The Global Health Workforce Alliance is hosted and administered by the World Health Organization.
STRATEGIC PLAN
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1. Overcoming the crisis
We now have abundant evidence demonstrating that progress in health in the poorest countries will not be possible without strong national health systems for which the workforce is essential. The workforce determines health outputs and outcomes, drives health systems performance, and commands the largest share of health budgets. Yet shortages are widespread, with a gap of more than 1 million health workers estimated for Africa alone. Uneven distribution deprives many groups of access to life-saving services, a problem compounded by accelerating migration in open labour markets that draw skilled workers away from the poorest communities and countries. In many public systems, worker productivity is very low, and some private systems suffer from poor work quality because of commercial pressures. Unless we are able to overcome the workforce crisis, neither priority disease initiatives nor health systems strengthening will succeed.

Whether viewed from the perspective of a person who is ill, in need of urgent care but denied access to essential services due to the absence of a health worker, or viewed from the perspective of an over-stretched health worker who is inadequately equipped and supported...
bringing barely poverty-level wages back to their family, the crisis in Human Resources for Health (HRH) is an old problem exacerbated by fresh forces. In the poorest countries of sub-Saharan Africa, HIV/AIDS is a triple threat – generating huge work burdens, directly impacting on the lives of health workers through personal or family illness and stressing workers who have become terminal care providers rather than healers.

Unrelenting demand for skilled workers in an expanding global labour market has provided fertile ground for the acceleration of migration of professionals from rural to urban areas, from the public to the private sector, from national health systems to global health initiatives, and from many of the hardest-pressed countries to greener pastures. And the past two decades of “structural adjustments” and “health sector reforms” have paid insufficient attention to health workers, who were often seen as fiscal liabilities rather than core health systems assets. Health care is fundamentally a service industry that by necessity relies on a motivated, skilled, and supported workforce.

Globalization and the politics of international health at the turn of the Millennium have radically altered the landscape of health and development. The catastrophic collapse of human survival and well-being in much of Africa, mainly due to the HIV/AIDS pandemic, underscores public alarm over dramatic reversals of health. These setbacks compound the pre-existent health burdens of poverty and weak health systems and intensify new fears, such as Avian flu, sparking growing political imperatives to respond effectively. Political dynamics are driving health funding upwards, ushering in more actors and initiatives, and improving our understanding of global health interdependence. The architecture of global health is being revamped, with the blurring of institutional lines challenging the performance, transparency, and accountability of actors – all of whom are compelled to move beyond “business as usual.”

In the same way that human resources represent the muscle of the health system, essential for holding the various components together, coordinated action addressing the HRH crisis can effectively link and strengthen joint work between existing global initiatives. HRH provides a common unifying theme. Addressing the HRH crisis requires accelerating and sustaining more effective and comprehensive action. In addition, without greater cohesion there are real risks of fragmentation, competition, and duplication. There are already signs of disorganization among the many newly-started independent initiatives, often donor driven, that are
neither well aligned with country priorities nor the investment and operational policies of other initiatives.

In the poorest countries, domestic budgets for health have remained severely constrained. While international funding has increased, it remains well short of what is required for many countries to achieve the health-related Millennium Development Goals (MDGs) – much external financing being earmarked for disease-focused initiatives. Overall investments in national health systems, the core of any successful and sustained response, are chronically neglected. They have failed to keep pace and instead are increasingly swamped by targeted funds. On-the-ground progress, consequently, has been fragmented, short-term, and less than optimal. Health systems approaches – procedure-oriented, without clear focus or measurable results – have been too feeble to catalyze systems-wide coherence. These problems are further compounded by a weak knowledge base.

As an under-developed, multi-sectoral field of action, beyond the purview of any single actor, a robust response to strengthening HRH a global platform to bring together stakeholders for HRH promotion, learning, policy dialogue and programme collaboration. A cooperative alliance should aim at strengthening national action while promoting political commitment, within countries and globally, all benefiting from the global public good of better management of HRH knowledge, labour markets and fiscal policies.

A truly comprehensive response to the global HRH crisis calls for concerted, coordinated and sustained action from the multiple key players within sectors and institutions and across sectors, disciplines, countries and world regions. The Global Health Workforce Alliance represents the collective recognition of responsibility by national, regional and global leaders to address this complex yet central and essential component of health sector performance and social development.

Five years after the Millennium Summit, the global community has called for a scaling-up of the response to HIV/AIDS to ensure universal access to treatment, care and prevention. Alternative health systems models are urgently required to fundamentally expand, re-align and reconfigure traditional workforce patterns – home care, community support, frontline community workers, delegation and task shifting, and new compositions of health teams. These demands are attracting growing political
commitments, demanding that exceptional solutions be crafted to bring

together priority initiatives and health systems into effective harmony and
alignment.

