

The Global Health Workforce Alliance is a partnership dedicated to identifying and implementing solutions to the health workforce crisis. It brings together a variety of actors, including national governments, civil society, finance institutions, workers, international agencies, academic institutions and professional associations.

EDITORIAL

GHWA Forum Next March: calling all Members

Convened by GHWA, the first-ever global Forum on Human Resources for Health (HRH) will be held in Kampala, Uganda, from 2 to 7 March 2008. With preparations in full swing, the Forum Organizing Committee has had a busy Summer hammering out the structure and mechanics of this event, which will be attended by an estimated 600-800 participants.

The Forum's goals are to continue building the Partnership, to provide GHWA members with an occasion to share knowledge and experience, to strengthen commitment from leaders to address the health workforce crisis and to present the GHWA Roadmap, which will be the reference document for benchmarking progress for the next ten years.

A special edition of *The Lancet*, to be published just before the Forum, will mark the occasion and boost the growing body of knowledge in HRH. An announcement and a call for papers was issued in the August edition of the journal and posted on the GHWA web site.

Countries, UN agencies, academia, regional and international organizations, civil society and health professionals working together for a common goal – that is what this Forum is about, and is GHWA's ultimate purpose.

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NEWS: '08 Alma-Ata Revival

GENEVA| 2008 will be the year of Primary Health Care. WHO's World Health Day and World Health Report 2008 will be focusing on this issue, as will several conferences in 2007-2008. As a result, a growing interest in community health workers and village health centres has prompted many initiatives and research. GHWA welcomes its members to use its web site to issue calls for papers, consultations, and reports: best to know what everybody is doing to avoid duplicating work.



Alma-Ata PHC conference, 1978

AFRICA: Health Workforce Observatory launched

BRAZZAVILLE| The Africa Health Workforce Observatory web site was launched on 1 June 2007 as a collaborative effort between WHO, the African Union, sub-regional bodies (WAHO, ECSA), civil society and GHWA. The mission of the observatory is to support actions that



address HRH challenges urgently through promoting, developing and sustaining a firm knowledge base for HRH information that is founded on solid and updated HRH information, reliable analysis and effective use at sub-national, national and regional levels. [weblink 1](#)

www.who.int/workforcealliance

THE BIG NUMBERS

12% of African

immigrant workers in OECD countries are **health professionals** according to the OECD. It is "only a small fraction" of the total number of migrants, says the organization.

From an **African perspective**, these 12% turn into a yearly loss of **over 20 000** health professionals.

Source: AFP [weblink 2](#)



W E B L I N K S

- 1 www.afro.who.int/hrh-observatory/index.html
- 2 www.aaahrh.org/news.php
- 3 www.who.int/workforcealliance/events/conference_Douala/en/index.html
- 4 www.aaahrh.org/
- 5 www.who.int/alliance-hpsr/en/
- 6 www.fip.org/www2/

Comments, requests, errata? Please write to ghwa@who.int and please entitle your message: 'Attn EDITOR'. We reserve the right to publish these letters.

PARTNERSHIP NEWS

GHWA MEMBERSHIP: The Numbers, One Year On

The GHWA Secretariat started inviting institutions to officially join the partnership in October 2006. Since then, the launch of the GHWA web site and the on-line membership form allowed for a much easier, broader and open process to take place. On year on, the questions now are: who are the GHWA members? Where are they from?

Constituency	Number	WHO Region	Number
Civil Society	37	AFR	12
Education/research	18	AMR	23
Prof. associations	9	EMR	2
UN agencies	3	EUR	16
Foundations	2	SEAR	2
Private corporations	5	WPR	5
Other (partnerships)	4	n/a*	20
Other (misc.)	2		

This is a statistical and geographical breakdown of the GHWA membership as of October 2007. What activities those members do cannot be easily synthesized within this newsletter, but the Secretariat is working on a way to share this information via the members' page on the GHWA web site.

* Refers to international institutions such as UN agencies, partnerships, some professional associations and some NGOs, whose activities and make-up cannot be limited to the location of their headquarters.

TOTAL GHWA membership: 80

AFRICA: GHWA Conference Results in 12-Point Action Plan

DOUALA | After two full days of discussion, the 'Douala Plan of Action' is officially adopted by the conference in which 18 West and Central African countries participated – five of which at ministerial level – along with international and regional experts.

