



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

Action on the Health Workforce
THE TIME IS NOW



global health
workforce
alliance

Health Workers for All and All for Health Workers *An Agenda for Global Action*

I. Purpose and approach

This Agenda for Global Action will guide the initial steps in a coordinated global, regional and national response to the worldwide shortage and maldistribution of health workers, moving towards universal access to quality health care and improved health outcomes. It is meant to unite and intensify the political will and commitments necessary for significant and effective actions to resolve this crisis, and to align efforts of all stakeholders at all levels around solutions.

It builds on commitments already made by high-level policy makers in efforts designed to marshal the world's collective knowledge and resources to reverse this crisis¹.

Everyone committed to this agenda shares the vision that 'all people, everywhere, shall have access to a skilled, motivated and facilitated health worker within a robust health system'.

Acute shortages of health workers in most countries, rich and poor, are undermining advances already made in improving health and threaten further progress.

The health workforce challenges we face cannot be left to individual countries, nor delegated to international agencies. Along with the need to significantly scale up investments in the health workforce as part of any effort and initiative to build health systems, the global and national policy environment must create the necessary space for effective action, where multiple stakeholders pull together, guided by evidence, innovation, solidarity and mutual accountability.

The agenda for global action is built around six fundamental and interconnected strategies, based on previous actions and commitments. It is a synthesis

that specifically highlights challenges and the need for change which reflects the essential continuum of planning, training, deployment and retention. Its purpose is to translate political will, commitments, leadership and partnership into effective actions.

The six interconnected strategies are:

1. Building coherent national and global leadership for health workforce solutions
2. Ensuring capacity for an informed response based on evidence and joint learning
3. Scaling up health worker education and training
4. Retaining an effective, responsive and equitably distributed health workforce
5. Managing the pressures of the international health workforce market and its impact on migration
6. Securing additional and more productive investment in the health workforce

A selection of priority actions is presented under each of the strategies. These actions will be undertaken according to individual country circumstances, with regional and global action aimed at supporting an effective country response.

Countries will convene all relevant stakeholders into *an agreed national effort* on the health workforce, as part of their response to broader health system needs. Based on shared discussions and shared commitments from the public, private and civil society actors, this effort will also reflect an understanding of the competing national and international forces which impact on the countries' ability to ensure access to adequate health care for all their people.

External support to this *agreed national effort* will be aligned around country priorities and benefit from global initiatives and international partnerships designed to enhance both financial and technical resources. Responding to the agreed priorities will

¹ See Annex

therefore represent a *shared commitment* that, inter alia, links the many initiatives in support of meeting the MDGs² and the global commitment to scale up access to HIV prevention, treatment, care and support³.

Finally, an essential part of the agenda for global action is to combine these strategies into a *platform for mutual accountability among a concerned community of stakeholders*. This platform will accelerate overall progress, identify and overcome barriers and build a basis for shared knowledge and learning based on evidence and transparency.

The Global Health Workforce Alliance and regional health workforce networks will be fora for sharing of information and evidence, convene discussions among all stakeholders and provide visibility for major challenges and results.

II. Strategies for action

1. **Building coherent national and global leadership for health workforce solutions**

The health workforce crisis calls for extraordinary leadership at all levels, focused on solutions and driving results, to give visibility to all issues that hinder access to health workers across the globe. Far better coherence is required across sectors of government, such as between health, education, trade, finance, labour and local governments. Leaders representing all stakeholders need to engage in open discussions to locate critical gaps, determine their causes and decide on approaches to solutions, including at national, regional and global levels. **They then need to act.**

- 1.1. Government leaders, Ministers of Health and other national leaders will commit to providing ***'all people, everywhere with access to a skilled, motivated and facilitated health worker within a robust health system'***. They will work to identify gaps in policy coherence across sectors and other barriers to effective national policies and strategies. They will be backed by enabling legislation and policy frameworks designed to promote the health workforce agenda locally, nationally, regionally and globally.
- 1.2. The highest level of government, with the Minister of Health supported by other relevant

Ministers, as well as health workers, civil society and other stakeholders, will lead the development, implementation and evaluation of comprehensive, costed health plans that specifically address health workforce strategies, as the basis for a shared commitment to a agreed national effort, with both a mid-term and long-term perspective.

