Working for Health Learning and implementation report, 2018–2023

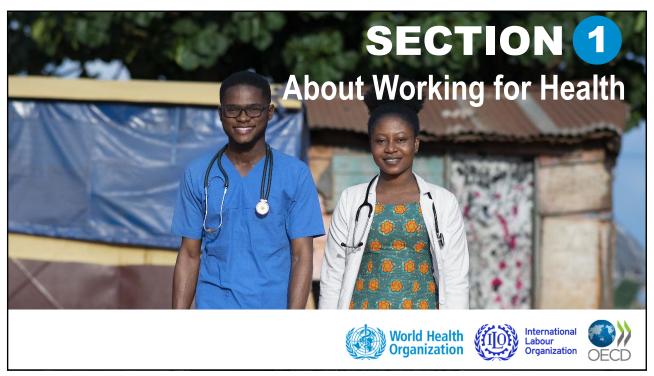






A joint collaboration between WHO, ILO and OECD driving multisectoral action, catalytic and sustainable financing, supporting country, regional and global health workforce initiatives

1



Working for Health



About Working for Health and its Multi-Partner Trust Fund For further information see: https://www.youtube.com/watch?v=fAhjqmrSJyo







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Key World Health Assembly Resolutions

WHA Resolution 70.6 Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

WHA Resolution 74.14 Protecting, safeguarding and investing in the health and care workforce

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

31 May 2021

Protecting, safeguarding and investing in the health and care workforce

Having considered the Director General's report on working for health: five-year action plan for health employment and inclusive economic growth (2017–2021),³

Deeply concerned about the detrimental impact that coronavirus disease (COVID-19) has had across the health and social care sectors; 2

WHA Resolution 75.17 Human resources for health

World Health Organization

WHA75.17 28 May 2022

Human resources for health



Outcomes, 2017–2023



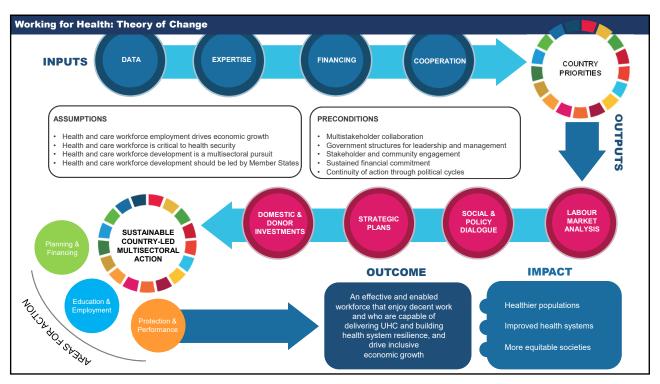
- 1. The supply of skilled health workers in line with assessed country needs
- 2. Creating health sector jobs to match labour market and public health needs
- 3. Recruiting and retaining health workers within country contexts
- **4. Strengthening health workforce data** to inform effective policy, planning, monitoring and international mobility

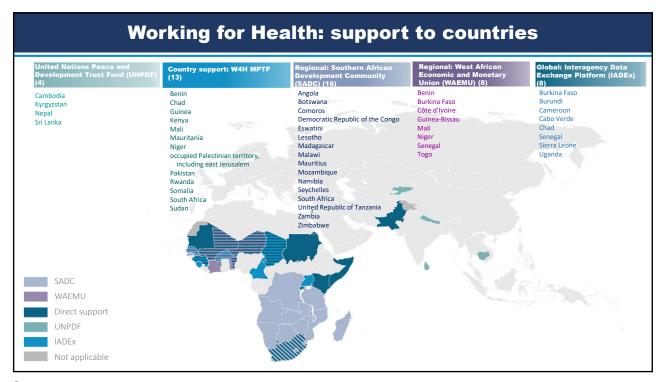






7







Key achievements

- ☐ Health labour market analysis (HLMA) applied in nine countries, to address the root causes of critical workforce challenges through evidence-based policy, planning and funding decisions.
- ☐ 17 national-level policies and strategies on HRH supported and implemented in nine countries.
- ☐ Five national investment plans launched, mobilizing domestic and international financing.
- ☐ Health worker employment and job creation facilitated in supported countries, including for rural areas.
- Multisectoral policy dialogue and coordination mechanisms strengthened in six countries through functional multisectoral HRH committees and taskforces.
- ☐ Education curricula for nurses & midwives developed and strengthened in seven countries.
- □ Labour relations strengthened in the health sector through capacity building and training.
 - Responded to the COVID-19 pandemic by supporting response and recovery planning including strengthening occupational safety and health (OSH) at national level through 24 workshops in eight countries across three regions (African, South-East Asia, Eastern Mediterranean) reaching 900 constituents providing training in OSH and COVID-19 response (using ILO-WHO HealthWISE and the COVID-19 Checklist for health facilities)