Recognizing these on-the-ground realities, African health lead-

ers have already launched innovative workforce strategies in countries such
as Ghana, Malawi, Ethiopia, Zambia, Mali, Cameroon and Burkina Faso
(Box 2). Regional consultations (AU, NEPAD, WHO/AFRO, NGOs) have
achieved growing consensus on the imperative of dealing with the crisis
and about workforce priorities, with now more than 30 African countries
requesting technical, informational and policy support for national work
plans. Workforce initiatives have also intensified in other regions (Asia-
Pacific Action Alliance on HRH, European observatory on the workforce in
health systems, and a Pan-American programme of HRH observatories.)

Box 2

“There is a need to address the issue of Health Systems
Strengthening and its “Human Resources in Health” component.
In this respect, countries should develop costed national human
resources development and deployment plans, including revised
packages and incentives, especially for working in disadvantaged
areas and revitalize Primary Health Care.”

African Heads of States and Government, 2005

Global momentum has steadily grown (figure 1). Strategies for
overcoming the workforce crisis was unanimously recommended by over
100 global health leaders in the landmark report of the Joint Learning
 Initiative: “Human Resources for Health: Overcoming the Crisis.” The Oslo
Consultation in February 2005 brought together key global stakeholders
to achieve consensus around a “common global platform of action.” Three
High-Level Forums for the Health-Related MDGs in Geneva, Abuja and
Paris identified the challenges and endorsed a plan of action in November
2005 (called “Working together”) in a global alliance.
Figure 1: Health Workforce Activity
The Global Health Workforce Alliance should be understood as part of this rapidly changing political environment. Eschewing yet another overly formal and bureaucratic global health partnership, the Alliance will be a global focal point to bring together multiple stakeholders to work together to increase and improve HRH, to scale-up access to key services and to strengthen health systems performance, both public and private. “Working together” is an imperative, as the risks of “stand-alone” efforts are wasting money, losing time and jeopardizing effectiveness. The Alliance will be a lever to heighten the priority accorded to the workforce, to help strengthen the work of all stakeholders and to catalyse the critical actions necessary to build a global health movement.
II. Strategy
II. Strategy
II. STRATEGY

Vision
The Alliance will, through the coordinated actions of its members, support the development of evidence-based, comprehensive and coherent country-level approaches and the significant scaling up of country, regional, and global actions necessary to ensure universal access to motivated and skilled health workers.

Mission statement
The Alliance’s mission is to advocate for health workers to be trained, supported and retained in sufficient numbers to ensure accelerated progress towards the health MDGs, to enable everyone, particularly poor, marginalized and remote populations, to benefit from essential prevention, treatment, and care services.

To this end, we envisage a ten-year (2006-2015) plan of action to bring together the forces of country leadership and global solidarity. The Alliance, an open and inclusive global platform, will be a focal point to maintain political visibility for the health workforce and, through targeted catalytic activities, to strengthen the workforce plans and activities of its stakeholders in countries.

To address the crisis, the Alliance has a dual strategic objective (Figure 2), focused on working in support of country leadership in addressing their challenges:

- **Accelerating country actions** by strengthening national planning and management through the development and application of information, tools, knowledge, technical excellence, building sustainable local and regional capacity. In the interest of global health equity, this work should concentrate on the poorest countries first and foremost. Working with regional institutions and networks will allow for rapid action while building enduring HRH capacity at country level.

- **Solving global problems** by bringing together stakeholders backed by data and analyses to tackle trans-national problems such as grossly insufficient resources, fiscal restraints on health sector spending, migration, priority research and cooperation...
among actors. This work, a global public good for the benefit of all, is beyond the purview of any single country.

While the Alliance will have global perspectives, participation and reach, Africa will be accorded special priority because of the formidable HRH challenges it is facing.

Figure 2: The Alliance’s goals
Our strategic guidelines

• We will promote country-initiated and country-led actions. As an Alliance, we will respect, work with and offer timely support to country leaders. We will address key gaps while promoting country leadership, ownership and capacity development.

• We will strive to be an agile, responsive and non-bureaucratic movement that is mission-driven and time-limited. We endeavour to catalyse and facilitate the activities of our members, promote participation and enhance efficiency.

• We will have an open and inclusive membership, linking the national/regional/global levels and working to optimize the comparative roles of stakeholders. We will strive to bring together individual efforts into one shared common vision and strategy.

• We will advocate for the effectiveness of existing and increased funding for HRH and for overcoming obstacles that block its effective use. We will seek to enhance efficiency further by providing seed money, information, knowledge and promotive services. The Alliance is not a funding mechanism.

