

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

Delivering on commitments

Since the year 2000, the number of health-related global and regional commitments, declarations, resolutions and other compacts have grown tremendously. As good as these demonstrations of political will are, words must be followed by deeds — lest trust, credibility and respect be irreparably eroded.

GHWA is to launch a Global Action Plan during the Kampala Forum next March, which we hope will be a useful tool for us all to monitor progress (or lack thereof) in delivering on all these commitments. Compiling all the relevant pieces — from Abuja, Paris, Dhaka, etc. — to map out who is to do what, by when and how, the GAP will set clear milestones for GHWA, its members and the international community to act on the promises that have been made.

The Forum slogan, 'the time is NOW', will be our leitmotiv for 2008 and beyond.



Action on the Health Workforce
THE TIME IS NOW

Editorial

Page 1

News

Page 1, 2 & 3... World
Page 2.....Americas

Interview

Page 2

Partnership

Page 3

In-Depth

Page 4

Special Feature

GHWA Forum

Page 5

Members' Page

Page 6

WORLD: launch of the GHWA Human Resources for Health Financing Task Force

A new GHWA-sponsored task force was launched at a press conference held on 31 January 2008 at the Prince Mahidol Award Conference on Primary Health care, which is taking place in Bangkok, Thailand.

The Task Force is co-chaired by David de Ferrenti and K.Y. Amoako. Its purpose will be to design a health workforce costing tool and to better define the financing gap in scaling up the health workforce, which has proven difficult to pin down thus far.

"Health workers are the backbone of health systems and they represent the largest single cost in providing health services. We need to take urgent action to secure sustainable, long-term financing for the health workforce," said Francis Omaswa, Executive Director of the Global Health Workforce Alliance. "The task force will immediately start to address not only calculating the true costs of the shortage and securing national and international investment, but, also improving how the money is used.

This group's first full meeting is to take place during the Kampala Forum in March.

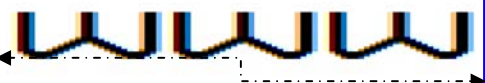
weblink 1

www.who.int/workforcealliance

THE BIG NUMBERS

USD 200 is the current average monthly wage in **Liberia** for a **physician**. The **average** in the United States of America is in excess of **USD 14 000** (**70 times more!**)

Source: BBC & Daily Telegraph



W E B L I N K S

- 1 www.who.int/mediacentre/news/notes/2008/np02/en/index.html
- 2 www.paho.org/English/GOV/CSP/csp27-10-e.pdf
- 3 www.who.int/healthsystems/task_shifting/en/index.html
- 4 www.capacityproject.org/index.php?option=com_content&task=view&id=237&Itemid=108
- 5 www.in-spire.org/events.html
- 6 www.who.int/workforcealliance/forum/en/
- 7 www.thet.org.co.uk
- 8 www.aidsnews.org.il/english.htm

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

I N T E R V I E W

With Dr Lincoln Chen, Chair of the Board of GHWA

Q: How and why did you first become involved in the issue of the health worker shortage? What motivated you?

Dr Chen: In engaging with the UN MDGs, it became increasingly clear to a group of global health leaders that human resources for health was comparatively neglected. Money alone would not achieve the goal. So I became involved in the "joint learning initiative" involving more than 100 global health leaders to learn about the workforce. This evolved into my joining the Executive Director and Assistant Director-General at WHO to produce the 2006 world health report and ultimately the launch of the GHWA.

Q: How do you see GHWA Members contributing to the Health Workforce issues?

Dr Chen: Because we know that workforce enhancement of health systems performance requires the participation of all relevant stakeholders, the GHWA membership consisting of these key stakeholders all have a key role to play in advancing human resources for health in their respective organizations, countries, regions, and globally.

Q: The Global Forum will soon be upon us - what are your hopes for the Forum?

Dr Chen: The Forum will be the first ever gathering of stakeholders sharing experiences, advancing understanding, and coming together to chart out a road map for future action. My hopes are that each participant brings her/his experiences and viewpoints, has an opportunity to exchange and learn from others, and leave the Forum with greater motivation and clarity on her/his next actions.

Q: What do you think are the key issues that need addressing to address the health workforce crisis?

Dr Chen: The issues are at the heart of health systems and achieving national and global health goals - how to energize and motivate the workforce to link people to knowledge, technologies, and services essential for saving lives. These issues entail financing, migration, education, public and private sector working environments, knowledge and research.



Dr Chen

GET INVOLVED: Worldwide virtual discussion on health worker migration

All GHWA members are invited to participate in this Health Worker Migration Global Discussion, brought by the GHWA-supported Health Workforce Migration Policy Initiative.