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PROGRESS ON	I HRH PR	IORITY ARI	EAS						
DATA		PLANNING 8	FINANCING		EMPLOYMENT	EDUCA	TION		ROTECTION & REPAREDNESS
Adapted and applied Health Workforce Ad NHWA) and Worklo Indicators of Staffin (WISN) verification	ccounts ad	Facilitated an H Developed the Workforce Inv. with inclusive p for priority setting	Health estment Plan, olicy dialogue	to recru worker increas Facilita doctor catalytin additior Informe project gradua	ted the securing of funding uit 4,000 additional health in rural areas – an se of 25% ted the recruitment of 331 is and paramedics and containing to recruit an inal 1701 health workers and the World Bank-funded to recruit 2384 new ites (doctors, nurses and is) over a 2-year period	Strengthened the midwifery trainin Facilitated collabo the Ministries of H and Education, ar Medical and Healt deliver training p in rural and under	g curricula ration between ealth d the National h Institute to rogrammes	occupation occupation for health training or Health WIS 19 checkling facilities, in health and provide psecure occupance of the secure occupance of the secure occupance occupan	capacity on onal safety and health nworkers through n ILO-WHO Set tool and the COVID ist within health noluding the capacity of care workers to sychosocial care
COUNTRY	Popula	tion (2021)	% health expe of GDP (20		Health workforce density/10 000 population (2019)	Labour force participation rate o women (%), 2020	f UHC Inde	ex (2021)	WHO Support and Safeguards List (2023)
PROFILE		996 895	2%		3.79	68.8	37		Yes

PROGRESS O	N HRH PF	RIORITY AF	REAS							
DATA		PLANNING	& FINANCING		EMPLOYMENT		EDUCAT	ION	_	PROTECTION & REPAREDNESS
Adapted and applied and WISN analysis of centre facilities Integrated health we databases/national to support policy, in and decisions	orkforce registries	Supported the process for th Workforce Do (2021–2030)	id-term review of multisectoral e fourth Health evelopment Plan aligned to the new gic Plan (2022– lusive policy	expand and imp standa	d policy changes to d the health workforce prove employment rds ted the recruitment of ew civil service health	e	Collaborated with the World Bank on a new Cambodia priservice education system programme Developed a core competen framework for doctors, nurse and midwives Strengthened the professiona councils on pre-service education and regulation		Recruite	ed the HRH Oversight ee to lead the national enda during COVID-19 ad health workers for onse effort, aligned with onal COVID-19 Master
COUNTRY	Populat	ion (2021)	% health expendit of GDP (2020)	ure	Health workforce density/10 000 population (2019)		Labour force articipation rate of women (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
PROFILE	16.5	89 023	8%		13.57		76.9	58		No

PROGRESS ON F	IRH PRIORITY A	REAS							
DATA	PLANNING	& FINANCING	EMPLOYMENT		EDUCA [*]	TION		ROTECTION & REPAREDNESS	
Enhanced data for Janning and analysis hrough NHWA application and use	Established & maintained a Multi-sectoral HRH Taskforce to guide HRH, including expert collaboration between health and labour Applied a Health Labour Market Analysis Facilitated the National Strategic Plan for the Development of HRH 2022–2030 Developed models for primary health care, a benefits package and a competency framework to support UHC Trained social partners on social dialogue, labour relations and tripartite engagement for the development of national health workforce strategies		Supported the employmen 1652 health workers throug national recruitment plan		Developed a health competency frame support UHC/prima	work to	safety and using ILO-1 the COVID facilities the preventior OSH, read partners Developed inspection by labour in	Improved capacity on occupational safety and health for health worker using ILO-WHO HealthWISE tool and the COVID-19 checklist for health calitiles through training on infection prevention and control (IPC) and OSH, reaching 200+ workers and partners Developed a control sheet for work inspections in health facilities utilized by labour inspectorates to assess the OSH performance of health	
COUNTRY	Population (2021)	% health expenditure of GDP (2020)	Health workforce density/10 000 population (2021)	parti	abour force cipation rate of men (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)	
PROFILE	17 179 740 5.41%		2.65				29.4 Yes		

