

RECOMMENDATION 16 OF 20

CONTINENTAL

Act within 2 years · by September 2028

Pay first salaries for jobless nurses and midwives while governments take over

Related briefings: [Health](#), [Livelihoods and labour](#)

IN BRIEF

- Africa has 943,000 trained health workers with no job, and it will be short of 5.85 million health workers by 2030.
- A shared African fund should pay the first salaries of unemployed nurses and midwives for three years. Each government would take over a rising share of the cost.
- Kenya and Zambia should go first, because both count their unemployed health workers and report the numbers to the World Health Organization (WHO).

Why this matters

WHO's Africa office estimates that 943,000 trained health workers had no job in 2024. That is nearly three times the number who graduate each year. Among new graduates, 69% of nurses and 46% of midwives have no job. WHO finds the causes in tight budgets, limits on how many staff governments may hire and slow public hiring.

Graduates who cannot find work leave. At least 46% of health workers plan to emigrate, and nurses in rich countries earn about seven times what they earn in Africa. Canada, the United States and the United Kingdom are the destinations named most often. Each nurse who leaves takes years of African public training with her.

Employing all 447,590 unemployed nurses and 135,342 unemployed midwives would cost about \$2.1 billion a year. That assumes average yearly salaries of \$3,733 for a nurse and \$3,288 for a midwife. The Africa Health Workforce Investment Charter, adopted in Windhoek in May 2024, asks each government to sign a national plan for its health workers. It also asks governments to raise their

health wage bill by about 15% a year. WHO's 2026 report is the starting point for checking progress. A salary fund would therefore have both a home and a way to measure results.

Sources for this section (1)

- [WHO Africa: State of the Health Workforce in Africa 2026, on unemployment, migration, costs and the Charter](#)

Four levels of action

1 What Africa asks of the world

Countries that recruit African nurses should help pay for first jobs in the countries they recruit from. This should be a term in every recruitment agreement between governments.

WHO Canada, the United States, the United Kingdom and other countries that recruit African health workers

WHEN The 80th World Health Assembly, May 2027

2 What the African Union does

WHO's Africa office, which holds the Charter, sets up a salary fund with African foundations and public development lenders. Each government writes its take-over schedule into its national plan for health workers.

WHO WHO's Africa office, with African foundations and public development lenders

WHEN Design agreed by March 2027; first nurses and midwives in post by September 2027

3 What regional groups do

The East African Community, ECOWAS and SADC agree common standards for nursing and midwifery and recognise each other's qualifications, as the Charter recommends. Staff placed by the fund can then work across borders. Mali, Burkina Faso and Niger belong to WHO's African region, so they can join through WHO without a decision by the AU or ECOWAS.

WHO

Health ministers of the East African Community, ECOWAS and SADC

WHEN

Mutual recognition agreed by June 2027

4

Which country goes first, and why

Kenya and Zambia go first. Both are among nine countries that reported health worker unemployment to WHO for 2024. Zambia also published a study of its health job market in 2024. Kenya signed an agreement with the United Kingdom in 2021 that opened a route abroad for its qualified but unemployed health workers. That gives Kenya a recruiting country to ask for money.

WHO

The health and finance ministries of Kenya and Zambia, with their nursing councils

WHEN

Plans signed and first-year share budgeted for 2027/28 by June 2027; first group in post by September 2027

Before another country can do this

- ☒ Published counts of unemployed nurses and midwives.
- ☒ A national plan for health workers signed under the Charter.
- ☒ Named empty posts in local clinics and health centres.
- ☒ A finance ministry that writes the take-over into budget law, within any IMF limit on the public wage bill.
- ☒ A payroll that pays on time.

What does not carry over from the first country

- Kenya's recruitment agreement with the United Kingdom.
- Counts of unemployed staff by profession, which only nine countries reported for 2024.

Who else is ready

COUNTRY	WHY	SOURCE
Ghana	Over 40% of its trained health workers had no job in 2022 data, and 62.8% plan to migrate.	Source
Lesotho	It reported data for 2024, and an earlier study found 27% of its nurses without a job.	Source
Malawi	About 30% of its health workers had no job in 2022 data.	Source
Liberia	It reported unemployment data for nurses and midwives in 2024.	Source

Has this worked before?

