Assessing employment effects for the health and care workforce
A guiding framework
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# Contents

Preface ......................................................................................................................... iv  
Acknowledgements ........................................................................................................ vi  
Use of the document ........................................................................................................ vii  
Abbreviations ................................................................................................................ vii  
Executive summary ......................................................................................................... viii  

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Existing approaches for assessing employment effects: overview of the literature</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2.1 Methods</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2.2 Approaches for assessing employment effects</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2.3 Definitions</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>2.3.1 Definition of health and care workers</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>2.3.2 Proposed definition of employment</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Framework to assess employment effects of interventions for health and care workforce</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>3.1 A progressive approach for assessing employment effects for the health and care workforce</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>3.2 Level 1</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>3.3 Level 2</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>3.4 Level 3</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>3.5 Indicators for measuring employment effects</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>Conclusion</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>References</td>
<td>22</td>
</tr>
</tbody>
</table>

| 6       | Annexes | 25   |
|         | Annex 1: Search strategy | 25   |
|         | Annex 2: Comparative table on definitions of employment and job creation | 26   |
|         | Annex 3: Process for creating and filling a vacancy at the Ministry of Health of Lesotho | 36   |
|         | Annex 4: Guiding elements for planning the design, implementation, and monitoring of employment policies and interventions | 38   |
|         | Annex 5: List of additional materials | 40   |
The health and care workforce is the backbone of a strong health system and is instrumental in moving towards universal health coverage, health security and United Nations Sustainable Development Goal (UN-SDG) 3, namely “Good Health and Well-being: Ensure healthy lives and promote well-being for all at all ages.”¹

We are at the halfway point in implementing the SDGs, at a time when the world is facing challenges related to its persistent underinvestment in the health workforce (HWF). To further complicate matters, we are also recovering from the impact of the COVID-19 pandemic on health and care workers, as well as on health systems. Moreover, 2024 will mark the 20th anniversary of the Joint Learning Initiative on Human Resources for Health, a landmark multi-institutional report on the health workforce².

Since 2004, considerable progress has been made in strengthening the health and care workforce: for example, between 2013 and 2020, there was a sought-after decline in the global shortage of health and care workers (HCWs), dropping from 18 million to 15 million. However, we are still facing serious health labour market challenges: e.g.

- A projected shortage of 10 million health workers (HWs) by 2030;
- under- and unemployment in the health and care workforce;
- gaps in decent work conditions and gender pay;
- gaps in bridging education to employment; and
- difficulties in hiring and retaining health workers (HWs), among others.

While it may not be possible to fully reduce the current shortage down to 10 million HCWs by 2030, efforts are now focusing on doubling the health workforce by 2030 in those low-and middle-income countries (LMICs) that face the greatest shortages. To that end, countries will need to make additional investments and involve themselves in strong intersectoral collaboration for pre-education, employment opportunities and decent working conditions. Creating national and local capacities for HWF policy, planning and management is essential if we are to ensure this advancement, which will involve conducting analyses of the different dimensions constituting a labour market that provide evidence on which to inform policy actions.

Within this context, assessing the employment effects of policy interventions that increase and strengthen the health and care workforce is crucial. However, challenges exist when it comes to measuring these effects. Assessing HCWs’ employment means creating more and better job opportunities, besides also accounting for other dimensions related to the health labour market: for example, improving working conditions and understanding labour market transitions. The present framework addresses this methodological gap by adapting tools to measure the effects of interventions applied in the health and care workforce.

This framework proposes a progression model that provides guidance for assessing and monitoring efforts aimed at facilitating HCW employment. It focuses on how many health and care workers.

1. gained access to employment in health;
2. maintained and/or substantively changed their jobs; and/or
3. improved their skills or working conditions within a framework of investments in HCW.

The above employment effects have indicators that can be disaggregated to account for inclusivity. When implementing policy interventions in health and care employment, applying this framework is helpful when evaluating results, reporting and monitoring.

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The WHO Health Workforce Department gratefully acknowledges the contributions of individuals and organization made to the development of this publication. Juana Paola Bustamante, Pascal Zurn and Amani Siyam were the main authors of this paper.

The joint Technical Working Group on Employment of the World Health Organization (WHO), the International Labour Organization (ILO), and the Organization for European Co-operation and Development (OECD) contributed to the development of the document throughout the process. The following are the participants of the joint Technical Working Group on Employment who contributed to the development of the document throughout the process: Juana Paola Bustamante Izquierdo (Labour Economist, Health Workforce Department, WHO), Pascal Zurn (Unit Head Health Labour Market & Partnerships, Health Workforce Department, WHO), Amani Siyam (Regional Adviser, WHO/South-East Asia Region), Dorothea Schmidt-Klaau (Senior Economist, ILO ), Christiane Wiskow (Health Sector Specialist, ILO), Lara Badre (Senior Statistician, ILO), Maren Hopfe (Technical Officer, ILO), Oliver Liang (Unit Head, Public and Private Services, ILO), Ayat Abu-Agla (Technical Officer, Health Workforce Department, WHO), Paul Marsden (Lead: Working for Health Secretariat, Health Workforce Department, WHO), and Nick Tomlinson (Global Health Advisor, OECD).

WHO acknowledges the support provided on the literature review from Chukwuemeka Onyedike (Technical Officer, Health Workforce Department, WHO) and Danielle Agnello (Consultant, Health Workforce Department, WHO).

The WHO Health Workforce Department thanks colleagues for their comments and feedback on draft versions of the framework, acknowledging specific review comments and feedback received from Jim Campbell (Director, Health Workforce, WHO), Giorgio Cometto (Unit Head Health Workforce Policies, Health Workforce Department, WHO), Khassum Diallo (Unit Head Data, Evidence & Knowledge, Health Workforce Department, WHO), and Paul Marsden (Lead: Working for Health Secretariat, Health Workforce Department, WHO).

This paper was commissioned through the joint WHO-ILO-OECD Working for Health Multi-partner Trust Fund.
Use of the document

The document “Assessing employment effects for the health and care workforce: a guiding framework” provides guidance for assessing and monitoring efforts to facilitate the employment of health and care workers. It is intended to be used by policy-makers, development partners, and agencies when planning, implementing and measuring policy interventions related to health workforce employment.

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCED</td>
<td>Donor Committee for Enterprise Development</td>
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<td>EIA</td>
<td>Employment impact assessment</td>
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<td>FTE</td>
<td>Full-time equivalent</td>
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<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit [German Society for International Co-operation]</td>
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<td>HLMA</td>
<td>Health labour market analysis</td>
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<td>HO</td>
<td>Health occupation</td>
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<td>HRH</td>
<td>Human resources for health</td>
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<td>HW</td>
<td>Health worker</td>
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<td>HWF</td>
<td>Health workforce</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>ISCO</td>
<td>International Standard Classification of Occupations</td>
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<td>ISIC</td>
<td>International Standard Industrial Classification of All Economic Activities</td>
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<td>LFS</td>
<td>Labour force survey</td>
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<td>NHO</td>
<td>Non-health occupation</td>
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<tr>
<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UHC</td>
<td>Universal health coverage</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>W4H</td>
<td>Working for Health</td>
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<td>WHO</td>
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Employment in the health sector represents a significant share of employment in countries and is a key driver of inclusive economic growth. Globally, the health and social work sector accounts for 3.9 per cent of total employment (6). Facilitating employment, creating jobs and providing decent work in health and care is crucial to achieving United Nations Sustainable Development Goals (UN-SDGs) 3 (“Good health and well-being”)3 and 8 (“Decent work and economic growth”)4. The World Health Assembly (WHA) (1) has recognized the importance of promoting and ensuring decent work for the health workforce (HWF): the Global Health and Care Worker Compact (2) set policy actions on fair and equitable remuneration and social protection for the HWF, among others.

This is aligned with the Working for Health Progression (W4H) model (4), which focuses on increasing investment in education, jobs and skills. W4H actions are classified along the lines of three main themes:

a. planning and financing; 
b. education and employment; and  
c. protection and performance.

However, difficulties arise when measuring and assessing the employment effects of public or private investment.

Employment-related outcome measurement is complex and does not rely on a single approach or indicator. Policy interventions facilitating employment include creating job opportunities and a range of employment dimensions. For example, existing jobs call for improving conditions for decent work, as well as for facilitating labour market transitions, i.e., school-to-work transition or unemployment-to-employment transition. An assessment of how policies and policy interventions affect employment needs to cover one or many different dimensions, e.g.,

- entry-level jobs,
- job quality,
- job creation,
- job recovery,
- employment skills, and
- retention.

This presents two main challenges: first, measuring employment; and second, the need to understand the different dimensions of employment within the labour market.

Therefore, assessing employment effects requires a broader approach that allows for tailoring both methods and indicators to specific policies and interventions. We chose to address this methodological gap by using a framework that adapts tools enabling them to measure the effects of interventions in the health and care workforce.

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This paper proposes both a **guiding framework and indicators** for assessing the employment effects of policies and interventions involving the health and care workforce. The framework reflects three complex levels of measurement for assessing the employment effects of policy interventions, particularly on **how many health and care workers**

i. gained access to employment in health;
ii. maintained and/or substantively changed their jobs; or
iii. improved their skills or working conditions within a framework of investments in health.

