social dialogue training report. HLMA report. Investment plan.	Insufficient domestic resources for all worker categories including CHWs. Limited technical/financial partners. Limited financial resources for social dialogue training in remote areas. Financial constraints halted OSH activities in 2025.	Conduct national policy dialogue on HRH resources on implementation of the investment plans.
GHANA						
	Human Resource for Health Directorate developed in	In progress	<p>2025: WHO AFRO planning a Ministerial Roundtable with Ministers of Health, Finance and Labour aimed at developing</p>	Ministerial roundtable documentation (planned 2026). Multisectoral	Change in Ministry of Health leadership in March 2024 required re-orientation. High-level policy dialogue	Conduct high-level multisectoral ministerial policy dialogue

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
	Ministry of Health.		<p>the investment plan in 2026. Ghana selected to host the Second Africa Health Workforce Investment Forum (Accra, 6–8 May 2026).</p> <p>Cumulative: Multisectoral working group operational; investment plan process initiated.</p>	working group meeting records.	delayed due to political election cycle. Labour market tensions around migration and unemployment.	on HLMA findings (2026). Development of national health workforce investment plan. Hosting the 2 nd Africa HWF Investment Forum in May 2026.
MALAWI						
	National committee providing technical and oversight functions for NHTA and HLMA. Senior MoH management oriented on methodologies.	In progress	<p>2025: Two multisectoral working groups established to guide health workforce developments, including to review HLMA evidence and coordinate strategic plan development (<i>see Output 1.2</i>).</p> <p>Cumulative: Two multisectoral working groups operational; OSH Directorate established within MoH (<i>see Output 3.2</i>).</p>	Inception and workshop reports. Terms of reference for technical working groups. Health Workforce Strategic Plan document.	Committed national task team required. Supplementary UK DHSC funding needed to complete HLMA and strategic plan.	Launch and implementation of new Health Workforce Strategic Plan. Continue strengthening multisectoral working groups. Scale-up HealthWISE nationally.
KENYA						
	Descriptive, exploratory and predictive HLMA conducted. High-level policy dialogue led to Kericho Declaration on	In progress	<p>2025: Draft assessment report on social dialogue structures finalized. Social Dialogue Handbook revised to reflect current legislation and emerging challenges. ILO provided normative guidance to the Presidential Taskforce on HRH (established by Executive Order No. 5 of</p>	Draft assessment report. Draft revised Social Dialogue Handbook. Health workforce strategic plan document. Presidential	Ongoing strikes and health system challenges delayed validation in 2024–2025. Divergent stakeholder opinions on HRH governance recentralization.	Tripartite validation of Social Dialogue research and handbook. Development of national

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
	Health Workforce.		<p>2024), contributing evidence-based, rights-based input on decent work, OSH, social protection, gender pay gaps, and fundamental rights at work. Validation delayed to 2026 due to continued industrial actions.</p> <p>Cumulative: Social dialogue assessment and handbook complete; ILO input to Presidential Taskforce on HRH; strategic plan development ongoing; 20 000 additional health workers committed (Ksh 21 billion / USD 162 million secured).</p>	Taskforce engagement records.		health workforce investment plan and compact. Ministerial roundtable between MoH and Ministry of Finance on HRH priorities.
PAKISTAN						
		In progress	<p>2025: Inter-provincial Community of Practice among ESSIs established under HSA stewardship. National ESSi discourse convened (30 representatives from provincial ESSIs, HSA leadership, ILO). ILO-led national webinar on International Nurses Day attended by 39 participants from key national institutions. ILO contributed to national conference 'Transforming Care Systems' (approx. 45 participants from government, civil society, health sector).</p> <p>Cumulative: 45 nursing professionals trained in leadership; two public-private dialogues held; inter-provincial Community of Practice established; multiple national dialogues convened.</p>	Workshop and event reports. Action plans. Boot camp curriculum and report. Community of Practice documentation.	Lack of union representation for nurses. Limited awareness of violence/harassment reporting mechanisms. Need for sustained multi-partner engagement.	Strengthen enforcement of ILO standards on OSH, violence and harassment, discrimination and equal remuneration. Support ratification of ILO Convention No. 190.
SOUTH AFRICA						

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
		In progress	<p>2025: Support provided to the Ministerial Advisory Committee on HRH Policies, reviewing critical workforce policies. Technical assistance to Presidential Health Compact with health workforce investment planning as a key outcome. Steps initiated toward National Tripartite Health Sector Committee following formal DEL request for ILO technical assistance (March 2025). ILO contributed guidance to COSATU workshop on LGBTQI+ inclusion in the health sector.</p> <p>Cumulative: Ministerial Advisory Committee on HRH Policies supported; Presidential Health Compact supported; National Tripartite Health Sector Committee process initiated; COSATU workshop on LGBTQI+ inclusion.</p>	Charter document. Presidential Health Compact documentation. Ministerial Advisory Committee reports. National Tripartite Committee initiation documentation.	Changing priorities within NDoH. Transition from isolated interventions toward institutionalised multi-stakeholder frameworks ongoing.	Support formal revision of four critical HRH policies. Establish National Tripartite Health Sector Committee. Align policy revisions with long-term investment and financing plans under 2030 HRH Strategy.
NIGERIA						
	Advocacy to Federal Ministry of Health and state HRH focal points on HLMA. National HRH technical working group.	In progress	<p>2025: Multi-sectoral Task Team established to drive the HLMA technical process, providing governance and coordination across Federal Ministry of Health and state-level stakeholders. (<i>See Output 1.2 for full HLMA implementation details.</i>)</p> <p>Cumulative: Multisectoral task team operational; National Policy on Health Workforce Migration approved; state-level policy dialogues held in Abia and Benue.</p>	Meeting reports (Abia, Benue). HLMA concept note and progress reports. National Policy on Health Workforce Migration. Annual health workforce profile.	Changes in Federal Ministry of Health leadership caused delays. Ongoing health sector reform initiatives delayed key activities. Poor data management systems of regulatory bodies.	Complete HLMA and develop implementation plan for National Policy on Health Workforce Migration. Expand evidence-based HRH planning to additional states.