- 1.3. Leaders of professional associations, trade unions, academic and research institutions and the private sector will examine the impact of their programmes and how they can better contribute to the access for all people to a health worker. They will present concrete steps they can take towards solutions to critical gaps and imbalances.
- 1.4. Leaders of multilateral and international agencies, along with external funding and collaborating partners, will raise the visibility and urgency of the need to overcome constraints to health worker access. To this end, any partnership serving to strengthen health systems and the MDGs must support the evolution, implementation and evaluation of a national action plan for increasing and improving the health workforce.
- 1.5. All stakeholders will agree to create and cooperate in maintaining mechanisms to hold each other accountable for their actions. They will abide by human rights principles such as equity, mutual respect and participation, and uphold the vision of health for all.

2. **Ensuring capacity for an informed response based on evidence and joint learning**

Although governments are increasingly active in developing and implementing effective policies, plans and programmes related to health workers, their efforts are hampered by a critical lack of capacity in having these plans informed by country-specific quality baseline data, information and analysis. Countries are also in need of information and analysis to deal with global policy issues which impact on the working conditions of health workers.

- 2.1. Multilateral institutions, development partners, academia, private and public sector actors and civil society will scale up investment in capacity building on health workforce policy and management at country and regional level, and facilitate cooperation between countries, especially South-South. They will also facilitate improved access to innovation and to global knowledge networks for researchers from these countries.

² The International Health Partnership, Global public-private health partnerships and funding instruments, including GAVI and the Global Fund to fight AIDS, TB and Malaria

³ UN General Assembly, 2005, followed by the High-level UN session of June 2006.

- 2.2. Countries will collaborate to develop sub-regional and regional centres and networks of high academic quality and strong capacity to establish the data and evidence base, support policy-relevant analysis and research and facilitate shared learning across borders, including through the exchange of technical expertise between Ministries of Health.
- 2.3. In-country private and public academic institutions will strengthen collaboration on health workforce policy research, education and training in support of building the evidence base and responding to their commitments to the agreed national health workforce plan. Regional and international exchanges among academic institutions will be encouraged, including South-South and South-North collaboration.
- 2.4. Countries will develop standardized indicators and strengthen statistical capacity, provide a better base for labour market analysis, policy development and health workforce management and include robust monitoring and evaluation frameworks into the agreed national plan for the health workforce

3. Scaling up health worker education and training

The massive scale-up of education and training required to achieve the necessary increase in the health workforce will demand coordinated action and commitment from each country and from the international community. In addition to a significant increase in dedicated long-term funding, new and innovative approaches to education and training are needed. Evidence is emerging about what can be done to scale up the education and training of health workers quickly and effectively.⁴

- 3.1. Ministers of Health, Education and Public Service / Labour, along with leaders of public and private education institutions, will determine the full range and appropriate skill mix of health workers appropriate for their countries. They will institute coordinated policies and agree on steps to address immediate, medium and long term needs with at least a 10-year planning horizon. These efforts will be aligned with country health priorities for rapid implementation as an integral part of health service delivery and with programmes to reduce attrition of staff and students.
- 3.2. Immediate priority will be given by all stakeholders to a country-relevant expansion of

education and training to increase community and mid-level health workers, alongside highly-skilled staff. Countries will emphasize community and team-based training, along with other innovative approaches⁵ and linked to service delivery.

- 3.3. Governments will set quality standards for service, accreditation systems for education and training, appropriate regulatory framework for the provision of education by both the public and private sectors, and progress indicators for their countries. This work will be done in close cooperation with professional organizations.
- 3.4. Governments with private and public academic and training institutions will explore innovative and pragmatic approaches to developing and utilizing new and existing faculty, infrastructure and partnerships to enable a well balanced, significant increase in education, training and research capacities. Scaling up education and training will be linked to health workforce information systems and will use systematic methods in quality monitoring and improvement.
- 3.5. The main focus for scaling up should be pre-service education. However, in-service training should also be an integral part of education and training plans that are conducted in such a way that health workers are not unnecessarily removed from their work environments. They should also be linked to professional growth. The disproportionately large amount of resources that are currently applied to in-service training should be redirected, reshaping pre-service curricula to include much of what is presented in-service so that the latter can be minimized and work flow better maintained.
- 3.6. Multilateral and international agencies, global initiatives, development partners and the private sector will devote a significant and predictable part of their investment in health programmes to intensified health workforce education and training according to national priorities, including technical support, regional and South-South and North-South collaboration.

