World Health Organization

African Region

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AFRICA HEALTH WORKFORCE INVESTMENT CHARTER

Enabling Sustainable Health Workforce Investments for Universal Health Coverage and Health Security for the Africa We Want

PRIORITISE • ALIGN • INVEST • SUSTAIN

Contents

Definition of Terms

- **Investment Charter:** A formal commitment to adhere to agreed principles in investment and to pursue a common purpose through investment actions.
- **Health workforce investment plan:** Evidence-informed investment priorities that are costed and appraised against the expected benefits, with the funding sources for implementation clearly identified with the funding parties making formal commitments on the volume, duration, and flow of the funds. It has clear accountability mechanisms in terms of financial management and expected deliverables.
- **Social Partners:** Groups such as employers, employees, trade unions, and governments that cooperate in working relationships to achieve a mutually agreed-upon goal, typically for the benefit of all involved groups.
- **Health workforce (HWF):** all people engaged in actions whose primary intent is to enhance health. They may be paid staff or volunteers working full-time or part-time in the public and private sectors. They may be delivering health services, managing the services offered by the system, or addressing social determinants of health.
- **Health Labour Market (HLM):** the structure that allows services of health workers to be sought (demanded) and offered (supplied). The health labour market can be characterized according to geographical area (local, national or international); occupation (by occupation title or category, specialized or unspecialized); and sector (private or public, formal or informal). The dynamic between the number and the kind of jobs offered on the market and the number of health workers is central in determining the configuration of the health labour market.
- **Population health needs:** interventions required to promote, maintain, and secure the health and well-being of the population along their course. This typically covers the range of disease burden and risk factors, stratified by the population's demographics, taking into account effective health interventions and professional standards and competence for delivering those interventions.
- **Alignment:** Ensuring a clear policy and investment intent that all parties have discussed and agreed to.
- **Investment:** Channeling financial resources into a health workforce-related course of action in line with identified priorities in which its expected return is clearly understood.
- **Stimulating investment:** committing new financial resources or unlocking unused funding towards a health workforce-related course of action aligned with identified priorities.
- **Innovative financing:** a range of non-traditional mechanisms to raise additional funds for health through "innovative" projects fill identified financial gaps such as micro-contributions, taxes, public-private partnerships, and market-based financial transactions, among others. An innovative financing mechanism complements existing funding and does not substitute them or have a "crowding-out effect" on pre-existing budgetary commitments (**additionality or *raison d'être***); ensures the right and better use of the additional funds (**effectiveness**); **and** ensures value for the use of the additional funding (**efficiency**).
- **Sustainability:** ensuring that health workforce investment decisions are focused on the long-term, addressing mechanisms for integration and continuity and taking future generations into account

List of Acronymns

COVID-19	Coronavirus Disease 2019
GDP	Gross Domestic Product
HLM	Health Labour Market
HRH	Human Resource for Health
HWF	Health workforce
HWIC	Health Workforce Investment Charter
IHR	International health regulations
IMF	International Monetary Fund
SADC	Southern African Development Community
SDG	Sustainable Development Goals
UEMOA	Union Economique et Monétaire Ouest Africaine
UHC	Universal Health Coverage
WHO	World Health Organization

1.
The Context of the Health Workforce Investment Charter

The critical role of the health workforce in the attainment of health goals and catalysing economic recovery and growth is well documented. Hence, the need to invest more, and more efficiently in the health workforce is now widely acknowledged as worthwhile. The charter represents the shared commitment of Governments, international development, and financing partners (collectively referred to as investment partners) to better align priorities to the population's health needs and work together to stimulate and sustain more and smarter investments in the health workforce.

1.1 Global economic downturn: consequences for Africa

According to the International Monetary Fund (IMF)[1] and World Bank[2], global economic activity is experiencing a broad-based and sharper-than-expected slowdown, with inflation higher than seen in several decades. Public debt sustainability has become a concern; the cost of living has risen in many African countries, thus increasing the risk of many people falling into poverty with constrained access to health services, especially where adequate financial risk protection is not available. This has affected the availability of social protection measures to the health workforce.

From 2023, the IMF has projected gradual economic recovery in sub-Saharan Africa, but it may take several years to reach its pre-pandemic prospects. African countries may not have the needed budgetary space to invest more in the health sector, especially in the health workforce, given tightening fiscal policies/strategies being adopted by Governments, increasing inflation and associated difficulties in getting funding from the international markets. Armed conflict and other humanitarian crises have added complications to the economic prospects in the Region.

Nonetheless, the COVID-19 pandemic and previous health emergencies demonstrated that health workers primarily saved lives and restored opportunities for economic activities to bring back businesses. Thus, the challenges are a clarion call for solidarity, alignment, and synergies of efforts to innovatively invest in cost-effective priorities to build back better health systems and economies.

1.2 The status and health system performance in the Africa region: the role of the health workers

The African region has recorded increased service coverage over the decades but at a slower-than-needed pace. The SDG indicator 3.8.1 on service coverage, as measured by the UHC service coverage index, increased in the African region from 24 to 44% from 2000 to 2017 and from 44 to 46% from 2017 to 2019[3]. However, there are disparities between countries, ranging from 28% in Chad and 75% in Algeria, and the overall trend is not fast enough to reach the UHC target of 80% by 2030. Also, among 40 countries in the African region that had completed independent joint external evaluations, none was found to have the required capacities to fully implement the International Health Regulations (IHR, 2005) to address health security[4].