Among the points in the plan: increased domestic and external funding for human resources for health, training more managers, setting up observatories to better monitor the situation and increasing national and international advocacy on the issue. The plan, which can be seen on the GHWA web site, was the source of much enthusiasm from the participants, who were impressed the Ministers' level of involvement throughout the conference. Work on enacting the Douala Plan of Action has started; the conference will reconvene in late 2008 to monitor progress made.



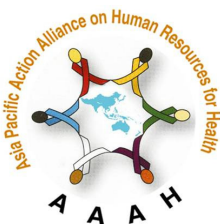
The Douala Conference: five Ministers of Health working "hands-on" on HRH

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ASIA: Annual AAAH Conference in October

BANGKOK | The Asia-Pacific Action Alliance for Human resources for health (AAAH) held its annual conference in Beijing on 10-12 October 2007, almost a year after its launch in Bangkok. The Alliance now has 15 countries and its extremely active Secretariat, based in Thailand, has already conducted several workshops in the region to assist countries in their applications for GAVI Health Systems Strengthening and Global Fund proposals. Another workshop is planned for November 2007 in Manila. The Beijing Conference was an occasion for Asia-Pacific countries to share their experiences and build on their partnership in finding solutions for the region's specific health workforce challenges.

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RESEARCH

Workshop in Burkina-Faso: Health workers' salaries

OUAGADOUGOU | What are health workers paid? How do various employers - public, private, donors, NGOs - compare in this respect? And what are the policy determinants of salary levels and pay structures for health workers? This was the focus of a three-day workshop held in Ouagadougou, Burkina Faso, in August 2007.

As part of a series of grants awarded jointly by the **Alliance for Health Policy & Systems Research** and GHWA, researchers from Burkina Faso, Benin, Niger, Tanzania and Kenya were brought together to refine their methods and draft their data collecting tools. The South African organization Health Economics and HIV/AIDS Research Division (HEARD) also joined the workshop and offered to conduct similar research in South Africa, Botswana and Zambia. Data-collecting tools are to be refined and data collection completed by the end of the year.

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S P E C I A L F E A T U R E

FIRST GLOBAL FORUM ON HUMAN RESOURCES FOR HEALTH

KAMPALA, 2 - 7 MARCH 2008

The Global Health Workforce Alliance will convene the first-ever Global Forum on Human Resources for Health from 2-7 March 2008 in Kampala, Uganda. As Africa is the worst affected by the health workforce crisis, it is a demonstration of commitment and solidarity that the first Forum will be organized in Africa.



Kampala, Uganda.

Forum Objectives

The Forum has three main objectives

1. To build consensus on accelerating Human Resources for Health (HRH) action
2. To build implementation capacity on HRH action at a global and country level
3. To build networks and alliances as a global movement on HRH moving from recognition to concrete action.

Expected Outcomes

1. Commitment to a Global Action Plan for the coming decade
2. Better knowledge on what works, what has not, and why
3. Enhanced and strengthened implementation capacity
4. A consolidated and revitalized global movement.

Activities

Pre-conference Activities, March 2-3

This includes activities customized for various groups - GHWA Board meeting; GHWA Taskforce & Working Group meetings; constituency meetings; regional meetings and tourist expeditions.

HRH Action Conference, March 4-5

The HRH Action Conference will comprise a series of topical keynote addresses, thematic panel discussions and related parallel break-out sessions. The themes include Leadership; Financing; Management, Migration and Retention; Education and Training; Partnerships and the Global Action Plan.

Post conference Activities and Site visits, March 6-7

These provide an opportunity to participate in a rich selection of skill building workshops. These workshops will target country and development partner operational level staff and will cover a broad spectrum of health workforce issues. Constituencies will be welcome to organize focused issue meetings. Participants will also have the option of site visits to local health facilities. Those who are interested can use this time to explore local tourist attractions.

Multi-day non-stop activities, all week

There will be a number of on-going activities throughout the Forum period. These include: HRH capacity market place; poster presentation, photo exhibition, health workers' voice booth, mini library on national health workforce strategy and master plans, and a crafts & arts market.

Call for papers: Prospective participants who have experience to share at the Forum are invited to submit abstracts to the GHWA Secretariat for consideration by 1 December 2007.

Additional information and an on-line registration form will be made available shortly - make sure you check the GHWA web site on a regular basis for the latest updates. If you wish to organize a workshop, please inform us as soon as possible.

