

Working for Health

Accelerating progress on the health and care workforce

Annual report 2024



UN Multi-Partner
Trust Fund Office



International
Labour
Organization



World Health
Organization

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Abbreviations and acronyms

CHW	community health worker
HLMA	health labour market analysis
IADEx	Inter-Agency Data Exchange
ILO	International Labour Organization
ISCO	International Standard Classification of Occupations
LMICs	low- and middle-income countries
MPTF	Multi-Partner Trust Fund
NHWA	national health workforce account
OECD	Organisation for Economic Co-operation and Development
OSH	occupational safety and health
PHC	primary health care
PISA	Programme for International Student Assessment
SDGs	Sustainable Development Goals
UHC	universal health coverage
UN	United Nations
W4H	Working for Health
WHO	World Health Organization



Executive summary



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



11.1 million
global health workforce
shortage by 2030 (4).

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

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

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

At the **national level**, it supports 11 high priority countries to increase their investments in workforce education, jobs and retention: Benin, Cameroon, Central African Republic, Chad, Ghana, Kenya, Malawi, Nigeria, Pakistan, Senegal and South Africa. These countries account for at least one third of the projected 11.1 million global health workforce shortage by 2030 (4).



9 of these countries
are deemed as those least
likely to achieve universal
health coverage (UHC) and
are included in the *WHO health workforce
support and safeguards list 2023* (5).

Among these 11 countries, six are newly supported through the W4H MPTF (Cameroon, Central African Republic, Ghana, Malawi, Nigeria and Senegal) and the other five countries are building on prior MPTF support (Benin, Chad, Kenya, Pakistan and South Africa).

At the **regional level**, the project supports the dissemination and implementation of the *African health workforce investment charter* (6) and the *Windhoek statement: investing in Africa's health workforce* (7) to collectively advocate for, promote and secure domestic and external funding and partnership for taking forward action on the health workforce agenda.

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

Highlights from 2024 – country results

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

Nigeria: endorsed its new *National policy on health workforce migration (14)*, which aligns with UHC objectives and takes a whole-of-government approach in collaboration with the Ministry of Education and Ministry of Labour.

Central African Republic: The government committed to the recruitment of 2000 new health assistants and 2000 health workers (a 33% increase) by 2026.

Kenya: implemented the *Strategic plan (2023–2027) (8)* for its health workforce policy in 2024. The government then secured Ksh 21 billion (US\$ 162 million) which led to the recruitment of 20 000 health workers (an 11% workforce increase).

Ghana: The government launched the *Nursing and midwifery strategic plan and services framework 2024–2028*.

Cameroon: developed a national OSH strategy (2024–2030) to strengthen OSH in the sector that will be launched in 2025.

South Africa: launched the human resources for health pillar of the 2nd Presidential Health Compact 2024–2029 (9), leading to the recruitment of 56 000 additional health workers and 46 000 community health workers (CHWs).

Data-driven workforce policy, planning, decision-making and investment: supported through the health labour market analysis (HLMA) methodology, which generated contextual evidence to address workforce challenges in five countries in 2024.

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

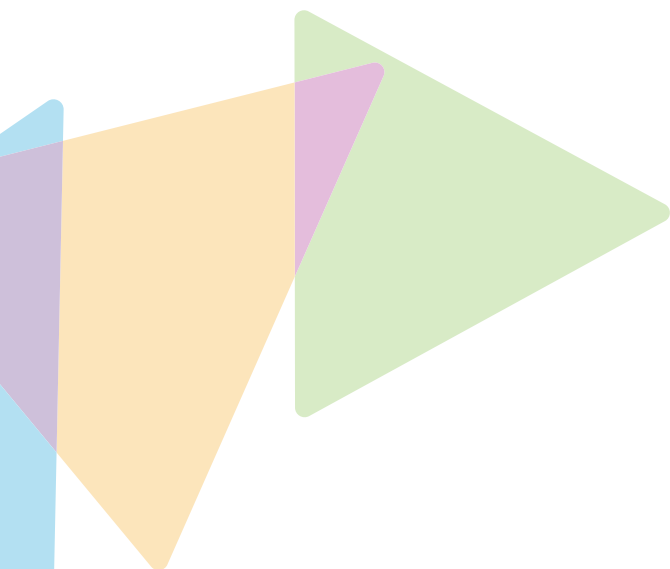
Health workforce stewardship and coordination: strengthened through multisectoral working groups, comprising representatives from ministries of health and labour, employers and workers – and social and policy dialogue facilitation and support.

- **Kenya:** an in-depth research study on social dialogue structures was completed.
- **Pakistan:** two public-private dialogues were organized on investment in the health sector and promoting decent work, with workshops focusing on occupational safety and health (OSH), gender equity in leadership, and creating violence and harassment-free workplaces to foster dignity and respect.
- **Cameroon and Malawi:** cross-sectoral health workforce working groups established and supported.
- **Chad and Kenya:** continued support and capacity strengthening of existing cross-sectoral health workforce working groups.

Sustained investments in the health workforce:

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

- **Central African Republic:** secured increased investments through partnerships, including the collaboration with the World Bank on a national health workforce survey. The government committed to the recruitment of 2000 new health assistants and 2000 health workers (a 33% increase) by 2026, with 850 budgeted posts in 2025.
- **Chad:** in 2024, 803 health workers (doctors, midwives and nurses) were recruited (an increase of 28%), with plans and budget to hire an additional 1000 health workers in 2025.
- **Kenya:** implemented the *Strategic plan (2023–2027) (8)* for its health workforce policy in 2024 through a collaborative process. The government then secured Ksh 21 billion (US\$ 162 million) which led to the recruitment of 20 000 health workers (an 11% workforce increase) to deliver UHC.



- **South Africa:** launched the human resources for health pillar of the 2nd Presidential Health Compact 2024–2029 (9), leading to the recruitment of 56 000 additional health workers and 46 000 community health workers (CHWs) integrated into the public sector to deliver primary health care (PHC) services.

Health workforce policies and strategies:

four countries were supported to launch health workforce policies and strategies (Ghana, Kenya, Nigeria and South Africa) as an essential component of broader health sector and PHC investment planning. For example:

- **Ghana:** a multisectoral technical working group was supported to guide the HLMA process and produce a comprehensive report on its key findings and recommendations. The government launched the *Nursing and midwifery strategic plan and services framework 2024–2028* (10) aligned with the *Health sector medium term development plan 2022–2025* (11), *Ghana's roadmap for attaining universal health coverage 2020–2030* (12), the Global Sustainable Development Goals (SDGs) and the WHO *Global strategic directions for nursing and midwifery 2021–2025* (13), aiming to provide a clear roadmap for the education, jobs, leadership, quality service delivery and professional development of nurses and midwives in Ghana.
- **Nigeria:** endorsed its new *National policy on health workforce migration* (14), which aligns with UHC objectives and takes a whole-of-government approach in collaboration with the Ministry of Education and Ministry of Labour to strengthen data on migration trends, optimize the current health workforce to strengthen the system and promote the use of bilateral and multilateral agreements according to the WHO *global code of practice on the international recruitment of health personnel* (15) (the “Code”).
- **South Africa:** developed a Department of Health Management Commitment Charter for Eastern Cape Province, supporting the implementation of the *2030 Human resources for health strategy* (16).

Working environments and occupational safety and health: five countries supported to promote safe and healthy working environments.

- **Cameroon:** developed a national OSH strategy (2024–2030) to strengthen OSH in the sector that will be launched in 2025.
- **Chad:** enhanced capacity of 15 labour inspectors to promote and enforce workplace safety standards in the health sector with training on occupational risk assessment, training design and strategic compliance planning. A labour inspection strategic plan for compliance in the health sector was developed.
- **Pakistan:** equipped 190 health workers and managers to implement practical solutions for safer, healthier and more sustainable workplaces in health facilities using HealthWISE training. 400 public health students of the Master of Science in Public Health programme from the Health Services Academy, Pakistan, benefited from a revised curriculum aligned with ILO standards on OSH, violence and harassment, gender equality, and nursing personnel. A nursing leadership boot camp was developed and embedded within the Nursing and Midwifery Leadership Programme of the Health Services Academy. A total of 45 nursing professionals participated in the first nursing boot camp in 2024, which included structured mentorship and engagement with trade unions and employers in the health sector.
- **Malawi and Pakistan:** expanded efforts to strengthen workplace conditions and improve work environments following OSH training of 44 trainers using the ILO-WHO HealthWISE (17) approach.

Three countries supported on enhanced health workforce governance, policies and regulation systems on OSH.

- **Pakistan:** updated minimum service delivery standards for Islamabad Capital Territory, ensuring alignment with ILO standards.
- **South Africa:** facilitated an OSH strategic planning workshop for public health sector workers.

Highlights from 2024 – regional achievements

At the regional level, the project supported efforts to align and mobilize investments to tackle Africa's looming 6.1 million health workforce gap by 2030. The *African health workforce investment charter* and the *Windhoek statement: investing in Africa's health workforce* were launched in the presence of ministers of health and over 200 delegates at the Africa Health Workforce Investment Forum (18) in May 2024. The forum brought together leaders and stakeholders to collectively advocate for, promote and secure domestic and external funding and partnership for taking forward action on the health workforce agenda.

Highlights from 2024 – global public goods

Inter-Agency Data Exchange (IADEX): the implementing agencies collaborated on the OECD, Eurostat and WHO European Region joint questionnaire on health workforce statistics. This coincided with the release of PISA (Programme of International Student Assessment) survey data and health-related

analysis which showed decreased interest in medical careers in OECD countries (published May 2024) – for example, fewer young people want to become nurses in half of OECD countries (19). This is significant as OECD countries will continue to seek migrant graduates and early career professionals from non-OECD countries to fill gaps and shortages. The revision of the International Standard Classification of Occupations (ISCO), led by ILO, is ongoing with joint support from WHO on assessing potential revisions for health and care workforce occupations.

Migration: ILO-OECD-WHO guidance on bilateral agreements for health worker migration (20) was published in March 2024 after extensive collaboration between the three agencies. It serves as a tool for improving the capacity of state actors to develop, negotiate, implement, monitor and evaluate agreements on health worker migration. The guidance was widely disseminated through six WHO regional offices and other regional/global forums. It is being used to assist countries in preparing for bilateral agreements. Additionally, the Fifth round of reporting on the WHO Global Code of Practice (21), which includes data on international health personnel and bilateral agreements, facilitated by WHO with input from ILO and OECD, is underway and was presented to the WHO Executive Board in January 2025. ILO led the development of a training-of-trainers toolkit on participatory assessment of policy coherence in the health sector to enhance workforce planning, promotion of fair recruitment and support sustainable labour migration – this is expected to be published in 2025.