1 International Monetary Fund, 'World Economic Outlook: Countering the Cost-of-Living Crisis.', *International Monetary Fund (IMF)*, October 2022, https://www.elibrary.imf.org/downloadpdf/books/081/460116-9781513577524-en/460116-9781513577524-en-book.pdf.
2 World Bank, 'World Development Report 2022: Finance for an Equitable Recovery' (The World Bank, 2022).
3 World Health Organization and World Bank, 'Tracking Universal Health Coverage: 2021 Global Monitoring Report' (Washington, DC: World Bank, 13 December 2021), https://openknowledge.worldbank.org/handle/10986/36724.
4 Ambrose Talisuna et al., 'Joint External Evaluation of the International Health Regulation (2005) Capacities: Current Status and Lessons Learnt in the WHO African Region', BMJ Global Health 4, no. 6 (1 November 2019): e001312, https://doi.org/10.1136/bmjgh-2018-001312.

There has been an increase in life expectancy from 51 in 2000 to 64 years in 2019. Healthy life expectancy, which shows the number of years one is expected to live in good health, increased from 45 years in 2000 to 55 in 2019[5]. Neonatal mortality declined from 40.90 per 1,000 live births in 2000 to 26.68 per 1,000 in 2020, and under-five mortalities declined from 154 per 1,000 live births in 2000 to 71.86 per 1,000 in 2020[6]. Nonetheless, the Region still faces multiple health threats, including changing patterns of communicable diseases, a growing burden of non-communicable diseases, a disproportionate share of global health emergencies and a rising burden of injuries. The lack of adequate health workforce puts a severe strain on the system.

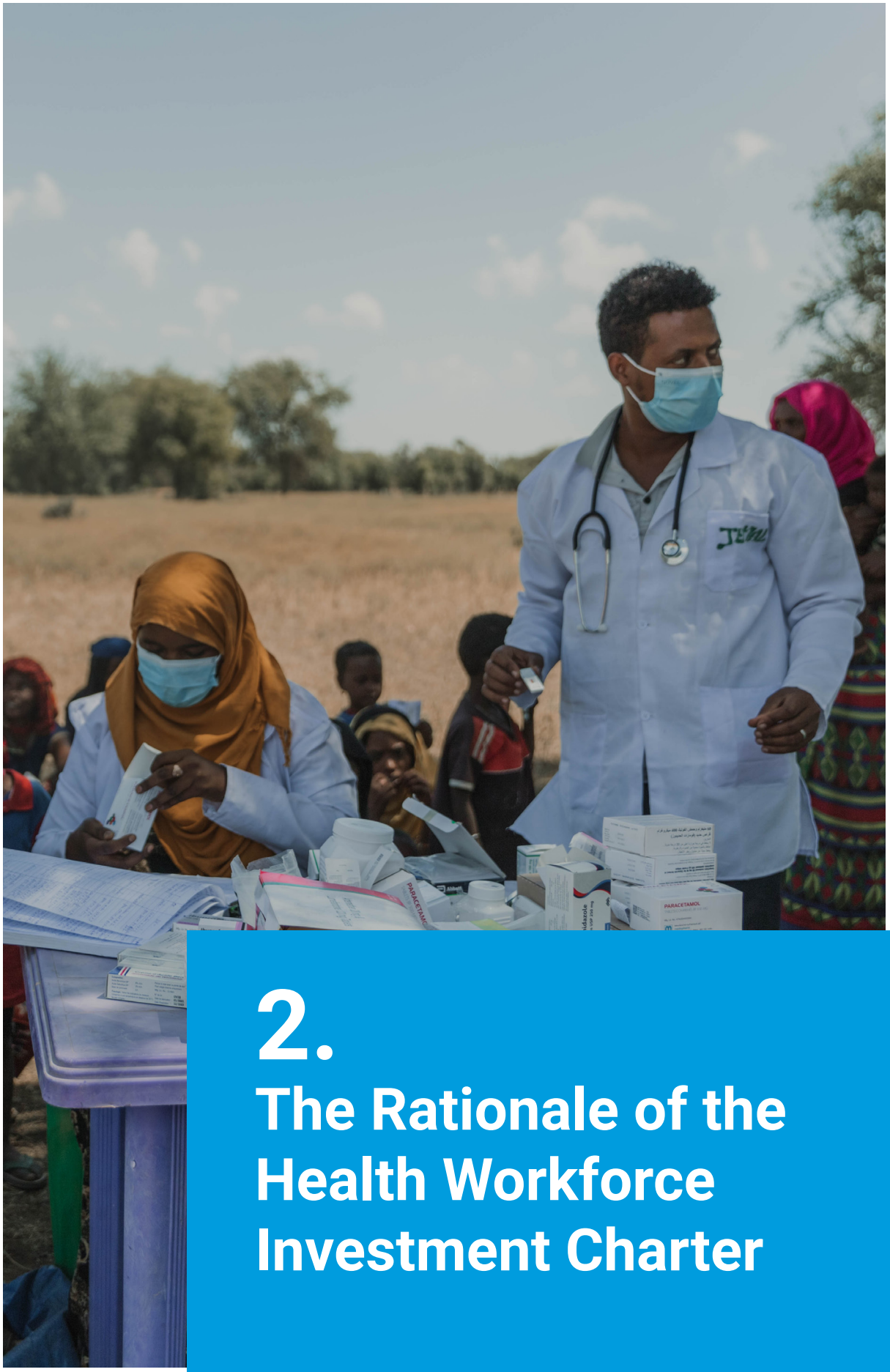
Before the COVID-19 pandemic, Africa was not on track to achieving health-related SDG targets, and the pandemic set the region further back in the SDG targets. However, the COVID-19 pandemic illuminated the essential role and impact of the workforce in delivering essential public health functions, which had largely been overlooked or taken for granted and led to disparities within and across countries and fragmented approaches to public health workforce development in terms of policies, planning, implementation, and monitoring. Health workforce challenges have been a critical barrier to maintaining essential health services and delivering COVID-19 response activities. Increasing and optimising investment in HWF is therefore required to improve health security and UHC target achievement.

