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**PROGRESS REPORT ON THE AFRICAN REGIONAL FRAMEWORK FOR THE
IMPLEMENTATION OF THE GLOBAL STRATEGY ON HUMAN RESOURCES FOR
HEALTH: WORKFORCE 2030**

CONTENTS

	Paragraphs
BACKGROUND.	1–3
PROGRESS MADE.....	4–10
NEXT STEPS	11–14

BACKGROUND

1. The Sixty-seventh session of the Regional Committee endorsed the African Regional framework for the implementation of the Global strategy on human resources for health: Workforce 2030 (AFR/RC67/11),¹ with the vision of accelerating progress towards achieving universal health coverage in Member States by ensuring universal access to skilled and motivated health workers.
2. The Framework outlines the following regional priority targets for 2022: (1) all Member States have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda; (2) at least half of Member States in the Region have a human resources for health investment plan based on the current and future needs of the population; (3) at least half of Member States have established accreditation mechanisms for health training institutions; (4) 50% of Member States have regulatory mechanisms in place to promote health workforce safety and adequate oversight of the private sector; (5) at least 50% of Member States have made progress in establishing health workforce observatories and registries; and (6) half of Member States have made progress in establishing national health workforce accounts and annually sharing human resources for health data with the WHO Secretariat.
3. This first report summarizes the progress made since 2017 and proposes key next steps.

PROGRESS MADE

4. **Regional target 1:** Inclusive institutional mechanisms to coordinate an intersectoral health workforce agenda in all Member States is on course for achievement. Forty-one of the 47 (87%) Member States² have a directorate in the ministry of health for public policy stewardship, leadership, and management of the health workforce. Thirty-eight (81%) Member States have established an intersectoral committee for health workforce policy dialogue.
5. **Regional target 2:** The development of human resources for health investment plans and/or strategic plans is on track toward achieving the target of 50% of Member States that have such plans. Eleven (23%) Member States³ have a human resources for health investment plan, while 32 (68%) Member States⁴ have developed a human resources for health strategic plan. The regional density of doctors, nurses, and midwives in 2018–2019 was 1.55 per 1000 population. Only four Member States (Namibia, Mauritius, Seychelles, and South Africa) have densities above the Sustainable Development Goal index threshold of 4.45 doctors, nurses, and midwives per 1000 population. The situation has not changed since 2019.

¹ Document AFR/RC67/11, The African regional framework for the implementation of the Global Strategy on Human Resources for Health: workforce 2030, Regional Committee, Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017.

² All Member States except Botswana, Comoros, Equatorial Guinea, Madagascar, Seychelles, and South Sudan

³ Algeria, Angola, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Liberia, Madagascar, Senegal, South Africa, Togo, and Zimbabwe

⁴ Algeria, Angola, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Gambia, Togo, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.

6. **Regional target 3:** This target of 50% of Member States with accreditation mechanisms for health training institutions has been fully achieved. Thirty-seven (79%) of the 47 Member States⁵ have accreditation bodies or qualifications authorities for health training institutions. Fifty-six per cent of health training institutions in the Region are owned by the public sector and 44% by the private sector, which comprises the private-for-profit and private-not-for-profit sectors.

7. **Regional target 4:** The target of 50% of Member States having regulatory mechanisms for the health workforce has been fully achieved. Thirty-nine (79%) Member States⁶ have functional regulatory bodies/authorities or associations that monitor and enforce the standards that regulate the education, practice, safety and conduct of health and social care professionals in the public and private sectors.

8. **Regional target 5:** Establishing human resources for health observatories or registries in at least 50% of Member States is on track. As of December 2021, nine (19%) Member States⁷ had established a national health workforce observatory and 33 (70%) Member States⁸ had a functional human resources for health information system/registry that is used for human resources for health management and planning.

9. **Regional target 6:** The development of national health workforce accounts, including annual reporting of human resources for health data to the WHO Secretariat by half of Member States is on track. As of December 2021, eighteen (38%) Member States⁹ had developed a national health workforce account. Sixteen Member States¹⁰ have formally designated a national authority for monitoring and reporting to WHO on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

10. Despite the good progress made, human resources for health investments remain suboptimal in most Member States, as well as inadequate capacity to generate reliable human resources for health data and evidence for decision-making. Additionally, the COVID-19 pandemic reoriented most HRH planning activities towards the response to the health emergency.

⁵ Angola, Botswana, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.

⁶ Algeria, Angola, Botswana, Burkina Faso, Burundi, Cabo Verde, Central African Republic, Chad, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Togo, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

⁷ Angola, Benin, Cameroon, Democratic Republic of the Congo, Ghana, Mozambique, United Republic of Tanzania, Togo, and Zimbabwe.

⁸ Algeria, Angola, Benin, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Ghana, Kenya, Lesotho, Liberia, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Togo, United Republic of Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

⁹ Algeria, Burundi, Cabo Verde, Cameroon, Chad, Gabon, Kenya, Malawi, Mali, Mauritania, Niger, Nigeria, Sierra Leone, Senegal, Seychelles, United Republic of Tanzania, Zimbabwe, and Zambia.

¹⁰ Angola, Benin, Burundi, Cabo Verde, Central African Republic, Côte d'Ivoire, Ghana, Kenya, Mauritius, Nigeria, Rwanda, Sao Tome and Principe, Seychelles, Uganda, Zambia, and Zimbabwe.

NEXT STEPS

11. Member States should:
 - (a) urgently accelerate human resources for health investments based on contemporary evidence of the current and future needs of the population and health system dynamics and implement strategies to improve the distribution of health workers, address shortages and arrest the paradoxical unemployment of health workers;
 - (b) strengthen the institutional capacity for generating health workforce information and data for decision-making through sustainable mechanisms (national health workforce accounts, human resources for health observatories and registries) to facilitate the production and use of evidence in planning and making policy decisions.
12. WHO and partners should support Member States to develop, implement and monitor their human resources for health investment/strategic plans in line with the Regional framework.
13. WHO should facilitate technical cooperation when requested by Member States and monitor and evaluate the implementation of this Framework by Member States.
14. The Regional Committee took note of the progress report and endorsed the proposed next steps.