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

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

Looking ahead

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

A member of the volunteer vaccination team provides double doses of the oral polio vaccine to Khadar Osman, 4, during the national immunization campaign in Hargeisa, Somalia, on 26 March 2019.





1 Objectives

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

- The existing health and care workforce is **optimized** through data-driven policy, planning and investment in education, jobs and skills.
- The diversity, availability and capacity of the health and care workforce is **built**, to address critical shortages and meet country needs.
- Health systems resilience and performance are **strengthened** to

deliver UHC and respond to public health preparedness through equitable, protected and efficient workforce.

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



KENYA: Health Workforce in Kisumu Country

2 Results

Below is a summary of results by country and regional level achievements, and global public goods. The outcomes of this project over the reporting period 1 January to 31 December 2024 are outlined in the Working for Health results matrix, including detailed indicators and targets (see Annex). Case examples from countries and global public goods are also included in section 3.

2.1 Country achievements

The following country results demonstrate the achievements from the first year (2024) of the new (second) phase 3-year project of Working for Health (2024–2026), and how those results will be built upon over the next years.

The United Kingdom Department of Health and Social Care committed £15 million from the government’s official development assistance budget in 2023 to address critical workforce challenges in Ghana, Kenya and Nigeria (22). Three levels of WHO, ILO and Global Health Partners (formerly THET) worked together during this period to deliver results in the three countries, aligned with the *Working for Health 2022–2030 action plan (3)* to optimize, build and strengthen the health workforce. Key stakeholders in Ghana, Kenya and Nigeria also participated in the NHS England/WHO Working for Health leadership programme, strengthening health workforce leadership capability and capacity (23).

Benin

Benin faces one of the most severe health workforce shortages globally with a density of 0.86 health workers per 1000 people (24). A continuation country from phase one, Working for Health committed to support Benin on the health workforce policy reforms launched in 2020 to strengthen PHC and improve access to essential

services. With Working for Health support during the project phase one, Benin set a successful foundation by developing a multisectoral health workforce investment plan which helped to secure US\$ 22.4 million in domestic and international investments to support increased health workforce employment and retention, with a strong focus on rural and underserved areas.

In 2024, Working for Health continued to support Benin to make significant progress with the HLMA process, including harmonized data collection tools and training for data analysis. An introductory workshop was conducted with the secretary-generals of the ministries in attendance, leading to a consensus on policy questions. Data collection tools were harmonized and validated to ensure consistency and accuracy. A total of 58 stakeholders were trained in the epidemiological needs-based health workforce estimation approach, equipping them with the necessary skills for effective data collection and analysis. The HLMA data collection is currently ongoing and is expected to be analysed by mid-2025. These efforts aim to enhance the understanding of the health workforce landscape in Benin and inform evidence-based policy-making to improve health service delivery. This comprehensive HLMA provides insights into critical gaps in health worker education, employment and retention in Benin. For more information on Benin, see section 3.1.

Cameroon

In Cameroon, unsafe working conditions are a major reason for health worker stress and burnout. This compromises the quality of care and patient safety with an increased risk of medical errors. Unsafe working conditions, stress or perceived lack of safety are also among the main drivers of attrition among health and care workers (25),

further exacerbating staff shortages with Cameroon's health workforce density 0.82 per 1000 population (24, 26).

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

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

The draft strategy recognizes that decent work drives inclusive and sustainable economic growth and that the lack of targeted action limits national solutions to occupational risks. It highlights that multiple workplace risk factors – including physical, psychosocial, and emerging threats like HIV, COVID-19 and other illnesses – endanger health and care workers' safety, health and lives. A coordinated approach by the Ministry of Public Health, combined with good workplace practices, is essential to prevent these risks and improve health care workers' well-being, morale and productivity. The strategy will be finalized in early 2025 and undergo a validation workshop to ensure broad stakeholder consensus before its implementation.

Central African Republic

The health workforce situation in the Central African Republic is characterized by severe shortages (0.074 doctors per 1000 people) (24), uneven distribution with most health workers concentrated in the capital Bangui, and limited capacity to meet the population's health needs.

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

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

Central African Republic also made strides in health workforce development through strategic partnerships and active participation in regional forums. In April 2024, a workshop was organized to collect,

consolidate and validate health workforce data. This workshop aimed to provide a comprehensive understanding of the current workforce landscape, informing future policy and planning efforts. In May 2024, the Minister of Health and Minister of Public Service attended the Africa Health Workforce Investment Forum in Namibia, engaging with key stakeholders to discuss investment opportunities and strategies for health system strengthening. The commitment to improving maternal and child survival was further demonstrated by the Minister of Health's participation in Regional Committee side events in Brazzaville, 28–29 August 2024.

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

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

Chad

Chad is among the countries with the lowest densities in the WHO African Region at 0.26 per 1000 population (27). A national recruitment plan was implemented, resulting in 1652 additional health workers (doctors, nurses and midwives) employed in 2023, 803 health workers recruited in 2024 (a 28% increase) and 1000 health workers budgeted to be recruited in 2025.

To ensure the retention of these workers, policy and strategy documents were developed by the multisectoral national task team on human resources for health, alongside the training of health and safety workers in OSH within health facilities. This included the following Working for Health supported activities:

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

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

Ghana

Ghana has made significant progress in improving access to health services, as demonstrated by the increase in the health workforce, particularly doctors and nurses, in the past 20 years. The health workforce density has improved from 0.1 per 1000 population in 2005 to 4.5 in 2023 (24).

However, access to health services is still limited with Ghana listed on the *WHO Health workforce support and safeguards list 2023* (5) as a country with one of the lowest health workforce densities and an inability to meet UHC targets. The health sector is affected by high unemployment of qualified health workers and thousands of Ghanaian nurses and doctors leave annually for Canada, the United Kingdom and United States, exacerbating domestic shortages. Low salaries, lack of essential medical equipment and poor working conditions contribute to job dissatisfaction and staff attrition.

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

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

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

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

Following health workers at clinic near Cape Coast, Ghana as they prep for a community outreach in the village, followed by vaccination of children at the village.



Additionally, support was provided in the dissemination of the *Nursing and midwifery strategic plan and services framework 2024–2028* (10), which is aligned with the *Health sector medium term development plan 2022–2025* (11), *Ghana's roadmap for attaining universal health coverage 2020–2030* (12), the global SDGs and the *Global strategic directions for nursing and midwifery 2021–2025* (13). The strategic plan aims to provide a clear roadmap for the professional growth and development of nurses and midwives and outlines strategies that promote interdisciplinary collaboration, leadership and evidence-based practice to provide quality nursing and midwifery services to the people living in Ghana and beyond.

Kenya

Kenya is facing significant challenges in its health workforce, ranking among the top 10 countries globally with the largest absolute shortage of health workers, estimated at around 262 000; and struggles with 14% unemployment rate among qualified health workers.

The Kenya's health workforce policy and strategic plan (2023–2027 (8) was developed with funding from the United Kingdom Department of Health and Social Care and Working for Health through a collaborative process involving several ministries and the Government of Kenya. These efforts aimed to strengthen the health workforce policy landscape towards ensuring quality health service delivery. There are plans to develop an investment plan and compact in 2025 to ensure sustained funding for health workforce development.

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

enactment of the Social Health Insurance Act in October 2023 (28).

However, Kenya's health sector continues to experience challenges, marked by frequent strikes – some lasting over 90 days – primarily due to salary disparities, delayed promotions, unsafe working conditions and inadequate medical coverage. A notable concern has been the delayed posting of medical interns, exacerbating staff shortages and impacting patient care (29). In response, ILO, through Working for Health, in 2024 continued its support to strengthening stable labour relations in the health sector in Kenya.

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

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

See section 3.2 for further information on the impact of Working for Health support in Kenya.

Malawi

Malawi's health system faces significant challenges due to limited financial and technical resources, a high disease burden, and a critical shortage of health workers (density of 0.57 per 1000 population) (24) exacerbated by labour migration and weak training infrastructure. Rural areas experience gaps in UHC, low service quality, and limited access to medical supplies and transport.

Through Working for Health support in Malawi, joint planning began with 28 participants on an ILO-WHO consultation with the Ministry of Health and Ministry of Labour in April 2024, along with employers and workers, to initiate the implementation of 2024 Working for Health activities. Key actions included aligning with the existing HLMA to address skills gaps across the entire health value chain, scaling up HealthWISE with a pilot in nine health facilities and expanding its use across sectors.

Working for Health facilitated a national stakeholder workshop on the NHWA and HLMA. A multisectoral taskforce was established, comprising representatives from the Ministry of Health and Ministry of Labour, workers, employers and other key stakeholders – Employers Consultative Association of Malawi, Malawi Congress of Trade Unions, Nurses and Midwives' Council of Malawi, Ministry of Gender, Physician Assistants' Union of Malawi, National Organization of Nurses and Midwives of Malawi, Medical Council of Malawi, and Christian Association of Malawi – in the health sector to guide health workforce developments in Malawi and to lead the national HLMA data collection. Using the HLMA framework, a health worker survey tool was developed and deployed. These efforts aim to gather comprehensive data to inform the completion of the HLMA.

Malawi has high levels of unpaid care and domestic work, providing women with experience that could help them gain qualifying training for decent jobs in health and community services (30). The women in unpaid care work have untapped

potential for upskilling, but flexible training opportunities, especially in rural areas, are lacking. Against this background, the Ministry of Health developed the *National care of the carers work place policy* (31) in 2020 to enhance the well-being and productivity of health workers by addressing OSH concerns. Work in 2024 continued to support its implementation, among others, through ILO-WHO HealthWISE training.

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

Nigeria

Nigeria faces a severe shortage of skilled health workers (2.09 per 1000 population); with the population expected to reach 263 million by 2030 and a growing trend of trained health workers leaving the country, this problem is poised to worsen unless addressed effectively (32).

A multisectoral technical task team, mostly drawn from the national Human Resources for Health Technical Working Group, was established in Nigeria to drive efforts to enhance the availability of evidence for health workforce planning. WHO provided technical support to Abia and Benue States to hold health workforce policy dialogues. WHO also assisted in generating evidence, strengthening the state health workforce registries for evidence-based planning, and developed annual state health workforce profiles to inform advocacy efforts.

Nigeria's Federal Executive Council approved the *National policy on health workforce migration* (14) in August 2024, following its initial approval by the Minister in the first quarter of 2024. WHO provided technical support to develop the national policy. The new policy aims to strategically manage health workforce migration to address the

fundamental problems of the shortage of skilled health care professionals in Nigeria, particularly in rural and underserved areas.

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

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

Pakistan

Pakistan's health system faces numerous challenges such as inadequate financial resources, workforce shortages, gender and geographical disparities, a lack of appropriate skill mix, poor health related laws and accreditation, internal and external immigration and unsafe working environments (33).