1.3 Accelerated investments in the health workforce

The challenges exposed by COVID-19 created new impetus and opportunities to invest in health workforce and has triggered a trend of an investment interest following decades of chronic under-investment. Governments have launched new initiatives to develop, employ and retain health workers. Major development partners have announced large health workforce investment initiatives, and international financial institutions have expanded their health and infrastructure investments which will impact the health workforce. To ensure that all these investments respond to population health needs, better alignment with concrete priorities and stimulation of additional investments is needed.

5 World Health Organization Regional Office for WHO/AFRO, 'People Are Living Longer, but Are They Living Healthier? Analytical Factsheet' (Data Analyics and Knowledge Management (DAK), 2022), https://aho.afro.who.int/ind/af?ind=2&dim=62&dom=Life%20Expectancy&c-c=af&ci=1&cn=Afro%20Region.

6 World Health Organization Regional Office for WHO/AFRO, 'Integrated African Health Observatory (IAHO) - Database of Indicators', accessed 13 January 2023, https://aho.afro.who.int/ind/.



2.
The Rationale of the Health Workforce Investment Charter

The health workforce has been and remains even more critical in health and socioeconomic development. The attainment of the health-related SDGs and guaranteeing health security are intricately linked to having equitable access to health workers within resilient health systems that are capacitated to prevent, predict, timeously detect, and promptly and effectively respond to all public health emergencies while maintaining the optimal provision of routine health services. Recognising this, more than 50% of the investments required to achieve SDG 3 is estimated to be spent on HWF employment (wages and salaries)[7] and could reach 80% if the investment needed in training is considered. Additionally, it is estimated that addressing future pandemics requires additional spending of at least US$5 per capita per year[8], of which 66% must be spent on workforce capacities in prevention, detection and response[9]. From the health workforce perspective, it is imperative for UHC and health security to be pursued as a joint investment objective.

Over the years, health workforce investment made a difference but remains woefully inadequate to close the gaps. Past investment in the health workforce contributed to improved health workforce stock by one million workers between 2013 and 2020, culminating in a 32% increase after adjusting for population[10,11]. However, these additional health workers, despite being needed on the frontlines of service delivery, one in every three graduates risk failing to get decent employment after graduating, translating to mismatches in the investments. Despite the progress in health workforce density, more than 70% of African countries still face critical shortages – with needs-based estimates showing that the African Region will need between 5.3 and 6.1 million additional health workers by 2030[12,13]. Country-level and geographical maldistribution, and migration of health workers remains a longstanding challenge globally but is highest in African countries compared to the rest of the world[14]. Addressing the challenges will require aligned priorities for new and sustained investments in the health workforce. Whilst most countries have elaborate health workforce strategies to address the challenges, the implementation rate of those health workforce strategies is less than 35%, particularly due to underinvestment and lack of investment plans to mobilise resources[15,16].

Inadequate health investment and limited prioritisation of the health workforce have critically exposed health systems. Investment in health, especially from domestic sources, is still low and inadequate for many countries to meet the UHC and ensure health security. For example, 21 countries spent less than 5% of their GDP on health. Also, 36 countries spent less than a minimum of $112 per capita, per annum, required to ensure access to essential health services in 2019. Due to the underinvestment in health, many aspects of the health system remain underfunded and unable to deliver services to their

7 Karin Stenberg et al., 'Financing Transformative Health Systems towards Achievement of the Health Sustainable Development Goals: A Model for Projected Resource Needs in 67 Low-Income and Middle-Income Countries', *The Lancet Global Health* 5, no. 9 (1 September 2017): e875–87, https://doi.org/10.1016/S2214-109X(17)30263-2.

8 Craven M, Sabow A, Van der Veken L, Wilson M. Not the last pandemic: Investing now to reimagine public-health systems [Internet]. McKinsey and Company; [cited 19 December 2022]. Available from: https://www.mckinsey.com/industries/public-and-social-sector/our-insights/not-the-last-pandemic-investing-now-to-reimagine-public-health-systems#

9 Stephanie Eaneff et al., 'Investing in Global Health Security: Estimating Cost Requirements for Country-Level Capacity Building', *PLOS Global Public Health* 2, no. 12 (5 December 2022): e0000880, https://doi.org/10.1371/journal.pgph.0000880.

10 Mathieu Boniol et al., 'The Global Health Workforce Stock and Distribution in 2020 and 2030: A Threat to Equity and 'Universal'Health Coverage?', *BMJ Global Health* 7, no. 6 (2022): e009316.

11 WHO/AFRO, 'The State of the Health Workforce in the WHO African Region, 2021', *World Health Organisation (WHO) Regional Office for Africa (AFRO)*, 2021, https://apps.who.int/iris/bitstream/handle/10665/348855/9789290234555-eng.pdf?sequence=1.

12 Boniol et al., 'The Global Health Workforce Stock and Distribution in 2020 and 2030'.

13 WHO, 'Global Strategy on Human Resources for Health: Workforce 2030', *World Health Organisation*, 2016, https://apps.who.int/iris/handle/10665/250368.

14 Mathieu Boniol et al., 'Inequal Distribution of Nursing Personnel: A Subnational Analysis of the Distribution of Nurses across 58 Countries', *Human Resources for Health* 20, no. 1 (2022): 1–10.

15 Adam Ahmat et al., 'Health Workforce Policy and Plan Implementation in the Context of Universal Health Coverage in the Africa Region', *BMJ Global Health* 7, no. Suppl 1 (1 May 2022): e008319, https://doi.org/10.1136/bmjgh-2021-008319.

