



SUPPORTING WHO is...

- promoting adherence to the Global Code of Practice on the International Recruitment of Health Personnel.
- supporting countries in implementing the WHO recommendations on increasing access to health workers in remote and rural areas through improved retention.
- working with partners to develop policy guidelines and implementation platforms to steer the transformative scale-up of health workforce education and training.
- working with professional organizations and key partners within the Global Health Workforce Alliance to promote stronger leadership at all levels.
- helping improve social accountability frameworks, for example by encouraging medical schools to focus both on medical quality and social accountability.
- supporting countries in implementing the WHO guidelines on task-shifting so that they can increase the contributions made by community and mid-level health workers.
- supporting regional and national HRH observatories to promote evidence-based decision-making and enhance shared learning.

REFERENCES

Policies and practices of countries that are experiencing a crisis in human resources for health: tracking survey. *Human Resources for Health Observer*, Issue No. 6. Geneva, World Health Organization, 2010.

Efficiency and effectiveness of aid flows towards health workforce development: exploratory study based on four case studies from Ethiopia, the Lao People's Democratic Republic, Liberia and Mozambique. *Human Resources for Health Observer*, Issue No. 7. Geneva, World Health Organization, 2011.

WHO Global Code of Practice on the International Recruitment of Health Personnel. Geneva, World Health Organization, 2010.

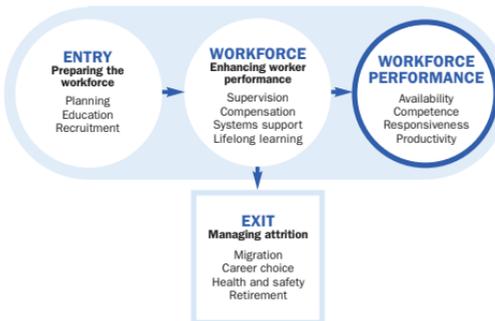
Increasing access to health workers in remote and rural areas through improved retention - Global policy recommendations. Geneva, World Health Organization, 2010.

ADVOCATING RECOMMENDATIONS TO THE INTERNATIONAL COMMUNITY

- Invest in **country-led and country-owned plans** to build up and maintain the health workforce as a key element in accelerating progress towards the Millennium Development Goals and tackling non-communicable diseases.
- Provide technical support to **incorporate HRH into national health policies, strategies, and plans.**
- Develop **innovative financing mechanisms to support health workforce employment** over the longer term.
- Provide technical assistance in comprehensive health workforce **planning and management.**
- Support the strengthening of **national health workforce information systems and monitoring and evaluation.**
- Help countries **develop capacity** to formulate appropriate HRH plans and negotiate their financing.
- Advocate for the **implementation of the WHO Global Code of Practice** on the International Recruitment of Health Personnel.

DEVELOPING RECOMMENDATIONS TO COUNTRIES

- Clearly articulate needs for domestic and international financial support with **budgeted HRH plans.**
- **Adopt a coherent approach** that links all phases of the workforce cycle – education, employment, retention – to eliminate shortages and ensure that all individuals who are trained are employed to their full capacity.

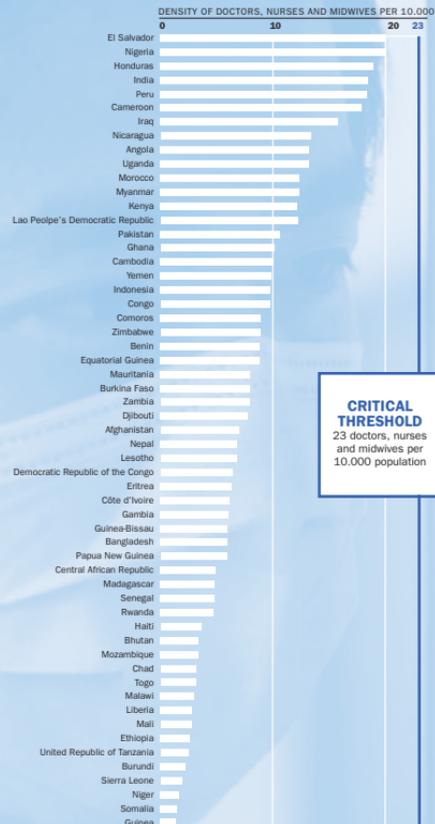


- Implement WHO's recommendations on **increasing access to health workers in remote and rural areas** by improving retention.
- Establish **mechanisms for monitoring and evaluation of the health workforce**, such as HRH observatories.