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

In 2022, the ILO recognized "a safe and healthy working environment" as a fundamental principle and right at work (34), requiring Member States to ensure

Response coordination meeting with the ministry of health and all partners WHO's response to Ebola virus disease (EVD) outbreak in the Democratic Republic of Congo.



safe conditions in all workplaces. Health workers face heavy workloads, long hours, and risks such as violence, harassment and various occupational hazards. To address these challenges, in 2024 Working for Health expanded the pool of HealthWISE trainers, implemented HealthWISE in four additional public and private health facilities in Islamabad, integrated OSH principles into the public health curricula at the Health Services Academy, and supported the Islamabad Healthcare Regulatory Authority in aligning its regulatory framework with international labour standards and health sector guidelines.

Key achievements include:

- Built institutional capacities of the Islamabad Healthcare Regulatory Authority to respond to evolving safety issues of workers in the sector and to align current health regulations with ILO standards and tools following training of four trainers in HealthWISE.
- Supported the Islamabad Healthcare Regulatory Authority to update the minimum service delivery standards aligned with ILO standards on OSH, violence and harassment, and gender equality.
- Facility-level action plans were developed during a training of 190 health workers and managers (25% women) on HealthWISE, and four hospitals established bipartite OSH committees to implement the action plans focusing on short- to long-term changes with respect to safety and health, working conditions including compensation and human resources procedures, equality of treatment and access to opportunities and training, women in leadership, violence and harassment, waste management, and social dialogue, among others.
- Public health education was strengthened when the Health Services Academy was supported by ILO to conduct an analysis of its curriculum to ensure alignment with ILO conventions and tools promoting OSH, non-discrimination and gender equity in health services and other occupational settings. The curriculum

revisions led to a significant increase in teaching hours, expanding the initial 16 hours of class work to 56 hours. Around 400 public health students benefited from a revised curriculum including alignment with ILO standards on OSH, nursing personnel, violence and harassment, and gender equality. The curriculum revisions will be extended to other courses run by the Health Services Academy.

- A total of 45 nursing professionals attended the nursing boot camp, which is now integrated into the Nursing and Midwifery Leadership Programme. This initiative includes a mandatory week-long session focused on mentorship, on-the-job training, and engagement with trade unions and employers in the health sector. Rooted in the broader objectives of capacity building, gender equity and leadership development, the boot camp equipped participants with essential tools, strategies, and confidence to tackle systemic challenges and drive positive institutional change. The bootcamp revealed a critical lack of awareness among nurses about their professional rights, particularly regarding the ILO Nursing Personnel Convention, 1977 (No. 149), which advocates for equitable pay, safe working conditions, and career advancement. Participants highlighted the absence of nursing representation in policy-making processes and the scarcity of leadership training opportunities, which hinders career progression and advocacy efforts.

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

South Africa

South Africa faces stark inequities in its health workforce. As of 2019, the national density of medical specialists was 16.5 per 100 000, with the private sector employing 69 per 100 000 and the public sector just 7 per 100 000 (16). Rural areas experience low densities of skilled health workers, reflecting severe regional imbalances in access to essential public health services, and the critical need to increase investments in health workforce education, employment, skills, retention and protections.

In March 2020 the South African Government adopted the *2030 Human resources for health strategy* (16), which was developed with the support of WHO and ILO during the first phase of Working for Health. For more information on achievements in South Africa from phases one and two, please see section 3.3.

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

Strategic input was provided for the development of the human resources for health pillar of the 2nd Presidential Health Compact 2024–2029, titled *Accelerating health system strengthening and national health insurance (NHI) implementation* (9). This initiative is anticipated to secure investments for health workforce development and ensure that South Africa's health workers are adequately trained,

motivated and equipped to meet the evolving health needs of the population.

Working for Health supported strengthening meaningful involvement of social partners in implementing the human resources for health strategy during an OSH strategic planning workshop for workers in the public health sector. This included 59 representatives of various national and provincial government departments, including Labour, Department of Public Service Administration, South African Medical Health Service, South African Local Government Association, ILO, WHO, organized labour (Health & Other Services Personnel Trade Union of South Africa, Democratic Nursing Organisation of South Africa, and Public Servants Association of South Africa) and academia.

The main outcome of the workshop was the National Department of Health's *Management commitment charter for the Eastern Cape Province* to support the regional implementation of the *2030 Human resources for health strategy*, reaffirming its dedication to upholding the highest standards of service delivery, ethical conduct, and accountability. The charter commits to empowering a strong and resilient health workforce by promoting well-being, safety, professional development, and ensuring access to the resources, training and working conditions necessary for health care workers to perform their duties effectively and efficiently.

2.2 Regional achievements

The *African health workforce investment charter* (6) and the *Windhoek statement: investing in Africa's health workforce* (7) were launched at the Africa Health Workforce Investment Forum (35) held in Windhoek, Namibia, 6–8 May 2024. The Forum convened high-level leaders, development partners and stakeholders to formally adopt the Charter, secure commitments, and advance strategies to strengthen and sustain Africa's health workforce for improved health, economic and social outcomes. This is a collective effort to align and mobilize investments to tackle Africa's



looming 6.1 million health workforce gap by 2030 (36), and critical related challenges of workforce education, employment and retention.

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

With support from the MPTF, Working for Health had a prominent role in the preparation, deliberations and delivery of the Forum. This enabled alignment of the Charter with the *Working for Health 2022–2030 action plan* (3) and reaffirmed commitment across Member States in the WHO African Region and beyond. The event also served as a platform to discuss the growing challenges posed by economic downturns and rising debt distress, emphasizing the need for resilient and sustainable workforce financing mechanisms. The Charter sets the foundation for long-term investment mechanisms, and aims to establish an Africa Health Workforce Investment Platform, with the mandate to coordinate subregional investment compacts, concessional financing and debt-for-health swaps.

2.3 Global level achievements

Inter-Agency Data Exchange (IADEX)

The IADEX aims to collect and analyse data across countries to monitor health workforce supply (including education). An ongoing collaboration exists between OECD, the WHO European Region and Eurostat on a joint questionnaire on health workforce statistics. The key deliverable for 2024 included an analysis of students’ interest in health careers in OECD countries and non-OECD countries, using PISA survey data and national administrative data on student

applications and admissions in health-related education programmes.

The results, highlighting a decrease in interest in health careers in many OECD and non-OECD countries were released first through a policy brief in May 2024, focusing on interest in nursing in connection with International Nurses Day (19) and through a broader final report, *What do we know about young people’s interest in health careers?*, completed in December 2024 and released in January 2025 (37).

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

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

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

The partner agencies also collaborate strongly on health workforce data through a broader partnership that supports shared

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

International Platform on Health Worker Mobility

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

To deal with this complex scenario, it becomes vital to ensure policy coherence between the health sector and labour migration at national, regional and international levels. Lack of such a coordinated approach will result in substantial mismatches between labour supply and demand for health services. To

address these challenges and to strengthen policy coherence and institutional capacity, the ILO with the support of Working for Health during its first phase, developed a manual for participatory assessment of policy coherence in the health sector to allow countries to assess and strengthen coherence between labour migration and health policies by including all relevant stakeholders through a structured participatory approach. In 2025, building on the previously developed manual, a training-of-trainers toolkit on participatory assessment of policy coherence in the health sector, with a focus on international labour migration, was developed alongside an implementation guide.

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

The guidance was also integrated into a special chapter for the *OECD international migration outlook 2024 (38)*, part of the OECD's 48th report for continuous reporting system on migration. WHO and OECD collaboration continues in a special chapter on health worker migration and mobility for the *OECD international migration outlook 2025* and an assessment and recognition of foreign qualifications for doctors and nurses (contingent on new funding).

The fifth round of reporting on the WHO Global Code of Practice implementation is ongoing and was presented to the WHO Executive Board in January 2025. The Seventy-eighth World Health Assembly in May 2025 marks the 15-year anniversary of the adoption of the Code. Results indicate that 94% of Member States were taking measures on health workforce sustainability and to address the geographical maldistribution and retention of health and care workers; 78% indicated that international recruitment of, or reliance on, foreign-trained health personnel is an issue of national concern. Additionally, 67% of reporting countries have requested support to strengthen implementation of the Code. Reporting on the Code has benefited a joint OECD-WHO collaboration on data related to

international health personnel, particularly from high-income and OECD countries. It is also the main source of information on the existence of bilateral agreements on health worker mobility and migration.

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

Flexible skills pathways

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



WHO's response to Ebola virus disease (EVD) outbreak in the Democratic Republic of Congo. Ebola vaccination teams at work, Tamende health zone, Beni, Democratic Republic of the Congo

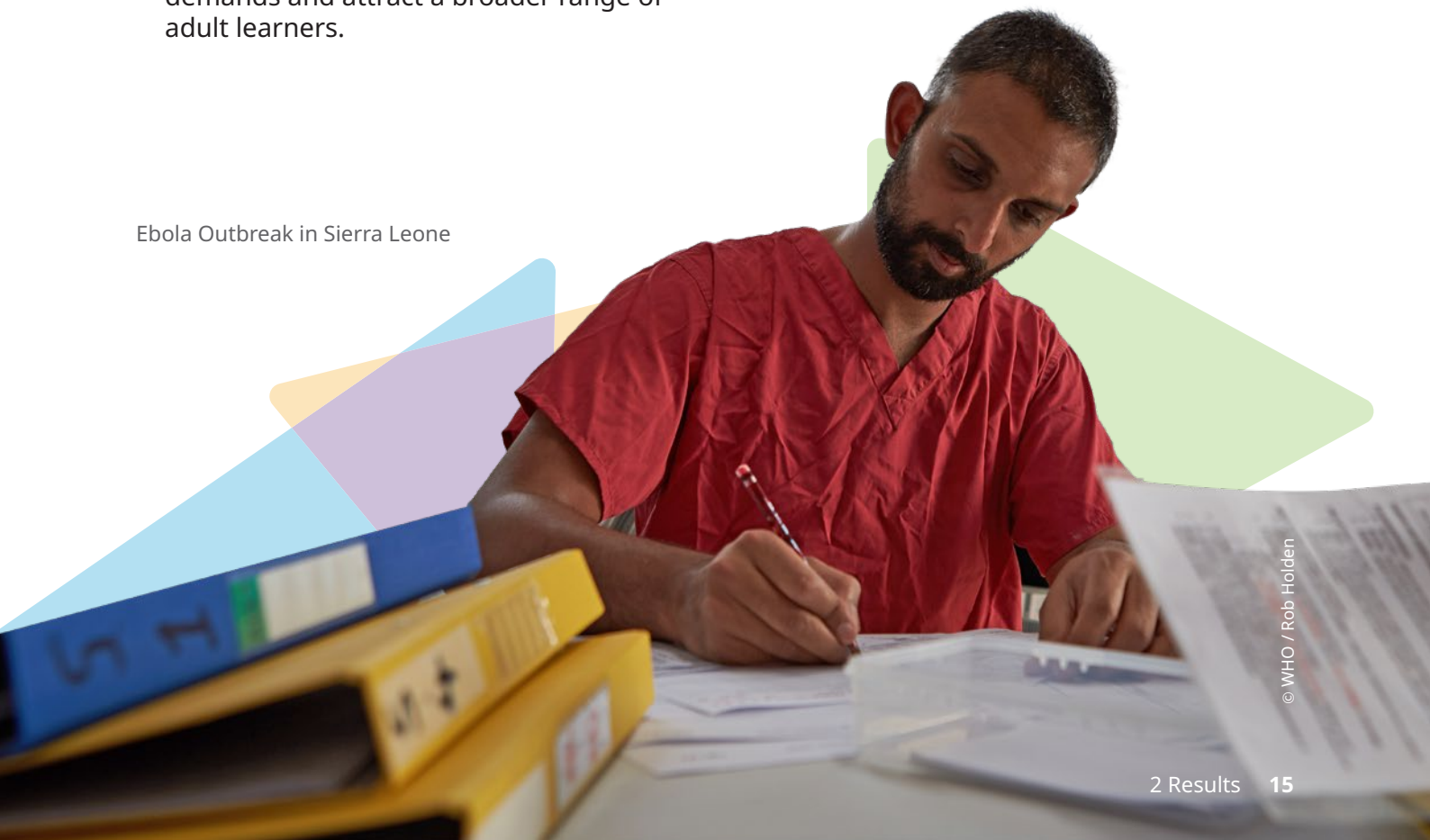
In 2024, joint ILO-OECD work, with WHO support, concentrated on reviewing evidence, guidance and frameworks on flexible skills pathways into health professions, including recognition of prior learning and modular training. The review was conducted in both OECD countries (Germany, New Zealand, Norway,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