16 Doris Osei Afriyie, Jennifer Nyoni, and Adam Ahmat, 'The State of Strategic Plans for the Health Workforce in Africa', *BMJ Global Health* 4, no. Suppl 9 (1 October 2019): e001115, https://doi.org/10.1136/bmjgh-2018-001115.

full potential. For example, one study[17] found that between 2010 – 2018 the public health expenditure allocated to the health workforce in East and Southern Africa was, on average, 49%, compared to 57% globally. At these levels of workforce spending, a financing gap of 37 – 43 % needs to be filled if all current health workers are to be employed. Official development assistance, a critical part of health investment in Africa, has plateaued at an average of 22% of government health expenditure since 2011, with much of it (44-55%) usually spent on in-service training[18]. The impact of this is a mismatch in the investment between training and employment, and this can be addressed depending on the country context.

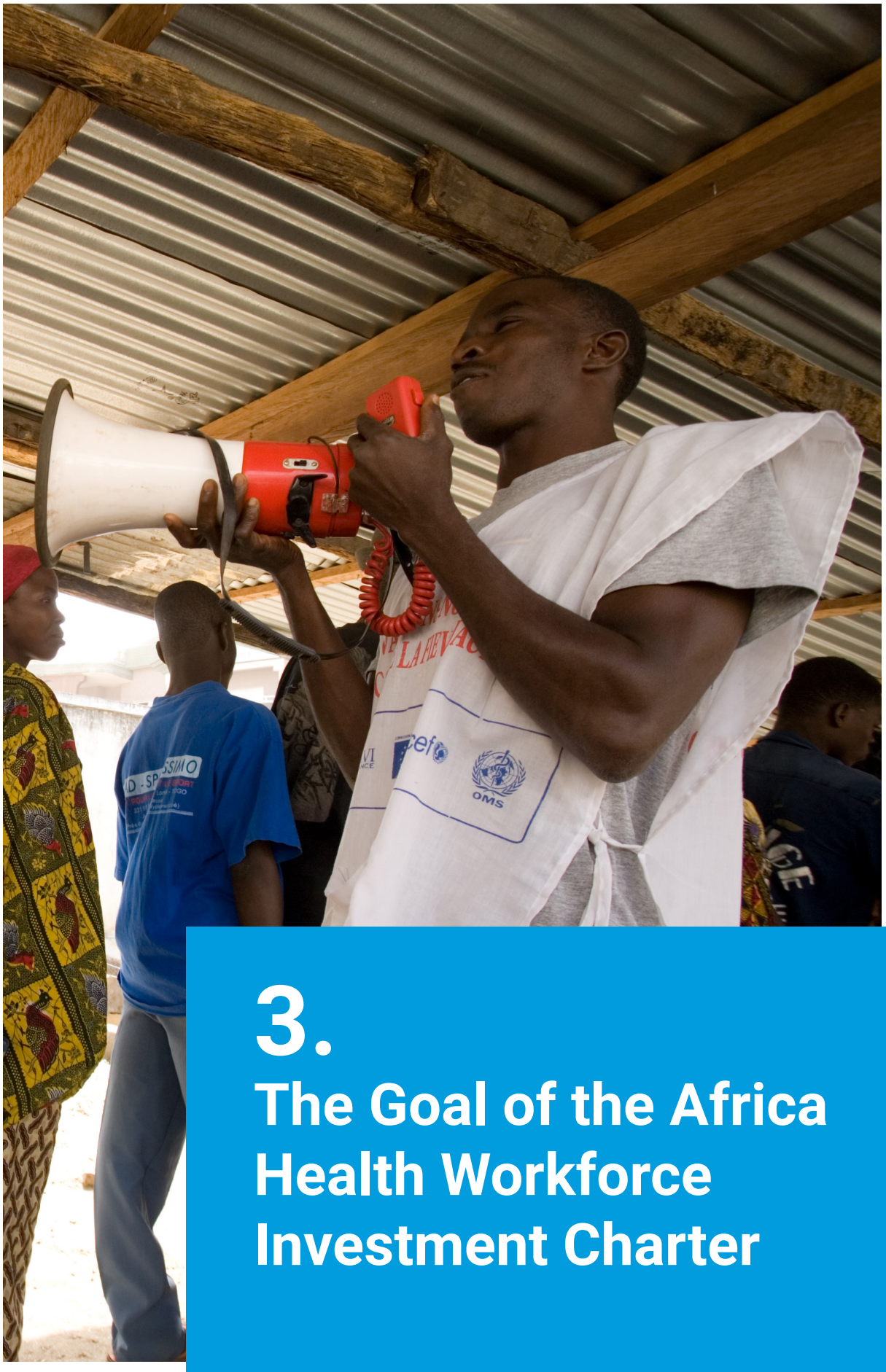
Addressing the gaps in the health workforce would require an additional 0.8% - 1.5% of GDP spent on health, of which at least 57% is dedicated to health workforce investments[19]. However, health systems in Africa are only 77% efficient[20], implying that one in every five dollars spent on health is lost to technical inefficiency, in which health workforce management plays a significant role such as the existence of ghost workers in payrolls, absenteeism and sub-optimal performance. Nonetheless, African countries are becoming more efficient, improving efficiency by 13% between 2014 – 2019.

The health workforce is a worthwhile investment for Governments and all investors. Investment in the HWF has multiple returns for both health and the economy[21], that is, increasing life expectancy and job creation, respectively, especially for youth and women and education, including promotion in the achievement of SDGs and progress towards UHC. For every dollar invested in health and creating decent employment for health workers, the potential return is about nine dollars[22]. It also demonstrated that half of the global economic growth over the last decade resulted from improvements in health, noting that for every added year of life expectancy, the economic growth rate is boosted by 4%.