					or Health	GOINE	A		
PROGRESS OF DATA	N HRH PR		& FINANCING		EMPLOYMENT	EDUCA	ΓΙΟΝ		PROTECTION & REPAREDNESS
Support for the asse n training and emp leeds of youth and	oloyment		istakeholder political ind participation for inal Community	thro of w won exp to 5	ruited 10 000 community- ed health care providers ugh a Rural Pipeline Projec hich 50% are young nen, which led to the ansion of health coverage 0% of Guinea's rural ulation	deployment to rur facilities Assessed compet training requirem workers, specifical	n workers revised ar training ved by their al health encies and ents of health	occupati for healt training of HealthWI 19 check five rural the safet workers services Facilitatir national	ng the development of a strategy for OSH to a safe and healthy work ent
COUNTRY	Populati	ion (2021)	% health expendit of GDP (2020)		Health workforce density/10 000 population (2018)	Labour force participation rate of women (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
PROFILE	13 53	31 906	4.04%		8.56	62.7	39.9)	Yes

			Working f	or i	Tealti	n: KENY <i>F</i>	<u> </u>		
PROGRESS ON DATA	N HR	H PRIORITY AI	NING & FINANCING			EMPLOYMENT		EDUCATION	PROTECTION & PREPAREDNESS
Enabled and informed key policy, planning and investment decisions through robust data use and analysis through implementation of NHWA and WISN		and investment de Enabled multistake commitment and p workforce dialoguu coordination of hea equitable employme Facilitated the devel migration policy Enabled and develo	holder engagement, poli articipation through nation e and intergovernmental alth and labour experts for	al health HRH and ce	recruit 20 00 policy and inv Capacitated representativ Health minist and employer relations thro International of Labour Promoted so collective ba	overnment commitment 10 health workers, based vestment decisions of HLM and trained 46 ves from the Labour and ries, and health workers' rs' organizations on labou ough collaboration betwee I Training Centre and Mir ocial dialogue and argaining for ployment relations	on IA r n ILO	Facilitated development of National Competency Framework for health care managers in Kenya	Conducted a study documenting the impact of COVID-19 on health workforce planning and management and estimating health workforce needs (WHO model)
COUNTRY	Po	pulation (2022)	% health expenditure of GDP (2020)	dens	workforce ity/10 000 ition (2021)	Labour force participation rate of women (%), 2020	UH	IC Index (2021)	WHO Support and Safeguards List (2023)
PROFILE		54 027 487	4.29%		14.38	72		53	No

PROGRESS O	N HRH PR	IORITY A	REAS						
DATA			G & FINANCING	EMPLOYMENT		EDUCAT	TION		PROTECTION & REPAREDNESS
Strengthened and integrated HRH data collection and use within the expanded National Information System for Resource Management		Established a Roadmap wi primary hea Developed no	an HRH Planning th a focus on lth care and UHC w HRH planning on models through of essential public	workers to medical practice including accreditation Revised regulations governing the working hours of health		Supported and strengthened the Permanent Working Group for Human Resources Management and Development on ongoing health workforce and education reforms and policy dialogue		Re-programmed and aligned Kyrgyzstan's HRH activities with the national preparedness an planning submission to the UN COVID-19 Response and Recovery Fund	
COUNTRY	Populatio	on (2021)	% health expenditur of GDP (2020)	Health workforce density/10 000 population (2019)		Labour force rticipation rate of romen (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
	ROFILE 6 691			80.75					No