An on-line "community of practice", to be launched on 31 March 2008, will enable everyone to share local and international experiences on best and working practices, issues, success stories, concerns and lessons learned in health worker migration.

This web-based tool, which was developed by WHO, UNFPA, USAID and the partners of the Implementing Best Practices Initiative, is both simple and versatile. The goal is to link the policy makers to the voice of the people.

Details on how to sign up and use this revolutionary information-sharing innovation will be sent to you very shortly.

AMERICAS: Regional Committee Adopts Health Workforce Goals for 2007-15

Washington, D.C., 5 October 2007 | The Regional Committee on the Pan-American Health Organization (PAHO) adopted a series of 20 goals on human resources for health for the region's 48 states and territories. The goals touch on many facets of the health workforce issue - training, management, skill mix, working conditions, unions or national self-sufficiency. In its analysis, the Committee found that in spite of having a relatively large share (31.6%) of the global workforce, over 163 million people in the region resided in areas which can be considered as below the WHO threshold of minimum health worker density. It is estimated that an additional 128 000 doctors and nurses would be needed to remedy the shortage in the Americas.

[weblink 2](#)

P A R T N E R S H I P N E W S

Total GHWA membership: 109

GHWA in 2008: new year, new projects, new opportunities

What will our Global Health Workforce Alliance be doing in this new year? As all eyes are on the Kampala Forum, what other events are expected to take place in the rest of 2008?

GHWA is planning to expand its activities now that its Secretariat's capacity has increased - from 3 staff a year ago to a dozen today. This will enable GHWA to commission more research and work with more countries - two of our top priorities which have just got major funding for 2008-2009. We will be getting members far more involved in the Alliance's activities and spread our message more effectively and to a wider audience thanks to additional communications staff. And as well as following up on our current working groups and task forces' on-going work, we will be creating three new groups this year: Financing (see page 1), Universal Access to AIDS Care and the Private Sector.

Some personnel changes are expected for the Secretariat - our Executive Director, Dr Francis Omaswa, will be stepping down in May. His successor will find a well-functioning team working for a partnership whose identity, philosophy, structure, activities and membership are not merely existent, but quite well developed.

As our Alliance grows throughout 2008, this e-Newsletter will hopefully carry much more of GHWA members' contributions. Let us and the world know what your views are, what you are doing and what you will be doing next. We will strive to engage all of you and, with your help, build more than a health workforce network - but build a community.

Ed., for GHWA Secretariat

WORLD: WHO Task-Shifting Guidelines unveiled; spurs Declaration

ADDIS ABABA, 10 January 2008: Task-shifting, which enables health workers to delegate certain competencies to others, had been practised widely for a long time. But HIV/AIDS and the global health worker shortage have compelled WHO (in partnership with UNAIDS & PEPFAR) to develop a set of guidelines so that this practice could be encouraged within a regulatory framework.

These guidelines, which are part of the GHWA-backed *Treat, Train & Retain* (TTR) initiative, were hailed by the country delegates (30-plus Ministers were present), as well as the professional associations, NGOs and UN agencies as an effective means to address the crisis in the shorter term.



Task shifting would help solve crisis

The participants endorsed the "Addis Declaration", in which the countries stated their willingness to look at the implementation of the guidelines and the generalization of this approach to the health systems as a whole.

[weblink 3](#)

R E S E A R C H

Open Source HRH Software in the Making

WASHINGTON, D.C. | The next generation of predictive modeling for countries to analyze the health workforce, project for growth or decline, anticipate needs and model interventions was the theme of discussions at the Workforce Planning Model Workshop organized by GHWA member *the Capacity Project* with the support of WHO and World Bank in Washington DC in December 2007. The Workshop brought together key leaders and experts in global health workforce planning to collaborate on the next generation of predictive modeling software. During the workshop, the participants agreed to the development of 'IHRIS Plan' modeling software - the version 1.0 of this software will be based on the WHO projection model and will be available as free Open Source software.

Based on specifications and feedback provided during the workshop, data specifications are currently being written, and the first iteration of the software will be ready for review this Summer.

[weblink 4](#)

I N - N D E P T H

Global Health, Justice and the 'Brain Drain' - the Ethics of Health Worker Migration

By Rebecca Shah, Keele University

The international migration of health workers from low to high-income countries raises acute ethical challenges. Health systems, human rights and development goals are threatened and the health systems of poor countries appear to be subsidizing healthcare for the wealthy at enormous human and financial cost.