• We will strive to avoid duplication, build on existing work, and avoid imposing extra work that overburdens countries. We will function as a “springboard” that enables all members to perform more and better.

• We will not view the workforce in isolation, but as the principal component in strengthening health systems and tackling priority health problems – all integrated into a nation’s health and development priorities.
III. Work themes and priorities
III. Work themes and priorities
III. WORK THEMES AND PRIORITIES

An action agenda of the Alliance is shown in Figure 3. The circle shows acceleration of workforce development in countries, especially the poorest, reinforced by global actions. While the reinforcement is global-to-country, the reverse dynamics should also be noted: in an expanding global labour market, actions in individual countries ultimately affect other countries. For example, the growing demand for skilled professionals in some of the richest countries is dependent on continuing importation from other countries, or workforce weaknesses in poorer countries generating demand for volunteers and technical workers from better endowed countries.

In selecting work priorities of the Alliance, basic principles should be underscored and the core functions of the Alliance, upon which the work will be based, should be noted. The three main principles shaping work priorities are:

- **Value added** – The Alliance must aim for work that brings extra value beyond the activities and productivity of current institutions. Work priorities must be catalytic, filling key gaps in the global architecture of workforce development.

- **Collaboration** – The Alliance must aim to strengthen and collaborate with existing institutions and bodies, avoiding duplication or competition. The Alliance must work with stakeholders to optimize the performance of existing institutions consistent with their mandates, compatible with their capabilities, and linked to the transparency and accountability of their actions.

- **Focal point** – The Alliance should operate as a global focal point for workforce development, enhancing access to information, knowledge, best practices, and institutional resources for all stakeholders.
Figure 3: the Alliance’s global and country work
Core functions

Based upon these three principles – value-added, collaboration, and focal point – the Alliance will have three core functions:

• **Mobilizing knowledge and learning** – The Alliance aims to mobilize knowledge and learning in support of its two strategic objectives – accelerating country action and solving global problems. Primary knowledge production should be promoted among all bodies, as many knowledge functions should be recognized as belonging to key stakeholders, such as basic research by universities, norms and standards by WHO, and more health-friendly fiscal policies in countries and globally. The Alliance has a critical extra role of being a focal point for accessing available knowledge and for promoting learning.

• **Disseminating information, communications, and advocacy** – The Alliance should ensure speedy dissemination of information and communicate workforce challenges, tools, methods and developments to interested constituencies. The information and communication should also engage relevant non-health sector actors. The Alliance’s information and communications functions should be open, inclusive, reliable and promotive. However, the Alliance must also advocate for expanded resources for the development, deployment, and retention of a skilled and equitably distributed global health workforce. In particular, it should identify and challenge barriers to workforce expansion and strengthening in developing countries – if necessary naming responsible parties and promoting policy solutions.

• **Harmonizing actors for workforce alignment** – The Alliance should strive to bring about harmonization of actors to achieve workforce alignment as its specific contribution to harmonization efforts (which may focus on many other aspects, e.g. financing, administrative procedures, etc.). The workforce can powerfully operate as a “common currency” for harmonizing the investment of diverse actors: an aligned workforce ultimately benefits all health actions in sustainable health systems.
Priorities of work

Critical to the success of the Alliance is a judicious selection of work priorities that will generate some early impact, spark processes of information exchange and learning, and build sustained contributions. The Alliance should demonstrate the power of workforce strategies to greatly accelerate the achievement of priority initiatives targets and health system performance.

Five priorities of work are summarized in Table 1; see the Appendix for details.

1 Accelerating country work and capacity development through promoting and facilitating partnerships within countries.

Every country should either have or develop domestic capacity to devise strong national workforce plans, policies and management systems. This need is greatest in those countries that must be able to do more with limited resources. In interested countries, the Alliance should develop partnership arrangements – both directly with countries as well as in conjunction with regional bodies – to improve national planning, policies and management and the development of country and regional capacity in HRH planning.

Such in-country work would entail both technical components and political interaction. Technically, the Alliance should link national leaders to information, technical cooperation, tools, guidelines and best practices, so that national actions are not isolated and fragmented, but comprehensive and informed by a strong evidence-base of what works, why, and how. Politically, the Alliance can promote in-country stakeholder consultations and engagements, especially for multi-sectoral information. In both technical and political engagement, data and information are of utmost value in informed negotiations and action and as the foundation for managing country processes, such as debt relief, the medium term expenditure framework, sectoral planning, and other integrative processes within countries. However, technical assistance for planning will not be sufficient unless it is simultaneously aimed at developing local planning and managing capacity. This will require less fly-in, fly-out technical assistance and more enduring collegial relations and mentorship of the planning and managerial cadre at local and national levels.
The Alliance’s role should be catalytic, not displacing existing mechanisms. Seed grants by the Alliance may be useful for consultations and commissioned studies. For effective work in Africa, it would be useful to network African and external resources together to advance HRH development in specific countries and with regional platforms. The modality of work should be seen as experimental, with high adaptability to local circumstances, needs and opportunities. Pilot country programmes should be tested over an initial two years to refine a working model for expansion and extension.