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
CAMEROON						
	2022 ILO–Ministry of Public Health joint assessment of OSH conditions in health facilities.	In progress	<p>2025: National OSH Strategy and Action Plan 2025–2030 validated through a tripartite multi-sectoral process (Ministries of Health, Labour, Employment, employers' association, trade unions, civil society), demonstrating strong multisectoral engagement and commitment. (<i>See Output 3.2 for full OSH strategy and implementation details.</i>)</p> <p>Cumulative: Two multisectoral working groups operational; National OSH Strategy 2025–2030 validated through tripartite process (<i>see Output 3.2</i>).</p>	Meeting reports. National OSH Strategy and Action Plan 2025–2030 (see Output 3.2).	Formal adoption of OSH strategy pending. Need for sustained inter-ministerial coordination.	Formal ministerial adoption and implementation of National OSH Strategy 2025–2030. Continue strengthening multisectoral engagement on HRH.
Output 1.2 Data-driven policy, planning, decision-making and investment is supported Indicator 1.2 Number of supported countries that have conducted a health labour market analysis						
BENIN						
	Multisectoral technical working group in place.	In progress	<p>2025: HLMA data collection and analysis continuing. Institutionalization of focal point mandates progressing.</p> <p>Cumulative: HLMA commenced; focal points trained; data collection tools validated.</p>	Workshop report. Data collection tools. Training records.	Focal points in ministries not properly mandated. Consider relocating workshops to improve focus.	Institutionalize focal point mandate within HRH observatory. Finalize stakeholder analysis matrix. Complete data collection, analysis and validation workshops.
CENTRAL AFRICAN REPUBLIC						

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
		Completed	<p>2025: National HRH Strategy 2025–2036 developed, setting priorities for education, governance, recruitment/retention and data systems. Costed investment plan and investment compact under preparation to mobilize funding from government, development partners and private sector. Partnership with World Bank for funding enumerators for health workforce survey. Assessment of health workforce education and training institutions completed, identifying priority actions on curricula, faculty development and infrastructure.</p> <p>Cumulative: HLMA complete; 850+ new health posts funded; National HRH Strategy 2025–2036 developed; training institution assessment done; World Bank partnership secured; investment compact under preparation.</p>	Evaluation report. Health profile 2023–2024. Assessment report on training institutions. National HRH Strategy 2025–2036. Investment plan and compact (in preparation).	HRH gap requires combination of interventions. Multiple normative HRH documents still to be developed. Capacity in anaesthetist assistants needs building. Need to integrate health worker data into national health information system.	Launch National HRH Strategy 2025–2036. Finalize and launch costed investment plan and investment compact. Develop national forum on HRH and maternal and child health. Health worker capacity building across cadres.
CHAD						
	HLMA methodology workshop conducted.	Completed	<p>2025: HLMA completed: highlighted structural challenges including outdated curricula (dating to 2014), ~4000 training places available but only 2735 applicants, misalignment between education and health system needs, and near 70% of allocated positions concentrated in the capital. Investment plan developed to guide efforts to reach density of 20 health workers per 10 000 population by 2030 (current: 3.58 per 10 000).</p>	Workshop and activity reports. Research protocol. HLMA report. Investment plan.	Financial constraints limited data collection from all partners. HLMA reveals significant structural misalignment between health education and service needs.	Implement investment plan priorities. Address pre-service education gaps (curriculum update, infrastructure). Strengthen inter-ministerial coordination on

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>Cumulative: HLMA complete with investment plan; structural workforce challenges documented; multi-sectoral coordination gap identified and addressed through new technical working group.</p>			HRH production.
GHANA						
	Human Resources for Health Development Directorate of Ministry of Health.	Completed	<p>2025: HLMA launched by Ministry of Health. WHO AFRO planning Ministerial Roundtable (Ministers of Health, Finance, Labour) to develop investment plan in 2026.</p> <p>Cumulative: HLMA completed and launched; regional presentation at Namibia Forum; Ministerial Roundtable for investment plan planned for 2026.</p>	HLMA report. Validation meeting report and presentation slides. Nursing and midwifery strategic plan 2024–2028.	Change in Ministry of Health leadership required re-orientation. High-level policy dialogue delayed by election cycle. Labour market tensions around migration.	Conduct high-level ministerial policy dialogue on HLMA findings. Develop national health workforce investment plan. Host Second Africa Health Workforce Investment Forum (Accra, May 2026).
MALAWI						
	HLMA methodology workshop conducted.	Completed	<p>2025: HLMA completed (with W4H and UK DHSC support). Results directly informed development of new Health Workforce Strategic Plan.</p> <p>Cumulative: HLMA complete; new Health Workforce Strategic Plan developed using HLMA evidence.</p>	HLMA study protocol and report. Health Workforce Strategic Plan.	Incomplete data on macroeconomics and some health worker cadres. Missing private sector data. Supplementary UK DHSC funding required.	Launch and implement Health Workforce Strategic Plan. Expand data coverage to private sector.