There are several commitments made by government and partners to improve the health workforce situation in Africa, including the Africa Union's Agenda 2063 (2013), Addis Ababa Call to Action (2015), Declaration of Astana (2018), WHO Global Strategy on Human Resources for Health: Workforce 2030 (2016), WHO African Regional Roadmap on Scaling-up Human Resources for Health (2012), West African Economic and Monetary Union (WAEMU) Action Plan (2018), Southern African Development Community (SADC) HRH Strategic Plan (2020), Health and Care Compact (2022), Working for Health Action Plan (2022), New Public Health Order (2022) and Regional Health Security Strategy (2022).

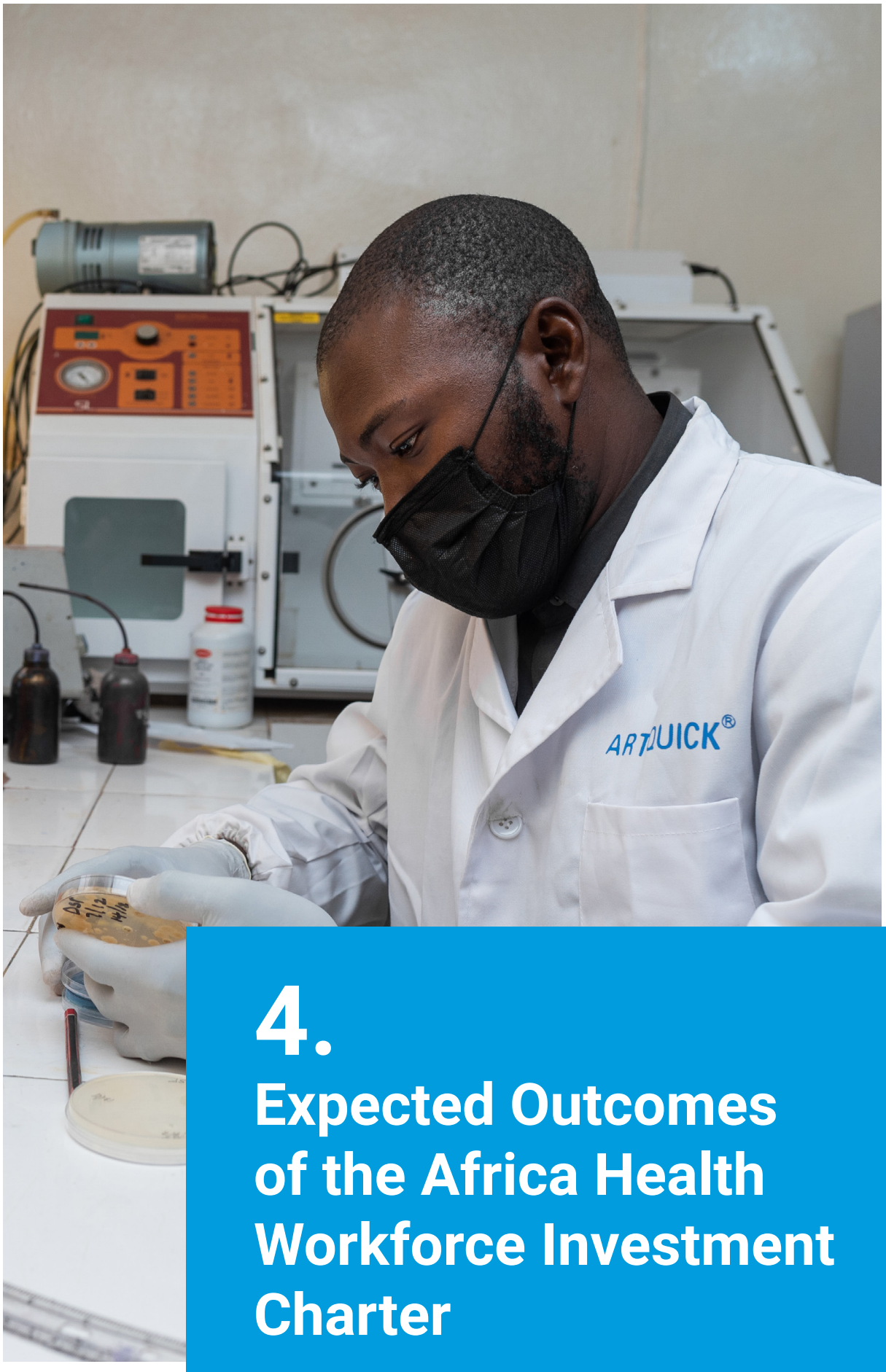
Following a policy dialogue between Member States and partners held in November 2022 in Accra, Ghana, a consensus was reached to develop an investment charter. The rationale of the Charter is to facilitate the alignment and stimulation of investments in the health workforce to implement regional and continental commitments. It is an instrument to guide the implementation of the Regional Committee's resolution AFR/RC67/11 of 13 June 2017 to "*… reduced at least by half inequalities in access to a health worker*"[23] by **"mobilising and sustain political and financial commitment and foster inclusiveness and collaboration across sectors as part of investment in the development, performance, and retention of HWF.**

17 James Avoka Asamani et al., 'Investing in the Health Workforce: Fiscal Space Analysis of 20 Countries in East and Southern Africa, 2021–2026', *BMJ Global Health* 7, no. Suppl 1 (1 June 2022): e008416, https://doi.org/10.1136/bmjgh-2021-008416.
18 Pascal Zurn, 'Official Development Assistance (ODA) Investment Trends and Economic Perspectives', in Regional Policy Dialogue on Investment and Protection of Health and Care Workers in Africa: Towards a Health Workforce Investment Charter 15- 17 November 2022, Accra (Accra: World Health Organization, 2022).
19 Asamani et al., 'Investing in the Health Workforce'.
20 WHO/AFRO, Technical Efficiency of Health Systems in the WHO African Region (Final Draft) (Brazzaville, Republic of Congo: World Health Organization, Regional Office for Africa, 2023).
21 WHO, 'Working for Health and Growth: Investing in the Health Workforce', 2016.
22 Dean T. Jamison et al., 'Global Health 2035: A World Converging within a Generation', *The Lancet* 382, no. 9908 (7 December 2013): 1898–1955, https://doi.org/10.1016/S0140-6736(13)62105-4.
23 World Health Organization Regional Office for WHO/AFRO, *The African Regional Framework for the Implementation of the Global Strategy on Human Resources for Health: Workforce 2030* (World Health Organization. Regional Office for Africa, 2017), https://apps.who.int/iris/handle/10665/332179.