Table 1: Priorities of work

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<tr>
<th>Priority activities</th>
<th>Expected outputs</th>
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<td><strong>1 Accelerating country work</strong></td>
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<td>o Develop intersectoral costed national plans and strategies</td>
<td>Strong roadmaps in key interested countries</td>
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<td>o Strengthen technical content</td>
<td>Improved policies and management</td>
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<td>o Engage stakeholders</td>
<td>Enhanced investments in education</td>
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<td>o Monitor and assess progress and setbacks.</td>
<td>Equitable distribution, balanced skill-mix.</td>
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<td><strong>2 Harmonizing actors for workforce alignment</strong></td>
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<td>o Develop tools for workforce impact assessment</td>
<td>Guide HRH priority programmes investment</td>
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<td>o Promote harmonization among actors</td>
<td>Workforce alignment for performance</td>
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<td>o Apply findings to align workforce.</td>
<td>More sustainable workforce in systems</td>
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<td><strong>3 Building knowledge and stimulating learning</strong></td>
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<td>o Promote and commission key research</td>
<td>State-of-the-art knowledge on management</td>
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<td>o Organize biennial forums</td>
<td>Up-to-date data, research and analysis</td>
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<td>o Compile/develop technical frameworks, manuals and guidelines</td>
<td>HRH tools for policy decisions</td>
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<td>o Encourage innovation.</td>
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Harmonizing actors for workforce alignment to strengthen priority programmes and broader health systems

One of the most significant in-country actions to accelerate workforce development is the harmonization of actors for workforce alignment so that workers tasks, time, assignments, careers, and work patterns are consistent with long-term workforce performance and worker satisfaction. While all of the workforce alignment is within countries, harmonization of actors also requires international cooperation, because many of the actors are global programmes with different procedures, guidelines, and policies. Harmonization, thus, is both an intra-national and an international process.

The Alliance should develop a “workforce impact assessment” tool so that all investments and initiatives – domestic or foreign, priority disease or health systems – may be assessed in relation to how improving the action of any individual actor can strengthen the entire workforce. For priority programmes, the goal should be to construct workforce policies that help achieve programme targets while ensuring sustainability as well as integration with other competing or complementary priorities. For health systems, the goal should be to add concrete results to generic strengthening processes.

At the international level, the Alliance should initiate consultations with relevant partners to share experiences on perceived needs and bottlenecks, innovative strategies, and how these initiatives are impacting upon the workforce. Encouraging compliance with best practices for workforce development, selective experimentation and improvisation should be a high priority. Especially important is recognition that priority initiatives must also invest in pre-service education if the human assets of the overall system are to expand and enable strong programmes by all interested priority initiatives.

Building knowledge and stimulating learning as a global public good

Knowledge being a global public good, the Alliance should strengthen the knowledge base in three sub-fields of workforce development: workforce performance in health systems; education and production of a health workforce; and enabling policies in finance, education, reg-
ulation and migration. The knowledge base in turn provides the foundation for technical excellence in intelligence, information, analysis, tools, and best practices – all strengthening planning, polices, management, monitoring, and evaluation.

The Alliance can promote knowledge and learning through regular (annual or biennial) forums on HRH at which data, analysis and research are presented, leverage this field unto other research forums and crystallize the state of the field through workshops, manuals, guidelines, and tools development.

4 Disseminating information, communicating to key audiences, and advocating on HRH issues

The Alliance should operate as the global information hub on all workforce and related information. It should build up a steady database of audiences and constituencies, and develop products to facilitate information dissemination, such as:

- web site – both informational and interactive
- newsletter and publications
- integration of workforce as priority agenda in global/regional health events.

Communications should be targeted at policy-makers, managers, researchers, and other relevant stakeholders. Especially useful would be strong communications linkages to all regional networks and centres. Communications should also seek to link a solid evidence base to various social advocacy groups.

The Alliance should itself advocate for the central importance of the workforce and for effective strategies to increase and strengthen HRH. It should develop strong, actionable advocacy messages addressing HRH bottlenecks, barriers and funding gaps at all levels. It will also be necessary to directly challenge misguided government and institutional HRH policies and practices.
5
Addressing specific global workforce challenges

Global problems entail areas such as migration, lack of resources or fiscal policies that hinder workforce development, workforce implications of global initiatives like the universal access to HIV/AIDS treatment, prevention and care, and expanding the knowledge frontier. Some of these global problems can be clarified quickly by mobilizing evidence and bringing stakeholders together to achieve consensus. Others are not amenable to easy solution but, nevertheless, would benefit from evidence-based open discussion, debate and advocacy.