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
NIGERIA						
		In progress	<p>2025: HLMA implementation supported with WHO technical guidance: secondary data collection from regulatory bodies and Federal Ministry of Health; health facility and health worker surveys; key informant interviews; group modelling with clinical experts to estimate future needs. Data cleaning, analysis and report preparation supported.</p> <p>Cumulative: HLMA substantially advanced: state-level working groups established, primary and secondary data collected, modelling underway.</p>	State-level HRH working group reports. HLMA progress reports. Survey instruments and preliminary data.	Federal Ministry of Health leadership changes caused delays at national scale. Plan to start at state level (Lagos, Jigawa). Poor data management by regulatory bodies.	Complete HLMA analysis and report. Develop data analysis workshop for 2023–2024 health workforce profile. Implementation plan for National Policy on Health Workforce Migration.
SOUTH AFRICA						
		In progress	<p>2025: Technical support to Ministerial Advisory Committee on HRH Policies (review of four critical policies: commuted overtime, dual practice, community service, rural allowances). November 2025 national consultation generated evidence-informed understanding of gaps and reform options. Enhanced NHWA data reporting and integrated HRH information systems supported. Strengthened ministerial and inter-sectoral mechanisms for 2030 HRH Strategy implementation.</p> <p>Cumulative: Ministerial Advisory Committee on four critical HRH policies supported with evidence-based reform options; NHWA</p>	Ministerial Advisory Committee consultation report (November 2025). NHWA data submissions. 2030 HRH Strategy implementation reports.	Changing NDoH priorities. Deep health workforce inequities (54% of doctors in private sector vs 74% of nurses in public sector). One of four African countries expecting decline in practising health workers.	Formal revision of four critical HRH policies. Align policy revisions with investment and financing plans. Strengthen inter-sectoral mechanisms for 2030 HRH Strategy.

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			data reporting strengthened; 2030 HRH Strategy implementation supported.			
Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened						
BENIN						
	Multisectoral technical working group of focal points from various ministries, professional organizations and civil society.	In progress	2025: Multisectoral technical working group active. Data collection and analysis preparation ongoing. Stakeholder analysis matrix initiated.	Working group reports. Stakeholder analysis matrix.	Focal points need formal mandate from respective hierarchies. Workshop logistics require improvement.	Institutionalize focal point mandates. Organize data triangulation, analysis and validation workshops. Evaluate HRH strategic plan.
KENYA						
	Descriptive, exploratory and predictive HLMA conducted. Kericho Declaration on Health Workforce signed.	In progress	2025: ILO provided normative guidance to Presidential Taskforce on HRH. Ksh 21 billion (USD 162 million) secured to recruit 20 000 additional health workers. Multi-sectoral policy dialogue for investment planning planned for 2026. Government committed to 20 000 new health workforce jobs as part of regional commitment of nearly 100 000 jobs across five countries. Cumulative: Kericho Declaration signed; 20 000 jobs committed (USD 162 million secured); health workforce strategic plan development ongoing; Presidential Taskforce supported.	Kericho Declaration. Health workforce strategic plan. Presidential Taskforce engagement records. Investment commitment documentation.	Divergent stakeholder opinions on HRH governance recentralization. Ongoing fiscal constraints on public sector hiring despite 14% unemployment rate among trained health workers.	Validate strategic plan. Develop national health workforce investment plan and compact. Roundtable between MoH and Ministry of Finance on HRH priorities and funding scenarios.
CHAD						

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
	Strategic coordination of HLMA by Ministry of Health leadership.	In progress	<p>2025: Multisectoral technical working group established and operational. <i>See Output 1.1 for full details.</i></p> <p>Cumulative: See Output 1.1 (multisectoral governance) and Output 1.2 (HLMA and investment plan).</p>	Launch workshop report. Validated documents (research protocol). Investment plan.	Financial constraints limiting additional activities in 2025.	Implement investment plan priorities. Strengthen inter-ministerial coordination.
CAMEROON						
		In progress	<p>2025: National OSH Strategy validated through tripartite multi-sectoral process (government, employers, trade unions, civil society), demonstrating strong multisectoral commitment. Ministerial decree on mandatory OSH committees initiated. <i>(See Output 3.2 for full OSH details.)</i></p> <p>Cumulative: Two multisectoral working groups established; National OSH Strategy validated tripartite <i>(see Output 3.2)</i>.</p>	Meeting reports. National OSH Strategy. Draft ministerial decree.	Important step toward inclusive, coordinated health workforce planning. Formal adoption pending.	Formal adoption of OSH Strategy. Enact ministerial decree. Continue strengthening multisectoral engagement on HRH.
MALAWI						
		In progress	<p>2025: Multi-sectoral Taskforce continued to guide coordination of W4H activities. New OSH Directorate established in Ministry of Health, representing a key governance milestone <i>(see Output 3.2 for full OSH details)</i>.</p> <p>Cumulative:</p>	Terms of reference for technical working group.	Important step toward inclusive, coordinated health workforce planning.	Continue strengthening multisectoral engagement. Scale up HealthWISE implementation nationally.