PROGRESS ON HRH	PRIORITY ARE	EAS						
DATA	PLANNI	NG & FINANCING	EMPLOY	MENT	EDU	JCATION		ROTECTION & REPAREDNESS
Enabled and informed key policy, planning and nvestment decisions hrough robust data use and analysis	planning and key stal Developed an invest resource key HRH st Human Resour National Strate Development (National plans career develop human resourc workforce in pu health districts Inform the devel	ment plan to mobilize and rategies and priorities: ces Development Policy gic Plan for HRH	and	training, ent and man		training and a of women and ural areas	occupate health for through HealthW COVID-facilities participate nurses, I human read those hospital	d capacity on tional safety and or health workers training on ILO-WHO I/SE tool and the 19 checklist for health among 41 ints including doctors, hospital managers, esources managers se in charge of hygiene across 42 s in Bamako and
COUNTRI	ulation (2021)	% health expenditure of GDP (2020)	Health workforce density/10 000 population (2018)	Labour participation women (%	on rate of	UHC Index (2021)	WHO Support and Safeguards List (2023)
PROFILE	1 904 983	4.31%	5.56	57.8	0.4	41.3		Yes

PROGRESS O	N HRH PI		rking for	He	alth: N	MAU	RITA	NIA		
DATA			NNING & FINANCING		EMPLOYI	MENT	EDUC	CATION		PROTECTION PREPAREDNESS
Informed key policy and planning decisions through robust data use and analysis		Facilitated an HLMA Supported key multistakeholder steering committee and policy dialogue Strengthened the technical capacity of Minis of Health staff for the development of evidence based policy and planning Supported the development and adoption of: National Health Workforce Development Plan National Health Workforce Strategy, 20 2026		ence- f: nent	Established national emplotargets (e.g. recruiting 600 a health workers) Facilitated incre financial benefinancial benefinancial benefinancial benefinancial benefinancial benefinancial benefinancial benefinancial benefin	dditional eased fits for	Strengthened the planning and quality of pre-service and inservice training; and provision of professional training in health schools		Supported the protection of health workers in the fight against COVID-19 including training and application of the COVID-19 Checklist for health facilities, training 92 participants from Aleg, Kiffa, Sélibay and Tiglikja on OSH an social dialogue resulting in the development of action plans for OSH	
COUNTRY	Populat	ion (2022)	% health expenditure of GDP (2020)	de	lth workforce nsity/10 000 ulation (2019)	participa	ur force tion rate of (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
PROFILE	4 73	6 139	3.36%		11.89	2	8.1	40.1	2	Yes

	HRH PRIC	KIII AK	EAS						
DATA		PLANNIN	G & FINANCING	EMPLOYMENT		EDUCAT	ION	PROTECT	ION & PREPAREDNES
the consolidation or human resources system, central he workforce registry Completed and lau assessment of WIS provinces Produced a data ar of HRH supply an	consolidation of integrated them, central health kforce registry and NHWA including the pleted and launched an essment of WISN in three vinces where the pletes and analysis study like the supply and demand to reconsolidation of integrated technic including the pletes and launched an essment of WISN in three vinces where the pletes and launched and the pletes and the plete		olicy dialogue Id disseminated the RH Strategic 2021–2030	Defined workload and activi components for health posts and primary hospitals for five health professional cadres Supported evidence-based planning for rural retention	3	Developed contin professional dev (CPD) online mod CPD guideline for professionals	elopment ules and a		N/A
COUNTRY	Population	n (2022)	% health expenditur of GDP (2020)	e Health workforce density/10 000 population (2021)	partic	abour force cipation rate of nen (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
PROFILE	30 547	580	5.17%	46.63		81.5	53.66	3	Yes

POCDECS OF		ODITY AR	FAC							
ROGRESS ON	I HKH PKI		IING & FINANCING	EMPLOYMENT		EDUC <i>i</i>	ATION		PROTECTION & REPAREDNESS	
Strengthened NHWA use for data analysis and validation Provided econometric modelling and evaluation support for the Rural Pipeline Project		on Health Er Growth led to 2018–2021, a Decree Facilitated al undergoing a Developed a Plan, Natior	ns High-level Commission mployment and Economic o National Action Plan adopted by Presidential in HLMA, which is an update in HRH Investment all Strategic Plan for Health and investment	Supported employment and job creation for women and youth in rural areas: 2500 CHW jobs and 5000 indirect jobs in Diffa, Tillabéri and Tahoua regions 2645 jobs as part of the 2021 National Plan		Conducted a national quality assessment of nursing, midwifery and training institutions Supported the opening of a midwifery and nursing school in the Diffa region			N/A	
COUNTRY	Populatio	n (2022)	% health expenditure of GDP (2020)	Health workforce density/10 000 population (2020)	partici	oour force pation rate of en (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)	
PROFILE	26 207	7 077	6.20%	2.44		60.8	34.98		Yes	