**To account for inclusivity,** these employment effects are marked by indicators capable of disaggregation. The variety of employment effects provides both adaptability and flexibility for policy- and intervention-specific needs. This is important, since health workforce investment projects and interventions can facilitate a variety of potential employment effects.

A **first step** is to identify the dimension of the employment effects related to the policy intervention: for example, we identified different health projects and interventions that could facilitate the occurrence of these employment effects, such as the health labour market approach (HLMA) or human resources in health (HRH) investment plans. Both of these assess the potential for accessing employment, retaining health workers (HWs) or improving their working conditions. Analyses such as these can support policy actions leading to decisions on how to increase budgets, improve and develop education, and design incentives. Consequently, we can recruit more HWs, improve working conditions and raise skill levels. Such an increase involves lifelong learning and development in the form of pre-service training to facilitate entry to employment as well as in-service training to increase worker employability—which both result in less underemployment.

The **second step** is to identify the level within a progressive approach, which varies from simpler to more complex ways of identifying effects on employment. Policies and policy interventions in the health and care workforce tend to be diverse in terms of the type of health-policy intervention and the information available. Hence, to account for this, we propose a framework following a progressive approach to assessing employment effects on the health and care workforce.

This progressive approach is useful for guiding the monitoring process through the various stages of policy design and interventions along both a short- and a long-term horizon. One could conceivably have simpler (Level 1) to more complex (Level 3) ways of identifying its effects on employment. An example of Level 1 is the case where HCW interventions start by assessing the potential for employment effects, which may include the estimated number of people entering employment, being retained or enjoying improved working conditions. Level 2 refers to assessing the actual capacity during the phase of implementing the policy intervention. Finally, Level 3 refers to effects occurring within the country/region.
The third step is to identify the indicators related to the policy intervention. The framework proposes a set of key employment indicators to assess the different dimensions of employment in health and care, in terms of the number of health and care workers who have

i. entered employment in health as a result of the intervention or policy change;
ii. gained additional employment in health;
iii. benefited from improved working conditions;
iv. benefited from increased income;
v. benefited from training; and
vi. been retained.

As some indicators might not always be easily available in countries, one should also consider proxy indicators to be defined by countries themselves. Also, while the above indicators are expressed in absolute terms, those should also be expressed in relative terms whenever relevant, so as to get a better insight of the relative effects. Indicators are useful for development programs because they allow governments to benchmark and compare the effects of their interventions, considering that the policies and interventions may simultaneously have more than one effect on employment—although these should be reported separately to avoid double counting. All indicators can be disaggregated to account for inclusivity and geographical location, dependent on the availability of information on, context of, and objectives and monitoring process for the intervention. Finally, the framework should also outline guiding elements to follow when planning monitoring processes for employment interventions.

As such, this paper contributes to the literature on employment effects by tailoring methods and indicators to adequately assess impacts in the health and care worker sector. This framework proposes a progressive approach that includes the peculiarities of health-employment–related policies and interventions, as well as providing key indicators for mapping the different dimensions of employment for the health and care workforce. This is useful because policy interventions vary by type of employment outcome, stage of policy design and stage of implementation, as well as by information available. Moreover, applying this framework in interventions aimed at HCWs could assist by providing accountability to project stakeholders, be they internal or external. Depending on the analyses and data, it could also support project management by informing their decisions on whether to scale up, scale down or modify interventions based on the results obtained. Finally, implementing this framework at project level could generate evidence on the effectiveness of strategies followed to achieve employment-related outcomes in health.
Introduction

Health and care employment constitutes an important share of total employment in countries and is a key driver of inclusive economic growth. The World Health Assembly (1) has recognized the importance of promoting and ensuring decent work among the health workforce (HWF). The WHO Global Health and Care Worker Compact (2) sets policy actions revolving around fair and equitable remuneration and social protection for HWF, among others. Decent work for health and care workers is essential for ensuring good quality health services and constitutes a prerequisite to equality in access to health care (3). This is aligned with the Working for Health 2022–2030 Action Plan and its Progression (4) Model, the main focus of which is to optimize, build and strengthen the workforce, including through increased investments in education, jobs, decent work and skills. Furthermore, International labour standards, guidance and tools developed by the International Labour Organization (ILO), the World Health Organization (WHO) and other international organizations provide policy actions on HWF fair and equitable remuneration and decent work, including social protection, among others.

According to the 2016 report and recommendations of the United Nations (UN) High-level Commission on Health Employment and Inclusive Economic Growth, employment growth within the health and social sectors rose between 2000 and 2014 by an average of 48% in OECD countries (5), in comparison to other sectors, including agriculture and industry, where employment has declined. Globally, the health and social sectors account for 3.9 per cent of total global employment (6). The health sector is a growing source of jobs and a driver of inclusive economic growth. A report by ILO shows that greater investments in broader care services—including health, education and long-term care—could create almost 300 million jobs by 2035, along the continuum of care which would also support a more gender equal world of work (7). A recent analysis of labour force survey data from 56 countries showed that the share of total employment differs between countries and regions. In most northern and western European countries the health and social care workforce accounted for more than 7 per cent of the total labour force, whereas in low- and lower-middle income countries it accounts for between 1 and 3 per cent of the total labour force (8).

Investment in creating employment, increasing labour force participation, economic empowerment, and decent work opportunities—particularly for women and youth across the health sector—can deliver significant social, health, and economic benefits, particularly for underserved and rural communities. Investment in decent health jobs is key to improving health outcomes, and it contributes to healthy economic growth through various pathways:

- **First**, these investments contribute to improving health systems, by ensuring equal access to good quality care, which in turn positively affects overall productivity gains in a country’s labour market.
- **Second**, employment in health is commonly a major source of increased jobs in a country, as designing policies geared towards decreasing gender pay gaps, promoting gender equality, and providing employment opportunities to the younger population can trigger improvement in working conditions across different economic sectors (9,10).

Facilitating employment, creating jobs, and providing decent work in health is key for
A guiding framework

The framework provides flexibility and adaptability to specific needs by including various dimensions of employment and 3 levels for measurement complexity.

This paper is organized as follows:

- **Section 2** presents a summary of a literature review on methods and approaches for assessing employment effects in different sectors. It also discusses the various definitions of health workers and proposes a definition of employment.
- **Section 3** introduces a guiding framework to assess the employment effects of policy interventions in the health and care workforce. It starts by introducing the dimensions of employment, and then it proposes a progressive approach for assessing employment effects in health and care workers, depending on the health-related policy intervention and on the information available. One could have simpler to more complex ways of identifying the effects of employment. The last part of this section maps examples of proposed indicators with the dimensions of employment in health.
- **Section 4** presents concluding remarks.

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1. gained access to employment in health,
2. maintained and/or substantively changed their jobs or
3. improved their skills or working conditions in a framework of investments in health;
4. as well as how these investments account for inclusivity.

The framework provides flexibility and adaptability to specific needs by including various dimensions of employment and 3 levels for measurement complexity.

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5. The number of those entering into employment does not capture the number of new jobs created.
6. In this paper, inclusivity refers to employment opportunities for disadvantaged groups and workforce diversity. The analysis also includes sex, gender, and age distribution.
Existing approaches for assessing employment effects: overview of the literature

2.1 Methods

This paper is based on a rapid literature review, done between 2021 and 2022, to identify published studies of approaches and methodologies for assessing the effects of policies and policy interventions on employment related to national investments and programmes. The identified articles and reports were shared and discussed among a WHO-ILO-OECD working group of technical experts between 2021 and 2022. During these discussions, key employment dimensions and elements that could be adapted to health-related interventions and policies were identified and a draft framework developed.

The proposed framework to assess employment effect in the context of health policies and policy interventions is presented in Section 3.

Annex 1 presents the search strategy, inclusion criteria and keywords for literature review, and Annex 2 shows a comparative table on definitions of employment and job creation, as well as definitions and indicators taken from the selected materials. In total, the literature review identified 29 relevant documents.

Next, Section 2.2 briefly presents an overview of approaches for assessing employment effects.

2.2 Approaches for assessing employment effects

This section provides an overview of different approaches for assessing employment effects in policies and interventions across various economic sectors. Employment-related outcome measurement is complex and does not rely on one single approach or indicator. Assessing employment effects requires a broader approach that tailors methods and indicators to specific interventions and policies that are applied in diverse contexts.

Policy interventions can have direct, indirect, and induced effects on jobs and employment (11,12).

Direct employment effects are usually the primary goals of the intervention in relation to the target beneficiaries, and it refers to the employment effect directly created by the project’s activities (12,13). This includes any intervention that brings about an improvement in skills and/or competencies among training participants, potentially increasing their employability7 (14) and the probability of their finding jobs or increasing the number of people employed (9,13).

7 Skills training for participants with the objective to increase knowledge and competencies can have effects not directly linked to the intervention efforts such increasing self-confidence, effective communication and problem solving skills, which also influence performance.
Indirect employment effects are changes caused by the direct effect of the interventions on the target beneficiaries, as well as on non-participants and backward-linked sectors (“spillover effects”) (15–17). These indirect effects can be either positive or negative. For example, a negative effect may arise from an increase in annual student enrollment numbers for of a particular health workforce occupation—which may result in decreased enrollment in others—while a positive effect would be an increased demand for university faculty and support staff in education institutions.