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			Two multisectoral working groups operational; OSH Directorate established in MoH (<i>see Output 3.2</i>).			
Output 1.4 International health worker migration trends established						
NIGERIA						
	National health workforce registry operational; challenges in data currency; registry not established in all states.	In progress	<p>2025: HLMA implementation advancing, complementing migration monitoring. Data analysis for 2023–2024 health workforce profile progressing.</p> <p>Cumulative: National Policy on Health Workforce Migration approved; annual health workforce profile system established; data analysis for 2023–2024 profile ongoing.</p>	National Policy on Health Workforce Migration. Nigerian health workforce profile 2022 (published 2024). Workshop reports. HLMA progress reports.	Delays in data collection for health workforce profile due to poor regulatory body data management systems. Assessment of data management systems ongoing.	Complete data analysis workshops for 2023 and 2024 health workforce profile. Develop implementation plan for National Policy on Health Workforce Migration.
GHANA						
	2019 national health workforce international deployment and re-integration policy.	In progress	<p>2025: Review of the national health workforce international deployment and re-integration policy continuing.</p> <p>Cumulative: Concept note developed; policy review process initiated.</p>	Concept note. Draft migration strategy framework.	Need for updated policy aligned with current migration trends.	Review and update national health workforce international deployment and re-integration policy. Develop comprehensive national migration strategy to be launched at 2 nd Africa HWF

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
						Investment Forum in May 2026.
GLOBAL PUBLIC GOODS						
		In progress	<p>2025: Chapter 5 of OECD International Migration Outlook 2025 (jointly authored OECD–WHO): comprehensive analysis of international migration trends among doctors and nurses to OECD countries since 2000. Presented to the Expert Advisory Group on the WHO Global Code of Practice (November 2025). OECD–WHO guidance on bilateral agreements translated into French and Spanish (with external donor funding). ILO analytical work initiated on the role of AI in skills/qualifications recognition for migrant health workers.</p> <p>Cumulative: OECD-WHO migration analysis published; bilateral agreements guidance translated to French and Spanish; AI-in-credentialing analysis commissioned.</p>	OECD International Migration Outlook 2025, Chapter 5. Translated bilateral agreements guidance. AI credentialing analytical report (expected 2026).	Destination country investments in source-country health system strengthening remain limited despite increasing international recruitment.	Publish AI credentialing analytical report (2026). Continue WHO Global Code of Practice advocacy. Support pilot implementation of policy coherence toolkit.
Output 1.5 Comparability of medical and nursing education and recognition of foreign qualifications for health workers						
		In progress	<p>2025: Analysis of trends in internationalization of medical and nursing education ongoing. Gender vulnerabilities in health profession labour migration examined. ISCO-08 revision in progress with WHO participating in technical working group for health and care occupations; several proposals assessed and technical</p>	Technical reports. ISCO revision documentation. AI credentialing report (2026).	Digitalisation of credential verification growing but AI applications remain under-documented.	Publish ISCO-28 first draft (2028). Publish AI credentialing report (2026). Organize workshop on results with

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>dialogues conducted covering nursing, midwifery, rehabilitation, eye care, oral care, and laboratory medicine. First draft of ISCO-28 planned for 2028.</p> <p>ILO analytical work on AI in recognition of skills and qualifications for migrant health workers commissioned; report expected 2026.</p>			stakeholders in context of WHO Code implementation
Output 1.6 Advocacy of the Code and investment in health system strengthening						
		In progress	<p>2025: OECD–WHO guidance on bilateral agreements on health worker migration (published March 2024) translated into French and Spanish. WHO Global Code of Practice advocacy ongoing. Chapter 5, OECD International Migration Outlook 2025 presented to Expert Advisory Group on the Code. G20 side event on managing international recruitment co-hosted by South Africa, ILO, WHO and OECD — G20 countries encouraged to adopt the Code's principles including bilateral agreements aligned with international labour standards.</p>	<p>Bilateral agreements guidance (English, French, Spanish). OECD Migration Outlook 2025. G20 side event documentation.</p>	<p>Destination countries enforcing active recruitment restrictions without investing in source-country health systems.</p>	<p>Continue Code advocacy. Launch online database with repository of bilateral agreements submitted to WHO. Support pilot bilateral agreement implementation</p>
Output 1.7 International health worker migration policies assessed to ensure effective global safeguards						
		In progress	<p>2025: Training of Trainers Toolkit on Ensuring Policy Coherence in Health and Labour Migration published. Toolkit supports countries in strengthening coherence between labour migration and health policies through structured multi-stakeholder engagement. Flexible, supporting various event formats</p>	<p>Manual for Participatory Assessment of Policy Coherence (2024). Training of Trainers Toolkit on Policy Coherence in Health and Labour Migration (2025).</p>	<p>Pilot implementation subject to budget availability. Growing pressures on labour migration governance from demographic trends, NCDs, and health emergencies.</p>	<p>Launch and pilot the toolkit. Conduct training of trainers events. Assess policy coherence in</p>

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>including multistakeholder training. Pilot implementation planned subject to budget.</p> <p>Cumulative: Manual (2024) and Toolkit (2025) both published — full two-part policy coherence capacity building package available.</p>			selected countries.
Output 1.8 Data on career aspirations and interests analysed to inform trends in youth employment						
		Completed	<p>2025 (published): Final joint OECD–WHO report 'What Do We Know about Young People's Interest in Health Careers?' completed and released (December 2024/January 2025). Key findings: (1) interest in health careers declined among 15-year-olds in approximately half of OECD countries between 2018–2022; (2) persistent gender gap in career aspirations — girls far more likely to express interest in health careers; (3) post-pandemic nursing application decline — applications rose during early COVID-19 years but fell in 2022 and 2023.</p> <p>PISA survey data covering ~80 countries; national administrative data collected jointly by OECD and WHO. Global webinar for NHWA focal points (March 2025) attended by focal points from 113 countries.</p>	OECD–WHO report 'What Do We Know about Young People's Interest in Health Careers?' (released January 2025). Policy brief on nursing careers (May 2024). NHWA focal points webinar documentation.	Declining interest in health careers is a worrying signal for future workforce supply, particularly in nursing.	Disseminate findings to inform national workforce planning. Integrate early career awareness investments and gender-responsive recruitment strategies into HLMA processes.
Output 1.9 Global health workforce supply capacity is quantified, measured, and tracked against existing stock						
		In progress	2025:	NHWA data portal (annual public	Data gaps persist for place of training and	Continue NHWA data