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

- Map the skills and training needs of different health care occupations in user-friendly and accessible online tools.

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

Ebola Outbreak in Sierra Leone



3 Stories from the field

3.1 Strategic investments transforming Benin's health workforce

Health workforce challenge

Benin faces a severe shortage of health workers, with a density of only **0.86 health workers per 1000 people**. The country is on the *WHO health workforce support and safeguards list* highlighting the urgent need for workforce strengthening. High maternal (391 per 100 000 live births) and child (96 per 1000 under 5 years) mortality rates, limited health care access (26.1% of the population) and high out-of-pocket expenses (40% of total health costs) exacerbate the challenges.

Working for Health interventions

In response, Benin launched health sector reforms in 2020, focusing on expanding PHC and financial protection through the Assurance pour le Renforcement du Capital Humain insurance programme.

The ILO-OECD-WHO Working for Health programme supported Benin's workforce policy reforms by providing guidance to:

- Strengthen data-informed policy and decisions through NHWA, including Workload Indicators for Staffing Needs.
- Conduct an HLMA to identify workforce gaps.
- Develop a multisectoral health workforce investment plan, to help to secure domestic and international investments of US\$ 22.4 million to support increased health workforce employment and retention.
- Advocate for mobilization of resources and partnerships to jointly support implementation of the health workforce investment plan, including through intersectoral coordination and partnership mechanisms.



Achievements and results

Between 2020 and 2024, Benin recruited 4416 additional health workers, including over 1700 in a rural pipeline programme, and 3000 CHWs were employed. This is a



40% increase

in the total number of health workers and offers a potential 8% improvement in UHC service coverage index.

The country's revised nursing and midwifery curriculum has enhanced education quality. Workforce safety has improved through a national OSH policy, ensuring better working conditions. Additionally, the Lives and Livelihood Fund aims to recruit 5557 more health workers, which will **increase workforce density by 29%** per 10 000 population and deliver essential health services where they are most needed.

“ Before, we lacked staff, and many mothers gave birth without skilled assistance. Now, we can provide timely and quality care, saving more lives.

Fatima, midwife in a rural clinic

Lessons learned

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



3.2 Multisectoral policy, action and investment in Kenya

Health workforce challenge

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

Working for Health interventions

Kenya, with joint support from ILO and WHO through Working for Health, is making significant progress in strengthening its health workforce.

- **Policy and strategic planning:** Reinforced health workforce planning and investment strategies, conducting a comprehensive HLMA that provided critical data and information to inform the development of responsive policies and decision-making, including the adoption of the *Strategic plan (2019–2023)* for human resources for health.
- **Governance and coordination:** Establishing the Kenya Health Human Resources Advisory Council and thematic working groups to foster social and policy dialogue, strengthen governance and policy coherence, and align reforms with the **17-point Kericho Declaration on Health Workforce** (October 2023), which provides clear action points and a structured roadmap for improving workforce management and development.

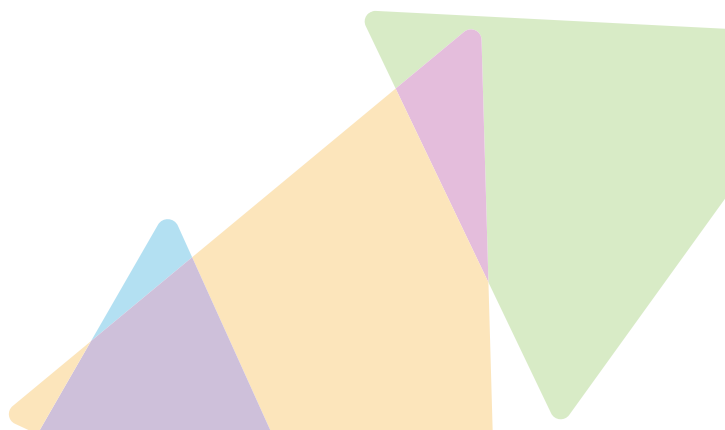
- **Labour relations and social dialogue:** Developing a **roadmap for sound industrial relations** to improve employment conditions and prevent labour disputes, building on the **Ministry of Labour Strategic Plan (2018–2022)** to foster improved labour relations.
- **Education and training expansion:** Liberalizing health training institutions, expanding medical colleges and introducing competency-based training for health care managers.

Achievements and results

Kenya's commitment to scaling up its health workforce to meet population's health needs enabled the country to secure funding and make progress in increasing health worker density, adding at least 8200 health workers annually, representing an approximate 11% annual improvement.

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

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





© WHO

Ebola Outbreak in Sierra Leone

“ With better workforce planning, more trained professionals can serve our communities, ensuring no one is left behind.

Kenyan health worker

Lessons learned

Working for Health has been instrumental in catalysing Kenya's efforts to restructure its health workforce. By leveraging the support of the W4H MPTF, the initiative has provided a robust platform for fostering multisectoral collaboration. This has enabled the alignment of domestic and donor investments, optimizing resources to

drive measurable improvements in health, economic and social outcomes.

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

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

3.3 South Africa's health workforce transformation

Health workforce challenge

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

Working for Health interventions

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

- Conducting an HLMA to inform workforce planning.
- Developing the *2030 Human resources for health strategy* and a 5-year *Strategic plan (2020/21–2024/25)* to expand workforce capacity.
- Establishing the Health Workforce Consultative and Advisory Forum to coordinate stakeholders and monitor progress.

- Strengthening infection prevention and control and OSH policies.
- Protecting health workers and strengthening retention with the establishment of a tripartite working group in Eastern Cape Province to coordinate activities promoting workplace safety, addressing risks in the workplace.

Achievements and results

South Africa has made significant strides in strengthening its health workforce. The *2030 Human resources for health strategy* and 5-year *Strategic plan (2020/21–2024/25)* are designed to address critical workforce challenges through a multidisciplinary approach centred on three key priorities: training a health workforce that aligns with population health needs; increasing the density of health workers across the country; and addressing gender pay disparities while expanding community health services.



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

- The recruitment of **56 000 additional health workers** between 2019 and 2023, significantly strengthening service delivery in rural and underserved areas.
- The integration of **46 000 CHWs** into the public health system to enhance PHC access where it is most needed.
- The creation of **5531 new nursing jobs** in the public sector under the Presidential Employment Stimulus Program, supporting the expansion of PHC services, especially in remote areas.

- A national *Nursing and midwifery education and practice framework* introduced competency-based training.
- Gender equality targets integrated into the *2030 Human resources for health strategy* to address the gender pay gap and improve conditions for women.

Lessons learned

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

Dr. Samreen Khalil and Dr. Farukh Siddiqi, WHO Polio Eradication Officers, conduct environmental sampling for polio along with their team in Shaheen Town, Pakistan.



4 Other assessments and evaluations

4.1 Strategic insights on flexible pathways into health professions

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

4.2 Working for Health interventions

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

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

Results

Key outcomes from the ILO and OECD study sites are listed below.

Outcomes from ILO study in LMICs	Outcomes from OECD countries
<ul style="list-style-type: none">• The need for locally tailored solutions that meet contextual diversity resulting from different demographics and economic situations, as well as evolving medical needs.• The prevalence of rural-urban disparities and a prevalent brain-drain, which require widening of access to training, pairing of skills development with infrastructural investment and policies that encourage retention/return of professionals.• The key role of utilizing flexible career pathways, especially at points of entry, paired with digital solutions, to promote equal access to health coverage.• The importance of scaling up public-private partnerships to scale up flexible training solutions.• The importance and practicalities of competence-based and community-based training to broaden access to skills development.• The need for multipronged, comprehensive approaches to lifelong skills development in health and care occupations.	<ul style="list-style-type: none">• Developing flexible training solutions by implementing modular learning approaches, new technologies and promotion of accelerated pathways to workforce entry.• Reinforcing promotion of recognition of prior learning in health care, with greater efforts in formalization and by enabling lateral entry from related fields.• Promoting quality career guidance, with raised awareness about programmes for health care careers, specialized counselling for non-traditional candidates and a focus on engaging underrepresented groups.• Encouraging strategic partnerships between the public and private sector and developing job-ready training programmes.• Leveraging digital tools and developing accessible digital learning platforms.

4.3 Next steps

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

Daymati Nag getting tested for Malaria by mitanian Kanduri and RHO Sumati Nath in Kadampara village as a part of malaria surveillance activity in Kandamar in Bastar district of Chhattisgarh, India.



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5 Programmatic revisions

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

highlight the importance of ensuring the continued and successful delivery of technical support.

Given that the programme is structured around a 3-year implementation timeline (subject to the availability of additional funds), some year 1 activities remain ongoing in 2025 and will require sustained financial and technical support in the subsequent 2 years. A no-cost extension of year 1 activities for ILO enabled the continuation of priority technical work while resource mobilization efforts are actively pursued to support the full implementation of the programme as originally planned.

