International Labour Organization

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The ILO component of the ILO-OECD-WHO Working for Health (W4H) programme at country level - Internal Midterm evaluation>

QUICK FACTS

Countries: Global, Cameroon, Chad, Kenya, Malawi, Pakistan, & South Africa

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Evaluation type: Project

Evaluation timing: Mid-term

Administrative Office: SECTOR

Technical Office: SECTOR

Evaluation manager: Maren Hopfe

Evaluation consultant(s): Chris Morris

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Key Words: *OSH, Healthcare, HealthWISE*

BACKGROUND & CONTEXT	
Summary of the project purpose, logic and structure	The W4H programme is a joint initiative between ILO, the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO). It is designed to respond to the recommendations of the United Nations Secretary-General's High-Level Commission on Health Employment and Economic Growth (ComHEEG) report (2016), which identified a projected shortfall in the supply of health and care workers to meet demands by 2030, and analysed a series of challenges contributing to this challenge. The ComHEEG report led to the development of a five-year action plan for interventions by the ILO, WHO, and OECD between 2018 and 2022, funded by a multi-partner trust fund (MPTF). The programme was extended for a second phase between 2023 to 20230. As part of the extension, the ILO is, among others, implementing a series of three-year country level initiatives. These are undertaken in Chad, Cameroon, Malawi, Kenya, Pakistan, and South Africa. The ILO is also implementing regional and global components of the programme but these are outside the scope of this evaluation. The overall objectives for the programme are: (1) The existing health and care workforce is optimized through data-driven policy, planning and investment in education, jobs and skills. (2) The diversity, availability and capacity of the health and care workforce is built, to address critical shortages and meet country needs. (3) Health systems resilience and performance are strengthened to deliver UHC and respond to public health preparedness through equitable, protected and efficient workforce.
Present situation of the project	The ILO has completed two years of the three-year programme. Concept notes developed for each country detailed the activities to be undertaken for the first two years. The programme has experienced a shortfall in funding and as such most actions have focused on completing activities detailed in the first round of concept notes, with more limited activities added for the second year. The programme is currently assessing what can be achieved with the current funding in 2026.

Purpose, scope and clients of the evaluation	The purpose of the evaluation was to provide an independent assessment of the progress of the country level projects within the overall programme towards their intended objectives. It focused on both assessment of the achievements to date and lesson learning for future projects. The results will contribute to the mid-term evaluation of the entire W4H programme that is being led by WHO. The evaluation covered the implementation of ILO's activities at the country level. While it included all six countries, specific attention was paid to Malawi and Pakistan. Malawi and Pakistan were chosen for more in-depth analysis because they are countries where a significant amount of activities has taken place and because they working language of the programme in these countries is English. The evaluation covered the programme's activities from December 2023 to November 2025. The main users of the evaluation will be the team leading the ILO component of the Working for Health programme in SECTOR, the ILO country offices in the six target countries, tripartite constituents in the target countries, and programme partners who support the implementation. Secondary users will include other departments with an interest in the programme including SKILLS, OSHE and GEDI, as well as the OECD, the WHO, and the donors of the MPTF.
Methodology of evaluation	The evaluation primarily relied on qualitative methods, with the inclusion of quantitative data that had been collected by the programme's monitoring processes. The evaluation was conducted entirely remotely. The main methods included a desk review of key programme documents, briefing sessions with programme staff from the ILO, online key informant interviews with external stakeholders from Malawi and Pakistan, and online focus group discussions with HealthWISE trainers and participants from Malawi and Pakistan. Sampling was purposive based on suggestions by the ILO programme staff and the desk review. The evaluator spoke to 27 participants (12 women and 15 men), including 9 ILO officials (5 women and 4 men), 1 WHO official (1 man), 7 officers from partner institutions (3 women and 4 men), and 9 HealthWISE trainers (3 women and 6 men), and 1 staff of the health institutions who was not a trainer (1 woman).

MAIN FINDINGS & CONCLUSIONS

Relevance and Coherence

Key Finding 1: The participatory approach to identifying challenges and designing country level interventions was critical for ensuring ownership of activities by national stakeholders and addressing key needs.