PROGRESS ON	N HRH PR	RIORITY AF	REAS						
DATA		PLANNING	3 & FINANCING	EMPLOYMENT		EDUCAT	ION		PROTECTION & REPAREDNESS
trengthened planning and gulation based on the WISN ol roduced data on nemployment and emigration tes		strengthen an emergency a management Trained 38 cc social dialog the Ministries Labour and IL Training Cent dialogue on ir employment	services onstituents on ue together with of Health and O International re, e.g. tripartite nproving	Enabled flexible funding re- programming – to train and deploy health workers		Developed and imp Basic life Support curricula Enabled the licens licensing of parame	(BLS)	emerger (EMTs), working i COVID-1 wards or Trained 7 inspecto HealthW Checklist Improve occupat	capacity of 1500 ncy medical technician nurses and doctors n emergency rooms an 9 intensive care unit BLS 75 trainers & labour urs on the ILO-WHO ISE and the COVID-19 t for health facilities to capacity on ional safety and health h workers
COUNTRY/ AREA	Populati	on (2021)	% health expenditu of GDP (2019)	re Health workforce density/10 000 population (2018)	par	Labour force rticipation rate of omen (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
DROELLE	DOELLE	2 749		55.91		18.2			No

PROGRESS O	N HRH PR			r Health:				
DATA	\	PLANI	NING & FINANCING	EMPLOYMENT	EDUCA	TION		PROTECTION &
Strengthened the U Health Information (DHIS 2) and healt registry Conducted a comp assessment for th Personnel Conver (No. 149) to suppor ratification of the IL- Personnel Conventi Conducted a gende health study, Wom Leadership at differ the health system	arative e ILO Nursing tition, 1977 t the O Nursing tion er equality in ten in Health	Developed a for the ILO I Convention Produced H and Balochi Supported thealth strate	an implementation plan Nursing Personnel RH strategies for Sindh stan health departments the review of the UHC tegy at primary health or the health workforce	Estimated the projected number of health care workers needed per year meet UHC goals, includin 900 000 additional nurse by 2030 Assessed the working conditions of nursing personnel	g Developed a certi	sing Council fied course for rs and	persons of Work improved occupat for healt training of HealthW	six national resource from the Directorate ers Education on d capacity for ional safety and healt! th workers through on ILO-WHO ISE tool and the COVID dist in three health
COUNTRY	Population	n (2021)	% health expenditure of GDP (2020)	Health workforce density/10 000 population (2019)	Labour force participation rate of women (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
PROFILE	231 402	2 117	2.95%	18.22	21.7	45.2		Yes

			Vorking fo		KWAKE				
PROGRESS OF	N HRH PR	IORITY A	REAS						
DATA		PLANNING & FINANCING		EMPLOYMENT	EDUCAT	EDUCATION		PROTECTION & PREPAREDNES	
Strengthened health workforce data, in collaboration with the World Bank		Facilitated an HLMA Conducted an HRH situation analysis Development of the HRH roadmap: National Strategy for Health Professions Development 2020–2030 Supported and strengthened the multisectoral HRH Technical Committee Costed the new HRH Strategic Plan		Increased support for positions and staffing health facilities over a 5 year period	to support a 10-yer programme: Nation for Health Profess in Development 202: Facilitated the cred health profession	Secured flexible funding to support a 10-year government programme: National Strategy for Health Professions Development 2020–2030 Facilitated the credentialing of health professionals to ensure staff in facilities meet qualification requirements		Implemented priority basic and emergency training for medical officers during COVID-19	
COUNTRY	Population (2022)		% health expenditure of GDP (2020)	Health workforce density/10 000 population (2019)	Labour force participation rate of women (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)	
PROFILE	10.77	6 698	7.32%	11.36	83.9	48.55	_	Yes	