STRENGTHENING THE HEALTH WORKFORCE TO STRENGTHEN HEALTH SYSTEMS

Density of doctors, nurses and midwives in the 57 countries with a critical health workforce shortage (HRH crisis countries)



STRENGTHENING THE HEALTH WORKFORCE TO STRENGTHEN HEALTH SYSTEMS

The 2006 World Health Report identified 57 countries facing a health workforce crisis. Each of these countries has fewer than 23 health workers (doctors, nurses, midwives) per 10,000 people - the minimum required to achieve an 80% coverage rate for deliveries by skilled birth attendants or for measles immunization. In March 2008, the First Global Forum on Human Resources for Health in Kampala, Uganda, issued twelve calls for urgent action to strengthen the health workforce in the 57 crisis countries. Two years later, when the UN Secretary General launched his Global Strategy for Women's and Children's Health, he highlighted the need for stronger health systems, with sufficient skilled health workers at their core.

ACTION THE 12 KAMPALA CALLS TO ACTION

- 1.** Government leaders to provide the stewardship to resolve the health worker crisis, involving all relevant stakeholders and providing political momentum to the process.
WHO commentary: 51 countries have a human resources for health (HRH) department within the ministry of health, 45 have drawn up specific plans for human resources for health; 40 of these plans are integrated into wider national health plans. 25 countries with a health workforce crisis are implementing their national HRH plans.
- 2.** Leaders of bilateral and multilateral development partners to provide coordinated and coherent support to formulate and implement comprehensive country health workforce strategies and plans.
WHO commentary: 29 plans currently receive funding from donors. Countries cannot support meaningful scale-up of the health workforce on their own: international assistance is crucial.
- 3.** Governments to determine the appropriate health workforce skill mix and to institute coordinated policies, including through public private partnerships, for an immediate, massive scale-up of community and mid-level health workers, while also addressing the need for more highly trained and specialized staff.
WHO commentary: Less than half the HRH plans focus on achieving appropriate skill mix.



- 4.** Governments to devise rigorous accreditation systems for health worker education and training, complemented by stringent regulatory frameworks developed in close cooperation with health workers and their professional organizations.
WHO commentary: WHO published new standards for accrediting nursing education in 2010.
- 5.** Governments, civil society, private sector, and professional organizations to strengthen leadership and management capacity at all levels.
WHO commentary: The health workforce features on health and development agendas, but its position still needs to be strengthened.
- 6.** Governments to assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce.
WHO commentary: 34 country plans include incentives related to payment, housing and transport; 30 focus on deployment and distribution of staff. In 2010, WHO issued new recommendations on increasing access to health workers in remote and rural areas through improved retention. The 16 evidence-based recommendations are published along with a guide to help policy makers choose the most appropriate interventions.
- 7.** While acknowledging that migration of health workers is a reality and has both positive and negative impact, countries to put appropriate mechanisms in place to shape the health workforce market in favour of retention. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health personnel.
WHO commentary: In 2010, WHO Member States adopted WHA63.16 - a voluntary global code of practice providing an ethical framework to guide countries in the recruitment of health personnel.
- 8.** All countries will work collectively to address current and anticipated global health workforce shortages. Richer countries will give high priority and adequate funding to train and recruit sufficient health personnel from within their own country.
WHO commentary: The Code encourages destination countries to collaborate with source countries to sustain human resources for health development and training as appropriate. It discourages Member States from actively recruiting health personnel from developing countries facing critical shortages of health workers. Meanwhile, although only 23 of the 57 crisis countries outline processes and targets for recruitment of health workers in their HRH plans, 39 prioritize pre-service and in-service education.

- 9.** Governments to increase their own financing of the health workforce, with international institutions relaxing the macro-economic constraints on their doing so.
WHO commentary: 17 countries have committed to increase budget allocations to implement HRH plans from national resources; 15 African countries aim to invest domestically in their HRH plans.
- 10.** Multilateral and bilateral development partners to provide dependable, sustained and adequate financial support and immediately to fulfill existing pledges concerning health and development.
WHO commentary: It is hard to assess just how much aid goes to support the health workforce as HRH tends not to be a distinct budget item. Much of the funding that can be tracked as being for HRH goes into in-service training for specific interventions. Some examples of investments in scaling up health workforce are emerging. However, where donors have directly supported scaling up of the health workforce via salary support or pre-service training, the limited duration of their support often triggers concerns about sustainability.
- 11.** Countries to create health workforce information systems, to improve research and to develop capacity for data management in order to institutionalize evidence-based decision-making and enhance shared learning.
WHO commentary: 30 country plans refer to the development of a HRH information system.
- 12.** The Global Health Workforce Alliance to monitor the implementation of this Kampala Declaration and Agenda for Global Action and to re-convene this Forum in two years' time to report and evaluate progress.
WHO commentary: Monitoring is hampered by the fact that only 14 country plans currently include monitoring and evaluation, and that the Declaration and Agenda for Global Action do not themselves set any indicators. Nevertheless, GHWA's efforts to monitor progress provide a snapshot of progress and highlight the need to focus on output indicators.