The Alliance will establish mission-oriented, time-bound working groups or task forces to address specific global problems like fiscal policies or migration. These working groups or task forces would be led by a key stakeholder with clear terms of reference, mandate, and budget to achieve their purposes. In the first two years, it may be feasible to pursue two task forces – one tough issue like migration and another simpler issue like developing research priorities. It should be recognized that, given the different mandates of participating institutions in the Alliance, it is quite possible that many of these issues will witness strong differences of viewpoints from among the Alliance stakeholders.

Deliverables

Vigorous pursuit of this work agenda over the short and medium term should generate many products and insights that would shape work in the later years. Some illustrative “deliverables” include:

(a) a significantly increased number of countries with strong national strategic plans and management capacity;
(b) ramped up investments in pre-service education;
(c) stronger workforce policies and regulations;
(d) growing literature and body of knowledge; and
(e) global focal point for information, communications, knowledge and learning.
IV. Governance and Operations
IV. GOVERNANCE AND OPERATIONS

The governance and operations of the Alliance have been structured with the intent of achieving its mission by catalysing and facilitating the performance of existing and new actors – without creating an entirely new organization. The structure should therefore be innovative, light, and agile with the following guiding principles:

- The open and inclusive Alliance consists of all interested stakeholders that share in its mission and strategic focus.
- The Alliance will build its uniqueness and raison d’être through the active participation of its membership as parties to a global dialogue for sharing, learning and providing support to countries that are developing their health systems and HIV/AIDS response capacity.

The potential and successes of this social movement is what entices working together, in a harmonized manner, through the following governance structure (Figure 4).

Alliance Forum

Membership will consist of groups within and beyond the health sector, including NGOs, professional associations, national governments, donors, multilateral agencies, UN agencies, global health initiatives, academia – both public and private and at national/regional/global levels.

The Alliance Forum consists of the entire Alliance membership - with all members eligible to attend and participate fully.

The Alliance emphasizes the centrality of watch functions, mutual accountability, and peer review fostered by the broad sharing of information on progress and bottlenecks, thereby helping all countries to plan and manage HRH to meet their respective needs.

The Alliance Forum will serve as a regular review mechanism, initially annually, building on documentation of HRH policies and practices in countries.
The Alliance Forum will also take stock of developments in professional organizations and other special interest groups, as well as overall progress in meeting the needs for HRH in HIV/AIDS treatment and prevention scale-up and in reaching the health MDGs.

The Alliance Forum will examine developments and trends in international migration of health workers and update members on measures taken by countries to manage migration and ensure reverse flow of resources.
Functions:

(i) Provide a common platform for regular meetings to share information, experience and for learning and mutual accountability.
(ii) Serve as a global platform for the renewal of commitment to the purposes of the Alliance.
(iii) Facilitate information exchange regarding progress, issues and strategies of the Alliance.
(iv) Take stock of developments in professional organizations and other special interest groups, overall progress of the Alliance in meeting needs for HRH and in reaching the health-related MDGs, and developments in political commitment and financial resources.
(v) Examine developments and trends in international migration of health workers and update Members on measures taken by countries to manage migration and ensure the reverse flow of resources.

Board

The Board will consist of no more than 18 members, six of whom come from the major world regions. Regional members, elected on the basis of personal merit, will contribute regional perspectives, but will not be official regional delegates. Another six members will come from key partner organizations such as WHO, The World Bank, UNAIDS, ILO, African Union, NGOs, private sector, donors or professional associations. They will elect a chair from among themselves. All Board members will perform in their professional capacities, not ex-officio for their own organizations.

Functions:

(i) to provide oversight of the Alliance work on behalf of the membership;
(ii) select and appoint the Executive Director of the Alliance;
(iii) negotiate partnerships, including with the host organization;
(iv) review and approve operational plans and budgets;
(v) delegate specific tasks to partners or contractors as appropriate;
(vi) meet regularly, initially at least two times each year.
Secretariat

**Composition:** The Secretariat will consist of a small multi-skilled operational team of professionals under the Executive Director who will report to the Executive Board. The number and skill-mix of the staff will be mission-driven, task-focused, and result-oriented. Staff secondments from partner organizations will be entertained and virtual methods of work will be encouraged. The Executive Director will be the Chief Executive Officer reporting to the Executive Board.