Induced employment effects are changes in employment outcomes through forward linkages among individuals and enterprises that are not part of the intervention group (15–17). This includes households benefiting from additional income through direct and indirect employment effects and consuming more goods and services in the economy, including health services that in turn increase the demand for more health and care workers—thus creating a virtuous cycle (17).

Gross employment effects do not consider job offsets in other sectors (or in the same sector), being observable changes in the employment situation of target beneficiaries. On the other hand, net employment effects are employment effects that have taken into account dead weight (benefits that would have occurred without the intervention), displacement (employment effects that result in job losses elsewhere in the program area), and multiplier effects (increases in employment in other industries providing goods and services for health) (18). Measuring net employment effects usually requires more detailed data and sophisticated methodologies.

In different sectors, various methodologies are proposed for assessing employment effects (15,19). A simple classification involves the measurement or estimation methods (15). Measurement entails the consistent and representative collection of the employment situation of beneficiaries both before and after participation in the policy or programme intervention. This, in turn, calls for defining a baseline and data-collection mechanisms. Estimation methods can be:

i. Sample / spot check, based on a non-representative sample of former project beneficiaries;
ii. Comparison/reference value, based on benchmark values of similar interventions or existing studies; or
iii. Other evidence, based on policy impact assessments or input from expert panels.
The literature also presents other ways of assessing (formal or informal) employment effects:

a. A **bottom-up approach** from a specific intervention effect measure to the aggregate economy-wide effect measure, or

b. A **top-down or semi–top-down approach**, i.e., one estimating changes in aggregate indicators based on input-output tables for either the entire economy or specific sectors (16,18).

The **complexity of estimating**, predicting, and measuring/evaluating the employment effects of policy interventions is well established in the literature (11,14,15,18). The causes of this complexity in assessing employment effects in LMI contexts are multifactorial (15), and the most commonly identified causes are as follows.

- The first is due to the nature of the labour markets with high degrees of informality, underemployment, and data insufficiency.
- A second challenge is the difficulty of attributing employment effects to specific interventions where macroeconomic factors, other sectors, and policy interventions may influence employment effects. A lack of common understanding about acceptable methodologies to measure or estimate employment effects also contributes to this, together with suboptimal monitoring and evaluation systems from lack of budget or institutional capacity and or time constraints (19).

When feasible, policy interventions should measure their effects on employment through before-after comparisons (15); however, this depends on whether direct beneficiaries can be identified, the availability of baseline data, and the existence of an effective data-collection arrangement.

In the following chapter we introduce key concepts to be considered when using the proposed framework to assess employment effects in health.
2.3 Definition

This section introduces the definition of health workers and employment for this document.

2.3.1 Definition of health and care workers

The World Health Report (WHR) 2006 defined health workers as “all people engaged in actions whose primary intent is to enhance health—inclusive of family caregivers, patient-provider partners, part-time workers (especially women), health volunteers and community workers” (20). The report acknowledged the challenge of defining and collecting data on “unpaid carers” in the health workforce, due to data limitations.

The definition of health workers in this paper is consistent with WHO’s definition of health systems as “all actors, institutions and resources that undertake health actions—where the primary intent of a health action is to improve health. It is broader than personal medical and non-personal health services. It incorporates selected intersectoral actions in which the stewards of the health system take responsibility to advocate for health improvements in areas outside their direct control, (such as legislation to reduce fatalities from traffic accidents)” (21).

The Working for Health Five-Year Action Plan (2017–2021) sought out “all occupations that contribute towards improved health and well-being in the health and health-related social care sector,” referring collectively to those as the health and social workforce engaged in health care in all its deliverables. By and large, the terms “health and social care workforce” or “health and care workforce” are sufficiently exchangeable.8

To date, there are two prevailing international standards of classifications of economic activities and occupations that provide a framework for classification:

1. The International Standard of Classification by Occupations (ISCO 2008) (22), and
2. The International Industrial Classification of All Economic Activities (ISIC 2008) (23).

The ISIC 2008 outlines in its Section Q, “Human Health and Social Work” activities, as a pragmatic overview of health and social workers covered by payroll (i.e., paid employment). Both classification systems provide a framework for data collection to enable data-driven decision-making.

In this paper, however, no specific definition is considered (be it health workers or workers in health service provision), since the use of the operational measurement of health workers to assess employment effects will relatively depend on the objectives and potential beneficiaries of the interventions, or on country-specific policy analysis and the structure of the health system, among other public health priorities.

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8 With the exception of the category Social Work and Counselling Professionals (ISCO Unit Group 2635), which is broad and covers activities beyond health and care, such as marriage counsellors and parole officers, among others.
2.3.2 Proposed definition of employment

The employment definition deals with the ILO definition and concept of employment (24) in the labour market and with its elements.

Persons in employment are defined as all those of working age who, during a short reference period, were engaged in any activity to produce goods or provide services for pay or profit. For this framework, persons in employment comprise persons who are

- 15 years or older;
- working formally and/or informally;
- producing goods and/or services; or
- generating an income (monetary and/or in-kind) or profit through their work; but here, one needs to define a minimum employment duration. Based on the ILO approach, one hour per week is considered.

Formal9 and informal employment are defined as follows:

**Informal employment** is where a person is engaged in informal employment or if they have at least one informal job that is not covered10 or is insufficiently covered by the formal arrangements in the country. The operational method for defining informal jobs is linked to the status in employment11 category (22) and could include criteria for employees such as

- absence of contribution to social insurance (which is the most frequently used);
- absence of a written contract;
- no access to paid annual leave and no access to paid sick leave for employees; and
- registration and type of accounts for employers and own-account workers12 (25).

Employment in the informal economy includes both employment in the informal sector and informal employees working in the formal sector or engaged by households as informal domestic workers.

**Formal employment** includes formal jobs held by employees that can be operationalized by the employer’s contribution to social insurance on behalf of the employee or by access to paid annual leave and access to paid sick leave. Formal jobs held by employers and own-account workers would include those who own and operate a registered enterprise or keep a complete set of accounts for tax purposes (13).

Employment can be counted by summing up the aggregate number of people that have entered into employment with a full-time equivalent (FTE) job, implying that one job equals one person working at least 20 hours per week for at least 26 weeks per year (11). However, we adopted a definition of employment with a minimum employment duration of one hour per week following International Labour Organization’s (ILO’s) definition of employment.

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9 The elements to be included in the characterization of the level of formality of the worker is case specific, depending on the typology of the project and on the country legislation.

10 It needs to provide effective access.

11 Informal employment comprises persons who in their main job were

- own-account workers, employers, or members of producer cooperatives employed in their own informal sector enterprises;
- own-account workers engaged in the production of goods exclusively for their own final use in their household;
- contributing family workers, irrespective of whether they work in formal or informal sector enterprises, or
- employees holding informal jobs, whether employed by formal sector enterprises, informal sector enterprises, or by households as paid domestic workers.

12 Employers and own-account workers are considered to have an informal job if their enterprise is not registered and no complete accounts for tax purposes are kept.
Assessment of employment effects is helpful when counting or estimating the potential or ex-post effect of particular policies or interventions on employment and employment-related outcomes, by providing evidence to constantly improve the design and implementation of policy and program options (19, 26).

Employment assessments can cover different employment dimensions such as job creation, gaining access to jobs, job recovery, increasing employability, and retention. It also includes qualitative assessments, not only quantitative ones. Therefore, this framework includes various employment effects to provide adaptability and flexibility to policy, project-/programme-specific needs. This is important, since health workforce investment policies and interventions can facilitate a variety of potential employment effects. For example, pre-service undergraduate education facilitates entry to employment and in-service training could lead to an increase in the employability of the worker and to less underemployment through life-long learning and development. Also, capacity-building on occupational safety and health could lead to safer and healthier workplaces which could have an impact on retention rates. Capturing these effects contributes to improving project monitoring processes and to providing information for policy makers on the effects of the interventions to improve HWF employment-related outcomes. As an example, Box 1 presents the diversity of employment effects in policies and interventions of the first phase of the ILO-OECD-WHO Working for Health programme (2018–2022).
For the purposes of this framework, we are interested in assessing the following employment effects of policy interventions, particularly on how many health and care workers

i. gained access to employment in health;
ii. maintained and/or substantively changed their jobs; or
iii. improved their skills or working conditions within a framework of investments in health.
iv. as well as how these investments account for inclusivity.

Section 3.1 sets out a progressive approach based on three levels, and Section 3.2 includes a set of indicators related to the different employment effects.

3.1 A progressive approach for assessing employment effects for the health and care workforce

Given the complexity of the health labour market and the diversity of health workforce–related policies and interventions, different approaches can be used to assess employment effects (Box 2 includes the employment effects included in this framework).
The basic level represents the projected employment effects. These estimations can refer to the number of jobs or expected number of people gaining access to employment, or to the projected number of people who could gain access to employment, be retained, or be targeted to improve their skills or working conditions. The estimation is sourced from the development of policy changes, health workforce plans or strategies, or health labour market analysis (HLMA), all of which are crucial for creating jobs in health. Although those plans and analysis do not necessarily ensure that those additional jobs will be created or employment effects materialized, they are a key step towards identifying and understanding health workforce (HWF) issues as well as areas on which to focus investments that affect employment dimensions.