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>NHWA data reporting supported: 178 WHO Member States (92%) reported data in 2025; 206 countries and territories appointed NHWA focal points. Data available for stock (100%), activity level (93%), distribution by sex (90%), age group (79%), graduates (78%), facility ownership (68%), facility type (65%), place of training (63%), place of birth (59%) for 2018–2024. Monthly 'NHWA clinics' initiated for capacity building and best practice sharing. Mission to Uzbekistan to strengthen national HRH information system capacity. Collaboration with Stellenbosch University, South Africa to develop health worker education database for African countries (1000+ institutions catalogued).</p> <p>Regional reports on health workforce developed based on NHWA data by PAHO and WHO EURO.</p>	<p>good). Regional health workforce reports (PAHO, EURO). Stellenbosch University education database. NHWA clinic documentation.</p>	<p>place of birth. Private sector data remains incomplete in many countries.</p>	<p>collection and validation. Expand Stellenbosch database. Channel education/training data into NHWA. Support ISCO-28 development.</p>

Output 1.10 Global health workforce demand is quantified, measured, and tracked

		In progress	<p>2025: Feasibility study on global skills taxonomy ongoing. Employment projection by occupation at ISCO-08 2-digit level advancing.</p> <p>W4H G20 engagement framed health workforce investment as generating 173 million jobs globally by meeting SDG health targets.</p>	<p>Employment projection analytical outputs. G20 Presidency Outcome Document (includes W4H Action Plan). Africa Health Workforce Investment Charter commitment documentation.</p>	<p>Global quantification of demand requires coherent data from diverse national systems.</p>	<p>Finalize employment projections by occupation and gender. Disseminate results to inform national HRH planning and investment case development.</p>
--	--	-------------	--	---	--	---

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

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
Output 2.1 Critical education, skills and employment needs and gaps are addressed						
MALAWI						
		Completed	<p>2025: Diagnostic Study on Skills and Lifelong Learning in the Health and Care Sector finalized and validated through stakeholder consultations. Key findings: weak labour market information systems, limited coordination between training and health institutions, insufficient recognition of prior learning, and persistent workforce imbalances. Actionable, costed recommendations developed to inform forthcoming National Health and Care Sector Skills Development Strategy. Policy brief under preparation.</p> <p>Cumulative: Diagnostic Study completed and validated; National Health and Care Sector Skills Development Strategy development initiated.</p>	Draft diagnostic study report. Validated study with stakeholder consultation records. Policy brief (in preparation).	Study finalization was delayed but completed in 2025. Weak labour market information systems identified as key barrier.	Launch and disseminate Diagnostic Study findings. Develop National Health and Care Sector Skills Development Strategy based on study recommendations.
REGIONAL						
		In progress	<p>2025: ILO-led regional study Flexible Pathways into Healthcare Professions in Africa examining Tanzania, Cameroon, Zimbabwe, South Africa and Egypt: assessed flexible qualification pathways, recognition of prior learning, governance arrangements, and labour market absorption. Key findings: production–deficit–absorption paradox; fragmented credentialing systems; weak inter-ministerial coordination; critical role of informal providers/CHWs; women</p>	Asia regional assessment report. Africa regional study report and policy brief (2026). OECD–ILO global report (February 2026). Webinar recording.	Production–deficit–absorption paradox: increased training output coexists with unemployment, rural shortages, and competence gaps. Fragmented credentialing systems.	Publish Africa regional study and policy brief (2026). Publish Guidance Note on Flexible Learning Pathways (2026). Expand research into WHO African Region. Develop

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			concentrated in lower-paid roles with limited leadership. Final report and policy brief scheduled for publication in 2026.			WHO–ILO–UNESCO global policy framework on learning achievement recognition (2026).
PAKISTAN						
		In progress	<p>2025: Leadership and Hospital Management Course for Punjab ESSI revised to embed ILO decent work principles and key ILO conventions. Planned for biannual delivery from 2026; expected to reach 250–300 ESSI professionals over five years (≥30% female per cohort). 13 HSA faculty members trained to deliver revised MSc Public Health curriculum integrating decent work and OSH principles (see Output 3.2 for full OSH details).</p> <p>Cumulative: 400 public health students reached; 13 HSA faculty trained; revised Leadership and Hospital Management Course developed; 250–300 ESSI professionals projected to be reached by 2030.</p>	Training reports. Implementation reports. Updated HSA curriculum. Revised Leadership and Hospital Management Course. Faculty training records.	Nurses face restrictions in union formation. Need for sustained resource mobilization.	Biannual delivery of revised Leadership and Hospital Management Course (from 2026). Continue faculty training at HSA. Expand HealthWISE to additional Punjab facilities.
Output 2.2 Sustainable workforce action and investment are leveraged through effective governance and leadership						
CENTRAL AFRICAN REPUBLIC						
		In progress	<p>2025: National HRH Strategy 2025–2036 developed. Investment plan and investment compact under preparation. Government committed 2000 new health</p>	Proceeding reports. Health profile 2023–2024. National HRH Strategy 2025–2036. Investment plan and	Complex HRH gap requires combination of interventions across recruitment, training and retention.	Launch National HRH Strategy. Finalize investment