3.
The Goal of the Africa Health Workforce Investment Charter

The goal of the Africa Health Workforce Investment Charter (HWIC) is to align and stimulate investments in addressing health workers shortages in Africa and contribute to halving inequalities in access to health workers, especially in rural and primary health care settings, creating decent jobs, particularly for women and youth, to strengthen health systems and accelerate progress towards UHC, health security and the SDGs.



4.
Expected Outcomes of the Africa Health Workforce Investment Charter

The Africa health workforce investment charter seeks to facilitate the alignment and stimulation of greater and smarter investments in the health workforce, accelerating the implementation of national strategies, and regional and global commitments. The Charter brings together the health workforce investment efforts of all stakeholders, including national governments, the private health sector, civil society, external financing institutions and development partners in Africa.

The expected outcomes are;

1. Government and partners will align on health workforce priorities and formalise their commitments through an investment compact.
2. Increased funding will be mobilised to ensure the availability of the required health workforce to address health priorities, health security and contribute to inclusive growth.
3. New health workforce investments will be channelled in developing, recruiting, equitably distributing and retaining the health workforce towards halving inequalities in access to health workers, especially in rural and primary healthcare settings.

5.
Health Workforce Investment Principles

Informed by evidence and existing commitments, the Charter defines and elaborates the five key health workforce investment principles that will reinforce and support the goal of aligning and stimulating health workforce investments to halve inequalities in access to health workers in Africa. The key principles are (1) Government leadership and stewardship, (2) evidence-driven prioritisation, (3) alignment and synergy (partnership and collaboration), (4) stimulating new and accelerated investments, and (5) fostering sustainability in health workforce investment.

1. **Principle 1: Government Leadership and Stewardship:**
   Government leadership and stewardship are the most important elements ensuring alignment between investment and national development aspirations. Raising the health workforce agenda to the highest level of political and technical leadership is critical for all of society, all government dialogues and commitment to break-down barriers associated with working in silos.

2. **Principle 2: Health workforce investment prioritisation is evidence-informed and linked to delivering better health outcomes and impact:**
   Financial resources are limited, and evidence-informed priority setting is essential to inform cost-effective and innovative investment decisions. Investment strategies in the health workforce should also be integrated into National Development and Health Sector Strategies.

3. **Principle 3: Aligning and synergising across health workforce investments through partnership and collaboration:**
   Returns on health workforce investments will be maximised through full implementation of the concept of 'One plan, One Monitoring and Evaluation Framework'. Ensuring alignment and synergies which will improve efficiency across health workforce investments coordinated through Government leadership will avert current losses in time and scarce resources due to duplicative efforts, misalignment, missed opportunities and poor coordination.

4. **Principle 4: Stimulating more and better Investments into the health workforce:**
   A longstanding underinvestment in the health workforce now requires urgent actions to meet health financing commitments and better prioritise health workforce investments. Intersectoral investments to address the health workforce challenge will generate dividends in education, employment, youth, gender, and rural development. Additionally, stimulating investment efforts will contribute towards countries' sustained efforts to attract and generate more and better investments.

5. **Principle 5: Fostering sustainability of health workforce investments:**
   The principle of fostering sustainability encourages Governments and international and local investment partners to ensure that decisions are for the long-term, address mechanisms for integration and continuity and take future generations into account.

6.
Theory of Change

This charter views the investment as a process that applies the five key health workforce investment principles to achieve the greatest impact (figure 1). Throughout the investment process, clear **government leadership and stewardship** are critical for prioritisation, aligning actions, leading the way in stimulating investments and ensuring sustainability. Such integrated investment planning mobilisation provides a joint approach for joint action and accountability, monitored, and strengthened through an investors/joint investor forum, building on existing structures and systems wherever possible.

The investment process begins with evidence-driven identification and **prioritisation** of investment options. Once the investable(s) are identified, appraised, and prioritised, **alignment and synergy** across the investors are needed to enable investment actions. This can be achieved through a purposeful investment dialogue and negotiations with the investors where consensus and negotiated commitments ("investment decisions") are made and used to inform an investment plan, signed by all the partners involved as an instrument of agreement (investment compact).

Based on the investment plan and compact, governments and investors can jointly **stimulate investments**, direct their financial and technical resources to meet their commitments and hold each other accountable for meeting their commitments. Once investments are made, growing, and protecting the value and **sustainability** of the investment is key to realising its full returns. This is addressed by ensuring that all investments are clearly linked to measurable health outcomes in the medium to long-term horizons to deliver impacts on health and inclusive growth.

Investments in the health workforce must, thus, shift from ad-hoc in-service training, education and capacity-building to strategic education sector strengthening (quality, scale, skills mix to match needs). Investments must also shift from ad-hoc health worker incentives to sustainable employment and retention investments and sustainable management of migration of health workers for health impacts.