**Functions:**

(i) to prepare and implement annual costed work plans with specific targets/results;
(ii) ensure regular and effective communication with all members and constituencies;
(iii) facilitate the operations of the Alliance Forum, Executive Board and other working groups, task forces and regional initiatives;
(iv) harmonize with regional platforms, networks, and observatories through individually tailored arrangements;
(v) collaborate with other global partnerships and initiatives;
(vi) prepare regular reports on HRH developments for the Alliance Forum;
(vii) maintain smooth working relations with the hosting partner.

**Hosting arrangements:** The Secretariat will follow the standard employment, administrative and fiscal systems of the established hosting member, WHO. The Terms of reference will allow the Alliance to maintain its informality and independence so as to promote and optimize agility. To enhance flexibility, the Alliance may make operational and fiscal arrangements with other partners for the performance of specified tasks.

**Task forces and working groups:** The Alliance may establish ad hoc task-focused, time-limited, and result-oriented task forces or working groups to address specific work such as problem-solving in technical cooperation, migration, tools and guidelines, etc.
V. Financing
V. FINANCING

The Global Health Workforce Alliance is made up of partners committed to pulling together in support of “fundable approaches” for HRH at country level, funded through a mix of domestic and external contributions. To achieve specific objectives, the Alliance will itself raise money to jump-start country processes and fund specific Alliance functions as well as its core operations. The alliance will also mobilize and advocate for country investments in health systems and HRH and for increased and harmonized donor support directly to countries.

While substantial funding for country HRH plans is required over a long period (minimum 10 years), no new funding mechanism is anticipated. Financing HRH plans should as much as possible be integrated in broader health systems investments and support priority interventions identified by countries.

For country-level HRH support, the availability of country-level funding mechanisms for HRH that can flexibly meet funding gaps for a HRH plan that include both public and non-state actors will be critical. Global health initiatives and other project or programme funding for scaling up health and HIV/AIDS response must carry a shared responsibility for financing the associated HRH costs and ensure that countries are informed of this option in applications.

At the global level, the Alliance will be a tool for tracking funding gaps. The Alliance will actively advocate for better use of existing funds at country level and help to mobilize new and additional resources.

The multi-stakeholder, medium term HRH framework at country level will be essential for the purpose of alignment of funding from various funding sources (Box 3) as well as for three types of Alliance activities:

- **Core funding** for the Secretariat, including core financing for the strategic objectives of country support and global problem-solving with its convening function and networks.

- ‘Catalytic’ funding, which will be used in a selected number of priority countries to make more effective use of existing money for HRH. For example, such money will be used as a catalyst for better HRH intelligence by undertaking regular rapid HRH country reviews, with
a subsequent report on the state of HRH activity in low and middle income countries.

- **Core contribution to the priority Alliance functions** as described in the previous section. It is envisaged that Alliance members will be willing to finance and help undertake these functions through contributing personnel or hosting working groups.

**Box 3: Funding Human Resources for Health**

- more effective use of existing spending, including efficiency gains in personnel deployment and management;
- more domestic revenue, e.g. by emphasizing commitments under the Abuja Declaration;
- top-slicing of funds/reallocations of funds pooled for sector-wide support, budget support or programme support for national AIDS response;
- more aid (budget support, debt relief, other);
- possible top-slicing of country-level funds at from existing/new global financing mechanisms (e.g. GFATM, GAVI, IFF) for health systems and HRH investment;
- more predictable, long term external funding;
- reallocating existing expenditure and improving its efficiency, e.g. by ensuring HRH skills are available for PERs, APRs, technical working groups and other similar fora;
- forward funding of capacity to increase training of health workers.

*Combinations in various forms of these elements can expand the fiscal space.*
Appendix
APPENDIX:  
DETAILED THEMATIC AREAS OF WORK

Comprehensive and inclusive country-level HRH approaches

The Global Alliance will develop the body of knowledge about best practice approaches for dealing with HRH issues in a constrained, multi-stakeholder environment, including the action plan for HRH laid out in the World Health Report 2006. The Alliance will encourage countries to bring the various actors and stakeholders together in order to establish, implement and evaluate HRH plans and policies in the context of health systems development and in accordance with principles of openness, accountability and inclusiveness. The full and meaningful participation of civil society is essential.