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			workforce jobs as part of Africa Health Workforce Charter implementation. Cumulative: National HRH Strategy 2025–2036 developed; 2000 new jobs committed; investment plan and compact in preparation; health profile published.	compact (in preparation).		compact. Mobilize financing from government, development partners and private sector.
SOUTH AFRICA						
		Completed	2025: Extensive technical support to Ministerial Advisory Committee on HRH Policies. Technical assistance to Presidential Health Compact with health workforce investment planning as key outcome. Supported NDoH G20 Presidency Task Team (<i>see global achievements</i>). Cumulative: Presidential Health Compact 2024–2029 supported (HRH pillar); Ministerial Advisory Committee on four critical HRH policies supported; G20 health workforce agenda advanced.	Presidential Health Compact 2024–2029. Ministerial Advisory Committee report. G20 Presidency outcome documentation.	Transition from HRH compact commitments to implementation is the central challenge; systemic inequities between public and private sector persist.	Support implementation of 2030 HRH Strategy and Presidential Health Compact HRH pillar. Align policy revisions with investment plans.
Output 2.3 Increased investment (domestic, development and private) is secured and mobilized						
CENTRAL AFRICAN REPUBLIC						
		In progress	2025: Costed investment plan under preparation. Investment compact being developed to mobilize funding from government, development partners, philanthropic organizations and private sector. Government committed 850 posts for health workforce recruitment in 2025	World Bank partnership documentation. Budget allocations. Investment plan. Investment compact (in preparation).	HRH gap requires multisectoral combination of interventions and sustained financing.	Finalize and launch investment compact. Mobilize development partner and private sector

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>budget (Ministry of Civil Service). 2000 new health worker posts committed by government.</p> <p>Cumulative: World Bank partnership secured; 850 posts funded (2025 budget); 2000 new jobs committed; investment compact in preparation.</p>			financing aligned with National HRH Strategy 2025–2036.
CHAD						
		In progress	<p>2025: Investment plan developed (based on HLMA findings) identifying priority actions and financing needs to reach a density of 20 health workers per 10 000 population by 2030 (current: 3.58), informing high-level policy discussions and investment commitments.</p> <p>Cumulative: Investment plan developed; HLMA evidence informing policy discussions and investment commitments.</p>	HLMA report. Investment plan.	Very low current workforce density (3.58 per 10 000) requires transformative investment. Financial constraints persist.	Mobilize financing aligned with investment plan. Engage development partners and government on HRH investment.
SOUTH AFRICA						
		Completed	<p>2025: Technical assistance to Presidential Health Compact with health workforce investment planning as key outcome. Technical support to NDoH G20 Presidency Task Team — W4H highlighted as leading example of integrated multisectoral approach.</p> <p>Cumulative:</p>	Presidential Health Compact 2024–2029. G20 Presidency outcome document.	Challenge is less about fiscal space (largest health workforce financing envelope in Africa) and more about workforce retention and deployment.	Support NDoH implementation of Presidential Health Compact HRH investment commitments. Strengthen alignment between investment

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			Presidential Health Compact HRH investment planning supported; G20 health workforce investment framing advanced.			plans and 2030 HRH Strategy.
REGIONAL						
		In progress	<p>2025: Governments committed to nearly 100 000 new health workforce jobs across five countries (32 000 Zimbabwe, 20 000 Kenya, 39 000 Ethiopia, 2000 Central African Republic, 1000 Eswatini). NHTA regional workshop supported 2024 data validation across Africa, now informing development of Africa Health Workforce Development Plan 2026–2035. Second Africa Health Workforce Investment Forum preparations underway (Accra, Ghana, 6–8 May 2026).</p> <p>Cumulative: Charter launched in 2024; ~100 000 new health workforce jobs committed across five countries since then; regional data system strengthened; Second Forum preparations underway.</p>	Africa Health Workforce Investment Charter. Windhoek Statement. Investment commitment documentation from five countries. Regional NHTA workshop reports. Second Forum preparation records.	Domestic and external financing gaps remain significant. ODA cuts in 2025 worsened funding environment.	Host Second Africa Health Workforce Investment Forum (Accra, May 2026). Finalize Africa Health Workforce Development Plan 2026–2035. Continue supporting countries to develop investment compacts.
Output 2.4 Skills gaps and recognition of learning achievements are improved through evidence, guidance and frameworks						
REGIONAL / GLOBAL						
		In progress	<p>2025: ILO Africa regional study on flexible pathways completed (Tanzania, Cameroon, Zimbabwe, South Africa, Egypt) — publication 2026. OECD-ILO global report 'Flexible Learning Pathways into Healthcare Occupations' (19 countries, with WHO input) finalized for</p>	Asia regional assessment report. OECD–ILO global report (February 2026). Africa regional study and policy brief (2026). Webinar recording.	Competency-based and stackable training pathways remain underdeveloped. Recognition of prior learning mechanisms weak, especially for	Publish Guidance Note on Flexible Learning Pathways (2026). Develop WHO–ILO–