4. Retaining an effective, responsive and equitably distributed health workforce

Retaining skilled health workers in service delivery, management and support and their equitable distribution to ensure access to quality services for all, is crucial. Both financial and non-financial

⁴ Scaling Up, Saving Lives: forthcoming Report of the Task Force for Scaling Up Education and Training for Health Workers.

⁵ Examples may include the concept of 'rural recruitment, local training and hometown placement' as well as curricula that are community-, competency- and team-based, see also footnote 4

incentives influence workers' motivation, ability and willingness to act productively and efficiently, as well as their willingness to remain in their jobs.

Attention to the distribution of the overall national health workforce and the need for a more effectively managed and facilitated mix of public, not-for-profit and private services is required to enable sustainable access for all. Inadequate information about the health workforce in many countries hinders both analysis and well-tailored action and inhibits monitoring on the improvement of retention and access. This information gap has a disruptive effect on the essential continuum of planning, training and deployment and management.

- 4.1. Governments to assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce.
- 4.2. Ministries of Health, cooperating with academic institutions, will promote and support the development of a critical mass of effective managers at all levels in the public health sector who can implement well-designed, comprehensive and coherent retention strategies. Ministries of Health will establish specific structures at a senior level such as directorates for planning the strategic direction of health workforce policies, linking these to health needs, service provision targets, education and training, and ensuring intersectoral coordination.
- 4.3. Ministries of Health, supported by other Ministries in cooperation with professional associations, trade unions, employers, civil society and development partners, will actively develop and test innovative approaches, including sustainable and acceptable financial and non-financial incentives, to achieve more equitable distribution, and retention of motivated health workers.
- 4.4. Health professionals, supported by governments, civil society and the international community, will build strong national, regional and international institutions such as professional associations providing fellowship, peer oversight, promotion of professionalism and the facilitation of stable, participatory relations as the framework for negotiation and dialogue. Employers will ensure that staff performance management systems are implemented and regularly reviewed.
- 4.5. Ministries of Health, together with civil service administrations and in dialogue with professional associations, trade unions and civil society, will convene *regular meetings of*

stakeholders to discuss and monitor issues related to retention, job and patient satisfaction, professional and social recognition, data on access to a health worker, the public-private mix as well as the enabling role of communities and non-health actors.

- 4.6. In their partnership with countries, international agencies and collaborating partners, private sector, academic institutions and civil society will be responsive to national policies related to health worker retention, including with predictable and long-term financial support and innovative ways to improve retention and distribution. They will ensure that their own recruitment policies are based on shared values and ethical codes, harmonize pay policies between governments and donor-funded service provision agencies and transparently share information about the way their programming and presence impact on the health workforce in the country.

5. Managing the pressures of the international health workforce market and its impact on migration

Poorer countries are most affected by the loss of their already scarce health workforce to countries with better conditions and higher salaries. There are increasingly competitive, cross-border pressures in the health sector. These include the growing demand from national health systems in rich countries as well as the growing trade and private commercial investment in health services. In these circumstances, there is a need to find ways to stabilize the health workforce market and reduce the negative impacts of the high mobility of health professionals, thereby improving retention.

Individuals have the right to leave any country, including their own⁶, in search of better opportunities, but health workers trained with public resources have obligations as defined by individual countries.

- 5.1. Governments will monitor health workforce flows in and out of countries, making such data transparently available and using this information to inform policy and management decisions.
- 5.2. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health workers. This code should be a tool used by countries, regions and health professionals to negotiate

⁶ Article 13, Universal Declaration of Human Rights, 1948.

agreements. Consistent with the agreed code of practice, destination countries should commit to supporting and enhancing the education and training of health workers both at home and in source countries. Actions should also be taken to realize the untapped potential of the health worker diasporas for improving health services in source countries.