Ebola Outbreak in Sierra Leone



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6 Achievements and way forward

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

One of the key successes of the programme has been the establishment of multistakeholder policy dialogue platforms, with participation from ministries of labour, health, finance, higher education, foreign affairs, as well as workers' and employers' representatives. These platforms have proven crucial in elevating health workforce policy issues across technical, financial and political dimensions in 2024, particularly in countries like Malawi and Kenya, and at the regional level through the African Health Workforce Investment Forum.

Overall, the flexibility of the programme, in adapting to the evolving needs of countries

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

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

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

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
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Annex: Results matrix

OUTPUT / INDICATORS <i>Key inputs already in place</i>	BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025	
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills						
Output 1.1 Effective workforce governance and collaboration at all levels						
Indicator 1.1 Number of countries with multisectoral policy dialogue platforms and governance mechanisms	<ul style="list-style-type: none"> • A strategic orientation and planning document has been developed and available for the period 2022–2030. • A multisectoral technical mechanism has been in place since January 2023 	<ul style="list-style-type: none"> • In progress. 	<ul style="list-style-type: none"> • Recruitment of 803 health workers with funding from technical and financial partners thanks to policy documents developed with the support of Working for Health programme • Development of policy and strategy documents, training of health and safety workers in OSH in health facilities to ensure retention. • Conduct and submission of the 2022 and 2023 NHWA. • Conduct of HLMA commenced – data collection completed and needs-based projection undertaken. • 30 health workers trained in social dialogue and strengthened labour relations in the health sector in Chad. 	<ul style="list-style-type: none"> • Strategic human resources development plan available. • Various policy and strategy documents. • NHWA training and country reports for 2022 and 2023. • Social dialogue training report. 	<ul style="list-style-type: none"> • Insufficient domestic resources for the recruitment of all workers in all categories, including CHWs. • Limited number of technical and financial partners in support of human resources for health development. • Insufficient domestic financial resources for recruitment and regular certification of health workers. • Limited financial resources to expanding social dialogue training to underserved and remote areas. 	<ul style="list-style-type: none"> • Finalize and develop a national report on the HLMA. • Mid-term review of the 2022–2030 national health workforce strategic plan. • Update the 2022–2030 national health workforce strategic plan and development of the 2025–2030 human resources for health investment plan based on current evidence. • Organize a national policy dialogue to mobilize resources for significant support to human resources for health (production, recruitment, deployment and retention).
<ul style="list-style-type: none"> • Process design and understanding and buy-in from government/health ministry secured, inception missions. • Baseline and roadmap for a 3-year programme of support established. • A multisectoral technical task team constituted. • HLMA methodology workshop facilitated and main policy questions defined. • Existing health workforce strategic plan reviewed and evaluated (if applicable). 	<ul style="list-style-type: none"> • A strategic orientation and planning document has been developed and available for the period 2022–2030. • A multisectoral technical mechanism has been in place since January 2023 	<ul style="list-style-type: none"> • In progress. 	<ul style="list-style-type: none"> • Recruitment of 803 health workers with funding from technical and financial partners thanks to policy documents developed with the support of Working for Health programme • Development of policy and strategy documents, training of health and safety workers in OSH in health facilities to ensure retention. • Conduct and submission of the 2022 and 2023 NHWA. • Conduct of HLMA commenced – data collection completed and needs-based projection undertaken. • 30 health workers trained in social dialogue and strengthened labour relations in the health sector in Chad. 	<ul style="list-style-type: none"> • Insufficient domestic resources for the recruitment of all workers in all categories, including CHWs. • Limited number of technical and financial partners in support of human resources for health development. • Insufficient domestic financial resources for recruitment and regular certification of health workers. • Limited financial resources to expanding social dialogue training to underserved and remote areas. 	<ul style="list-style-type: none"> • Finalize and develop a national report on the HLMA. • Mid-term review of the 2022–2030 national health workforce strategic plan. • Update the 2022–2030 national health workforce strategic plan and development of the 2025–2030 human resources for health investment plan based on current evidence. • Organize a national policy dialogue to mobilize resources for significant support to human resources for health (production, recruitment, deployment and retention). 	

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
Output 1.1 Effective workforce governance and collaboration at all levels					
Indicator 1.1 Number of countries with multisectoral policy dialogue platforms and governance mechanisms	<ul style="list-style-type: none"> Developed a Human Resource for Health Directorate in the Ministry of Health. 	<ul style="list-style-type: none"> In progress. 	<ul style="list-style-type: none"> Multisectoral technical working group established during HLMA. HLMA finalized and report ready for sign-off and policy dialogue. Participation of key stakeholders in NHS England/Working for Health Leadership Programme. 	<ul style="list-style-type: none"> Terms of reference of technical working group with minutes/reports of meetings. Action learning sessions. 	<ul style="list-style-type: none"> Ad hoc meetings with stakeholders. Logistical constraints. Formalize the establishment of the multisectoral task team/technical working group/national health workforce management.
<ul style="list-style-type: none"> Process design and understanding and buy-in from government/health ministry secured, inception missions. Baseline and roadmap for a 3-year programme of support established. A multisectoral technical task team constituted. HLMA methodology workshop facilitated and main policy questions defined. Existing health workforce strategic plan reviewed and evaluated (if applicable). 					


OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
Output 1.1 Effective workforce governance and collaboration at all levels					
Indicator 1.1 Number of countries with multisectoral policy dialogue platforms and governance mechanisms			<ul style="list-style-type: none"> • In-depth assessment of social dialogue structures in Kenya conducted. • Revised the social dialogue handbook, including a step-by-step guidance tool aligned with Kenya's legal and policy environment to support health workers and stakeholders in engaging effectively in social dialogue and fostering stable labour relations (ongoing). 	<ul style="list-style-type: none"> • Draft research report. • Draft revised handbook. 	<ul style="list-style-type: none"> • Due to ongoing strikes and health system challenges in 2024, the validation and finalization are planned for 2025. • Finalization and launch of research and handbook on social dialogue in the health sector in Kenya. • Explore opportunities to institutionalize training on social dialogue and labour relations.
<ul style="list-style-type: none"> • Process design and understanding and buy-in from government/health ministry secured, inception missions. 					
<ul style="list-style-type: none"> • Baseline and roadmap for a 3-year programme of support established. 					
<ul style="list-style-type: none"> • A multisectoral technical task team constituted. 					
<ul style="list-style-type: none"> • HLMA methodology workshop facilitated and main policy questions defined. 					
<ul style="list-style-type: none"> • Existing health workforce strategic plan reviewed and evaluated (if applicable). 					

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills						
Output 1.1 Effective workforce governance and collaboration at all levels						
Indicator 1.1 Number of countries with multisectoral policy dialogue platforms and governance mechanisms	<ul style="list-style-type: none"> National committee that provides technical and oversight functions to both the NHWA and HLMA roadmaps. 	<ul style="list-style-type: none"> National committee that provides technical and oversight functions to both the NHWA and HLMA roadmaps. 	<ul style="list-style-type: none"> National committee that provides technical and oversight functions to both the NHWA and HLMA roadmaps. 	<ul style="list-style-type: none"> National committee that provides technical and oversight functions to both the NHWA and HLMA roadmaps. 	<ul style="list-style-type: none"> National committee that provides technical and oversight functions to both the NHWA and HLMA roadmaps. 	<ul style="list-style-type: none"> National committee that provides technical and oversight functions to both the NHWA and HLMA roadmaps.
<ul style="list-style-type: none"> Process design and understanding and buy-in from government/health ministry secured, inception missions. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies.
<ul style="list-style-type: none"> Baseline and roadmap for a 3-year programme of support established. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies.
<ul style="list-style-type: none"> A multisectoral technical task team constituted. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies.
<ul style="list-style-type: none"> HLMA methodology workshop facilitated and main policy questions defined. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies.
<ul style="list-style-type: none"> Existing health workforce strategic plan reviewed and evaluated (if applicable). 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies. 	<ul style="list-style-type: none"> Orientation of Ministry of Health senior management on NHWA/HLMA methodologies.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
Output 1.1 Effective workforce governance and collaboration at all levels					
Indicator 1.1 Number of countries with multisectoral policy dialogue platforms and governance mechanisms	<ul style="list-style-type: none"> Advocacy made to Federal Ministry of Health and State human resources for health focal points on HLMA (a webinar was hosted on HLMA during a national human resources for health technical working group with support from WHO African Region. Request letter sent to WHO to provide support. 	<ul style="list-style-type: none"> In progress. 	<ul style="list-style-type: none"> Support was provided to two states (Abia and Benue) to hold policy dialogue on the health workforce situation in the respective states. WHO has also supported evidence generation, strengthening the state health workforce registry to provide information for evidence-based planning, including discussions on implementing HLMA, and developing an annual state health workforce profile for evidence-based advocacy. In Abia State, the human resources for health policy and strategic plan have been reviewed. Nigeria has also constituted a multisectoral technical task team mostly drawn from the national human resources for health technical working group. Nigeria also developed a concept note adapted from the regional HLMA template and intends to implement HLMA in at least two states, and a general one for the country. The implementation has been delayed because of changes in leadership in the Federal Ministry of Health, however, the programme intends to start with one of the states (Lagos). 	<ul style="list-style-type: none"> Meeting reports of implementation in Abia and Benue States. Nigerian HLMA concept note. 	<ul style="list-style-type: none"> Change in the leadership of Federal Ministry of Health has caused delays in implementation at national scale as planned. Advocacy has been made and a decision made to start at the state level. Ongoing health sector reform initiatives by the new administration including the development of a health sector strategic blueprint have delayed implementation of key activities including HLMA. Policy dialogue for Lagos State to review the present human resources for health situation (17–19 December 2024). National workshop on HLMA January 2024. Implementation in Lagos and Jigawa States (February to May 2024).
<ul style="list-style-type: none"> Process design and understanding and buy-in from government/health ministry secured, inception missions. Baseline and roadmap for a 3-year programme of support established. A multisectoral technical task team constituted. HLMA methodology workshop facilitated and main policy questions defined. Existing health workforce strategic plan reviewed and evaluated (if applicable). 					

BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills				
PAKISTAN				
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	<ul style="list-style-type: none"> Two public-private dialogues on investment in the health sector and promoting decent work, with workshops focusing on OSH, gender equality in leadership, and creating violence-free and harassment-free workplaces to foster dignity and respect were organized in Pakistan. 	<ul style="list-style-type: none"> Workshop reports. Action plans. 	<ul style="list-style-type: none"> Lack of voice and representation of nurses in policy and decision-making processes. Lack of awareness about violence and harassment, reporting mechanisms and prevention strategies in the sector. 	<ul style="list-style-type: none"> Strengthen the enforcement of existing international labour standards on OSH, violence and harassment, equal remuneration and others. Support and advocate for ratifying related conventions like ILO Violence and Harassment Convention, 2019 (No. 190).
<ul style="list-style-type: none"> Process design and understanding and buy-in from government/health ministry secured, inception missions. 	<ul style="list-style-type: none"> Baseline and roadmap for a 3-year programme of support established. 			
<ul style="list-style-type: none"> A multisectoral technical task team constituted. 	<ul style="list-style-type: none"> HLMA methodology workshop facilitated and main policy questions defined. 			
<ul style="list-style-type: none"> Existing health workforce strategic plan reviewed and evaluated (if applicable). 				