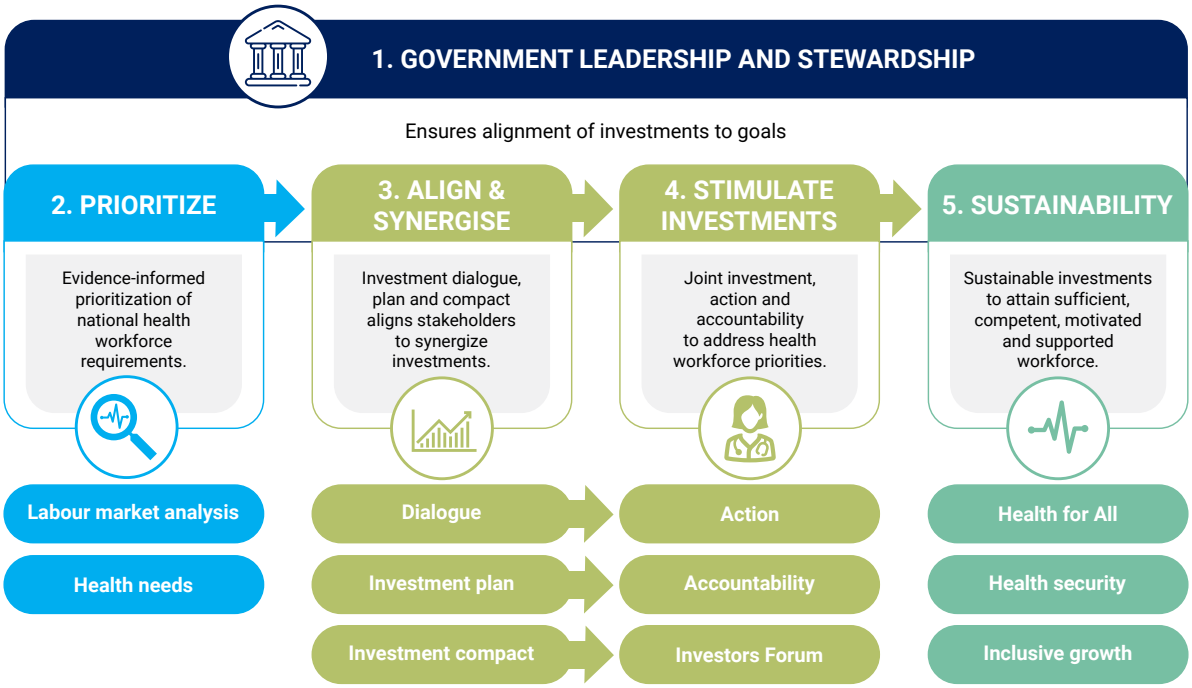
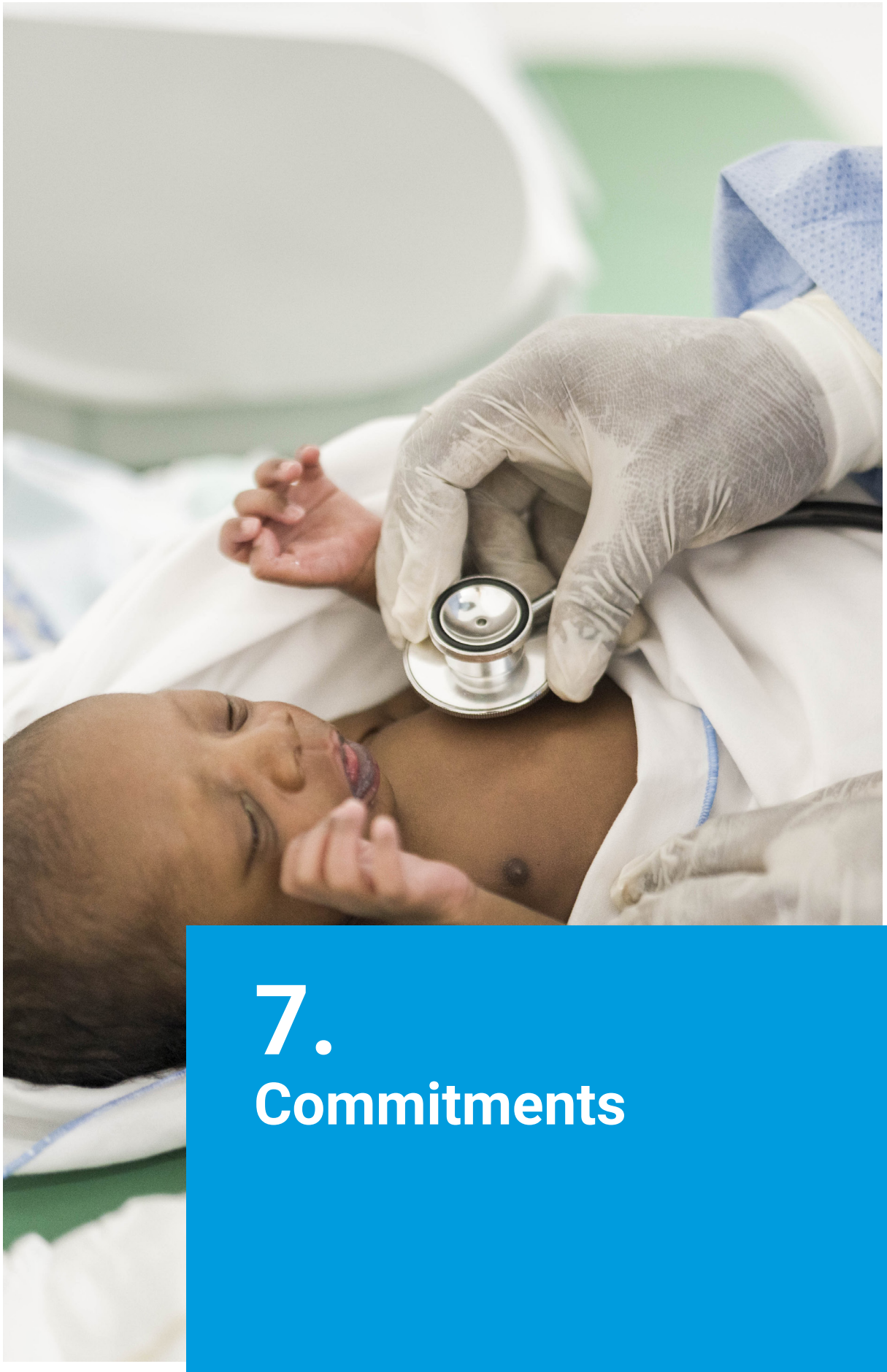