The country level projects took an inclusive approach to designing the interventions involving the tripartite constituents and other key stakeholders, forming steering committees to monitor progress, and in some cases tasking the constituents to implement activities themselves. Programme stakeholders reported the programme was relevant to key needs in the country, including raising awareness about health and safety for health and care workers and addressing key OSH deficits in the sector.

Key Finding 2: The limited funding and length of the country level interventions reduces to an extent the relevance of the programme to key stakeholders.

The programme has struggled to secure necessary funding. This has limited the scope of activities and made it difficult to offer certainly about long-term technical support and follow up activities. This has reduced the relevance of the programme. While there is interest in the topic and a belief that the ILO has a considerable comparative advantage in this area, only being able to respond in a limited manner means stakeholders are drawn to other initiatives and priorities.

Key Finding 3: The programme has managed to integrate ILO's cross-cutting issues into the country level interventions. The HealthWISE approach includes a focus on gender equality and inclusion of persons with disabilities, as well as issues related to environmental sustainability. The actions have also included a focus on aligning national approaches with ILO's normative framework and social dialogue.

There is a strong gender focus in the programme, which is working with a sector where the workforce is prominently female but senior management and government positions are often occupied by men. HealthWISE has a focus on gender equality that has raised awareness of this in the pilot institutions. Policy reform has also included aligning provincial and national policies with ILO conventions, including those focused on gender equality. Although not included in the programme document, institutions that have

implemented HealthWISE did report the methodology had encouraged the inclusion of staff with disabilities in assessments and an increased attention to accessibility. Environmental sustainability is also part of the HealthWISE approach. Attention to international labour standards has been achieved through policy reforms that align polices and guidelines with ILO conventions, particularly those focused on OSH and the health sector. Social dialogue improvements can be identified both at the national level, through the involvement of different constituents and other stakeholders in policy design and programme implementation, and at the institutional level in hospitals, where management and workers have interacted more effectively on OSH and the working environment following the implementation of HealthWISE.

Key Findings- Effectiveness and Efficiency

Key Finding 4: The programme has achieved most of its expected outputs and outcomes. However, there are gaps in the design of the results framework, including a lack of outcome indicators and the means to measure change, and this limits assessment of achievement.

There have been important achievements in each of the countries that have contributed to different outcomes of the overall Working For Health results framework. These include implementing HealthWISE in Malawi and Pakistan, supporting the drafting of the National Occupational Health and Safety Strategy 2024-2030 for the health sector in Cameroon, developing the Handbook on Social Dialogue and Labour Relations in the Health Sector in Kenya, updating the Minimum Service Delivery Standards to align with ILO Standards in particular C190, C100, C111, C149 among others, for the Islamabad Health Regulatory Healthcare Regularity Authority in Pakistan, improving the capacities of the labour inspectorate in Chad, supporting the implementation of the HealthWISE methodology and Human Resources for Health Strategy in East Cape Province in South Africa and supporting the revision of the MoH Care of Carers Policy to include explicit provisions on violence and harassment aligned with ILO Convention No. 190 in Malawi.

However, gaps in the results framework make it challenging to measure progress, particularly at an outcome level. Many indicators do not include targets, and most indicators are output level rather than outcome. The results framework does include some results

that if measured would provide a useful indication of the impact of the programme, but the framework does include targets, baselines, or the means of verification.

Key Finding 5: The programme has utilised limited resources effectively, maximising potential from limited funding. This has been supported by strong involvement from ILO country offices and the effective use of existing tools and methodologies such as HealthWISE.

The programme has been implemented efficiently on a very tight budget. Each country had a budget of under $100,000, and some considerably less than that. To try to bridge the resource gap, the ILO has effectively leveraged existing resources and used the skills and capacities of the country offices to maximise its reach.

Key Finding 6: The short timeframe for country level interventions and limited financial resources reduces the overall efficiency of the programme as it prevents longer term planning and does not allow for stronger economies of scale in implementation. It also reduces opportunities for monitoring of the programme's outcomes.

The efficiency of the programme is affected by the limited finance available that had reduced the timeframe for country level activities. The programme has been unable to plan for the full three-year cycle and cannot provide longer term guarantees to partners on programming and the availability of funds. This impacts the sustainability of the activities, and should momentum from programme successes be lost, the value for money of the intervention will reduce. The limited resources have also reduced the resources available for monitoring.