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>publication February 2026. Joint webinar held December 2025 with ministers and social partners. WHO–ILO–UNESCO programme to develop global policy framework on learning achievement recognition launched in 2026.</p> <p>Cumulative: Three regional studies (OECD high-income, South/SE Asia, Africa); one global report published (19 countries); Guidance Note in preparation; global policy framework development initiated.</p>	Guidance Note (2026).	informal care workers and women.	UNESCO global policy framework on learning achievement recognition. Expand research across WHO African Region.
Output 2.5 Health workforce pathways defined to strengthen the link between education and employment						
		In progress	<p>2024–2025: Adaptable health workforce lifelong learning pathways model under development. Framework to monitor and measure the pathways model being established.</p>	Pathways model documentation. Monitoring framework. WHO–ILO–UNESCO programme launch documentation (2026).	Need for robust, globally applicable framework that addresses diversity of learning systems across high-income and LMIC contexts.	Launch WHO–ILO–UNESCO global policy framework on learning achievement recognition (2026). Pilot pathways model in selected countries.
Outcome 3: Health systems resilience and performance are STRENGTHENED to deliver UHC and respond to public health preparedness through an equitable, protected and efficient workforce						
Output 3.1 Gender bias and inequalities in health workforce policy and practice reduced						
PAKISTAN						
		In progress	<p>2025: Revised Minimum Service Delivery Standards launched (covering ~2500 facilities) with particular emphasis on</p>	Boot camp curriculum and report. Conference and webinar reports.	Nurses face restrictions in union formation. Need for regional leadership hubs for	Embed boot camp in regular HSA programming.

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>protecting female health workers and integrating decent work principles — first such regulatory framework in Pakistan’s health sector (see Output 3.2 for full OSH details). ILO led session on decent work in the care economy at 'Transforming Care Systems' conference (approx. 45 participants). ILO marked International Nurses Day with national webinar (39 participants) on decent work for nurses.</p> <p>Cumulative: 45 nursing professionals trained (85% improvement in leadership competencies); Minimum Service Delivery Standards launched covering ~2500 facilities (gender-protective provisions; <i>see Output 3.2</i>); 45+ participants in care economy session; 39 participants in Nurses Day webinar.</p>	Minimum Service Delivery Standards documentation (see Output 3.2).	equitable access to training. Heavy feminisation at lower cadres with limited leadership representation.	Establish regional leadership hubs across Pakistan.
SOUTH AFRICA						
		In progress	<p>2025: ILO provided technical guidance to COSATU workshop on LGBTQI+ inclusion in the health sector (12–13 November 2025). Workshop elevated voices of LGBTQI+ health workers, validated experiences of workplace discrimination/harassment, generated union commitments to strengthen inclusive policies, union-level training, and sector-specific protections.</p> <p>ILO presented guidance on ILO Nursing Personnel Convention (No. 149) and Violence and Harassment Convention (No. 190) at the 5th African Nursing</p>	COSATU workshop report. Commitments documentation. 5th African Nursing Conference presentation. G20 Empowerment of Women Working Group documentation.	Systemic workplace discrimination and harassment against LGBTQI+ health workers. Gender pay gaps persist. Need for institutionalised protections.	Follow up on COSATU union commitments on LGBTQI+ workplace protections. Advance ratification of ILO Conventions 149 and 190. Continue G20 gender equality and care

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>Conference — reinforcing health equity, labour standards, and gender equality in nursing.</p> <p>Extensive technical support to South Africa's G20 Presidency Task Team on Empowerment of Women Working Group — advancing working conditions for health and care workers, disability and long-term care, UHC, and violence and harassment against women. WHO–ILO Gender Pay Gap in Health and Care Report and Fair Share for Health and Care Report disseminated to G20 members.</p> <p>Cumulative: COSATU LGBTQI+ workshop conducted with union commitments generated; nursing labour standards promoted at continental level; gender equality agenda advanced at G20.</p>			economy agenda.
Output 3.2 Improved protection, well-being, decent work and occupational safety and health of health workers in all settings						
CAMEROON						
		In progress	<p>2025: National OSH Strategy and Action Plan 2025–2030 validated through tripartite multi-sectoral process. Development workshop (May 2025): 40 participants (15 women, 25 men). Validation workshop (19–20 November): 30 participants (12 women, 18 men). Strategy structured around three strategic axes: coordination/monitoring; legal and institutional framework; human, material and infrastructural capacities. Ministry of Public Health initiated drafting ministerial</p>	Draft National OSH Strategy 2025–2030. Workshop reports (development: May 2025; validation: November 2025). Draft ministerial decree.	Formal ministerial adoption pending. Labour inspector capacity needs systematic strengthening. Sustained inter-ministerial coordination required.	Formal ministerial adoption of OSH Strategy. Enact ministerial decree on OSH committees. Implement OSH Strategy priority actions. Strengthen labour