BASELINE <i>Key inputs</i> <i>already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
OUTPUT / INDICATORS			
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills			
SOUTH AFRICA			
Output 1.1 Effective workforce governance and collaboration at all levels	<ul style="list-style-type: none"> Supported development of a Department of Health Management Commitment Charter for Eastern Cape Province, South Africa, supporting the implementation of the national human resources for health strategy. 	<ul style="list-style-type: none"> Charter. 	<ul style="list-style-type: none"> Continue support to implementation of national human resources for health strategy.
Indicator 1.1 Number of countries with multisectoral policy dialogue platforms and governance mechanisms	<ul style="list-style-type: none"> Process design and understanding and buy-in from government/ health ministry secured, inception missions. 		
	<ul style="list-style-type: none"> Baseline and roadmap for a 3-year programme of support established. 		<ul style="list-style-type: none"> Commitment to empowering a strong and resilient health workforce by promoting well-being, safety, professional development, and ensuring access to the resources, training and working conditions necessary for health care workers to perform their duties effectively and efficiently.
	<ul style="list-style-type: none"> A multisectoral technical task team constituted. 		
	<ul style="list-style-type: none"> HLMA methodology workshop facilitated and main policy questions defined. 		
	<ul style="list-style-type: none"> Existing health workforce strategic plan reviewed and evaluated (if applicable). 		

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills						
Output 1.2 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	 <ul style="list-style-type: none"> Multisectoral technical working group in place 	<ul style="list-style-type: none"> In progress. 	<ul style="list-style-type: none"> Introductory workshop on the conduct of the HLMA and consensus on policy questions with the secretary-generals of the ministries in attendance. Data collection tools harmonized and validated. Training of focal points in the epidemiological need-based health workforce estimation approach. HLMA data collection is ongoing and expected to be analysed by mid-2025. 	<ul style="list-style-type: none"> Workshop report . 	<ul style="list-style-type: none"> Focal points in ministries, organizations and structures are not properly mandated. 	<ul style="list-style-type: none"> Institutionalization of the mandate of the focal points with a view to their integration into the human resources for health observatory (whose decree will have been updated).

BASELINE
Key inputs
already in
place

**OUTPUT /
INDICATORS**

KEY ACTIVITIES & ACHIEVEMENTS
(Jan – Dec 2024)

STATUS

**MEANS OF
VERIFICATION/
DELIVERABLES** **CHALLENGES/
COMMENTS**

Plan for 2025

OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills

 **CENTRAL AFRICAN REPUBLIC**

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

• HLMA updated and investment plan priorities and roadmap defined.

• Study protocols and data mapping.

• Data collection and analysis.

• Epidemiological approach need-based analysis for health workforce conducted.

• HLMA report produced (including workshop).

• Technical validation of HLMA evidence and policy options.

• Completed

• Assessment of the quality of the training of health professionals completed – scope included an analysis of the efficiency of human resources production, training policy, adequacy of training with care needs, internal and external efficiency, the performance of coordinating bodies, mapping of stakeholders and proposing the necessary orientations for the improvement of the quality of the production of human resources for health in the country.

• HLMA completed, and validation of the findings undertaken.

• Policy brief developed and preparations underway for an investment dialogue.

• Key reforms and investments have been undertaken by the government:

– Lifting of numerous clauses in training institutions. For example, the limitation on the intake of students in public schools lifted, allowing medical schools and other health professional schools to take as many students as capacity allows. This will translate into more than 50 students for the medical and nursing schools. For the nursing schools, although limits were previously set at 50 students, only 17 were admitted each year.

– Training of 2000 health assistants by 2026: the government has approved the proposal made by the Minister of Health to train more health assistants to be deployed in remote areas.

– The government has decided to recruit 2000 health workers by 2026.

– The Ministry of the Civil Service funded 850 posts for health workforce recruitment in the 2025 budget.

• Evaluation report.

• The human resources for health gap to be filled requires a combination of interventions.

• Several normative human resources for health documents, including a development plan, a staffing plan, a management plan (including a career plan) and a performance management plan, and operational plan for human resources deployment, need to be developed.

• Capacity in anaesthetist assistants needs to be built.

• Need to integrate health worker data into the national health information system.

• Organization of the National Forum on Human Resources in Health and Maternal and Child Health (10–15 December 2024).

• Health worker capacity building:

- at least 200 matrons;
- health care providers in emergency obstetric and neonatal care;
- a pool of 7 national trainers in the maintenance of biomedical equipment;

- deployment of 3 medical specialists (gynaecologist, paediatrician, anaesthesiologist) in 5 regional hospitals to strengthen the capacity of in situ care providers; and
- national teachers for the training of health workers in regional health schools.

• Capacity building for technicians at the National Public Health Laboratory in Bangui with the support of the Institut Pasteur de Bangui.

• Support the organization of a workshop to update the training curriculum of health schools.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
Output 1.2 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	<ul style="list-style-type: none"> • HLMA updated and investment plan priorities and roadmap defined. • Study protocols and data mapping. • Data collection and analysis. • Epidemiological approach need-based analysis for health workforce conducted. • HLMA report produced (including workshop). • Technical validation of HLMA evidence and policy options. 	<ul style="list-style-type: none"> • In progress. 	<ul style="list-style-type: none"> • Finalized the HLMA report. • Conducted a validation meeting with all key stakeholders. • Participation in a pre-forum event at the African Health Workforce Forum in Namibia to share a presentation on the recent HLMA conducted in Ghana. • Supported the printing of the nursing and midwifery strategic plan and services framework (2024–2028). 	<ul style="list-style-type: none"> • HLMA report. • Presentation slides and report of the validation meeting with stakeholders. 	<ul style="list-style-type: none"> • Change in leadership at Ministry of Health in March required a new orientation on the HLMA. • Unable to convene a high-level policy dialogue due to conflicting schedules with political appointees due to national elections scheduled for December 2024. • Heightened tension on the labour front, on migration and unemployment, coupled with fiscal challenges, led to a reluctance of the Ministry of Health to lead the discussion on the HLMA findings, with only a few months to the election.
<p>GHANA</p> <ul style="list-style-type: none"> • The Human Resources for Health Development Directorate of the Ministry of Health. 					
<ul style="list-style-type: none"> • Conduct a high-level multisectoral policy dialogue on the HLMA by March 2024 and launch the HLMA report. • Development of an investment plan for strengthening the health workforce in Ghana. 					

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
MALAWI					
<p>Output 1.2 Data-driven policy, planning, decision-making and investment is supported</p> <p>Indicator 1.2 Number of supported countries that have conducted a health labour market analysis</p> <ul style="list-style-type: none"> • HLMA updated and investment plan priorities and roadmap defined. • Study protocols and data mapping. • Data collection and analysis. • Epidemiological approach need-based analysis for health workforce conducted. • HLMA report produced (including workshop). • Technical validation of HLMA evidence and policy options. 	<ul style="list-style-type: none"> • HLMA methodology workshop conducted. 	<ul style="list-style-type: none"> • In progress. 	<ul style="list-style-type: none"> • Reviewed and digitalized health worker survey tool for the exploratory HLMA. The tool was pilot-tested and revised based on the feedback from health workers. • Data collection for the health worker survey has started and will be completed November 2024. 	<ul style="list-style-type: none"> • HLMA study protocol. 	<ul style="list-style-type: none"> • Incomplete data collection on macroeconomics policy and planning and some health worker cadres. • Missing data on health workers from the private sector. • Epidemiological approach need-based analysis. • Data analysis and HLMA report writing. • Technical validation of HLMA evidence and policy dialogue.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
NIGERIA					
<p>Output 1.2 Data-driven policy, planning, decision-making and investment is supported</p> <p>Indicator 1.2 Number of supported countries that have conducted a health labour market analysis</p> <ul style="list-style-type: none"> • HLMA updated and investment plan priorities and roadmap defined. • Study protocols and data mapping. • Data collection and analysis. • Epidemiological approach need-based analysis for health workforce conducted. • HLMA report produced (including workshop). • Technical validation of HLMA evidence and policy options. 			<ul style="list-style-type: none"> • In progress. 		<ul style="list-style-type: none"> • As part of efforts to strengthen coordination and uptake of recommendations from the HLMA, WHO supported the setup of human resources for health technical working groups in Abia and Benue States.


BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTPUT / INDICATORS			
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills			
SOUTH AFRICA			
<p>Output 1.2 Data-driven policy, planning, decision-making and investment is supported</p> <p>Indicator 1.2 Number of supported countries that have conducted a health labour market analysis</p> <ul style="list-style-type: none"> • HLMA updated and investment plan priorities and roadmap defined. • Study protocols and data mapping. • Data collection and analysis. • Epidemiological approach need-based analysis for health workforce conducted. • HLMA report produced (including workshop). • Technical validation of HLMA evidence and policy options. 	<ul style="list-style-type: none"> • Not started. 	<ul style="list-style-type: none"> • Supported the National Department of Health with strategic input in reviewing the human resources for health strategic plan about health systems resilience and health security. • Supported the human resources for health dialogue for integrated HIV response. • Supported the National Department of Health in human resources for health data reporting including the status of nursing and midwifery data. 	<ul style="list-style-type: none"> • Changing priorities for the National Department of Health, which initially expressed interest but despite follow-up did not indicate if still interested. The WHO Country Office is following up.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened					
<ul style="list-style-type: none"> High-level multisectoral policy and social dialogues on HLMA outcomes facilitated. Multisectoral national health workforce strategy/investment plan produced (actions and investments). Costing and feasibility analysis of the health workforce investment plan. Health workforce priorities, scenarios and funding secured across sectors. Model for strategic design and financing of national investment plans developed. At the regional level, support to the Africa Health Workforce Investment Forum. 		<ul style="list-style-type: none"> In progress. 	<ul style="list-style-type: none"> Multisectoral technical working group made up of the focal points of the various ministries, professional organizations and civil society organizations in Benin. 	<ul style="list-style-type: none"> Consider relocating training workshops to allow participants to get away from their daily obligations to better focus. The various focal points are called upon to report to their respective hierarchies to set up a formal framework for the collection and analysis of the labour market. Train NHWA and HLMA focal points on the methodology and on drafting technical notes. Organize data triangulation, analysis and validation workshops. 	<ul style="list-style-type: none"> Finalize the stakeholder analysis matrix (political economy analysis). Start data collection. Prepare for the human resources for health strategic plan evaluation workshop. Populate the data collection tool. Organize data triangulation, analysis and validation workshops.


BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills			
CAMEROON			
<p>Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened</p> <ul style="list-style-type: none"> • High-level multisectoral policy and social dialogues on HLMA outcomes facilitated. • Multisectoral national health workforce strategy/investment plan produced (actions and investments). • Costing and feasibility analysis of the health workforce investment plan. • Health workforce priorities, scenarios and funding secured across sectors. • Model for strategic design and financing of national investment plans developed. • At the regional level, support to the Africa Health Workforce Investment Forum. 	<ul style="list-style-type: none"> • Two multisectoral working groups, comprising government, workers, employers and other key stakeholders in the health sector to guide health workforce developments were newly established. 	<ul style="list-style-type: none"> • Meeting reports. 	<ul style="list-style-type: none"> • Important step toward inclusive, coordinated health workforce planning, strengthening social dialogue and ensuring sustainable, well-informed policy decisions. • Continue strengthening multisectoral engagement and joint management of human resources for health challenges and policies.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
CHAD					
<p>Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened</p> <ul style="list-style-type: none"> High-level multisectoral policy and social dialogues on HLMA outcomes facilitated. Multisectoral national health workforce strategy/investment plan produced (actions and investments). Costing and feasibility analysis of the health workforce investment plan. Health workforce priorities, scenarios and funding secured across sectors. Model for strategic design and financing of national investment plans developed. At the regional level, support to the Africa Health Workforce Investment Forum. 	<p>CHAD</p>	<p>• Strategic coordination of the HLMA by the Ministry of Health leadership.</p> <p>• Model for strategic design and financing of national investment plans developed.</p>	<p>• In progress.</p> <p>• Several meetings were organized, documents validated and process officially launched.</p>	<p>• Report of the launch workshop and validated documents (research protocol, etc.).</p>	<p>• Develop HLMA report in the first quarter of 2025.</p>

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
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Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened					
<ul style="list-style-type: none"> High-level multisectoral policy and social dialogues on HLMA outcomes facilitated. 	<ul style="list-style-type: none"> Descriptive, exploratory and predictive HLMA conducted. 	<ul style="list-style-type: none"> Descriptive, exploratory and predictive HLMA conducted. 	<ul style="list-style-type: none"> Descriptive, exploratory and predictive HLMA conducted. 	<ul style="list-style-type: none"> Descriptive, exploratory and predictive HLMA conducted. 	<ul style="list-style-type: none"> Descriptive, exploratory and predictive HLMA conducted.
<ul style="list-style-type: none"> Multisectoral national health workforce strategy/investment plan produced (actions and investments). 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce.
<ul style="list-style-type: none"> Costing and feasibility analysis of the health workforce investment plan. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce.
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<ul style="list-style-type: none"> Model for strategic design and financing of national investment plans developed. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce.
<ul style="list-style-type: none"> At the regional level, support to the Africa Health Workforce Investment Forum. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce. 	<ul style="list-style-type: none"> High-level multisectoral policy dialogue held which resulted in a Kericho Declaration on Health workforce.

BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
OUTPUT / INDICATORS				
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills				
 MALAWI				
<p>Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened</p> <ul style="list-style-type: none"> • High-level multisectoral policy and social dialogues on HLMA outcomes facilitated. • Multisectoral national health workforce strategy/investment plan produced (actions and investments). • Costing and feasibility analysis of the health workforce investment plan. • Health workforce priorities, scenarios and funding secured across sectors. • Model for strategic design and financing of national investment plans developed. • At the regional level, support to the Africa Health Workforce Investment Forum. 	<ul style="list-style-type: none"> • Two multisectoral working groups, comprising representatives from government, workers, employers and other key stakeholders in the health sector to guide health workforce developments were newly established. 	<ul style="list-style-type: none"> • Terms of reference for the technical working group. 	<ul style="list-style-type: none"> • Important step toward inclusive, coordinated health workforce planning, strengthening social dialogue and ensuring sustainable, well-informed policy decisions. 	<ul style="list-style-type: none"> • Continue strengthening multisectoral engagement and joint management of human resources for health challenges and policies.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
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GHANA					
<p>Output 1.3 Multisectoral engagement, collaboration and commitment is strengthened</p> <ul style="list-style-type: none"> • High-level multisectoral policy and social dialogues on HLMA outcomes facilitated. • Multisectoral national health workforce strategy/investment plan produced (actions and investments). • Costing and feasibility analysis of the health workforce investment plan. • Health workforce priorities, scenarios and funding secured across sectors. • Model for strategic design and financing of national investment plans developed. • At the regional level, support to the Africa Health Workforce Investment Forum. 	<p>2019 national health workforce international deployment and re-integration policy.</p>	<p>In progress.</p>	<p>Developed a concept note with a budget for a national health workforce migration strategy.</p>	<p>Concept note.</p>	<p>A review of the national health workforce international deployment and re-integration policy.</p>

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
Output 1.4 International health worker migration trends established <ul style="list-style-type: none"> Collect new migration data up to 2023 based on professional registries and regulatory bodies. Produce emigration rates by country of origin and training. Produce a series of data and policy briefs to support the monitoring and implementation of the WHO Code. 	 NIGERIA				
<ul style="list-style-type: none"> Nigeria has a national health workforce registry to monitor its health workforce; however, there are challenges in having up-to-date data and the registry has not been established in some states. Nigeria has a national health workforce registry to monitor its health workforce; however, there are challenges in having up-to-date data and the registry has not been established in some states. Nigeria has a national health workforce registry to monitor its health workforce; however, there are challenges in having up-to-date data and the registry has not been established in some states. Nigeria has a national health workforce registry to monitor its health workforce; however, there are challenges in having up-to-date data and the registry has not been established in some states. Nigeria has a national health workforce registry to monitor its health workforce; however, there are challenges in having up-to-date data and the registry has not been established in some states. 					

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills						
GLOBAL PUBLIC GOODS						
Output 1.5 Comparability of medical and nursing education and recognition of foreign qualification for health workers <ul style="list-style-type: none"> • Analyse trends in the internationalization of medical and nursing education. • Based on policy questionnaires to main destination countries in OECD and non-OECD member countries, analyse recent changes in recognition of foreign qualifications for nurses and doctors. • Identify gender vulnerabilities in labour migration of health professions, where certain occupations are dominated by women migrant workers (e.g. nursing). • Organize a workshop on results of the analysis with stakeholders and identify policy responses in the context of WHO Code implementation. 		<ul style="list-style-type: none"> • In progress. 				

OUTPUT / INDICATORS BASELINE <i>Key inputs</i> <i>already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
 GLOBAL PUBLIC GOODS					
Output 1.6 Advocacy of the Code and investment in health system strengthening		<ul style="list-style-type: none"> • Advocacy and translation of the Code and the WHO guidance on bilateral agreements (years 1-2) and dissemination in regions/countries (years 1-3). • Launch online database with repository of bilateral agreements submitted to WHO through the Code reporting (years 1-3). 		<ul style="list-style-type: none"> • In progress. 	

BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTPUT / INDICATORS OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills	STATUS • In progress.	GLOBAL PUBLIC GOODS • Developed a training of trainers toolkit on participatory assessment of policy coherence in the health sector to enhance workforce planning, promotion of fair recruitment, and support sustainable labour migration (global work on Mobility Platform).	Plan for 2025 • The toolkit strengthens capacity building for designing, implementing and monitoring more coherent labour migration policies, enhancing labour market outcomes for migrant health workers and improving health service delivery. It is flexible, supporting various event formats, including multistakeholder training, capacity building on specific labour migration and health aspects.
Output 1.7 International health worker migration policies assessed, to ensure that effective global safeguards are in place • Research and analysis of existing documentation on labour migration policy. • Develop and validate a training manual (guide) to assess policy coherence (year 1). • Implement and test assessment of policy coherence in selected countries (years 2–3).			

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
GLOBAL PUBLIC GOODS					
Output 1.8 Data on career aspirations and interests analysed to inform trends in youth employment	<ul style="list-style-type: none"> Analyse the available data on the career aspirations of young people in a large number of OECD and non-OECD member countries after the pandemic, drawing on two main data sources. 	<ul style="list-style-type: none"> Completed. 	<ul style="list-style-type: none"> Responses to the questions in the OECD PISA survey about career aspirations of 15-year-old secondary school students (covering about 80 countries). Results from the WHO NHWA data collection and OECD ad hoc data collection on student applications and admissions in nursing education programmes. 		<ul style="list-style-type: none"> Initial policy brief focusing on interest in nursing careers released in May 2024 in connection with International Nursing Day. Final report on students' interest in health careers more broadly completed in December 2024 and released in January 2025.
<ul style="list-style-type: none"> This analysis will include a big focus on youth and gender issues. 					
<ul style="list-style-type: none"> A report presenting the most recent data on young people's interest in pursuing careers as doctors and nurses in OECD and non-OECD member countries following the pandemic and identifying key data gaps and possible ways forward to address these gaps. 					


OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
GLOBAL PUBLIC GOODS					
<p>Output 1.9 Global health workforce supply capacity is quantified, measured, and tracked against existing stock</p> <ul style="list-style-type: none"> Analyse the availability and quality of graduate statistics from OECD/Eurostat/WHO-European Region joint questionnaire on non-monetary statistics, and the data collected from the NHWA. These data will be compared with the stock of health workers in each occupation, and the age structure in these occupations to assess replacement needs over time. If possible, the analysis will also include migration pattern (as another source of potential inflows or outflows). Various analytical approaches will be tested and applied to graduate statistics. 					<ul style="list-style-type: none"> In progress.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
OUTCOME 1: The Existing Health & Care Workforce is OPTIMIZED Through Data-Driven Policy, Planning & Investment in Education, Jobs & Skills					
GLOBAL PUBLIC GOODS					
<p>Output 1.10 Global health workforce demand is quantified, measured, and tracked</p> <ul style="list-style-type: none"> Feasibility study on global skills taxonomy (with a focus on health care sector). The objective of this study is to conduct an analysis on the rationale and feasibility of constructing a global skills taxonomy, with a view to supporting the measurement of skill needs and gaps, transparency, and comparability of skills taxonomies, and informing policy-makers and practitioners in designing and implementing effective skills development and lifelong learning policies and programmes, focusing on the health care sector. 	<p><i>Key inputs already in place</i></p>	<p>STATUS</p>	<p>KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)</p>	<p>MEANS OF VERIFICATION/ DELIVERABLES</p>	<p>CHALLENGES/ COMMENTS</p>
<ul style="list-style-type: none"> Employment projection by occupation at ISCO-08 2-digits based on care economy policy scenario. The objective of this study is to produce regional, income group and sectoral estimates of the net employment impact by 2030, under a care economy scenario. The employment projections are to be disaggregated by age group (15-29, 30+), gender and occupation (at ISCO-08 2-digit level, where possible), while enabling cross-tabulation to the extent possible. 	<p><i>Key inputs already in place</i></p>	<p>STATUS</p>	<p>KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)</p>	<p>MEANS OF VERIFICATION/ DELIVERABLES</p>	<p>CHALLENGES/ COMMENTS</p>

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country's needs					
Output 2.1 Critical education, skills and employment needs and gaps are addressed	 MALAWI	<ul style="list-style-type: none"> • In progress. 	<ul style="list-style-type: none"> • Diagnostic study on skills and lifelong learning system development. 	<ul style="list-style-type: none"> • Draft study report. 	<ul style="list-style-type: none"> • Study finalization was delayed and is expected in 2025. • Validation workshop and launch of study findings.


OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country's needs						
CENTRAL AFRICAN REPUBLIC						
Output 2.2 Sustainable workforce action and investment are leveraged through effective governance and leadership	<ul style="list-style-type: none"> Special roundtable discussion facilitated between senior management of Ministry of Health and Ministry of Finance on human resources for health priorities, funding scenarios and opportunities. 		<ul style="list-style-type: none"> Participation of the Health and Public Service Ministers in the Africa Investment Forum held in Namibia, 6–8 May 2024. Organization of the workshop on the collection, consolidation, and validation of health workforce data in April 2024. Participation of the Minister of Health in Regional Committee side events: commitment of national delegations to maternal and child survival (28 August 2024); and turning words into action: operationalizing the charter (29 August 2024) in Brazzaville. Conducted the Central African Republic pre-forum workshop from 24–26 September 2024, which served to validate the previously conducted HLMA. Health profile of the Central African Republic 2023–2024 developed with the support of two national consultants under the supervision of WHO African Region. 	<ul style="list-style-type: none"> Proceeding reports. Health profile of Central Africa Republic 2023–2024 document. Report on the census of health personnel in Central Africa Republic. 		

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country's needs					
 CENTRAL AFRICAN REPUBLIC					
Output 2.3 Increased investment (domestic, development and private) is secured and mobilized			<ul style="list-style-type: none"> Partnership with the World Bank in funding enumerators for the health workforce survey. 		
<ul style="list-style-type: none"> Collaborative partnerships established and secured to support implementation. 		<ul style="list-style-type: none"> Completed. 			
<ul style="list-style-type: none"> Health workforce investment negotiations and commitments secured with partners. 					
<ul style="list-style-type: none"> Domestic and external financing and development assistance is negotiated and secured. 					
<ul style="list-style-type: none"> Investment case developed and presented to National Treasury. 					


OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country's needs					
Output 2.3 Increased investment (domestic, private) is secured and mobilized					
<ul style="list-style-type: none"> • Collaborative partnerships established and secured to support implementation. • Health workforce investment negotiations and commitments secured with partners. • Domestic and external financing and development assistance is negotiated and secured. • Investment case developed and presented to National Treasury. 	<p> SOUTH AFRICA</p>	<ul style="list-style-type: none"> • Completed. 	<ul style="list-style-type: none"> • Strategic input into the development of the human resources for health pillar of the 2nd Presidential Health Compact 2024–2029: accelerating health system strengthening and national health insurance (NHI) implementation. 		<ul style="list-style-type: none"> • The human resources for health pillar theme is “Augment human resources for health (HRH)”. The pillar lays out the necessary strategies and multisectoral investment to accelerate the human resources for health strategic plan including equitable distribution and absorption of CHWs.

BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country's needs				
REGIONAL				
<p>Output 2.4 Skills gaps and recognition of learning achievements are improved through evidence, guidance and frameworks</p> <p>(a) Draft a background report scanning evidence, guidance and frameworks that could enable increased flexibility in the health workforce to identify and address skills gaps and mismatches. The report will be based on desk research and stakeholder consultation. It will include evidence from both OECD member countries and LMICs, and the report will draw on the technical and normative work of both Ilo and WHO in this area, including competency standards and credentialling. Such initiatives can support more equal opportunities for women in education and decent jobs.</p> <p>(b) Deliver a technical workshop to present findings and evidence and establish options for where the three agencies could co-develop promising pathways model further.</p>	<ul style="list-style-type: none"> • In progress. • Regional assessment on flexible pathways into health care professions in Southern and South-East Asia (global work on skills). 	<ul style="list-style-type: none"> • Research report. 	<ul style="list-style-type: none"> • The report offers key recommendations for context-specific, inclusive and flexible health workforce strategies, emphasizing equitable access, lifelong skills development and stronger public-private collaboration. • Expand research throughout the WHO African Region. 	

OUTPUT / INDICATORS BASELINE <i>Key inputs</i> <i>already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS	Plan for 2025
Outcome 2: The diversity, availability and capacity of the health and care workforce is BUILT, to address critical shortages and meet country's needs					
REGIONAL					
Output 2.5 Health workforce pathways defined to strengthen the link between education and employment					
(a) Develop an adaptable health workforce lifelong learning pathways model, oriented for country piloting and application.					
(b) Establish a robust framework to monitor and measure the pathways model and its impact on increased investment and improved health, social and economic outcomes, including gender equity.					
<ul style="list-style-type: none"> • In progress. 					

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
<p>Outcome 3: Health systems resilience and performance are STRENGTHENED to deliver UHC and respond to public health preparedness through an equitable, protected and efficient workforce</p>					
<p>Output 3.1 Gender bias and inequalities in health workforce policy and practice reduced</p>	<p> PAKISTAN</p>		<ul style="list-style-type: none"> Nursing leadership boot camp developed and embedded in Nursing and Midwifery Leadership Programme of the Health Services Academy, Pakistan. 45 nursing professionals participated in the first nursing leadership boot camp. 	<ul style="list-style-type: none"> Boot camp curriculum. Boot camp report. 	<ul style="list-style-type: none"> Nurses face restrictions and challenges in forming and joining a union. Nursing boot camp includes structured mentorship and engagement with trade unions and employer organizations. Post-training assessments revealed 85% improvement in leadership competencies, encompassing key areas such as policy advocacy and effective communication.
				<ul style="list-style-type: none"> Boot camp integrated in regular Health Services Academy nursing and midwifery leadership programme. Establish regional leadership hubs to provide nurses and other health workers with equitable access to training opportunities across all regions in Pakistan. 	

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
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 3.2 Improved protection, well-being, decent work and occupational safety and health of health workers in all settings	 CAMEROON	<ul style="list-style-type: none"> • In progress. 	<ul style="list-style-type: none"> • National OSH strategy (2024-2030) to strengthen OSH in the health sector developed. • Draft strategy. 	<ul style="list-style-type: none"> • Validation and launch of the strategy planned for 2025. • Launch and implementation of OSH strategy.

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<p>Outcome 3: Health systems resilience and performance are STRENGTHENED to deliver UHC and respond to public health preparedness through an equitable, protected and efficient workforce</p>					
<p>Output 3.2 Improved protection, well-being, decent work and occupational safety and health of health workers in all settings</p>	<p> CHAD</p>		<ul style="list-style-type: none"> • 15 labour inspectors trained on occupational risk assessment, training design and strategic compliance planning, enhancing their capacity to promote and enforce workplace safety standards in the health sector. • Developed a pilot labour inspection strategic plan for compliance in the health sector. 	<ul style="list-style-type: none"> • Training report. 	<ul style="list-style-type: none"> • The strategic compliance plan includes four immediate objectives and eight outputs with a 1-year implementation timeframe, and the establishment of a taskforce to oversee its execution. • There is a need for systematic engagement of all partners to sustainably implement the compliance plan. • Pilot and implement labour inspection strategic plan for compliance in the health sector.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	STATUS	KEY ACTIVITIES & ACHIEVEMENTS (Jan – Dec 2024)	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS Plan for 2025
<p>Outcome 3: Health systems resilience and performance are STRENGTHENED to deliver UHC and respond to public health preparedness through an equitable, protected and efficient workforce</p>					
	<p>Output 3.2 Improved protection, well-being, decent work and occupational safety and health of health workers in all settings</p>	<p> MALAWI</p>		<ul style="list-style-type: none"> • 40 trainers trained in ILO-WHO HealthWISE approach. 	<ul style="list-style-type: none"> • Training reports.

OUTPUT / INDICATORS	BASELINE <i>Key inputs already in place</i>	KEY ACTIVITIES & ACHIEVEMENTS (Jan - Dec 2024)	STATUS	MEANS OF VERIFICATION/ DELIVERABLES	CHALLENGES/ COMMENTS
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					Plan for 2025
	Output 3.2 Improved protection, well-being, decent work and occupational safety and health of health workers in all settings	 PAKISTAN	<ul style="list-style-type: none"> Four trainers trained in ILO-WHO HealthWISE approach. HealthWISE implemented in four health facilities in Islamabad Capital Territory region with a total of 190 health workers and managers being trained. 400 public health students in Pakistan benefited from a revised curriculum aligned with ILO standards on OSH, violence and harassment, gender equality, and nursing personnel. Minimum service delivery standards from Islamabad Healthcare Regulatory Authority updated to align with ILO standards on OSH, violence and harassment, and gender equality (in progress). 	<ul style="list-style-type: none"> Training reports. Implementation reports. Updated curriculum by Health Services Academy. Draft revised minimum service delivery standards Islamabad Capital Territory. 	<ul style="list-style-type: none"> In all four health facilities greater emphasis has been placed on health worker safety, including mental health, PPE, and protection and prevention from violence and harassment, aligned with ILO Conventions 155, 187, 190 and 149. Establishment of a network/community of practice on HealthWISE, which will provide an opportunity to all the practitioners trained on HealthWISE to exchange best practices and tools and techniques they have adopted at the facility level to bring change. Request for support to develop resource mobilization strategies for sustainable financing of OSH for health workers. Minimum service delivery standards programme of Health Services Academy was strengthened to better prepare students to lead in promoting OSH, and gender equity in the health sector in Pakistan. The suggested changes to the minimum service delivery standards are approved by the Board and will be notified in 2025. A dissemination event is planned in 2025 to sensitize hospitals on the amendments and how these may be applied at workplaces.

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Output 3.2 Improved protection, well-being, decent work and occupational safety and health of health workers in all settings	 SOUTH AFRICA	<ul style="list-style-type: none"> Facilitated OSH strategic planning workshop for public health sector workers in Eastern Cape and Gauteng. 	<ul style="list-style-type: none"> Workshop report. Department of Health Management Commitment Charter. 	<ul style="list-style-type: none"> Participants in the meeting and through the Charter commit to empowering a strong and resilient health workforce by promoting well-being, safety, professional development, and ensuring access to the resources, training and decent working conditions. Strengthening meaningful involvement of social partners in implementing the national human resources for health strategy. 	