Yet, ethical responses to the phenomenon are difficult to identify. The balance of benefits and burdens to health workers and sending and receiving countries is disputed. There are apparent conflicts between the rights, needs and interests of different parties. There is ambiguity about the moral obligations of governments, individuals and health systems and the roles that global institutions should play. Proposed responses can themselves appear discriminatory, rights-violating or imperialistic.

Due to the myriad problems and the lack of substantial ethical analysis of these issues, the conference *Global Health Justice and the 'Brain Drain'*, was convened at Keele University, UK, in September 2007 in conjunction with the *In-Spire* e-journal. The meeting gathered academics, experts, practitioners and students from ethics, nursing, political philosophy, trade unions, medicine, pharmacy, migration, law and economics to address the medical brain drain both as a practical and a moral issue.

***Proposed responses
can appear
discriminatory,
rights-violating or
imperialistic***

The speakers made it clear that the brain drain is a complex issue which should not be arbitrarily simplified. Many policy avenues in dealing with the brain drain are fraught with ethical challenges. We need a rich understanding of the problem in which discrete issues of migration and health workforces are integrated with understandings of social, economic and institutional factors in order to generate ethical and effective policy solutions.

The health and wellbeing of all populations are increasingly interdependent, and our approaches to them must be also. Though individual health-workers, source countries and receiving countries can make better or worse choices themselves, it is not a problem that can be unilaterally solved and policy coherence between actors is essential.

The local arena in source countries may be the most fertile ground for stimulating innovative responses and it is incumbent on low-income country governments to take all possible measures to offer health workers opportunities and incentives to remain or return and to protect the right to health of their citizens.

Moral responsibility, however, must be shared with high-income countries that have been able to poach the best and brightest skilled workers from low-income countries under justification of domestic health-worker shortages, permissive international trade treaties and disjointed aid and migration policies which give with one hand and take with the other.

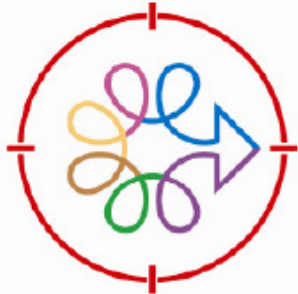
High income countries must accept moral responsibility to ameliorate the effects of the brain drain even in the absence of compelling economic incentives to do so, and the global institutions of the international community have a role to play in establishing the norms to guide good practice.

Specific policies at the local, national and international level must be enacted alongside sustained commitment to achieving greater global equity in the conditions for health, work and wellbeing. For although individuals should be free to make life choices for personal reasons, it is underlying global inequality that drives the brain drain as a phenomenon that replicates disadvantage for the many and advantage for the few.

[Weblink 5](#)

For more information, please contact Rebecca Shah: r.shah@ilpj.keele.ac.uk

SPECIAL FEATURE



First Global Forum on
Human Resources for Health
2-7 March 2008,
Kampala, Uganda

THE FORUM: KAMPALA GOES GLOBAL

Up to 1000 people are expected to gather in Kampala, Uganda for the first ever Global Forum on Human Resources for Health.

In a series of events across the seven day Forum, global leaders, experts and civil society leaders, Ministers of Health, Finance, Education and Public Service, together with health workers, managers and researchers will come together for the first time to strengthen their commitment to GHWA's vision and goals, share ideas, knowledge and experiences, and keep the health workforce crisis high on the global agenda.

Fundamentally, the Kampala Forum hopes to achieve the following key outcomes: **building knowledge, building networks and building consensus for health workforce action.**

The Forum will be the launching pad for the Global Action Plan for Human Resources for Health. This Plan will be the roadmap that will guide action over the coming decade. Combining previously adopted declarations and commitments from around the world, it will present the key steps needed to ensure coordinated and evidence-based action to address the crisis. It will set clear targets for countries, the international community, civil society and health workers so that progress can be monitored and everyone held mutually accountable.

"The only way forward is to work together--North and South, East and West, rich and poor. We are all part of the solution to this crisis. Our vision and our mission are to ensure that every person will have access to a skilled, motivated and supported health worker within robust health systems. The time for action is now," said GHWA Executive Director Francis Omaswa.