- 5.3. 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.
- 5.4. National governments will be supported to develop coherent policies and build capacity to analyze the implications of trade agreements on the mobility of the health workforce. This effort will be informed by stakeholder consultation mechanisms within and outside government.
- 5.5. Stakeholders will test and evaluate innovative interventions in the international health workforce market to assist retention.

6. Securing additional and more productive investment in the health workforce

In many countries, insufficient overall investment exists side-by-side with inefficiencies in investing on the health workforce. These must be addressed together in order to make the needed additional investments more productive and effective in scaling up access. Evidence-based good practices are required in order to establish the financial basis for better retention policies, for wage ceilings and contracting arrangements, for equitable deployment, for using donor aid to improve health workforce capacity in a sustainable way and for designing payment mechanisms that can reward good performance.

Countries will need to commit to predictable funding of health workforce plans by giving high national priority to the careful allocation and reallocation of new and existing domestic and external resources. This includes analyzing wage bill ceilings and civil service hiring arrangements and addressing them wherever they represent a major obstacle to scaling up.

- 6.1. Adequate proportion of health sector funding will be dedicated to the health workforce. To this end, all countries will move quickly towards meeting existing pledges for financing health and development, such as the 2001 Abuja Declaration that commits signatory countries to allocate at least 15% of their national budgets to

improving the health sector, and the OECD countries' Monterrey Consensus, in which signatories committed to allocate at least 0.7% of their Gross Domestic Product to Official Development Assistance.

- 6.2. Global health initiatives, the World Bank, bilateral donors and other partners will provide funding that is timely, predictable, effectively harmonized and aligned with national priorities within the context of integrated support to the health sector. This funding will contribute significantly and adequately to alleviate financial shortfalls that prevent countries from fully implementing their health workforce plans.
- 6.3. International and regional financial institutions will address issues of fiscal space for scaling up investment to meet health workforce needs. This will include country-specific analysis of macroeconomic conditions that impact wage ceilings, health spending, and constrain civil service hiring arrangements necessary for meeting established priority needs in the health sector. These institutions will undertake and act upon research and analysis on how spending on health and education can be increased.
- 6.4. Governments will consider exempting the health sector in situations of civil service downsizing that are laid out in national development strategies. Ministries of Health will strengthen their case for increased spending by establishing the conditions for making investment more productive through costed health workforce plans based on evidence about what affects retention and health worker performance.
- 6.5. Ministries of Health, cooperating with other stakeholders, will take advantage of public-private partnerships and pursue innovations in the area of health workforce development by working to understand the private sector health workforce better and exploring ways to leverage this workforce to contribute to the goals and objectives of strategic plans of countries.
- 6.6. Ministries of health together with partners will develop financial risk sharing mechanisms (e.g. health insurance systems) and performance-based financing schemes to provide social protection and increased efficiency that can provide more predictable and productive financing for the health workforce and complementary health system development.

III. A platform for shared learning and mutual accountability

The primary purpose of this Global Agenda for Action is to establish the understanding that addressing the country-level health workforce crisis is the collective responsibility of all relevant stakeholders at country, regional and global levels. The associated purpose is to generate commitment for timely action.

GHWA and other agencies will disseminate good practices on responses to the health workforce crisis. Improved information, data and research, as proposed by this Agenda for Global Action, will be the basis for accountability between partners, stakeholders, countries and regions.

Country-level multi-stakeholder action: monitoring solutions to critical gaps

The stage for action and accountability will be set at the country level by translating the six strategies of the global agenda into health workforce plans. These plans will be aligned with national health strategies in response to priority health programmes, and aligned to the inter-sectoral challenges of national HIV/AIDS responses.

Stakeholders in each country will together identify critical gaps to be dealt with in the short-, medium- and long-terms, will make concrete commitments to shared action, with explicit engagements of all relevant stakeholders. Such commitments will be accompanied by baseline data, timelines and agreed measures for monitoring progress.

Specifically, global initiatives and programming of external support to health systems and disease-specific interventions in countries will be analyzed and monitored in terms of their impact on the health workforce and on access for all people to skilled health workers.