Box 2: Effects of employment included in the framework

This framework is focused on assessing how many people gained access to employment in health, maintained and/or substantively changed their jobs, or improved their skills or working conditions within a framework of investments in health; and how these investments account for inclusivity.

To identify the contribution of policies and interventions to health and care employment, we propose a progressive approach to assess their employment effects and exemplify the type of policy interventions. Figure 1 below depicts a proposed progressive approach based on three levels. Level 1 begins with the most straightforward or simple approach for assessing employment effects that progresses to a more complex one. It shows the importance of assessing the (projected) potential of the intervention to facilitate employment effects. Level 2 assesses the actual capacity of the project to generate those employment effects. Level 3 assesses the final effects, that is, the actual quantifiable employment effects. Each level has its own advantages and disadvantages.

3.2 Level 1

The basic level represents the projected employment effects. These estimations can refer to the number of jobs or expected number of people gaining access to employment, or to the projected number of people who could gain access to employment, be retained, or be targeted to improve their skills or working conditions. The estimation is sourced from the development of policy changes, health workforce plans or strategies, or health labour market analysis (HLMA), all of which are crucial for creating jobs in health. Although those plans and analysis do not necessarily ensure that those additional jobs will be created or employment effects materialized, they are a key step towards identifying and understanding health workforce (HWF) issues as well as areas on which to focus investments that affect employment dimensions.

For example, one type of intervention in this level refers to supporting Human Resources for Health (HRH) development through investment plans and health labour market analysis (HLMA). Both HLMA and HRH investment plans are useful in broadening the understanding of

- the health workforce (distribution, HWF demand, skills, future needs, etc.);
- the role of regulation; and

13 Topics include among others adequate earnings and productive work; decent working time; combining work, family and personal life; stability and security of work; equal opportunity and treatment in employment; safe work environment; social security; social dialogue; and employers’ and workers’ representation (28).
the forces that drive HWF shortages, imbalances (migration, education, etc.), and suboptimal performance: see WHO’s 2021 HLMA Guidebook for a full discussion (27).

Labour market supply and demand need to be analyzed to identify the main constraints to health workforce employment. These analyses provide estimations on the number of health workers needed, occupational profiles, adequate earnings and their distribution inside the country—as well as information on the recruitment process in the public sector (and some cases in the private for-profit and nonprofit sectors), which then serve to inform policy actions and investments in HWF.

The HLMA also assesses areas of working conditions, which is a concept with various multifaceted factors. The results can then inform interventions and policies related to adequate remuneration, career prospects, decent working time and rest period arrangements, among others (29).

3.3 Level 2

The second level is the actual capacity to create positions or to improve working conditions (as examples of employment effects). For instance, after applying a Health Labour Market analysis to assess the potential for creating positions, further coordination and dialogue between ministries (such as the MoH and the MoF) and/or regions are needed to approve the budget for the positions, and then to fill the vacancies. This process involves several steps and can take months from initial approval to filling vacant positions. Annex 3 shows an example of creating and filling a vacancy in the MoH of Lesotho.

In this example, the “capacity” is measured as the number of approved positions with budgets. It broadly indicates the likelihood of a certain number of workers entering employment. This provides an excellent basis for assessing a general contribution to employment effects.

3.4 Level 3

The third and final level represents the effect where an action or policy change can lead to final, quantifiable employment effects. This effect is based on an HLMA outcome, being therefore linked to Levels 1 and 2, where the action leads, for example, to improvements in recruitment and retention. For this type of approach, one needs to track over time the number of additional persons recruited (following the example in Level 2) or jobs where working conditions have been improved. In some interventions, this is called “job creation”; however, one should consider that the attribution for job creation is complex, as many actors are involved in this process. Moreover, collecting the required information will be more complex; and similarly to the previous level, attribution is likewise complex (see Box 3).

Attribution would ideally measure the actual number of jobs created or better jobs. However, this approach requires a baseline measurement to make a relevant comparison that might sometimes be complex to define and monitor. The issue will remain a concern, but this will be a lesser concern for an education or training-type project.
The HLMA could also assess areas of working conditions\textsuperscript{15} in Levels 1 and 2 where the action leads to, for example, increasing retention and attracting new workers into the profession. Identifying the appropriate measurement method(s) and indicators is dependent on various aspects, such as the objective of the project, monitoring budget and data availability.

Please note that the effect in the third level can form the results of the first two levels. Hence, ideally, all three levels should be combined to get a comprehensive view of the effect of a health-related project on employment. However, depending on the stage or context of an activity, the assessment can begin on Level 2 or 3.

\textsuperscript{15} Assessing improvements in the conditions of work and employment is complex, as the concept of working conditions is multi-faceted. This has various contributing factors that are often outside of the scope and influence of projects. Topics include adequate earnings and productive work; decent working time; combining work, family and personal life; work that should be abolished; access to education; lifelong learning and career prospects; stability and security of work; equal opportunity and treatment in employment; safe work environment; social security; social dialogue; and employers’ and workers’ representation.
These are methodologies that can be consulted in academic texts; the aim of this framework is not to explain these methodologies.

Measuring employment-related effects of interventions generally faces the challenge of causality. Table 1 presents some examples of the advantages and disadvantages of some methodological approaches for assessing the third-level effects of interventions on employment.

### Table 1: Example of methods for assessing Level 3

<table>
<thead>
<tr>
<th>Approach</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison over time of stock and densities of health workforce</td>
<td>Is simple and easy to apply</td>
<td>It doesn’t show information on the specific intervention</td>
</tr>
<tr>
<td>Tracking system</td>
<td>Provides information on the target interest group</td>
<td>Cost and duration of tracking</td>
</tr>
<tr>
<td>Econometric modelling</td>
<td>Attribution of effects (if data available)</td>
<td>Data issue, time-consuming, feasibility issue</td>
</tr>
</tbody>
</table>

Furthermore, for those instances where the interventions or activities started prior to developing and implementing the assessment framework, the execution of a back-casting exercise using the National Health Workforce Accounts (NHWA) portal (30) can provide an approximate estimate of the increase in employment. However, this approach has limitations, since the increase in the number of health workers cannot be linked to the intervention in the country but to other factors, such as changes in the policy environment or interventions.

The next section presents indicators for measuring employment effects.

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16 These are methodologies that can be consulted in academic texts; the aim of this framework is not to explain these methodologies.

17 Percent change = ((new amount / original amount) / original amount) x 100).
3.5 Indicators for measuring employment effects

The different employment policies and interventions can have one or more employment effects related to how many people gained access to employment in health, maintained and/or substantively changed their jobs, or improved their skills or working conditions in a framework of investments in health. In addition, the analysis of these employment effects can also account for inclusivity. Indicators are useful to describe, monitor, and assess a project’s employment effects. The following key employment indicators can be used to assess different dimensions of employment for the health and care workforce during the timeframe of the intervention:

1. The number of health and care workers who have entered employment because of the intervention or policy change: In this framework, people entering employment include both employees and self-employed. This indicator captures health workers entering employment but does not capture new health jobs created in the country (see Box 3 above).

2. The number of health and care workers who have gained additional employment, meaning people whose time-related underemployment has seen a reduction.

3. The number of health and care workers who have benefited from improved working conditions.

4. The number of health and care workers who have benefited from increased income.

5. The number of health and care workers who have benefited from education and training.

6. The number of health and care workers who have been retained.

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18 In this paper, inclusivity refers to employment opportunities for disadvantaged groups and workforce diversity. The analysis also includes sex, gender, and age distribution.
Indicators can then be used and adapted depending on the stage of the intervention using the conceptual progressive approach discussed in the previous section. This can enable governments and partner interventions to benchmark and compare the effects of their interventions. The policies and interventions may simultaneously have more than one effect on employment, but these should be reported separately to avoid double counting. Annex 4 includes a set of principles for planning the design, implementation, and monitoring of employment policy and interventions. Here, the proposed activities of the intervention should be related to employment outcomes contributing to one or more of the key employment indicators.

Table 2 presents examples of how these key indicators can be used to assess the dimensions of employment activities and outputs resulting from interventions or policies. Countries can choose and complement those indicators, depending on the intervention, and may not need to use all of those indicators. In addition, the potential data sources for estimating the indicators are outlined in Table 3. This is important since the monitoring process needs to account for an adequate baseline, target, timing of data collection and quality of information.

All the indicators can be disaggregated to account for inclusivity and geographical disaggregation. This will depend on the availability of information, the context, and the objectives and monitoring process of the intervention or policy.

---

18 In this paper, inclusivity refers to employment opportunities for disadvantaged groups and workforce diversity. The analysis also includes sex, gender, and age distribution.
Working conditions are at the core of paid work and employment relationships. Generally speaking, working conditions cover a broad range of topics and issues, from working time (hours of work, rest periods, and work schedules) to remuneration, as well as the physical conditions and mental demands that exist in the workplace (International Labour Organization [ILO], 2021).

Sources include monitoring tools or surveys and public employment services data.

This indicator could be classified as the number of HWs who have entered employment for a minimum of one month.

Social protection or social security includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits, and survivors’ benefits (International Labour Organization, 2017). For purposes of this framework, we make a point that health, pension, and occupational risks coverage be provided to workers.