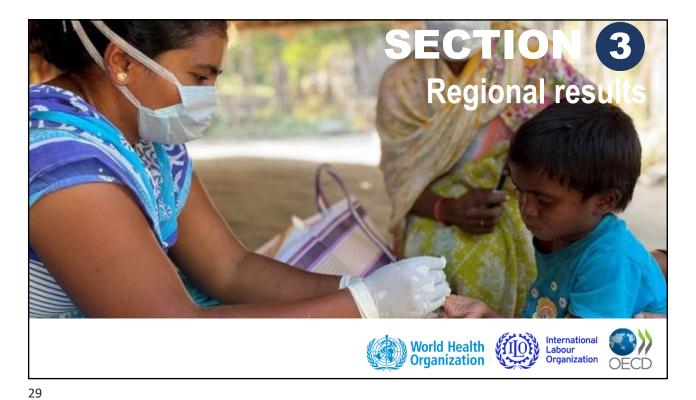
ROGRESS O	N HRH PRI	ORITY AR	EAS						
Conducted a rapid landscape analysis of the health workforce in the public and private sector Collected and analysed data on availability and type of health workers across levels through a Harmonized Health Facility Assessment (HHFA) survey		PLANNING & FINANCING		EMPLOYMENT		EDUCATION		PROTECTION & PREPAREDNE	
		Sector Strate 2026 and the HRH Strategy Finalized Son Package of UHC Produced a k	egic Plan 2022– National y malia's Essential Health Services for	Trained and deployed 3000 CHWs to provide basic essential health services extending to COVID-19 activities Developed the statute of professional conduct regulations by the National Health Professional Council		Supported the development of a national midwifery curriculum Developed a training programme for field epidemiology practitioners		Implemented IPC and OSH measures, including stress an psychosocial support for hea workers, in the informal health sector	
COUNTRY	Population (2022) % hea		% health expenditur of GDP	Health workforce density/10 000 population (2014)	par	Labour force rticipation rate of romen (%), 2020	UHC Index	c (2021)	WHO Support and Safeguards List (2023)
PROFILE	17 59	7 511	No data	1.36		22.2	26.79	9	Yes

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ROGRESS ON	I HRH PR	IORITY AR	FAS						
DATA			NING & FINANCING EMPLOYMENT			EDUCATION		PROTECTION & PREPAREDNESS	
Strengthened data use and analysis to inform key policy and planning decisions		Facilitated a rapid health labour market and political economy analysis Facilitated and supported: 2030 Human Resources for Health Strategy HRH Strategic Plan 2020/21–2024/25 Investment case for the HRH strategy Presidential Health Compact 2019 (Pillar 1 which includes a focus on HRH)		Informed the Presidential Employment Stimulus Programme, which created 5531 new jobs in the public sector in 2020		Facilitated and supported the National Strategic Directory for Nursing and Midwifery Education and Practice: Roadmap for Strengthening Nursing and Midwifery (2020/21–2024/25)		PREPAREDNESS Delivered technical and catalytic support for the health and care workforce with a focus on IPC and OHS, including psychosocial support for workers Supported a Tripartite Working Group in the Eastern Cape Province for occupational safety and health for health workers, and HIV and TB including capacity building through ILO-WHO HealthWISE training	
COUNTRY	Populati	on (2022)	% health expenditure of GDP (2020)	Health workforce density/10 000 population (2021)	part	Labour force ticipation rate of omen (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
PROFILE	59.80	93 885	8.58%	60.38		49.6	70.95		No

ROGRESS OF	N HRH PRI			EMPLOYMENT	EDUCAT	TION	PROTECT	ION & PREPAREDNI
Strengthened capacity for the NHWA and WISN to establish facility-based staffing norms/ projections for primary health care		· ·		Developed a multisectors framework on health worker mobility with ke stakeholders Generated evidence to inform the Health Labou Migration Strategy Trained 40 health sector administrators on disput resolution and develop training/guidelines	Developed National Quality Standards for basic training programmes, institutes and faculty Supported the Sri Lanka Medical Association to implement a CPD system and		NA	
COUNTRY	Population	on (2022)	% health expenditure of GDP (2020)	Health workforce density/10 000 population (2021)	Labour force participation rate of women (%), 2020	UHC Index	(2021)	WHO Support and Safeguards List (2023)
PROFILE	22.40	1 000	4.07%	38.43	33.6	66.74	1	No