Key Findings- Sustainability and Likelihood of Impact

Key Finding 7: The programme has supported several policy changes. If fully implemented, these have the long-term potential to provide important impacts for health and care workers in the target countries by strengthening the regulatory framework, guidelines, and the labour inspectorates' attention to health and safety deficits and the working environment in healthcare settings.

The policy changes the programme has influenced have the most potential for broad impact and long-term sustainability. Changes include the revision of the Minimum Service Delivery Standards for the Islamabad Health Regulatory Authority and the

drafting of an OSH strategy for the health sector in Cameroon. The programme has also supported the revision of guidelines, toolkits, and training curricula, such as a collective bargaining toolkit in Kenya and revision of the Health Services Authority's public health curriculum in Pakistan. The short-term nature of the programme means that most of these changes have yet to be implemented. Support in implementing and disseminating the policy changes and guidelines will be important to ensure the long-term impact of this work.

Key Finding 8: Behavioural changes in pilot institutions demonstrate the success of HealthWISE in achieving quick results.

There is strong evidence of changes in behaviours, practices, and policies in the HealthWISE pilot institutions. Evaluation participants shared several examples of changes including improved awareness and attitudes of management and workers towards worker safety, greater attention to harassment and violence against health and care workers, and increased usage of existing resources to tackle identified problems.

Key Finding 9: Ownership of the programme activities is strong, improving the potential for long-term sustainability, with the development of policies and guidelines providing good examples of sustainability.

There was effective involvement from tripartite constituents and other stakeholders in programme activities, including the delivery of activities in some of the countries. The effort to ensure a participatory approach to designing activities has contributed to this. This provides a good basis for sustainability if the momentum of the programme can be maintained.

Key Finding 10: The unavailability of long-term funding harms sustainability by reducing opportunities for planning lengthier interventions or providing follow-up support after programme activities.

Although the ownership of the programme was adjudged to be positive, the achievements are threatened by the limited resources and thus the ability of the ILO to provide technical support in the future. Many of the target countries have extremely limited resources for the health sectors and expanding programme activities to additional institutions and

	regions and rolling out policies will be challenging without additional support. **Key Findings- Interagency Collaboration** **Key Finding 11:** Collaboration with the WHO has been good in some countries, but this is often dependent on the individual interests within country offices. A systematic approach to joint interventions has not been pursued. The coordination between the ILO and the WHO varies between countries. There were examples of very strong collaboration, particularly in Chad, Malawi, and at the national level in South Africa. In other countries, such as Kenya and Pakistan, the coordination was much more limited. It appears that coordination is very much depending on the individual interests of the organisations within the country offices and a systematic approach has not been pursued. This is partly due to the very decentralised nature of management in the WHO. There was good evidence of coordination of different stakeholders within the country projects, with key stakeholders being involved. The ILO country projects have also collaborated well within the country offices and with Geneva, but lesson learning could be strengthened if a system for sharing experiences between the country offices is developed.

RECOMMENDATIONS, LESSONS LEARNED AND GOOD PRACTICES	
Main findings & Conclusions	1. Review whether the current funding modality is feasible for continued work. 2. Focus on completing the outstanding activities. 3. Develop outcome indicators that can be used to measure progress in the programme. 4. Ensure longer term follow-up mechanism for support and monitoring of HealthWISE. 5. Strengthen coordination and knowledge sharing between ILO staff in different countries. 6. Develop and / or disseminate materials that demonstrate the successes of HealthWISE to other institutions 7. Focus on country level cooperation with the WHO to leverage funds for further programming.

	8. Include disability inclusion in the results framework and PRODOC. 9. If funds allow, translate HealthWISE training materials in the local language and ensure interpreters are available for workshops.
Main lessons learned and good practices	*Lessons Learned* 1. Not securing complete funding for a 3 year programme limits opportunities for long-term planning and can reduce interest from stakeholders to participate. *Emerging Good Practices* 1. Ensuring external collaborators contracted to implement programme activities are tasked with monitoring progress and measuring change helps address gaps in monitoring processes. 2. Involving senior management in the hospitals right from the start of HealthWISE ensures acceptance of the approach in targeted institutions. 3. The participatory approach to developing the programme, including ensuring line ministries beyond the ILO's traditional partner of the Ministry of Labour was involved in design.