Young people: The ILO uses the United Nations’ definition of a young person as between the ages of 15 and 24 years; however, different youth interventions have different age requirements, depending on the national context.

### Table 2: Examples of indicators for assessing employment effects of policies and interventions in the health and care workforce

<table>
<thead>
<tr>
<th>Facilitating potential employment effects (intervention)</th>
<th>Indicators for assessing dimensions of employment</th>
<th>Comments and additional indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing the potential for more employment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HLMA</td>
<td>• Estimates on the number of health workers (HWs) to be employed</td>
<td>• Health Labor Market Analysis (HLMA): Each of the estimates can be accompanied by a policy brief addressing market failures and constraints for more employment, job quality improvement or access to new jobs, and next steps to achieve the objectives. The HLMA is an important step for prioritizing HRH issues in a country and region.</td>
</tr>
<tr>
<td>• HRH Investment plan</td>
<td>• Estimates on the number of HWs to be trained</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Estimates on the number of HWs aimed at bringing about decent working conditions¹⁹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Number of vacancies and average length of time for employers to fill a vacancy²⁰</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strategic plan to improve HRH recruitment and/or deployment/retention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Human resources for health (HRH) investment plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Budget approval for recruitment, incentives, retention policies, or training</td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>Number of workers who have entered employment</td>
<td>Additional information on the type of employment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Type of contract</td>
</tr>
<tr>
<td>Jobs in rural or remote areas</td>
<td>Number of HWs who have entered employment in rural or remote areas</td>
<td>• Length of the contract²¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Social security coverage²²</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sex, gender, and age²³ disaggregation, depending on data and context.</td>
</tr>
</tbody>
</table>
|                                                       |                                                  | ![Facilitating potential employment effects (intervention)](image)

¹⁹ Working conditions are at the core of paid work and employment relationships. Generally speaking, working conditions cover a broad range of topics and issues, from working time (hours of work, rest periods, and work schedules) to remuneration, as well as the physical conditions and mental demands that exist in the workplace (International Labour Organization [ILO], 2021).

²⁰ Sources include monitoring tools or surveys and public employment services data.

²¹ This indicator could be classified as the number of HWs who have entered employment for a minimum of one month.

²² Social protection or social security includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits, and survivors’ benefits (International Labour Organization, 2017). For purposes of this framework, we make a point that health, pension, and occupational risks coverage be provided to workers.

²³ Young people: The ILO uses the United Nations’ definition of a young person as between the ages of 15 and 24 years; however, different youth interventions have different age requirements, depending on the national context.
### Framework to assess employment effects of interventions for health and care workforce

<table>
<thead>
<tr>
<th>Facilitating potential employment effects (intervention)</th>
<th>Indicators for assessing dimensions of employment</th>
<th>Comments and additional indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Better jobs (improved working conditions, less underemployment and/or increased income)</strong></td>
<td><strong>Main Indicator(s)</strong></td>
<td>• Sex/Gender and age disaggregation</td>
</tr>
<tr>
<td></td>
<td>• Number of HW who have gained additional employment (meaning people whose time-related underemployment has been reduced)</td>
<td>• Additional time employment: Information on the amount of additional time worked to calculate full-time equivalent (number of full-time equivalent / FTE jobs)</td>
</tr>
<tr>
<td></td>
<td>• Number of HWs who have benefited from improved working conditions</td>
<td>• Working conditions: access to social protection statutory, working hours, etc.</td>
</tr>
<tr>
<td></td>
<td>• Number of HWs who have benefited from increased income</td>
<td>• Earning a minimum wage per hour as per regulations in country of residence</td>
</tr>
<tr>
<td></td>
<td><strong>Pre-service education or in-service training</strong></td>
<td>• Increased earned income: includes incentives, more time worked, and better payment</td>
</tr>
<tr>
<td></td>
<td>• Number of people who have benefited from education and/or training</td>
<td>• Disaggregation by age (focusing on youth) and sex/gender</td>
</tr>
<tr>
<td></td>
<td>• Number of people who have come into employment as a result of education and/or training</td>
<td>• Education and training for job competencies and skills that improve the employability of participants: as a result, they can enter employment or change employment or status of employment (e.g., from trainee or apprentice to paid worker)</td>
</tr>
<tr>
<td></td>
<td><strong>Additional time employment: Information on the amount of additional time worked to calculate full-time equivalent (number of full-time equivalent / FTE jobs)</strong></td>
<td>• One could measure the number of beneficiaries who have been employed.</td>
</tr>
<tr>
<td></td>
<td><strong>Working conditions: access to social protection statutory, working hours, etc.</strong></td>
<td>• Education and training can result in a promotion, increased income, or an increase in wage-related benefits, which can be measured per project</td>
</tr>
</tbody>
</table>

---

24 “Earned income” refers to income received from the job or self-employment activity, whereas “total income” also includes publicly provided benefits that may complement earned income.
Table 3 presents the potential data sources for calculating the main indicators. In general, to adequately estimate the indicators, the monitoring process should consider the following:

- Flexibility in defining the indicators: Yearly target or a significant contribution relative to a denominator.
- Adequate baseline with respect to which target(s) will be assessed.
- Timing of data collection, accounting for the timeline for employment effects.
- Quality of information and cost of collecting data.

### Table 3. Main indicators to capture dimensions of employment and data sources

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of health and care workers who have entered employment as a result of policy interventions or intervention</td>
<td>Specific surveys or monitoring tools</td>
</tr>
<tr>
<td></td>
<td>» Monitoring tools</td>
</tr>
<tr>
<td></td>
<td>» Specific surveys</td>
</tr>
<tr>
<td></td>
<td>» Administrative data</td>
</tr>
<tr>
<td></td>
<td>Use proxies for people entering employment</td>
</tr>
<tr>
<td></td>
<td>Proxies could be used to obtain a very rough assessment of people entering employment. Each proxy would have its strengths and limitations to highlight. Some examples are as follows:</td>
</tr>
<tr>
<td></td>
<td>» Number of vacancies filled and average length of time for employers to fill a vacancy. A source of these data are HLMA and HRH plans.</td>
</tr>
<tr>
<td></td>
<td>» Variation in the total number of health workers over a period of time (minimum 2–3 years) through use of the National Health Workforce Accounts</td>
</tr>
<tr>
<td></td>
<td>» Labor force surveys (LFSs) can be useful to define baselines, but only if the project is at the national or regional level (depending on the survey sample’s representativeness).</td>
</tr>
<tr>
<td>2. Number of health and care workers who have gained additional employment (meaning people whose time-related underemployment has been reduced)</td>
<td>Monitoring tools or surveys</td>
</tr>
<tr>
<td></td>
<td>» Focus groups</td>
</tr>
</tbody>
</table>

---

25 Service Tracker Tool in the context of the impact evaluation of public investment programs (ILO).
26 This is feasible in countries with very low HW immigration coupled with a comparison of foreign-born and foreign-trained HWs.
27 This could help to identify willingness to work additional hours per week.
### Indicator 3
**Number of health and care workers who have benefited from improved working conditions vis-à-vis working time and social security**
- Monitoring tools
- Focus groups
- Administrative data registered in social insurance/security or other types of work-related benefits
- Specific project surveys and longitudinal studies

### Indicator 4
**Number of health and care workers who have benefited from increased income**
- Monitoring tools
- Focus groups
- Personnel and wage payment records
- Specific project surveys and longitudinal studies

### Indicator 5
**Number of health and care workers who have benefited from pre-service education or in-service training**
- Monitoring tools
- Attendance registers
- Focus groups

### Indicator 6
**Number of health and care workers who have been retained**
- Proportion of HWs staying in rural areas
- Density of HWs in rural as compared to urban areas
- Facility-based surveys
- Analysis of registry data
- Survival curves

Some indicators might not always be easily available in countries. In that case, one should consider proxy indicators to be defined by countries. Also, while the above indicators are expressed in absolute terms, those should also be expressed in relative terms whenever relevant, so as to get a better insight of the relative effects.

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28 This could help to identify whether the education or training led to increased job satisfaction at work and less absenteeism.
4. Conclusion

Employment-related outcome measurement is complex and does not rely on one single approach or indicator. Efforts towards facilitating employment not only includes creation of job opportunities but also includes a range of dimensions such as improving decent working conditions of existing jobs and facilitating labour market transitions, such as employment-to-work transition or unemployment-to-employment transition. Therefore, assessing employment effects requires a broader approach that allows for tailoring methods and indicators to specific policies and interventions that are applied in diverse contexts.

This paper proposed a guiding framework and indicators for assessing employment effects of policies and interventions for the health and care workforce. The framework focused on assessing how many people gained access to employment in health, maintained and/or substantively changed their jobs, or improved their skills or working conditions within a context of investments in health—as well as how these investments account for inclusivity as a result of the health project, intervention, or policy change.

It identifies different health policy, tools and interventions that could facilitate these employment effects, such as health labour market analyses (HLMA) or human resources in health (HRH) investment plans, which assesses the potential for accessing employment, retaining health workers (HWs), or improving their working conditions. These analyses support policy actions that can lead to decisions on budget increases, improving and increasing trainings, and incentives design, among others—thus increasing recruitment of HWs, improving working conditions, and improving skills through education and training.