• **Country-specific, inclusive medium term HRH frameworks**

The partners of the Alliance will encourage and share experiences of the development and implementation of national HRH plans that address emergency, short, medium and long-term goals and in particular:

• to consider the impact of HIV/AIDS and other major burdens of disease on the health system and place universal access to HIV/AIDS prevention, treatment, care and support at the centre of such plans;
• bring public sector service providers, civil society, the private and academic sectors into analysis, policy and planning;
• define key building blocks and ways for optimizing HRH policy and practice in country health systems, e.g. essential requirements of HRH information systems, core features of health worker safety and workplace policies, pre-service training needs, etc.;
• clarify how provisions and policies of the plan affects both public sector and non-state actors;
• cost the core elements of the plan such as training costs, salaries and incentives, work environment, retention measures, mobility, supervision and support measures, and link to national medium term expenditure frameworks as appropriate;
• point out requirements in terms of revisions in regulations and guidelines governing health worker policies, including also new health personnel.
While not driving towards a “gold standard prescriptive framework,” the Alliance will keep an ongoing dialogue about the experience with these multi-stakeholder inclusive HRH plans and frameworks, including hosting a peer review and watch function for strengthening mutual accountability among partners, both national and extra-national. Governments should use their financial, legal and political muscle to ensure that private sector providers serve the public interest. This requires:

a) the development of an explicit vision of the public/private mix in health care systems and the profit/non-profit mix within the private sector; and

b) institutional development that promotes trust, professionalism and ethical behaviour of all parties.

The purpose will be twofold:
1) to stimulate stronger political ownership, more effective and efficient action, multi-stakeholder inclusiveness and mutual accountability at country level; and

2) improve the knowledge base to have better global and regional HRH ‘intelligence’.

• Conducting regular rapid HRH country reviews

Regular and rapid HRH reviews will be undertaken in selected countries, across all regions, with a specific focus on priority countries with major HRH challenges. These country reviews, using the HRH framework, will provide real-time profiles to countries of their progress regarding HRH challenges at country level and to the broader international community supporting HRH development. To facilitate greater country coverage, country selection for regular, rapid reviews will be rotated. Country reviews will use agreed HRH Framework elements in to assess and benchmark progress. Country assessments will also include other key qualitative, quantitative and descriptive data on HRH issues, such as workforce size and distribution. Furthermore, an assessment of essential HRH process steps will be made. For example, the development of a realistic and costed HRH strategy; the presence/absence of an active national human resources (or HRH) committee – preferably inter-sectoral in composition; the status of health worker safety and workplace policies and legislation, steps to improve the equitable distribution of health workers, etc. See the Evidence-based advocacy section for details about the further use and application of these HRH country reviews.
Establish a sound HRH knowledge base

Better country access to HRH intelligence about “what works best” and under what conditions is pivotal to effective country HRH action. It is the use of such a sound HRH knowledge base that will drive effective country interventions, and it is the rigorous and timely monitoring and evaluating of change (and crisis situations) that will make the case for continued and increased HRH investment. To provide countries with the information they require, the Alliance sees knowledge sharing and knowledge development as one of its core functions at all levels.

In terms of knowledge sharing, the Alliance functions as a clearinghouse for its membership and other users by:

- Compiling and synthesizing existing knowledge across key HRH areas in an easily accessible way. Information will be quality-assured by Alliance experts participating in relevant working groups.

- Promoting on-going real-time documentation of “good” or “promising” practice. Equally valuable lessons may also be learnt from exchanges between countries about difficulties and failures – the Alliance will foster networks to allow for open and trusting exchange between countries so that the sharing of experiences and inter-country support may occur.

- Supporting the development and implementation of country strategies by providing practical templates, examples of existing country plans, as well as identifying channels for drawing upon expert advice. This information will be made readily available to countries via a user-friendly web site and HRH chat rooms. Web groups will be encouraged so members can freely exchange ideas and advise each other.

- Developing alternative ways of sharing experiences and expertise across countries, as well as the breadth of Alliance stakeholder membership.
In terms of **knowledge development** – the Alliance will engage in activities such as:

- Defining regional benchmarks that allow countries to compare themselves against other similar countries in terms of baseline situational assessment and markers of change, i.e. drawing upon essential features of the HRH framework.

- Identifying and seizing learning opportunities from the multi-sectoral, Universal Access scaling-up agenda for the broader HRH agenda. For example, addressing matters of changes in workforce task delegation - including private and public sector working arrangements, occupational health and safety, health worker distribution, donor harmonization and divisions of labour.

- Developing a HRH impact assessment tool for global health partnerships (and other large scale initiatives) to assess their HRH needs at country level for scaling up service delivery to the desired levels and to measure the potential impact of their activities on the health workforce.

- Identifying knowledge gaps based upon country analyses and promoting research to be undertaken in these areas. Such research may be undertaken by the membership of the Alliance (i.e. individual agency or consortia arrangements), or outsourced by the Alliance depending upon the nature and scale of the work to be undertaken.

- Accelerating the development, availability and use of HRH tools.