ROGRESS ON HRH PR	ORITY AR	EAS					
DATA	PLANNING & FINANCING Facilitated a detailed HLMA Facilitated the development of the National Strategic Plan on HRH 2030 Strengthened the core functions of the Nursing and Midwifery Council Established a national intersectoral coordination system to enhance migrant support across ministries and UN agencies including a migrants' desk and decree Supported a resource mobilization strategy including diaspora engagement		EMPLOYMENT	Established a medical professionalism		PROTECTION & PREPAREDNESS Developed an e-learning platform for the Academy of Health Sciences to ensure continuity of training during the COVID-19 pandemic Development and endorsement of Health Workers and Facilities Law supported training programmes on IPC to fo doctors, nurses and hospital mangers	
Trained HRH Observatory staff on NHWA Facilitated broad stakeholder partnership and collaboration under the HRH Observatory Produced an HRH stakeholder analysis and mapping Developed a national roadmap integrating migrant health data within the national health information system			Developed and implemented a primary health care model of car to drive investments in workforcusupply, recruitment and retention in two supported states (Gazira and North Darfur)				
COUNTRI	pulation (2022) % health expenditu of GDP (2020)		Health workforce density/10 000 population (2018)	Labour force participation rate of women (%), 2020	UHC Index (2021	WHO Support and Safeguards List (2023)	
PROFILE 46 874	1 204	3.02%	19.96	29.4	45.53	Yes	



Southern African Development Community (SADC)

Facilitated a <u>tripartite technical workshop</u> for the SADC region on *Investing in the health workforce: employment and decent work in the health sector,* which enhanced intersectoral policy dialogue for the development of and **endorsement by health ministers** of the **SADC Health Workforce Strategic Plan 2020–2030:**

- calling for increased investments by all SADC members to double the workforce by 2030;
- providing **a common approach** for regional investment, harmonized health workforce education, employment, governance and regulation; and
- establishing a multicounty HRH technical committee to drive uptake and implementation.



Visit: https://www.sadc.int/document/health-workforce-strategic-plan-2020-2030-english







West African Economic and Monetary Union (WAEMU)

Facilitated the **eight WAEMU countries** to promote sustainable economic growth through the implementation a subregional **Health Workforce Investment Plan:**

- enabling WAEMU countries to commit to creating 40 000 health and care jobs by 2022;
- · ensuring decent work in the health and care sector through improvements in the work environment;
- scaling up the training and deployment of community-based workers to deliver primary health care;
- enhancing the use of digital and new technologies.







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Africa Health Workforce Investment Charter



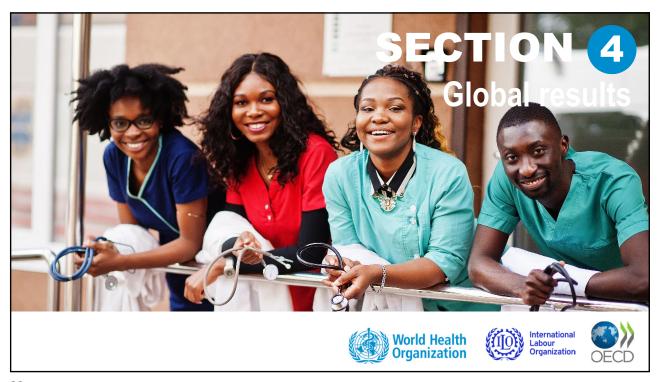
Regional support to WAEMU and SADC:

- enabling the creation of the Africa Health Workforce Investment Charter to tackle the 5.3 million health worker shortfall in Africa; and
- facilitating the launch of the Africa Health Worker Investment Charter, produced with the backing of 26 Member States, and the hosting of a Health Workforce Investment Forum in 2024.









Interagency Data Exchange Platform (IADEx)

The joint IADEx mechanism is maximizing the use of integrated health workforce data, information and analytics ensuring greater consistency and reduced data collection and reporting burdens for countries

IADEx consolidates workforce data and information exchange between partner organizations and 193 countries including through national health workforce accounts and labour force surveys



(Report) What labour force survey data can tell us about the workforce in the health and social care sector (see: https://www.ilo.org/sector/Resources/publications/WCMS_892132/lang--en/index.htm).