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>decree to make OSH committees mandatory in all qualifying health facilities. Ministry of Labour advancing measures to strengthen labour inspector capacity.</p> <p>Cumulative: National OSH Strategy 2025–2030 validated tripartite (70 participants across workshops); ministerial decree on mandatory OSH committees initiated; labour inspector capacity measures advancing.</p>			inspector capacity on health facility compliance.
CHAD						
		Completed (2024)	<p>2025: All planned OSH interventions concluded and finalized in 2024. No additional activities in 2025 due to financial constraints; further implementation on hold pending additional budgetary resources.</p> <p>Cumulative: 15 labour inspectors trained; pilot labour inspection strategic plan developed; taskforce established.</p>	Training report. Labour inspection strategic compliance plan.	Financial constraints halted further OSH activities in 2025. Need for systematic engagement of all partners to sustainably implement compliance plan.	Mobilize resources to resume implementation of labour inspection strategic plan. Continue OSH capacity building for health sector.
MALAWI						
		In progress	<p>2025: Joint senior-level assessment (25–30 May 2025) by Ministry of Health, Ministry of Labour and ILO across four facilities (Ntchisi District Hospital, Mponela Rural Hospital, Salima District Hospital, Chezi Health Centre). Cascade training (June–July 2025): 374 health workers trained</p>	Training reports. OSH action plans (facility level). Assessment report (May 2025). Documentary video and multimedia package. MoH OSH	Limited resources, short training duration, incomplete staff coverage. Translation of HealthWISE into local language requested. Financial support	Integrate HealthWISE into national Care of the Carers framework. Embed in supportive

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>(121 women, 253 men) across four pilot facilities and surrounding health centres using HealthWISE (all eight modules delivered in two-day orientation sessions). Facility-level OSH action plans generated. HealthWISE embedded in routine supervision. New OSH Directorate established within Ministry of Health (W4H directly contributed). National Care of the Carers Policy amended to align with ILO Convention No. 190. Documentary video, four social media clips and professional photo package produced for World Day for Safety and Health at Work 2026.</p> <p>Cumulative: 40 trainers + 374 health workers trained (414 total; 121 women, 293 men); HealthWISE institutionalised in 4 facilities; OSH Directorate established in MoH; National Care of the Carers Policy amended.</p>	Directorate establishment documentation. Amended Care of the Carers Policy.	needed for national scale-up.	supervision systems under MoH OSH Directorate. Develop national roadmap for HealthWISE scale-up. Disseminate multimedia package at World Day for Safety and Health at Work 2026.
PAKISTAN						
		In progress	<p>2025: HealthWISE expanded to Punjab: ILO–Punjab ESSI Memorandum of Understanding (April 2025). Piloted in two Punjab ESSI hospitals in Lahore (500-bed and 100-bed facilities); 10 master trainers established; 33 health workers trained; OSH committees, incident reporting systems, harassment/grievance mechanisms and wellness services established. Punjab ESSI independently expanded to 4 additional facilities using own resources</p>	Training reports. Implementation reports (ICT and Punjab). ILO–Punjab ESSI MoU. Revised Minimum Service Delivery Standards (official launch). National OSH Strategy (in development). HSA faculty training records.	Nurses face restrictions in union formation. Need for provincial replication of Minimum Service Delivery Standards. National OSH Strategy finalization pending resources.	Develop and launch National OSH Strategy for health sector (2026/2027). Biannual delivery of revised Leadership and Hospital Management Course.

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>— now reaching over 1200 health workers (sustainability achievement). Revised Minimum Service Delivery Standards officially launched by Islamabad Healthcare Regulatory Authority (covering ~2500 facilities; first regulatory framework to integrate OSH and decent work). National OSH Strategy and Implementation Framework for health sector initiated; finalization expected 2026/2027. 13 HSA faculty trained in revised MSc Public Health curriculum.</p> <p>Cumulative: 4 trainers + 10 master trainers = 14 trainers; 190 + 33 = 223 health workers directly trained; over 1200 health workers reached through Punjab ESSI independent expansion; 400 public health students; ~2500 facilities covered by revised Minimum Service Delivery Standards; National OSH Strategy initiated.</p>			Expand HealthWISE to additional Punjab facilities. Replicate Minimum Service Delivery Standards model in other provinces.
SOUTH AFRICA						
		In progress	<p>2025: National tripartite OSH Strategic Planning Workshop convened (NDoH, ILO, WHO, Department of Employment and Labour, National Institute for Occupational Health, health sector unions, academia). Workshop surfaced systemic challenges (fragmented governance, resource shortfalls, weak information systems) and built consensus on standardising OSH policies, ring-fencing budgets, and institutionalising worker participation; workplace violence and harassment identified as central priorities. Following</p>	Workshop reports. Department of Health Management Commitment Charter. National Tripartite OSH Strategic Planning Workshop report. National Tripartite Health Sector Committee initiation documentation.	Fragmented OSH governance. Resource shortfalls. Weak information systems. High priority on workplace violence and harassment. One of four African countries expecting decline in health workforce stock.	Establish National Tripartite Health Sector Committee. Standardise OSH policies across provinces. Ring-fence OSH budgets. Strengthen health workforce

Output / Indicators	Baseline (Key inputs already in place)	Status	Key activities and achievements (2025 & cumulative)	Means of verification / deliverables	Challenges / comments	Plan for 2026
			<p>formal DEL request (March 2025), steps initiated toward National Tripartite Health Sector Committee ('Tripartite Plus' governance structure).</p> <p>Cumulative: OSH workshops held in Eastern Cape, Gauteng and national level; Commitment Charter developed; National Tripartite OSH Strategic Planning completed; National Tripartite Health Sector Committee process initiated.</p>			<p>information systems. Implement national HRH strategy with meaningful social partner involvement.</p>

Note on cumulative reporting: This results matrix presents achievements cumulatively across 2024 and 2025. Where numerical data (e.g., number of people trained, jobs committed, health workers reached) is reported, figures reflect the cumulative total across both years unless otherwise noted. Some activities reported in 2024 were preliminary steps completed in full in 2025 (e.g., HLMAs in Chad, Malawi, Nigeria); these are reflected accordingly. Regional commitments (approx. 100 000 new health workforce jobs) are 2025 data points.