This active sharing of knowledge as a global public good will be achieved via a variety of channels: an interactive web-based platform which will have a user-friendly search engine facility, use of podcasts, discussion board, etc. It is envisaged that these knowledge management activities will be undertaken either by a suitable Alliance member, or contracted out.
Evidence-based advocacy

The Alliance will draw upon HRH country reviews, its wider HRH knowledge base, as well as members’ knowledge of country and regional realities - including issues of HRH harmonization and alignment – to produce key advocacy messages directed at global, regional and national levels. It will:

• **Produce a leading annual global report on the state of HRH in low and middle-income countries.** This report will be based upon data obtained via the HRH country reviews and contain up-to-date information about countries in crisis, the nature of their crisis, as well as tracking progress in countries where it is being made. Where worsening trends are identified, an early warning system will be triggered to flag impending problems. The report will be used to galvanize and sustain international interest and response.

• Have a collective and united international voice that conveys strong and strategic advocacy messages to key political actors and other important stakeholders. These messages should address all levels on the HRH agenda and should evolve over time as HRH improve and new barriers are identified. These key messages will have weight because of the unified position expressed by diverse stakeholders. Current areas of focus include migration, national fiscal space, resource needs and macro-economic fiscal restraint policies.

• Disseminate targeted messages via the Alliance network, as well as relevant external stakeholder groups, about effective HRH strategies and interventions that “work” or “don't work.”
Support harmonization & alignment practices for HRH

The Alliance will strive for harmonization and alignment of HRH plans and activities on two levels:

1) by promoting harmonized HRH approaches that are well aligned and embedded in country plans and processes; and
2) by creating opportunities for practical engagement with the international donor community interested in this area of health systems development.

At a global level the Alliance will:

- Provide an annual mechanism for convening key players, i.e. countries and international donors (bilateral, multilateral, Global Health Partnerships/Initiatives), to review their support of the HRH Framework, and as far as possible agree on a shared vision of HRH development, respective roles and responsibilities, and funding.

The Alliance will strive to broker enhanced coordination among key players active in HRH health and social sector investment and development – and work to convene and gain consensus among like-minded and non like-minded donors to this end. To date, no single HRH or Health Systems Strengthening forum has involved all major donors at the same time. Therefore, such a convening mechanism will create an opportunity to collectively consider and troubleshoot HRH challenges as they relate to specific initiatives such as the scaling up for Universal Access (UA) for HIV/AIDS services. For example, in the case of UA, it would review:

1) the translation into action of the Global Task Team recommendations for better multilateral and international donor co-ordination in AIDS, as it pertains to HRH; and
2) examine how the UA agenda aligns and harmonizes on HRH issues with efforts to scale up in other areas of health and social sector development.

- Be a global focal point for gathering examples of good practice in HRH harmonization and alignment, as well as donor practices that enact the Paris Declaration Principles, and the High Level Forum’s Best Practice Principles for Global Health Partnerships. This dovetails with the Alliance’s HRH knowledge activities.
At country and regional level:

• Ensure that the Alliance’s promotion of HRH tools and best practice lessons has a starting point of alignment with country systems and plans.

• Consider the development and use of “donor score cards” that track and monitor “fair-share” resource commitments as well as harmonization and alignment practices in accordance with best practice principles proposed by the High Level Forum for Global Health Initiatives, but which can be applied to the wider donor community.

• Assist Alliance members who may wish to consider developing HRH standards within and across sectors for HRH issues – e.g. recruitment and training standards.

• Assist regional members of the Alliance who may consider organizing into regional blocs for the purposes of developing standards – e.g. conditions of work, health and safety, work hours. Such activities may facilitate country exchanges, monitoring and evaluation.
Support to countries

An enhanced HRH knowledge base combined with its easy access via a user-friendly web-based facility and better synergies between countries for cross-fertilisation of experience are key to supporting countries in tackling their HRH challenges. The role of the Alliance is to cooperate with countries to develop their HRH capacity by:

• Promoting use and further development of capacity building tools such as self and peer directed learning groups at regional and national levels.

• Encouraging Alliance members and other stakeholders to mainstream HRH into existing and courses related to health systems and to incorporate it into new courses.

• Exploring the possibilities for co-ordinating joint learning and training sessions across programmes within the health sector. This may include an examination and re-channelling of funds that switches training from a workshop culture to a more systematic professional or paraprofessional approach.

• Being a source of information on HRH training courses and events.

• Encouraging regional co-operation for selected professions with highly specialised training needs (e.g. medical technicians).

• Disseminating information about effective compensation/incentive packages for HRH based on evidence.

• Enabling access to quality assured technical assistance through a web-based directory of technical assistance providers with HRH expertise.

• Developing tools that facilitate quality assurance, e.g. terms of reference, templates, samples and quality assurance protocols, facilitating south-south peer reviews, etc.

The Global Health Workforce Alliance acknowledges that the early stages of interaction with countries will require understanding how best to support countries in their activities.
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