Since the policies and interventions in health employment are very diverse, this framework proposed a progressive approach to identify the contribution of policies and interventions to employment effects and indicators that can be used to assess the employment effects. This progressive approach is useful to guide the monitoring process though the different stages of policies and interventions and policies that impact employment in health in a short and long time horizon. It includes three levels that progress from a simpler to more complex ways of identifying the effects of employment. For example, many of these interventions usually start by assessing the potential for employment effects—such as the projected number of people entering health and care employment, being retained, or enjoying improved working conditions (Level 1). Level 2 refers to assessing the actual capacity while the intervention is being implemented. Finally, Level 3 refers to the effects in the country/region.

Then, the framework proposes a set of key employment indicators that can be used to assess the different dimensions of employment in health:

1. the number of health and care workers who have entered employment because of the intervention or policy change;
2. the number of health and care workers who have gained additional employment;
3. the number of health and care workers who have benefited from improved working conditions;
4. the number of health and care workers who have benefited from increased income;
5. the number of health and care workers who have benefited from education and training; and
6. the number of health and care workers who have been retained.

Indicators are useful to enable governments and partners to benchmark and compare the effects of their interventions. The policies and interventions may simultaneously have more than one effect on employment. However, these should be reported separately to avoid double
counting. All indicators can be disaggregated to account for inclusivity and geographical disaggregation depending on the availability of information, context and the objectives and monitoring process of the intervention. Finally, the framework also outlines guiding elements for planning the monitoring of the employment interventions (Annex 4).

This paper contributes to the literature on assessing employment effects by proposing a framework that includes a progressive approach that includes particularities of health-employment–related policies and interventions as well as mapping of the different dimensions of employment in health, by providing key indicators. Moreover, applying the framework to policies and interventions that address health and care employment could assist in providing accountability to both internal and external stakeholders. Depending on the analyses and on the data, it can also support management decisions about whether to scale up, scale down, or modify interventions based on results. Finally, the implementation of the framework could generate evidence on the effectiveness of strategies for achieving employment-related outcomes in health.
5. References


25. International Labour Organization (ILO). *Third Meeting of the Working Group for Revision of the standards for statistics on informality* [Internet].


Annex 1: Search strategy

Materials were sourced through an online search (Google and Google Scholar) using the predetermined keywords. The search strategy focused on peer-review journals as well as grey literature from institutional and journal websites.

Inclusion criteria

- It is a published article, report, book, book chapter, presentation, or similar, including grey literature.
- The full text is available in English.
- Keywords: Job creation indicator(s), employment creation indicator(s), job-related outcomes, employment indicator(s), employment impact assessment, health workforce employment, unemployment.
- It contains a definition of job creation and/or employment; or
- It contains an employment effects or job creation indicator(s).

This search strategy resulted in sourcing 29 relevant materials. Out of these 29, 24 sources were from significant agencies, namely the International Labour Organization (ILO), the Organization for Economic Co-operation and Development (OECD), the World Bank, the United States Agency for International Development (USAID), President’s Emergency Plan for AIDS Relief (PEPFAR), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and the Donor Committee for Enterprise Development (DCED). Ten of these 29 materials contained a definition of employment, and seven defined job creation. Sixteen of these materials contain indicators covering the main five focus areas depicted in Table 2 below.

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29 The other sources were publications from WHO, European Commission, United Nations Economic Commission for Europe and University of Birmingham.
### Annex 2: Comparative table on definitions of employment and job creation

The following table provides an overview of definitions of employment and job creation from the literature reviewed. The letters in the column refer to the additional documents in Annex 5.

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Employment</th>
<th>Job Creation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International Labour Organization (ILO) definition of employment:</strong></td>
<td>&quot;All persons above a specified age who during a specified short period of time such as one one week worked at least one hour for pay or profit and persons temporary absent from the job.&quot;</td>
<td>Employment creation: Outcomes related to the creation of more jobs for project target beneficiaries at an individual level. The jobs can either be created for employees or for the self-employed, either as employers or own-account workers.</td>
</tr>
<tr>
<td>Working at least 20 hours/week for at least 26 weeks/year; In conditions that comply with the 8 ILO Core Conventions; and earning at least the “living wage” for that country, i.e. the greater of: the national minimum wage or the wage required to take the worker with an average number of dependents to the USD$1.25 poverty line.</td>
<td>Net additional, full-time equivalent jobs created in target enterprises as a result of the programme, per year and cumulatively; includes both formal and informal jobs; approaches to measuring jobs created</td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Direct measurement
   a. Obtaining employer records:
      Records collected and shared by employers
   b. Surveying employers:
      Questionnaires administered with company representative
   c. Surveying employees:
      Surveys administered with ultimate beneficiaries

#### 2. Indirect measurement/Estimation using multipliers
   a. Developing localized multipliers:
      Collecting information from market actors to develop a localized employment multiplier (i.e., jobs created in the sector by a change in a metric such as land under production caused by an intervention programme), then calculating the direct and indirect job creation
   b. Using Employment Elasticity
<table>
<thead>
<tr>
<th>Reference Letter (see Annex 5)</th>
<th>Definitions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B</strong></td>
<td><strong>Employment</strong></td>
<td>Estimates: Using published employment elasticity figures to estimate a programme’s impact on employment</td>
</tr>
<tr>
<td></td>
<td>Fifteen years or older; working formally and/or informally; wage- or self-employed/own-account worker or contributing to the family business; producing goods and/or services; generating an income (monetary and/or in-kind) through their work.</td>
<td></td>
</tr>
<tr>
<td><strong>E</strong></td>
<td><strong>Job Creation</strong></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Condition of having legal paid regular work in either the formal or informal economy and the associated changes in income. For example: employment status (new/better, formal/informal) after six months; employment status (new/better, formal/informal) after 12 months; underemployment; number who start an enterprise; quality of employment (i.e., inclusion of benefits, training, flexibility); etc.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>N/A</td>
<td>Net job creation is generally understood to be the difference between the jobs created by new or existing enterprises and the jobs destroyed either through contraction of existing enterprises or through business closures</td>
</tr>
<tr>
<td><strong>L</strong></td>
<td>Fifteen years or older; working formally and/or informally; wage-earner, self-employed, or working in the family business; producing goods and/or services; generating an income (monetary and/or in-kind) through their work</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Activities that generate actual income, monetary or in-kind, and that do not violate fundamental rights and</td>
<td>Outcomes relating to the creation of more direct, indirect, and/or inclusive jobs* for project target beneficiaries,</td>
</tr>
<tr>
<td><strong>W</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Definitions

<table>
<thead>
<tr>
<th>Employment</th>
<th>Job Creation</th>
</tr>
</thead>
<tbody>
<tr>
<td>principles at work</td>
<td>whether short or long term. Jobs = “activities that generate income, monetary or in-kind, without violating human rights”</td>
</tr>
<tr>
<td>Full-time equivalent, taken over one year (240 days/year); may be seasonal, paid in kind, etc., but does not include unpaid family labour.</td>
<td>A sustainable net change in the number of full-time equivalent jobs created for the target group as a result of the programme, both per year and cumulatively. “Additional” means jobs created minus jobs lost.</td>
</tr>
<tr>
<td>The employed comprise all persons of working age who during a specified brief period, such as one week or one day, were in the following categories: a. Paid employment (whether at work or with a job but not at work); or b. Self-employment (whether at work or with an enterprise but not at work). Temporary absence from work includes reasons such as illness, maternity and parental leave, holiday, training, and industrial disputes (decent work indicators).</td>
<td>New jobs created through the implementation of an intervention (in person years: full-time employees / FTEs)</td>
</tr>
<tr>
<td>Labour force surveys limit the definition of employment to those working for ‘pay or profit’.</td>
<td></td>
</tr>
</tbody>
</table>
Persons in employment are defined as all those of working age who, during a short reference period, were engaged in any activity to produce goods or provide services for pay or profit. They comprise:

a. employed persons “at work”, i.e. who worked in a job for at least one hour;

b. employed persons “not at work” due to temporary absence from a job, or
c. (c) to working-time arrangements (such as shift work, flexitime and compensatory leave for overtime).

Employment assessment indicators identified through the literature review

*References mentioned by letter (A–AC) can be found in Annex 5.

The following indicators, information and concepts were identified through the literature review. This is reported in this section only for information purposes. References mentioned by letter (A–AC) can be found in Annex 5.

I. Employment / skills

- **Employability and skills levels** (Reference letter P):
  a. Employability: The composition of employment by occupation, educational attainment, or skills level.
  b. Skills levels: Target beneficiaries can be classified as low-skilled workers, semi-skilled workers, skilled workers, administrative staff, technical staff, or professional staff.

- **Educational attainment**: International Standard Classification of Education (ISCED) levels, with numbers of (reference I)
  a. ISCED levels 0–2: Less than primary, primary and lower secondary;
  b. ISCED levels 3–4: Upper secondary and post-secondary non-tertiary education; and
  c. ISCED 5–8: Tertiary education.