Such analysis and information will be made available to all stakeholders and experiences shared through biannual meetings.

Regional and global monitoring to build knowledge and influence policy

The Global Health Workforce Alliance, together with country and regional partners, will accelerate the development of a common framework for essential country baseline information and a benchmarked monitoring of human resources for

health in the context of health systems, with the World Health Organization as the lead normative agency. The framework will also capture the impact of global and regional policies on solutions to country health workforce issues.

National monitoring of progress on resolving the health workforce crisis will serve as the basis for regional and global monitoring and evaluation.

Regional monitoring shall be undertaken through regional intergovernmental bodies and observatories that can utilize the strategic information generated through national reports to influence regional policy debate and to draw global attention to region-specific issues.

Global monitoring and evaluation will be focused on the generation of strategic information for policy dialogue, knowledge sharing and learning, based on national and regional reports. In order to hold the interest of the various stakeholders and maintain the benefits of their diversity, different high-level fora will be utilized for influencing global policy decisions and actions.

Monitoring progress in aligning stakeholder contributions

Each of the stakeholder groups will identify specific barriers to an effective response, specific to each group, that impact action at country, regional and global levels. Each group will be committed to sharing information on progress made in overcoming these barriers. Special attention will be given to monitoring:

- the alignment of efforts by public and private donors and foundations, global partnerships and initiatives;
- collaboration across public and private medical schools, academic institutions and training centres;
- the contribution of professional associations to reform and essential regulation;
- the role of civil society as consumers, advocates and providers; and
- appropriate adherence to ethical codes of recruitment and contributions to fairness and solidarity.

Independent analysis, monitoring and evaluation

Independent analysis, monitoring and evaluation by academic institutions and civil society will be encouraged. Such information will be shared through

peer review, dialogue and transparent publication, and will be applied towards building knowledge and influencing policies and practices.

The role of the Global Health Workforce Alliance (GHWA)

GHWA will serve as a catalyst and a global convener to bring together different stakeholders for learning, dialogue, advocacy and joint action.

GHWA will facilitate mechanisms to combine the different elements of monitoring and accountability in order to articulate the link between health workforce measures taken at the country, regional and global levels and will communicate the outcomes of these measures. It will also document financial flows and policy measures taken, as well as illustrate how enabling policies that are combined

with effective allocation of new and existing resources actually improve health systems and outcomes.

In addition, GHWA will identify key strategic opportunities for advancing the global health workforce agenda by applying a health workforce perspective to global and national policies, building the knowledge base and sharing learning about good practices.

The GHWA will collaborate with and support the roles of the regional networks or alliances to further strengthen collective movements in the regions.

GHWA will compile a status report every two years, the first of which will be submitted to the Second Global Forum on Human Resources for Health.

Annex

Millennium Declaration (2000)

<http://www.un.org/millennium/declaration/ares552e.htm>

<http://www.undp.org/mdg/basics.shtml>

Monterrey Consensus (2002)

<http://www.unmillenniumproject.org/press/07.htm>

High-Level Forum on MDGs - (2004-05)

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www.who.int/hdp/en/summary.pdf

Abuja (HLF II; 2004)

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Paris (HLF III; 2005)

[www.hlfhealthmdgs.org/Documents/HLF3SummaryReport\(en\).pdf](http://www.hlfhealthmdgs.org/Documents/HLF3SummaryReport(en).pdf)

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www.observatoriorh.org/Toronto/CallAction_eng1.pdf

EU Strategy for Action on the Crises in Human Resources for Health in Developing Countries (2005)

212.203.71.113/en/PDF_Files/mhr/EC_Communication_on_HR_crisis.pdf

Oslo Consultations (2005-06)

www.norad.no/hrhconsultation

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www.un.org/ga/aidsmeeting2006/

SEARO Dhaka Declaration (2006)

www.searo.who.int/LinkFiles/Reports_DHAKA-DECLARE.PDF

WPRO HRH Strategy (2006-15)

www.wpro.who.int/sites/hrh/overview.htm

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www.euro.who.int/Governance/resolutions/2007/20070920_8

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www.nurse.cmu.ac.th/interconf2008/files/ChaingMaiDeclarationFeb7%202008_final.doc