Write us or send us an e-mail: GHWA Forum Secretariat; Attn. Forum Coordinator, World Health Organization, 20 avenue Appia, 1211 Geneva 27, Switzerland. Fax +41 22791 4747 ; e-mail: ghwaforum@who.int

M E M B E R S ' P A G E

SPOTLIGHT on a GHWA MEMBER



The International Pharmaceutical Federation (FIP) was created in 1912 and is based in the Hague (Netherlands). It is a world-wide federation of national pharmaceutical (professional and scientific) associations, with a mission to represent and serve pharmacy and pharmaceutical sciences –

more than a million pharmacists and pharmaceutical scientists – around the globe.

Human resources is a core area of focus for FIP and is a key theme in the activities, working groups, journal, international congresses, and strategy of the Federation. The Federation's efforts are targeted towards advocacy, undertaking research, gathering an evidence base, providing policy and technical input and initiating action on issues relating to education and training, workforce planning and development. Its landmark *Global Pharmacy Workforce and Migration report: A call for Action* came out in 2006 and highlighted the issues faced by pharmacists and pharmacy technicians and set directions for action.

With a view to enabling a coordinated global response to developing pharmacy workforce and pharmacy education, FIP held the first global roundtable on Pharmacy Education in Salvador Bahia, Brazil, September 2006. This roundtable led to the set up of a global FIP-WHO Pharmacy Education Action Plan and a taskforce dedicated to establishing and steering a global collaborative strategy for pharmacy education development. This was followed up with the unanimous support of stakeholders at the September 2007 Global Pharmacy Education Consultation at the recent annual Global FIP Congress in Beijing to adopt and implement the global action plan and include other partners such as UNESCO. In October 2007, FIP will also launch the first collaborating centre which will enable an expanded evidence-based approach to the Federation's activities on human resources, particularly on the issues of workforce needs, training institution capacity, quality of education, migration, retention and workforce trends. FIP is an active partner of GHWA and contributes with technical expertise to the taskforces on the scaling up of education and training and migration.

FIP advocates for a holistic human resource for health development approach based on needs that takes into account wider health care team members (including pharmacists) who are vital to ensure functional health systems and best patient outcomes.

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CIVIL SOCIETY & NETWORKS

MESA Spreads the Word in Kenya

By Ambrose Agweyu

Former Secretary General, MESA

and 5th Year Medical Student, University of Nairobi

Medical Students Against AIDS (MESA) is a student-run organisation based at the University of Nairobi's College of Health Sciences. Its membership is drawn from the students in the Schools of Medicine, Nursing, Pharmacy and Dentistry of the University of Nairobi and recently the Kenya Medical Training College in Kenya. Over its decade of existence, MESA has evolved in its goals in tandem with the changing face of HIV/AIDS and the challenges it continues to pose to health and society. In August 2007, Health Students Advocating Towards Universal Access (HATUA) was formed as the MESA's health advocacy arm. *Hatua* is Swahili for footstep, which accurately reflects the group's objective of progressively working towards ensuring a society in which the access to a skilled, supported and motivated health workforce for all is a priority on the agenda of all training health professionals, the general public and policy makers in Kenya, regionally and globally.

MESA's activities range from HIV/AIDS awareness campaigns and peer education training to bolder activities with further-reaching potential like engaging key stakeholders in addressing the current and emerging concerns in the health sector. Through partnering with other members of the growing health advocacy network in Kenya, MESA has successfully managed sensitise its members on the reality of the priority issues in health and their demanding role in addressing these issues. Since the membership of MESA comprises individuals training to be on the frontline of the fight against HIV/AIDS, the focus of the group's advocacy activities is on the health workforce. The group is particularly concerned with arresting health worker migration (both internal and external), scaling up and revising the training of health workers to meet the current demands and addressing the working conditions of health workers. MESA also recognises and seeks to address the issues facing the broader framework of health systems within which health workers operate.

The group's approach to achieving its objectives has been through activities aimed at equipping training health workers with skills to carry out advocacy targeting stakeholders from the level of their institutions to those at the national, regional and global level. MESA has successfully drawn the attention of high-level policy makers in Kenya through written statements and at in-person discussion fora. Contact has already been established with a group in Uganda; Students for Equity in Healthcare and the dream of a regional health student advocacy network is gaining form. Partnerships with other advocacy groups, particularly Physicians for Human Rights and the Kenya Human Rights Advocacy Network have proven central to the group's successes.

MESA recognises the unique position health students occupy as both vehicles and targets for health advocacy. With at least 3000 training health professionals in Kenya alone, the group has the huge task of engaging what is arguably the most powerful tool we have to secure universal access to healthcare, arrest and reverse the HIV pandemic and achieve the health-related MDGs.