[Weblink 6](#)

THE FORUM AT A GLANCE

Sunday 2 March

GHWA Taskforce & Working Group meetings
Constituency meetings
Regional meetings
Tourist expeditions & site visits

Tuesday 4 March

Plenary & breakout session: **Leadership**
Plenary & breakout session: **Education, Training & Skills mix**
Plenary & breakout session: **Migration & Retention**

Thursday 6 & Friday 7 March

Skills building workshops
Constituency meetings
Tourist expeditions & site visits

Monday 3 March

GHWA Taskforce & Working Group meetings
Constituency & regional meetings
Tourist expeditions & site visits
Opening ceremony, Reception & Registration

Wednesday 5 March

Plenary & breakout session: **Financing & Management**
Plenary & breakout session: **Partnerships**
Plenary session: **Launching the Global Action Plan**

All week

- HRH capacity market Place
- Photo Exhibition
- Poster presentation
- Health workers' voice Booth
- Mini library on national HRH strategy & master plans
- Crafts & arts market



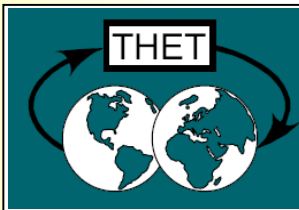
M E M B E R S ' P A G E

SPOTLIGHT on a GHWA Member

The Tropical Health and Education Trust

(THET) is a founder member of GHWA and is a charity that creates health partnerships between

UK health institutions and counterparts in the developing world. Our research on international Health Links of this kind in building capacity and training of health workers in poorer countries was commissioned by and fed into the GHWA task force in 2007.



Many of the Health Links that we support address issues of health worker training, in countries including Somalia, Ethiopia, Malawi, Uganda and Ghana. These are long term capacity-building partnerships, exchanging skills, teaching and training visits, and responding to the priorities expressed by the overseas partner, not donor fashions.

Our biggest single programme (supported by the UK's Department for International Development) is based on a long term Health Link between King's College Hospital, London, ourselves, now joined by the Royal College of Obstetricians and Gynaecologists and two other UK NGOs, and partners in Somaliland, aimed at strengthening health systems and health worker training.

There are huge opportunities for an expansion of our work in sub-Saharan Africa and beyond, if GHWA succeeds in persuading donors that this is an important area for investment! Good Ministry plans and big money are no good, unless the people and skills are in place to use the money and make the plans a reality.

[weblink 7](#)

For further information please contact:

Andrew Purkis
tel. +44 (0)207 2990 3886
e-mail: andrew@thet.org

CIVIL SOCIETY & NETWORKS



The Jerusalem AIDS Project

פרוייקט איידס ירושלים *The Jerusalem AIDS*

Project (JAIP) was among the first NGOs to have joined GHWA and is actively promoting the GHWA goals in three areas:

1. Developing and managing collaboration between healthcare providers from developed and developing countries in addressing global challenges in health. During 2007 The Jerusalem AIDS Project launched a pioneer project in Swaziland in the area of adult male circumcision (MC) for HIV prevention. During this project, surgeons from the Hadassah Medical Organization in Jerusalem and from other hospitals in Israel traveled on consecutive two-weeks missions to train local doctors in Swaziland in adult male circumcision for HIV prevention. This project, in collaboration with the Family Life Association of Swaziland and the Swaziland Task Force on Male Circumcision resulted in a significant scale-up of MC services in Swaziland and presented a pilot of international collaboration in technology transfer in this area from a developed to a developing country.



© Jerusalem AIDS Project

(Ed.: In 2007, WHO and UNAIDS recommended that male circumcision now be recognized as an additional important intervention to reduce the risk of sexually-acquired HIV infection in men.)

2. In Uganda, JAIP is supporting since 2006 collaboration in primary health care between Israeli physicians and Ugandan physicians and nurses aimed at increasing international funding and better facilitation of technology transfer in HIV/AIDS, with a focus on prevention. Teams of Israeli doctors travel for two months missions to Uganda to work side by side with primary health care providers in clinics serving internally displaced populations. In 2008 this project will focus on providing cutting edge HIV prevention technology addressing the new needs of Uganda national strategy on HIV/AIDS. It will attract new donors, international medical trainers and healthcare providers.

3. In 2007 JAIP has supported the 2nd Geneva Seminar on Health and Globalization. This initiative will continue in 2008 with the 3rd Geneva Seminar on Health and Globalization (tentative dates: 11-22 May 2008). The seminar is a unique forum which brings together practicing physicians, nurses and allied health professionals who are interested in the work of the UN and other international organizations in the areas of health. Through lectures, mini-workshops and one on one meetings the participants are able to get better acquainted with global challenges in health (HIV/AIDS being high on that list) and more skillful in how to actively participate in the UN work in this area.

[weblink 8](#)

For further information please contact:

Dr Inon Schenker; tel. +972 2 6797677; e-mail: jaipolam@yahoo.com