Nigeria's Midwives Service Scheme, started in 2009, placed nearly 2,500 midwives in 652 rural clinics. An evaluation by the RAND Corporation, a US research group, found 12% more antenatal care and no measurable gain in the health of mothers or children. Midwives left because their pay was irregular and state and local governments did not keep their side. A take-over schedule and pay on time matter more than the number of people placed. [Source](#)

RAND Corporation: evaluation of Nigeria's Midwives Service Scheme

First steps

- 1

AFRICAN UNION

WHO's Africa office, two or three African foundations and one public development lender agree the fund's design and how it reports, by March 2027.
- 2

REGIONAL GROUPS

health ministers of the East African Community and SADC agree to recognise the qualifications of staff placed by the fund, by June 2027.
- 3

KENYA AND ZAMBIA

health and finance ministries sign plans with a take-over schedule and budget the first year's share for 2027/28 by June 2027, and nursing councils place the first group by September 2027.

Who acts, and with what

WHO LEADS	WHO's Africa office under the Charter, with African foundations and public development lenders; Kenya and Zambia go first
INSTRUMENT	A salary fund with signed take-over schedules, paid through each government's own payroll
HOW PROGRESS IS CHECKED	The number of nurses and midwives employed, the share of salaries paid on time, and a government share that rises each year
SIGNAL TO CHANGE COURSE	A government misses a take-over step, or salaries fall two months behind
WHAT STANDS IN THE WAY	IMF limits on the public wage bill may block the take-over. A fund that keeps paying while a government fails to take over only delays the problem.
COST AND MONEY	WHO estimates that employing every unemployed nurse and midwife would cost about \$2.1 billion a year: \$1.67 billion for nurses and \$0.45 billion for midwives. At \$3,733 per nurse, 10,000 placements would cost about \$37 million a year before the government share rises. The funders and the size of the fund are not yet known.

Who else contributes

WHO	CONTRIBUTION
Health ministries of Kenya and Zambia	Name the posts and sign the plans
Finance ministries	Write the take-over into budget law
Nursing and midwifery councils	Approve each placement
IMF country teams	Allow the take-over within limits on the public wage bill
Health worker unions	Check that salaries are paid on time

What each audience can do

Philanthropy

WHAT YOU CAN DO

Help pay into the salary fund

WHAT YOU GAIN

Health care that reaches communities

Governments

WHAT YOU CAN DO

Sign the take-over schedule

WHAT YOU GAIN

More health workers who stay at home

AU and regional bodies

WHAT YOU CAN DO

Agree to recognise each other's qualifications

WHAT YOU GAIN

Staff who can work across borders

Social entrepreneurs

WHAT YOU CAN DO

Offer payroll and supervision tools

WHAT YOU GAIN

A market for services to health employers

Young people and citizens

WHAT YOU CAN DO

Take up posts in rural clinics

WHAT YOU GAIN

Paid work at home

The briefings behind this

Sector · Strong inference

Health

Health money for Africa now comes through one-to-one deals, and patients' data is part of the price.

[Open the briefing](#)

Sector · Observed

Livelihoods and labour

Few young Africans earn a wage, and the routes abroad for work, study and sending money home are narrowing.

[Open the briefing](#)

Words used on this page

World Health Organization (WHO)

The UN's health agency. It sets health standards and coordinates responses to outbreaks. The United States left it in January 2026. [Health briefing](#) · [Glossary](#) · [Source: who.int](#)

Africa Health Workforce Investment Charter

An agreement on health workers adopted in Windhoek, Namibia, in May 2024. It asks each government to turn its promises on health workers into a costed national plan, and WHO's Africa office checks progress against it. [Glossary](#) · [Source: afro.who.int](#)

World Health Assembly

The yearly meeting of all WHO members, held in Geneva each May. [Health briefing](#) · [Glossary](#)

East African Community

A bloc of eastern and central African states, including Kenya, Uganda, Tanzania, Rwanda, Burundi and the Democratic Republic of the Congo. [Glossary](#)

ECOWAS

The Economic Community of West African States. Mali, Burkina Faso and Niger left it in January 2025. [Politics and governance briefing](#) · [Glossary](#)

SADC

The Southern African Development Community, 16 states from the Democratic Republic of the Congo to South Africa. [Glossary](#) · [Source: sadc.int](#)

African Union (AU)

The organisation of 55 African states, based in Addis Ababa. Its heads of state meet each February. It can suspend members after a coup. [Glossary](#) · [Source: au.int](#)