International Platform on Health Worker Mobility

- Enhancing knowledge and cooperation through a 10-year review of the WHO Global Code on the International Recruitment of Health Personnel.
- Collaborating on the WHO Health Workforce Support and Safeguards List 2023: identifying 55 countries with the most pressing UHC challenges and workforce gaps.
- Supporting national policy dialogue, including across and between key source and destination countries.
- Contributing to **bilateral agreement guidance** on international health worker migration and mobility, and the **mapping of bilateral agreements** (trade, labour, health, education, migration).
- Producing datasets and reports that cross reference migrant health workers by country of birth and training in the OECD, to advance understanding of international health worker mobility patterns.
- Monitoring **policy changes** in crucial **destination countries** entry, stay and recognition of foreign health professional and foreign qualifications during the COVID-19 pandemic.

ILO guidance on policy coherence and mobility (see: https://www.ilo.org/sector/Resources/publications/WCMS_888718/lang--en/index.htm)

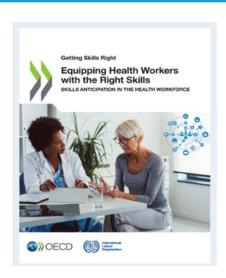






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Resources: anticipating skills



(Report) Equipping health workers with the right skills: skills anticipation in the health workforce

- ☐ Skills assessment and anticipation approaches in the health sector in 16 countries
- ☐ Understanding methodologies to anticipate skills needs in specific contexts, including education, labour and migration
- ☐ Improve the anticipation of skill needs in the health workforce, foster knowledge exchange and support evidence-based policy-making in the health sector
- ☐ A toolkit outlining advantages and disadvantages of different research methods for skills' anticipation in the health workforce
- ☐ Facilitating dialogue on the use of skills intelligence & assessment to inform policy









Rwanda



Working for Health supported the Rwanda Ministry of Health to conduct a **health labour market analysis** and to strengthen its Human Resources for Health Secretariat – leading to better **multistakeholder collaboration**, and to a new **national HRH strategy and implementation plan**.

Stella Matutina Tuyisenge, WHO Rwanda







occupied Palestinian territory



The value of Working for Health is that it provides **flexible funding** and **catalytic support** to help secure further **investments** and financial resources.

During COVID-19 we could immediately re-programme funds to support the pandemic response, for example, to strengthen **Basic Life Support training and capacity**, and help to **secure additional funding** for our partners from other sources.

Hadeel Qassis, Palestinian National Institute of Public Health







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South Africa



Working for Health supported the development of the new national 2030 Human Resources for Health Strategy, which makes a strong case for workforce investment

Ms Gcinile Buthelezi, Director Human Resources for Health, National Department of Health, South Africa







Sudan



Working for Health has supported several health workforce initiatives. Strengthening the National Observatory has ensured that National Health Workforce Accounts data and evidence guides policy and decision-making processes.

The health labour market analysis is enabling better planning and coordination to enhance the provision of services. The support of Working for Health has also helped guide donor interests and activities.

Dr Amel Gasmella, Director General of HRH Directorate in Federal Ministry of Health, Sudan







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Southern Africa Region



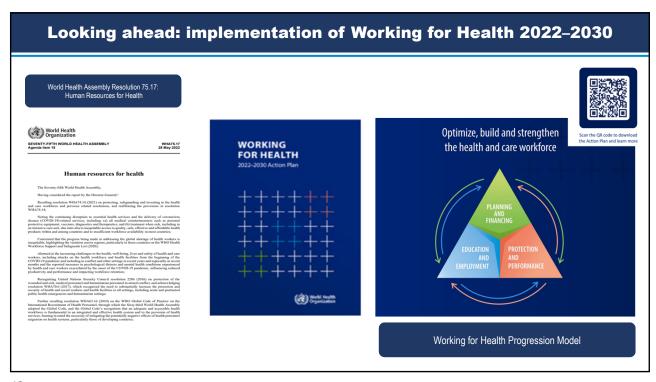
Working for Health helped to accelerate action by the Southern African Development Community, whose Member States came together to develop the regional Health Workforce Strategic Plan 2020–2030. The strategic plan aims to expand the health workforce by 40% by 2030 across the SADC region.

Dr James Avoka Asamani, WHO African Region











Working4Health ProtectInvestTogether

Acknowledgments

Norway: NORAD Qatar: Silatech

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A partnership between WHO, ILO and OECD driving multisectoral action, catalytic and sustainable financing, responses to emergencies, supporting regional and country-level health workforce initiatives

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