Figure 1. Theory of change



7.
Commitments

In pursuing the health worker investment principles, we affirm our commitment to the following:

Principle 1: Government Leadership and Stewardship

- **1.1** We support the role of Government in leading a multi-stakeholder inclusive process by contextualising and using the best available evidence, tools, and models to establish nationally defined and costed need-based health workforce requirements and investments thereof.
- **1.2** We affirm the role of Government in taking the leadership to have coherent and aligned policies and strategies as a central point for investment coordination and actions.
- **1.3** We affirm the role of government in leading investments in education and employment.
- **1.4** We will champion the establishment of mechanisms to allow the free and coordinated movement of health workers between countries to address critical gaps and health emergencies through adoption of bilateral and multilateral agreements on health workforce migration.

Principle 2: Health workforce investment prioritisation is evidence-informed and linked to delivering better health outcomesand impact

- **2.1** Led by national Governments, we will work together to develop contextually generated health labour market evidence with the support and involvement of all stakeholders that will guide dialogue on the direction and modalities of investments.
- **2.2** Using evidence-guided prioritisation, we will develop multisectoral health workforce investment plans outlining a strong investment case that addresses the labour market dynamics and links to the population's health needs, ensuring health security, UHC and inclusive growth.
- **2.3** We will leverage investments in technology, innovation, and infrastructure development as an opportunity to secure/accelerate/advance health workforce development.

Principle 3: Aligning and synergising across health workforce investments through partnership and collaboration

- **3.1** We will negotiate and commit to national health workforce investment compacts that outline the investment commitment of all investors and explore a joint investment platform to co-invest in a "national health workforce investment plan" on a "one plan, one budget basis" with different funding mechanisms and/or a "pooled funding" arrangement, as appropriate for the context.
- **3.2** We will work together to ensure any financial investments in the health sector (such as service delivery project/initiative, new technology, innovation, and infrastructure) explicitly considers the health workforce implications and have included health workforce priorities in the financial arrangements.

Principle 4:
Stimulating more and better Investments in to the health workforce

- **4.1** We will work together in support of national Governments to progressively expand health workforce financing to close needs-based investment gaps and ensure synergies across intersectoral domestic, private, and external investments, including exploring blended, concessional financing of the health workforce. The role of Ministries of Finance are critical to stimulate and sustain health workforce investments.
- **4.2** We will urge International Financing Institutions to recognize the health workforce as a worthwhile investment priority and support National Governments to leverage grants and loans to smartly expand investment in the health workforce.
- **4.3** We will maximise opportunities for stakeholders to co-invest in the education and regulation of the health workforce through sub-regional and regional pooling mechanisms.
- **4.4** We will work together in support of national governments to leveraging private sector investments and provide regulatory and other incentives to stimulate private sector contribution to the employment of health workers, especially at the primary healthcare levels.
- **4.5** We will technically and financially support building the capacity of Ministries of Health, including those managing the health workforce, to improve budget execution and monitoring, demonstrating efficiency and results with existing investments.

Principle 5:
Fostering sustainability of health workforce investments

- **5.1** We will leverage and work together to strengthen existing mechanisms and structures, both nationally and regionally/continentally, to invest in health workers as practicably as possible, without creating parallel structures, in line with the Paris Declaration on Aid Effectiveness.
- **5.2** We will work together to ensure that all projects and programs that contribute to health workforce investments negotiate and agree with the beneficiaries on a sustainability (and transition) plan that includes financial, programmatic and people aspects at the inception of such interventions.
- **5.3** We will work together to ensure sustainability through integrated, people-centered primary health care programming in which health workers are at the center, valued, protected, and safeguarded.
- **5.4** We will work together to ensure mutual accountability of our investment commitments and reduce health workforce-related inefficiencies in the management of financial investments in health.

8.
Coordination and Accountability Mechanism

Appropriate tools and methodologies will be developed to track, measure and report on the progress of expanded funding from all investors (domestic, external, private sector), and to inform a workforce investment scorecard. Reporting on the charter will be incorporated by countries into their existing monitoring frameworks and processes, with a consolidated report on the Charter submitted through regional/continental mechanisms.

Governments may promote, organise and facilitate annual national investment dialogue between the government, investment and social partners within existing mechanisms and platforms.

The World Health Organization working with all partners, will organise a regional/continental biennial workforce investment forum to foster advocacy, alignment and negotiation between governments, heath worker unions or associations, the private sector and partners.

Partners and collaborators*

USAID, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, International Labour Organization (ILO), the Southern Africa Development Community (SADC), the East, Central and Southern Africa Health Community (ECSA-HC), the African Centre for Health and Social Transformation (ACHEST), and the African Foundation for Research and Education in Health (AFREHealth), the Harmonization for Health in Africa (HHA) partners, the Japanese International Cooperation Agency (JICA), COMESA, and the International Federation of then Red Cross.

* **Note:** *the full list with logos will be incorporated in the final and publishable version of the charter.*