- **Employment skills; Technical skills; Basic skills; Core skills** (Reference letter O)
  a. **Basic skills indicators**
     1. Youth literacy rate
     2. Youth numeracy rate
     3. Youth oral communication rate (speaking and listening)
  b. **Technical skills indicators**
     1. Job-task measures of skill use at work
     2. Participation in apprenticeships
3. Employer-reported technical skills
4. Share of tertiary graduates (enrollment in science, technology, engineering and mathematics / STEM subjects)

**Core skills indicators**
1. Self-esteem / self-image
2. Self-efficacy / confidence
3. Communication skills
4. Problem-solving

**Skills development, education and training indicators (Reference letter X)**

**a. Skills match:** Percentage of employed persons who have the opportunity to use their knowledge and skills in their current job

**b. Education and training participation:** Percentage of employed persons having received job-related non-formal education and training over the last 12 months

**c. Volume of education and training:** Volume of job-related non-formal education and training per participant over the last 12 months (in days)

**d. Usefulness of education and training:** Percentage of employed persons whose job-related non-formal education and training has helped improve the way they work

**e. Learning at work:** Percentage of employed persons whose job involves improving their skills

**f. Percentage of employed persons** whose work experience and job skills would be helpful for finding another job or long-term contracts that extend beyond the project in question.

**b. Temporary of fixed-term contracts:** These are temporary contracts typically linked to the program in question. They have an end date and are usually shorter than or for the same duration as the project.

**c. Casual workers (with written contracts):** These are very short-term contracts. They can be renewed multiple times but are usually linked to specific tasks or activities within the project.

**d. Casual workers (without contracts):** These workers do not have a written contract and are usually employed on a daily or weekly basis for specified small tasks.

**Security of employment indicators (Reference letter X)**

**a. Fixed-term contracts:** Percentage of employed persons aged 25 years and older with a fixed-term contract

**b. Job tenure:** Percentage of employed age 25 years or over whose number of years of tenure at the current job, or with the current employer of tenure at the current job, or with the current employer is
i. < one year;
ii. one to less than five years; or
iii. 5 to less than 10 years; and
iv. ≥ 10 years

**c. Own account worker rate:** Percentage of persons in employment who are self-employed / own-account workers

**d. Perceived job security:** Percentage of employed persons who state that they might lose their job in the next six months.

**e. Temporary employment agency workers:** Percentage of persons employed via temporary employment agencies

**f. Lack of formal contract:** Percentage of employed persons without formal contracts or without a pay slip / pay stub

**g. Precarious employment:** Percentage of employed persons who are in precarious employment (as defined in ICSE-93)

II. Security of employment and types of employment

**Type of contract:** The type of employment contract is an indicator of the quality of employment.

**a. Permanent contracts:** These are permanent or long-term contracts that extend beyond the project in question.
h. **Informal employment**: Percentage of employed persons working in informal employment (which includes informal employment, unpaid trainee work and volunteer work [Reference letter G])

i. **Formally employed**: Number and percentage of employed persons who will transition to formal employment within N months (also Reference letter M)

### III. Gender analysis

The purpose of the following concepts and indicators found in the literature is to analyze the gender effect/impact of policies and interventions; other indicators listed in this section can also be disaggregated by gender (Reference letters M and W).

i. **Average salary** for women workers; average salary for men workers; expected variation in the share of women employees in total employment in the future; number of people receiving education or training who are women as compared to the number of male workers trained (Reference letter L)

ii. **Access to managerial occupations**: Percentage of women in managerial positions (Reference letter X)

iii. **Discrimination at work**: Percentage of employed persons who have been victims of discrimination at work (Reference letter X)

iv. **Occupational segregation by sex** (Reference letter F)

v. **Gender wage gap**: The relative difference between the average hourly pay for men and the average hourly pay for women (Reference letter O)

vi. **Gender labour income gap**: The difference between the annual labour income of men and women divided by the average labour income of men (Reference letters U, V)

vii. **Gender pay gap**: This indicator measures the relative difference between the average hourly pay for men and the average hourly pay for women. The raw gender pay gap refers simply to the difference in pay between women and men at a specific point in time and is usually calculated as the margin by which women’s pay falls short of men's. (Reference letter AC)

### IV. Working Conditions and social protection

Elements identified include the following:

- **Employee satisfaction**: Level of employee satisfaction; extent to which employees feel comfortable when seeking help from a supervisor; extent to which employees receive training on relevant working condition issues; extent to which supervisor corrects a worker who has made a mistake with fairness and respect (Reference letter L)

- **Labour market security**: Those aspects of economic security related to the risk of job loss and its economic cost for workers, defined by the risks of unemployment and and loss of benefits received in case of unemployment (Reference letter U)

- **Quality of the working environment**: Non-economic aspects of jobs including the nature and content of the work performed, working-time arrangements, and workplace relationships. These are measured as incidence of job strain, characterized as high job demands with low job resources (Reference letters U, J).

- **Quality of employment**: Access to social security and social protection; compliance with the four ILO fundamental principles (Reference letter I) and including benefits, training, and flexibility (Reference letter N)

- **Improvement with regard to decent work**: Access to social security; formalization; ILO Core Conventions (Reference letters T, Z)

The table below provides different dimensions that can assess whether interventions contribute to improved working conditions (Reference letter E)
## Working conditions and social protection indicators

<table>
<thead>
<tr>
<th>Dimension of working conditions</th>
<th>Illustration</th>
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</table>
| Decent working time             | - Reduction of excess work hours  
                                   - Improved access to paid annual leave |
| Combining work, family and personal life | - Improved access to maternity/parental leave |
| Equal opportunity and treatment in employment | - Reduction of discrimination by gender, race, ethnicity, etc. |
| Safe work environment           | - Improvements in occupational health and safety; reduction of injuries  
                                   - Improved access to health care policy interventions at work |
| Social security                 | - Improved coverage of health care, pension, sick leave, etc. (access to basic social protection) |
| Social dialogue, employers’ and workers’ representation | - Improved coverage in collective bargaining, freedom of association |

### Working conditions and social protection indicators

i. **Mean weekly working hours**: Mean weekly hours usually worked per employed person (Reference letter X)

ii. **Long working hours**: Percentage of employed persons usually working 49 hours or more per week (Reference letters X, H)

iii. **Number of consecutive days employees continue receiving their full salary** if they are on sick leave (Reference letter L)

iv. **Share of project beneficiaries reporting satisfaction** (somewhat satisfied or satisfied) with their job (Reference letter W)

v. **Earnings quality**: The extent to which earnings contribute to workers' well-being in terms of average earnings and their distribution across the workforce (Reference letters U,V)

vi. **Job strain**: The percentage of workers experiencing job strain (Reference letter V)

vii. **Social insurance coverage, collective bargaining coverage** (Reference letter O)

- Percentage of employed workers that are active contributors to a pension, sickness or unemployment scheme (and maternity protection [Reference letter K])

- Percentage of workers whose pay and conditions of employment are covered by a collective bargaining agreement between worker’s organizations and employer’s organizations

viii. **Paid leave entitlement**: Percentage of employees entitled to paid annual leave (Reference letter X)
V. Income/earnings

Wage levels serve as benchmarks for comparing project wages with wages in the rest of the economy (Reference letter I).

- **National minimum wage**: The daily or hourly national minimum wage as set legally, as compared to the wages paid on the project.
- **Average and median wage**: The average wage is the total wages of all workers divided by the number of workers. Median wage is the “wage in the middle,” meaning that half the workers earn below it. The median wage is generally lower than the average. It may be possible to obtain data broken down by gender and age.

a. **Income and benefits from employment indicators**
   - **Average earnings**: Mean nominal monthly/hourly earnings of employees (in local currency) (Reference letter X)
   - **Number of full-time, part-time, and temporary employees who are earning the local minimum wage**: (Reference letter O)
   - **Number of people who have benefited from increased income** as a result of the intervention's contribution (Reference letter E)
   - **Adequate earnings**: Mean nominal monthly/hourly earnings of employees (in local currency) (Reference letter O)
   - **Increase in income** (Reference letter T)
   - **Average annual earnings of project beneficiaries** (Reference letter W)

b. **Non-wage pecuniary benefits indicators** (Reference letter X)
   - **Paid leave entitlement**: Percentage of employees entitled to paid annual leave
   - **Days of paid leave entitlement**: Mean number of days of paid annual leave per year to which employees are entitled
   - **Actual days of paid leave**: Mean number of days of paid annual leave used per employee during the reference year
   - **Sick leave entitlement**: Percentage of employees entitled to paid sick leave
   - **Days of sick leave entitlement**: Mean number of days of paid sick leave per year to which employees are entitled
   - **Actual days of sick leave**: Mean number of days of paid sick leave used per employee during the reference year

VI. Job Creation

Elements identified include the following:

- **Employment creation**: Number (or rate) of employed project beneficiaries; number (or rate) of unemployed project beneficiaries; number of full-time equivalent (FTE) jobs; status in employment; employment opportunities; employment rate of project beneficiaries (Reference letter O)

- **Direct effects**
  - i. Estimation of lasting jobs directly created or jobs existing after the end of the program as a direct result of the measure (FTE)
  - ii. Lasting jobs transformed or safeguarded, jobs threatened by economic pressure but thanks to intervention are now more secure (Reference letter D)

- **Indirect gross job creation**: Estimation of jobs created as a result of the measure, but not by directly aided enterprises (Reference letter D)

- **Number of full-time equivalent jobs**, with measures showing precise changes in the amount of time worked; indirect and induced jobs (FTEs) (Reference letter B)

**Job creation indicators**

- **Total number of different persons employed** on the project or programme over the reporting period (with gender and date of birth) (Reference letter I)

- **Number of people who have come into
employment as a result of the intervention’s contribution (meaning those who were previously unemployed) (Reference letter E)

- **Number of new employment opportunities** fulfilling the criteria for decent work (Reference letter E)
- **Number of persons receiving new or better employment** (including better self-employment) as a result of participation in the policy intervention (Reference letter N)
- **Number of jobs** (Reference letter P)
- **Percentage who are employed after N months** after the intervention
- **Average duration of jobs created** (in weeks); hours/days worked in employment created by the program (Reference letter M)
- **Number of FTE jobs** in beneficiary firms; number of employed project beneficiaries who are self-employed or who earn wages (Reference letter X)
- **Difference in employment between two time periods** divided by the average employment over the two periods: this mitigates an undesirable downward bias for smaller firms/facilities (Reference letter A)

### VII. Labour demand/Job access

**Labour demand:** Numbers of vacancies; average length of time for employers to fill a vacancy; lists of missing skills (Reference letter O)

**Labour demand / Job access indicators**

- Number of people participating in job placement services (Reference letter M)
- Number of companies participating in local career fairs (Reference letter M)
- Number of people completed job placement services (Reference letter M)
- Labour force participation rate among project beneficiaries (Reference letter W)
- Number of project beneficiaries using (public or private) employment service (Reference letter W)
- Average length of time for beneficiary firms to fill a vacancy (Reference letter W)

### VIII. Reduced underemployment analysis

By focusing on FTE jobs, time-based underemployment can be measured (Reference letter B).

**Reduced underemployment indicators**

- **Number of people who have gained additional employment** (meaning people whose time-related underemployment has been reduced) as a result of the intervention’s contribution (Reference letter E)
- **Average annual working time** per employed project beneficiary (Reference letter O)

### IX. Self-employment indicators

- **Number of persons receiving new or better employment** (including better self-employment) as a result of participation in the policy intervention (Reference letter N)
- **Number of self-employed:** Employers; number of self-employed: own-account workers (Reference letter O)
- **Number of self-employed project beneficiaries** (Reference letter W)
X. Training indicators

- **Percentage of workers employed in full-time permanent positions** three years after completing the training program (Reference letter L)
- **Share of employees with recent job training** (Reference letter L)
- **Average hours of training** that the organization’s employees have undertaken during the reporting period; number of apprentices trained and hired (Reference letter L)
- **Number of new health workers who graduated** from a pre-service training institution or program as a result of intervention-supported employability-strengthening efforts, within the reporting period, by select cadre (Reference letter S)
- **Number and percentage of who complete at least 70–80% of the training** (Reference letter M)
- **Number of completion certificates awarded** (Reference letter M)
- **Share of project beneficiaries completing training** (Reference letter W)
- **Learning at work:** Percentage of employed persons whose job involves improving their skills (Reference letter X)

XI. Youth-focused analysis

It is recommended that the employment indicators be broken down by age (or youth/non-youth) (Reference letters I and W)

**Youth-focused indicators**

- Share of total employment taken up by youth (percent of total employment) (Reference letter I)
- Share of employment in the sector taken up by youth (as a percentage of total employment) (Reference letter I)
- Percentage of young workers whose pay and conditions of employment are covered by a collective bargaining agreement (Reference letter O)
- Percentage of youth/employed youth who are active contributors to a pension, sickness or unemployment insurance scheme (Reference letter O)
- Share of youth participating in employment created by the programme (Reference letters M, Q)
Annex 3: Process for creating and filling a vacancy at the Ministry of Health of Lesotho

This process involves seven (7) steps and is subject to approval from the Public Service Commission. It is estimated that unless specific interventions are implemented to speed up the process, they usually take up to 19 weeks from initiation to approval for a position to be created within the Ministry of Health (MoH) structure.

Filling a vacant position that is funded through annual budgetary allocation is estimated to take a little over 60 weeks (one year and two months). This process often includes actions and decisions from outside the health sector, even when there exists a budget covering their positions. Challenges associated with creating and filling vacancies in the MoH include the following:

- Shortage of skilled health workforce that often leads to re-advertisement
- Lack of funding for both newly created and vacant positions
- Lack of funding for education or training needs assessment
- The MoH strategic plan has remained in draft form for several years, making it difficult for Members of Parliament (MPs) to approve MoH requests for the creation of new positions without an approved strategic plan and MoH organigram.
- Varied and vested stakeholder interests in the entire recruitment and deployment process

Figure 3.1: Process of creating a new vacancy and filling a funded vacancy

(A) PROCESS OF CREATING NEW VACCANCY

1. Identification of the need (4w)
2. Develop functions (4w)
3. Determine number of staff required (2w)
4. Draft justification (2D)
5. Submit proposal to PS health for signature by Subdirector (SD)
6. Onward submission to PS for approval by (Director)
7. PS approval (8W)

KEY:  
D = DAYS  
W = WEEKS  
M = MONTHS
1. Identification of vacant position (S) (2W)

2. Filling of vacancy report form & covering savingram to (PS) public service (3D)

3. Submission for ps health signature (3D)

4. Submission of signed documents to ps public service (2D)

5. Awaiting ps public service approval (2W–2M)

6. Advertisement of positions (1M)

7. Analysis of applicants’ qualifications (8W–12W)

8. Shortlisting of suitable candidates (2W–1M)

9. Submission of shortlists to PS health, Hon. Minister for signature (3W)

10. Final preparation of signed documents to commission (5D–2W)

11. Submission to public service commission (3D)

12. Awaiting date of interview (2M–4M)

13. Interview for shortlisted candidates (1D–5D)

14. Communicating interview results to candidates by Public Service Commission (PSC) (3D)

15. Collection of results PSC minutes (3D)

16. Implementation of PSC decision/appointment of interviewed candidates (2D–2W)

KEY: D = DAYS
W = WEEKS
M = MONTHS
Annex 4: Guiding elements for planning the design, implementation, and monitoring of employment policies and interventions

Annex 4 outlines guiding elements for designing intervention proposals for health-employment–related policy intervention to ensure their sound monitoring and evaluation. It is essential to highlight that not all proposals are directly related to increasing employment: they may include different areas of employment effects. This proposal identifies key information needed to monitor the project, which will then be used at the end of the project for an evaluation and/or assessment of its effects on employment.

a. Planning Stage of the project

The proposal development process is a crucial step to consider to facilitate assessment of employment effects. The concept note for the specific project should include the following:

1. Objectives (is the objective measurable?, etc.)
2. Proposed activities/outputs
3. Alignment with national policies
4. Targeted population
5. Timeline: It is important to distinguish between two periods in order to accurately identify the indicators.
   - Intervention timeline: This refers to the period of time for which the intervention is expected to have beneficiaries and/or facilitate job creation.
   - Follow-up period: Many interventions will have an effect on facilitating entry to employment a year or more after the intervention; therefore, the planning proposal can include a timeline for follow-up.

It is important to identify whether the intervention involves activities with measurable effects on employment outcomes. Figure 3 presents elements to guide the correct identification of such activities and outcomes, as well as associated indicators.

Should time and resources allow, a pre-intervention assessment should ideally be conducted to generate the baseline.

**Figure 4.1: Measuring employment outcomes — Elements to design proposals of interventions facilitating employment outcomes for the health and care workforce**

- **Intervention**
  - Identify whether the intervention has activities that may have measurable effects on employment outcomes.
  - Potential relevance of the sector to youth target groups and by sex

- **Outputs/activities**
  - Plan and identify activities that can facilitate potential employment effects
  - Use the Box 2 to identify effects

- **Employment outcomes**
  - Identify employment outcomes that may contribute to one or more of the key employment indicators. Use Table 2.
  - Employment effects occur in future reporting periods

- **Indicators**
  - Are these effects measurable or can they be estimated?
  - Can beneficiaries be identified, availability of information?
  - Use Tables 2 and 3
b. Implementation stage of the project
Following the project’s initiation, monitoring should be conducted based on the same indicators and sources as used in the pre-intervention assessment. It should focus on activities and outputs as well as their contribution to outcomes and indicators.
A date for the mid-term review should be established, providing enough time for the intervention to show results. This follow-up is relevant for two main reasons:
- To capture measurable effects in employment (see Figure 1 on the progressive approach)
- To identify potential issues and introduce improvements to the intervention or the data collection.

c. End of the project
Employment effects and characteristics of the employment may occur at the end of the project. The specific collection of data and information should be included in the planning proposal, and a monitoring mechanism needs to be in place for the implementation stage. This information can then be used to evaluate the employment outcomes. (see Figure 1, Table 1)

d. Adapting this framework to other sectors
This framework to assess employment effects can also be tailored to policies and interventions in other sectors of the economy. In particular, the elements of Figure 1 can be adapted through clearly identifying activities related to employment effects in other sectors or policy interventions. Some aspects should be taken into consideration:
- Identify key dynamics of the labour market in the specific economic sector. For example, in health, a key element affecting the health labour market is the role of the private and public sectors in the process of demanding employment.
- Integrate relevant legislation that may affect sectoral employment into the analysis and selection of indicators.
- Identify national and regional surveys, as well as registries that include information relevant to the sector.
Annex 5: List of additional materials


